

Washoe County District Board of Health Meeting Notice and Agenda

Members

Oscar Delgado, Chair
Robert Lucey, Vice Chair
Michael D. Brown
Kristopher Dahir
Dr. Reka Danko
Dr. John Novak
Dr. John Klacking

**Thursday, October 28, 2021
1:00 p.m.**

**Washoe County Health District
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

or via zoom at <https://zoom.us/j/97650445987>

Phone: 1-669-900-6833 - Meeting ID: 976 5044 5987

(please be sure to keep your devices on mute and do not place the meeting on hold)

1:00 p.m.

- 1. Roll Call and Determination of Quorum.**
- 2. Pledge of Allegiance.**
- 3. Approval of Agenda. (FOR POSSIBLE ACTION)**

October 28, 2021

- 4. Recognitions.**

A. Introduction

- i. Dr. John Klacking, District Board of Health Member, Non-Elected Washoe County Appointee

B. New Hires

- i. Kecia Olney, September 13, 2021, Account Clerk I – AHS (promoted from Clerks)
- ii. Sheri Martin, September 27, 2021, Account Clerk – AHS
- iii. Gloriana Alvarez, October 11, 2021, Department System Technician – COVID EPHP
- iv. Briana Contreras, October 25, 2021, Office Assistant II – CCHS
- v. Lauren Huntsman, October 25, 2021, Storekeeper - CCHS

C. Promotions

- i. Stephanie Chen, Health Educator II to Health Educator Coordinator, effective September 27, 2021 - CCHS
- ii. Allison Schleicher, Public Health Investigator to Epidemiologist, effective October 11, 2021 – CCHS

D. Resignations

- i. Rachel Cord, Account Clerk I, effective September 18, 2021 – AHS
- ii. Elizabeth (Lisa) Iacoboni, Public Health Nurse II, effective October 8, 2021
- iii. Ashley Auer, Office Assistant II, effective September 3, 2021 – AHS

E. Special Recognitions

- i. Kathleen Doyle, Homebound COVID-19 Testing and Vaccination Efforts
- ii. Aulene Schmitz, Homebound COVID-19 Testing and Vaccination Efforts
- iii. Julia Ratti, Nevada 2021 Hero Award - National Alliance on Mental Illness

5. **Public Comment.**

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. All public comment is limited to three minutes per person.

Requests for public comment via zoom must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Please log into the ZOOM meeting via the above link. Reasonable efforts will be made to hear all public comment during the meeting.

NOTE: The zoom option will require a computer with audio and video capabilities.

6. **Consent Items. (FOR POSSIBLE ACTION)**

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

A. Approval of Draft Minutes – **(FOR POSSIBLE ACTION)**

- i. September 23, 2021

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 & Behavioral Health retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$300,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Youth Vaping Prevention Fund (IO#11859) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.
Staff Representative: Kim Graham and Kelli Goatley-Seals
- ii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2021 through September 30, 2022 in the total amount of \$1,146,465.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11901 and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham and Kelli Goatley-Seals

C. Approve a Settlement Agreement with VIA Motors, Inc., in the total amount of \$39,500.00 in resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012. **(FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega

- D. Recommendation for the re-appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021 through December 20, 2024. **(FOR POSSIBLE ACTION)**
Staff Representative: Francisco Vega
- E. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. **(FOR POSSIBLE ACTION)**
 - i. Paradiso Communities – Case No. 1310, NOV AQMV21-0035
 - ii. Majestic Realty Company – Case No. 1311, NOV AQMV21-0039
 - iii. Truckee Meadows Construction – Case No 1312, NOV AQMV21-0038
 - iv. Indoor Sports Holdings, LLC – Case No. 1313, NOV AQMV21-0040
 - v. Nevada Tri Partners, Case No. 1314, NOV AQMV21-0041
 - vi. DR Horton Inc., Case No. 1320, NOV AQMV21-0046
Staff Representative: Joshua Restori
- F. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2022. **(FOR POSSIBLE ACTION)**
Staff Representative: Anna Heenan

- END OF CONSENT -

- 7. **Presentation: Prevention and treatment of COVID-19.**
Presented by: Dr. Reka Danko
- 8. **Regional Emergency Medical Services Authority.**
 - A. **Review and Acceptance of the REMSA Health Operations Report for September 2021. (FOR POSSIBLE ACTION)**
Presented by: Dean Dow
 - B. **Update of REMSA Health’s Public Relations during September 2021.**
Presented by: Alexia Jobson
 - C. **Discussion and possible approval of the recommended market areas for the REMSA market survey. (FOR POSSIBLE ACTION)**
Presented by: Kevin Romero
- 9. **Presentation and possible acceptance of the mid-year progress report on the 2021 Community Health Improvement Plan. (FOR POSSIBLE ACTION)**
Staff Representative: Rayona Lavoie
- 10. **PUBLIC HEARING to review, discuss and possibly adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of new provisions from the Supplement to the U.S. Food and Drug Administration Model Food Code, a new chapter covering Catering Operations, the Make-up of the Food Protection Hearing and Advisory Board, as well as minor edits and formatting corrections. (FOR POSSIBLE ACTION)**
Staff Representative: Mike Touhey
- 11. **Review, discuss and adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities, with a finding that the permitting and fees do not impose a direct or significant economic burden on a business; nor do the proposed fees directly restrict formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed permitting and fees December 16, 2021, at 1:00 pm. (FOR POSSIBLE ACTION)**
Staff Representative: Wes Rubio

12. **Recommendation to approve an update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA) to reflect 2021 – 2023 changes to contract scope of work and grant TMWA the same authorities provided to its groundwater systems. (FOR POSSIBLE ACTION)**
Staff Representative: David Kelly
13. **Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: Ms. Yvonne Downs for a three-year term beginning on October 25, 2018, and concluding on October 24, 2021; Applicants include: Alan Horvath, Art O'Connor, Cathy Fitzgerald, Dorothy Hudig, Ph.D., Hazel Brown, James Mitcheltree, Lee Squire, Marcia Wilmes, Martin Breitmeyer, Phil Schweber, Pierre Mousset-Jones, Scott Courier, William Grey, William Foster McCoy, Ph.D. (FOR POSSIBLE ACTION)**
Staff Representative: Francisco Vega
14. **Recommendation to review and approve of the District Health Officer's Annual Performance Evaluation Results. (FOR POSSIBLE ACTION)**
Presented by: Laurie Griffey
15. **Staff Reports and Program Updates.**
 - A. **Air Quality Management, Francisco Vega, Division Director**
EPA Report Shows Disproportionate Impacts of Climate Change, EPA to Limit Climate-Damaging Greenhouse Gases Used in Refrigeration, New WHO Global Air Quality Guidelines Aim to Save Millions of Lives Monitoring and Planning, Permitting and Compliance.
 - B. **Community and Clinical Health Services, Lisa Lottritz, Division Director**
Divisional Update – Fetal Infant Mortality Review Program; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Vaccinations.
 - C. **Environmental Health Services, Erin Dixon, Division Director**
Environmental Health Services (EHS) Division: Highlighted Program; Program Activities; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.
 - D. **Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director**
Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.
 - E. **Office of the District Health Officer, Kevin Dick, District Health Officer**
District Health Officer Report – COVID-19 Response, Joint Information Center, Government Affairs Update, Public Health Accreditation, Community Health Improvement Plan, Workforce Development Survey, Washoe Impact Awards, Truckee Meadows Healthy Communities/Truckee Meadows Tomorrow Merger, and Public Communications and Outreach.
16. **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)

17. Public Comment.

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.

Members of the public wishing to attend via zoom can public comment by logging into the ZOOM meeting via link above. All public comment is limited to three minutes per person.

NOTE: The zoom option will require a computer with audio and video capabilities.

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.

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent, by filling out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Members of the public that wish to attend via zoom may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

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 electronically 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 <https://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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at svaldespin@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.



Washoe County District Board of Health Videoconference Meeting Minutes

Members

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

Thursday, September 23, 2021
1:00 p.m.

**Washoe County Health District
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

1. Roll Call and Determination of Quorum

Chair Delgado called the meeting to order at 1:00 p.m.
The following members and staff were present:

Members present:

Oscar Delgado, Chair
Robert Lucey, Vice Chair
Kristopher Dahir
Dr. Reka Danko
Dr. John Novak
Tom Young (present via zoom at 1:01 p.m.)

Members absent:

Michael Brown

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Chaz Lehman, Deputy District Attorney
Michael Touhey
Laurie Griffey
Dr. Nancy Diao
Francisco Vega
Erin Dixon
Lisa Lottritz

2. Pledge of Allegiance

Dr. John Novak led the pledge to the flag.

3. Public Comment

Vice-Chair Lucey opened the public comment period.

Ms. Valdespin informed the Board, Ms. Janet Butcher's email would be placed on the record.

Ms. Joy Trushenski was called to make public comment. Ms. Trushenski opined there is no

scientific basis to continue to demand students and adults to wear masks or be vaccinated with the COVID-19 vaccines. She expressed that survival rates from COVID-19 are high. Ms. Trushenski also opined cures for this disease exist as well as risks resulting from the vaccine and mask wearing.

Ms. Julie Ideker was called but was not present.

Mr. James Benthin provided an article by Dr. Joseph Mercola to all Board members and continued to quote lines from said article in relating to transparency, honesty, and ethics. Mr. Benthin's article was added to the records.

Mr. Roger Edwards opined the Governor is outside of his legal authority by extending this emergency operation. Mr. Edward asked the Board to demask Washoe County. Mr. Edwards opined that people should be allowed to build natural immunity by attaining the virus and not be forced to wear a mask.

Ms. Cindy Martinez presented the Board with a video of an elderly woman who was refused service in Canada because she did not have her vaccine documents. Ms. Martinez summarized an article regarding digital documentation of COVID-19 certificates.

Ms. Katherine Snediger stated this Board does not tell her what to do as she is not a statutory citizen. She continued to opine the vaccine is an experiment and it cannot be forced on people. Ms. Snediger opined there is no shortage of beds rather shortage of staff due to refusing the vaccine.

Mr. Wayne Gordon opined fear allows for a person to be controlled easily. He offered an apology for those that were told the spread would be prevented if they stayed home for two weeks. Mr. Gordon further opined the directives are not law and violate the freedoms listed in the Constitution.

Mr. Bruce Foster related several events of people that had contracted COVID-19 as well as an event of a friend that contracted COVID-19 and was never offered therapeutics.

Dr. Fred Simon provided a brief introduction of his medical background. Dr. Simon made a reference to a Dr. Chatterjee who is against the booster due to no scientific safety. He opined the vaccine is making resistance.

Ms. Tracey Thomas read her letter onto the record where she opined the vaccine should be a choice and requested more information be included in the COVID-19 reports.

Ms. Victoria Myer began her comment by comparing the State of Nevada with the State of Florida. Ms. Myer spoke of vaccine passports in Israel, San Francisco, and New York City and opined these passports could affect everyone. She further invited the Board to stand as citizens and not as Board members.

Ms. Bev Stenjem opined addressing the Board in this form is ineffective, as it does not allow for the Board to respond to the information that is provided. She further opined masks do not protect against disease or infection, as per the warning on the box.

Ms. Hope Backman opined that for every hour you wear a mask you incubate bacteria spores, which compares to feces. Ms. Backman asked if the Board was aware of the consequences if a lawsuit is filed for violation the Nuremberg Code.

Ms. Valdespin informed Vice-Chair Lucey of Ms. Bev Stenjem's request for additional time. Vice-Chair allowed Ms. Stenjem an additional 10 seconds to finish her comment.

Ms. Stenjem opined the mandates were given for a virus that is survivable.

Ms. Erin Massengale asked the Board agendaize and pass a resolution to end the Public Health Emergency. Additionally, Ms. Massengale asked the Board to ban vaccine passports in the county.

Ms. Ingrid Lentz responded to Dr. Danko's comment for last month's meeting by stating Dr. Danko's opinion only presented one point of view. Ms. Lentz referred to 3 different examples of people who have been censored against misinformation.

Ms. Kathy Enking, a nurse and functional medicine practitioner, addressed mask enforcement and exclusions within public schools. Ms. Enking opined vaccinations are creating segregation within children and communities as well as causing friction amongst parents.

Ms. Melanie Sutton stated they will continue to work with the community and try to replace the members of the District Board of Health.

Mr. Troy Bhaer opined that the Board is aware that studies show alternative treatments for COVID-19 exist. He continued to opine that disregarding these facts is either political expediency, laziness, or malevolence.

Ms. Darla Lee related a story of a friend that passed away within 2 weeks of having symptoms. She wondered if something could have been done for her. She opined that the vaccine is not about the health of the people.

Mr. Joey Gilbert began his comment by stating mandates are not the law. He opined Governor Sisolak has no power to set mandates. Mr. Gilbert stated people have the right to refuse the vaccination under the mandate if they're not an FDA approved vaccine is not offered. Mr. Gilbert opined the only vaccine approved by the FDA is Comirnaty. Mr. Gilbert referred to the Vaccine Recipient Fact Sheet to speak against the mandates and everyone's right to refuse the EUA (Emergency Use Authorization) vaccine. Mr. Gilbert concluded by informing the Board he will be filing a lawsuit on behalf of Reno Fire Department and Reno Police Department to protect them from this protocol.

4. **Approval of Agenda.**

September 23, 2021

Health Officer, Kevin Dick reported there was a request to remove Items #5.E.i., 5.E.ii, 6.D.iii, and 6.D.iv from the consent agenda. Mr. Dick informed these items will be coming back to the Board in next month's meeting.

Dr. Novak moved to approve the agenda for the September 23, 2021, District Board of Health regular meeting with the stated modifications. Councilman Dahir seconded the motion which was approved unanimously.

5. **Recognitions.**

A. New Hires

- i. Adam Vazquez, August 30, 2021, Epidemiologist – EPHP
- ii. Olivia Alexander-Leeder, August 30, 2021, Environmental Health Specialist Trainee – EHS
- iii. Kellisa Shirane, August 30, 2021, Public Health Nurse I – CCHS
- iv. Joseph Dibble, August 30, 2021, Health Educator II – CCHS

Health Officer, Kevin Dick invited Dr. Nancy Diao to introduce her division's new

staff members.

Dr. Diao introduced Mr. Vazquez as the new Epidemiologist for the Epidemiology Program. Dr. Diao shared Mr. Vazquez's education and experience. Dr. Diao welcomed Mr. Vazquez.

Mr. Dick invited Erin Dixon to introduce Ms. Olivia Alexander-Leeder.

Ms. Dixon introduced Ms. Alexander-Leeder as the new Environmental Health Specialist Trainee. Ms. Dixon briefly shared Ms. Alexander-Leeder's experience and background and welcomed her to her team.

Mr. Dick invited Lisa Lottritz to introduce Ms. Kellisa Shirane and Mr. Joseph Dibble.

Ms. Lottritz introduced Ms. Shirane as the new Public Health Nurse I and Mr. Dibble as the new Health Educator II for CCHS. Ms. Lottritz shared Ms. Shirane's and Mr. Dibble's experience and background and expressed her gratitude for having them on board.

Vice-Chair Lucey welcomed all new hires aboard.

B. Promotions

- i. Erick Lamun, Environmental Health Trainee to Environmental Health Specialist, effective August 16, 2021 - EHS
- ii. Raquel DePuy-Grafton, Program Coordinator to Public Health Emergency Response Coordinator, effective August 12, 2021 – EPHP
- iii. Gaylon Erickson, Administrative Assistant I to Program Coordinator, effective August 12, 2021

Health Officer, Kevin Dick congratulated all the employees that have been promoted within the Health District.

Mr. Dick invited Jim English to make remarks on Ms. Erickson's promotion.

Mr. English shared Ms. Erickson's qualifications and experience and provided a brief explanation behind the decision to promote Ms. Erickson to Program Coordinator, so that she can continue to take over the COVID-19 Response.

Vice-chair Lucey commended all those that have been promoted.

C. Years of Service

- i. Craig Peterson, Sr. Air Quality Specialist, 20 years, hired September 17, 2001
Health Officer, Kevin Dick, recognized Mr. Peterson on his 20 years of service to the Health District. He further commended his positive attitude.

D. Resignations

- i. Windi Altemeyer, Public Health Nurse, effective September 3, 2021 – CCHS
Health Officer, Kevin Dick, announced Ms. Altemeyer's resignation and recognized her work with testing and vaccination efforts for COVID-19.

E. Special Recognitions

- i. Kathleen Doyle, Homebound COVID-19 Testing and Vaccination Efforts -tabled to October.

- ii. Aulene Schmitz, Homebound COVID-19 Testing and Vaccination Efforts-tabled to October.
- iii. Heather Kerwin, de Beaumont Foundation 40 under 40 Award
 Health Officer, Kevin Dick, congratulated and thanked Ms. Kerwin for her work in disease investigations and COVID-19 response. Mr. Dick briefly described the award Ms. Kerwin has received and shared that this award is an honor.
 Ms. Kerwin expressed how honored she was to represent the Health District through this award.
 Vice-chair Lucey commended Ms. Kerwin for her commitment and diligence. Additionally, he expressed this honor was well deserved.
 James English presented Ms. Kerwin with a challenge coin for her ongoing efforts.
 Councilman Dahir shared that Ms. Kerwin is respected throughout the community as a professional.

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. August 26, 2021

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2021, through July 31, 2022, in the total amount of \$169,591.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the Subaward.
 Staff Representative: Kristen Palmer
- ii. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period upon approval through May 31, 2023 in the total amount of \$1,500,000.00 in support of the Office of the District Health Officer (ODHO) COVID-19 Health Disparities, which includes the creation of 7.0 FTE, fully benefitted, full-time positions (3- Community Health Workers, 1- Health Equity Coordinator, 2- Community Organizer, 1- Media and Communications Specialist); and authorize the District Health Officer to execute the Subaward and any future amendments.
 Staff Representative: Kristen Palmer
- iii. Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$200,000.00 for the period October 1, 2021 through September 30, 2024 for the Air Quality Management, EPA EN Grant and authorize the District Health Officer to execute the Agreement and any future amendments.
 Staff Representative: Kristen Palmer
- iv. Approve a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$224,171.00 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 11851 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Kristen Palmer and Kathy Sobrio

- v. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to September 1, 2021 through December 31, 2021 in the total amount of \$400,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO#11891 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Kim Graham and Sonya Smith

- C. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual Updates for Fiscal Year 2022.

Staff Representative: Laurie Griffey

- D. Recommendation to Uphold Citations Appealed to the Air Pollution Control Hearing Board.

- i. Bluth Development, LLC – Case No. 1254, NOV AQMV21-0034
- ii. Artisan Mystic Mountain LLC – Case No. 1269, NOV AQMV21-0032
- iii. McCarthy Building Companies, LLC – Case No 1308, NOV AQMV21-0037
- iv. McCarthy Building Companies, LLC – Case No. 1316, NOV AQMV21-0042

Staff Representative: Joshua Restori

- E. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2021.

Staff Representative: Anna Heenan

Dr. John Novak moved to approve the consent agenda. Dr. Reka Danko seconded the motion which was approved unanimously.

7. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Health Operations Report for August 2021.

Presented by: Dean Dow

Mr. Dean Dow opened this item for questions the Board may have regarding the report that was submitted by REMSA Health.

Additionally, Mr. Dow informed the Board that he would like to diverge from his report to provide information and a PowerPoint, as previously requested.

Mr. Dow spoke of the need to remodel REMSA Health. Mr. Dow stated the purpose of this information is to seek execution of improving how the hospitals, co-responders, public support agencies, and REMSA Health move forward.

Mr. Dow presented his PowerPoint detailing justification for the request. He further asked that a working group, to include members of the District Board of Health, governmental managers, elected officials, hospital leadership, representatives from FEMA, fire leadership, be put together to work collectively to find solutions to the community health challenge.

Mr. Dow explained that REMSA Health's needs including hospital wait times, ILS responses and transports, Emergency Room department utilization, and staffing status.

Mr. Dow opined it's necessary to work collectively and come up with future plans.

Vice-chair Lucey commented on the frustration with the staggering numbers Mr. Dow reported.

Councilman Dahir expressed appreciation for the presentation. He additionally opined that everything is interconnected and coming together and having the requested conversations would be a benefit. He additionally opined that what is being done currently is not sustainable and feels that these wait times are not good for the community. Councilman Dahir stated this problem is not local, as it is happening globally.

Chair Delgado thanked Councilman Dahir for his questions as well as Mr. Dean Dow and his team. However, Chair Delgado expressed concern about the delay in the delivery of the current information, as the District Board of Health did not receive this information last month despite Mr. Dow's statement that several talks and conversations have occurred. Chair also suggested the agenda item in front of the Board today, per open meeting law, cannot be discussed at this meeting and hopes it can be brought forth publicly soon, so that a sound plan can be created and presented to the community.

Vice-chair Lucey shared the discussions he had this week regarding this subject and would also like to bring this item back to the Board and have a more robust discussion; however, he felt that action needed to be taken at this meeting. He continued to share that meetings between the hospitals, Incident Commander, County Manager, and Mr. Dean Dow have happened to discuss some of the community challenges in an effort to identify the presented problems. Additionally, Vice-chair asked Mr. Dow about the unavailability of staff beds in hospitals.

Mr. Dow expressed everyone is focused on what is best for patients, but in life threatening and emergent situations they have experienced very little process of transference of patients. However, Mr. Dow added that further discussion needs to happen to understand the process from pre-hospital care over to the hospital. He continued to share that in meetings with hospital CEOs, they have discussed the management of low acuity or no acuity subset of the population using the 9-1-1 systems as well as the emergency department systems. Mr. Dow further requested for the authority to work with EMS Oversight group, medical directors, and co-responders to develop safe and effective protocols that can be used to assess and refer that subset of patient population. He concluded by stating that enhancing and enlarging those current protocols for a monitored period and report the effectiveness back to the District Board of Health and to the hospitals would be a lever to help relieve some of the stress on the 9-1-1 system as well as the emergency departments.

Vice-chair Lucey opined that this presentation is a part of REMSA Health's operations report and there was potential for action or direction from the Board to allow to move forward with changes in operations. Vice-chair Lucey continued to recommend that the Board allow REMSA Health to convene meetings with the EMSAB and come up with immediate options to relieve the strain until the COVID-19 spike can be best addressed.

Councilman Dahir asked if after going to EMSAB this item would come back to this Board. Vice-chair Lucey affirmed he would ask for it to move forward as waiting would delay the delivery of resources for a month. Additionally, Vice-chair asked Health Officer to be involved in the conversations with EMSAB and provide immediate solutions for the hospitals.

Chair Delgado asked Mr. Dow to explain the liability that comes with this item.

Mr. Dow explained that from the legal perspective the liability falls on their two medical directors.

Chair Delgado asked Vice-chair to provide a letter of support from the authorities requesting for said support, as he feels side conversations get lost. Chair affirmed he would feel more comfortable moving forward knowing there's written documentation asking for support. Additionally, Chair Delgado asked Mr. Dow to provide written protocols to this Board.

Vice-Chair spoke of an email conversation between COVID-19 Incident Commander and some of the CEOs, and a request that a meeting be held next Wednesday to identify the protocols.

Mr. Dow stated that in this instance he can represent the three health systems by affirming there is no doubt the three health systems would sign any documents necessary and post anything in writing requesting the support.

Chair Delgado reiterated that for purposes of transparency any changes in policy should be in written form before moving forward.

Dr. Reka Danko commented that a letter was written that spoke of the hospitals being overwhelmed. Dr. Danko further expressed she feels it is this Board's due diligence in public health to provide the best care for the individual.

Deputy District Attorney, Chaz Lehman, expressed that he understands there is a level of expediency; however, he advised the agenda just discussed acceptance of the Operations Reports. He advised the Board to stay within the agenda and if further discussion is needed, that item should be agendaized.

Vice-chair Lucey affirmed that as he was running the meeting, he felt this request was within the scope of the operations report and discussion of operations of REMSA Health, so he opined the action is within the report.

Dr. John Novak agreed with the presented concept. Dr. Novak felt this action is crucial and continued to ask for a status report back as well as written documentation supporting the action.

Councilman Dahir requested a robust communication style regarding this subject to the community in an effort to prevent confusion.

Vice-chair agreed with Councilman Dahir; however, he opined they are still under Governor's directives and the one thing that was not given to the counties for local authority was mass directive and crisis standards of care. He opined the crisis standards of care can be changed at any time, as they see fit at the governor level. Additionally, in an effort to unclog the emergency departments, Vice-chair Lucey suggested working with the urgent cares to make sure that patients are aware they have alternative places to seek care separate from the emergency departments. Vice-Chair clarified the motion he proposed was to allow the EMSAB to meet with Health Officer, Dean Dow, and the three hospitals to find path forward for operations in the interim, a memo be brought back about the process, and acceptance of REMSA Health's operations report.

Vice-Chair Lucey moved to approve REMSA Health's August 2021 Report and a meeting between the Health Officer, EMSAB, REMSA Health and all three hospitals to discuss change in protocols. Councilman Dahir seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during August 2021.

Presented by: Alexia Jobson

Alexia Jobson presented the Public Relations report for August 2021.

Ms. Jobson provided updates since the writing of her report. Ms. Jobson reported Adam Heinz and Ms. Jobson were guests on the Dispatch in Depth podcast produced by the International Academies of Emergency Dispatch to discuss Public Relations and communication opportunities for dispatch centers.

Ms. Jobson continued to report Adam Heinz and Dr. Jenny Wilson were featured on Nevada Newsmakers for an in-depth segment about the critical importance of matching the right emergency and out-of-hospital health care resource with the call for service.

Additionally, Adam Heinz interviewed with KTVN about the impact of REMSA Health's ability to offload patients at hospitals.

Mr. Jobson concluded by reporting REMSA Health received an appreciation from the City of Reno.

Ms. Jobson opened her item for questions from the Board.

8. Emergency Medical Services Advisory Board Update.

Presented by: Manager Neil Krutz, Chairman

Manager Neil Krutz began by reporting the highlights of the last EMSAB meeting, which included three substantial items: REMSA exception guidelines, CAD-to-CAD system, and the Agency Update on services provided.

Regarding the REMSA exception guidelines, Manager Krutz reported two items needed further discussion regarding road construction and possible exemptions during declared emergencies.

Manager Krutz reported regarding the CAD-to-CAD update that was received from the City of Reno and the discussion that happened regarding liability and procedural burden. He further recognized that CAD-to-CAD is one key to providing faster service to the community.

Manager Krutz opened his items for questions from the Board.

Dr. Novak, temporarily chairing, asked for thoughts from the Board.

Councilman Dahir asked if EMSAB was asking for thoughts on the road construction and emergency.

Manager Krutz affirmed they were not asking for feedback.

Dr. Novak wished Manager Krutz good luck on the CAD-to-CAD.

9. Presentation and discussion regarding the process to complete a name change for the Washoe County Health District, including the estimated timeline, associated costs, available resources, anticipated challenges, and other issues related thereto.

Staff Representative: Scott Oxarart

Scott Oxarart provided the Board an outline regarding what a name change would look like for the Washoe County Health District, reporting that he has spoken to several subject matter experts in the area.

Mr. Oxarart explained he was seeking direction on how to move forward in terms of a name change or a name modification. He continued to define the difference between those two options.

Mr. Oxarart informed that moving forward would include hiring a firm to provide recommendations regarding the process as well as provide feedback from the public. He concluded by informing the deadline for this project is September 2022.

Health Officer reiterated the deadline is important as it would be the time period where the Interlocal Agreement would need to be amended with a name change/modification. Mr. Dick continued to explain this item's purpose was to open the discussion about the possible name change/modification and allow the team to come back and present the options to the Board.

Councilman Dahir expressed his concern that modification may not reach far enough. He further requested that both the name change and modification suggestions be brought back to the Board to allow the Board and not the selected firm to make the decision.

Dr. John Novak stated he would like to move forward on getting a firm involved to begin making suggestions.

Mr. Tom Young agreed that they should move forward with this change; however, he was concerned about the budget. Mr. Young reiterated he would not want to extract too many dollars from public health to accomplish a name change and opined the public should be involved.

Vice-chair Lucey expressed this is a prudent change to maintain individuality. He added that employing a firm is the most efficient way of achieving this process.

- 10. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code. In addition, a new chapter was added to provide more transparency on the requirements for catering operations. Minor edits and formatting corrections to mobile food operations and temporary food establishments were added. These additions were made with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 28, 2021 at 1:00 pm.**

Staff Representative: Michael Touhey

Michael Touhey presented the Business Impact Statement for the proposed amendments to the regulations governing food establishments. Mr. Touhey explained within the packet is the PowerPoint presentation from the public workshops, the business impact statement, and a summary of changes document. This can also be found online on the agenda packet for September 23, 2021.

Mr. Touhey continued to report the outcomes of all workshops as well as a summary of all the proposed changes, which included term limits for members serving on the Food Protection Hearing Advisory Board, new sections from the supplement to the 2017 Food Code, a new chapter on Catering Operations, and minor text and edit clean up in format.

Mr. Touhey concluded by thanking the team that assisted him in this project and opened his item for questions from the Board.

Mr. Tom Young commended the group on the updates and their presentation.

Councilman Dahir moved to approve the Business Impact Statement regarding Proposed Amendments to the Regulations of the Washoe County District Board of

Health Governing Food Establishments. Dr. John Novak seconded the motion which was approved unanimously.

Vice-chair Lucey moved to approve the setting of hearing on October 28, 2021 at 1:00 p.m. Dr. Reka Danko seconded the motion which was approved unanimously.

11. Review and Approval of Annual Performance Evaluation Questions and List of Participants for the District Health Officer's Annual 360 Evaluation and Direct Staff to Conduct the Evaluation Utilizing an On-line Survey Program.

Presented by: Laurie Griffey

Ms. Laurie Griffey provided history of this process and a list of recommended participants in the Health Officer's performance evaluation.

Ms. Griffey concluded by asking the Board to approve the commencement of the Health Officer's evaluation.

Vice-chair Lucey asked to add five names to the list of participants including Chris Lake from Nevada Hospital Association, Dean Dow from REMSA Health, Dr. Tony Slonim from Renown, Dr. Helen Lidholm from Northern Nevada Medical Center, and Tiffany Curry from St. Mary's Prime Health Care. Additionally, he asked that on each survey a general overall comment box be added.

Councilman Dahir moved to approve the Health Officer Annual Evaluation Question and List of Participants as modified. Vice-chair Lucey seconded the motion which was approved unanimously.

12. Recommendation to approve compensation for the District Health Officer at employee's current hourly rate of \$90.89 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$18,196.18, which represents compensation for 200.2 hours of annual leave that cannot be used this year due to the COVID-19 pandemic.

Staff Representative: Laurie Griffey

Ms. Laurie Griffey asked for the Board to approve the payout of annual leave that cannot be used by the Health Officer due to the COVID-19 pandemic and a heavy workload.

Councilman Dahir asked if this was normal practice outside of the County, as he has not seen this process on any other Boards.

Ms. Griffey informed she is unaware of the processes outside of the County; however, it is County Code, and all county employees are entitled to this provision.

Dr. Novak moved to approve the Annual Leave payout for the Health Officer is excess of 240 hours. Dr. Reka Danko seconded the motion which was approved unanimously.

13. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Nevada SEC Unanimously Supports Clean Cars Nevada, IPCC Releases Updated Climate Report, NOAA Releases Annual State of The Climate Report, Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by reporting the terms of many members from the Air Pollution Control Hearing Board will be expiring within the next several months and many efforts have been made to recruit for new members.

Mr. Vega opened his item for question from the Board.

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

Divisional Update – Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Immunizations.

Ms. Lisa Lottritz began her report by adding that the clinic will commence flu vaccines on Monday, September 27, 2021. She also added the flu vaccine will be administered twice at the POD location at the Livestock Events Center and five days a week in the clinic.

Ms. Lottritz opened her item for questions from the Board.

Dr. John Novak asked if the flu POD and the vaccine POD would run concurrently.

Ms. Lottritz confirmed they would run concurrently.

C. Environmental Health Services, Erin Dixon, Division Director

Environmental Health Services (EHS) Division: Program Updates; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

Erin Dixon began her report by highlighting the changes in her report format.

Ms. Dixon highlighted some of the responsibilities of the EHS Division listed in her report.

Ms. Dixon thanked the team that assisted with the Hot August Nights and Rib Cookoff events. Additionally, she brought attention to the effort put forth by the Underground Storage Tank Program team to engage the public in the process and seek feedback.

Mr. Tom Young expressed his appreciation for these presentations to bring awareness to the public as to the functions of the Health District.

Ms. Dixon opened her item for questions from the Board.

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Nancy Diao began her report by congratulating Ms. Heather Kerwin for her recent recognition, as she felt is well deserved.

Dr. Diao reported weekly flu surveillance reports will be sent out as it's typical for this season. Additionally, her team is working on the production of a COVID-19 surveillance report that can be distributed alongside the flu surveillance report.

Dr. Diao reported that over 300 preparedness bags were handed out during the Balloon Races events to promote awareness, as part of Public Health Preparedness Month. Dr. Diao added COVID-19 vaccines were also administered during the same event.

Dr. Diao made herself available to respond to questions from the Board.

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

District Health Officer Report – COVID-19 Response, Board Member Recruitment, Joint Information Center, Public Health Accreditation, Community Health Improvement Plan, Strategic Planning, Behavioral Health Crisis Response, Health Disparities and COVID-19 Co-Morbidities Funding, American Recovery Plan Act Funding, Staffing and Space, and Public Communications and Outreach.

Health Officer, Kevin Dick opened his item by reporting the COVID-19 numbers are promising this month, as the numbers are fairly stable from September 14, 2021. He continued to report there was a reduction of the positivity rate under the County Tracking System. He opined the County may be plateauing. He continued to report they are seeing a decline in demand of vaccinations. Mr. Dick reported the National Guard is back and their orders extend them out to December 14, 2021.

Mr. Dick reported the FDA has approved a Pfizer booster dose for individuals 65 and older and for people that are higher risk of COVID-19. He continued stating that most likely the Health District will be providing Pfizer boosters, pending the formal recommendation from the CDC.

Mr. Dick spoke regarding Public Health Accreditation, stating approval was received for Section 1 Report and now Section 2 is due at the end of the current month.

Mr. Dick reported recruitment has been opened for the Washoe County Appointee to the District Board of Health; however, the Health District was not notified of the recruitment thus preventing the Health District from posting this recruitment to the public.

14. Board Comment.

Dr. Reka Danko commented on the Health Officer's last statement regarding the new board member recruitment. Dr. Danko quoted an intensive care physician in Idaho stating "in the end what sustain us and what we will remember about having survived this madness are the remarkable people who endured this with us, the best of humanity, all of us, who demonstrated the best of our calling". Dr. Danko emphasized the need to thank those who are working to bring the best to the entire community. Dr. Danko highlighted Tom Young's valiant efforts and her feeling that he brought the best of humanity to the Board. Additionally, she commended his attendance, input, and guidance as a member of the Board as well as his donations of time, effort, and resources. Dr. Danko spoke of all the events Mr. Young has facilitated including but not limited to honoring the National Guard and multiple vaccination clinics. Dr. Danko concluded by stating she honors Mr. Young as someone who brings the best of humanity to this Board.

Councilman Dahir commended Tom Young for his service to the community. Additionally, he asked the Board to consider giving answers to some of the public comment that is presented during these meetings.

Dr. John Novak expressed his disappointment with the County Commission item that is considering two individuals to replace Tom Young. He opined Tom Young has been a pillar on this Board with his knowledge on food and beverage items. Dr. Novak highlighted Mr. Young's time, effort, and monetary contributions to the community and expressed not affording Mr. Young the opportunity to continue on this Board is a huge oversight. Dr. Novak asked for that oversight to be corrected.

Tom Young thanked the Board for their kind works. He shared that those members that are appointed do not have political agendas and offer diverse expertise to help the Board make the best decisions possible. Mr. Young opined that when looking for the best candidate for a job, the process should come with an extensive advertising and networking process as opposed to posting the job on a website that is not visited by many people. Mr. Young appealed to doing the right thing and recruit the right people for the job as it is important to the community.

Health Officer put on the record that Chair Delgado dropped off at 3:15 p.m.

Vice-chair Lucey shared that the non-elected individuals that serve on this Board do not get compensated for their time. He expressed the organization has a very challenging and difficult job to do under very difficult circumstances. He expressed it is an honor to serve next to those who serve voluntarily.

Vice-chair addressed the individuals that spoke during public comment and stated that the Board listens with their ears. However, he asked for more compassion and not be divisive as it only further divides the community. Vice-chair Lucey affirmed no one on the Board has mandated anyone to do anything. He reiterated the Board has to represent the community. He concluded by commending Mr. Young for his continued service as he has brought forth a level of compassion, understanding, commitment and dedication to the District and apologized if Mr. Young and other members felt the system had failed Mr. Young.

15. Public Comment.

Vice-chair Lucey opened the public comment period.

Ms. Valdespin confirmed there was no registered public comment.

Adjournment.

Vice-chair Lucey adjourned the meeting at 4:02 p.m.

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

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

Public Comment: **Members of the public may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.** Reasonable efforts will be made to hear all public comment during the meeting. During the "Public Comment" items, emails may be submitted pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 electronically at the following locations:

Washoe County Health District Website <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at svaldespin@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

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Staff Report
Board Meeting Date: October 28, 2021

DATE: October 10, 2021
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418; kgraham@washoecounty.us
Kelli Goatley-Seals, Public Health Supervisor
775-328-6160; kseals@washoecounty.us
SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$300,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Youth Vaping Prevention Fund (IO#11859) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

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 October 4, 2021 to support the Tobacco Control Program. The funding period is retroactive to July 1, 2021 through June 30, 2022. 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

The Nevada Legislature passed Senate Bill 460 in the 2021 legislative session. The bill appropriates funds in the amount of \$2,500,000.00 annually for FY22 and FY23 from the State General Fund to the Department of Health and Human Services Chronic Disease budget for vaping prevention activities.

This funding will support the Washoe County Health District's comprehensive strategy to address e-cigarette use by youth and young adults and maintain education, outreach and messaging about the health risks of e-cigarettes and exposure to secondhand smoke aerosols.

The Subaward provides funding for personnel, travel and training, operating supplies, professional and contractual services, advertising, other expenses, including funding specifically for community outreach and youth-lead interventions, and indirect expenses.

FISCAL IMPACT

Should the Board approve this Subaward, the adopted FY22 budget will be increased by \$272,727.00 (\$27,273.00 indirect expense) in the following accounts:

Account Number	Description	Amount of Increase
2002-IO-11859-432100	State Grants	272,727.00
2002-IO-11859-701412	Salary Adjustment	100,752.00
2002-IO-11859-705360	Benefit Adjustment	33,088.00
2002-IO-11859-710100	Professional Services	45,000.00
2002-IO-11859-710300	Operating Supplies	5,000.00
2002-IO-11859-710325	Signs	5,600.00
2002-IO-11859-710334	Copier -Lease	130.00
2002-IO-11859-710335	Copier - Copies	50.00
2002-IO-11859-710350	Office Supplies	480.00
2002-IO-11859-710360	Postage	2,500.00
2002-IO-11859-710400	Payment to Other Agency	15,000.00
2002-IO-11859-710500	Other Expense	4,000.00
2002-IO-11859-710502	Printing	5,616.00
2002-IO-11859-710508	Telephone	288.00
2002-IO-11859-710509	Seminars & Meetings	2,790.00
2002-IO-11859-710512	Auto Expense	1,613.00
2002-IO-11859-710546	Advertising	45,000.00
2002-IO-11859-711210	Travel	3,320.00
2002-IO-11859-711508	Computers Non-Capital	2,500.00

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 retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$300,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Youth Vaping Prevention Fund (IO#11859) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Subject: Approve Youth Vaping Prevention Subaward

Date: October 28, 2021

Page 3 of 3

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 retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$300,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Youth Vaping Prevention Fund (IO#11859) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments."



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

Agency Ref. #: **SG 25395**
 Budget Account: **3220**
 Category: **27**
 GL: **8516**
 Job Number: **GFUNDT22**

NOTICE OF SUBAWARD

Program Name: Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: 1001 E 9 th St Reno NV 89512-2845
Subaward Period: July 1, 2021 through June 30, 2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: To prevent initiation of tobacco use, specifically the use of e-cigarettes and other vaping devices, among youth and young adults by providing educational messages to increase awareness, providing tools and resources to remain or become tobacco-free, to work in partnership with tobacco retailers to eliminate youth access, and to utilize multiple media platforms to reach youth and young adults.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$133,840.00	Total Obligated by this Action:	\$ 00.00
2. Travel	\$4,933.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$5,480.00	Total Federal Funds Awarded to Date:	\$ 00.00
4. Equipment	\$2,500.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$105,000.00	Amount Required this Action:	\$ 0.00
6. Training	\$2,790.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$18,184.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$272,727.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$27,273.00		
TOTAL APPROVED BUDGET	\$300,000.00		

Source of Funds: State Vaping Funds	% Funds: 100%	CFDA: N/A	FAIN: N/A	Federal Grant #: N/A	Grant Award Date by Federal Agency: N/A
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Agency Approved Indirect Rate: 7.4 % **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
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Name	Signature	Date
Kevin Dick District Health Officer, WCHD		
Karissa Loper Health Bureau Chief, CFCW		
for Lisa Sherych Administrator, DPBH		

STATE OF NEVADA
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.

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SECTION B

Description of Services, Scope of Work and Deliverables

To prevent initiation of tobacco use, specifically the use of e-cigarettes and other vaping devices, among youth and young adults by providing educational messages to increase awareness, providing tools and resources to remain or become tobacco-free, to work in partnership with tobacco retailers to eliminate youth access, and to utilize multiple media platforms to reach youth and young adults.

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: Prevention of Tobacco Use among Youth and Young Adults						
Strategy 2: Educate on the evidence and tactics recommended (e.g., flavor bans; restrictions on coupon redemption, sales/size, and location; number and density of outlets) to protect youth from initiating tobacco and electronic smoking device use.						
Target Populations: Youth, Young Adults, and parents of youth						
Geographic Areas: Washoe County						
Annual Objectives	Activities	Outputs	Timeframe	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
1.2: Through June 30, 2022, participate in Nevada Tobacco Prevention Coalition (NTPC) planning meetings to collaborate on the plan development, implementation, and outcome goals of one (1) media campaign and one (1) outreach event plan which will provide consistent and evidence-based messages about youth health risks of e-cig use and aerosol exposure.	1.2.1 Participate in 100% of NTPC planning meetings and/or calls to collaborate with statewide partners on the development, implementation, and desired outcome goals of a statewide youth prevention campaign.	Media Campaign Plan Media Campaign Outcome Goals	July 2021 – June 2022	Youth, Young Adults, and parents of youth	# of NTPC media meetings scheduled # of NTPC media meetings attended # of TA notes	Quarterly Report
	1.2.2 Coordinate at least (4) four meetings with the NTPC Communications Committee to discuss media outlets and planning related to campaign launch in WCHD's Geographical Area.	Meeting notes Identified Media Outlets Estimated Campaign Launch Date	July 2021 – June 2022	Youth, Young Adults, and parents of youth	# of meetings with NTPC Coordinator attended # of and what media outlets to be used for campaign launch	Quarterly Report
	1.2.3 In collaboration with Youth, plan, develop, and implement at least one (1) Community Outreach Event, using at least three of the following resources at each event: 1. Share the Facts & Stats 2. Know the Risks 3. Everything E-Cig 4. It's All Big Tobacco 5. Tobacco 21 & Tobacco Retailers 6. Evidence-based community focused practices that make Change Happen	Media Materials Promoting Event Focus Area Presentation/ or Resource Materials/ or Skit Outlines/ Etc.--	July 2021 – June 2022	Youth, Young Adults, and parents of youth	# of attendees reached # of Youth who participated	Quarterly Report

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7. Community Engaged Practices that provide resources for youth and young adults 8. 1.2.4 Record video of Outreach Event from 1.2.3	Video (min. 720 pixel)	July 2021 – June 2022	Youth, Young Adults, and parents of youth	# of videos submitted	Quarterly Report
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Strategy 3: Educate parents, teachers, coaches, influencers of youth about the risks of e-cig use among youth/young adults.

Target Populations: Youth and adults close to youth

Geographic Areas: Washoe County

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
1.3 Through June 30, 2022, reach at least two (2) key groups of youth influencers at middle and high schools (i.e., teachers, coaches, counselors, youth advisory volunteers, school police, etc.) and provide prevention education on e-cigarette use among youth/young adults, health impacts, and cessation resources,	1.3.1 Maintain a youth advisory council and meet/collaborate with them to help guide local efforts. 1.3.2 Expand awareness and encourage use of the Parent Toolkit to youth influencers including parents, educational staff and partners, and providers with continued updating of data and resources.	Youth advisory council list Agendas Record of Parent Toolkit items updated List of schools and/or education staff/partners targeted for distribution List of providers targeted for distribution	July 2021 – June 2022 July 2021 – June 2022	Youth, young adults Youth and adults	# of youth in advisory council Type and # of activities or collaborations implemented with advisory council # of Parent Toolkits distributed # of school sites reached and/or # of staff/partners reached per school site # of providers reached	Quarterly Reports Quarterly Reports
	1.3.3 Distribute prevention messaging (posters, pamphlets, quit cards) to Washoe County School District (WCSD) and Charter middle and high schools.	List of materials List of schools	July 1, 2021 – June 30, 2022	Youth and adults close to youth	# of materials # of schools # of youth reached	Quarterly Reports

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	<p>1.3.4 Develop 1 (one) presentation to educate middle and high school teachers, school nurses, counselors, coaches, and administrators about e-cigarettes and vaping.</p>	<p>Presentation List of schools List of TA provided Type of audience</p>	<p>July 2021 – June 2022</p>	<p>Youth and adults</p>	<p># of presentations Type and # of influencers reached per school site</p>	<p>Quarterly Reports</p>
<p>Strategy 5: Provide evidence-based messaging on the harms of flavoring in vapor products.</p>						
<p>Target Populations: Youth and young adults Geographic Areas: Statewide</p>						
<p>Annual Objectives</p>						
<p>1.6: By June 30, 2022, continue at least one (1) media campaign with evidence-based messages focused on the harms of flavoring in vapor products to educate youth and young adults.</p>	<p>Activities</p> <p>1.6.1: Implement at least one (1) evidence-based message through paid media distribution channels.</p>	<p>Outputs</p> <p>Record of Campaign Implementation List of paid media</p>	<p>Timeframe</p> <p>July 2021 – June 2022</p>	<p>Target Population</p> <p>Youth and Young Adults Statewide</p>	<p>Evaluation Measure (indicator)</p> <p># of paid media # of reach / impressions</p>	<p>Evaluation Tool</p> <p>Quarterly Reports</p>
	<p>1.6.2: Collaborate with Southern Nevada Health District on potential updates for the flavoring website (Attracting Addiction).</p>	<p>Flavoring Website List of social media Updates to Site</p>	<p>July 2021 – June 2022</p>	<p>Youth and Young Adults Statewide</p>	<p># of social media # of reach / impressions</p>	<p>Quarterly Reports</p>
<p>Goal 1: Partner Choice</p>						
<p>Strategy 3: Educate parents, teachers, coaches, influencers of youth about the risks of e-cig use among youth/young adults.</p>						
<p>Target Populations: Youth, Young Adults, Parents, Adult Influencers Geographic Areas: Washoe County</p>						
<p>Annual Objectives</p>						
	<p>Activities</p>	<p>Outputs</p>	<p>Timeframe</p>	<p>Target Population</p>	<p>Evaluation Measure (indicator)</p>	<p>Evaluation Tool</p>

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<p>1.7: By June 30, 2022, support community partners in hosting three (3) tobacco and e-cigarette prevention activities and events to increase awareness of e-cigarette prevention, health effects, and other related topics.</p>	<p>1.7.1 Identify event themes and target audiences. Identify community partners to host events. Identify dates to host events.</p>	<p>List of themes and audiences considered. List of community partners engaged. Dates of events.</p>	<p>July 2021 – June 2022</p>	<p>Youth, Young Adults, Parents, Adult Influencers Washoe County</p>	<p># of event ideas # of community partners invited to host # of hosting community partners</p>	<p>Quarterly Reports</p>
<p>1.7.2 Monitor and measure the activities and event's reach to the intended audiences (i.e. youth, young adults, parents, adult influencers).</p>	<p>List of messages/resources shared. List of promotional channels.</p>	<p>July 2021 – June 2022</p>	<p>Youth, Young Adults, Parents, Adult Influencers Washoe County</p>	<p># of reach / impressions # of paid media</p>	<p>Quarterly Reports</p>	
<p>1.7.3 In collaboration with community partners and/or event host, analyze and evaluate collected data to determine the effectiveness of each event on a ranking scale of 1 to 10, 10 being highly effective and 1 being not effective.</p>	<p>Narrative analysis with detailed explanation of concluded effectiveness ranking</p>	<p>July 2021 – June 2022</p>	<p>Youth, Young Adults, Parents, Adult Influencers Washoe County</p>	<p># of event effectiveness reports</p>	<p>Quarterly Reports</p>	

Goal 2: Partner Choice

Strategy 1: Reduce exposure to secondhand smoke and electronic smoking device emissions among public housing and public spaces

Target Populations: Youth and adults close to youth/ General Public

Annual Objectives	Activities	Outputs	Timeframe	Target Population	Evaluation Measure (indicator)	Evaluation Tool
<p>2.4: Conduct testing, monitoring, and reporting of indoor air quality in at least three (3) locations exempt from the NCIAA (target</p>	<p>2.4.1 Identify air monitoring professionals, best practices, and equipment.</p>	<p>List of air monitoring entities</p>	<p>July 2021 – June 2022</p>	<p>General public</p>	<p># of air monitoring professionals # of equipment researched</p>	<p>Quarterly Reports</p>

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<p>is adjoining non-smoking areas where youth can be present such as arcades in casinos and reception areas of casinos) by working with air monitoring professionals.</p>	<p>2.4.2 Contract with air monitoring to conduct air quality testing.</p>	<p>Equipment used Dates and times of testing List of Properties Contract</p>	<p>July 2021 – June 2022</p>	<p>General public</p>	<p># of properties tested</p>	<p>Quarterly Reports</p>
	<p>2.4.3 Report findings to community and key stakeholders.</p>	<p>Written report on monitoring of air quality Press release on report Presentation on report</p>	<p>July 2021 – June 2022</p>	<p>General public</p>	<p># of reports generated # of presentations # of earned media</p>	<p>Quarterly Reports</p>

Goal 3: Promote quitline among youth and young adults

Strategy 1: Promote quit line resources among youth and young adults

Target Populations: Youth and young adults

Geographic Areas: Statewide

Annual Objectives	Activities	Outputs	Timeframe	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
<p>3.1 Through June 30, 2022, promote the Nevada Tobacco Quitline and My Life My Quit cessation quit line to target at least two hundred (200) youth and/or young adults identifying at least 2 occasions/events where youth and/or young adults frequent.</p>	<p>3.1.1 Identify at least two (2) occasions/ events where Nevada Tobacco Quitline and My Life, My Quit can be promoted to reach a total of at least two hundred (200) youth and/or young adults.</p>	<p>Name of identified occasions/ events</p>	<p>July 2021 – June 2022</p>	<p>Youth and Young Adults</p>	<p># of occasions/ events identified # reached</p>	<p>Quarterly Reports</p>
<p>3.2 Through June 30, 2022, develop a plan to reach at least twenty-five (25) health care providers with education and resources about cessation for youth and young adults.</p>	<p>3.2.1 Identify at least twenty-five (25) pediatricians and/or primary care physicians (PCP's) and/or other Provider of Care for children (i.e. children's dentist, etc.); identify contact information for each.</p>	<p>List of Providers & contact info</p>	<p>July 2021 - June 2022</p>	<p>Youth and Young Adults</p>	<p># of health care providers identified</p>	<p>Quarterly Reports</p>

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include at least 80% of Washoe County Schools and GIS mapping of tobacco, e-cigarettes retailers.	4.2.2 Expand story mapping to include strategies to prevent access to youth.	List of strategies	July 2021 – June 2022	Retailers & Schools	# of page visits	Quarterly Reports
4.2.3 Update GIS mapping of retailers and schools to reflect new Census data.	Census data changes New GIS mapping to reflect census changes	Census data changes New GIS mapping to reflect census changes	July 2021 – June 2022	Retailers & Schools	# of census data changes % of schools included Average distance of retailers from schools	Quarterly Reports

Section 5: Surveillance and Evaluation

Strategy 1: Improve the quality, timeliness, and scope of e-cig surveillance, research, and evaluation.

Target Populations: Public and Tobacco Retailers
Geographic Areas: Washoe County

Annual Objectives	Activities	Outputs	Timeframe	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
5.2 By June 30, 2022, conduct a STARS* by surveying at least sixty (60) retail establishments in WCHD's Geographical Area, with assistance from TCP, to validate the Synar reporting data. (*STARS app includes data collection for Coverage Study)	5.2.4 Identify a STARS Project Leader and the number of surveyors needed to execute assessments on at least sixty (60) retail establishments located in WCHD's Geographical Area.	STARS Leader & contact info # of surveyors needed	July 2021 – June 2022	Self, Retail establishments	# of STARS Leaders confirmed # of surveyors confirmed	Quarterly Report
	5.2.5 STARS Leader to attend Train the Trainer Workshop led by Synar Coordinator	Date attended	February 2022	STARS Leader	# of meetings attended	Quarterly Report
	5.2.6 STARS Leader to train local surveyors for the STARS data collection.	Date of Training # of surveyors trained	By March 31, 2022	STARS Leader and Surveyors	# of trainings held # of surveyors attended training	Quarterly Report
	5.2.7 Surveyors to implement and conduct STARS data collection on at least sixty (60) retail establishments located in WCHD's Geographical Area.	Data collected at retailers on STARS Updates on progress towards goal	February 2022 – June 2022	STARS Leader and Surveyors and Retail Establishments	# of retail establishments surveyed % to goal	Quarterly Report
	5.2.8 Email verification of STARS surveying completion/goal met to Synar Coordinator upon completion of total survey quantity provided in 5.2.4.	Date of Email verification	By June 30, 2022	Self and Synar	# of email verifications sent by deadline date	Quarterly Report

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Section 6: Infrastructure, Administration and Management

Strategy 1: Maintain consistent communication with CDPHP and create SOW for upcoming FY.

**Target Populations: Internal
Geographic Areas: Nevada**

Annual Objectives Activities	Outputs	Timeframe	Target Population	Evaluation Measure	(indicator)	Evaluation Tool
6.1 Through June 30, 2022 participate in four (4) required Evaluation calls, four (4) required group calls, and submit four (4) progress reports.	6.1.1 Participate in four technical assistance calls with CDPHP and provide regular program updates.	Agenda Action items	July 2021 – June 2022	Internal Nevada	# of calls scheduled # of calls attended	Quarterly Reports
	6.1.2 Participate in all four quarterly group calls to collaborate with other partners on discussion about collaboration and progress.	Agenda	July 2021 – June 2022	Internal Nevada	# of group calls attended	Quarterly Reports
	6.1.3 Provide quarterly progress reports (4 total) documenting any barriers or challenges and/or notable successes.	Quarterly progress reports	July 2021 – June 2022	Internal Nevada	# of progress reports # of progress reports submitted in a timely manner	Quarterly Reports
	6.1.4 Create a SOW for SFY23 in collaboration with CDPHP.	Scope of work	Due by May 15, 2022	Internal Nevada	# of signed scope of work	Quarterly Reports

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Quarterly Reports and Outputs

Subgrantee will be required to submit all completed activity outputs listed to Chronic Disease Prevention and Health Promotion's (CDPHP) Tobacco Control Program (TCP) with quarterly reports by the due dates provided below. CDPHP staff may request deliverables throughout the subgrant project time-period.

Reports, outputs, and communications should be submitted to the following TCP Team Members:

❖ Youth Tobacco Prevention Coordinator, Nicole Dutra, MPH at: ndutra@health.nv.gov

*If for any reason you need immediate assistance, you can reach Nicole at (775) 546-5851.

Quarter Period Timeframes	Due Dates for Quarterly Report & Outputs
FY22 Qtr. 1 July 1 – September 30	October 15, 2021
FY22 Qtr. 2 October 1 – December 31	January 14, 2022
FY22 Qtr. 3 January 1 – March 31	April 15, 2022
FY22 Qtr. 4 April 1 – June 30	July 15, 2022

In-person Meet @ WCHD: Friday, August 13, 2021 @ 10am-10:30am	
All Partner Group Meeting	Quarterly Evaluation Call Meeting Schedule
Tuesday, September 7, 2021 @ 11am – 1pm	Wednesday, October 27, 2021 @ 10am-11am
Tuesday, December 14, 2021 @ 12pm – 2pm	Friday, January 28, 2022 @ 10am-11am
Tuesday, March 8, 2022 @ 12pm-2pm	Tuesday, April 26, 2022 @ 10am-11am
June- Tackling Tobacco Annual-TBD	Friday, July 29, 2022 @ 10am-11am

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 State Vaping Funds. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by State Vaping Funds.

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Washoe County Health District - FY22
BUDGET NARRATIVE**

<u>Total Personnel Costs</u>		<u>Including fringe</u>			<u>Total:</u>
<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
\$88,678.00	45.985%	15.000%	12	100.00%	\$19,418
<u>IBD (currently vacant), Health Educator Coordinator, PCN 70002169</u>					
Full time Health Educator Coordinator will provide technical assistance to the Health Educators and Public Service Intern and ensure necessary reports/documents are submitted to the State of Nevada Division of Public and Behavioral Health. This staff will also assist in coordination of vendors. Supervision of staff performance will be provided by Kelli Goatley-Seals, the Public Health Program Supervisor (cash contribution).					
\$69,107.93	43.822%	87.500%	12	100.00%	\$86,968
<u>Lisa Sheretz, Health Educator II, PCN 70010576</u>					
Full time Health Educator will be responsible for deliverables. Staff will also assist in coordination of vendors. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).					
\$30,883.00	1.750%	5.000%	12	100.00%	\$1,571
<u>Huong Jami, Intermittent Hourly Health Educator I, PCN 70008377</u>					
Part time Health Educator will be responsible for deliverables. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).					
\$34,687.00	1.750%	45.000%	12	100.00%	\$15,882
<u>Vacant Position Intermittent Hourly Health Educator II, PCN 70008377</u>					
Part time Health Educator will be responsible for deliverables. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).					
\$21,840.00	1.750%	45.000%	12	100.00%	\$10,000
<u>Vacant Position Public Service Intern, PCN 70008832</u>					
Part time Public Service Intern will assist with multiple project efforts. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).					

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Total Fringe Cost	\$33,088	Total Salary Cost:	\$100,752
Total Budgeted FTE	1.97500	Total:	\$4,933
			\$3,320

Travel

Out-of-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Tobacco prevention conference-TBD					
Airfare: \$650/person x 1 trip x 2 staff	\$650	1		2	\$1,300
Baggage fee: \$60/person x 1 trip x 2 staff	\$60	1		2	\$120
Per Diem: \$76/day x 1 trip x 3 days x 2 staff	\$76	1	3	2	\$456
Lodging: \$256/day x 1 trip x 2 nights x 2 staff	\$256	1	2	2	\$1,024
Ground Transportation: \$75/trip x 1 trip x 2 days # 2 staff	\$75	1	2	2	\$300
Parking: \$20/day x 1 trip x 3 days x 2 staff	\$20	1	3	2	\$120

Justification: National Training to increase knowledge and skills of full-time staff related to tobacco prevention and control. Specific opportunity and location TBD as information about conferences become available. Potential opportunities include Conference on Tobacco or Health, E-Cigarette Summit, Clearing the Air, and Change labs. In-person attendance preferred if available.

In-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Origin & Destination					
Mileage: (\$.56/mile x 12 miles/trip) x (4 trips/month) x 5 staff	\$6,720	48		5	\$1,613

Justification: In-state travel for FT staff is covered by another grant. Mileage supports staff driving to meetings and events within the Washoe County and Carson City region to support grant deliverables. Rate used is set by the federal government on an annual basis.

Operating

Office supplies \$20/month x 2 staff x 12 mo.	\$480				
Education Materials	\$5,000				
Total:					\$5,480

Justification: Office supplies support day to day operations for two staff. Education materials may include any needed tobacco brochures or posters, materials for youth prevention, as well as a membership/subscription to services which allows for creation of materials internally.

Equipment

Laptop computers (2), monitors (2) and supporting equip (wireless mouse, carrying case, cables etc.)	\$2,500.00				
Total:					\$2,500

Justification: Computer equipment supports IH HE, PSI, and HE for in office and remote work.

Contractual

Name of Contractor, Subrecipient: TBD (various)	Total	\$30,000
Method of Selection: Quotes will be requested for each activity/project. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.		
Period of Performance: July 1, 2021 - June 30, 2022		

Scope of Work: Educate and inform diverse communities and those adversely impacted by tobacco use (including vaping). May include building community knowledge about tobacco use and impacts in diverse communities.

Justification: Tobacco adversely impacts certain populations in specific ways (i.e. use of menthol in the African American population). Work with vendors with help WCHD expand reach and education among and about populations adversely impacted by tobacco.

Method of Accountability: With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

Name of Contractor, Subrecipient: TBD (single)

Total **\$5,000**

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Method of Selection: Quotes will be requested for video services. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Record video of Outreach Event from 1.2.3 and TCP will have State Partner Videos edited and compiled into a single video for future use (i.e. for Legislature, marketing, social media use, etc.) (activity 1.2.4)

Justification: Activity requested by state TCP. Video will help to educate and inform community and decision makers about youth vaping in Nevada.

Method of Accountability: With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

Name of Contractor, Subrecipient: TBD (various)

Total \$45,000

Method of Selection: Quotes will be requested for each campaign/project. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Implement evidence-based messages through paid media distribution channels. Educate and inform specific audiences through paid media to reach grant deliverables (activity 1.6.1)

Justification: The CDC's Best Practices for Comprehensive Tobacco Control Programs shows that mass-reach health communication interventions can be a powerful tool for impacting tobacco use and shaping social norms and can change awareness, knowledge, attitudes, and behaviors.

Method of Accountability: With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

Name of Contractor, Subrecipient: TBD (single)

Total \$10,000

Method of Selection: Quotes will be requested for the project. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Indoor Air Quality testing and reporting to gather information to educate key stakeholders and the community about indoor air quality of locations exempt from the NCI/AA. (activity 2.2)

Justification: Smoke free workplaces are a grant objective (2.2 and 2.3), and data about indoor air quality is valuable in the education about the presence of secondhand smoke and the allows for

Method of Accountability: With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

Name of Contractor, Subrecipient: Nevada Cancer Coalition (NCC), non-profit org

Total \$15,000

Method of Selection: Sole Source, NCC currently coordinates smoke free (SF) workplace efforts in Washoe County

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: NCC will provide mechanisms in the community to educate about and increase support for SF workplaces. Activities will increase and enhance the SF workplace efforts being implemented through FHIN(NCS) funding.

Justification: Smoke free workplaces help to advance efforts to support a smoke free jurisdiction. NCC is the appropriate provider of these services because staff at NCC has been leading the SF workplace efforts in Washoe County by managing activities related to Smoke Free Truckee Meadows since 2017. NCC staff are knowledgeable about tobacco and have built strong relationships within the community. For these reasons, as well as their having the staffing resources to take on these activities, they are the appropriate organization for this work.

