

Washoe County District Board of Health Meeting Notice and Agenda

PLEASE NOTE LOCATION

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir
Dr. Reka Danko
Oscar Delgado
Tom Young

**Thursday, December 12, 2019
1:00 p.m.**

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

**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 12, 2019

5. *Recognitions

A. Promotions

- i. Kathy Sullivan, Office Assistant II - EHS to Office Assistant III - EPHP
- ii. Latricia Lord, Environmental Health Specialist to Senior Environmental Health Specialist - EHS
- iii. Michael Touhey, Environmental Health Specialist to Senior Environmental Health Specialist - EHS
- iv. Will Lumpkin, Environmental Health Specialist to Senior Environmental Health Specialist – EHS
- v. Heather Kerwin, EPHP Statistician to Epi Program Manager - EPHP

B. New Hires

- i. Jessie Latchaw, 10/28/2019, Public Health Emergency Response Coordinator - EPHP
- ii. Francisco Vega, 10/28/2019, AQM Division Director – AQM

C. Resignations

- i. Brittany Dayton, EPHP EMS Coordinator to Emergency Manager - VA Hospital
- ii. Catrina Peters, ODHO Director of Programs and Projects to Program Specialist – Human Services

D. Shining Stars

- i. Chris Ballew
- ii. Isabel Chaidez
- iii. Julie Hunter
- iv. Rayona LaVoie
- v. Jackie Lawson
- vi. Genine Rosa
- vii. Kara Roseburrough
- viii. Alejandra Montoya-Adame
- ix. Keyla Solorio
- x. Lorena Solorio
- xi. Jackie Chaidez

6. Proclamations – **(For possible action)**

Radon Action Month Proclamation

7. *Presentation: 2020 Census and the Complete Count Committee

Presented by: Michael Moreno, Public Information Officer, RTC

8. 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 24, 2019
- ii. November 7, 2019

B. Budget Amendments/Interlocal Agreements – **(For possible action)**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2019 through September 30, 2020 in the total amount of \$1,103,288 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11652 and authorize the District Health Officer to execute the Subaward.
Staff Representative: Nancy Kerns Cummins
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2020 through December 31, 2020 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11663 and authorize the District Health Officer to execute the Notice of Subaward.
Staff Representative: Nancy Kerns Cummins
- iii. Approve Notice of Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,101.00 (no required match) in support

of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11666 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

C. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**

i. Montane Building Group LLC, Case No. 1219, NOV No. 5827

Staff Representative: Francisco Vega

D. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2020 – **(For possible action)**

Staff Representative: Anna Heenan

9. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for October, 2019 – (For possible action)

B. *Update of REMSA’s Public Relations during October 2019

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

Staff Representative: Christina Conti

11. Discussion and possible approval of the draft map response zones within the Washoe County REMSA ambulance franchise service area with a January 1, 2020 implementation date. - (For possible action)

Staff Representative: Christina Conti

12. Presentation and possible acceptance of the revised 2020-2022 Strategic Plan. - (For possible action)

Staff Representative: Catrina Peters

13. Possible approval of the proposed 2020 Washoe County District Board of Health Meeting Calendar – (For possible action)

Staff Representative: Kevin Dick

14. *Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – New Division Director, 2nd Round of VW Grants Awarded, Divisional Update, Program Reports, Monitoring and Planning; Permitting and Enforcement

B. Community and Clinical Health Services, Lisa Lottritz, Division Director

Divisional Update – World AIDS Day, Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

C. Environmental Health Services, Charlene Albee, Division Director

Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Epidemiology, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management), and Inspections.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Division Director
Program Updates for Communicable Disease, Outbreaks, Pertussis, Yersinia pseudotuberculosis, Measles, Influenza, Public Health Preparedness, Training, Emergency Planning, Silver Crucible Full Scale Exercise, Emergency Medical Service, Training, Emergency Planning, Personnel Changes

E. Office of the District Health Officer, Kevin Dick, District Health Officer
District Health Officer Report - Community Health Improvement Plan, Quality Improvement, Performance Management, Workforce Development, FEMA Statewide Exercise, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities, Interim Healthcare Committee, Community Health Data Website, Other Events and Activities, and Health District Media Contacts

15. *Board Comment

District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

16. *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.

17. Adjournment – (For possible action)

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

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

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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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)"

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website www.washoecounty.us/health

State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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

Proclamation

NATIONAL RADON ACTION MONTH

January 2020

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 and the second leading cause of lung cancer in smokers; and

WHEREAS, the U.S. Environmental Protection Agency (EPA) estimates 21,000 people in the U.S. die each year from lung cancer caused by indoor radon exposure; and

WHEREAS, radon kills more people than secondhand smoke, drunk driving and home fires combined; 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, Reno Extension's Nevada Radon Education Program, the Nevada Division of Public and Behavioral Health, and the EPA 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, Washoe County Health District, does hereby proclaim January 2020, as

**“NATIONAL RADON ACTION MONTH”
In Washoe County, Nevada**

ADOPTED this ___th day of December, 2019

John Novak, DMD, Chair
Washoe County District Board of Health

Washoe County District Board of Health Meeting Minutes

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir
Dr. Reka Danko
Oscar Delgado
Tom Young

**Thursday, October 24, 2019
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 Novak called the meeting to order at 1:01 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair
Michael Brown, Vice Chair
Kristopher Dahir
Tom Young

Members absent: Marsha Berkbigler
Dr. Reka Danko
Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Anna Heenan
Charlene Albee
Lisa Lottritz
Daniel Inouye
Dr. Randall Todd
Michael Wolf

2. *Pledge of Allegiance

Mr. Inouye led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

October 24, 2019

Vice Chair Brown moved to approve the agenda for the October 24, 2019, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved four in favor and none against.

5. Recognitions

A. Years of Service

i. Ana Gonzalez, 20 years, hired 11/12/1999 – CCHS

Mr. Dick informed that Ms. Gonzalez, who works in Community and Clinical Health Services, was not able to attend the meeting, but that he wished to congratulate her and thank her for her twenty years of service to the Health District.

ii. Laura Rogers, 15 years, hired 10/4/2004 - ODHO

Mr. Dick stated it was his pleasure to recognize Ms. Rogers for her fifteen years of service.

B. Promotion

i. Wesley Rubio, Sr. Environmental Health Specialist to Environmental Health Specialist Supervisor - EHS

Although Mr. Rubio was not able to be in attendance, Mr. Dick congratulated him on his promotion from Senior Environmental Health Specialist to Environmental Health Specialist Supervisor.

C. New Hires

i. Danika Williams, 10/14/2019, Epidemiologist - EPHP

Dr. Todd stated it was his pleasure to introduce Ms. Williams who will be the new Epidemiologist with the Communicable Disease Program. He informed that Ms. Williams had been a student of his years ago in Epidemiology at UNR and held several positions at the Division of Public and Behavioral Health. He expressed he was pleased to have her on his staff.

ii. Alexandra Velasco, 10/14/19, Public Health Nurse I – CCHS

Ms. Lottritz introduced Ms. Velasco, stating she was CCHS' new Public Health Nurse in the Sexual Health Program and will be working as a Disease Intervention Specialist. She informed Ms. Velasco came to the Health District from the Northern Nevada Medical Center, is an Orvis School of Nursing graduate, is bilingual, and is kept quite busy with her nine month old son. Ms. Lottritz expressed she is pleased to have Ms. Velasco on staff.

D. Voluntary Reassignment

i. Heather Holmstadt, Epidemiologist - EPHP to Public Health Investigator II – CCHS

Mr. Dick informed that Ms. Holmstadt has had a voluntary reassignment from her Epidemiologist position in the Epidemiology Program to CCHS as a Public Health Investigator II.

E. Shining Stars

i. Kelly Parsons

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Mr. Dick congratulated Ms. Parsons on her ten Shining Stars, informing she works as an Office Assistant II in Air Quality Management and was unable to attend the meeting due to covering the counter there. He stated she received great feedback from the customers on the service she is providing.

Mr. Dick informed the total number of Shining Star Recognitions to date for Health District personnel is now five hundred twenty-seven since the program's inception in November 2017. He stated he believed the Health District leads other County Departments with that number.

6. Consent Items

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

A. Approval of Draft Minutes

i. September 26, 2019

B. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual Updates for Fiscal Year 20.

Staff Representative: Laurie Griffey

C. Approve Agreement between Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$180,000 for the period January 1, 2020 to June 30, 2021 in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District; authorize the Chair or the Board designee to execute the Agreement and related documents.

Staff Representative: Jennifer Hoekstra

D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

i. Rilite Aggregate Company, Case No. 1217, NOV No. 5779

ii. Lennar Reno, LLC, Case No. 1218, NOV No. 5749

Staff Representative: Daniel Inouye

E. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2020

Staff Representative: Anna Heenan

Councilman Dahir moved to accept the Consent Agenda items as presented. Vice Chair Brown seconded the motion which was approved four in favor and none against.

7. PUBLIC HEARING Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 Odorous or Gaseous Contaminants.

Staff Representative: Michael Wolf

Chair Novak opened the Public Hearing.

Mr. Wolf, Permitting and Enforcement Branch Chief for AQM, presented the staff report on the proposed change for the Odorous Emissions regulation. He stated he had informed the

Board last month that the regulation is proposed to be modified to allow for the use of an olfactometer in staff's compliance determinations on whether an odor qualifies as a nuisance. He stated he was available to answer any questions.

Mr. Wolf informed of a typo in the proposed change to regulation 040.055; in Section E, Part Four, the subsections are numbered A, B and B and would need to be changed to A, B, and C. He requested the Board to adopt the proposed change to the regulation, noting that the numbering change would be made.

Chair Novak inquired of the Recording Secretary, Ms. Rogers, if that change had been noted. She confirmed that it had.

Vice Chair Brown moved to adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055, Odorous or Gaseous Contaminants, with the suggested changes as mentioned by the presenter. Mr. Young seconded the motion, which was approved four in favor and none against.

As there was no one wishing to make public comment, Chair Novak closed the Public Hearing

8. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for September, 2019

Mr. Dow, President and CEO of REMSA and CareFlight, informed he was available to answer any questions

Councilman Dahir moved to accept the REMSA Operations Reports for September, 2019. Vice Chair Brown seconded the motion which was approved four in favor and none against.

B. *Update of REMSA's Public Relations during September 2019

Ms. Jobson stated she had mentioned last month that REMSA, in partnership with the Washoe County Health District, would be offering free flu shots to homebound citizens in Washoe County. She expressed she is pleased to report there has been a very positive response to this program and that there have been more than eighty shots administered. She informed the program received attention from all three local television networks, as well as on Spanish-language television and news radio, and anticipate they will provide this service again next year.

Earlier this month, Ms. Jobson informed that REMSA opened up Trick-or-Treat transport, which is a program that would enable a child to go trick-or-treating that needs medical support in order to do so. One of REMSA's ALS crews will transport the child and their family on Halloween night until their bag is full. She informed REMSA has had interest from the community and have selected a child and family to participate; noting they are coordinating the transport now.

Councilman Dahir expressed this was a wonderful plan to help a child trick-or-treat that wouldn't be able to otherwise. He informed the Rotary group he is involved with had the opportunity to tour Public Relations at REMSA, and stated staff there were fantastic. He hoped that, through their efforts, more people in the community would understand more of what REMSA does and maybe even become involved.

9. Approve Subaward Amendment #1 from the State of Nevada Department of Health and

Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received.

Staff Representative: Nancy Kerns Cummins

Chair Novak informed this item is being heard separately due to the State's requirement of it being approved in a short time frame. He noted the final document has not been received, and stated the item can be approved as written.

Vice Chair Brown moved to approve the NDHHS Subaward Amendment #1 for the CCHS Family Planning Program, allowing the District Health Officer to execute the Subaward as it becomes available. Mr. Young seconded the motion which was approved four in favor and none against.

Ms. Reid added for the record that, upon receipt of the Subaward, it would be sent to the DA's Office for approval and then forwarded to the District Health Officer to execute.

10. Review and Approval of the District Health Officer's Annual Performance Evaluation Results.

Staff Representative: Chair Novak

Chair Novak stated a survey had been deployed by Ms. Griffey for the District Health Officer's annual performance review and results have been received and provided in this report. He informed the survey was sent to the District Board of Health, Division Heads and members of the community who interact with Mr. Dick and would have a basis to comment on his performance. He noted the results were very positive and inquired if the Board had comments or discussion they would like to have on this topic.

Councilman Dahir stated that Mr. Dick has done a very good job in mitigating the challenges of a growing community. He informed that, in his experience, Mr. Dick is very open to conversation and very much willing to work to resolve issues and move progress forward. He congratulated Mr. Dick on a job well done.

Councilman Dahir moved to approve the District Health Officer's Annual Performance Evaluation Results. Mr. Young seconded the motion which was approved four in favor and none against.

Mr. Dick thanked the Board for their positive comments. He thanked the fantastic staff of the Health District for their hard work and stated that it is their efforts that reflects positively on he and the entire Health District and allows for so much progress in the community.

Chair Novak stated the Board appreciated Mr. Dick's leadership and opined it is not always the most popular job to be the one steering the ship. He expressed it has been a very good year, as it is now an Accredited Health District that Mr. Dick is guiding.

11. *Staff Reports and Program Updates

A. Air Quality Management, Daniel Inouye, Acting Director

Program Update - Woodstove Program Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

Mr. Inouye shared some photos of progress on the new Reno4 air monitoring station and provided an update of the current progress.

In regards to Air Quality, Councilman Dahir informed of a County-wide geothermal

study near completion that is expected to show effects to air quality and the heat index of vehicles idling on the freeway. He explained the Lands Bill would allow for land to be gained for use in moving traffic through our region on I-80, diminishing that impact to local air quality. He requested a future agenda item on this topic and stated he would provide more information to Mr. Inouye.

Mr. Young inquired how moving the air monitoring site from the urban center to a more residential area would affect the data collected. Mr. Inouye stated that the Environmental Protection Agency has very strict siting requirements and the new site closely matches the current site's ambient air quality. He informed AQM had worked with EPA for them to preapprove the relocation of the monitoring site by confirming the sites are comparable.

Councilman Dahir reminded of his previous suggestion that there be an event held to celebrate Libby Booth's agreement to have the monitoring site at their school. Mr. Inouye opined they could plan for an event in early 2020. He noted they are working with the principal to have the air monitoring station included in the student's curriculum.

B. Community and Clinical Health Services, Lisa Lottritz, Director

Divisional Update – Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

Ms. Lottritz informed that the Immunization Team provided more than three hundred flu vaccines at the flu POD on October 16th, which is an increase of over one hundred from last year. She provided details of other flu clinics held in the community.

C. Environmental Health Services, Charlene Albee, Director

Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Vector, Waste Management, and Inspections.

Ms. Albee informed that the Washoe County Impact Awards were held during the week of October 14th. One of the awards given is for Communication; she expressed she was happy to announce that Environmental Health Services was awarded the Washoe County Impact Award for Communication for the Washoe Eats app and its integration into Yelp. She stated this is the first Impact Award that the Health District has received, and that they are very proud of it.

Ms. Albee introduced Ms. English, Supervisor of the Food Safety Program, Mr. Touhey and Ms. Long, and informed they were all instrumental in the development of the Washoe Eats app along with assistance of two Tech Services staff members.

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

Program Updates for Communicable Disease, Outbreaks, West Nile Virus, Melioidosis, Carbapenemase Producing Organisms, Influenza, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

Dr. Todd informed that there are now four cases in the Pertussis (Whooping Cough) outbreak at Bishop Minogue High School, and surveillance continues to determine if there will be any more. He stated the school voluntarily closed in an attempt to interrupt further spread of the disease. The school has a high rate of vaccination among their student body, however, this is a vaccine with diminishing effectiveness so that about 3 or 4 out of 10 people are fully protected 4 years after getting the vaccine.

Dr. Todd explained the school was allowed to have some students participate in state final sports activities with the caveat that they would be vaccinated and be on prophylactic medication.

Councilman Dahir stated he didn't understand how the disease would be at only one school. Dr. Todd informed there had been a meeting with his staff and the head of Student Health from the Washoe County School District where they informed there had been no cases of Pertussis in their schools, however, he explained that the disease's progression can take a while to show the classic symptoms.

Mr. Young inquired if the four students who had been diagnosed with Pertussis had been vaccinated in the seventh grade, and why it is not a priority to administer this vaccination more frequently. Dr. Todd explained that he didn't know why boosters had not been recommended by the Advisory Committee on Immunization Practices past the seventh grade level. He explained that Pertussis was not as serious of a disease for older children as it is for young children or those with compromised immune systems, noting there is still the possibility of them exposing others.

Councilman Dahir inquired if the source of the outbreak was known; Dr. Todd informed that it was not.

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

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Government Affairs Update, Other Events and Activities, and Health District Media Contacts

Mr. Dick informed of the successful Regional Behavioral Health Forum that was held by Truckee Meadows Healthy Communities at the beginning of October in the County Chambers. He stated there were approximately one hundred participants.

Mr. Dick stated there had been a meeting of the Washoe Regional Behavioral Health Policy Board, noting that Senator Ratti had been selected to Chair the Board and opined she would do well in that position. He stated they look forward to developing another BDR to advance behavioral health in the community.

Mr. Dick informed they discussed the role of the Washoe Regional Behavioral Health Policy Board (WRBHPB) in being briefed by the State Division of Public and Behavioral Health regarding what their initiatives are and to allow the WRBHPB to provide input to help guide those initiatives. He explained this process is outlined in the statute as a role of the Board, so their goal is to achieve communication and receipt of information from the State and more consideration of the needs in this community in their decisions.

Mr. Dick highlighted the great work of the new Communications Manager, Mr. Oxarart, in providing the regular updates to the Board on media coverage related to the Health District or public health topics.

Mr. Dick informed there had been a meeting on October 23rd of the Health District Division Directors, staff and himself with Commander Matt Johns, the Region 9 Administrator for the Office of the Assistant Secretary for Health. He explained Commander Johns is the highest ranking public health official in Region 9 which is comprised of California, Arizona, Hawaii, Nevada and the Trust Territories, and expressed it was great that he took the time to meet with Health District staff. He also informed that Commander Johns may have opportunities for the Health District to collaborate with his office and other federal agencies on some local initiatives.

12. *Board Comment

Chair Novak opened the Board comment period.

Regarding the geothermal report that will be done in approximately two weeks, Councilman Dahir requested there be an agenda item around ozone impacts.

Chair Novak reminded the Board of the Strategic Planning Retreat on November 7th, beginning at 8:00 a.m. in Conference Rooms A and B in Building B. He informed there will be a light breakfast and the meeting will begin at 8:30 a.m.

Chair Novak closed the Board comment period.

13. *Public Comment

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

14. Adjournment

Chair Novak adjourned the meeting at 1:40 p.m.

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Posting of Agenda; Location of Website:

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Washoe County Health District, 1001 E. 9th St., Reno, NV Reno

City Hall, 1 E. 1st St., Reno, NV

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Washoe County Health District Website www.washoecounty.us/health State of

Nevada Website: <https://notice.nv.gov>

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**Washoe County District Board of Health
FY20-22 Strategic Planning Retreat
Meeting Minutes**

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir
Dr. Reka Danko
Oscar Delgado
Tom Young

Thursday, November 7, 2019

8:30 a.m.

**(Informal mixer with Board members
and staff: 8:00 to 8:30 a.m.)**

**Washoe County Administration Complex
Health District Conference Rooms A & B
1001 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 8:31 a.m.
The following members and staff were present:

Members present: Dr. John Novak, Chair
Michael Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir (arrived at 8:58 a.m.)
Dr. Reka Danko
Oscar Delgado
Tom Young

Members absent: None

Ms. Rogers verified a quorum was present

Staff Present: Kevin Dick, District Health Officer, ODHO
Anna Heenan, Administrative Health Services Officer, AHS
Francisco Vega, Division Director, AQM
Lisa Lottritz, Division Director, CCHS
Dr. Randall Todd, Division Director, EPHP
Jim English, Acting Division Director, EHS
Dania Reid, Deputy District Attorney
Catrina Peters, Director of Programs and Projects - ODHO
Christina Conti, Preparedness and EMS Program Manager, EPHP

2. *Pledge of Allegiance

Ms. Conti led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.

Mr. Church of HomelessSolutionsUSA.org informed that he is retired from the Reno Police Department and headed their homeless program during his tenure and also ran the 501(C)3 Homeless Center. He stated the homeless population living along the Truckee River is a public health emergency because they are drinking the water from the river that is also used as their bathroom. He informed the Health District is responding to multiple complaints that have been filed and are sending letters to the property owners along the river. Mr. Church opined that sending a letter is not enough; there are hundreds of homeless people and they need to be noticed not to drink the water before they become ill.

In regards to the region not meeting attainment of national Ozone standards, Mr. Church urged the Board to support the use of electric vehicles and to address the issue of the classic cars, many of which do not appear to be classic.

Mr. Church opined the area is ready for a light rail system to help reduce Ozone emissions in the region. He provided information to the Board for consideration.

Mr. Pitkin stated street drugs should be legalized by the U.S. government and regulated like alcohol. He opined this would help to break up the cartels and mafia.

Mr. Pitkin cited H.R. 3884 National Emergencies Act and Stafford Act, Title 42 (US Code) 5121 Federal Disaster Assistance for a Housing Emergency, and requested a harm reduction program be established to assist actively practicing drug addicts by creating safe tent cities both regionally and nationally.

Chair Novak closed the public comment period.

4. Approval of Agenda

November 7, 2019

Mr. Brown moved to approve the agenda for the November 7, 2019 District Board of Health Strategic Planning Retreat. Commissioner Berkbigler seconded the motion which was approved six in favor and none against.

Chair Novak outlined ground rules for the meeting, informing it would be conducted as more of an informal meeting. He reminded that it is important to stay on topic because of the many items to be considered and that Ms. Peters would be guiding the flow of the meeting.

Chair Novak requested those present to provide their input, stressing that great outcomes can come from the smallest idea. He informed that these ideas would be put into a 'parking lot' for future discussion and possible action.

Chair Novak informed the tentatively scheduled November District Board of Health Meeting would be cancelled by the upcoming item on the agenda. He stated the December DBOH Meeting would be held on December 12th. He informed of an important item that would be heard at that meeting and directed Board Members to note their calendars for their attendance.

5. Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 21, 2019.

Staff Representative: Kevin Dick

Mr. Dick informed that the 2019 Calendar for District Board of Health Meetings had been approved with the November 21th meeting scheduled as tentative. He stated that, because there were no pressing issues to be heard, staff recommends the meeting be cancelled.

Mr. Dick informed the item of importance to be heard at the December DBOH meeting is regarding the subaward amendment to an existing grant that was heard at the October DBOH Meeting. He explained the State has decided the item will not be executed as a subaward amendment, but as a new grant.

Mr. Young moved to cancel the tentatively scheduled November 21st, 2019 District Board of Health Meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

6. *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 FY19-21 Strategic Plan
- Identify FY21 Budget Considerations

Mr. Dick provided an overview of what is expected to be accomplished during this meeting in regards to what has been identified as emerging issues and community priorities. He stated there has been great progress made on the existing Strategic Plan, and staff is proposing this plan be refreshed but not completely rebuilt.

While budget considerations for FY21 would be discussed, Mr. Dick explained that it would be a broadly conceptual overview and no final budget decisions would be made at this meeting. He explained the budget direction received from the Board at this meeting would guide staff in preparing the budget that would be brought before the Board at the February 2020 DBOH meeting for their consideration.

7. *Introductions, Meeting Outcomes, Discussion Flow, Ground Rules, History of Strategic Plan Development, Behavioral Health Data Profile Update and Recap Core Purpose and Strategic Direction

Introductions were made around the room.

Mr. Dick reiterated that this meeting is focused around refreshing the existing Strategic Plan and discussions will include which future investments will be appropriate for the Health District. He stated the Board is aware the Health District has accumulated a healthy fund balance and staff believes that necessary investments can be made that are driven by the area's growth and program needs in the community.

Mr. Dick stated that staff are requesting the Board's direction on the priority areas in the Strategic Plan. He informed staff will provide their ideas and proposals to the Board and request the Board to provide input during the presentation for inclusion in the final draft of the Plan that will be presented for their consideration at the December DBOH meeting.

Ms. Peters informed the Board would be hearing from staff on the priority areas of the Strategic Plan and that the goal is to refine and refresh the existing Strategic Plan by removing items that have been completed or are no longer valid and adding new items as appropriate.

Ms. Peters stressed that listening to the Board for their direction is paramount, and directed the group to respectfully allow for all to contribute their ideas. She requested participants to think of strategic and/or operational items for addition to the Plan while focusing on the highest priority items due to budgetary constraints.

Mr. Dick provided the history of the Strategic Plan, beginning with the 2013-14 Fundamental Review of the Health District. The resulting report was presented in 2014 and provided over twenty recommendations on the best path forward to develop as a Health

District.

Councilman Dahir arrived to the meeting at 8:58 a.m.

Mr. Dick informed the DBOH agreed the Health District should implement the recommendations that were designed to ready the Health District to become accredited, noting the Fundamental Review used the accreditation domains in their review. He explained the Health District relied on an implementation plan for several years to implement the suggestions, and, while the community engagement and assessment programming were being expanded, the first comprehensive Community Health Needs Assessment (CHNA) was conducted and a Community Health Improvement Plan (CHIP) developed from those results. That information helped guide the Board in developing a comprehensive Strategic Plan, providing a framework the Health District hadn't had before. Mr. Dick informed this occurred in 2016, and noted the goals that are in place today were established during that time. Since then, he informed the Board and Health District staff have met annually to discuss the Strategic Plan and refresh it.

Mr. Dick explained there are ongoing Public Health Accreditation Board (PHAB) requirements to continue the processes of conducting the CHNA, develop the CHIP and refresh the Strategic Plan.

Mr. Dick informed there will be a new CHNA conducted in the next calendar year as per the three-year schedule. He stated a Washoe County Regional Behavioral Health Profile was compiled by Ms. Redmond, a UNR Masters of Public Health intern who is working with the Health District. He informed the profile has updated information on depression and suicide, substance use, substance use mortality, emergency department encounters, poisonings and deaths by type of opioid, and Adverse Childhood Experiences (ACEs). He provided an overview of the statistics.

Commissioner Berkbigler inquired if there is any known reason why Washoe County's negative statistics are higher than the rest of Nevada. Mr. Dick explained there are theories that include the influence of a gaming community's twenty-four hour lifestyle, but noted Clark County would also have those influences. He stated that Clark County may fare better due to their higher rate of faith based population. Councilman Dahir stated it is a sociological issue; Las Vegas is a large enough community that it breaks into smaller communities while our local region seems to remain as a community at large. He stated the smaller communities provide a better environment of support for those who live there.

In surveys that measure wellbeing and how Reno ranks in comparison Las Vegas, Mr. Dick informed this area typically scores low in terms of purpose people feel in their lives.

Councilman Delgado expressed he would like to see this data by area within this region to determine how best to focus Health District resources.

Chair Novak noted that much of the data shown in the presentation is around opioids, while this area's methamphetamine statistics outpace those of opioids. He stated the east coast has a higher rate of opioid and heroin usage while the highest usage in the western states is meth. He requested to see the statistics separated for better clarity. Mr. Dick informed that one of the slides shown did show the separate statistics of those drugs. He noted that Dr. Knight, Washoe County Medical Examiner, has been advocating for a shift in the federal focus on opioids due to the instance of methamphetamine related deaths in this region outnumbering those caused by opioids. He stated it is somewhat frustrating that funding made available by congress for the drug epidemic is specifically focused on opioids and cannot be expended to mitigate other, more prevalent issues.

In her experience, Dr. Danko informed it is prevalent that persons using opioids also use a

mix of other drugs, including methamphetamines. She stated one issue with treating persons using other typed of drugs is there aren't evidence based medications that can be used such as there are for opioids. Because of the lack of FDA approved medications for other drugs, behavioral and mental health strategies are used. She explained contingency management is also used, noting this requires a tremendous amount of man power to run those programs. Another challenge is the lack of behavioral and mental health care providers which adds to the difficulty in getting treatment for these persons.

Councilmen Dahir and Delgado opined it important to develop language to use in conversations with the State in the effort to have the needs of this community heard and be incorporated in funding parameters for local programs.

Mr. Young suggested other areas with a twenty-four hour lifestyle might be studied to understand how it affects quality of life for the populace that lives there.

Discussion around ways to create more of a neighborhood atmosphere in this region was held as related to the benefit of either faith based or family based activities. Councilman Dahir noted that this concept would potentially create more of a safe environment for people to live and learn in, and family based activities could be supported by the Health District.

Ms. Peters detailed the parking lot list of items to revisit; locating other twenty-four hour communities to compare to this region, and provide statistics from this region that are broken into demographic areas.

8. *Discussion of Strategic Direction of the Health District Over the next 12-24 Months

Ms. Peters provided an overview of the Strategic Plan Mission, Value Statement and Priorities for those present. She then reviewed the emerging priorities in this community, listing social determinates of health such as housing, homelessness and housing affordability, behavioral health, and the environmental impacts of a growing community and climate change.

Ms. Peters informed these priorities are the same as they were last year, and inquired of the Board if there were any other issues that they would like to prioritize.

Dr. Todd inquired which priority the increasing rates of sexually transmitted diseases would align with in those three priorities. Chair Novak stated it is a national trend and important to address, and would be discussed later in the meeting to determine which priority was the best fit.

1. Healthy Lives
 2. Healthy Environment
 3. Local Culture of Health
 4. Impactful Partnerships
 6. Organizational Capacity
- Presented by: Goal Champions

Staff spoke to priority areas as outlined in the slide presentation, detailing advances in each of the priority areas and defining needs in their programs that would be reviewed within the financial position discussion in item 9.

9. Board Discussion and possible direction on Strategic Priorities & Budget Considerations

Ms. Heenan informed of the proposal to reorder Priorities 5 (Financial Stability) and 6 (Organizational Capacity) to allow the Financial items to be discussed last without taking them out of order.

i. Priority 5. Financial Stability

Ms. Heenan stated the Health District's focus within the next twelve to twenty-four months would be to update the financial model and to ensure resources are spent where they will have the most impact. She explained that State funding for local Nevada governments is well below the national average at 1.8% of total revenues as compared to 26% nationally; effort will continue to improve the percentage of State funding. She stated there will be continued efforts to identify and implement efficiencies in operation to offset reductions in grant funding and minimize reliance on the County General Fund.

ii. Current Financial Position and Future Stability

Regarding the proposal to establish an agreement with the County to adjust the general fund transfer to offset the employee cost of living adjustment that they negotiate, Ms. Heenan informed it will not be pursued at this time due to the Health District's healthy ending fund balance. She stated she would like to keep this proposal in pending status for such a time when the ending fund balance is not as healthy. She detailed the FY19 ending balance and FY20 revenues and expenditures, explaining there is an estimated \$750,000 in the FY21 budget for above base requests.

Ms. Heenan explained the Health District will want to include \$500,000 in the base budget for FY21 one-time expenditures for the benefit to the community. She detailed the \$715,000 in proposed considerations for long term expenditures in staffing and explained the need for each.

Ms. Heenan informed all of these factors will be included in the budget request that will be presented to the Board in February 2020; it will include the forecast model and show that the proposed budget will not require an increase in County funding.

Commissioner Berkbigler expressed she was unsure how the new County Manager, Mr. Eric Brown, would address the budget process, noting he is very budget conscious. She provided information on Mr. Brown's work experience.

Regarding financial forecasts, Commissioner Berkbigler opined the scenario of continued growth is inaccurate and cited her reasoning. Alternatively, in light of Washoe County's poor health outcomes, she stated the Health District has valid arguments for the addition of the proposed new positions. She suggested framing the proposal of the budget requests around the benefit it will provide to the community and the funding that will ultimately be saved.

Mr. Dick expressed appreciation for Commissioner Berkbigler's guidance. He stated the Health District has been fairly conservative with its approach to the budget and investments and that has resulted in the current healthy financial position. He informed that Ms. Heenan will provide the projections in February, noting that she has thoroughly analyzed the financial factors and they support the Health District's capacity to make this investment. He informed the strategy used with this proposed long term investment is coupled with the \$500,000 budget item for one-time expenditures that can be cut if necessary to allow protection for the new positions' funding.

Vice Chair Brown opined that, with the effects of collective bargaining, the State may require local government to assume responsibility and absorb the costs for some services. He opined it beneficial to add the additional positions to be able to respond to the added demands should they materialize.

Councilman Dahir opined it disappointing that the State provides so little funding in comparison to the national average. He requested information on local needs to present to the State, volunteering to open the conversation with them.

Chair Novak requested staff to provide their thoughts on possible initiatives to support within the Strategic Plan.

Ms. Heenan opined it important to reach out to teens and young adults in their early twenties via Instagram and other social media outlets popular with that age group with messaging on how to avoid becoming another sexual health statistic in light of the increasing rate of STDs.

Ms. Gutman inquired if there is a contingency budget in place should the initial budget be rejected by the County Manager. Ms. Heenan informed there is not, and explained the Interlocal Agreement with the County provides for the Health District to ask for support in the event of a financial emergency. Ms. Gutman inquired specifically if the funding for additional positions was not approved, would there be a way to hire a few if not all of the proposed additional positions. Ms. Heenan informed that, in the event of a budget shortfall, identifying efficiencies in services and supplies and reducing work hours for intermittent hourly staff to reduce overhead are the initial steps. She stated there are other strategies that can be employed before full time employee positions would be cut.

Mr. Young suggested asking staff who perform inspections if there is a way to streamline processes to work smarter, not harder. Mr. English informed there have been many steps taken to become more efficient, noting the biggest need at this point is to have technology meet their needs out in the field. He detailed other challenges including internet connections in the region, lengthy travel time to and from inspections due to urban sprawl and the need for additional inspection staff. Mr. English informed if ten percent of the projects come to fruition that are discussed in the land development meetings he is involved in, the workload will be crushing to the Environmental Health Services Division, and possibly Air Quality Management, as well.

At 11:39 a.m., Chair Novak informed the meeting would break for lunch and resume afterward.

Chair Novak resumed the meeting at 12:16 p.m. and thanked Ms. Hilliard for her efforts in providing lunch.

Chair Novak stated that he did not believe the Board needed to take action on the budget proposal at this time. He inquired if any of the other Board members had a different position on the matter, and there were none.

iii. Priority Discussion

- Are priorities as presented appropriate or is there Board direction for adjustments.
- Specific focus areas for investment
- Are there gaps or opportunity for growth

iv. Budget Discussion

- Identify initiatives most critical for long term investment in improving health
- Direction on appropriate long term investments and one time funding
- FY21 Budget Considerations

Staff Representative: Anna Heenan, Kevin Dick

10. *Board Comment

Chair Novak opened the Board comment period.

Vice Chair Brown inquired if it is possible to add an item to REMSA's monthly report to the Board, specifically the statistics within the franchise area on instances per month that mutual aid responded with REMSA in emergency responses, which agencies provided support

and the number of times assistance was requested and declined. He stated this data would be valuable going into the next legislative session.

Ms. Conti stated that could easily be added to the report as a strategic planning item for the annual review of the Mutual Aid Agreement. Mr. Dick informed there was a provision in the Franchise Agreement that REMSA must provide information requested by the District Health Officer that would allow for this information to be included in their report to the Board. Chair Novak requested Vice Chair Brown to provide Mr. Dick with the details of his request to present to REMSA.

Chair Novak closed the Board comment period.

12. *Public Comment

Chair Novak opened the public comment period.

Mr. Pitkin spoke to the 1.8% of the budget provided by the State to local Nevada governments. He informed he had read the Governor's budget for 2021 and stated he was disgusted by the amount of money allotted to Fire, Department of Corrections and Law Enforcement, and opined that crime is great for Nevada. He expressed his disagreement with how funding is allocated and reminded the Board of the funding that had been earmarked for HIV that was provided instead to the Eddy House. He opined those funds should be made available for HIV support without delay.

Chair Novak closed the public comment period.

13. Adjournment

Chair Novak adjourned the meeting at 12:23 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.

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AHSO	___AH
DHO	___KD
DA	_____
Risk	_____

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419, nkcummins@washoecounty.us

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2019 through September 30, 2020 in the total amount of \$1,103,288 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11652 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on October 17, 2019 to support the WIC Program. The funding period is retroactive to October 1, 2019 through September 30, 2020. A copy of the Notice of Subaward is attached.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On December 13, 2018, the Board approved a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) WIC Program.

BACKGROUND

The WIC program provides supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons. Funding will support staffing, travel, training, operating and indirect expenses for the WIC program.

FISCAL IMPACT

The Department anticipated this award and included funding in the adopted FY20 budget in IO#11537. A budget adjustment will be done to move the remaining authority to the new IO#11652.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2019 through September 30, 2020 in the total amount of \$1,103,288 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11652 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2019 through September 30, 2020 in the total amount of \$1,103,288 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11652 and authorize the District Health Officer to execute the Subaward."



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

Agency Ref. #: **HD 17305**
 Budget Account: 3214
 Category: 45
 GL: 8516
 Job Number: 1055720A

NOTICE OF SUBAWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness	Subrecipient's Name: Washoe County Health District – WIC
Address: 400 West King Street, Suite 300 Carson City, NV 89703	Address: 1001 East Ninth Street/ P.O. Box 11130 Reno, NV 89520
Subaward Period: October 1, 2019 – September 30, 2020	Subrecipient's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Provide staffing and support to WIC clinic operations.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$988,798.00	Total Obligated by this Action:	\$ 1,103,288.00
2. Travel	\$4,357.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$31,200.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	\$ 0.00
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$1,370.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$5,385.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$1,031,110.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$72,178.00	Federal Budget Period: October 1, 2019 through September 30, 2020	
TOTAL APPROVED BUDGET	\$1,103,288.00	Federal Project Period: October 1, 2019 through September 30, 2020	
FOR AGENCY USE, ONLY			

Source of Funds: USDA, Food Nutrition Service, Women, Infants and Children	% Funds: 100	CFDA: 10.557	FAIN: 207NVNV7W1003	Federal Grant #: 7NV700NV7	Grant Award Date by Federal Agency: October 1, 2019
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Agency Approved Indirect Rate: N/A **Subrecipient Approved Indirect Rate:** 7%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and 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: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and
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Name	Signature	Date
Kevin Dick, District Health Officer		
Candice McDaniel, MS Bureau Chief, CFCW		
for Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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

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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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

- I. GENERAL: Subgrantee shall operate using the following guidelines:
- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
 - B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
 - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
 - D. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
 - E. Maintain and have available for review, audit, and evaluation all criteria used for certification.
 - F. Maintain complete, accurate current documentation that accounts for program funds received and expended;
 - G. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
 - H. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily;
 - I. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
 - J. Prohibit smoking in State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION:
- A. Term: The term of the subgrant is October 1, 2019 through September 30, 2020.
 - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
 - C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
 - D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy-two (72) hours of occurrence, and include affected employee's work location, position and work telephone number.

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- E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.

III. STAFF, FACILITIES AND EQUIPMENT:

- A. Training: Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.

B. Facilities:

1. Privacy: Subgrantee shall make provisions to ensure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State WIC Policy and Procedure Manual.

C. Equipment:

1. Title: All property purchased with funds provided by the State WIC program pursuant to this subgrant that are not fully consumed in performance of this subgrant shall be the property of the State WIC program.
2. Inventory: Equipment having a useful life over one year purchased using WIC funds, will be inventoried and reported annually, with clinic plan, to the State WIC office prior to September 30th of the current subgrant year. The inventory list shall include date of purchase, cost, clinic location, and if available, State of Nevada inventory tag number and/or subgrantee inventory tag number.
3. Loss: Subgrantee shall be responsible for all equipment purchased with funds provided by State WIC, insuring that said equipment is maintained in good repair and working order. In the event of loss of said equipment, due to theft or disaster, Subgrantee shall replace such equipment with equipment of like value at Subgrantee expense.
4. Purchase: Equipment purchases which exceed \$5,000 and all purchases of computer hardware must receive prior written approval from State WIC office.

IV. PROGRAM ADMINISTRATION:

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.

- B. Local Agency: Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services Plan with their equipment inventory and current laboratory certification, no later than September 30th. Failure to comply may result in funding delay.

C. Record Retention:

1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.

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2. Fiscal Records: Subgrantee shall maintain all fiscal records and books constituting the basis for submission of reimbursement requests, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.
4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING:

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **39,192** yearly participants at a maximum allowable reimbursement award of **\$1,103,288**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantees performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million One Hundred Three Thousand Two Hundred Eighty-Eight (\$1,103,288) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

VI. NON-LIMITATION OF REMEDY:

The provisions of sanctions or penalties pursuant to this subgrant shall not be construed as excluding or reducing any criminal or civil penalties or sanctions or other remedies that may be applicable under Federal, State or local laws. Subgrantee hereby acknowledges and agrees that, pursuant to the Regulations, whoever embezzles, willfully misapplies, steals or obtains by fraud any funds, assets or property provided under the Child Nutrition Act, whether received directly or indirectly from Federal Nutritional Services (FNS), or whoever receives, conceals or retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplied, stolen or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than 5 years, or both; or if such funds, assets or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both.

VII. ADVERSE ACTIONS:

- A. Arbitrations: This subgrant shall not be subject to arbitration.
- B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.

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1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.
2. Subgrantee must file appeal within 15 calendar days of receipt of notification.
3. The hearing shall be convened with 20 days advance notice.
4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.
5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.
6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.

C. Disqualification: Subgrantee may be disqualified.

1. The State WIC office determines noncompliance with program regulations.
2. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
3. When the State WIC office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.

D. Participation Pending Appeal: Appealing an action does not relieve Subgrantee, while the appeal is in process, from the responsibility of continued compliance with the terms of this Subgrant.

E. Final Order: The decision shall be final and conclusive subject to an appeal to a court of law pursuant to NRS Chapter 233B (Nevada Administrative Procedures Act).

F. Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

VIII. DISCRIMINATION:

A. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.

B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.

C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.

D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to State WIC office.

IX. ADDITIONAL SERVICES AND FUNDS:

Nothing in this subgrant shall be deemed in any way to authorize subgrantee to perform any additional services

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or to expend any additional funds without prior written authorization from State WIC office.

X. TERMINATION:

- A. By Subgrantee: The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to State WIC office provided that subgrantee continues to perform this subgrant during its term until such time as State WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.
- B. Availability of Federal Funds: This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee **immediately** in writing of such termination.
- C. Cooperation: Subgrantee shall, upon notification of the termination of this subgrant and if so directed by State WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.
- D. Liability Following Termination: Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.
- E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party and 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 for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT:

- A. Both parties recognize that this subgrants validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.
- B. It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.
- C. This subgrant is valid and enforceable only if sufficient funds are made available to the State WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.
- D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding to the Nevada WIC program.

XII.AUDIT:

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$750,000 in aggregate federal funds, an audit must be performed in accordance with OMB Uniform Guidance, Title 2, Subpart F- Audit Requirements, 200.501. The audit must be completed and submitted to the Division of Public and Behavioral Health, Contracts Unit (refer to Section E) within nine (9) months following the close of the fiscal year or subgrantee will be subject to a penalty of up to the amount paid for the audit and Subgrant funding may be withheld.

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XIII. RENEWAL:

Nothing in this Subgrant shall be deemed to impose any obligation on either party to enter into any subsequent Subgrant.

XIV. WHOLE AGREEMENT:

This subgrant with Sections A, B, C, D, E and F constitutes the entire agreement between the parties hereto, and supersedes and replaces all previous communications, representations, or agreements, whether oral or written, between the parties pertaining to the subject matter herein.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 7NV700NV7 from the United States Department of Agriculture, Food and Nutrition Services, Women, Infants and Children Program.

Subrecipient agrees to adhere to the following budget:

Applicant Name: HD 17305 WASHOE COUNTY HEALTH DISTRICT

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$988,798
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
E. Dixon - Program Manager	\$102,369.00	45.5%	5.000%	12	100.00%	\$7,447

*Position oversees entire program, including personnel issues, and policies issues.

S. Monga - Community Health Nutritionist	\$85,500.00	44.0%	100.000%	12	100.00%	\$123,120
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*Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.

Community Health Nutritionist VACANT position - currently interviewing candidates	\$66,000.00	42.0%	100.000%	12	100.00%	\$93,720
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*Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.

M. Caballero - Human Services Support Specialist II	\$60,279.00	58.0%	100.000%	12	100.00%	\$95,241
I. Ramos-Hernandez - Human Services Support Specialist II	\$60,279.00	60.0%	100.000%	12	100.00%	\$96,446
M. Rodriguez, Human Services Support Specialist II	\$60,279.00	56.0%	100.000%	12	100.00%	\$94,035

*Position provides direct client services including nutrition assessment, education and breastfeeding education. In addition, the position is responsible for certain reports/outreach and covering front office activities when needed.

N. Ramirez-Partida, Community Health Aide	\$43,000.00	55.0%	100.000%	12	100.00%	\$66,650
B. Cauble - Community Health Aide	\$55,000.00	52.0%	100.000%	9	75.00%	\$62,700
J. Chaidez - Community Health Aide	\$54,000.00	65.0%	100.000%	12	100.00%	\$89,100

*Position provides direct client services including nutrition assessment, education and breastfeeding education

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
J. Pech-Garcia - Office Assistant II	\$51,362.00	60.0%	100.000%	12	100.00%	\$82,179
M. Jiminez - Office Assistant II	\$51,362.00	70.0%	100.000%	12	100.00%	\$87,315
L. Sandoval - Office Assistant II	\$51,362.00	64.0%	100.000%	12	100.00%	\$84,234

*Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Intermittent/Hourly Community Health Aide	\$47,000.00	1.7%	0.000%	0	0.00%	\$0

*This position is not filled at this time.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Intermittent/Hourly Nutritionist	\$65,000.00	1.7%	10.000%	12	100.00%	\$6,611

*Position provides direct client services to high risk clientele and can also complete certifications in an on-call structure. This covers anticipated and unexpected staff leave.

Total Fringe Cost	\$352,507			Total Salary Cost:	\$636,291
Total Budgeted FTE	11.15000				

Travel	Total:	\$4,357
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Out-of-State Travel

<u>Natl WIC Conference, New Orleans</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$450 x 1 trip x 2 staff	\$450	1		2	\$900
Per Diem: \$71 per day per GSA rate for area x 1 trip x 2 staff x 5 days	\$71	1	5	2	\$710
Lodging: \$161 per day + \$32 tax = total \$193 x 1 trip x 4 nights x 2 staff	\$193	1	4	2	\$1,546
Ground Transportation: \$25 per r/trip x 1 trip x 2 staff x 4 days	\$25	1	4	2	\$200
Parking: \$10 per day x 1 trip x 5 days x 2 staff	\$10	1	5	2	\$100

\$4,456

Justification:

Erin Dixon, Program Manager, and Soni Monga, RDN, will be traveling to the WIC National conference in New Orleans. Conference runs May 17-20 and will require arrival on May 16th.

In-State Travel

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$250 x 1 trips x 1 staff	\$250	1		1	\$250
Per Diem: \$61 per day per GSA rate for area x 1 trips x 1 staff	\$61	1	1	1	\$61
Mileage: (.58 per mile x 250 miles x 4 staff	\$0.580	250		4	\$580
Parking: \$10 per day x 1 trips x 1 days x 1 of staff	\$10	1	1	1	\$10

\$901

Justification:

Erin Dixon, Program Manager will be traveling to Vegas for the Statewide Directors meeting projected for October 2019.

Operating	Total:	\$31,200
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Operating/Medical supplies \$700/mo x 12 mo
\$8,400.00

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Office supplies \$25 per/mo x 12 months x
12 FTE \$3,600.00
Rent: \$1600/mo x 12 months \$19,200.00

Justification: *Operating and office supplies are for those items required to meet the standard day to day operations of the clinic. The Rent listed is for the WIC clinic located on Moana. There is currently no rent required for the Incline Village clinic.*

Equipment	Total:	\$0
Contractual		\$0
Training	Total:	\$1,370

Meetings and seminars is to provide ongoing training opportunities to licensed and non-licensed staff to keep skills up to date. The National WIC conference registration is for the Program Manager and one RD to attend.

