

**WASHOE COUNTY  
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman  
Matt Smith, Vice Chairman  
George Furman, MD,  
Councilman Dan Gustin  
Commissioner Kitty Jung  
Amy J Khan, MD, MPH  
Councilwoman Julia Ratti

**ANNOTATED AGENDA**

Meeting of the  
DISTRICT BOARD OF HEALTH  
Building B  
South Auditorium  
1001 East Ninth Street  
Reno, Nevada  
**August 26, 2010**  
1:00 PM  
**NOTICE**

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ [WWW.WASHOECOUNTY.US/HEALTH](http://WWW.WASHOECOUNTY.US/HEALTH). PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

**Business Impact Statement** – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the August 26, 2010 (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the July 22, 2010 Meeting (action)	APPROVED

- 6. Recognitions
  - A Introduction of New Employees
    - 1. Mr. Wesley Rubio – EHS
    - 2. Mr. Kevin Dick – AQM Division Director
  - B. Years-of-Service
    - 1. Melissa Peek – EPHP - 5 Years
    - 2. James English – EHS – 10 Years
    - 3. Wally Prichard – AQM – 10 Years
    - 4. Charlene Albee – AQM – 15 Years
    - 5. Lisa Lottritz - CCHS – 15 Years
    - 6. Bryan Tyre – EHS – 20 Years
    - 7. Denise Cona – EHS – 25 Years
  - C. Retirement
    - 1. Andrew Goodrich, Director, Air Quality Management – 24 Years

7. Consent Agenda  
 Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

- A. Air Quality Management Cases
  - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
    - a. No Cases This Month
  - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
    - a. No Cases This Month
- B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board
  - 1. No Cases This Month

C. Budget Amendments / Interlocal Agreements

- 1. Retroactive Approval of the District Health Officer's Acceptance of the Notice of Subgrant Award from the Nevada State Health Division to Provide Funding in the Total Amount of \$113,000 for the Tobacco Education and Prevention Program Grant, IO 10010 for the Period of March 29, 2010 through March 28, 2011; and Approval of the Budget Amendments Totaling a Net Decrease of \$5,614 in Both Revenue and Expenses **(action)**
- 2. Retroactive Approval of the District Health Officer's Acceptance of the Grant Agreement and Assistance Amendment #1 from the US Environmental Protection Agency (EPA) to Provide Funding in the Total Amount of \$650,158 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019, for the Period of October 1, 2009 through September 30, 2010 **(action)**
- 3. Ratification of Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement to Provide Community and Clinical Public Health Opportunities for the School of Medicine Residents During Their Preceptorship Experience for the Period of July 15, 2009 through June 30, 2011 **(action)**
- 4. Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, in the Total Amount of \$140,000 for the DMV Excess Reserve Grant Program (IN TBD) for the Period of Upon Approval through June 30, 2012; and Approval of Budget Amendments Totaling an Increase of \$140,000 in Both Revenue and Expenses **(action)**

INTRODUCTION OF NEW EMPLOYEE  
 MR. WES RUBIO

YEARS-OF-SERVICE  
 MELISSA PEAK – 5 YEARS  
 WALLY PRICHARD – 10 YEARS  
 CHARLENE ALBEE – 15 YEARS  
 LISA LOTTRITZ – 15 YEARS  
 BRYAN TYRE – 20 YEARS  
 DENISE CONA – 25 YEARS

RETIREMENT  
 ANDREW GOODRICH – DIVISION DIRECTOR – AIR QUALITY MANAGEMENT

APPROVED

APPROVED

APPROVED

APPROVED

- |  |  |
|--|--|
| <p>5. Approval of Subgrant Amendment #1 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, in the Total Amount of \$62,350 for the Period of January 1, 2010 through December 31, 2010; and Approval of Amendments Totaling an Increase of \$2,001 in Both Revenue and Expenses to Bring the FY 11 Adopted FY 11 ELC-General Grant Program, IO 10677, to Bring the Adopted Budget Into Alignment with the Grant <b>(action)</b></p>   | <p>APPROVED</p>                          |
| <p>8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health<br/>A. No Cases This Month</p>  |  |
| <p>9. Regional Emergency Medical Services Authority<br/>A. Review and Acceptance of the Operations and Financial Report for June and July 2010 <b>(action)</b><br/>B. Update of REMSA's Community Activities Since June 2010</p>   | <p>ACCEPTED</p> <p>PRESENTED</p>         |
| <p>10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for July 2010 <b>(action)</b></p>   | <p>ACCEPTED</p>                          |
| <p>11. Update – Fiscal Year 2011 Budget<br/>A. "State Doc"<br/>B. "Project Accounting Sheets"<br/>C. Organizational Charts</p>   | <p>PRESENTED</p>                         |
| <p>12. Presentation of the Draft Proposed Revisions to the Washoe County District Board of Health Regulations Governing Solid Waste Management Specific to Animal Resistant Containers with Possible Direction to Staff <b>(action)</b></p>  | <p>PRESENTED WITH DIRECTION TO STAFF</p> |
| <p>13. Discussion and Recommendation to Approve Process to Update the Board Members Specific to Requests Received from Other Governmental Entities <b>(action)</b></p>   | <p>PRESENTED WITH DIRECTION TO STAFF</p> |
| <p>14. Update on Attendance at the National Association of Local Boards of Health (NALBOH) Annual Meeting – August 5 – 7, 2010 – Omaha, Nebraska</p>   | <p>PRESENTED</p>                         |
| <p>15. Recommendation to Approve and Adopt Proclamation Declaring September 25, 2010, as <i>Prescription Drug Round-Up Day</i> <b>(action)</b></p>   | <p>APPROVED AND ADOPTED</p>              |
| <p>16. Recommendation to Approve and Adopt Proclamation Declaring September 2010 as "<i>Clean Hands Month</i>" <b>(action)</b></p>   | <p>APPROVED AND ADOPTED</p>              |
| <p>17. Nevada State Health Division - Pregnancy Connection Program Report</p>  | <p>PRESENTED</p>                         |
| <p>18. Staff Reports and Program Updates<br/>A. <b>Director, Epidemiology and Public Health Preparedness</b> – Communicable Disease; Public Health Preparedness (PHP) Activities<br/>B. <b>Director, Community and Clinical Health Services</b> – Second Annual Washoe County Childhood Obesity Forum; Nevada State Health Division Grant Award for the Maternal, Infant and Early Childhood Home Visiting Program<br/>C. <b>Director, Environmental Health Services</b> – Vector-Borne Diseases Program – Mosquito Surveillance, Plague Surveillance, Hantavirus Surveillance, Lyme Disease Surveillance, and Rabies Surveillance; Epidemiology Investigations; and Hand Washing Outreach<br/>D. <b>Director, Air Quality Management</b> - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity</p> | <p>PRESENTED</p>                         |

E. Administrative Health Services Officer – No Report This Month

F. District Health Officer – Washoe County Potential 2011 Bill Draft Requests; Infectious Disease Resurgence

19. Board Comment – Limited to Announcements or Issues for Future Agendas

20. Adjournment (action)

COMMENTS PRESENTED

ADJOURNED

**NOTE:** Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.  
Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Building "B", Reno, NV 89520-0027 or by calling 328-2416.

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DISTRICT BOARD OF HEALTH**

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Matt Smith, Vice Chairman  
George Furman, MD,  
Councilman Dan Gustin  
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Councilwoman Julia Ratti

**A G E N D A**

Meeting of the  
DISTRICT BOARD OF HEALTH

Building B  
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|---------|----|---|---------------|
| 1:00 PM | 1. | Call to Order, Pledge of Allegiance Led by Invitation                             | Dr. Humphreys |
|         | 2. | Roll Call   | Ms. Smith     |
|         | 3. | Public Comment (3 minute time limit per person)                                   | Dr. Humphreys |
|         | 4. | Approval/Deletions to the Agenda for the August 26, 2010 (action)                 | Dr. Humphreys |
|         | 5. | Approval/Additions/Deletions to the Minutes of the July 22, 2010 Meeting (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Introduction of New Employees
1. Mr. Wesley Rubio – EHS
  2. Mr. Kevin Dick – AQM Division Director
- B. Years-of-Service
1. Melissa Peek – EPHP - 5 Years
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1. Andrew Goodrich, Director, Air Quality Management – 24 Years
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1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
    - a. No Cases This Month
  2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
    - a. No Cases This Month
- B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
1. No Cases This Month
- C. Budget Amendments / Interlocal Agreements
1. Retroactive Approval of the District Health Officer's Acceptance of the Notice of Subgrant Award from the Nevada State Health Division to Provide Funding in the Total Amount of \$113,000 for the Tobacco Education and Prevention Program Grant, IO 10010 for the Period of March 29, 2010 through March 28, 2011; and Approval of the Budget Amendments Totaling a Net Decrease of \$5,614 in Both Revenue and Expenses **(action)**
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5. Approval of Subgrant Amendment #1 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, in the Total Amount of \$62,350 for the Period of January 1, 2010 through December 31, 2010; and Approval of Amendments Totaling an Increase of \$2,001 in Both Revenue and Expenses to Bring the FY 11 Adopted FY 11 ELC-General Grant Program, IO 10677, to Bring the Adopted Budget Into Alignment with the Grant **(action)**
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health  
A. No Cases This Month Mr. Bonderson
9. Regional Emergency Medical Services Authority Mr. Smith  
A. Review and Acceptance of the Operations and Financial Report for June and July 2010 **(action)**  
B. Update of REMSA's Community Activities Since July 2010
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for July 2010 **(action)** Ms. Coulombe
11. Update – Fiscal Year 2011 Budget Ms. Coulombe  
A. "State Doc"  
B. "Project Accounting Sheets"  
C. Organizational Charts
12. Presentation of the Draft Proposed Revisions to the Washoe County District Board of Health Regulations Governing Solid Waste Management Specific to Animal Resistant Containers with Possible Direction to Staff **(action)** Ms. Rucker
13. Discussion and Recommendation to Approve Process to Update the Board Members Specific to Requests Received from Other Governmental Entities **(action)** Ms. Coulombe
14. Update on Attendance at the National Association of Local Boards of Health (NALBOH) Annual Meeting – August 5 – 7, 2010 – Omaha, Nebraska Dr. Furman
15. Recommendation to Approve and Adopt Proclamation Declaring September 25, 2010, as *Prescription Drug Round-Up Day* **(action)** Ms. Hambleton
16. Recommendation to Approve and Adopt Proclamation Declaring September 2010 as "*Clean Hands Month*" **(action)** Mr. Wagner  
Mr. Dougan
17. Nevada State Health Division - Pregnancy Connection Program Report Ms. Hunter  
Ms. Brown
18. Staff Reports and Program Updates  
A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities Dr. Todd  
B. **Director, Community and Clinical Health Services** – Second Annual Washoe County Childhood Obesity Forum; Nevada State Health Division Grant Award for the Maternal, Infant and Early Childhood Home Visiting Program Ms. Brown  
C. **Director, Environmental Health Services** – Vector-Borne Diseases Program – Mosquito Surveillance, Plague Surveillance, Hantavirus Surveillance, Lyme Disease Surveillance, and Rabies Surveillance; Epidemiology Investigations; and Hand Washing Outreach Mr. Sack  
D. **Director, Air Quality Management** - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity Mr. Goodrich

- |   |               |
|---|---------------|
| <b>E. Administrative Health Services Officer – No Report This Month</b>   | Ms. Coulombe  |
| <b>F. District Health Officer – Washoe County Potential 2011 Bill Draft Requests; Infectious Disease Resurgence</b> | Dr. Anderson  |
| 19. Board Comment – Limited to Announcements or Issues for Future Agendas   | Dr. Humphreys |
| 20. Adjournment (action)  | Dr. Humphreys |

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
Board Room - Health Department Building  
Wells Avenue at Ninth Street

August 26, 2010

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

August 26, 2010

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WASHOE COUNTY DISTRICT BOARD OF HEALTH

August 26, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Amy Khan, MD; Commissioner Kitty Jung; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Ms. Eileen Coulombe, Administrative Health Services Officer; Mr. Andrew Goodrich, Director, Air Quality Management; Mr. Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Ms. Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Jeanne Rucker, Environmental Health Specialist Supervisor; Dave McNinch, Environmental Health Specialist Supervisor; Candy Hunter, Public Health Nursing Supervisor; Peg Caldwell, RN; Tracie Douglas, Public Information Officer; Bryan Wagner, Senior Environmental Health Specialist; Wally Prichard, Air Quality Specialist; Bryan Tyre, PE, Registered Engineer; Denise Cona, Plans/Permit Application Aide; Kim Tran-Franchi, Environmental Health Specialist; Lisa Lottritz, Public Health Nurse; Melissa Peek, Epidemiologist; Charlene Albee, Environmental Engineer; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Mark Dougan, Environmental Health Specialist; Betsy Hambleton, Medical Reserve Corps Coordinator; Jeff Whitesides, Public Health Program Manager; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Mr. Andrew Goodrich, retiring Director, Air Quality Management.

ROLL CALL

Roll call was taken and a full Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – AUGUST 26, 2010

Chairman Humphrey called for any amendments to the agenda for August 26, 2010.

**MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the agenda for the District Board of Health August 26, 2010 meeting be approved as presented.  
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – JULY 22, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the July 22, 2010 meeting.

Mr. Gustin advised he would be recusing himself as he was not present.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the minutes of the District Board of Health July 22, 2010 meeting be approved as received.  
Motion carried with Mr. Gustin abstaining.**

RECOGNITIONS

Mr. Bob Sack, Director, Environmental Health Services, introduced Mr. Wesley Rubio, advising that Mr. Rubio is a new Registered Environmental Health Specialist in the Environmental Health Services Division.

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Ms. Melissa Peek for **5 Years-of-Service**; Mr. Wally Prichard for **10 Years-of-Service**; Ms. Charlene Albee for **15 Years-of-Service**; Ms. Lisa Lottritz for **15 Years-of-Service**; Mr. Bryan Tyre for **20 Years-of-Service** and Ms. Denise Cona for **25 Years-of-Service**.

Chairman Humphreys and Dr. Anderson presented a plaque to Mr. Andrew Goodrich, Director, Air Quality Management in recognition of his upcoming retirement and commending him for twenty-four (24) years of service from November 3, 1986 through September 3, 2010, and his dedication to the improvement of the air quality in Reno, Sparks and Washoe County.

Mr. Andrew Goodrich, Director, Air Quality

Advised that he "believes the Washoe County Health District Air Quality Division is a fantastic Division; that it is one of the top in the County, top in region and that is because of the fine employees. The Health District is a top performing Department and again because of the employees and the relationships built in the community with some of the various industries; that the District has been able to achieve some amazing things which is not only recognized regionally but nationally as well." He thanked the Board, Dr. Anderson and Staff for the great support offered him during his years of service.

Mr. Smith

Advised that he has know Mr. Goodrich for "almost all of the years he has worked in the Air Quality Division and he can tell everyone that 'from where it was to where it is' Mr. Goodrich has taken it a long, long ways; that he is absolutely thrilled with Mr. Goodrich's accomplishments."

Ms. Jung

Thanked Mr. Goodrich for "his years of terrific and noble service to the citizens of Washoe County and the Air Quality Division. Not only has he been a good public servant to Washoe County and the Air Quality Division but for his service out in the community, too, representing Washoe County."

Ms. Jung was excused at 1:20 pm.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Notice of Subgrant Award** from the **Nevada State Health Division** to provide funding in the **total amount** of **\$113,000** for the **Tobacco Education and Prevention Program Grant, IO 10010** for the period of March 29, 2010 through March 28, 2011; and **approval** of the **budget amendments totaling a net decrease** of **\$5,614** in both revenue and expenses.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Grant Agreement and Assistance Amendment #1** from the **US Environmental Protection Agency (EPA)** to provide funding in the **total amount** of **\$650,158** for

the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**, for the period of October 1, 2009 through September 30, 2010.

The Board was advised that Staff recommends **ratification** of **Amendment #2** to the **Board of Regents of the Nevada System of Higher Education Interlocal Agreement** to provide community and clinical public health opportunities for **School of Medicine residents** during their preceptorship experience for the period of July 15, 2009 through June 30, 2011.

The Board was advised that Staff recommends **ratification** of the **Interlocal Contract** with the **State of Nevada, Department of Motor Vehicles**, for the **DMV Excess Reserve Grant Program (IN TBD)** in the **total amount of \$140,000** for the period of approval through June 30, 2012; and **approval of budget amendments totaling an increase of \$140,000** in both revenue and expenses.

The Board was advised that Staff recommends **approval** of **Subgrant Amendment #1** from the **Nevada State Health Division, Office of Epidemiology** for the **Epidemiology and Laboratory Capacity (ELC) Grant Program** in the **total amount of \$62,350** for the period of January 1, 2010 through December 31, 2010; and **approve amendments totaling an increase of \$2,001** in both revenue and expenses to the **adopted FY 11 ELC-General Grant Program, IO 10677**, to bring the FY 11 adopted budget into alignment with the grant.