Method of Accountability: With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

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Training	Total:	\$2,790
Registration (estimated) for two staff to attend national training (as described in Travel above)		\$990
Registration (estimated) for FTE, IH and/or PSI staff and/or community partners to attend local or virtual trainings; opportunity TBD (\$150 x 12 staff/partners)		\$1,800
Other	Total:	\$18,184
Printing Services		\$5,616
Copies/Copier: \$15 x 12 months		\$180
Postage		\$2,500
Phone Line: \$12 x 12 months x 2 staff		\$288
Signage		\$5,600
Incentives		\$4,000
<p>Justification: Printing: Printing of items related to grant deliverables. In-House Copier. Miscellaneous small volume copies related to deliverables and/or completing day-to-day operations. Postage: Postage for mailers to provide outreach related to deliverables. Phone line: Phone line to be shared between IH Health Educator and Public Service Intern. Signage: TF/SF/VF signs related to grant deliverables. Incentives: Incentives for work plan activities, including surveys and activities related to deliverables. Intended to support participation in activities, and engaging target populations. Incentives including but not limited to gift cards such as \$5-\$50 gift cards to Amazon, Starbucks or Target, water bottles, masks, Chapstick, stress balls, t-shirts etc.</p>		
TOTAL DIRECT CHARGES		\$272,727
Indirect Charges	Indirect Rate:	\$27,273
Indirect Methodology: 10% Indirect Cost Rate		10.000%
TOTAL BUDGET	Total:	\$300,000

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PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	GMU	CDC - 11833	FHN -	LOCAL	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$300,000	\$58,864	\$18,288	\$163,255					\$540,407

EXPENSE CATEGORY

Personnel	\$133,840	\$58,864	\$18,288	\$163,255					\$374,247
Travel	\$4,933								\$4,933
Operating	\$5,480								\$5,480
Equipment	\$2,500								\$2,500
Contractual/Consultant	\$105,000								\$105,000
Training	\$2,790								\$2,790
Other Expenses	\$18,184								\$18,184
Indirect	\$27,273								\$27,273

TOTAL EXPENSE	\$300,000	\$58,864	\$18,288	\$163,255	\$0	\$0	\$0	\$0	\$540,407
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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	\$27,273
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Total Agency Budget	\$540,407
Percent of Subrecipient Budget	56%

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 \$300,000 during the period from July 1, 2021 through June 30, 2022;
- 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;
- Requests for Reimbursement should be submitted to DPBH Fiscal: cdphpfiscal@health.nv.gov

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:

- To provide subrecipient technical assistance upon request;
- To provide subrecipient approval of reports and documents with a sense of urgency;
- To provide subrecipient fair and critical feedback on subrecipient quarterly progress reports;
- To forward subrecipient Scope of Work progress and successes to principle stakeholders;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, deliverables, and expenditure documentation are submitted to, and accepted by the Department.

Both parties agree:

- A site visit/monitoring may be conducted during the subaward period.
- 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. Requests for Reimbursement should be submitted to DPBH Fiscal: cdphpfiscal@health.nv.gov
- 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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SECTION D**

Agency Ref. #: **SG 25395**
 Budget Account: 3220
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: 1001 E 9 th St Reno NV 89512-2845
Subaward Period: July 1, 2021 through June 30, 2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Approved Budget Category	Month(s)		Calendar year			
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$133,840.00	\$0.00	\$0.00	\$0.00	\$133,840.00	0.0%
2. Travel	\$4,933.00	\$0.00	\$0.00	\$0.00	\$4,933.00	0.0%
3. Operating	\$5,480.00	\$0.00	\$0.00	\$0.00	\$5,480.00	0.0%
4. Equipment	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	0.0%
5. Contractual/Consultant	\$105,000.00	\$0.00	\$0.00	\$0.00	\$105,000.00	0.0%
6. Training	\$2,790.00	\$0.00	\$0.00	\$0.00	\$2,790.00	0.0%
7. Other	\$18,184.00	\$0.00	\$0.00	\$0.00	\$18,184.00	0.0%
8. Indirect	\$27,273.00	\$0.00	\$0.00	\$0.00	\$27,273.00	0.0%
Total	\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly 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

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

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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.

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 18, 2021

TO: District Board of Health

FROM: Kelli Goatley-Seals, Public Health Supervisor
775-328-6160, kseals@washoecounty.gov
Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.gov

SUBJECT: Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2021 through September 30, 2022 in the total amount of \$1,146,465.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11901 and authorize the District Health Officer to execute the Subaward and any future amendments.

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 14, 2021 to support the WIC Program. The funding period is retroactive to October 1, 2021 through September 30, 2022. A copy of the Notice of Subaward is attached.

District Board of Health strategic priority:

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

PREVIOUS ACTION

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

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 program anticipated funding and included it in the FY22 adopted budget in IO#11652. A budget adjustment will be done to move the remaining authority to the new IO#11901.

RECOMMENDATION

Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2021 through September 30, 2022 in the total amount of \$1,146,465.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11901 and authorize the District Health Officer to execute the Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2021 through September 30, 2022 in the total amount of \$1,146,465.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11901 and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: SG 25322
 Budget Account: 3214
 Category: 45
 GL: 8516
 Job Number: 1055722A

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 Reno, NV 89512-2845
Subaward Period: October 1, 2021 – September 30, 2022	Subrecipient's: EIN: <u>88-6000138</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	\$1,023,648.00	Total Obligated by this Action:	\$ 1,146,465.00
2. Travel	\$4,784.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$28,932.00	Total Federal Funds Awarded to Date:	\$ 1,146,465.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$3,050.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$10,367.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$1,070,781.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$75,684.00	Federal Budget Period: October 1, 2021 through September 30, 2022	
TOTAL APPROVED BUDGET	\$1,146,465.00	Federal Project Period: October 1, 2021 through September 30, 2022	
FOR AGENCY USE, ONLY			

Source of Funds: USDA, Food Nutrition Service, Women, Infants and Children	% Funds: 100	CFDA: 10.557	FAIN: 227NVNV7W1003	Federal Grant #: 7NV700NV7	Grant Award Date by Federal Agency: 10/4/2021
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Agency Approved Indirect Rate: 7.4% **Subrecipient Approved Indirect Rate:** 7.2%

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		
Karissa Loper, MPH 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.

WIC Grant Assurances

1. Compliance with the requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), as amended, and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); as amended, and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, gender, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
2. Compliance with Title II and Title III of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended by the ADA Amendment Act of 2008 (42 U.S.C.12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36), Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
3. During the performance of this Agreement insofar as it relates to State administrative expenses, the State Agency agrees that:
 - the State Agency will not discriminate against any employee or applicant for employment because of race, color, religion, sex, gender, age, disability, or national origin. The State Agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, gender, age, disability, or national origin.
 - The State Agency will, in all solicitations or advertisements for employees placed by 01' on behalf of the State Agency, state that all qualified applications will receive consideration for employment without regard to race, color, religion, sex, gender, age, disability, or national origin.
 - The State Agency will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the Department, advising the labor union or workers' representative of the State Agency's commitments under Section 202 of Executive Order No. 11246 of September 24, 1965 and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
 - The State Agency will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
 - The State Agency will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of labor, or pursuant thereto, and will permit access to his books, records and accounts by the Department and the Secretary of Labor for purposes of investigation to ascertain compliance with the nondiscrimination clauses of this Agreement or with any such rules, regulations, and orders.
 - In the event of the State Agency's noncompliance with such rules, regulations, or orders, this Agreement as it relates to State administrative expenses may be cancelled, terminated or suspended in whole or in part and the State Agency may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other

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sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.

- The State Agency will include the provisions of items (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The State Agency will take such action with respect to any sub-contract or purchase order as the Department may direct as a means of enforcing such provisions, including sanctions, for noncompliance provided, however, that in the event the State Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Department. The State Agency may request the United States to enter into such litigation to protect the interests of the United States. Under applicable regulations the Equal Employment Opportunity clause is not applicable to any Agency of the State which does not participate in, work on or under this Agreement insofar as it relates to State administrative expenses.

4. 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.

5. ADVERSE ACTIONS :

- Arbitrations: This subgrant shall not be subject to arbitration.
- Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.
 - a. State WIC office must provide written notification of adverse action with a minimum of 60-day notice.
 - b. Subgrantee must file appeal within 15 calendar days of receipt of notification.
 - c. The hearing shall be convened with 20 days advance notice.
 - d. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.
 - e. 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.
 - f. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.
- Disqualification: Subgrantee may be disqualified.
 - a. The State WIC office determines noncompliance with program regulations.
 - b. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
 - c. 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.
- 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.
- 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).
- Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

6. ADDITIONAL SERVICES AND FUNDS:

Nothing in this subgrant shall be deemed in any way to authorize subgrantee to perform any additional services or to expend any additional funds without prior written authorization from State WIC office.

7. TERMINATION:

- 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.
- 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.
- 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.
- 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.
- 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.

8. VALIDITY AND EFFECTIVENESS OF SUBGRANT:

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- 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.
 - 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.
 - 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.
 - 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.
9. 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.
10. RENEWAL:
- Nothing in this Subgrant shall be deemed to impose any obligation on either party to enter into any subsequent Subgrant.
11. 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.

General 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 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.**
6. 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).
7. 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).
8. No funding associated with this grant will be used for lobbying.
9. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
10. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
11. 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:

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12. 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.
13. 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.
14. Any attempt to influence:
 - a. The introduction or formulation of federal, state or local legislation; or
 - b. 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.
15. 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.
16. Any attempt to influence:
 - a. The introduction or formulation of federal, state or local legislation;
 - b. The enactment or modification of any pending federal, state or local legislation; or
 - c. 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.
17. 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.
18. 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.
19. 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:
20. 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
21. Not specifically directed at:
 - a. Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - b. Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - c. 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.

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SECTION B

Description of Services, Scope of Work and Deliverables

WIC is the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and provides nutrition and breastfeeding services and supplemental foods to pregnant women, new mothers, infants and children up to their fifth birthday. Offering nutrition education, personalized breastfeeding support, and referrals to other public health programs to support families.

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: Provide consistent, safe and courteous operations of WIC approved services:

Objective	Activities	Due Date	Documentation Needed
1. General Operations	<p>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.</p> <ul style="list-style-type: none"> • 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. • Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions. • Inform and facilitate the delivery of appropriate health services to WIC participants. • Subgrantee shall submit to the State WIC office on an annual basis their 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. • 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. • Prohibit smoking in State WIC facilities where WIC functions are carried out. <p>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.</p>	09/30/2022	<ol style="list-style-type: none"> 1. Have current written agreements in place with health care providers (if applicable). 2. Maintain and have available for review, audit, and evaluation all criteria used for certification. 3. Maintain complete, accurate current documentation that accounts for program funds received and expended. 4. Maintain comprehensive internal control procedures to ensure proper funds management and separation of duties when determining eligibility and issuing benefits. 5. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily.

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<p>2. Clinic Operations to include staff, facilities, and equipment</p>	<p>Facilities:</p> <ul style="list-style-type: none"> • Privacy: Subgrantee shall make provisions to ensure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures. • 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. <p>Staff:</p> <ul style="list-style-type: none"> • 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. • 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. 	<p style="text-align: center;">09/30/2022</p>	<ol style="list-style-type: none"> 1. 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 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. <p>Equipment:</p> <ol style="list-style-type: none"> 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.
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<p>3. Records Retention</p>	<ul style="list-style-type: none"> 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. 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. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data. 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. 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, gender, or national origin. 	<p style="text-align: center;">09/30/2022</p>	<ol style="list-style-type: none"> 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. 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. 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.
<p>4. Discrimination</p>		<p style="text-align: center;">09/30/2022</p>	<ol style="list-style-type: none"> 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.

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Goal 2: Growth and advancement of WIC participation

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Caseload and Funding</p>	<ul style="list-style-type: none"> • Subgrantee agrees to provide the level of service to an estimated 39,192 yearly participants at a maximum allowable reimbursement award of \$1,146,465. 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. • 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 Forty-Six Thousand Four Hundred Sixty-Five (\$1,146,465) 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. 	<p>09/30/2022</p>	<ol style="list-style-type: none"> 1. 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. 2. 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).

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

The parties expressly agree that this Agreement may be amended or terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired. The amount of this sub grant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2019 sub grant was based on several factors including staffing and programmatic needs expressed by each agency to the Statewide Breastfeeding Coordinator and growth trends over the previous three fiscal years. If the monthly average of participants changes in a material way, the Division may revise the amount of the sub grant for the local agency for FFY 2019 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days' notice of that change to the local agency.

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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: Washoe County Health District

BUDGET NARRATIVE

Total Personnel Costs					including fringe	Total:	\$ 1,023,648
	<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>	
<p>Kelli Goatley-Seals Public Health Supervisor, 70002288 Rate: \$47.10/hr.; Fringe Rate includes: Group Insurance, HSA ER Paid, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position oversees entire program, including personnel and policy issues</p>	\$99,868.00	42.763%	5.000%	12	100.00%	\$7,129	
<p>Sunita Monga Registered Dietitian Nutritionist, 70002220 Rate: \$42.93/hr. Fringe Rate includes: Group Insurance, HSA ER Paid, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.</p>	\$91,689.43	41.830%	100.000%	12	100.00%	\$130,043	
<p>Kelcie Atkin Registered Dietitian Nutritionist, 70002221 Rate: \$36.11/hr. Fringe Rate includes: Group Insurance, HSA ER Paid, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.</p>	\$75,118.28	42.877%	100.000%	12	100.00%	\$107,327	
<p>Maricela Caballero Human Services Support Specialist II, 70002167 Rate: \$30.26/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation 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.</p>	\$65,396.85	52.854%	100.000%	12	100.00%	\$99,962	
<p>Irene Ramos-Hernandez Human Services Support Specialist II, 70002309 Rate: \$30.26/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation 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.</p>	\$65,596.85	54.976%	100.000%	12	100.00%	\$101,659	
<p>Mary Rodriguez Human Services Support Specialist II, 70002307 Rate: \$30.26/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation 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.</p>	\$64,346.85	55.487%	100.000%	12	100.00%	\$100,051	
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>	

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Alejandra Rosales-Garcia Community Health Aide, 70002308 Rate: \$22.42/hr. Fringe Rate includes: Group Insurance, HSA ER Paid, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides direct client services including nutrition assessment, education and breastfeeding education	\$46,633.43	55.682%	100.000%	12	100.00%	\$72,600
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Jacqueline Chaidez Community Health Aide, 70002306 Rate: \$27.32/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides direct client services including nutrition assessment, education and breastfeeding education	\$58,585.72	66.590%	100.000%	12	100.00%	\$97,598
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Lilia Sandoval Office Assistant II, 70002122 Rate: \$25.79/hr. Fringe Rate includes: Group Insurance, HSA ER Paid, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.	\$56,294.57	56.271%	100.000%	12	100.00%	\$87,972
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Julio Pech-Garcia Office Assistant II, 70002144 Rate: \$25.79/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.	\$55,394.57	59.376%	100.000%	12	100.00%	\$88,286
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Maria Jimenez Office Assistant II, 70002144 Rate: \$25.79/hr. Fringe Rate includes: Group Insurance, Incentive Longevity, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.	\$55,244.57	59.448%	100.000%	12	100.00%	\$88,086
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Lisa Thomas Wilson Intermittent Hourly Registered Nurse, 70000163 Rate: \$32.31/hr. Fringe Rate includes: Group Insurance, HSA ER Paid, Medicare, NV Unemployment, Retirement, Worker's Compensation Position provides IBCLC consults.	\$67,204.80	1.750%	47.500%	12	100.00%	\$32,481
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
Intermittent Hourly Registered Dietitian Nutritionist, 70009889 Rate: \$32.93/hr. Fringe Rate includes: Medicare, NV Unemployment, Worker's Compensation Position provides fill in support when staff are on leave or caseload increases.	\$68,494.40	1.750%	15.000%	12	100.00%	\$10,454
	<u>Annual</u> <u>Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>

Total Fringe Cost	\$342,156	Total Salary Cost:	\$681,491
Total Budgeted FTE	10.67500		
		Total:	\$4,784

Travel				\$4,224	
Out-of-State Travel					
WC National Conference: TBD (Washington D.C.)					
	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$500 cost per trip (RNO to D.C. x 1 trip x 2 staff	\$ 500.00	1		2	\$ 1,000.00
Baggage fee: \$50/person x 1 trip x 2 staff	\$ 50.00	1		2	\$ 100.00
Per Diem: \$76 GSA rate for area x 1 trip x 5 days x 2 staff	\$ 76.00	1	5	2	\$ 760.00
Lodging: \$258 x 1 of trip x 4 of nights x 2 staff	\$ 258.00	1	4	2	\$ 2,064.00

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Ground Transportation: \$25/ r/trip x 1 trip x 4 days x 2 staff	\$ 25.00	1	4	2	\$ 200.00
Parking: \$10/day x 1 trip x 5 days x 2 staff	\$ 10.00	1	5	2	\$ 100.00

Justification:

Travel for Kelli Goatley-Seals, Program Manager, Soni Monga, RDN, and/or Kelcie Atkin, RDN, to the WIC National conference in 2022 - location and date TBD, expected to be in person in May/June.

In-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	\$560
Mileage: (\$.56 per mile x 10 mi per r/trip) x 25 trips x 4 staff	\$5,600	25		4	\$560

Justification:

Mileage is for staff travel between clinics and to outreach events.

Operating **Total: \$28,932**

Operating/Medical supplies \$700/mo. x 12 mo.	\$700	12	\$8,400.00
Office supplies \$7 amount x 11 of FTE staff x 12 of mo.	\$77	12	\$924.00
Rent: \$1634/mo. x 12 mos.	\$1,634	12	\$19,608.00

Justification: Operating and office supplies are for those items required to meet the standard day to day operations of the clinic and includes, but not limited to: masks & other PPE for staff/clients and additional cleaning supplies/services, replacement of Hemopoint Alere machines, monitors, headsets, and web cameras. The rent listed is for the clinic located on Moana, an increase in rent takes place on July 1, 2021. There is currently no rent required for the Incline Village Clinic.

Training **Total: \$3,050**

Meetings and Seminars	\$1,700.00
National WIC Conference registration x 3 staff	\$1,350.00

Justification: Meetings and seminars is to provide ongoing training opportunities to licensed and non-licensed staff to keep skills up to date, depending on opportunity may include in-person or virtual trainings. The National WIC conference registration is for the Program Manager and two RDs to attend

Other **Total: \$10,367**

Printing Services: \$30 amount/mo. x 12 mo.	\$360
Copier/Printer Lease: \$266.67 amount x 12 mo.	\$3,200
Repairs and Maintenance	\$250
Postage: \$30 per mo. x 12 mo.	\$360
Cell phone: \$56 per mo. x 12 mo.	\$672
Employee medical/fit testing	\$175
Books and subscriptions	\$75
Licenses/permits/Lab Certs	\$700
Registration (booth)/meeting room	\$200
Landline Telephones (2 clinics)	\$3,400
Language Line	\$300
Dues	\$75
WIC outreach	\$600

Justification: Items include standard office operational support including client communication. WIC Outreach includes promotion of WIC services to assist with increasing client caseload.

TOTAL DIRECT CHARGES **\$1,070,781**

MTDC **\$1,051,173**

Indirect Charges **Indirect Rate: 7.200% \$75,684**

Indirect Methodology: Indirect Methodology: Federally approved indirect rate x modified total direct costs (MTDC). If the subrecipient has never received a negotiated rate, a de minimis rate of 10% of MTDC may be used per 2 CFR § 200.414 Indirect (F&A) costs. Modified Total Direct Cost (\$1,070,582-\$19,608 = \$1,050,974 x 7.2% = \$75,670)

TOTAL BUDGET **Total: \$1,146,465**

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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

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

<u>FUNDING SOURCES</u>	USDA	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$1,146,465									\$1,146,465

EXPENSE CATEGORY

Personnel	\$1,023,648									\$1,023,648
Travel	\$4,784									\$4,784
Operating	\$28,932									\$28,932
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$3,050									\$3,050
Other Expenses	\$10,367									\$10,367
Indirect	\$75,684									\$75,684

TOTAL EXPENSE	\$1,146,465	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,146,465
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$75,684
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Total Agency Budget	\$1,146,465
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 **\$1,146,465**.
- 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.
- **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:

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- 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. #: **SG 25322**
 Budget Account: 3214
 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 Reno, NV 89512-2845
Subaward Period: October 1, 2021 – September 30, 2022	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	\$1,023,648.00	\$0.00	\$0.00	\$0.00	\$1,023,648.00	0.0%
2. Travel	\$4,784.00	\$0.00	\$0.00	\$0.00	\$4,784.00	0.0%
3. Operating	\$28,932.00	\$0.00	\$0.00	\$0.00	\$28,932.00	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	\$3,050.00	\$0.00	\$0.00	\$0.00	\$3,050.00	0.0%
7. Other	\$10,367.00	\$0.00	\$0.00	\$0.00	\$10,367.00	0.0%
8. Indirect	\$75,684.00	\$0.00	\$0.00	\$0.00	\$75,684.00	0.0%
Total	\$1,146,465.00	\$0.00	\$0.00	\$0.00	\$1,146,465.00	0.0%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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
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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

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

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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.

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 28, 2021

TO: District Board of Health

FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.gov

SUBJECT: Recommendation to approve a Settlement Agreement with VIA Motors, Inc., in the total amount of \$39,500.00 in resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012, and authorize the District Health Officer to execute the agreement.

SUMMARY

The Washoe County Health District, Air Quality Management Division (AQMD) has negotiated a settlement agreement with VIA Motors, Inc. (VIA), in resolution for the Beta Test Collaboration and Purchase Agreement entered in September of 2012. The settlement agreement states that VIA agrees to pay the AQMD \$39,500.00 and sign over the title for the beta test van.

District Health Strategic Priority supported by this item:

- 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.

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

On September 27, 2012, the Washoe County Health District, Air Quality Management Division (AQMD) entered a Beta Test Collaboration and Purchase Agreement with VIA Motors, Inc. (VIA) as a Fleet Test Partner. The Beta Test Collaboration and Purchase Agreement included the delivery of a beta-version electric vehicle for the AQMD to utilize for the purpose of identifying the potential improvements in fuel economy, reduced emissions, and other benefits. Participation in the beta test collaboration required the AQMD make a deposit of \$79,000.00 to be applied towards the purchase commitment of one production vehicle. The beta test program was scheduled for a period up to 1-year at which time the beta van would be replaced with the production vehicle on a first priority allocation of production vehicles. Since receipt of the beta test van, it has failed to function as promised and is currently non-operational.

FISCAL IMPACT

The AQMD will receive \$39,500.00 as part of the settlement.

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.



Subject: Approve a Settlement Agreement with VIA Motors, Inc., in the total amount of \$39,500.00 as resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012.

Date: October 28, 2021

Page 2 of 2

RECOMMENDATION

It is recommended that the Washoe County District Board of Health to approve a Settlement Agreement with VIA Motors, Inc., for VIA motors to pay AQMD \$39,500.00 and for AQMD to receive title of the Beta Test Vehicle as resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012, and authorize the District Health Officer to execute the agreement.

POSSIBLE MOTION

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

“Move to approve a Settlement Agreement with VIA Motors, Inc., for VIA motors to pay AQMD \$39,500.00 and for AQMD to receive title of the Beta Test Vehicle as resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012, and authorize the District Health Officer to execute the agreement.”

SETTLEMENT AGREEMENT AND RELEASE OF CLAIMS

This Settlement Agreement and Release of Claims (hereinafter "Agreement") is made and entered into by and between VIA Motors, Inc., (hereinafter referred to as "VIA"), a Delaware corporation, and Washoe County Health District, as a special district created pursuant to NRS Chapter 439. The Health District and VIA are individually referred to as "Party" and together as "Parties".

This Agreement arises from the Beta Test and Purchase Agreement (Beta Agreement) the Parties entered in September of 2012. The parties desired to resolve and settle all existing claims and disputes arising from the Beta Agreement and concerning the subject vehicle (Beta Test Van) on Wednesday, September 15, 2021, and reached a binding agreement on October 5, 2021, subject to the approval of the Washoe County District Board of Health.

NOW, THEREFORE, in consideration of the mutual covenants and promises and other good and valuable consideration set forth herein, VIA and the Health District agree as follows:

1. SETTLEMENT PAYMENT AND RELEASE OF CLAIMS: For and in consideration of VIA to sign over legal title of the Beta Test Van to the Health District and for the payment of thirty-nine thousand five hundred dollars and no cents (\$39,500.00) by VIA to the Health District; the Health District waives all claims and remedies available to it under the Beta Agreement. By signature to this Agreement, the parties agree to fully and forever releases, acquits and discharges, as well as their administrators, agencies, agents, assignees, attorneys, contractors, departments, directors, divisions, employees, employers, executors, heirs, insurers, officers, principals, representatives, servants, subrogees, subsidiaries, successors, and spouses, of and from any and all attorney's fees, causes of action, claims, costs, damages, expenses, indemnities, liabilities, and obligations of every kind and nature, in law, equity or otherwise, filed or otherwise, presently known and unknown, suspected and unsuspected, disclosed and undisclosed, which they now have against the other party by reason of any injury, loss and damages, actual and consequential, arising out of or in any way related to the subject of the litigation,

The aforementioned payment will be satisfied by a check payable to the Washoe County Health District by VIA, within 30 days of signature of approval by the Washoe County District Board of Health.

3. NO ADMISSIONS: It is understood and agreed by the parties hereto that this Agreement represents a compromise settlement of various matters, and that the promises of payment made in consideration of this Agreement shall not be construed to be an admission of any liability or obligation by any party hereto.

4. OTHER BENEFITS: Except as specifically set forth in this Agreement, the parties shall be entitled to no other benefits or other remuneration or compensation in settlement of any claims arising from and related to the matters that have and could have been raised and concerning all matters relating to its subject and any disputes between the VIA and the Health District.

5. ATTORNEY'S FEES AND COSTS: Each party shall pay its own attorney's fees and costs arising out of or in any way related to and or connected with this dispute except as otherwise noted herein.

6. ASSIGNMENT: The parties hereto represent that they have not previously assigned any claims, demands, actions and or causes of action arising out of or in any way related to this dispute.

7. CONSTRUCTION OF AGREEMENT: Each party to this Agreement has participated in the preparation and drafting of this Agreement. As such, the parties acknowledge that any doctrine of law which may operate to imply any ambiguity in this Agreement against any party hereto as the profferor of the Agreement is not applicable to this Agreement. Accordingly, this Agreement shall be interpreted as if the parties jointly and equally prepared and drafted each word, sentence and paragraph hereto.

8. APPLICABLE LAW: This Agreement shall be deemed to have been entered into and shall be construed and enforced in accordance with the laws of the State of Nevada, as applied to contracts made and to be performed entirely within Nevada. The parties hereto consent to the exclusive jurisdiction of the Second Judicial District Court of the State of Nevada, in and for the County of Washoe for the enforcement of this Agreement.

9. SUCCESSORS AND ASSIGNS: This Agreement shall inure to the benefit of each party and their affiliates, agencies, agents, assigns, contractors, departments, divisions, heirs, officers, directors, employees, independent representatives, parent corporations, partners, personal representatives, servants, shareholders, spouses, subsidiary corporations, and successors.

10. SEVERABILITY: The illegality or invalidity of any provision or portion of this Agreement shall not effect the validity of the remainder of the Agreement and this Agreement shall be construed as if such provision did not exist. The unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11. ENTIRETY OF AGREEMENT: The parties hereto have carefully read this Agreement in its entirety before signing the same, and it is understood by the parties hereto that this Agreement constitutes the entire Agreement of the parties hereto and such is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. This Agreement contains the entire agreement between the parties hereto and all the terms and provisions of this Agreement are contractual and are not merely recitals. This Agreement was signed and executed voluntarily and without reliance upon any statement or representation not specifically set forth in this Agreement. No modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

12. AUTHORITY TO EXECUTE: The parties hereto represent that they have the authority to execute this Agreement on behalf of the persons and entities on whose behalf they are

signing. Alan Perriton is the President of VIA Corporation. Kevin Dick as the Washoe County District Health Officer. The parties hereto further represent that the signatures on this Agreement are the genuine, usual and customary signatures of the persons executing this Agreement and are fully binding on such persons and entities, and each person signing is legally and mentally competent to sign this Agreement and is fully authorized by law to bind himself or the principal on whose behalf he is signing.

WHEREFORE, THE FOLLOWING PERSONS FREELY AND VOLUNTARILY SIGN THIS AGREEMENT ON THE DATES INDICATED BELOW:

DATED this 5th day of October, 2021.



Alan Perriton, VIA Motors, Inc

APPROVED AS TO FORM AND CONTENT:

Dated this 5th day of October, 2021.



Richard D. Clayton, counsel for VIA Corp.

DATED this _____ day of _____, 2021.

Kevin Dick,
Washoe County District Health Officer

APPROVED AS TO FORM AND CONTENT:

Dated this _____ day of _____, 2021.

Christopher J. Hicks
Washoe County District Attorney

By: _____
Charles W. Lehman
Deputy District Attorney
Attorney for Washoe County

DD FV _____
DHO _____ *AD*

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 28, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.gov
SUBJECT: Recommendation to re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021, through December 20, 2024.

SUMMARY

In accordance with the District Board of Health Regulations Governing Air Quality Management Section 020.025, Hearing Board Creation and Organization, staff is recommending the Board re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board (APCHB) for a three-year term.

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

December 17, 2009. DBOH approved the appointment of Mr. Richard Harris, JD, PhD, to the APCHB for a three-year term beginning on December 17, 2009, and concluding on December 17, 2012.

November 15, 2012. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, to the APCHB for a three-year term beginning on December 17, 2012, and concluding on December 17, 2015.

February 25, 2016. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, to the APCHB for a three-year term beginning on December 20, 2015, and concluding on December 20, 2018.

February 28, 2019. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, to the APCHB for a three-year term beginning on December 20, 2018, and concluding on December 20, 2021.

Subject: Recommendation to re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021, through December 20, 2024.

Date: October 28, 2021

Page 2 of 2

BACKGROUND

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

On September 7, 2021, the Air Quality Management Division (AQMD) issued a press release soliciting members of the community to apply to participate on the APCHB. The press release was posted to the AQMD website. In addition, the AQMD sent the press release to the email addresses of all individuals that have subscribed to the AQMD email list. Emails were also sent to other various organizations, including all District Board of Health (DBOH) members and NAIOP. Lastly, the AQMD posted the press release on social media such as Facebook and Twitter. The press release remains on the AQMD website under trending topics and can be found at the following link (OurCleanAir.com).

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

In total and to date, the AQMD has received a total of 16 applications to join the APCHB. Of the 16 applicants, Mr. Richard Harris, JD, PhD, is the only applicant that is currently admitted to practice law in Nevada.

FISCAL IMPACT

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

RECOMMENDATION

As the only applicant that is currently admitted to practice law in Nevada, Air Quality Management Division staff recommends the Washoe County District Board of Health re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021, through December 20, 2024.

POSSIBLE MOTION

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

“Move to re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021, through December 20, 2024.”

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Paradiso Communities, Case No. 1310, Notice of Violation No. AQMV21-0035 with a \$700.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0035 be **upheld** and a fine in the amount of **\$700.00** be levied against Paradiso Communities for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 April 28, 2021, Dust Control Permit APCP19-0175 issued to Paradiso Communities for the Silver Vista Village project expired. An application for a new Dust Control Permit was submitted on April 26, 2021. Required fees to issue Dust Control Permit APCP21-0086 were not paid until May 11, 2021, resulting in the site operating without an active Dust Control Permit for permit for twelve (12) days.

NOV No. AQMV21-0035 and associated documentation supporting the NOV was sent certified mail to the offices of Paradiso Communities and was received on August 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0035 was not exercised by Paradiso Communities within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0035 was determined to be final by the AQMD with a penalty amount of \$700.00.

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 Paradiso Communities, Case No. 1310, Notice of Violation No. AQMV21-0035, with a \$700.00 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 No. AQMV21-0035; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0035 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 Paradiso Communities, Case No. 1310, Notice of Violation No. AQMV21-0035 with a \$700.00 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. 1310, Notice of Violation No. AQMV21-0035, issued to Paradiso Communities", or
2. "Move to uphold Case No. 1310, Notice of Violation No. AQMV21-0035, 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 Paradiso Communities to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION No. AQMV21-0035
ISSUED TO**

**Paradiso Communities
Silver Vista Village
Military Road and Finnsech Drive Reno, Nevada
Date of Issuance: August 26, 2021
Case No.: 1310**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Paradiso Communities is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C. 3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one (1) acre or greater.

2. BASIS OF VIOLATION

A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On April 28, 2021, Dust Control Permit APCP19-0175 for the Silver Vista Village project expired. An application for a new Dust Control Permit was submitted on April 26, 2021. Required fees to issue Dust Control Permit APCP21-0086 were not paid

until May 11, 2021, resulting in the site operating without an active Dust Control Permit for permit for twelve (12) days.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

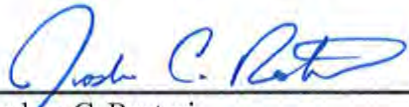
A. Appeal Procedure

Paradiso Communities is advised that within (10) working days of the receipt of this Notice of Violation, Paradiso Communities may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$700.00.

Aug. 26, 2021
Date


Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name Paradiso Communitites
Contact Name John Foley
Case Number 1310

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

I. **Recommended Penalty** = \$ 700.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 700.00


Senior AQ Specialist/Supervisor

Aug. 26, 2021
Date

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

Company Name Paradiso Communitates
 Contact Name John Foley
 Case Number 1310
 Violation Number AQMV21-0035
 Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements
 Permit Condition n/a

I. **Base Penalty as specified in the Penalty Table** = \$ **700.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative violation

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

B. **Adjusted Base Penalty**

Base Penalty \$ 700.00 x Adjustment Factor 1 = \$ **700.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 700.00 x Number of Days/Weeks/Mo **1** = \$ **700.00**

Comment: Administrative violation

D. **Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ **0.00**

Comment: No economic benefit was associated with this violation.

Penalty Subtotal

Adjusted Base Penalty \$ 700.00 + Economic Benefit \$ 0.00 = \$ **700.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%) 0%

Comment Administrative violation

B. Compliance History

Similar Violation < 12 months (300%) + 0%

Similar Violation < 3 years (200%) + 0%

Similar Violation > 3 years (150%) + 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Administrative violation

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 700.00	x	0%		=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 700.00	+/-	\$ 0.00	=	\$	700.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty

Joshua C. Rostand
Senior AQ Specialist/Supervisor

Aug. 26, 2021
Date

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Majestic Realty Company, Case No. 1311, Notice of Violation No. AQMV21-0039 with a \$1,000.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0039 be **upheld** and a fine in the amount of **\$1,000.00** be levied against Majestic Realty Company for failing to comply with the provisions of Dust Control Permit No. APCP21-0008, specifically Condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 May 10, 2021, an Air Quality Specialist Trainee (AQST) observed visible fugitive dust from the Majestic Realty Company's North Valley Industrial Project (APCP21-0008). The AQST initiated an EPA Reference Method 22 observation of the site. The AQST documented over 5 minutes of visible fugitive dust in less than a 1-hour period. This exceeds the standard set in the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1.

NOV No. AQMV21-0039 and associated documentation supporting the NOV was sent certified mail to the offices of Majestic Realty Company and was received on August 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512
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An appeal of NOV No. AQMV21-0039 was not exercised by Majestic Realty Company within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0039 was determined to be final by the AQMD with a penalty amount of \$1,000.00.

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 Majestic Realty Company, Case No. 1311, Notice of Violation No. AQMV21-0039, with a \$1,000.00 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 No. AQMV21-0039; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0039 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 Majestic Realty Company, Case No. 1311, Notice of Violation No. AQMV21-0039 with a \$1,000.00 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. 1311, Notice of Violation No. AQMV21-0039, issued to Majestic Realty Company", or
2. "Move to uphold Case No. 1311, Notice of Violation No. AQMV21-0039, 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 Majestic Realty Company to be properly noticed."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512

NOTICE OF VIOLATION No. AQMV21-0039 ISSUED TO

Majestic Realty Company
North Valley Industrial Project
North Virginia and Lemmon Valley Road, Reno, Nevada
Permit Number: APCP21-0008
Date of Issuance: August 26, 2021
Case No.: 1311

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Majestic Realty Company is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.1.

1. VIOLATION

- A. Failure to comply with the provisions of Dust Control Permit No. APCP21-0008. Specifically, Permit Condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1).

2. BASIS OF VIOLATION

A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 1.: **VISIBLE EMISSIONS PROHIBITION:** The owner and/or operator of a source engaging in dust generating activities shall not allow visible fugitive dust emissions for a period or periods accumulating more than 5 minutes in any hour.

B. Facts to Constitute the Violation

On May 10, 2021, an Air Quality Specialist Trainee (AQST) observed visible fugitive dust from the North Valley Industrial Project site. The AQST initiated an EPA Reference Method 22 observation of the site. The AQST documented over 5 minutes



of visible fugitive dust in less than a 1-hour period. This exceeds the standard set in the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

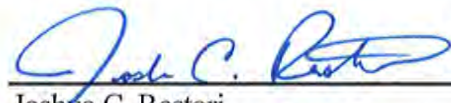
A. Appeal Procedure

Majestic Realty Company is advised that within (10) working days of the receipt of this Notice of Violation, Majestic Realty Company may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,000.00.

Aug. 26, 2021
Date



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name Majestic Realty Company
Contact Name Cori Clark
Case Number 1311

I. Violation of Section 040.030 Section C.1.

I. Recommended Penalty = \$ 1000.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 1,000.00



Senior AQ Specialist/Supervisor

Aug. 26, 2021

Date

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

Company Name Majestic Realty Company
 Contact Name Cori Clark
 Case Number 1311
 Violation Number AQMV21-0039

Violation of Section 040.030 Section C.1.
 Permit Condition Condition No.12 of Permit No. APCP21-0008

I. Base Penalty as specified in the Penalty Table = \$ **1,000.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Penalty by rule

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Penalty by rule

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

B. Adjusted Base Penalty

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

Comment: Penalty by rule

D. Economic Benefit

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: Penalty by rule

Penalty Subtotal

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5 Years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 1,000.00	x	0%	=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00	=	\$ 1,000.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty



Senior AQ Specialist/Supervisor

Aug. 26, 2021

Date

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Truckee Meadows Construction, Case No. 1312, Notice of Violation No. AQMV21-0038 with a \$550.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0038 be **upheld** and a fine in the amount of **\$550.00** be levied against Truckee Meadows Construction for failure to obtain a Dust Control Permit (DCP) prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 April 14, 2021, an Air Quality Specialist (AQS) observed an active construction site at 1110 South Rock Boulevard in Reno, NV 89502. The dust generating activity associated with the site was determined to be over (1) acre in size and the site did not have an active DCP.

An application to obtain a DCP was submitted to the AQMD on April 14, 2021 after the AQS advised Truckee Meadows Construction of the requirement of obtaining a DCP prior to the commencement of a dust generating activity of (1) acre or more in size. The DCP application was processed by the AQMD and DCP No. APCP21-0081 was issued to Truckee Meadows Construction on April 19, 2021, approximately (4) days after initial observation of the observation of the dust generating activity.

NOV No. AQMV21-0038 and associated documentation supporting the NOV was sent certified mail to the offices of Truckee Meadows Construction and was received on August 31, 2021. The

AIR QUALITY MANAGEMENT

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certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0038 was not exercised by Truckee Meadows Construction within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0038 was determined to be final by the AQMD with a penalty amount of \$550.00.

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 Truckee Meadows Construction, Case No. 1312, Notice of Violation No. AQMV21-0038, with a \$550.00 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 No. AQMV21-0038; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0038 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 Truckee Meadows Construction, Case No. 1312, Notice of Violation No. AQMV21-0038 with a \$550.00 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. 1312, Notice of Violation No. AQMV21-0038, issued to Truckee Meadows Construction”, or
2. “Move to uphold Case No. 1312, Notice of Violation No. AQMV21-0038, 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 Truckee Meadows Construction to be properly noticed.”

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512

NOTICE OF VIOLATION No. AQMV21-0038 ISSUED TO

**Truckee Meadows Construction
7-Eleven Project
1110 South Rock Boulevard Reno, Nevada
Date of Issuance: August 26, 2021
Case No.: 1312**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Truckee Meadows Construction is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3 Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation
On April 14, 2021, an Air Quality Specialist (AQS) observed an active construction site at 1110 South Rock Boulevard in Reno, NV 89502. The site disturbance was determined to be over 1 acre in size and the site did not have an active Dust Control Permit.



An application to obtain a Dust Control Permit was submitted to the AQMD on April 14, 2021. The Dust Control Permit application was processed by the AQMD and Dust Control Permit No. APCP21-0081 was issued on April 19, 2021.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Truckee Meadows Construction is advised that within (10) working days of the receipt of this Notice of Violation, Truckee Meadows Construction may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$550.00.

Date

Aug. 26, 2021



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name Truckee Meadows Construction
Contact Name Stephanie DeGayner
Case Number 1312

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

I. Recommended Penalty = \$ 550.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 550.00



Senior AQ Specialist/Supervisor

Aug. 26, 2021
Date

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

Company Name Truckee Meadows Construction
 Contact Name Stephanie DeGayner
 Case Number 1312
 Violation Number AQMV21-0038

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **550.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 550.00 x Adjustment Factor 1 = \$ **550.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 550.00 x Number of Days/Weeks/Mo **1** = \$ **550.00**

Comment: Administrative violation

D. Economic Benefit

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 550.00 + Economic Benefit \$ 0.00 = \$ **550.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Administrative violation

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Administrative violation

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

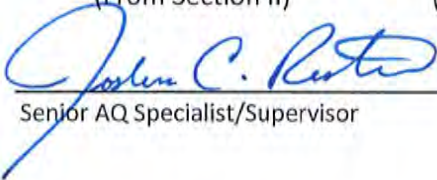
\$ 550.00	x	0%		=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 550.00	+/-	\$ 0.00		=	\$ 550.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty


Senior AQ Specialist/Supervisor

Aug. 26, 2021
Date

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 4, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Indoor Sports Holdings, LLC, Case No. 1313, Notice of Violation No. AQMV21-0040 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0040 be **upheld** and a fine in the amount of **\$600.00** be levied against Indoor Sports Holdings, LLC for failure to obtain a Dust Control Permit (DCP) prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 April 14, 2021, a Senior Air Quality Specialist observed an active construction site at 1465 South Meadows Parkway in Reno, Nevada (APN: 163-240-15). The total soil disturbance for the site appeared to be 2-3 acres. Upon further investigation, the Specialist determined that the project did not have an active Dust Control Permit.

An application to obtain a Dust Control Permit was submitted to the AQMD on April 22, 2021. The Dust Control Permit application was processed by the AQMD and Dust Control Permit No. APCP21-0083 was issued to Indoor Sports Holdings, LLC on May 4, 2021 approximately 20 days after initial observation of the active site.

NOV No. AQMV21-0040 and associated documentation supporting the NOV was sent certified mail to the offices of Indoor Sports Holdings, LLC and was received on August 30, 2021. The

certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0040 was not exercised by Indoor Sports Holdings, LLC within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0040 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 Indoor Sports Holdings, LLC, Case No. 1313, Notice of Violation No. AQMV21-0040, with a \$600.00 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 No. AQMV21-0040; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0040 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 Indoor Sports Holdings LLC, Case No. 1313, Notice of Violation No. AQMV21-0040 with a \$600.00 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. 1313, Notice of Violation No. AQMV21-0040, issued to Indoor Sports Holdings, LLC or
2. “Move to uphold Case No. 1313, Notice of Violation No. AQMV21-0040, 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 Indoor Sports Holdings, LLC to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION No. AQMV21-0040
ISSUED TO**

**Indoor Sports Holdings, LLC
Sportsdome Project
1465 South Meadows Parkway Reno, Nevada 89521
Date of Issuance: August 26, 2021
Case No.: 1313**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Indoor Sports Holdings, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation
On April 14, 2021, a Senior Air Quality Specialist observed an active construction site at 1465 South Meadows Parkway in Reno, Nevada (APN: 163-240-15). The total soil disturbance for the site appeared to be 2-3 acres. Upon further investigation, the Specialist determined that the project did not have an active Dust Control Permit.



An application to obtain a Dust Control Permit was submitted to the AQMD on April 22, 2021. The Dust Control Permit application was processed by the AQMD and Dust Control Permit No. APCP21-0083 was issued to Indoor Sports Holdings, LLC on May 4, 2021.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

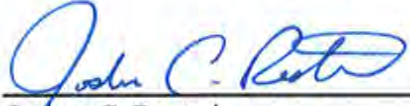
A. Appeal Procedure

Indoor Sports Holdings, LLC. is advised that within (10) working days of the receipt of this Notice of Violation, Indoor Sports Holdings, LLC. may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

Aug. 26, 2021
Date



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name Indoor Sports Holdings, LLC.
Contact Name Owen Blake
Case Number 1313

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

I. Recommended Penalty = \$ 600.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 600.00



Senior AQ Specialist/Supervisor

Aug. 26, 2021

Date

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

Company Name Indoor Sports Holdings, LLC.
 Contact Name Owen Blake
 Case Number 1313
 Violation Number AQMV21-0040

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

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

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative violation

D. Economic Benefit

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: No economic benefit was associated with this violation.

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Administrative violation

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Administrative violation

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

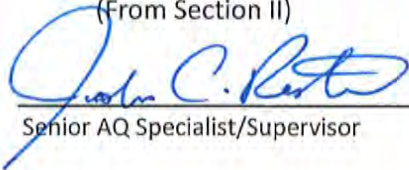
\$ 600.00	x	0%	=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$


Comment: _____

Adjusted Penalty:

\$ 600.00	+/-	\$ 0.00	=	\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty


Senior AQ Specialist/Supervisor

Aug. 26, 2021
Date

DD_FV _____	
DHO _____	

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 4, 2021

TO: District Board of Health

FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Nevada Tri Partners, Case No. 1314, Notice of Violation No. AQMV21-0041 with a \$1,550.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0041 be **upheld** and a fine in the amount of **\$1,550.00** be levied against Nevada Tri Partners for failure to obtain a Dust Control Permit (DCP) prior to the commencement of a dust generating activity. This action is a **minor** violation of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 May 13, 2021, a Senior Air Quality Specialist (AQST) observed construction activity on APN: 140-731-02 located north of the intersection of Rio Wrangler Parkway and Green Pasture Drive. Upon further investigation, the Specialist determined that the project did not have an active Dust Control Permit. Disturbance appeared to cover most of the site at approximately 11 acres.

An application to obtain a Dust Control Permit for the Damonte Ranch Village 26 project was submitted to the AQMD on April 28, 2021 and processed the following day. The applicant was notified by email on April 29, 2021 that the payment was due for the Dust Control Permit however payment was not made until May 13, 2021 after the Specialist had completed an inspection of the project. Dust Control Permit APCP21-0085 was issued to Nevada Tri Partners on May 14, 2021.

NOV No. AQMV21-0041 and associated documentation supporting the NOV was sent certified mail to the offices of Nevada Tri Partners and was received on August 28, 2021. The certified mail

contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0041 was not exercised by Nevada Tri Partners within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0041 was determined to be final by the AQMD with a penalty amount of \$1,550.00.

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 Nevada Tri Partners, Case No. 1314, Notice of Violation No. AQMV21-0041, with a \$1,550.00 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 No. AQMV21-0041; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0041 and levy any fine in the range of \$0.00 to \$1,550.00 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 Nevada Tri Partners, Case No. 1314, Notice of Violation No. AQMV21-0041 with a \$1,550.00 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. 1314, Notice of Violation No. AQMV21-0041, issued to Nevada Tri Partners or
2. “Move to uphold Case No. 1314, Notice of Violation No. AQMV21-0041, and levy a fine in the amount of (*range of \$0.00 to \$1,550.00*) per day for each violation, with the matter being continued to the next meeting to allow for Nevada Tri Partners to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION No. AQMV21-0041
ISSUED TO**

**Nevada Tri Partners
Damonte Ranch Village 26
Rio Wrangler Parkway and Green Pasture Drive Reno, Nevada 89521
Date of Issuance: August 26, 2021
Case No.: 1314**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Nevada Tri Partners is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation
On May 13, 2021, a Senior Air Quality Specialist (AQST) observed construction activity on APN: 140-731-02 located north of the intersection of Rio Wrangler Parkway and Green Pasture Drive. Upon further investigation, the Specialist



determined that the project did not have an active Dust Control Permit. Disturbance appeared to cover most of the site at approximately 11 acres.

An application to obtain a Dust Control Permit for the Damonte Ranch Village 26 project was submitted to the AQMD on April 28, 2021 and processed the following day. The applicant was notified by email on April 29, 2021 that the payment was due for the Dust Control Permit however payment was not made until May 13, 2021 after the Specialist had completed an inspection of the project. Dust Control Permit APCP21-0085 was issued to Nevada Tri Partners on May 14, 2021.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

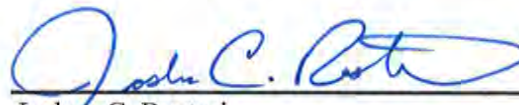
Nevada Tri Partners is advised that within (10) working days of the receipt of this Notice of Violation, Nevada Tri Partners may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,550.00.

Aug. 26, 2021

Date



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name Nevada Tri Partners
Contact Name Tom Di Loreto
Case Number 1314

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

I. **Recommended Penalty** = \$ 1550.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 1,550.00



Senior AQ Specialist/Supervisor

Aug. 26, 2021

Date

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

Company Name Nevada Tri Partners
 Contact Name Tom Di Loreto
 Case Number 1314
 Violation Number AQMV21-0041
 Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **1,550.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 1,550.00 x Adjustment Factor 1 = \$ **1,550.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 1,550.00 x Number of Days/Weeks/Mo **1** = \$ **1,550.00**

Comment: Administrative violation

D. Economic Benefit

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 1,550.00 + Economic Benefit \$ 0.00 = \$ **1,550.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Administrative violation

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Administrative violation

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

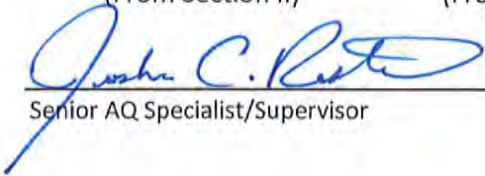
\$ 1,550.00	x	0%		=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 1,550.00	+/-	\$ 0.00	=	\$ 1,550.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty



Senior AQ Specialist/Supervisor

Aug. 26, 2021

Date

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 4, 2021

TO: District Board of Health

FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to D. R. Horton Inc., Case No. 1320, Notice of Violation No. AQMV21-0046 with a \$1,000.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0046 be **upheld** and a fine in the amount of **\$1,000.00** be levied against D. R. Horton Inc. for failing to comply with the provisions of Dust Control Permit No. APCP20-0200, specifically Condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 (Dust Control) Section C. (Standards) 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 June 7, 2021 an Air Quality Specialist Trainee (AQST) responded to a fugitive dust complaint at the Silver Dollar Estates Area 4 project located at Silver Dollar Lane and Trading Post Road in Reno, Nevada. The project is covered under Dust Control Permit No. APCP20-0200 which was issued to D. R. Horton Inc. on November 6, 2020. During the complaint investigation, the AQST documented, by EPA Reference Method 22, more than 5 minutes of visible fugitive dust emissions from the Silver Dollar Estates project activities.

NOV No. AQMV21-0046 and associated documentation supporting the NOV was sent certified mail to the offices of D. R. Horton Inc. and was received on September 8, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

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.



An appeal of NOV No. AQMV21-0046 was not exercised by D. R. Horton Inc. within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0046 was determined to be final by the AQMD with a penalty amount of \$1,000.00.

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 D. R. Horton Inc., Case No. 1320, Notice of Violation No. AQMV21-0046, with a \$1,000.00 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 No. AQMV21-0046; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0046 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 D. R. Horton Inc., Case No. 1320, Notice of Violation No. AQMV21-0046 with a \$1,000.00 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. 1320, Notice of Violation No. AQMV21-0046, issued to D. R. Horton Inc. or
2. "Move to uphold Case No. 1320, Notice of Violation No. AQMV21-0046, 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 D. R. Horton Inc. to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION No: AQMV21-0046
ISSUED TO**

**DR Horton Inc.
Silver Dollar Estates Area 4
Silver Dollar Lane and Trading Post Road
Reno, Nevada
Permit Number: APCP20-0200
Date of Issuance: September 2, 2021
Case No.: 1320**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that DR Horton Inc. is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.1. Visible Emissions Prohibition.

1. VIOLATION

- A. Failure to comply with the provisions of the provisions of Dust Control Permit APCP20-0200, specifically Condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1.).

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1. **VISIBLE EMISSIONS PROHIBITION:** The owner and/or operator of a source engaging in dust generating activities shall not allow visible fugitive dust emissions for a period or periods accumulating more than 5 minutes in any hour.
- B. Facts to Constitute the Violation
On June 7, 2021 an Air Quality Specialist Trainee (AQST) responded to a fugitive dust complaint at the Silver Dollar Estates Area 4 project. The project is covered under Dust Control Permit No. APCP20-0200 which was issued to DR Horton Inc. on November 6, 2020. During the complaint investigation, the AQST documented by

EPA Reference Method 22 more than 5 minutes of visible fugitive dust emissions from the Silver Dollar Estates project activities.

3. APPEAL PROCEDURE AND TIME LIMITATIONS


A. Appeal Procedure

DR Horton Inc. is advised that within (10) working days of the receipt of this Notice of Violation, DR Horton Inc. may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,000.00.

Sept. 2, 2021
Date



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

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

Company Name DR Horton Inc.
Contact Name John Nolan
Case Number 1320

I. Violation of Section 040.030 Section C.1. Visible Emissions Prohibition

I. Recommended Penalty = \$ 1000.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 1,000.00



Senior AQ Specialist/Supervisor

Sept. 2, 2021

Date

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

Company Name DR Horton Inc.
 Contact Name John Nolan
 Case Number 1320
 Violation Number AQMV21-0046
 Violation of Section 040.030 Section C.1. Visible Emissions Prohibition
 Permit Condition Condition No. 12

I. Base Penalty as specified in the Penalty Table = \$ **1,000.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Penalty by Rule

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Penalty by Rule

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

B. Adjusted Base Penalty

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

Comment: Penalty by Rule

D. Economic Benefit

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: Penalty by Rule

Penalty Subtotal

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%) 0%

Comment Penalty by Rule

B. Compliance History

Similar Violation < 12 months (300%) + 0%

Similar Violation < 3 years (200%) + 0%

Similar Violation > 3 years (150%) + 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations + 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B 0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 1,000.00	x	0%		=	\$ 0.00	
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value	

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00		=	\$ 1,000.00	
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty	


Senior AQ Specialist/Supervisor

Sept. 2, 2021
Date

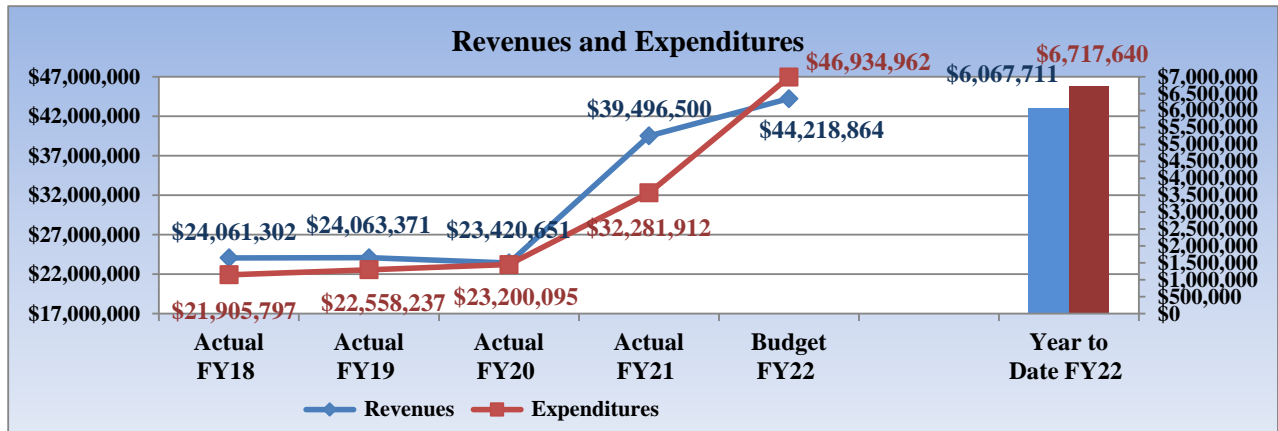
DD	NA
DHO	KD

Staff Report
Board Meeting Date: October 28, 2021

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 September, Fiscal Year 2022

SUMMARY

The first quarter of FY22 ended with a cash balance of \$14,955,552. The total revenues were \$6,067,711 or 13.7% of budget and up 4.5%, \$261,201 more than FY21. The expenditures totaled \$6,717,640 or 14.3% of budget up \$981,849 or 17.1% compared to FY21 with the largest single increase of \$762,638 in temporary help for the COVID-19 response and filling of vacant positions.



District Health Strategic Priority supported by this item:

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.

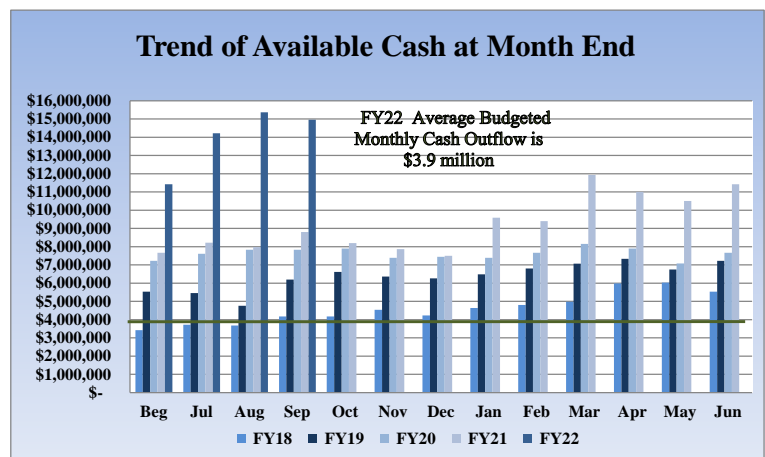
PREVIOUS ACTION

Fiscal Year 2022 Budget was adopted May 19, 2021.

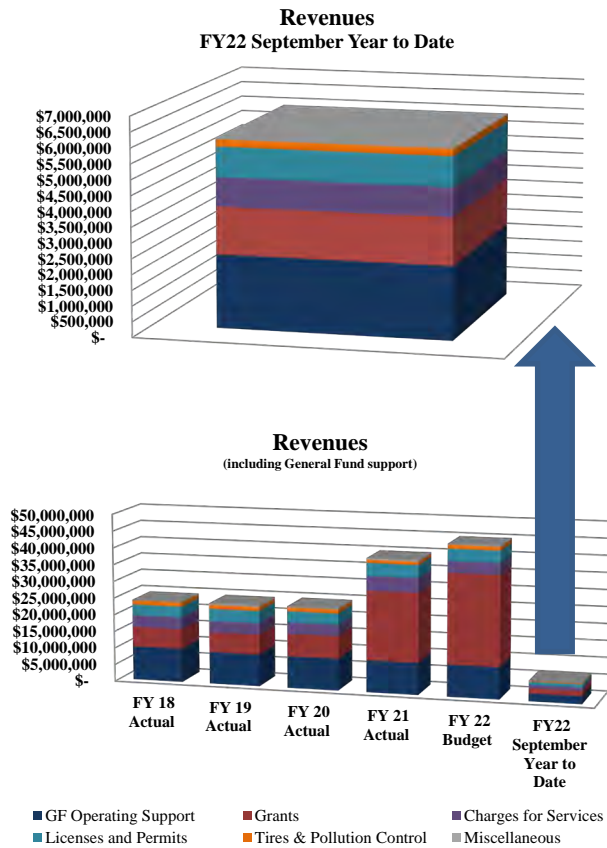
BACKGROUND

Review of Cash

The available cash at the end of September, FY22, was \$14,955,552 which is enough to cover approximately 3.8 months of expenditures. The cash balance is \$6,148,492 greater than September of FY21. The encumbrances and other liability portion of the cash totals \$6.3 million; the cash restricted as to use is approximately \$2.0 million; leaving a balance of \$6.7 million.

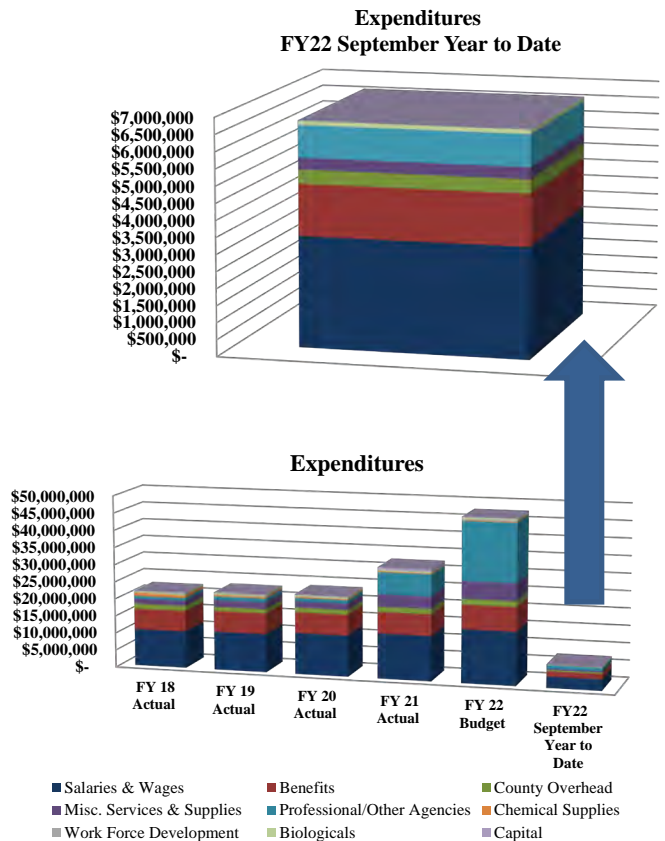


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$6,067,711 up \$261,201 or 4.5% compared to September FY21. The revenue categories up over FY21 were licenses and permits of \$977,966 up \$163,568 or 20.1% with the single largest increase of \$80,813 being in Environmental Health Special Event permits; Federal and State grants of \$1,522,371 up \$338,310 or 28.6% mainly due to the federal grants for the COVID-19 response; and tire and pollution control revenue of \$235,706 up \$35,129 or 17.5%. The revenue categories down compared to FY21 were charges for services of \$940,602 down \$231,518 or 19.8% mainly due to \$235,272 decline in Air Quality Dust Plan revenue and miscellaneous revenues of \$9,852 down \$46,288. The County General Fund support of \$2,379,214 is level compared to FY21 and has remained level since FY19.

The total year to date **expenditures** of \$6,717,640 were up \$981,849 or 17.1% compared to FY21. Salaries and benefits expenditures for FY22 were \$4,857,670 up \$350,372 or 7.8% over the prior year and 21.5% of budget. The total services and supplies of \$1,859,970 were up \$631,477 or 51.4% compared to FY21 and 7.6% of budget. The major expenditures included in the services and supplies were the professional services, which totaled \$950,414 up \$827,634 mainly due to an increase of \$762,638 for temporary help for the COVID-19 response; the biologicals of \$119,787 were up \$21,761; chemical supplies were not needed in September, so no expenditures were made; and County overhead charges of \$421,072 up \$35,854 or 9.3% over FY21. There were no capital expenditures in September FY22.



Review of Revenues and Expenditures by Division

ODHO has spent \$341,590 up \$195,829 or 134.3% over FY21 mainly due to the reallocation of staff off the COVID-19 response, filling vacant positions and funding spent for community public health initiatives that were delayed in FY21 due to the COVID-19 response.

AHS has spent \$272,155 up \$21,763 or 8.7% compared to FY21 due to the staff working the COVID-19 response in FY21 returning to their normal operations.

AQM revenues were \$694,224 down \$277,073 or 28.5% mainly due to a one-time payment of \$262,197 in Dust Plans in FY21 not received in FY22. The Division spent \$708,090 up \$44,856 or 6.8% due to vacancies now being filled and staff working the COVID-19 response in FY21 that are now back to working normal operations.

CCHS revenues were \$726,417 up \$126,434 or 21.1% over FY21 mainly due to an increase in grant funding in the Immunization Program. The division spent \$2,250,706 up \$445,055 or 24.6% more than FY21 mainly due to additional staff, supplies and equipment needed for the COVID-19 Immunization response.

EHS revenues were \$1,176,128 down \$392,419 or 25.0% over FY21 mainly due to the \$500,000 one-time funding from SB4 for the COVID-19 response received in FY21. Total expenditures were \$1,502,535 up \$187,511 or 14.3% compared to FY21 mainly due to the reallocation of staff off the COVID-19 response.