Meetings/seminars/trainings \$500
National WIC Conference registration x2 \$870

Other	Total:	\$5,385
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Employee medical: \$75 x 3 staff \$225
Repairs/Maintenance \$250
Printing Services: \$40 amount/mo x 12 months \$480
Copier/Printer Lease: \$250/mo x 12 months \$3,000
Postage: \$15/mo x 12 months \$180
Books/Subscriptions \$50
Licenses/permits \$700

Registration (booth)/ meeting room rental \$500

Justification: *All expenditures are for standard operating procedures to run multiple clinics, pay for staff lab licensure, and RD licenses. Registration is to cover events such as the Baby Fair to provide outreach to potential new WIC clients*

TOTAL DIRECT CHARGES	\$1,031,110
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Indirect Charges	Indirect Rate:	7.000%	\$72,178
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Indirect Methodology: WCHD prepares an annual indirect cost rate proposal in accordance with the requirements of 2 CFR 225 Subpart A. Community and Clinic Health Services Division rate is 20.97% for FY20.

TOTAL BUDGET	Total:	\$1,103,288
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Applicant Name: HD 17305 WASHOE COUNTY HEALTH DISTRICT
PROPOSED BUDGET SUMMARY

Form 2

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	USDA	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$1,103,288								\$1,103,288

EXPENSE CATEGORY

Personnel	\$988,798								\$988,798
Travel	\$4,357								\$4,357
Operating	\$31,200								\$31,200
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$1,370								\$1,370
Other Expenses	\$5,385								\$5,385
Indirect	\$72,178								\$72,178

TOTAL EXPENSE	\$1,103,288	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,103,288
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$72,178
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Total Agency Budget	\$1,103,288
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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 Subrecipient 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.

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,103,288**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel 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; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.

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- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.

Additionally, the Subrecipient agrees to provide:

- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward 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 Subaward.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION D**

Agency Ref. #: **HD 17305**
 Budget Account: 3214
 CAT: 45
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness	Subrecipient's Name: Washoe County Health District – WIC
Address: 400 West King Street, Suite 300 Carson City, NV 89703	Address: 1001 East Ninth Street/ P.O. Box 11130 Reno, NV 89520
Subaward Period: October 1, 2019 – September 30, 2020	Subrecipient's: EIN: 88-60000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$988,798.00	\$0.00	\$0.00	\$0.00	\$988,798.00	0.0%
2. Travel	\$4,357.00	\$0.00	\$0.00	\$0.00	\$4,357.00	0.0%
3. Operating	\$31,200.00	\$0.00	\$0.00	\$0.00	\$31,200.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$1,370.00	\$0.00	\$0.00	\$0.00	\$1,370.00	0.0%
7. Other	\$5,385.00	\$0.00	\$0.00	\$0.00	\$5,385.00	0.0%
8. Indirect	\$72,178.00	\$0.00	\$0.00	\$0.00	\$72,178.00	0.0%
Total	\$1,103,288.00	\$0.00	\$0.00	\$0.00	\$1,103,288.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? ___ Yes ___ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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 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 2019
7. What time-period did your last audit cover? July 2018 - June 2019
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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 Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the 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

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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)(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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NOTICE OF SUBAWARD**

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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

AHSO	<u>AH</u>
DHO	<u> </u> <i>KD</i>
DA	<u> </u>
Risk	<u> </u>

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2020 through December 31, 2020 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11663 and authorize the District Health Officer to execute the Notice of Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 25, 2019 to support the Sexually Transmitted Disease (STD) Prevention and Control Program. The funding period is effective January 1, 2020 through December 31, 2020. A copy of the Notice of Subaward is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

The scope of work includes conducting the following: STD surveillance which includes the regular monitoring of STD surveillance database, maintaining case files and records, and conducting investigations; prepare and submit reports as required, respond to and plan for STD outbreaks and promote quality STD specialty care services,

The Subgrant provides funding for personnel and indirect expenditures.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Notice of Subaward.

Subject: Approve STD Notice of Subaward

Date: December 12, 2019

Page 2 of 2

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2020 through December 31, 2020 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11663 and authorize the District Health Officer to execute the Notice of Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2020 through December 31, 2020 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11663 and authorize the District Health Officer to execute the Notice of Subaward."



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

Agency Ref. #: **HD 17517**
 Budget Account: 3219
 Category: 09
 GL: 8516
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: STD Prevention & Control Program Office of Public Health Investigations and Epidemiology Elizabeth Kessler / ekessler@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottriz / llottriz@washoecounty.us
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Reno, NV 89512
Subaward Period: January 1, 2020, through December 31, 2020	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>07-378-6998</u>

Purpose of Award: To identify, treat and control Sexually Transmitted Diseases (STD) in specified counties.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$122,818.00	Total Obligated by this Action:	\$ 135,100.00
2. Travel		Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating		Total Federal Funds Awarded to Date:	\$ 135,100.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other		Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$122,818.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$12,282.00	Federal Budget Period: January 1, 2020, through December 31, 2020	
TOTAL APPROVED BUDGET	\$135,100.00	Federal Project Period: January 1, 2020, through December 31, 2020	

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.977	FAIN:	Federal Grant #:	Grant Award Date by Federal Agency:
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Agency Approved Indirect Rate: 7.9% **Subrecipient Approved Indirect Rate:** 10%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and 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: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and
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Name	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Melissa Peek-Bullock Bureau Chief/Deputy		
for Lisa Sherych Administrator, DPBH		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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

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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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District (WCHD)

Goal 1: Conduct STD surveillance, reporting, and identification of Chlamydia, Gonorrhea, Syphilis, Congenital Syphilis and adverse outcomes of STDs.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
1.1 Through December 2020, Washoe County Health District (WCHD) will identify, track and report all individuals with suspected or confirmed Sexually Transmitted Diseases (STDs) to include chlamydia, gonorrhea, syphilis, and congenital syphilis.	1.1.1 Maintain and update (NEDDS Based System) NBS or an equivalent CDC approved STD Surveillance System to capture the CDC required information and notify the STD program of any upcoming changes.	STD Surveillance System	Jan 1, 2020 – Dec 31, 2020	Patients diagnosed with an STD	# of data systems maintained	NBS Data or Equivalent
1.2 Through December 2020, WCHD will collaborate with the STD Program to identify and investigate data quality issues.	1.2.1 Perform a quarterly match of HIV cases through eHARS with STD data and update the patient status to be consistent between the two data sets.	Report of reconciled cases	Quarterly reports due: April 17, 2020 July 17, 2020 Oct 16, 2020 Jan 15, 2021	STD/HIV patients	# of cases reconciled	Reconciled case report
	1.2.2 Conduct an edit check report on STD data quarterly to identify and reconcile errors and inconsistencies.	Edit check report		WCHD	# of Edit checks reports	NBS data
Goal 2: Develop and maintain an outbreak capacity plan to respond to significant changes in STD epidemiology. Ensure that staff are trained and ready to implement the outbreak capacity plan						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
2.1 Through December 2020, respond to STD Outbreaks in WCHD jurisdiction.	2.1.1 Develop capacity plans for WCHD.	Outbreak Capacity Plan	Ongoing through the subaward period	WCHD Staff	# of Capacity Plans submitted	Outbreak Capacity Plan
	2.1.2 Develop a monitoring tool for WCHD to utilize for reporting on outbreak activities.	Outbreak monitoring tool			# of Outbreak Monitoring Tools Submitted	Outbreak monitoring tool
Goal 3: Conduct congenital syphilis surveillance, disease investigation, and case management.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
3.1 Through December 31, 2020, WCHD will develop a mechanism to collect, track, analyze, and investigate 100% of infants diagnosed with Congenital Syphilis (CS).	3.1.1 Through the SFTP site or the excel document, ensure all CS cases are reported to the STD Program on a monthly basis.	Data transmissions from WCHD to DPBH	By the 15 th of each month	Congenital Syphilis patients	# of cases submitted on time / # of total cases	
	3.1.2 Utilizing the Council for State and Territorial Epidemiologists (CSTE) case definition, collect, verify,	Infants diagnosed with CS	Quarterly reports due: April 17, 2020 July 17, 2020	CS patients	# of cases categorized correctly / # of total cases	NBS Data, Quarterly Program Data

	categorize, and report infants diagnosed with CS for confirmed, probable, and syphilitic stillbirth CS cases.		Oct 16, 2020 Jan 15, 2021			
	3.1.3 Review the reported CS cases, as well as female syphilis surveillance data, to understand the populations affected and missed opportunities for prevention.	LHA quarterly CS report			# of line listings received	NBS Data, Quarterly Program Data
	3.1.4 Link the infant CS cases to the mother's syphilis case report record to further examine potential maternal demographic or risk behaviors associated with CS in your jurisdiction.	Maternal syphilis cases reported in NBS	Ongoing through the subaward period		# of cases linked to the maternal record / # of total cases	NBS Data, Quarterly Program Data
	3.1.5 Examine congenital syphilis cases to identify providers not following screening recommendations.	Congenital Syphilis case reviews			# of cases examined	NBS Data, Quarterly Program Data
3.2 By December 2020, respond to 100% of CS Medicaid, and vital matches.	3.2.1 Annually, review vitals and Medicaid data provided by the STD program to identify all previously unknown &/or unreported infants or stillbirths born to women with a positive syphilis test or any case that warrants additional follow-up/investigation.	Report on Birth/Death Registry Match Report on Medicaid Match	Dec 31, 2020	Missing CS cases	# of unreported infants identified	Vital Data, Medicaid Data

Goal 4: Conduct health department disease investigation, partner services, and linkage to care for patients with STDs.

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
4.1 Through December 2020, WCHD will provide partner services to STD patients, with priority assigned to cases of Neurosyphilis, Ocular Syphilis, Men who have sex with Men (MSM), and Women aged 15-44 years.	4.1.1 Create a Partner Services report outlining the percentage of patients receiving partner services by risk factor: <ul style="list-style-type: none"> • Neurosyphilis • Ocular Syphilis • MSM • Women aged 15-44 	Partner Services report	Quarterly reports due: April 17, 2020 July 17, 2020 Oct 16, 2020 Jan 15, 2021	Women aged 15-44 years, MSM, Neurosyphilis / Ocular Syphilis Patient	# of partner services reports submitted	NBS data, quarterly program data
	4.1.2 Maintain local prioritization matrix that prioritizes women aged 15-44 years (WRA) and reactive serology, MSM with Primary and Secondary (P&S) Syphilis, and those with neurosyphilis/ocular syphilis.	Prioritization matrix	Ongoing through the subaward period		# of matrix submitted	Prioritization matrix

Goal 5: Develop Reports for STD for the CDC and STD Prevention and Control Program.

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
5.1 Through December 2020, conduct epidemiological analysis, and data quality assurance of STD data.	5.1.1 Respond to Quarterly report of data by meaningful geographic level, demographics, reporting provider and laboratory, and key dates.	Quarterly Fast Facts Reports Annual Provider Report	Quarterly reports due: April 17, 2020 July 17, 2020 Oct 16, 2020	STD Patients	# of Quarterly Fast Facts # of Annual Provider Reports	NBS data, provider report, key date report

		<i>Provided by the STD program</i>	Jan 15, 2021		# of Annual Key Date Report	
	5.1.2 Respond to a report of completed missing variables for CDC assigned core epidemiological STD and Syphilis variables.	Quarterly Missing Variables Report <i>Provided by the STD program</i>			# of Missing Variables Reports submitted	NBS data
Goal 6: Promote quality STD specialty care services						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
6.1 Through December 2020, assess and promote correct STD treatment.	6.1.1 Provide a current list of all STD providers, clinics and or facilities within the jurisdiction.	List of STD specialty care clinics	December 31, 2020	STD Specialty Care Clinics	# of lists submitted	List of STD specialty care clinics
	6.1.2 Assess percent of STD cases with complete and correct treatment data.	Annual Treatment Report		STD patients	# of STD patients with completed treatment by disease and age / # of STD patients total # of STD patients with correct treatment by disease and age / # of STD patients total	Annual Treatment Report
	6.1.3 Identify providers not adhering to CDC recommended treatment and provide them with education packets of best practices of STD treatment.	Provider Packets		Local health providers	# of provider packets distributed	Provider Packets
6.2 By December 2020, WCHD will maintain an inventory of medications for the treatment of an STD.	6.2.1 Develop and maintain a process to an appropriate inventory of Benzathine penicillin G medication to treat and address any shortages.	Inventory of medications	Quarterly reports due: April 17, 2020 July 17, 2020 Oct 16, 2020 Jan 15, 2021	Persons diagnosed with an STD	# of processes implemented # of medications utilized	Program data

Deliverables:

- 1) Compile and complete reports outlined throughout the Scope of Work's objectives and activities.
- 2) Participate in the following calls throughout the project period. Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.

Technical Assistance Calls at 1:30 PM on the fourth Monday of the month:

- January 27, 2020
- April 27, 2020
- July 27, 2020

- October 26, 2020

Reporting Schedule

The awardee shall provide to the STD Prevention and Control Program an annual Work Plan within 30 days of receiving the Notice of Award and Scope of Work. Submit quarterly and annual reports electronically to the STD Program Coordinator. Reports must include a summary of data collection and progress on performance measures that align with the approved activities and objectives

Quarterly Reports

- Q1 Report (January 1, 2020 – March 31, 2020) due by April 17, 2020
- Q2 Report (April 1, 2020 – June 30, 2020) due by July 17, 2020
- Q3 Report (July 1, 2020 – September 30, 2020) due by October 16, 2020
- Q4 Report (October 1, 2020 – December 1, 2020) due by January 15, 2021

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number _____ 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 Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number _____ from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs						
including fringe						Total: \$ 122,818
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>A. Velasco, Public Health Nurse</u>	\$62,000.00	45.500%	65.000%	12	100.00%	\$58,637
Ensure the Health District's compliance with State communicable disease control statutes (NRS 441a) regarding reportable STDs. They investigate all laboratory-confirmed cases of reportable STDs, confirm appropriate treatment, elicit contact information, notify partners, and provide partner counseling and referral services. They also provide interview and investigative services per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC), manage the health district's Sexually Transmitted Disease, database entry, and provide data reports and uploads per protocol.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>A. Schleicher, Public Health Investigator</u>	\$60,000.00	44.000%	65.000%	12	100.00%	\$56,160
Ensure the Health District's compliance with State communicable disease control statutes (NRS 441a) regarding reportable STDs. They investigate all laboratory-confirmed cases of reportable STDs, confirm appropriate treatment, elicit contact information, notify partners, and provide partner counseling and referral services. They also provide interview and investigative services per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC), manage the health district's Sexually Transmitted Disease, database entry, and provide data reports and uploads per protocol.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Public Health Services Interns</u>	\$22,500.00	1.850%	35.000%	12	100.00%	\$8,021
Assist with data entry and database activities related to STD Surveillance.						
Total Fringe Cost		\$ 35,642	Total Salary Cost:			\$ 87,175
TOTAL DIRECT CHARGES						\$ 122,818
Indirect Charges					Indirect Rate: 10.000%	\$12,282
Indirect Methodology: 10% of total direct charges. An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A						
TOTAL BUDGET						Total: \$ 135,100

PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	OPHIE	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$135,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$135,100

EXPENSE CATEGORY

Personnel	\$122,818								\$122,818
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$12,282								\$12,282

TOTAL EXPENSE	\$135,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,100
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$12,282
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Total Agency Budget	\$135,100
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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 Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed \$135,100;
- Total reimbursement will not exceed \$67,550.00 by June 30, 2020;
- This award is subject to the availability of appropriate funds. Based on the availability of funds awarded to the STD Program, subrecipient may be asked to restrict expenditures, until the total award is received for the Centers for Disease Control and Prevention.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, not to exceed \$135,100.00 during the subaward period, given a receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding reports to the Centers for Disease Control and Prevention.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The STD Prevention and Control Program reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the STD Prevention and Control Program is not obligated to issue continuation funding.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward 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 Subaward.

SECTION D
Request for Reimbursement

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Reno, NV 89512
Budget Period: January 1, 2020, to December 31, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$122,818.00	\$0.00	\$0.00	\$0.00	\$122,818.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$12,282.00	\$0.00	\$0.00	\$0.00	\$12,282.00	0.0%
Total	\$135,100.00	\$0.00	\$0.00	\$0.00	\$135,100.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ 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).
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? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Current or Former State Employee Disclaimer

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 Department.

Name

Services

Name	Services

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department 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 the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or

summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the 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)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

AHSO	___AH
DHO	___KD
DA	_____
Risk	_____

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419, nkcummins@washoecounty.us

SUBJECT: Approve Notice of Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,101.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11666 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received the attached Notice of Subaward on from the State of Nevada Department of Health and Human Services on November 26, 2019 to support the Family Planning Program retroactive to November 1, 2019 through June 30, 2021.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On October 24, 2019 the Board approved Subaward Amendment #1 from the State of Nevada Department of Health and Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received.

On July 25, 2019 the Board approved a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program.

BACKGROUND

SB94, sponsored by the Legislative Committee on Health Care, appropriates \$6 million for FY20 and FY21 for statewide family planning services grants to fund health care services like contraception, maternal care, immunizations, cancer screenings, and STI prevention. It was signed by the governor in June 2019 and awards money to local governmental entities and nonprofit organizations to provide family planning services to persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason.

Initially, the State requested interim budgets for services through October 31, 2019. Washoe County Health District was awarded \$29,395.20 (\$3,609.94 indirect) that funded intermittent/hourly staff, operating supplies, equipment, and indirect expenditures.

On October 8, 2019, the CCHS Division received a request from the State to submit a budget and scope of work for the State Family Planning Grant for the rest of the grant period, from November 1, 2019 through June 30, 2021 with the hopes of executing an amendment by November 1st. To accommodate this request, the Board was presented with an agenda item at their October 24, 2019 meeting anticipating the amendment might be available by the meeting date or soon thereafter.

The State elected to issue a new Notice of Subaward in lieu of an amendment, therefore the Board must approve the Notice of Subaward. The scope of work remains the same: to expand and integrate Family Planning and Immunization Program services by providing vaccinations to family planning clinic clients retroactive to November 1, 2019 through June 30, 2021.

FISCAL IMPACT

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY20 budget, increasing it by \$434,299.00 (\$60,802.00 indirect expenses) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11666 -432100	State Grants	\$ 434,299.00
2002-IO-11666 -701412	Salary Adjustment	\$ 216,000.00
2002-IO-11666 -705360	Benefit Adjustment	\$ 96,999.00
2002-IO-11666 -710300	Operating Supplies	\$ 96,999.00
2002-IO-11666 -710703	Biologicals	\$ 118,000.00
2002-IO-11666 -711508	Computers non-capital	\$ 2,250.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve Notice of Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,101.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11666 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Notice of Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,101.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11666 and authorize the District Health Officer to execute the Subaward."



State of Nevada
 Department of Health and Human Services
Grants Management Unit
 (hereinafter referred to as the Department)

Agency Ref. #: **DO 1088**
 Budget Account: 3155
 Category: 29
 GL: 8516
 Sub Account: 03

NOTICE OF SUBAWARD

Program Name: Account for Family Planning Grants Management Unit Julia Peek / jpeek@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottritz / llottritz@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg. B, P.O. Box 11130 Reno, NV 89512-2845
Subaward Period: November 1, 2019 through June 30, 2021	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: Provide family planning services to people with difficulties obtaining such services.

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

Approved Budget Categories:	
1. Personnel	\$312,999.00
2. Travel	\$0.00
3. Operating	\$121,300.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$0.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$434,299.00
8. Indirect Costs	\$60,802.00
TOTAL APPROVED BUDGET	\$495,101.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 0.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 0.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period:	N/A
Federal Project Period:	N/A
FOR AGENCY USE, ONLY	

Source of Funds: State General Fund	% Funds: N/A	CFDA: N/A	FAIN: N/A	Federal Grant #: N/A	Federal Grant Award Date by Federal Agency: N/A
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Agency Approved Indirect Rate: N/A **Subrecipient Approved Indirect Rate:** 14%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and 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: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and <i>[Signature]</i> 11/27/19
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Kevin Dick, District Health Officer Washoe County Health District	Signature	Date
Connie Lucido, Chief Grants Management Unit Department of Health and Human Services		
Julia Peek, Deputy Administrator Community Health Services Division of Public and Behavioral Health		

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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).
10. No funding associated with this grant will be used for lobbying.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT UNIT
NOTICE OF SUBAWARD**

11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT UNIT
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

Funds appropriated in this subaward shall be used to provide family planning and reproductive health services in accordance with Senate Bill 94 of the Nevada Legislature's 80th session to persons who otherwise have difficulty obtaining such services because of poverty, lack of insurance, or transportation, or any other reason.

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

Scope of Work for Washoe County Health District

Goal 1: To provide client-centered and quality family planning services that promotes optimal health outcomes.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Carry out a project that maximizes access to available services by providing recommended vaccinations as part of the family planning visit.</p>	<p>1. Provide Human Papillomavirus (HPV) vaccine to unvaccinated family planning clients.</p> <p>2. Provide education on the important of HPV vaccination for cancer prevention.</p> <p>3. Provide Twinrix vaccine to unvaccinated family planning clients who are at risk for Hepatitis A and Hepatitis B, including but not limited to, having more than one sex partner in six months, having sexual contact with infected people, having cirrhosis or chronic hepatitis C, using intravenous (IV) drugs.</p> <p>4. Provide education on the important of Hepatitis A and Hepatitis B vaccination for disease prevention and preconception health.</p> <p>5. Provide Tdap vaccine to unvaccinated family planning clients to optimize preconception health.</p> <p>6. Provide education on the importance of Tdap vaccination for disease prevention and preconception health.</p> <p>7. Provide influenza vaccine to unvaccinated family planning clients to optimize preconception health.</p> <p>8. Provide education on the importance of the influenza vaccine for disease prevention and preconception health.</p>	<p>06/30/2021</p>	<p>1. Provide documentation with the number of HPV vaccinations provided each quarter.</p> <p>2. Education materials on HPV vaccine importance and number of those given materials.</p> <p>3. Documentation with the number of Twinrix vaccinations provided every quarter.</p> <p>4. Education materials on importance of Hepatitis A and Hepatitis B vaccination and number of those given materials.</p> <p>5. Documentation with the number of Tdap vaccinations provided each quarter.</p> <p>6. Education materials on importance of Tdap vaccination for disease prevention and preconception and number of those given materials.</p> <p>7. Documentation with the number of influenza vaccinations provided every quarter.</p> <p>8. Education materials on importance of influenza vaccinations and number of those given materials.</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT UNIT
NOTICE OF SUBAWARD**

Goal 2: Provide family planning and reproductive health services in Washoe County, Nevada

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Carry out a project that improves the Family Planning program workflow through the addition of staff to provide integrated family planning and immunization services.</p>	<p>1. Hire a Public Health nurse (1 FTE) to assist with clinic activities including: forecasting, dispensing, and administering immunizations; testing and treatment; education and follow up.</p> <p>2. Hire a Community Health Aide (1 FTE) to assist with Family Planning clinic activities, including rooming, vitals, translation, and assisting providers.</p> <p>3. Purchase two desk top computers and four monitors for new staff members.</p>	<p>06/30/2021</p>	<p>1. Provide all time coding and personnel documentation and number of family planning clients served including demographic information.</p> <p>2. Provide all time coding and personnel documentation and tracking of each method (IUD, hormonal implant, Depo Provera, oral contraceptive, and vaginal ring) dispensed.</p> <p>3. Provide invoicing information for all equipment purchased.</p>

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE – SFY 20

Total Personnel Costs	including fringe	Total:	\$104,333.00
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>1 FTE Public Health Nurse</u>	\$90,000.00	44.907%	100%	6	50.00%	\$65,208.00
<u>1 FTE Community Health Aide</u>	\$54,000.00	44.907%	100%	6	50.00%	\$39,125.00

Justification: *The Public Health Nurse and Community Health Aide will not begin working until January 2020 requiring a request for 6 months of this budget period.*

Total Fringe Cost:	\$ 32,333.00	Total Salary Cost:	\$ 72,000
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Travel	Total:	\$0
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Operating	Total:	\$55,044.00
Two desk-top computers with 4 monitors	\$2,250.00	
Syringes, bandages, etc.	\$350.00	
Biologicals (Vaccinations)	\$52,444.00	
Justification: <i>The desk-top computers with added monitors will be used to improve family planning clinic flow and service to clients. Syringes, bandages, and vaccinations will be used for the purposes administering immunizations to family planning clients.</i>		

Equipment	Total:	\$0
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Contractual/Contractual and all Pass-thru Subawards	Total:	\$0
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Training	Total:	\$0
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Other	Total:	\$0
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TOTAL DIRECT CHARGES		\$159,377.00
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Indirect Charges	Indirect Rate:	14%	\$22,313.00
Indirect Methodology: The indirect rate is calculated at 14% of the direct charges.			

TOTAL BUDGET	Total:	\$181,690.00
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Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE – SFY21

Total Personnel Costs		including fringe	Total:	\$208,666.00		
<u>1 FTE Public Health Nurse</u>	<u>Annual Salary</u> \$90,000.00	<u>Fringe Rate</u> 44.907%	<u>% of Time</u> 100%	<u>Months</u> 12	<u>Annual % of Months worked</u> 100%	<u>Amount Requested</u> \$130,416.00
<u>1 FTE Community Health Aide</u>	<u>Annual Salary</u> \$54,000.00	<u>Fringe Rate</u> 44.907%	<u>% of Time</u> 100%	<u>Months</u> 12	<u>Annual % of Months worked</u> 100%	<u>Amount Requested</u> \$78,250.00
Total Fringe Cost:		\$ \$64,666.00	Total Salary Cost:		\$ \$144,000.00	
<u>Travel</u>				Total:	\$0	
<u>Operating</u>				Total:	\$66,256.00	
Syringes, bandages, etc.		\$700.00				
Biologicals (Vaccinations)		\$65,556.00				
Justification:.. <i>Syringes, bandages, and vaccinations will be used for the purposes administering immunizations to family planning clients.</i>						
<u>Equipment</u>				Total:	\$0	
<u>Contractual/Contractual and all Pass-thru Subawards</u>				Total:	\$0	
<u>Training</u>				Total:	\$0	
<u>Other</u>				Total:	\$0	
TOTAL DIRECT CHARGES					\$274,922.00	
<u>Indirect Charges</u>				Indirect Rate:	14%	\$38,489.00
Indirect Methodology: The indirect rate is calculated at 14% of the direct charges.						
TOTAL BUDGET				Total:	\$313,411.00	

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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY - SFY20

PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

A.

FUNDING SOURCES	GMU	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$181,690.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0

EXPENSE CATEGORY

Personnel	\$104,333.00								\$0
Travel	\$0								\$0
Operating	\$55,044.00								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Other Expenses	\$0								\$0
Training	\$0								\$0
Indirect	\$22,313.00								\$0

TOTAL EXPENSE	\$181,690.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$22,313.00
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Total Agency Budget	\$ 181,690.00
Percent of Subrecipient Budget	#DIV/0!

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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 Subrecipient agrees:

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

- **Total reimbursement through this subaward will not exceed \$495,101.00;**
- **Total reimbursement for FY20 will not exceed \$181,690.00.**
- **Total reimbursement for FY21 will not exceed \$313,411.00**
- 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 Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or GMU must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. CDC.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are **SUBJECT TO AUDIT**.
- This subaward agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subaward, 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 Department, 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 subaward 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 Subaward.

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Agency Ref. #: **DO 1088**
 Budget Account: 3155
 GL: 8516
 Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name: Account for Family Planning Grants Management Unit Julia Peek / jpeek@health.nv.gov	Subrecipient Name: Washoe County Health District Lisa Lottritz / llotritz@washoecounty.us
Address: 4126 Technology Way, Suite 100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg B. Reno, NV 89512-2845
Subaward Period: November 1, 2019 through June 30, 2021	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q
Budget Period: November 1, 2019 through June 30, 2020	

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$104,333.00	\$0.00	\$0.00	\$0.00	\$104,333.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$55,044.00	\$0.00	\$0.00	\$0.00	\$55,044.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$22,313.00	\$0.00	\$0.00	\$0.00	\$22,313.00	0.0%
Total	\$181,690.00	\$0.00	\$0.00	\$0.00	\$181,690.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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 Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the 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

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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)(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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT UNIT
NOTICE OF SUBAWARD**

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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
4126 Technology Way, Suite 100
Carson City, NV 89706
Telephone (775) 684-4000 • Fax (775) 684-4010
<http://dhhs.nv.gov>

November 13, 2019

MEMORANDUM

TO: Mark Winebarger, ASO IV
Department of Health and Human Services *[Handwritten initials: MW]*

THROUGH: Julia Peek, Deputy Administrator
Division of Public and Behavioral Health

FROM: Allison Genco, Reproductive Health Coordinator
Family Planning Services Grant

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL

This memorandum requests that the following subgrant be approved for a retroactive start.

- Name of Subrecipient: *Washoe County Health District*
- Services to be provided: *Family Planning and Reproductive Health Education Services Statewide*
- Funding source and expenditure category: *BA# 3155, Category 29*
- Requested start date of work: *November 1, 2019*
- Expected execution date of agreement: *November 15, 2019*
- Reason(s) why the agreement was not submitted timely:
 - *This was a new budget account in SFY 20, and staff were working with the subawardees and DHHS leadership to ensure the correct approach for the funding of the awards.*
- Describe the impact to the program/services if this work is not started prior to the execution of the agreement: *Lapse will cause a gap in family planning education services that were provided in the prior funding period.*
- Explain how the program/bureau will prevent future retroactive requests: *Begin an earlier process start date.*

If you have any questions, please contact Allison Genco at 775-684-3220 or agenco@dhhs.nv.gov.

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7214, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Montane Building Group LLC, Case No. 1219, Notice of Violation Citation No. 5827 with a \$790.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5827 be **upheld** and a fine in the amount of **\$790.00** be levied against Montane Building Group LLC for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C. 3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On October 22, 2019 Air Quality Specialist (AQS) Suzanne Dugger was on routine patrol in Sparks, Nevada along Isidor Court when she observed a dust generating activity involving the disturbance of more than one acre of land on the south side of the court. The Specialist visited the project and phoned Paul Slocum, Project Manager with Montane Building Group LLC. During the phone call, the Specialist requested to see a copy of the Washoe County Air Quality Dust Control Permit. Mr. Slocum indicated that a Dust Control Permit had not been obtained for the project. AQS Dugger requested that all dust generating activity at the site cease until an Air Quality Dust Control Permit was obtained for the project. AQS Dugger documented her observations with photographs and a Construction Site Inspection Form.

Following AQS Dugger's visit on October 22, 2019, a Dust Control Permit Application was submitted to Washoe County Air Quality Management Division (AQMD) by Montane Building Group LLC for the Great Western Foils project. The Permit was issued on the same day.

On October 23, 2019, AQS Dugger met with Mr. Slocum at the Montane Building Group LLC offices and discussed the violations of the Washoe County District Board of Health Regulations Governing Air Quality Management associated with the Great Western Foils project. During the meeting, Notice of Violation – Citation (NOV) No. 5827 was issued to Montane Building Group

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity, specifically Section 040.030 C. 3.

On November 7, 2019 Sr. AQS Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. Slocum regarding NOV No. 5827. Sr. AQS Restori explained to Mr. Slocum that NOV No. 5827 was issued for failing to comply with Section 040.030 C. 3. of the Washoe County District Board of Health Regulations Governing Air Quality Management. Sr. AQS Restori explained that per these regulations, any dust generating activity in Washoe County, which includes disturbing one acre or more of land, requires a Dust Control Permit prior to commencement of that dust generating activity. After the discussion, Mr. Slocum acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on November 7, 2019.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold an uncontested citation issued to Montane Building Group LLC, Case No. 1219, Notice of Violation Citation No. 5827, with a \$790.00 negotiated fine.

ALTERNATIVE

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5827; or
2. The Board may determine to uphold Notice of Violation Citation No. 5827 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Montane Building Group LLC, Case No. 1219, Notice of Violation Citation No. 5827 with a \$790.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1219, Notice of Violation Citation No. 5827, issued to Montane Building Group LLC.", or
2. "Move to uphold Case No. 1219, Notice of Violation Citation No. 5827, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Montane Building Group LLC to be properly noticed."



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



Public Health
Prevent. Promote. Protect

NOTICE OF VIOLATION

NOV #5827

DATE ISSUED: 10-23-2019

ISSUED TO: MONTANE BUILDING GROUP, LLC PHONE #: 624-3966

MAILING ADDRESS: 5475 RENO CORPORATE DR. #300 CITY/ST: RENO ZIP: 89511

NAME/OPERATOR: PAUL SLOCUM PHONE #: 560-4815

PERMIT NO, APCP19-0172 DRIVER LICENSE #/SSN _____

WCMP19-01556

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10-22-2019 (DATE) AT 2:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: 040.030 SEC. C.3.

FAILURE TO OBTAIN A DUST CONTROL PERMIT PRIOR TO DISTURBING LAND.

LOCATION OF VIOLATION: 35 ISIDOR CT. SPANISH SPRINGS, NV

POINT OF OBSERVATION: ON SITE & FILE REVIEW

Weather: CLEAR Wind Direction From: N E S W

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

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

Signature _____

CITATION: You are hereby notified that effective on 10-22-2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 HOURS hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 10-28-19

Issued by: [Signature] Title: ADS

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: November 7, 2019

Company Name: Montane Building Group, LLC

Address: 5475 Reno Corporate Drive Reno, NV 89511 #300

Notice of Violation # 5827 Case # 1219

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____
Section 040.030 C. 3. Dust Control Permit Requirements - For failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 790.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on December 12, 2019.

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



Signature of Company Representative

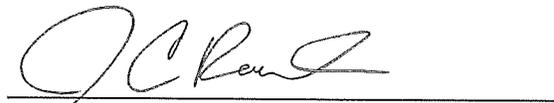
Paul Shocum

Print Name

OWNER

Title

Witness



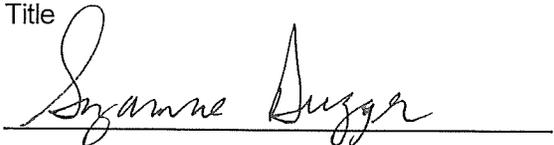
Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title



Witness



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

Company Name Montane Building Group, LLC
Contact Name Paul Slocum

Case 1219 NOV 5827 WVIO-AQM 19-0012

I. Violation of Section 040.030 C. 3. Dust Control Permit Requirements

I. Recommended/Negotiated Fine = \$ 790

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

III. Violation of Section 0

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0

V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

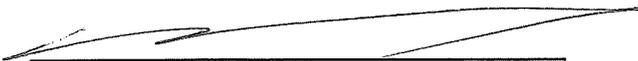
Total Recommended/Negotiated Fine = \$ 790



Air Quality Specialist

11-7-2019

Date



Senior AQ Specialist/Supervisor

11/7/19

Date

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 10%

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

Comment Accepted a settlement

C. Compliance History

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

Comment No previous violations

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

Comment: _____

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

Comment: _____

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

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -30%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

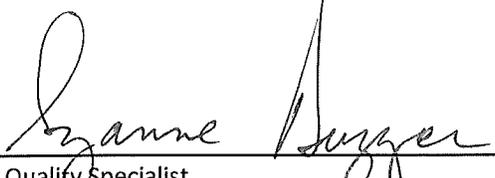
<u>\$ 1123.00</u>	x	<u>-30%</u>	=	<u>-336.90</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

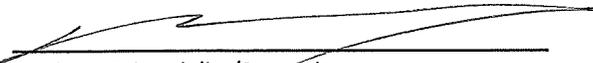
Comment: _____

Adjusted Penalty:

<u>\$ 1123.00</u>	+/-	<u>\$ -336.90</u>	=	<u>\$ 790</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine


Air Quality Specialist

11-7-2019
Date


Senior AQ Specialist/Supervisor

11/7/19
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

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

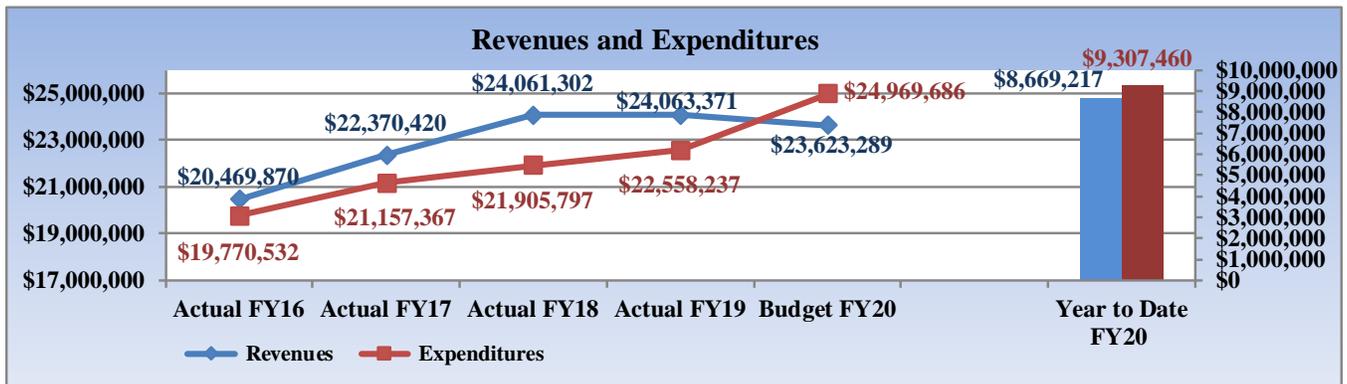
DD	NA	___
DHO	___	KS
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: December 12, 2019

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 2020

SUMMARY

The five months of fiscal year 2020, (FY20) ended with a cash balance of \$7,390,327. Total revenues of \$8,669,217 were 36.7% of budget and a decrease of \$207,057 over FY19. The expenditures totaled \$9,307,460 or 37.3% of budget and up \$331,748 compared to FY19.



District Health Strategic Priority supported by this item:

- 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.

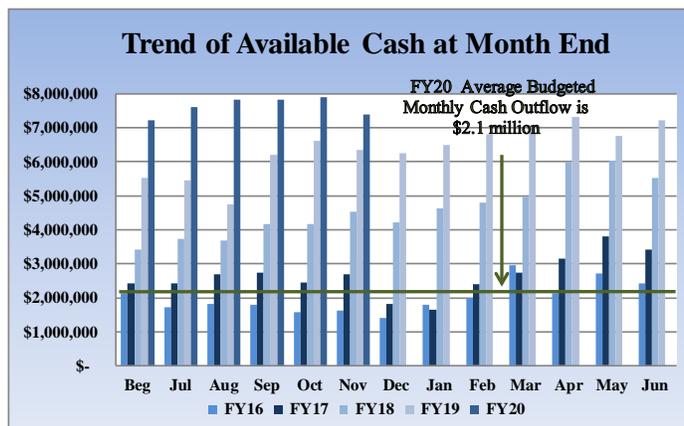
PREVIOUS ACTION

Fiscal Year 2020 Budget was adopted May 21, 2019.

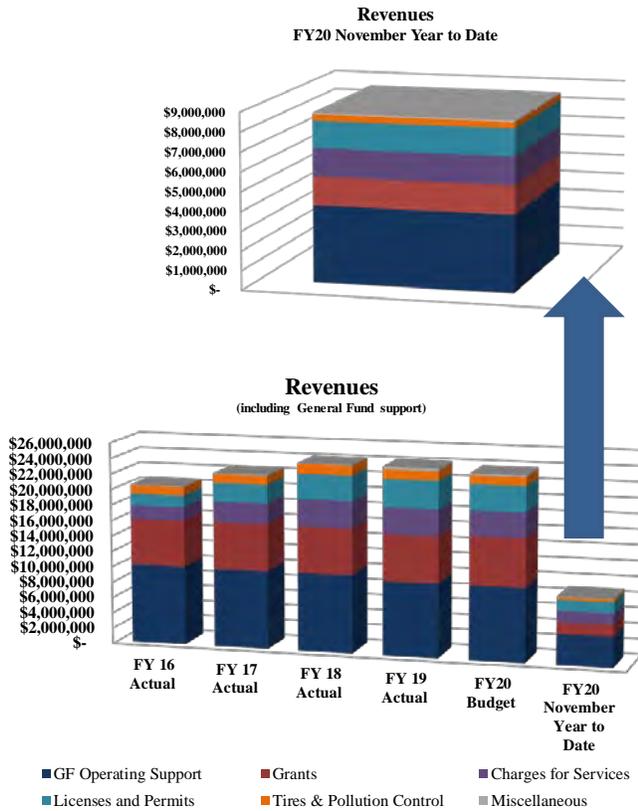
BACKGROUND

Review of Cash

The available cash at the end of November, FY20, was \$7,390,327 which is enough to cover approximately 3.6 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.2 million; the cash restricted as to use is approximately \$1.4 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.8 million.

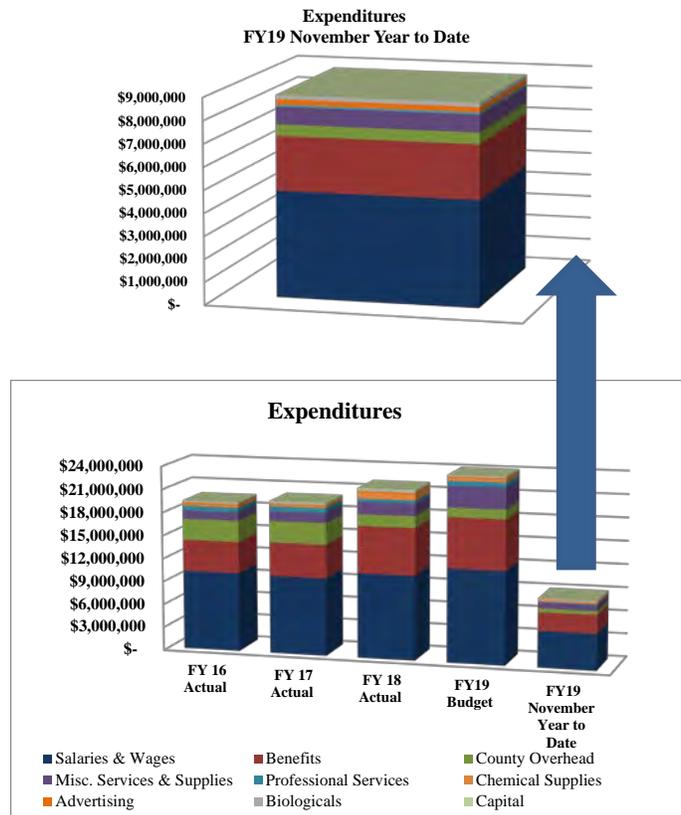


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$8,669,217 down \$207,057 or 2.3% compared to November FY19. The revenue categories up over FY19 were tire and pollution control funding of \$330,633 up \$17,134; and charges for services of \$1,441,441 up \$98,337. The revenue categories down compared to FY19 were: licenses and permits of \$1,398,757 down \$6,966; Federal and State grants of \$1,479,080 down \$244,370; miscellaneous revenues of \$53,948 down \$71,194; and, the County General Fund support of \$3,965,357 is level at the FY19 funding.

The total year to date **expenditures** of \$9,307,460 increased by \$331,748 or 3.7% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$7,381,961 up \$190,911 or 2.7% over the prior year and 39.5% of budget. The total services and supplies of \$1,914,046 up \$133,612 or 7.5% compared to FY19 and 31.4% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$186,851 up \$46,035 over FY19; chemical supplies of \$294,450 up \$63,473; the biologicals of \$115,133, were down \$41,721; and, County overhead charges of \$583,663 were up \$76,130. There has been \$11,454 in capital expenditures up \$7,224 compared to FY19.



Review of Revenues and Expenditures by Division

ODHO has spent \$468,508 up \$39,657 or 29.8% over FY19 mainly due to a shift in overhead charges and vacant positions in FY19 now filled in FY20.

AHS has spent \$492,598 up \$37,062 or 8.1% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs for the District.

AQM revenues were \$1,312,954 up \$103,649 or 8.6% mainly in the air pollution permits and federal grant reimbursements. The Division spent \$1,187,194 down \$19,693 or 1.6% over FY19 mainly due to salary savings from vacant positions.

CCHS revenues were \$1,147,594 down \$104,490 or 8.3% over FY19 mainly due to a decline in federal grants; state grants and third-party insurance reimbursements are up over FY19. The division spent \$3,292,609 or \$259,917 more than FY19 with \$128,522 of the increase due to employee retirement payouts for accrued benefits; an increase of \$61,544 in part-time and on-call staff in the Family Planning and Immunization programs; and, \$45,000 for a youth prevention campaign that focuses on education and prevention of use of e-cigarettes.

EHS revenues were \$1,727,732 down \$89,519 or 4.9% over FY19 due to the closing of the Environmental Health Hazardous Materials oversight checking account deposit of \$108,426 in FY19; excluding the one-time funding the revenues are up \$18,907 over FY19. EHS spent \$2,879,729 an increase of \$80,659 over last year mainly due to retiring employee accrued benefit payouts, temporary staff for a digital scanning project for historical records, and chemical supplies for the Vector program.