**MOTION:** Ms. Ratti moved, seconded by Mr. Gustin, that the retroactive approvals of the District Health Officer's acceptance of the Notice of Subgrant Award, with the corresponding budget amendment; the Grant Agreement and Assistance Amendment #1; the ratification of Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement; ratification of the Interlocal Contract, with the corresponding budget amendment; and the Subgrant Amendment #1 with the corresponding budget amendment be approved as outlined.  
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – June and July 2010

Mr. Jim Gubbels, Vice President of REMSA

The Board members were provided with a copy of the June Operations and Financial Report; that the emergency response times for life-threatening calls in June was 93% and 96% for non-life threatening calls. The monthly average bill for air ambulance service for June was \$6,441, with a year-to-date average of \$6,433. The monthly average bill for ground ambulance service for June was \$892 with a year-to-date \$926; that the average allowable for ground ambulance service was \$922; that REMSA exceeded the allowable by an average of \$4.

The Board members were provided with a copy of the July Operations and Financial Report; that the emergency response times for life-threatening calls in July was 92% and 96% for non-life threatening calls. The monthly average bill for air ambulance service for July was \$7,316, which is the year-to-date average. The monthly average bill for ground ambulance service for July was \$984 which is the year-to-date average. The allowable ground average bill with the Consumer Price Index (CPI) increase for this fiscal year was \$970; however, due exceeding the allowable average bill for last year by \$4, the allowable average bill has been reduced by the \$4 resulting in an allowable average ground ambulance bill of \$966 for this fiscal year.

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the REMSA Operations and Financial Report for the month of June and July 2010 be accepted as presented.  
Motion carried unanimously.**

B. Update – REMSA's Community Activities Since June 2010

Mr. Gubbels advised that attached the Operational and Financial Report for July is copy of an article featured in *Vertical 911*, "A Day in the Life of an EMS Pilot" featuring Mr. Dean Mischke, a Care Flight pilot. He would encourage everyone to read the article, which explains what Mr. Mischke "gets to do day in and day out."

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE  
REPORT – JULY 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

The Board members have been provided with a copy of the Health Fund Revenue and Expenditures Report for the month of June 2010 (Fiscal Year 10), advising that it provides the contrasting percentages from last year and the amount in the Environmental Oversight Account for June and July 2010. Reviewed the Report in detail advising that Staff recommends the Board accept the Report as presented.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for June 2010 be accepted as presented.  
Motion carried unanimously.**

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

The Board members have been provided with three (3) documents, which she would request would be inserted into the Board members' budget book; that these will be of assistance during the Strategic Planning Retreat. Reviewed each document advising that "A" is the "State Doc", which is to be inserted in Tab 2; that the last column delineates the final adopted amount; that the "variance in that change was \$15,740." When the budget book was presented the second page was presented by Divisions; however, it has been rolled-up into the Health Fund; therefore, "rather than the five (5) different Divisions it is as a Health Fund." Item 11.B. of the handouts is the "Project Accounting Sheets"; that Tab 8 of the budget book was "all the different financials with the estimates to complete for the previous year; that this is a simple tool to have all of this rolled up by Program." As an example, reviewed the "Project Accounting Sheets" of the Air Quality Management Division of all the different line items listed; that this provides a "quick overview of the Programs"; that this information is to be inserted in Tab 8 of the budget book. Item 11.C. is the Health District's Organizational Chart, which will be inserted in Tab 5 of the budget book; that the Organizational Chart will be adopted as of July 1 of each year; that the updates include the "Return on Investments" (ROI) positions, which had been abolished during the year have been deleted from the Organizational Chart. The authorized positions are those that are funded.



In response to Ms. Ratti

Regarding the date and time of the Board of Health's Strategic Planning Retreat, Ms. Coulombe advised that the meeting is scheduled for Thursday, October 7, 2010, beginning at 9:00 am; that she would recommend the Board members schedule the entire day for the Session. Staff will list the Strategic Planning Session on next month's agenda allowing for a discussion of the items for the Strategic Planning Retreat agenda.

PRESENTATION – DRAFT PROPOSED REVISIONS – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SOLID WASTE MANAGEMENT – ANIMAL RESISTANT CONTAINERS

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor

Advised that the Board members have been provided with an updated version of the draft Regulations Governing Solid Waste Management, specifically to Section 040 (Solid Waste Storage), (a copy of which was placed on file for the record).

A request was received to have a Staff member participate in the Sierra Front Bear Working Group, which was developed to address issues as related bears and "the possible interface with residents of Washoe County; that one of the issues of greatest concern was bears feeding on garbage and other things that could attract bears into suburban and urban areas, which would pose a danger for both the bear(s) and human beings." At the July 22, 2010 District Board of Health meeting, Staff was directed to prepare a revision to the Solid Waste Regulations to address bear issues as related to solid waste storage." She had discussions with both legal counsel and the District Health Officer and it was determined that the current existing Regulations would have to be amended to address this issue, as the Regulations adopted by the District Board of Health pertain to the entire County "and not just to those areas which may have bear issues." The Health District has not received any bear complaints; that the complaints received pertain to coyotes, cats, dogs, raccoons, and other types of animals getting into the waste containers. The proposed draft is "not specific to bears; that it addresses animal resistant containers and should a chronic problem exist what the remedy would be for that." The proposed draft "allows for adjustment to the container regarding location, time of placement, and removal from the curb in an effort to preclude those containers from access by animals."

Staff recommends the Board members review the draft of the proposed revisions to Section 040 of the District Board of Health Regulations Governing Solid Waste Management. A draft of the proposed revisions was disseminated to a number of stakeholders who had indicated an interest in

the bear issue; that Staff conducted a public workshop last night; that two (2) of the members of the Working Group who provided comments; that Staff also received some comments through emails. The updated draft proposed amendments provided to the Board today are based on those comments.

The proposed amendments would not result in any "fiscal impacts to the Health District"; however, it is not possible to determine how "that could change in the future" with a potential increase in the number of complaints that will be received in the future when it is "decided" the Health District is responsible for bears. There will be a "fiscal impact to anyone who has a container that has to be changed out to an animal resistant container, which is quite costly." There may also be an ancillary fee charged by the garbage company will charge for those residents who have to have that type of container. Incline Village has an ordinance that addresses this issue and providing "the container is in a specific location there is no charge to the resident"; however, that is in accordance with Incline's Franchise Agreement. The other Franchise Agreements do not address this provision; therefore, it is "likely there will be an additional charge to the user of that type of container."

She would request the Board members review the proposed draft and provide her with "feedback and direction."

In response to Ms. Ratti

Regarding how residents will be advised "they have to have an animal resistant container", Ms. Rucker advised that the Regulation stipulates "...if there is a chronic disturbance."; that initially a "chronic disturbance was defined as three (3) valid complaints in a twelve (12) month period" would be deemed a chronic disturbance and would require a change out to an approved animal-resistant container. During the review of the proposed draft amendments it was the determination to reduce this provision to "one (1) or two (2) valid complaints to be consistent with the other enforcement agencies on the Eastern Sierra Front; therefore, the new proposed draft stipulates "the first validated incident will result in a warning, with Staff explaining the options; that a second validated complaint will result in the resident being required to change out their container with ninety (90) days." This would be property owner specific and would not pertain to adjacent property owners unless those property owners are having the same problem; that "usually complaints are individual and not for an area." As she previously stated, the Health District has not received any bear complaints; therefore, it is not possible to know "if that is how complaints may be received." Regarding how other jurisdictions manage this, Ms. Rucker advised that "this is how the other jurisdictions, which she was advised to review, manage complaints – on a case-by-case basis; however, no other jurisdictions, which she reviewed, names the Health Authority as the enforcement agency." All of the other jurisdictions, which she reviewed, designate Code Enforcement as the agency managing these complaints.

Chairman Humphreys

He would recommend that any comments be presented to Ms. Rucker for the final draft for presentation and action at the Board's October 28, 2010 meeting.

In response to Mr. Gustin

As to "why is the Health District the responsible agency rather than Code Enforcement", Ms. Rucker advised that "the Health District isn't responsible; however, as the enforcement authority for solid waste management; that one of the problems reported regarding bears in urban is the bears getting into the garbage cans and eating the garbage, which relates to solid waste. Ms. Rucker stated she has been advised that once "bears begin getting into garbage cans it is not possible to retrain them not to do it; that too frequently the bears then become a problem for the citizens in the area." Ms. Rucker advised that the Health District has Regulations specific to the storage of solid waste; that this is issue "is only a piece of the problem and only a piece of the solution; that Staff can address the solid waste aspect of it; however, Staff cannot address feeding as an issue." There was a request that Staff implement an anti-feeding regulation; however, the Health District does not have that authority; that there was a recommendation to prohibit the storing of food outside; that the Health District does not have the authority to prohibit the storage of food. It would be the responsibility of the County or the Cities "to address the other elements of this problem.

Mr. Gustin

Within the City of Reno "dumpster diving for the collection of cans, etc." is a Code Enforcement issue; that although it is solid waste it is not a Health District issue."

Ms. Rucker

In response to Mr. Gustin, advised that the Health District does receive complaints regarding "dumpster diving which does become a solid waste issue."

Mr. Gustin

In the City of Reno "once the container is put out on the street for pick-up it is anybody's but while it is in the driveway or on the property other people cannot access it."

In response to Mr. Gustin

Ms. Rucker advised that "once the container is placed at the curb, on the day of collection, it becomes the property of the waste management company/the franchise hauler; that it is a fine line."

Mr. Gustin

He believes it is better suited to the authority of Code Enforcement rather than the Health District."

Mr. Smith

"If the garbage becomes the property of the garbage company once it is placed on the curb", he would question wouldn't it then become the responsibility of the garbage company to control the bears getting into the garbage."

In response to Mr. Smith

Ms. Rucker advised that "in addition to it belonging to the garbage company, within each entities ordinances and Franchise Agreement(s), there are restrictions "on how far in advance and how long a garbage container can be left at the curb. The garbage company suggests placing the container out the morning of collection; that Health District Regulations stipulate it cannot be left out more than twenty-four (24) hours after collection; that some ordinances stipulate it must be returned before; that the owner does have some responsibility. It depends upon where your residence is located; that within her area, which has not been impacted by bears, the majority of the home owners leave the garbage container on the side of the house", which would allow for animals to knock the container over. "It depends upon where a residence is located and what type of animals may be in the area; that regardless the generator of the waste has some responsibility."

In response to Ms. Ratti

Regarding the method by which these complaints are managed by Code Enforcement, Ms. Rucker advised that the complaints are enforced through the auspices of "specific to bear ordinances."

In response to Mr. Smith

Regarding how the Health District became involved in this issue, Ms. Rucker advised that a request was received for the Health District to participate in the bear working group; that during the working group discussions she advised that the Health District already had Regulations specific to solid waste containment. She further advised that, "with minor modifications, those Regulations might assist in easing this problem; that in a review of her notes, the discussions indicated a consensus among the other partnering agencies "that the Health Department would just take care of this and there would be no responsibility among the other entities. The Health District is doing their part and it is the responsibility of the other partners to do their part. The Nevada Department of Wildlife (NDOW) has done their job admirably; however, NDOW has become frustrated as Washoe County is the last County within the Eastern Sierra Front to do anything; that Carson City and Douglas County have adopted ordinances, as have other counties surrounding the Lake. The request for two (2) validated complaints provision was to be consistent with the other ordinances."

Ms. Ratti

Questioned if the Health Officer would be communicating with the County and City Managers that the Health District has "come up with part of the solution; however, there may be another County Department and the Cities may need to come up with another part of the solution."

Dr. Anderson

"Although that sounds like a reasonable proposal, she would request Ms. Rucker's expertise."

In response to Ms. Ratti

Ms. Rucker advised that she has been in communication with the Assistant County Manager, who was involved in this process; that once the District Board of Health has approved and adopted the proposed amendments, those amendments can be submitted to the County "as to this is what the Health District has done – what will the County do? The Health District's Regulations would apply within the Cities also. As Mr. Gustin indicated the City of Reno has Code Enforcement involved in addressing that City's issues which may very well relate to this. From an educational standpoint it would be beneficial for the Health Officer to contact with the City and County Managers to advise what the Health District has accomplished; however, it only goes this far and the rest would be their responsibility."

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that Staff proceed with the final draft of the proposed revisions to the District Board of Health Regulations Governing Solid Waste Management, specific to animal**

**resistant garbage containers, for consideration at the Board's October 28, 2010 meeting.  
Motion carried unanimously.**

DISCUSSION – RECOMMENDATION – PROCESS – UPDATE BOARD MEMBERS SPECIFIC TO REQUESTS RECEIVED FROM OTHER GOVERNMENTAL ENTITIES

Ms. Coulombe

She provided the Board members with two (2) documents; that the first one is the Board's Procedural Policies; that Section 6 (Uses of Staff), refers to request for use of Staff time. She read Section 6 in full into the record; that this provision assists in "determining where resources are met."

The second document was developed in response to the Board's direction that Staff advise the Board as to when requests are submitted to Staff from either a Board member or a member of another governmental entity. The tracking document would indicate the individual requesting information; a brief statement as to the information requested with the date of the request; to whom the request was assigned and the status of the request; that as an example Ms. Jung's inquiry regarding Western Equine Encephalitis was listed. The tracking document was reviewed.

In response to Chairman Humphreys

Regarding the tracking document being based upon the Fiscal Year, Ms. Coulombe stated that the requests could be easily monitored by Fiscal Year maintained on an Excel spread sheet with a tab for each year. The concept is to ensure Staff is responsive to any requests, which are received, and that the Board is aware of such requests.

Dr. Khan

Questioned if the intent of the tracking document is to monitor those requests presented during the Board of Health meeting "in addition to those received from other agencies or other governmental entities.

In response to Dr. Khan

The requests received during the Board of Health meeting are noted by Staff and those requests/inquiries being addressed at a subsequent Board of Health meeting. The tracking document presented would be for the purpose of apprising the Board of Health members when requests are received from a Board member outside the monthly Board of Health meeting or received from another governmental entity or agency as an external request. This would be "a communication document to the Board members advising that Staff has received a request or inquiry from an external agency. These types of requests should be presented to the District Health Officer initially and then delegated to the appropriate Staff for response; that should such a request be initially presented to a member of Staff it would be incumbent upon that Staff member to advise the appropriate Division Director to advise the Health Officer of such a request. Such a request would be noted on the tracking document for reference to the Board.

In response to Ms. Ratti

Regarding how Staff would disseminate this information to the Board members, Ms. Coulombe advised that it would be the determination of the Board as to how the information is disseminated. Staff could email it to the Board members or should there be an update Staff can present the tracking document with the information to the Board during a meeting; that the document provides a method for tracking various requests that may be received.

Dr. Khan

The information "seems process related to daily departmental activities – when a request is received how is it processed? It is useful to update Board members"; however, "some issues are specific to functions related to the Health District; that she would anticipate that Dr. Anderson would communicate to the Board members regarding requests received"; that these may be relayed to the Board in Dr. Anderson's Health Officer's Report." These have the potential "to be the business of the Department and she is not sure it is necessarily the business of the Board other than being updated."

Ms. Coulombe

It could possibly be an attachment to the Health Officer's report when there has been a request received, which would allow for discussion if necessary; that the handout could be utilized as a tracking document.

Mr. Smith

If a request is received by Dr. Anderson and assigned to the proper Staff member the issue should be addressed "prior to it getting to the Board, and if it is not or cannot be addressed within a couple of weeks the Board should be advised of the issue. Communication is the key; that if it is simple question that can be answered in a matter minutes it is not necessary for the Board to be advised; however, if it is regulatory then it would be necessary to advise the Board; that this does not have to be a new procedure."

In response to Mr. Smith

Ms. Coulombe stated if an issue or inquiry cannot be addressed immediately, with an update to the Board noted in a Division Director's Report, as it involves a regulatory issue or will require additional time, Staff will so note it on the tracking document to keep the Board apprised.

Mr. Smith

The intergovernmental entity, partnering agency or individual submitting the request should be advised that Staff is in the process of addressing the inquiry.

Dr. Anderson

The inquiries, which would be noted on the tracking form, would not from the public; that as Dr. Khan and Mr. Smith stated, inquiries received from other governmental agencies or entities "may need to be tracked due to potential policy changes or might have a high-level impact."

Ms. Coulombe

"It will be at the Health Officer's discretion as when to list an inquiry" on the tracking document; that the tracking document would then be provided as an attachment for the Board's appraisal.

Ms. Ratti

Recommended the Health Officer include any issues or inquiries "that could potentially be controversial or might have significant conflict prior to a Board member hearing about an issue at a public meeting."



UPDATE – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH)

Dr. Furman

Reviewed a power point presentation (a copy of which was placed on file for the record) of the 2010 National Association of Local Boards of Health (NALBOH), advising that Dr. Kyu Rhee, Chief Public Health Officer Health Resources and Services Administration, who discussed Health Resources and Services Administration (HRSA) improving access to health care; that grant providers are subject to HRSA requirements; and that local health departments are subject to state laws and the rules of local boards of health. Dr. Rhee reported "there is a problem; that community health centers respond because it is required they submit quarterly reports and efficiency reports; that local health departments feel they are subject to the board(s) of health and there are a number which do not comply." Dr. Rhee encourages all to comply with the HRSA requirements and recommendations, which will be necessary "to receive federal funding in the future"; therefore, compliance will be "very important" to local health districts.