EPHP revenues were \$1,091,728 up \$804,260 or 279.8% due to the increased funding for the COVID-19 response. The division spent \$1,642,564 up \$86,836 or 5.6% over FY21 due to temporary staff required for the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2017/2018 through September Year to Date Fiscal Year 2021/2022 (FY22)									
	Actual Fiscal Year			FY 2020/2021		Fiscal Year 2021/2022			
	2017/2018	2018/2019	2019/2020	Year End (unaudited)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY22 Increase over FY21
Revenues (all sources of funds)									
ODHO	3,365	-	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	3,543,340	3,443,270	3,493,840	3,966,854	971,297	3,591,431	694,224	19.3%	-28.5%
CCHS	4,179,750	4,104,874	4,044,674	5,107,072	599,983	8,094,934	726,417	9.0%	21.1%
EHS	4,428,294	4,871,791	4,297,872	5,389,858	1,568,547	4,389,356	1,176,128	26.8%	-25.0%
EPHP	1,854,862	2,126,580	2,067,409	15,515,861	287,468	18,626,287	1,091,728	5.9%	279.8%
GF support	10,051,691	9,516,856	9,516,856	9,516,856	2,379,214	9,516,856	2,379,214	25.0%	0.0%
Total Revenues	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 39,496,500	\$ 5,806,510	\$ 44,218,864	\$ 6,067,711	13.7%	4.5%
Expenditures (all uses of funds)									
ODHO	826,325	1,336,494	1,153,186	776,920	145,761	2,477,840	341,590	13.8%	134.3%
AHS	1,016,660	1,059,669	1,083,771	1,040,308	250,392	1,511,936	272,155	18.0%	8.7%
AQM	2,936,261	2,935,843	2,985,827	2,778,205	663,234	3,875,133	708,090	18.3%	6.8%
CCHS	7,538,728	7,700,440	7,547,364	7,925,975	1,805,651	12,339,299	2,250,706	18.2%	24.6%
EHS	7,030,470	6,669,768	5,815,690	5,935,159	1,315,024	7,328,490	1,502,535	20.5%	14.3%
EPHP	2,557,352	2,856,024	4,614,255	13,825,345	1,555,728	19,402,264	1,642,564	8.5%	5.6%
Total Expenditures	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 32,281,912	\$ 5,735,791	\$ 46,934,962	\$ 6,717,640	14.3%	17.1%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(822,960)	(1,336,494)	(1,153,186)	(776,920)	(145,761)	(2,477,840)	(341,590)		
AHS	(1,016,660)	(1,059,669)	(1,083,771)	(1,040,308)	(250,392)	(1,511,936)	(272,155)		
AQM	607,078	507,427	508,014	1,188,649	308,063	(283,703)	(13,866)		
CCHS	(3,358,978)	(3,595,566)	(3,502,690)	(2,818,903)	(1,205,668)	(4,244,365)	(1,524,289)		
EHS	(2,602,177)	(1,797,977)	(1,517,818)	(545,301)	253,523	(2,939,134)	(326,407)		
EPHP	(702,490)	(729,444)	(2,546,846)	1,690,516	(1,268,260)	(775,977)	(550,836)		
GF Operating	10,051,691	9,516,856	9,516,856	9,516,856	2,379,214	9,516,856	2,379,214		
Surplus (deficit)	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ 7,214,588	\$ 70,719	\$ (2,716,098)	\$ (649,929)		
Fund Balance (FB)	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093	\$ 15,276,681		\$ 12,560,583			
FB as a % of Expenditures	28.9%	34.8%	34.8%	47.3%		26.8%			
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 September, Fiscal Year 2022.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for September, Fiscal Year 2022.

Attachment:

Health District Fund financial system summary report

Period: 1 thru 3 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
422503 Environmental Permits	129,414-	23,486-	105,928-	18	127,376-	22,968-	104,408-	18
422504 Pool Permits	310,595-	48,265-	262,330-	16	305,703-	49,524-	256,180-	16
422505 RV Permits	29,856-	8,006-	21,850-	27	29,386-	8,596-	20,790-	29
422507 Food Service Permits	1,662,560-	415,863-	1,246,697-	25	1,636,378-	386,201-	1,250,176-	24
422508 Wat Well Const Perm	95,000-	39,670-	55,330-	42	91,018-	46,890-	44,128-	52
422509 Water Company Permits	3,351-	1,713-	1,638-	51	3,298-	3,308-	11	100
422510 Air Pollution Permits	691,950-	187,935-	504,015-	27	709,437-	175,318-	534,119-	25
422511 ISDS Permits	420,000-	130,515-	289,485-	31	412,744-	101,370-	311,374-	25
422513 Special Event Permits	125,000-	79,800-	45,200-	64	194,950-	1,013	195,963-	1-
422514 Initial Applic Fee	118,000-	42,714-	75,286-	36	116,022-	21,236-	94,786-	18
* Licenses and Permits	3,585,726-	977,966-	2,607,760-	27	3,626,311-	814,398-	2,811,913-	22
431100 Federal Grants	25,814,769-	1,346,732-	24,468,038-	5	38,626,377-	1,057,718-	37,568,659-	3
431105 Fed. Grants-Indirect	597,362-	150,093-	447,268-	25	508,832-	70,484-	438,349-	14
432100 State Grants	300,729-	22,501-	278,228-	7	673,512-	49,549-	623,963-	7
432105 State Grants-Indirect	41,069-	3,045-	38,025-	7	41,013-	6,311-	34,703-	15
432310 Tire Fee NRS 444A.090	525,000-	147,656-	377,344-	28	525,000-	123,927-	401,073-	24
432311 Pol Ctrl 445B.830	610,000-	88,050-	521,950-	14	628,105-	76,650-	551,455-	12
* Intergovernmental	27,888,929-	1,758,076-	26,130,853-	6	41,002,839-	1,384,638-	39,618,201-	3
460160 Other General Govt		48-	48			24-	24	
460162 Services O Agencies	5,000-		5,000-		10,000-		10,000-	
460500 Other Immunizations	66,040-	20,483-	45,557-	31	65,000-	22,009-	42,991-	34
460501 Medicaid Clinic Svcs	158,496-	64,370-	94,126-	41	156,000-	40,347-	115,653-	26
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth Death Certific	597,476-	199,721-	397,755-	33	589,467-	167,214-	422,253-	28
460512 Duplication Service								
460513 Other Health Service	70,000-	31,490-	38,510-	45	68,154-	46,377-	21,777-	68
460514 Food Service Certifi								
460516 Pgm Inc-3rd Prty Rec	226,568-	76,110-	150,458-	34	223,000-	94,356-	128,644-	42
460518 STD Fees	15,240-	3,580-	11,660-	23	15,000-	11,918-	3,082-	79
460519 Outpatient Services								
460520 Eng Serv Health	300,000-	96,594-	203,406-	32	295,255-	86,407-	208,848-	29
460521 Plan Review - Pools	2,500-		2,500-		2,588-	3,008-	420	116
460523 Plan Review - Food S	102,000-	18,178-	83,822-	18	99,442-	25,302-	74,140-	25
460524 Family Planning	89,408-	34,016-	55,392-	38	88,000-	24,482-	63,518-	28
460525 Plan Review - Vector	84,169-	27,669-	56,500-	33	82,843-	31,207-	51,636-	38
460526 Plan Review-Air Quality	115,994-	23,013-	92,981-	20	118,045-	25,505-	92,539-	22
460527 NOE-AQM	288,220-	67,684-	220,536-	23	272,665-	87,859-	184,806-	32
460528 NESHAP-AQM	246,130-	53,427-	192,703-	22	249,213-	44,516-	204,697-	18
460529 Assessments-AQM	84,500-	21,958-	62,542-	26	120,422-	20,115-	100,308-	17
460530 Inspector Registr-AQ	2,240-	110-	2,130-	5	3,485-		3,485-	
460531 Dust Plan-Air Quality	664,600-	126,657-	537,943-	19	578,414-	361,928-	216,486-	63

Period: 1 thru 3 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
460532 Plan Rvw Hotel/Motel								
460534 Child Care Inspection	23,700-	7,722-	15,978-	33	23,263-	7,370-	15,893-	32
460535 Pub Accomod Inspectn	30,000-	6,231-	23,769-	21	29,316-	7,706-	21,611-	26
460570 Education Revenue								
460723 Other Fees	223,061-	61,542-	161,518-	28	230,234-	64,471-	165,763-	28
461202 OH-Health								
* Charges for Services	3,395,342-	940,602-	2,454,740-	28	3,319,806-	1,172,120-	2,147,686-	35
441079 COVID Non Comp Fines		2,000-	2,000					
* Fines and Forfeitures		2,000-	2,000					
481150 Interest-Non Pooled						2-	2	
484000 Donations,Contributions	4,000-	242-	3,758-	6	8,950-	652-	8,298-	7
484050 Donation Fed Pgm Inc	6,000-	503-	5,497-	8	6,000-	906-	5,094-	15
484195 Non-Govt'l Grants	125,231-	5,835-	119,396-	5	125,231-	7,573-	117,658-	6
484197 Non-Gov. Grants-Ind.	24,987-	3,642	28,628-	15-	24,987-	618	25,604-	2-
485100 Reimbursements	48,857-	4,215-	44,642-	9	48,857-	47,624-	1,232-	97
485300 Other Misc Govt Rev		2,700-	2,700					
* Miscellaneous	209,074-	9,852-	199,222-	5	214,024-	56,140-	157,884-	26
** Revenue	35,079,071-	3,688,497-	31,390,574-	11	48,162,981-	3,427,296-	44,735,685-	7
701110 Base Salaries	11,486,710	2,947,063	8,539,647	26	11,141,668	2,646,587	8,495,081	24
701120 Part Time	484,081	138,342	345,739	29	508,540	117,083	391,457	23
701130 Pooled Positions	592,494	211,644	380,851	36	504,800	157,890	346,910	31
701140 Holiday Work	4,717	4,870	153-	103	4,319	8,219	3,901-	190
701199 Lab Cost Sav-Wages								
701200 Incentive Longevity	143,401	142	143,259	0	144,900	412	144,488	0
701300 Overtime	86,820	91,937	5,117-	106	63,017	93,255	30,238-	148
701403 Shift Differential	300	82	218	27	300	40	260	13
701406 Standby Pay	38,950	10,028	28,922	26	38,000	19,252	18,748	51
701408 Call Back	4,050	490	3,560	12	5,000	305	4,695	6
701412 Salary Adjustment	2,496,968	150,402-	2,647,370	6-	6,117,240	90,054-	6,207,294	1-
701413 Vac Payoff Sick Term	208,970	35,940	173,030	17	228,970	37,668	191,302	16
701414 Vacation Denied-Payoff	13,852	22,733	8,882-	164	3,852	28,759	24,907-	747
701417 Comp Time		16,119	16,119-			13,945	13,945-	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	15,561,313	3,328,987	12,232,326	21	18,760,604	3,033,359	15,727,245	16
705110 Group Insurance	1,612,765	389,761	1,223,004	24	1,526,134	360,058	1,166,076	24
705115 ER HSA Contribs	181,540	2,231	179,309	1	170,000	4,363	165,637	3
705190 OPEB Contribution	600,808	150,202	450,606	25	1,113,772	229,587	884,185	21
705199 Lab Cost Sav-Benef								
705210 Retirement	3,592,296	917,088	2,675,209	26	3,441,515	817,097	2,624,418	24
705215 Retirement Calculation	12,578		12,578		12,578		12,578	
705230 Medicare April 1986	167,256	48,470	118,786	29	163,320	43,236	120,084	26
705240 Insur Budgeted Incr	49,199		49,199		46,656		46,656	

Period: 1 thru 3 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
705320 Workmens Comp	75,718	19,778	55,940	26	77,146	18,410	58,736	24
705330 Unemploy Comp	11,374	1,153	10,221	10	11,501	1,186	10,315	10
705360 Benefit Adjustment	717,165		717,165		1,931,048		1,931,048	
* Employee Benefits	7,020,700	1,528,683	5,492,017	22	8,493,671	1,473,938	7,019,732	17
710100 Professional Services	1,252,774	51,066	1,201,708	4	1,053,981	66,341	987,639	6
710101 Lab Testing Services		25	25-		1,550,809	125	1,550,684	0
710105 Medical Services	11,663	5,772	5,891	49	11,288	2,502	8,787	22
710108 MD Consultants	60,327	8,196	52,130	14	55,401	7,924	47,477	14
710110 Contracted/Temp Svcs	14,595,359	776,566	13,818,793	5	17,197,459	13,928	17,183,531	0
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	137,518	63,616	73,902	46	436,847	70,757	366,090	16
710201 Laundry Services	2,290	548	1,741	24	2,322	193	2,129	8
710203 Landscape Maint.								
710205 Repairs and Maintenance	10,307	495	9,811	5	10,307		10,307	
710210 Software Maintenance	4,200		4,200		4,200	900	3,300	21
710212 Software Subscription	138,836	9,165	129,672	7	233,510	14,269	219,241	6
710215 Operating Contracts	196,000		196,000		1,720,558	11,171	1,709,387	1
710300 Operating Supplies	700,648	20,085	680,563	3	1,686,167	154,744	1,531,424	9
710302 Small Tools & Allow	1,435	549	886	38	1,735	268	1,467	15
710308 Animal Supplies	1,600		1,600		1,600		1,600	
710310 Parts and Supplies	533		533			1,640	1,640-	
710312 Special Dept Expense	100,000		100,000		100,000		100,000	
710319 Chemical Supplies	236,200		236,200		236,200		236,200	
710325 Signs and Markers	4,125		4,125					
710334 Copy Machine Expense	37,269	14,464	22,805	39	54,203	6,281	47,922	12
710335 Copy Mach-Copies	14,534	1,401	13,133	10	11,348	823	10,525	7
710350 Office Supplies	124,272	10,501	113,771	8	192,019	8,668	183,351	5
710355 Books and Subscriptions	12,080	3,740	8,341	31	10,990	1,317	9,673	12
710360 Postage	24,480	6,153	18,328	25	17,034	5,805	11,229	34
710361 Express and Courier	100	1,134	1,034-	1,134	100	38	62	38
710391 Fuel & Lube	8,558		8,558		8,558		8,558	
710400 Pmts to O Agencies	728,434	108,789	619,646	15	920,975	31,960	889,015	3
710412 Do Not Use								
710500 Other Expense	1,126,280	2,188	1,124,092	0	1,255,286	8,096	1,247,191	1
710502 Printing	54,239	3,517	50,722	6	67,729	11,336	56,393	17
710503 Licenses & Permits	8,730	935	7,795	11	9,345	1,718	7,627	18
710504 Registration	2,250	3,067	817-	136	1,900		1,900	
710505 Rental Equipment	2,000	7,902	5,902-	395				
710506 Dept InsDeductible		150	150-					
710507 Network and Data Lines	61,042	6,742	54,300	11	60,196	1,357	58,839	2
710508 Telephone Land Lines	38,550	9,536	29,014	25	48,815	11,447	37,368	23
710509 Seminars and Meetings	149,536	5,932	143,604	4	76,690	3,897	72,793	5
710512 Auto Expense	20,473	708	19,765	3	18,948	691	18,258	4

Period: 1 thru 3 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
710514 Regulatory Assessments	25,000		25,000		25,000	11,828	13,172	47
710519 Cellular Phone	18,861	4,219	14,642	22	18,165	3,351	14,814	18
710529 Dues	23,825	2,231	21,594	9	21,755	2,525	19,230	12
710535 Credit Card Fees	60,890	7,962	52,928	13	60,890	5,825	55,065	10
710546 Advertising	308,533	2,283	306,250	1	353,594	40,316	313,278	11
710551 Cash Discounts Lost		39	39-			4	4-	
710563 Recruitment						799	799-	
710571 Safety Expense	50,000		50,000		68,000	314	67,686	0
710577 Uniforms & Special C	12,570	2,248	10,322	18	7,800	289	7,511	4
710585 Undesignated Budget	871,932		871,932		631,771		631,771	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710595 Excess Insur & Bond		312	312-					
710600 LT Lease-Office Space	77,422	19,062	58,360	25	83,722	18,239	65,483	22
710620 LT Lease-Equipment								
710703 Biologicals	391,708	119,787	271,921	31	357,635	98,026	259,608	27
710714 Referral Services	5,040	452	4,588	9	9,040		9,040	
710721 Outpatient	95,735	212	95,524	0	63,216	413	62,803	1
710872 Food Purchases	6,510	214	6,296	3	22,710	1,580	21,130	7
711008 Combined Utilities	105,926	26,481	79,444	25	107,715	26,929	80,786	25
711011 Waste Removal	24,502		24,502		25,000		25,000	
711050 Propane	500		500					
711100 ESD Asset Management	58,680	13,192	45,488	22	46,200	11,760	34,440	25
711113 Equip Srv Replace	83,757	14,562	69,195	17	58,410	13,659	44,751	23
711114 Equip Srv O & M	53,787	24,401	29,386	45	53,015	12,606	40,409	24
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,994	12,528	17,467	42	27,211	6,132	21,079	23
711119 Prop & Liab Billings	30,679	7,670	23,009	25	95,845	23,961	71,884	25
711210 Travel	222,891	7,684	215,207	3	207,562		207,562	
711213 Travel-Non Cnty Pers	16,000		16,000		16,000	608	15,392	4
711300 Cash Over Short		1-	1			179	179-	
711399 ProCard in Process		328-	328					
711400 Overhead - General Fund	1,684,286	421,072	1,263,214	25	1,540,871	385,218	1,155,653	25
711410 Overhead - Admin								
711503 Road Bridge non Capital								
711504 Equipment nonCapital	125,848	43,044	82,804	34	320,200	43,827	276,372	14
711508 Computers nonCapital	132,220	6,883	125,337	5	213,143	7,463	205,680	4
711509 Comp Sftw nonCap	102,321	820	101,501	1	286,821	6,690	280,132	2
* Services and Supplies	24,497,473	1,859,970	22,637,503	8	31,789,225	1,160,735	30,628,490	4
781002 Build Imprv Capital					182,627		182,627	
781004 Equipment Capital	163,050		163,050		348,635		348,635	
781007 Vehicles Capital					177,616		177,616	
781009 Comp Sftw Capital					147,172		147,172	

Period: 1 thru 3 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
* Capital Outlay	163,050		163,050		856,050		856,050	
** Expenses	47,242,536	6,717,640	40,524,897	14	59,899,551	5,668,033	54,231,518	9
621001 Transfer From General	9,516,856-	2,379,214-	7,137,642-	25	9,516,856-	2,379,214-	7,137,642-	25
* Transfers In	9,516,856-	2,379,214-	7,137,642-	25	9,516,856-	2,379,214-	7,137,642-	25
812230 TF to Regional Permt	69,489		69,489		69,489	67,758	1,731	98
814430 To Reg Permits Capit								
* Transfers Out	69,489		69,489		69,489	67,758	1,731	98
** Other Financing Src/Use	9,447,367-	2,379,214-	7,068,153-	25	9,447,367-	2,311,456-	7,135,911-	24
*** Total	2,716,098	649,929	2,066,169	24	2,289,203	70,719-	2,359,922	3-

REMSA HEALTH

FRANCHISE COMPLIANCE
REPORT

SEPTEMBER 2021



Fiscal 2020 REMSA Accounts Receivable Summary

Note: Fiscal 2021 July & August numbers are pending

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April	4,180	\$6,315,334.80	\$1,510.85	\$1,372.79	\$ 493.67
May	4,196	\$6,400,979.20	\$1,525.50	\$1,372.79	\$ 495.66
June	4,461	\$6,809,069.60	\$1,526.35	\$1,372.79	\$ 497.10
Totals	50,510	\$72,654,033.60	\$1,438.99		

Current Allowable Average Bill: \$1,517.66

Year to Date: September 2021

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-21	6 Minutes 44 Seconds	84%	77%
Aug-21	7 Minutes 13 Seconds	86%	86%
Sep-21	7 Minutes 30 Seconds	88%	75%
Oct-21			
Nov-21			
Dec-21			
Jan-22			
Feb-22			
Mar-22			
Apr-22			
May-22			
Jun-22			

Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
7 Minutes 07 Seconds	86%	79%

Year to Date: September 2021

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-21	P-1	6:02	7:00	11:00
	P-2	6:50	7:37	11:03
Aug-21	P-1	6:31	7:11	22:53
	P-2	7:17	8:47	11:06
Sep-21	P-1	6:49	7:25	11:45
	P-2	7:50	9:25	12:06
Oct-21	P-1			
	P-2			
Nov-21	P-1			
	P-2			
Dec-21	P-1			
	P-2			
Jan-22	P-1			
	P-2			
Feb-22	P-1			
	P-2			
Mar-22	P-1			
	P-2			
Apr-22	P-1			
	P-2			
May-22	P-1			
	P-2			
Jun-22	P-1			
	P-2			

Fiscal Year to Date: September 2021

Priority	Reno	Sparks	Washoe County
P1	6:25	07:12	11:09
P2	7:06	8:34	11:25



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 09/01/2021 THRU 09/30/2021**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	9/2/21 21:40	9/2/21 21:40	1C35	23:58:18	0:00:18
Zone A	9/3/21 23:49	9/3/21 23:50	1C10	23:58:30	0:00:30
Zone A	9/4/21 13:20	9/4/21 13:22	1C19	0:29:08	0:02:00
Zone A	9/5/21 15:23	9/5/21 15:25	1C20	0:10:47	0:01:29
Zone A	9/6/21 11:13	9/6/21 11:14	1C43	-0:00:31	0:01:17
Zone A	9/6/21 21:40	9/6/21 21:50	1C37	0:10:49	0:10:49
Zone A	9/8/21 10:04	9/8/21 10:08	1C44	0:30:03	0:04:41
Zone A	9/8/21 16:21	9/8/21 16:23	1C45	0:02:18	0:02:18
Zone A	9/11/21 20:41	9/11/21 20:49	1C19	0:13:48	0:07:46
Zone A	9/11/21 21:43	9/11/21 21:48	1C03	0:15:22	0:04:38
Zone A	9/13/21 11:47	9/13/21 11:48	1C44	-0:00:15	0:00:37
Zone A	9/13/21 14:59	9/13/21 15:06	1C44	0:14:58	0:07:15
Zone A	9/16/21 7:39	9/16/21 7:46	1C16	0:09:38	0:07:01
Zone A	9/16/21 10:17	9/16/21 10:18	1C03	0:00:00	0:01:00
Zone A	9/17/21 10:09	9/17/21 10:13	1C26	0:18:38	0:04:12
Zone A	9/23/21 8:03	9/23/21 8:11	1C06	0:16:29	0:08:20
Zone A	9/24/21 15:29	9/24/21 15:30	1C33	-0:00:06	0:00:37
Zone A	9/25/21 12:38	9/25/21 12:44	1C03	0:18:54	0:05:28
Zone A	9/26/21 10:34	9/26/21 10:37	1C03	0:18:45	0:02:59

UPGRADE REQUESTED				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
09/02/2021	Exemption Approved	Overload	Zone A	:16:08
09/02/2021	Exemption Approved	Overload	Zone A	:11:54
09/02/2021	Exemption Approved	Overload	Zone A	:10:10
09/02/2021	Exemption Approved	Overload	Zone A	:12:29
09/02/2021	No Exemption Appeal Requested	Overload	Zone B	:16:46
09/03/2021	Exemption Approved	Overload	Zone A	:13:10
09/04/2021	Exemption Approved	Overload	Zone A	:14:19
09/04/2021	Exemption Approved	Overload	Zone A	:12:36
09/04/2021	Exemption Approved	Overload	Zone A	:09:12
09/04/2021	Exemption Approved	Overload	Zone A	:15:41
09/04/2021	Exemption Approved	Overload	Zone A	:10:53
09/05/2021	Exemption Approved	Overload	Zone A	:14:12
09/05/2021	Exemption Approved	Overload	Zone A	:11:47
09/05/2021	Exemption Approved	Overload	Zone A	:19:19
09/05/2021	Exemption Approved	Overload	Zone A	:12:10
09/05/2021	Exemption Approved	Overload	Zone A	:15:02
09/06/2021	Exemption Approved	Overload	Zone A	:09:00
09/07/2021	Exemption Approved	Overload	Zone A	:11:39
09/07/2021	Exemption Approved	Overload	Zone A	:09:01
09/07/2021	Exemption Approved	Overload	Zone A	:09:01
09/07/2021	Exemption Approved	Overload	Zone A	:11:02
09/07/2021	Exemption Approved	Overload	Zone A	:09:15
09/07/2021	Exemption Approved	Overload	Zone B	:31:30
09/07/2021	Exemption Approved	Overload	Zone A	:10:58
09/07/2021	Exemption	Overload	Zone A	:09:51

	Approved			
09/07/2021	Exemption Approved	Overload	Zone A	:10:19
09/08/2021	Exemption Approved	Overload	Zone A	:14:51
09/08/2021	Exemption Approved	Overload	Zone A	:12:47
09/08/2021	Exemption Approved	Overload	Zone A	:10:14
09/08/2021	Exemption Approved	Overload	Zone A	:15:37
09/08/2021	Exemption Approved	Overload	Zone A	:10:30
09/08/2021	Exemption Approved	Overload	Zone A	:09:55
09/08/2021	Exemption Approved	Overload	Zone A	:17:17
09/08/2021	Exemption Approved	Overload	Zone A	:09:27
09/08/2021	Exemption Approved	Overload	Zone A	:09:36
09/09/2021	Exemption Approved	Overload	Zone A	:11:00
09/09/2021	Exemption Approved	Overload	Zone A	:56:10
09/09/2021	Exemption Approved	Overload	Zone A	:14:35
09/09/2021	Exemption Approved	Overload	Zone A	:12:20
09/09/2021	Exemption Approved	Overload	Zone B	:16:15
09/09/2021	Exemption Approved	Overload	Zone A	:13:15
09/09/2021	Exemption Approved	Overload	Zone A	:10:53
09/09/2021	Exemption Approved	Overload	Zone A	:09:12
09/09/2021	No Exemption Appeal Requested	Overload	Zone A	:10:31
09/10/2021	Exemption Approved	Overload	Zone A	:20:29
09/10/2021	Exemption Approved	Overload	Zone A	:37:05
09/10/2021	Exemption Approved	Overload	Zone A	:35:43
09/10/2021	Exemption Approved	Overload	Zone A	:10:57
09/10/2021	Exemption Approved	Overload	Zone A	:10:34
09/10/2021	Exemption Approved	Overload	Zone A	:10:27
09/10/2021	Exemption Approved	Overload	Zone A	:14:16
09/10/2021	Exemption	Overload	Zone A	:15:12

	Approved			
09/10/2021	Exemption Approved	Overload	Zone A	:10:19
09/10/2021	Exemption Approved	Overload	Zone A	:14:02
09/10/2021	Exemption Approved	Overload	Zone A	:14:12
09/10/2021	Exemption Approved	Overload	Zone A	:10:49
09/11/2021	Exemption Approved	Overload	Zone A	:10:40
09/11/2021	Exemption Approved	Overload	Zone A	:09:56
09/11/2021	Exemption Approved	Overload	Zone A	:11:03
09/11/2021	Exemption Approved	Overload	Zone A	:09:22
09/14/2021	Exemption Approved	Overload	Zone A	:09:01
09/14/2021	Exemption Approved	Overload	Zone A	:12:17
09/14/2021	Exemption Approved	Overload	Zone A	:14:08
09/14/2021	Exemption Approved	Overload	Zone A	:11:06
09/14/2021	Exemption Approved	Overload	Zone A	:11:01
09/14/2021	Exemption Approved	Overload	Zone A	:16:37
09/14/2021	Exemption Approved	Overload	Zone A	:09:04
09/14/2021	Exemption Approved	Overload	Zone A	:12:50
09/15/2021	Exemption Approved	Overload	Zone A	:11:45
09/15/2021	Exemption Approved	Overload	Zone A	:11:41
09/15/2021	Exemption Approved	Overload	Zone A	:09:50
09/15/2021	Exemption Approved	Overload	Zone B	:19:29
09/15/2021	Exemption Approved	Overload	Zone A	:22:48
09/15/2021	Exemption Approved	Overload	Zone A	:10:08
09/15/2021	Exemption Approved	Overload	Zone A	:10:45
09/15/2021	Exemption Approved	Overload	Zone A	:12:11
09/15/2021	Exemption Approved	Overload	Zone A	:18:44
09/15/2021	Exemption Approved	Overload	Zone A	:17:35
09/15/2021	Exemption	Overload	Zone A	:12:17

	Approved			
09/17/2021	Exemption Approved	Overload	Zone B	:18:24
09/19/2021	Exemption Approved	Overload	Zone A	:09:55
09/19/2021	Exemption Approved	Overload	Zone A	:09:09
09/19/2021	Exemption Approved	Overload	Zone A	:10:39
09/19/2021	Exemption Approved	Overload	Zone A	:03:46
09/19/2021	Exemption Approved	Overload	Zone B	:17:04
09/19/2021	Exemption Approved	Overload	Zone B	:16:49
09/19/2021	Exemption Approved	Overload	Zone A	:10:52
09/19/2021	Exemption Approved	Overload	Zone A	:15:42
09/19/2021	Exemption Approved	Overload	Zone A	:09:19
09/19/2021	Exemption Approved	Overload	Zone A	:09:31
09/19/2021	Exemption Approved	Overload	Zone A	:12:37
09/19/2021	Exemption Approved	Overload	Zone A	:11:18
09/19/2021	No Exemption Appeal Requested	Overload	Zone A	:13:23
09/19/2021	No Exemption Appeal Requested	Overload	Zone A	:13:52
09/21/2021	Exemption Approved	Overload	Zone A	:10:37
09/21/2021	Exemption Approved	Overload	Zone A	:10:41
09/22/2021	Exemption Approved	Overload	Zone A	:10:54
09/22/2021	Exemption Approved	Overload	Zone A	:12:39
09/22/2021	Exemption Approved	Overload	Zone A	:10:08
09/22/2021	Exemption Approved	Overload	Zone A	:13:28
09/22/2021	Exemption Approved	Overload	Zone A	:12:40
09/22/2021	Exemption Approved	Overload	Zone A	:09:15
09/22/2021	Exemption Approved	Overload	Zone A	:11:50
09/22/2021	Exemption Approved	Overload	Zone A	:09:04
09/22/2021	Exemption Approved	Overload	Zone A	:14:11
09/22/2021	Exemption	Overload	Zone A	:12:09

	Approved			
09/23/2021	Exemption Approved	Overload	Zone A	:09:40
09/23/2021	Exemption Approved	Overload	Zone A	:11:11
09/24/2021	Exemption Approved	Overload	Zone A	:10:06
09/25/2021	Exemption Approved	Overload	Zone A	:09:34
09/25/2021	Exemption Approved	Overload	Zone A	:11:59
09/25/2021	Exemption Approved	Overload	Zone A	:09:00
09/25/2021	Exemption Approved	Overload	Zone A	:13:03
09/25/2021	Exemption Approved	Overload	Zone A	:10:03
09/01/2021	Exemption Approved	Status 99	Zone A	:12:27
09/01/2021	Exemption Approved	Status 99	Zone A	:14:18
09/02/2021	Exemption Approved	Status 99	Zone A	:09:09
09/03/2021	Exemption Approved	Status 99	Zone A	:14:28
09/03/2021	Exemption Approved	Status 99	Zone A	:11:38
09/03/2021	Exemption Approved	Status 99	Zone A	:13:39
09/03/2021	Exemption Approved	Status 99	Zone A	:11:59
09/03/2021	Exemption Approved	Status 99	Zone A	:12:32
09/03/2021	Exemption Approved	Status 99	Zone A	:09:47
09/03/2021	Exemption Approved	Status 99	Zone A	:14:25
09/03/2021	Exemption Approved	Status 99	Zone A	:11:55
09/03/2021	Exemption Approved	Status 99	Zone A	:10:25
09/03/2021	Exemption Approved	Status 99	Zone A	:09:10
09/05/2021	Exemption Approved	Status 99	Zone A	:11:02
09/05/2021	Exemption Approved	Status 99	Zone A	:11:56
09/05/2021	Exemption Approved	Status 99	Zone A	:12:29
09/05/2021	Exemption Approved	Status 99	Zone A	:10:19
09/05/2021	Exemption Approved	Status 99	Zone A	:11:14
09/05/2021	Exemption	Status 99	Zone A	:11:34

	Approved			
09/05/2021	Exemption Approved	Status 99	Zone A	:10:03
09/05/2021	Exemption Approved	Status 99	Zone A	:36:56
09/06/2021	Exemption Approved	Status 99	Zone A	:09:49
09/06/2021	Exemption Approved	Status 99	Zone A	:09:07
09/06/2021	Exemption Approved	Status 99	Zone A	:09:50
09/06/2021	Exemption Approved	Status 99	Zone A	:09:30
09/06/2021	Exemption Approved	Status 99	Zone A	:10:19
09/07/2021	Exemption Approved	Status 99	Zone A	:13:18
09/07/2021	Exemption Approved	Status 99	Zone A	:12:17
09/07/2021	Exemption Approved	Status 99	Zone A	:13:24
09/07/2021	Exemption Approved	Status 99	Zone A	:14:38
09/07/2021	Exemption Approved	Status 99	Zone A	:09:08
09/07/2021	Exemption Approved	Status 99	Zone A	:11:35
09/07/2021	Exemption Approved	Status 99	Zone B	:21:20
09/07/2021	Exemption Approved	Status 99	Zone A	:09:34
09/07/2021	Exemption Approved	Status 99	Zone A	:25:34
09/07/2021	Exemption Approved	Status 99	Zone A	:14:55
09/07/2021	Exemption Approved	Status 99	Zone A	:44:22
09/07/2021	Exemption Approved	Status 99	Zone A	:15:25
09/07/2021	Exemption Approved	Status 99	Zone A	:14:57
09/07/2021	Exemption Approved	Status 99	Zone A	:14:47
09/07/2021	Exemption Approved	Status 99	Zone A	:12:42
09/07/2021	Exemption Approved	Status 99	Zone A	:10:20
09/07/2021	Exemption Approved	Status 99	Zone A	:19:33
09/07/2021	Exemption Approved	Status 99	Zone A	:12:54
09/07/2021	Exemption Approved	Status 99	Zone A	:09:26
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	Approved			
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09/08/2021	Exemption Approved	Status 99	Zone A	:11:19
09/08/2021	Exemption Approved	Status 99	Zone A	:16:33
09/08/2021	Exemption Approved	Status 99	Zone A	:15:33
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09/08/2021	Exemption Approved	Status 99	Zone A	:11:53
09/08/2021	Exemption Approved	Status 99	Zone A	:14:07
09/08/2021	Exemption Approved	Status 99	Zone B	:25:33
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09/08/2021	Exemption Approved	Status 99	Zone A	:10:47
09/08/2021	Exemption Approved	Status 99	Zone A	:12:09
09/08/2021	Exemption Approved	Status 99	Zone A	:09:46
09/08/2021	Exemption Approved	Status 99	Zone A	:10:56
09/08/2021	Exemption Approved	Status 99	Zone A	:09:55
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	Approved			
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09/08/2021	Exemption Approved	Status 99	Zone A	:14:35
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09/09/2021	Exemption Approved	Status 99	Zone A	:13:32
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09/09/2021	Exemption Approved	Status 99	Zone A	:09:07
09/09/2021	Exemption Approved	Status 99	Zone A	:35:55
09/09/2021	Exemption Approved	Status 99	Zone A	:12:15
09/09/2021	Exemption Approved	Status 99	Zone A	:15:16
09/09/2021	Exemption Approved	Status 99	Zone A	:10:31
09/09/2021	Exemption Approved	Status 99	Zone A	:10:38
09/09/2021	Exemption Approved	Status 99	Zone A	:11:32
09/09/2021	Exemption Approved	Status 99	Zone A	:12:37
09/09/2021	Exemption Approved	Status 99	Zone A	:13:10
09/09/2021	Exemption Approved	Status 99	Zone A	:11:02
09/09/2021	Exemption Approved	Status 99	Zone A	:09:54
09/09/2021	Exemption Approved	Status 99	Zone A	:19:25
09/09/2021	Exemption Approved	Status 99	Zone A	:16:09
09/09/2021	Exemption Approved	Status 99	Zone A	:10:28
09/09/2021	Exemption Approved	Status 99	Zone A	:17:36
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09/09/2021	Exemption	Status 99	Zone B	:27:33

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09/10/2021	Exemption Approved	Status 99	Zone A	:16:07
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09/10/2021	Exemption Approved	Status 99	Zone A	:11:34
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09/11/2021	Exemption Approved	Status 99	Zone A	:09:24
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09/13/2021	Exemption Approved	Status 99	Zone A	:20:47
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09/15/2021	Exemption Approved	Status 99	Zone A	:09:20
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09/15/2021	Exemption Approved	Status 99	Zone A	:19:50
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09/17/2021	Exemption Approved	Status 99	Zone A	:12:38
09/17/2021	Exemption	Status 99	Zone A	:14:11

	Approved			
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09/17/2021	Exemption Approved	Status 99	Zone A	:11:36
09/17/2021	Exemption Approved	Status 99	Zone A	:11:45
09/17/2021	Exemption Approved	Status 99	Zone A	:17:49
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09/18/2021	Exemption Approved	Status 99	Zone A	:11:00
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09/18/2021	Exemption Approved	Status 99	Zone A	:09:54
09/18/2021	Exemption Approved	Status 99	Zone A	:10:21
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09/19/2021	Exemption Approved	Status 99	Zone A	:09:30
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09/20/2021	Exemption Approved	Status 99	Zone A	:16:44
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09/22/2021	Exemption Approved	Status 99	Zone B	:18:19
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09/26/2021	Exemption Approved	Status 99	Zone A	:12:42
09/26/2021	Exemption Approved	Status 99	Zone A	:12:56
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09/26/2021	Exemption Approved	Status 99	Zone A	:13:18
09/26/2021	Exemption Approved	Status 99	Zone A	:16:25
09/26/2021	Exemption Approved	Status 99	Zone A	:15:34
09/26/2021	Exemption Approved	Status 99	Zone A	:10:02
09/26/2021	Exemption Approved	Status 99	Zone A	:27:23
09/26/2021	Exemption Approved	Status 99	Zone A	:16:15
09/29/2021	Exemption Approved	Status 99	Zone A	:10:23
09/29/2021	Exemption Approved	Status 99	Zone A	:09:26

GROUND AMBULANCE OPERATIONS REPORT SEPTEMBER 2021

1. Overall Statics

- a) Total number of system responses: 7,531
- b) Total number of responses in which no transports resulted: 3,004
- c) Total number of system transports: 4,527

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 50.3%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 6.1%
- e) Transfers: 14.9%
- f) Trauma – MVA: 5.8%
- g) Trauma – Non MVA: 16.7%
- 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: 1,558

Total number of above calls receiving QA Reviews: 157

Percentage of charts reviewed from the above transports: 10.1%

SEPTEMBER 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	8	56
BLS (CPR)	45	268
Heartsaver (CPR)	18	96
PALS	4	17
PHTLS	2	7

COMMUNITY OUTREACH SEPTEMBER 2021

Point of Impact		
9/25/2021	Checkpoint at Wild Island (National Seat Check Saturday): 26 vehicles and 39 car seats checked; 19 seats donated	3 staff; 9 volunteers
9/21-25/2021	Held Child Passengers Safety Technician Class at REMSA	6 students successfully passed
9/01-30/2021	20 office installation appointments; 20 cars and 22 seats inspected.	
Cribs for Kids/Community		
9/2/2021	Silver Springs Train-the-Trainer	9 students attended
9/6/2021	Statewide Safe Sleep Collaboration Meeting for October Safe Sleep Awareness Month	
9/14/2021	Safe Kids Advisory Meeting	
9/15/2021	Meet with Clark County School District Gifted Education to help bring C4K for their families	
9/17/2021	Safe Kids Gold Tournament finalization meeting	
9/21/2021	Safe Kids Coalition Meeting	
9/22/2021	Meet with State of Nevada Public and Behavioral Health to see if REMSA Health would be interested in a sub award for Health Disparity in Rural Nevada regarding Safe Sleep and Child Passenger Safety	
9/25/2021	Safe Kids Mini-Golf Tournament Fundraiser	

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

September 1, 2021 to September 30, 2021

Your Score

96.45

Number of Your Patients in this Report

150

Number of Patients in this Report

6,066

Number of Transport Services in All EMS DB

179





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **09/01/2021** and **09/30/2021**.

The overall mean score for the standard questions was **96.45**; this is a difference of **3.11** points from the overall EMS database score of **93.34**.

The current score of **96.45** is a change of **0.04** points from last period's score of **96.41**. This was the **11th** highest overall score for all companies in the database.

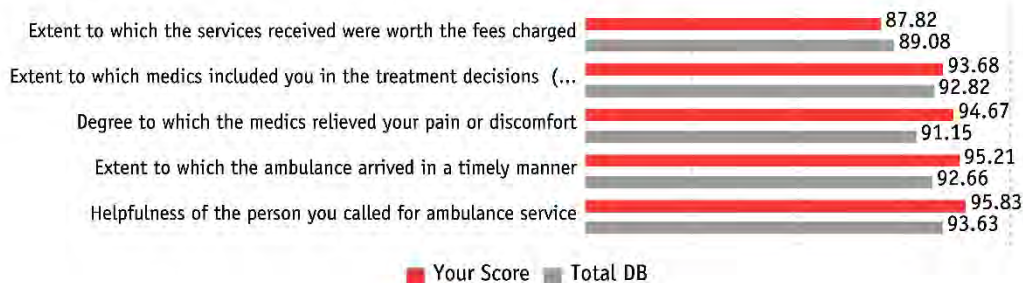
You are ranked **5th** for comparably sized companies in the system.

88.57% of responses to standard questions had a rating of Very Good, the highest rating. **99.75%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

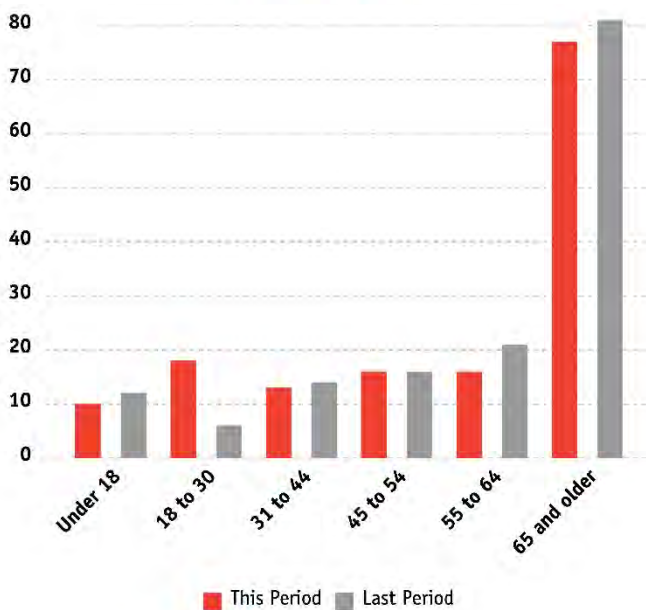




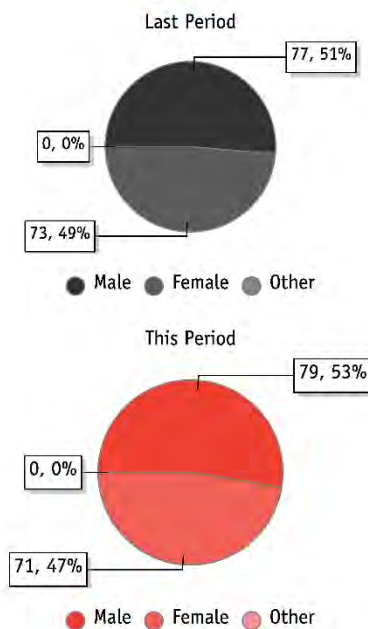
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	12	7	5	0	10	6	4	0
18 to 30	6	4	2	0	18	9	9	0
31 to 44	14	8	6	0	13	5	8	0
45 to 54	16	9	7	0	16	8	8	0
55 to 64	21	12	9	0	16	12	4	0
65 and older	81	37	44	0	77	39	38	0
Total	150	77	73	0	150	79	71	0

Age Ranges



Gender





Monthly Breakdown

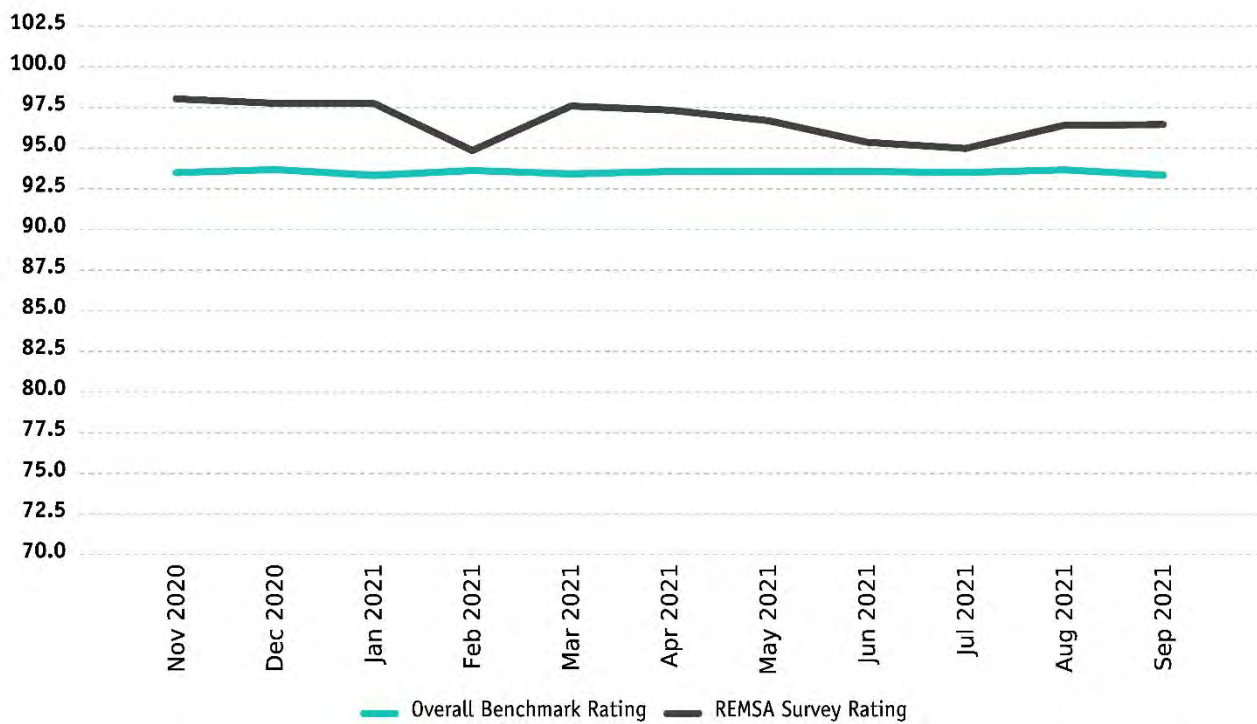
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
Helpfulness of the person you called for ambulance service	97.01	97.85	98.46	98.13	96.53	97.69	94.40	95.63	93.42	92.86	97.39	95.83
Extent to which you were told what to do until the ambulance arrived	96.88	97.83	98.45	98.13	96.26	98.36	94.40	96.25	94.20	92.74	97.58	97.08
Extent to which the ambulance arrived in a timely manner	97.68	98.04	96.53	97.96	95.11	98.37	96.43	95.04	93.89	93.93	92.23	95.21
Cleanliness of the ambulance	99.17	99.06	98.33	98.47	97.20	98.99	99.35	97.71	97.27	97.39	97.65	97.95
Skill of the person driving the ambulance	97.63	97.79	98.35	97.93	95.68	97.88	97.83	95.77	95.22	96.55	96.60	96.49
Care shown by the medics who arrived with the ambulance	99.00	97.51	97.83	97.64	94.83	97.82	98.17	98.15	95.68	95.81	97.15	97.17
Degree to which the medics took your problem seriously	99.50	98.33	97.32	97.64	95.00	97.48	98.15	98.31	95.65	95.01	97.32	97.45
Degree to which the medics listened to you and/or your family	99.31	97.99	96.96	97.29	94.05	97.43	97.93	97.41	95.05	94.41	96.72	96.63
Extent to which the medics kept you informed about your treatment	97.59	98.14	97.40	97.92	94.18	97.07	98.21	95.57	95.87	93.59	95.01	96.25
Extent to which medics included you in the treatment decisions (if	98.71	97.91	98.32	97.78	94.44	96.95	97.14	95.54	94.26	95.89	95.05	93.68
Degree to which the medics relieved your pain or discomfort	95.60	96.79	96.92	96.83	90.36	94.81	91.76	92.98	90.88	90.41	94.95	94.67
Medics' concern for your privacy	98.84	98.41	97.57	98.05	95.65	98.58	98.35	98.02	97.16	96.59	97.31	96.74
Extent to which medics cared for you as a person	98.94	98.33	97.97	96.96	95.27	97.97	99.00	98.63	96.99	96.15	97.96	97.67
Professionalism of the staff in our ambulance service billing office	100.00	100.00	100.00	100.00	100.00	85.00	93.75	75.00		81.25	100.00	100.00
Willingness of the staff in our billing office to address your needs	100.00	100.00	100.00	100.00	100.00	100.00	87.50	75.00		81.25	100.00	100.00
How well did our staff work together to care for you	99.12	98.49	98.00	97.83	95.21	97.28	98.97	98.44	96.92	96.55	97.50	97.77
Extent to which the services received were worth the fees charged	98.33	97.62	98.02	98.03	90.63	97.31	88.69	87.21	89.50	85.16	92.26	87.82
Overall rating of the care provided by our Emergency Medical Transportation	98.99	97.98	97.50	97.67	95.24	97.62	97.82	97.11	95.61	95.47	96.45	96.50
Likelihood of recommending this ambulance service to others	98.80	98.14	98.31	97.80	95.41	97.73	98.26	97.20	95.53	96.27	96.69	96.38
Your Master Score	98.44	98.03	97.76	97.76	94.85	97.59	97.34	96.69	95.36	94.98	96.41	96.45
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150

REMSA
September 1, 2021 to September 30, 2021



Monthly tracking of Overall Survey Score



REMSA HEALTH GROUND AMBULANCE SEPTEMBER 2021 CUSTOMER REPORT

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
1 06/13/2021			"They were very good and really could not be any better."	
2 06/13/2021	"The medics were caring. They did great."	"The medics ran tests. They took care of her."		
3 06/13/2021	"Someone else called."		"They were excellent even when they helped my neighbor. Could not ask for better service."	
4 06/13/2021		"The medics were very professional. They were quite helpful with everything."		
5 06/13/2021			"REMSA is one of the best companies ever. Very professional and kind."	
6 06/13/2021			"They were outstanding every time and really could not be any better. REMSA is the best. Their paramedics are very skilled and are very caring as well."	
7 06/13/2021	"My kids called and the dispatcher was great!"		"They were great I really see no areas they could improve on."	
8 06/15/2021			"REMSA has an excellent and very good paramedic team."	
9 06/15/2021	"POA said that the ambulance was so clean that you could eat off of it. The driver was very good and very kind. POA said that the medics were dandy. They are very fond of the REMSA medics. They always do a good job. They wish to thank them."	"POA said that the medics kept her husband comfortable. They kept his mind occupied, so he didnt have to worry."		
10 06/15/2021			"They are doing amazing, they took great care of him and put me and him at ease."	
11 06/15/2021			"No, they were awesome, no need to change anything when you are perfect!"	
12 06/15/2021	"Someone else arranged my transport. I was very pleased with the transport as it went very smoothly. This was my first ambulance ride."		"Nothing, everything was excellent!"	
13 06/14/2021		"The medics soothed her physically and mentally. They talked to her, tried to make her feel better."		
14 06/14/2021			"They were great and really could not be any better. I am thankful they follow up with these surveys to see how everything went. They are doing fantastic!"	
15 06/15/2021		"The medics handled themselves very professionally. They were very nice. He sees REMSA come to his building often and they always act like a professional unit."		
16 06/15/2021	"A female medic was a little rude. The medics told him he was having heat exhaustion, and it was not the problem. He is a former EMT, and felt he knew his body."	"The medics took care of him well. They made sure they were prepared to help him. They did their jobs well."	"He wishes they would have made sure the hospital was in his insurance network."	
17 06/14/2021		"The medics were very professional. They were polite, and right on top of things. They were all around good people."		
18 06/14/2021		"The medics made her feel comfortable. Everything was awesome."		
19 06/14/2021		"POA said that the medics were very kind, caring and compassionate. She appreciated that the medics took the time to listen to her elderly mother."		
20 06/14/2021	"The driver was a very good driver."	"The medics did everything well. Everything was perfect."		
21 06/14/2021	"The ambulance was clean. The ride was smooth."	"The medics were friendly. It did not take them long to get there. It was all good."		
22 06/14/2021			"They were excellent, the transport went very smoothly."	
23 06/15/2021			"They were great and really could not be any better."	

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
24 06/15/2021	"Before the medics did anything, they told her what they were going to do. The medics worked well with themselves, as well as the firemen, just like a team. They were like a well oiled machine."	"The medics were very cheerful, professional and calming. They made her feel very comfortable."		
25 06/15/2021	"Urgent care called. They were professional and courteous."		"They were excellent, and really could not be any better. REMSA was very quick and calming. The ladies put me right at ease."	
26 06/15/2021		"The medics took very good care of her."		
27 06/15/2021			"They were terrific I really appreciated all the help."	
28 06/15/2021			"They provided excellent care and service, I am very thankful for them!"	
29 06/15/2021		"The medics all around did everything well. They were really good."		
30 06/16/2021		"POA said that REMSA did a great job all the way from the telephone call, all the way to the hospital. No complaints at all. The medics were wonderful people."		
31 06/16/2021			"REMSA services were top notch and just outstanding. I very much appreciate all the help from your wonderful paramedics!"	
32 06/16/2021	"The ambulance was very prompt."	"The medics were great."		
33 06/16/2021	"My roommate called."		"Everything was perfect!"	
34 06/16/2021	"Someone else called."		"Everything was great, they really could not be any better."	
35 06/16/2021		"The medics helped him up off of the floor and into his wheelchair. They made him comfortable."		
36 06/17/2021		"The medics got her to the hospital. They told her she was going to be okay. They did a great job."		
37 06/17/2021		"The medics made sure he was very comfortable. They put ice packs on him to help him with discomfort."		
38 06/17/2021		"The medics helped him calm down, so that he could breathe better."		
39 06/17/2021		"The medics had great response time. The medics showed compassion."		
40 06/16/2021	"The operator did a quick job. She gave good advice. The medics showed good teamwork. The charges on the bill were appropriate."	"The medics were good at asking questions, keeping him calm and staying calm themselves. They were good at being quick to respond, triage and making the decision to take him to the hospital."	"REMSA should train techs on how to better start an IV."	
41 06/18/2021		"The medics handled everything very well. They responded to him well. They were friendly, they put his concerns first and got him to the hospital fast."		
42 06/17/2021		"Father said that he appreciated that the medics transferred his son into a better hospital."		
43 06/17/2021		"Patient stated he thought they were on top of everything."		
44 06/17/2021	"The operator stayed on the phone until the ambulance arrived, which was very fast. They were there very fast. They were very, very professional"	"The medics worked as a team. They handled him with care."		
45 06/17/2021	"Mother said that everything was perfect."	"Mother said that the medics got him comfortable. They gave him a teddy bear to keep him calm."		

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
46 06/18/2021	"The operator offered her a flight option. She chose the ground ambulance, as she was so close by. The driver got her to the hospital safely. The membership with REMSA is great. She has used it twice."	"The medics were very careful at bringing the gurney in her home without damaging anything. They were gentle at getting her onto the gurney and out of the house."		
47 06/18/2021		"Patient noted it was a smooth transfer, he didn't notice bumps due to good driving and the medics were very professional."		
48 06/18/2021		"Mother took the survey regarding her toddler son. She stated the medics were very empathetic, made sure he had a toy to occupy his attention and kept the mother calm. She said they were amazing and professional."		
49 06/18/2021	"The ambulance was there in a just a few minutes. The medics were very good at keeping her calm. The medics are very special. REMSA gets a ten in her book. She would recommend them to anybody. REMSA has really good paramedics. They work well with the firemen too."	"The medics had no problem medicating her this time. They noticed that she was in a lot of pain. The medics were courteous, kind and pleasant. She thought they could read her mind. They were very helpful."		
50 06/18/2021	"Patient is blind so she cannot assess driving or cleanliness."		"Please go back the way you came from, if you don't turn around in the driveway the other way to the hospital is much bumpier."	
51 06/19/2021	"The medics kept him informed about everything they were doing. REMSA has always been good."	"The medics were very courteous and professional. They did a fantastic job. He wanted everyone at REMSA to know that he thinks they are great people."		
52 06/19/2021		"The medics were professional. They took care of business."		
53 06/19/2021		"Patient stated she was unconscious. However, her husband told her about the speedy service, quality of care and that the medics quick actions likely saved her life. She gave her opinion on the questions she could."		
54 06/19/2021	"Mother did not ride in the ambulance that day."	"Mother took the survey regarding her minor teen son. She began crying and thanked the medics for their care that day."		
55 06/20/2021		"Patient stated REMSA is a great company to work with, she is satisfied."	"The ride was bumpy."	
56 06/20/2021	"Patient does not recall the information needed to answer the above questions."			
57 06/20/2021		"Patient stated to keep up the good work."		
58 06/20/2021		"The medics were very informed. They knew what they were doing."		
59 06/20/2021		"The medics took very good care of him."		
60 06/19/2021		"The medics were caring, careful and good communicators. They let him know where they were going. They were great."		
61 06/19/2021	"It was a comfy smooth ride."	"The medics got him out of his car as carefully as they could. They were perfectly smooth at getting him into the ambulance."		
62 06/19/2021	"She has the Silver Saver program and it has helped her immensely."	"The medics listened, took the problem seriously and responded quickly."		
63 06/19/2021		"The medics brought his medicines with him. Everything was on time and good."		
64 06/19/2021		"The medics did everything well, except for starting the IV."	"Give the medics more IV training."	
65 06/19/2021	"The roads had some rough bumps. Not the driver's fault though."			

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
66 06/19/2021		"The medics were professional. They did their jobs quickly and efficiently. He appreciated that the medics noticed it was his birthday and wished him a Happy Birthday."		
67 06/20/2021	"The ride was bouncy and jostling."	"The medics were engaging. They talked to her."	"Put better shocks on the ambulance."	
68 06/20/2021		"The medics took really good care of him. They were really concerned."		
69 06/20/2021		"The medics did their jobs very well. They were all wonderful."		
70 06/22/2021		"The medics took very good care of her."		
71 06/22/2021	"The medics were helpful and polite."	"The medics knew exactly what to do. They treated her like a little princess. They did an extra excellent job."		
72 06/21/2021		"The medics were kind and professional."		
73 06/21/2021		"The medics saved his life. They were great at doing what they are supposed to do."		
74 06/21/2021		"The medics did everything well. He could not have asked for better medics."		
75 06/22/2021	"The ambulance was straight up clean. The medics were awesome and nice to him."	"The medics were comforting. They made sure he had everything he needed. They helped him with his pain. They used the lights and sirens to get him to the hospital quickly."		
76 06/21/2021		"The medics took great care of him."		
77 06/21/2021		"The medics had great conversation about what was going on with him. They kept him informed about everything that was going on."		
78 06/21/2021		"POA said that the medics were attentive in a panicked situation. They were very reassuring."		
79 06/21/2021		"The ambulance arrived fast."		
80 06/22/2021		"The service got her to the hospital in a timely manner."	"The ambulance didn't have a lot of room in the back."	
81 06/22/2021		"The medics got his wound bandaged and gave him pain medication. They were very prompt and professional."		
82 06/22/2021		"Patient's medical POA took the survey. She stated the service was excellent and the medics had great communication with her. The patient was loaded immediately and an IV was started."		
83 06/22/2021		"One of the medics caught the fact that she can't have aspirin before it was administered. She feels very beholden to them for their services."		
84 06/23/2021		"No complaints."		
85 06/23/2021		"Patient stated the medics did everything right from top to bottom, but most of all they made a scary experience much less scary."		
86 06/23/2021		"Patient noted the teamwork and communication amongst the medics."		
87 06/23/2021		"They did an excellent job all of the way around and they listened particularly well."		
88 06/23/2021		"Patient noted the medics were there almost instantly and quickly turned around and got him to the hospital. He is very thankful."		
89 06/23/2021	"The medics didn't really talk much with him. Tammy deserves a 10/10 for her customer service."		"The price on the bill was too high for the short distance he went in the ambulance."	

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
90 06/23/2021	"The driver did not make sure that he had a seatbelt on."	"The medics gave him immediate attention."	"The medics need to make sure that their patients are belted in."	
91 06/23/2021		"POA said that the medics did everything well. They were there quick. They checked his vitals. They explained everything to him. They were forthcoming, and very kind."		
92 06/23/2021		"POA said that the medics helped get his wife up off of the floor."		
93 06/23/2021		"Medical POA stated REMSA service deserves 10 stars on a 5 star scale. The response time and care was excellent. POA did not ride in the ambulance."		
94 06/25/2021		"Patient stated the medics seemed to have proper training, listened well when his wife spoke with them and transported him quickly."		
95 06/25/2021		"Patient stated the medics were very attentive."		
96 06/24/2021		"They got me to the hospital."		
97 06/24/2021		"Mother took the survey regarding her teen daughter. She thanks the medics for their care and concern that day."	"Please forward EKG results to the patient's regular doctor."	
98 06/24/2021	"Mother rode in the ambulance. She said it was spotless."	"Mother took the survey for her minor son. She noted he is autistic and the medics were absolutely wonderful with him. She is very thankful for the patience and care he received that day."		
99 06/24/2021		"The medics waited with the patient for an hour in the hospital. He said to tell them not to change a thing, they are great."		
100 06/24/2021		"Patient stated she passed in and out during the ride. She thanks the medics for their care and getting her safely to the hospital."		
101 06/24/2021			"They were fantastic, really I could not see anything that could have been any better. REMSA has such well trained staff!"	
102 06/25/2021	"A necklace was missing off her neck. She never takes it off. She wanted to know if REMSA ever found it."	"She appreciated the efficient care provided by the medics."		
103 06/25/2021		"Everything was good. No complaints."		
104 06/26/2021		"The medics treated him as a whole person. They did not just treat the issue. The medics made him feel comfortable in a time of fear."		
105 06/26/2021	"POA said that the operator told them how to apply pressure to a wound. She felt the advice was good, but the operator was a little alienating. It was difficult to get clarification from them. POA said that the medics were off the chart excellent."	"POA appreciated that the medics had her turn the porch light on, so they could see in the dark, when they came home. They loved the compassion of the driver. They saw a person laying in the street. The driver called it in, en route to the hospital with her partner."	"POA said that the medics told them not to bring their partner's meds and that was mistake."	
106 06/27/2021		"The medics assured her that they were going to take care of her and that they were there for her."		
107 06/27/2021		"POA said that the medics made sure that his wife was okay. They did a good job transporting her. They did okay."		
108 06/27/2021	"The operator was excellent. The ambulance must have been in the neighborhood. They came so fast. The medics took his problem very seriously. The medics were the kindest, most gracious people he has ever met."	"There was no goofing around. The medics checked him out immediately, put him on the stretcher and out the door they went."		
109 06/27/2021		"The medics were caring and were excellent."		

Date of Service	Comments (Describe positive or negative experiences)	Please tell us what was done well by REMSA?	What could we do better to serve you the next time?	Assigned to
110 06/27/2021	"Nice friendly driver. He made mom's day, by talking to her during the transport."	"Mother said that the medics did a fantastic job. They did everything that they were supposed to do."		
111 06/27/2021		"Mother said the medics kept her child stable and comfortable. They also were good at calming her down."		
112 06/28/2021	"Very careful operator. They stayed with him on the phone the entire time, until the ambulance arrived. Could not have not asked for better medics. They were as good or better than any field medics he encountered in the military. He would rate REMSA 12/10."	"The medics were absolutely top-notch. He uses REMSA now and then and feels they are on a first name basis."		
113 06/28/2021	"She broke her leg, and they were awesome!"		"The male paramedic was awesome, I really can't say enough great about him. He went above and beyond"	
114 06/28/2021	"Whenever me or my wife call, the dispatcher is very helpful. The ambulance driver is very skilled getting around the bumps."			
115 06/28/2021			"I twisted my ankle and they were great, really could not be any better!"	
116 06/28/2021	"Airport transfer"		"This was an excellent experience, the ambulance staff was great!"	
117 06/28/2021	"They were very skilled EMT's and every time I have called them they are excellent!"		"Nothing, I can see they are always very knowledgeable and caring"	
118 06/28/2021			"Nothing, they were very good that day and I was satisfied."	
119 06/28/2021			"I have had several epileptic seizures and a couple of bad ambulance rides, but this one was excellent. Very caring paramedics, who knew exactly what to do!"	
120 06/28/2021			"I have no complaints, they are always top notch!"	
121 06/28/2021			"Nothing they were great!"	
122 06/28/2021	"I was in a lot of pain and the dispatcher did not seem very caring to my situation. Never gave me instructions as well. They were excellent and got me to the hospital right away. Really could not be any better!"		"The dispatcher could come across as more caring, that would make me feel more at ease. Otherwise the paramedics were outstanding!"	
123 06/22/2021			"Everything was very good! My husband recieved very good treatment."	