EPHP revenues were \$515,580 down \$116,698 or 18.5% over last year mainly due to a lag in receiving grant reimbursements due to the Public Health Emergency Preparedness exercises happening in the last half of FY20. The division spent \$986,823 down \$65,854 over FY19 due to salary savings from a vacant grant funded position along with the services and supplies not spent due to the vacancy.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through November Year to Date Fiscal Year 2019/2020 (FY20)									
	Actual Fiscal Year			Fiscal Year 2018/2019		Fiscal Year 2019/2020			
	2015/2016	2016/2017	2017/2018	Actual Year End	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY20 Increase over FY19
Revenues (all sources of funds)									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	1,209,305	3,581,031	1,312,954	36.7%	8.6%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	1,252,084	3,955,838	1,147,594	29.0%	-8.3%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	1,817,251	4,369,454	1,727,732	39.5%	-4.9%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	632,278	2,200,110	515,580	23.4%	-18.5%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	3,965,357	9,516,856	3,965,357	41.7%	0.0%
Total Revenues	\$20,469,870	\$22,370,420	\$24,061,302	\$24,063,371	\$ 8,876,274	\$23,623,289	\$ 8,669,217	36.7%	-2.3%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	428,851	1,570,329	468,508	29.8%	9.2%
AHS	996,021	1,119,366	1,016,660	1,059,669	455,536	1,313,474	492,598	37.5%	8.1%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	1,206,886	3,842,317	1,187,194	30.9%	-1.6%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	3,032,692	8,015,694	3,292,609	41.1%	8.6%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	2,799,070	7,138,225	2,879,729	40.3%	2.9%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	1,052,677	3,089,647	986,823	31.9%	-6.3%
Total Expenditures	\$19,770,532	\$21,157,367	\$21,905,797	\$22,558,237	\$ 8,975,712	\$24,969,686	\$ 9,307,460	37.3%	3.7%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	(428,851)	(1,570,329)	(468,508)		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	(455,536)	(1,313,474)	(492,598)		
AQM	(150,184)	122,763	607,078	507,427	2,419	(261,286)	125,761		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	(1,780,608)	(4,059,856)	(2,145,015)		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	(981,819)	(2,768,772)	(1,151,997)		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	(420,400)	(889,537)	(471,243)		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	3,965,357	9,516,856	3,965,357		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ (99,438)	\$ (1,346,397)	\$ (638,243)		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536		\$ 6,495,139			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		26.0%			

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 2020.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for November, Fiscal Year 2020.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 5 2020 P&L Accounts
 Accounts: GO-P-L *
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
460530 Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-	251,419-	4,175-	69
460531 Dust Plan-Air Quality	659,365-	259,496-	399,869-	39	362,521-	5,393	111,102-	
460532 Plan Rvw Hotel/Motel		3,948	3,948			11,872-	5,393	
460534 Child Care Inspection	23,234-	11,046-	12,188-	48	22,470-	22,133-	10,598-	53
460535 Pub Accomod Inspectn	29,345-	13,661-	15,684-	47	28,380-		6,247-	78
460570 Education Revenue								
460723 Other Fees	208,183-	90,888-	117,296-	44	193,032-	16,491-	176,541-	9
* Charges for Services	3,228,052-	1,441,441-	1,786,611-	45	2,906,932-	1,343,104-	1,563,828-	46
481150 Interest-Non Pooled	4,500-	4,500-	4,973-	100	10-	10-	3	100
484000 Donations, Contributions	6,721-	1,748-	4,973-	26	6,500-	2,431-	4,069-	37
484050 Donation Fed Pgm Inc		20,814-	20,814-		143,838-		143,838-	
484195 Non-Govt'l Grants	14,969-	3,209-	11,759-	21	26,311-		26,311-	
484197 Non-Gov. Grants-Ind.	48,854-	23,554-	25,300-	48	48,283-		34,011-	30
485100 Reimbursements	150,000-	123-	149,877-	0	258,426-		150,000-	42
485300 Other Misc Govt Rev	225,043-	53,948-	171,095-	24	483,368-		358,226-	26
* Miscellaneous	14,106,433-	4,703,860-	9,402,573-	33	13,908,338-	4,910,917-	8,997,421-	35
** Revenue	10,815,100	4,240,076	6,575,024	39	10,335,661	4,206,100	6,129,561	41
701110 Base Salaries	351,414	188,709	162,706	54	245,924	140,131	105,794	57
701120 Part Time	445,526	190,759	254,767	43	546,723	200,117	346,605	37
701130 Pooled Positions	4,319	574	3,745	13	4,319	1,614	2,704	37
701140 Holiday Work								
701150 xContractual Wages								
701199 Lab Cost Sav-Wages	157,065	1,138	155,928	1	160,607	967	159,640	1
701200 Incentive Longevity	63,517	35,199	28,318	55	114,569	43,681	70,888	38
701300 Overtime	300	126	174	42	300	135	165	45
701403 Shift Differential								
701406 Standby Pay	38,000	16,298	21,702	43	38,000	13,579	24,421	36
701408 Call Back	5,000	289	4,711	6	5,000	768	4,232	15
701412 Salary Adjustment	159,884	43,720	116,164	27	526,768	65,707	526,768	97
701413 Vac Payoff Sick Term	199,393	195,000	4,394	98	67,722		2,015	
701414 Vacation Denied-Payoff	1,226	16,398	15,171-	1,337				
701417 Comp Time	28,350	28,727	376-	101	16,320	10,460	5,859	64
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,269,096	4,957,013	7,312,083	40	12,061,912	4,683,259	7,378,653	39
705110 Group Insurance	1,477,850	565,246	912,604	38	1,611,044	639,199	971,845	40
705115 ER HSA Contribs	149,160	3,381	145,779	2	85,200	4,000	81,200	5
705190 OPEB Contribution	1,118,614	466,089	652,525	42	1,286,542	536,059	750,482	42
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	1,291,439	2,012,307	39	3,016,966	1,220,918	1,796,048	40
705215 Retirement Calculation								
705230 Medicare April 1986	157,625	67,859	89,766	43	147,346	64,509	82,837	44
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	

Period: 1 thru 5 2020
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705320 Workmans Comp	77,087	29,355	47,731	38	97,909	41,967	55,943	43
705330 Unemploy Comp	9,982	1,577	8,405	16	9,361	1,138	8,224	12
705360 Benefit Adjustment	81,628		81,628		229,230		229,230	
* Employee Benefits	6,412,157	2,424,948	3,987,209	38	6,530,691	2,507,790	4,022,902	38
710100 Professional Services	514,504	71,239	443,265	14	604,188	47,199	556,989	8
710101 Lab Testing Services	1,300	252	1,048	19				
710105 Medical Services	12,848	1,458	11,390	11	10,421	4,527	5,894	43
710108 MD Consultants	51,211	19,948	31,263	39	54,311	20,723	33,588	38
710110 Contracted/Temp Svcs	277,145	36,877	240,268	13	128,538	15,501	113,037	12
710115 Subrecipient Payments	600		600		600		600	
710155 Lobbying Services	83,435	33,904	49,531	41	92,962	35,381	57,582	38
710200 Service Contract	1,850	605	1,245	33	650	757	107-	116
710201 Laundry Services	11,800	3,419	8,381	29	9,145	8,055	1,090	88
710205 Repairs and Maintenance	6,151	6,896	745-	112	3,000	1,698	1,302	57
710210 Software Maintenance					25-		25-	
710215 Operating Contracts	173,946	25,252	148,695	15	216,000	42,849	173,150	20
710300 Operating Supplies	1,300	443	857	34	1,435	43	1,392	3
710302 Small Tools & Allow	1,535		1,535		1,600	880	720	55
710308 Animal Supplies	295,700	294,450	1,250	100	392,700	230,977	161,723	59
710319 Chemical Supplies					16,000		16,000	
710323 Asphalt								
710325 Signs and Markers								
710334 Copy Machine Expense	27,003	8,802	18,200	33	23,175	7,470	15,705	32
710335 Copy Mach-Copies	9,985	2,786	7,199	28	7,642	2,774	4,868	36
710350 Office Supplies	32,530	9,511	23,019	29	52,476	19,418	33,058	37
710355 Books and Subscriptions	6,440	2,310	4,130	36	7,508	7,796	288-	104
710360 Postage	18,134	6,200	11,934	34	16,656	5,201	11,455	31
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube	125		125		125		125	
710400 Fmts to O Agencies	604,785	57,077	547,708	9	743,421	52,866	690,555	7
710412 Do Not Use								
710500 Other Expense	108,710	36,360	72,349	33	186,491	12,789	173,703	7
710502 Printing	35,500	11,319	24,182	32	30,484	11,700	18,783	38
710503 Licenses & Permits	8,480	1,750	6,730	21	7,195	4,697	2,498	65
710504 Registration		706	706-			750	750-	
710505 Rental Equipment	200		200		200		200	
710506 Dept Insdeductible	150	650	500-	433		150	150-	
710507 Network and Data Lines	7,730	7,222	508	93	6,540	831	5,709	13
710508 Telephone Land Lines	33,723	14,715	19,008	44	34,645	14,241	20,404	41
710509 Seminars and Meetings	79,264	20,891	58,373	26	72,883	11,701	61,182	16
710512 Auto Expense	11,728	2,942	8,786	25	11,346	2,532	8,814	22
710514 Regulatory Assessments	25,000	11,696	13,304	47	20,000		20,000	
710519 Cellular Phone	15,379	7,348	8,031	48	14,697	5,149	9,548	35

Period: 1 thru 5 2020
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
710529 Dues	24,680	11,878	12,802	48	20,855	4,073	16,782	20
710535 Credit Card Fees	58,907	26,957	31,950	46	51,981	26,889	25,092	52
710546 Advertising	193,731	14,625	179,106	8	174,637	20,406	154,231	12
710551 Cash Discounts Lost						48	48-	
710563 Recruitment		399	399-					
710571 Safety Expense	75,611	18,692	56,919	25	56,279	14,345	41,934	25
710577 Uniforms & Special C	2,700	1,344	1,356	50	2,700	1,485	1,215	55
710585 Undesignated Budget	618,257		618,257		543,923		543,923	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 IT Lease-Office Space	70,532	29,930	40,602	42	75,813	31,920	43,893	42
710620 IT Lease-Equipment								
710703 Biologicals	253,940	115,133	138,807	45	325,190	156,855	168,335	48
710713 Post Adoption Refer								
710714 Referral Services	6,780	2,712	4,068	40	9,068	4,068	5,000	45
710721 Outpatient	91,275	52,651	38,624	58	99,424	45,054	54,371	45
710872 Food Purchases	7,910	2,410	5,500	30	3,170	1,255	1,915	40
711008 Combined Utilities	105,282	43,868	61,415	42	71,118	29,633	41,486	42
711010 Utilities								
711100 ESD Asset Management	44,980	19,920	25,060	44	50,274	20,777	29,498	41
711113 Equip Srv Replace	58,429	20,352	38,076	35	60,891	19,679	41,212	32
711114 Equip Srv O & M	52,608	25,031	27,577	48	61,103	24,442	36,661	40
711115 Equip Srv Motor Pool	5,000	5,469	469-	109	5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,193	13,472	15,721	46	31,839	14,883	16,956	47
711119 Prop & Liab Billings	95,845	39,935	55,910	42	79,274	34,170	45,104	43
711210 Travel	181,903	60,907	120,996	33	186,847	37,014	149,833	20
711212 Meals and Lodging								
711213 Travel-Non Gnty Pers	15,827	3,522	12,305	22	32,500	1,706	30,794	5
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,400,792	583,663	817,129	42	1,218,080	507,533	710,547	42
711410 Overhead - Admin								
711502 Build Imp nonCapital		598	598-					
711504 Equipment nonCapital	98,828	50,152	48,676	51	155,459	85,089	70,369	55
711508 Computers nonCapital	58,000	5,634	52,366	10	220,130	70,227	149,902	32
711509 Comp Sftw nonCap	4,781	13,404	8,623-	280	4,281	9,000	4,719-	210
* Services and Supplies	6,019,897	1,859,686	4,160,211	31	6,312,759	1,729,220	4,583,539	27
781002 Build Imprv Capital	16,000		16,000		35,000		35,000	
781004 Equipment Capital	154,413	11,454	142,960	7	100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000		25,000		45,000	4,229	40,771	9
* Capital Outlay	195,413	11,454	183,960	6	180,000	4,229	175,771	2
** Expenses	24,896,563	9,253,100	15,643,464	37	25,085,362	8,924,498	16,160,865	36

Period: 1 thru 5 2020 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Business Area: 000 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,516,856-	3,965,357-	5,551,499-	42	9,516,856-	3,965,357-	5,551,499-	42
* Transfers In	9,516,856-	3,965,357-	5,551,499-	42	9,516,856-	3,965,357-	5,551,499-	42
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
814430 To Reg Permits Capit								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	3,910,996-	5,532,737-	41	9,443,733-	3,914,142-	5,529,591-	41
*** Total	1,346,397	638,243	708,154	47	1,733,291	99,438	1,633,853	6



DBOH AGENDA ITEM NO. 9A

Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

OCTOBER 2019



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October					
November					
December					
January					
February					
March					
April					
May					
June					
Totals	12,461	\$16,101,730	\$1,292.17		
Current Allowable Average Bill: \$1,294.87					

Year to Date: October 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19	6 Minutes 00 Seconds	90%	91%
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			



Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 01 Seconds	91%	93%

Year to Date: October 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1	5:17	6:25	8:53
	P-2	5:31	6:51	8:35
Nov-19	P-1			
	P-2			
Dec-19	P-1			
	P-2			
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

Fiscal Year to Date: October 2019

Priority	Reno	Sparks	Washoe County
P1	0:05:21	0:06:10	0:08:26
P2	0:05:34	0:06:29	0:08:36



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 10/01/2019 THRU 10/31/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	10/1/19 19:46	10/1/19 19:51	1C24	0:04:39	0:04:39
Zone C	10/5/19 4:19	10/5/19 4:32	1C24	0:12:42	0:12:42
Zone A	10/5/19 10:21	10/5/19 10:21	1C23	-00:00:06	0:00:13
Zone A	10/7/19 9:55	10/7/19 9:55	1C04	0:00:00	0:00:08
Zone A	10/15/19 16:59	10/15/19 17:05	1C01	0:05:54	0:05:54
Zone A	10/16/19 22:37	10/16/19 22:37	1C24	-00:00:02	0:00:22
Zone A	10/24/19 8:33	10/24/19 8:37	1X45	0:04:30	0:04:04
Zone A	10/24/19 10:35	10/24/19 10:39	1X45	0:05:03	0:04:22
Zone A	10/24/19 14:07	10/24/19 14:13	1X45	0:06:16	0:05:48
Zone A	10/24/19 17:53	10/24/19 18:00	1X45	0:06:49	0:06:20
Zone A	10/29/19 8:53	10/29/19 9:01	1C08	0:25:35	0:08:00

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
A	10/29/19 8:35	10/29/19 9:01	1C08	08:00

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
None					



GROUND AMBULANCE OPERATIONS REPORT OCTOBER 2019

1. Overall Statics

- a) Total number of system responses: 6760
- b) Total number of responses in which no transports resulted: 2441
- c) Total number of system transports (including transports to out of county):
4319

2. Call Classification

- a) Cardiopulmonary Arrests: 1.8%
- b) Medical: 56.1%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 10%
- e) Transfers: 12.4%
- f) Trauma – MVA: 8.3%
- g) Trauma – Non MVA: 6.3%
- h) Unknown: 4.5%

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: 1,981

Total number of above calls receiving QA Reviews: 159

Percentage of charts reviewed from the above transports: 8%



OCTOBER 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	11	51
BLS (CPR)	43	228
Heartsaver (CPR)	29	182
PALS	5	20

COMMUNITY OUTREACH OCTOBER 2019

Point of Impact		
10/1-30/2019	3 office installation appointments; 3 cars and 3 seats inspected.	
10/19/19	Checkpoint at Old Navy; 7 vehicles and 8 seats inspected.	4 volunteers and 2 staff
Cribs for Kids/Community		
10/04/19	Taught Child/Infant CPR at the Life Change center	
10/07/19	Help Safe Kids write a grant for a Safe Sleep grant	
10/10/19	Attended Vision Zero meeting at RTC	
10/11/19	Cribs for Kids Train the Trainer to University Medical Center in Las Vegas	
10/15-17/19	Attended Traffic Safety Summit Conference at the Nugget Casino	
10/16/19	Held a booth at Truckee Meadows Family Health Festival	Over 350 people attended the event
10/30/19	Completed State of Nevada EMS Instructor	



REMSA

Reno, NV
Client 7299



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support@EMSSurveyTeam.com
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EMS System Report

October 1, 2019 to October 31, 2019

Your Score

95.72

Number of Your Patients in this Report

150

Number of Patients in this Report

7,645

Number of Transport Services in All EMS DB

156





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **10/01/2019** and **10/31/2019**.

The overall mean score for the standard questions was **95.72**; this is a difference of **2.22** points from the overall EMS database score of **93.50**.

The current score of **95.72** is a change of **3.00** points from last period's score of **92.72**. This was the **20th** highest overall score for all companies in the database.

You are ranked **5th** for comparably sized companies in the system.

86.34% of responses to standard questions had a rating of Very Good, the highest rating. **99.39%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

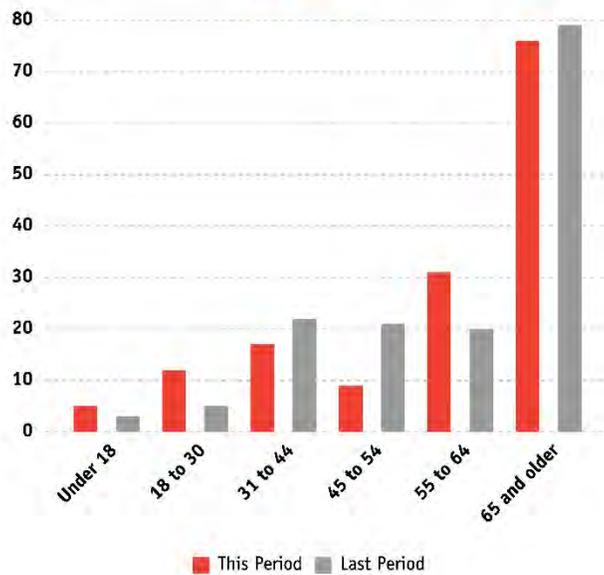




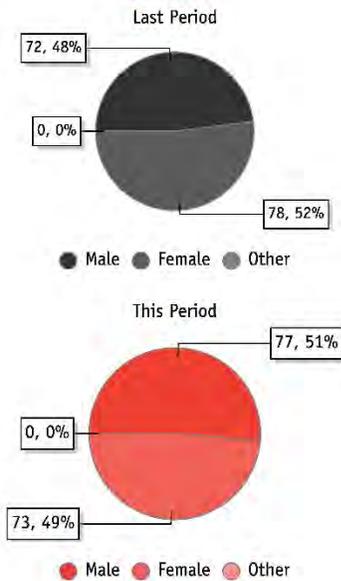
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	2	1	0	5	1	4	0
18 to 30	5	2	3	0	12	8	4	0
31 to 44	22	14	8	0	17	10	7	0
45 to 54	21	14	7	0	9	4	5	0
55 to 64	20	6	14	0	31	18	13	0
65 and older	79	34	45	0	76	36	40	0
Total	150	72	78	0	150	77	73	0

Age Ranges



Gender





REMSA
October 1, 2019 to October 31, 2019

Monthly Breakdown

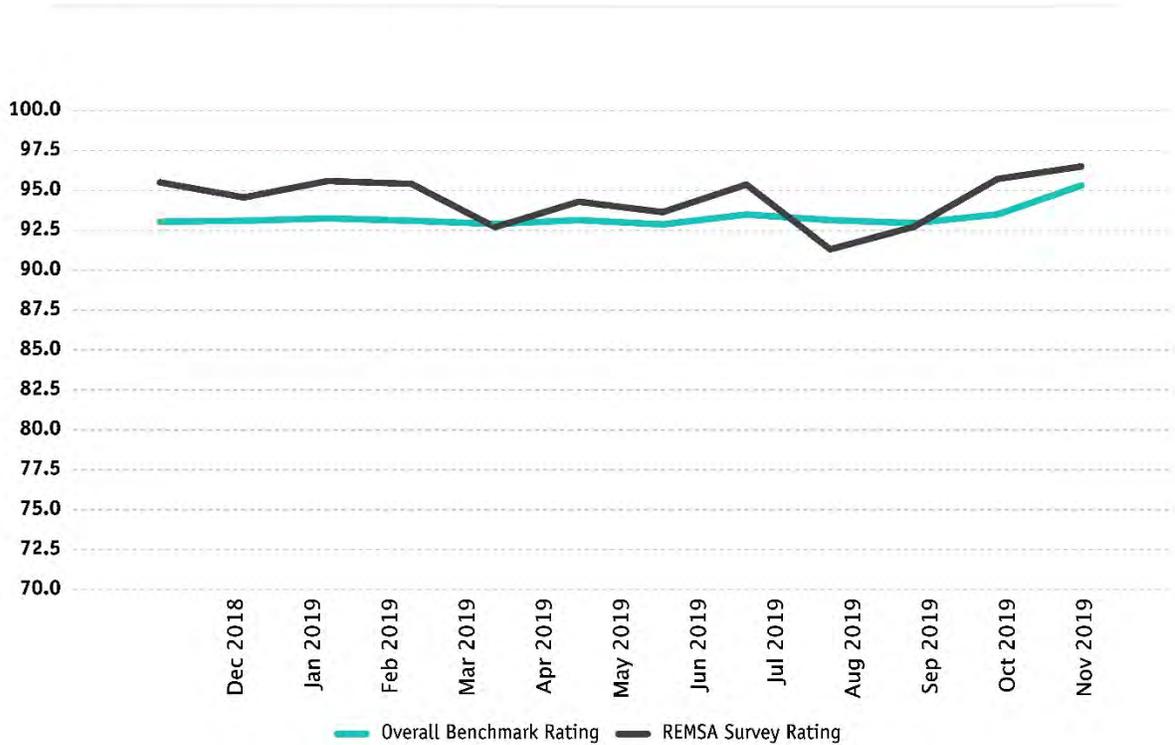
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019
Helpfulness of the person you called for ambulance service	96.62	94.23	96.34	96.88	96.20	88.46	92.73	93.60	93.55	87.76	95.41	95.59
Extent to which you were told what to do until the ambulance arrived	93.38	92.79	96.98	97.28	95.56	88.78	91.83	92.86	94.35	87.27	95.21	94.12
Extent to which the ambulance arrived in a timely manner	95.60	95.57	95.16	94.23	94.26	91.49	93.18	92.41	95.40	90.72	92.94	96.99
Cleanliness of the ambulance	97.02	97.65	98.11	96.50	95.51	94.32	94.02	93.45	96.51	91.05	93.42	96.58
Skill of the person driving the ambulance	95.51	97.13	96.38	96.39	94.55	93.29	94.02	93.43	94.44	90.61	92.63	95.83
Care shown by the medics who arrived with the ambulance	97.72	95.99	94.53	96.60	97.22	93.18	94.67	94.67	95.33	92.02	93.29	97.07
Degree to which the medics took your problem seriously	97.91	95.15	94.86	95.61	96.83	93.87	94.77	94.62	97.54	92.88	93.04	96.94
Degree to which the medics listened to you and/or your family	97.56	95.64	95.13	95.11	96.74	93.52	94.36	93.80	96.12	92.42	92.36	94.97
Extent to which the medics kept you informed about your treatment	95.09	95.09	93.19	94.54	93.60	92.19	94.26	93.53	94.79	90.78	91.89	95.27
Extent to which medics included you in the treatment decisions (if	95.20	95.06	91.20	93.94	94.28	92.43	94.63	92.83	94.01	89.25	91.48	94.93
Degree to which the medics relieved your pain or discomfort	94.09	92.04	91.57	93.21	91.68	91.78	93.11	92.19	93.12	89.61	90.77	95.22
Medics' concern for your privacy	97.04	96.21	93.60	96.05	95.38	94.19	94.51	94.08	94.18	92.19	92.54	96.23
Extent to which medics cared for you as a person	96.01	96.28	95.43	97.20	96.07	93.93	95.37	94.28	95.95	91.93	93.38	95.95
Professionalism of the staff in our ambulance service billing office	95.83	90.00	100.00	96.59	99.24	91.00	96.30	94.68	95.69	93.55	92.14	95.41
Willingness of the staff in our billing office to address your needs	95.83	95.00	100.00	96.46	99.22	90.06	96.30	95.11	95.40	92.74	96.09	95.07
How well did our staff work together to care for you	96.79	96.95	95.23	97.60	96.40	94.02	95.00	94.28	95.77	92.37	92.87	95.83
Extent to which the services received were worth the fees charged	97.50	87.89	88.40	82.86	87.54	82.16	90.94	75.05	92.65	85.23	86.25	80.94
Overall rating of the care provided by our Emergency Medical Transportation	96.93	95.33	94.41	96.75	95.70	93.08	95.80	94.75	96.01	92.82	92.93	95.49
Likelihood of recommending this ambulance service to others	96.79	96.21	94.41	95.39	95.59	92.79	93.80	94.33	94.86	92.18	92.64	96.18
Your Master Score	96.41	95.50	94.56	95.59	95.41	92.70	94.29	93.64	95.37	91.32	92.72	95.72
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA
 October 1, 2019 to October 31, 2019

Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE OCTOBER 2019 CUSTOMER REPORT

	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
1	08/20/2019		"Treated me nicely."	"They missed my internal bleeding. I had to advocate for myself. Medics didn't want me to go into ER, but I voiced my opinion because of how I felt. I am glad I listened to my gut."	Selmi 11.1.19 #7408	See Follow up below
2	08/20/2019		"Very professional and kind!"	"REMSA is the only way to go!"		
3	08/21/2019		"They did everything they could do to help me."	"There is nothing."		
4	08/23/2019		"Medics did not cause any pain."			
5	08/23/2019	"The medics were beautiful young ladies. They made me calm and my daughter comfortable. My daughter was bit in the face and one of the medics was too when she was younger and she was able through her own experience to help my daughter and I. I am so grateful!"	"I was amazed by the medics, their personal experience showed their skills!"	"The staff was perfect, exactly what and who we needed in our time of need!"		
6	08/23/2019		"REMSA has always taken care of us!"			
7	08/23/2019		"It was very good."			
8	08/24/2019	"My husband rode in the ambulance."	"How well they interacted with my son and communicated well!"	"I was very impressed by how well the medics communicated with my son, they calmed him down."		
9	08/24/2019		"They all did very well."			
10	08/24/2019		"Everything was done well."			
11	08/25/2019	"Wife followed."	"Medics really did help in the time of need."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
12	08/25/2019		"They went to work right away. Nothing but the best to say about them!"	"They are just great!"		
13	08/26/2019		"Medics are very good and very attune to me. Followed rules and were quick."			
14	08/26/2019		"No assistance what so ever. No comforting."	"Communication would be nice."	Selmi 11.1.19 #7409	See Follow up below
15	08/26/2019		"They were superb."			
16	08/28/2019	"I didn't actually get to ride with him in the ambulance, but they got here quick. Seemed like they had been riding around waiting for something to do. I didn't ride with him, but I am the reason they took him to the hospital. He didn't want to go at first, but later found out he had broken his hip. So I'm glad they took him."	"Well I think, they were very caring. They were explaining to me that Renown has a promise center because I was telling them I wasn't happy with how he had been taken care of the first two times after the hospital. And they seemed to really care about him. Which was the important thing."	"I think there will be a next time... this is the fourth time he has fallen and been taken to the hospital. The fire department and you guys pulled up at the same time. There is nothing I can think of. They were very professional and very knowledgeable."		
17	08/28/2019	"5"	"How quickly they got here. I have called for other people, but now they are getting better- seems like they are learning the quicker route to take around here."	"Nothing! Everything was good."		
18	08/28/2019		"They were very accommodating."	"I can't think of anything."		
19	08/29/2019		"Oh everything, everything was good."	"They did a pretty good job. So nothing, nothing at all."		
20	08/29/2019		"Patient stated the arrival was timely and they covered all of the bases in caring for him. He stated he is also in the			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			medical service field and he was impressed with the care and service he received."			
21	08/30/2019		"Quick arrival and a smooth transition into the medical facility."			
22	08/30/2019		"Patient stated the medics stayed with him until he got into a room."			
23	08/31/2019		"Everything was outstanding, they were very professional young men. I was surprised at how much they were able to tell me before I was taken to the hospital."	"Nothing. They are very well trained medics. They deserve more than just 5's in my opinion!"		
24	08/31/2019		"How quick everything was. They got to the house faster than the fire department. They talked to me and my son real quick and then had me out to the ambulance in no time. Then I was waiting from a room in the ER. But everything the medics did was amazing,"	"I wish I could give you something. Just keep up the great work. Godspeed!"		
25	08/31/2019	"The driving was fine. It was all those darn bumps in the road that made it hard on me. They didn't do anything for my pain until we got to the hospital."	"I thought it went fine. The medics didn't talk back to me like I was dumb and the care at the hospital went well too."	"I don't think there will be a next time."		
26	08/31/2019	"Oh they were sweet, generous people. The one medic talked to me for a while trying to help me calm down and let me call my husband and daughter."	"Excellent service! I think they always do a good job. I've only seen and heard great things about REMSA."	"I don't think there is anything. Whenever I need help they come and get me to where I need to be. And I think that is the most important."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
27	08/31/2019		"How fast they got me to the hospital and the willingness to ask me what I wanted and listened to that. That was a big thing for me."	"Nothing. I don't think I have had that fast of a trip ever. So I guess just thank you all for your hard work."		
28	09/01/2019		"Patient stated the medics kept both her and her father updated on her situation."			
29	09/01/2019		"Patient stated the medic was very friendly and treated him like a "normal guy" even though he was coming from a behavioral health center. He appreciated the dignity he was shown."			
30	09/01/2019		"Patient stated the paramedics were very kind and actually listened to her."			
31	09/01/2019		"Patient stated the whole experience was very nice and to keep up the good work."			
32	09/01/2019		"I appreciate your help. You're good"	"No, nothing better."		
33	09/01/2019	"If I could ever see them again, I'd thank them again and again! I am taking this from my husband. I was kind of out of it. My blood pressure had dropped extremely low."	"My husband's saying everything was fantastic. My husband was very thankful for everything. They really took good care of me!"	"I can't think of a thing."		
34	09/01/2019	"Everything was a five!"	"They went out of their way to make sure I was in good shape."	"Get here before I call haha- but no, the people there have been incredible and there's not much more you can do after reaching incredible!"		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
35	09/01/2019	"I doubt he'd remember... he was pretty out of it and I didn't go with them. I met up at the hospital. I didn't see everything. But I was glad they came. They did a really good job."	"The medics got to him quick and treated him well. There's not much more we could have asked for."	"I didn't see anything that should have been changed and I don't think (patient) ever mentioned anything either. We're just happy he's home now and doing a lot better."		
36	09/01/2019		"They did a good job checking my vitals and making sure I was comfortable. There's not much they can do if you aren't haha but they try and they talk to you. And I think that helps a great deal."	"Oh, there's nothing that I can think of. I'm just hoping my next trip isn't coming up close haha."		
37	09/01/2019		"Excellent team work. Excellent medics. I'm satisfied with the turn out."	"I don't there's anything more that could have been done for me. Everything I witnessed seemed in order. And I know my wife was happy how she was treated by them and the hospital staff."		
38	09/02/2019	"I remember them being really fast. It didn't feel like we waited a long time. I didn't have treatment in the ambulance."	"Well it was all good. I mean they got me to the hospital and then I was treated there. There wasn't much for them to do besides give me support and I thought they did that really well."			
39	09/02/2019	"Very good medics."	"Oh, honey, they are always good. Nothing they have ever done has been mean or spiteful."	"There's nothing they could have done better. They are the best and it shows."		
40	09/02/2019		"Patient stated the medics made her feel comfortable and were good listeners."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
41	09/02/2019		"Patient stated he used to be a medic himself, and the care he received was very good and he is pleased with the service."			
42	09/03/2019		"Patient stated, "They understood me.""			
43	09/03/2019		"Patient's mother stated the medics were especially considerate of her daughter's mental and emotional well-being. Her mother was very satisfied with the care during the transport."			
44	09/03/2019		"Patient stated they were attentive to her physical medical needs."			
45	09/03/2019		"Everything was done well except for the arrival time."		Kitts 11.1.19 #7410	See follow up below
46	09/04/2019		"They did their job in transporting him to another facility."			
47	09/04/2019		"Patient stated that the medics were prompt about providing the services she needed."			
48	09/04/2019		"Patient stated that the medics were very kind and compassionate. They even left out food and water for her little dog and she is extremely grateful and thankful for their kindness."			
49	09/04/2019	"They listened to me very well. I was surprised at their recall"	"Everything! For an ambulance ride it was a good trip overall. No one did anything wrong or	"Nothing... it was all really good."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			treated a kind of way I didn't like. Their job was to get me to the hospital and take care of me until we got there and I think that they did an excellent job with all of that."			
50	09/04/2019	"Not much they could do for pain. That was disappointing. I don't blame them, I just wish that could have been better."	"My wife thought they did good."	"Be able to deal with patient's pain."	Selmi 11.1.19 #7411	See Follow up below
51	09/04/2019		"Well I would say that REMSA has always been around. We see where you are pre-stationed in town and it's just a good feeling to see."	"Well, you really can't. You guys have been working on this whole ambulance thing for the 30 years I have been in this city. And they really have perfected it."		
52	09/04/2019	"I just think the price needs to be worked out better. Seems much too high."	"Across the board? Everything was wonderful. Not the reason I was calling for them. But the REMSA people did their best to make me as comfortable as possible and kept me well informed of what was happening and why. They seemed pretty friendly, but most importantly kind and caring."			
53	09/04/2019		"They worked really hard and were very professional."			
54	09/04/2019		"They cared for me and kept me calm, if I could I would give them a 10!"			
55	09/04/2019		"They train there staff to perfection."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
56	09/05/2019		"Patient stated she had no response for this question."			
57	09/05/2019		"Well... they did everything well. Professional medics and doctors all around. We were happy with the service really."			
58	09/05/2019	"I already do recommend REMSA! If it is to come up of course."	"They did a very good job of getting everyone out of the way and talking only to me and my husband. We had some other family in the house that day."	"I don't think there's anything they could have done better. Everyone I saw that day was concerned and happy to help. I thought they got me into a room at the hospital pretty quick. I'm not sure how much of that is on them haha but I was happy about it."		
59	09/05/2019		"The medic explained what was going on and what my options were and made me feel calm about everything."	"Nothing, everything was fine. Hopefully I won't need you again haha."		
60	09/05/2019		"Oh they were all 10's in my eyes. Every last one of them."	"I don't think so. No, everything was fabulous haha Well, I mean only as fabulous as it could be."		
61	09/05/2019	"I never saw the bill, so I'm not sure how much y'all were asking for or anything. Very quick response for them... about 10 minutes I'd say."	"Comforting me and informing me plus my husband. They were able to talk to us in a way that we knew what the heck they were talking about. Which is important - Sometimes the medic or doctors talk at the patient."			
62	09/05/2019		"REMSA did everything	"Nothing really... The		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			well. I was really happy to be in their care. The medics kept asking how I was doing and feeling. It was a good experience."	medics were professional and kind. Nothing went haywire or anything on our way to the hospital."		
63	09/06/2019	"They got him to the hospital alright, so I have to assume they did a pretty good job driving to the hospital. Wonderful medics!"	"Excellent service throughout the whole ordeal with (patient). We're both happy with the way he was treated and taken care of. The medics are amazing. I don't have anything bad to say or any problems with them whatsoever."			
64	09/06/2019	"Couldn't have asked for nicer people. They talked to me, laid me down, covered me up, and let me know what they were doing. Five minutes and they were right!"	"Kindness, respect, knew exactly what to do and did it in the right way."	"You couldn't do anything better. They were amazing in every way!"		
65	09/06/2019		"Patient stated the medics were very competent and careful in their manner of speech around her. She is very, very pleased with the care she received. She also stated the driver slowed down appropriately when it was needed."			
66	09/06/2019		"Patient's medical POA (his father) stated the care he received was excellent. He also stated the dispatcher gave good instructions on what to do until the ambulance arrived."			
67	09/06/2019		"Everything was done well."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
68	09/07/2019		"They did well in helping me when I was having heart issues, you couldn't ask for a better crew."			
69	09/08/2019	"It wasn't a long ride, but it was fine."	"They were nice. I thought they were doing well. It wasn't a long ride. It was good. The girl and the guy were good. All of them were just young people who cared a lot."	"Well I don't think I can think of anything different. As long as it's efficient. Everything was good, I really felt at ease. They were helping me and talking to me. They didn't make me feel uncomfortable or anything."		
70	09/09/2019	"I was only there until they took him away in the ambulance."	"It was all fives. I called for him and the medics got here super quick and everything they did to help was done excellent."	"Nothing, I was just really happy they showed up when they did and how they treated me and (patient). It was all really good. I mean that. Thank you for all your help."		
71	09/09/2019	"I don't know exactly. I was kind of out of it when they first got here."	"They got me to the hospital."	"Oh I don't know. I think everything was fine."		
72	09/09/2019	"Heck, I'd give you all tens if I could!"	"I give you an A+. I was having a stroke, you were here within 10 minutes. Within 20 minutes, I was given a shot and by 35 minutes I was in a room at the hospital. You see, time is brain when dealing with a stroke and they did everything prefect."	"Hope there's not a next time. I don't see anything that could have been done better. My husband already went down and gave the ambulance team cookies haha."		
73	09/09/2019		"Giving me the information I needed and that my wife needed. Getting me out to the ambulance and into the	"Nothing better they could have done, really. Not with how they took care of me."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			truck. It was nice and easy. And I just think you have a good group of young people who are willing to work hard and want to help. Not much more I think you need."			
74	09/09/2019		"I think the medics did a really outstanding job. They had it all covered."	"Extra blankets would have been nice, but other than that, they were excellent."		
75	09/09/2019	"I think they got here within 10 to 15 minutes. I thought that was pretty good."	"The medics were extremely kind and professional."	"I don't think there's anything that I would have changed about it!"		
76	09/09/2019	"We have had to use you guys a couple times for (patient) and myself and they have always been kind and considerate."	"Very kind. Very caring. And very quick. I think they got to the house within five minutes or so. We were really surprised at the medic's timeliness. And we thought everyone was trained really well. I'm very thankful for the service REMSA provides."	"Oh no. I don't think there's anything better the medics could have done. I believe they did their best to take care of my husband."		
77	09/10/2019		"Patient stated everything was done well and the service was excellent."			
78	09/11/2019		"I've been very happy with REMSA and what they have done with me and for me."	"They were all outgoing, but very careful with what they are doing. Nothing I'm aware of that could have been better. They always do a great job."		
79	09/11/2019	"A ten at least!"	"The ambulance has always treated me well. The EMT's are great!"	"I don't know, honey. I don't know much about what you can do better. They have always treated me		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				very well. I've always had good treatment from the EMT's. And sometimes they have to pick me up from the floor, but they understand that. And they get me up and to the hospital."		
80	09/11/2019	"Very skilled medics."	"All of it! Great people. I believe they are the best."	"I'm praying there won't be a next time. But nothing. I thought everything and everyone was professional and good at their job."		
81	09/11/2019	"Great care!"	"Getting my husband off the floor and on the stretcher. They did a real good job with that. I was pretty impressed with the EMT's."	"Not one thing I can think of honey, everything was handled how it should."		
82	09/11/2019		"I don't have time to go into much detail, but I am very satisfied and think the medics did an excellent job carrying out their duties as healthcare professionals."	"Oh no. nothing could have gone better. It was all good. I'm really very satisfied."		
83	09/12/2019		"They arrived in a very timely matter and were very professional in treating my problem."	"I've actually used REMSA twice and both times they were excellent. Just leave it the way it is!"		
84	09/12/2019		"Everything was done well. Patient noted in particular that the medics were very careful when they put her on the gurney, there was no twisting, pulling or discomfort. She is very thankful for the care."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
85	09/12/2019		"Patient stated he had no comments - neither positive nor negative, but did state the service was good."			
86	09/12/2019		"Patient stated everything was done well and she thanks the medics for their service."			
87	09/13/2019		"The ambulance had a timely arrival."			
88	09/13/2019		"Patient stated the medics showed care for him by addressing every single one of his concerns and patiently explaining what was happening."			
89	09/13/2019		"Patient stated the medics were very professional and got him to the hospital in a timely manner."			
90	09/13/2019		"Patient stated her life was in the medic's hands and the service was ""exemplary"". She said the kindness, consideration, tenderness and care she received were top-notch! They also explained what they were doing and why, and when the crisis was under control, they kept her company. She is very thankful and grateful."			
91	09/14/2019		"Patient stated she lives in a 2nd floor walkup apartment and she was very scared to be taken down the stairs. She said			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			she could tell the medics knew absolutely what they were doing and it was smooth going and they had good teamwork together. They really put her at ease."			
92	09/14/2019		"It was just that they were professional and very polite."	"Really nothing. I can't think of anything."		
93	09/15/2019	"One night this one paramedic was very rude, but I never caught his name. Everyone else has been very nice and understanding as they should. Very attentive and listened while I explained because my husband was not able to at the time."	"Just the overall care for my husband. We've had REMSA come out for our daughter about three times before this last time with (patient). They are awesome every time."	"Well, I believe and maybe you can tell me - I paid for my family to use REMSA for free for the rest of the year, but I've never gotten a bill or statement from them."		
94	09/15/2019		"Patient stated that the medics did a very thorough assessment and kept the patient informed on his situation, thereby greatly easing his mind."			
95	09/15/2019		"Patient stated everything was done well and appropriately."			
96	09/15/2019		"Patient stated the medics did everything well, were very professional and wonderful."			
97	09/15/2019		"Patient stated everything was done well and right."			
98	09/16/2019		"Patient stated everything was done with care. The medics also did a very good job getting her down the			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			ramp, she felt safe."			
99	09/16/2019		"Patient stated the medics quickly triaged, were very professional and considerate. She also stated they were able to assess, handle and deal with family members and ease them."			
100	09/16/2019		"Patient's son (medical POA) stated the medics were very knowledgeable and had a specific process to getting things done, they worked well together and were very professional - This was comforting to him and his mother."			
101	09/16/2019	"They took my problem very seriously."	"I want them to know they did an outstanding job. And that myself and my family are truly happy with all the services they have provided us with."	"No, the care was fine. Nothing could have made it better. Nothing I'm aware of. I'm telling you, these guys are really something. And the women! All really good people."		
102	09/16/2019		"Patient stated the medics treated her like a queen and she is thankful for the care she received."			
103	09/16/2019		"Patient everything was done well and they took very good care of him in all aspects."			
104	09/16/2019		"Patient stated everything was done well, he has absolutely no complaints or suggestions for improvement. Very			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			happy with his service."			
105	09/17/2019		"Patient stated that the medics kept her covered and cared for her until they could get her to the hospital."			
106	09/17/2019		"Everything was great. They treated me like one of their own. I could really sense their care for me."	"I don't think there's anything more they could do better. Nothing really stands out, you know?"		
107	09/17/2019		"Pretty much everything to be honest."	"You guys did everything right. I don't think you could have done it better."		
108	09/17/2019		"Patient stated the medics are ""tip-top"" in their knowledge and professional in their appearance."			
109	09/17/2019		"Patient stated that the medics were very, very gentle with her, they were also courteous and informative of all the questions she asked of them."			
110	09/17/2019	"Got to me in less than 10 minutes!"	"The medics were excellent. Very professional and efficient."	"Nothing."		
111	09/17/2019	"I thought they did great."	"Getting to me in a timely manner. Lifting me up to the gurney with little struggle. And getting me to the hospital. They were some good guys. Really good medics y'all have."	"Oh I don't know. Nothing comes to mind."		
112	09/18/2019		"Everything was fine but nobody deserves a 5, there is always room for improvement			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			somewhere."			
113	09/18/2019		"Patient stated that the medics were surely professional and displayed good teamwork together."			
114	09/18/2019	"My wife was very pleased with how the medics talked to her and the information they provided her with. She says they were very kind and professional with her."	"Everything. I'm not lying when I tell you that either. These medics are well educated and trained. Also respectful of family and patient."			
115	09/18/2019	"I'd say a 5 on the overall rating. All in all, I'm safe and healthy and that's what they made sure happened. I felt like I waited for them to come longer than I should of. It could have also just been me being me. But I thought it would have been a faster process. One of the medics seemed to be in a bad mood. Luckily that person was driving and not in the back with me. The medic in the back was super nice and supportive."	"Talking to me in the back while on the stretcher was good. I was emotional in the back and she really helped me keep my head on top of my shoulders."	"Faster arrival time. Everything else was a close to perfect as possible."	Selmi 11.1.19 #7412	See Follow up below
116	09/18/2019		"They have come here out a couple times before. They talk a lot and talk to my wife before picking me up and putting me in the back. They run all the stuff in the back of the ambulance and take me to the hospital."	"Hope there's not a next time."		
117	09/18/2019		"It was all done well. I don't think they would			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			hold a job spot too long if they were mistreating anyone. I thought what they did was important for me and I'm thankful."			
118	09/19/2019	"This was my first time for any of this. I don't have much to compare it to."	"Well again, I don't have much to compare it to. But I personally believe the medics were there for my benefit, my health, and got the job done. It was excellent really."	"I don't think I have anything to say for that."		
119	09/19/2019		"Timeliness of arrival and how quickly patient was assessed. He also stated the medics kept him informed of everything happening as it was happening. Patient is very, very pleased with his care."			
120	09/19/2019		"Patient stated the driver took an appropriate route to the hospital at an appropriate speed, and also that the medics had good teamwork together."			
121	09/19/2019		"Patient stated the medics treated him courteously and respectfully, and also kept him informed all the way to the hospital."			
122	09/19/2019		"Patient stated the medics did everything well and took good care of her."			
123	09/19/2019		"Everything overall was done well."			
124	09/19/2019		"Patient stated everything was absolutely perfect."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
125	09/19/2019		"Patient stated the medics were top notch and got him assessed in short order and on his way to the hospital."			
FOLLOW UP						
1	11/1/19 1605,	I spoke to the pt, he was very nice, said it was not a complaint more of a concern. On 8/20/19 PT was riding his bicycle when he and a vehicle hit, he was stuck by the side mirror to his left side. He felt the crew did not think it was a big deal and said if he wanted to go home and rest he could. PT told me he passed out once or twice and was sweating on scene, he requested transport to RRMCM. In the ER, PT was diagnosed with a ruptured spleen and spent a total of 7 days in the hospital, 3 in ICU. PT thought the crew should have done a better job and I agreed. I apologized to PT several times and told him I would have the paramedic complete a report. I told him in the future if anything happens and he has concerns with the crew please contact REMSA right away. He thanked me for taking the time to call him about this. I will have Medic complete an occurrence report ASAP.				
14	11/2/19 0935,	I spoke to the pt, she was very nice and said she did not mean to complain. PT had a bloody nose at home and her husband was not home, she did not feel she could drive so she called 911. When the crew arrived they had her follow them out to the ambulance. They were not able to stop the bleeding, she felt there was some lack of communication with them. Pt requested transport to RRMCM SM, but the crew told her there was not a doctor there. I explained to her from the chart they did not have an Ear, Nose and Throat doctor, so they were diverted to RRMCM, she then understood. I apologized to PT and she was happy I called her. I will have AEMT complete an occurrence report ASAP.				
45	Call was prioritized as P9 Blood pressure problem at 21:39. Incident was re-assigned three times due to higher priority calls. At 21:52 caller advised of a possible seizure. Incident upgraded to P1 at 21:52. Unit arrive on scene (Casino Valet) at 21:57.					
50	11/2/19 1048,	I spoke to the pt, he was very nice. He was more concerned he did not go to the VA (diverted) than about his pain. Pt told me the VA had a power outage that day and laughed about it. He is in physical therapy now for his neck pains. I thanked him for talking to me. No further.				
115	11/2/19 1030,	I was unable to contact the pt, voicemail was full. This was a transfer on 9/18/19 from SMRMC to Tahoe Pacific Hospital, crew was dispatched at 10:30, at pt 10:43. No further.				



OCTOBER 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

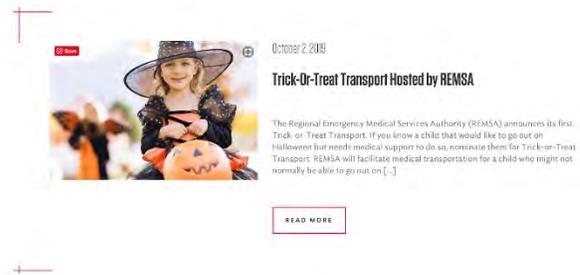
REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



PUBLIC & COMMUNITY RELATIONS

REMSA to Transport a Child that Needs Medical Support on Halloween

REMSA announced in early October that it would escort a child that needs medical support in order to be able to participate in Halloween. The announcement received significant media coverage including stories on KOLO, KTVN and KRXI.



Due to a last minute medical emergency with the youth participant, trick-or-treating was limited, but REMSA's ALS crew Kelsey Coleman and Kason Clary still delivered a little spooky spirit to Connor.



PUBLIC & COMMUNITY RELATIONS

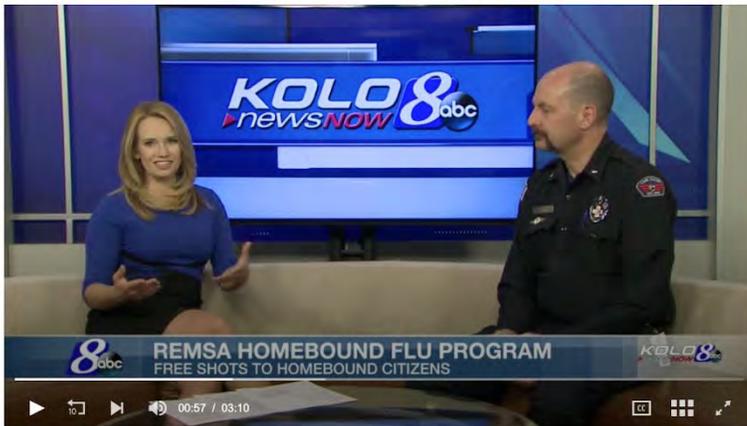
REMSA Offered Halloween Safety Tips
 Director, Adam Heinz offered interviews about general Halloween safety.



Tue Oct 22 08:38:25 PDT 2019

Halloween Safety Tips from REMSA

10-22-19



Thu Oct 17 12:19:47 PDT 2019

REMSA Homebound Flu Shots Program

10-17-19
 idaptv.advertising.com...

Homebound Flu Shots

REMSA is pleased to report that the homebound flu shot program was a success - all 100 shots were delivered, free of charge to homebound Washoe County citizens. As the region's mobile healthcare provider, REMSA identified an opportunity to improve the health of the community by offering flu shots to people who may not easily be able to access healthcare outside the home. We anticipate offering this program again next year.

The program continued to receive coverage throughout October. Chief Nursing Officer, Markus Dorsey-Hirt provided a live interview to KOLO.



PUBLIC & COMMUNITY RELATIONS

REMSA Participated in Regional Event to Encourage Pedestrian Safety

REMSA joined local healthcare partners, municipalities and law enforcement to emphasize the importance of pedestrian safety at a joint press conference.



Local politicians, organizations and law enforcement agencies are making it their mission to keep pedestrians safe in response to the rise in pedestrian crashes in Washoe County. <http://bit.ly/2Wxlwhl>

KRNV News 4 was live. Follow 🔔 ⋮
about a week ago · 🌐

WATCH: Local politicians, organizations and law enforcement agencies are holding a press conference to lay out strategies to keep pedestrians safe in response to the rise in pedestrian crashes in Washoe County. Read more: <http://bit.ly/2Wxlwhl>

👍👍👍 38 13 Shares 7.9K Views

👍 Like 💬 Comment ➦ Share 👤 Up Next

Most Relevant ▾



Like · Reply · 1w

1 Reply



SOCIAL MEDIA HIGHLIGHTS

October website referral sessions from social media had a great **increase of 260%** from September (23% increase from Oct 2018). Social media drove 414 visitors to the REMSA website, with more than 95% coming from Facebook. We will continue to find ways to drive people back to the website to learn more about REMSA, education courses, and other community services.