Dr. Hans Schmalzried and Dr. Fleming Fallon provided presentations regarding "*Who's Protecting Your Drinking Water*", advising that 87 pollutants have standards; that "Dilution is not the solution to pollution." Both Dr. Schmalzried and Dr. Fallon indicated "they filter their drinking water."

Dr. Beverly Tremain provided a presentation regarding the Council to Improve Foodborne Outbreak Response (CIFOR) guidelines to improve foodborne outbreak response, noting that "roach coaches" present problems nationwide.

Dr. Bob Lutz provided a presentation on "Aligning Boards of Health with their Local Health Jurisdiction". An important aspect was "The Board should tell the public about the Board and public health"; that the Board of Health's Marketing Committee had discussed this; however, funding to promote the Board and the Health District did not receive approval.

Reviewed the slide on "Take Action – Work Together" on how assess needs and resources, choose priorities, find programs and policies that work, implement strategies, evaluate efforts."

Reviewed "The Dynamic Four Step Strategic Planning and Deployment Process, presented by Dr. Ron Bialek, CEO and President, Public Health Foundation.

The "Strategic Planning Process Assessment":

- >Prepare for Strategic Planning
- >Developing the Strategy
- >Deploying the Strategy
- >Reviewing the Implementation Versus the Strategic Plan

Reviewed the preparation for Strategic Planning:

**Data Gathering**

- >Community health status data
- >Community and partnership relations
- >Economic Trends
- >Financial Analysis
- >Consumer Research
- >Employee Research
- >Legislative Trends
- >Current measures – Capacity, Process, and Outcome
- >Current strategy and goal completion rates
- >Self-assessment data
- >Demographic changes
- >SWOT Analysis
- >Accreditation data

The Board and the Health Department should ensure that preparation is really strategic and results

In prioritization; in obtaining the data it should be determined "is it relevant to strategic planning; determine 'why are we here' (avoiding presenting a list of good deeds); and determining "what are the most pressing needs? (i.e., money, accreditation, communication, etc). What does the Board and Staff want to accomplish? – list three (3); integration (the Board of Health should cross organizational boundaries); make a commitment 'to do it right'; and morale.

The 'Community Guide Web site' ([www.thecommunityguide.org](http://www.thecommunityguide.org)) is new and assists to determine 'what works to promote health and safety in the community'; that the site provides information regarding:

- Evidenced-based Task Force findings and recommendations
- Systematic review methods
- Interventions on 18 public health topic areas
- How to use the Community Guide

This site "only has a few topics at the present time; that many topics will be added.

Evidence-based is:

- Research tested evidence
  - Interventions tested through a research study
  - Results may have been reported in a peer review journal
- Community Guide looks at interventions

The difficult is in questioning 'what is evidenced-based'; that the Community Guide will be reviewing the various evidence-based approaches to review these for public health to determine "if they are actually evidence-based. The problem "most often is insufficient evidence."

- Insufficient Evidence means:
  - The available studies are inconsistent findings, or there are not enough studies to draw firm conclusions.

Accreditation is beginning; that by 2011 public health departments nationwide will be able to measure performance "against clear national standards to maximize their potential and improve health." The Public Health Accreditation Board (PHAB) is comprised of the various organizations – NACCHO, NALBOH, ASTHO, etc.; that the goals of the PHAB are" 1) successfully plan and deliver a national voluntary public health accreditation program by 2011; 2) incrementally increase the number of health departments that are accredited each year with the goal of 100% by 2020; 3) have 60% of the population within an area of an accredited health department by 2015.

Currently accreditation is voluntary and it is anticipated it will remain a voluntary program; however, he anticipates eventually health departments which don't have accreditation "will be left behind."

There are three (3) required components: a community health assessment, a community health improvement plan; and an agency strategic plan; that the Board has previously discussed this and a number of communities and health boards are having these performed. It will be necessary to "evaluate the community's capacity for the change."

Advising that Public Health Finance was presented by Dr. Honore; that the purpose is to provide methods to ensure agency stability' was presented by Dr. Peggy Honore, Director of Public Health System Finance and Quality Control, Department of Health and Human Services. The strategies are: 1) to reduce financial risks and minimize negative impacts during periods of economic downturns; and 2) to answer questions fiduciary leaders should ask.

Dr. Furman

Briefly reviewed the handouts included in the packets: "A" is "Public Health Finance"; that there are four (4) States currently participating in these efforts; "that the objective is self-sustainability; that the handouts have the blueprints for attaining that self-sustainability. There is no stimulus package for public health."

"B" is "Public Health Finance Applying Practice-Based Quantitative Analysis to Strengthen and Sustain Public Health Agencies"; that this introduces 'ratio trend analysis; that the Health District's Administrative Division has already done this.

"C" is "Introducing a Set of Public Health Financial Indicators", presented by Dr. Honore, "is the head of a national Task Force on ratio and trend analysis; that this information will probably be included on the NACCHO website." There are strategies included, as there are no stimulus dollars for public health "it will necessary to consider other options regarding where the money will come from; that the importance of fees for services was stressed a lot." Dr. Honore referred to "special taxes", advising that "she is surprised that school districts go to the public for money but public health does not; that one is additional taxation. The financial indicators are determined through processing the ratios and figuring out what the ratio is for a particular program and the trend over several years – is it working or not and what is the cost per capita for each program." The Health District has reviewed the cost per capita for services.

"D" is "Viewing Public Health Financial Information from a Different Perspective: Financial Ratio Analysis in Florida County Health Departments"; that a national list is being developed; however, not all those referred to will be on the list"; that once the list is developed it will be available for other agencies "to add recommendations and comments to it; that state and local boards will utilize the same information."

"E" is the financial information for "Hillside County Health Department – Local Public Health Agency (LPHA) Financial Data, delineating "where the money comes from – what are the revenue sources and what are the expenditures; that the program for this has automatic calculations once the data is entered." Staff has provided the Board members with financial information in a similar format.

"F" is the "Case Analysis in Ratio and Trend Analysis"; that he would encourage the Board members to read and review the material prior to the Board's October Strategic Planning Retreat; that the information "will explain a lot."

Dr. Furman referred back to the power point presentation

Advising that in regard to "Public Health Finance", Dr. Honore indicated:

- Concepts and techniques that should be routinely conducted to ensure sustainability while reducing the risk of financial instability
  
- Relevance
  - Financial risk must be routinely mitigated
  - Waiting until you are in the eye of a storm is too late

Risk Mitigation is:

- Characterized by a way of thinking and acting
- Promotes management practices where information is turned into knowledge that can be used to anticipate and respond to unexpected events

Examples for Financial Risk:

- Budget overruns
- Expenditures exceeding revenues
- Diminishing fund balances
- Limited revenue resources
- Lack of outcomes
- Programs without dedicated revenues
- Mission Creep – The expansion of a project or mission beyond its original goals "where you keep adding on to a program until it goes off the cliff; that this term is now used in economics and business"

Mr. Gustin

An increase "in the demand for services may be as much of a detriment as going beyond" the original goal; that "it isn't reaching beyond the original goal it is an increase in the demand for service. When you are doing something right and the demand keeps increasing – how is that mitigated?"

In response to Mr. Gustin

Dr. Furman stated that Dr. Honore's response was "it is necessary to review what can be gained compared to what can be lost – what is the risk assessment and decide what has to be given-up along the way; that those are very tough decisions."

Consequence of Not Reducing Risks

- NEGATIVE AUDIT FINDINGS SUCH AS:
- Lack of self-sufficiency in Fee-for-Service Programs
- Lack of internal controls
- Failure to report and collect Accounts Receivables
- Mismanagement of federal grants

Finance-Research Updates

- Education
  - Profound gaps in the application of finance theory and concepts in the field of Public Health
  - MPH programs teach hospital finance not public health finance
- Training
  - No finance professional association
- Financial Management
  - Sustainability depends on local financial health

It was Dr. Honore's recommendation that economics of public health should be taught in all public health education programs at all levels, including all programs at the university level; that finance is a vital component of public health and should be taught.

Utilizing the ratio analysis and "following the trends will allow for a determination as to which programs are more effective and which ones are not through a comparison year-to-year and the per capita costs for each program; that this is what the federal government will require of all health departments and boards."

In response to Mr. Gustin

Regarding accreditation, Dr. Furman stated that the goal is to have 100% of the public health departments accredited by 2020, with 60% of the population "covered by an accredited health department by 2015. Funding is becoming available for the accreditation process; that previously the concern was how to pay for this process.

Dr. Anderson

She just forwarded a letter, executed by the Carson City Health Department, the Southern Nevada Health District and the Washoe County Health District recommending that the Nevada State Health

Division consider "how to utilize funding dedicated towards achieving accreditation through the Public Health Accreditation Board (PHAB)." The proposal the three (3) local health authorities presented was for the Nevada State Health Division to fund an individual, with an expertise in accreditation, at the Nevada Public Health Foundation rather than attempting to have separate grant-supported individuals at the different health authorities sequentially. This would allow for a centralized approach in having one (1) individual assist all of the health authorities through the accreditation process during the five (5) year period the grant has been specified.

She will provide a letter to the Board of Health at next month's meeting delineating what the health districts "are attempting to achieve; that this morning she received an email response from Mr. Richard Whitely, Administrator of the State Health Division, indicating he thought the idea was a good one." She believes "they may be able to make some joint progress simultaneously on accreditation rather than sequentially, with all districts moving forward to achieve accreditation during the next several years. The size of the organization will dictate how long the process will take as there is a parallel to the complexity of the accreditation process and the size of the organization. This will be an issue of considerable discussion at the Strategic Planning Retreat."

Chairman Humphreys

Thanked Dr. Furman for representing the Washoe County District Board of Health at the NALBOH Conference and for the informative presentation.

RECOMMENDATION – APPROVE AND ADOPT – PROCLAMATION – SEPTEMBER 25, 2010 –  
PRESCRIPTION DRUG ROUND-UP DAY

Ms. Betsy Hambleton, Program Coordinator for the Medical Reserve Corps (MRC)

Introduced Mr. Kevin Quint, Director, Join Together Northern Nevada (JTNN); and Stacy Shambolin, Coordinator, Drug Abuse Prevention Regional Street Enforcement Team.

The Board members have been provided with a copy of the Proclamation declaring September 25, 2010 as *Prescription Round-Up Day*; that the event will be conducted at five (5) different locations; that bill stuffers were included in approximately 28,000 local utility bills. The Health District is partnering with a number of other agencies and organizations, including the Health District's Solid Waste Management Program; Water Resources Department; JTNN; Reno and Sparks Police Departments; the Attorney General; the Drug Enforcement Agency (DEA); and the Federal Bureau

of Investigation (FBI). The MRC volunteers will be assisting through "manning the round-up stations."

Dr. Furman referenced water quality and 'what is in the water'; that the purpose of the Prescription Drug Round-Up Day is to ensure prescription and over-the-counter drugs are not disposed of in the community water system to protect water quality.

Staff recommends the Board approve and adopt the Proclamation as presented.

Mr. Kevin Quint, Director, Join Together Northern Nevada

Presented a copy of the *Prescription Round-Up – National Take Back Day* flyer and thanked the Board for considering the Proclamation to promote the *Prescription Round-Up Day* efforts; that the sponsors listed on the bottom of the flyer represent "people and organizations who really care about this issue. There is a community outpouring of retail groups, law enforcement, education, public health, etc., who are willing to be involved this way. It is hoped that this effort will keep hundreds of thousands of medications, both over-the-counter and controlled substances out of the water system but out of the hands of those who may use them illicitly. During the first Round-Up the effort resulted in a collection of 39,000 pills and the second resulted in a collection of 93,000; that this did not include the over-the-counter medications that were turned-in." He thanked the Board and all of the other community partners for the support in these efforts.

Ms. Stacy Shamoblin, Reno Police Department, thanked the Board for considering the Proclamation; that as Mr. Quint stated "it is encouraging to have these community partners; that each event increases the number of participating partners, with the community seeing the importance of an event such as this. There previously wasn't an avenue for people to dispose of prescription drugs when the drugs are no longer needed or have expired; that people have been 'hanging on to them', which can result in children/teenagers having access to them, or the drugs are being flushed down the toilet into the water system." Currently prescription drug abuse is the fastest increasing drug use trend both in Washoe County and nationwide; that approximately 1 in 5 teenager has already abused a prescription drug, with a vast majority of them obtaining them from parents or other relatives "by just taking them out of the medicine cabinet." The Reno Police Department "is happy to participate in an event like this providing people an easy way of disposing of these medications.



Chairman Humphreys

The list of sponsors is quite amazing with some very recognizable participants. Read the Proclamation in full into the record.

**MOTION: Dr. Furman moved, seconded by Dr. Khan, that the Proclamation designating September 25, 2010, as Prescription Round-Up Day, be approved and adopted as presented.  
Motion carried unanimously.**

RECOMMENDATION – APPROVE AND ADOPT – PROCLAMATION – DECLARING  
SEPTEMBER – “CLEAN HANDS MONTH”

Mr. Mark Dougan, Environmental Health Specialist

The Board members have been provided with a copy of the Proclamation to declare September 'Clean Hands Month'; that as Staff emphasized last year 'clean hands' is an effective method of preventing the spread of diseases and infections in protecting the health of the community, the county and the global community.

The Proclamation will remind all citizens and visitors of the importance that hand washing has in preventing illnesses; that "Hand washing is the First Line of Defense in preventing illness and the single most important means of preventing the spread of infection", as determined by the Centers for Disease Control (CDC). The "risk minimization strategies" for improving the number of people washing their hands is through education; public outreach and special events; "that communication is the key." Educational efforts through public outreach focus on the children in the community as a child easily forms new habits and every habit is the result of repetitions accompanied with positive reinforcement; that the focus is on children as they are in the process of developing early habits. During school presentations he discusses "what is the right way to wash your hands"; that he utilizes posters of animals (i.e., the raccoon washing its paws) to encourage hand washing at level to which the children relate.

Seasonal influenza outbreaks continue to increase annually resulting in a 10% or greater incidence of absenteeism in the schools; that the schools funding is based upon the daily count of the number of students in school each day. Both influenza and norovirus are frequently transmitted by individuals who fail to properly wash their hands.

Reviewed current statistics of District Health Department investigations of confirmed and suspected outbreaks of influenza and norovirus:

- 2007 24 Outbreaks – 654 people affected
- 2008 29 Outbreaks – 544 people affected
- 2009 37 Outbreaks – 1,016 people affected
- 2010 (through August 10<sup>th</sup>) 12 Outbreaks – 306 people affected

These are reported cases only as the vast majority of cases go unreported. The majority of unreported cases are parents who don't take their children to a doctor; those who work and don't have the time to take off work so they go to work sick; or they don't have time to take off to take their children to the doctor or they don't have health insurance.

Ms. Kim Tran Franchi, Environmental Health Specialist

As Mr. Dougan advised, the focus for 'Clean Hands Month' this year is children; that research demonstrates that children and adults "are more likely to learn when the information is of interest to us." For children this helps children "connect what they know with new information; that further it assists in helping them put that new information into a meaningful context"; therefore, it was the determination of the Clean Hands Month Committee to conduct "an outreach activity for children in the interest of children." The Committee members designed a coloring contest with a separate page for girls and boys so that children would identify themselves with the image; that the coloring page will also be available in Spanish. The coloring sheets include animals as a number of households have pets and the slogan is "Wash your hands after playing with friends." A poster design contest was developed for older school age children for grades 1<sup>st</sup> through 8<sup>th</sup> grade; that the theme for the contest is "What does hand washing awareness mean to you?" Presented an example of a poster design and sang a 'sing-song' promoting hand washing.

During 'Clean Hands Month' Staff will promote these types of activities to promote awareness that children and their families would understand the importance of hand washing, emphasizing that the CDC states "hand washing is the single most important act one can do to prevent the spread of illness." On September 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Staff will have a booth at the Great Reno Balloon Air Races providing a clean hands washing demonstration utilizing a product "GloGerm", which is a product that completely washes off if the individual properly washes their hands; that any product remaining on the hands is visible with a black light. Staff will have the Clean Hands Month props (Mr. Water Drop; Ms. Clean Hands and Mr. Bubble Burst) to shake hands with the children to help promote the event; that there will be prizes for "all the graduate who perform good hand washing that day; that they will get a ribbon "*I Washed my Hands in Washoe County*" and finger puppets that can represent the germs that cause illnesses.

Mr. Dougan

Stated that "actions speak louder than words"; that it is good they see others washing their hands and that there is positive reinforcement encouraging them to wash their hands. Global hand washing day, which is a worldwide event; that information is being translated into 64 different languages showing children how they can wash their hands. Staff recommends the Board approve and adopt the Proclamation.

Mr. Gustin

He would suggest that the use of soap be included in the proper method of hand washing, as too often people believe "running water over their hands equates to washing their hands."