Follow Up	
16	Spoke with the patient and he just felt like the medics were dismissive because they thought he had heat exhaustion. I reviewed the chart and the crew treated pt appropriately and within protocol to r/o any cardiac disorder or other obvious problem. I explained our policy on hospital destination and he was fine with my explanation.
102	Called and spoke with patient's husband. He had forgotten about the necklace, but thanked me for the follow-up. We did not find the necklace in our lost and found.
122	I had a chance to review this case and these were my findings - At 0659, our dispatcher received a 911 call from a female c/o abdominal pain 2nd to an ileostomy removal. The patient was alert, breathing normally and speaking full sentences. While complaining of severe pain, she did not appear to be in distress over the phone. After correctly completing Case Entry and Key Questions were asked, dispatcher provided all possible Post Dispatch Instructions to the caller. The patient mentioned that she had two golden retrievers. Dispatcher gathered information about the dogs including their names and if they were in their kennels. After all Instructions were provided, dispatcher advised to call 911 if anything changes or gets worse and wished her well. The patient thanked her. Dispatcher was very empathetic towards the caller. I never picked up on any tones from either the dispatcher or the caller that would indicate someone was upset with the conversation. In my opinion, the comments provided were unfounded.

I had a chance to review the case and these were my findings:

At 2005, our dispatcher received a 911 call for a male that fell backwards, hitting a flower pot, and causing an injury to the back of his head. The patient was awake and breathing. Case Entry and Key Questions were asked correctly. While providing Post Dispatch Instructions, the caller had some issues hearing certain words the dispatcher was providing. The caller had abruptly interrupted the instructions to try and hear what was said. During bleeding control, the instructions were provided to use a dry cloth. The caller stated she had a wet cloth and it was corrected to place a dry cloth on the wound. After the instructions were provided, the dispatcher confirmed if the bleeding was controlled. It appeared the caller walked away from the phone which caused some issues hearing some of the instructions again. In both instances, the dispatcher slowed down his speech and slightly elongated his words (probably to help the caller hearing while away from the phone).

105

In Case Exit, the dispatcher provided all the appropriate instructions. The caller recited the instructions back to the dispatcher and stated, "since he's sitting up, if he vomits, we just keep him sitting up, right?" The dispatcher corrected her by saying, "I said that if he becomes less awake and vomits, to quickly turn him on his side." Caller stated "ok."

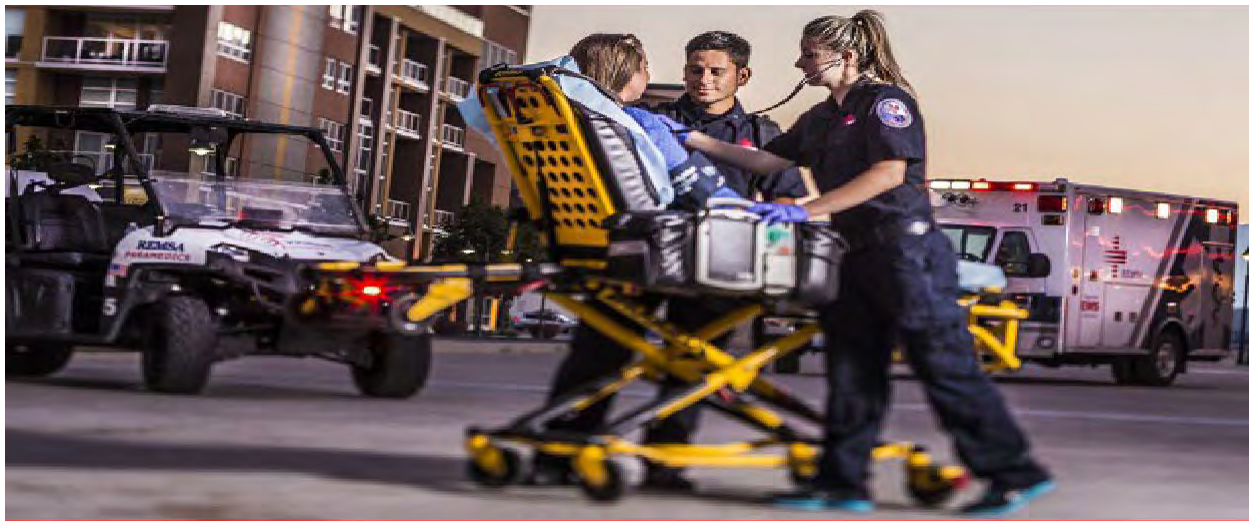
During the call, I never got the impression that anyone was being alienated. During the instructions, both parties were speaking together over the phone. Unsure if that was where the feeling of difficulty came from, but all instructions were provided and appeared to be understood correctly.



SEPTEMBER 2021

REMSA HEALTH AND CARE FLIGHT

PUBLIC RELATIONS REPORT



Since 1986, REMSA Health has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA Health 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 Health 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 Health is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

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

PUBLIC & COMMUNITY RELATIONS

"We have to change. Every day we're responding on more and more calls, and the idea that we're just going to add more ambulances is inefficient, and is not really fiscally responsible."

- Adam Heinz, Executive Director of Integrated Health for REMSA Health, says they are reinventing the 911 response model to also include mobile integrated health services to the community.

NEVADA NEWSMAKERS INTERVIEWS REMSA HEALTH

Adam Heinz and Dr. Wilson spoke with Nevada Newsmakers on the importance of matching patients with the proper healthcare resource for their needs. How the 911 system is changing was also highlighted in this interview.



PUBLIC & COMMUNITY RELATIONS



KTVN 2 NEWS HIGHLIGHTS CODE CATCHMENT

With the increased volume of 911 calls, Adam Heinz shared that REMSA Health has implemented “Code Catchment,” meaning that patients will now be taken to the closest appropriate hospital, instead of the patient's choice. The purpose of this is to better disperse patients across all hospitals to avoid emergency rooms being overwhelmed. Mr. Heinz also mentioned to think before you dial – Unless a person is having shortness of breath or chest pain, they should not call 911 to leave the line open for people experiencing emergencies.

CITY OF RENO SHOWS THEIR APPRECIATION FOR REMSA HEALTH

The City of Reno visited REMSA Health with therapy dogs and ice cream to share their appreciation for REMSA Health employees. Mayor Schieve and Councilwoman Jardon stopped by to visit with employees as well!



PUBLIC & COMMUNITY RELATIONS

REMSA HEALTH PRESENTS AIMHI AWARD TO WASHOE COUNTY

REMSA Health was honored to present Washoe County with the AIMHI Excellence in EMS Integration Award. This award recognizes a non-EMS organization for implementing a partnership with EMS that demonstrates enhancements of patient experience of care, improved patient outcomes or reduces the cost of healthcare. Congratulations, Washoe County!





REMSA INQUIRIES

No inquiries for September 2021.



DD_ND _____
DHO _____ KD

**STAFF REPORT
DISTRICT BOARD OF HEALTH
OCTOBER 28th, 2021**

TO: District Board of Health

FROM: Kevin Romero
KRomero@Remsa-cf.com

THROUGH: EMS Oversight Program
Andrea Esp, aesp@washoecounty.gov

SUBJECT: Discussion and possible approval of the recommended market areas for the REMSA market survey.

SUMMARY

Presentation, discussion and possible approval of Emergency Medical Services comparator agencies for use in the REMSA Market Survey analysis performed by Fitch & Associates.

PREVIOUS ACTION

- June 23, 2021 - Letter sent to District Board of Health notifying the District REMSA Health has recommended Fitch & Associates of Platte City, Missouri, to perform the Market Survey.
- July 22, 2021 – District Board of Health approved Fitch & Associates to perform the Market Survey.

BACKGROUND

REMSA Health has contracted with international public safety consulting firm, Fitch & Associates to conduct the market survey outlined in Article 4, 4.1 of the Regional Emergency Medical Services amended franchise agreement.

REMSA Health has successfully completed the preliminary components, providing information and documents to the firm to ensure timely completion of the market survey.

To comply with Article 4, section 4.1b and 4.1c (see excerpt below), REMSA Health will present market areas identified and recommended by Fitch & Associates to the Washoe County District Board of Health to be agreed upon by the District and REMSA Health to continue the market survey.

(b) REMSA shall recommend for review a number of EMS market areas agreed to by the DISTRICT. The selected market areas shall exhibit market characteristics reasonably similar to those of the Franchise Service Area, or if not similar, different in ways for which adjustments can be made to achieve fairness in cost comparison.

(c) REMSA shall cause the Consultant to use intra-model and extra-model comparisons in the market study to the extent that reliable data can be obtained to estimate the quality of patient care, response time reliability, economic efficiency and other benchmarks of the market study and such data can be reasonably compared to REMSA's data.

Recommended EMS Market areas by Fitch & Associated are the following (two agencies are pending participation approval as noted):

Agency	City	Type of Agency	Type Explanation	Participation
Portland EMS - AMR	Portland, OR	Private	Contracted	Pending
Metropolitan Emergency Medical Service	Little Rock, AR	Private	Contracted	YES
Plano Fire Rescue	Plano, Tx	Fire Department	Sole Provider	YES
Rogers Fire Department	Rogers, AR	Fire Department	Sole Provider	YES
Pinellas FD	Pinellas, FL	Hybrid Private-Public Partnership	EMS Contracted, Fire Back-up Transport Support	YES
Orlando Fire	Orlando, FL	Hybrid Public-Private Partnership	Fire Operated, Private EMS Agency Support	YES
Vegas Fire	Las Vegas, NV	Hybrid Public-Private Partnership	Fire Operated, Private EMS Agency Support	YES
Sunstar	Pinellas, FL	Private	Contracted	YES
Advanced Medical Transport	Peoria, IL	Private	Hospital Ownership	YES
UMC Health	Lubbock, Tx	Private	Hospital Ownership	YES
Richmond Ambulance Authority	Richmond, VA	Private	Authority of the City	YES
HEMSI	Huntsville, AL	Private	Contracted	YES
Vancouver EMS - AMR	Vancouver, WA	Private	Contracted	YES
Sanford Health	Fargo, ND	Private	Hospital Ownership	YES
Volusia EMS	Daytona Beach, FL	Third Service	Sole Provider	YES
Lake EMS	Lake County, FL	Third Service	Sole Provider	YES
Wake Co. EMS	Wake Co. NC	Third Service	Sole Provider	YES
Niagara EMS	Niagara Falls, CA	Third Service	Govt. Based	YES
Nova Scotia EMC/EHS	Nova Scotia, CA	Third Service	Govt. Based	YES

These survey sites were selected as comparators for their similarities and dissimilar characteristics. Similarities include accreditation, privately operated, incident volume, emergency 911 service and/or interfacility services and geography. Like services include the Richmond Ambulance Authority in Richmond, VA, Sunstar in Pinellas County, FL and Metropolitan Emergency Medical Services in Little Rock, AR. Dissimilar agencies include third service (Governmental Departments), fire-based ambulance services, and hospital-based services. These services are often different in areas such as funding sources, staffing models, and investment opportunities. Examples of dissimilar agency types include; Plano Fire and Rescue in Plano, TX, Rogers Fire and Rescue in Rogers, AR, and Wake County EMS in Wake Co., NC.

Although no EMS agency in the United States is exactly alike, operational and financial performance indicators will be adjusted among the comparison sites to ensure fairness in cost comparisons. Intra-model and extra-model agencies will be compared. Surveys and data requests will be sent to each comparison site to obtain data pertaining to quality of patient care, response time reliability, economic efficiency and other operational benchmarks.

FISCAL IMPACT

No financial impact to the District. Costs of the Market Survey are born of REMSA Health.

RECOMMENDATION

Recommendation is to accept the proposed market areas for the REMSA market survey.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: “Move to accept the proposed market areas for the REMSA market survey”

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 18, 2021

TO: District Board of Health

FROM: Julia Ratti, Director of Programs and Projects
775-328-2401, juratti@washoecounty.gov

SUBJECT: Presentation and possible acceptance of the mid-year progress report on the 2021 Community Health Improvement Plan.

SUMMARY

In September 2021, mid-year committee meetings were hosted by the Washoe County Health District to discuss the progress of the Community Health Improvement Plan (CHIP) initiatives with community partners. Health District staff and partners continue to make progress toward goals, outcomes, and initiatives in the 2021 CHIP. Progress was summarized and tracked in a mid-year report document.

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.

PREVIOUS ACTION

- The 2021 CHIP was presented to the board and accepted on November 19, 2020

BACKGROUND

The 2021 Community Health Improvement Plan (CHIP) mid-year report summarizes the progress of objectives included in the plan from February 1st, 2021, to July 31st, 2021. The 2021 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. The CHIP is a community driven and collectively owned health improvement plan. The health of our community is improved by community wide engagement and collaborative work. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with

Subject: ODHO District Health Officer Report

Date: October 28, 2021

Page 2 of 2

providing administrative support, tracking and collecting data, and preparing an annual report. The mid-year report will be utilized to inform the 2021 CHIP Annual Report.

FISCAL IMPACT

Should the Board accept the 2021 Community Health Improvement Plan mid-year report, there will be no fiscal impact to the adopted FY21 budget.

RECOMMENDATION

Staff recommends the DBOH review and accept the 2021 Community Health Improvement Plan mid-year report as presented.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2021 Community Health Improvement Plan mid-year report as presented."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2021 Community Health Improvement Plan
Mid-Year Report



Public Health
Prevent. Promote. Protect.

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Introduction

The 2021 Community Health Improvement Plan (CHIP) mid-year progress report is used to monitor and inform the 2021 CHIP Annual Report. The CHIP Annual Report is a complete review of strategies accomplished throughout the year. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking, collecting data, and preparing the annual report.

The information included in the 2021 CHIP mid-year report is a summary of status reports from January 2021-August 2021. In 2020, the 2021 CHIP was developed as a one-year extension to the existing 2018-2020 CHIP because of public health's response to the COVID-19 pandemic. The reports describe the progress of initiatives on the three identified focus areas including behavioral health, housing and homelessness, and physical activity and nutrition. A color-coding system was created to indicate the completion status of each objective.

	Completed
	In progress
	Not on track
	Objectives that are colored gray were completed in the 2018-2020 CHIP
	Progress report with additional detail about status is included for each objective.

Focus Area: Housing and Homelessness

Goal 1: To stabilize and improve housing security for people spending more than 30% of their income on housing.

Objective (SMART Format):

1. By June 15, 2018 Complete Phase I of the Regional Strategy for Housing Affordability. **(Completed)**
2. By September 1, 2018 Complete Phase II of the Regional Strategy for Housing Affordability. **(Completed)**
3. By December 31, 2018 Complete Phase III of the Regional Strategy for Housing Affordability. **(Completed)**
4. By December 31, 2021 implement a portion of the Regional Strategy for Housing Affordability. **(Modified to include new strategies)**
5. By December 31, 2021 improve policies and processes designed to preserve existing and increase new subsidized affordable housing units. **(New objective and strategies)**

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
1. By May 1, 2018 complete Phase I of the Regional Strategy for Housing Affordability.	1.1 Facilitate local leadership meetings for Enterprise and provide any requested information	1.1.1 Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap Completed	June 1, 2018 - Completed	<u>Owner</u> : Project Director, Truckee Meadows Healthy Communities, (TMHC) Truckee Meadows Regional Planning Agency (TMRPA)
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
2. By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability	2.1 Facilitate local leadership meetings for Enterprise and provide any requested information	2.1.1 Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of roadmap Completed	September 30, 2018 - Completed	<u>Owner</u> : Project Director, TMHC, TMRPA
Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
3. By December 31, 2018 completed Phase III of the Regional Strategy for Housing Affordability	3.1 Facilitate local leadership meetings for Enterprise and provide any requested information	3.1.1 Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of roadmap Completed	Nov 31, 2018 - Completed	<u>Owner</u> : Project Director, TMHC, TMRPA

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
4. By December 31, 2021 implement portions of the Regional Strategy for Housing Affordability	4.1 Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation RSFAH	4.1.1 Identify or establish organization to lead implementation	Organization identified/established	Dec. 31, 2021 Extended	<u>Owner:</u> TMHC, TMRPA-	<u>In progress</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> • TMRPA continues to advocate for the Regional Strategy and is seeking a lead entity to accomplish implementation. • TMRPA has engaged jurisdictional leadership and staff in an effort to create an implementation team made up of one representative from each jurisdiction. These plans are ongoing, and no decisions have been finalized. 					
	4.2 Establish a regional early preservation warning system. RSFAH 4.2	4.2.1 Advocate for state policy to mandate notice to affected residents and local jurisdictions when subsidized affordable housing is at-risk	Passage of legislation during the 2021 state legislative session	May 31, 2021	<u>Owner:</u> Nevada Housing Coalition, <u>Supporter:</u> WCHD	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> • SB12 which established components of an early warning system was passed and signed by the Governor. 						

		4.2.2 Create a regional action plan to preserve affordable housing units	Stakeholders convened and action plan created	Dec. 31, 2021	Owner: Reno Housing Authority, TMRPA	In progress
<p><u>Progress report:</u></p> <ul style="list-style-type: none"> RHA has convened a team of interested parties (jurisdiction staff, state housing staff, RHA, TMRPA) and held one meeting to assess how to create an early warning system including information about who would be involved, and what actions would need to take place once a property was flagged for expiration. This effort would benefit from finalization of a leadership entity to oversee implementation. 						
Objective 5	Strategy 5	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
5. By December 31, 2021 improve policies and processes designed to preserve and to increase new subsidized affordable housing units	5.1 Advocate for the passage of legislation to extend the new state level affordable housing tax credit	5.1.1 Organize individuals, agencies and coalitions to support legislation targeted at improving affordable housing preservation	Passage of legislation during the 2021 state legislative session	May 31, 2021	Owner: Nevada Housing Coalition, ACTIONN	Completed
	5.2 Advocate for a funding source for the Washoe Affordable Housing Trust Fund	5.2.1 Organize individuals, agencies and coalitions to support creation of a funding source	Funding source identified and implemented	Dec. 31, 2021		In progress
<p><u>Progress report:</u></p> <ul style="list-style-type: none"> 5.1.1 SB12 passed and was signed by the Governor. 5.2.1 No funding source has been identified but advocacy efforts continue. Efforts are in progress to identify opportunities to allocate a portion of ARPA funds to the Affordable Housing Trust Fund. 						

Goal 2: To stabilize and improve housing security for people spending more than 50% of their income on housing.

Objective (SMART Format):

1. By September 30, 2021 identify, support and implement alternative funding models for housing severely mentally ill (SMI). **(Modified to include new strategy)**
2. By December 31, 2021 identify best practices for incorporating community case management** for people receiving housing assistance and increase access to case management for those in emergency shelter. **(Modified to include new strategy)**
3. By December 31, 2021 Complete the first phase of the Built for Zero regional strategy to end homelessness. **(New objective and strategies)**
4. By December 31, 2021 strengthen processes and promote implementation of evidence-based practices among homeless services providers. **(New objective and strategies)**

**Case management as defined by HUD, i.e. serves as a central point of contact for service providers and addresses the biological, psychological and social needs of the person and helps him/her to maintain housing.

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)	
1. By September 1, 2021 identify support and implement alternative funding models for housing severely mentally ill (SMI)	1.1 Identify alternative funding models for housing SMI	1.1.1 Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	June 15, 2018 - Completed	Owner: Washoe County Human Services, RAAH, ACTIONN		
		1.1.2 Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)	July 15, 2018 - Completed			
		1.1.3 Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds A memorandum of understanding to provide match funds needed	August 15, 2018 - Completed			
	1.2 Support alternative funding models identified	1.2.1 Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information	August 15, 2018-June 30, 2020 - Completed			
	1.3 Work with State Medicaid agency to revise state plan to include expansion of 1915(i)	1.3.1 Document steps needed to revise state plan to expand 1915(i) subpopulations	Document that outlines steps needed to revise state plan	June 1, 2018 – Partially Complete		Owner: Nevada Interagency Council on Homelessness	

	subpopulations to include homeless people who are severely mentally ill	Identify steps for implementation of revised state plan	Action plan for implementation activities	July 31, 2018 - Completed	<u>Owner:</u> Nevada Interagency Council on Homelessness	
	1.4 Have a minimum of three 1915(i) Tenancy Support Housing Programs Certified in Washoe County	1.4.1 Prepare through training and technical assistance potential providers to become certified	Number of Certified Programs	Sept 30, 2021	<u>Owner:</u> SAPTA CASAT <u>Supporter:</u> N NV Continuum of Care	<u>In progress</u>
		1.4.2 Process certification applications and successfully certify Tenancy Support Services	Number of individuals receiving Tenancy Support Services			
	<u>Progress report:</u> <ul style="list-style-type: none"> CASAT is preparing trainings and curriculum to teach providers about Tenancy Support Services and provide technical assistance to become a certified provider. 					
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	
2. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	2.1.1 Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided	2.1.1 Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	July 15, 2018 - Completed	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> WCHD MPH Intern, RHA	
		2.1.2 Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings have convened, best practices shared	Aug. 15, 2018 - Completed		

Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner
2. By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance	2.2 Document experiences and results from Washoe County's Community Case Managers	2.2.1 Work with Sheila Leslie and Community Case Managers to document experiences and results to date	Completion of report on Washoe County Community Case Management experiences and results	July 30, 2018 - Completed	<u>Owner:</u> Washoe County Human Services <u>Supporter:</u> UNR MPH Intern
	2.3 Compile and share best practices examples from other communities	2.3.1 Conduct internet research	Meetings conducted to determine lead agencies that specifically serve homeless youth	August 1, 2018 - Completed	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern
		2.3.2 Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document with a timeline and implementation of best practices identified, may be combined with a report on experiences and best practices identified	August 15, 2018 - Completed	<u>Owner:</u> UNR MPH Intern
	2.4 Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services prior to entering the shelter	2.4.1 Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter	Document reflecting roles and responsibilities of existing case managers at the CAC. No families on the wait list at the CAC.	Sept 1, 2018 - Completed	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> City of Reno, Volunteers of America
	2.5 Support implementation of objectives/strategies outlined in the HUD Youth Demonstration grant	2.5.1 Identify a timeline to implement grant objectives	Document reflecting implementation timeline	July 1, 2018 - Completed	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee
			2.5.2 Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training,	Meetings conducted to determine lead agencies that specifically serve homeless youth	Sept 1, 2018 - Completed

		agency communication and service delivery that include best practices for homeless youth				
		2.5.3 Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth	Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth		Dec 1, 2018 - Completed	
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3. By Dec. 31, 2021 increase number of individuals accessing shelter services who are connected to housing and supportive services	3.1 Increase case management ratios for individuals accessing shelter services to national standards and track the number of individuals successfully diverted from experiencing homelessness	3.1.1 Build support for adequate funding to meet national standard case management ratios	Single men and women 1:25 Families and Youth 1:15 Number of individuals connected to housing and supportive services	Dec. 31, 2021	<u>Owner:</u> Washoe County Human Services, City of Reno and City of Sparks Housing Specialists <u>Supporter:</u> RISE, Volunteers of America, Eddy House	<u>Completed</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> • Significant progress has been made. • In the agreement between the City of Reno and the VOA, the case management ratio is at 1:30 for housing intensive case management, and 1:50 for light touch case management. • Not all guests at the CARES campus are choosing to participate in case management at this time. CARES currently has 10 case managers to serve the 500 average daily guests. • For single women at OUR Place the case management ratio is 1:25. • For families at OUR Place the case management ratio is 1:13. 					

Objective 4	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
4. By December 31, implement the first phase of the Built for Zero regional strategy to address homelessness	4.1 Collaborate among jurisdictions and nonprofit providers to strengthen the systems and services designed to assist and support individuals and families experiencing homelessness	4.1.1 Develop and regularly update a by name list of individuals experiencing homelessness. Coordinate with the Continuum of Care data efforts	Data system built and sharable among appropriate service providers	March 31, 2021	<u>Owner:</u> Washoe County – Manager’s Office- <u>Supporters:</u> City of Reno, City of Sparks, NNCoc, Veteran’s Administration	Completed
		4.1.2 Complete an inventory of services and major approaches currently being pursued regionally	Regional Efforts to Address Homelessness Matrix Completed	June 30, 2021		Completed
		4.1.3 Develop a coordinated and proactive structure for outreach services across the community. Collaborate with the Continuum of Care Outreach efforts	Structure built and majority of outreach providers actively participating	June 30, 2021		In progress
		4.1.4 Analyze the capacity for housing program needs in Washoe County	Create an inventory of existing emergency, supportive, bridge and transitional housing	Dec. 31, 2021		Completed
<u>Progress report:</u> <ul style="list-style-type: none"> The built for Zero team is creating a by-name list for the Washoe County community. A quality by-name list will allow the team to: <ul style="list-style-type: none"> Understand the scope of homelessness in our community Understand how people move in and out of our system on an ongoing basis Have accurate information to set goals to reduce homelessness Have accurate information to understand if we are making progress in ending homelessness We have a lot of beds in our community. Given the number of beds in the community, the team identified opportunities to focus on better aligning the current beds with needs among individuals through reducing barriers and focusing on housing first 						

Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
5. By December 31, 2021 strengthen processes and promote implementation of evidence-based practices among homeless services providers	5.1 Provide ongoing training on evidence-based practices	5.1.1 Regularly conduct trainings on VI-SPDAT, “best sheltering practices”, trauma informed care, LGBTQ+, harm reduction, housing first and other topics	Number of trainings conducted Number of individuals trained	December 31, 2021	Owner: NNCoC,	In progress
	5.2 Clearly identify lead agencies and improve response to individuals experiencing homelessness during emergencies	5.2.1 Create a CoC Homeless Emergency Response Plan and work with partners to have the CoC identified as the lead in homeless response to regional emergency preparedness plans	Plan created and CoC incorporated into regional plans	June 30, 2021		Not on track
<p>Progress report:</p> <ul style="list-style-type: none"> • 5.1.1 Bitfocus, the HMIS provider offers quarterly training on the VI-SPDAT tool. • The CoC contracted with Homebase to provide two trainings on Housing First and Coordinated Entry. About 70 people attended the trainings, and the materials and training video were distributed through the CoC listserv. • 5.2.1 Progress has been delayed as CoC management has been under a transition. • The City of Reno is working to transition the lead role to Washoe County. This was voted on by the three jurisdictions City of Reno, City of Sparks, and Washoe County at a joint meeting on August 30, 2021, where the Interlocal Agreement for Regional Homeless Services was adopted. 						

Focus Area: Behavioral Health

Goal 1: To stabilize and improve housing security for people experiencing homelessness.

Objective (SMART Format):

~~By September 1, 2018 identify and support alternative funding models for housing the severely mentally ill.~~ (Incorporated into housing section)

1. By December 31, 2021 identify best practices for incorporating community case management** for people experiencing homelessness. **(Extended)**
2. By May 31, 2021 expand implementation of Peer Recovery Support Specialists in Washoe County. **(Modified to include new strategies)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
1. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	1.1 Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided	1.1.1 Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	July 15, 2018 - Completed	<u>Owner:</u> Washoe County Human Services Agency (WCHSA), Housing Specialist	
		1.1.2 Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings were convened, best practices shared	August 15, 2018 - Completed	<u>Supporter:</u> Washoe County Health District (WCHD) MPH Intern	
Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	
1. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	1.2 Document experiences and results from Washoe County's Community Case Managers	1.2.1 Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results	July 30, 2018 - Completed	<u>Owner:</u> WCHSA <u>Supporter:</u> UNR MPH Intern	
	1.3 Compile and share best practices examples from other communities	1.3.1 Conduct internet research.	Creation of a report presenting options used successfully in other communities	August 1, 2018 - Completed	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern	
		1.3.2 Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified	August 15, 2018 - Completed	<u>Owner:</u> UNR MPH Intern	

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
1. By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance	1.4 Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter	1.4.1 Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter	Document reflecting roles and responsibilities existing case managers at the CAC. No families on the wait list at the CAC.	Sept 1, 2018 - Completed	<u>Owner:</u> WCHSA, Housing Specialist <u>Supporter:</u> City of Reno, Volunteers of America	
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2. By December 31, 2021 identify best practices for incorporating collaborative case management for people experiencing homelessness	2.1 Support implementation of the GoodGrid case management software system	2.1.1 Implement Good Grid with Phase I pilot partners	Phase I pilot agencies have all fully implemented the GoodGrid case management software system for all homeless individuals and families	Jan. 1, 2020 - Completed	<u>Owner:</u> WCHSA, HSA Coordinator <u>Supporter:</u> Community partners	<u>Completed</u>
		2.1.2 Implement Good Grid with Phase II pilot partners or other interested agencies	Phase II pilot agencies or additional agencies have all fully implemented the GoodGrid case management software system for all chronically homeless clients	Dec. 31, 2021 - Extended		

Progress report:

- Phase I and Phase II pilot partners were phased in and trained how to utilize GoodGrid.
- OUR Place and the Washoe County Sheriffs continue to use the system to coordinate care for individuals.

Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3. By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County	3.1 Collect and disseminate information on the number of certified PRSS in Washoe County	3.1.1 Develop a one-page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	Jan 1, 2020 - Completed	<u>Owner:</u> Foundation for Recovery	
		3.1.2 Determine number of currently certified PRSS being utilized by Behavioral Health providers to include Substance Use treatment facilities, CCBHCs and FQHCs	Conduct an annual survey of the number of certified PRSS in Washoe County	April 1, 2020 Completed	<u>Supporter:</u> CASAT, District Courts	
	3.2 Implement trainings for providers on PRSS	3.2.1 Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted	April 1, 2020 - Completed	<u>Owner:</u> Foundation for Recovery	
	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
	3.2 Advocate for legislation to improve and mandate certification for PRSS and PRSS supervisors	3.2.1 Organize individuals, agencies and coalitions to support legislation targeted at best practice in utilization of PRSS	Passage of legislation	May 31, 2021	<u>Owner:</u> Washoe Regional Behavioral Health Policy Board (WRBHPB) <u>Supporter:</u>	Completed

					Foundation for Recovery	
<u>Progress report:</u> <ul style="list-style-type: none"> Senate Bill 69 which included creating mandatory certification for PRSS and PRSS certification among other issues passed 						
3.3 Increase professional development for new and current PRSS	3.3.1 Pilot a PRSS Consultation Series to provide mentorship, continuing education, and technical assistance to certified PRSSs and individuals interested in pursuing the PRSS certification	Recruit three new PRSSs and retain two current certified peers	March 30, 2021	Owner: CASAT Supporters: Northern Nevada Hopes and Ridge House	In progress	
<u>Progress report:</u> <ul style="list-style-type: none"> Conducted two (2) in-person professional development sessions from July-August with a total of 31 attendees. 16 New PRSS's were recruited and entered into 101 training. 3 are approved to take the National Certified Board (NCB) exam for certification and have test dates set. In addition to WCHD funds, other grant funds have helped to assist 12 or more individuals go through UNR's Peer Support Specialist Certificate program which sets them up for the next step to get Certified by NCB. 						

Goal 2: Assess and address current status and need for Behavioral Health services in Washoe County

Objective (SMART Format):

1. By May 31, 2021 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County. **(Updated with additional strategies)**
2. By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County. **(Updated with additional strategy)**
3. By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified. **(Updated with additional strategy)**
4. By Feb 1, 2021 expand training and education to providers on SBIRT. **(Updated with additional strategy)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)	
1. By May 31, 2021 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County	1.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	1.1.1 Collect existing information from NV DHHS Primary Care Office	Needed information is collected	August 1, 2018 – Partially Completed	Owner: WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association		
		1.1.2 Determine optimal format of information sharing, i.e., one-page handout,	Informational materials are developed	Sept 1, 2018 – Partially Completed			
		1.1.3 Distribute information amongst state and local elected officials, board, etc.	Information distributed to appropriate contacts	October 1, 2018 – Partially Completed			
							Status (Completed, In Progress, Not on Track)
	1.2 Advocate for legislation to collect, aggregate and make available data that will provide insight on the availability and demographics of health care providers	1.2.1 Organize individuals, agencies and coalitions to support legislation targeted at improving access to data about providers	Passage of legislation	May 31, 2021	Owner: WCHD, NV Primary Care Association	Completed	
	<u>Progress report:</u> <ul style="list-style-type: none"> SB379 passed and provides for the collection of certain data concerning providers of health care. 						

	1.3 Advocate for legislation to collect, aggregate and make available data on health care claims that will provide insight on utilization and access to health care	1.3.1 Organize individuals, agencies and coalitions to support legislation targeted at improving access to claims data, utilization and access to care	Passage of legislation	May 31, 2021	<u>Owner:</u> WCHD	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> SB40 passed and provides for the creation of the All Payers Claims database 						
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3. By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County	3.1 Publish Washoe county Behavioral Health Data profile	3.1.1 Collect needed information and revise the data profile from the previous year.	Needed data collected and evaluated, report compiled and reviewed	Dec. 31 - Ongoing	<u>Owner:</u> WCHSA	<u>Completed</u>
		3.1.2 Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		<u>Supporter:</u> WCHD	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> The Washoe County Behavioral Health data profile was completed Results were shared with the Washoe Regional Behavioral Health Policy Board. Presentations were somewhat hampered due to the COVID-19 health crisis as was the receipt of certain data elements, resulting in a longer than usual completion time. 						

	3.2 Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	3.2.1 Collect needed information and oversee UNR MPH intern in the development of the report	Needed data collected and evaluated	August 15, 2018 - Completed	<u>Owner:</u> Shelia Leslie, WRBHPB <u>Supporter:</u> WCHD MPH Intern	
	3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	3.3.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Needed information is collected	August 1 – Discontinued	<u>Owner:</u> WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association	
	County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	3.3.2 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Informational materials are developed	Sept 1- Discontinued		
		3.3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Information distributed to appropriate contacts			

		3.3.4 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Analysis conducted and findings disseminated	October 1 Discontinued		
		3.3.5 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Information collected and distributed to appropriate contacts			
Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
4. By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified	4.1 Collect and disseminate basic information on current status of Behavioral Health Board modernization	4.1.1 Gather information about Behavioral Health Boards and on degree of modernization, current wait times for license to be processed, etc.	Document reflecting information gathered	Feb 1, 2020 Incomplete	Owner: NV Primary Care Association, WCHD	
	4.2 Advocate for legislation to modernize boards and expedite licensure	4.2.1 Identify potential opportunities to revise policies that would allow for expedited licensure	Passage of legislation	May 31, 2021		<u>Completed</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> SB44 passed which authorizes certain behavioral health licensing boards to issue a temporary provisional license to an applicant who meets certain requirements 					
Objective 5	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status

						(Completed, In Progress, Not on Track)
5. By Feb 1, 2020 expand training and education to providers on SBIRT	5.1 Collect and disseminate basic information on current status of SBIRT usage	5.1.1 Mapping settings/populations where SBIRT is used in Washoe County	Document reflecting information gathered	Feb 1, 2020 - Completed	<u>Owner:</u> CASAT <u>Supporter:</u> HOPES, WCHD, Renown, Children’s Cabinet, WC Public Defender’s Office, WC Department of Alternative Sentencing, Community Health Alliance	
		5.1.2 Identify target agencies /organizations to provide SBIRT awareness and training	Document outlining target organizations to provide SBIRT training to			
		5.1.3 Promote SBIRT expansion through completion of live, online class and self-paced class	2 online trainings provided			
		5.1.4 Conduct in person SBIRT implementation training	1 face to face training provided			
Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
5. By Feb 1, 2021 expand training and education to providers on SBIRT	5.2 Target community health professionals within women’s health settings to provide SBIRT awareness and training and access to	5.2.1 Identify organizations providing services to pregnant and non-pregnant women of reproductive age to provide SBIRT awareness	Document outlining target organizations to provide SBIRT training to	Sept. 30, 2021	<u>Owner:</u> CASAT <u>Supporter:</u> HOPES, WCHD, Renown, Children’s Cabinet, WC Public	<u>Completed</u>
		5.2.2 Promote SBIRT expansion through live, online SBIRT implementation class, SBIRT ECHO and self-paced SBIRT class	3 online trainings provided			<u>Completed</u>

	a provider reference guide	5.2.3 Conduct in person SBIRT implementation training	1 face to face training provided		Defender’s Office, WC Department of Alternative Sentencing, Community Health Alliance	<u>In progress</u>
		5.2.4 Promote universal screening for substance use in pregnant women and women of child-bearing age through the promotion of the Reference Guide for Reproductive Health Complicated by Substance Use	Document organizations provided the link and education on the use of the Reference Guide			<u>In progress</u>
<p><u>Progress report:</u></p> <ul style="list-style-type: none"> • 5.2.1 and 5.2.4: CASAT targeted marketing of Perinatal Health Reference Guides and associated training/technical assistance services to Nevada Medicaid OB/GYNs. • Created a Media Toolkit (#PerinatalHealthSBIRT) that includes a series of 4 marketing pieces with general messaging around Nevada SUD/ODU prevalence rates and impact on women of reproductive age, pregnancy and labor/delivery and includes promotion of the Reference Guides • Distributed as noted above and to additional contacts in rural and other Nevada hospitals. • Created an advertisement copy for Nevada RNformation (Nursing publication) highlighting the Reference Guides (published in Dec 2020 & April 2021). • 5.2.2 Sixty-eight Nevada Medical and Behavioral Health Providers completed the TeachSBIRT 4-hour self-paced online course during the period of Oct 1, 2020–Aug 23, 2021. • 5.2.3. Due to health concerns related to the COVID Public Health Emergency, in-person implementation training has not been scheduled. Plans are underway to conduct in-person Grand Rounds/SBIRT overview workshops in hospitals located in Fallon, Reno, and Las Vegas, NV. 						

Goal 3: Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)

Objective (SMART Format):

1. By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care. **(Extended)**
2. By December 31, 2020 implement BUILD Health Challenge Year 1 Strategies. **(Completed)**
3. By December 31, 2021 implement BUILD Health Challenge Year 2. **(New objective and strategy)**
4. By Sept 29, 2021 have one or more health and behavioral health care organizations within Washoe County implement Zero Suicide. **(New objective and strategy)**
5. By Dec. 31, 2021 expand the Living Ideation adolescent suicide prevention model to a broader community audience. **(New objective and strategy)**
6. By Dec. 31, 2021 increase access to supports and services for adolescents experiencing behavioral health challenges. **(New objective and strategies)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Complete, In Progress, Not on Track)
1. By Dec. 31, 2021 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care	1.1 Implement Signs of Suicide education and screening program for all 7 th grade students in Washoe County	1.1.1 Approval of district administrative regulation for implementation of Signs of Suicide education and screening for all 7 th grade students	Approved administrative regulation	Sept 1, 2018 - Complete	Owners: Washoe County School District, Children's Cabinet	
		1.1.2 Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming	April 1, 2020 – Partially Complete		
		1.1.3 Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for screening consent	April 1, 2020 - Complete		
		1.1.4 Increase number of students who receive screening, education and support through permission granted at registration	% of students screened	Dec. 31, 2021		<u>In progress</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> All 7th grade Middle Schools are scheduled for SOS screening. Approximately 3700 permissions to screen are on file (compared to approximately 2200 students screened in School Year 20-21). As of 9/10/21, 2 schools have completed screening. The shortage of counselors who see adolescents continues to be a barrier in connecting students to services as needed. As a result, Children's Cabinet is providing online resources to help families 					
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner	

	1.2 Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students	1.2.1 Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing 1.2.2 Work with stakeholders to identify ways to overcome barriers	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	April 1, 2020 – Incomplete due to change in approach to school-based mental health	<u>Owners:</u> Washoe County School District <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children’s Cabinet, Community Health Alliance	
Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner	
2. By December 15 th , 2020 implement BUILD Health Challenge Year 1 Strategies	2.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	2.1.1 Identify funding source	Funding for year one of implementation identified	Dec 15 th , 2020 - Completed	<u>Owners:</u> Renown Institutes, Truckee Meadows Healthy Communities (TMHC), NNBHLC, Community Health Alliance	
		2.1.2 Assemble working groups, determine governance structure and leadership	Working group identified			
		2.1.3 Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members			
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3. By Dec. 31, 2021 Implement BUILD Health Challenge Year 2 Strategies	3.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	3.1.1 Develop and implement promotion and program plans for 2021	Number of visits to “It Starts with Hello” Number of seniors connected through alternative programs	Dec 15 th , 2021	<u>Owners:</u> Renown Institutes, TMHC, WCHD	<u>Completed</u>

	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> • It Starts With Hello online gathering was delivered to the community virtually, twice-weekly through July 2021. This was a virtual version to replace the original program design which was not longer possible due to COVID. • The program served on average 10 seniors at each episode for approximately 29 weeks with 2 shows a week • The BUILD team met with the Robert Wood Johnson Foundation to revise the 2021-2022 goals and implementation plan due to the evolving landscape caused by the pandemic. New initiatives for the final year are now underway. 					
Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
4. By Sept 29, 2021 have one or more health and behavioral health organizations within Washoe County implement Zero Suicide	4.1 Reach out to hospital administrators to introduce the Zero Suicide initiative, provide the Zero Suicide Learning Series and ongoing technical assistance	4.1.1 Identify hospital agencies / organizations to participate in Zero Suicide. Work with administrators to facilitate pre and post readiness surveys with all staff. Conduct in person or virtual Zero Suicide Learning Series	<p>Number of hospital systems implementing Zero Suicide</p> <p>Number of hospital systems that complete the Workforce Survey and Organizational Readiness Survey</p> <p>Number of hospital employees trained</p>	Sept 29, 2021	<p><u>Owner:</u> Office of Suicide Prevention</p> <p><u>Support:</u> CASAT</p>	In progress
	<p><u>Progress report:</u> The Zero Suicide coordinator is working with Renown and St. Mary's leadership teams to develop a core team that will adopt the Zero Suicide initiative. The project is rolled out in phases and both in the very beginning stages. The next step is to conduct a workforce survey to assess staff self-perception of their knowledge and comfort interacting with patients who may be at risk for suicide, including providing specific elements of care such as screening, treatment, and support during care transitions. Focus on pandemic response has impacted progress.</p>					

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
4. By Sept 29, 2021 have one or more health and behavioral health care organizations within Washoe County implement Zero Suicide	4.2 Assist health and behavioral health care organizations in developing a data-driven, quality improvement approach to suicide care	4.2.1 Provide technical assistance to hospitals in identifying core data sets	Data reports disseminated	Sept 29, 2021	<u>Owner:</u> Hospitals <u>Support:</u> Office of Suicide Prevention, CASAT	In progress
	4.3 Develop Memorandums of Agreement with health and behavioral health care organizations implementing Zero Suicide and community providers to ensure appropriate follow up and continuity of care	4.3.1 Work with crisis response system partners providing community-based care	Number of Zero Suicide implementing hospitals with MOU's, or other formal care coordination agreements, with community partners to support care transitions and follow-up			
	<u>Progress report:</u> <ul style="list-style-type: none"> Renown and Saint Mary's are working in the early phases of working with the Zero Suicide Coordinator to learn about the initiative Both organizations are working towards the next phase in implementing a workforce survey to better understand suicide awareness among employees. Focus on pandemic response has impacted progress. 					
Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)

5. By Dec. 31, 2021 expand the Living Ideation adolescent suicide prevention model to a broader community audience	5.1 Engage adolescents in strengths-based, future oriented conversations that build relationships and identify risk	5.1.1 Provide Living Ideation training and materials to at least 250 non-clinical professionals in the community and continue training for 12 clinical professionals	Number of individuals trained	June 30, 2021	<u>Owner:</u> Children’s Cabinet, Washoe County School District <u>Support:</u> Renown	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> Living Ideation trainings have been provided to 370 community members and 12 clinical professionals. Presentations are provided in different community settings targeting, parents, teachers, clinicians and school aged children. 						
Objective 6	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
6. By Dec. 31, 2021 increase access to supports and services for adolescents experiencing behavioral health challenges	6.1 Increase awareness of trauma informed care and secondary trauma sensitivity	6.1.1 Implement the Trauma Aware Schools grant from the Nevada Department of Education	Number of individuals trained	December 31, 2021	<u>Owner:</u> Washoe County School District	<u>In progress</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> The Washoe County School District is implementing Project AWARE grant activities and supports at seven pilot schools. The grant is designed to strengthen awareness of mental health issues and the capacity of school teams to promote mental wellness and provide early interventions supports when needs are identified. To date, approximately 62 staff and 264 students have participated in grant related trainings to build awareness of mental health challenges and promote access to school and community-based services. Project stakeholders are working on school-based mental health systems for earlier identification of mental health needs and tracking the outcomes of services. 					
	6.2 Improve early intervention for youth experiencing behavioral health challenges	6.2.1 Train 200 individuals per year on youth mental health first aid	Number of individuals trained	Dec. 31, 2021	<u>Owner:</u> Children’s Cabinet	<u>In progress</u>

	<u>Progress report:</u> <ul style="list-style-type: none"> • YMHFA classes are offered on a regular basis. • The Children’s Cabinet coordinated with WCSD to provide opportunities for parents to attend the training. 					
	6.3 Expand access to screening and treatment for adolescents	6.3.1 Increase early periodic screening and outpatient treatment for adolescents	Number of clients served	Dec. 31, 2021	<u>Owner:</u> WellCare	<u>In progress</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> • Well Care is currently seeing children and adolescents in both Psychiatric assessments and therapy services including child play therapy and family therapy services. • Well Care is also working with the Washoe County School District to explore opportunities to provide therapy and assessments in schools. 					

Goal 4: Divert individuals experiencing behavioral health challenges from emergency rooms and detention facilities by strengthening the behavioral health system of care for adults. (New goal)

Objective (SMART Format):

1. By Dec. 31, 2021 fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses. **(New objective and strategies)**
2. By Sept. 30, 2021 finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices. **(New objective and strategies)**
3. By Dec. 31, 2021 implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes. **(New objective and strategy)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
1. By Dec. 31, 2021 fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses	1.1 Implement cross-functional, interdisciplinary teams to address the holistic needs of individuals with behavioral health diagnoses	1.1.1 Quest – Assertive Community Treatment Team (ACT) Veterans Administration – Patient Aligned Care Team (PACT) Renown – Integrated Care Team (ICT)	Number of individuals served by ACT, PACT, ICT through integrated, interdisciplinary teams	Dec. 31, 2021	Owner: Quest, Veterans Administration, Renown	In progress
	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> • Quest has a fully functioning ACT Team consisting of 5 team members including an APRN. They have served 9 clients since Jan 2020. Community outreach continues to serve the organization and community well as more people are aware of the services Quest offers. • The development of Renown’s ICT team is in progress and will be implemented in various Renown primary care and urgent care clinics once clinicians are hired. • A new community assessment center is also in progress that will work in conjunction with the ICT. 					
	1.2 Increase access to outpatient behavioral health services	1.2.1 Expand availability of services	Number of new programs available to serve individuals with behavioral health needs	June 30, 2021	Owner: Saint Mary’s, Quest, WellCare, Renown	Completed

	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> Renown launched the Transcranial Magnetic Stimulation service for adults and expanded intensive outpatient programs with additional tracks for greater convenience for patients. WellCare is currently seeing children and adolescents in both psychiatric assessments and therapy services including child play therapy and family therapy services. They are also partnering with the WCSD to expand services in schools. 					
Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2. By Sept. 30, 2021 finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices	2.1 Build off of the Crisis Stabilization convenings and assets to determine steps needed to implement an improved crisis stabilization system	2.1.1 Convene stakeholders and develop a community roadmap to implementing a best practice system	Road map completed and consensus on next steps achieved	Dec. 31, 2021	<p><u>Owner:</u> WRBHPB</p> <p><u>Supporters:</u> Crisis Support Services of Nevada, Hospitals, First Responders, Northern Nevada HOPES</p>	In progress
	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> WCHD has provided funding and contracted with an outside consultant to facilitate key stakeholders in the creation of a Crisis Response System Implementation Plan which will serve as the roadmap for the community to fully develop a behavioral health crisis system of care. Stakeholder meetings began in August of 2021 are scheduled throughout the coming year driving toward the complete implementation plan by July 2022. Several implementation tasks will be completed as part of the process. 					
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)

<p>4. By Dec. 31, 2021 implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes</p>	<p>4.1 Implement an Early Treatment Program for First Episode of Psychosis based on evidence-based model NAVIGATE</p>	<p>4.1.2 Provide intensive, team-based coordinated specialty care that is recovery-oriented and collaborative including patients, providers and family members</p>	<p>Number of individuals served</p> <p>Progression of symptoms</p>	<p>Dec. 31, 2021</p>	<p><u>Owner:</u> UNR School of Medicine, Nevada Division of Public and Behavioral Health</p>	<p><u>In progress</u></p>
	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> The University of Nevada, Reno School of Medicine is providing NAVIGATE First-Episode Psychosis Clinics during the Project Echo lectures. More information about the dates can be found on UNR's Project Echo webpage 					

Goal 5: Strengthen behavioral health component of emergency preparedness and response. **(New goal)**

Objective (SMART Format):

1. By June 30, 2021 finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. **(New objective and strategies)**
2. By June 30, 2021 develop and publish the Community Overdose Response Plan. **(New objective and strategies)**
3. By June 30, 2021, fully implement COVID-19 resiliency response. **(New objective and strategy)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
1. By June 30, 2021 finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. (New objective and strategies)	1.1 Connect behavioral health emergency response efforts to overall emergency response efforts	1.1.1 Collect input from stakeholders and finalize the draft Regional Behavioral Health Emergency Response Plan	Plan completed and connected to regional emergency response preparedness efforts	March 30, 2021	<u>Owner:</u> Washoe County Human Services Agency Behavioral Health Coordinator <u>Supporter:</u> Washoe County Emergency Mgmt. WCHD	<u>Completed</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> The Behavioral Health Emergency Response plan annex to the County Emergency Plan was completed and provided in draft form to the County Emergency Manager for review. Shortly after this promulgation, the COVID 19 health crisis developed, and all resources and time were directed to this effort. As the COVID numbers decrease and staffing returns to a state of normalcy, plans include a joint review and planned exercises and drills both local and statewide. 					
	1.2 Increase the staff and volunteer workforce prepared to assist with behavioral health response during an emergency.	1.2.1 Provide training in psychological first aid	Number of individuals trained in psychological first aid and identified as potential responders	June 30, 2021	<u>Owner:</u> WCHSA Behavioral Health Coordinator, DPBH – Bureau of Behavioral Health, Wellness and Prevention	<u>In progress</u>
	1.2.2 Access providers in SERV-NV.					
<u>Progress report:</u> <ul style="list-style-type: none"> The Washoe Regional Behavioral Health Coordinator conducted initial outreach to recruit volunteers for training and participation in response teams. The COVID 19 health crisis interrupted these plans, however once positive numbers begin to decrease, outreach will resume. 						

Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2. By June 30, 2021 develop and publish the Community Overdose Response Plan	2.1 Improve the regional response to clusters of overdose victims in order to identify trends and intervene to reduce additional instances.	2.1.1 Convene stakeholders and develop a community overdose response strategy documented in a shared plan	Plan completed and distributed	June 30, 2021	<u>Owner:</u> Washoe County Sheriff's Office <u>Supporter:</u> WCHD	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> The WCSO and partners are working on completing an overdose response plan for Washoe County. 						
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3. By June 30, 2021, fully implement COVID-19 resiliency response	3.1 Provide psychological first aid to individuals experiencing impacts from the pandemic	3.1.1 Provide proactive outreach to COVID-19 positive individuals and expanded populations as able	Number or contacts Number of interventions	June 30, 2021	<u>Owner:</u> WCHSA Behavior Health Coordinator <u>Supporter:</u> WCHD	<u>Completed</u>
<u>Progress report:</u> <ul style="list-style-type: none"> The State and Washoe County partnered to provide the Nevada Resilience Project Ambassadors were recruited, trained and immediately deployed (generally virtually) to provide psychological first aid to individuals experiencing the impacts from the COVID 19 pandemic. Ambassadors were also able to provide well checks and offer resources to individuals who tested positive for COVID-19 						

Focus Area: Physical Activity and Nutrition

Goal 1: Increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.

Objective (SMART Format):

1. By July 2019, increase the number of community organizations implementing aspects of the 5210. **(Extended and modified to include new strategies)**
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe. **(New objective and new strategies)**

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	
1. By July 2019, increase the number of community organizations implementing aspects of the 5210	1.1 Develop 5210 Let's Go! infrastructure to support program implementation	1.1 Organize a 5210 Let's Go! Advisory Board	Advisory Board established	August 31, 2018 Completed	Owner: Community Health Alliance Supporters: Advisory Board	
		1.1.2 Determine branding of local 5210 efforts	Local brand approved by advisory board	September 30, 2018 Completed		
		1.1.3 Identify a minimum of three ways to market and educate the public on the 5210 program efforts	# of marketing strategies identified	October 31, 2018 Completed	Owner: Community Health Alliance Supporters: WCHD, Advisory Board	
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner	
	1.2 Educate community organizations and health care providers about Let's Go 5210 program and how to implement it	1.2.1 Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	# of learning opportunities planned	September 30, 2018 Completed	Owner: Community Health Alliance Supporter: Washoe County Health District	
		1.2.3 Offer at least one Let's Go 5210 learning opportunity for the community to increase knowledge and understanding of the Let's Go 5210 program	# of 5210 learning opportunities offered	December 31, 2018 Completed	Owners: Community Health Alliance Supporters: WCHD, Advisory Board	
Objective1	Strategy 3	Tactic	Performance Indicator	Target Date	Owner	
1. By July 2019, increase the number of community organizations implementing aspects of the 5210	1.3 Build a financial support system for 5210 efforts by securing at least two financial supporters in year one	1.3.1 Identify funding sources to support 5210 program efforts	Two funding sources identified	June 30, 2019 Completed	Owners: Community Health Alliance Supporters: WCHD, Advisory Board	

	Strategy 4	Tactic	Performance Indicator	Target Date	Owner	
	1.4 Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 Healthy Washoe program in Reno/Sparks	1.4.1 Recruit a minimum of 5 youth organizations to implement 5210 program	# of organizations implementing 5210	June 30, 2019 Approach modified and included in strategy 4	Owners: Community Health Alliance Supporters: WCHD, Advisory Board	
		1.4.2 Recruit 1 health care provider to implement 5210 program	# of health care providers implementing 5210	June 30, 2019 Completed		
		1.4.3 Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	# of organizations reached	September 30, 2018 Partially Completed		
		1.4.4 Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	# of organizations implementing 5210	June 30, 2019 Strategy modified and included in revised strategy 4.1	Owners: WCHD, Community Health Alliance Supporters: Reno/Sparks Chamber of Commerce, WCHD, Advisory Board	
		1.4.5 Educate and provide technical assistance (TA) to organizations about 5210 and how to implement program	# of organizations reached with education and TA about 5210 components	Through June 2019 Partially Completed		

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe County	2.1 80% of Implementing organizations will provide program outcomes in year 1	2.1.1 Identify and develop appropriate and consistent evaluation measures for organizations that implement 5210	Evaluation measures/ toolkit developed	December 2021 Extended	Owner: WCHD Supporter: 5210 Healthy Washoe Committee	<u>In progress</u>
		2.1.2 Develop appropriate and consistent evaluation measures for annual assessment	Annual survey tool developed	September 1, 2021		<u>In progress</u>
		2.1.3 Distribute survey among implementing organizations to collect data on utilization efforts	80% of implementing organizations will complete survey	October 31, 2021		<u>Not on track</u>
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2.2 Expand 5210 Health Washoe training and education to health care providers		2.2.1 Identify providers to target for program implementation	List of potential implementing providers	February 28, 2021	Owner: WCHD and 5210 Healthy Washoe Committee	<u>Completed</u>
		2.2.2 Distribute provider toolkit and provide technical assistance for implementing organizations	2 trainings scheduled with providers	April 31, 2021		<u>In progress</u>
		2.2.3 Determine use of healthy habits questionnaire during well check visits	80% of providers will complete annual 5210 Health Washoe survey	October 31, 2021		<u>In progress</u>

	<u>Progress report:</u> <ul style="list-style-type: none"> Two healthcare organizations have received on-boarding training, 5210 materials, and are fully implementing the 5210 Healthy Washoe program. The committee delayed their efforts in providing technical assistance due to COVID-19 and plan to resume activities when it is safe to do so. 					
Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe County	2.3 Expand training and education to organizations across community	2.3.1 Identify organizations to target for program implementation	List of potential implementing organizations	February 28, 2021	Owner: WCHD and 5210 Healthy Washoe Committee	<u>In progress</u>
		2.3.2 Distribute toolkit and provide technical assistance for implementing organizations	3 trainings scheduled with community agencies	April 31, 2021		<u>In progress</u>
		2.3.3 Determine use of 5210 Healthy Washoe strategies	80% of organizations will complete annual 5210 Health Washoe survey	October 31, 2021		<u>Not on track</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> Seven organizations received the on-boarding training to implement the 5210 Healthy Washoe program. The committee delayed their efforts in providing technical assistance due to COVID-19 and plan to resume activities when it is safe to do so. 					

Goal 2: Improve access to an environment that support physical activity and nutrition for all ages and abilities in low-income communities (New goal reorganized to include focus on environmental factors that affect physical activity and nutrition.)

Objective (SMART Format):

1. 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. **(Completed)**
2. By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. **(Partially Complete)**
3. By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. **(New objective and strategies)**
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. **(Completed)**
5. 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 stores. **(Partially Complete)**
6. By December 2021, improve the nutrition environment in low-income neighborhoods by increasing the nutritional offerings in convenience stores. **(New objective and strategies)**
7. By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. **(New objective and new strategies)**

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
1. 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	1.1 Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores	1.1.1 Secure/apply for monies to support FHF efforts	Funds secured	By September 28, 2018 Completed	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
		1.1.2 Coordinate three FHF/year with at least 100 attendees at each event	# of FHF	By June 30, 2019 Completed	
	1.2 Increase knowledge of healthy behaviors among populations at greatest risk	1.2.1 Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	# of assessments completed	By June 30, 2019 Completed	
		1.2.2 Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods	# of assessments completed	By June 30, 2019 Completed	
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
2. By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community	2.1 Implement four Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores	2.1.1 Seek funding to support FHF 2020 efforts	1. Funds secured	By November 1, 2020 Partially complete: One FHF was not held as a result of modification due to COVID-19	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
		2.1.2 Provide four FHF with at least 150-175 attendees at each event	1. Number of FHF 2. Number of participants	November 1, 2020 Completed	
	2.2 Increase involvement of	2.2.1 Screen 100% of FHF families during	1. Number of families screened	By November 1, 2020 Completed	

Needs Index (CNI) scores	community partners to provide direct services that address social determinants of health at Family Health Festivals	intake for insurance and primary care home	2. Number of families connected to primary care resources			
		2.2.2 Connect clients with a primary care home.	1. Number of primary care appointments scheduled			
		2.2.3 Screen clients for Rx Pantry eligibility	2. Number of Rx prescriptions provided to families			
	2.3 Raise awareness of physical activity and nutrition recommendations among populations at greatest risk	2.3.1 Survey 50% of FHF families on their basic knowledge of physical activity and nutrition recommended guidelines	1. Number of surveys conducted	By November 1, 2020 Completed		
		2.3.2 Distribute messaging through prescriptions cards and informational material	1. Number of prescriptions provided			
Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
3 By December 2021, improve access and availability of nutrition and physical activity opportunities in zip codes with high Community Needs Index Scores by implementing four Family Health Festivals (FHF)	3.1 Identify resources needed to implement events	3.1.1 Apply and secure monies to support Family Health Festival efforts	Funds secured	March 31, 2021	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra	<u>Completed</u>
	3.2 Increase the number of direct services available for families onsite	3.2.1 Identify partners who can provide direct service at events	Number of direct services at each event	Through December 31, 2021		<u>Completed</u>
	3.3 Increase the number of families who are connected to resources at the event	3.3.1 Distribute triage survey to identify need for health insurance	Obtain 75% participation of families who			<u>In progress</u>

		and primary care home	Completed access to health questions			
		3.3.2 Provide warm hand off to connect individuals to primary care home onsite	Number of families leaving FHF with scheduled appointment with primary care provider			<u>In progress</u>
	3.4 Raise awareness of physical activity and nutrition recommendations among populations at greatest risk	3.4.1 Distribute triage survey to gauge awareness of the recommended guidelines for physical activity and nutrition	Obtain 75% participation of families who complete physical activity and nutrition questions			<u>In progress</u>
		3.4.2 Distribute messaging through prescriptions cards and informational material	Provide information to at least 25% of those identified as having little to no understanding of physical activity and nutrition guidelines			<u>In progress</u>
	<u>Progress report:</u> <ul style="list-style-type: none"> Two Family Health Festivals have been provided to the community in Reno and Sparks serving over 700 families. The events have provided direct services at no cost including, Mobile Harvest, immunization, dental screenings, basic health screenings, vision screening and vouchers for free glasses, utility assistance and health education. 					
Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	
3. By July 2019, improve the nutrition environment in the	3.1 Develop a toolkit for implementing healthy vending and	3.1.1 Work with the Business Enterprises of	# of BEN locations successfully implementing the	March 31, 2019 Completed	Owner: Washoe County Health District	

community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings	concessions in Washoe County	Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Nutrition Standards Policy			
		3.1.2 Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions	March 31, 2019 Completed	Owner: Washoe County Health District Supporter: Renown Health	
		3.1.3 Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites			
		3.1.4 Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	# of toolkits and informational documents developed	April 30, 2019 Completed		
Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	

4. 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	4.1 Identify strategies to increase healthy vending and concessions in Washoe County	4.1.1 Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	May 30, 2019 Completed	Owners: Renown Health and WCHD Supporters: Reno/Sparks Chamber of Commerce, Healthy Vending committee	
		4.1.2 Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	# of plans Evaluation assessment	June 30, 2019 Completed		
Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner	
5. By January 2021, improve the nutrition environment in the community by increasing the nutritional offerings in vending machines and concession stands	5.1 Increase sites with healthy vending and concessions in Washoe County	5.1.1 Work with 5210 businesses to provide healthy food options at their worksites using the developed Healthy Vending Toolkit'	# of sites that have implemented a healthy vending/concessions policy	December 31, 2020 Completed	Owners: Renown Health and WCHD Supporters: Reno/Sparks Chamber of Commerce, Healthy Vending committee	

		5.1.2 Increase awareness of community resources focused on healthy eating	# of applications received for the Healthy Concessions Grant	March 31, 2020 Completed		
		5.1.3 Engage at least 10 non 5210 sites that do not offer healthier vending or concession options	# of sites that pledge to have healthy vending/concessions	December 31, 2020 (Partially Completed)		
Objective 6	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
6. By January 2022, improve the nutrition environment in low-income neighborhoods by increasing the nutritional offerings in convenience stores	6.1 Design healthy store pilot project with 1-2 convenience stores to build relations retailers and neighbors, understand the challenges of selling healthy food, test store certification standards, experiment	6.1.1 Conduct mapping exercise in one zip code to understand food access, availability and pricing of specific foods, and challenges owners face in	Data from mapping exercise	June 2021	Owner: Washoe County Health District	<u>Completed</u>

	with promoting the program and estimate the cost of a full-scale program	offering healthier foods				
		6.1.2 Determine where pilot program will operate, and which stores to recruit based on findings	List of stores with a combination of highest need and stores that already offer 10% of healthy products			<u>In progress</u>
		6.1.3 Provide technical assistance to store owners to help with store modifications	Meetings scheduled for 1 year	December 2021		<u>In progress</u>
	<p><u>Progress report:</u></p> <ul style="list-style-type: none"> • The WCHD is currently working with an intern to help support this project to accomplish the tactics. Staff completed the mapping exercise and are working on the next phase of the project. • To guide recruitment, staff is using the USDA’s Food Access Research Atlas to identify corner stores in low-income and low-access census tracts that is more than ½ mile from the nearest supermarket. • Relationship building with corner stores have proven to take more time and staff is approaching this project with flexibility to meet the needs of corner stores. 					

Objective 7	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
7. By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families	7.1 Promote settings that provide sources of whole foods through smartphone technology	7.1.1 Compile comprehensive list of healthy food initiatives and local and direct food retail outlets in the community	List established	March 31, 2021	Owner: Washoe County Health District and Food Bank of Northern Nevada	<u>Completed</u>
		7.1.2 Develop a food finder tool using the results from 2.1	Tool developed	December 31, 2021		<u>In progress</u>
		7.1.3 Provide technical assistance to organizations that serve families to increase utilization of food finder tool	Number of individuals that utilize tool	December 31, 2021		<u>In progress</u>
	Progress report: <ul style="list-style-type: none"> The Food Bank of Northern Nevada in partnership with the Washoe County Health District worked with an intern from the University of Nevada, Reno School of Public Health to gather and complete a resource list of food retail outlets. The committee is exploring tools aimed to increase awareness of local resource and food outlets. 					