Sessions via Social Referral: **260.00%**

Facebook

Page Likes to-date: 3,327 (+24 Page Likes this month)

Followers to-date: 3,483 (+37 Page Followers this month)

October posts: 26

October post reach: 27,319 (avg 1,050 per post)

October post reactions: 1,579 (23% increase month over month)

October post comments: 97 (5% decrease month over month)

October post shares: 151 (165% increase month over month)



SOCIAL MEDIA HIGHLIGHTS

Top Posts by Reach

1.

10/17/19
4,120 people reached; 1,434 engagements (post clicks, likes, shares and comments).



 **Regional Emergency Medical Services Authority - REMSA is** ... with Todd Kerfoot.
Published by KPS3 [?] · October 17 at 1:52 PM · 🌐

We're feeling honored! This past Sunday, Casale's Halfway Club invited all on-duty REMSA crews, dispatchers and logistics technicians for a delicious authentic Italian dinner. Normally, "the club" is closed Sundays, but they opened it exclusively for us. Our team rotated through the evening so that everyone could enjoy a real sit-down dinner and at the end, they shipped us off with more than 50 to-go boxes of packaged food. Thank you to the entire wonderful crew at Casale's Halfway Club. We appreciate you for supporting our team! ❤️





SOCIAL MEDIA HIGHLIGHTS

2.

10/8/19
2,441 people reached; 220 engagements (post clicks, likes, shares and comments)

A screenshot of a Facebook post from the "Regional Emergency Medical Services Authority - REMSA" page. The post is dated October 8 at 12:00 PM and was published by KPS3. The text of the post reads: "Join our team! We are hiring full-time Emergency Medical Technicians (EMTs) for the organization's inter-facility transport unit. We offer benefits to all full-time REMSA employees and an education allowance! Check out the following link for a full job description. #Hiring #JobPosting". Below the text is a photograph of a long line of white and blue ambulances parked in a lot under a large overhang. The caption below the photo says "REMSAHEALTH.COM" and "Emergency Medical Technician (EMT) | REMSA". It also includes a partial sentence: "This is a full-time position working on REMSA's inter-facility transfer uni...".

Regional Emergency Medical Services Authority - REMSA
Published by KPS3 [?] · October 8 at 12:00 PM · 🌐

Join our team! We are hiring full-time Emergency Medical Technicians (EMTs) for the organization's inter-facility transport unit. We offer benefits to all full-time REMSA employees and an education allowance! Check out the following link for a full job description. #Hiring #JobPosting



REMSAHEALTH.COM
Emergency Medical Technician (EMT) | REMSA
This is a full-time position working on REMSA's inter-facility transfer uni...



SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 1,322 (+35 followers)
October Posts: 2

Top Post by Impressions

749 impressions, 22 reactions, 38 clicks





SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.
Subscribers to-date (end of October): 14



REMSA Website Google Analytics



Overview of Site Data in October (Year-Over-Year Comparison)

- Sessions: 9,677 **5.6% increase**
- Users: 6,812 **13.2% increase**
- New Users: 6,144 **21.4% increase**
- Pageviews: 21,921 **3.6% decrease**
- Avg. Session Duration: 01:37 **14.7% decrease**
- Bounce Rate: 46.5% **5.3% decrease** (a decrease is a good thing!)

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- **Organic search** is natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral traffic** is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- **Paid traffic** is any traffic that visits your site after a paid advertising promotion
- **Email traffic** is any traffic coming from email blasts

Here is how each channel performed year-over-year:

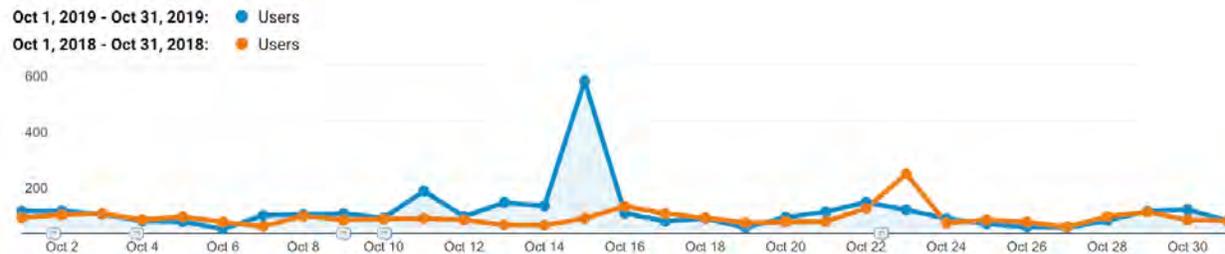
- Organic search: 3,880 **1% increase**
- Direct traffic: 2,230 **47% increase**
- Referral traffic: 590 **5% decrease**
- Email traffic increased year-over-year since it is a new initiative.
 - 476 opens (32% of recipients opened the email)
 - 18 readers clicked to the website (4% of readers)



Organic Traffic



Direct Traffic



Referral Traffic



Top 3 Referral Sites:

1. REMSA Enrollware
2. Workforce ADP
3. KTVN

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 134 website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 65 website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 23 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 251



Top 5 phone numbers that visitors clicked on (97 total phone call clicks in October):

- 775-858-5700 - Main Phone Number - 68 clicks
- 775-353-0739 - Private Insurance - 7 clicks
- 775-858-5745 - Membership Questions - 5 clicks
- 775-353-0768 - Membership Billing - 4 clicks
- 775-353-0784 - EMT Course - 4 clicks



REMSA 2019-20 Penalty Fund Reconciliation as of September 30, 2019

2019-20 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	
November 2019	
December 2019	
January 2020	
February 2020	
March 2020	
April 2020	
May 2020	
June 2020	
Total Penalty Fund Dollars Accrued	\$27,116.40

2019-20 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total Encumbered as of 09/30/2019 \$0.00

Penalty Fund Balance at 09/30/2019 \$27,116.40



**REMSA INQUIRIES
October 2019**

No inquiries for October 2019

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health
FROM: Christina Conti, Preparedness & EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Regional Emergency Medical Services Advisory Board November Meeting Summary

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BACKGROUND

The Regional EMS Advisory Board (Board) held its quarterly meeting on November 7, 2019. Below is a summary of items discussed.

Prehospital Medical Advisory Committee (PMAC) Update: PMAC has been working on collecting the annual fees for the members, which keeps the PMAC current on their insurance requirement and provides scholarship opportunities for paramedic students. In addition, the PMAC membership is discussing expanding its significance by scheduling prehospital and community educational seminars.

Updates to the EMSAB:

The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the following projects:

- The region met to discuss citizen evacuations in the event of an emergency. Regional representatives recommended public education on the CodeRed system to ensure citizens are notified in the event of an evacuation.
- The EMS Regional Protocols will hold their quarterly meeting on November 21st to review a few revisions. The final recommendations will be provided to PMAC on December 11th with an anticipated effective date of January 2020.
- Regional representatives convened, led by the Truckee Meadows Fire Protection District Deputy Chief, to discuss AVL dispatching. Through discussion the region determined the next

steps are (1) to identify the internal ability to dispatch using AVL location rather than the programmed run cards and (2) have dispatch partners create a list of considerations for the Fire Chiefs use with discussion and future recommendations.

CAD-to-CAD Interface Update:

The City of Reno Director of Technology Services presented to the EMS Advisory Board, with the CAD vendors in attendance and on the phone. The presentation outlined the CAD process, beginning in 2015 to the “go live” date of January 21, 2020. Below is a quick summary of dates and information:

- 2015 Tiburon & TriTech proposals were signed by the respective agencies
- September 2019 new deliverables schedule was finalized and approved by Reno and REMSA.
- October 2019 Functional acceptance testing performed by Tiburon, TriTech and EDC (software company that will provide the connection)
- November 2019 USER and Admin training as well as EDC train the trainer scheduled. November 5-18 testing!
- January 21, 2020 “go live” with vendors on-site for support.

Data Reports:

The Board reviewed and approved for distribution the Washoe County EMS Oversight Program FY19 Annual Data Report. (Attached)

Five-Year Strategic Plan: The Board was received an update on the projects being worked on during year 1 of the Washoe County EMS Strategic Plan 2019-2023. Provided updates include:

- The region began the annual review of low acuity priority three calls approved to receive an alternate response.
- Washoe County Regional Communications provided a migration plan for the P25 system. Washoe County is a part of the region 2 cut over and is currently scheduled to begin May 2022.

Annual review of the REMSA franchise map: The Board received a presentation and report relating to the annual franchise map review. Staff provided a recommendation to change the map methodology to align with the Census data and the Board approved the change. (Attached) In addition, staff provided a recommendation to change the response zone from B to A in the Veteran’s Parkway area. The Board approved the recommendation and directed staff to present the draft response map to the District Board of Health.

Presentations to the Board: The Board heard the following presentations during the meeting.

- Leave No Victim Behind Conference: The EMS Coordinator attended this conference in Las Vegas, focused on resiliency of the community after an emergency. Regional planning will include identified and applicable best practices.
- Nurse Health Line: REMSA provided an annual review of the Nurse Health Line, the Omega/Alpha call processing and the future of the program.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY19 Annual Report

November 2019



Public Health
Prevent. Promote. Protect.

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The EMS Oversight Program would like to extend their appreciation to the EMS Partners of Washoe County for the quality emergency care they continue to deliver to the visitors and residents of Washoe County and for contributing to this report by providing their agency's highlights and accomplishments for FY19.

Washoe County EMS Oversight Program

Christina Conti, MPPA

Preparedness and EMS Program Manager

Brittany Dayton, MPA

EMS Coordinator

Heather Kerwin, MPH, CPH

EMS Statistician

Jackie Lawson

Preparedness and EMS Program Administrative Support

Dawn Spinola

Preparedness and EMS Program Administrative Support

When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

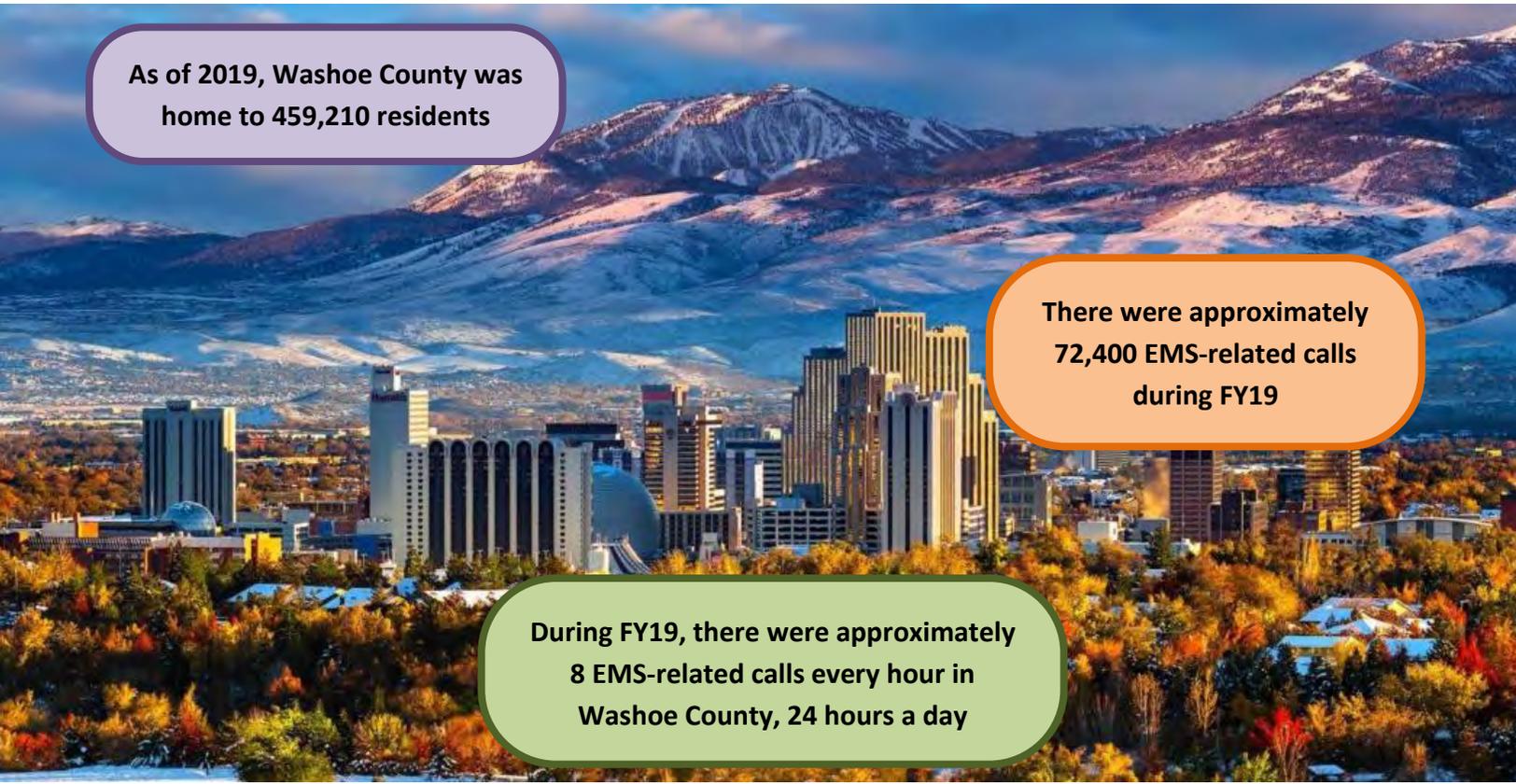
When NOT to call 9-1-1

- ✗ Medical emergencies that do NOT require emergency department care.
- ✗ For information or directions.
- ✗ Earthquakes or power outages.
- ✗ Crimes when you have NO suspect information.
- ✗ Crimes that occurred hours or days before.
- ✗ Noise disturbances or parties.
- ✗ Lost or injured pets.
- ✗ Complaints against neighbors or businesses.

Visit ThinkBeforeYouDial.com for non-emergency phone numbers in the region.

Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2018 through June 30, 2019 (FY19). The report contains seven major sections highlighting the EMS system within Washoe County, including how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY20.



As of 2019, Washoe County was home to 459,210 residents

There were approximately 72,400 EMS-related calls during FY19

During FY19, there were approximately 8 EMS-related calls every hour in Washoe County, 24 hours a day

Washoe County's 9-1-1 and EMS System

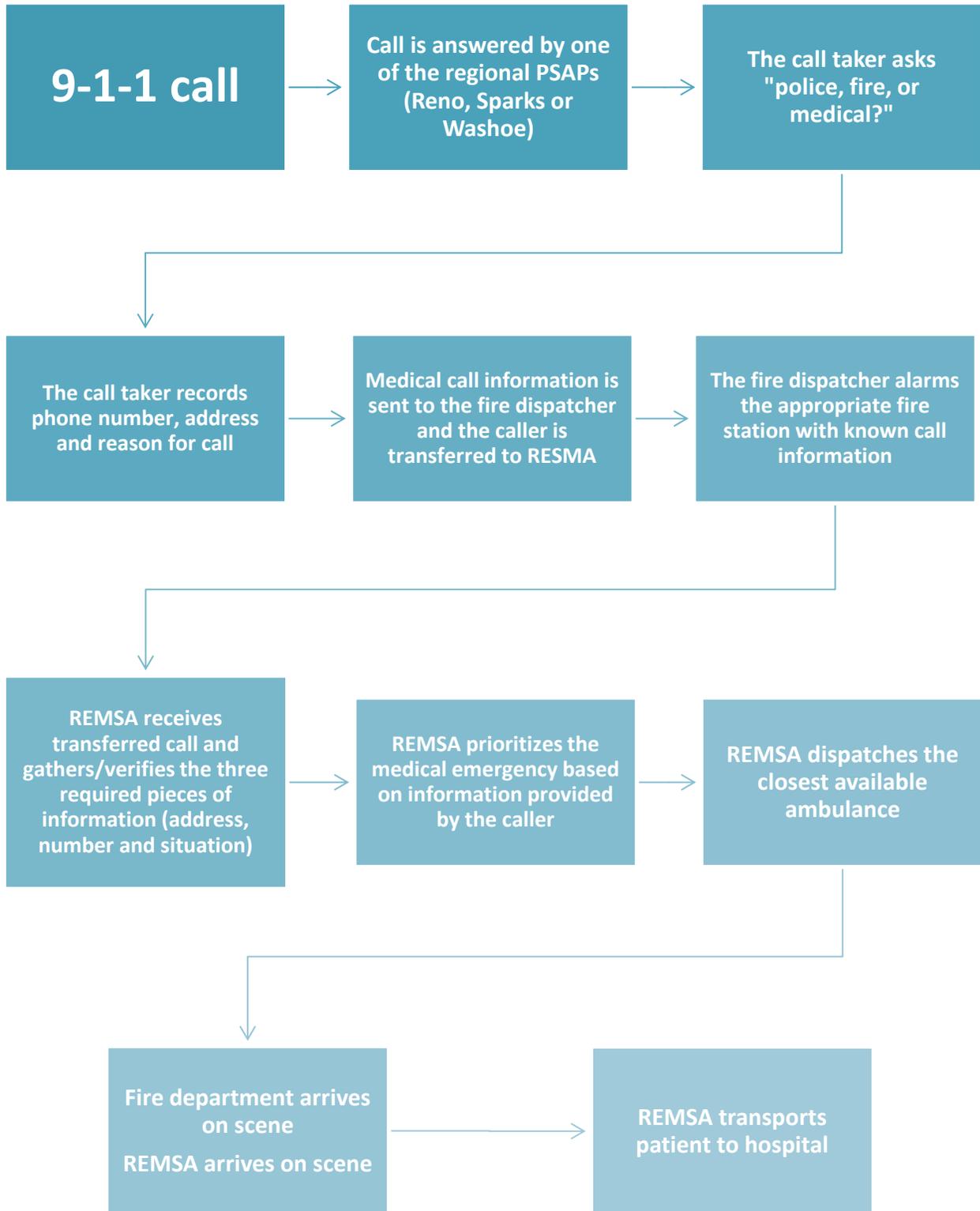
Washoe County has a two-tiered response system for emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP) where the call taker then will determine if the person in need of services is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to the REMSA dispatch center for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the county. While fire is being dispatched, the caller is questioned by REMSA's call takers through a structured EMD process to determine the call priority and dispatch the closest ambulance.



Figure 1 on the following page, illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and, if warranted, REMSA transporting the patient to a hospital.

Figure 1: 9-1-1 Call Routing in the REMSA Franchise Area*



*See REMSA Franchise area map on page 7

Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno¹
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary and outside of Pyramid Lake Paiute Tribal Lands is covered by Gerlach Volunteer

¹ Signatory of the ILA for EMS Oversight.

Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3).

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

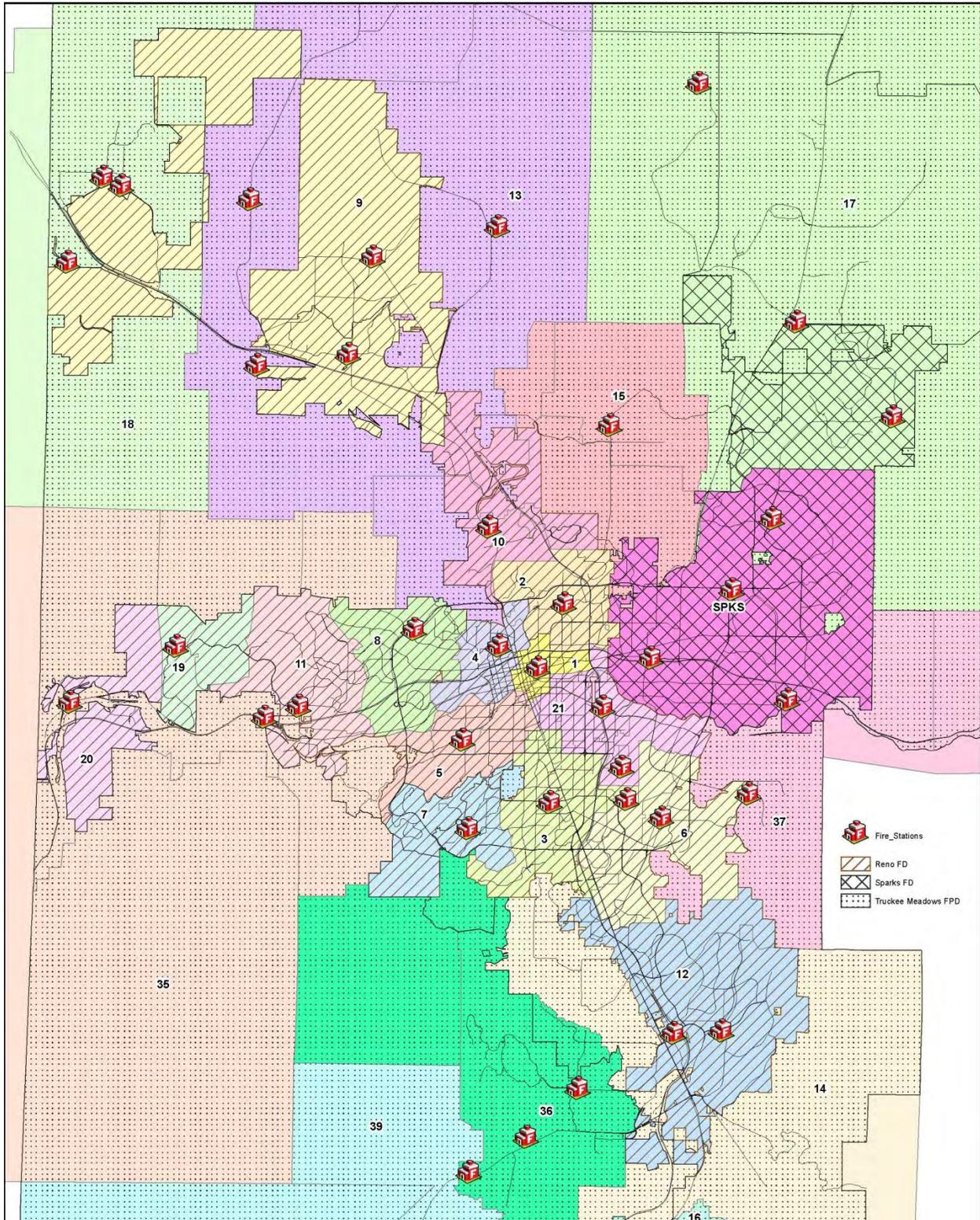
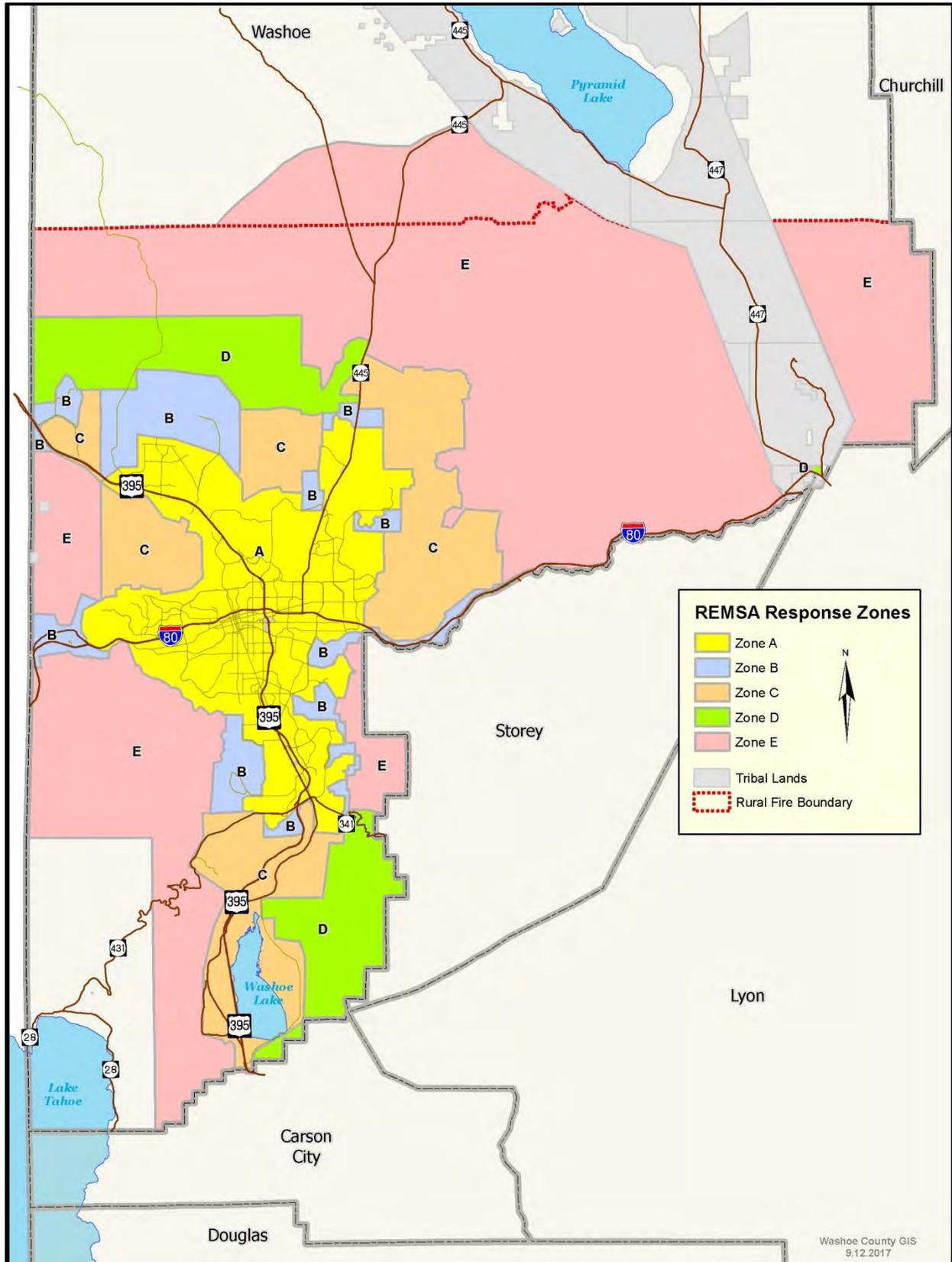


Figure 3: REMSA Franchise Response Map



Partner Agency EMS Highlights & Accomplishments FY19

Partner agencies provided their EMS related highlights for FY19, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Reno Fire Department Highlights for FY19

The fiscal year of 2018-19 was a typically busy year for the Reno Fire Department. The emergency medical services aspect of our operations blends into every part of our operations and response. Of the 41,000+ calls RFD responded to, over 28,000 were EMS related calls.

The following are highlights of some of RFD's EMS related advancements and program developments in the recent fiscal year.

Academy Completion

RFD graduated a four month academy which provided a compliment of a total of 16 new firefighters to the department. Among them were 6 new paramedics, 4 Advanced EMTs and 6 EMTs.



New Paramedic Companies

The addition of newly hired paramedics along with RFD members who completed paramedic training from other programs, allowed for the opening of 2 new paramedic companies; Engine 11 (northwest) and Engine 6 (southeast) are both now staffed full time for paramedic response.

Wildland EMS

Over 30 RFD personnel have been qualified as wildland fire "Line-Medics". This specialized training along with a full complement of ALS equipment and supplies allows these medics to work alongside firefighters in remote and austere conditions and provide high levels of medical care in the event of a serious injury or illness. Additionally, RFD has implemented a REM (Rapid Extrication Module) Team with the compliment of an off-road UTV vehicle, which can provide care, rescue and transportation to injured firefighters and victims in remote locations.



EMS Training

RFD held 3 Advanced Emergency Medical Technician (AEMT) classes (1 class per each shift) for the department's EMTs, graduating 16 new AEMTs.

Division level training was conducted for all 200+ line personnel, involving a firefighter down scenario. This was a night drill with a fire fighter (fully dressed manikin), succumbing during simulated live fire operations. His crew effected a rescue, providing uninterrupted CPR while removing turnouts and SCBA and then initiating advanced life support (ALS) care.

Active Assailant/Rescue Task Force (RTF) training was conducted with the Reno Police Department (RPD) and REMSA. All line personnel, Investigators and Battalion Chiefs received NFPA 3000-Tactical Emergency Critical Care (TECC) training dealing with the response, treatment and extrication of victims of an active shooter event. Live simulated exercises involving dozens of volunteer victims were executed with RFD, RPD and REMSA. The outcome helped establish more coordinated, effective responses to an active shooter event.

RFD EMS Division conducted 3 internal Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) refresher courses to maintain the nearly 70 paramedic certifications.

Additional Training

- Radioactive shipment response and mitigation,
- Swift water Rescue for RFDs “WET” Team,
- AMTRAK Train emergency response
- Building Collapse and Rescue, “Tech-Team”



Community Participation in EMS

The Reno Fire Department is engaged with regions higher education institutions through its participation in the proctorship of over 150 EMT and AEMTs students annually from Truckee Meadows Community College (TMCC) as well as Western Nevada Community College (WNC) for their required clinical “ride-alongs”.

RFD is an active participant in UNR’s College of Public Health’s internship program providing much needed internship opportunities for 2 undergraduate level students each semester. These students area of focus is on community health and are assigned such projects as community cardiac arrest outcomes and homeless population health issues.



RFD is actively involved in the regions EMS efforts through regular participation in the following organizations: National Association EMT's (NAEMT) State Advocacy, the State EMS Advisory Committee, Northern Nevada Fire Chiefs EMS Committee, Inter-Hospital Coordinating Council (IHCC), Mass Casualty Incident Plan (MCIP) Committee, EMS Regional Protocol Sub-Committee, Low Acuity Calls Sub Committee, Emergency Department (ED) Consortium, WCHD Point of Distribution (POD) set up, among others.

Grants

During the last fiscal year RFD had applied for and/or received a number of grants which provided assets to complement our EMS mission.

- Firehouse Subs, 1 ZOLL X Monitor Defibrillator
- Assistance for Firefighters Grant (AFG) 4 ZOLL X Monitor Defibrillators
- LEPC/United We Stand Grants, 3 trauma and rescue training manikins.



City of Sparks Fire Department Highlights for FY19

Paramedic Level Services

During FY19, The Sparks Fire Department expanded its Advanced Life Support Services (ALS) to Fire Station 3. This progressive implementation of ALS services follows the plans set forth by Sparks City Council. Currently, stations 2, 3, 4, and 5 provide ALS services with the upcoming goal of providing paramedic services to fire station 1. These services initially began in March of 2017 at fire stations 4 and 5 in the northern portion of the city. To date, patient care opportunities and feedback have been very positive.

New Hires

SFD hired 1 firefighter/paramedic, bringing the total number of paramedics in the department to 26. Additionally, three Sparks Firefighters attended paramedic school and successfully completed state and national exams to increase their skill sets and enhance the department's number of paramedics. These paramedics are in addition to the 48 advanced EMTs currently in the department.

Trainings

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by: North Lake Tahoe Fire Protection District, North Lyon

County Fire Protection District, or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure during special events.

Continuous Improvement with Washoe County's first Regional EMS Protocols

SFD participated in the continual improvement of Regional EMS protocols. The regional protocols were implemented in March 2018 but have undergone revision to include new skills, equipment, medications, and procedures. This regional approach to improvement benefits the citizens and visitors of the region.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

Regional Committee Participation

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

The Sparks Fire Department continues to increase the level of EMS care provided to the citizens and visitors to the City of Sparks, while working collaboratively with our regional partners.

Truckee Meadows Fire Protection District Highlights for FY19

Expanded Hazardous Materials Response Capability

The TMFPD has designated Station 44 as an official Hazardous Material Technician station. This addition will double the response capability for those within the district, as well as serve as a better supplement to the Regional Hazardous Material Response Team (TRIAD) in Washoe County. The staff at Station 44 will join those of Station 33 as Hazardous Material Toxicology Paramedics, referred to as "Tox-medics", and serve a specialized role on the TRIAD team to provide advanced level care to patients in a hazardous materials incident.

Hired New Firefighter/Paramedics

The District has added 2 new employees to the line staff to bring a total of 84 State of Nevada certified Paramedics in various positions throughout the district. The ability to have paramedics serving in multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Additional Apparatus

The TMFPD has added 2 new Type-1 structure engines, 2 water tenders, and 2 specialized first-responder UTVs to the list of equipment available to respond to all types of emergencies within our district.

Implemented a Rapid Extrication Module Support (REMS) Team

To expand our high level EMS service to the wildland firefighting realm, TMFPD has added a REMS team to our response capabilities. This team is an Advanced Life Support level group that is equipped with specialized rescue equipment and technical training to safely remove injured firefighters from the scene of wildland fires. This team provides a valuable resource for use on our local fires and any fires across the nation that require their expertise.

Increased Active Shooter / Hostile Threat Response Training

To prepare for the unfortunate increase in hostile events across the country, the TMFPD has purchased upgraded ballistic protective gear for all first responders. This equipment will help protect our employees so they can access those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of this new equipment coupled with specially trained personnel and rapid trauma kits on every engine will allow the TMFPD to provide the most efficient care in these dangerous situations.

Development of a Peer Support Team

The TMFPD is proud to have our own employee Peer Support Team. The daily stresses placed on our firefighters can have a cumulative affect and negatively impact their overall health and wellbeing. The team is made up of 27 members, 3 Chaplains and a Psychologist, and is available to all firefighters within the TMFPD as well as other jurisdictions. This team helps create the support network necessary for the mental health of all of our regions first responders.

REMSA & Care Flight Highlights for FY19

DIVISION: EMS GROUND OPERATIONS

Ground Field Operations

REMSA Ground renewed its fleet with five new/remounted ambulances and a brand-new supervisor truck. The ILS division grew from three interfacility transfer units to five to better meet the needs of the region's hospital partners.



REMSA conducted and participated in 10 disaster preparedness exercises (five tabletop and five full size). One of the full-scale exercises was an Alternate Care Site exercise in which REMSA partnered with the local Interhospital Coordinating Committee to deploy the Disaster Management Facility (DMF) tents at Renown Regional, Saint Mary's and Northern Nevada Medical Center. REMSA provided patient actors in moulage to simulate a surge in patients. The hospitals staffed the tents and provided every aspect of care. The exercise included the opportunity for REMSA to train a large number of hospital employees on

how to set up and tear down the DMF tents. This ensures that another local resource, in addition to REMSA is capable of deploying the DMF tents (which REMSA stores at its facility).

Special Operations



REMSA continues to invest in the community through its Special Operations Division. Included in this is the Tactical Emergency Medical Services (TEMS) team. Two REMSA TEMS medics competed in the 2019 National Tactical Medic Competition in Charlotte, NC. The competition evaluated the team's physical fitness, clinical knowledge, rope skills, and critical thinking. SOARescue put on the competition and said it was the closest first, second and third place in their history. REMSA's team missed first place by a single point. In addition,

REMSA TEMS assisted RPD and RFD in training more than 700 students (RPD, RFD, REMSA) in Rescue Task Force concepts to improve coordination in response to active assailant incidents.

REMSA's Special Events Division worked with regional law enforcement, fire departments, and promoters to improve response to large scale planned events like the Rib Cookoff, the Air Races and Hot August Nights. Additions to these events included wheelchair teams, triage area inside, preplanned access points, and plans to address hostile events at the venues. These improvements reduced the impact to the 9-1-1 system.

Finally, REMSA SAR responded to 108 Search and Rescue calls and attended 83 trainings. These calls ranged from summer and winter backcountry calls, to swiftwater rescue, dive rescue, helicopter hoist rescue and wildland fire evacuations. REMSA SAR medics all received advanced wilderness medicine training and are part of a small group of paramedic-level medical providers in the United States that have undergone this type and level of rescue training.

DIVISION: RURAL HEALTH

Rural Healthcare

REMSA's Rural Health Division provided Community Health Paramedic response in conjunction with Nye County Emergency Medical Services, through a contract with the Northern Nye County Hospital District. REMSA Tonopah Community Paramedics responded to 450 requests for service and transported 158 patients while providing Advanced Life Support care in a Nye County Volunteer EMS Ambulance. This service undoubtedly improved the EMS response model in Northern Nye County while directly attributing to increased survival rates within this rural/frontier region of the state. REMSA reviewed 100% of patient care records; 34 of the 158 transports were captured as clinically indicated reviews.

As part of the partnership, REMSA provides a dedicated seven-digit Nurse Health Line number for the citizens of Northern Nye County and surrounding areas. Numerous efforts to publish the number for utilization of patients with low acuity injury/illness resulted in 445 calls to REMSA's Nurse Health Line from Northern Nye County's dedicated line. In FY 2018-19, REMSA's Tonopah Community Paramedics received an overall satisfaction rate of 4.9 on a scale of one to five, with five representing excellent care.

The Tonopah Community Paramedic program in Northern Nye County provided on scene medical support to 23 Special Events within the region. Visual improvements (a new paint scheme and exterior wrap) were made to REMSA's Community Paramedic response truck.

Protocols were developed to provide telehealth services to the citizens and visitors to Northern Nye County when a clinic is closed or unavailable. REMSA was successful in receiving a joint USDA grant with Renown Regional Medical Center for a Global Med, state-of-the art telehealth device. This device has a planned implementation of October 2019, and will provide a new and innovative care delivery model to the region.

These types of innovative services helped the Northern Nye County Hospital District receive the AIMHI Award for EMS Innovation at the national Pinnacle conference in Orlando, FL.

DIVISION: INNOVATION

Community Health

The Community Paramedic program signed new contracts with hospice groups and home health groups. In addition, REMSA launched a new hospice registry program which allows hospice patients to have their information entered into REMSA's CAD. If a call comes in from a hospice registrant, the dispatcher will share this information with the responding crew ensuring proper care is given and the appropriate people are notified.

DIVISION: CARE FLIGHT

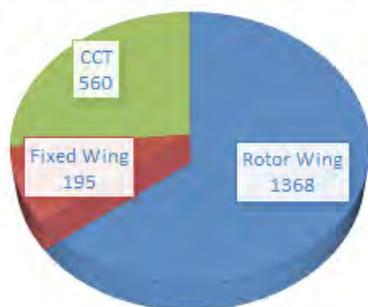


Critical Care

Care Flight Critical Care Services transported a total of 2,123 patients via three modes - rotor wing aircraft (1,368 patients), fixed wing aircraft (195 patients) and ground critical care ambulance (560 patients).

More than 640 responses for transport across all three modes occurred within Washoe County; 91 of these were for rotor wing. Patients being brought in to Washoe County for care, from outlying areas totaled 1,197.

**CARE FLIGHT TRANSPORTS
CRITICAL CARE DIVISION**



Care Flight added four critical care nurses and one critical care paramedic; all completed Care Flight's rigorous orientation program. Care Flight also added a nurse educator through the education and clinical departments. This nurse navigator brings extensive experience and most recently worked at Yale New Haven Medical Center. She will work as a clinical development / continuous quality improvement coordinator focused on maintaining and enhancing Care Flight's high standard of care. Multiple community outreach, education and safety training events were held throughout the region.

Care Flight- Plumas County EMS Division

Care Flight Ground Operations in Plumas County took the lead in getting Quincy designated as the first HEARTSafe Community in California, in addition to being recognized by Nor Cal EMS as having the highest cardiac arrest survival rate in northern California that year. Through the HEARTSafe Committee formed by Care Flight and community partners, fundraising for the purchase and placement of AEDs throughout the communities continues with great success. More than 450 people were trained and certified in CPR within the local communities.

In addition to providing top-notch rural emergency care to the local area(s), Care Flight Ground continues to improve the standards of rural healthcare through innovative partnerships. One example is with Plumas District Hospital. Care Flight Ground staff work in the hospital emergency department and assists with providing interim psychiatric care to a number of patients until they can be placed in a longer-term facility.

Care Flight Ground provided medical support for five large wildfires, including the Camp Fire in Paradise, CA last year. In June, Care Flight Ground, along with REMSA provided an ambulance task force to assume emergency medical coverage for a neighboring county in California when their EMS program experienced a tragedy with one of their employees. The task force leader and a total of five Care Flight and REMSA ambulances provided coverage to the area for three days, ensuring there were no gaps in EMS coverage in that county, while maintaining normal staffing in our respective areas.

DIVISION: EDUCATION

Center for Prehospital Education

REMSA's Paramedic Education program hosted a site visit for reaccreditation by the Commission on Accreditation of Allied Health Programs. The program had zero violations or citations during the site visit; a distinction held by approximately just 70 of the 600 accredited paramedic programs. The program was granted five-year reaccreditation status.



REMSA Education collaborated with the regional fire departments to create its first-ever fire paramedic program that is available to paid firefighters and takes place on a fire B shift schedule. The first program is getting ready to graduate all of the students who enrolled in the program, making it a very successful endeavor.

General REMSA Education Statistics for FY 2018-19

- Paramedic students graduated: 22
- AEMT students graduated: 31
- EMT students graduated: 42
- EMR students graduated: 28
- CPR training under training center: 17,861
- ACLS training under training center: 1,607
- PALS training under training center: 1,001
- ITLS training under training center: 32

- PHTLS training under training center: 82
- Kid Care babysitting: 166
- Pedestrian Safety outreach events: 16
- Health fair outreach events: 17

Point of Impact Program held ten events, inspected 338 car seats, installed 428 car seats, distributed 63 car seats through donations and certified nine new technicians.

Cribs for Kids Program held eight trainings where 39 people were trained. More than 630 Safe Sleep Kits were distributed statewide and REMSA’s Education Manager and Public Education Coordinator presented at the Safekids National Conference.

The Education Manager worked with JTNN and CASAT to educate more than 200 community members about opioids and opioid-related overdose, as well as provide training about the administration of Naloxone.

DIVISION: CLINICAL COMMUNICATIONS

Center for Clinical Communications

REMSA Clinical Communications was granted reaccreditation for its Accredited Center of Excellence (ACE) by the International Academy of Emergency Dispatch (IAED). This reaccreditation marks 18 consecutive years of being named a Center for Excellence. REMSA is one of only 11 centers worldwide to achieve this recognition from the IAED.

REMSA’s Clinical Communications department continues to advance the technical components of its AED delivery partnership with drone operator, Flirtey. The department is developing protocols about how to provide CPR instructions as well as information about how callers should retrieve and administer the AED.

REMSA Communications became a One Call Solution Center for regional agencies to request aircraft. Any agency can call REMSA/Care Flight’s aviation communications specialists and they will find and contact the closest aircraft to the patient regardless of whether or not it is a Care Flight aircraft. This allows agencies to only have to make one call to get the closest available aircraft for their patients.

Educational presentations about REMSA’s SEND protocol were given to 116 people within the local PSAP and casino security industry. These presentations educate people about what information is important to obtain from those on scene with the patients and how to provide it to REMSA’s Clinical Communications Center to ensure proper prioritization of resources and response.

The International Academy of Emergency Dispatch (IAED) requested that REMSA Clinical Communications Center become a mentor site as a resource for other agencies that are going through the process to become ACE accredited. REMSA Clinical Communications will work with these



agencies to assist them with building policies and procedures and implementing programs to meet the 20 accrediting standards.

DIVISION: COMMUNITY RELATIONS

Digital Media

REMSA continues to expand and enhance remsahealth.com. The site hosted more than 121,000 sessions and more than 303,000 page views last year. Visitors to the site spend an average of just under two minutes and visit 2.5 pages. Members of the public are engaging with our public safety content regularly and in meaningful ways.

In addition, REMSA invites dialogue through its social media channels as well. These include Facebook, Twitter, LinkedIn and YouTube. Social media is an ideal way to inform the public about important safety and wellness news such as proper handwashing and heat-related illness, as well as a way for the organization to share compliments and good news about field providers.

Media Relations

Developing strong and meaningful relationships with regional media is an importance focus of the Public Affairs department. As a healthcare and public safety organization, building trust with the community through the media is critically important. We rely heavily on their coverage to raise awareness about important safety and health topics.

In addition to ridealongs and personnel features, media coverage for REMSA in 2018/2019 included following such as: air quality precautions, infant safe sleep, infant car seat safety, bleeding control, avalanche safety, heat-related illness, regional special event EMS coverage, first responder safety, cold-weather safety tips, Alpha/Omega 911 calls and stroke recognition.



Community Engagement

Collaborating and innovating to improve health in our community is a key priority for REMSA. This engagement included visits to schools, information-sharing with educators, educational programs at hospitals, career fairs and meet and greets with providers.



REMSA makes a financial contribution to support the Food Bank, gathers food donations, and volunteers at the Food Bank’s annual holiday food drive. In addition, this year, REMSA offered a community-wide, enter-to-win contest, “Save the Heart You Love” to promote heart health. Also, as a way to continue dialogue with special needs populations to ensure that the organization always provides appropriate, compassionate, respectful EMS care, REMSA hosted a Cookies and Cocoa Christmas party for children with Cerebral Palsy.

REMSA is proud of its outstanding field providers and compassionate dispatchers. We welcome tours throughout the year for adults and children alike. This year we hosted international visitors from Turkmenistan as they learned about emergency preparedness.

Partnerships

REMSA is proud to partner with key organizations in the community to enhance and innovate wellness. As the AED drone delivery partnership with Flirtey advances, REMSA hosted a press conference on their behalf to announce the approval to fly beyond the line of sight - an important development in the program.

REMSA also partners throughout the year with the American Heart Association. As the agency that responds to more than 5,000 cardiac arrest and chest pain calls every year, anything we can do to raise awareness about heart health is critically important. This partnership includes staffing their special events with providers, teaching hands-only CPR, hosting lunch-and-learn sessions and sharing their message across media and social channels.

Another important partnership is the EMS Memorial Bike Ride - an event honoring EMS personnel through long-distance cycling to memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties and those who have died in the line of duty. A selection of REMSA employees supports the event by riding a portion of distance.



DIVISION: CLINICAL SERVICES

Clinical Care

REMSA welcomed a new medical director to its staff - Dr. Jenny Wilson, who provides medical oversight to the ground field providers. Dr. Wilson has been practicing emergency medicine for more than 20 years and brings experience from some of the nation's most well-known and highly regarded medical schools and hospitals. Dr. Wilson joins Dr. Lee & Dr. Gonda who make up part of REMSA's medical leadership team.

For the fourth year in a row, REMSA was recognized with the American Heart Association Mission: Lifeline Gold Award. This acknowledges excellent STEMI care in EMS. The clinical department launched a performance improvement project to improve patient contact to 12 lead time to less than 10 minutes, the current performance is that 95% of the time, crews will obtain a 12 lead within 10 minutes of patient contact.

REMSA continues to expand its clinical partnership across the community. An example of this includes quarterly joint training scenarios with area fire departments. Training topics highlighted during those

joint scenarios included a ketamine scenario and a pediatric drowning scenario. Another example of clinical partnership development includes EMS ridealongs for staff from the area's emergency rooms.

REMSA encouraged friendly competition and clinical excellence by hosting a Clinical Competition during EMS Week. ALS level crews partnered up and worked through a variety of stations, testing skills such as airway management, high quality CPR, medication administration and critical med infusion and hemorrhage control. First, second and third place winners were determined, and prizes awarded. We anticipate making this an annual event.

Finally, Clinical Services successfully planned and held Community Health Program orientation program for expansion of CHP program in Tonopah, to include advanced clinical procedures such as suturing.

DIVISION: EMPLOYEE INITIATIVES

EMS Week

Every May, across the country, EMS is celebrated during EMS Week. REMSA uses this opportunity to thank and celebrate employees across our organization. From the billing office to the mechanics, from the administrative staff to the providers and dispatchers - day-to-day contributions are recognized and beyond the call service is honored.



This year, in addition to the recognition lunch, REMSA hosted new activities for employees including yoga and visits from pet therapy dogs.

Appreciation Events

Employees are the cornerstone of our organization. We value their engagement and are committed to their safety, development and success. Throughout the year, Human Resources hosts appreciation and engagement events such as a winter Frost Fest for families, a poker night and an outing to an Aces home game.



Wellness

REMSA also launched an Employee Wellness Action Committee which focuses on the overall health and wellness, physically, mentally, emotionally and spiritually for all employees. Initiatives to formalize this program are planned for 2019/2020.

Stars of Life at the Nevada Legislature

REMSA honored six Stars of Life as outstanding mobile healthcare professionals. They were recognized for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were recognized at the Nevada Legislature and had the opportunity to meet Governor Sisolak.



Gerlach Volunteer Fire & EMS Department Highlights for FY19

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities.