Dr. Anderson and Mr. Gustin read the Proclamation in full into the record.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Proclamation declaring September 2010 as "*Clean Hands Month*" be approved and adopted as presented.**

**Motion carried unanimously.**

NEVADA STATE HEALTH DIVISION – PREGNANCY CONNECTION PROGRAM REPORT

Ms. Candy Hunter, Public Health Nursing Supervisor

Last December the Board authorized the Pregnancy Connection Program for a six (6) month period; that the Program was funded by a Subgrant from the State Health Division (NSHD) utilizing federal funds to conduct Public Health Nurse (PHN) outreach to pregnant women for the purpose of connecting them with prenatal care. Staff provided case management worked to support local and state Maternal Child Health priorities; that there was "a lengthy list of activities to be conducted in this five to six (5-6) month grant period."

A primary goal was to locate 100 pregnant women and connect them to prenatal care and assuring access to prenatal care as soon as possible within the first trimester. The Program educated these women regarding the avoidance of tobacco, alcohol and other substances during their pregnancy; assessed the home for domestic violence; assess the women for depression, and to teach healthy practices for healthy outcomes for the babies.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

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The Program Services was a population-based campaign designed to conduct preconception health training for health care providers in the community; that secondly Staff was attempting to locate mothers who weren't bringing the babies in for the second metabolic screening as required by the State. This test diagnosis potential serious metabolic disorders; therefore, the State requested Staff follow-up with these families. In this Program Staff promoted breastfeeding and to implement strategies to improve cultural and linguistic competency, "which is something Staff attempts to do in all of their programs."

Reviewed the findings of the Program:

Staff received 103 referrals in "a very short period of time", which involved outreach to in excess of 120 agencies within the community; that Staff contacted WIC, Family Planning agencies, clinics, hospitals, Emergency Rooms; that a referral was received for a resident of the Tent City homeless shelter.

The Program's clients are "generally those with no insurance, teenagers with substance abuse issues and/or mentally ill." Staff was able to get 63 of the 103 clients into care with the first sixteen (16) weeks of gestation or less; that Staff was able to get 34 of the 103 clients into care with sixteen (16) weeks or more of gestation. Ms. Lisa Lottritz, Public Health Nurse took the initiative to determine reasons these women weren't getting into care; that there were a number of challenges for these women: lack of knowledge as to when to begin prenatal care; the initial \$80 fee for entering care at the Pregnancy Center; that cost at the Pregnancy Center is approximately \$1200; fears regarding telling their parents about the pregnancy; women suffering from depression or mental illness; and fears about the consequences due to their drug and alcohol use. Three (3) of the 103 women refused services.

There are health care providers who accept Medicaid; however, a woman who is three (3) months pregnant with no resources and applies for Medicaid "it will take a minimum of three (3) months to be approved for Medicaid, providing every component of the 12 page application is filled out completely." This issue is one which Staff is studying for the Advisory Board meeting for the State as "to how do women get into care earlier and on Medicaid sooner because private physicians will take Medicaid patients but not until they have their card." The State is in the process of piloting an on-line application; however, completing the application can present a real challenge for these women.

Staff implemented an initiative, which "was a cross-divisional effort, with the objective being preconception health education; that she would commend Mr. Steve Fisher, Department Computer Application Specialist, for developing an on-line ordering application and the Epidemiology Division

for producing an Epi-Newsletter on preconception health. The CDC had a select panel that recommended interventions, which were evidence-based, specific to the use of Acutane and pregnancy and discontinuing the use of it because of the potential of birth defects; investigating chronic diseases and attempting "to get them under control before becoming pregnant." Displayed a copy of the Epi-Newsletter that was disseminated; that this information was developed in partnership with Ms. Sharon Clodfelter, Health Department Statistician and Dr. Lei Chen, Epidemiologist, to review the Department's chronic disease data and to determine what was occurring in other communities. Reviewed the data, advising that "data that informs the public health need for preconception care indicated that approximately 40% of the women of reproductive age are overweight or obese; that this results in a risk factor of gestational diabetes prior to conception; that this is a concern. Ms. Clodfelter is to be commended for obtaining local data specific to birth outcomes in Washoe County, "as low birth weight is an area where problems are noted; that Staff would like to continue with this; however, it will depend upon the availability of resources. All care providers receive the Epi-Newsletter; that it is important to inform those care givers that this is a significant problem; that the webpage link offers materials for patient education."

Two (2) other projects were a component of this Program; that Ms. Stacy Hardie through Title X facilitated "provider trainer through an audio conference to present the information on preconception health"; that the audio conference was a cost-effective method to provide this training. She had the services of nursing graduate student who disseminated information to health care providers, conducted a survey of existing practices regarding preconception health.

Staff did receive a referral regarding an infant who was diagnosed with glutaric academia Type I, which is a metabolic disorder that can result in brain damage; that through Ms. Lottritz's efforts the family was located and get them into care. The infant's father had lost his job and was worried regarding payments; that Ms. Lottritz was able to arrange for care and provided the mother with information regarding breast feeding.

Reviewed "a typical referral" received by Staff from the Department's Teen Health Mall: a 15 year old whose parents were unaware of the pregnancy; there was knowledge deficit as to how to access prenatal care; healthy prenatal behaviors; Medicaid/WIC and other community resources; and educational opportunities for pregnant teens. Staff was able to convince the girl to talk to her parents; that she then received prenatal care; she went back to school and is a client in the WIC Program. Staff has received referrals from the homeless shelters and for women with sex and drug abuse problems and mental health disorders. Staff received a referral regarding a 42 year old woman with a brain-stem injury, who was 7½ months pregnant; had been to ER twice and had received no prenatal care; that after being advised this woman's appointment was "after her due date" Ms. Lottritz contacted the Pregnancy Center and was able to receive care; that the baby was

healthy and Staff received a thank you from the father commending Ms. Lottritz for her "outstanding service."

The successes of the Program are: 100 women were connect to prenatal care; the community was educated on preconception health; newborn screening completed for infant with metabolic disease; screening, education and referral on conditions preventing poor birth outcomes; and the data obtained as to the reasons for delaying or receiving no prenatal care.

The challenges revealed by the Program are: inadequate number of health care providers who accept Medicaid or provide indigent care; birth outcome data not yet available for analysis; the 5-6 month grant period presented staffing challenges; the outreach and identification of clients requires intensive sustained efforts. Another challenge for Staff "is the stopping and starting programs"; that this Program funded by the State was completed; however, through approval of Ms. Brown, Staff did continue program services through the existing Home Visitation Program; that Staff is receiving two to three (2-3) referrals a week. Should the State Health Division again provide funding for this type of Program Staff will request approval from the Board to participate in such a program. Staff has "shared its findings with the State as to the challenges identified, including the Statewide problems associated with applying for Medicaid; that the Advisory Board will be meeting with Legislative representatives to provide an update on these findings.

The goals achieved were "good healthy babies with good outcome, reduction of expenditures for children with special health care needs and poor birth outcomes.

In response to Dr. Khan

In regard to requesting law enforcement involvement in instances of drug or alcohol abuse, Ms. Hunter advised that prior to the child being born it is not considered child neglect or abuse; that Staff adheres to the Statewide program of "assessing drug and alcohol use during pregnancy to obtain the answers" without threat to encourage the women to answer the questions.

Ms. Ratti

The outcomes of this project "are fabulous"; that the challenges Staff presented "are dead-on; that Dr. Furman referred to 'mission creep' and Mr. Gustin stated that sometimes the increased demand is when we do well and then responding to opportunities and the pros and challenges those present. When there is a Strategic Plan and we do an assessment of the need and the resources available to meet that need; however, some of the resource sources are inconsistent,

have short planning windows and are erratic Staff still has to be have flexibility within the planning process to take advantage of opportunities that are going to increase positive outcomes for the community. This is an example of that and she would congratulate Staff on a job well done.”

Chairman Humphreys

Thanked Ms. Hunter for her report.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Dr. Todd

Staff has been investigating a couple of outbreaks; that Staff in both the EPHP Division and Mr. Sack's Environmental Health Services Division “have been doing some extraordinary work; that there is the concern Staff may be getting burned-out, as with communicable disease Staff cannot control the workflow. The outbreaks as well as the routine diseases come along whether Staff wants them to or not. Again, Staff is doing some outstanding work; that the goal is to work on the outbreaks in an effort to determine the cause but more importantly to prevent a continuation or a recurrence of the same problem.”

Staff will be utilizing the services of Medical Reserve Corps (MRC) volunteers during the upcoming POD (Points of Dispensing); that Ms. Hambleton mentioned utilizing MRC volunteers to man the Prescription Round-Up sites; that as previously discussed, one issue for the volunteers was the lack of Workers Compensation insurance. Staff had received a response from Washoe County Risk Management and the State Division of Industrial Relations has approved the County's application for coverage for the non-statutory volunteers for Workers Compensation. He conferred with Risk Management staff this morning to determine what additional administrative measures were necessary; that these measures “are not particularly onerous and Staff is rapidly implementing those; that Staff expects to utilize the services of the MRC volunteers and should one become injured being able to offer them Workers Compensation protection.”

The issue of liability coverage remains an issue, as Dr. Furman is aware, has been a barrier to having physician participation in the MRC; that this is not an issue of covering the volunteers liability; that it is the County's concern and insistence that the volunteers "place their personal assets at-risk to protect the County from its liability." This can be addressed either through an "additional insurance policy or through recognition that the deployment of volunteers in a high risk situations would most likely be accompanied by NRS 414 Emergency Declaration which would serve to protect the County's interests that the indemnification language will hopefully be deleted from the Volunteer Agreement, which he hopes will result in more physicians involvement in the Medical Reserve Corp." Currently there are more than 150 MRC volunteers; that all have signed the Agreement with the indemnification clause; however, very few of these are physicians; that there is the perception that physicians have 'deeper pockets' so it is of greater concern for them to have that language in the Agreement."

Dr. Furman

While attending the NALBOH Conference he was asked by Ms. Marie Fallon, Executive Director of NALBOH "what she could do for him" and he mentioned the issue of indemnification; that Ms. Fallon had him discuss this issue with the Program Director; that the Program Director will be reviewing the issue on a federal level and advised that "she will get back to him"; that he will advise the Board and Staff should he receive any information.

Dr. Todd

Thanked Dr. Furman for his advocacy on behalf of the MRC.

Dr. Kan

The Epi-News the Board members received referred to strep-pneumonia; that the infection in younger children is low while the number of seniors with invasive disease; that she has noted the CDC is promoting the new pneumococcal conjugate vaccine that has additional strains; that additionally the issue of immunization of adults who are individuals with chronic illness or tobacco users are encouraged to receive the pneumococcal vaccine in addition to the flu shot; however, the information in the Epi-News "didn't seem to suggest the focus on the senior." She would question the use of pneumovax for adults.



In response to Dr. Khan

Dr. Todd stated that he is not aware "of what the coverage is for the pneumococcal vaccine"; however, Staff can review some of the immunization data to determine what that is; that the data in the Epi-News would support the concept "that we are getting coverage of that vaccine in younger age groups resulting in the lower rates of disease in children and higher rates of disease in the older population. There was a brief time "that in every Staff meeting there would be a report of strep-pneumo; however, that has decreased.

B. Director – Community and Clinical Health Services

Ms. Mary-Anne Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Goodrich

Thanked the Board and Staff for their support during his years as Division Director,

E. Administrative Health Services Officer

There was no Administrative Health Services Officer's Report for this month.

F. District Health Officer's Report

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Anderson

As of the Board of County Commissioners meeting of August 24, 2010, no Bill Draft Requests "went forward."

BOARD COMMENT

Dr. Humphreys

He will be in attendance at the 2<sup>nd</sup> Washoe County Childhood Obesity Forum scheduled for September 15, 2010, at the Boys and Girls Club on East 9<sup>th</sup> Street, beginning at 8:30 am; that if any of the other Board members plan to attend please let Ms. Brown know.

The Board had a number of audio/visual presentations today; that "that effort takes a lot of work and Mr. Steve Fisher, Department Computer Application Specialist is to be commended for his efforts in ensuring all those presentations go smoothly."

Ms. Ratti

Recommended that Proclamations be presented at the beginning of the meetings rather than at the end, to allow those present for the Proclamations to leave and not have to remain throughout the meeting.

Chairman Humphreys

He would concur with Ms. Ratti and directed Mrs. Smith to so note that on future agendas.

Advised that the Board of Health's Ambulance Study Committee met yesterday; that an update will be provided at next month's meeting.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

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There being no further business to come before the Board, the meeting was adjourned at 3:30 pm.

  
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MARY A. ANDERSON, MD. MPH, FACPM  
DISTRICT HEALTH OFFICER/SECRETARY

  
\_\_\_\_\_  
JANET SMITH  
RECORDER



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: August 26, 2010

**DATE:** August 9, 2010  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
 775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) *LC*  
**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
**SUBJECT:** **Retroactive approval of District Health Officer Acceptance of the Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/10 through 03/28/11 for the Tobacco Education and Prevention Program Grant, IO 10010 and approval of budget amendments totaling a net decrease of \$5,614 in both revenue and expenses.**

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District has received a Notice of Subgrant Award from the Nevada State Health Division for the period March 29, 2010 through March 28, 2011 in the amount of \$113,000 in support of the Tobacco Education and Prevention Program. A copy of the Subgrant Award is attached.

Goal supported by this item: Approval of this Subgrant Award and the budget amendments supports the Health District Tobacco Prevention and Education Program's mission to empower our community to be tobacco free through education, collaboration, policy, and evaluation.

### PREVIOUS ACTION

The Washoe County District Board of Health approved the FY09 Notice of Subgrant Award in support of the Tobacco Education and Prevention Program on August 28, 2009.

### BACKGROUND

The Health District has received from the Nevada State Health Division a Subgrant Award for the period June 30, 2008 to March 29, 2009 in support of the Tobacco Education and Prevention Program. Due to the year-end closeout requirements and to ensure sufficient

**AGENDA ITEM # 7.c.1.**

funding for March 29, 2010 through June 30, 2010 the District Health Officer signed the Notice of Subgrant Award on June 22, 2010, the same day received from the NSHD.

The FY11 Tobacco Education and Prevention Program Budget (IN 10010) was adopted with \$118,614 in anticipated grant funding. A budget amendment in the net amount of \$(5,614) is necessary to bring the Notice of Grant Award into alignment with the program budget.

### **FISCAL IMPACT**

Should the Board approve these budget amendments, the total adopted FY11 budget will be **decreased by \$5,614** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IN-10418-431100</b>	<b>Federal Revenue</b>	<b>\$(5,614.00)</b>
2002-IN-10418-710100	Professional Services	3,547.00
-710300	Operating Supplies	100.00
-710334	Copy Machine Expense	(50.00)
-710350	Office Supplies	(124.00)
-710360	Postage	175.00
-710500	Other Expense	(375.00)
-710502	Printing	(50.00)
-710508	Telephone-Land Lines	(100.00)
-710509	Registration	(100.00)
-710512	Auto Expense	(50.00)
-710529	Dues	(100.00)
-710546	Advertising	(4,741.00)
-711115	Equip Srv Motor Pool	(50.00)
-711210	Travel	(1,696.00)
-711504	Non-Capital Equipment	(2,000.00)
	<b>Total Expenditures</b>	<b>\$(5,614.00)</b>

### **RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve the District Health Officer's Acceptance of the Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/10 through 03/28/11 for the Tobacco Education and Prevention Program Grant, IO 10010 and approval of budget amendments totaling a net decrease of \$5,614 in both revenue and expenses.

### **POSSIBLE MOTION**

Move to retroactively approve the District Health Officer's Acceptance of the Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/10 through 03/28/11 for the Tobacco Education and Prevention Program Grant, IO 10010 and approval of budget amendments totaling a net decrease of \$5,614 in both revenue and expenses.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3220  
 Category #: 10  
 GL #: 8780

NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
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<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706	<b>Address:</b> P.O. Box 1130 Reno, NV 89520
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<b>Subgrant Period:</b> March 29, 2010 through March 28, 2011	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 73-786-998
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**Reason for Award:** To provide tobacco prevention and education activities and services in Northern Nevada

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

<b>Approved Budget Categories:</b>		<b>Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Budget expenditures must be made by March 28, 2011 for guaranteed reimbursement.</b>
1. Personnel	\$ 98,371.00	
2. Travel	\$ 1,204.00	
3. Operating	\$ 00.00	
4. Equipment	\$ 00.00	
5. Contractual/Consultant	\$ 9,919.00	
6. Supplies	\$ 1,076.00	
7. Other	\$ 2,430.00	
<b>Total Cost</b>	<b>\$ 113,000.00</b>	

**Disbursement of funds will be as follows:**  
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. **Total reimbursement will not exceed \$ 113,000.00 during the sub-grant period, which is in Fiscal Year 10 and 11.**

<b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC)	<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.283	<b>Federal Grant #:</b> 5U58DP002003-02
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**Terms and Conditions**  
 In accepting these grant funds, it is understood that:  
 1. Expenditures must comply with appropriate state and/or federal regulations.  
 2. This award is subject to the availability of appropriate funds.  
 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Authorized Sub-grantee Official WCHD	<i>M. A. Anderson, MD, MPH</i>	22 June 2010
Kandi Qualls Interim Tobacco Program Manager	<i>[Signature]</i>	6-3-10
Deborah A. Harris, MA, CPM Bureau Chief	<i>[Signature]</i>	6/5/10
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	6/23/10

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.