Goal 3: Improve the health and nutritional status of children and adults while promoting the development of good eating habits. (New goal)

Objective (SMART Format):

1. By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021. **(New objective and new strategies)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	Status (Completed, In Progress, Not on Track)
1. By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021	1.1 Expand access to school meals among youth ages 0-18 years across Washoe County	1.1.1. Identify barriers prohibiting consumption of meals	List of barriers and HEAT map	Through December 2021	Owner: Washoe County School District Nutrition Services and Food Bank of Northern Nevada	<u>Completed</u>
		1.1.2 Establish baseline of school meals consumed	Tracked meal trends indicating number of meals consumed per month			<u>Completed</u>
	1.2 Meet with community partners to coordinate and complement effective implementation of the school meals and nutrition programs	1.2.1 Develop meal site distribution plan	Meal Site Distribution plan developed and implemented	January 2021		<u>Completed</u>
	1.3 Provide outreach to community about meal program	1.3.1 Develop communication plan and awareness campaigns using various media outlets	Distribution of information through community partners and media outlets	Through December 2021		<u>In progress</u>

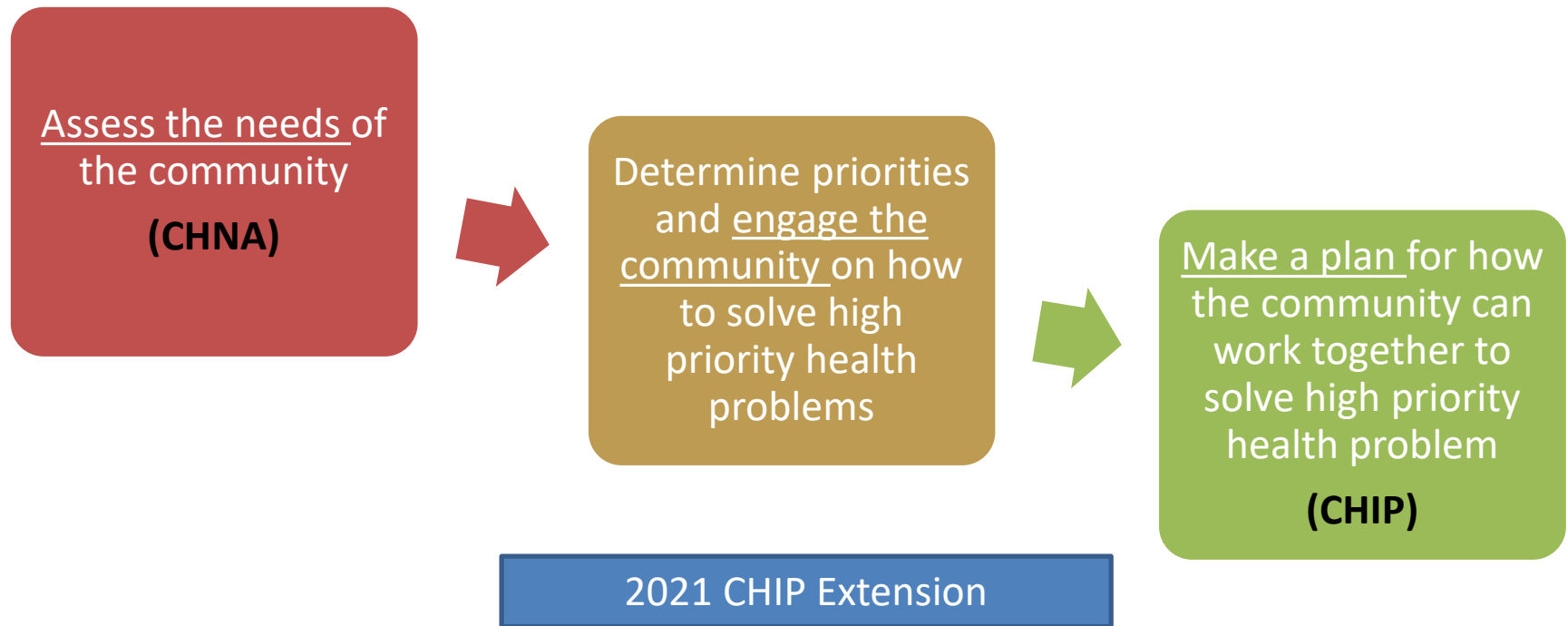
Progress report:

- Food Bank of Northern Nevada (FBNN), in partnership with Washoe County School District (WCSD), Boys & Girls Club of Truckee Meadows and Nevada Department of Agriculture established new distribution sites and models, utilizing federal waivers, to connect to youth experiencing food insecurity. These waivers allowed for distribution of multi-day meal packs and temporarily eliminated the congregate meal requirement.
- WCSD also established pick up locations for parents and students who were distance learners during the school year, and FBNN continued these sites, while adding their own during the summer months. During summer months, FBNN maintained multi-day meal distributions, as well as more traditional sites, in an effort to continue reaching those most vulnerable.
- FBNN also started their first school-based food pantry with a preschool, to increase access to food for children 0-5 years of age.

2021 Mid-Year Community Health Improvement Report

Rayona LaVoie
Health Educator II

Community Health Roadmap



We didn't want to lose momentum...

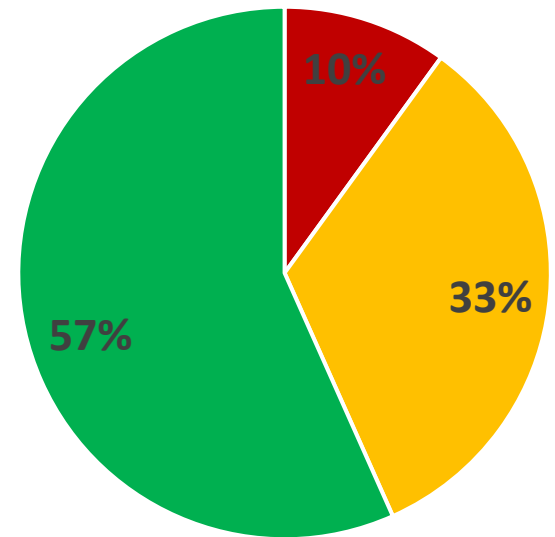
- Used existing meetings where community partners convene to collect input on priorities
 - Ex. Washoe Regional Behavioral Health Policy Board, Northern Nevada Continuum of Care
- Engagement and commitment of a broader range of community partners
- Developed a one-year extension to the CHIP for 2021

2021 Mid-Year CHIP Report

2021 CHIP Priority Areas

1. Behavioral Health
 2. Housing and Homelessness
 3. Physical Activity and Nutrition
- Goals, objectives and strategies to correspond with each priority area

CHIP Status of Objectives,
2021



■ Not completed ■ Progress ■ Completed

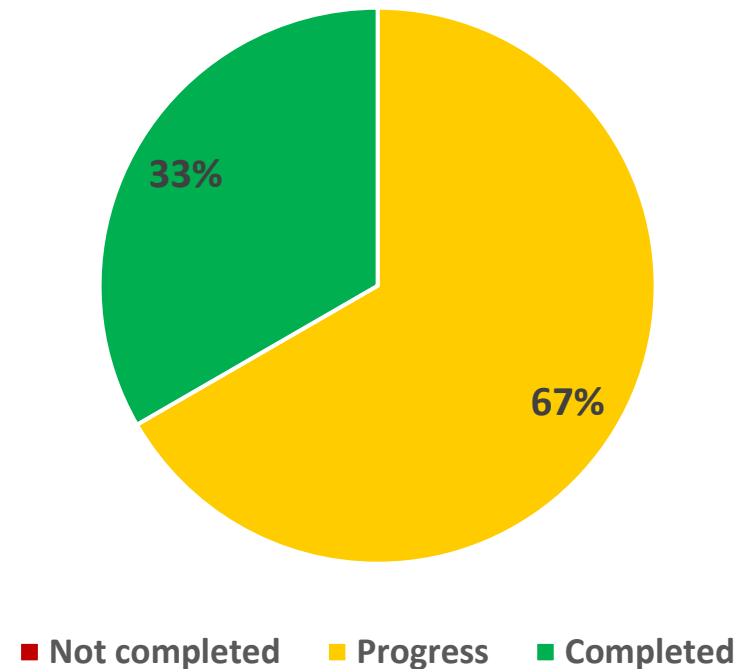
2021 Mid-Year CHIP Report

Housing and Homelessness

- Built for Zero to end homelessness
- Raising the case management ratios to national best practice standards

★ Prevention Eddy House Outreach program

Status of CHIP Housing and Homelessness Objectives, 2021

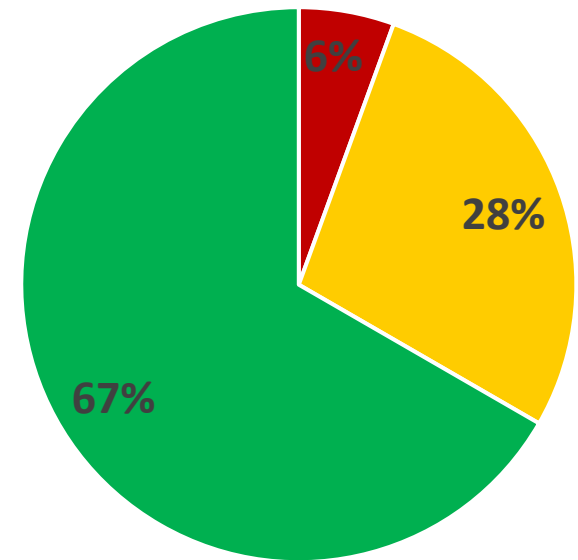


2021 Mid-Year CHIP Report

Behavioral Health

- ★ Expanding the PRSS workforce
- ★ Living Ideation Program
- ★ Washoe County Behavioral Health Crisis Response System Implementation Planning

Status of CHIP Behavioral Health Objectives, 2021



■ Not completed ■ Progress ■ Completed



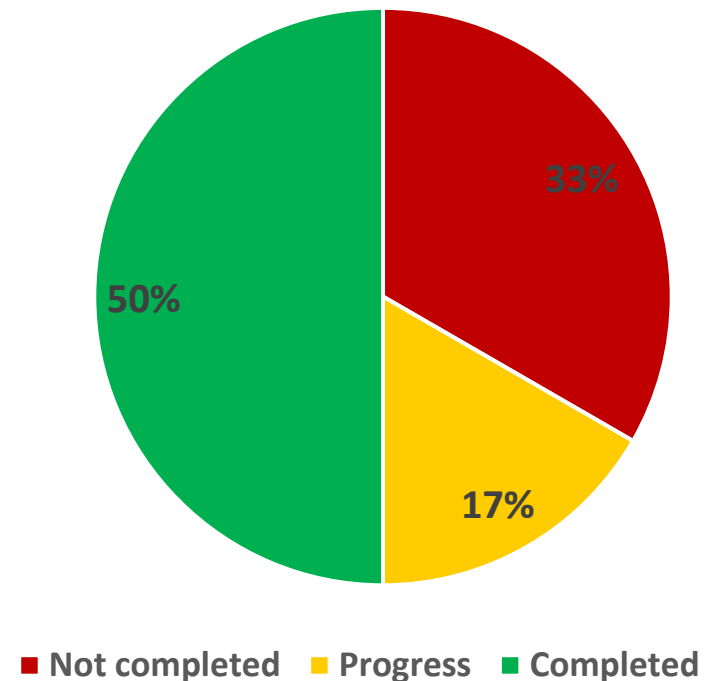
← National Guidelines →

2021 Mid-Year CHIP Report

Physical Activity and Nutrition

- Provided 2 Family Health Festivals
- Implementing a Healthy Corner Store Pilot Project
- ★ Improving healthy living behaviors through 5210 Health Washoe at NN HOPES

Status of CHIP Physical Activity and Nutrition Objectives, 2021



What's Next?

- Continue implementation with community partners and report on results throughout 2021
- Begin conversations with partners about the next CHNA and next CHIP

QUESTIONS?

DD ED _____
DHO _____ KD

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 5, 2021
TO: District Board of Health
FROM: Michael Touhey, Senior Environmental Health Specialist
775-328-2698, mtouhey@washoecounty.us
THROUGH: Erin Dixon, EHS Division Director
775-328-2644, edixon@washoecounty.us
SUBJECT: PUBLIC HEARING to review, discuss and possibly adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of new provisions from the Supplement to the U.S. Food and Drug Administration Model Food Code, a new chapter covering Catering Operations, the Make-up of the Food Protection Hearing and Advisory Board, as well as minor edits and formatting corrections.

SUMMARY

The Washoe County District Board of Health (Board) must approve amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (Regulations).

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

The Washoe County District Board of Health last approved amendments to the Regulations on July 25, 2019.

The Business Impact Statement associated with the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments was considered and accepted by the District Board of Health at the regular District Board of Health meeting on September 23, 2021. The Board also approved the next regular meeting of the Board, October 28, 2021, as the public hearing to consider adoption of the proposed amendments.

BACKGROUND

The Food Safety Program is continuously striving to enhance the quality of services provided to the public and promote active managerial control of risk factors most commonly associated with foodborne

disease in food establishments. With the direction of the Board, the regulations were amended to add term limits to members serving on the Food Protection Hearing and Advisory Board. Since the last regulation update in 2019, the FDA published the 2017 Food Code Supplement. Amendments were added from the supplement document to maintain our conformance with the FDA Program Standards. Below is a summary of the revisions that are being proposed to the Regulations:

- Incorporate additional provisions from the most current version of the U.S Food and Drug Administration (FDA) Supplement to the Model Food Code.
- Addition of term limits for members serving on the Food Protection Hearing and Advisory Board (FPHAB).
- New Chapter pertaining to Catering Operations.
- Minor edits and formatting corrections.

A summary of changes document is attached for reference and a link to the final version of the proposed revisions can be found at:

<https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/index.php>

In 2004, Environmental Health Services enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. The Program Standards is a quality improvement program that provides a foundation upon which regulatory agencies can build through a continuous improvement process. It also allows for program evaluation and measures program effectiveness. The Program Standards consist of nine standards intended to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Approval of the proposed Regulations will aid the Food Safety Program in meeting the criteria of Standard 1 – Regulatory Foundation, and Standard 9 – Program Assessment.

In an effort to provide an overview of the proposed regulation revisions and inspection process, answer questions, and receive input from interested persons, two public workshops were held on September 7th, 2021 and September 9th, 2021. Additionally, one workshop was held via Zoom on September 9th, 2021. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 3,048 notices were mailed to permit holders, giving notice of the proposed regulatory revisions and offering methods of providing input.
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.

A total of 12 individuals attended the workshops – three attendees on September 7th and nine attendees combined at both sessions on September 9th. Attendees included food establishment operators and business owners.

Subject: Adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health
Governing Food Establishments
Date: October 28, 2021
Page 3 of 3

FISCAL IMPACT

There is no fiscal impact from the Board adopting the proposed revisions to the Regulations.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of new provisions from the Supplement to the U.S. Food and Drug Administration Model Food Code, a new chapter covering Catering Operations, the Make-up of the Food Protection Hearing and Advisory Board, as well as minor edits and formatting corrections.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of new provisions from the Supplement to the U.S. Food and Drug Administration Model Food Code, a new chapter covering Catering Operations, the Make-up of the Food Protection Hearing and Advisory Boards, as well as minor edits and formatting corrections."

DD ___ ED ___
DHO _____ KD

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 14, 2021
TO: District Board of Health
FROM: Wes Rubio, EHS Supervisor
775-328-2635, wrubio@washoecounty.gov
Luke Franklin, Senior Environmental Health Specialist
775-328-2642, lfranklin@washoecounty.gov
SUBJECT: Review, discuss and adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities, with a finding that the permitting and fees do not impose a direct or significant economic burden on a business; nor do the proposed fees directly restrict formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed permitting and fees December 16, 2021, at 1:00 pm.

SUMMARY

The Washoe County District Board of Health (Board) must approve the proposed permitting and fees as part of the Health District Fee Schedule. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Fees.

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.
- 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.

PREVIOUS ACTION

On September 3, 2020, the Board terminated the Interlocal agreement with the Nevada Division of Environmental Protection, Bureau of Corrective Actions providing financial support to conduct inspections and activities associated with the Underground Storage Tank program. This Interlocal agreement was originally approved on April 27, 2017, as a four-year contract which was set to end on June 30, 2021.

BACKGROUND

On February 27, 2014, the Board directed the Washoe County Health District (WCHD) that permit fees reflect the full cost of service provision, including a proportional share of infrastructure support. To ensure WCHD continues as directed, a permit fee has been proposed to support the necessary staff resources.

Washoe County Health District, Environmental Health Services has been conducting Underground Storage Tank (UST) inspections with funding from the State of Nevada, Division of Environmental Protection, Bureau of Corrective Actions (NDEP) since 1989. WCHD has implemented an inspection process and coordinated with NDEP to ensure regular inspections of all facilities with underground storage tanks and has continued to ensure facilities were meeting the requirements and provide local oversight for information and education.

The primary goal of the UST Program is to protect human health and the environment from leaking underground storage tanks. The UST staff oversee: UST notification, installation, inspection, removal, and compliance with State and Federal Regulations concerning UST release prevention. These inspections support the goals of NDEP ensuring discharges to the water and soil are minimized and within acceptable standards that protect the human health and the environment. Permitting facilities in Washoe County will allow for increased contact with operators to ensure they are operating within and meeting State and Federal leak detection requirements and ensure they will not adversely affect the environment. Permits inform facilities of legally enforceable conditions for operation, as well as provide any reporting requirements and pollution monitoring or testing requirements.

The prior Interlocal agreement was terminated by the Board to provide staffing resources to support SB 4 Resort/Hotel inspections. As stated in the September 10, 2020, DBOH Staff Report, WCHD is seeking to enter a new contract with NDEP now that the SB4 inspection requirement has been reduced with recent regulatory updates to NAC 447E. The SB4 inspections have been incorporated and have been assumed by specific REHS staff as part of their routine workload.

NDEP and WCHD have been working diligently to create a funding mechanism to re-establish the Interlocal agreement; however, NDEP received approximately 50% less funding for the State UST program from the Federal Government. Due to reduced funding, the original Interlocal agreement with NDEP cannot be re-instated, and a new Interlocal agreement funded in the amount of \$100,000 annually must be established. With the reduction in Federal funding from the EPA through NDEP, the WCHD may establish permit fees to fund the necessary staffing resources required to permit and conduct required inspections for Underground Storage Tank facilities.

To create the proposed permit fee staffing needs were evaluated and the UST program was revised and the FTE's required to complete the program elements the were reduced from 1.6 to 1.1.

The WCHD is proposing a permit fee of \$875.00 per UST facility. This fee incorporates the funding received through the Interlocal agreement with NDEP and reduces the financial impact to the businesses.

- \$875.00 – per permit with \$100,000 from NDEP Interlocal agreement
- \$1,334.00 – per permit without NDEP funding

- The proposed fee is equal to or less than neighboring counties and states where information was publicly available.
- The fee will be adjusted annually with the Western Consumer Price Index on July 1 of each year in accordance with existing Health District policy.

In an effort to provide an overview of the proposed permit fee, inspection process, answer questions and receive input from all interested and affected parties, three (3) public workshops were held on the following dates and times: September 21, at 11:30 am, September 22, at 1:30 pm, and September 22 at 5:00 pm. All three workshops were available in person and via Zoom to ensure attendance for interested parties was as convenient as possible. The following methods were utilized to provide notice of the proposed fees:

- A total of 208 postcards were mailed via USPS to permit holders giving notice of the proposed permit fee and methods of attendance and providing input.
- A total of 111 emails were sent to permit holders giving notice of the proposed permit fee and methods of attendance and providing input.
- Workshop and hearing announcements and the proposed permit fee were posted on the Health District website.
- A total of 7 persons attended the workshops via Zoom. Two (2) attendees on September 21, and five (5) attendees combined for September 22 at 1:30 pm and 5:00 pm.

The workshops included a presentation with an overview of UST Inspections, requirements, and the elements required of Environmental Health Services to complete the requirements for regulatory compliance. Discussion occurred and no specific negative comments were received. There was discussion with representatives from the Petroleum Industry who voiced concern with additional regulatory permitting and a fee for small operators, however maintaining these services with the local jurisdiction was favorable compared to State oversight.

A Business Impact Statement has been prepared in accordance with NRS 237.090 and is also attached for reference.

FISCAL IMPACT

If the Business Impact Statement is not approved the Interlocal agreement in the amount of \$100,000 cannot proceed since the UST program would not have sufficient funding. WCHD would not have the funding to support 1.1 FTEs. There would be additional revenue loss by no longer continuing Underground Storage Tank plan review for construction, UST Removals, and UST Remodels of an estimated \$31,000 – \$59,000 annually.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health review, discuss and adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities, with a finding that the permitting and fees do not impose a direct or significant economic burden on a business; nor do the proposed fees directly restrict formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed permitting and fees December 16, 2021, at 1:00 pm.

Subject: Proposed Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities
Date: October 28, 2021
Page 4 of 4

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities with a finding that the permitting and fees do not impose a direct or significant economic burden on a business; nor do the proposed fees directly restrict formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed permitting and fees December 16, 2021, at 1:00 pm."

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of proposed Washoe County Health District Permits and Fees for all Underground Storage Tank Facilities.

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

Informational postcards were sent to all current NDEP permit holders regarding the proposed Permit and Fee. Notice of the proposed Permit and Fee public hearing was posted in the Reno Gazette Journal on September 14, September 29, and October 10-2021.

The proposed Permit and Fee were posted on the Health District website and three different public workshops were held on September 21 at 11 am, September 22 at 1:30 pm, September 22 at 5:00 pm to solicit feedback, all workshops were available via Zoom and 7 total persons attended via ZOOM.

Emails were sent to all facilities in Washoe County with notification of the meeting dates, times, location, and directions to attend via ZOOM. Feedback was encouraged through meeting attendance, email, phone and an online comment form. Feedback was received through ZOOM meeting attendance.

Emails were sent to the State of Nevada, NDEP, Bureau of Corrective Actions, industry advocacy representatives, and all persons who requested information.

Permitting, fees, current process, and ongoing permitting and local jurisdiction topics were discussed and after clarification no negative comments were received.

Representatives from an Industry Association provided the only comment that indicated concern regarding permit fees directed at small, locally owned sites, but also stated this is a common fee in almost all other jurisdictions. It was also reported that operators owning facilities outside of Washoe County are subject to local jurisdictional permitting as part of their regular business activities. Industry Association representative also commented that there are too many government fees and permits associated with operating a fuel station, this comment was not directed at this fee but was a generalized statement.

No specific negative financial comments were expressed during the workshops.

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

Adverse effects:

No specific public comment was received (verbal or written) indicating concern for significant financial impacts to businesses.

Potential impacts:

Permitting of fueling stations, facilities with waste oil tanks, and underground tanks with emergency generators may impact some small facilities that operate solely in Washoe County. Permitting and associated fee is annual, and no additional fees are applied per underground storage tank.

Beneficial effects:

Re-establishing the UST program will return regulatory oversight to the WCHD with the permitting, adoption of an annual fee and approval of the interlocal agreement. The proposed fee is offset with the monies provided from NDEP through the interlocal agreement that allows WCHD jurisdiction to complete UST inspections.

Facilities will have direct communication with the Health District staff regarding regulatory requirements, including additional compliance inspections to ensure facilities meet the Federal requirements of 40 CFR 280.

WCHD will integrate inspection processes with the NDEP, Bureau of Corrective Actions to ensure all inspection and data migration are electronic and consistent with the existing requirements.

Direct effects:

The approval and establishment of WCHD Permitting and Fees will require UST sites to meet all Federal and State requirements for ensuring facilities are legally built, operated, and monitored so that discharges to water and soil are within acceptable standards that protect human health and the environment.

The approval and establishment of WCHD Permitting and Fees will allow WCHD to continue to maintain the Interlocal Agreement with NDEP and perform UST site inspections.

Indirect effects:

The proposed UST Permitting and Fees ensure WCHD's ability to implement a long-term and financially stable program that will meet the needs of the community while protecting the public health and environment in Washoe County.

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

The Health District revised the program to reduce the number of required FTEs from 1.6 to 1.1 and streamlined the process to create additional efficiencies and reduce the overall financial responsibility.

The program is supplemented through the Interlocal Agreement with NDEP for an additional \$100,000 which further reduces the financial responsibility.

The permit fee proposed incorporates the proposed Interlocal Agreement funding to reduce the permit fee per facility to decrease the financial impact to each UST facility that would be permitted.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is:

If the proposed Permitting and Fees are approved, there is no increase to the annual cost to the local government for enforcement. If the proposed Permitting and Fees are not supported, the WCHD will not have funding for 1.1 FTE.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is:

The proposed UST permitting will require a new permit to be issued and corresponding fee of: \$875.00, per facility.

The re-inspection fee associated with a 2nd or subsequent re-inspection is: \$395.00

6. The money generated by the new fee or increase in existing fee will be used by the local government to:

All fees are utilized to offset the program staffing and fully fund the 1.1 FTEs required to conduct leak detection inspections and to ensure facilities are in compliance with pertinent sections of 40 CFR Part 280.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed permitting and fees do not modify any existing regulations

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

Kevin Dick, District Health Officer

Date

Proposed WCHD Underground Storage Tank Permits & Fees

Contacts:
Wesley Rubio & Luke Franklin
775-328-2434



Public Workshops & DBOH Meetings

Public Workshops

- Tuesday, September 21 @ 11 am
- Wednesday, September 22 @ 1:30 pm
- Wednesday, September 22 @ 5 pm

DBOH Meetings

- Thursday, October 28 @ 1 pm
 - Business Impact Presentation
- Thursday, December 16 @ 1 pm
 - If Business Impact Statement approved



Questions & Comments

By email:

- wrubio@washoecounty.gov
- lfranklin@washoecounty.gov

Via the Web:

- [Bit.ly/ehscomments](https://bit.ly/ehscomments)

By Phone:

- 775-328-2434



USTs
In
Washoe
County

- Program implemented in 1989
- First official Interlocal Agreement with NDEP 2001
- WCHD has performed routine UST inspections under the interlocal agreement with NDEP through October 2020



UST Regulations

- 40 CFR 280 via US EPA website
- NRS 459.800 – 459.856 (Storage Tanks)
- NAC 459.9921 – 459-9995 (Storage Tanks)
- NAC 445A.226 – 445A.22755 (Water Controls)





Why we are here

- WCHD is working with NDEP
- Re-establish WCHD as the regulatory authority for the Underground Storage Tank Program
 - UST Inspections, Release Determination, and continuation of Underground Storage Tank installation plan review, approval, and permitting through construction review.



What
Changed
in
2020

- COVID-19 and SB4
- SB4 required dedicated staffing resources
- Safe Drinking Water and UST programs re-assigned 4 total staff to meet the SB4 inspection requirements
- NDEP Bureau of Corrective Actions received approximately 50% less funding from EPA for new cycle



What
Changed
Cont...

- NDEP Interlocal agreement reduced from \$203,000 to \$100,000



UST Inspections

- Physical inspection of site, including opening all dispensers, fill ports, sump lids, controls, alarms, etc.



UST Insp

- Record keeping review: required 30-day monitoring, annual testing, 3-year testing, proof of financial responsibility, staff training documentation, etc.
- Report and Letter writing, re-inspection of deficiencies, submittal and review of missing documentation, onsite education, Federal and State UST requirements, discussion with operator and permit holder, issuance of NOVs, etc.



UST Installation



UST Piping Installation



UST Removal



UST Streamlined (Past to Proposed)

- Prior UST program was staffed at 1.64 FTE's
- Current proposal is 1.1 FTE's for 218 total permits
- Current proposal will include higher level of service
 - Physical Inspection every other year
 - Compliance follow-up every other year to ensure compliance with EPA and State of Nevada, NDEP
 - 109 physical site inspections annually
 - 109 compliance inspections annually



What happens if WCHD doesn't Permit

- NDEP – will have oversight of all UST facilities in Washoe County
- WCHD will no longer:
 - Conduct routine UST facility inspections
 - Provide education
 - Determine fuel releases
 - Conduct construction plan review
 - Conduct new UST install inspections
 - Conduct UST decommissioning inspections



What
Happens
Cont...

- Less local emphasis on protection of ground water resources for public health
- Loss of local oversight and review of UST installations and removal
- Greater potential for fuel releases to adversely affect the public health of the region with no local oversight
- Greater potential for compliance issues



What
Happens
Cont...

- NDEP – staffing resources and response times may be affected
- As Federal grant funding continues to be reduced NDEP will more than likely need to start assessing fees to supplement the UST inspection program.



Proposed WCHD Permit Fee

- February 27, 2014, the DBOH directed the WCHD that fees reflect the full cost of service provision, including a proportional share of infrastructure support
- \$875.00 – Annual Permit Fees for:
 - underground storage tanks at fueling stations
 - underground tanks for emergency generators
 - Underground tanks for waste oil
- WCHD maintains interlocal agreement with NDEP at \$100,000
 - Monies offset permit costs



Implementation Plan

- If permits and fees are approved;
 - All facilities are notified after January 1, 2022
 - Permits and fees required no later than July 1, 2022
- Provides 6 months of lead time to work with facilities to obtain appropriate operating permits in Washoe County



REINSPECTION OF PERMITTED FACILITIES FEE

This service provides the public health benefit of meeting 40 CFR PART 280 and NAC 459 to prevent and mitigate environmental and ground water contamination. Authority to meet these requirements is established through contract with the State of Nevada, Division of Environmental Protection, Bureau of Corrective Actions.

The non-routine Reinspection Fee is based upon the cost to conduct a reinspection of a permitted UST facility where limited progress to correct previously noted violations or deficiencies has occurred. During the inspection cycle, one routine inspection is conducted, and in cases where violations or deficiencies are noted during the routine inspection, a reinspection may also be conducted to validate compliance. The fee would only be assessed when more than one reinspection is conducted during the inspection cycle and when limited progress to correct previously noted violations or deficiencies has occurred.

The average reinspection time for all Permitted Facilities is 2 hours.

The computation of the Reinspection of Permitted Facilities fee is as follows:

UST Facility

Personnel	Hourly Rate	# of Hours	Cost
Sr Env/Env Health Specialist Combo	\$ 134.13	2.00	\$ 268.26
Hourly Program Expense Rate	\$ 52.40	Calculated Program Expense	\$ 104.79
		IT Overlay	\$ -
		Subtotal	\$ 6.80
		FY21 RTF at 4%, minimum \$1.00	\$ 380.00
			\$ 15.00
The Reinspection of Permitted Facilities Fee is			\$ 395.00

Underground Storage Tanks (UST) Facility Permit Fee

This service provides the public health benefit of meeting 40 CFR PART 280 and NAC 459 to prevent and mitigate environmental and ground water contamination. Authority to meet these requirements is established through contract with the State of Nevada, Division of Environmental Protection, Bureau of Corrective Actions.

The UST Permit Fee is based upon the minimum staff time required to conduct the review and physical site inspections associated with any UST system currently installed in Washoe County. The permit fee is assessed prior to final approval and operation. Staff reviews all required reporting, testing, and monitoring with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280, and Nevada Administrative Code (NAC) Chapter 459. Staff performs routine inspections to ensure the UST system is in compliance with 40 CFR 280 and NAC 459.

The term UST system(s) shall have the meaning attributed to it in 40 CFR 280.12. UST system [means an underground storage tank, connected underground piping, underground ancillary equipment, and containment system, if any.


A minimum of 1 field inspection is required, resulting in a total of 6 hours (2 staff members at 3 hours each) and review by a Senior REHS. UST sites are inspected annually (either a full site audit or full reporting audit) depending on 40 CFR 280.12 due dates. Site inspection, report review, compliance, and education total 6 hours per permit to complete. The staff members completing the work consist of two Environmental Health Specialist and a Senior Environmental Health Specialist as a Program Lead.

Staff time to review all paperwork averages one (1) hour per permit. Site time to complete a full inspection, facility reports, onsite testing, tank inspection, sump inspection, and monitoring averages five (5) hours per permit.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 0.25 hour.

Personnel	Hourly Rate	# of Hours	Cost
Env Hlth Spec.	\$ 123.74	6.00	\$ 743.00
Sr Env Hlth Spec.	\$ 130.11	1.00	\$ 131.00
Plan/Permit/Application Aid	\$ 87.64	0.25	\$ 22.00
Hourly Program Expense Rate	\$ 52.40	Calculated Program Expense	\$ 380.00
		IT Overlay	\$ 6.80
		Subtotal	\$ 1,283.00
		FY21 RTF at 4%, minimum \$1.00	\$ 51.00
Underground Storage Tanks (UST) Facility Permit Fee			\$ 1,334.00

With NDEP Funds	\$875.28
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DD ED
DHO _____ 

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 5, 2021
TO: District Board of Health
FROM: David Kelly, EHS Supervisor
775-328-2630, dakelly@washoecounty.us
SUBJECT: Recommendation to approve an update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA) to reflect 2021 – 2023 changes to contract scope of work and grant TMWA the same authorities provided to its groundwater systems.

SUMMARY

An interlocal agreement (ILA) between Washoe County Health District (WCHD), Bureau of Safe Drinking Water (BSDW), and Truckee Meadows Water Authority (TMWA) has allowed TMWA limited authority to conduct certain water project reviews internally with audits from WCHD and BSDW. The current agreement exempted several smaller, independent public water systems that are managed by TMWA. The latest Safe Drinking Water interlocal contract between BSDW and WCHD included scope of work changes, including the transfer of regulatory oversight of the main TMWA public water system from WCHD to BSDW. During the updating of the ILA to reflect the scope of work changes, inclusion of the smaller TMWA systems was revisited. All parties were able to agree on the attached language. The attached ILA transfers audit responsibility for the main TMWA public water system to BSDW. WCHD would be the regulatory authority for the TMWA satellite systems and concurrence would be required on any water project approval that would bring a satellite system within 10% of its available capacity.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

During the April 22, 2021 DBOH meeting, the DBOH approved an interlocal contract between BSDW and WCHD to conduct regulatory oversight of public water systems within Washoe County. The contract included a modified scope of work in which BSDW would take regulatory oversight of all surface water systems within Washoe County, including TMWA. WCHD would retain regulatory oversight of the smaller, groundwater fed, stand-alone (satellite) systems that are

overseen by TMWA. As indicated in the April 22 staff report, it was known that the changes to the scope of work would necessitate an update to the existing ILA.

BACKGROUND

EHS has, for many years, provided regulatory compliance oversight to public water systems in Washoe County under contract with BSDW. The previous contract was valid for July 2019 – July 2021. During the Covid response, WCHD did not have the resources to complete the contract and the contract was cancelled on September 10, 2020. Regulatory oversight of Washoe County water systems was relinquished to BSDW. In early 2021, WCHD and BSDW engaged in discussions to establish a new contract. On April 22, 2021, the DBOH approved the new contract that covers July 2021 – July 2023.

The new contract included a change to the scope of work that would align the agreement more closely to the contract between BSDW and Southern Nevada. Specifically, all surface water system oversight, including TMWA, would be handled by BSDW instead of Washoe County. This change impacted a separate, existing ILA between WCHD, BSDW, TMWA, as that ILA indicated that WCHD had regulatory oversight of the surface water systems.

In 2018, the referenced ILA was entered into to allow TMWA to independently approve water projects for certain limited expansions of the water system. The intent was to provide a more efficient process for engineering design review and approval. This was done pursuant to NRS and NAC, and with acknowledgment that TMWA would follow previously approved design and construction standards – all of which were at least as stringent as regulation. An audit system was put in place, where both BSDW and EHS would review a certain percentage of projects approved by TMWA to ensure compliance. The exemption from water project requirements only applied to the main TMWA system. It did not apply to the five (5) satellite systems owned and operated by TMWA, though discussions included the concept that they might be added if problems were not encountered.

By all accounts, the ILA was successful. The system increased the efficiency of plan review and the audit system indicated that other than some minor disagreements during the first couple of audits, plans approved by TMWA met standards of the regulatory agencies.

When the parties met to discuss updating the existing ILA to address the contractual scope of work change, the groups also discussed whether to include the TMWA satellite systems. The success of the original ILA and the fact that the same TMWA oversight and management would be applied to these systems led to support for inclusion. The only raised concern was that these systems had a more finite capacity than TMWA proper and there needed to be some continued oversight to ensure projects were not approved that exceeded capacity. The new agreement resolved those concerns by requiring TMWA to submit an annual report on the capacity for each system and request concurrence before approving any water project that would result in the satellite system coming within 10% of its capacity. The satellite systems would also be subject to the same water project audit process as the main TMWA system, though because of the small number of projects, up to 100% of the projects would be audited each year.

The language provided the changes memorializing the regulatory oversight changes and brings the new satellite systems under the same process as the main TMWA system. The new ILA would have an extended sunset date of 12/31/26.

FISCAL IMPACT

There is no fiscal impact from the changes to the ILA.

RECOMMENDATION

Environmental Health Services staff recommend approving the update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA) to reflect 2021 – 2023 changes to contract scope of work and grant TMWA the same authorities provided to its groundwater systems.

POSSIBLE MOTION

Should the Board agree with the staff recommendation, a possible motion would be: “Move to approve the update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA) to reflect 2021 – 2023 changes to contract scope of work and grant TMWA the same authorities provided to its groundwater systems.”

INTERLOCAL COOPERATIVE AGREEMENT
BY AND BETWEEN

State of Nevada, Division of Environmental Protection
and
Washoe County District Board of Health
and
Truckee Meadows Water Authority
for
Engineering Design Review of Certain Public Water System Infrastructure

WHEREAS, NRS 277.110(2) provides that any two or more public agencies may enter into agreements with one another for joint or cooperative action under the provisions of NRS 277.080 to 277.170, inclusive;

WHEREAS, the Parties hereto are public agencies as defined in NRS 277.100(1)(a);

WHEREAS, it is the policy of this State to provide for water which is safe for drinking and other domestic purposes and thereby promote the public health and welfare. (NRS 445A.800)

WHEREAS, the Nevada Division of Environmental Protection (NDEP) is responsible for implementation of Nevada Revised Statutes (NRS) 445A.800 – 445A.955, inclusive, known as the Public Water Systems Law, and the regulations adopted by the State Environmental Commission pursuant thereto;

WHEREAS, the NDEP has been granted Primary Enforcement Responsibility (a.k.a. “Primacy”) by the United States Environmental Protection Agency (US EPA) for the Federal Safe Drinking Water Act at 42 U.S.C. §§300f et.seq., and federal regulations promulgated pursuant thereto;

WHEREAS, the NDEP has an obligation under Federal Primacy to show, “the establishment and maintenance of an activity to assure that the design and construction of new or substantially modified public water system facilities will be capable of compliance with the State primary drinking water regulations” (40 CFR §142.10(b)(5));

WHEREAS, the Washoe County District Board of Health (District) is responsible for enforcing the provisions of NRS 445A.800-445A.955, inclusive, per NRS 445A.925, and regulations adopted pursuant thereto;

WHEREAS, the District role under the Public Water Systems Law is set forth in NRS 445A; consequently, the District is a partner with NDEP in ensuring compliance with ~~Nevada's~~Nevada's Primacy delegation from the US EPA.- The District is obligated to perform certain activities for public water system compliance under a separate Interlocal Cooperative Agreement between NDEP and the District, including engineering plan review activities;

WHEREAS, the Truckee Meadows Water Authority (TMWA) is created pursuant to NRS 277 as a separate political subdivision of the State of Nevada to exercise the powers, privileges and authority of Reno, Sparks and Washoe County to own and operate a municipal water system. -Among the powers conferred upon TMWA under the Cooperative Agreement is the express power to enter into Interlocal agreements.

WHEREAS, ~~TMWA's~~TMWA's municipal water system is also a Public Water System as defined by NRS 445A.235 and subject to compliance with the statutes and regulations applicable to Public Water Systems identified herein;

WHEREAS, the NDEP, the District and TMWA have additional responsibilities related to the Subdivision of Land in NRS 278.010 -- NRS 278.4965, inclusive, and Nevada Administrative Code (NAC) 278.010 -- 278.530, inclusive;

WHEREAS, TMWA has a team of engineers, managers and support staff for reviewing engineering designs submitted by others for construction and dedication of water facilities into TMWA infrastructure;

WHEREAS, TMWA has design standards for plans and specifications known as the Truckee Meadows Water Authority Design and Construction Standards (NRS 445A.920.2), approved by the NDEP, addressing additions and alterations to ~~TMWA's~~TMWA's public water system. -Any modifications to the standards are required to be reviewed and approved by the NDEP.- The standards cannot be less stringent than State law;

WHEREAS, various statutes and regulations exist in the Public Water Systems Law and the Design, Construction, Operation and Maintenance regulations that provide for waivers from engineering design review and approval by the NDEP or the District, including but not limited to NRS 445A.920 and NAC 445A.6669;

WHEREAS, the Parties agree to work together in good faith using a collaborative approach to implement engineering design review of ~~TMWA's~~TMWA's public water system;

WHEREAS, this Agreement provides certain financial obligations between TMWA and the District; however, it does not provide for any financial obligation between NDEP and the District or NDEP and TMWA;

WHEREAS, this Agreement supersedes the December 4, 2017 letter, from the District to TMWA, waiving the requirement for submittal of a water project which involve the installation of 500 feet or less of the distribution system.

NOW, THEREFORE, in consideration of the foregoing recitals, which are fully incorporated into this agreement by this reference, the Parties mutually agree to the following terms and conditions contained within this Interlocal Agreement (Agreement).

I. BACKGROUND AND INTENT

The intent of the Agreement is to provide a more efficient process for engineering design review and approval by defining a project review management system that protects public health through design and construction of infrastructure that meets current federal, state and local design standards, while clearly delegating certain functions to TMWA.

The intent of this new process is to move away from current processes under which NDEP or the District review every water distribution infrastructure project approved by TMWA, to a system under which NDEP and the District have an oversight and audit function. -Such an oversight structure will include certain reporting requirements, periodic co-review, periodic NDEP/ District audit of the TMWA program, meetings, and establishment of program improvement plans, should they be needed.

II. PURPOSE

The purpose of this Agreement is to formally establish a commitment by each signatory Party to make a collective effort to implement the review and approval of engineering design plans and specifications consistent with the authority provided in NRS 445A.920 and NAC 445A.6669 and delegate certain responsibilities to TMWA using the cited authority in NRS and NAC to make those delegations/waivers. In identifying the actions and responsibilities of each Party, this Agreement provides the framework for the successful implementation of ~~Nevada's~~Nevada's Design, Construction, Operation and Maintenance regulations (NAC 445A.65505 — 445A.6731), and the Subdivision of Land statutes (NRS 278.010 — 278.4965, inclusive) and regulations (NAC 278.010 - 278.530, inclusive). This Agreement outlines goals, commitments and actions which the Parties agree to pursue in good faith. -Inherent in the use of this agreement-based approach is the acknowledgement that implementation success is, in part, dependent upon the establishment of a process that cultivates trust, collaboration and cooperation among the Parties.

III. PARTIES & ROLES

- A. The *Parties* to this Agreement are the Nevada Division of Environmental Protection (NDEP), the Washoe County District Board of Health (District) and the Truckee Meadows Water Authority (TMWA). -Herein, these entities in sum shall be collectively referred to as the *Parties*. Any singular entity may be referred to as a *Party*.
- B. The NDEP will maintain regulatory oversight responsibility under ~~Nevada's~~Nevada's federal Primary Enforcement Responsibility delegation (a.k.a. "Primacy") as the lead entity for implementation of NRS 445A.800- 445A.955, inclusive.- The NDEP will communicate, coordinate, and cooperate with the Parties when regulatory interpretations are made which affect the ~~District's~~District's and ~~TMWA's~~TMWA's ability to perform engineering plan review, consistent with the State.

- C. The District will continue to fulfill its role under NRS 445A.925 as a partner with NDEP in implementing and enforcing the Public Water Systems Law under ~~NDEP's~~NDEP's Primacy delegation from the US EPA.
- D. TMWA shall have authority for comprehensive review and approval of engineering designs created by or for TMWA and by others, and other infrastructure related activities as referenced in item IV.B of this Agreement. -TMWA will exercise this authority in accordance with NAC 445A.65505 to 445A.6731, inclusive, or the Truckee Meadows Water Authority Design and Construction Standards (TMWA Standards) and Backflow Prevention and Cross Connection Control Requirements, whichever is more stringent, and as they exist on the execution date of this Agreement subject to modifications in accordance with section V.A.1 of this Agreement, and as amended from time to time. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.

E. This Agreement applies to the following public water systems:

1. Truckee Meadows Water Authority PWS ID #NV0000190.
2. Stampmill Estates PWS ID# NV0000801
3. Truckee Canyon PWS ID# NV0000978
4. Lightning W PWS ID# NV0000865
5. Old Washoe Estates PWS ID# NV0002526
6. Sunrise Estates PWS ID# NV0002525

~~The~~

F. For the purposes of this agreement, NDEP is the regulatory agency for NV0000190 and shall be referenced throughout this agreement as Main System. WCHD is the regulatory agency for NV0000801, NV0000978, NV0000865, NV0002525, and NV0002526 and shall be referenced throughout this document as Satellite Systems. NDEP and the District will continue to review engineering designs created by or for TMWA for water projects consisting of transmission system components, pumping stations, reservoirs, wells, tanks, or treatment systems.

E.G. For the purposes of this agreement, transmission system components are defined as pipelines greater than 18"^{22"} in diameter and greater than 2,000 feet in length. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.

F.H. The Parties commit to cooperate in development and adaptive management of transparent programs, guidance and protocols necessary to track, report, evaluate and demonstrate compliance with NAC 445A.66615, which currently states:

The purposes of NAC 445A.65505 to 445A.6731, [the Design, Construction, Operation and Maintenance Regulations] inclusive, are to:

- 1. ~~1.~~ Provide the public with reasonable assurance that its water is satisfactory for consumption and ~~for~~or ablutionary and culinary purposes;*
- 2. ~~2.~~ Protect the public health and welfare by ensuring that water is developed, treated, stored and distributed in a safe manner;*
- 3. ~~3.~~ Ensure a reliable supply of water;*

4. ~~4.~~ Prevent the potential pollution or contamination of a public water system as a result of backpressure or backsiphonage;
5. ~~5.~~ Provide for the use of components in a public water system that are designed and constructed in accordance with accepted engineering principles, standards and practices; and
6. ~~6.~~ Protect the public investment in its infrastructure for the provision of water by public utilities.

G.I. The NDEP and the District retain all duties specifically assigned in the Subdivision of Land laws contained in NRS 278.010 ~~—~~NRS 278.4965, inclusive, and NAC 278.010 ~~—~~ 278.530, inclusive, including:

1. Tentative Map review and approval responsibilities, including the requirement for the District to report quarterly to NDEP which tentative subdivisions have been certified by the District (NRS 278.335);
2. Assessment of the Tentative Map for the availability of water which meets applicable health standards and is sufficient in quantity for the reasonably foreseeable needs of the subdivision. (NRS 278.349) Such information, such as a letter of acknowledgement of water service, may be obtained from TMWA.
3. TMWA shall ensure that appropriate easements for public utilities that provide water are included in approved Final Maps, except as otherwise provided by law. (NRS 278.372)
4. The NDEP or the District shall retain responsibility for certification of a Final Map indicating that it is approved concerning water quality and water supply facilities. (NRS 278.377 and NAC 278.310-278.320, inclusive)
5. The NDEP or the District (NAC 278.290) shall retain responsibility for review of a developer's plan for improvements for the purpose of determining adequacy of the plan with respect to sewage disposal for the area to be developed.
6. TMWA shall provide the District with access to Water Project plans so that the District can refer to them when reviewing subdivision maps. In correspondence related to the access of Water Project plans, TMWA must reference the appropriate regional permitting number, if one exists.

H.J. Subdivision Plan for Improvements:

1. The plan for improvements submitted by the developer showing systems of water supply shall be reviewed and approved by TMWA in accordance with Section III.D. of this Agreement and within the timeframe dictated by NAC 278.330.
2. If any changes are made to an approved plan for improvements, requirements of NAC 278.290 apply and shall be conducted by TMWA.
3. TMWA shall communicate with the NDEP and the District regarding approval of a plan for improvement, in order to permit those agencies to fulfill responsibilities for approval of a Final Map within the timeframe dictated by NAC 278.330.

I.K. Administrative review of action taken by TMWA (NAC 445A.66645):

In the event that a person (excluding NDEP or the District) who has reason to believe that an action taken by TMWA (pursuant to NAC 445A.65506 to 445A.6731, inclusive, as such authorities have been provided to TMWA herein), is incorrect or based on inadequate knowledge, they can initiate an administrative review. If a person requests administrative review of an action taken by TMWA, TMWA shall work with the aggrieved person to conduct an informal discussion with the TMWA employee responsible for the action and the immediate supervisor of the employee (NAC 445A.66645.2). If the informal discussion does not resolve the problem, TMWA shall advise the aggrieved person of their right to request an informal conference to review the matter by submitting a letter, within 10 days of the

TMWA meeting, to the NDEP Bureau of Safe Drinking Water requesting a conference (NAC 445A.66645.3).

IV. COMMITMENTS & ACTIONS

The Parties hereby commit to implement the following actions, and abide by the following conditions:

A. ~~NSF/ANSI Standards Review~~—NAC 445A.65825

TMWA will maintain a list of approved products for use in the TMWA distribution system that comply with NAC 445A.65825. If a product is not available, or is not the best choice for a particular design, and TMWA has received a request and demonstration for an alternate product that requires an engineering demonstration in accordance with State regulation, then, prior to approval by TMWA, review of the demonstration shall be coordinated with NDEP for concurrence. Upon concurrence, TMWA may approve the product.

B. Other Provisions and Authorities

1. Various provisions of approval by NDEP or the District exist within NAC 445A.65505 — 445A.6731. In order to be consistent with the intent of this Agreement, and in addition to other authority otherwise delegated in this Agreement, the following authorities of ~~the~~ the Division or the appropriate district board of health ~~are~~ are hereby delegated to TMWA.
 - a. ~~445A.66695~~ Application for approval of a water project
 - b. ~~445A.6671~~ Approval of a water project: Prerequisites; effective period; revocation
 - c. ~~445A.66715~~ Performance and inspection of work on water project; certification of substantial compliance with approved plans and specifications
 - d. ~~445A.6672~~ Existing systems: Minimum capacities; minimum pressure and velocity of water
 - e. ~~445A.66725~~ Existing systems: Determination of total capacity preparation, maintenance and dissemination of certain information, analyses, plans and reports
 - f. ~~445A.6674~~ Storage capacity
 - g. ~~445A.66745~~ Operating storage
 - h. ~~445A.6675~~ Emergency reserve
 - i. ~~445A.67115~~ Distribution system: Design; diameter of water mains, connection to fire hydrant
 - j. ~~445A.6712~~ Distribution system: Dead ends
 - k. ~~445A.67145~~ Distribution system: Construction
(excluding water mains proposed to be constructed ~~under~~ under structures or in or under bodies of water ~~which~~ which remain subject to approval by the NDEP or the District.)

C. Special Exceptions and Mitigations for Areas of Special Construction

1. TMWA shall review water projects which require the issuance and approval of a Special Exception as outlined in NAC 445A.6665 Special exceptions. Prior to approval by TMWA, Special Exceptions shall be coordinated with NDEP for concurrence, in order for NDEP to ensure statewide consistency. Upon concurrence, TMWA may issue the Special Exception.
2. NDEP will communicate approved Special Exceptions to local health districts with public water system oversight responsibility pursuant to NRS 445A.925.
3. TMWA may approve water projects that propose mitigation measures to comply with minimum requirements in NAC 445A.6715 - 445A.6718 (Separations and Crossings) based on the most current

version of “Guidance for Areas Requiring Mitigation for Water and Sewer Separation” published on the NDEP website by the BSDW and any additional clarifying interpretations provided by NDEP.

a. Guidance location: <https://ndep.nv.gov/water/drinking-water/engineering-reviews>

D. Consolidation of Systems:

System consolidation plans and engineering designs shall be reviewed and approved by the ~~District regulatory agency that has oversight of the water systems being consolidated~~ or ~~NDEP annexed~~. Following the consolidation of any water system into the ~~TMWA Public Water Main System ID# NV0000190 or Satellite Systems~~, TMWA will ensure the new addition to the TMWA Public Water System is managed consistent with conditions under ~~the this~~ Agreement. TMWA will coordinate with NDEP to ensure the consolidated system is integrated correctly into ~~PWS ID# NV0000190 the Main System or Satellite Systems~~ in the Safe Drinking Water Information System (SDWIS). ~~The Parties agree that in the event TMWA acquires the West Reno Water Company System (PWS ID # NV0000709), such system shall be subject to this Agreement upon acquisition, and shall be considered a consolidation into the TMWA Public Water System upon physical connection to the TMWA Public Water System.~~

E. Satellite Systems

1. ~~TMWA will provide an annual update of Satellite System’s demand and system capacity to the District and NDEP to confirm compliance with section IV.B.1. and NAC. TMWA will seek concurrence with the District prior to approving any water project that would bring the system to within 10% of its capacity. Concurrence must be in written or electronic mail form and clearly outline the water project description, water demands, and final total capacity of the system upon completion.~~
2. ~~The District and NDEP will perform the audit functions of section V.B. Due to the small number of projects in these systems, the District may audit up to 100% of the projects approved by TMWA in the audit period.~~

E.F. Exclusions:

1. NDEP and the District will not require TMWA to submit plans and specifications for projects of a maintenance or replacement nature. If the project modifies the pipeline replacement diameter by less than 50%, TMWA shall have the authority to make modifications in sizing. A modified pipeline diameter shall not exceed 18” without concurrence from the District or NDEP that the project can proceed as maintenance. If the project modifies the pipeline replacement diameter by more than 50%, TMWA shall request concurrence from the District or NDEP that the project can proceed as maintenance. TMWA must obtain approval from the District ~~or NDEP~~ prior to relining or recoating of reservoirs or storage tanks.

~~1. This Agreement applies to the Truckee Meadows Water Authority PWS ID # NV0000190. The Agreement does not apply to the following list of stand-alone water systems, for which a complete water project submittal will continue to be required for any proposed construction:~~

- ~~1. Stampmill Estates PWS ID# NV0000801~~
- ~~2.1. Truckee Canyon PWS ID# NV0000978~~
- ~~3.1. Lightning W PWS ID# NV0000865~~
- ~~4.1. Old Washoe Estates PWS ID# NV0002526~~
- ~~5.1. Sunrise Estates PWS ID# NV0002525~~

~~This agreement may be amended to include a stand-alone water system after District review and approval of a Water Facility Plan for the system.~~

~~F.G.~~ TWMA will continue to provide the project applicant the approved TMWA water sheets, no water rights required letters and will serve letters for commercial plan review by the District.

~~G.H.~~ The Parties will meet twice per calendar year to discuss plan review challenges, solutions and related topics. These meetings shall be organized by NDEP with agenda items proposed by any Party. One of the meetings shall appropriately follow the Annual Program Audit after receipt of the TMWA information submitted by April 1st in section V.E. below. Unless otherwise agreed to by the Parties, the meetings shall be held in coordination with the Las Vegas Valley Water District and the Southern Nevada Health District. -Additional ad hoc meetings among the Parties can be called as necessary.

V. EVALUATION & CONTINGENCY

~~A. Within~~For the first 3 months of the AgreementMain System, TMWA will:

- ~~1. Provide NDEP and the District with updates to the Truckee Meadows Water Authority Design and Construction Standards for review, approval and incorporation into engineering plan review program implementation.~~
- ~~2. Work with NDEP and District staff to schedule a joint review of two engineering project(s) containing distribution projects covered by this Agreement to ensure consistency in review.~~
- ~~3. Provide documentation on internal TMWA QC procedure(s) to ensure that the review is, at a minimum, consistent with NAC 445A requirements for Public Water Systems construction, NAC/NRS 278, as applicable, or the Truckee Meadows Water Authority Design and Construction Standards, whichever is more stringent.~~

A. ~~Within~~shall, within 30 days of the end of each quarter that this Agreement is in place, TMWA will provide ~~the District~~NDEP with a list of projects approved by TMWA, from the previous quarter. ~~District~~NDEP staff may randomly select not more than 15% of the applicable project(s) for audit. The quantity of reviews shall be representative of the different types of projects having been approved. TMWA will supply ~~the District and~~NDEP with project documents for review and discussion to ensure ongoing consistency in review. ~~After one year, NDEP and the District~~NDEP may choose to reduce the frequency or quantity of reviews, but in no case will it be less than annual.

- ~~1. Upon completion of the review~~Upon completion of review of the Main System projects, NDEP will provide a letter with any comments from such review and that may include: concurrence with TMWA review of projects; comments on minor issues regarding TMWA review of projects for future reference; or comments on significant issues regarding TMWA review of projects that require a meeting with the District and NDEP to discuss discrepancies identified regarding such projects.

~~B. For the Satellite Systems, TMWA shall provide the District and NDEP a list of all projects approved~~

by TMWA by December 31st of each calendar year that this Agreement is in place. The District may audit all or any portion of such projects but in no case will be less than one project. NDEP may randomly select project(s) for audit, and the quantity of reviews shall be representative of the different types of projects having been approved but in no case will be less than one project.

1. Upon completion of the review of the Satellite System projects, the District and NDEP will provide a joint letter that may include: concurrence with TMWA review of projects; comments on minor issues regarding TMWA review of projects for future reference; or comments on significant issues regarding TMWA review of projects that require a meeting with the District and NDEP to discuss discrepancies identified regarding such projects.

B.C. In the event that a TMWA water project review is found to have not met the minimum standards as established by applicable portions of NAC 445A or NRS/NAC 278, TMWA will provide a plan within 30 days to the District and NDEP identifying strategies for program improvement to ensure compliance with regulatory standards within an appropriate timeline.

C.D. In the event that a project that has been approved by TMWA under this Agreement, is constructed, and is found to be in violation of applicable portions of NAC 445A and/or NRS/NAC 278, and the construction deficiency has the potential to adversely impact public health, TMWA shall, as soon as practicable, consult with the District and NDEP regarding a proposed remedy. -In no case shall the timeframe for consultation exceed 5 working days.

B. Annual Program Audit by NDEP and the District

1. Each year, by or before April 1st, TMWA will provide ~~(for NV0000190)~~, or make available to NDEP and the District for review at TMWA's office, the following information with respect to TMWA Public Water ~~System NV0000190~~: Systems.
 - a. A programmatic update identifying the professional engineers, and/or organization chart of TMWA staff, responsible for carrying out provisions in NAC 445A.65505 to NAC 445A.6731 and as required under NAC 445A.66705.
 - b. Copies of updated manuals of operations and maintenance and backflow/cross-connection control for the public water system (NAC 445A.6667 and NAC 445A.66105), as applicable, or notice that no updates were required.
 - c. A detailed summary of all water projects approved, completed or under construction for the previous calendar year, with an accounting of the quantity of new connections, as of December 31st of the previous calendar year.
 - i. The annual reporting shall include detailed maps/GIS data depicting additions to the distribution ~~system~~systems dedicated to TMWA as infrastructure ~~of PWS ID#0000190~~;
 - ii. Maps/GIS data of water facilities in subdivisions approved, but not yet dedicated, to TMWA;
 - iii. The Parties will work on a records system compliant with NRS 239 and 239C. TMWA will maintain a record of as-builts drawings for all water projects completed including approval of alternate construction, showing compliance with NAC 445A.6715 - 445A.6718 (Separations and Crossings), or other applicable regulations;
 - iv. A list of extensions of time to construct allowed by NAC 445A.6671;
 - v. Maps/GIS data on consolidated infrastructure into PWSID#0000190;

- d. TMWA will make staff available to meet with the NDEP and District staff and run hydraulic models of interest to demonstrate the system's adequate flows and pressures, ensuring capacity by zone.
- C. NDEP and the District will evaluate the performance of TMWA to make sure that the commitments set forth in this Agreement are in good faith being met, or whether there exist other causes preventing their performance. -Evaluation will occur, at a minimum annually, but can be conducted more frequently. - Upon completion of the evaluation, NDEP and the District will meet with TMWA and discuss the findings of the evaluation, including any issues that need to be addressed going forward to meet the goals set forth in the Agreement.
- D. NDEP and the District will annually, during the 4th quarter of each calendar year, evaluate the effectiveness of this Agreement. If the Agreement is determined to be ineffective at achieving its intended purpose, NDEP and the District will consult with TMWA to determine the reasons for its ineffectiveness and develop recommendations for subsequent revisions to this Agreement. -NDEP and/or the District may suspend or terminate the Agreement as provided in Section XIV.

VI. FUNDING

- A. The District will invoice TMWA, on a quarterly basis, an amount to recover the cost of staff time required to audit the TMWA processes as outlined in this agreement.
- B. This Agreement provides no financial obligation between NDEP and the District or NDEP and TMWA.

VII. DISPUTE RESOLUTION

- A. The Parties agree to work together in good faith to address and resolve any issues or dispute.
- B. The NDEP Administrator is the final decision-making authority for any dispute that is elevated to that level.

VIII. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of the Agreement, and to that end the provisions of this Agreement are declared to be severable.

IX. RESERVATION OF RIGHTS

- A. Except with respect to authority lawfully delegated to TMWA herein, nothing in this Agreement is intended to restrict the authority of any Party to act as provided by law, statute or regulation.
- B. This Agreement is not intended to, and does not create any right, benefit or trust responsibility by any party against the Parties to this Agreement, their respective agencies, officers, or any person.
- C. This Agreement is an internal agreement between the Parties and does not confer any right or benefit on any third person or party, private or public.

X. LIMITATIONS

Nothing in this Agreement shall be construed to require actions by the Parties which are inconsistent with local, State, or Federal laws and regulations or any court order.

XI. EXECUTION IN COUNTERPARTS

The Parties may execute this Agreement in counterparts, each of which is deemed an original and all of which constitute only one agreement.

XII. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the Parties. No other understandings, oral or otherwise, regarding the subject matter of the Agreement shall be deemed to exist or to bind the Parties hereto.

XIII. TERM & UPDATE

This Agreement shall expire on December 31, ~~2023~~2026. It is anticipated that the Parties will review this Agreement no less than 180 days prior to expiration, and either: (1) amend and reissue; or (2) renew without changes for an additional period. If the Parties fail to approve and execute a renewal of this Agreement, with or without any amendments prior to the expiration date, then the Parties agree to adhere to the terms and conditions of this Agreement until a subsequent agreement is approved and executed by the Parties. If the Parties fail to approve and execute a subsequent agreement within 6 months of the

expiration date, this Agreement will terminate.

XIV. MODIFICATION, SUSPENSION OR TERMINATION

At any point during this term, the Agreement may be modified with the consent in writing of all signatory Parties. Modifications to the Agreement will not result in a change to or extension of the initial term (Section XIII) of this Agreement unless specifically agreed by the Parties.

If an audit of the TMWA program reveals a material deficiency in the engineering plan review program, or if discovered by other means, NDEP and/or the District can temporarily suspend TMWA's authority to independently review water distribution infrastructure projects pursuant to this Agreement. -The suspension shall require written notification by the NDEP Administrator and/or the District Health Officer. Such suspension will include specific items for TMWA to address in order to reinstate the authorities provided in this Agreement.

This Interlocal Cooperative Agreement will be effective until modified with the consent of all Parties, or until expiration (See Section XIII. Term & Update) unless terminated earlier by any party. Any Party may terminate the Agreement at any time, with or without cause by giving 30 days written notice of termination to the other Parties. Termination of this Agreement initiated by the District will require action by the District Board of Health. Termination of this Agreement initiated by TMWA will require action by the TMWA Board.

XV. INDEMNIFICATION/LIMITATION OF LIABILITY

TMWA shall indemnify, hold harmless and defend, not excluding the others' right to participate, the other parties from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.

The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases.

XVI. SIGNATORIES

Each undersigned representative to this Agreement certifies that he or she is fully authorized by the Party whom he or she represents to enter into the terms and conditions of this Agreement and to execute and legally bind such Party to this document.