Fire House Subs Grant

The Gerlach Fire Department was awarded a grant for new Hurst battery powered electric extrication equipment. These new tools are self-contained and run on a Lithium Ion battery and do not require a hydraulic power unit or hoses to use. The new equipment was placed on the first out ambulance and will allow more efficient extrication and take up less space than traditional extrication tools. The new spreader and cutter are also rated for the new boron steel and other new alloys that are in newer vehicles allowing for faster extrication than older tools.

New Volunteer Firefighter

The Gerlach Fire Department has recruited a new Volunteer Firefighter, Timothy Edgecomb, who is starting his training to become an all risk volunteer. Gerlach Fire Department is continuously recruiting new volunteers.

Fire Protection Officer

Fire Protection Officer, Matthew Lund completed his probation in April and is now a permanent member of the Gerlach Fire Department.

New Leadership

On July 1st 2019 the Truckee Meadows Fire Protection District has taken over management of the Gerlach Fire Department from Washoe County Emergency Management and is working on improving service delivery to the citizens of the Gerlach and Empire area. TMFPD is also working with the current staff and volunteers to improve the operations of Gerlach Fire Department.

Mt. Rose Ski Patrol 2018-19 Ski Season Highlights

The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. The Mt. Rose Ski Patrol staff has been increased for the 2019-20 ski season. The current staffing allows the Patrol to provide a minimum of 14 paid patrollers 7 days per week. The Patrol is augmented on weekends and holidays with National Ski Patrol volunteers. During the off season two of our Patrol's EMS Instructors provided an EMR course for 12 volunteers in order to enhance their ability to care for our guests. Besides the Patrol's role as EMS

providers, the patrol is responsible for providing a safe skiing environment for its many guests through avalanche control, proficiency in chairlift emergencies and evacuations, general hill safety, rope rescue and over snow patient transport. The Patrol has created unique methods and devices in order to provide efficient advanced life support to sick or injured patients wherever the emergency may occur.

The current Professional Ski Patrol staff consists of the following personnel under the supervision of Dr. Lisa Nelson, Medical Director:

- 25 Emergency Medical Technicians
- 12 Paramedics
- 7 Advanced EMTs
- 2 EMS RNs

There is a minimum of 1 paramedic scheduled per weekday 2 on weekends and holidays. Also, during the 2018-19 season, the Patrol adopted an electronic patient care reporting system.

The following list provides a brief summary of the calls received for service. Of note, there were less total requests for service from the 2017-18 season due to 8 days of weather related closures and 21 days where high winds required closing of 4 chairlifts.

- Total Ski Patrol Requests for Service: 889
- Total Patients Treated: 718
- Adults: 458
- Minors: 260
- Trauma/Falls/Extremity/Snow Related: 86%
- Medical/Cardiac/Stroke/Non-Trauma/Injury: 14%
- Treated, Transported by Ground Ambulance: 86 (12.6%)
- Treated, Transported by Air: 2 (0.3%)
- Treated/Released/AMA/Refusal/Parental Release 630 (86%)
- ALS/Paramedic Assessment/Treatment 98 (13.6%)

EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). Gerlach Volunteer Fire and EMS Department data are provided through Truckee Meadows Fire Protection District's data reporting. The EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The regional analyses presented in this section utilize the EMS calls for service, reported in SFD's, RFD's, or TMFPD's jurisdictions from July 1, 2018 through June 30, 2019. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun. However, either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

Table 1 - Total number and percent of fire calls matched to REMSA calls by REMSA priority.

REMSA Priority	RFD		SFD		TMFPD		Total	
	#	%	#	%	#	%	#	%
0	215	0.7%	48	0.5%	39	0.5%	302	0.6%
1	16,864	53%	4,673	49%	3,046	42%	24,583	51%
2	11,799	37%	3,092	32%	2,723	37%	17,614	36%
3	2,402	8%	1,465	15%	1,236	17%	5,103	11%
9	417	1%	302	3%	264	4%	983	2%
Not Matched	1,347	4%	187	2%	307	4%	1,841	4%
Total	31,697	100%	9,580	100%	7,308	100%	48,585	100%

Table 2 - Travel time for fire (time from when fire goes en route to fire arrives on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Year	Median	Mean	90 th Percentile	Number of Calls Analyzed
FY18	04:19	05:03	07:51	37,046
FY19	04:36	05:17	08:20	37,135

Table 3 - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Year	Median	Mean	P90	Number of Calls Analyzed
FY18	05:52	06:56	11:29	51,796
FY19	05:33	06:25	10:24	40,468

Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

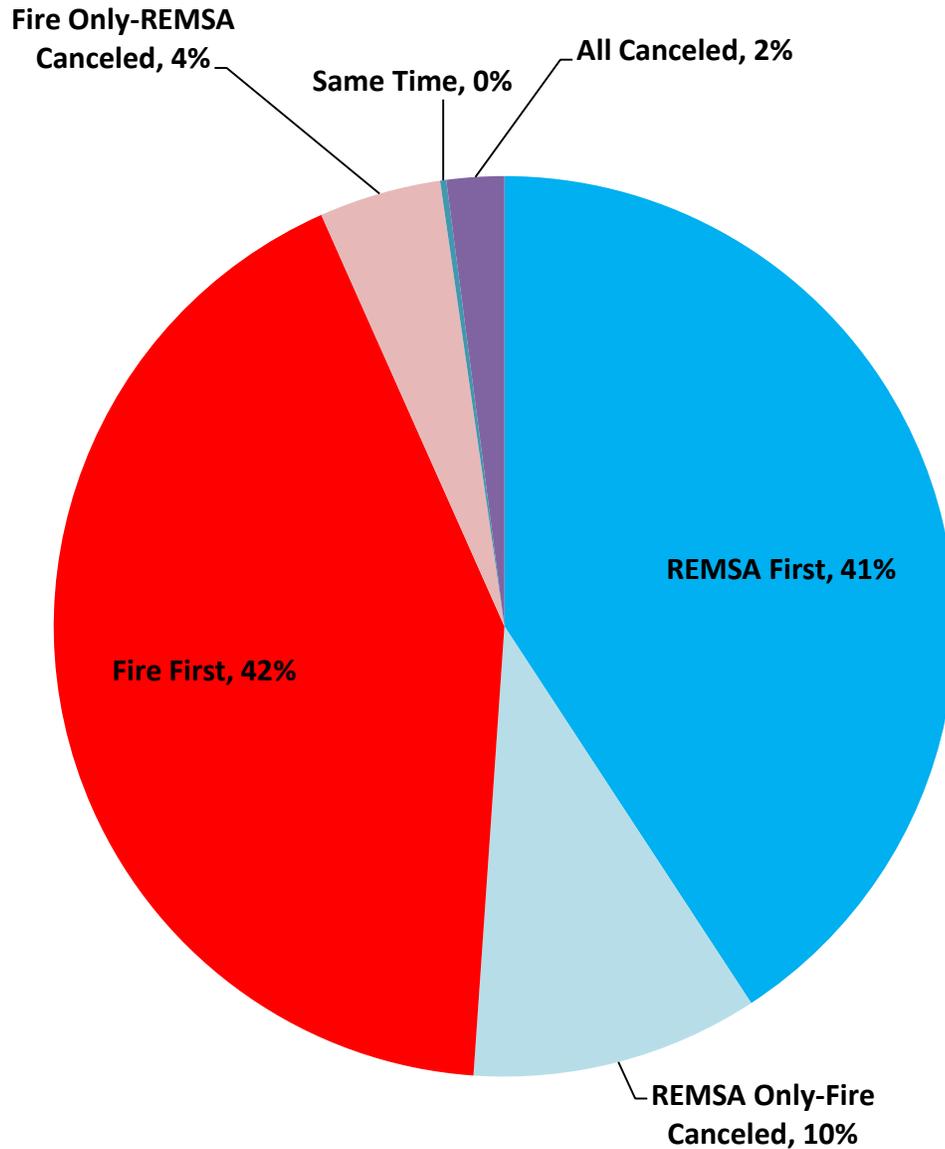
REMSA Priority	Patient Perspective Median Time	
	FY18	FY19
0	06:26	06:55
1	05:52	06:20
2	06:25	06:44
3	07:13	07:21
9	07:51	07:50
All	06:14	06:36
Number of Calls Analyzed	50,680	47,583

Table 5 – Arrival on scene depicts the various possible combinations for the arrival of first responders to an EMS call. This analysis included all REMSA call priorities for all calls matched to Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District.

Arrival On Scene	REMSA Priority										Total	
	0		1		2		3		9		#	%
REMSA First	9	3%	11,490	47%	6,703	38%	1,404	28%	205	21%	19,811	41%
REMSA Only-Fire Canceled	2	1%	2,356	10%	2,012	11%	476	9%	168	17%	5,014	10%
Fire First	2	1%	10,102	41%	7,389	42%	2,570	50%	461	47%	20,524	42%
Fire Only-REMSA Canceled	165	55%	394	2%	893	5%	594	12%	81	8%	2,127	4%
Same Time	0	0%	66	0%	37	0%	4	0%	0	0%	107	0%
All Canceled	124	41%	175	1%	580	3%	55	1%	68	7%	1,002	2%
Total	302	100%	24,583	100%	17,614	100%	5,103	100%	983	100%	48,585	100%

Figure 4 – Illustrates the total column percentages provided in Table 5.

**Figure 4: Arrival on Scene
Percent of All Matched Calls between REMSA and RFD, SFD, and TMFPD
(combined), FY19**



Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with “Monitoring the response and performance of each agency providing EMS in the region.” Each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

Reno Fire Department

The City of Reno’s Master Plan, approved December 13, 2017, includes metrics to assess performance, although the Master Plan states these are not performance standards. The following statement is used to gauge and measure progress toward the guiding principles and goals of the City of Reno Master plan²:

Maintain or decrease the fire service average response time of 6 minutes 0 seconds.

Response time measured from enroute to arrival

There were 28,501 completed calls reported by the Reno Fire Department where at least one responding unit arrived on scene, resulting in an average call response time of 5 minutes 13 seconds.

Additional sets of response time performance measures are outlined in the City of Reno Master Plan³:

Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.

Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.

Unable to perform due to lack of the designation “urban” or “suburban” in data received.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The number and percent of calls classified within each of the SFD priorities are provided in Table 6. The travel time (response time) as measured from enroute to arrival for each of the Sparks Fire Department (SFD) stations are provided in Table 7.

Table 6 – SFD FY19 calls by priority.

Table 6: Number and Percent of Calls by SFD Priority, FY19		
SFD Call Priority	#	%
1	5,462	55%
3	4,446	45%

² REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

³ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

Table 7 – SFD travel time performance. Travel time is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. Only incidents that occurred within each station’s response district are included in the analyses.

Table 7: Median Travel Time by Station and SFD Priority, FY19						
SFD Call Priority	Station 1	Station 2	Station 3	Station 4	Station 5	Total
All Priorities	03:51	04:02	05:08	04:34	04:26	4:12
SFD Priority 1 Calls	03:24	03:38	04:21	04:07	04:01	3:43
SFD Priority 3 Calls	04:35	04:55	06:08	05:40	04:43	5:01

Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is as follows:

Regional Standards of Cover Response Time Recommendations⁴

Call Processing Time: PSAP → Fire Dispatch

Improve call processing times at the dispatch center so that response units are notified of the emergency within 60 seconds of the receipt of the call.

Turnout Time: Fire Dispatch → Fire Enroute

For 85 percent of all priority responses, the Region fire agencies will be enroute to the incident in 90 seconds or less, regardless of incident risk type.

PSAP → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.

Although the Regional Standards of Cover measures the first-due service for tier one from receipt of call to the arrival on scene, this does not allow for an independent measure of true travel time, which is the

⁴ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

time from enroute to arrival. Therefore, this report breaks each of the call segments out into 1) Call Processing; 2) Turnout; and 3) Travel, as illustrated in Figure 5.

Figure 5: Segments of Time Measured for Performance

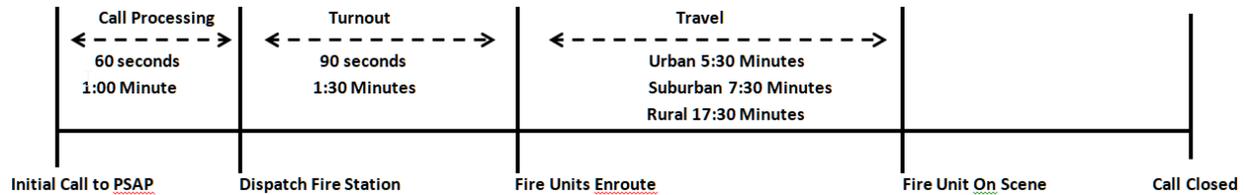


Table 8 – Illustrates the number and percentage of TMFPD EMS calls for service during FY19 that were measured and meet performance standards. Inclusion criteria for calls considered for measurement are as follows:

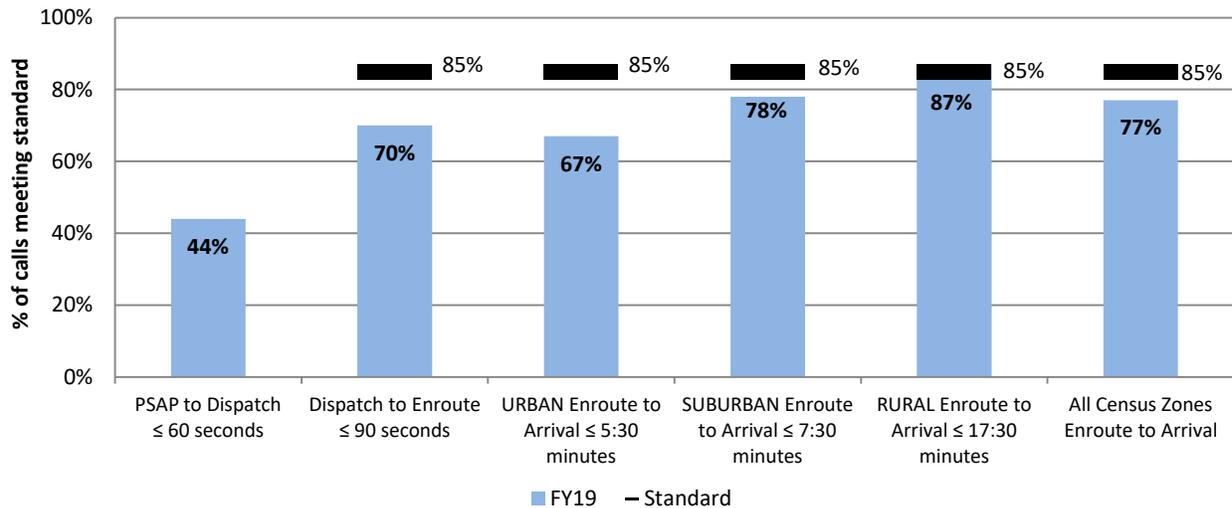
1. TMFPD calls for service within each fire response district.
2. Calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or Priority 2 through REMSA’s EMD process.
3. Time stamps measured must be populated.

Table 8: TMFPD Calls within each Career Fire Response District that Matched to REMSA Priority 0, 1, or 2 Calls, FY19

Measurement	Standard	Expected	Calls Used	Met Standard	Median Time	Average Time	
		%	#	#			%
PSAP to Fire Dispatch	60 seconds or less	-	4,712	2,062	44%	01:05	01:37
Fire Dispatch to Enroute	90 seconds or less	85%	4,712	3,284	70%	01:10	01:22
Fire Enroute to Arrival							
Urban	5:30 minutes or less	85%	690	464	67%	04:25	05:38
Suburban	7:30 minutes or less	85%	3,445	2,677	78%	05:13	05:54
Rural	17:30 minutes or less	85%	522	456	87%	08:41	10:16
ALL: Fire Enroute to Arrival	depends on density	85%	4,657	3,597	77%	05:20	06:21

Figure 6 – Illustrates the proportion of TMFPD EMS calls that met the performance standards.

Figure 6: TMFPD Calls within each Career Fire Response District that Match to REMSA Priority 0, 1, or 2 Calls, Performance Relative to Regional Standards of Cover, FY19



NOTE: There is not an explicit percentage defined for call processing, measured from PSAP to Dispatch.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the median time is provided in Table 9 for the three major time segments, call processing, turn out time, and travel (response) time.

Time Interval	Median Time			# of Calls Measured
	All Calls	Day (0900 - 1800)	Night (1801 - 0859)	
Call Processing (PSAP to Dispatch)	01:12	01:09	01:17	94
Turn Out (Dispatch to Enroute)	03:10	01:52	06:58	88
Travel/ Response (Enroute to Arrival)	03:44	03:46	02:46	72

Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, just north of Carson City. There are 13 total household addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sheriff's Office dispatch center, where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD). Table X provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table and there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

Table 10 – Provides the EMS call summary to 13 households located on Duck Hill from 2010 through FY19

Location	'10	'11	'12	'13	'14	'15	'16	'17	Jan- June 30, 2018	July 1, 2018 - June 30, 2019	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	1	3	3
TMFPD Station 16	~	~	~	2	0	0	1	2	0	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	1	13	8
~calls not available												

About the Washoe County EMS Oversight Program

On August 26, 2014, an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)⁵
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)²

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA include:

EMS Program Roles & Responsibilities

1. Monitor the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommend regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaborate with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identify sub-regions to be analyzed and evaluated for recommendations regarding EMS response

⁵ DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

Signatory Partner Roles & Responsibilities

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface⁶
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory Board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submit recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

EMS Oversight Program Accomplishments FY19

Regional Multi-Casualty Incident (MCI) Tabletop Exercise November 2018

The EMS Coordinator partnered with Quad-County Public Health Preparedness and East Fork Fire Protection District to develop a Regional Multi-Casualty Incident (MCI) Tabletop Exercise that focused on on-scene coordination for fire/EMS if a major incident occurred in Washoe County and mutual aid was not available from partner agencies due to other system demands. The exercise was held on November 2, 2018 and had more than 24 attendees and representation from Fire, EMS and hospitals from all five counties. This was a starting point for working beyond jurisdictional boundaries for disaster and preparedness planning.

Pediatric Training December 2018

A Texas A & M Engineering Extension Service (TEEX) Pediatric Disaster Response Training was held on December 12-13, 2018. This course addressed pediatric emergency planning and medical response considerations for agencies at the local level. The training was provided to 35 first responders,

⁶ CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

healthcare employees, emergency managers and public health personnel to help prepare our community to respond to pediatric disasters.

Regional Advocate Response Plan January 2019

A team comprised of regional partners developed an annex to the Active Assailant Response Protocols, focused on the advocacy and reunification elements of a mass casualty/mass fatality incident. Partner agencies in the four month project included the Federal Bureau of Investigation, Reno Police Department, Sparks Police Department, Trauma Intervention Program, Washoe County District Attorney's Office, Washoe County School District, Washoe County Sheriff's Office, and the University of Nevada, Reno Police Department. The plan was approved by all agency Command staff.

Regional Multi-Day Tabletop Exercise May 2019

A regional team was created and over a six month period of time planned a regional multi-day tabletop exercise (TTX). The premise was to take the region from "steady state" through the incident and back to a "steady state." The exercise tested regional plans, specifically related to EMS were the Multi-Casualty Incident Plan and the Mutual Aid Evacuation Agreement. The exercise was held from May 22-24, 2019 with six individual modules to ensure the appropriate regional partners could attend the section specific to them. The scenario wove through the six modules for continuity of information. In total, the TTX had 156 attendees logged between all the sessions, with one individual session at 46 participants.

Updated the EMS Strategic Plan

During this fiscal year, the EMS Oversight Program led a 10-month redevelopment of the EMS strategic plan. The Washoe County EMS Strategic Plan is a requirement of the ILA. The mission of the EMS Strategic Plan is to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers. The plan was approved in May 2019 by both the EMS Advisory Board and the District Board of Health.

Updated the Mutual Aid Evacuation Agreement (MAEA)

The Mutual Aid Evacuation Agreement (MAEA) is a plan specifically for healthcare facility evacuations due to a natural or technological disaster. Beginning August 2018, EMS Program staff worked with healthcare partners and EMS agencies to complete several revisions the MAEA. The most notable being the enhancement of the evacuation forms, and the establishment of a phone application that will be used for redundant communications. Plan revisions were approved by the District Board of Health on June 27, 2019.

Text to 9-1-1

Regional partner agencies from the City of Reno, City of Sparks and Washoe County collaborated to officially roll out the Text to 9-1-1 service in the Truckee Meadows region. Text to 9-1-1 is the ability to send a text message to reach 9-1-1 emergency call takers from a mobile phone or device. The new technology is advantageous in certain emergency situations and for citizens with disabilities. The regional partners held a press conference with the media to share the information and to stress the importance of calling when you can, texting when you can't.

Alpha MCI Plan Kit and Command Vehicle Kit Distribution

Beginning in August 2018, in conjunction with the ASPR grant for Healthcare Preparedness Partners, 13 Alpha kits were strategically placed throughout the county for first responder access during an MCI event. These kits contain supplies intended to provide basic support and care for victims of an MCI. In addition, 90 Command Vehicle Kits, containing basic Stop the Bleed items, have been distributed to law enforcement and EMS agencies for first responder use during an incident.

Updated the Washoe County EMS Protocols

The Washoe County EMS Protocols is a regional patient care document for EMS providers. This project began in 2017 and was objective 5.1 of the Washoe County Five-Year EMS Strategic Plan (2017-2021). The protocols task force is comprised of two representatives from each fire/EMS agency and meets on a quarterly basis to review and revise the existing protocols. In early 2019, Storey County Fire Protection District joined the review process and is now an active participant. The task force produced an updated set of protocols that was approved by the first responding agency's Medical Directors with an effective date of July 1, 2019.

Conducted a Community Assessment for Public Health Emergency Response (CASPER)

The EMS Oversight Program Statistician led Washoe County Health District staff in conducting a Community Assessment for Public Health Emergency Response (CASPER) from March 12 through March 17, 2019. The CASPER was designed to assess the community's level of preparedness and identify opportunities for improving existing systems and processes to preserve and prevent loss of property and life in the event of a natural disaster or other emergency. CASPER survey questions captured household level information related to the community's evacuation readiness, emergency preparedness, and household basic needs in the event of an evacuation. Households were randomly selected to participate

in the household survey in accordance with the CDC Community Assessment for Public Health Emergency Response (CASPER) Toolkit version 2.0.⁷

The CASPER results provide beneficial information for emergency management and shelter considerations, as well as help inform updates to plans utilized in the event of a disaster. Select tables of results from the CASPER surveys are provided in this report, for a full summary of findings contact the Washoe County Health District EMS Oversight Program at EMSProgram@washoecounty.us.

Over one in four households (26.86%) felt the household was well prepared for an emergency, while the majority of households (56.66%) felt somewhat prepared for an emergency, and over one in ten households (14.49%) felt they were not at all prepared (Table 11). In the event of an emergency, the majority of households (74.11%) reported the primary method of communication would be through phone call and over one in five households (21.51%) indicated the primary method of communication would be through text message (Table 12). CodeRED is the emergency alert telephone notification system that Washoe County Emergency Management utilizes, however the majority of households (52.04%) reported they had not heard of CodeRED (Table 13).

Table 11: Household Perceived Preparedness Level

Perceived Preparedness Level	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Well Prepared	60	26.79%	44,123	26.86%	(20.6%, 33.1%)
Somewhat Prepared	129	57.59%	93,054	56.66%	(49.5%, 63.9%)
Not at all Prepared	31	13.84%	23,807	14.49%	(9.2%, 19.8%)
Don't Know	4	1.79%	3,262	1.99%	(-0.1%, 4.0%)

Table 12: Primary Method of Communication During an Emergency

Primary Method	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Phone Call	166	74.11%	121,725	74.11%	(68.9%, 79.3%)
Text Message	49	21.88%	35,322	21.51%	(15.4%, 27.6%)
Social Media	6	2.68%	5,025	3.06%	(0.6%, 5.5%)
Other	3	1.34%	2,175	1.32%	(-0.2%, 2.9%)

⁷ Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition. Atlanta, GA. Accessed July 2018 https://wcms-wp.cdc.gov/nceh/hsb/disaster/casper/docs/cleared_casper_toolkit.pdf.

Aware of CodeRED	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Yes	85	37.95%	62,402	38.00%	(30.2%, 45.8%)
No	116	51.79%	85,477	52.04%	(43.9%, 60.2%)
Don't Know	23	10.27%	16,367	9.97%	(4.7%, 15.2%)

EMS Oversight Program Goals for FY20

The EMS Oversight Program is working with regional partners to achieve the following objectives within the next fiscal year.

Automatic Vehicle Locator (AVL)

A goal of the region is to work toward the implementation of AVL technology. This is a project that could span multiple years as there are equipment and other potential factors to consider for dispatching. Individual agencies will be assessing their existing capabilities, version products and technology barriers. The EMS Oversight Program will utilize that information to verify and revise the regional assessment completed in April 2018.

Radio Communication Interoperability

Statewide there is a change in the radio systems to Harris P25, with Washoe County not anticipated to be impacted until 2021. However, a comprehensive migration interoperability plan for the Washoe County Regional Communication System that outlines the enhancement of the radio communications system to include completion of upgrades, maintenance of REMSA gateway connection, and identified equipment needs will need to be drafted. REMSA and regional public safety partners will utilize that information to develop an internal plan to upgrade their systems when appropriate.

CAD-to-CAD Interface

The City of Reno and REMSA continue to work to implement the CAD-to-CAD data exchange. This project continues to span multiple years, as the technology to build the exchange continues to change. After the exchange is built, dispatch centers will be requested to develop policies, processes and train staff on the system.

Continuous Quality Improvement

A regional continuous quality improvement (CQI) team will be created to determine goals and identify performance measures, utilizing individual agency metrics, which will be used for the CQI Program. This

program is affiliated with the Prehospital Medical Advisory Committee (PMAC) and any identified recommendations would be sent to the regional protocols task force for discussion.

Hospital Data

The Emergency Department Consortium is working to identify data available for submission to the EMS Oversight Program for cardiac, stroke, and STEMI patients. This will allow the EMS Oversight Program to have the continuum of data from 911 calls through hospital dispatch. Information obtained will be used as a pilot for the FY20 annual report.

Recurrent Callers

The EMS Oversight Program will continue to work with EMS partner agencies to identify recurrent callers and utilize a system for handing off patient information for more appropriate follow-up other than 9-1-1.

Annual REMSA Franchise Map Review

EMS Advisory Board Proposed Changes for Annual Review Timeline

Annual Reviews (2017-2018 then 2020-2021)

- Map out calls for the fiscal year (July 2016-June 2017) to determine any possible response concerns.
 - Multitude of calls occurring in lower response zones (Zones B - E)
 - No calls occurring in portions of Zone A

5-Year Review (July 2019, year 3)

- Map out population density data to determine if the density of any jurisdiction/region has significantly altered since the 2015-2016 map revision.
- Map out calls for the fiscal year to determine any response concerns.

10-Year Census Review (July 2022, year 6)

- Full revision the REMSA response map based on the map methodology utilized in 2015-2016.
 - Census Data Driven – system call data not considered, other than a “double check”
 - 2020 Population and Housing Unit census tracts estimated release later than July 2021
 - Zone designations of urban, suburban, rural and wilderness:
 - Urban: 101+ per square miles
 - Suburban: 50-100 per square mile
 - Rural: 7-49 per square mile
 - Wilderness: 1-6 per square mile

Revision Background

The revised REMSA Franchise map was based on population density, with an overlay of call volume, to ensure any outliers were identified and addressed. The approved annual review methodology language identifies two aspects to examine for map reviews. The change in call volume will be used to reflect change over time and will be measured as absolute change in call volume from Year 1 (BASELINE) to the current year under review.

For annual reviews, the call locations for the most frequent fiscal year of data should be plotted against the BASELINE data to determine where changes in call volume are occurring relative to the REMSA response zones.

DD	RT	__
DHO	__	__

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health

FROM: Christina Conti, Preparedness & EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us

THRU: Kevin Dick, District Health Officer
775-8-2416, kdick@washoecounty.us

SUBJECT: **Discussion and possible approval of the draft map response zones within the Washoe County REMSA ambulance franchise service area with a January 1, 2020 implementation date.**

SUMMARY

The purpose of this agenda item is to present for discussion and possible approval the outcome of the annual REMSA Franchise Map review process. Included in this report is the process the region employed with regards to the revision of the response zones within the Washoe County REMSA ambulance franchise service area.

A revised REMSA Franchise Map went into effect July 1, 2016 and annual reviews have not previously recommended any changes to the map. However, this year annual review identified an area to discuss and recommend an update. Consensus within the region has been reached regarding changes to the map inside the franchise service area. The results were presented to the EMS Advisory Board, who approved the recommendation and directed staff to present the draft franchise map to the District Board of Health.

District Health Strategic Priority supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

The EMS Advisory Board approved and recommended the draft map response zones within the REMSA ambulance franchise service area be presented to the District Board of Health on January 7, 2016.

The District Board of Health reviewed and approved the draft REMSA response zone map within the Washoe County REMSA ambulance franchise service area on January 28, 2016.

The District Board of Health reviewed and approved the implementation plan of the approved REMSA response zones within the Washoe County REMSA ambulance service area on February 25, 2016.

The EMS Advisory Board approved the annual REMSA Franchise Map review on October 5, 2017.

The District Board of Health was provided an update on the annual REMSA Franchise Map review on October 25, 2017.

The EMS Advisory Board approved the annual REMSA Franchise Map review on October 4, 2018.

The District Board of Health was provided an update on the annual REMSA Franchise Map review on October 24, 2018.

The EMS Advisory Board approved and recommended the draft map response zones within the REMSA ambulance franchise service area be presented to the District Board of Health on November 7, 2019.

BACKGROUND

EMS staff, along with Mr. Gary Zaepfel of GIS, met with or corresponded with regional partners between the months of June –December 2015 to develop a revised franchise area response map. The franchise map was developed primarily with Census population data, utilizing call data as an overlay.

The zones within the franchise area reached a regional consensus and were implemented July 1, 2016. Annually the map has been reviewed utilizing call data as the method to determine if there are any areas that might need an alternative response zone. For both FY 17 and FY 18 reviews, no changes were recommended.

The original map methodology called for the use of population density again in 2021, however, due to Census timing, the EMS Oversight Program recommended the methodology change and the five-year review occur in 2019. The EMS Advisory Board approved the new methodology during the November 7, 2019 meeting. The change will align the map review with the 10-year Census for more accurate population based data.

Ms. Heather Kerwin worked with Mr. Jay Johnson of GIS to put the maps together for the FY19 revision. Mr. Johnson produced population density maps utilizing the dwelling unit data from Truckee Meadows Regional Planning Agency and applying interim population estimates to show any significant changes in the population since the 2010 Census. Three areas were identified for discussion: Wingfield Springs, Cold Springs and Damonte Ranch.

A committee of regional partners convened to discuss the identified areas. The following recommendations reached consensus by the committee and were presented to the EMS Advisory Board:

- Wingfield Springs is already a Zone A response, it was informational only.

- Cold Springs also experienced a significant change in population density, however, is not currently sharing a border with a Zone A response area. The committee recommends keeping Cold Springs as a response Zone B. However, as outlined in the Inter Local Agreement, this area has been identified as a sub-region and will be analyzed separately for evaluation of potential future recommendations regarding EMS response services in order to optimize the performance of system resources. The committee will reconvene in August/October 2020.
- Damonte Ranch had a significant population change from the 2010 Census, the committee recommends changing this area from a response Zone B to a response Zone A.

The EMS Advisory reviewed staff recommendations and the draft map on November 7, 2019. The EMS Advisory Board approved the recommendation to change Damonte Ranch to a response Zone A. In addition, staff was directed to present the map to the District Board of Health for discussion and possible approval of the draft map, with an implementation date of January 1, 2020.

FISCAL IMPACT

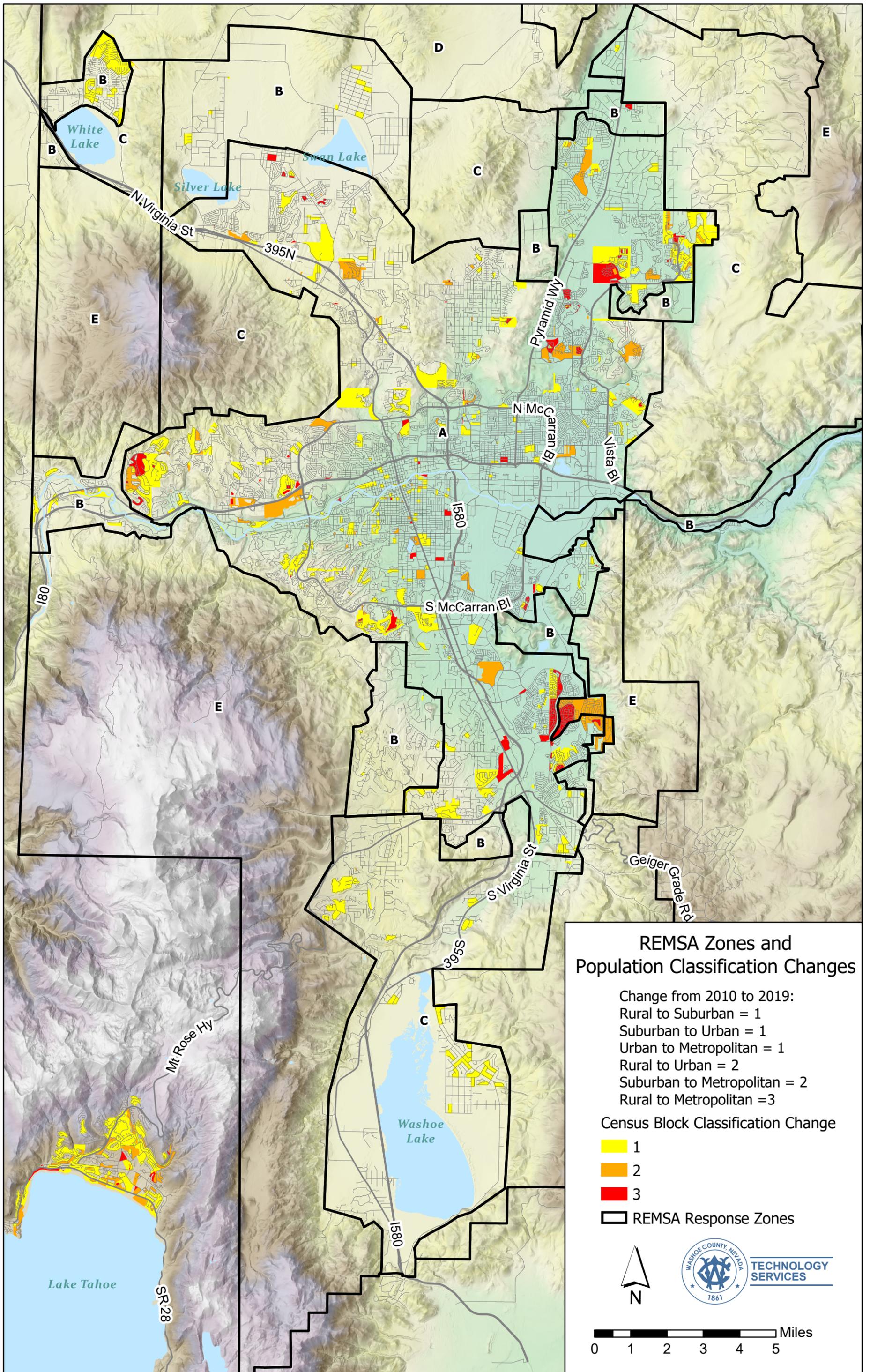
There is no additional fiscal impact should the District Board of Health approve the draft map response zones within the Washoe County REMSA ambulance franchise service area.

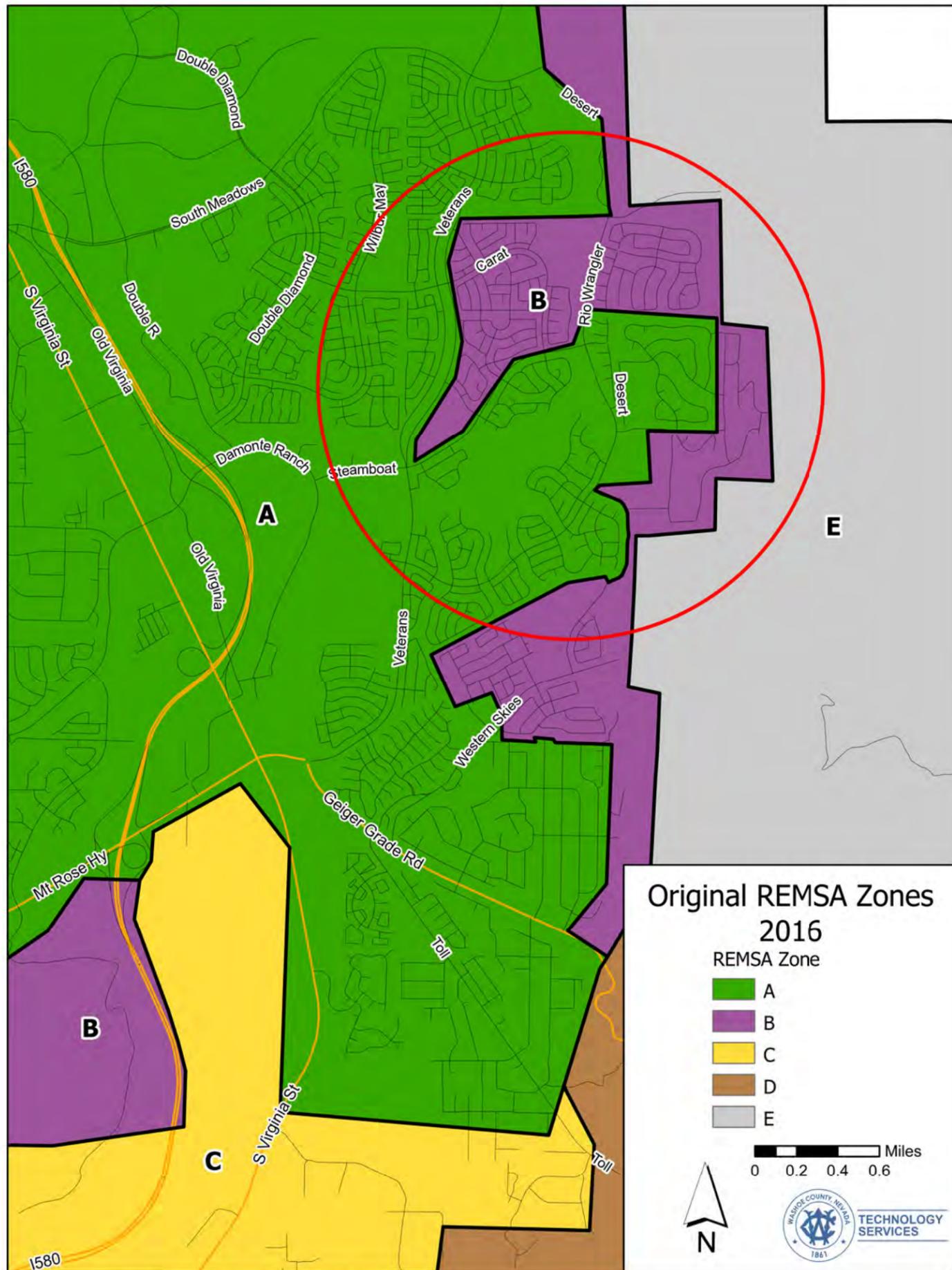
RECOMMENDATION

Staff recommend the District Board of Health approve the draft map response zones within the Washoe County REMSA ambulance franchise service area, with an implementation date of January 1, 2020.

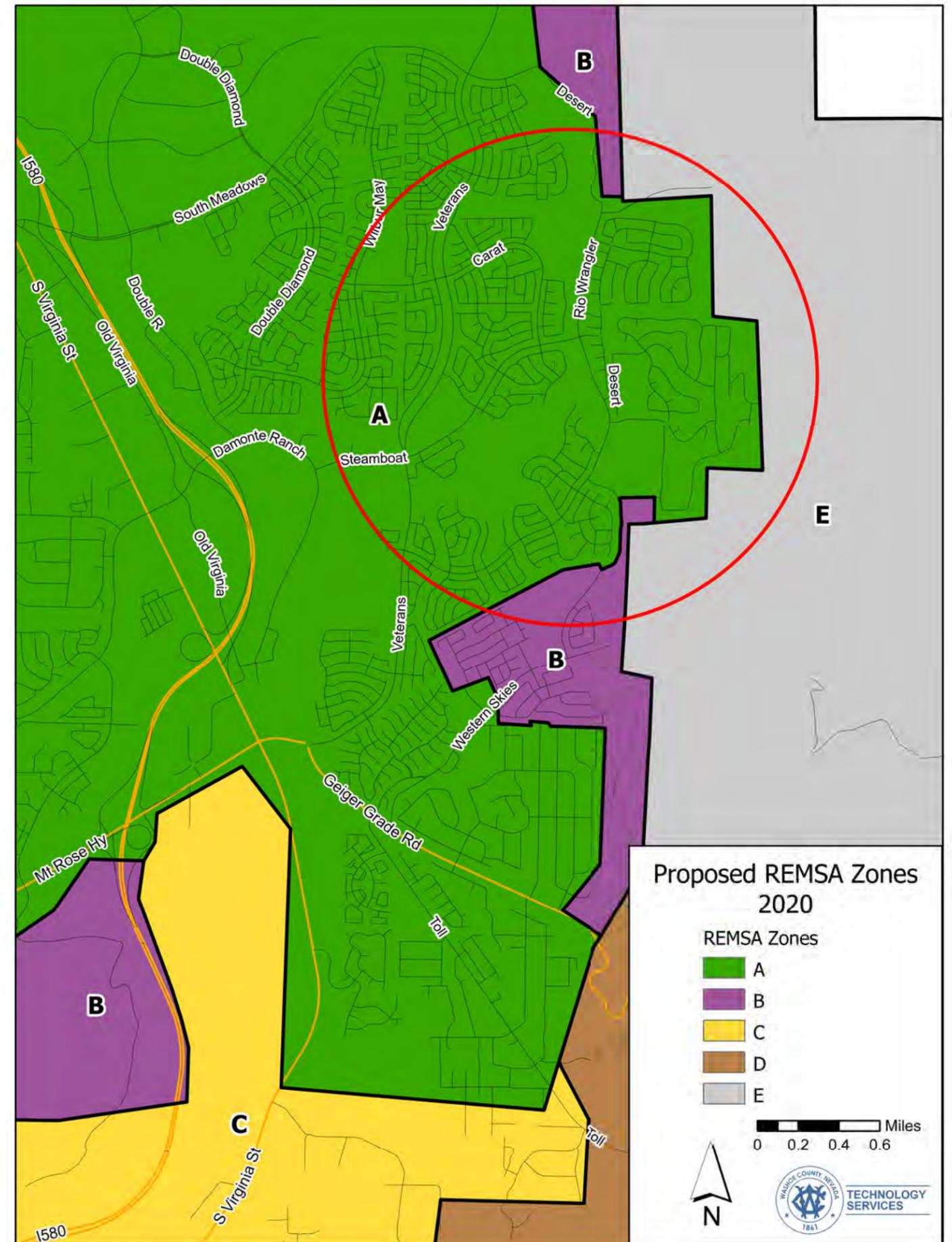
POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the draft map response zones within the Washoe County REMSA ambulance franchise service area, with an implementation date of January 1, 2020."

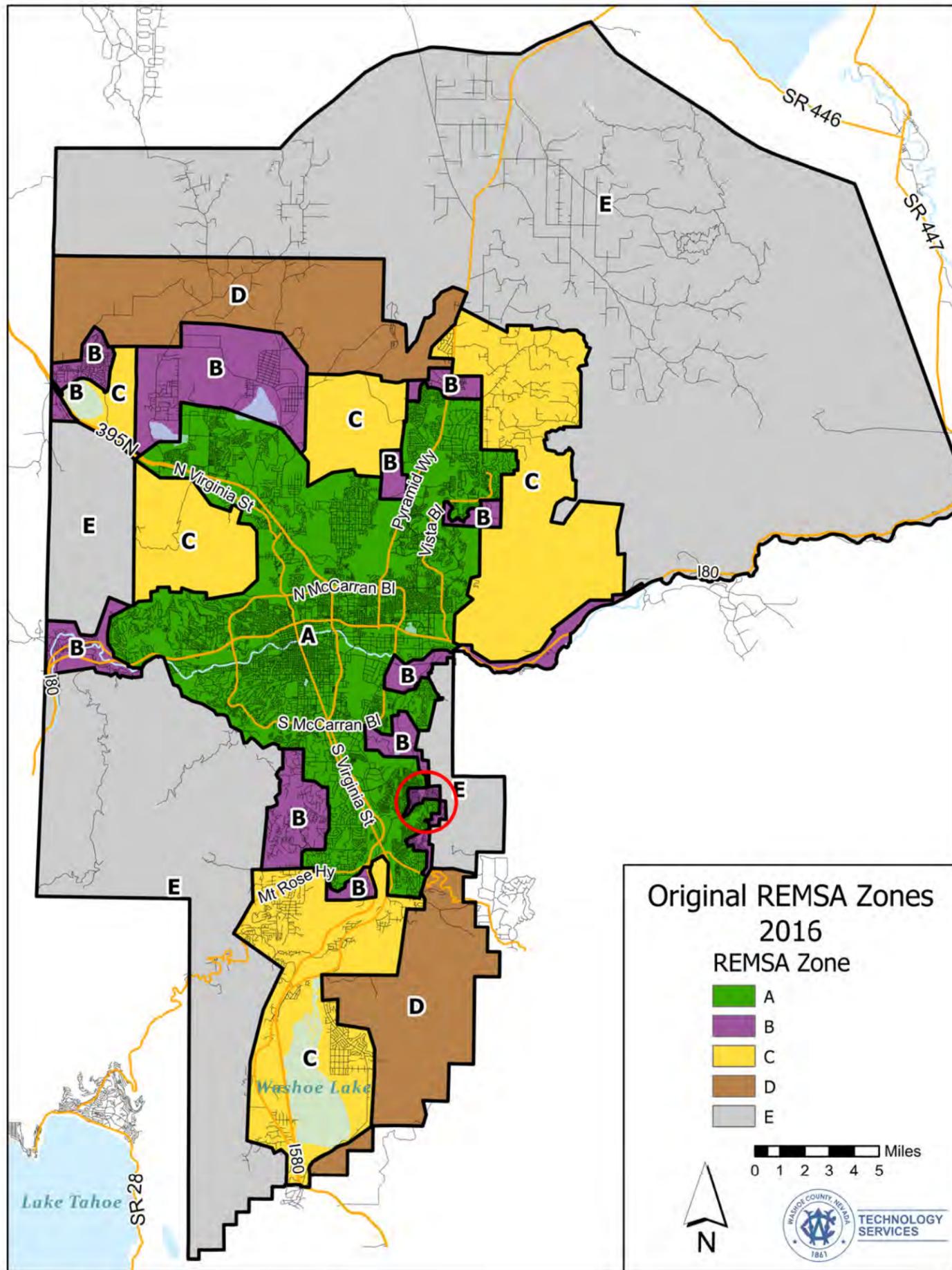




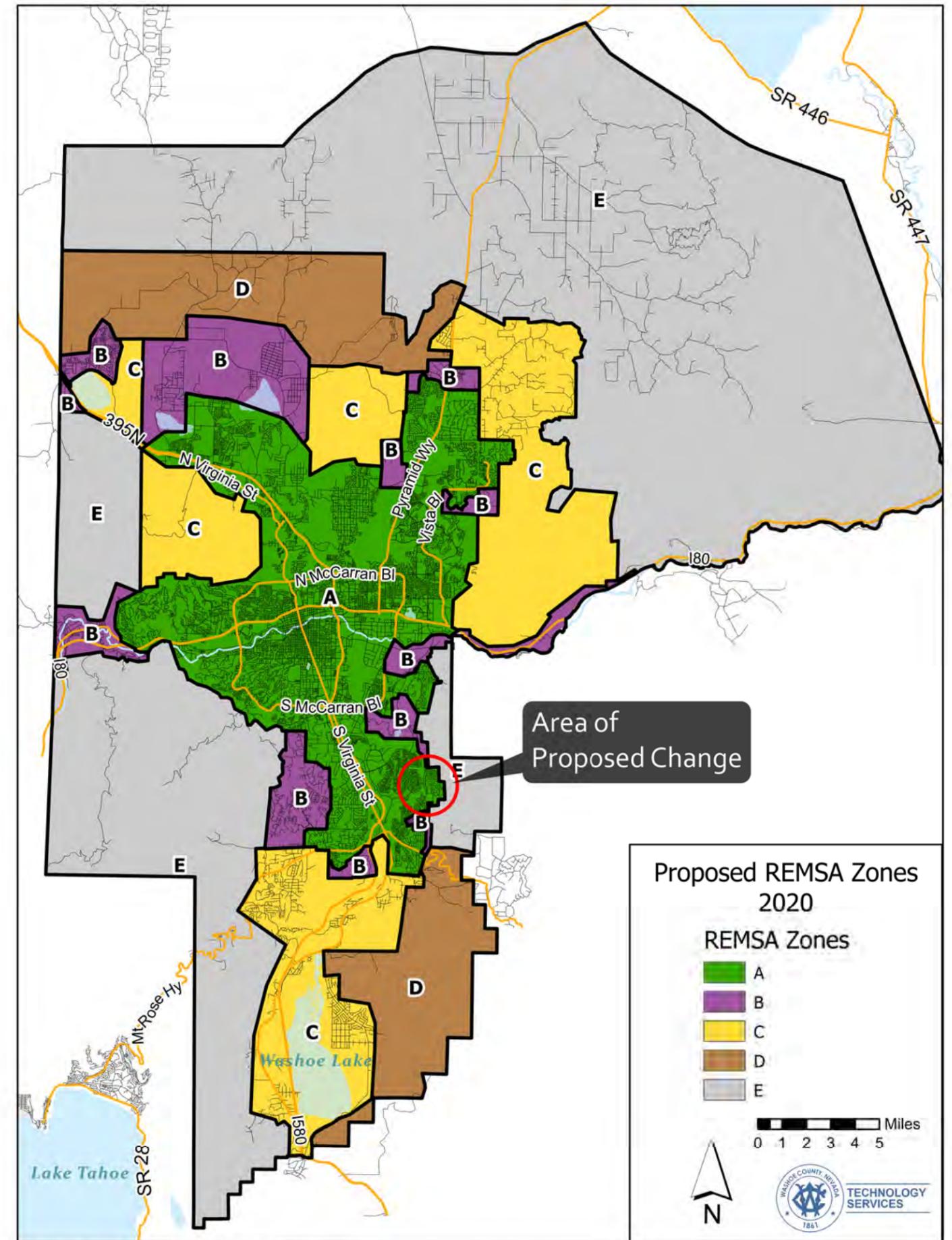
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Name of Map: Map_REMSA_Zones_Update2020_RioWrangler



Name of Map: Map_REMSA_Zones_Original2016



Name of Map: Map_REMSA_Zones_Update2020

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Staff Report
Board Meeting Date: December 12th, 2019

TO: District Board of Health

FROM: Catrina Peters, Director of Programs and Projects
775-328-2416, cpeters@washoecounty.us

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

SUBJECT: Presentation and possible acceptance of the revised 2020-2022 Strategic Plan.