**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

Description of services, scope of work, deliverables and reimbursement

**SCOPE OF WORK**

Washoe County Health District, hereinafter referred to as Subgrantee, will provide tobacco prevention and control activities focused in four areas; eliminating exposure to secondhand smoke; promoting quitting among young people and adults; preventing initiation of tobacco use among young people; and eliminating health disparities in communities that suffer disproportionately from tobacco related disease. Subgrantee will also conduct activities that facilitate regional collaboration on tobacco prevention and control efforts in Washoe County.

**DELIVERABLES**

Please submit all of the following data items in a report to the NSHD for your Quarterly and Annual Reports. Sub-grantee agrees to provide the following services and reports according to the identified timeframes:

**REPORT SCHEDULE**

- Quarter 1 (April – June) – Due by July 10, 2010 – Table Format
- Quarter 2 (July - Sept) – Due by Oct 10, 2010 – Table Format
- Quarter 3 (Oct - Dec) – Due by Jan 10, 2010 – Table Format
- Quarter 4 (Jan – March) – Due by April 10, 2011 – Table Format
- 2011 ANNUAL Report (April 2010 – March 2011) – Due by April 15, 2011 – Full Report

<b>Goal 1: Prevent Initiation of Tobacco Use Among Adults &amp; Young People (Initiation)</b>		
<b>Performance Measures</b>	<b>Activities</b>	<b>County</b>
<b>Reach 35% (15,402) of the Washoe County young adult population through the Attract social marketing campaign (Source: Campaign tracking, media buyers)</b>	Maintenance of web-based Attract intervention components, including the Attract website and online tobacco cessation module	Washoe
	Implementation of at least two smoke free events for young adults including event promotions using local media that incorporate tobacco counter-marketing messages	
	Participation in at least two community events targeting young adults, such as GASO and Kick Butts Day	
	Facilitate at least one voluntary permanent policy change that exceeds the conditions of the NCIAA in a venue frequented by young adults	
<b>Goal 2: Eliminate Non-smokers Exposure to Second Hand Smoke (Second Hand Smoke)</b>		
<b>95% of businesses will be in compliance with the NCIAA (Source: WCHD assessments)</b>	Conduct an annual assessment of compliance with the Nevada Clean Indoor Air Act (NCIAA)	WASHOE
	Educate local businesses on the NCIAA and benefits of smoke free air. Example locations include: outdoor locations, government offices, and private businesses	

	Conduct at least one activity to acknowledge Washoe County businesses with clean air policies that exceed the conditions of the NCIAA, e.g., "EMA Awards"	
	Promote and participate in collaborative activities that eliminate exposure to Secondhand Smoke, including the Nevada Tobacco Prevention Coalition (NTPC) Executive Board and the NTPC Northern Nevada Action Committee.	
	Participate in the Washoe County Chronic Disease Coalition to ensure tobacco prevention and control collaboration with other local chronic disease prevention and intervention efforts.	
<b>Goal 3: Promote Quitting Among Adults and Young People (Cessation)</b>		
<b>21.5% or less of Washoe County adults will be daily smokers (Source: BRFSS)</b>	Refer youth (under 18) to American Lung Association tobacco cessation and post information on GetHealthyWashoe.com	WASHOE
	Collaborate with the Quitline on an Executive Brief Intervention Training for internal and external health care providers for 1 training event.	
	Promote 1-800-Quit-Now and GetHealthyWashoe.com to promote cessation opportunities.	
	Provide guidance to the American Lung Association on the ICANN Summit Executive Planning Committee.	
	Participate in the Nevada Diabetes Council to encourage tobacco prevention and cessation collaboration among Chronic Disease Prevention partners.	
<b>Goal 4: Identify and Eliminate Tobacco-Related Disparities (Disparities)</b>		
<b>By March 2011, reach 16% (26,617) of the Washoe County low SES population through targeted media and direct outreach (Source: Campaign tracking, media buyers)</b>	Design and placement of targeted media messaging to the low SES population (e.g., billboards in low SES communities, bus lines, etc.)	WASHOE
	Provide direct outreach to the low SES population (e.g., job fairs, government assistance offices, etc.)	
	Continuation of the smoke free multifamily housing initiative (SMHI) with the release of the smoke free housing report and promotion of the report via a press release.	
	Facilitate at least one voluntary policy change that exceeds the conditions of the NCIAA in a venue frequented by the low-SES population. Example locations include: multifamily housing, public transportation, and service employers.	

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U58DP002003-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U58DP002003-02 from the Centers for Disease Control and Prevention.

**REPORTS AND INVOICES**

Monthly invoices will not be approved for payment until monthly reports are received by the Tobacco Program Manager. This item only applies June 2010.

Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Manager.

NSHD reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, NSHD is not obligated to issue continuation funding.

**Subgrantee agrees to adhere to the following budget:**

1. Personnel	\$ 98,371	Personnel covers salary and fringe for 1 FTE Program Coordinator.
2. Travel	\$ 1,204	In-state travel and out of state National Conference
3. Operating	\$ 00	
4. Equipment	\$ 00	
5. Contractual/ Consultant	\$ 9,919	Consultants & or advertising/media providers will be used to provide assistance on activities such as Attract, Promoting Smoke Free Air, and Outreach to low SES populations.
6. Supplies	\$ 1,076	office and operating/educational supplies & materials
7. Other	\$ 2,430	Copies, postage, mail, telephone, membership dues
Total Cost	\$ 113,000	
<b><i>In-Kind Match</i></b>	<b><i>\$28,250</i></b>	<b><i>(25% of Grant Award)</i></b>

- This subgrantee is asked to provide an in-kind match of up to 25% of the total grant award (reflected above). The in-kind match will be reported on quarterly basis with the deliverables,

and can include any type of work, service, time, personnel, supplies, etc., that relate to the scope of work in this subgrant that is paid by a non-federal source, this can include Healthy Nevada Funding. Basically any contribution toward the scope of work that was not funded by a federal source and utilized for an in-kind match for other funding.

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Subgrantee is required to provide an in-kind match equal to or greater than 25% of their total project cost.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the monthly reporting cycle and no later than 30 days of the end of the subgrant period which is March 28, 2011.

- The Maximum amount available under this sub-grant is \$113,000.00, which is in Fiscal Year 10 and 11.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, and monthly or quarterly deliverable report.
- Additional expenditure detail will be provided on a quarterly basis to the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

Additionally, the Subgrantee agrees to provide:

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

**The Nevada State Health Division agrees:**

- To providing technical assistance, upon request from the Subgrantee;
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

An annual site visit will be performed by the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

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

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

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on actual expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

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

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

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

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

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

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

**\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.**

Nevada Department of Health and Human Services

Health Division # 10235  
 Bureau Program # 3220  
 GL # 8780  
 Draw #:

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) WCHD Project Code: IO: 10010
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520-0027
<b>Subgrant Period:</b> March 29, 2010 through March 28, 2011	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 73-786-998

FINANCIAL REPORT AND REQUEST FOR FUNDS

Report in whole dollars unless reporting actual figures is specifically approved. Request 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	\$ 98,371.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 98,371.00	0%
2 Travel	\$ 1,204.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,204.00	0%
3 Operating	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
5 Contract/Consultant	\$ 9,919.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,919.00	0%
6 Supplies	\$ 1,076.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,076.00	0%
7 Other	\$ 2,430.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,430.00	0%
8 Total	\$ 113,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 113,000.00	0%

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

Administrative Health Services Officer

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

FOR HEALTH DIVISION USE ONLY

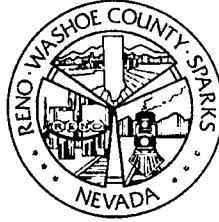
Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: August 26, 2010

**DATE:** August 9, 2010  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
 775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer

**SUBJECT:** Retroactive approval of District Health Officer Acceptance of the Grant Agreement and Assistance Amendment #1 from the U.S. Environmental Protection Agency (EPA) to provide funding in the total amount of \$650,158 for the period 10/1/09 through 9/30/10 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Air Quality Management Division has a Grant Award and one Assistance Amendment from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IN 10019. Copies of the Grant Agreement and Assistance Amendment #1 are attached.

*Goal supported by this item:* Approval of the Grant Agreement and Assistance Amendment #1 supports the District Health Department Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

### PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved the last Grant Agreement, Assistance Amendment #1 and budget amendments in support of the U.S. EPA Air Pollution Control Program, IN 10019 on June 25, 2009.

**AGENDA ITEM # 7.C.2.**

**BACKGROUND**

The Grant Agreement for 10/1/09 through 9/30/10 in the partial amount of \$517,519 was received on or about January 3, 2010; the District Health Officer signed the Agreement on January 4, 2010. Assistance Amendment #1 was received on July 2, 2010; the District Health Officer signed the Amendment on July 12, 2010. The Grant Agreement and Assistance Amendment #1 are being presented for District Board of Health retroactive approval due to the EPA requirements for signature and return.

The base grant award provides funding for salaries and benefits, training and travel, operating supplies, repairs and maintenance, minor equipment, special clothing, professional services and capital equipment.

**FISCAL IMPACT**

The period for this grant, 10/1/09 through 9/30/10, crosses county fiscal years. Should the Board retroactively approve the acceptance of the Grant Agreement, no FY11 budget amendments are necessary.

**RECOMMENDATION**


Staff recommends that the District Board of Health retroactively approve the District Health Officer's Acceptance of the Grant Agreement and Assistance Amendment #1 from the U.S. Environmental Protection Agency (EPA) to provide funding in the total amount of \$650,158 for the period 10/1/09 through 9/30/10 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

**POSSIBLE MOTION**

Move to retroactively approve the District Health Officer's Acceptance of the Grant Agreement and Assistance Amendment #1 from the U.S. Environmental Protection Agency (EPA) to provide funding in the total amount of \$650,158 for the period 10/1/09 through 9/30/10 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.



# RETURN TO EPA, MTS-7

 <p><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p><b>Grant Agreement</b></p>	<b>ASSISTANCE ID NO.</b>			<b>DATE OF AWARD</b> 12/22/2009
	<b>PRG</b> A	<b>DOC ID</b> 00905410	<b>AMEND#</b> - 0	
	<b>TYPE OF ACTION</b> Continuation			<b>MAILING DATE</b> 12/29/2009
	<b>PAYMENT METHOD:</b> Advance			<b>ACH#</b> 90104
<b>RECIPIENT TYPE:</b> County		<b>Send Payment Request to:</b> Las Vegas Finance Center, Fax (702) 798-2423		
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520		

<b>PROJECT MANAGER</b> Lori Cooke P.O. Box 11130 Reno, NV 89520 E-Mail: lcooke@washoecounty.us Phone: 755-325-8068	<b>EPA PROJECT OFFICER</b> Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997	<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675
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**PROJECT TITLE AND DESCRIPTION**  
FY-2010 Air Pollution Control Program

This assistance agreement provides partial funding in the amount of \$517,519. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance, assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County and reduce the risks to human health and the environment.

<b>BUDGET PERIOD</b> 10/01/2009 - 09/30/2010	<b>PROJECT PERIOD</b> 10/01/2009 - 09/30/2010	<b>TOTAL BUDGET PERIOD COST</b> \$2,172,837.00	<b>TOTAL PROJECT PERIOD COST</b> \$2,172,837.00
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**NOTICE OF AWARD**

Awarded on your application dated 07/29/2009, including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA), hereby awards \$517,519. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$517,519. Such award may be terminated by EPA without further cause if the recipient fails to provide timely affirmation of the award by signing under the Affirmation of Award section and returning all pages of this agreement to the Grants Management Office listed below within 21 days after receipt, or any extension of time, as may be granted by EPA. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.

<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>	<b>AWARD APPROVAL OFFICE</b>
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105	<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105

**THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY**

<b>SIGNATURE OF AWARD OFFICIAL</b> Digital signature applied by EPA Award Official	<b>TYPED NAME AND TITLE</b> Denise Zvanovec, Acting Grants Management Officer	<b>DATE</b> 12/22/2009
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**AFFIRMATION OF AWARD**

**BY AND ON BEHALF OF THE DESIGNATED RECIPIENT ORGANIZATION**

<b>SIGNATURE</b> <i>M.A. Anderson, MD, MPH</i>	<b>TYPED NAME AND TITLE</b> M.A. Anderson, MD, MPH, District Health Officer	<b>DATE</b> <i>4 January 10</i>
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# EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 517,519	\$ 517,519
EPA In-Kind Amount	\$	\$	\$ 0
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,525,938	\$ 1,525,938
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 2,043,457	\$ 2,043,457

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1009M0S006	10	E1C	09M4	101A04E	4112			517,519
									517,519

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,231,613
2. Fringe Benefits	\$425,667
3. Travel	\$79,749
4. Equipment	\$50,000
5. Supplies	\$7,500
6. Contractual	\$55,917
7. Construction	\$0
8. Other	\$122,265
9. Total Direct Charges	\$1,972,711
10. Indirect Costs: % Base Indirect Cost Rate Proposal (ICRP)	\$200,126
11. Total (Share: Recipient % Federal %.)	\$2,172,837
12. Total Approved Assistance Amount	\$517,519
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$517,519
15. Total EPA Amount Awarded To Date	\$517,519

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes	\$:
2. \$74,490 in estimated non-federal,	\$:
3. non-recurrent costs.	\$:
4.	\$:
5.	\$:
6. Cost-Share requirement 40% and MOE.	\$:
7.	\$:
8.	\$:
9.	\$:
10.	\$:
11. Total (Share: Recip % Fed %)	\$:
12. Total Approved Assistance Amount	\$:

## Administrative Conditions

1. The final Federal Financial Report (FFR), Standard Form 425, for this award shall be submitted to the U.S. EPA Las Vegas Finance Center, PO Box 98515, Las Vegas, NV 89193-8515, within 90 days after the end of the project period according to the recipient's respective Code of Federal Regulations Part 31.23(b) and 31.41(b). The LVFC will make adjustments, as necessary, to obligated funds after reviewing and accepting a final Federal Financial Report. Recipients will be notified and instructed by EPA if they must complete any additional forms for the closeout of the assistance agreement.

The recipient shall identify non-federal, non-recurrent expenditures on a separate page and submit it to the Grants Management Office, MTS-7. The recipient also agrees to include a statement certifying that supplanting did not occur.

2. The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,451,447, whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

3. In accordance with OMB Circular A-133, which implements the Single Audit Act, the recipient hereby agrees to obtain a single audit from an independent auditor if it expends \$500,000 or more in total Federal funds in any fiscal year. Within nine months after the end of a recipient's fiscal year or 30 days after receiving the report from the auditor, the recipient shall submit a copy of the SF-SAC and a Single Audit Report Package. For fiscal periods 2002 to 2007 recipients are to submit hardcopy to the following address:

Federal Audit Clearinghouse  
1201 East 10<sup>th</sup> Street  
Jeffersonville, IN 47132

For fiscal periods 2008 and beyond the recipient MUST submit a copy of the SF-SAC and a Single Audit Report Package, using the Federal Audit Clearinghouse's Internet Data Entry System. Complete information on how to accomplish the 2008 and beyond Single Audit Submissions you will need to visit the Federal Audit Clearinghouse Web site: <http://harvester.census.gov/fac/>.

4. The recipient agrees to comply with the requirements of EPA's Program for Utilization of Small, Minority and Women's Business Enterprises in procurement under assistance agreements as set forth in 40 CFR Part 33. The EPA DBE rule can be accessed at <http://www.epa.gov/osbp>. In addition, the recipient agrees to make good faith efforts whenever procuring construction, equipment, services and supplies under an EPA assistance agreement, and to ensure that sub-recipients, loan recipients, and prime contractors also comply with 40 CFR Section 33.301. Records documenting compliance with the six good faith efforts shall be retained.

The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources, as follows:

	<u>MBE</u>	<u>WBE</u>
Construction	12%	10%
Equipment	11%	23%
Services	07%	25%
Supplies	13%	28%

By signing this financial assistance agreement, the recipient is accepting the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as Nevada Department of Conservation and Natural Resources.

Pursuant to 40 CFR Section 33.404, the recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

(Condition #4 continued)

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is not accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study to Joe Ochab, MTS-1, the Regional MBE/WBE Coordinator, within 120 days of acceptance of the financial assistance award. EPA will respond to the proposed fair share objectives/goals within 30 days of receiving the submission. If proposed fair share objectives/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objectives/goals are submitted.

A recipient of a Continuing Environmental Program Grant or other annual grant agrees to create and maintain a bidders list. A recipient of an EPA financial assistance agreement to capitalize a revolving loan fund also agrees to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Refer to 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

5. The recipient agrees to complete and submit to the Grants Management Office, MTS-7, a MBE/WBE Utilization Report (EPA Form 5700-52A), within 30 days after the end of the Federal fiscal year; i.e., by October 30 of each calendar year. Negative reports are required. Only procurements with certified MBE/WBEs are counted towards a recipient's MBE/WBE accomplishments. A final MBE/WBE report must be submitted within 90 days after the end of the project period. Your grant cannot be officially closed without all MBE/WBE reports. EPA Form 5700-52A may be obtained from the EPA Office of Small Business Program's Home Page on the internet at [www.epa.gov/osbp](http://www.epa.gov/osbp).