For the Nevada Division of Environmental Protection:

Greg Lovato _____ Date Katie Armstrong _____ Date
Administrator Deputy Attorney General
Approved as to Form Only

For the Washoe County District Board of Health:

~~Kitty Jung~~ Oscar Delgado _____ Date
Chair

For the Truckee Meadows Water Authority:

Mark Foree _____ Date
General Manager

INTERLOCAL COOPERATIVE AGREEMENT
BY AND BETWEEN

State of Nevada, Division of Environmental Protection
and
Washoe County District Board of Health
and
Truckee Meadows Water Authority
for
Engineering Design Review of Certain Public Water System Infrastructure

WHEREAS, NRS 277.110(2) provides that any two or more public agencies may enter into agreements with one another for joint or cooperative action under the provisions of NRS 277.080 to 277.170, inclusive;

WHEREAS, the Parties hereto are public agencies as defined in NRS 277.100(1)(a);

WHEREAS, it is the policy of this State to provide for water which is safe for drinking and other domestic purposes and thereby promote the public health and welfare. (NRS 445A.800)

WHEREAS, the Nevada Division of Environmental Protection (NDEP) is responsible for implementation of Nevada Revised Statutes (NRS) 445A.800 – 445A.955, inclusive, known as the Public Water Systems Law, and the regulations adopted by the State Environmental Commission pursuant thereto;

WHEREAS, the NDEP has been granted Primary Enforcement Responsibility (a.k.a. “Primacy”) by the United States Environmental Protection Agency (US EPA) for the Federal Safe Drinking Water Act at 42 U.S.C. §§300f et.seq., and federal regulations promulgated pursuant thereto;

WHEREAS, the NDEP has an obligation under Federal Primacy to show, “the establishment and maintenance of an activity to assure that the design and construction of new or substantially modified public water system facilities will be capable of compliance with the State primary drinking water regulations” (40 CFR §142.10(b)(5));

WHEREAS, the Washoe County District Board of Health (District) is responsible for enforcing the provisions of NRS 445A.800-445A.955, inclusive, per NRS 445A.925, and regulations adopted pursuant thereto;

WHEREAS, the District role under the Public Water Systems Law is set forth in NRS 445A; consequently, the District is a partner with NDEP in ensuring compliance with Nevada's Primacy delegation from the US EPA. The District is obligated to perform certain activities for public water system compliance under a separate Interlocal Cooperative Agreement between NDEP and the District, including engineering plan review activities;

WHEREAS, the Truckee Meadows Water Authority (TMWA) is created pursuant to NRS 277 as a separate political subdivision of the State of Nevada to exercise the powers, privileges and authority of Reno, Sparks and Washoe County to own and operate a municipal water system. Among the powers conferred upon TMWA under the Cooperative Agreement is the express power to enter into Interlocal agreements.

WHEREAS, TMWA's municipal water system is also a Public Water System as defined by NRS 445A.235 and subject to compliance with the statutes and regulations applicable to Public Water Systems identified herein;

WHEREAS, the NDEP, the District and TMWA have additional responsibilities related to the Subdivision of Land in NRS 278.010 - NRS 278.4965, inclusive, and Nevada Administrative Code (NAC) 278.010 - 278.530, inclusive;

WHEREAS, TMWA has a team of engineers, managers and support staff for reviewing engineering designs submitted by others for construction and dedication of water facilities into TMWA infrastructure;

WHEREAS, TMWA has design standards for plans and specifications known as the Truckee Meadows Water Authority Design and Construction Standards (NRS 445A.920.2), approved by the NDEP, addressing additions and alterations to TMWA's public water system. Any modifications to the standards are required to be reviewed and approved by the NDEP. The standards cannot be less stringent than State law;

WHEREAS, various statutes and regulations exist in the Public Water Systems Law and the Design, Construction, Operation and Maintenance regulations that provide for waivers from engineering design review and approval by the NDEP or the District, including but not limited to NRS 445A.920 and NAC 445A.6669;

WHEREAS, the Parties agree to work together in good faith using a collaborative approach to implement engineering design review of TMWA's public water system;

WHEREAS, this Agreement provides certain financial obligations between TMWA and the District; however, it does not provide for any financial obligation between NDEP and the District or NDEP and TMWA;

WHEREAS, this Agreement supersedes the December 4, 2017 letter, from the District to TMWA, waiving the requirement for submittal of a water project which involve the installation of 500 feet or less of the distribution system.

NOW, THEREFORE, in consideration of the foregoing recitals, which are fully incorporated into this agreement by this reference, the Parties mutually agree to the following terms and conditions contained within this Interlocal Agreement (Agreement).

I. BACKGROUND AND INTENT

The intent of the Agreement is to provide a more efficient process for engineering design review and approval by defining a project review management system that protects public health through design and construction of infrastructure that meets current federal, state and local design standards, while clearly delegating certain functions to TMWA.

The intent of this new process is to move away from current processes under which NDEP or the District review every water distribution infrastructure project approved by TMWA, to a system under which NDEP and the District have an oversight and audit function. Such an oversight structure will include certain reporting requirements, periodic co-review, periodic NDEP/ District audit of the TMWA program, meetings, and establishment of program improvement plans, should they be needed.

II. PURPOSE

The purpose of this Agreement is to formally establish a commitment by each signatory Party to make a collective effort to implement the review and approval of engineering design plans and specifications consistent with the authority provided in NRS 445A.920 and NAC 445A.6669 and delegate certain responsibilities to TMWA using the cited authority in NRS and NAC to make those delegations/waivers. In identifying the actions and responsibilities of each Party, this Agreement provides the framework for the successful implementation of Nevada's Design, Construction, Operation and Maintenance regulations (NAC 445A.65505 - 445A.6731), and the Subdivision of Land statutes (NRS 278.010 - 278.4965, inclusive) and regulations (NAC 278.010 - 278.530, inclusive). This Agreement outlines goals, commitments and actions which the Parties agree to pursue in good faith. Inherent in the use of this agreement-based approach is the acknowledgement that implementation success is, in part, dependent upon the establishment of a process that cultivates trust, collaboration and cooperation among the Parties.

III. PARTIES & ROLES

- A. The *Parties* to this Agreement are the Nevada Division of Environmental Protection (NDEP), the Washoe County District Board of Health (District) and the Truckee Meadows Water Authority (TMWA). Herein, these entities in sum shall be collectively referred to as the *Parties*. Any singular entity may be referred to as a *Party*.
- B. The NDEP will maintain regulatory oversight responsibility under Nevada's federal Primary Enforcement Responsibility delegation (a.k.a. "Primacy") as the lead entity for implementation of NRS 445A.800- 445A.955, inclusive. The NDEP will communicate, coordinate, and cooperate with the Parties when regulatory interpretations are made which affect the District's and TMWA's ability to perform engineering plan review, consistent with the State.
- C. The District will continue to fulfill its role under NRS 445A.925 as a partner with NDEP in implementing and enforcing the Public Water Systems Law under NDEP's Primacy delegation from the US EPA.

- D. TMWA shall have authority for comprehensive review and approval of engineering designs created by or for TMWA and by others, and other infrastructure related activities as referenced in item IV.B of this Agreement. TMWA will exercise this authority in accordance with NAC 445A.65505 to 445A.6731, inclusive, or the Truckee Meadows Water Authority Design and Construction Standards (TMWA Standards) and Backflow Prevention and Cross Connection Control Requirements, whichever is more stringent, and as they exist on the execution date of this Agreement subject to modifications in accordance with section V.A.1 of this Agreement, and as amended from time to time. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.
- E. This Agreement applies to the following public water systems:
1. Truckee Meadows Water Authority PWS ID #NV0000190.
 2. Stampmill Estates PWS ID# NV0000801
 3. Truckee Canyon PWS ID# NV0000978
 4. Lightning W PWS ID# NV0000865
 5. Old Washoe Estates PWS ID# NV0002526
 6. Sunrise Estates PWS ID# NV0002525
- F. For the purposes of this agreement, NDEP is the regulatory agency for NV0000190 and shall be referenced throughout this agreement as Main System. WCHD is the regulatory agency for NV0000801, NV0000978, NV0000865, NV0002525, and NV0002526 and shall be referenced throughout this document as Satellite Systems. NDEP and the District will continue to review engineering designs created by or for TMWA for water projects consisting of transmission system components, pumping stations, reservoirs, wells, tanks, or treatment systems.
- G. For the purposes of this agreement, transmission system components are defined as pipelines greater than 18" in diameter and greater than 2,000 feet in length. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.
- H. The Parties commit to cooperate in development and adaptive management of transparent programs, guidance and protocols necessary to track, report, evaluate and demonstrate compliance with NAC 445A.66615, which currently states:

The purposes of NAC 445A.65505 to 445A.6731, [the Design, Construction, Operation and Maintenance Regulations] inclusive, are to:

1. *Provide the public with reasonable assurance that its water is satisfactory for consumption and/or ablutionary and culinary purposes;*
2. *Protect the public health and welfare by ensuring that water is developed, treated, stored and distributed in a safe manner;*
3. *Ensure a reliable supply of water;*
4. *Prevent the potential pollution or contamination of a public water system as a result of backpressure or backsiphonage;*
5. *Provide for the use of components in a public water system that are designed and constructed in accordance with accepted engineering principles, standards and practices; and*
6. *Protect the public investment in its infrastructure for the provision of water by public utilities.*

- I. The NDEP and the District retain all duties specifically assigned in the Subdivision of Land laws contained in NRS 278.010 -NRS 278.4965, inclusive, and NAC 278.010 - 278.530, inclusive, including:
1. Tentative Map review and approval responsibilities, including the requirement for the District to report quarterly to NDEP which tentative subdivisions have been certified by the District (NRS 278.335);
 2. Assessment of the Tentative Map for the availability of water which meets applicable health standards and is sufficient in quantity for the reasonably foreseeable needs of the subdivision. (NRS 278.349) Such information, such as a letter of acknowledgement of water service, may be obtained from TMWA.
 3. TMWA shall ensure that appropriate easements for public utilities that provide water are included in approved Final Maps, except as otherwise provided by law. (NRS 278.372)
 4. The NDEP or the District shall retain responsibility for certification of a Final Map indicating that it is approved concerning water quality and water supply facilities. (NRS 278.377 and NAC 278.310-278.320, inclusive)
 5. The NDEP or the District (NAC 278.290) shall retain responsibility for review of a developer's plan for improvements for the purpose of determining adequacy of the plan with respect to sewage disposal for the area to be developed.
 6. TMWA shall provide the District with access to Water Project plans so that the District can refer to them when reviewing subdivision maps. In correspondence related to the access of Water Project plans, TMWA must reference the appropriate regional permitting number, if one exists.
- J. Subdivision Plan for Improvements:
1. The plan for improvements submitted by the developer showing systems of water supply shall be reviewed and approved by TMWA in accordance with Section III.D. of this Agreement and within the timeframe dictated by NAC 278.330.
 2. If any changes are made to an approved plan for improvements, requirements of NAC 278.290 apply and shall be conducted by TMWA.
 3. TMWA shall communicate with the NDEP and the District regarding approval of a plan for improvement, in order to permit those agencies to fulfill responsibilities for approval of a Final Map within the timeframe dictated by NAC 278.330.
- K. Administrative review of action taken by TMWA (NAC 445A.66645):
- In the event that a person (excluding NDEP or the District) who has reason to believe that an action taken by TMWA (pursuant to NAC 445A.65506 to 445A.6731, inclusive, as such authorities have been provided to TMWA herein), is incorrect or based on inadequate knowledge, they can initiate an administrative review. If a person requests administrative review of an action taken by TMWA, TMWA shall work with the aggrieved person to conduct an informal discussion with the TMWA employee responsible for the action and the immediate supervisor of the employee (NAC 445A.66645.2). If the informal discussion does not resolve the problem, TMWA shall advise the aggrieved person of their right to request an informal conference to review the matter by submitting a letter, within 10 days of the TMWA meeting, to the NDEP Bureau of Safe Drinking Water requesting a conference (NAC 445A.66645.3).

IV. COMMITMENTS & ACTIONS

The Parties hereby commit to implement the following actions, and abide by the following conditions:

A. NSF/ANSI Standards Review-NAC 445A.65825

TMWA will maintain a list of approved products for use in the TMWA distribution system that comply with NAC 445A.65825. If a product is not available or is not the best choice for a particular design, and TMWA has received a request and demonstration for an alternate product that requires an engineering demonstration in accordance with State regulation, then, prior to approval by TMWA, review of the demonstration shall be coordinated with NDEP for concurrence. Upon concurrence, TMWA may approve the product.

B. Other Provisions and Authorities

1. Various provisions of approval by NDEP or the District exist within NAC 445A.65505 - 445A.6731. In order to be consistent with the intent of this Agreement, and in addition to other authority otherwise delegated in this Agreement, the following authorities of "the Division or the appropriate district board of health" are hereby delegated to TMWA.
 - a. 445A.66695 Application for approval of a water project
 - b. 445A.6671 Approval of a water project: Prerequisites; effective period; revocation
 - c. 445A.66715 Performance and inspection of work on water project; certification of substantial compliance with approved plans and specifications
 - d. 445A.6672 Existing systems: Minimum capacities; minimum pressure and velocity of water
 - e. 445A.66725 Existing systems: Determination of total capacity preparation, maintenance and dissemination of certain information, analyses, plans and reports
 - f. 445A.6674 Storage capacity
 - g. 445A.66745 Operating storage
 - h. 445A.6675 Emergency reserve
 - i. 445A.67115 Distribution system: Design; diameter of water mains, connection to firehydrant
 - j. 445A.6712 Distribution system: Dead ends
 - k. 445A.67145 Distribution system: Construction
(excluding water mains proposed to be constructed "under structures or in or under bodies of water" which remain subject to approval by the NDEP or the District.)

C. Special Exceptions and Mitigations for Areas of Special Construction

1. TMWA shall review water projects which require the issuance and approval of a Special Exception as outlined in NAC 445A.6665 Special exceptions. Prior to approval by TMWA, Special Exceptions shall be coordinated with NDEP for concurrence, in order for NDEP to ensure statewide consistency. Upon concurrence, TMWA may issue the Special Exception.
2. NDEP will communicate approved Special Exceptions to local health districts with public water system oversight responsibility pursuant to NRS 445A.925.
3. TMWA may approve water projects that propose mitigation measures to comply with minimum requirements in NAC 445A.6715 - 445A.6718 (Separations and Crossings) based on the most current version of "Guidance for Areas Requiring Mitigation for Water and Sewer Separation" published on

the NDEP website by the BSDW and any additional clarifying interpretations provided by NDEP.

a. Guidance location: <https://ndep.nv.gov/water/drinking-water/engineering-reviews>

D. Consolidation of Systems:

System consolidation plans and engineering designs shall be reviewed and approved by the regulatory agency that has oversight of the water systems being consolidated or annexed. Following the consolidation of any water system into the Main System or Satellite Systems, TMWA will ensure the new addition to the TMWA Public Water System is managed consistent with conditions under this Agreement. TMWA will coordinate with NDEP to ensure the consolidated system is integrated correctly into the Main System or Satellite Systems in the Safe Drinking Water Information System (SDWIS).

E. Satellite Systems

1. TMWA will provide an annual update of Satellite System's demand and system capacity to the District and NDEP to confirm compliance with section IV.B.1. and NAC. TMWA will seek concurrence with the District prior to approving any water project that would bring the system to within 10% of its capacity. Concurrence must be in written or electronic mail form and clearly outline the water project description, water demands, and final total capacity of the system upon completion.
2. The District and NDEP will perform the audit functions of section V.B. Due to the small number of projects in these systems, the District may audit up to 100% of the projects approved by TMWA in the audit period.

F. Exclusions:

1. NDEP and the District will not require TMWA to submit plans and specifications for projects of a maintenance or replacement nature. If the project modifies the pipeline replacement diameter by less than 50%, TMWA shall have the authority to make modifications in sizing. A modified pipeline diameter shall not exceed 18" without concurrence from the District or NDEP that the project can proceed as maintenance. If the project modifies the pipeline replacement diameter by more than 50%, TMWA shall request concurrence from the District or NDEP that the project can proceed as maintenance. TMWA must obtain approval from the District or NDEP prior to relining or recoating of reservoirs or storage tanks.

G. TWMA will continue to provide the project applicant the approved TMWA water sheets, no water rights required letters and will serve letters for commercial plan review by the District.

H. The Parties will meet twice per calendar year to discuss plan review challenges, solutions and related topics. These meetings shall be organized by NDEP with agenda items proposed by any Party. One of the meetings shall appropriately follow the Annual Program Audit after receipt of the TMWA information submitted by April 1st in section V.E. below. Unless otherwise agreed to by the Parties, the meetings shall be held in coordination with the Las Vegas Valley Water District and the Southern Nevada Health District. Additional ad hoc meetings among the Parties can be called as necessary.

V. EVALUATION & CONTINGENCY

A. For the Main System, TMWA shall, within 30 days of the end of each quarter that this Agreement is in place, provide NDEP with a list of projects approved by TMWA, from the previous quarter. NDEP staff may randomly select not more than 15% of the applicable project(s) for audit. The quantity of

reviews shall be representative of the different types of projects having been approved. TMWA will supply NDEP with project documents for review and discussion to ensure ongoing consistency in review. NDEP may choose to reduce the frequency or quantity of reviews, but in no case will it be less than annual.

1. Upon completion of review of the Main System projects, NDEP will provide a letter with any comments from such review and that may include: concurrence with TMWA review of projects; comments on minor issues regarding TMWA review of projects for future reference; or comments on significant issues regarding TMWA review of projects that require a meeting with the District and NDEP to discuss discrepancies identified regarding such projects.
- B. For the Satellite Systems, TMWA shall provide the District and NDEP a list of all projects approved by TMWA by December 31st of each calendar year that this Agreement is in place. The District may audit all or any portion of such projects but in no case will be less than one project. NDEP may randomly select project(s) for audit, and the quantity of reviews shall be representative of the different types of projects having been approved but in no case will be less than one project.
1. Upon completion of the review of the Satellite System projects, the District and NDEP will provide a joint letter that may include: concurrence with TMWA review of projects; comments on minor issues regarding TMWA review of projects for future reference; or comments on significant issues regarding TMWA review of projects that require a meeting with the District and NDEP to discuss discrepancies identified regarding such projects.
- C. In the event that a TMWA water project review is found to have not met the minimum standards as established by applicable portions of NAC 445A or NRS/NAC 278, TMWA will provide a plan within 30 days to the District and NDEP identifying strategies for program improvement to ensure compliance with regulatory standards within an appropriate timeline.
- D. In the event that a project that has been approved by TMWA under this Agreement, is constructed, and is found to be in violation of applicable portions of NAC 445A and/or NRS/NAC 278, and the construction deficiency has the potential to adversely impact public health, TMWA shall, as soon as practicable, consult with the District and NDEP regarding a proposed remedy. In no case shall the timeframe for consultation exceed 5 working days.
- B. Annual Program Audit by NDEP and the District
1. Each year, by or before April 1st, TMWA will provide or make available to NDEP and the District for review at TMWA's office, the following information with respect to TMWA Public Water Systems.
 - a. A programmatic update identifying the professional engineers, and/or organization chart of TMWA staff, responsible for carrying out provisions in NAC 445A.65505 to NAC 445A.6731 and as required under NAC 445A.66705.
 - b. Copies of updated manuals of operations and maintenance and backflow/cross-connection control for the public water system (NAC 445A.6667 and NAC 445A.66105), as applicable, or notice that no updates were required.
 - c. A detailed summary of all water projects approved, completed or under construction for the previous calendar year, with an accounting of the quantity of new connections, as of December 31st of the previous calendar year.

- i. The annual reporting shall include detailed maps/GIS data depicting additions to the distribution systems dedicated to TMWA as infrastructure;
 - ii. Maps/GIS data of water facilities in subdivisions approved, but not yet dedicated, to TMWA;
 - iii. The Parties will work on a records system compliant with NRS 239 and 239C. TMWA will maintain a record of as-builts drawings for all water projects completed including approval of alternate construction, showing compliance with NAC 445A.6715 - 445A.6718 (Separations and Crossings), or other applicable regulations;
 - iv. A list of extensions of time to construct allowed by NAC 445A.6671;
 - v. Maps/GIS data on consolidated infrastructure into PWSID#0000190;
- d. TMWA will make staff available to meet with the NDEP and District staff and run hydraulic models of interest to demonstrate the system's adequate flows and pressures, ensuring capacity by zone.
- C. NDEP and the District will evaluate the performance of TMWA to make sure that the commitments set forth in this Agreement are in good faith being met, or whether there exist other causes preventing their performance. Evaluation will occur, at a minimum annually, but can be conducted more frequently. Upon completion of the evaluation, NDEP and the District will meet with TMWA and discuss the findings of the evaluation, including any issues that need to be addressed going forward to meet the goals set forth in the Agreement.
- D. NDEP and the District will annually, during the 4th quarter of each calendar year, evaluate the effectiveness of this Agreement. If the Agreement is determined to be ineffective at achieving its intended purpose, NDEP and the District will consult with TMWA to determine the reasons for its ineffectiveness and develop recommendations for subsequent revisions to this Agreement. NDEP and/or the District may suspend or terminate the Agreement as provided in Section XIV.

VI. FUNDING

- A. The District will invoice TMWA, on a quarterly basis, an amount to recover the cost of staff time required to audit the TMWA processes as outlined in this agreement.
- B. This Agreement provides no financial obligation between NDEP and the District or NDEP and TMWA.

VII. DISPUTE RESOLUTION

- A. The Parties agree to work together in good faith to address and resolve any issues or dispute.
- B. The NDEP Administrator is the final decision-making authority for any dispute that is elevated to that level.

VIII. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of the Agreement, and to that end the provisions of this Agreement are declared to be severable.

IX. RESERVATION OF RIGHTS

- A. Except with respect to authority lawfully delegated to TMWA herein, nothing in this Agreement is intended to restrict the authority of any Party to act as provided by law, statute or regulation.
- B. This Agreement is not intended to, and does not create any right, benefit or trust responsibility by any party against the Parties to this Agreement, their respective agencies, officers, or any person.
- C. This Agreement is an internal agreement between the Parties and does not confer any right or benefit on any third person or party, private or public.

X. LIMITATIONS

Nothing in this Agreement shall be construed to require actions by the Parties which are inconsistent with local, State, or Federal laws and regulations or any court order.

XI. EXECUTION IN COUNTERPARTS

The Parties may execute this Agreement in counterparts, each of which is deemed an original and all of which constitute only one agreement.

XII. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the Parties. No other understandings, oral or otherwise, regarding the subject matter of the Agreement shall be deemed to exist or to bind the Parties hereto.

XIII. TERM & UPDATE

This Agreement shall expire on December 31, 2026. It is anticipated that the Parties will review this Agreement no less than 180 days prior to expiration, and either: (1) amend and reissue; or (2) renew without changes for an additional period. If the Parties fail to approve and execute a renewal of this

Agreement, with or without any amendments prior to the expiration date, then the Parties agree to adhere to the terms and conditions of this Agreement until a subsequent agreement is approved and executed by the Parties. If the Parties fail to approve and execute a subsequent agreement within 6 months of the expiration date, this Agreement will terminate.

XIV. MODIFICATION, SUSPENSION OR TERMINATION

At any point during this term, the Agreement may be modified with the consent in writing of all signatory Parties. Modifications to the Agreement will not result in a change to or extension of the initial term (Section XIII) of this Agreement unless specifically agreed by the Parties.

If an audit of the TMWA program reveals a material deficiency in the engineering plan review program, or if discovered by other means, NDEP and/or the District can temporarily suspend TMWA's authority to independently review water distribution infrastructure projects pursuant to this Agreement. The suspension shall require written notification by the NDEP Administrator and/or the District Health Officer. Such suspension will include specific items for TMWA to address in order to reinstate the authorities provided in this Agreement.

This Interlocal Cooperative Agreement will be effective until modified with the consent of all Parties, or until expiration (See Section XIII. Term & Update) unless terminated earlier by any party. Any Party may terminate the Agreement at any time, with or without cause by giving 30 days written notice of termination to the other Parties. Termination of this Agreement initiated by the District will require action by the District Board of Health. Termination of this Agreement initiated by TMWA will require action by the TMWA Board.

XV. INDEMNIFICATION/LIMITATION OF LIABILITY

TMWA shall indemnify, hold harmless and defend, not excluding the others' right to participate, the other parties from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.

The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases.

XVI. SIGNATORIES

Each undersigned representative to this Agreement certifies that he or she is fully authorized by the Party whom he or she represents to enter into the terms and conditions of this Agreement and to execute and legally bind such Party to this document.

For the Nevada Division of Environmental Protection:

_____	Date	_____	Date
Greg Lovato		Katie Armstrong	
Administrator		Deputy Attorney General	
		<i>Approved as to Form Only</i>	

For the Washoe County District Board of Health:

_____	Date
Oscar Delgado	
Chair	

For the Truckee Meadows Water Authority:

_____	Date
Mark Foree	
General Manager	

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 12, 2021

TO: District Board of Health

FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.gov

SUBJECT: Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: Ms. Yvonne Downs for a three-year term beginning on October 25, 2018, and concluding on October 24, 2021; Applicants include: Alan Horvath, Art O'Connor, Cathy Fitzgerald, Dorothy Hudig, Ph.D., Hazel Brown, James Mitcheltree, Lee Squire, Marcia Wilmes, Martin Breitmeyer, Phil Schweber, Pierre Mousset-Jones, Scott Courier, William Grey, William Foster McCoy, Ph.D.

SUMMARY

In accordance with the District Board of Health Regulations Governing Air Quality Management Section 020.025, Hearing Board Creation and Organization, staff is recommending the District Board of Health (DBOH) re-appoint Ms. Yvonne Downs to the Air Pollution Control Hearing Board (APCHB) for a three-year term.

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

October 25, 2018. DBOH approved the appointment of Ms. Yvonne Downs to the APCHB for a three-year term beginning on October 25, 2018, and concluding on October 24, 2021.

BACKGROUND

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

As presented in the table below, all APCHB members will have their terms expire over the next 5 months. It should be noted that Ms. Cathleen M. Fitzgerald no longer carries her professional

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512
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Subject: Appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member.

Date: October 28, 2021

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engineering certification in the State of Nevada and no longer qualifies for the Nevada Registered Professional Engineer position with the APCHB. In addition, Ms. Jeanne Rucker has indicated that she has served on the board for 9 years and would like to provide someone the opportunity to join the board. Over the next several months, the Air Quality Management Division (AQMD) will be looking to re-appoint or replace all members of the APCHB by making recommendations to the DBOH for approval.

Member	Qualification	Term Expires	Number Years Served
Cathleen M. Fitzgerald, P.E.	Nevada Registered Professional Engineer	September 27, 2021	12
Richard W. Harris	Nevada Licensed Attorney	December 20, 2021	12
Paul Kaplan	General Engineer/Building Contractor	March 28, 2022	3
Jeanne Rucker	At-Large	October 24, 2021	9
Lee Squire	At-Large	September 27, 2021	6
Yvonne Downs	At-Large	October 24, 2021	3
Jim Kenney	At-Large	January 26, 2022	9

On September 7, 2021, the AQMD issued a press release soliciting members of the community to apply to participate on the APCHB. The press release was posted to the AQMD website. In addition, the AQMD sent the press release to the email addresses of all individuals that have subscribed to the AMQD email list. Emails were also sent to other various organizations, including all DBOH members and NAIOP. Lastly, the AQMD posted the press release on social media such as Facebook and Twitter. The press release remains on the AQMD website under trending topics and can be found at the following link (OurCleanAir.com). The AQMD will continue to accept applicants indefinitely.

In total and to date, the AQMD has received a total of fifteen (15) applications to join the APCHB as an at-large member. The applications for all applicants has been attached to this report.

Ms. Downs has completed her initial term and has proven to be a valuable and reliable asset to the APCHB. Ms. Downs has an extensive environmental background including a contractor for EPA Region 10 and the Hawthorne Army Depot. Currently, Ms. Downs is the Manager of Environmental Services at the Nevada Air National Guard. Additionally, Ms. Downs experience with environmental compliance and permitting includes Title V Federal Permits. Ms. Downs has consistently provided valuable expertise to the APCHB and is the only applicant that currently holds an asbestos building inspector license.

FISCAL IMPACT

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

Subject: Appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member.

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RECOMMENDATION

The board may consider all the applicants for this position, but it is staff's recommendation that Ms. Downs be re-appointed for a three-year term. Considering Ms. Down's vast experience in air pollution control, current licensure as an asbestos building inspector, her worthy service on the Board, and for the sake of continuity AQMD staff recommends the DBOH re-appoint Ms. Yvonne Downs to the Air Pollution Control Hearing Board for a three-year term beginning October 24, 2021, through October 24, 2024.

POSSIBLE MOTION

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

1. "Move to re-appoint Ms. Yvonne Downs to the Air Pollution Control Hearing Board for a three-year term beginning October 24, 2021, through October 24, 2024."

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 appoint (*name of one of the other applicants*) to the Air Pollution Control Hearing Board for a (*one, two, or three-year*) term beginning October 24, 2021, through (*October 24, 2022, October 24, 2023, or October 24, 2024*).", or
2. "Move to continue the item to the next meeting to allow for additional consideration by the Board."

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Alan Horvath

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I moved to Reno in the fall of 2019 from rural Calaveras County, California. I was quickly concerned with the quality of the air here compared to what I was used to. My concern led me to educate myself on the issues, and I am anxious to serve the community in any way that would help in improving air quality.

List your relevant qualifications below:

I worked for roughly 30 years in information systems and then went back to school nights in 2002 which resulted in receiving a JD degree in 2006. I passed the California bar the same year. All of which is at best tangentially related to any qualifications for your position.

As mentioned above, my knowledge of air pollution issues is a result of self education. The results of that education can be reviewed in the Web site I have created on the subject; <http://www.fixrenosmog.com>.

I am presently 76 years old and retired.

Thank you for your consideration.

Alan Horvath

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Art O'Connor

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Help out my County

List your relevant qualifications below:

Licensed Civil Engineer.
WC resident since 1971.
Licensed Land Surveyor.
Very familiar with all of Washoe County, not just Truckee Meadows.
Active member Community Emergency Response Team under Washoe County Sheriff.
Volunteer as CERT for Health Department POST/POD.
PE/PLS 5650.

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Cathy Fitzgerald

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]s)

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Am currently serving on the Board.

List your relevant qualifications below:

CA Professional Engineer (PE) - active
NV Professional Engineer (PE) - registration currently inactive, retired
Qualified SWPPP Developer/Practitioner (QSD/QSP)
Certified Environmental Manager (CEM) - registration currently inactive, retired

Performed air quality risk assessments for school districts and projects in California.
Conducted hazardous waste site investigations and designed methane/vapor intrusion mitigation systems.
Conducted numerous Phase I Environmental Site Assessments (ESAs) and field investigations at commercial and industrial sites in Reno and Sparks.
Developed Roadway Pollution Mitigation Measures under a grant by South Coast Air Quality Management District (SCAQMD).
Prepared Stormwater Pollution Prevention Management Plans (SWPPPs) and conducted stormwater monitoring for Nevada Barricade & Sign Company.

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Dorothy Hudig, Ph.D.

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I would like to participate in order to keep air quality at an excellent level in Washoe County. Clean, safe air is important for everyone. A recent scientific publication indicated that Covid-19 incidences rise shortly after wildfire PM2.5 pollution. While we locally may have only marginal ability to affect wildfires, we can influence local pollution and sustain best practices to limit sources of pollution. Dust from construction, sand used to deice roads, and wood-burning are local sources. I am a lifetime asthmatic. When I came to Washoe County in 1984 the air pollution (from autos and wood-burning fires) in winter was so high that by 11 AM indoors my lungs detected the conditions.

List your relevant qualifications below:

I am a tenured professor of immunology at the School of Medicine, UNR, and a trained research scientist familiar with statistical analyses. Also, I am qualified to judge conditions that would provoke allergic or chemical asthma. I have served on the Nevada Faculty Alliance for over 10 years and through helping others, have become familiar with the difficult emotional and legal aspects of appeal processes.

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Hazel Bowen

Address: [REDACTED] City, ST ZIP:

Contact #1: [REDACTED] Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Avid walker/hiker. Would like to give back to the community.

List your relevant qualifications below:

No relevant qualifications. BS Nutrition, Adjunct Professor Dept. of Nutrition, UNR

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: James Mitcheltree

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Moved to the Reno area from Las Vegas 2 years ago and currently believe its extremely important to have this board monitoring the Air Pollution Control. After the multiple fires in California and Nevada in recent times, it's obviously a serious concern for Nevadans dealing with possible health issues due to the pollution levels. I would love to volunteer my background and expertise if needed to help deal with these issues and helping to find solutions.

List your relevant qualifications below:

I am currently contracted to the Washoe County School District as an owner representative. The contract is with CMWorks, Inc. a Kleinfelder Company. We represent several GMP' s for the \$200 million dollar project for the new Proter R. Hug High School at Wildcreek. These phases include plan development and construction, and responsibilities include daily coordination, oversight, and documentation, facilitation of weekly progress meetings, enforcement of contract documents, management of team relationships, coordination with CMAR and A/E, and schedule management. CMWorks lead the development of a Communication Matrix in close coordination with critical project stakeholders which clearly defined lines of communication, roles, responsibilities, and accountability. Which the school district will adopt for all future capital projects.

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Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: *LEE SQUIRE - ABL CHIMNEY SWEEP*

Address: *[REDACTED]* City, ST ZIP: *[REDACTED]*
#182

Contact #1: *[REDACTED]* Contact #2: *[REDACTED]*

Email: *[REDACTED]*

Reason for Interest in joining the Air Pollution Control Hearing Board:

*I HAVE BEEN A BOARD MEMBER FOR 6 YRS
AND WOULD LIKE TO CONTINUE.*

List your relevant qualifications below:

*LONG TIME SMALL BUSINESS OWNER -
36 YEARS AS A LEAD IN MY FIELD -
BORN & RAISED HERE - 57 YRS -
AND I AM INTERESTED IN TRYING TO KEEP
WASHOE COUNTY CLEAN AND SAFE*

**"Quality Service You Can Afford"**
Chimney Sweep

District Health

Department

Lee Squire
"Washoe County District Health Department Certified
Wood Stove Air Pollution Inspector" License #291

Residential • Commercial • Industrial

lee *[REDACTED]*

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Marcia Wilmes

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I am currently the Global Benefits Director for a high tech company based in California. I am retiring in January and looking for a way to support my community.

List your relevant qualifications below:

Extensive experience in wellness programs world wide
Exceptional project management skills
Strong communications skills
Extensive experience working with legal on executing programs and plans
Extensive experience working with government agencies such as Department of Labor

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Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Martin W Breitmeyer

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I feel that I have a good background and skill set that would allow me to support our local air board in resolving problems. I have training in the permit process and also in the observation and reading of dust pollution. I spent ten years working with the health district while at my previous job. I worked for Q&D construction for 23 years and was in the earth moving and crushing divisions for 20 years of that time. I can bring alot of real world experience to the table.
Thank you

List your relevant qualifications below:

20 years in constrution
10 years as a foreman in crushing plants
have had 8 years of smoke school and held certifacation
did the daily reporting for the dust permit for ten years
did the weekly SWPP reporting for 10 years
I would do the yearly pemit renewals with Washoe County and NDEP

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I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Phil Schweber

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I am retired, have the time and want to contribute to the community. I believe my prior experience with air pollution issues and my business background in a fairly regulated industry coupled with my temperament provides me with experience in dealing with conflict situations.

List your relevant qualifications below:

served on the Missoula Montana Board of Health and Air Pollution Control Board from 1993 to 2000

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Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Pierre Mousset-Jones

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Interested in the topic and contributing to better air quality in the county

List your relevant qualifications below:

Professor Emeritus of Mining Engineering at UNR
Teaching and research in Mine Ventilation

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**Air Pollution Control Hearing Board
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I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Richard W. Harris

Address: [REDACTED] City, ST ZIP: [REDACTED]

Contact #1: [REDACTED] Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

It has been my pleasure to serve on the Air Quality Control Hearing Board for the past six years. I believe that my background in science and law (46 years) allows me to approach Air Quality cases with an informed perspective.

List your relevant qualifications below:

B.S. in Geological Engineering (University of Nevada, Reno 1969)
M.S. in Exploration Geology and Mining Law (Stanford 1975)
Juris Doctor (Stanford 1975)
M.S. in Environmental Science (UNR 1995)
Ph.D. in Political Science (Environmental Policy)(UNR 2014)

Forty-six years of private law practice in the fields of mining, natural resources, and environmental law.

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Scott Courier

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I would like to get more involved in the community and being a lover of outdoor activities this seemed to be a logical place to start.

List your relevant qualifications below:

I was a 30+ year electrician that worked on high end high rise jobs in San Francisco. That being said, I've had to work with many individuals at different levels while trying to complete the smallest of tasks to million dollar projects. I believe this experience has taught me how to play well with others when trying to accomplish similar goals.

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**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: William J. Grey

Address: [REDACTED] City, ST ZIP: [REDACTED]

Contact #1: [REDACTED] Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

My wife and I moved to Reno in 2017 from San Clemente, CA. I have always been concerned with conservation and the quality of our environment. At 76 years of age my health is excellent. I am very active in several organizations. As a veteran I volunteered at the VA Hospital and would very much like to serve on the Pollution Control Board.

List your relevant qualifications below:

1. BS, in Business w/minor in Civil Eng. University of Redlands, CA (1979)
2. MBA, Pepperdine Univ. CA. (1982)
3. Worked in Civil Eng. for 30 years.
4. Spent the last 17 years at the County of Orange, CA with the Public Works, Dept. as the Chief of Facilities Maintenance.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East 9th Street, Building B171 • Reno, NV 89512
Telephone (775) 784-7200 • Fax (775) 784-7225
OurCleanAir.com
health-airqualitycontactus@washoecounty.us

**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: William Foster McCoy, PhD

Address: 6 [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I can help assess unresolved claims. I am a scientist and business owner dealing with pollution control and risk management mostly in water-related issues. I have been associated with the IAQ and on the Environmental Health Committee of ASHRAE, the largest organization of scientists and engineers in the field of air and water management issues. I am an Adjunct Professor in the School of Medicine at UNR.

List your relevant qualifications below:

Please see my CV attached.

William F. McCoy, PhD

Position Co-Founder and Chief Technology Officer, Phigenics, LLC.
Phone: [REDACTED]

Chronology of Professional Experience:

2004 - Present Co-Founder, Chief Technology Officer, Phigenics, LLC
2019 - Present Adjunct Professor, University of Nevada, Reno. School of Medicine (concurrent)
2002-2004 Research Director, Nalco
2000-2002 Managing Technical Director, Global Research, Ondo Nalco, A Division of Suez
1994-2000 Technical Director, Global Microbiology and Food Process, Nalco Chemical Corp.
1992-1994 Group Leader, Microbiology, Nalco Chemical Corporation
1990-1992 Group Leader, Great Lakes Chemical Corporation, West Lafayette, Indiana
1988-1991 Visiting Professor, Dept of Environmental Engineering, Purdue University (concurrent)
1987-1990 Research Associate, Great Lakes Chemical Corporation, West Lafayette, Indiana
1984-1987 Senior Research Scientist, Rohm and Haas Company, Research Laboratories, PA
1982-1984 Post-Doctoral Research Fellow, University of California, Irvine, California

Awards

- Suez Trophy of Merit (the highest innovation award given by the group), Brussels, Dec. 2002
- 2002 Grand Prize Management Innovation Trophy, Suez Group. Brussels, December 2002
- Medal for Outstanding Contribution to Management and Science. Intl. Water Assoc., Berlin, 2001
- Inventor of the Year Award. The Intellectual Property Law Association. Chicago, May 2001
- 2000 Grand Prize Technical Innovation Trophy, Suez Group. Paris, December 2000.
- Governor's Pollution Prevention Award. The State of Illinois. 1999.
- R&D 100 Award. Research and Development Magazine. 1998. 40(10):140
- Rohm and Haas Computer Applications Research Award. November, 1986.
- Rohm and Haas Performance Merit Award. January, 1986.
- Environmental Protection Agency (EPA) Post-Doctoral Fellowship. 1982-1984.
- NOVA Foundation Scholar, Full Graduate Stipend, University of Calgary, 1981.
- Graduate Research Assistant, University of Calgary, Calgary, Alberta, Canada 1980.
- Graduate Research and Teaching Assistantships, University of Hawaii, 1977-1979.

Professional Elections and Appointments

Adjunct Professor (Appointed 2019). University of Nevada, Reno. School of Medicine. Department of Molecular Microbiology and Immunology. <https://med.unr.edu/directory/william-mccoy>

Member, *Legionella* Task Group (appointed 2019), International Association of Plumbing and Mechanical Officials (IAPMO).

Subject Matter Expert (SME) for CDC (appointed 2016), Nation-wide educational program for the development and implementation of water management programs to prevent legionellosis associated with the built environment.

Advisor (Appointed 2013), NSF International, to develop national education, training and certification program for HACCP-based Building Water System Management course and standard practice.

Voting Member (appointed 2015), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Environmental Health Committee, standing committee responsible for policy.

Voting Member (2005-present), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee SPC188, with members from CDC and many other industry experts. The committee has been convened to produce an ASHRAE Standard for preventing legionellosis associated with building water systems.

Chair (Appointed 2008-2009), Environmental Health Committee, American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE); oversight responsibility for all health-related issues for the 52,000 member society.

Member (Appointed), World Health Organization, committee to write a global guideline entitled *Legionella* and the Prevention of Legionellosis, Published 2007.

Vice-Chair (Appointed 2005), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee SPC188, with members from CDC and many other industry experts. The

committee has been convened to produce an ASHRAE Standard for preventing legionellosis.

Board of Directors (2007-2013), ALDA Pharmaceuticals Corp. Vancouver, British Columbia, Canada

Voting Member (appointed), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee GPC-12, with EPA, CDC, and industry experts. Produced *Guideline 12-2000: Minimizing the Risk of Legionellosis Associated with Building Water Systems*. The committee has been reconvened to upgrade the guideline to an ASHRAE Standard.

Symposium Chairman (appointed), National Association of Corrosion Engineers (National Association of Corrosion Engineers). For the 1997 meeting of T-7A-16 (Application/Misapplication of Biocides).

Chairman (elected), Technical Advisory Committee, Engineering Research Center, National Science Foundation, Center for Biofilm Engineering, Montana State University, 1992-1994. Directed activities of the Advisory Board, especially in strategic planning.

Chairman (appointed), Joint Task Group, *Standard Methods for the Examination of Water and Wastewater*, 17th ed., Section 9216, Direct Total Count by Epifluorescence Microscopy. 1990. Led the group that wrote a method that has now been adopted as a standard.

Vice-Chairman (elected), National Association of Corrosion Engineers (National Association of Corrosion Engineers). Work Group T-7A-16c: Biocide Effectiveness Monitoring in Cooling Water Systems.

Editor (invited). Member of the Board of Editors for the research and review journal *International Biodeterioration*, 1989-1991.

Patents and Commercial Development

This portfolio of 29 patents, all with international equivalents, disclose innovations in water treatment methods, diagnostics, antimicrobials and monitoring devices that have produced revenue over \$US 2 billion.

U.S. Patents

7,939,314	6,287,473	6,017,459	5,702,684	5,246,963
7,935,521	6,270,722	6,007,726	5,683,654	5,122,301
7,901,932	6,156,229	5,948,315	5,670,055	5,090,990
6,423,267	6,136,205	5,942,126	5,416,198	5,045,104
6,419,879	6,123,870	5,922,745	5,416,107	4,965,377
6,322,749	6,096,225	5,795,487	5,358,963	

Selected Titles From Over 100 Publications: Book Chapters, Patents, Peer-Reviewed Scientific Publications, Business Briefings, Magazine Articles and Presentations:

Fisher, K.E., L.P. Wickenberg, L.F. Leonidas, A.A. Ranz, M.A. Habib, R.M. Buford, W.F. McCoy. 2020. Next Day *Legionella* PCR: a highly reliable negative screen for *Legionella* in the built environment. *J. Water & Health* (2020) 18 (3): 345–357.

Jinadatha, C, Stock, E.M., Miller, S.E. and W. F. McCoy. 2018. Environmental validation of *Legionella* control in a VHA facility water system. *Inf. Cont. Hosp. Epidemiol.* 39(3):1–8

McCoy, W.F. and A.A. Rosenblatt. 2015. HACCP-Based Programs for Preventing Disease and Injury from Premise Plumbing: A Building Consensus. *Pathogens* 2015; 4: 513–528.

Krageschmidt, D.A., A.F. Kubly, M.S. Browning, A.J. Wright, J.D. Lonneman, M.J. Detmer and W.F. McCoy. 2014. A Comprehensive Water Management Program For Multi-campus Healthcare Facilities. *Inf. Control and Hosp. Epidemiology.* 35(5):556-63

McCoy, W.F., Downes, E.L., Leonidas, L.F., Cain, M.F., Sherman, D.L., Chen, K., Devender, S. and M.J. Neville. 2012. Inaccuracy in *Legionella* Tests of Building Water Systems Due to Sample Holding Time. *Water Research*, 46(2012): 3497-3506

McCoy, W.F. and W.E Pearson. 2011. ASHRAE Standard 188P: Prevention of Legionellosis Associated with Building Water Systems. *The Analyst.* 19(2): 10-21.

McCoy, W.F., Downes, E.L., Lasko, T.M, Neville, M.J. and M.F. Cain. 2009. A new method to measure viable *Legionella* and total heterotrophic aerobic bacteria. *The CTI Journal*. 30(1): 14-32. ISSN: 0273-3250

McCoy, W.F. 2006. Preventing legionellosis with hazard analysis and control systems. In: *Legionella: State of the art 30 years after its recognition*, Eds: Cianciotto, N. P., *et al.*; Chapter 130, pp. 538-542. ISBN: 978-1-55581-390-1; ASM Press, Washington, DC

McCoy, W.F. 2005 (2005). Preventing Legionellosis. Commissioned full-length book published by the International Water Association, London, UK ISBN: 1843390949

McCoy, W.F. 2004. *Legionella*. Chapter 5, In: Microbial Waterborne Pathogens, E Cloete, *et al.* (eds); IWA Publishing and The World Health Organization. ISBN: 1843390558

McCoy, W.F. 2003. Microbial fouling control for cooling water. In: Business Briefing: CPI Technology, pg. 65-67. World Markets Research Centre, Ltd, WMRC plc, London, UK www.wmrc.com

McCoy, W.F. 2003. Microbial-fouling control for industrial systems. In: *Biofilms in Medicine, Industry and Environ. Biotechnology: Characteristics, Analysis and Control*. P. Lens *et al.* (eds), IWA Publishing, London.

McCoy, W.F. 2003. Why you should care about microbial control. *Process Cooling & Equip.* January 2003: 19-21.

McCoy, W.F. 2002. A New Environmentally Sensible Chlorine Alternative, pg. 52-62. In: *Industrial Biocides: Selection and Application* (eds. Karsa, DR. and D. Ashworth). The Royal Society of Chemistry, Cambridge, UK

Borchardt, S.A., E.J. Allain, J. J. Michels, G.W. Stearns, R.F. Kelly, and W.F. McCoy. 2001. Reaction of acylated homoserine lactone signal molecules with oxidized halogen antimicrobials. *Appl. Environ. Microbiol.* 67(7):3174-3179.

Michels, J.J, E. J. Allain , S. A. Borchardt , P. Hu , W. F. McCoy . 2000. Degradation pathway of homoserine lactone bacterial signal molecules by halogen antimicrobials identified by liquid chromatography with photodiode array and mass spectrometric detection. *J. Chromatography A*. 898(2000): 153-165.

McCoy, W.F. 1999. A New Environmentally Sensible Chlorine Alternative. 3rd Annual Green Chemistry and Engineering Conference Proceedings, June29-July 1, 1999. American Chemical Society Publication.

Yu, F.P., D. Ginn, and W.F. McCoy. 1999. Cooling tower fill fouling control in a geothermal power plant. *Corrosion Reviews*. 17(3-4):205-217.

McCoy, W.F. 1998. Imitating natural microbial fouling control. *Materials Performance*. 37(4): 45-48.

Certifications

Non-transient, Non-Community Public Water Supply Operator, USEPA, PWS I.D. #11890

Analytical Laboratory Certifications:

USEPA: National Environmental Laboratory Accreditation Program, Registry No. 17595

CDC: Environmental *Legionella* Isolation Technique Evaluation (ELITE) program. Certified 1/16/09

Certified Indoor Environmentalist (CIE), Indoor Air Quality Association, 2004

Certified HACCP Manager, NSF International and Experior, 2005

Education: Ph.D. Microbiology, 1982, University of Calgary (Professor: J.W. Costerton)
M.Sc. Microbiology, 1979, University of Hawaii (Professor: L.R. Berger)
B.Sc. Microbiology 1977 with Distinction, Calif. State University, Long Beach
B.A. Chemistry 1976 with Honors, Calif. State University, Long Beach

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health-airqualitycontactus@washoecounty.us

**Air Pollution Control Hearing Board
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box NV Reg. P.E. NV Lic. Attorney Contractor At-large

Name: Yvonne Downs

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Help the County with regulatory perspective.

List your relevant qualifications below:

Was the Environmental Manager at the Hawthorne Army Depot that has a Title 5 permit. Worked on applications for plasma and rotary incineration, hot gas, open burning and open detonation of conventional munitions. The HWAD has over 500 buildings with known asbestos while the HWAD has it's own asbestos landfill, there was a consent order to help the schools in Mineral County and keep very accurate records of RACM and PACM.

Current Environmental Manager at the Nevada Air National Guard. While this installation has two permits to operate, there is still asbestos here. I keep my asbestos building inspector license current.

AHSO__AH
DHO_____KD

Staff Report
Board Meeting Date: October 28, 2021

DATE: October 5, 2021
TO: District Board of Health
FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us
SUBJECT: Recommendation to review and approve of the District Health Officer's Annual Performance Evaluation Results.

SUMMARY

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24th, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2021 District Health Officer's Performance Evaluation as presented.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including Unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick is at the top of his pay range.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On September 23, 2021, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2021 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 22, 2020, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2020. The Board accepted the performance evaluation as presented. Mr. Dick is at the top of his pay range, so no wage increase was requested or approved.

On September 24, 2020, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2020 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 24, 2019, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2019. The Board accepted the performance evaluation as presented. Mr. Dick is at the top of his pay range, so no wage increase was requested or approved.

On September 26, 2019, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2019 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

BACKGROUND

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24th, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review, the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January 23, 2014, regularly scheduled meeting; states under Section 4 Item B – "Employee's annual salary may be adjusted as follows, by a vote of the Board:

- A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
- B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached."

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick's annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

Subject: 2021 DHO Evaluation
Date: October 28, 2021
Page 3 of 3

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. County Code 5.121 provides for merit salary adjustments of 5% to the employee's base salary based upon satisfactory job performance, up to the top of their positions pay range. Mr. Dick is at the top of the District Health Officer pay range; no merit increase is requested at this time.

FISCAL IMPACT

No Fiscal Impact.

RECOMMENDATION

Recommend to review and approve the District Health Officer's Annual Performance Evaluation Results.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be: Move to approve the District Health Officer's Annual Performance Evaluation Results.



2021 District Health Officer’s Annual Performance Evaluation

Mr. Kevin Dick

Presented at the District Board of Health (DBOH) Meeting

Thursday, October 28, 2021

Based on the question “Select the best statement for the overall evaluation of District Health Officer Kevin Dick”

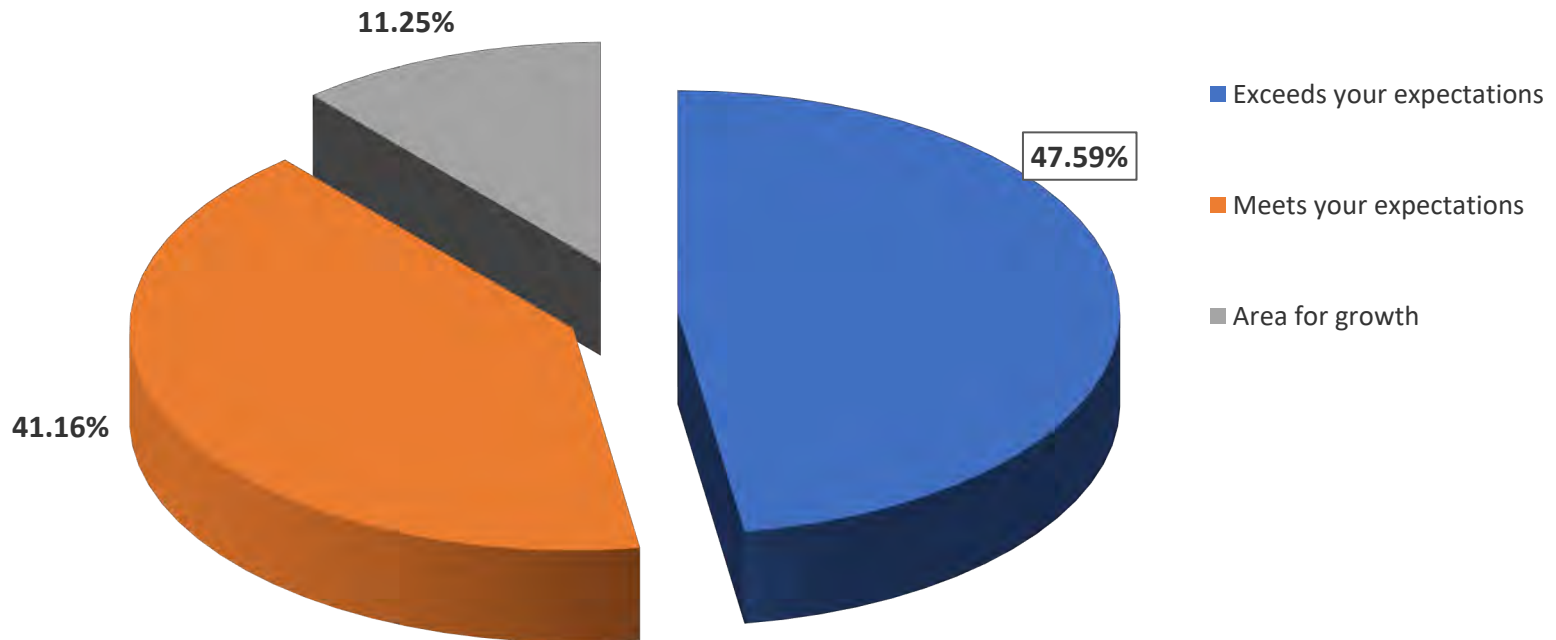
Mr. Dick was rated as Meets or Exceeds Expectations by the following percentages:

Board of Health Members Overall Evaluation Rating for Mr. Dick	85.71%
Direct Reports Overall Evaluation Rating for Mr. Dick	100.00%
Stakeholders Overall Evaluation Rating for Mr. Dick	90.48%
Average	92.06%

Kevin Dick's 2021 Overall Performance Evaluation Results

Excluding the "No Basis for Judgement" responses

The Combination of all questions asked
provided an overall percentage rating of
88.75% Meets or Exceeds Expectations
11.25% indicated areas for growth



SUMMARY		Exceeds your expectations	Meets your expectations	Area for growth
311	Combine total of all questions answered on all 3 surveys	148.00	128.00	35.00
	Rated Mr. Dick as Meets or Exceeds Expectations.	47.59%	41.16%	11.25%

Participants	Invited Participants	Response Count	Response Percent
District Board of Health Member	7	7	100.00%
Direct Reports	9	7	77.78%
Stakeholders	24	21	87.50%

35 out of 40 participants completed the survey

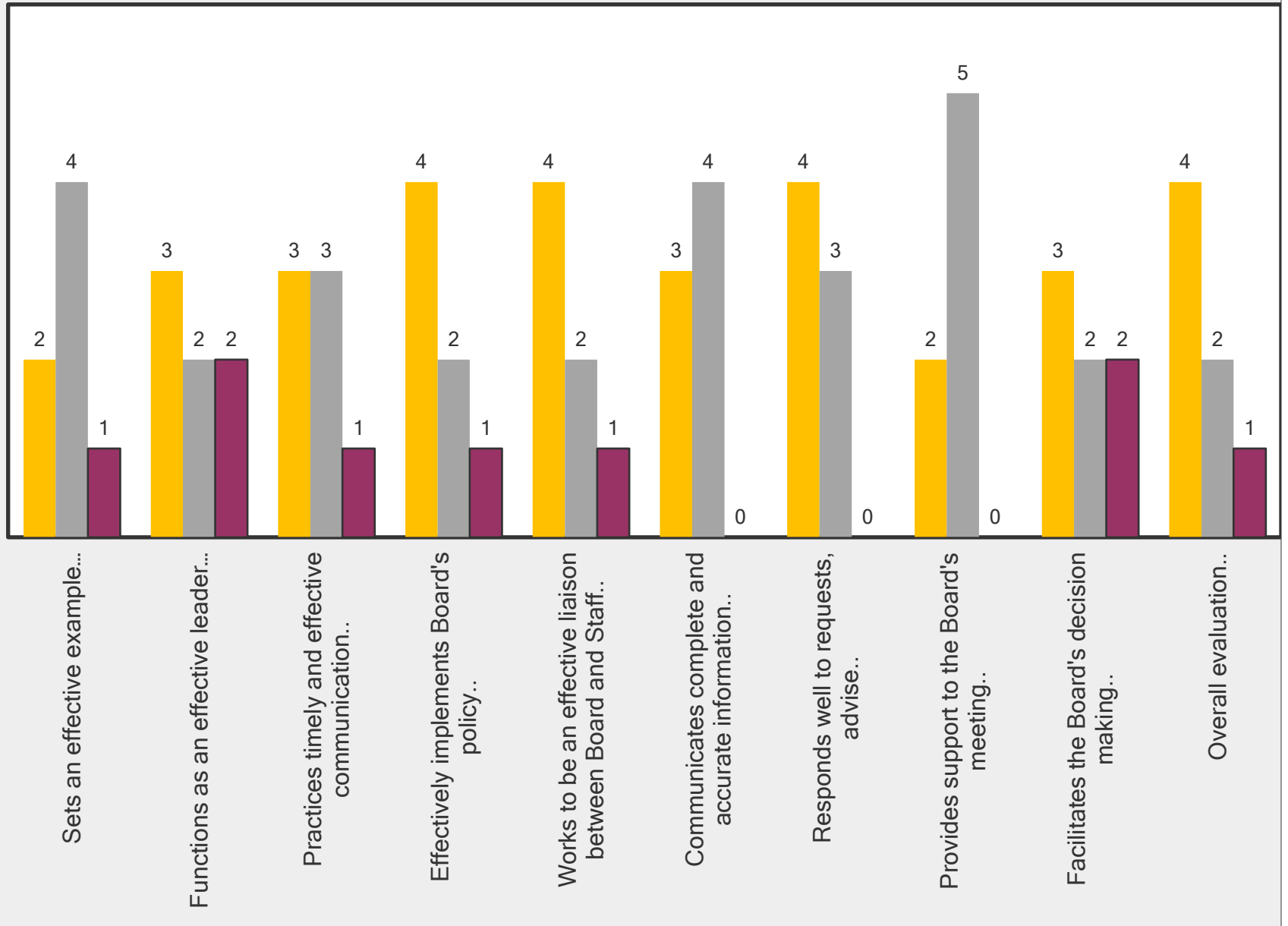
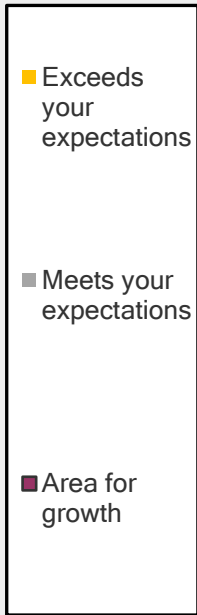
Board of Health Members Survey Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Q1- Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	2	4	1	0	7
Q2 - Functions as an effective leader of the organization, gaining respect and cooperation from others.	3	2	2	0	7
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	3	3	1	0	7
Q4 - Effectively implements the Board's policy directions and philosophy.	4	2	1	0	7
Q5 - Works to be an effective liaison between Board members and staff, allowing staff the space needed to successfully execute the Board policies.	4	2	1	0	7
Q6 - Communicates complete and accurate information to all Board Members in a timely manner.	3	4	0	0	7
Q7 -Responds well to requests, advice and constructive criticism.	4	3	0	0	7
Q8 - Provides support to the Board's meeting process that allows for open transparent decision making.	2	5	0	0	7
Q9 - Facilitates the Board's decision making without usurping authority.	3	2	2	0	7
Total Responses	28	27	8	0	63
Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 87.14%	Exceeds your expectations	Meets your expectations	Area for growth	Percentage overall rating	
Q10 - Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	4	2	1	85.71%	

Direct Reports Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Q1 - Sets an effective example of high personal standards and integrity, inspiring staff to do the same.	6	1	0	0	7
Q2 - Functions as an effective leader of the organization, gaining trust, respect and cooperation.	4	3	0	0	7
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	4	2	0	1	7
Q4 - Values staff, helps staff develop a passion for their work and recognizes their contributions.	3	4	0	0	7
Q5 - Develops a talented team and challenges them to perform to their highest level.	4	3	0	0	7
Q6 - Listens attentively and effectively, which includes encouraging feedback and using that feedback in decision making.	4	3	0	0	7
Q7 - Works to be an effective liaison between Board members and staff; allowing staff the space needed to successfully execute the Board policies.	4	3	0	0	7
Q8 - Provides support to the Board's meeting process that allows for open, transparent decision making.	3	4	0	0	7
Total Responses	32	23	0	1	56
Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 98.41%	Exceeds your expectations	Meets your expectations	Area for growth	Percentage overall rating	
Q9 -Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	5	2	0	100.00%	

Stakeholders Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Q1 - Maintains a successful working relationship with community stakeholders and community organizations.	9	9	3	0	21
Q2 - Functions as an effective leader of the organization, gaining trust, respect, and cooperation.	8	10	3	0	21
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	8	7	4	2	21
Q4 - Effectively represents the Health District in public; projects a positive public image based upon courtesy, professionalism, and integrity.	9	10	2	0	21
Q5 - Encourages and considers community input on issues the Health District can impact.	9	7	4	1	21
Q6 - Assessable to leadership of other agencies, jurisdictions and organizations; displaying appropriate diplomacy and tact.	10	8	1	1	20
Q7 - Effectively communicates and coordinates with a variety of stakeholders throughout the region and state.	9	5	5	2	21
Q8 - Ensures that the Health District is represented and appropriately involved in projects and programs sponsored by outside stakeholders that have impact on the Health District and that the Health District can impact.	9	7	2	3	21
Total Responses	71	63	24	9	167
Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 81.38%	Exceeds your expectations	Meets your expectations	Area for growth	Percentage overall rating	
Q9 - Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	8	11	2	90.48%	

District Board of Health Survey Results Kevin Dick's Evaluation 2021

87.14% Rated Him as Meets or Exceeds Expectations



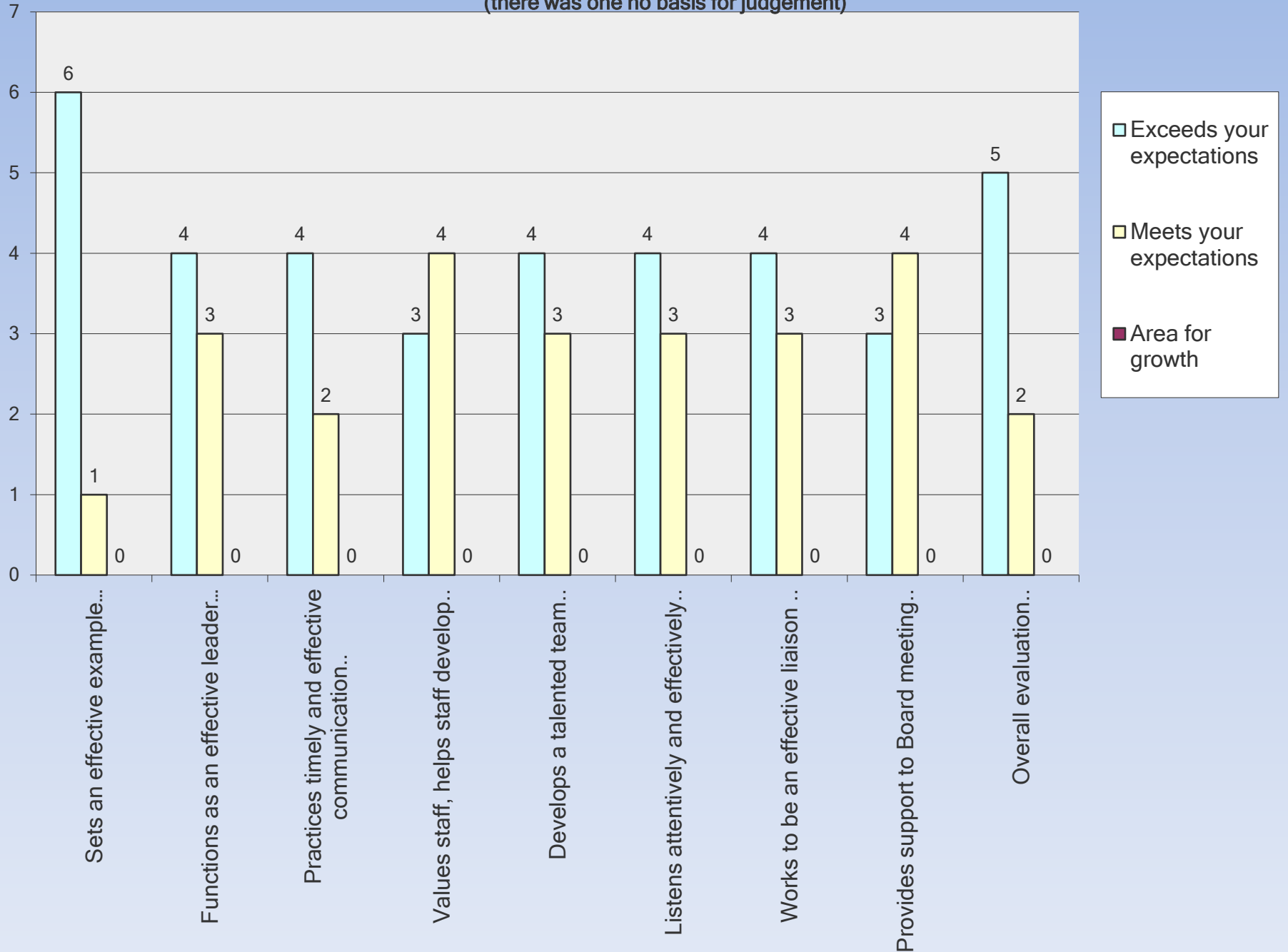
Comments from the District Board of Health Survey
Q1 - Dick is consistent in his approach to managing staff.
Q2- No Comments
Q3 - These have been very difficult times when decisions must be made quickly.
Q4 - Always seems to follow up on inquiries and directives by the board.
Q5 - No Comments
Q6 - Makes himself available to answer questions and offer information about new directions and challenges. We meet weekly, and sometimes more often so that I can be more aware and make generally better decisions.
Q7 - This year has been especially challenging with lots of opinions being offered to Mr. Dick. He has handled the situation admirably.
Q9 - No Comments
Q10 - This last year and a half has proven to be very difficult. We have to make sure that what is hitting the media and our community from the Health District Officer is not a surprise to those on the board.
Additional comments from Board Members:
Has had amazing stamina during the pandemic--trying to administer thru the unknown, handling almost twice the staff (with up and down guard numbers). All of this while having to listen to constant negative and political noise....
Always available, professional, and doing what is best to promote a healthy community.
We all are excited to move beyond the current pandemic to re-focus our attention to all of the diverse responsibilities that the Health District holds. Despite the challenges and enormous resources that the Pandemic has demanded, we have done an admirable job in operating an efficient and organization. Awards like the prestigious Crumbine Award for Food Safety, is a huge accomplishment for our Washoe County Health District. This national award truly recognizes the strength and competency of our team. It is testament to the high quality of our programs. Our vaccination pod in the Livestock Events Center drew national praise for efficiency and service to our community. The staff at the Washoe County Health District has been the backbone of the organization and continues to show great competence and strength. It has been "challenging" to say the least, but, fortunately, they seem to like "challenges".
Health Officer Dick has shown exemplary leadership capabilities during very trying times this last year. No one could of predicted the situations any health officer would be faced with, with the covid situation.