SUMMARY

On November 7, 2019, a Strategic Planning Retreat was held to discuss progress on new initiatives such as the 2018-2020 Community Health Improvement Plan, new data in areas such as behavioral health and a discussion on emerging priorities that may have prompted revisions to the strategic plan. After review of information and discussion, several revisions were suggested for a revised Strategic Plan. The revised plan is presented for acceptance by the Washoe County District Board of Health.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

On August 22, 2019 the 2018-2021 Strategic Plan progress report was presented and accepted by the DBOH.

On February 19, 2019, a semi-annual progress report for the 2018-2021 Strategic Plan was presented and accepted by the DBOH.

A strategic planning retreat was held on November 1, 2018 to review current data, emerging community trends and to revise the strategic plan accordingly. The 2018-2021 Strategic Plan was presented and accepted at the December 13, 2018 DBOH meeting.

On February 22, 2018, a semi-annual progress report for the 2017-2020 Strategic Plan was presented and accepted by the DBOH and on August 23, 2018 the annual progress report was presented and accepted.

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

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

Subject: 2020-2022 Strategic Plan
Date: December 3, 2019
Page 2 of 2

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

BACKGROUND

The 2020-2022 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Progress is tracked and reported in online system and summarized in the Strategic Plan annual and semi-annual reports.

FISCAL IMPACT

There is no additional fiscal impact to the FY20 budget should the Board accept the FY 2020-2022 Strategic Plan.

RECOMMENDATION

Staff recommends the District Board of Health accept the revised 2020-2022 Strategic Plan.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2020-2022 Strategic Plan."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

FY20-22 Strategic Plan

December 2019



Public Health
Prevent. Promote. Protect.

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



VISION

A healthy community

MISSION

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

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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

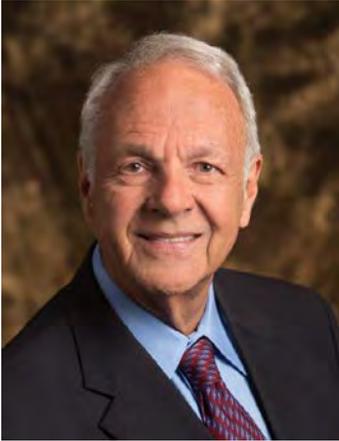
Strategic Priorities

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

STRATEGIC PRIORITIES & FY20-23 GOALS

- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**
 - 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
 - 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.**
 - 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.**
 - 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.**
 - 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. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**
 - 5.1 Create a positive and productive work environment.
 - 5.2 Focus on continuing to build staff expertise.
- 6. 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.**
 - 6.1 Update the Health District's financial model to align with the needs of the community.
 - 6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



Meeting the challenges of a growing and dynamic community like the Truckee Meadows provides no shortage of need for public health services. The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, substance abuse and limited public health funding are examples.

To meet the needs of those challenges, we must utilize the data available to make data-informed decisions and utilize our resources wisely. In my time on the Washoe County District Board of Health I've continued to see Washoe County Health District lead the way in not only sharing critical data across the community but using that data to make important decisions on how to best improve the health of our community.

We have had some exciting accomplishments in the last year such as becoming a fully accredited public health district, the second in the state of Nevada and one of 300 nationwide. I look forward to the continued pursuit of programmatic excellence and community leadership from the Washoe County Health District.

I am confident that the District Board of Health and the excellent staff of 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 continued execution of the strategic plan and experience the positive results of the Health District's work for our community.

Dr. John Novak
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 evident 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

OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS

Definitions

Mission: What is our core purpose?

Values: How do we behave?

Vision: Where are we going?

Strategic Direction: What does success look like?

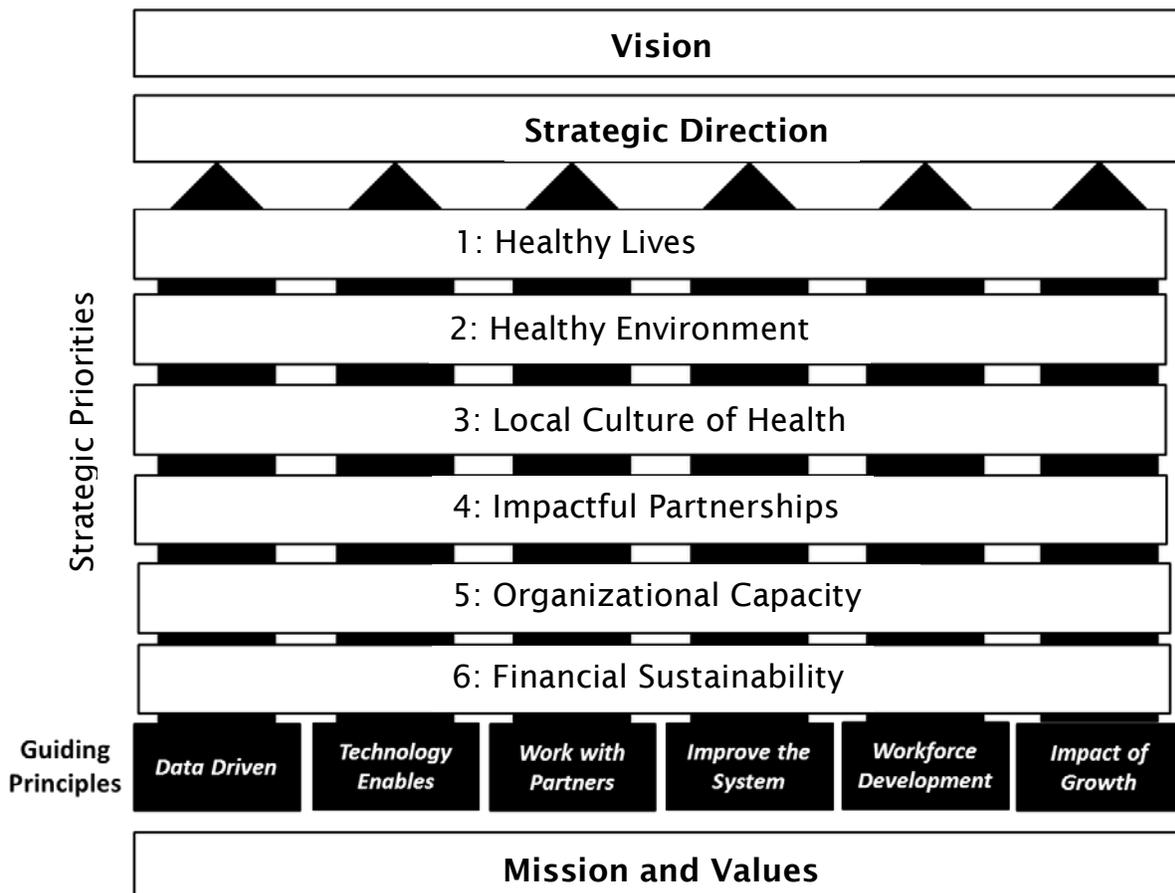
Guiding Principles: What is central to the way we work?

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 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, 2018 and 2019 the DBOH convened a strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. At the 2018 retreat, new information was shared and considered, which included the Washoe County Behavioral Health data profile, the 2018-2020 Community Health Improvement Plan and information on our growing housing and homeless crisis. In 2019, the second annual Washoe County Behavioral Health data profile was shared to provide an update on the new behavioral health data available. Additionally, the following emerging strategic considerations were shared at the 2019 retreat:

- The impact increased community growth has on the need for our services
- Increased need for mental health and substance use treatment providers
- Increasing suicide rate
- Increasing homeless population
- Potential nonattainment of ozone standards
- Need for staff training and development

From the 2017, 2018 and 2019 retreats, several revisions to the plan have been made to meet the changing needs of the community. A summary of these changes is outlined in the following table:

PLAN REVIEW AND CHANGES

Date of Review	Reviewed By	Page(s)	Summary of Changes
11.21.17	Catrina Peters	7	Brief description of the November 2017 District Board of Health Strategic Plan retreat and additional emerging strategic considerations
11.21.17	Catrina Peters	8,9	Additional Community Health Needs Assessment (CHNA) Information from 2018-2020 CHNA
11.21.17	Catrina Peters	17	Added an outcome under goal 2.2
11.21.17	Catrina Peters	19	Added an outcome under goal 4.5
11.21.17	Catrina Peters	20	Added an outcome under goal 6.3
11.21.17	Catrina Peters	21	Added a table of cross-divisional collaboration
11.21.17	Catrina Peters	22-33	Updates to staff person assigned to reflect current staffing
11.21.17	Catrina Peters	22-33	Removed initiatives that are complete
11.26.18	Catrina Peters	18-22	Revised outcomes to reflect removal of completed items and revisions to accurately reflect current needs
11.26.18	Catrina Peters	25-35	Revised initiatives
11.8.19	Catrina Peters	12-13	Updated description of the planning process
11.12.19	Catrina Peters	14	Updated summary of the Community Health Improvement Plan
11.21.19	Catrina Peters	28-37	Updates to reflect revisions

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 2017 strategic planning retreat. From the 2018-2020 Community Health Needs Assessment, the subsequent 2018-2020 Community Health Improvement Plan (CHIP) was developed during the spring of 2018 and approved by the Washoe County District Board of Health in June of 2018. In the summer of 2019, the Behavioral Health focus area was revised as all items in that focus area were either complete, obsolete given subsequent steps completed or needed a revised due to date to continue pursuing the objectives. A revised 2018-2020 Community Health Improvement Plan was approved by the Washoe County District Board of Health at the September 2019 meeting and the tables below reflect the revisions made.

The following focus areas were selected to be included in the CHIP as it was determined they were the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Once focus areas were determined, committees with subject matter experts and key stakeholders from community organizations were formed to establish goals for each priority area and selected indicators to measure progress toward achieving the goals. The plan included 16 objectives to improve health and well-being across the lifespan for all Washoe County residents as outlined in the table below:

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	1.2	By April 1, 2020 identify best practices for incorporating community case management** for people experiencing homelessness.

		1.3	By February 1, 2020 expand implementation of Peer Recovery Support Specialists in Washoe County
2	Assess and address current status and need for Behavioral Health services in Washoe County	2.2	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.4	By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified.
		2.5	By Feb 1, 2020 expand training and education to providers on SBIRT
3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
		3.2	By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies
Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

The CHIP is managed by community workgroups, with the Health District acting in a supportive role and several of the items included in the CHIP have been successfully implemented. A summary of the items included in the CHIP and an update on the progress of CHIP implementation were shared at the fall 2018 retreat.

Washoe County Regional Behavioral Health Data Profile

In an effort to address the behavioral health needs across Nevada, AB 366 was passed in the 2017 legislative session creating 4 regional Behavioral Health Boards. The Washoe County Regional Behavioral Health Board (WCRBHB) consists of 13 members including the Washoe County District Health Officer. The Regional Board advises the State Department of Health and Human Services, the Division of Public and Behavioral Health and the Nevada Behavioral Health Commission on matters related to identified gaps in behavioral health services and any

recommendations or service enhancements to address those gaps, amongst other responsibilities. In order to provide such advisement, a data profile was assembled utilizing data from State and national sources. The resulting Behavioral Health Data profile is very comprehensive and key highlights are shared below.

Substance Use

Use of most substances, especially alcohol & marijuana, are declining among youth which mirrors national trends. However, substance use remains an issue as youth in Washoe County have higher reported use rates than Nevada and the United States overall. Substance use rates among adults has not changed, especially alcohol use, and Washoe County use rates continued to be higher than Nevada and the United States. In a similar trend to report substance use rates, death due to alcohol-related causes is higher than Nevada and the United States. In 2016, Washoe County rate of death due to alcohol-related causes was double the national rates among all age groups 30-59 years & 70+ years. Death due to substance-related causes is higher than United States, especially among those 60 years & older.

Mental Health

While a noticeable decrease was seen in reported suicide attempts among high school students from 2013 (13.7%) to 2015 (11.7%) to 2017 (8.9%), depression and suicidal ideation among high school students is higher in Washoe County compared to Nevada and the United States. No real change in trends was seen among depression, considering attempting suicide or making a plan to attempt suicide.

A growing body of evidence is showing that Adverse Childhood Experiences (ACEs) are a key predictor for several risk behaviors including being a perpetrator and victim of violence, experiencing depression, attempting suicide, use of substances and sexual activity. ACEs range from mild like a household moving or a divorce to severe such as physical or sexual abuse. In 2017, Washoe County high school students' prevalence of ACEs:

- Living with someone who had a substance use problem (35.2%)*¹
- Living with someone who was mentally ill (34.5%)*
- Ever been physically abused (17.4%)
- Experiencing household domestic violence (16.3%)
- Having been physically forced to engage in unwanted sexual intercourse (7.6%)*

Due to the close link between ACEs and risky behaviors later in life, monitoring trends in ACEs can help predict trends in later behavioral health needs. In adult populations, prevalence of mental health conditions among adults in Washoe County is similar to Nevada and the United States. However, death due to suicide is higher in Washoe County and increasing, and is especially high among those aged 65+ years.

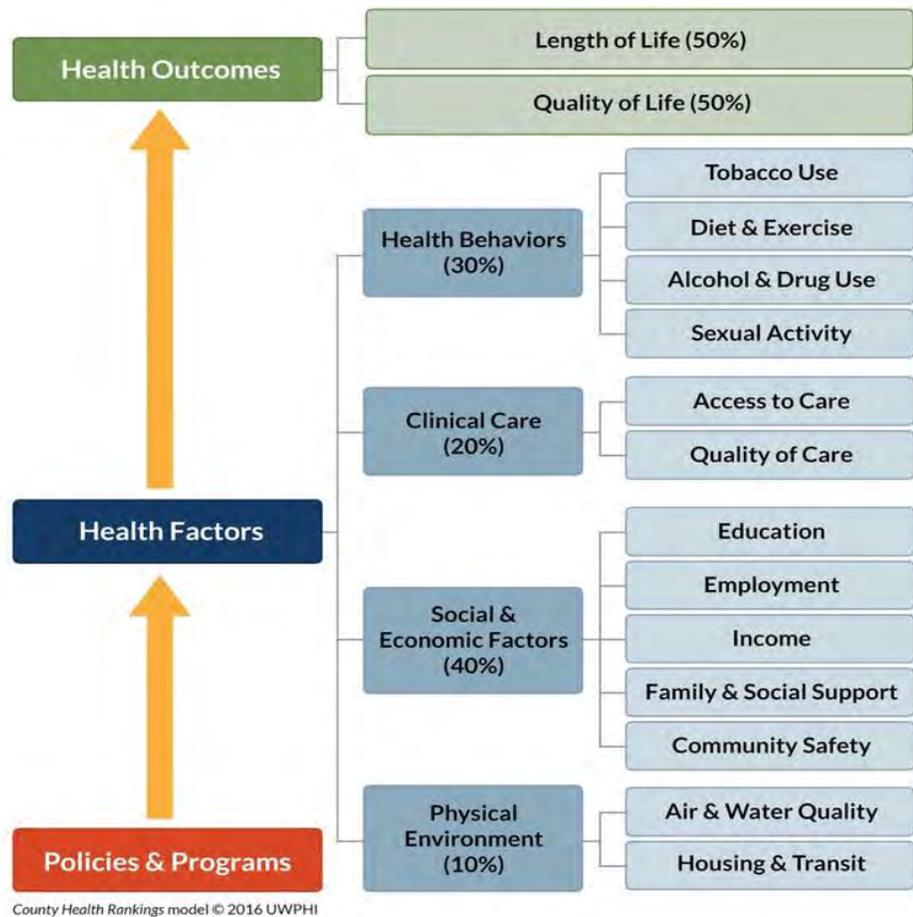
*indicates higher prevalence compared to Nevada

In addition to the data shared above on Behavioral Health, many other factors impact the overall health of the community. During the initial development of the strategic plan the information below was presented to provide a fuller picture of all the elements that impact health and how prevalent some of these elements are in our community.

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.



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 2015—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.

Cause of Death by Sex

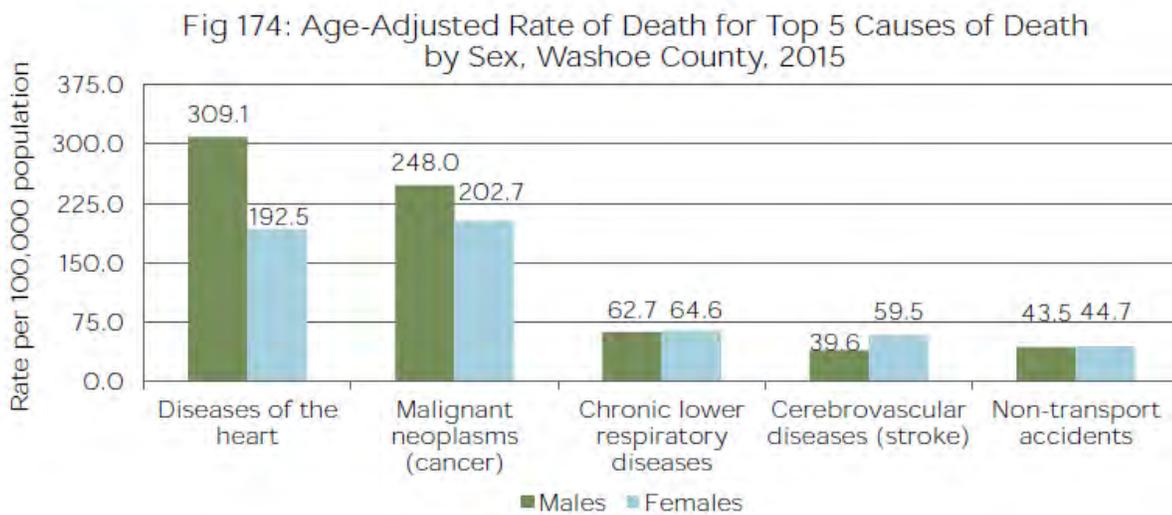


Figure 1- Community Health Needs Assessment

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

Regional 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. The Washoe County Consensus forecast is predicting that Washoe County alone will have a population of 512,137 in 2020 and regional projections are anticipating 638,302 residents in 2019. Despite the differences between population projection models, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

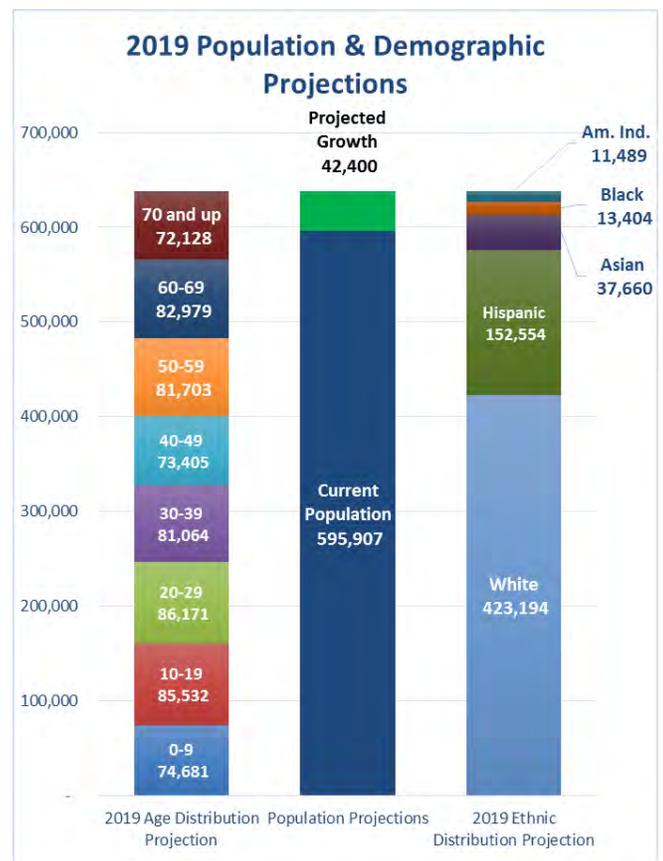


Figure 2- Economic Development Authority of Western Nevada

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.
- **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.
- **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.

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.

Washoe County Ozone Trend

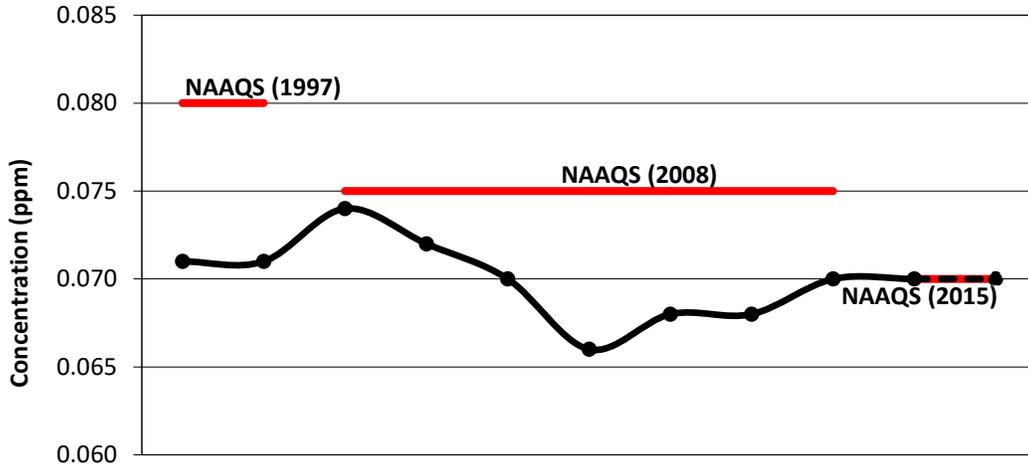


Figure 3- Washoe County

- **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.

STRATEGIC PLAN

Through the 6 month planning process that concluded in December of 2016, and with consideration of current trends, data and community needs identified at that time, the following strategic plan was drafted and approved by the Washoe County District Board of Health at the December 15th, 2016 board meeting.

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. **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.
6. **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.

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.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of overweight and obese adults	57% (2015)	55%	55%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
Child immunization rates	75.5% (2016)	78%	80%
1.3 Improve access to health care so people of all means receive the health services they need.			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of offsite events		200	200

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
2.1 Protect people from negative environmental impacts.			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - pounds/person/day	-	4.38 pounds/day	4.38 pounds/day
Recycling rates	31.5% (2015)	35%	35%

# of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
2.2 Keep people safe where they live, work, and play.			
# of risk-based environmental program standards	0 (2016)	2	10
% of risk-based food inspections	0% (2015)	100%	100%
Development of marketing plan to educate the public on the appropriate use of 911	-	1	1

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
3.1 Raise awareness of the Health District and the services it offers within the community.			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	5%	10%
3.2 Work with others to establish policies that positively impact public health.			
# of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> • 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 service models 	-	2	5
3.3 Inform the community of important health trends by capturing and communicating health data.			
Average # weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> • Community Health Needs Assessment • County Health Rankings • Air Quality Trends • Communicable diseases annual report 	4 (2015)	5	5

<ul style="list-style-type: none"> • Foodborne illness risk factors • Antibigram report 			
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.			
# of supporting initiatives undertaken	3	4	5

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
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 Increase community participation in physical activity and nutrition programs.			
Increase community participation in Nutrition/Physical Activity programs like 5210! Healthy Washoe	-	12	12
4.4 Enhance the Regional Emergency Medical Services System.			
Maintain 5 year Emergency Medical Services Plan	-	1 Plan	1 Plan
4.5 Engage the Community in Public Health Improvement.			
Partners engaged to implement the 2018-2020 Washoe County Community Health Improvement Plan	-	15	25

5. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
5.1 Create a positive and productive work environment.			
Employee engagement	-	30%	35%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
% of security enhancement projects completed	0 (FY16)	100%	100%
# of "Big" QI projects implemented in last 12 months	-	2	2
5.2 Focus on continuing to build staff expertise.			
% Implementation of the Workforce Development Plan	0%	50%	100%
5.3 Maintain National Public Health Accreditation			
Maintain Public Health Accreditation	-	100%	100%
5.4 Invest in Health District services to meet the needs of a growing community.			

6. 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.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
6.1 Update the WCHD's financial model to align with the needs of the community.			
% State funding support	1.2% (FY15)	1.3%	1.5%
6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25

DISTRICT WIDE COLLABORATION

Collaboration Summary						
Goal	AHS	AQM	CCHS	EHS	EPHP	ODHO
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			X			
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			X		X	X
1.3 Improve access to health care so people of all means receive the health services they need.			X			X
2.1 Protect people from negative environmental impacts.		X		X	X	
2.2 Keep people safe where they live, work, and play.				X	X	
3.1 Raise awareness of the Health District and the services it offers within the community.	X	X	X	X	X	X
3.2 Work with others to establish policies that positively impact public health.		X	X	X	X	X
3.3 Inform the community of important health trends by capturing and communicating health data.		X	X	X	X	X
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.		X	X	X	X	X
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks				X	X	X
4.2 Support and promote behavioral health.			X		X	X
4.3 Increase community participation in physical activity and nutrition programs.			X			X
4.4 Enhance the Regional Emergency Medical Services System.					X	X
4.5 Engage the community in public health improvement.			X			X
5.1 Create a positive and productive work environment.	X	X	X	X	X	X
5.2 Focus on continuing to build staff expertise.	X	X	X	X	X	X
5.3 Accreditation Awarded	X	X	X	X	X	X
5.4 Invest in Health District services to meet the needs of a growing community.	X	X	X	X	X	X
6.1 Update the WCHD's financial model to align with the needs of the community	X					X
6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	X	X	X	X	X	X

PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The management of the strategic plan is conducted through an online platform which allows for regular progress reporting on the progress made towards accomplishing all goals, outcomes and initiatives included in the strategic plan. While each initiative has a specific reporting timeframe which may be monthly, quarterly or annually, each outcome and initiative has a measure of implementation included in the online platform and a specific staff member is assigned to enter progress updates. Additionally, a bi-annual report on strategic plan progress is compiled and presented to the District Board of Health and to all staff during an all staff meeting.

Meeting Type	Time Required	Audience	Purpose/Format
Bi-annual Strategic Plan Progress Report	20 mins	Washoe County DBOH, All WCHD staff	Review progress on performance measures. Receive board feedback on strategic focus areas.
Annual Planning Retreat	1 day	Washoe County DBOH, Division Directors and Supervisors	Confirm strategic direction, update annual goals, and revise action plans for next fiscal year.

ACTION PLAN

Outcomes and Initiatives		Who	FY18	FY19	FY20
1.1	Reduce the negative health and economic impacts of obesity and chronic disease.				
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Lisa Lottritz	Target 34%		Target 33%
Initiative 1.1.1.1	Expand Wolf Pack Coaches Challenge.	Erin Dixon			
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Lisa Lottritz	Target 55%		Target 55%
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Lisa Lottritz			
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon	Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon			
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon			
Outcome 1.1.4	Reduce the percentage of youth who currently smoke cigarettes and e-cigarettes in Washoe County. (2015 Baseline: 10.3%)	Erin Dixon	Target 9%		Target 8%
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
Outcome 1.1.5	Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)	Erin Dixon	Target 7.1%		Target 7.0%
	Correlates with Initiatives 1.1.1.1 and 1.1.1.2	Erin Dixon			
Outcome 1.1.6	Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)	Erin Dixon	Target 224		Target 222
	Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3	Erin Dixon			
Outcome 1.1.7	Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)	Erin Dixon	Target 172.5		Target 172.5

Outcomes and Initiatives		Who	FY18	FY19	FY20
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
1.2	Promote preventative health services that are proven to improve health outcomes in the community.				
Outcome 1.2.1	Monitor the teen birth rates (per 1,000) in Washoe County. (2013 Baseline: 26.9)	Lisa Lottritz	Target 25.6		Target 24.2
Initiative 1.2.1.1	Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.	Lisa Lottritz			
Initiative 1.2.1.2	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.	Lisa Lottritz			
Outcome 1.2.2	Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)	Randall Todd	Target 60%		Target 70%
Initiative 1.2.2.1	Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.	Randall Todd			
Outcome 1.2.3	Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)	Erin Dixon	Target 9,855		Target 10,046
Outcome 1.2.4	Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%. (2015 Baseline: 75.5%)	Lisa Lottritz	Target 78%		Target 80%
Initiative 1.2.4.1	Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.	Lisa Lottritz			
Initiative 1.2.4.2	Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.	Lisa Lottritz			
1.3	Improve access to health care so people of all means receive the health services they need.				
Outcome 1.3.1	Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)	Lisa Lottritz	Target 83.3%		Target 87.3%
Initiative 1.3.1.1	Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Lisa Lottritz			
Outcome 1.3.2	Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)	Lisa Lottritz	Target 71.5%		Target 83.9%

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 1.3.2.3	Partner with University Nevada Reno to offer clinical rotations for medical residents, APRNS, and Nursing students.	Lisa Lottritz			
Outcome 1.3.3	Increase the number of offsite services in Washoe County.	Lisa Lottritz	Target 200		Target 200
Initiative 1.3.3.1	Increase offsite services through increased funding and partnerships.	Lisa Lottritz			
2.1	Protect people from negative environmental impacts.				
Outcome 2.1.1	Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)	Francisco Vega	Target 70		Target 68
Initiative 2.1.1.1	Implement and execute the Ozone Advance action plan.	Francisco Vega			
Initiative 2.1.1.2	Expand air monitoring network to West Reno.	Francisco Vega			
Outcome 2.1.2	Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)	Francisco Vega	Target 358		Target 360
Initiative 2.1.2.1	Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Francisco Vega			
Outcome 2.1.3	Work with current and ongoing regional organizations and partners to develop ideas and implement plans to reduce per capita waste generated in Washoe County.	Jim English	4.38 lbs/per person/day		4.38 lbs/per person/day
Outcome 2.1.4	Meet and exceed the 35% goal recycling rate in Washoe County. (2015 Baseline: 31.5%)	Jim English	Target 35%		Target 35%
Initiative 2.1.4.2	Create an educational and outreach plan to building on community partnerships to increase recycling rates, waste minimization, reuse and diversion throughout Washoe County.	Jim English			
Outcome 2.1.5	Broaden activities to other types of disasters and/or emergencies. (2015 Baseline: 12)	Christina Conti	Target 10		Target 10
Initiative 2.1.5.1	Keep disaster plans and training current.	Christina Conti			
2.2	Keep people safe where they live, work, and play.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 2.2.1	Develop risk based standards for all institution and facility programs. (2016 Baseline: 0%)	Amber English	Target 100%		Target 100%
Initiative 2.2.1.1	Develop and implement a work plan for establishing risk-based program standards for each program.	Amber English			
Outcome 2.2.2	Implement risk based food inspection program based on the criteria of FDA program standards. (2015 Baseline: 0%)	Tony Macaluso	Target 100%		Target 100%
Initiative 2.2.2.2	Establish risk-based environmental program standards for all programs.	Amber English			
Outcome 2.2.3	Implement staff QA program based on the criteria of FDA Standard 4, "Uniform Inspection Program" for food inspections. (no baseline data)	Tony Macaluso	Target TBD		Target TBD
Initiative 2.2.3.1	Correlates with Initiative 2.2.1.1				
Outcome 2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)	Amber English	Target TBD		Target TBD
Outcome 2.2.5	Conduct outreach campaign to increase awareness of the appropriate use of 911.	Christina Conti	Campaign Implemented		Campaign Completed
Initiative 2.2.5.1	Develop a marketing plan to work with partner entities to educate the public on appropriate uses of 911	Christina Conti			
Outcome 2.2.6	Continue to fully implement the EHS Strategic Plan for all 9 FDA Standards.	Charlene Albee			
3.1	Raise awareness of the Washoe County Health District and the services it offers within our community.				
Initiative 3.1.1.2	Develop and post videos on website using County or contracted videographer or existing public health material.	Scott Oxarart			
Outcome 3.1.2	Increase the number of "likes and follows" of social media channels. (2015 Baseline: 343)	Scott Oxarart			
Outcome 3.1.3	Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)	Scott Oxarart	Target 13.8M		Target 14.0M
Outcome 3.1.4	Increase the percentage of permits applied for online in Washoe County. (no baseline)	Paula Valentin	Target 5%		Target 10%
Initiative 3.1.4.3	Identify and implement opportunities to increase efficiency and awareness of online permit application	Paula Valentin			

Outcomes and Initiatives		Who	FY18	FY19	FY20
3.2	Work with others to establish policies that positively impact public health.				
Outcome 3.2.1	Increase the number of policies established or improved that positively impact public health in Washoe County. (no baseline)	Kevin Dick	Target 2		Target 5
Initiative 3.2.1.1	Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.	Kevin Dick			
Initiative 3.2.1.2	Establish policies that positively impact public health.	Kevin Dick			
Initiative 3.2.1.4	Submit recommendations to the Interim Legislative Committee on Health Care for consideration.	Kevin Dick			
Initiative 3.2.1.5	Work with stakeholders and community partners to develop legislator or interim committee sponsored model policy (BDRs) addressing public health.	Kevin Dick			
Initiative 3.2.1.6	Provide legislative testimony and support and report on the number and summary of policies/laws passed during the legislative session.	Kevin Dick			
3.3	Inform the community of important health trends by capturing and communicating health data.				
Initiative 3.3.2.1	Communicate Robert Wood Johnson Foundation county health data report in media efforts.	Scott Oxarart			
3.4	Raise awareness of the benefits of a healthy community to build a local culture of health.				
Outcome 3.4.1	Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)	Kevin Dick	Target 4		Target 5
Initiative 3.4.1.1	Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.	Kevin Dick			
4.1	Lend support and accountability in childcare and educational settings to reduce outbreaks.				
Outcome 4.1.1	Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)	Randall Todd	Target 40 days		Target 36 days
Initiative 4.1.1.1	Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.	Randall Todd			
4.2	Support and promote behavioral health.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 4.2.1	Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)	Catrina Peters	Target 11.1%		Target 10.53%
Initiative 4.2.1.1	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.	Catrina Peters			
Outcome 4.2.2	Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (2015 Baseline: 18.3%)	Catrina Peters	Target 17.4%		Target 16.5%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.3	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%)	Catrina Peters	Target 26.5%		Target 25.1%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.4	Reduce the rate of K- 12 Washoe County School District bullying incidents. (no baseline)	Catrina Peters	Target -10%		Target -20%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.5	Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)	Catrina Peters	Target 34.7%		Target 32.9%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
4.3	Increase community participation in physical activity and nutrition programs.				
Outcome 4.3.1	Increase community participation in physical activity and nutrition programs like 5210! Healthy Washoe.	Catrina Peters			
4.4	Enhance the Regional Emergency Medical Services System.				
Outcome 4.4.1	Maintain a 5-Year Emergency Medical Service Plan. (2015 Baseline: 0%)	Christina Conti	Target 100%		Target 100%
Initiative 4.4.1.1	Report quarterly to the District Board of Health on progress of initiatives within the Strategic Plan.	Christina Conti			
4.5	Engage the Community in Public Health Improvement.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 4.5.1	Multiple community partners working collectively to implement the 2018-2020 Community Health Improvement Plan	Catrina Peters	Target 100%		Target 100%
5.1	Create a positive and productive work environment.				
Outcome 5.1.1	Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)	Catrina Peters	Target 25%		Target 30%
Initiative 5.1.1.1	Conduct an annual engagement survey.	Catrina Peters			
Initiative 5.1.1.2	Achieve 85% on-time annual reviews.	Kevin Dick			
Initiative 5.1.1.3	Achieve 85% on-time annual reviews.	Anna Heenan			
Initiative 5.1.1.4	Achieve 85% on-time annual reviews.	Francisco Vega			
Initiative 5.1.1.5	Achieve 85% on-time annual reviews.	Charlene Albee			
Initiative 5.1.1.6	Refine internal newsletter to best communicate current WCHD activities.	Randall Todd			
Initiative 5.1.1.7	Achieve 85% on-time annual reviews	Lisa Lottritz			
Outcome 5.1.2	Improve the Health District's facilities environment for customers and staff. (FY 2106 Baseline: 2)	Lisa Lottritz	Target 5		Target 8
Initiative 5.1.2.1	Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.	Lisa Lottritz			
Outcome 6.1.4	Increase the number of QI projects implemented in last 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)	Catrina Peters	Target 10		Target 12
Initiative 5.1.4.1	Develop and approve an annual Quality Improvement Plan.	Catrina Peters			
Initiative 5.1.4.2	Implement QI projects and report on the number of projects implemented.	Catrina Peters			
Outcome 5.1.5	Complete two "Big" QI projects per year.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 5.1.5.1	Complete Quality Improvement Projects	Catrina Peters			
5.2	Focus on continuing to build staff expertise.				
Outcome 5.2.1	Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)	Catrina Peters	Target 50%		Target 100%
Initiative 5.2.1.1	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Kevin Dick			
Initiative 5.2.1.2	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Anna Heenan			
Initiative 5.2.1.3	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Charlene Albee			
Initiative 5.2.1.4	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Francisco Vega			
Initiative 5.2.1.5	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Randall Todd			
Initiative 5.2.1.6	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Lisa Lottritz			
Initiative 5.2.1.7	Identify current and future workforce needs to support career pathways.	Kevin Dick			
Initiative 5.2.1.8	Identify current and future workforce needs to support career pathways.	Anna Heenan			
Initiative 5.2.1.9	Identify current and future workforce needs to support career pathways.	Charlene Albee			
Initiative 5.2.1.10	Identify current and future workforce needs to support career pathways.	Francisco Vega			
Initiative 5.2.1.11	Identify current and future workforce needs to support career pathways.	Randall Todd			
Initiative 5.2.1.12	Identify current and future workforce needs to support career pathways.	Lisa Lottritz			
Initiative 5.2.1.13	Develop and implement the workforce development plan.	Catrina Peters			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 5.2.1.14	Establish a partnership with UNR to become an "academic health department" to better reflect the current status of the project.	Catrina Peters			
Initiative 5.2.1.15	Provide opportunities for leadership development through short courses, certificate programs, distant learning and other opportunities.	Catrina Peters			
5.3	Maintain National Public Health Accreditation				
Outcome 5.3.1	Continue to improve internal processes to ensure policies and procedures meet National Public Health Accreditation Standards.	Catrina Peters			
Initiative 5.3.1.1	Submit Annual Reports with all required documentation	Catrina Peters			
5.4	Invest in Health District services to meet the needs of a growing community.				
Outcome 5.4.1	Establish and staff additional positions during FY21.	Anna Heenan			
Initiative 5.4.1.1	Shift Communications Program Manager Position off of grant funds.	Kevin Dick			
Initiative 5.4.1.2	Increase local funding for the Immunization Program	Lisa Lottritz			
Initiative 5.4.1.3	Fund a Technology Developer position for the Regional Permitting System.	Charlene Albee			
Initiative 5.4.1.4	Establish and fill an additional Public Health Investigator position in EPHP.	Randall Todd			
Initiative 5.4.1.5	Establish and fill a Public Health Nurse Supervisor position in CCHS.	Lisa Lottritz			
Outcome 5.4.2	Establish a Behavioral Health and Injury Prevention Program in CCHS.	Lisa Lottritz			
Initiative 5.4.2.1	Establish and fill two Health Educator positions in CCHS.	Lisa Lottritz			
6.1	Update the WCHD's financial model to align with the needs of the community.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 6.1.1	Increase State funding support in Washoe County.	Anna Heenan			
6.2	Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.				
Outcome 6.2.1	Increase budget per capita (442,000 population). (FY 2015 Baseline: \$49.88)	Anna Heenan	Target \$49.88		Target \$52.25
Initiative 6.2.1.2	Identify opportunities to support above base requests within division budgets.	Anna Heenan			
Outcome 6.2.2	Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)	Anna Heenan	Target 13,676/6.6		Target 14,716/7.1

APPENDIX A

PLAN REVISION PROCESS SUMMARY

As mentioned in the beginning of the document, in fall of 2019 the DBOH convened a Strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. This was a very similar process to the retreat conducted in the fall of 2017 and 2018 and the preparation process for each retreat. New information was shared and considered from the Washoe County Regional Behavioral Health Board data profile in addition to information on other emerging trends such as increases in population in Washoe County, our increase incidence rates for substance use and suicide and our growing homeless population. A summary of the meeting and major activities as well as the new data provided is summarized below.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Retreat Planning		
Retreat planning meeting	Core Planning Team	7/24/19
Retreat planning meeting	Core Planning Team	8/7/19
Meeting with Division Directors to discuss Strategic Planning retreat agenda and purpose	Core Planning Team & WCHD Division Directors	8/7/19 & 9/17/19
Retreat planning meeting to review materials and presentations to be shared	Core Planning Team & WCHD Division Directors	11/5/19
Phase 2: Conduct Retreat		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Provided an update on data used in the initial strategic plan • Review current and emerging considerations • Presented updates on future Strategic Plan initiatives • Discuss any potential revisions needed to the plan 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	11/7/19
Phase 3: Revise Plan		
Present revised plan to District Board of Health for review and approval	District Board of Health	12/12/19
Revised Strategic Plan rollout to all staff	All WCHD Staff	1/14/20

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Catrina Peters, Director of Programs and Projects

District Board of Health

1. Marsha Birkbigler, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council
4. Dr. John Novak, Non-Elected Washoe County Appointee
5. Tom Young, Non-Elected Washoe County Appointee
6. Reka Danko, Non-Elected Washoe County Appointee

WCHD Division Directors

1. Charlene Albee, Division Director, Environmental Health Services
2. Lisa Lottritz, Division Director, Community and Clinical Health
3. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
4. Francisco Vega, Division Director, Air Quality Management
5. Anna Heenan, Admin Health Services Officer

WCHD Staff

1. Laura Rogers, Administrative Secretary
2. Dan Inouye, Air Quality Supervisor
3. Erin Dixon, Public Health Supervisor
4. Angela Penny, PHN Supervisor
5. Kim Graham, Administrative Assistant
6. Wes Rubio, Environmental Health Specialist Supervisor
7. James English, Environmental Health Specialist Supervisor
8. Paula Valentin, Administrative Assistant
9. Christina Conti-Rodriguez, EMS Program Manager
10. Nancy Kerns Cummins, Fiscal Compliance Officer
11. Jennifer Hoekstra, Fiscal Compliance Officer
12. Scott Oxarart, Public Health Communications Program Manager
13. Joelle Gutman, Government Affairs Liason
14. Falisa Hilliard, Office Support Specialist

Summary of 2018-2020 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 2017 strategic planning retreat. The 2018-2020 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 Surveil
2. lance 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.
3. **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.
4. **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]
5. **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

Health Topic	Overall Rank	Community Survey	Data	Community Workshop
Access to Health	1	1	6	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	5	7
Physical Activity, Nutrition, & Weight	5	6	2	5
Chronic Disease/Screenings	6	6	3	6
Substance Use	7	7	4	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	Under Sexual Health	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	12	11
Infectious Disease & Immunizations	12	6	11	9
Community Services	NR	9	NR	Under Social Determinants
Built Environment	NR	11	NR	Under Physical Activity

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.

Criteria & Associated Scoring Used to Determine Health Topic Score & Rank		
Criteria	Score	Definition
Magnitude [weight 1.0]	0	0-.9% of population impacted
	1	.91-3.0% of population impacted
	2	3.1-7.0% of population impacted
	3	7.1% + of population impacted
Severity [weight .75]	0	Not serious/short-term issue (0-2 weeks)
	1	Moderately serious/medium length of impact 2 weeks-1 year
	2	Very serious/1+ years of impact
Trend [weight .75]	0	Improvement over the past 5-10 years
	1	No clear trend up or down
	2	Getting worse over the past 5-10 years
Benchmark [weight .5]	0	Better than Nevada or National level by more than 3%
	1	Same as Nevada or National level; within 1-2%
	2	Worse than Nevada or National level by 3-5%
	3	Worse than Nevada or National level by 6% or higher
Community Perception [weight 2.0]		The calculated average score resulting from the health topic prioritization survey question, [multiplied by 2]

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 were 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

Meetings and Major Activities	Participants	Timing
Phase 1: Determine Position		
Kickoff Meeting to clarify outcomes and expectations	Core Planning Team	11/23/2015
1:1 Strategy Interviews with District Board of Health Members	District Board of Health	01/25/16 to 2/12/2016
Project management meeting to review strategy interview findings and develop Stakeholder Survey questions	Core Planning Team	02/05/2016
Stakeholder survey	All WCHD Staff, External Stakeholders	02/16/2016 to 03/04/2016
Initial strategy session to confirm initial findings (See Current State Summary below)	Core Planning Team & WCHD Division Directors and Supervisors	03/02/2016
Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.	Core Planning Team	03/11/2016
Presentation of Stakeholder Survey findings to Division Directors for review	WCHD Division Directors	03/18/2016
Presentation of initial findings and draft strategic planning retreat agenda to DBOH	District Board of Health, Core Planning Team	03/24/2016
Project management meeting to develop supporting materials for strategic planning retreat	Core Planning Team	03/25/2016
Presentation of Stakeholder Survey findings to all WCHD staff for review	All WCHD Staff	04/05/2016
Project management meeting to finalize agenda and clarify roles during strategic planning retreat	Core Planning Team	04/08/2016
Phase 2: Develop Strategy		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Clarified the District's core purpose and strategic direction • Developed Strategic Objectives • Developed District Goals 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	04/14/2016
Phase 3: Build the Plan		
Strategic Planning Retreat Day 2 <ul style="list-style-type: none"> • Developed desired community outcomes • Developed initiatives to support District goals • Developed strategic plan implementation model 	Core Planning Team, Division Directors, and Supervisors	04/15/2016
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
25. James English, Environmental Health Specialist Supervisor
26. Jeff Whitesides, Public Health Preparedness Manager
27. Christina Conti-Rodriguez, EMS Program Manager
28. Sunita Monga, Community Health Nutritionist
29. Janet Piette, Community Health Nutritionist

Current State Assessment

SWOT Analysis

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • 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
<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • 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 • Bureaucracy and red tape • Lack of standard, defined processes • Employee workloads • Inability to cut unneeded services 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • 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.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • It accurately reflects the core purpose of a Health District in general and us specifically (x12) • It is clear and succinct (x3) • It focuses on our citizens (x2) 	<ul style="list-style-type: none"> • It doesn't encompass our work in: <ul style="list-style-type: none"> ○ Prevention (x3) ○ Air Quality (x3) ○ WIC (x2) ○ Community partnerships (x2) • We protect and enhance more than just physical well-being (x6) • It should be more general and inspiring less list-like (x4) • It is difficult to understand/the terminology is unclear (x3) • Our services also protect visitors, not just citizens (x2)

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.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • ‘Unified Community’ speaks to our work with partners • Concise and inspiring 	<ul style="list-style-type: none"> • ‘Optimal Health’ is very broad and not quantifiable • Too much jargon, not enough substance • Does not seem feasible given current internal and external environment

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.