6. When procuring services, equipment, and/or supplies under this assistance agreement, the recipient will follow the same policies and procedures it uses for procurements from its non-Federal funds. The recipient will follow their own procurement policies and procedures provided that the policies and procedures conform with EPA regulations 40 CFR Part 31.36 or 30.44 (as applicable) which state that all procurement transactions will be conducted in a manner providing full and open competition.

7. Payment to consultants. Per 40 CFR Part 31.36(j), EPA's participation in the salary rate (excluding overhead and travel) paid to individual consultants retained by recipients or by a recipient's contractors or subcontractors shall be limited to the maximum daily rate for a Level IV of the Executive Schedule, to be adjusted annually. This limit applies to consultation services of designated individuals with specialized skills and if the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. As of January 1, 2009, the rate is \$587.20 per day and \$73.40 per hour. This rate does not include overhead or travel costs and the recipient may pay these in accordance with its normal travel practices.

Subagreements with firms or individuals for services which are awarded using the procurement requirements in 40 CFR Parts 30 or 31, as applicable, are not affected by this limitation unless the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. See 40 CFR Part 31.36(j)(2) or Part 30.27(b).

8. Indirect costs are authorized under this assistance agreement in accordance with the cost principles of 2 CFR 230, 220, or 225 (formerly OMB Circular A-122, A-21, or A-87) and the indirect cost rate proposal completed by the recipient. The recipient agrees to retain and make available to EPA a copy of the indirect cost rate proposal upon request, if necessary.

9. The recipient agrees to comply with Title 40 CFR Part 34, *New Restrictions on Lobbying*. The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly.

In accordance with the Byrd Anti-Lobbying Amendment, any recipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

10. The recipient shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the United States unless authorized under existing law. The recipient shall abide by its respective 2 CFR 220, 225, or 230 (formerly OMB Circular A-21, A-87, or A-122), which prohibits the use of federal grant funds for litigation against the United States or for lobbying or other political activities.

11. In accordance with the policies set forth in EPA Order 1000.25 and Executive Order 13423 (Strengthening Federal Environmental, Energy and Transportation Management dated January 24, 2007), the recipient shall use recycled paper and double sided printing for all reports which are prepared as a part of this agreement and delivered to EPA. This requirement does not apply to reports prepared on forms supplied by EPA, or to Standard Forms, which are printed on recycled paper and are available through the General Services Administration.

Any State agency or agency of a political subdivision of a State shall also comply with the requirements set forth in Section 6002 of the Resource Conservation and Recovery Act (RCRA) (42 U.S.C. 6962), which requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA. These guidelines are listed in 40 CFR 247. Regulations issued under RCRA Section 6002 apply to any acquisition of an item where the purchase price exceeds \$10,000 or where the quantity of such items acquired in the course of the preceding fiscal year was \$10,000 or more.

12. The recipient agrees to ensure that all conference, meeting, convention, or training space funded in whole or in part with Federal funds complies with the protection and control guidelines of the Hotel and Motel Fire Safety Act (PL 101-391, as amended). Recipients may search the Hotel-Motel National Master List at <http://www.usfa.dhs.gov/applications/hotel/> to see if a property is in compliance (FEMA ID is currently not required), or to find other information about the Act.

13. The recipient organization of this EPA assistance agreement must make an ongoing, good faith effort to maintain a drug-free workplace pursuant to the specific requirements set forth in Title 40 CFR 36.200 - 36.230. Additionally, in accordance with these regulations, the recipient organization must identify all known workplaces under its federal awards, and keep this information on file during the performance of the award. Those recipients who are individuals must comply with the drug-free provisions set forth in Title 40 CFR 36.300.

The consequences for violating this condition are detailed under Title 40 CFR 36.510. Recipients can access the Code of Federal Regulations (CFR) Title 40 Part 36 at [http://www.access.gpo.gov/nara/cfr/waisidx\\_06/40cfr36\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/40cfr36_06.html).

14. The recipient shall fully comply with Subpart C of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Responsibilities of Participants Regarding Transactions (Doing Business with Other Persons)." The recipient is responsible for ensuring that any lower tier covered transaction as described in Subpart B of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Covered Transactions," includes a term or condition requiring compliance with Subpart C. The recipient is responsible for further requiring the inclusion of a similar term or condition in any subsequent lower tier covered transactions. The recipient acknowledges that failing to disclose the information as required at 2 CFR 180.335 may result in the delay or negation of this assistance agreement, or pursuance of legal remedies, including suspension and debarment.

Recipient may access the Excluded Parties List System at [www.epls.gov](http://www.epls.gov). This term and condition supersedes EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters."

15. Congress has prohibited the use of federal funds to award grants to the Association of Community Organizations for Reform Now (ACORN) or any of its affiliates, subsidiaries, or allied organizations. None of the funds provided under this agreement may be used for subawards/subgrants or contracts to ACORN or its affiliates, subsidiaries, or allied organizations. Grantees may direct any questions about this prohibition to their EPA grant office.


**Programmatic Conditions**

P1. This award represents partial award (80% of total amount) of \$517,519. Full Funding of this assistance agreement is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance (progress) report submitted in accordance with 40 CFR 31.40 or 30.51 shall also address which workplan tasks were not accomplished as a result of the reduction in EPA funding.

P2. A Technical Systems Audit (TSA) is scheduled for Washoe County Health District in 2010. Within 90 days of receipt of the final report from this TSA, Washoe County and EPA will establish a mutually agreed upon time table for resolution of any Corrective Action items that are identified.

P3. The recipient shall submit mid year and end of year progress reports to the EPA Project Officer. The mid year report is due not later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.

-- END OF DOCUMENT --

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Assistance Amendment</b>	ASSISTANCE ID NO.			DATE OF AWARD 06/25/2010
		PRG	DOC ID	AMEND#	
		A - 00905410 - 1			MAILING DATE 07/02/2010
		TYPE OF ACTION Augmentation: Increase			
RECIPIENT TYPE: County		PAYMENT METHOD: Advance			ACH# 90104
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423			PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520
PROJECT MANAGER Lori Cooke P.O. Box 11130 Reno, NV 89520 E-Mail: lcooke@washoecounty.us Phone: 755-325-8068		EPA PROJECT OFFICER Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997		EPA GRANT SPECIALIST Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND EXPLANATION OF CHANGES FY-2010 Air Pollution Control Program					
<p>This assistance agreement increases the federal assistance by \$132,639, from \$517,519, to the revised total approved assistance amount of \$650,158.</p> <p>The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance, assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County and reduce the risks to human health and the environment.</p>					
BUDGET PERIOD 10/01/2009 - 09/30/2010		PROJECT PERIOD 10/01/2009 - 09/30/2010		TOTAL BUDGET PERIOD COST \$2,126,294.00	
				TOTAL PROJECT PERIOD COST \$2,126,294.00	
<b>NOTICE OF AWARD</b>					
<p>Based on your application dated 07/29/2009, including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA), hereby awards \$132,639. EPA agrees to cost-share 31.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$650,158. Such award may be terminated by EPA without further cause if the recipient fails to provide timely affirmation of the award by signing under the Affirmation of Award section and returning all pages of this agreement to the Grants Management Office listed below within 21 days after receipt, or any extension of time, as may be granted by EPA. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.</p>					
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)			AWARD APPROVAL OFFICE		
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105			ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105		
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY					
SIGNATURE OF AWARD OFFICIAL Digital signature applied by EPA Award Official		TYPED NAME AND TITLE Carolyn Truong, Grants Management Officer		DATE 06/25/2010	
<b>AFFIRMATION OF AWARD</b>					
BY AND ON BEHALF OF THE DESIGNATED RECIPIENT ORGANIZATION					
SIGNATURE <i>M.A. Anderson, MD, MPH</i>		TYPED NAME AND TITLE M.A. Anderson, MD, MPH, District Health Officer		DATE <i>12 July 2010</i>	



# EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 517,519	\$ 132,639	\$ 650,158
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 1,525,938	\$ -49,802	\$ 1,476,136
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 2,043,457	\$ 82,837	\$ 2,126,294

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
	1009MOS068	10	E1	09M4	101A04E	4112			132,639
									132,639

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,231,613
2. Fringe Benefits	\$425,667
3. Travel	\$79,749
4. Equipment	\$50,000
5. Supplies	\$7,500
6. Contractual	\$55,917
7. Construction	\$0
8. Other	\$75,224
9. Total Direct Charges	\$1,925,670
10. Indirect Costs: % Base Indirect Cost Rate Proposal (ICRP)	\$200,624
11. Total (Share: Recipient 69.00 % Federal 31.00 %.)	\$2,126,294
12. Total Approved Assistance Amount	\$650,158
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$132,639
15. Total EPA Amount Awarded To Date	\$650,158

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes	\$
2. \$24,688 in estimated non-federal,	\$
3. non-recurrent costs.	\$
4.	\$
5.	\$
6. Cost-Share requirement 40% and MOE.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

## Administrative Conditions

Administrative and Programmatic terms and conditions numbered 1 through 15 and P2 and P3 of the initial assistance agreement, awarded December 22, 2009, remain in full force and effect. Condition number 7 is revised; Condition number P1 is removed and no longer applicable; Conditions numbered 16 through 18 are added.

7. Payment to consultants. Per 40 CFR Part 31.36(j), EPA's participation in the salary rate (excluding overhead and travel) paid to individual consultants retained by recipients or by a recipient's contractors or subcontractors shall be limited to the maximum daily rate for a Level IV of the Executive Schedule, to be adjusted annually. This limit applies to consultation services of designated individuals with specialized skills and if the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. As of January 1, 2010, the rate is \$596 per day and \$74.50 per hour. This rate does not include overhead or travel costs and the recipient may pay these in accordance with its normal travel practices.

Subagreements with firms or individuals for services which are awarded using the procurement requirements in 40 CFR Parts 30 or 31, as applicable, are not affected by this limitation unless the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. See 40 CFR Part 31.36(j)(2) or Part 30.27(b).

16. To implement requirements of Section 106 of the Trafficking Victims Protection Act of 2000, as amended, the following provisions apply to this award:

a. We, as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity: (1) is determined to have violated an applicable prohibition in the Prohibition Statement below; or (2) has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in the Prohibition Statement below through conduct that is either: (a) associated with performance under this award; or (b) imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 1532. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in the Prohibition Statement below.

b. Our right to terminate unilaterally that is described in paragraph a of this award term: (1) implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and (2) is in addition to all other remedies for noncompliance that are available to us under this award.

c. You must include the requirements of the Prohibition Statement below in any subaward you make to a private entity.

Prohibition Statement - You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not engage in severe forms of trafficking in persons during the period of time that the award is in effect; procure a commercial sex act during the period of time that the award is in effect; or use forced labor in the performance of the award or subawards under the award.

17. EPA's financial obligations to the recipient are limited by the amount of federal funding awarded to date as shown on line 15 in its EPA approved budget. If the recipient incurs costs in anticipation of receiving additional funds from EPA, it does so at its own risk.

18. Management fees or similar charges in excess of the direct costs and approved indirect rates are not allowable. The term "management fees or similar charges" refers to expenses added to the direct costs in order to accumulate and reserve funds for ongoing business expenses, unforeseen liabilities, or for other similar costs which are not allowable under this assistance agreement. Management fees or similar charges may not be used to improve or expand the project funded under this agreement, except to the extent authorized as a direct cost of carrying out the scope of work.



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 8/26/10

**DATE:** August 4, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Ratification of Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period July 15, 2009 through June 30, 2011; and if approved authorize the Chairman to execute the Amendment #2 to the Interlocal Agreement.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. A copy of the Interlocal Agreement is attached.

*Goal supported by this item:* Ratification of this Amendment to the Agreement supports the Washoe County District Board of Health's strategic priority: *Develop our workforce.*

### PREVIOUS ACTION

This is an ongoing agreement that has been entered into annually for many years. The Interlocal Agreement was approved by the District Board of Health on June 25, 2009. Amendment #1 was approved by the Board on April 22, 2010.

### BACKGROUND

The Washoe County Health District proposes to amend the Interlocal Agreement with the Board of Regents of the Nevada System of Higher Education. All provisions of the original contract for the term July 15, 2009 through June 30, 2010 and Amendment #1 extending the effective date through June 30, 2011 remain in full force and effect with the exception of the following: the addition of Attachment C, educational goals and objectives for Family Medicine Residents.

AGENDA ITEM # 7.C.3.

The Interlocal Agreement provides opportunities for medical residents to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will have an emphasis on education rather than services without disruption to usual Washoe County Health District activities.

The University School of Medicine shall select, in consultation with the Health District, learning experiences to which residents will be assigned. Dates and times for the use of the facilities by residents will be mutually determined. The Health District shall allow the University School of Medicine utilization of the Health District's programs for a period of two weeks during each preceptor rotation.

The University School of Medicine will prepare and provide resident schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from the Health District's programs. The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Amendment to the Agreement.

#### **FISCAL IMPACT**

Should the Board approve this Amendment to the Interlocal Agreement, there will be no fiscal impact to the adopted FY 11 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement.

#### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period July 15, 2009 through June 30, 2011; and if approved authorize the Chairman to execute the Amendment #2 to the Interlocal Agreement.

#### **POSSIBLE MOTION**

Move to ratify Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period July 15, 2009 through June 30, 2011; and if approved authorize the Chairman to execute the Amendment #2 to the Interlocal Agreement.

AMENDMENT #2 TO THE BOARD OF REGENTS OF THE NEVADA SYSTEM OF  
HIGHER EDUCATION CONTRACT  
(Educational Opportunities for School of Medicine Students)

INTERLOCAL AGREEMENT  
BETWEEN

WASHOE COUNTY HEALTH DISTRICT

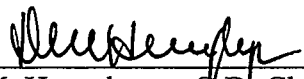
AND

THE BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
University of Nevada Reno

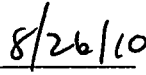
1. Amendments. All provisions of the original contract for the term of July 15, 2009 through June 30, 2010 and Amendment #1 extending the effective date through June 30, 2011 attached hereto as Exhibit A, remain in full force and effect with the exception of the following: **the addition of Attachment C, educational goals and objectives for Family Medicine Residents .**
2. Incorporated Documents. Attachment C and Exhibit A (Original Contract and Amendment #1) is attached hereto, incorporated by reference herein, and made a part of this amended contract.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract and Amendment #1 to be signed and intend to be legally bound, thereby

Washoe County District Board of Health



\_\_\_\_\_  
Denis M. Humphreys, O.D, Chairman

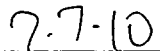


\_\_\_\_\_  
Date

Approved by the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno



\_\_\_\_\_  
Ole J. Thienhaus, MD, MBA  
Dean, School of Medicine



\_\_\_\_\_  
Date

ATTACHMENT C to the CONTRACT AGREEMENT  
between WASHOE COUNTY HEALTH DISTRICT (Facility) and the  
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION on behalf of the  
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE  
concerning the  
COMMITMENT TO THE JOINT SPONSORSHIP OF THE FAMILY MEDICINE RESIDENCY  
PROGRAM

FOR THE PERIOD JULY 1, 2010 - JUNE 30, 2011

- A. Officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the residents.
1. It is agreed that David Fiore, M.D. shall serve as residency program director. Dr. Fiore will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designate to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new residency program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility's Director and the School's Dean.
  2. David Fiore, M.D. shall have administrative, educational and/or supervisory responsibility for residents at the Facility during rotations to the Facility.
  3. All teaching staff participating in the clinical training of residents at Facility must have faculty appointments in a Department of the School and must have clinical privileges at the Facility. Participation in resident teaching also requires the concurrence of the residency program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. Facility policies control the granting of clinical privileges at the Facility.
- B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.
1. Facility will provide the educational setting in which the goals and objectives of the curricular elements of Community and Preventive Medicine are accomplished.
- C. Period of assignment of the residents to the Facility, the financial arrangements, and the details of insurance and benefits.
1. Residents' assignments for the academic year will be:  
  
Postgraduate year (PGY)-III residents are assigned to Facility for a period of two (2) weeks during each preceptor rotation.
- D. Financial Arrangements, insurance and benefits,
1. All residents will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the Residents as well as State Industrial Insurance.
- E. Facility's responsibilities for teaching, supervision, and formal evaluation of the residents' performance.

1. Facility agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs 1.A., B., and C., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.
  2. Supervision will be accomplished according to the guidelines established in the program's Resident Handbook, the Facility's approved guidelines for resident supervision, Facility bylaws, and in the ACGME Program Requirements.
- F. Policies and procedures that govern the residents' education while rotating to Facility.
1. Policies and procedures that govern the residents' education while rotating to Facility are stated in the Facility's Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program's Resident Handbook, the Processes, Procedures, Rules for GME and the Nevada System of Higher Education Board of Regents Handbook.
- G. Special program requirements.
1. Facility will make available the space, equipment, supplies, and support staff necessary to carry out the resident's patient care responsibilities and education while at the Facility.
  2. While assigned to Facility, residents will attend their continuity clinics and core conferences.