DIRECT REPORT SURVEY RESULTS

Kevin Dick Evaluation 2021

98.41% Rated Him at Meets or Exceeds Expectations

(there was one no basis for judgement)



Comments from the Direct Reports Survey:

Q1 - There were many times during the pandemic where difficult decisions were necessary. Kevin consistently lead with purpose and mission in the forefront and was an important advocate for utilizing tried and true public health principles to address the pandemic. There were many times he could have taken an easier path with less integrity. I never saw that occur.

Q1 - Mr. Dick has shown the highest level of personal integrity over the course of this past year. His decisions have been made in the best interest of public health even when there was significant pressure to do otherwise.

Q1 - Kevin consistently demonstrates professionalism and integrity. Being a Health Officer during a pandemic is an extremely difficult position to be in. He always keeps the health of the community as his number one priority.

Q1 - Through challenging times and personal attacks, Mr. Dick has always maintained a high personal standard.

Q1 - Kevin has consistently and continually exuded examples of integrity, resilience, and dedication to all of the staff at the Health District. Not only has Kevin stayed on top of all of the day-to-day duties of the Health District, but he has also led the charge and carried the weight of the Health District's Covid response. Day in and day out, he has listened to inaccurate and unfair criticism by the public and local leadership, but no matter what he shows up and does the best he can to protect the public and his staff. His humble poise is admirable, and I seriously doubt that many others have the strength to withstand this amount of pressure and responsibility he has had over the course of the last 22 months, with no end in sight. The ability to manage an organization alone is a huge task, but leading an organization, in crises mode, largely responsible for responding to a crisis, for an indeterminate amount of time with a ridiculous amount of roadblocks, both logistically and politically is something to admire. I am so appreciative of his leadership both for the health district and the community at large.

Q1- I can personally attest to Mr. Dick's integrity and inspiration to staff. The COVID-19 pandemic has caused a cascading amount of stress and tension for those working on the response, and despite those extenuating circumstances, I have witnessed Mr. Dick remain calm, dignified and professional in the midst of the COVID-19 crisis the past 18 months. Mr. Dick has encouraged staff to look at health equity issues in both Washoe County at at the Health District. He has allowed staff to take on the subject of health equity, which has never been done before, and steps are being made to educate the staff and general public about it. For COVID-19, Mr. Dick has faced incredibly difficult decisions to ensure the safety of Washoe County residents. He has faced public scrutiny at every stage of the response and has never veered outside of himself emotionally to media or staff - he's been remarkable steady and consistent despite the challenges and vast damage COVID-19 has done to our community. Add that to the fact that Mr. Dick worked almost every day for a year straight, including weekends, it's impressive he has been able to uphold his integrity and inspired staff to continue fighting COVID-19 despite the challenges.

Q2 - The authority of the health district is limited and requires the collaboration of local jurisdictions as well as other huge organizations in Washoe County. Without the ability to collaborate, Kevin would not be able to succeed in his job. He is willing and able to collaborate and maintain flexibility when working with stakeholders and does so on a daily basis. Kevin also is capable of holding his own and not bending to political wills. He remains focused on his ultimate job: public health and safety and is willing to face the consequences of making difficult decisions that could be considered "unpopular". He weighs tough decisions using facts and data that support public health. Our community is healthier and safer because we have a leader that is willing to stand up and protect the health of our community, especially our most vulnerable residents.

Q2 - I believe there is mutual trust, respect, and cooperation within the organization.

Q2 -Kevin is a very effective leader for the WCHD. He has gained the trust and respect of the staff at WCHD by being honest and upfront about situations and by working collaboratively with the individuals that have been delegated to do the work.

Q2 - Mr. Dick, in many ways, has been the face of the COVID-19 response in Washoe County since day 1 of the COVID-19 pandemic, especially when you consider he's delivered remarks to more than 110 separate media briefings for COVID-19. Pre pandemic, many did not know Mr. Dick or exactly what the Health District did in the community. Now, it's very well-known and Mr. Dick has made the organization more credible thanks to his intelligence of communicable diseases, knowledge of local, state and CDC procedures to pandemics, and his focus on ensuring the public had access to credible information and updated guidance. Mr. Dick has relied on his relationships with other community partners to ensure all were in the loop on developing events, both with COVID-19 and other events, so that the best services were delivered to residents. Mr. Dick has pulled no punches and has been a refreshing breath of fresh air to provide straight-to-the-point direction that is truthful and perfectly summarizes how it is.

Q3 - There has been so much to communicate! I believe Kevin (and team) have done an excellent job with the resources available.

Q3 - Over the past year Mr. Dick has effectively communicated with the public, community partners, and staff. Due to the political nature of the pandemic some members of the public and community partners may not always agree with him, but he continues to actively communicate with them.

Q3 - Kevin has worked countless hours for the last 20 months. He is always available and responds timely regarding emergency issues.

Q3 - The Health District, at Mr. Dick's direction, has been completely transparent with timely and effective communication to community stakeholders, media and the public. Mr. Dick is in constant communication with the District Board of Health chair, which is tasked with providing direction on behalf of the Board of Health that includes representatives of Washoe County, the City of Reno and the City of Sparks. All emergency crisis communication was vetted through the DBOH chair prior to any public dissemination. Under Dick's leadership, announcements on behalf of the Health District were widely recognized by the public due to the success with media broadcasting the announcements widely to their audiences. The communication was delivered so well throughout the community that his Communications Manager was recognized by the Public Relations Society of America - Sierra Nevada Chapter with the COVID-19 Communications Award in 2020. The Health District is the public health authority of Washoe County and served as the primary source of leadership during the COVID-19 pandemic when many others were afraid to act based on risks to political stature. Early on during the COVID-19 pandemic, Mr. Dick provided a COVID-19 report to staff and elected officials from the City of Reno, City of Sparks, Washoe County and several other departments, reports that were done for over a year. Despite getting inundated with emails and call during the pandemic, I know that Mr. Dick took great pride in allotting enough time to respond to those who contacted him with the questions, both elected officials and members of the public.

Q3 - No matter how busy Kevin is, he always is accessible. Always. He attends most, if not all emergency meetings himself, and responds to all stakeholders promptly and even more importantly, accurately. Kevin knows what he's talking about and never delivers information that isn't factual. Kevin is a believer in government transparency and his work reflects that. He trusts and relies on his staff to give him the right information. Kevin is in constant communication with the DBOH, especially the Chair. If there are requests for information from other members, he gladly responds armed with all of the information requested. Kevin goes beyond what is required to share with the board because he values their input and expertise. Kevin asks for guidance when necessary and is open to other points of view.

Q4 - Kevin very much believes in his team and provides them opportunity to excel. He provides recognition for a job well-done. Some of the more formal recognitions for staff deeper in the organization have fallen off during the pandemic response. He has recently formed a working group to revitalize an organization-wide recognition program.

Q4 - Mr. Dick regularly communicates to staff how much he personally appreciates their hard work. He has shown great concern regarding the impact that the pandemic has had on public health employees.

Q4 - Mr. Dick helped organize several employee and volunteer appreciation events, including an ice cream social, coffee and breakfast event and worked with the City of Reno on showing appreciation to all employees who aided in the COVID-19 response. As an example, the Health District sends out a report almost every day on the number of vaccines distributed by staff. For nearly all of those updates, Mr. Dick replied all and acknowledged the hard work of staff and profusely thanked them for their efforts. Every week we have an Incident Command Systems meeting and the last part of his report is showing his appreciation to volunteers and staff. He's awarded several Challenge Coins to those involved in the COVID-19 response.

Q4 - Kevin does demonstrate that he values staff. He asks for feedback and goes out of his way to recognize staff for their contributions.

Q4 - Even though his time is extremely limited, Kevin tries his hardest to highlight the work of the Health District. He rarely takes credit and instead celebrates the work of his employees. Kevin is the first leader I have worked for that seems to really value his staff's expertise. He trusts us enough to let us do our jobs but is always there for guidance and support.

Q5 - Mr. Dick has made some recent hires that have transformed how business is done at the Health District. He hired a State Legislator to help with strategic planning, one who has several connections to make a significant positive impact on the organization. His latest hire for Communications Manager has led to very positive feedback in surveys in terms of effective outreach and communication with staff, the public, media and stakeholders. He promoted an epidemiologist, Heather Kerwin, prior to the pandemic and Ms. Kerwin was recently named a top public health professional in the category of 40 under 40 nationally by deBeaumont foundation. He successfully hired a EPHP Division Director, Dr. Nancy Diao, in the middle of a pandemic who is Harvard educated and has made an extremely positive impact since her arrival. He tasked his staff with developing a drive-through COVID-19 testing operation that was launched the day after the first COVID-19 positive case in Washoe County, and has since performed over 85,000 sample collections. That drive-through site also included COVID-19 vaccines when they were authorized and since then over 90,000 people have been fully vaccinated at the drive-through POD. We expanded to over 50 disease investigators at one point and had to organize space for those employees to sit as well as organize staff structure. When phones were ringing off the hook, he got staff to formalize a COVID-19 call center from scratch that has taken over 90,000 calls in the last 12 months. Mr. Dick has been remarkable in developing talented teams to overcome tremendous challenges

Q5 - Kevin develops talent, trusts his team and the work is endlessly challenging. He can be somewhat hands off when he has confidence in a team member's ability and so I'm not sure about the "challenges them to perform at their highest level" part of the statement

Q5 - Mr. Dick sets high expectations and encourages all staff to meet those standards.

Q5 - Kevin provides growth opportunities for his team.

Q5 - Kevin is the first leader I have worked for that seems to really value his staff's expertise. He trusts us enough to let us do our jobs, but is always there for guidance and support. Kevin is there when things get hairy, and will be there to support and even defend you if necessary. The amount of respect Kevin gives his staff instills a sense of confidence that motivates people to work hard and have pride in their work.

Q6 - I always feel that I have opportunities for feedback and that feedback is considered.

Q6 - Like my comment above, I think Kevin seriously weighs the opinions of his leadership teams, other experts in the community, and the DBOH. Kevin has an incredible ability to listen, absorb, and then concisely convey the right message in an accurate way. He is talented in his ability to take advice/expertise and make it work within the confines of the health district.

Q6 - Throughout the 2020 and 2021, Mr. Dick has taken very few days off and worked a large amount of overtime, but he has never stopped providing detailed responses to questions in a timely manner. He's always working and making sure to respond to emails that need his attention. He's constantly asks for feedback and information when making decisions. I have witnessed several occasions when Mr. Dick had indicated which way he was leaning on a decision and has changed his stance after listening to staff. He's always listening, always asking relevant questions and always engaging despite being pulled in many directions. It's been amazing to see how well his mind has performed in terms of staying on track, remembering key details about previous conversations or actions being taken by others and by being able to provide vision and direction on future developments. He's had his "Ask Kevin" feature on the employee intranet since he became DHO as he is always looking to hear how things can be done differently, which isn't surprising. On his desk is a paper weight that states "We've always done it this way" with a big red line struck through the middle of it, indicating we should not just "do it as well always do" when we can make positive improvements.

Q6 - Kevin meets with his team on a regular basis. He demonstrates active listening and encourages feedback.

Q7 - Mr. Dick is in constant communication with the District Board of Health Chair on direction to take from the Health District's perspective. I've heard him on numerous occasions indicate that before we move forward on something that he has to notify board members. He has set up weekly meetings with staff to ensure we're constantly communicating and operating on the same page. He's instituted clear procedures in the strategic plan to make sure we're accomplishing tasks set out by the Board of Health. He's always following procedure on when to notify the board. He's very aware of NRS and obligations he has to both the board and the general public.

Q7 - I have never worked for a leader more supportive of an open dialogue between Board members and staff. I have worked at other organizations where the director made it clear that staff was not to interact with the board. I feel like Kevin trusts his staff enough to feel confident that they are representing the Health District to the Board in a professional and helpful way. Kevin spends a considerable amount of time working with each division to ensure that all activities are properly documented and reported to the board. Kevin relays information from the Board to staff on a regular basis.

Q8 - Kevin provides and directs his staff to provide ample information to the board. Kevin and the division directors go beyond the minimum to really paint the picture of all of the happenings within the District.

Q8 - Mr. Dick is in frequent communication with the District Board of Health Chair on a myriad of different subjects. Every DBOH meeting includes staff reports that also include reports from each of the major divisions within the Health District. Any time the board requests a presentation, it's almost always presented the very next meeting. Trying to uphold open meeting law, he still provides communication to board members when they ask for updates on different subjects. He communications staff sends out a daily media report so that the board is aware of news coverage regarding the Health District.

Q9 - Kevin is a very effective leader. I believe he has done a tremendous job as Health Officer throughout the COVID-19 response.

Q9 - This has been a challenging time for the health district. Kevin has been steady, consistent, pro-active - in other words everything an organization needs during a time of crisis, exponential need, growth and change. He is able to keep an eye on the bigger picture and keep a longer view even when the urgent is ever present. I am particularly appreciative of Kevin's efforts to bring the rest of the health district's operations back to some level of "normalcy" and, through our planning processes, to start to address some of the significant gaps and weaknesses that were exposed during the pandemic response.

Q9 - I have so much respect for Kevin, and I think the Board and his staff should be grateful that he has remained our Health Officer during these long and grueling months. I find myself offended on a personal level when there is a discussion that a medical doctor (MD) should have the role of a health officer. Yes, a medical doctor has extensive knowledge in medicine, but we are not a doctor's office, we are a Public Health Agency. A health officer as smart and capable as Kevin knows each division inside out. I'm not even sure our board has any idea just how many programs and activities the health district oversees. What does a medical doctor know about underwater septic tanks, air quality inspections, waste, food safety, pool inspections, grant management, WIC clinics, health equity, community needs assessments, emergency management, and franchise management to just name a few? Does an MD mean that they know how to manage an organization, maintain a budget, be a leader to over 150 staff members, and work within the confines of the government while answering to a Board? If anyone has been around long enough, we have had medical doctors and PhDs in Kevin's role, and it didn't always go well. We also must not forget that through Kevin's leadership and forward-thinking we are a nationally recognized and accredited health district in a state that is ranked 50th in funding. Did a medical doctor get us there? No, Kevin did. An MD does not equate to a good health officer. No matter the criticism or offending comments Kevin endured throughout this pandemic, he has always remained professional and dignified in his demeanor. We should all strive to be as dedicated to the Health District's mission as Kevin.

Q9 - The District Health Officer is designed to be the CEO of the Health District. There are five different divisions that cover a lot of different services and matters around the community, include air quality, communicable diseases, emergency medical services, emergency preparedness, food safety, vector-borne diseases, underground storage tanks, sexual health, immunizations, WIC, and more as well as education to the public for all those components. The DHO has to have expertise in all of those and it's rare to have someone who has that, which I believe to be more valuable than someone who has a narrow focus on certain subjects like a MD, PhD or others with a specific educational designation. To have someone like Mr. Dick, who has been able to navigate all those programs with grace and leadership, has been extremely valuable to staff and the community.

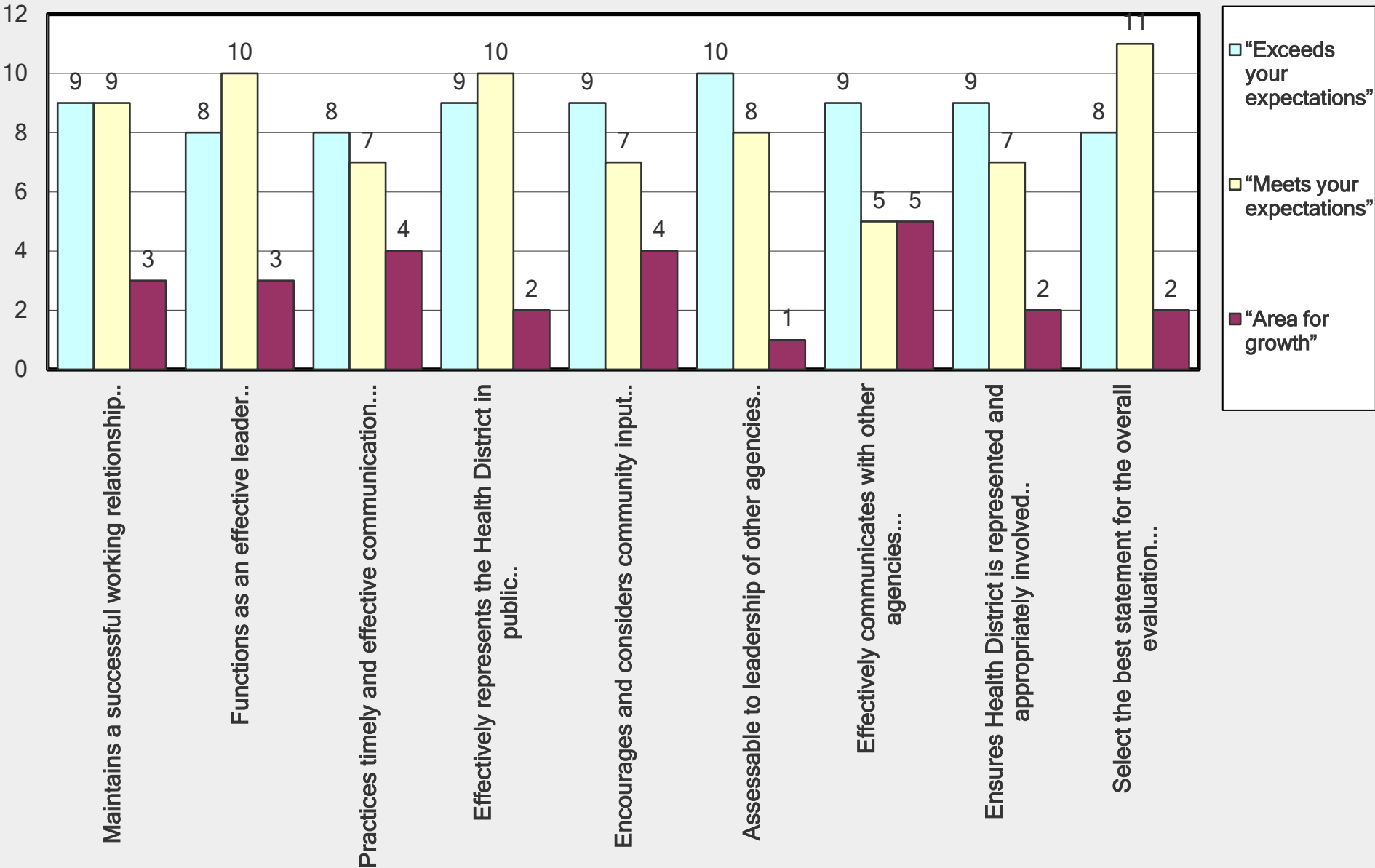
Additional comments from Direct Reports:

Q10 - I have seen the health district steadily improve over the past several years and excel at times during the pandemic response. There seems to be a new culture emerging with talented, positive individuals leading each of the divisions with fresh energy and openness. The pandemic response demonstrated that we can be flexible, creative and innovative. I am excited about what's ahead and believe that, for the most part, Kevin has developed a leadership team that can move the health district to the next level with his steady support.

Q10 - Mr. Dick is respected by staff and stakeholders in the community. Those who know him are proud to work for him and to associate with him. During the COVID-19 pandemic, Mr. Dick has been a consistent and level-headed leader and has performed honorably in the face of the most extreme adversity. A pandemic has caused so many issues for people who have had to be part of large COVID-19 response and Mr. Dick has handled his duties with grace, humility and excellence. Mr. Dick has exceeded my expectations in every regard to the position as District Health Officer.

Q10 - Being a Health Officer during a pandemic is not an easy task. Throughout this past year, Mr. Dick has focused on improving public health and has faced every challenge with professionalism.

STAKEHOLDER SURVEY RESULTS
Kevin Dick's Evaluation 2021
81.38% Rated Him as Meets or Exceeds Expectations
 (there were 9 no basis for judgement)



Comments from the Stakeholders Survey:
Q1 - The Health Officer has an approach that is condescending and derogatory. There are ways to engage others to reach meaningful outcomes through influence versus a heavy-handed approach.
Q1 - Throughout COVID-19, Kevin has worked hard to make himself available to the hospital community. We really appreciate his efforts and leadership during these trying times.
Q1 - Mr. Dick has been relentless about communication throughout COVID-19, despite the fact that many have not agreed with his statements and he's had to weather the negativity and vitriol without much county support.
Q1 - Provided a timely response to our organizational need for information in the early stages of the pandemic.
Q1 - Mr. Dicks an excellent partner to local hospitals
Q1 - Mr. Dick works very hard to establish and maintain positive working relationships with the community, including agencies, non-profits, and other community-based groups.
Q1 - Appreciate that Kevin makes himself available to our team.
Q2 - Established and maintained a coordinated response to the pandemic which allowed us to return to work.
Q2 - On average, there seems to be an opportunity to enhance the belief that both the Health Officer and the Health Department are trusted, respected and act in a cooperative manner.
Q2 - It's a difficult time to be a healthcare or public health leader. Everything is politicized, criticized, and evaluated with the benefit of hindsight. Every decision is second-guessed. Kevin has maintained his composure and professionalism. This leads to both trust and respect.
Q2 - I know people who work for the department and speak highly of Mr. Dick
Q2 - This has been a very challenging and divisive period for our county as well as our nation and in fact our planet. Mr. Dick has effectively navigated these challenges to the best of his ability to position the Health District as a resource for our community and a source of trusted, vetted, scientifically based recommendations.
Q2 - There were several lessons learned from the COVID public health response. Overall, the health district was ill prepared and lacked the resources necessary to plan and execute. I would recommend Kevin hold a stakeholder debrief to capture lessons learned and improve processes and planning.
Q3 - Kevin has traded cell numbers and is always willing to take emergency calls or conversely ask for the hospital's perspective on critical issues. This is a very welcomed partnership.
Q3 - Answered in #1.
Q3 - Rarely takes feedback well. Often, attempts to portray as all knowing when the reality is that there is a lot unknown. Overall, not viewed as a credible spokesperson on the community's health or the dangers to it.
Q3 - Mr. Dick provides up to date, relevant, and timely information about the Health District's activities, obstacles and opportunities. The COVID-19 Newsletter has proven exceptionally useful and helpful during the pandemic. In terms of his work with our organization Mr. Dick has been responsive and provided excellent feedback and direction.

Q3 - I can always count on Mr. Dick reaching out when something is brewing, often ahead of hearing it from other sources.
Q4 - Lacks credibility. Public image compromised, especially among some stakeholder groups and diverse constituencies where their public health is differentially compromised. Not seen as an advocate for the public's health.
Q4 - In the face of hostility, a lack of support from WC Commissioners and tough subject matter, Mr. Dick always speaks truth to power.
Q4 - Mr. Dick appears knowledgeable, even-keeled, trustworthy, and committed to the health of our community in all public appearances I have observed including press releases, news articles and videos and via social media.
Q4 - During the past 19 months Mr. Dick has had to endure unsupportive comments from some healthcare leaders in our community. He has risen above it all with immeasurable professionalism
Q5 - Rarely. Follows dogma. Ill-equipped.
Q6 - Kevin does respond in a timely manner to my inquires in spite of the fact he has a very busy schedule.
Q6 - Everyone's "diplomacy and tact" have been tested by the pandemic -- Mr. Dick has done an excellent job of rising to the challenges generated by the pandemic.
Q6 - Mr. Dick has been accessible and available for collaboration with the agency I lead.
Q6 - Lacks diplomacy and tact. Concrete and dogmatic.
Q6 - Mr. Dick is always responsive and shows diplomacy and courtesy at all times.
Q7 - Mr. Dick has important, factual information to convey and does so despite numerous nay-sayers, nasty comments, and those who have no expertise to criticize his points of view or statements.
Q7 - Coordination and communication efforts limited. Attempts are feeble
Q8 - Over-reach in many areas, under-performance in many areas.
Q8 - He is always available to our organization and to others who request his time and expertise.
Q9 - If there were a possible middle response for between "meets" and "exceeds" I would select that. There are areas where Mr. Dick has been challenged but he has also proven to be more effective that just "meets".
Q9 - Kevin has done a tremendous job working with us and keeping us informed throughout the Covid pandemic. Great leader.
Q9 - Knowledge, skills, aptitudes, and abilities lacking

Additional comments from Stakeholders:

Q10 - In addition to the Health Officer, the same tenor holds true of multiple staff in the Department. Leadership is lacking. Dogmatic and non-collaborative team. Lacks the respect of the community. Followed only for fear of retribution, not because of leadership. Staff consistently portrays themselves as over-confident and know-it-all when they have limited experience in their area of supervision. Crisis can bring out the best and worst in people. The last 18 months have demonstrated the vulnerability of the Health Department and its leadership.

Q10 - Kevin Dick is an excellent communicator and wields data intelligently. I admire that he draws intelligent conclusions from complex data. His actions and opinions appear to have been the right choice for protecting the public in every case. I feel lucky to live in his jurisdiction, and I admire working with him.

Q10 - The level of cooperation and partnership between Kevin and the hospital association far exceeds our expectations as he also manages the 2+ years of a public health emergency. Kevin has been terrific. He continues to be a thoughtful community leader and professional. We are lucky to have him directing the health district.

Q10 - Mr. Dick is a pleasure to work with. He listens to others and offers thoughtful responses.

Q10 - I was extremely frustrated in my search for vaccinations for the essential workforce our organization supports. Employees who held essential jobs that had no choice but to work were prioritized below workers who could, and did (e.g. college professors) work remotely. This made no sense yet nobody in the decision structure seemed interested or aware of the hypocrisy of the practice that was applied. Kevin and his team did eventually help get the vaccinations for these essential workers and for that I am thankful to WCDH.

Q10 - We are fortunate to have someone of Mr. Dick's composure, work ethic, and integrity.

Q10 - Mr. Dick is an effective public health leader for our county and state. One of the hallmarks of his leadership is the professionalism and expertise of department managers and public health professionals at WCHD -- they are a reflection of the professionalism and expertise that starts with the District Health Officer.

Q10 - Washoe County is very fortunate to have Mr. Kevin Dick as our Health District Officer. He is very knowledgeable and committed to the health and well-being of our community and a pleasure to work with

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DHO _____ KD

**Air Quality Management
Division Director Staff Report
Board Meeting Date: October 28, 2021**

DATE: October 28, 2021

TO: District Board of Health

FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us

SUBJECT: EPA Report Shows Disproportionate Impacts of Climate Change, EPA to Limit Climate-Damaging Greenhouse Gases Used in Refrigeration, New WHO Global Air Quality Guidelines Aim to Save Millions of Lives Monitoring and Planning, Permitting and Compliance.

1. Program Update

a. EPA Report Shows Disproportionate Impacts of Climate Change

A new United States Environmental Protection Agency (EPA) analysis shows that the most severe harms from climate change fall disproportionately upon underserved communities who are least able to prepare for, and recover from, heat waves, poor air quality, flooding, and other impacts. The report, titled *Climate Change and Social Vulnerability in the United States: A Focus on Six Impact Sectors*, examines the extent to which “socially vulnerable” populations within the United States are disproportionately subject to the most significant impacts of climate change. The report serves a critical role in guiding the federal response strategies to existing impacts of climate change in America’s unserved and underserved communities while informing environmental justice initiatives about the detriment of projected future impacts on these same communities.



“The impacts of climate change that we are feeling today, from extreme heat to flooding to severe storms, are expected to get worse, and people least able to prepare and cope are disproportionately exposed,” said EPA Administrator Michael S. Regan “This report punctuates the urgency of equitable action on climate change. With this level of science

and data, we can more effectively center EPA's mission on achieving environmental justice for all."

Key findings of the report include:

- That Black and African American individuals are projected to face higher impacts of climate change for all six impacts analyzed in this report, compared to all other demographic groups. For example, with 2°C (3.6°F) of global warming, Black and African American individuals are:
 - 34% more likely to currently live in areas with the highest projected increases in childhood asthma diagnoses. This rises to 41% under 4°C (7.2°F) of global warming.
 - 40% more likely to currently live in areas with the highest projected increases in extreme temperature related deaths. This rises to 59% under 4°C of global warming.
- That Hispanics and Latinos have high participation in weather-exposed industries, such as construction and agriculture, which are especially vulnerable to the effects of extreme temperatures. With 2°C (3.6°F) of global warming, Hispanic and Latino individuals are 43% more likely to currently live in areas with the highest projected reductions in labor hours due to extreme temperatures. With regards to transportation, Hispanic and Latino individuals are about 50% more likely to currently live in areas with the highest estimated increases in traffic delays due to increases in coastal flooding.

More information is available at the following link:

<https://www.epa.gov/cira/social-vulnerability-report>

b. EPA to Limit Climate-Damaging Greenhouse Gases Used in Refrigeration

The United States Environmental Protection Agency (EPA) issued a final rule establishing a comprehensive program to cap and phase down the production and consumption of climate-damaging hydrofluorocarbons (HFCs) in the United States. HFCs are potent



greenhouse gases commonly used in refrigeration and air conditioning equipment, as well as foams and many other applications. HFCs are thousands of times more damaging to the climate than carbon dioxide, exacerbating global warming and contributing to the rise in extreme weather events globally. They have been used in place of ozone-depleting chlorofluorocarbons since the 1980s.

A global phasedown of HFCs is expected to avoid up to 0.5 °C of global warming by 2100. This final rule will phase down the U.S. production and consumption of HFCs by 85% over the next 15 years, as mandated by the American Innovation and Manufacturing (AIM) Act that was enacted in December 2020.

The AIM Act is among the most significant environmental laws enacted by the U.S. Congress in recent years – co-sponsored and passed with strong, bipartisan support. Backed by a broad coalition of industry and environmental groups, the law not only phases down HFCs, but it also ushers in the use of more climate friendly and energy efficient alternatives that will save consumers money while protecting the environment. American companies are at the forefront of developing HFC alternatives and the technologies that use them, and the AIM Act provides these companies additional opportunities to continue to innovate. EPA estimates that the present value of the cumulative net benefits of this action is more than \$272 billion from 2022 through 2050, and that the rule will yield cumulative compliance savings for industry.

To ensure that the phasedown in HFC consumption happens according to plan, the EPA says it will work with the Department of Homeland Security to prevent the illegal import and trade of the chemicals. A task force will be formed and led by experts from U.S. Customs and Border Protection, U.S. Immigration and Customs Enforcement, Homeland Security Investigations and EPA.

More information is available at the following link:

<https://www.epa.gov/climate-hfcs-reduction/final-rule-phasedown-hydrofluorocarbons-establishing-allowance-allocation>

c. New WHO Global Air Quality Guidelines Aim to Save Millions of Lives

The World Health Organization tightened its global air quality guidelines Wednesday in its first revision since 2005. The organization said air pollution is one of the "biggest environmental threats to human health."

"Clean air is fundamental to health," the WHO said. "Compared to 15 years ago, when the previous edition of these guidelines was published, there is now a much stronger body of evidence to show how air pollution affects different aspects of health at even lower concentrations than previously understood."

Under the guidelines, the WHO lowered recommended exposure levels to key pollutants including ozone, nitrogen dioxide, and particulate matter. The study found particulate matter "equal or smaller than 10 and 2.5 microns (μm) in diameter" are particularly dangerous, having the ability to travel deep into either the lungs or the bloodstream.


More information is available at the following link:

<https://www.who.int/news/item/22-09-2021-new-who-global-air-quality-guidelines-aim-to-save-millions-of-lives-from-air-pollution>

Francisco Vega, P.E., MBA
Division Director

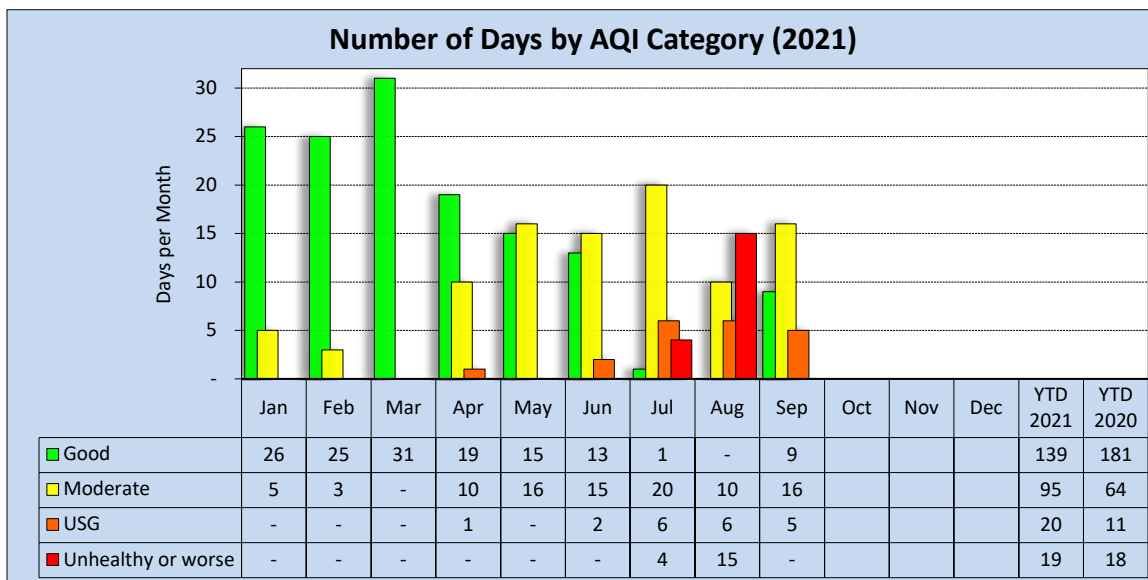
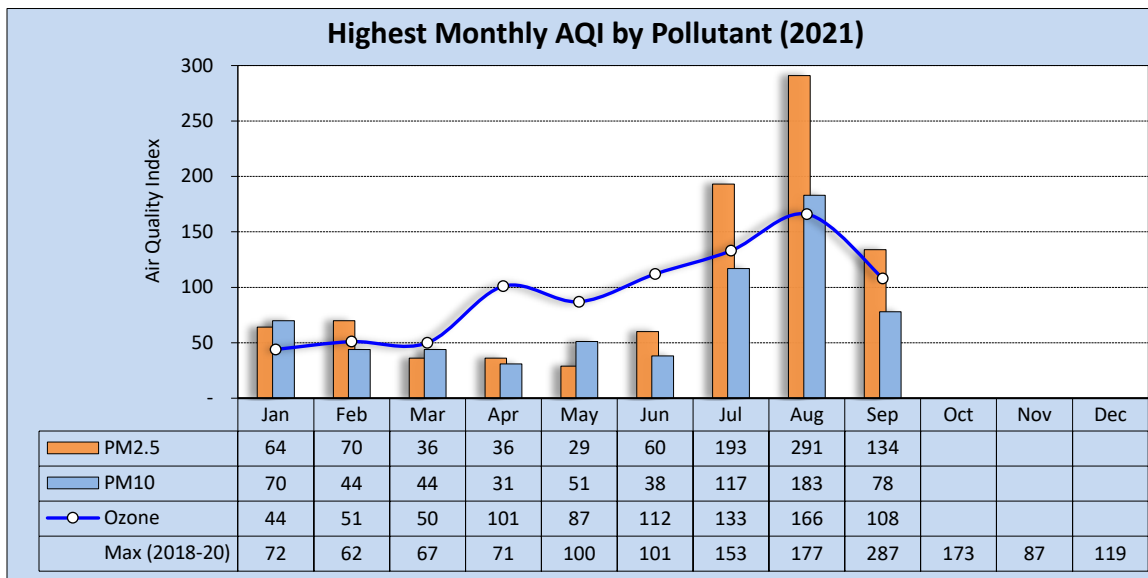
REVISED AFTER 16 YEARS
WHO | Then & Now

Pollutant*	Average	2005*	2021*
PM2.5	Annual mean	10	5
	24-hour mean	25	15
PM10	Annual mean	20	15
	24-hour mean	50	45
O ₃	Peak season	NS**	60
	8-hour mean	100	100
NO ₂	Annual mean	40	10
	24-hour mean	NS**	25
SO ₂	24-hour mean	20	40
CO	24-hour mean	NS**	4



2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



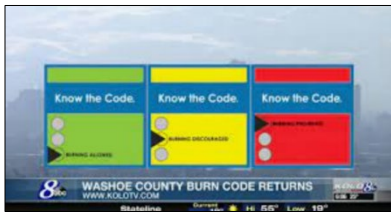
Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision.

3. Program Reports

a. Monitoring and Planning

September Air Quality: There were 3 exceedances of the ozone, 2 exceedances of the PM_{2.5}, and 0 exceedances of the PM₁₀ National Ambient Air Quality Standards (NAAQS). The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

Pollutant	Concentration	Date(s)	Site(s)	Notes
Ozone (8-hour)	0.073 ppm	9/26	Incline	KNP Complex/Windy Fires
PM _{2.5} (24-hour)	48.7 µg/m ³	9/01	Toll	Caldor Fire
PM ₁₀ (24-hour)	110 µg/m ³	9/18	Toll	High Wind



Know the Code: The AQMD will begin issuing Burn Codes beginning November 1. This successful program has been in place for over three decades and is one of the reasons wintertime particulate matter (PM) levels meet federal air quality standards.

Each afternoon, the AQMD will issue a color-coded Burn Code. The colors are based on forecasted PM levels. Green means burning is allowed; Yellow means burning is discouraged; Red means burning is prohibited. Green and Yellow codes are voluntary. Red codes are mandatory prohibitions and enforced through DBOH Regulations governing Woodstoves (Section 040.051) and Emergency Episodes (050.001). Our local media are key partners and play a critical role in the success of the Know the Code program.

Our area experienced some of the worst PM_{2.5} concentrations ever recorded in Summer 2021 due to the Caldor and Dixie Fires. AQI levels often reached Unhealthy or worse. Although our wintertime levels will not reach concentrations as seen during recent wildfires, concentrations can still reach harmful levels. It's important for all to Keep it Clean and Know the Code!

Daniel K. Inouye
 Supervisor, Monitoring and Planning



b. Permitting and Compliance

September

Staff reviewed sixty-four (64) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In September 2021, Staff conducted twenty-seven (27) stationary source inspections; fourteen (14) gasoline station inspections; and zero (0) initial compliance inspection. Staff was also assigned eight (8) new asbestos abatement projects, monitoring the removal of approximately twenty-four thousand two-hundred sixteen (24,216) square feet and four hundred seventy (470) linear feet of asbestos-containing materials. Staff received eight (8) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were eighteen (18) new construction/dust projects comprised of an additional one hundred eighty-six (186) acres. Staff documented forty-six (46) construction site inspections. During the month enforcement staff also responded to fourteen (14) complaints.

Type of Permit	2021		2020	
	September	YTD	September	Annual Total
Renewal of Existing Air Permits	73	857	74	1,088
New Authorities to Construct	2 (New and Major Modifications)	45	8	60
Dust Control Permits	18 (186 acres)	168 (2,712 acres)	18 (211 acres)	238 (3,708 acres)
Wood Stove (WS) Certificates	30	299	28	418
WS Dealers Affidavit of Sale	10 (6 replacements)	83 (52 replacements)	7 (6 replacements)	108 (65 replacements)
WS Notice of Exemptions	493 (10 stoves removed)	6348 (76 stoves removed)	1,122 (7 stoves removed)	8,740 (58 stoves removed)
Asbestos Assessments	66	542	50	648
Asbestos Demo and Removal (NESHAP)	16	187	14	242

COMPLAINTS	2021		2020	
	September	YTD	September	Annual Total
Asbestos	0	1	0	10
Diesel Idling	0	2	0	3
Dust	12	123	13	141
Nuisance Odor	2	51	1	36
Permit to Operate	0	8	0	4
Burn Code	0	0	0	0
General	0	0	0	0
TOTAL	14	185	14	194
NOV's	September	YTD	September	Annual Total
Warnings	0	58	0	5
Notice of Violation	1	32	0	3
TOTAL	1	90	0	8

Joshua C. Restori
 Supervisor, Permitting & Compliance

DD	LL	
DHO		

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: October 28, 2021**

DATE: October 8, 2021

TO: District Board of Health

FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.gov

SUBJECT: Divisional Update – Fetal Infant Mortality Review Program; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Vaccinations.

- 1.
 - a. **Program Report**

Fetal Infant Mortality Review Program



September was Infant Mortality Awareness Month and October is Pregnancy and Infant Loss Awareness Month. FIMR program staff extract data from the records of local hospitals, WIC, and medical charts to examine a variety of factors that affect the health of the mother, fetus, and infant. This data is then evaluated to identify strategies that may reduce fetal and infant mortality in the community.

“Infant mortality is viewed as a sentinel event that serves as a measure of a community’s general health status as well as its social and economic well-being” (NFIMR, 2008) Washoe County has the highest infant mortality rates, on average, then the rest of Nevada and the US.

FIMR is a method to increase the understanding of factors that may contribute to preventable fetal and infant deaths. FIMR identifies medical, social, environmental, access to health care and other resources that may impact fetal (pregnancy greater than 20 weeks gestation), neonatal (birth-28 days), and post-neonatal (29 days-1 year) deaths. Improving local systems of care for women and children to reduce deaths is the primary goal of this program.

FIMR staff abstracted data on a total of 77 cases that occurred between June 2020 and May 2021 for FY21. Data was entered into the National Fatality Review- Case Reporting System (NFR-CRS) and has been requested from the State of Nevada DPBH for use in the FY21 Annual Report.

Case Review Team:

The Case Review Team is a multidisciplinary team which meets on average 8-10 times per year and reviews 3-6 cases each meeting. All the cases reviewed by the team are Washoe County residents. CRT recommendations are shared with the Community Action Team.

Recent CRT Recommendations:

- Educate women about Fetal Movement Awareness/Kick Counts
- Improve timely access to prenatal care
- Improve access to local prenatal care providers and community resources
- Provide more outreach and education about substance use and abuse during pregnancy
- Support and clarification of services provided by Medicaid programs
- Improve the maternal interview process
- Improve birth spacing and availability of Long-Acting Reversible Contraception
- Provide education about congenital syphilis and NV statute requiring testing during pregnancy in the 1st and 3rd trimester to local prenatal care providers
- Develop counseling resources for Spanish-speaking women
- Encourage toxicology screenings for fetal demise and no prenatal care

Community Action Team:

- The Community Action Team (CAT), as part of the Northern Nevada Maternal Child Health Coalition, and some of the agencies participating in FIMR put recommendations into action. The following actions have occurred in Nevada.

CAT Actions:

- Met with Healthy Birthday Executive Board and presented a zoom session on "Count the Kicks," a fetal movement awareness application and campaign, to the CRT who then recommended the campaign to the CAT. We look forward to a statewide campaign soon
- Advocated for pregnant moms, their babies and providers during COVID-19 pandemic through improving access to specific information which was changing frequently for providers and patients
- In-services were held through the Northern Nevada Maternal Child Health Coalition to share the most recent information about COVID-19 in pregnant women, babies, and children

- Spanish-speaking support group was started through Pregnancy and Infant Loss Support Organization of the Sierras within a month of the recommendation
- Go Before You Show statewide campaign
- Updated information on 2-1-1 and encouraged other providers to provide their information
- In-service for FIMR CRT about Neonatal Abstinence Syndrome prevention grant and resources provided by Quest Counseling
- Shared the Substance Use During Pregnancy Toolkit created by the Nevada National Governors Association Learning network on Improving Birth Outcome in January 2018
- FIMR staff provided information about the syphilis testing algorithm and sign and symptoms of syphilis for providers to watch for during a CRT meeting and encouraged attendance at an in-service offered by the State of Nevada Department of Public and Behavioral Health
- Clarified “live birth” definition in Nevada

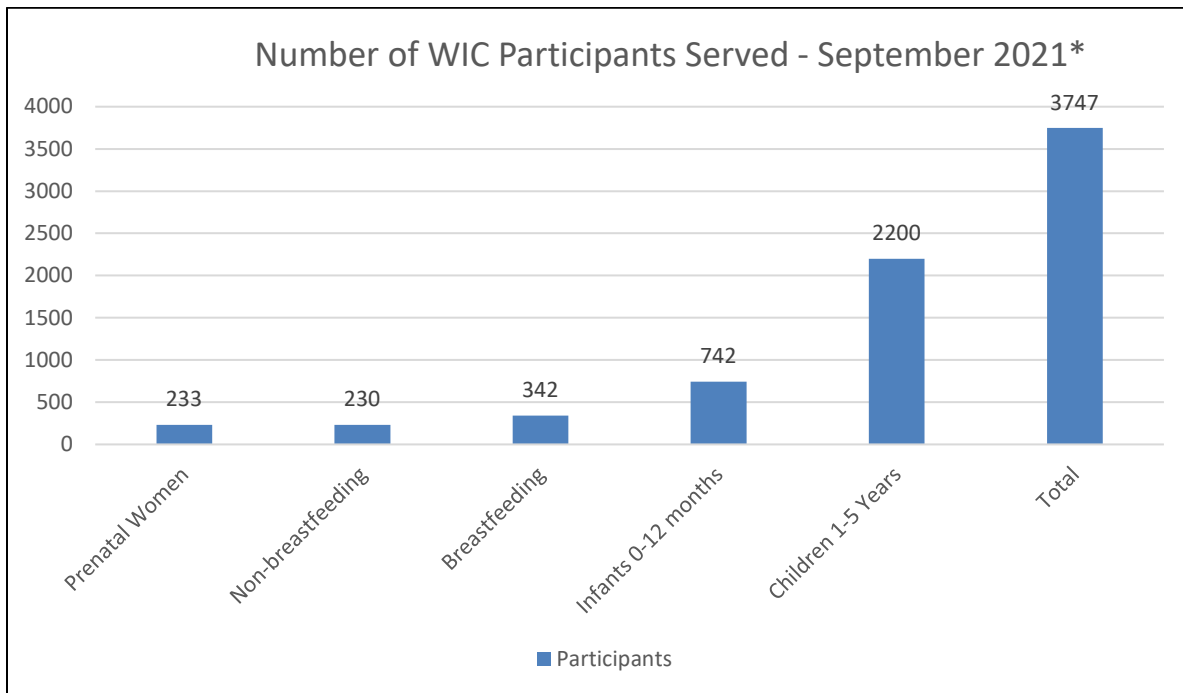
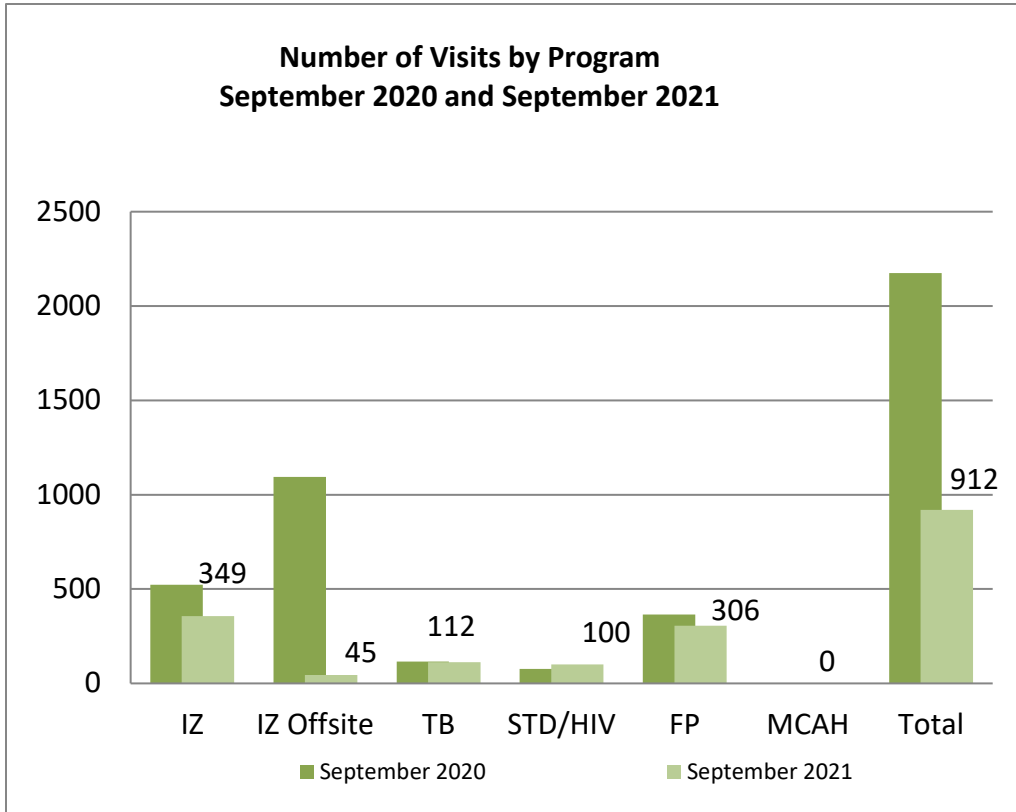
Recent Education and Training:

- Staff attend MCH conferences as offered, most recently the 2020MOMS conference and the Stillbirth Summit
- Story-Telling Collaborative workgroup through National Center for Fatality Review and Prevention (NCFRP)
- Staff attended the NCFRP FIMR “open house” session on the National Fatality Review Case Reporting System (NFR-CRS)

The Washoe County FIMR program was recognized in the NCFRP newsletter in June 2021 for advocating for children and pregnant women during COVID-19 pandemic response. They specifically noted how the Washoe County community rallied around pregnant women providing easier access to information and resources for providers and families, encouraging women to continue with prenatal care through PSA’s run by local OB offices, and offering of in-services about the latest developments in COVID19 pertaining to pregnant women and children.

Link to article: https://www.ncfrp.org/wp-content/uploads/NCFRP_Newsletter_June2021.pdf

b. Data & Metrics



* Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

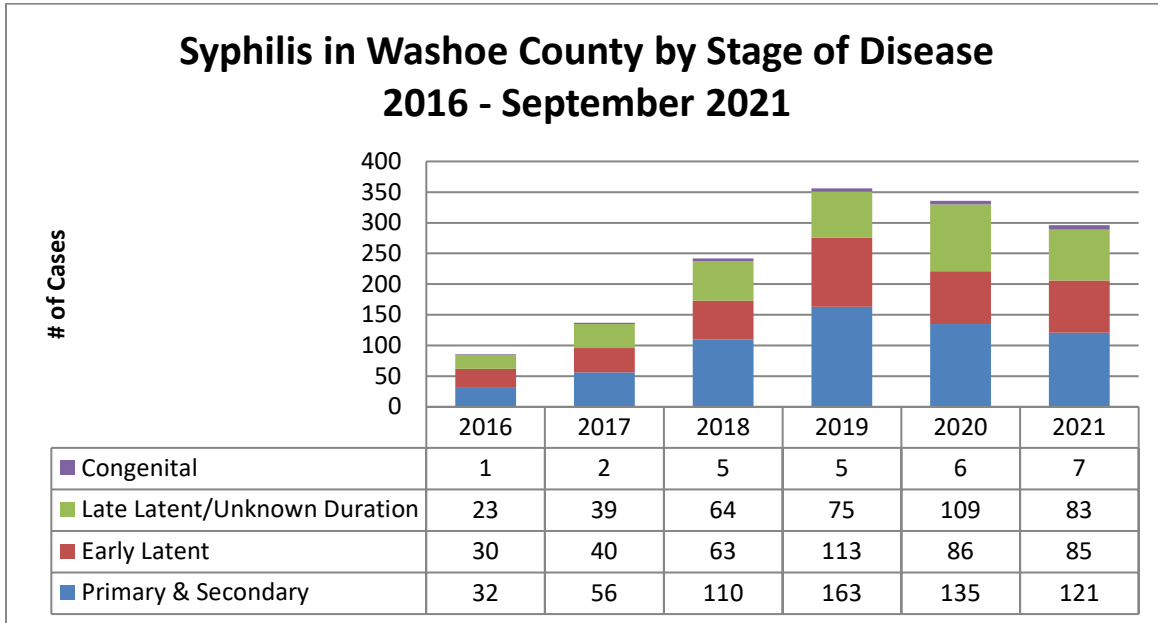
2. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – Staff from the Sexual Health Program (SHP) are participating in the newly formed Nevada Congenital Syphilis Review Board (CSRB) Core Team. This team guides congenital syphilis Case Review Team activities, which will serve much like the FIMR case review team. Outcomes and information extracted from case review will lead to recommendations and direction to a Community Action Team on how to make policy and structural changes with the goal of preventing congenital syphilis cases in Nevada.



Nevada ranks fourth in the nation for congenital syphilis cases, where a pregnant person with syphilis transmits the infection to their baby in utero. These cases are increasing as Nevada continues to rank first in the nation for the most infectious syphilis cases, primary and secondary stages of infection. Congenital syphilis can cause miscarriage, stillbirth, and prematurity. Babies born with congenital syphilis may have deformed bones, anemia, enlarged liver and spleen, jaundice, brain and nervous system problem, meningitis, and skin rashes. Congenital syphilis is completely preventable. As such an impactful public health issue, the CDC considers any congenital syphilis case to be a sentinel event, a failure of the healthcare system.

Washoe County syphilis numbers continue to increase, including reported congenital syphilis cases. Year-to-date (through September 30, 2021) case counts indicate that Washoe County has already exceeded the number of congenital syphilis cases reported, seven (7) over 2020 case count of six (6). The following graph and table demonstrate syphilis case counts over the past five years and through September 2021.



The SHP looks forward to the addition of staff funded through supplemental disease investigation funds made available from CDC to support a SHP epidemiologist focusing on STD, office support, data entry support and disease investigation staff. The additional personnel and resources will seek to work on disease prevention interventions, raise awareness to community providers and the general public, and participate in policy and structural interventions to further prevent the spread of infection.

- b. **Immunizations** –The Immunization Program started offering flu vaccine on September 27, 2021, at our onsite clinic and homebound program. Additionally, staff vaccinated 349 clients and provided 906 doses of vaccine during the month of September at our onsite clinic.

The Immunization Program vaccinated WCHD staff on October 1st and October 6th during the Employee Flu clinic. Several other flu clinics are planned for October including a flu and COVID-19 POD at the Reno-Sparks Livestock Events Center location on October 2nd and October 9th. A flu and COVID-19 vaccination event with REACH Binational Health Week on October 16th, a flu event at the Senior Center on Ninth St. on October 19th and Discovery Museum flu event on October 20th in collaboration with Immunize Nevada and Walmart Pharmacy. The Family Health Festival event has been moved to November 3rd, we will be providing flu and COVID-19 vaccinations. Additional flu events are being planned for November including 4 events with Liberty Dental and Immunize Nevada at Wooster HS and Boys and Girls Club.

Immunization staff continue to work on Vaccines for Children (VFC) and COVID-19 grant deliverables. Staff completed 2 VFC Provider trainings, 2 VFC Provider compliance visits, and 2 COVID-19 Provider compliance visits in September. Staff continue to provide vaccine storage and

handling support and vaccine redistribution to providers. Staff redistributed 3,366 Pfizer, 140 Moderna and 305 Janssen doses in the month of September to support 13 community providers and increase availability of COVID-19 vaccine in our community.

The Immunization Program will have a VFC compliance visit from the Nevada State Immunization Program (NSIP) on October 6th as well as a virtual site visit on November 9th for all immunization grant funding. Immunization staff completed a training with NSIP on September 23rd on VFC compliance and IQIP visits.

- c. **Tuberculosis Prevention and Control Program** – The WCHD TB program is currently managing 3 active pulmonary cases of TB. The kidney and ocular cases completed their treatment regimen. Staff will be potentially wrapping up the contact investigations for two pulmonary cases in the beginning of October.

Staff are seeing an increase in community LTBI "equivocal" results due to the rising number of COVID cases in the hospital. This means staff are spending more time filtering through these results to see if these patients have TB or COVID or potentially both. Staff have received 3 new immigration cases (B1) in the last two weeks, these seems to be picking up as well.

Staff will be having a TB Cohort Review run through on October 21st with the final TB Cohort Review on October 28th. Susan McElhany from the NSHD has sent out a Teams invitation to all who will be attending.

- d. **Reproductive and Sexual Health Services** – Family Planning staff continues to provide outreach services to the Washoe County Sheriff's Office and the Eddy House. Family Planning staff also participated in several community events, including Fiesta on Wells and the Chamber of Commerce Health Fair, to increase awareness in the community about the services provided by the Family Planning Sexual Health Program. Family Planning staff are working with health educators from Chronic Disease to add more educational materials and resources to address the vaping epidemic among adolescents. Educational materials are currently undergoing I&E review and will be available in the clinic soon.

Staff submitted the response plan for the program review conducted by the Office of Population Affairs. A Notice of Award was received from Title X in the amount of \$61,637 to be used to expand services, facilitate telehealth and FPAR 2.0 reporting. Staff is currently working on a workplan and budget. Staff is working with Epidemiology to conduct a needs assessment. To facilitate the needs assessment, program staff actively recruited for focus groups, identified community partners and participated in developing a client survey for the Family Planning Sexual Health Program to be distributed to clients in October. All staff attended Annual CCHS training day held September 29th.

- e. **Chronic Disease and Injury Prevention (CDIP) Program** – Staff worked with community partners to implement the International Overdose Awareness Day event celebrated on September 2nd at Wingfield Park in Reno. The event consisted of a memorial walk from Reno City Plaza to Wingfield Parks, speeches, activities to honor those who have passed away from overdose, educational booths, and distribution of Naloxone and fentanyl testing strips.

Two CDIP program members attended the Nevada Public Health Association virtual conference to keep abreast of the public health activities and efforts occurring in our state and learn of best practices that could be applied in our community. Another team member attended the virtual Marijuana and Public Health Summit to learn best practices to mitigate public health impacts caused by marijuana.

In collaboration with the Nevada Cancer Coalition and Nevada Tobacco Prevention Coalition, staff presented at the September 13th Sparks City Council meeting on Smoke-Free Truckee Meadows Efforts.

Staff presented e-cigarette/vaping education to Health District Family Planning Clinic staff and supplied prevention and cessation materials.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR, see Program Report. Staff continues to investigate lead and Newborn Screening cases at the request of the Nevada State Lab.
- g. **Women, Infants and Children (WIC)** – The WIC program participated in concentrated outreach during the month of September. Outreach included participation in a health and wellness fair sponsored by the Chamber of Commerce, online digital advertisements, Spanish language media buys, and interviews on Spanish language radio. Pictures from radio and Facebook live interviews:





Congress extended WIC Cash Value Benefit through December 2021, which will provide renewed opportunities to enhance access to vegetables and fruits for area WIC participants. New benefit levels align with expert recommendations of \$24/month for children, \$43/month for pregnant and postpartum participants, and \$47/month for breastfeeding participants.

WIC staff attended the CCHS training day, and certain WIC staff attended breastfeeding training as required to keep updated with new information.

- h. **COVID-19 Vaccinations** -- There were 12 COVID vaccination clinics in September at the Reno-Sparks Livestock Events Center and 21 community vaccination PODs. Approximately 3,298 individuals were vaccinated in July.

DD	ED	_____
DHO	_____	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: October 28, 2021**

DATE: October 11, 2021
TO: District Board of Health
FROM: Erin Dixon, Division Director
775-328-2644; edixon@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division: **Highlighted Program; Program Activities; Consumer Protection** (Food/Food Safety, Commercial Plans, Permitted Facilities); **Environmental Protection** (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and **Inspections**.

Highlighted Program: Special Events and Temporary Food Program

The Environmental Health Services Division’s (EHS) Special Events and Temporary Food Program has been steadily growing year after year in response to the popularity and number of events that are held in Washoe County. These events include everything from The Great Reno Balloon Races, to The Best in the West Nugget Rib Cook-off, to Hot August Nights, as well as smaller farmers markets and ancillary events. The number and unique nature of special events in the area has drawn thousands of visitors to the region and has contributed to Washoe County being a desirable place to live.

The EHS Special Events and Temporary Food Program works behind the scenes to ensure the residents and visitors of Washoe County can safely enjoy the vast food and beverage options at special events. One way the program accomplishes this goal is by pre-event planning, which includes working closely with event organizers, the cities of Reno and Sparks, and Washoe County. Program staff attend special event meetings to ensure open communication, provide education, and to maintain an awareness of what events are planned for our area. The program also conducts phone interviews with temporary food permit applicants to ensure they are aware of our requirements. This is meant to prevent issues in the field that could lead to foodborne disease.



Health permits are required for most individual food and beverage vendors operating at events, and for promoters/event organizers of events that host over 5,000 people per day, or over 10,000 people over 14 days. Once the health permit is submitted and approved, inspection staff conduct operational inspections of each individual vendor. During these inspections, staff ensure compliance with the food establishment regulations which includes, proper employee handwashing, proper temperature control, prevention of contamination, and approved food sources.

While program staff devotes most of their time to onsite operational temporary food establishment inspections, the program also inspects the infrastructure of the overall event. This includes proper disposal of wastewater and garbage, adequate power and water capacity, adequate number of restroom facilities, and back-up refrigeration to support the event.

History of the Program:

The EHS Special Events and Temporary Food Program started in the mid-1990s as special events were starting to gain popularity in Washoe County. By the early 2000s, the program was experiencing so much growth that the food establishment regulations at the time had to be updated in response to the increase in special events in the area. One of the major changes to the regulations at that time was the addition of an event promoter health permit to ensure proper organization and public health infrastructure of large events.