- **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

1. Financial sustainability: The Health District needs to be less reliant on the County for general funds.
2. Tightened air quality standards: The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards.
3. 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

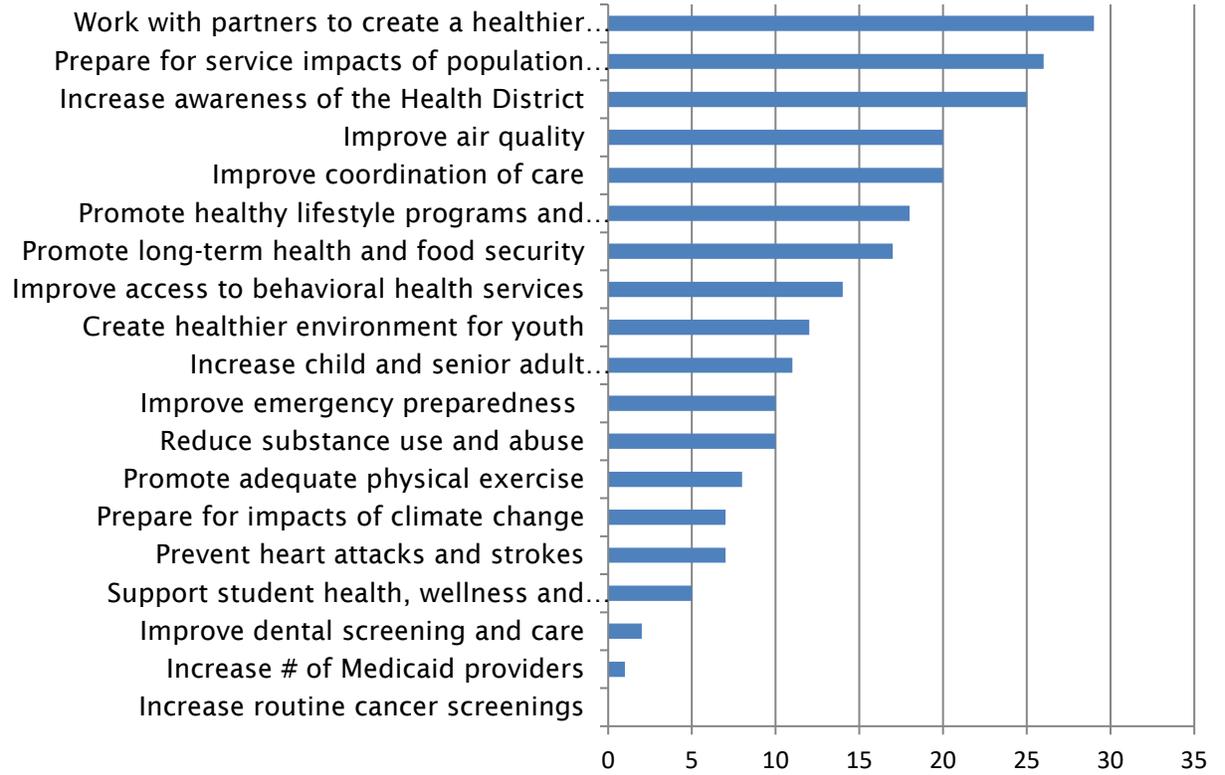
- Financial resources: Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- Increasing awareness and public outreach: Informing more people about the services the Health District offers 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



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 inter-jurisdictionally?
 - 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 community 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:

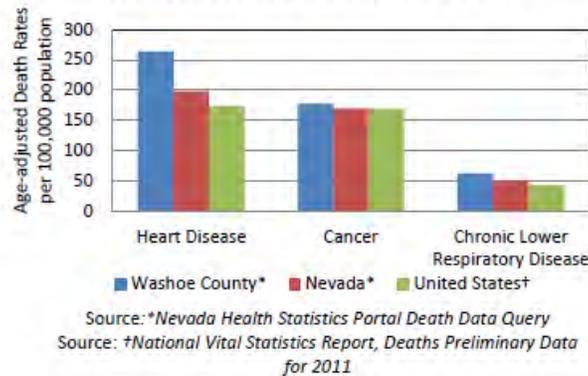
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

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.

Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011

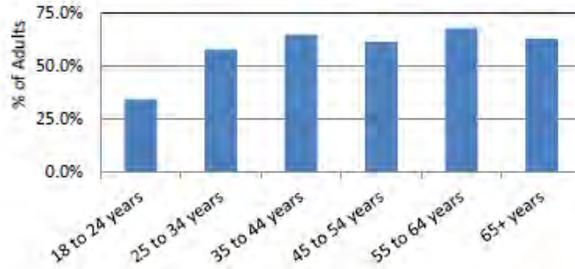


Chronic Disease Risk Factors

“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.”

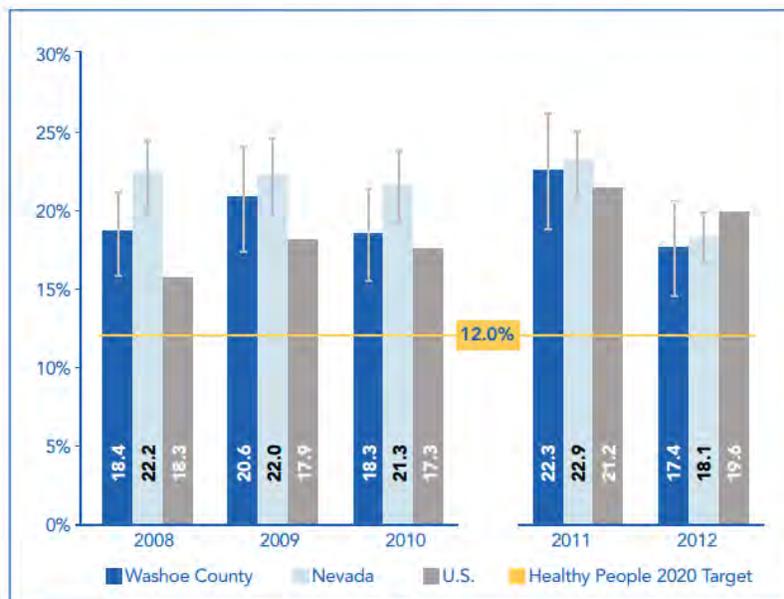
Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013



Source: 2013 Nevada BRFSS: Washoe County Analysis

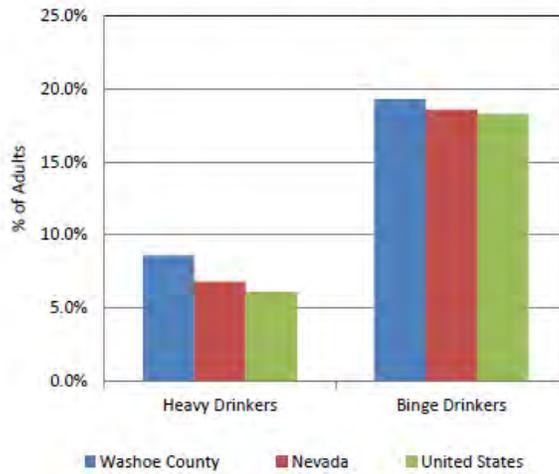
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased 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.”

Tobacco Use and Exposure
 Prevalence of Current Smokers
 Washoe County, Nevada and U.S., 2008 – 2012



- **Alcohol:** “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”

Figure 1.21: Adult Alcohol Use by Type, Washoe County, Nevada & the US, 2011



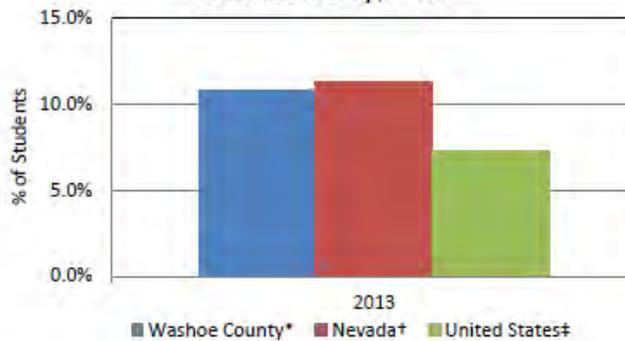
Source: 2011 Nevada BRFSS

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.

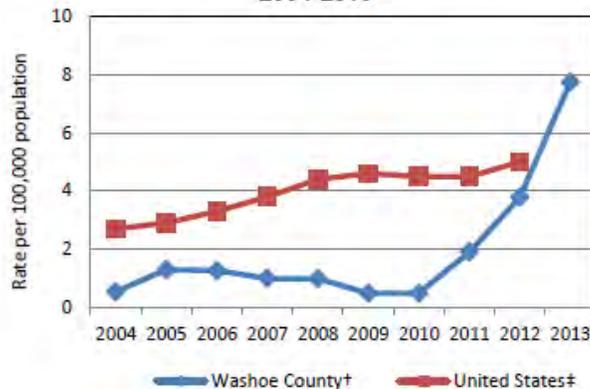
The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races 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.”

Figure 1.48: Percent of high school students reporting they had been physically forced to have sex, when they did not want to, Washoe County, 2013



Source: *2013 Nevada YRBS: Washoe County Analysis
 Source: †2013 Nevada YRBS
 Source: ‡CDC YRBS High School Data Query

Figure 1.54: Rate of Primary & Secondary Stage Syphilis, Washoe County & the U.S., 2004-2013

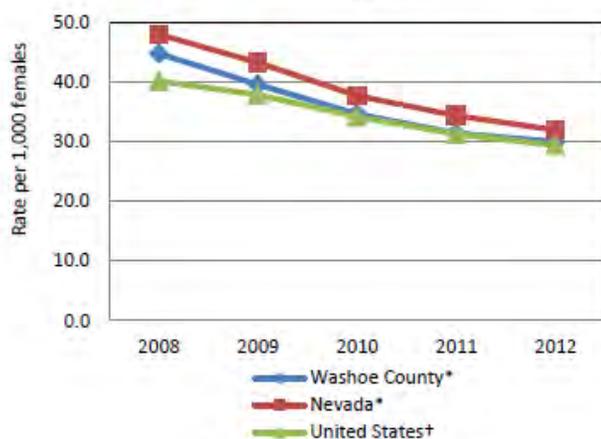


Source: †2013 WCHD, Communicable Disease Team
 Source: ‡CDC, Sexually Transmitted Disease Surveillance, 2012

Maternal, Infant and Child Health

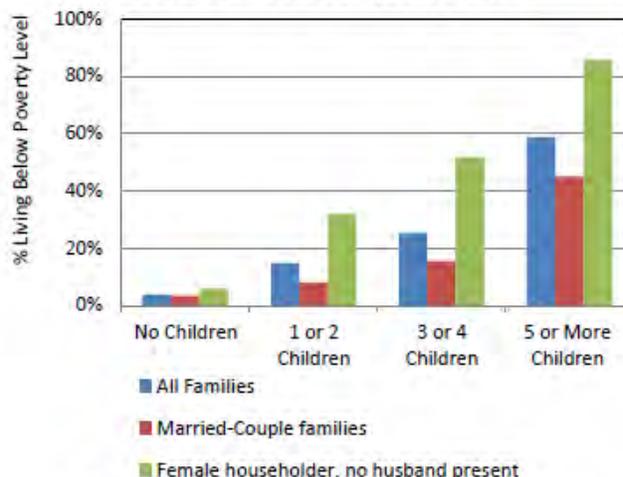
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of 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.”

Figure 1.7: Teen (age 15-19) Birth Rate, Washoe County, Nevada & the U.S., 2008-2012



Sources: *OPHIE, data request
† CDC, Births: Final Data for 2012

Figure 1.1: Families Living Below Poverty Level, Washoe County, 2008-2012



Source: US Census Bureau, 5 year estimates, 2008-2012

- **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.”

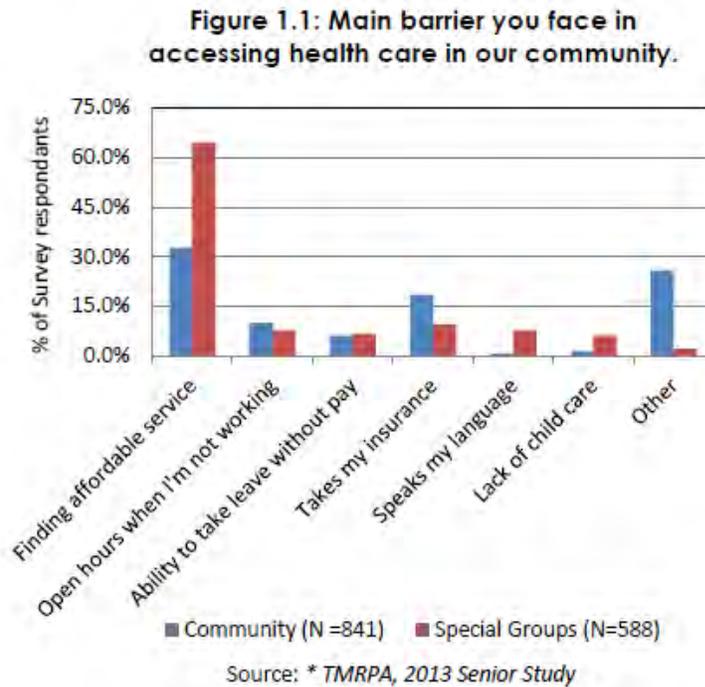
Immunizations

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.”

Table 1.2: 5 Highest Need ZIP Codes, Ranked by CNI Scores, 2014

Zip Code	2014 CNI Scores §	% of Washoe County*	% of Hospital Inpatient Visits†	% of Emergency Room Visits†
89512	5.0	6.0	8.7	12.7
89502	4.8	10.3	14.3	17.7
89431	4.8	8.5	11.8	12.5
89501	4.2	1.0	1.7	5.3
89433	4.0	4.8	5.6	5.8

Source: § Truven Health Analytics Inc. (2014). Community Needs Index
*Source: *U.S. Census Bureau, 2010 Census*
Source: † All 2013 Washoe County hospital data, author’s analysis



Map 1.2: 5 Highest Need Zip Codes, Washoe County, 2014

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.”

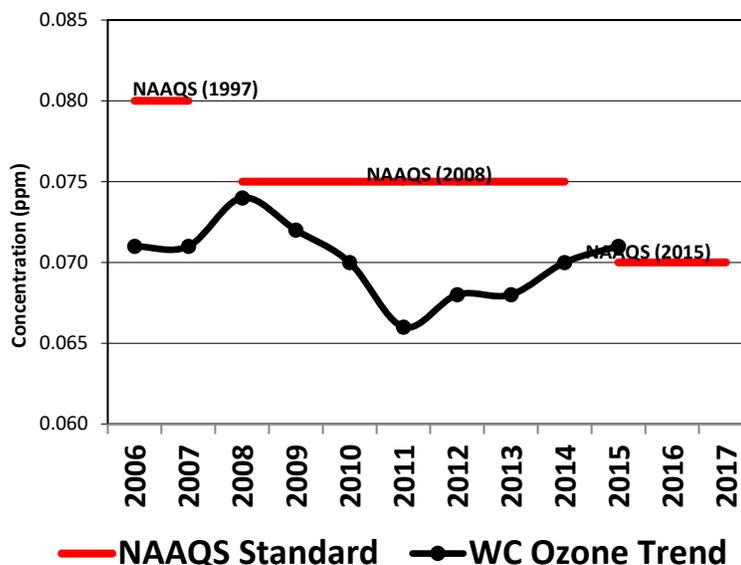
Strategic Issues

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

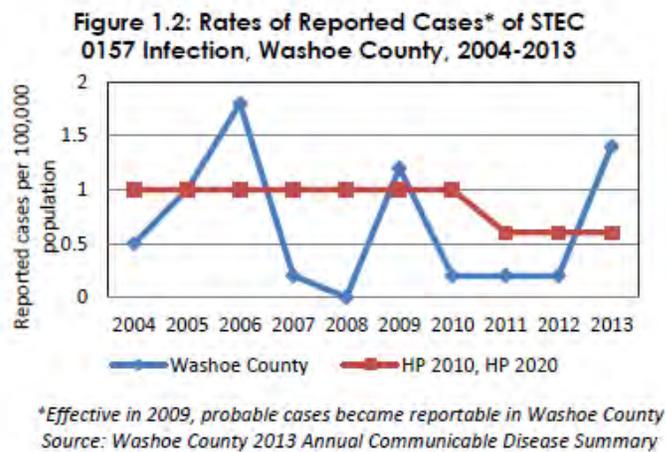
“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change 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

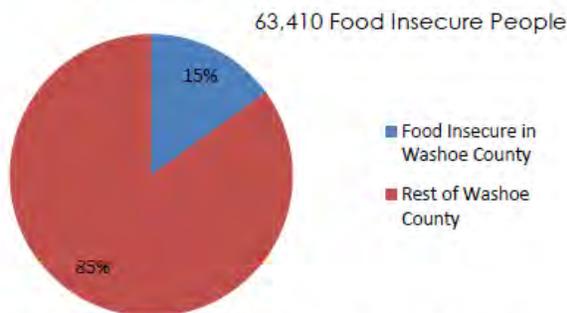
Health Priority	Goals
 <p>Access to Healthcare and Social Services</p>	<p>GOAL 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.</p>
 <p>Behavioral Health</p>	<p>GOAL 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 4: Create a healthier environment for Washoe County youth.</p> <p>GOAL 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.</p>
 <p>Education (K-12)</p>	<p>GOAL 6: Improve health outcomes of Washoe County youth through educational attainment.</p> <p>GOAL 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.</p>
 <p>Food Security</p>	<p>GOAL 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.</p> <p>GOAL 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.</p>

Relevant Findings from the Community Health Needs Assessment

Food Insecurity

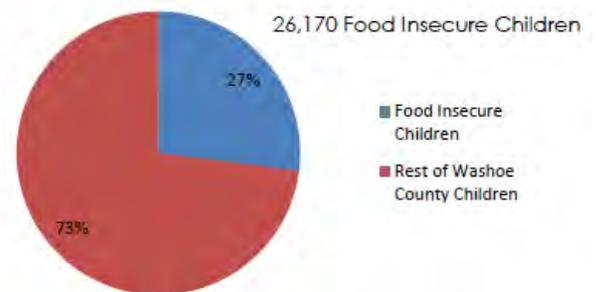
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as 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



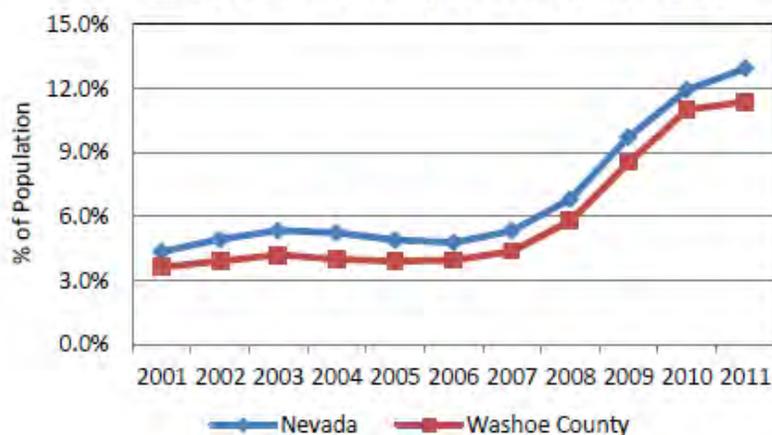
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Food Insecurity Among Children, Washoe County, 2012



Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Percent of Population Enrolled in SNAP, Washoe County & Nevada, 2001-2011



Source: US Census Bureau, Small Area Estimates Branch, County SNAP Benefits Table

Behavioral Health

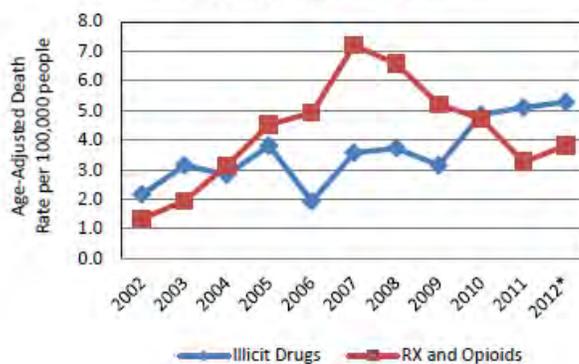
“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have 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 than 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.”

Figure 1.28: Drug Overdose Death Rate, by drug type, 2002-2012



*Counts are not final and subject to change
Source: OPHIE, 2014 data request

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

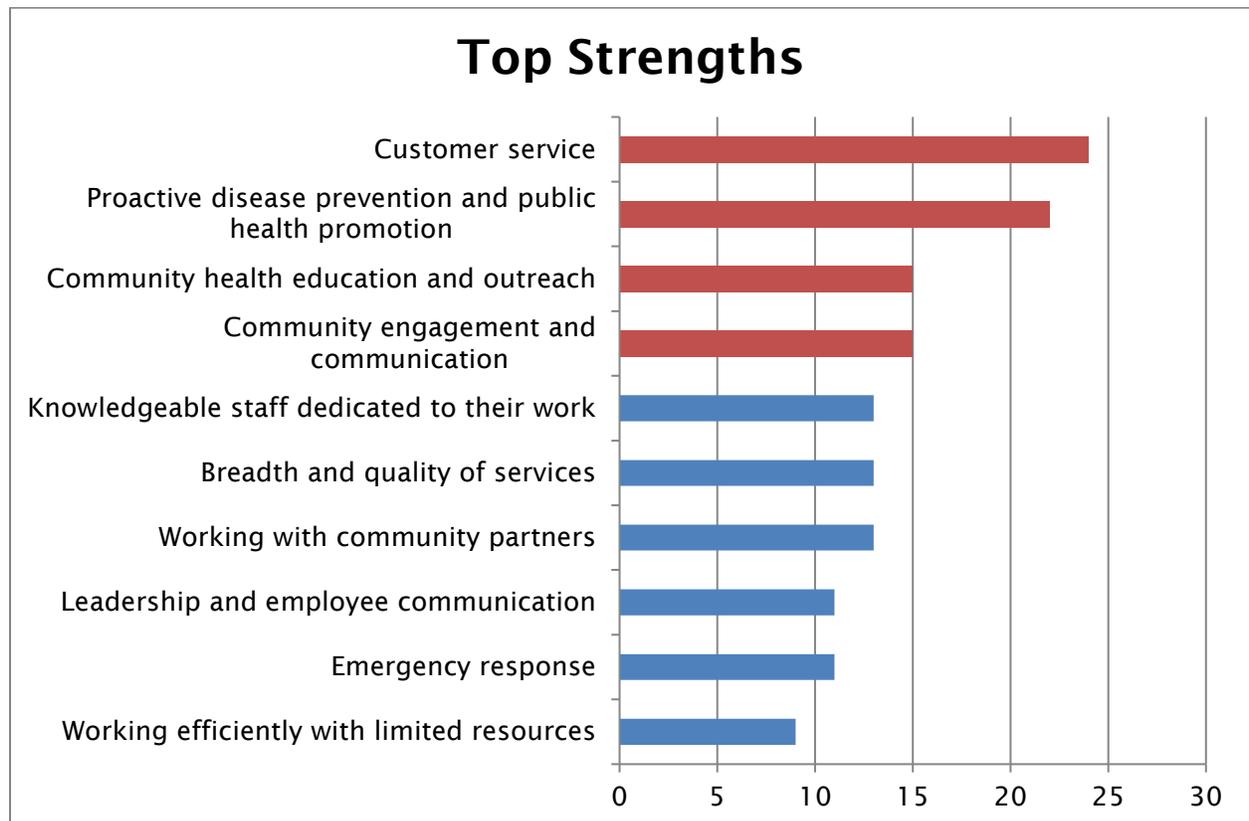
- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain 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.



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

Division	Revenue	% of Total Revenues	Expenditures	% of Total Expenditures
Office of the District Health Officer	\$35,000	0.2%	\$979,998	4.5%
Administrative Health Services	\$0	0.0%	\$1,168,142	5.4%
Air Quality Management	\$2,683,185	12.9%	\$3,270,820	15.1%
Community and Clinical Health Services	\$3,557,273	17.1%	\$7,371,920	33.9%
Environmental Health Services	\$2,902,711	14.0%	\$6,394,404	29.4%
Epidemiology and Public Health Preparedness	\$1,812,848	8.7%	\$2,546,046	11.7%
Subtotal	\$10,991,017	52.9%	\$21,731,331	100%
General Fund Support	\$9,796,856	47.1%	\$0	0%
Totals	\$20,787,873	100%	\$21,731,331	100%

Current Budget and Three-Year Financial Projections

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17</small>					

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

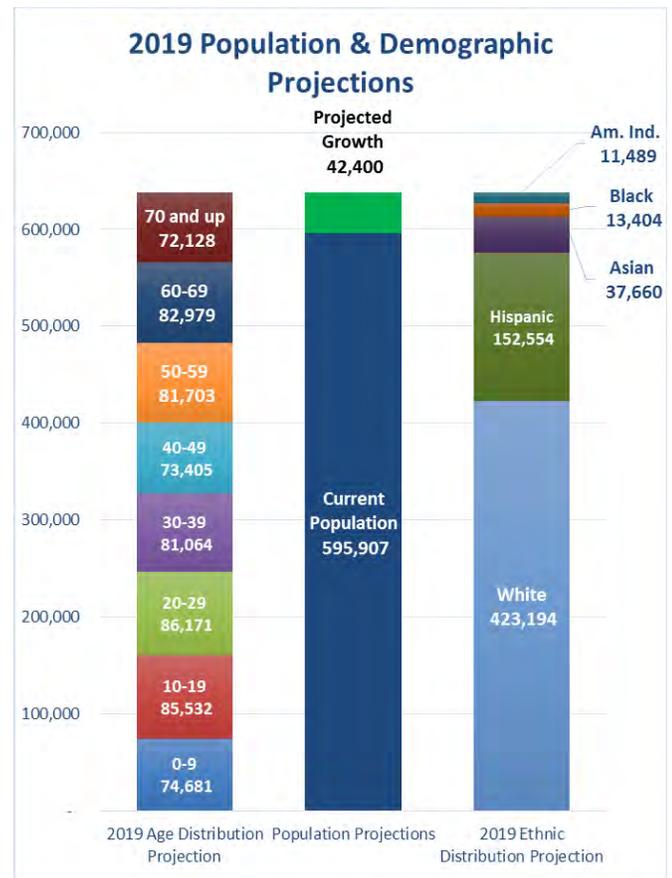
1. How can we work better across divisions and inter-jurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more 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%.

	Total	Staff	Mgmt.	United States via Gallup 2014 *	
Promoters	40.5%	41.7%	35.7%	Engaged	31.5%
Passively Satisfied	37.8%	36.6%	42.9%	Not engaged	51.0%
Detractors	21.6%	21.7%	21.4%	Actively disengaged	17.5%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

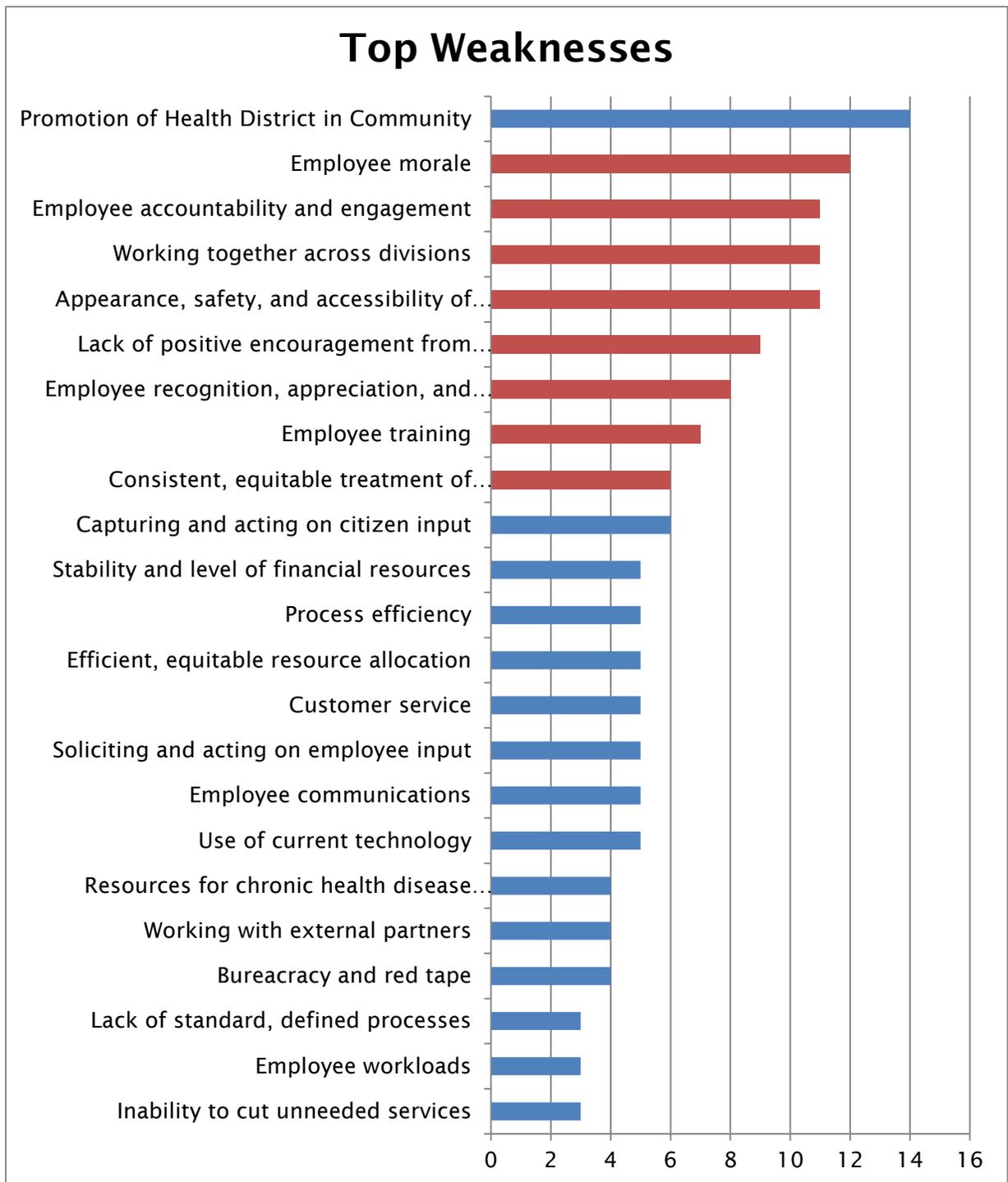
Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

- *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.



WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Please contact Catrina Peters for
questions or comments at
cpeters@washoecounty.us

Staff Report
Board Meeting Date: December 12, 2019

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Possible approval of the proposed 2020 Washoe County District Board of Health Meeting Calendar.

SUMMARY

A proposed DBOH meeting Calendar for 2020 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. Staff proposes that the Board consider scheduling the December meeting on the 17th 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 5, 2020.

District Health Strategic Priorities supported by this item:

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. 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 2019 meeting calendar in December 2018.

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. Staff proposes that the Board consider scheduling the December meeting on the 17th 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 5, 2020.

FISCAL IMPACT

There is no additional fiscal impact to the FY20 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2020.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed DBOH meeting calendar for 2020."

2020 MEETING CALENDAR

January						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

*A & B



DBOH Meetings - Fourth Thursday of Each Month Except November and December*

*December 2019 DBOH meeting is scheduled on the 3rd Thursday due to holiday.

Tentative Meeting scheduled for November 2020

Strategic Planning Retreat

Holiday

DD	FV	___
DHO	___	KD ___

**Air Quality Management
Division Director Staff Report
Board Meeting Date: December 12, 2019**

DATE: November 27, 2019
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update – New Division Director, 2nd Round of VW Grants Awarded, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

1. Program Update

AQMD Calendar	
Nov 1:	Know the Code Season Begins
May 15:	Step 2 Wood/Pellet Stove Emission Standard Effective Date

a. New Division Director

On October 28, 2019, I officially started as the new Division Director. I have a bachelor's degree in Chemical Engineering and recently received a Master's degree in Business Administration. My work experience includes nearly 15 years in the State of Nevada's, Division of Environmental Protection and includes several years as a consultant. Most recently I worked as a Sr. Environmental Advisor with NV Energy.

I would like to thank Kevin Dick, Washoe County District Health Officer, for this tremendous opportunity. I would also like to thank Daniel Inouye and Mike Wolf for all their efforts as acting director during the transition period. I am sure myself, along with the rest of the wonderful Air Quality Management team, will continue to improve the quality of life for the citizens of Reno, Sparks, and Washoe County.

b. Second Round of VW Settlement Grants Awarded

In 2017, Nevada was awarded \$24.8 million from the settlement reached with VW after the auto company was found guilty of installing devices on its diesel vehicles to "cheat" emissions tests – allowing up to 40 times the allowable pollution to be released into the air. Nevada's VW settlement funds provide grants to help replace old-diesel engines with cleaner alternatives and technologies that reduce harmful air pollutants such as nitrogen oxide (NOx), particulate matter, and greenhouse gases. To date, \$10 million in VW funds have been provided after two years of grant funding for projects that will collectively eliminate more than 755 tons of NOx vehicle pollution statewide, nearly one-and-a-half times the amount of NOx emitted by all of

the VW cheating vehicles operating in Nevada, providing healthier air quality in communities where Nevadans live, work, play, and attend school.

In November, the second round of VW competitive grants, totaling over \$3 million, to help fund clean-diesel school buses, zero-emission electric airport ground equipment and compressed natural gas-powered refuse trucks. Specifically, Waste Management in Washoe County, was awarded \$225,000 for the replacement of five diesel-powered refuse trucks with much cleaner Compressed Natural Gas (CNG) trucks.

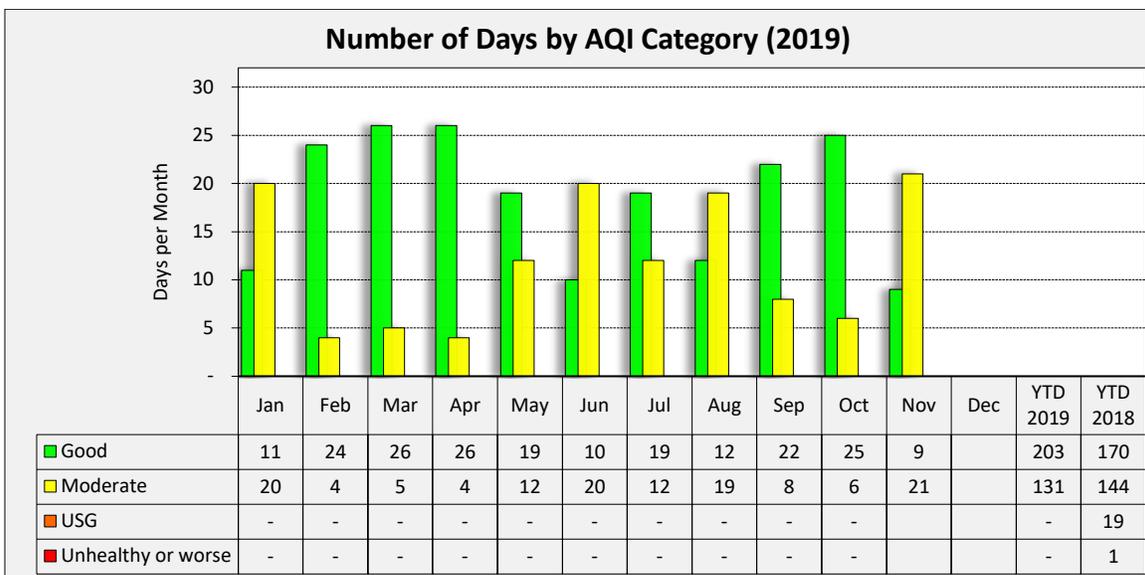
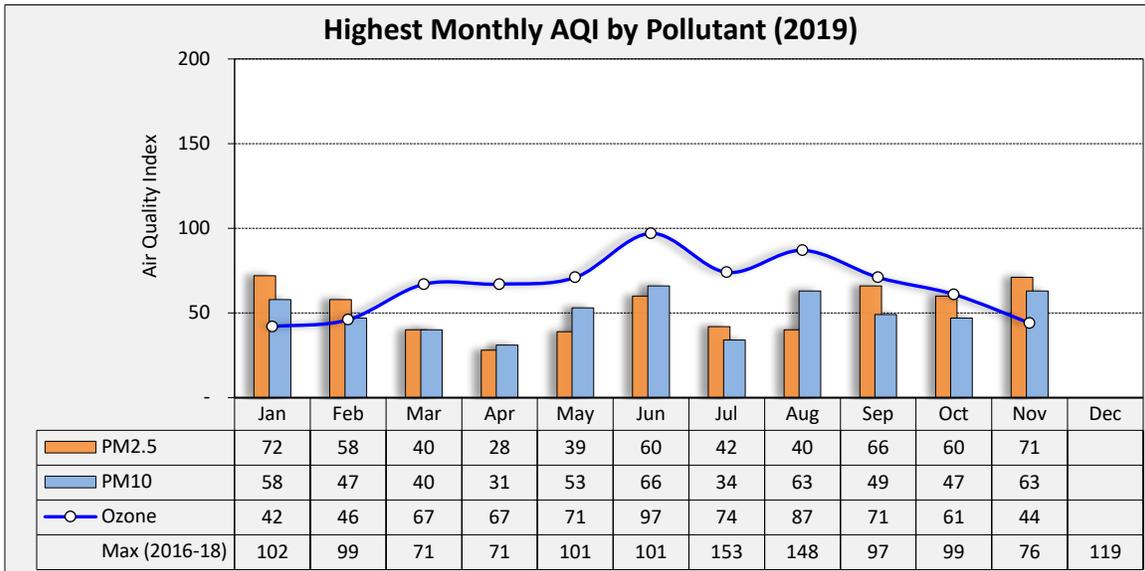


Replacement of vehicles, such as these, allow us to further our mission to protect and enhance the well-being and quality of life for all in Washoe County. The county, in partnership with the State, will continue to look for opportunities such as these to improve the quality of life for the citizens of Reno, Sparks, and Washoe County.

Francisco Vega, P.E., Division Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

October and November Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of September.



Downtown Reno Monitoring Station Update: Quick Space has completed construction of the customized 8' x 20' shipping container and delivered it to Libby Booth Elementary School in early November. A minor issue with the underground electrical work caused a delay to finalize the HVAC installation. Final inspection by the City of Reno is expected in early December. Staff will be installing and calibrating air monitoring analyzers throughout December. Beginning January 1, data from this station will be submitted to AQS as official

monitoring data for record.

Zoning Code RENOVation: The City of Reno is updating its land development code. The update considers targeted changes to zoning regulations and development standards. Staff have been actively participating in this update to incorporate Ozone Advance goals into Reno's codes, especially Chapter 18.04, Development Standards. Two examples of Reno's commitment to a Healthy Community are: 1) Employee Trip Reduction Programs for larger businesses, and 2) Prioritizing shade trees in landscaping requirements. These code changes also support Reno's Master Plan, Reno's Sustainability and Climate Action Plan, and the 2019 Truckee Meadows Regional Plan. Proposed code revisions can be reviewed at this link

<https://www.reno.gov/home/showdocument?id=82761>.

Daniel Inouye, Chief
Monitoring and Planning

Most Popular Tweet for Oct/Nov

Washoe County AQMD @WashoeCountyAQ · Nov 13
#KnowTheCode Fact: the burn code only applies to residents in these ZIP codes:

- 89431
- 89433
- 89434
- 89436
- 89439
- 89441
- 89501
- 89502
- 89503
- 89506
- 89509
- 89511
- 89512
- 89519
- 89521
- 89523
- 89557
- 89595
- 89704

Over 6,000 impressions, primarily because of a KOLO retweet

a. Permitting and Compliance

October

Staff reviewed forty-six (46) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Compliance staff has received verbal notification that abatement of the regulated asbestos containing materials has been completed at the Reindeer Lodge. AQMD compliance is currently awaiting visual clearances from the Reindeer Lodge asbestos consultant. Completion of all abatement will be completed as the building is being demolished.

In October 2019, Staff conducted forty-one (41) stationary source inspections with two (2) initial compliance inspections and thirteen (13) gasoline station inspections. Staff was also assigned twenty-five (25) new asbestos abatement projects, overseeing the removal of over 75,000 square feet of asbestos-containing materials. Staff received six (6) new building demolition projects to monitor. Further, there were sixteen (16) new construction/dust projects to monitor, totaling one-hundred-twenty-four (124) new acres of land being worked for various projects. Staff documented fifty-six (56) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to nineteen (19) complaints.

Type of Permit	2019		2018	
	October	YTD	October	Annual Total
Renewal of Existing Air Permits	70	932	70	1,064
New Authorities to Construct	4	48	3	50
Dust Control Permits	16 (124 acres)	166 (1901 acres)	18 (155 acres)	279 (3,129 acres)
Wood Stove (WS) Certificates	36	387	35	403
WS Dealers Affidavit of Sale	13 (9 replacements)	79 (55 replacements)	5 (4 replacements)	84 (55 replacements)
WS Notice of Exemptions	718 (9 stoves removed)	7025 (63 stoves removed)	688 (4 stoves removed)	8,334 (87 stoves removed)
Asbestos Assessments	73	877	94	1,129
Asbestos Demo and Removal (NESHAP)	31	244	28	309

COMPLAINTS	2019		2018	
	October	YTD	October	Annual Total
Asbestos	1	11	3	16
Burning	3	12	2	11
Construction Dust	5	66	6	58
Dust Control Permit	1	6	0	2
General Dust	2	34	3	56
Diesel Idling	0	4	0	2
Odor	10	23	1	17
Spray Painting	0	3	0	6
Permit to Operate	0	7	1	4
Woodstove	0	2	1	6
TOTAL	22	168	17	178
NOV's	October	YTD	October	Annual Total
Warnings	3	23	6	16
Citations	1	11	0	13
TOTAL	4	34	6	29

November

Staff reviewed twenty-two (22) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In November 2019, Staff conducted forty-three (43) stationary source inspections with two (2) initial compliance inspections and twenty (20) gasoline station inspections with one (1) initial compliance inspection. Staff was also assigned fifteen (15) new asbestos abatement projects, overseeing the removal of approximately 30,000 square feet of asbestos-containing materials. Staff received six (6) new building demolition projects to monitor. Further, there were sixteen (16) new construction/dust projects to monitor, totaling one-hundred-twenty-four (124) new acres of land being worked for various projects. Staff documented fifty-four (54) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to fourteen (14) complaints.

Type of Permit	2019		2018	
	November	YTD	November	Annual Total
Renewal of Existing Air Permits	72	1004	75	1,064
New Authorities to Construct	1	49	3	50
Dust Control Permits	14 (347 acres)	180 (2248 acres)	22 (298 acres)	279 (3,129 acres)
Wood Stove (WS) Certificates	30	417	24	403
WS Dealers Affidavit of Sale	9 (5 replacements)	88 (60 replacements)	3 (3 replacements)	84 (55 replacements)
WS Notice of Exemptions	678 (7 stoves removed)	7703 (70 stoves removed)	641 (10 stoves removed)	8,334 (87 stoves removed)
Asbestos Assessments	78	955	80	1,129
Asbestos Demo and Removal (NESHAP)	21	265	16	309

COMPLAINTS	2019		2018	
	November	YTD	November	Annual Total
Asbestos	0	11	1	16
Burning	1	13	0	11
Construction Dust	6	72	5	58
Dust Control Permit	0	6	0	2
General Dust	1	35	1	56
Diesel Idling	0	4	0	2
Odor	6	29	1	17
Spray Painting	0	3	0	6
Permit to Operate	1	8	1	4
Woodstove	0	2	4	6
TOTAL	15	183	13	178
NOV's	November	YTD	November	Annual Total
Warnings	2	25	5	16
Citations	2	13	1	13
TOTAL	4	38	6	29

Mike Wolf
 Chief, Permitting and Enforcement

DD	LL	-
DHO		10 -

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: December 12, 2019**

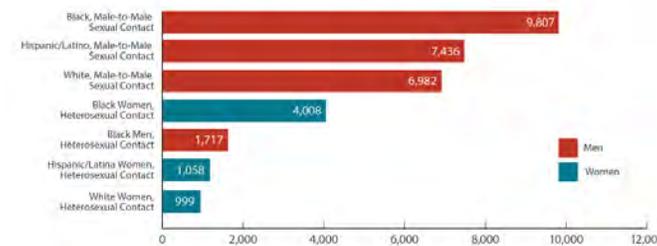
DATE: November 27, 2019
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – World AIDS Day, Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

1. Divisional Update – World AIDS Day

December 1st marked the 31st annual World AIDS Day celebration to honor the lives of those living with HIV, those whose lives have been lost due to the pandemic, celebrate successes in HIV care and prevention, and renew commitments to ending the HIV epidemic in the United States. A national commitment to end the HIV epidemic (EHE) has been established with the goal of reducing the number of new HIV transmission in the U.S. by 75% in five years and by 90% by 2030.

Approximately 1.1 million people in the U.S. are living with HIV today. In 2017, 38,739 people received an HIV diagnosis in the US. Gay, bisexual, and other men who have sex with men represent the greatest burden of disease by risk group. The 13-24 and 25-34 year old age groups comprise 56% of new HIV diagnoses nationally. Communities of color, particularly Blacks and Hispanics are highly impacted. Women in communities of color are also disproportionately impacted.

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2017



Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2017 are not represented in this chart.
 Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2017. [PDF - 6 MB] HIV Surveillance Report 2018;29.



This goal is achievable if more people know their HIV status. The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13-64 have at least one HIV test in their lifetime. People should continue testing for HIV if they are having unprotected sex and/or injecting drugs. People that do not know that they have acquired HIV (15% of those living with HIV) and those who know their HIV positive status but are not receiving HIV care services (23% of those living with HIV) are responsible for approximately 80% of new HIV infections. When people living with HIV are engaged in HIV services, on medication and achieve and maintain viral suppression because of medication adherence, they ***will not transmit*** HIV to another person.

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%

*Values do not equal 100% because of rounding SOURCE: Vital Signs, 2019



The Four Pillars

Four pillars have been identified as important pieces to EHE.

- Widespread testing and linkage to care
 - Enabling people living with HIV to access early treatment
- Broad support for people living with HIV to remain engaged in comprehensive care
 - Includes support for treatment adherence
- Universal viral suppression among people living with HIV
 - People are identified, in care, and virally suppressed to ensure the continuum of care for those living with HIV.
- Full access to comprehensive pre-exposure prophylaxis (PrEP) services
 - Ensures accessible medication and support for treatment adherence for those using PrEP

State and Local Efforts

Nevada ranks fifth in the nation for new HIV diagnoses (2018) with a rate of 16.8 per 100,000 population and eighth for Stage 3 HIV infection (AIDS) with a rate of 6.8 per 100,000 population. WCHD, Southern Nevada Health District, Carson City Health and Human Services, UNR School of Community Health Science,

community organizations and partners have come together to develop a plan to end the HIV epidemic for Nevada. This plan will apply the nation pillars to Nevada's current initiatives and address new strategies to support ending new HIV infections in the state. Because of the relationship between STD and HIV, as well as the federal directive to integrate STD and HIV services to the greatest extent possible, Nevada must include STDs in addressing HIV. Nationally, Nevada ranks #1 in Primary and Secondary Syphilis and #2 for Congenital Syphilis. Having a STD increases the risk of HIV acquisition by three-to-five times.

Washoe County HIV diagnoses have remained fairly stable and follow national trends. Men who have sex with men continue to be the highest risk group. Black and Hispanics are disproportionately impacted. The 20-29 year old age group comprises most new infections, followed by the 30-39 year old group. Please refer to the WCHD Communicable Disease Annual Summary for more information on Stage 3 HIV infection (AIDS) data. From the WCHD report:

Figure 4.1 Rate of Reported Cases of HIV Infection, Washoe County, 2009-2018.