[SIGNATURE PAGE FOLLOWS]



Washoe County District Board of  
Board of Health

Board of Regents of the Nevada System of  
Higher Education on behalf of the  
University of Nevada School of Medicine

\_\_\_\_\_  
Date  
Denis M. Humphreys, O.D.  
Chairman

*David Fiore* *MD* *6-16-10*  
\_\_\_\_\_  
Date  
David Fiore, M.D.  
Residency Director  
Family Medicine, Reno

*Miriam Bar-on* *6/16/10*  
\_\_\_\_\_  
Date  
Miriam Bar-on, M.D.  
Associate Dean of Graduate Medical  
Education

*Ole J. Thienhaus* *7.7.10*  
\_\_\_\_\_  
Date  
Ole J. Thienhaus, M.D., MBA  
Dean School of Medicine

Exhibit A  
Educational Goals and Objectives

COMMUNITY MEDICINE

1. GENERAL DESCRIPTION

- A. The rotation in Community and Preventive Medicine is somewhat unique in our residency in that not only is it part rotational and part longitudinal, but is also involves doing independent discovery to answer specific cases with an associated written summary. Family Physicians actual practices may vary to the extent that they are involved in public and community health care. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving this area. This rotation will provide a concentrated experience in the field of Community Medicine.
- B. The two week rotation in Community and Preventive Medicine is centered on experiences offered by the Washoe County Health District. You should meet with the Division Director, Community and Clinical Services, to discuss the time you will be spending with the Health District. Assigned readings are also a part of the learning process. Prior to starting your Community and Preventive Medicine rotation please review the list of cases and questions that are attached. Please select three cases that you wish to explore and let Dr. Fiore know of your choices. Your written assignment on this rotation is a one page write up for each case or personnel/functions question that you select (five pages total). You should answer each question posed and list the people you have spoken to in researching the questions. Independent research is also encouraged.
- C. The longitudinal aspect of Community and Preventive Medicine involves multiple components. As with nearly all aspects of our training in Family Medicine, we cannot completely compartmentalize our learning. It is expected that you will learn content and philosophy pertinent to Community and Preventive Medicine throughout your residency and beyond. To encourage this, each resident is required to attend *at least* one UNSOM Student Outreach Clinic by April of their third year. Additionally, each class is to select a community project that they are interested in and in which each resident will participate.
- D. Residents are expected to follow their patients in the Family Medicine Center during this rotation.
- E. Level – (PGY)-111
- F. Location – Community Medicine is an office/health department based rotation.
- G. Duration – One two week block.
- H. Community Medicine is a full time rotation.
- I. Three to four half days per week will be spent in the Family Medicine Center.
- J. Participation in the Family Medicine call pool is required during this rotation.
- K. Work hour form submission is required at the completion of this rotation during work hour tracking months.
- L. Evaluation of Rotation

- a. The evaluation of the resident on this rotation will be done by the completion of an evaluation form by the attending physician at the end of the rotation.
- b. The resident will fill out a rotation evaluation for at the end of the rotation.
- c. The knowledge, skills and competencies acquired during this rotation will be evaluated by a Family Medicine attending as the resident provides care to patients in the Family Medicine Center.
- d. The resident's performance on the American Board of Family Medicine In-Training examination will also be used to assess knowledge in this area.

2. PATIENT CARE and MEDICAL KNOWLEDGE skills to be mastered

- A. Learn to assess and understand the important health needs of the community in which they work.
- B. Understand and be able to interact with community health resources that may be utilized in the care of patients and their families, including school health services and public health services.
- C. Understand and be able to implement disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

3. PRACTICE BASED LEARNING AND IMPROVEMENT

- A. This competency is addressed longitudinally throughout the rotation.
  - a. Scientific evidence will be reviewed by the resident and supervisors.
  - b. The practical implementation of evidence-based medicine will be discussed as the medical decision making and public health decision making is reviewed.
  - c. Information technology will be utilized by the resident as he or she is required to research topics for completing the community medicine cases.

4. INTERPERSONAL AND COMMUNICATION SKILLS

- A. This competency is addressed longitudinally throughout the rotation by helping the resident improve his or her ability to communicate effectively with public health workers at all levels. Written communication will also be evaluated by review of the case write-ups.

5. PROFESSIONALISM

- A. This competency is addressed longitudinally throughout the rotation.
  - a. The resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress will be observed and evaluated.
  - b. Ethical and legal practice skills will be taught.

- c. Respect for cultural, gender and age, differences will be taught, observed and evaluated.
- d. The resident is expected to treat patients, families, public health workers and colleagues with respect, understanding, sympathy and honesty.

6. **SYSTEMS BASED PRACTICE**

- A. This competency is addressed longitudinally throughout the rotation.
  - a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options from a public health point of view.
  - b. The resident will gain an increasing understanding of the role of the patient, physician, support staff, public resources and insurer in the health care environment.
  - c. The resident will become aware of the available resources in our community as well as to the limitations of the resources in our community that our available.

AMENDMENT #1 TO THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION CONTRACT  
(Educational Opportunities for School of Medicine Students)

INTERLOCAL AGREEMENT  
BETWEEN

FILE COPY

WASHOE COUNTY HEALTH DISTRICT


AND

THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
University of Nevada, Reno

1. Amendments. All provisions of the original contract for the term of July 15, 2009 through June 30, 2010 attached hereto as Exhibit A, remain in full force and effect with the exception of the following: amend the term of the contract to extend effective date through June 30, 2011.
2. Incorporated Documents. Exhibit A (Original Contract is attached hereto, incorporated by reference herein, and made part of this amended contract.

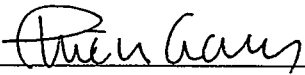
IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound, thereby

Washoe County District Board of Health

  
\_\_\_\_\_  
Denis M. Humphreys, O.D, Chairman

4-23-10  
\_\_\_\_\_  
Date

Approved for the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno

  
\_\_\_\_\_  
Ole J. Thienhaus, MD, MBA

5-18-10 Dean, School of Medicine  
Date Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

A Contract Between Washoe County Health District  
Acting By and Through Its  
HEALTH DEPARTMENT  
(hereinafter referred to as the WCHD)  
P.O. BOX 11130  
Reno, Nevada 89520

and

THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
(hereinafter referred to as University)  
University of Nevada, Reno  
Reno, Nevada 89557

WHEREAS, the University of Nevada School of Medicine desires to have access to community and clinical public health opportunities for medical residents during their preceptorship experience; and

WHEREAS, the WCHD conducts several community and clinical public health programs which would be enhanced by the services of medical residents; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2010, subject to continued funding or until this Agreement is terminated pursuant to the terms of this agreement, whichever date shall first occur.

TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:

ATTACHMENT A: SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION (See Attachment A)

ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

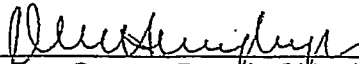
PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are 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. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

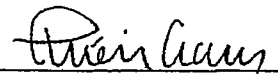
APPROVED BY BOARD OF HEALTH

 On 6/25/09 Chairman  
Washoe County Board of Health Date Title

ATTEST:

\_\_\_\_\_  
On \_\_\_\_\_  
Date

APPROVED BY BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

 On 7-15-09 DEAN, SCHOOL OF MEDICINE  
OLE J. THIENHAUS, MD, MBA Date Title

\_\_\_\_\_  
On \_\_\_\_\_



ATTACHMENT A  
SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION  
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

**Responsibilities of the Parties**

1. The parties agree to jointly plan for the utilization of the WCHD's facilities for opportunities for medical residents during their clinical rotation. The maximum number of residents and the specific period shall be jointly determined after consideration of the WCHD's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that residents are not considered employees of either party under this Agreement.

**Responsibilities of the University**

1. University shall designate a lead faculty person for oversight of all residents during their Community and Preventive Medicine rotation.
2. University shall require residents to review and comply with WCHD policies regarding infection control, blood borne pathogen exposures, TB exposures, confidentiality of records, and to practice standard precautions while on site at the WCHD's facilities.
3. University shall ensure that all residents carry and have evidence of adequate group medical insurance prior to the participation in any clinical rotation at the WCHD.
4. University shall ensure that vaccine and TB screening requirements have been met for all residents prior to the beginning of their clinical rotation on site at the WCHD based on individual resident activities. These requirements are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
5. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters, which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for residents participating in the activities covered by this Agreement. The University or resident will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at Agency's discretion, or termination of this Agreement.
6. University shall immediately upon notice remove any medical resident from Agency program under this Agreement whom Agency determines, in its reasonable discretion, imposes an unreasonable risk of harm to Agency personnel, clients, property or to him/herself, or who violates Agency policies, regulations or procedures despite warning.

### **Responsibilities of the WCHD**

1. WCHD shall allow the UNSOM utilization of the WCHD's programs for a period of two weeks during each preceptor rotation.
2. WCHD shall be responsible for providing clinical environment for learning and evaluation of the residents while performing their Community and Preventive Medicine rotation.
3. WCHD shall not compensate residents for services provided.
4. WCHD will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the WCHD.
5. WCHD administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
6. WCHD will provide learning opportunities for residents within the limits of WCHD. The emphasis shall be on education rather than services without disruption of usual WCHD activities.
7. WCHD shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between WCHD and University for purposes of administration of this Agreement.
8. WCHD may remove and restrict from entry upon its premises University personnel or residents who it determines, in its reasonable discretion, impose an unreasonable risk of harm to WCHD personnel, clients, property of him/herself, or who violates WCHD policies, regulations or procedures despite warning. WCHD shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

WCHD personnel shall not be obligated to participate in the learning experiences of residents referred to WCHD hereunder except to the extent agreed between University and WCHD. To the extent WCHD personnel are engaged in the supervision of resident learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

### **Scheduling and Tracking Resident Placements**

University shall select, in consultation with the WCHD, learning experiences to which the residents will be assigned from among those learning opportunities made available by the WCHD. University and the WCHD shall mutually determine dates and times for the use of these facilities by such residents.

University agrees to prepare residents schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from the WCHD's programs.

**Communication between School and WCHD Program Staff**

The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Each resident will identify areas of interest from those available and a mutually agreed upon plan for educational experience will be developed.

School and the WCHD have appointed the following principal contacts for all communications in connection with this Agreement:

Contact for the WCHD:

Mary-Ann Brown RN MSN  
Division Director  
Community and Clinical Health Services  
PO Box 11130  
Reno, NV 89520  
775-328-2478  
Email: mabrown @washoecounty.us

Contact for University of Nevada

School of Medicine:  
David C. Fiore, M.D.  
Dept. of Community and Family Medicine  
Brigham Building/316  
Reno, NV 89557-0046  
775-784-6180  
Email: fiore@med.unr.edu

ATTACHMENT B

WAHSOE COUNTY DISTRICT HEALTH DEPARTMENT  
 VACCINE AND TB SCREENING REQUIREMENTS\* FOR  
 STUDENTS/INTERNS/RESIDENTS

	9 <sup>th</sup> Street and Off-site Clinical Areas	9 <sup>th</sup> Street Non-Clinical Areas	Off-site Non-Clinical Areas
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

\* Requirements are based on student activities and location.



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: August 26, 2010

**DATE:** August 16, 2010

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*

**SUBJECT:** Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IN TBD) for the period of approval through June 30, 2012 in the total amount of \$140,000; approval of budget amendments totaling an increase of \$140,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District, Air Quality Management Division, has received an Interlocal Contract from the State Of Nevada, Department of Motor Vehicles for the period of approval through June 30, 2012 in the amount of \$140,000 in support of the DMV Excess Reserve Program to fund a professional air pollution apportionment research study (\$50,000); monitoring equipment & related support equipment (\$35,000); travel/training (\$5,000); public outreach activities (including, but not limited to smoking vehicle, idling education, etc.) (\$20,000); office furniture and support equipment (\$10,000); and Greenhouse Gas Reduction activities via professional services and student intern activities (\$20,000). A copy of the Interlocal Contract is attached and has been reviewed and approved by Washoe County's Risk Manager and District Attorney.

*Goal supported by this item:* Ratification of this Interlocal Contract supports the Health District Air Quality Program's mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County through community partnerships along with programs and services such as Public Information and Community Outreach by using all forms of media and educational avenues.

**AGENDA ITEM # 7.C.4.**

### **PREVIOUS ACTION**

The Washoe County District Board of Health approved the FY09-FY10 DMV Excess Reserve Grant Program Interlocal Contract from the State of Nevada, Department of Motor Vehicles, in the amount of \$170,000 on August 28, 2008.

### **BACKGROUND**

The Health District received from the State of Nevada, Department of Motor Vehicles, an Interlocal Contract in the amount of \$140,000 for the DMV Excess Reserve Program. There was no funding available for the FY10-FY11 cycle, but was notified March 16, 2010 of the availability of funds for the FY11-FY12 cycle.

### **FISCAL IMPACT**

The FY11-FY12 DMV Excess Reserve Program Budget (IN TBD) was adopted with \$-0- in grant funding. Should the Board approve these budget amendments, the total adopted FY11 budget will be **increased by \$140,000** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IN-TBD-432100</b>	<b>State Grants</b>	<b>\$140,000.00</b>
2002-IN-TBD-701130	Pooled Positions	10,000.00
-710100	Professional Services	95,000.00
-711210	Travel	5,000.00
-781004	Equipment Capital	30,000.00
	<b>Total Expenditures</b>	<b>\$140,000.00</b>

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IN TBD) for the period of approval through June 30, 2012 in the total amount of \$140,000; approval of budget amendments totaling an increase of \$140,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

### **POSSIBLE MOTION**

Move to ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IN TBD) for the period of approval through June 30, 2012 in the total amount of \$140,000; approval of budget amendments totaling an increase of \$140,000 in both revenue and expenses; and authorize the Chairman of the Board to sign

## INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting By and Through Its

Department of Motor Vehicles  
555 Wright Way  
Carson City, Nevada 89711  
(775) 684-4565  
(775) 684-4563 (fax)

and

Washoe County Health District  
Air Quality Management Division  
1001 E. Ninth St, Ste A115  
Reno, Nevada 89512  
(775) 784-7200 Telephone  
(775) 784-7225 Fax

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party, the Nevada Board of Examiners and Nevada Interim Finance Committee.
2. DEFINITIONS. "State" means the State of Nevada any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective upon approval until June 30, 2012, unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until thirty days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately, if for any reason, State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence.  
ATTACHMENT A: SCOPE OF WORK  
ATTACHMENT B: RESERVE FUNDING REQUEST FISCAL YEAR 2010
7. CONSIDERATION. The Washoe County Health District Air Quality Management Division agrees to perform the work set forth in paragraph 6 at a cost not to exceed one hundred forty thousand and no/100 (\$140,000.00) for fiscal years 2011 and 2012.
8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.
  - a. Books and Records. Each party agrees to keep and maintain under generally accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.
  - b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
  - c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.
10. BREACH: REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.
14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party, and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the unenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.



17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the law of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are 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. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the State of Nevada Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused the Contract to be signed and intend to be legally bound thereby.

**Nevada Department of Motor Vehicles**

Public Agency #1

\_\_\_\_\_  
Public Agency #1 Signature

\_\_\_\_\_  
Date Title

**Washoe County Health District Air Quality Management Division**

Public Agency #2

  
\_\_\_\_\_  
Public Agency #2 Signature

*8/26/10* *Chairman, District Board of Health*  
\_\_\_\_\_  
Date Title

**APPROVED BY BOARD OF EXAMINERS**

\_\_\_\_\_  
Signature – Nevada State Board of Examiners

On \_\_\_\_\_  
Date

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General  
State of Nevada

On \_\_\_\_\_  
Date

ATTACHMENT "A"

SCOPE OF WORK

FISCAL YEARS 2011 & 2012 RESERVE GRANT

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

“ATTACHMENT A”

**SCOPE OF WORK**

The STATE OF NEVADA by and through the Department of Motor Vehicles, Compliance Enforcement Division, hereinafter referred to as “STATE” and the “**WASHOE COUNTY HEALTH DISTRICT, AIR QUALITY MANAGEMENT DIVISION**” hereinafter referred to as “APPLICANT”, hereby defines the Scope of Work as follows:

PREAMBLE

WHEREAS, Nevada Revised Statutes 445B.830 authorizes the STATE to award grants to local governmental agencies in non-attainment or maintenance areas for air pollutant for which air quality criteria have been issued pursuant to 42 U.S.C. § 7408, for programs related to the improvement of the quality of air; and

WHEREAS, the Advisory Committee on Control of Emissions from Motor Vehicles has reviewed and made a recommendation for approval of the APPLICANT’S grant request; and

WHEREAS, the Deputy Director, Motor Vehicles, Department of Motor Vehicles, and the Administrator of the Division of Environmental Protection, Nevada Department of Conservation and Natural Resources have approved the APPLICANT’S reserve funding grant request; and

NOW, THEREFORE, in consideration of the aforesaid premises, the parties set forth the following:

1. The activities to be performed by APPLICANT are as specified in Section 6 of the contract.
2. The APPLICANT will complete the activities set forth in Attachment B to the contract for an amount not to exceed \$140,000. The STATE will grant the APPLICANT the above amount upon ratification of the contract. Further, the APPLICANT shall submit reports for each fiscal year quarter in the format specified by the STATE to the Deputy Director of Motor Vehicles of the Department of Motor Vehicles within 45 days after the end of such quarter. If the reports are not submitted as required, the agreement shall be terminated and the APPLICANT must refund the unused or non-obligated balance of the grant within 10 days. The reports shall be submitted in the following format:

A. Progress Report

1. List of actual milestones or objectives completed during the reporting period;
2. Narrative summary of noteworthy accomplishments and problems during the reporting period;
3. Attachments, which may include:

- a. graphic or tabular displays;
- b. media reports concerning project;
- c. papers prepared for professional meetings or published articles.