Photo Courtesy of the Nugget Casino Resort 2021

Over the years, the program has seen a significant increase in number and length of events, as well as an increase in the number of attendees. For example, The Best in the West Nugget Rib Cook-off was previously a 4-day event when it began and is now a 6-day event that attracts over 300,000 people. There has been a direct correlation between the number and size of events in our community and the amount of resources put forth by the program, and our division as a whole, to respond to these events properly and effectively.

Program Structure:

The Special Events and Temporary Food Program is fee-based, with most of its revenue generated through permit fees. The program is staffed with an Environmental Health Specialist Supervisor, a Senior Environmental Health Specialist and three Environmental Health Specialist who divide their time between program activities in the Special Events program, the Epidemiology/Foodborne Disease program, and a routine permitted establishment inspection workload. The program senior and staff coordinate special events, participate in pre-event interviews and educational outreach, conduct event and vendor compliance inspections, and help with the development of program improvement projects including operating procedures and guidance materials.

Successes and Challenges:

The primary measure of success for the program is the lack of any reported major foodborne disease outbreaks as a result of special events in Washoe County. This is attributed to well-trained EHS staff who complete a 12-week training program in food safety and food establishment inspections as well as pre-event planning and collaboration.

A program challenge is that most events are held on evenings or weekends. As a result, the program relies on the entire EHS inspection staff and management to volunteer to cover these events in addition to their regular duties. Additionally, unlike the requirements for fixed, brick-and-mortar food establishments, the temporary food regulations do not include food safety education requirements for individuals who pull temporary food permits. This results in a significant amount of program staff time spent on pre-event education, and education and enforcement action in the field. Future program goals include the ability to incorporate a training or demonstration of knowledge requirement prior to issuing temporary food permits to help mitigate food safety violations often found at temporary food establishments.

The EHS Special Events/Temporary Food Program will continue to improve and maintain the health and safety of the increasing Washoe County population and the ever-expanding special events that come along with the growth in our community.

Environmental Health Program Activities:

Consumer Protection

Food/Food Safety

- The Food Safety Team finished its 2021 Self-Assessment of the FDA Retail Program Standards. A Self-Assessment of all nine (9) Standards is required every five (5) years to determine continued conformity with the Standards and assess overall compliance with the Standards. The Self-Assessment is required to maintain eligibility for enrollment in the FDA Program Standards and is a prerequisite for federal grant funding. The Food Safety Team will now develop its comprehensive strategic plan for working on Standards to enhance the program and continue to strive to meet the Program Standards.

MET	NO.	STANDARD TITLE	PROGRESS	STANDARD ELEMENTS*
YES	1	REGULATORY FOUNDATION	SA Met 09/29/21	1a 1b 1c 2a 2b 3a 4a
NO	2	TRAINED REGULATORY STAFF	77.8% met	1a 1b 2a 2b 3a 3b 4a 4b 5a
YES	3	INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	SA Met 09/16/21	1a 1b 1c 2a 3a 4a 4b 4c 5a 6a
NO	4	UNIFORM INSPECTION PROGRAM	88.5% met	1a 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 2xi 2xii 2xiii 2xiv 2xv 2xvi 2xvii 2xviii 2xix 2xx 3a 3b
YES	5	FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE	SA Met 09/28/21	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
NO	6	COMPLIANCE AND ENFORCEMENT	75.0% met	1a 1b 2a 2b
YES	7	INDUSTRY AND COMMUNITY RELATIONS	SA Met 09/30/21	1a 1b
NO	8	PROGRAM SUPPORT AND RESOURCES	76.9% met	1a 2a 2b 3a 3b 4a 4b 4c 4d 4e 4f 4g 4h
NO	9	PROGRAM ASSESSMENT	85.7% met	1a 1b 1c 2a 2b 3a 3b

- The Food Safety Program participated in the FDA Retail Food Protection Seminar. Staff from the Food Program presented on developing a strategic plan for working on the Program Standards and how to sustain the momentum working on the Standards. Staff was also asked to highlight the Crumline Award and encourage others around the nation to apply. During the seminar, staff learned about what other jurisdictions around the country are doing to achieve the Standards and new techniques to bring back to our team. This year's seminar was held virtually.
- September was National Food Safety Education Month (FSEM). September a great time to freshen up on food safety and educate others about preventing foodborne illnesses. Kat Olson from the Food Safety Team developed a social media campaign to highlight the importance of Food Safety in Washoe County that aired throughout the month. Below are a few of the graphics that were developed and shared on the WCHD social media outlets.



- Epidemiology (EPI) –
 - Staff assisted the EPHP Communicable Disease Epidemiology Program on a gastrointestinal (GI) outbreak at an elementary school in September. EHS staff attempted to contact parents of ill students to deliver stool specimen collection kits. However, parents did not return calls, no collection kits were delivered, and the etiology was not confirmed.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	4	8	9	11	16	12	9	83	130
Foodborne Disease Interviews	4	5	2	5	4	7	5	8	5	40	66
Foodborne Disease Investigations	0	1	0	0	1	2	4	2	0	10	7
CD Referrals Reviewed	13	13	13	18	20	12	19	22	8	138	82
Product Recalls Reviewed	13	19	26	27	26	20	14	18	23	186	61
Child Care/School Outbreaks Monitored	1	1	2	10	6	6	5	9	19	59	64

- Temp Foods/Special Events – September concluded one of the busiest months for special events in the region. Staff conduct temporary food inspections at the Nugget Best in the West Rib Cook-off, The Great Reno Balloon Races, Fiesta on Wells, The National Championship Air Races, and Street Vibrations Fall Rally.

Commercial Plans

- Commercial Plans has observed the sixth consecutive month of increased building permits from the previous year.
- Program staff are assisting in the development of draft regulations for the Pool/Spa Program.
- Program staff are currently working with the City of Sparks to develop and implement an electronic plan review program.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	2021 YTD	2020
Development Reviews	41	28	50	34	32	39	30	13	33	302	357
Commercial Plans Received	83	73	113	100	102	107	123	114	98	913	1,059
Commercial Plan Inspections	22	33	36	41	37	40	42	51	31	334	396
Water Projects Received	1	5	1	10	5	10	1	3	1	37	64
Lots/Units Approved for Construction	251	233	197	192	228	95	53	243	296	1788	1,685

Permitted Facilities

- Child Care – EHS staff has kept pace with a high demand for licensing inspections and child care facility openings through September and into October. A new large child care facility, licensed for more than 200 children, is scheduled to open October 11, with another facility, licensed for more than 200 children opening near the end of the month. Both facilities are in South Reno. Staffing shortages at many other Washoe County child care locations, however, continue to be an issue into October and have played a role in non-compliance with Health regulations as well as the ability of some child cares to maintain their business.
- Public Bathing – Permitted Facilities and Community Development staff from EHS continue to work on the first Regulations of the Washoe County District Board of Health Governing Aquatic Facilities. The draft is approximately 30% completed, incorporating the Model Aquatic Health Code and Nevada Administrative Code, while also using Sothern Nevada Health District Regulations for reference. Southern Nevada Health District developed their first regulations incorporating parts of the Model Aquatic Health Code in 2018.
- Schools – EHS staff will have completed over 50% of the 142 fall semester school inspections by Fall Break for the Washoe County School District. The Washoe County School District has continued repairs to older facilities that need to be completed as per violations noted on Health District inspections. Some of this work, including capital improvements for playground surfaces and buildings that was delayed in 2020, has picked back up in 2021.
- Training – The most recent trainee has completed the program for Permitted Facilities Training, which started in mid-August, 2 weeks early and has been assigned routine inspections to finish out the month of October. This is thanks in part to the efforts of several REHS staff who stepped up to take the trainee out on extra inspections. Additionally, the Training Manual for staff is currently being updated to include more orientation into Environmental Health Programs that are not included as part of Environmental Health Generalist and Routine Inspection work. The intent of

the update is to provide a better foundation for the trainee over the first year and to see field application in other areas that are part of the National REHS examination.

Environmental Protection

Land Development

- Land Development plan review numbers remain steady. Inspection numbers were up slightly in the month of September. This is likely due to the annual push to get construction projects completed before winter.
- Program staff continue to train a new staff member on septic and well plan reviews and inspections.
- Staff are working with Technology Services to improve the Land Development related items in the Accela database. The goal of this project is to allow for more online applications to improve Customer Service.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	83	90	80	81	84	78	82	732	705
Residential Septic/Well Inspections	109	99	136	114	107	115	118	91	117	1007	1,075
Well Permits	13	11	16	23	13	12	9	12	11	120	131

Safe Drinking Water (SDW)

- Water team members have conducted 60% of the Sanitary Surveys that are required in 2021. Staff also accompanied NDEP-BSDW staff on the Sanitary Survey of a Found Water System. The System, Sierra Safari Zoo, must comply with NDEP-BSDW standards and once the initial compliance is complete it will be turned over to EHS staff to monitor.
- Staff addressed 20 chemical monitoring exceedances for items entered into the state water database the previous month. Chemical monitoring oversight is new for EHS so these items can take extra time and meetings to confirm the appropriate course of action with our colleagues at NDEP-BSDW. The goal is for all team members to be able to address any chemical exceedance in a manner consistent with NDEP-BSDW.

Vector-Borne Diseases (VBD)

- Adult mosquito population monitoring has concluded for the 2021 mosquito season.
- Adult mosquito collection for disease testing will continue on a reduced schedule depending on human and animal disease activity.
- Program staff continue to assist NDOW and NDA with mosquito management on a 55-acre irrigated pasture in Washoe Valley.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	15	8	4	7	58	135
Mosquito Pools Tested	0	0	0	0	5	54	200	93	33	385	280
Mosquito Surveys and Treatments	0	2	1	126	60	371	171	86	4	821	72

Waste Management (WM)/Underground Storage Tanks (UST)

- Staff have been updating inspection SOPs for the permitted facilities associated with the WM Program.
- Staff provided dumpsters through Waste Management to aid the clean-up efforts of the camp referred to as the “end of the world” east of the City of Sparks close to the Truckee River.
- 208 postcards and 111 emails were sent notifying all operators of USTs regarding public workshops to discuss proposed UST Permits and Fees.
- Three workshops were held in person and via Zoom September 21 and 22, 2021, for UST permitting and fee discussion.

Inspections:

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	2021 YTD	2020
Child Care	5	8	5	4	8	13	10	10	22	85	142
Food/Exempt Food	356	496	610	565	373	491	333	358	375	3957	4,264
Schools/Institutions	9	25	32	35	37	8	0	9	69	224	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	9	14	9	3	12	76	112
Temporary IBD Events	0	0	0	0	0	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	0	16	19	16	10	76	110
Mobile Home/RV Parks	6	8	6	10	14	6	12	11	14	87	202
Public Accommodations	17	19	22	6	7	8	16	4	23	122	130
Aquatic Facilities/Pool/Spas	4	19	13	36	311	213	199	303	9	1107	408
RV Dump Station	2	1	1	1	1	1	1	0	2	10	17
Underground Storage Tanks	0	0	0	0	3	1	0	0	0	4	10
Waste Management	12	9	9	21	10	22	8	12	14	117	211
Temporary Foods/Special Events	0	0	0	5	12	92	71	126	255	561	48
Complaints	47	40	41	55	55	91	96	59	67	551	911
TOTAL	468	636	752	748	840	976	774	911	872	6977	6,765
EHS Public Record Requests	331	393	655	375	719	318	474	312	872	3577	3,249

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: October 28, 2021**

DATE: October 8, 2021

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Division Director
775-328-2443, ndiao@washoecounty.us

SUBJECT: Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Communicable Disease (CD)

SARS-CoV-2 (COVID-19) - By the end of September, Washoe County Health District’s COVID Epidemiology team received reports of 61,848 cumulative cases of COVID-19 for Washoe County residents.

The first Washoe County ca

se with Delta variant was sequenced and reported in early June, 2021. Since then, case counts increased to levels not seen since early November to mid-December of 2020. Such a surge of this magnitude was not expected at this rate in the middle of summer.

Case investigations are currently prioritized as follows: 1) Cases aged 5-12 years; 2) Cases aged 18-24 years (college-aged); 3) Cases aged 13-17 years; 4) Cases aged 0-4 years; 5) Households with multiple positives. At this time, approximately 48% of the cases reported in the past 14 days have been interviewed by or assigned to a disease investigator.

Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – September 2021			
Month Reported	Number of COVID-19 Cases Reported	Avg Number of Cases per Day	Percent of Cumulative Cases
2020			
March	143	5	0.2%
April	766	26	1.2%
May	658	21	1.1%
June	1228	41	2.0%
July	2367	76	3.8%
August	2095	68	3.4%
September	2300	77	3.7%
October	4028	130	6.5%

Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – September 2021			
Month Reported	Number of COVID-19 Cases Reported	Avg Number of Cases per Day	Percent of Cumulative Cases
November	11159	372	18.0%
December	10114	326	16.3%
2021			
January	5501	177	8.9%
February	1634	58	2.6%
March	1387	45	2.2%
April	1479	49	2.4%
May	725	23	1.2%
June	625	21	1.0%
July	1635	53	2.6%
August	6591	213	10.7%
September	7450	248	12.0%

Figure 1 provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County by MMWR week for both 2020 and 2021. From 2021 MMWR week 27 through week 36 case counts generally increased but have since dropped consistently. For situational comparison, during this time in 2020, the stay-at-home order had been lifted June 4th while other non-pharmaceutical interventions were in place such as mask wearing and social distancing. Seasonality of SARS-CoV-2 infection across population is not yet clear, however with increased vaccination rates each future wave is estimated to be smaller.

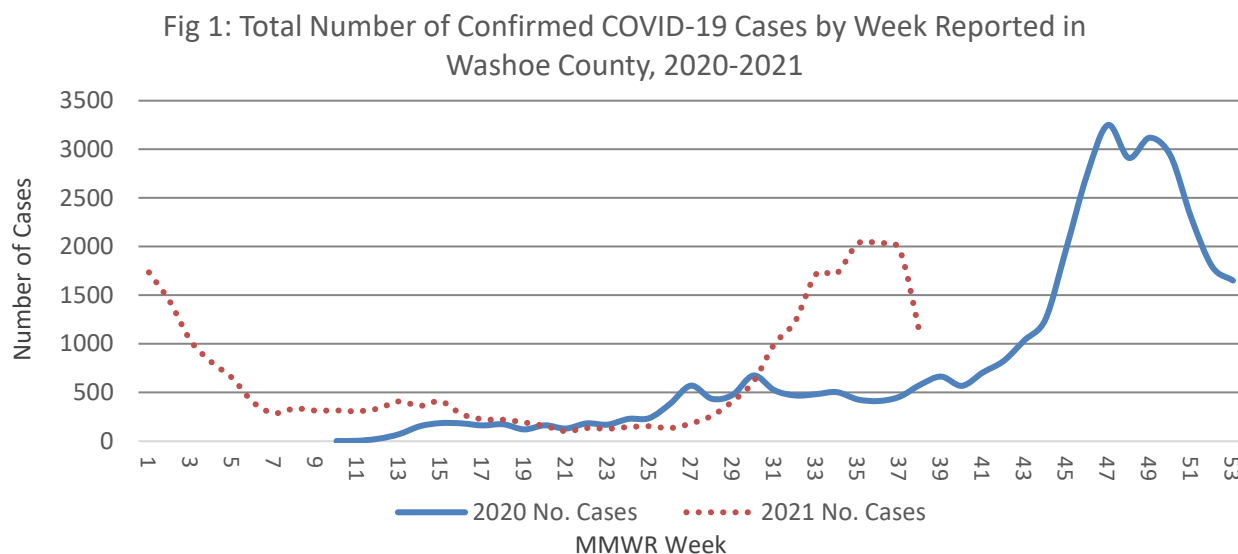


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the second week in August through the end of September. The case rate per 100,000 population has declined from MMWR week 36 (426.85) through MMWR week 39 (218.76). The low,

substantial, and high thresholds per 100,000 population are based on the CDC's indicators of community transmission.^{1,2}

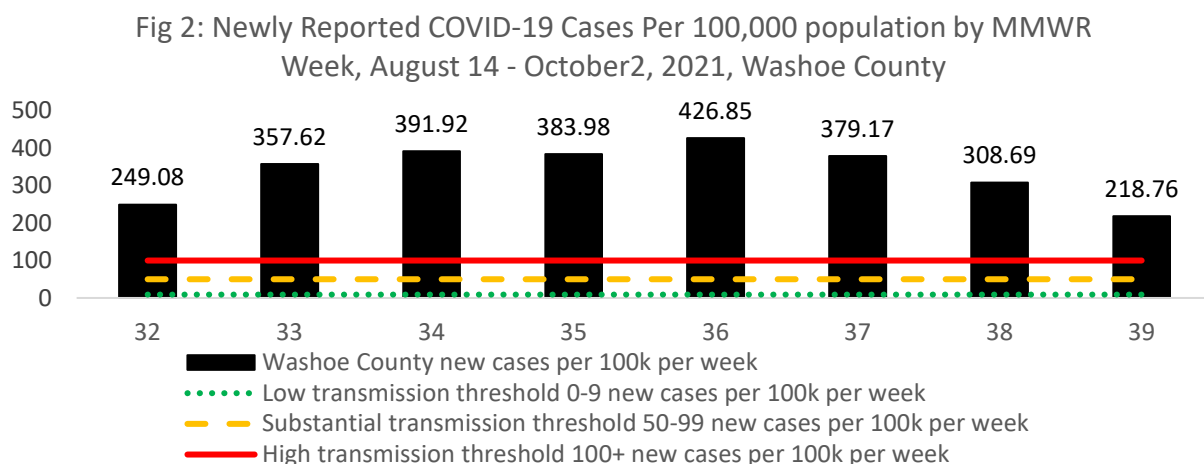
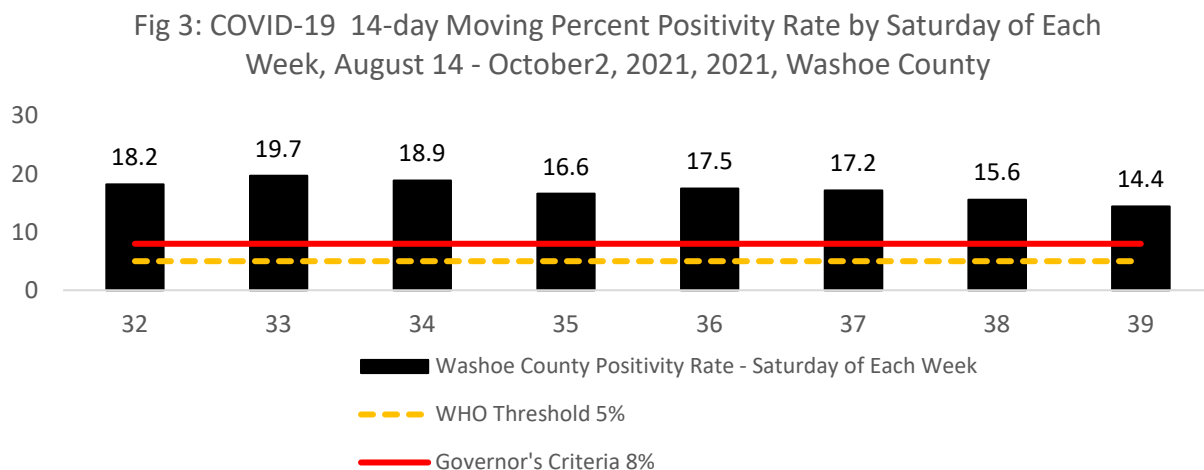


Figure 3 illustrates the percent positivity for each week ending Saturday. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated daily by the Nevada Department of Health and Human Services (NV DHHS) and the trends are provided in context with the Governor's COVID-19 Task Force threshold of 8% and the World Health Organizations' threshold of 5%. As of October 1, 2021, the NV DHHS dashboard percent positivity includes antigen tests, prior calculations were inclusive of only molecular tests. NV DHHS dashboard recalculated percent positivity retrospectively, therefore moving forward WCHD will be reporting out percent positivity to mirror the state's dashboard. The percent positivity has been decreasing from MMWR week 36 (17.5%) to week 39 (14.4%).



¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>

² <https://covid.cdc.gov/covid-data-tracker/#county-view>

On May 25, 2021, the Washoe County School District Board of Trustees (BoT) voted to approve full in person learning for elementary, middle, and high schools starting fall of 2021. The Epidemiology Program Manager attended the meeting to answer any questions regarding a presentation to the BoT which included a summary of a contact tracing pilot program implemented during the 2021 summer school session. The contact tracing pilot program drastically reduced the burden on principals, school nurses, and teachers as it relates to contact tracing efforts and utilized Washoe County School District clinical aides. These aides were incorporated into the WCHD COVID Epidemiology Unit to help expedite information necessary to complete contact tracing in the classroom setting. After conducting a survey of Washoe County disease investigation staff, this pilot program appears to have been an improvement on the process followed through the 2020-2021 school year, this new process will be extended into the fall for the 2021-2022 school year in public schools.

On August 21, the EPHP Division Director, the Washoe County Health District Regional Operations Chief/Health Branch Director for the COVID-19 response, and the Epidemiology Program Manager met with representatives of the Washoe County School District to discuss ability to divide contact tracing between the two organizations. Both organizations recognized the need for this due to the number of cases that attend school while infectious and neither can sustain the workload burden alone. The WCHD proposed the cases be divided by grade level, such that WCHD conducts the contact tracing in the elementary school settings, and WCSD conducts contact tracing at the secondary school levels. This model will bring efficiency to the operations. This will reduce the amount of email traffic and phone calls required when WCHD is requesting from middle and high schools for seating charts and attendance information for multiple classrooms that had cases who attended while infectious. This new proposed model went into effect on September 7, 2021, and weekly meetings with the Washoe County School District were reinstated the week of the 7th as well.

The Epidemiology Program Manager provided school partners with a training video and supportive materials to be able to conduct contact tracing in the K-12 classroom and school settings. This helps to expedite the process when a parent or guardian notifies the school of a positive test result, prior to the Health District receiving the electronic submission of the test result from a laboratory.

From January 2020 through May 2021, the Epidemiology Program Manager has hosted a weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local physicians to provide updates and ask questions as they relate to COVID-19. As of end of September 2020, vaccine partners joined this call to provide weekly updates. On average there were 65 persons who attended this virtual meeting each week. Updates are now occurring via email for efficiency of operations, sent out on Friday of each week.

Outbreaks – There were a total of 18 declared outbreaks over the course of September, all have occurred in school/daycare/childcare settings. There were 10 outbreaks classified as COVID-like illness (CLI) – however no testing was done to prove pathogen, four outbreaks classified as gastrointestinal (GI), and two of the four in the “other” category were RSV outbreak, the others

are strep and entero/rhinovirus outbreaks. It is unusual to see cases of RSV at this volume during summer months, however, these types of viral respiratory increases outside the typical season are occurring nationwide.³

Type	January	February	March	April	May	June	July	August
GI - Gastrointestinal	1	1	2	12	4	4	2	4
ILI - Influenza Like Illness	0	0	0	1	0	0	0	0
CLI - COVID Like Illness	1	0	0	0	1	2	2	1
Other	0	0	0	1	1	2	3	4
Total	2	1	2	14	6	8	7	9

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Washoe County Health District Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers and are available on the County website at <https://www.washoecounty.us/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In September, there were two Epi News newsletters published:

- Pertussis (whooping cough)
- 2021-22 Influenza Season

General Communicable Diseases – During September, 397 positive labs for reportable conditions were investigated by the Epidemiology team, this is a decrease compared to August (N = 508).

There was a backlog of data in the 2020 calendar year, during which the epidemiology staff were operating almost exclusively the COVID response. To date the epidemiology program has caught back up with data processing for all diseases, except for hepatitis C.

All 2020 case data for infectious diseases are due for final reporting to the Centers for Disease Prevention and Control (CDC) by October 29th. All staff are focused on closing out cases and finalizing data entry.

Public Health Emergency Preparedness (PHEP)

COVID-19 Response – The PHEP program continues to help support the COVID-19 response. A new Incident Action Plan (IAP) was written to replace the IAP that ended on September 27th and runs until November 1. Other support includes the weekly development of the ICS 209 report for incident activity tracking as well as coordinating the weekly ICS meetings. The PHEP program also provides oversight to the POST operations and support staff scheduling.

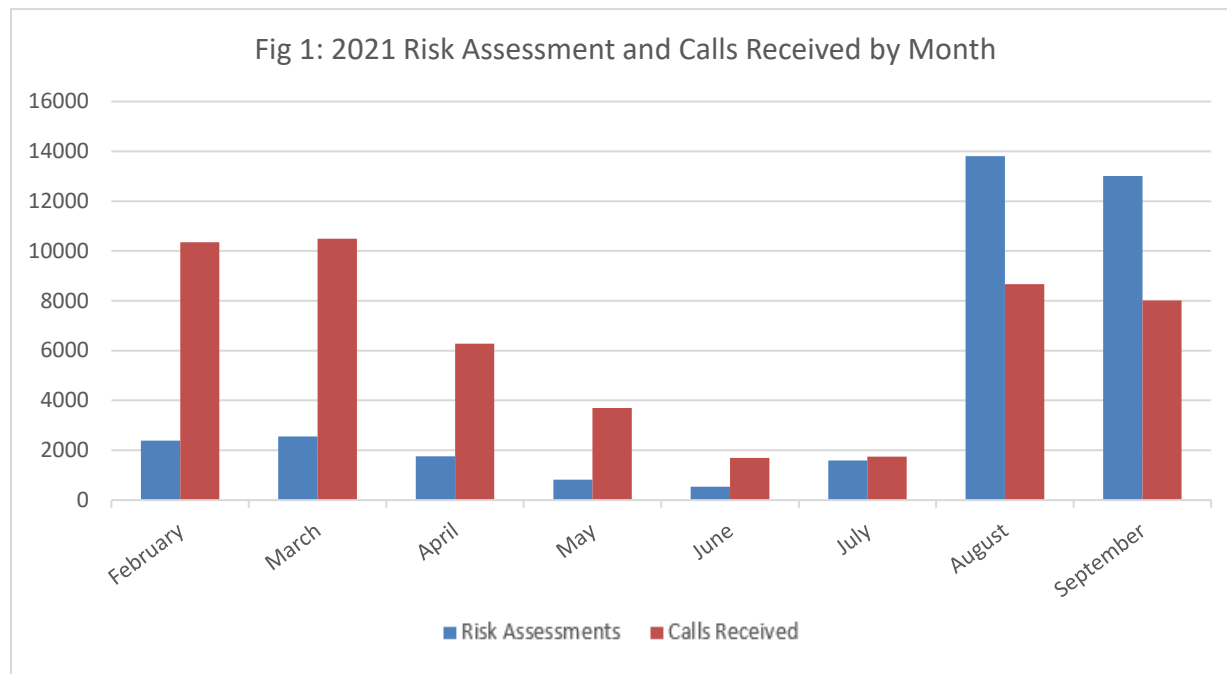
³ The Center for Disease Control and Prevention. Health Alert Network. HAN00443: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States. DOI: <https://emergency.cdc.gov/han/2021/han00443.asp>

The PHEP program assisted in the opening of the Red Cross emergency shelter for evacuees from the California fires at the Reno-Sparks Convention Center from August 31st to September 7th. The PHEP program supplemented operations by connecting with Medical Reserve Corp (MRC) nurses, Emergency Medical Technicians (EMT) and other support staff to provide medical support to shelter clients. The program also provided support to the Washoe County Emergency Management (WCEM) during the shelter operations.

Call Center and POST –The COVID-19 Call Center received 13010 risk assessments over the month of September resulting in a decrease of 6% compared to August. Some risk assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. During the month of September, the COVID Call Center received 8010 calls, which was an 8% decrease from August. Table 1 and Figure 1 summarizes calls received at the call center and risk assessment totals to date since the beginning of year 2021.

Table 1. Total Calls and Risk Assessments				
Month Reported	Risk Assessments	Inc/Dec	Calls Received	Inc/Dec
2021				
January	6447		10720	
February	2389	-63%	10347	-3%
March	2553	7%	10486	1%
April	1762	-31%	6278	-40%
May	822	-53%	3699	-41%
June	537	-35%	1694	-54%
July	1593	197%	1744	3%
August*	13803	766%	8666	397%
September	13010	-6%	8010	-8%

*The September report only included August numbers until August 30th due to reporting date. The numbers are updated to include the entire month in this report.

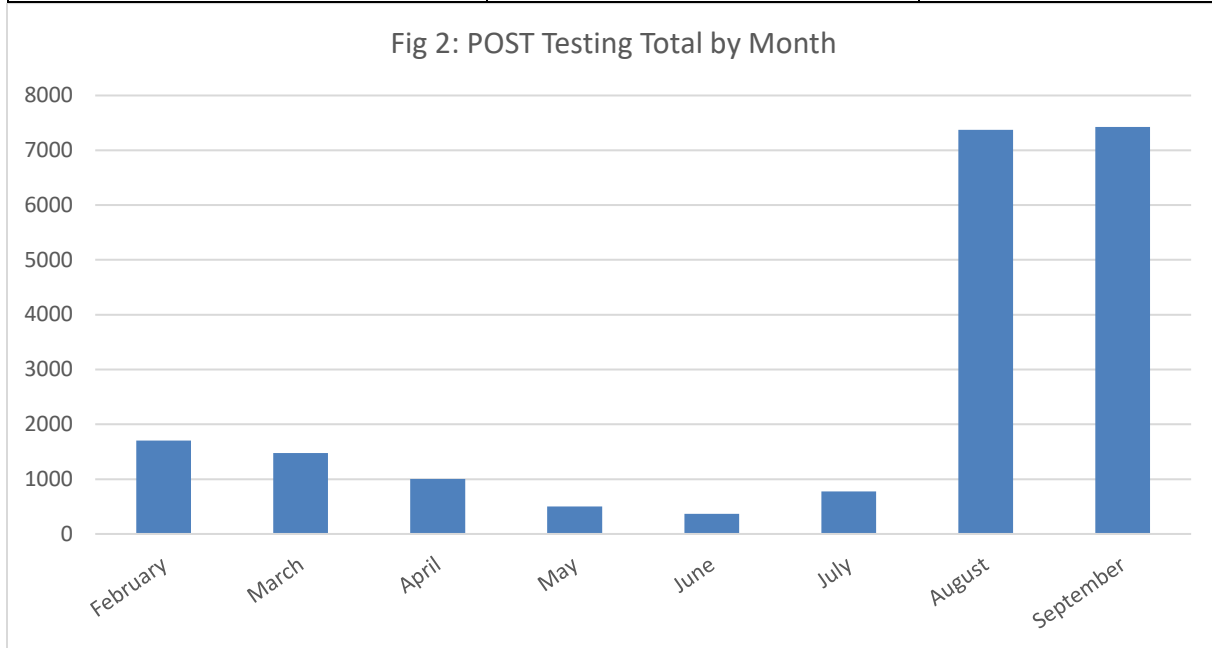


As of October 4, 2021, the COVID-19 Call Center was staffed with a total of 21 personnel, comprised of one UNR paid contractor, three full time members of the National Guard, and 17 temporary agency staff. Two of the temporary staff members were dedicated to maintaining the staff schedule for POST/POD operations, and one temporary staff member was assigned to assist with Community PODs. All remaining staff were assigned to supporting COVID-19 testing and vaccine related communications with the community along with supporting daily POST and POD operations through paperwork and personnel.

POST operations continued with five-day operations through September, with the exception of Labor Day. The POST tested 7424 individuals in September, an increase of 1% compared to the month of August. Table 2 and Figure 2 summarizes the number of tests completed at POST to date since the beginning of year 2021.

Table 2. Number of Tests Conducted at POST		
Month Reported	POST Tests	Inc/Dec
2021		
January	4718	
February	1704	-64%
March	1474	-13%
April	1005	-32%
May	500	-50%
June	365	-27%
July	776	113%

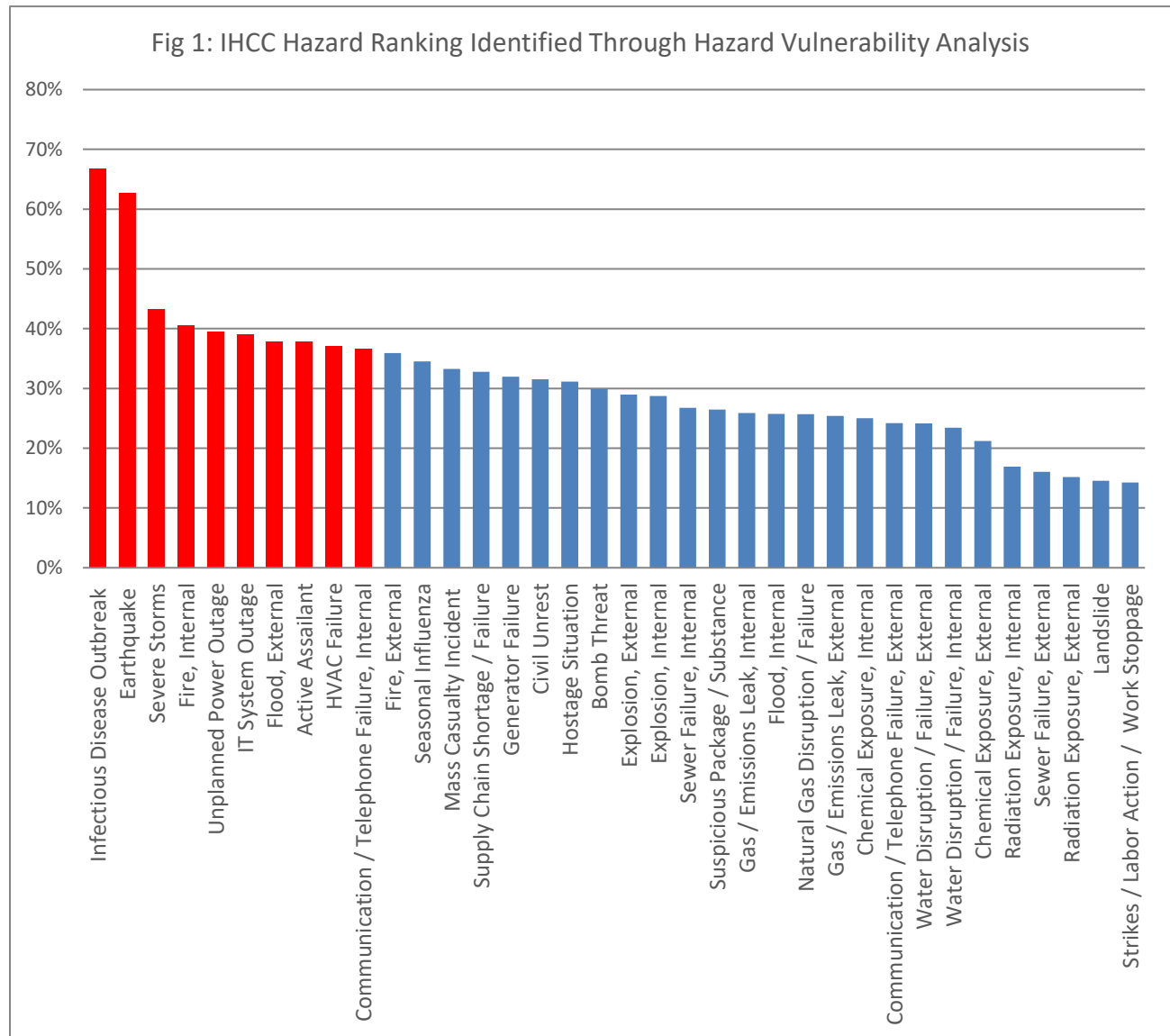
August*	7371	850%
September	7424	1%



Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

The PHEP and HPP programs are working closely with the Nevada Division of Emergency Management on a Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) full-scale exercise planned for the spring of 2022. This exercise will utilize multiple regional and hospital emergency plans.

The Hazard Vulnerability Assessment (HVA) surveys distributed to healthcare partners in August were returned and analyzed. The top 10 hazards (Figure 1) identified include: Infectious Disease Outbreak (Epidemic/Pandemic), Earthquake, Severe Storms, Fire (Internal), Unplanned Power Outage, IT System Outage, Flood (External), Active Assailant, HVAC Failure, and Communication/Telephone Failure (Internal). These will be presented to IHCC on October 8th for approval by the group.



The Resource and Gap Analysis results were also analyzed, and meetings were held with each healthcare facility type to determine the top 3 goals for each. The goals will be reviewed and approved by IHCC. The results of the HVA and the Resource and Gap Analysis identified goals will help plan for exercises, resource allocations and plan updates for the rest of this fiscal year.

**2022 Resource & Gap Analysis
 Inter-Hospital Coordinating Council**

**TOP PREPAREDNESS GAPS BY PROVIDER TYPE, AS IDENTIFIED THROUGH THE COALITION'S
 RESOURCE AND GAP ANALYSIS:**

EMS/FIRE

1. Behavioral Health Plan
2. Crisis Care/Crisis Standards of Care Plan
3. Patient Distribution Plan

CLINICS/AMBULATORY SURGERY CENTER

1. Crisis Care/Service Prioritization Plan
2. Staff and Resource Sharing Plan
3. Security Plan

HOSPITAL

1. Hospital Behavioral Health Plan
2. Hospital Staff and Resource Sharing Plan (to include Blood Bank Plan)
3. Surgical/Burn MCI Plan

HOME HEALTH/HOSPICE

1. Information Sharing Plan/Communications Plan
2. Exercise Plan
3. Infectious Disease Plan

SKILLED NURSING/MEMORY CARE/ASSISTED LIVING

1. Staffing and Resource Sharing Plan
2. Evacuation Plan
3. Infectious Disease Plan

PUBLIC HEALTH

1. Shelter Support Plan (medical services)
2. Volunteer Management Plan/Emergency Credentialing
3. Isolation and Quarantine Bench Book and Plan

EMS Oversight Program

EMS Joint Advisory Committee (JAC) - The JAC continues to meet bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan.

JAC and the Program met with hospital partners to discuss immediate solutions to reduce the burden on the Emergency Rooms and EMS partners, per request of the District Board of Health.

REMSA Exemption Requests - REMSA continues to experience high System Overload and Status 99 delays. Table 1 summarizes REMSA Exemption Requests.

Table 1: REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Pending Review	Approved	Total
January 2021	23	2	3 (BWE)			28	28
February 2021	5					5	5
March 2021	13					13	13
April 2021	52					52	52
May 2021	34					34	34
June 2021	135	47				182	182
July 2021	68	5				73	73
August 2021	121	111				232	232
September	115	224				339	339

REMSA Call Compliance – The franchise area is divided into response zones A through E. The response zones will have response time compliance standards for all priority 1 calls as follows, per the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014.

- Zone A – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; fifteen (15) minutes and 59 seconds or less for the combined Zone B areas, twenty (20) minutes and 59 seconds or less for the combined Zone C areas, and thirty (30) minutes and 59 seconds or less for the combined Zone D areas.

Table 2 shows REMSA's compliance rate starting FY 2021-2022.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones FY 2021-22		
Month	Zone A	Zone B, C, and D
July 2021	84%	77%
August 2021	81%	80%
September	88%	75%

REMSA Franchise Agreement Updates - The Program is preparing data for the commencement of the REMSA Franchise Map Review for Fiscal Year 2021. Program staff is compiling compliance documentation for FY 2020-21, per the revised REMSA Franchise Compliance Checklist. Documentation will be complete by the end of the calendar year.

EMS Program Planning Updates: - The Program is preparing data and compiling agency and EMS Program highlights and accomplishments for the EMS Annual Report for FY 2019-20 and FY 2020-21.

Community Services Department (CSD) – Memo Review - The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Divisions of the CSD and provides feedback. Program staff and REMSA reviewed 2 project applications for the month of August and had comments on two projects that may impact EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program conducted an inspection of the EMS services at the Reno Air Races on September 17. The Program did not receive any additional mass gathering/special events applications.

Vital Statistics

The Vital Statistics program continues to serve the public through the mail, online and in-person. Vital Statistics staff registered 606 deaths and 497 births, and corrections were made for 28 births and 1 death during September. The Vital Statistics program also compiles and submits weekly records on decedent information for HIV/AIDS surveillance, as well as a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

September	In Person	Mail	Online	Total
Death	1957	52	552	2561
Birth	869	48	340	1257
Total	2826	100	892	3818

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: October 28, 2021**

DATE: October 18, 2021

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: District Health Officer Report – COVID-19 Response, Joint Information Center, Government Affairs Update, Public Health Accreditation, Community Health Improvement Plan, Workforce Development Survey, Washoe Impact Awards, Truckee Meadows Healthy Communities/Truckee Meadows Tomorrow Merger, and Public Communications and Outreach.

COVID-19 Response

The Health District’s response to COVID-19 is predicated on our statutory obligations under NRS 441A and NAC 441A to “carry out measures for the investigation, prevention, suppression and control of communicable disease.” These activities include informing the public of levels of COVID-19 transmission occurring in the community and educating them on risk mitigation practices, required measures such as mask wearing in public indoor places under the Governor’s Directive 047, investigating confirmed cases of COVID-19 to have cases isolate and close contacts quarantine, providing testing to confirm cases of COVID-19, and dispensing vaccinations to prevent or suppress COVID-19 transmission and reduce morbidity and mortality form the disease.

Over the past month Washoe County has experienced a continued increase in new daily cases as well as the test positivity rate. As of October 18, the test positivity rate under the State County Tracker system over 14 days with a seven-day lag was 10.5% and the case rate per 100,000 over 30 days was 854. This represents a 10.5 % decrease in the test positivity rate and a 49% decrease in the case rate per 100,000 over 30 days from those rates reported in the September monthly report. On October 18, the 7-day average of new cases was 102.9. This represents 66% decrease from the 7-day average of 300.4 new cases per day reported in the September monthly report. The CDC designates the County as a region of high transmission due to the number of new cases per 100,000 over a 7-day period exceeding 100, at 146.34 and the and the 7-day average test positivity through October 18 exceeding 10%. On October 18, the Nevada Hospital Association reported 98 people hospitalized in Washoe County with confirmed or suspected COVID-19, this is a decrease from 209 people hospitalized reported in the July monthly report. COVID-19 hospitalizations have decreased 53% over the month and 25 of these cases were in the intensive care unit and 17 were on ventilators.

Health District staff continue to conduct disease investigations of cases occurring to isolate them and notify close contacts. Although our rate of new daily cases has decreased, the complexity of disease investigations for those attending schools accompanied with still high numbers of new cases and community transmission

means that we are only able to provide timely investigation of 60% of cases. This is an improvement from the 25-30% of cases reported in the September report. As of October 15, we have had 1055 people attend school while infectious since schools reopened on August 9. The demand for testing has declined significantly over the last month and the Health District is now conducting COVID-19 testing only 3 days per week at the Reno Sparks Livestock Events Center (RSLEC) which are analyzed by the Nevada State Public Health Laboratory (NSPHL).

The Health District continues to operate the vaccine point of dispensing (POD) at the RSLEC event center and is continues to conduct numerous community-based vaccination clinics. Vaccination clinics have been held and are scheduled at churches, schools, parks/events, brewpubs, shelters, and community centers. We have seen a small increase in vaccinations administered; however, demand remains low and over the past four weeks the Health District has averaged only 897 vaccinations administered per week. Over the past four weeks we have averaged 7,058 vaccinations administered per week county-wide by all providers. Nearly half of the doses administered are either third doses or booster shots. As of October 18, 64.48 percent of the population twelve and older were fully vaccinated and 70.70 percent of the population twelve and older had initiated vaccinations.

The FDA has approved booster doses of the Pfizer vaccine. The FDA and CDC are considering booster doses for the Moderna and Janssen vaccines. The FDA committee will be meeting on October 26 to consider a recommendation regarding administration of the Pfizer vaccine to children aged 5 to 11 years old.

Joint Information Center (JIC)

The Joint Information Center prioritized messaging around the COVID-19 boosters, third doses for immunocompromised and alerted the community of the 800th COVID-19-related death in Washoe County. Messaging also focused on COVID-19 testing opportunities as we saw a surge at our POST as well as other places in the community. We relayed information regarding testing at Walmart as they did not factor in outreach in their plans to do mass testing.

Media requests for AQMD remained high in September thanks to area wildfires. We sent out updates to the emergency episode and also publicized the opening of three board positions on the Air Pollution Board, which led to eight applicants. We also brought awareness to drive-through flu shot PODs.

Government Affairs Update

On October 8th, the Nevada State Treasurer's Office hosted a statewide public health listening session to gather input about how to best utilize the recovery dollars Nevada has received from the American Rescue Plan Act (ARPA). Treasurer Zach Conine's office has hosted similar meetings throughout the state with various communities and industries to get feedback on how to spend the approximately \$2.7 billion dollars Nevada was awarded. Both Washoe County and the Southern Nevada Health District expressed a significant need for money to put towards infrastructure. WCHD has submitted our top requests to Nevada Recovers portal. Our requests include money for an additional building, a new TB clinic building, a portion of the repair and replace pilot project for high emitting vehicles, and an electric vehicle fleet.

Additionally, earlier this summer, WCHD submitted a list of ARPA funding requests to the Washoe County Manager's Office to consider. Washoe County was awarded approximately a \$90 million portion of the Nevada recovery dollars specifically designated to local jurisdictions. The County selected four of our priority requests:

lobby and clinical services remodel, mobile vaccination clinic, TS consultation for ACCELA improvements, and PrEP HIV funding. The selected projects/requests total \$1.4million.

Public Health Accreditation

We have submitted Section II of the PHAB Annual Report. This section of the report provides the Health District with the opportunity to demonstrate our efforts in building a continuous quality improvement culture. The activities put forward for review touch on projects including the performance management system, the strategic planning process, customer service, workforce development, and successes related to COVID-19. In addition, section II provides action steps to consider implementing within the next year to prepare the Health District for reaccreditation that will be due in August 2024. Following the approval of section II, the next annual report will be due in June 2022.

Community Health Improvement Plan (CHIP)

The Family Health Festival committee is preparing the last event of 2021 on November 3rd, from 4:00pm-7:00pm at the Neil Road Recreation Center. This event will focus on providing families with flu shots and COVID-19 vaccines. Due the pandemic, Immunize Nevada reported that the number of children who are behind on their routine shots have increased. As a result, the event will also offer routine vaccines for ages six months to 18 years. Other direct services will also be provided including, Mobile Harvest, utility assistance, vision and dental screenings.

Workforce Development Survey

The workforce development (WFD) survey was distributed to WCHD staff in August. The purpose of the WFD survey is to enhance training, skills, satisfaction and performance of staff to create and sustain a viable workforce. The survey response rate was 60%, the highest it has been since conducting the survey. A majority of respondents answered in ways that demonstrate positive perceptions of the workplace environment and as a whole the survey results points to a relatively healthy level of workforce engagement.

Washoe Impact Awards

The Washoe County Health District was awarded the Washoe Impact Manager's Award and the Washoe Impact Communications Award. The Health District's overall COVID-19 response was selected for the Manager's award, and the Health District COVID-19 Call Center/Washoe County 311 collaboration was selected for the Communications Award. Other winners included the Sheriff Community Emergency Response Team (CERT) volunteers who were selected for the Excellence in Public Service award for their efforts to assist in staffing the COVID-19 testing POST, and vaccination PODs at the Reno-Sparks Livestock Events Center, and the Technology Services Department was selected for the Integrity Award for their support of the Health District's technology needs, Accela and Salesforce software platform development for testing and vaccinations, the COVID-19 data dashboard, and their efforts to support the technology needs of other departments implementing remote work arrangements.

Truckee Meadows Healthy Communities (TMHC)/Truckee Meadows Tomorrow Merger (TMT)

THMC has concluded a merger with TMT to better serve the growing needs of the community and improve quality of life for all in our region. Truckee Meadows Tomorrow will be the official name of the nonprofit moving forward. TMT will assume administration of the RWJF BUILD Health Challenge grant addressing senior isolation and reduction in the senior suicide rate. The Health District will work closely with TMT in the Community Health Needs Assessment process and to engage the community

Date: October 28, 2021

Subject: ODHO District Health Officer Report

Page: 4 of 4

and partner organizations to provide input and assist in the development of the Community Health Improvement Plan. The Health Officer and other members of the TMHC Board have been appointed to the TMT Board of Directors to help guide the direction of the merged organizations moving forward.

Att.: September Media Mentions

<u>DATE</u>	<u>STORY</u>	<u>Inquiries</u>
9/1/2021	KTVN: Health District, Community Health Alliance celebrate Breastfeeding Awareness Month - Kelcie Atkin interviewed KRVN: Two Reno Walmarts expanding COVID-19 testing This Is Reno: COVID-19 tests now offered at two area Walmarts KTVN: Walmart locations in Reno offering free COVID-19 testing KOLO: COVID-19 update in Washoe County KTVN: COVID-19 update in Washoe County KRVN: Ask Joe: Why are the Health District and School District giving out different quarantine guidance? Las Vegas Review-Journal: Nevada adds most new COVID-19 cases in a day since January	KTVN: Cynthia Sandoval wanted to clarify a COVID-19 FAQ from the media briefing.
9/2/2021	RGJ: Washoe reports highest number of COVID-19 cases, deaths since January This Is Reno: Convention Center, Events Center to soon host youth sports if air quality is undesirable This Is Reno: Health District: Fighting COVID-19 misinformation an uphill battle KTVN: One of the worst months for COVID-19 we've had in a long time KTVN: COVID-19 update, test positivity rate higher in Washoe County than state KOLO: 61% of eligible Washoe County residents fully vaccinated This Is Reno: Health District: Fighting COVID-19 misinformation an uphill battle	
9/3/2021	Nevada Independent: Coronavirus Contextualized, 57th edition: Cases, hospitalizations continue to rise in Northern Nevada as numbers improve in the south KRVN: Health District offices closed on Monday This is Reno: Air Quality expected to be "unhealthy" through weekend KRVN: WCHD issues stage 2 air quality episode KOH: WCHD warns residents of air quality issues KOLO: Washoe County now at Stage 2 Emergency Episode for air quality KTVN: Health District Upgrades Stage 1 Air Quality Emergency Episode to a Stage 2 KTVN: Child Covid-19 Hospitalizations Reach New High This Is Reno: Health Officials: Home COVID tests have limitations, not counted in case counts	
9/7/2021	Nevada Independent: Why I trust the data - Dr. Bayo Curry-Winchell op-ed KOLO: Health District can't verify at-home COVID-19 tests KUNR: Home COVID-19 tests have limitations KOLO: COVID-19 vaccine clinic set for UNR on Friday KOH: Health District elevates air quality warning over the weekend	
9/8/2021	This is Reno: Health officials: COVID risk still 'very high'	KRVN: Joe Hart asked about quarantining for those who have had COVID-19 previously.

	<p>Nevada Sports Net: No contingency plan in place if poor air quality impacts Nevada's season opener</p> <p>This is Reno: County seeking applicants for air pollution control board</p> <p>KOLO: Compost fire impacting air quality in Spanish Springs KOLO: AQMD looking for members to join air pollution control hearing board KTVN: Group protests COVID-19 mandates KRNV: Three COVID-19 vaccine clinics in Reno this week KOLO: COVID-19 update in Washoe County KRNV: Nearly 62% of people fully vaccinated in Washoe County</p>	<p>This is Reno: Bob Conrad asked for clarification in calculating COVID-19 breakthrough case percentage.</p> <p>RGJ: Kristin Oh asked if there was a surge in cases who attended the Rib Cookoff. It's too soon to tell.</p> <p>KTVN: Bryan Hoffman requested permission to take footage of the POD/POST. KTVN: Cynthia Sandoval wanted clarification on testing times.</p>
<p>9/9/2021</p>	<p>Las Vegas Review Journal: Clark County COVID metrics dip, but mask mandate expands to all Nevada KTVN: Health District outlines new mu variant and COVID-19 misinformation</p> <p>KRNV: COVID-19 cases looking like surge in Nov. 2020</p> <p>KOLO: Air quality issues alert on compost fire KOLO: COVID-19: Eight cases of Mu variant sequenced in Washoe County RGJ: Washoe health officials push for vaccines amid Reno's event season KOLO: Hospitals challenged as Nevada reports 3,193 new COVID cases KOLO: County working on plan regarding booster COVID-19 shots KOLO: Surge in COVID-19 testing demand in Washoe County</p>	<p>RGJ: Siobhan McAndrew requested an interview about hospitalizations.</p> <p>RGJ: Kristin Oh asked a follow-up question about COVID-19 cases in large events.</p> <p>KTVN: Cynthia Sandoval asked for comment regarding President Biden's mandate for employers of 100+employees get the vaccine or get tested weekly.</p>
<p>9/10/2021</p>	<p>This is Reno: School District continues to grapple with pandemic challenges Nevada Sports Net: What's new at Mackay Stadium? Read this before Nevada's home opener</p> <p>RGJ: WCSD tests every football player for COVID-19 in pilot plan that could cost millions KOLO: Emergency responders and physicians urge vaccinations KOH: Air quality emergency episode off</p>	<p>KOLO: Victor Park asked about President Biden's mandate for employer vaccinations.</p>
<p>9/13/2021</p>	<p>Nevada Independent: To mandate or not to mandate? Small business owners grapple with employee vaccinations KOH: Washoe County averaging over 250 new cases per day</p> <p>RGJ: Teachers union: Easing school exclusions policy could increase spread of COVID-19</p> <p>KTVN: COVID-19 Testing Demand Remains High – Jim English interviewed</p>	<p>KTVN: Paul Nelson interviewed Jim English about COVID-19 testing.</p> <p>KRNV: Kenzie Margiott inquired about drive-through flu shots. We'll be hosting some, dates TBD.</p> <p>RGJ: Siobhan McAndrew had several questions about COVID-19 cases in children that Heather Kerwin asked.</p> <p>KRNV: Joe Hart asked a question about using data from a antibody test for quarantining purposes. Can't do that.</p> <p>This is Reno: Bob Conrad asked about hospitalizations and rumor of hospitals at full capacity.</p>

9/14/2021	<p>Nevada Independent: Counties and cities spent millions to lobby legislators in 2021, despite closure of Legislative Building</p> <p>Newswire: The de Beaumont Foundation releases list of 40 under 40 in public health - Heather Kerwin recognized</p> <p>KARNV: COVID-19 positivity rate in Washoe County is over 20%</p> <p>This is Reno: Staffing shortages, COVID cases impacting ability of local hospitals to provide care</p> <p>KARNV: Surge of unvaccinated COVID-19 patients strains most northern Nevada hospitals</p> <p>RGJ: Watch live now: Man at WCSD meeting compares masks and vaccines to Holocaust</p> <p>GCN: COVID dashboard tracks county virus spread</p>	<p>NPR: DBOH member Tom Young was interviewed about COVID-19 POD at Reno location for the national NPR syndicated show On Point.</p> <p>KUNR: Lucia Starbuck asked for clarification about COVID-19 breakthrough cases.</p> <p>This is Reno: Bob Conrad asked a few questions about hospitalizations.</p>
9/15/2021	<p>KARNV: Ask Joe: Do I still have to isolate if I have a positive antibody test?</p> <p>KOH: Importance of WIC in our community - Soni Monga interviewed</p> <p>This is Reno: Health official: There is so much burnout</p> <p>This is Reno: Reno Phil to require proof of vaccination, masks to attend concerts</p> <p>RGJ: Renown CEO: No need to re-open parking garage care site, 75% of staff vaccinated</p> <p>Associated Press: Virus surge twice as bad in Reno as Vegas; hospitals filling</p> <p>RGJ: Saint Mary's hospital restricting visits due to COVID case increase, 'capacity challenges'</p>	<p>KOLO: Terri Russell reached out with a COVID-19 question.</p> <p>KOLO: Denise Wong asked for stats about children and COVID-19.</p>
9/16/2021	<p>KOLO: COVID-19: A closer look at pediatric cases in Washoe County</p> <p>KTVN: Nevada Hospital Association Asks Nevadans to Help Hospitals During Pandemic</p> <p>KTVN: Vaccinated Sparks Council Member Catches COVID-19, Mild Symptoms</p> <p>RGJ: Hospitals filling 'at capacity' as COVID-19 resurges in Reno; cases twice as high as Vegas</p> <p>KTVN: Hospitals overwhelmed, DHO says it feels like October all over again</p> <p>KOLO: Several options for COVID testing county says; vaccine is best choice</p> <p>KTVN: Several COVID-19 Vaccine Clinics Scheduled This Month in Reno</p>	<p>This is Reno: Bob Conrad asked about an email that went out about volunteers.</p> <p>KOLO: Denise Wong asked for stats about children and COVID-19.</p>
9/17/2021	<p>RGJ: Reno air quality drops due to smoke from wildfires burning near Sequoia National Forest</p> <p>KTVN: COVID Surge Affecting Ambulance Drop-Offs</p> <p>KTVN: FDA Advisory Panel Rejects Widespread Pfizer Booster Shots</p> <p>KARNV: Wildfire smoke impacts air quality</p> <p>KARNV: Washoe County seeing worst COVID-19 surge in state</p> <p>991 Talk: COVID-19 testing demand increasing</p> <p>KTVN: Several COVID-19 Vaccine Clinics Scheduled This Month in Reno</p>	<p>KARNV: Zac Slotemaker inquired about the FDA decision on Pfizer boosters.</p> <p>RGJ: We setup a potential interview with Dr. Slots and Siobhan McAndrew.</p>
9/18/2021	<p>RGJ: Reno air quality drops due to smoke from wildfires burning near Sequoia National Forest</p> <p>KTVN: COVID Surge Affecting Ambulance Drop-Offs</p>	<p>KARNV: Zac Slotemaker inquired about the FDA decision on Pfizer boosters.</p> <p>RGJ: We setup a potential interview with Dr. Slots and Siobhan McAndrew.</p>

[KTVN: FDA Advisory Panel Rejects Widespread Pfizer Booster Shots](#)
[KRVN: Wildfire smoke impacts air quality](#)
[KRVN: Washoe County seeing worst COVID-19 surge in state](#)
[99.1 Talk: COVID-19 testing demand increasing](#)
[KTVN: Several COVID-19 Vaccine Clinics Scheduled This Month in Reno](#)

9/20/2021

[This is Reno: Fiesta on Wells returns after the pandemic](#)
[RGJ: Washoe County's COVID-19 new cases flat; 22 deaths reported](#)
[KRVN: 800th COVID-19-related death reported in Washoe County](#)
[KOLO: 800th COVID-19-related death reported in Washoe County](#)
[KRVN: Washoe County seeing worst COVID-19 surge in state](#)
[99.1 Talk: COVID-19 testing demand increasing](#)
[This is Reno: 800th Washoe County resident has died from COVID-19](#)

KOLO: Denise Wong interviewed Jim English about COVID-19 testing.
KTVN: Bryan Hofmann interviewed Jim English about vaccine boosters and testing.
Sparks Tribune: Kayla Anderson asked about COVID-19 testing and vaccine passports.
This is Reno: Jeri Caldwell asked about COVID-19 vaccine zip code data.
Associated Press: Sam Metz had some COVID-19 questions.
KOLO: Terri Russell had a COVID-19 testing question.

9/21/2021

[KOLO: Health District preparing to vaccinate those younger than 12 when approved](#)
[KOLO: Demand for testing increasing; no shows a problem](#)
[KUNR: 800th COVID-19-related death reported in Washoe County](#)
[KTVN: Agencies are preparing to vaccinate those 5-11](#)
[KOH: COVID-19 death toll reaches 800 in Washoe County](#)
[KTVN: All Nevada Counties Showing High Transmission Rate of COVID-19](#)

9/22/2021

[KTVN: 5 COVID-19 deaths in July, 57 in September alone](#)
[This is Reno: COVID-19 deaths continue to rise in Washoe County](#)
[KTVN: Nevada Reports 824 New COVID-19 Cases, 30 Additional Deaths](#)
[KOH: Over 63% of Washoe County residents fully vaccinated](#)
[KOLO: Vaccines for 5-12 could come in November](#)
[99.1 Talk: 800 COVID-19 deaths reported in Washoe County](#)

RGJ: Siobhan McAndrew asked how many WCSD employees were vaccinated. Directed her to the state.

9/23/2021

[Associated Press: More Northeast Nevada Schools Mandate Masks Due to COVID-19](#)
[KOLO: 57 COVID-19-related deaths reported in September so far](#)
[KRVN: Staff hospital beds in Washoe County at 90% occupied](#)
[KOLO: Vaccines to be available at Street Vibrations](#)
[KOLO: Vaccines for 5-12 could come in November](#)
[99.1 Talk: 800 COVID-19 deaths reported in Washoe County](#)

This is Reno: Jeri Chadwell requested information about DBOH recruitment.

9/24/2021

[This is Reno: County Commission will not reappoint longtime board of health member](#)
[KTVN: We might be seeing a COVID-19 plateau](#)
[KTVN: Boosters to be available Monday at RSLEC](#)
[RGJ: Pfizer COVID-19 vaccine booster shot available to some Washoe County residents](#)
[KOLO: Who should get the Pfizer Booster shot?](#)

This is Reno: Jeri Chadwell requested information about DBOH recruitment.
KTVN: Valentina Bonaparte interviewed Kevin Dick about boosters.
KTVN: Covered the City of Reno's appreciation event of WCHD.
KOLO: Covered the City of Reno's appreciation event of WCHD.
KOLO: Terri Russell had a question about boosters.

	KRVN: Reno Mayor Hillary Schieve tests positive for COVID-19	
9/27/2021	KUNR: Boosters now available in Washoe County KTVN: Very few cases of the flu reported last year, officials encourage vaccines KRVN: Pfizer booster now available in Washoe County KTVN: Boosters available at RSLEC KOH: County Commission decide not to re-appoint Tom Young to Board of Health KOLO: Washoe County begins giving out COVID booster shots RGJ: Pfizer COVID-19 vaccine booster shot available to some Washoe County residents News Medical Life Sciences: Study shows SARS-CoV-2 breakthrough infections 18-fold lower than rate of infections among unvaccinated - study author is Heather Kerwin	KOLO: Ben Deech interviewed Jim English about boosters at the RSLEC POD. KTVN: Michelle Lorenzo interviewed Nicole Mertz about flu shots. KTVN: Shot b-roll of the COVID-19 POD. KRVN: Requested information about boosters. KTVN: Victor Park requested permission to shoot a live shot by the electric vehicle chargers. UNR Student: Requested interview about air quality matters; Brendan Schnieder to complete interview tomorrow.
9/28/2021	KRVN: Unvaccinated patients make up about 90% of COVID hospitalizations at Saint Mary's KTVN: 400,000+ Americans Got Pfizer COVID-19 Booster Shots Last Weekend KRVN: Pfizer booster now available in Washoe County, see how you can get it	KRVN: Audrey Mayer interviewed Jim English about COVID-19 boosters. KRVN: Leanna Faulk also requested an interview about boosters. UNR Student: Maggie Durling interviewed Brendan Schnieder about air quality matters. This is Reno: Bob Conrad had some COVID-19 questions.
9/29/2021	KOLO: Need a flu shot? Health District hosting drive-through vaccine events This is Reno: COVID-19 cases dropping in Washoe County, vaccine misinformation persists FOX11: More than 200 Pfizer booster shots administered in Washoe County on day one KRVN: Drive-through flu shots coming to Livestock Events Center KOH: Flu shots available Oct. 2 and 9 at Livestock Events Center KRVN: Booster shots available, no-shows asked to cancel appointments 99.1Talk: Free Flu shots available Oct. 2 and 9 at Livestock Events Center	
9/30/2021	KOLO: Health district says hundreds of booster shots administered KRVN: Washoe County sees downtrend in new COVID cases, while death toll rises Associated Press: NV health official: Misinformation bigger issue than virus itself KUNR: COVID-19 Hospitalizations And Deaths High In Washoe Co., New Nonstop Flights From Reno Patch.com: Power Outage + Flu Shot Drive-Through + Residents Leaving Reno KTVN: Health District fighting misinformation 99.1 Talk: Flu shot clinic this weekend	
Total	147	49
Press Releases		

9/2/2021	Health District Upgrades Stage 1 Air Quality Emergency Episode To A Stage 2
9/2/2021	COVID-19 at-home testing – what you need to know
	Health District – Air Quality Division looking for applicants for the Air Pollution Control Hearing Board
9/7/2021	
9/9/2021	Health District Ends Air Quality Emergency Episode
9/16/2021	COVID-19 Testing Continues to Be in High Demand in Washoe County
9/20/2021	800th COVID-19-related death reported in Washoe County
9/24/2021	Pfizer COVID-19 boosters available for certain Washoe County residents
9/29/2021	Health District To Host Drive-Through Flu Vaccine Events

Total **8**

Social Media Followers WCHD Facebook: 5,588 (+54 since Sept1)
WCHD Twitter: 2,767 (+21 since Sept 1)