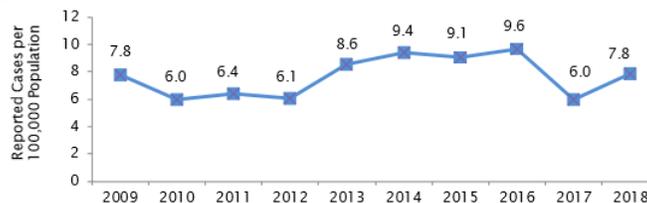


Figure 4.8 Reported Cases of HIV Infection by Exposure Category Represented as Percent of Total Cases, Washoe County, 2009-2018.

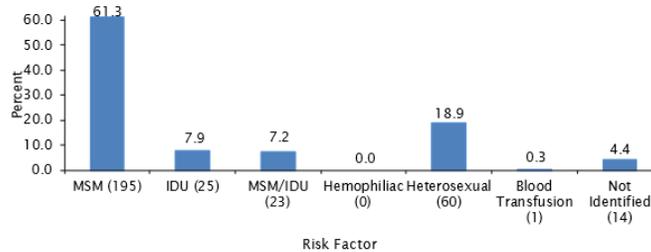
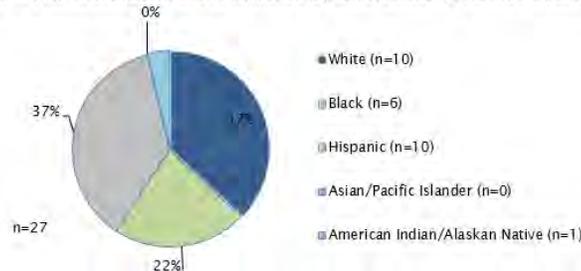


Figure 4.4 Reported Cases of HIV Infection by Race/Ethnicity, Washoe County, 2018.

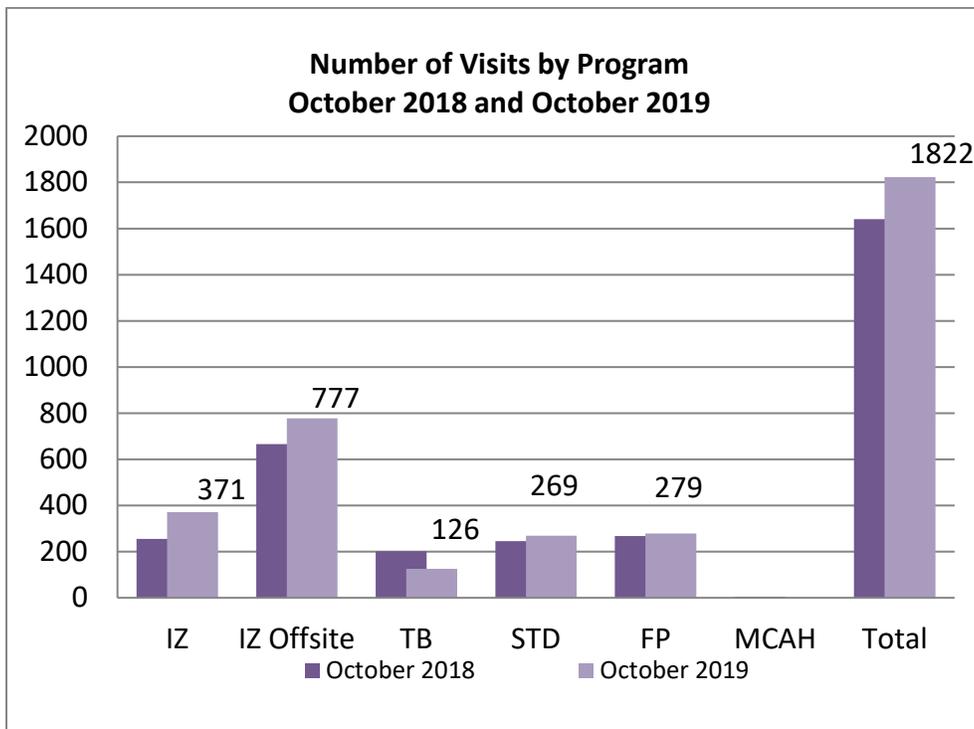


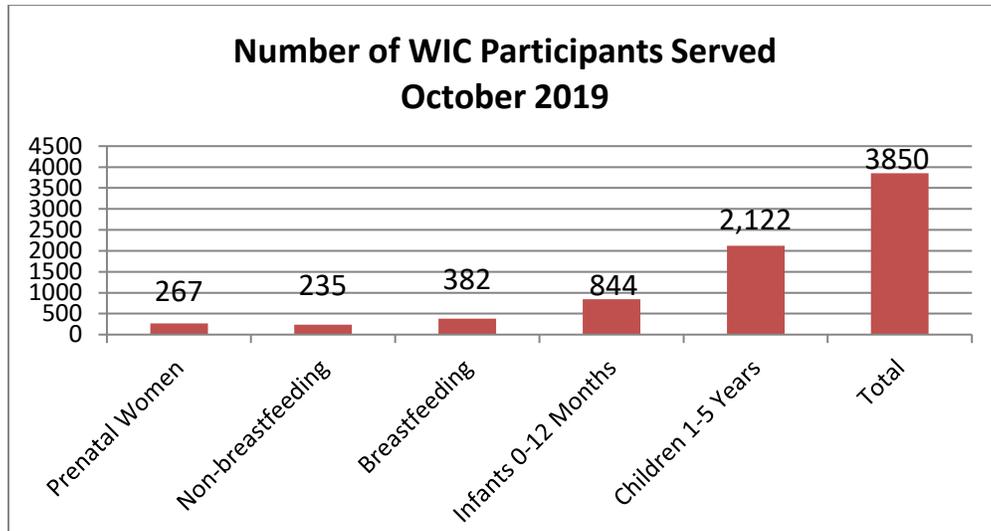
The WCHD Sexual Health Program is addressing the four pillars through:

- Widespread testing and linkage to care
 - Expanding HIV testing to communities of color and higher risk populations
- Broad support for people living with HIV to remain engaged in comprehensive care
 - Identifying people living with HIV that are newly diagnosed or previously diagnosed and not in care services, then linking them to HIV care services

- Universal viral suppression among people living with HIV
 - Engaging with those out of care or at risk of being out of HIV care and connecting them with services that support their engagement in HIV care through referrals for housing, social services, behavioral health services and primary health care.
- Full access to comprehensive PrEP services
 - Referring people that are higher risk (including reported STD cases) to limited PrEP providers
 - Working to expand providers that offer PrEP and follow CDC guidelines

a. **Data/Metrics**





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

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Program PHN/DIS Lisa Iacoboni and program supervisor Angela Penny presented the WCHD congenital syphilis (CS) and syphilis surveillance and prevention process to CDC during the technical assistance visit held at Southern Nevada Health District (SNHD) on October 28-29th. CDC recommendations are pending. Of interest, CDC was surprised that WCHD was able to fully investigate chlamydia through 3/31/19. Due to the tremendous increase of syphilis and CS cases nationally, investigative efforts have been largely redirected toward CS/syphilis with some jurisdictions no longer even able verify treatment for chlamydia. It was also learned the struggle to keep up with gonorrhea investigations is pervasive; with some jurisdictions offering random sample investigations for gonorrhea, while SNHD investigates positive gonorrhea cases originating from their own clinical testing efforts.

Jen Howell, Sexual Health Program Coordinator, is a participant of NACCHO's HIV, STI, Viral Hepatitis Workgroup and attended the group's in person strategic planning in Atlanta from October 22-23rd. The visit consisted of sharing successes and challenges of local health jurisdictions in ending the HIV epidemic, addressing the escalating STD/STI crisis, and incorporating hepatitis activities with little resources. Workgroup members met with representatives from CDC's Divisions of STD, HIV, Viral Hepatitis, and Adolescent Health to share experiences and learn more about CDC directives. Dr. Gail Bolan, the Director of the Division of STD was available and shared resources to address prioritization of addressing STDs.

World AIDS Day is traditionally held on December 1st to honor the lives impacted by the HIV pandemic. A collaborative community event was held on Saturday, November 23, 2019 from 3-7

pm at The Holland Project. WCHD offered free HIV/STD testing during the event and has been participating in the planning process. Twenty (20) people tested at the event.

- b. **Immunizations** – Staff participated in four community flu vaccination clinics in October. Flu clinics were held in collaboration with Immunize Nevada at the Children's Cancer Foundation, Binational Health Week Clinic, and the Children's Discovery Museum where a total of 461 doses of flu vaccine were administered. Additionally, staff gave 332 doses of flu vaccine at a Point of Dispensing (POD) exercise that was held at North Valley's High School in partnership with Family Health Festival and EPHP.

The School Located Vaccination Clinic (SLVC) started in October in partnership with Immunize Nevada and the Washoe County School District with the purpose of offering flu vaccine to students at Title I schools. WCHD Immunization Program staff completed a total of 12 SLVC clinics and administered 892 flu vaccinations by the end of November. An additional five SLVC are planned for the month of December.

Lynnie Shore continues to provide media interviews related to flu and pertussis as requested. IZ staff are busy with grant deliverables including helping State IZ Program with relocating Vaccine for Children (VFC) doses in the community and staffing the Immunization clinic on site which has seen an increase in clients served from 255 in October 2018 to 371 clients seen in October 2019.

- c. **Tuberculosis Prevention and Control Program** - The annual report was submitted to the State on October 31, 2019. In addition to managing the usual busy case load, TB staff are preparing cases to present during the cohort review being hosted at WCHD on December 5, 2019. The clinic is hoping to gain some office space with a potential wall removal allowing access to a currently unused but adjacent conference room.
- d. **Family Planning/Teen Health Mall** – Grant funding was received from the State to implement immunizations in the Family Planning/Sexual Health program. This includes HPV, Tdap, Twinrix, and Influenza vaccines. The team is in the process of hiring staff and developing procedures for dispensing these vaccinations. Clinic integration continues with bidirectional labs now in testing.
- e. **Chronic Disease Prevention Program (CDPP)** - Staff attended the Nevada Traffic Safety Summit on Oct 15-17 to learn more information and to stay current on efforts around injury prevention occurring in our community and statewide.

A strategic planning session was held on November 8th where the team developed multiple workplans, identified funding sources, and reevaluated individual assignments.

- f. **Maternal, Child and Adolescent Health (MCAH)** - Public Health Nurses continue to provide Safe Sleep training and Pack N Play Cribs through the Cribs for Kids program.

Fetal Infant Mortality Review (FIMR) staff helped with the Pregnancy & Infant Loss Support Organization of the Sierras (PILSOS) Time for Remembrance at Idlewild Park October 13th. There were over 200 people in attendance. Forty-two new FIMR cases have been received this fiscal year from local hospitals and Washoe County Health District Vital Statistics.

- g. **Women, Infants and Children (WIC)** – Staff continue to work to increase breastfeeding rates among clients and have requested increased reporting capabilities from the State WIC office in order to provide outreach and support to all pregnant women closer to their anticipated delivery date.

DD	CA	__
DHO	__	RD __

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: December 12, 2019**

DATE: November 27, 2019
TO: District Board of Health
FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Epidemiology, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management), and Inspections.

Program Updates

EHS reorganized into two sections: Consumer Protection and Environmental Protection. The new structure was implemented in conjunction with promotions and the current recruitment of additional staff. Two Senior Environmental Health Specialists were promoted to Supervisors; three Environmental Health Specialists were promoted to Seniors; and three Environmental Health Specialist Trainees are being recruited to fill vacancies.

Consumer Protection:

- Food/Food Safety
- Commercial Plans/Permitted Facilities

Environmental Protection:

- Land Development
- Vector/Waste Management

A. Consumer Protection

Food/Food Safety

- The Food Safety Program was selected to participate as a mentor in the Voluntary National Retail Food Regulatory Program Standards (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 Monongalia County Health Department, WV as the mentee. The Food Safety Program will provide guidance to the mentee on the self-assessment of all nine Program Standards. The Mentorship Program award will also provide funding for: staff to attend the 2020 International Association of Food Protection (IAFP) conference; the NACCHO End of Year Meeting in Washington DC; and a guest speaker to present a workshop in Reno for regulatory staff and the food service industry on specialized food processes. 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.

ENVIRONMENTAL HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

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- Staff completed a self-assessment of the Program Standards. The self-assessment is an internal review to determine how closely the Food Safety Program conforms to the FDA Program Standards. Based on the self-assessment results, the Food Safety Program now meets Standard 3 – Inspection Program Based on Hazard Analysis Critical Control Point (HACCP) Principles and Standard 5 – Foodborne Illness and Food Defense Preparedness and Response. These standards will be audited by an independent external agency to confirm accuracy of the self-assessment. This verification audit is scheduled to be performed by staff from the Southern Nevada Health District early next year. The following table shows the current level of conformance with the criteria for each of the nine Program Standards:

Met	Standard	Progress	Standard Elements <i>(Incomplete elements identified in red and completed elements identified in strikethrough text)</i>
✓	1 REGULATORY FOUNDATION	Fully Met	1a 1b 1c 2a 2b 3a 4a
✗	2 TRAINED REGULATORY STAFF	88.9% met	1a 1b 2a 2b 3a 3b 4a 4b 5a
✓	3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	Fully Met	1a 1b 1c 2a 3a 4a 4b 4c 5a 6a
✗	4 UNIFORM INSPECTION PROGRAM	93.8% met	1a 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 3a 3b
✓	5 <u>FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE</u>	Fully Met	1a 1b 1c 1d 1e 1f 1g 1h 1i 2a 2b 3a 3b 4a 5a 5b 5c 6a 7a 7b1 7b2 7b3 7b4 7b5 7b6 7b7 7b8 7b9 7c
✗	6 COMPLIANCE AND ENFORCEMENT	50.0% met	1a 1b 2a 2b
✓	7 <u>INDUSTRY AND COMMUNITY RELATIONS</u>	Fully Met	1a 1b
✗	8 PROGRAM SUPPORT AND RESOURCES	61.5% met	1a 2a 2b 3a 3b 4a 4b 4c 4d 4e 4f 4g 4h
✗	9 PROGRAM ASSESSMENT	85.7% met	1a 1b 1c 2a 2b 3a 3b

- The Food Safety Program was awarded several grants from the Association of Food and Drug Officials (AFDO) administered Retail Program Standards Grant Program. The grants will provide funds for staff training, staff participation in the Nevada Food Safety Task Force, and funding for Southern Nevada Health District staff to travel to Reno in order to perform a verification audit of Standard 3 and Standard 5. Implementation of the grant deliverables meets the criteria of Standard 2 – Trained Regulatory Staff and Standard 7 – Industry and Community Relations.
- Staff hosted a one day workshop on Managing Employee Health on November 5, 2019. Guest speaker, Janet Anderberg presented information on how employee health influences food safety, food microbiology and foodborne illness risk factors, and methods to develop a comprehensive employee health plan. The workshop was well attended by regulatory staff from the Washoe County Health District (WCHD), Carson City Health and Human Services, State of Nevada Health and Human Services, as well as food establishment owners and operators. Participation in forums with two-way communication between regulatory staff and the food service industry meets the criteria of Standard 7 – Industry and Community Relations.
- Special Events – The final large scale events of the Temporary Food season occurred in October. This included the Eldorado Great Italian Festival and the Grand Sierra Resort (GSR) Chili and Beer Festival. A total of 18 different staff members volunteered to work at least one large scale event over the course of the Temporary Food season. Staff will use the slower time for the remainder of the year to make program improvements for the following year as well as assist other programs.

Epidemiology

- Staff worked with Communicable Disease (CD) Program staff on outbreaks of pertussis at two local high schools from late October into November. EHS staff responded to both school sites to consult with school clinical and maintenance staff, and delivered both exclusion and return clearance letters for known and potential cases.
- Staff investigated two outbreaks of gastrointestinal (GI) illness at local elementary schools and one outbreak of Hand, Foot and Mouth Disease (HFMD) at a local childcare. For the elementary schools, samples were gathered from EHS cases. At one of the schools, Norovirus was isolated by Nevada State Public Health Laboratory (NSPHL). The school with Norovirus had a relatively high number of cases and voluntarily closed for two days to disinfect according to WCHD guidelines. The school reopened, but remains on outbreak status until GI illness reports are at or below baseline levels.

Commercial Plans

- WCHD has seen a decrease in plan submittals over the last couple months. This has actually proven to be a benefit as Nick Florey has transitioned into the Senior EHS position in the Plan Review Program.
- Staff will be attending an FDA Commercial Plan Review course in Sacramento, CA, in December. This course is grant funded and will provide significant guidance for the plan review group for commercial food operations.

Community Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	OCT 2019	NOV 2019	2019 YTD	2018 TOTAL
Development Reviews	25	26	52	48	35	23	23	27	25	35	19	338	436
Commercial Plans Received	118	103	143	149	123	117	135	118	112	82	44	1,244	1,272
Commercial Plan Inspections	30	42	25	30	30	27	55	32	37	27	14	349	339
Water Projects Received	5	3	14	10	2	12	5	12	5	4	3	75	224
Lots/Units Approved for Construction	40	287	0	29	286	12	141	167	289	0	86	1,337	5,067

Permitted Facilities

- Child Care – Staff enters December with only one remaining child care to inspect for calendar year 2019. Staff is currently looking at one new childcare facility opening and at least three expansions coming in 2020.
- Schools – EHS staff noted compliance for several schools that had ongoing issues with playground surfaces presenting trip hazards. Staff is working with WCSD to get all the school play areas in compliance by the fall of 2020. In November, field staff started using the electronic inspection forms in Accela Mobile Office (AMO) to complete school inspections. By the spring of 2020, these inspections will be emailed real-time to the State Board of Education, WCSD and the school representative at the conclusion of the inspection.
- Training – All existing EHS field staff have been trained on childcare inspections. One remaining Registered Environmental Health Specialist Trainee completed training in school inspections in late November. Version 4 of the Environmental Health Services Training Manual is near completion and includes new sections on schools and child care facilities with revisions to pool inspection and hotel/motel inspections. It will be ready for the new field staff starting in 2020.

B. Environmental Protection

Land Development

- The Land Development team is working through staffing changes due to a recent promotion and another staff member rotating out of the program. This has created some challenges with inspection days, as all days cannot be covered by two inspectors as usual. However, the team has stepped up to make sure that all inspections are done and that EHS remains responsive to the on demand needs of our contractor customers. New staff resources have been identified and training will begin immediately. The winter season should help with slowing inspection demands and the goal is to be back to full staffing in time for full construction season next year.
- While plans intake has increased between 12 and 25% month to month, the annual total seems to be averaging around 15% over last year. It is unknown if this will continue into the next year and some contractors have indicated that plan submittals may increase during the winter season. They have indicated that in the winter season when construction cannot occur, they expect to begin the permitting process for new projects.
- The Washoe County Building Department abruptly changed a shared process with Health over the month. This required some modification to how plans are tracked and saved as records. The clerical staff and team were able to handle the disruption professionally and the group feels the issue has been resolved.
- The team has begun to look at electronic plan review requirements as the City of Reno is now accepting them. Electronic plan review will require some pretty large changes to internal processes. Even though the number of electronic submittals is not expected to be large in the beginning, the team will be tasked with developing and maintaining processes to complete reviews received by either paper or electronically with an emphasis on ensuring consistency for both.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	OCT 2019	NOV 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	88	107	69	92	91	79	55	874	890
Residential Septic/Well Inspections	71	20	77	100	98	114	114	105	111	92	86	988	987
Well Permits	11	3	4	4	6	9	5	10	10	5	3	69	108

Safe Drinking Water

- The promotion of Latricia Lord impacted the Safe Drinking Water team. Remaining staff have discussed the situation and believe that the workload will be able to be handled until a new team member can be brought on and trained. A few Land Development team members have already volunteered to move into the program. Final decisions on staff rotation will be completed by end of year.
- The team has been responding to a variety of water quality issues with small water systems that have permitted facilities attached. A brief summary of the issues include:
 - A small water system in Washoe Valley had an unknown source of coliform contamination that it was not able to eliminate. The system provided water to two permitting food facilities. Staff worked with the food facilities to put a precautionary boil water in place with food operation restrictions until the issue could be resolved. Fortunately, at the time of writing, the water system was able to disinfect the well and all food facilities have returned to routine operations.
 - A small water system in Washoe Valley, which also has permitted food facilities, got a nitrate result above the MCL. This requires a "Do Not Drink" order from the State. Staff again worked with the food facilities to ensure that the order was carried out.

- A small water system with a permitted food facility in Verdi is finding elevated levels of Manganese. This issue is ongoing, with public notification posted. Manganese is a secondary contaminate, so the team is working with the State to determine the appropriate response for permitted facilities.

Vector-Borne Diseases (VBD)

- Will Lumpkin has been promoted to a Senior Environmental Health Specialist with a start date of 1/6/2020. He will be instrumental in the implementation of the VBD program moving forward, applying his expertise and experience in this new role.

Waste Management

- Waste Management (WM) held their biannual Household Hazardous Waste collection event on November 16, 2019 at their Greg Street Facility. The EHS office received complaints about long lines and inefficiencies. While this is not a Health District sponsored event, staff has been requested to attend meetings with City of Reno and WM to explore possible improvements/alternatives to this highly utilized event.
- Increases in bear and garbage interaction complaints have been received this fall. Staff sent out a warning notice to homeowners to hopefully give them a chance to make a change in their behavior before ramping up enforcement which could require a repeat offender to get an animal resistant container.

EHS 2019 Inspections

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	OCT 2019	NOV 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	12	9	13	20	10	123	116
Complaints	57	34	69	75	73	68	76	87	75	85	55	754	756
Food	477	596	863	409	464	626	277	344	430	543	479	5,508	5,810
General*	65	97	97	90	405	159	291	374	181	136	93	1,988	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	154	565	249	138	24	1,529	1,630
Temporary IBD Events	0	4	0	76	0	0	0	0	6	0	0	86	99
Waste Management	10	25	16	13	4	13	7	8	13	6	7	122	141
TOTAL	634	778	1,070	700	1,061	1,100	817	1,387	967	928	659	10,110	10,806
EHS Public Record Requests	282	184	467	194	317	301	690	318	154	189	221	3,317	2,123

* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

DD	<u>RT</u>	___
DHO	___	___
DA	___	___
Risk	___	___

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: December 12, 2019**

DATE: December 12, 2019
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Pertussis, Yersinia pseudotuberculosis, Measles, Influenza, Public Health Preparedness, Training, Emergency Planning, Silver Crucible Full Scale Exercise, Emergency Medical Service, Training, Emergency Planning, Personnel Changes

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in October, the Communicable Disease (CD) Program has opened 14 outbreak investigations. Of these, two were pertussis outbreaks in schools; two were hand, foot, and mouth disease in daycares; one was respiratory syncytial virus (RSV) in a daycare, two were gastrointestinal illness in schools, and influenza-like illness (ILI) outbreaks in three daycares and four schools. As of November 25, 2019, 13 of these outbreaks are still open and under investigation.

Pertussis- The CD Program declared two school-wide pertussis outbreaks in local high schools and has been monitoring a third high school. No cases between schools have been linked. As of November 25, school pertussis investigations are still open and no more specific information can be provided at this time.

- The Bishop Manogue High School pertussis outbreak was declared on 10/21/19. The school opted to self-close for four days and suspend school extracurriculars for two weeks. As of November 25, this outbreak has resulted in seven confirmed and three probable cases of pertussis, of which eight were directly from the school (i.e. two were household contacts).
- The Damonte Ranch High School pertussis outbreak was declared on 11/13/2019. Twenty-one students and 19 teachers were excluded from school due to being unvaccinated for pertussis. As of November 25, this outbreak has resulted in three confirmed and two probable cases of pertussis.

- McQueen High School has had two probable cases of pertussis reported. These cases are not directly related to one another and this is not considered an outbreak at this time. The CD Program continues to monitor and conduct active surveillance.

Yersinia pseudotuberculosis– The CD Program investigated a bloodstream infection among a recent pediatrics case. We are currently working with the CDC on this case as it is a rare disease. Laboratory isolates have been sent directly to the CDC for further testing and the case has made a full recovery. The case lives a very active lifestyle and it is still uncertain where the exposure took place.

Measles–Since the last District Board of Health meeting, the CD Program has followed-up on a several individuals. The first was among an unvaccinated pediatrics patient that had exhibited fever, cough, coryza, conjunctivitis and rash (started on the face and spread to trunk) and had an exposure to children outside Washoe County. The patient tested negative for measles by PCR and had tested positive for other respiratory illness. Additionally, we are currently working on a contact investigation of an individual that was exposed to a confirmed measles case during a domestic flight. This process is ongoing but at this point, no cases have been identified associated with the exposure. We continue to have no confirmed cases of measles in Washoe County in 2019.

Influenza –During week 46, the percentage of persons seen locally with influenza-like illness (ILI) increased to 4.2%, which is above the regional baseline of 2.4%. In Washoe County the pneumonia and influenza (P&I) mortality for week 46 was 8.0%, above the national week 44 epidemic threshold of 6.0%. There were 10 influenza-associated hospitalizations in week 46. Three (3) of the hospitalized persons had been vaccinated with the seasonal flu vaccine. For weeks 40-46 there have been 36 influenza-associated hospitalizations in Washoe County, in which five (5) of the hospitalized persons had been vaccinated with the seasonal flu vaccine. There has been 1 flu-related death reported thus far (week 40) and we are currently examining another flu-related death for a pediatrics case.

Public Health Preparedness (PHP)

Training - Hospital Preparedness Program (HPP) staff conducted an Emergency Preparedness training on November 4, 2019 at Hearthstone of Northern Nevada. Participants included Hearthstone of Northern Nevada, Lakeside Health & Wellness and Sierra Ridge Health & Wellness. Training included an overview of IHCC, WebEOC overview, evacuation planning and resource requesting procedures, with a hands-on exercise.

Emergency Planning - Public Health Emergency Preparedness (PHEP) staff met with the Director of Interprofessional Education (IPE) at the University of Nevada, Reno on November 19 to discuss how to meet interprofessional education goals/requirements for multiple schools and programs (including Med, PA, Nursing, Social Work, Public Health schools). The focus for IPE is to expose students to the multidisciplinary environment of their chosen profession. In discussion, emergency response exercises including multi-casualty incidents are a good fit for meeting the goals of IPE. PHEP staff will continue to work with IPE to develop training and exercise protocols to help meet the identified goals of the program.

The Inter Hospital Coordinating Council (IHCC) has completed the annual Hazard and Vulnerability Assessment and the Resource and Gap Analysis. The results of both have been reviewed for the top hazards for the area with meetings occurring with all the facility types to determine the top goals identified in the Resource and Gap Analysis.

Upcoming Exercises

Silver Crucible Full Scale Exercise, November 12-14, 2019- Division staff participated in the Complex Coordinated Terrorist Attack exercise both November 13 and 14. They performed duties affiliated with the exercise, including Controller/Evaluator, fictitious patients, and staffing the Medical Service Unit position at the Regional Emergency Operations Center. The entire multi-causality exercise component yielded approximately 190 patients surging into the healthcare system. The second day, staff worked in the Family Assistance Center (FAC) in several capacities to include Controller, Command Staff and fictitious grieving family members. The purpose of the Family Assistance Center is to bring resolution to families of missing loved ones affiliated with the incident.

Emergency Medical Service (EMS)

Training- On October 16, the EMS Coordinator attended the Nevada Utah Earthquake Summit sponsored by the Nevada Division of Emergency Management and the Utah Seismic Safety Commission. There were several informative presentations and significant discussion concerning unreinforced masonry buildings in the state, and the challenges, opportunities and solutions to address these buildings before a major earthquake.

The EMS Coordinator attended a three day conference in Las Vegas at the end of October called Leave No Victim Behind, hosted by the University of Oregon Police Department and the California Victim Compensation Board. The conference focused on best practices for responding to mass violence and unique partnerships between law enforcement and victim services to assist victims of crime. The theme was long term recovery of communities following mass violence incidents, and included presentations from the Virginia Tech shooting, the Boston Marathon bombing, the Borderline Bar shooting and several other recent incidents.

Emergency Planning - Planning for the revision of the multi-casualty incident (MCI) continues. A second workshop was held on October 17. The group reviewed revisions completed from the previous meeting on July 31, which included revising the language of a MCI pre-alert versus a full MCI activation, developing a HazMat section and adding information about Rescue Task Force (RTF). The participants also identified other improvements based on recent events/trainings. The next workshop is scheduled for December 5.

The ED Consortium met on November 7. The meeting included presentations from Asia Union Electronic Chemicals and the newly opened Well Care Center. The group also discussed finalizing the regional blood borne pathogens procedure, EMS hold times at hospitals and the statewide exercise. The next meeting will be in February 2020.

The quarterly EMS protocols task force meeting was held on November 21. The group discussed several minor changes, all of which will be implemented in the January 2020 update. Some of the protocols revised include ACS, pediatric cardiac arrest and shock – hemorrhagic.

Personnel Changes- The EMS Oversight Program is undergoing a transition period. Ms. Brittany Dayton, EMS Coordinator, has accepted the position of the Emergency Manager for the Veterans Affairs Hospital in Reno, NV. Ms. Dayton will continue to be a valuable partner to the PHP Program, continuing with the IHCC in her new role.

In addition, Ms. Heather Kerwin has accepted the position of the Epidemiology Program Manager. Ms. Kerwin will remain the EPHP division in her new capacity and the EMS Oversight Program is looking forward to future collaborations. Recruitment for both positions is underway.

**REMSA Percentage of Compliant Responses
 FY 2019-2020**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2019	92%	96%	94%	100%	96%	92%
August 2019	90%	88%	96%	100%	91%	90%
September 2019	90%	90%	100%	100%	92%	90%
October 2019	90%	90%	94%	50%	91%	90%
Year to Date	91%	91%	96%	89%	93%	91%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2019	8:37	14:00	16:46	N/A*
August 2019	8:52	16:19	16:52	N/A*
September 2019	8:56	15:55	18:09	N/A*
October 2019	8:57	15:11	19:25	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: December 12, 2019**

DATE: December 12, 2019
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report - Community Health Improvement Plan, Quality Improvement, Performance Management, Workforce Development, FEMA Statewide Exercise, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities, Interim Healthcare Committee, Community Health Data Website, Other Events and Activities, and Health District Media Contacts

Community Health Improvement Plan

Following the DBOH approval of the revised 2018-2020 Community Health Improvement Plan, work is underway to implement the additional items added under the Behavioral Health focus area in addition to continuing with implementation of all remaining items from the Housing/Homeless and Nutrition/Physical Activity focus areas.

Housing/Homelessness - The Director of Programs and Projects continues to serve as the co-chair for the RAAH Youth Committee, who is currently planning the youth-specific strategies to compliment the January 30th Point in Time Count. The City of Reno is leading the planning efforts for the Point in Time Count, however, the Youth Committee is working to identify strategies to deploy specifically to ensure that homeless Transition Age Youth are counted in our community while also aligning those efforts closely with the adult count. The Director of Programs and Projects has also been engaged in the Committee to develop the Reno Area Alliance for the Homeless Strategic Plan.

Behavioral Health - Subcommittees have been formed to implement the additional strategies added in the September 2019 revision to the CHIP and progress is well underway. The SBIRT committee has developed, released and analyzed a statewide survey to gather some baseline information on SBIRT utilization and to explore the utilization of a universal screening tool. The Peer Recovery subcommittee has developed a survey that is expected to be released in early December that will also be used to establish a baseline in addition to identifying key barriers to PRSS utilization and desired training topics.

The implementation of the GoodGrid Case management system has continued and Phase I pilot partners will be going live on December 2nd. Planning has begun to engage Phase II partners in implementation

planning and we look forward to a more collaborative approach for reporting case management and referral outcomes across the community.

Nutrition/Physical Activity - Progress has continued with implementation of the 5210 Healthy Washoe initiative. For the worksite component of the initiative within Washoe County, twenty-four Washoe County Departments have developed a wellness committee. Department wellness committees are developing action plans to be completed by the third 5210 training in December 2019. For the healthcare components, NN HOPES has started to implement the 5210 strategies during patient appointments. Renown's Pediatric Ambulatory Clinics received toolkits and training to begin pilot programs in January 2020. Planning is underway to pilot with five schools within the Washoe County School District in addition to the five schools that Urban Roots will be providing services to, including 5210 programming.

Quality Improvement

The Q Team is gearing up to release the 2020 QI survey which will provide key insights into the successes or limitations of the education efforts deployed over the last year to address the educational opportunities identified in the 2019 QI survey. Progress continues on QI projects across WCHD with one rapid QI project being completed in November.

Performance Management

In-person training on our new Performance Management system was conducted and the new system is now live. We will be utilizing this system for better tracking of our Strategic Plan in addition to the newly developed Operational Action Plans for each Division. The goal of the new system is for better tracking of performance metrics across WCHD by having District-wide metrics in one location.

Workforce Development

A revised Workforce Development Plan was developed after analysis of the UNR Workforce Development Survey. The plan includes comparisons to the 2017 survey results, sharing areas of improvement in addition to areas of opportunity for further staff development. Trainings for 2020 are being planned to meet the needs and desires identified by WCHD staff to provide professional development opportunities to all staff across the Health District. The revised plan and survey results will be shared with Division Directors and at the January All Staff meeting.

FEMA Statewide Exercise

Washoe County Health District participated in the three day FEMA sponsored statewide exercise, Silver Crucible, November 12-14, 2019. The fictitious elements of the Complex Coordinated Terrorist Attack (CCTA) for Washoe County included law enforcement surveillance, contamination of the water system, explosives in the school bus yard, and a physical attack at the Redfield campus during a graduation ceremony. In addition to the CCTA, there was an unrelated fictitious bus crash with 48 pediatric patients at 8:45 a.m. that surged our area hospitals. The final element of the CCTA was the establishment of a full scale Family Assistance Center to serve the families of the possible decedents from the CCTA.

WCHD participated in all three days with three divisions and the Office of the District Health Officer engaged in exercise play. For the multi-casualty incident, 191 patients flooded the healthcare systems. Self-transporters were utilized for the inclusion of urgent care centers and hospitals. In addition, the sub-acute care facilities participated with the hospitals needing to discharge patients to create surge capabilities within their systems. With the Family Assistance Center, over 100 partners participated as either FAC personnel or grieving family members. Two operational periods were established to increase the knowledge within the region.

Lessons learned will help inform the updates for the Multi Casualty Incident Plan, Family Assistance Center plan and EOC response.

Washoe Regional Behavioral Health Policy Board

The Washoe Regional Behavioral Health Policy Board met on November 18. Senator Ratti is chairing the Board and I was elected to serve as vice-chair. Strategic planning discussion was conducted to prepare for the 2021 Legislative Session and the Board's Bill Draft Request, as well as how the Board can engage with policy implementation of legislation enacted in the 2019 session.

Substance Abuse Task Force

There was no meeting of the Task Force in November. During the December 2 meeting the Task Force received a quarterly report from the Washoe County Medical Examiner's Office regarding overdose fatalities occurring in Washoe County. And an update on the Suicide Prevention Conference held in Clark County in October. The Task Force also discussed ideas regarding legislative objectives and the future direction of the Task Force.

Truckee Meadows Healthy Communities (TMHC)

On November 19th, Truckee Meadows Healthy Communities (TMHC), Renown Health, and Washoe County Health District publicized that together, they received the BUILD Health Challenge award, a \$250,000 grant to support Caring for Reno's Elders (C.A.R.E.) program. Together with more than 30 local organizations committed to the project, the C.A.R.E. program will focus on senior loneliness and the serious health issues it creates.

Caring for Reno's Elders was one of 18 recipients nationwide to be awarded the BUILD Health Challenge grant. Renown Health has agreed to match the grant amount in addition to over \$80,000 in other pledged funding from the community. The project aims to enhance quality of life for elders by reducing social isolation and loneliness. Washoe County suicide rates are two and four times the national average.

The BUILD Health Challenge is a national program focused on bold, upstream, integrated, local and data-driven projects that can improve community health. The award provides funding, capacity building support and access to a national peer-learning network to enhance collaborative partnerships locally to address the community's more pressing health challenges.

Loneliness and isolation in our senior population leads to declines in both mental and physical health, and increased mortality.

Interim Healthcare Committee

The Interim Health Care Committee of the Nevada Legislature provided time for a presentation on public health on their agenda for the December 11 meeting. I coordinated with NDPBH, SNHD, CCHHS, and the Nevada Public Health Association. We provide a joint presentation of about an hour to the committee highlighting our authorities, programs, services, successes and challenges.

Community Health Data Website

On Monday, December 9th, we released our new Community Health Data website which can be found here: <https://dashboards.mysidewalk.com/washoe-county-health-data>.

The new website includes a select number of our community's health indicators in addition to state and national comparisons where available. Many of the indicators, such as the percentage of populations living in poverty, percentage of population with health insurance coverage and areas that have been determined to have a health care provider shortage are mapped out by zip code, providing a clear visual as to which areas of our community are most impacted. The website aims to serve as an easy to assess dashboard for top health indicators, including social determinates of health, behavioral factors and associated health outcomes. Each section includes a short narrative intended to help the user understand the data shared. All the data on the website can be downloaded as an image or in spreadsheet format, providing a key resource for the community to easily access local health data.

Other Events and Activities

10/28/19	EHS DD Francisco Vega Orientation
10/29/19	ClearPoint Performance Management Training
10/30-11/4/19	Kevin Dick – Leave
11/5/19	5210 Healthy Washoe Meeting
11/6/19	Monthly Meeting with Acting County Manager
11/7/19	Strategic Planning Retreat
11/7/19	Quarterly EMS Advisory Board Meeting
11/8/19	Family Health Festivals Meeting
11/12-11/14/19	Silver Crucible Statewide Exercise
11/12/19	DHO/DDA Meeting
11/14/19	Interview w/ Reno News & Review
11/15/19	WCHD/NDPBH Introductory Meeting with Administrator Sherych
11/18/19	Workforce Survey Results Conference Call with UNR
11/18/19	WRBHPB Meeting
11/22/19	REMSA Board Meeting
11/22/19	Planning for December 11 Interim Healthcare Committee Presentation
11/25-11/27/19	Kevin Dick – Leave
11/26/19	TMHC Governance Committee Meeting
11/26/19	Census 2020 - Government Subcommittee Meeting
12/2/19	Substance Abuse Task Force

Date: December 2, 2019

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12/3/19	AHS DHO/AHSO/Board Member Meeting
12/3/19	Agenda Review Meeting with DBOH Chair and Vice-Chair
12/4/19	TMHC Board Meeting
12/4/19	Crisis Action Team Quarterly Meeting
12/4/19	Division Directors Meeting
12/5/19	Meeting with County Manager, Eric Brown
12/5/19	NV Health Authorities Conference Call
12/6/19	State Board of Health Meeting
12/6/19	Dave Solaro/Kevin Dick Monthly Meeting
12/10/19	NALHO
12/11/19	Interim Health Care Committee Presentation

<u>DATE</u>	<u>OUTLET</u>	<u>REPORTER</u>	<u>STORY</u>	<u>WCHD INTERVIEWEE</u>
10/1/2019	KOLO	Elizabeth Rodil	Elderberry as a flu remedy	Dr. Todd
10/2/2019	KOLO	Garajpal Sanga	Behavioral Health Forum	Sharon Zadra
10/2/2019	KRVN	N/A	Behavioral Health Forum	Sharon Zadra
10/2/2019	This is Reno	Theresa	Behavioral Health Forum	Kevin Dick & Sharon Zadra
10/2/2019	RGJ	Jenny Kane	Cannabis emissions	Mike Wolfe
10/3/2019	Sparks Tribune	Kayla Anderson	Volunteers remove trash along Truckee River	N/A
10/4/2019	KRNV	N/A	Family Health Festival	Kevin Dick
10/4/2019	KOLO	Mary Jane Bellez	Student Vaping	Kelli Goatley-Seals
10/7/2019	KOH	N/A	Flu Season underway	N/A
10/7/2019	KOLO	Jefferson Tyler	Flu Season underway	Lynnie Shore
10/8/2019	KTVN	N/A	Flu Season underway	Lynnie Shore
10/8/2019	KUNR	Anh Gray	Nevada tops nation for syphilis	Jen Howell
10/9/2019	RGJ	Sam Gross	Second West Nile Case Confirmed	Kevin Dick
10/9/2019	KTVN	John Potter	Second West Nile Case Confirmed	Scott Oxarart
10/9/2019	KRNV	N/A	Second West Nile Case Confirmed	Kevin Dick
10/9/2019	KOLO	Elizabeth Rodil	Second West Nile Case Confirmed	Scott Oxarart
10/9/2019	Associated Press	N/A	Second West Nile Case Confirmed	N/A
10/9/2019	KTVN	John Potter	Nevada tops nation for syphilis	Jen Howell
10/9/2019	KRNV	Zac Slotemaker	Nevada tops nation for syphilis	Jen Howell
10/9/2019	KOH	N/A	Second West Nile Case Confirmed	N/A
10/9/2019	KNPR (Las Vegas)	N/A	Second West Nile Case Confirmed	N/A
10/9/2019	99.1 TALK	N/A	Second West Nile Case Confirmed	N/A
10/15/2019	KRNV	N/A	Cannabis emissions	N/A
10/15/2019	KRNV	N/A	Handwashing Day	N/A
10/15/2019	KOLO	Elizabeth Rodil	Handwashing Day	Aliissar Puckett
10/15/2019	KOLO	N/A	Family Health Festival	N/A
10/15/2019	RGJ	James DeHaven	Attorney General vaping	N/A
10/15/2019	KTVN	N/A	Attorney General vaping	N/A
10/15/2019	KRNV	Samantha Smere	Smoke and haze over northern Nevada	N/A
10/16/2019	KOLO	Elizabeth Rodil	Family Health Festival	N/A
10/16/2019	KRNV	Zac Slotemaker	Trustees to discuss vaping problem at schools	Kelli Goatley-Seals
10/16/2019	KOLO	Bridget Chavez	Trustees to discuss vaping problem at schools	Kelli Goatley-Seals
10/16/2019	KOH	N/A	Trustees to discuss vaping problem at schools	Kelli Goatley-Seals
10/16/2019	KOH	N/A	Family Health Festival	N/A
10/16/2019	KTVN	John Potter	Family Health Festival	N/A
10/16/2019	KRNV	Tony Pham	Family Health Festival	Rayona LaVoie
10/16/1992	KOLO	Elizabeth Rodil	Family Health Festival	Rayona LaVoie
10/16/2019	KOLO	Elizabeth Rodil	County POD Exercise	N/A
10/16/1992	KTVN	N/A	Handwashing Day	N/A
10/17/1992	KTVN	N/A	County POD Exercise	Lynnie Shore
10/17/2019	KUNR	Anh Gray	STDs remain high in Washoe County	Jen Howell
10/22/2019	KRNV	Jennifer Quintana	Manogue Pertussis Outbreak	Dr. Todd
10/22/2019	KTVN	Paul Nelson	Manogue Pertussis Outbreak	Dr. Todd, Kevin Dick
10/22/2019	KOLO	Ed Pearce	Manogue Pertussis Outbreak	Dr. Todd
10/22/2019	RGJ	Siobhan McAndre	Manogue Pertussis Outbreak	N/A
10/23/2019	KRNV	N/A	Manogue Pertussis Outbreak - update	N/A
10/23/2019	KTVN	N/A	Manogue Pertussis Outbreak - update	Dr. Todd
10/23/2019	KTNV-Las Vegas	N/A	Manogue Pertussis Outbreak - update	N/A
10/23/2019	RGJ	Siobhan McAndre	Manogue Pertussis Outbreak - update	Kevin Dick
10/23/2019	RGJ	Siobhan McAndre	Manogue Pertussis Outbreak - update	N/A
10/23/2019	Associated Press	N/A	Manogue Pertussis Outbreak - update	Kevin Dick
10/23/2019	USA Today	N/A	Manogue Pertussis Outbreak - update	N/A
10/23/2019	KRXI	N/A	Flu Clinic at Discovery Museum	N/A
10/29/2019	RGJ	Siobhan McAndre	5th pertussis case at Bishop Manogue	Kevin Dick
10/29/2019	KRNV	N/A	5th pertussis case at Bishop Manogue	Danika Williams
10/29/2019	KOLO	N/A	5th pertussis case at Bishop Manogue	Danika Williams
10/29/2019	KTVN	N/A	5th pertussis case at Bishop Manogue	Danika Williams
10/30/2019	KNPR (Las Vegas)	N/A	5th pertussis case at Bishop Manogue	N/A
10/30/2019	KUNR	Anh Gray	Dating with STDs	Jen Howell

Total: 59

Negative stories about WCHD: 0

Press Releases/Media Advisories

10/1/2019	Media Advisory: Wednesday's Behavioral Health Forum to Feature Sen. Ratti, Sheriff Balaam and other experts
10/4/2019	With Flu Season Upon Us, Take Advantage of Free Flu Shots
10/9/2019	Second Human West Nile Case Confirmed in Washoe County
10/15/2019	Washoe County Health District & School District Celebrate Global Handwashing Day
10/15/2019	Media Advisory: Come Watch as Health District Trains for Public Health Emergency
10/21/2019	Four Cases of Whooping Cough Confirmed at Bishop Manogue High School
10/28/2019	Francisco Vega Joins Health District as New Director of Air Quality Management
10/29/2019	Fifth Case of Whooping Cough Confirmed at Bishop Manogue High School
10/29/2019	Know the Code: Burn Code Notifications Begin Nov. 1

Social Media Postings

Facebook	Total	93
		(CCHS 23, EHS 14, AQM 24, WCHD 32)
	Likes on WCHD	814 (+10)
Twitter	Total	122
		(AQM 60, CCHS 3, WCHD 59)
	Followers on WC	511 (+16)

<u>DATE</u>	<u>OUTLET</u>	<u>REPORTER</u>	<u>STORY</u>	<u>WCHD INTERVIEWEE</u>
11/1/2019	KOLO	Denise Wong	Burn Code Release	Brendan Schnieder
11/1/2019	KOLO	N/A	Whooping Cough	Scott Oxarart
11/4/2019	Journal of EMS	Cindy Green	Community Approach to Disaster	N/A
11/5/2019	KOH	Daniella Sonino	Burn Code Release	N/A
11/6/2019	KTVN	N/A	WCHD Restaurant Training	Mike Touhey
11/14/2019	KTVN	N/A	Whooping Cough DHS	N/A
11/14/2019	KRVN	Miles Buergin	Whooping Cough DHS	Dr. Todd
11/14/2019	RGJ	Sam Gross	Whooping Cough DHS	Scott Oxarart
11/19/2019	KRVN	Zac Slotemaker	Flu season	Lynnie Shore
11/20/2019	KRVN	Joe Hart	Whooping Cough Vaccinations	Scott Oxarart
11/20/2019	KOH	N/A	BUILD Health Challenge	Sharon Zadra
11/20/2019	KRVN	N/A	BUILD Health Challenge	N/A
11/20/2019	KOLO	N/A	BUILD Health Challenge	N/A
11/21/2019	KTVN	N/A	Coral Academy GI Outbreak	N/A
11/22/2019	KTVN	Jefferson Tyler	BUILD Health Challenge	Zadra/Kindle Craig
11/22/2019	This Is Reno	Carla O'Day	Great American Smokeout	N/A
11/22/2019	KUNR	N/A	Coral Academy GI Outbreak	N/A
11/22/2019	KTVN	N/A	Coral Academy GI Outbreak	N/A
11/22/2019	KRVN	N/A	Coral Academy GI Outbreak	N/A
11/22/2019	KOLO	N/A	Coral Academy GI Outbreak	N/A
11/22/2019	RGJ	Brian Duggan	Coral Academy GI Outbreak	N/A
11/25/2019	KRVN	Samantha Smerchniak	CBD in food products	Amber English
11/25/2019	KRVN	Shah Ahmad	Flu season	Scott Oxarart

Total: 23

Negative stories about WCHD: 0

Press Releases/Media Advisories

- 11/19/2019 [Local organizations receive \\$250K BUILD Health Challenge® Award to Improve Seniors' Health](#)
- 11/21/2019 [Health District Urges Residents to go Smoke-Free for Great American Smokeout](#)

Social Media Postings

Facebook	Total	93
	Likes on WCHD Page	(CCHS 20, EHS 12, AQM 44, WCHD 22) 823 (+9)
Twitter	Total	122
	Followers on WCHD Page	(AQM 72, CCHS 1, WCHD 32) 517 (+6)