B. Financial Reports

1. Itemized list of grant expenditures by budget category;
2. Original invoices or other acceptable documentation of expenditures;
3. If the funds set forth in paragraph 2 remain unexpended at the end of the Contract Term, the parties may extend the term of the Contract by amendment to the contract term or all unexpended funds shall be returned to the STATE.
4. The APPLICANT must comply with all provisions of Chapter 445B of the Nevada Administrative Code and Chapter 445B of the Nevada Revised Statutes regarding emissions from engines.
5. Any brochures, printed material, photographs, audio or visual productions prepared by the APPLICANT in the performance of its obligations under this agreement shall include the clean air logo as used by the State's emission control program, and the following credit line: "This material was produced by a grant funded by the Emission Control Program of the Nevada Department of Motor Vehicles." The APPLICANT shall supply one copy of all items to the STATE.
6. Written notices required under this agreement shall be sent to:

The Department of Motor Vehicles  
Mr. Farrokh Hormazdi, Deputy Director  
555 Wright Way  
Carson City Nevada 89711-0900

ATTACHMENT "B"

RESERVE FUND GRANT REQUEST  
FISCAL YEARS 2011 & 2012

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION



## MEMORANDUM

From  
Farrokh Hormazdi  
Deputy Director  
Directors Office  
Phone (775) 684-4490  
Fax (775) 684-4962  
fhormazdi@dmv.nv.gov

April 23, 2010

To: Deborah Cook, Chief  
Administrative Services Division

Subject: Washoe County Reserve Grant Application for Fiscal Year 2011

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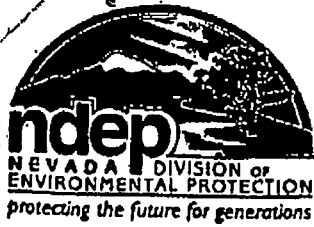
Please arrange for your staff to prepare a Work Program package for the upcoming Interim Finance Committee meeting. The Work Program package is in regards to a Washoe County Grant request for \$140,000. This funding will be provided through reserve funds from the Pollution Control Account, Budget #4722.

The Advisory Committee on the Control of Emissions from Motor Vehicles approved this request from Washoe County at their April 6<sup>th</sup>, 2010 meeting. Mr. Leo M. Drozdoff, Administrator for the Nevada Division of Environmental Protection has also provided his written support for the Washoe County grant request.

Thank you for your assistance.

A handwritten signature in black ink, appearing to read "F. Hormazdi", is written over a horizontal line.

Farrokh Hormazdi, Deputy Director  
Department of Motor Vehicles



STATE OF NEVADA  
Department of Conservation & Natural Resources  
DIVISION OF ENVIRONMENTAL PROTECTION

Jim Gibbons, Governor  
Allen Biaggi, Director

Leo M. Drozdoff, P.E., Administrator

April 19, 2010

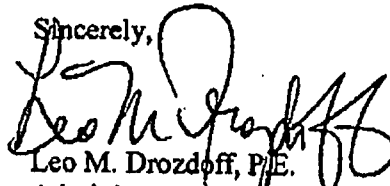
Mr. Farrokh Hormazdi, Deputy Director  
Nevada Department of Motor Vehicles  
555 Wright Way  
Carson City NV 89711-0900

Dear Mr. Hormazdi:

I have reviewed the funding requests made by the Washoe County District Health Department, Air Quality Management Division and the Clark County Department of Air Quality and Environmental Management for excess reserve funds from the Air Pollution Control Account. The total amount of funding requested for FY2011 by Washoe County is \$140,000, and FY2011 funding requested by Clark County is \$564,270. The funding will be used for programs related to the improvement of the quality of the air. I concur with the recommendation of the Advisory Committee on the Control of Emissions from Motor Vehicles made on April 6, 2010 for approval of these requests. These approvals are made in accordance with NRS 445B.830.

Please notify myself, or Mr. Greg Remer of my staff, when these grants will be heard before the Interim Finance Committee. If you have any questions, please contact Mr. Remer at 687-9359.

Sincerely,



Leo M. Drozdoff, P.E.  
Administrator

cc: Greg Remer, NDEP

**COPY**



# Washoe County Health District

March 26, 2010

Mr. Farrokh Hormazdi  
Deputy Director  
State of Nevada, Department of Motor Vehicles  
555 Wright Way  
Carson City, NV 89711

Dear Mr. Hormazdi:

Attached is an application from the Washoe County Health District - Air Quality Management Division for Grant Funds from the Pollution Control Fund. - Excess Reserve for a total of \$140,000.00. This funding will provide needed support for a variety of air quality projects as outlined in the application. The District is confident the application and projects meet all criteria as defined in NRS Chapter 445B.830. If you have any questions regarding this matter, please feel free to call Andrew Goodrich, Director of the Air Quality Management Division, at (775) 784-7200.

Sincerely,

*M. A. Anderson, MD, MPH*

M. A. Anderson, MD, MPH  
District Health Officer

cc: Andrew Goodrich, WCHD-AQMD  
Lori Cooke, WCHD-AHS



Task 2

Purchase ambient air quality monitoring instrumentation and related support equipment. The District is continually updating its ambient air quality monitoring network and is requesting funds to purchase replacement ambient monitoring instrumentation and to purchase a web-camera for visibility/haze monitoring. In addition, staff has identified the need for monitoring station/shelter upgrades. Expenditures for this task would also include small parts, supplies and needed accessories for the operation of the monitoring equipment.

Task 3

The air quality management field is very technical and continually evolving. It is critical to our success that staff maintains its expertise in ambient monitoring and control strategies for pollutant emissions. The District is requesting assistance with training/travel funds for Air Quality Division staff.

Task 4

The District provides a wide expanse of air quality public outreach services and products. We are requesting funds to continue these activities for fiscal year 2011. Examples of activities include, but are not limited to: updating brochures, pamphlets, outreach media (i.e., radio, television & outdoor advertising). This material is often used at events the Air Quality Division attends and/or sponsors for the promotion of clean air.

Task 5

The recent relocation of the Air Quality Management Division has precipitated the need for additional office equipment and workstation items, including furniture, to effectively carry out its mission of protecting air quality. The Division is proposing to complete the office conference and meeting area as well as obtain required file retention materials.

Task 6

The Air Quality Management Division has embarked on several new strategies for the purpose of reducing greenhouse gas (GHG) emissions (principally carbon dioxide, nitrogen dioxide, and methane). Priorities identified for FY11 include the development of GHG reduction targets and action strategies to meet those targets. The Division is proposing to fund a college-level student (public service intern) to assist with these activities. Other items may include, but are not limited to, professional memberships, event registrations, media buys, service promotional items, etc.

**APPLICATION FOR GRANT FROM POLLUTION CONTROL FUND  
EXCESS RESERVE FUNDS - FISCAL YEARS 2011 & 2012**

---

**(a)Submitted by:**

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street  
Reno, Nevada 89502

**(b)Agency coordinator:**

M. A. Anderson, MD, MPH, District Health Officer  
Andrew Goodrich, Division Director, AQMD  
agoodrich@washoecounty.us  
(775) 784-7200

**(c)Requested from:**

Department of Motor Vehicles – Pollution Control Fund –  
“excess reserve” as defined by NRS Chapter 445B.830,  
subsection 4, paragraph (b).

**(d)Requested for:**

Fiscal years 2011 & 2012 (July 1, 2010 through June 30,  
2012)

**(e)Objectives of Work:**

- Fund a professional air pollution apportionment research study.
- Purchase ambient air quality monitoring instrumentation and related support equipment.
- Provide resources for air quality travel/training.
- Fund public outreach activities.
- Provide office furniture and support equipment for the air quality office.
- Support greenhouse gas reduction activities including a student intern position.

**(f-g)Description, Statement of Work, and Budget:**

Task 1

Fund a professional air pollution apportionment research study. Due to recently measured high PM2.5 levels in the Truckee Meadows, the area may be designated as a non-attainment area. The Air Quality Management Division will be responsible for developing reduction and mitigation strategies for this pollutant. Prior to this work, an accurate assessment must be performed to identify and quantify source contributions. This highly complex analytical work is beyond the capabilities of the Division. Therefore, this proposal includes funding to contract with a research firm. A request for proposal, or other required purchasing procedure, will be used to identify a vendor to perform chemical mass balance (CMB) analysis on new and existing filter media.

EC

DMV Excessive Reserve – Pollution Control Fund  
Proposed Budget for FY's 2011 & 2012

Budget by Project

1. Prof. Research Study	Prof. Svs.	\$ 50,000
2. Monitoring Equipment	Equip.	\$ 20,000
	Prof. Svs.	\$ 15,000
3. AQ Staff Training and Travel	Travel	\$ 5,000
4. Public Outreach	Prof Services	\$ 20,000
5. Office Equip. /Furniture	Equip.	\$ 10,000
6. GHG Activities/Student Intern	Student intern wages	\$ 10,000
	Prof. Svs.	\$ 10,000
TOTAL		\$140,000

Budget by Fund Category

1. Professional Services	\$ 95,000
2. Equipment	\$ 30,000
3. Travel	\$ 5,000
4. Student Wages	\$ 10,000
TOTAL	\$140,000

Jim Gibbons  
Governor

Edgar J. Roberts  
Director



555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 684-4368  
www.dmvnv.com

March 16, 2010

Andrew Goodrich, Director  
Washoe County District Health Department  
Division of Air Quality Management  
Post Office Box 11130  
Reno, Nevada 89520-0027

Dear Mr. Goodrich

The Department anticipates that the Pollution Control Account shall have a beginning Fiscal Year 2011 reserve fund dollar amount of \$705,337.00. This reserve amount is expected to be in addition to the minimum reserve balance of one million dollars, which must be maintained in the budget as required within Nevada Revised Statute Chapter 445B.830, subsection six.

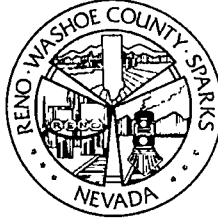
Historically, Washoe County has typically applied for twenty percent of the reserve funds. Following the historical process, this year the amount of funding for Washoe County would be \$141,067.00. This letter is being sent as a reminder that application for a grant to be funded from the Pollution Control reserve must be submitted to the Deputy Director of the Department of Motor Vehicles, the Administrator of the Division of Environmental Protection and the Chairman of the Advisory Committee on the Control of Emissions from Motor Vehicles not later than April 1 preceding the fiscal year for which the grant is requested. The grant application must be prepared in the format specified in Nevada Administrative Code 445B.881.

Please do not hesitate to contact DMV Services Manager Lloyd Nelson at (775) 684-4682 if there are any questions regarding this issue.

Sincerely,

Farokh Hormazdi, Deputy Director  
Nevada Department of Motor Vehicles

cc: Burel Shulz, Chief of Compliance Enforcement Division  
Amy McKinney, Administrative Services Officer II



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 8/26/10

**DATE:** August 16, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us) *EC*

**SUBJECT:** Approval of Subgrant Amendment #1 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$62,350; Approve amendments totaling an increase of \$2,001 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received an Amendment from the Nevada State Health Division for the period January 1, 2010 to December 31, 2010. A copy of the Amendment is attached.

District Board of Health Priority supported by this item: Approval of the Subgrant Amendment supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

**AGENDA ITEM #7.C.5.**

**PREVIOUS ACTION**

There has been no action taken by the District Board of Health in the last year.

**BACKGROUND**

The District Health Department received the second allotment of funding in the amount of \$41,775 for the calendar year 2010 award for Epidemiology and Laboratory Capacity activities. This grant was anticipated in the FY 11 adopted budget in the amount of \$60,349, in personnel and minor equipment. A budget amendment in the amount of \$2,001 is necessary to bring the program budget into alignment with the Notice of Grant Award.

The budget amendment will also require Board of County Commissioners approval.

**FISCAL IMPACT**

Should the Board approve these budget amendments, the adopted FY 11 budget will be increased by \$2,001 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10677-431100	Federal Revenue	\$2,001
2002-IO-10677-701412	Salary Adjustment	2,001
	<b>Total Expenditures</b>	<b>\$2,001</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #1 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$62,350; Approve amendments totaling an increase of \$2,001 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

**POSSIBLE MOTION**

Move to approve Subgrant Amendment #1 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$62,350; Approve amendments totaling an increase of \$2,001 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10148-1  
 10148  
 HD Contract #:  
 Budget Account #: 3218  
 Category #: 15  
 GL #: 8516

**SUBGRANT AMENDMENT #1**

<b><u>Program Name:</u></b> Office of Epidemiology Nevada State Health Division		<b><u>Subgrantee Name:</u></b> Washoe County Health District (WCHD)	
<b><u>Address:</u></b> 4150 Technology Way, Suite #211 Carson City, NV 89706-2009		<b><u>Address:</u></b> 1001 East Ninth Street Reno, NV 89502	
<b><u>Original Subgrant Period:</u></b> January 1, 2010 through December 31, 2010		<b><u>Subgrantee Vendor#:</u></b> T41107900	
<b><u>Amended Subgrant Period:</u></b> Upon approval through December 31, 2010			
<b><u>Source of Funds:</u></b> Centers for Disease Control and Prevention	<b><u>% of Funds:</u></b> 100	<b><u>CFDA#:</u></b> 93.283	<b><u>Federal Grant #:</u></b> 3U50CI000489-03S3

**Amendment #1:** The initial award from the Centers for Disease Control and Prevention (CDC) to the Nevada State Health Division (NSHD) only reflected 33% of the total award. Therefore, the NSHD only issued 33% of the subgrant award to WCHD. This amendment reflects the full award for calendar year (CY) 2010 for WCHD for Epidemiology and Laboratory Capacity activities.

**Change from:**

**Personnel**

<i>Title</i>	<i>Expense</i>
Senior Epidemiologist	\$ 17,497
<b>TOTAL</b>	<b>\$ 17,497</b>

**Operating**

<i>Type</i>	<i>Expense</i>
PASW software	\$ 1,225
<b>TOTAL</b>	<b>\$ 1,225</b>

**Indirect**

<i>Type</i>	<i>Expense</i>
9.9% of direct expenses	\$ 1,853
<b>TOTAL</b>	<b>\$ 1,853</b>

**TOTAL BUDGET**                      **\$ 20,575**

**Change to:**

**Personnel**

<i>Title</i>	<i>Expense</i>
Senior Epidemiologist	\$ 55,291
<b>TOTAL</b>	<b>\$ 55,291</b>

**Operating**

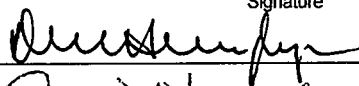
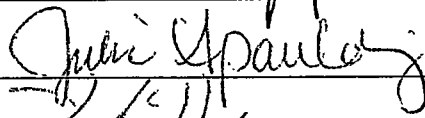
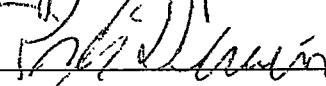

<i>Type</i>	<i>Expense</i>
PASW software	\$ 1,464
<b>TOTAL</b>	<b>\$ 1,464</b>

**Indirect**

<i>Type</i>	<i>Expense</i>
9.9% of direct expenses	\$ 5,595
<b>TOTAL</b>	<b>\$ 5,595</b>

**TOTAL BUDGET                    \$ 62,350**

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	<i>Signature</i>	<i>Date</i>
Authorized Signing Official Washoe County Health District		8/26/10
Julia Spaulding, MHA Program Manager		7/27/10
Luana Ritch, PhD Bureau Chief		7/27/10
Richard Whitley, MS Administrator, Health Division		

*CRK*



HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3218

Category #: 15

GL #: 8516

GRANT FILE

NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Office of Epidemiology Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD) <i>ID-10677 General Epi</i>	
<b>Address:</b> 4150 Technology Way, Suite #211 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89502	
<b>Subgrant Period:</b> January 1, 2010 through December 31, 2010		<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T41107900 <b>DUNS #:</b> 73-786-998	
<b>Reason for Award:</b> This award is funded through the CY 2010 Epidemiology & Laboratory Capacity grant from the CDC. WCHD will use these funds to complete Epidemiology and Laboratory Capacity activities in Washoe County, Nevada.			
<b>County(ies) to be served:</b> ( ) Statewide (X) Specific county or counties: Washoe County, Nevada			
<b>Approved Budget Categories:</b>			
1. Personnel	\$ 17,497	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	
2. Travel	\$ 0		
3. Operating	\$ 1,225		
4. Equipment	\$ 0		
5. Contractual/Consultant	\$ 0		
6. Indirect	\$ 1,853		
7. Other	\$ 0		
<b>Total Cost</b>		\$ 20,575	
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 20,575.00 during the subgrant period.			
<b>Source of Funds:</b> Centers for Disease Control and Prevention		<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.283
		<b>Federal Grant #:</b> 3U50CI000489-03S3	
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
WCHD	<i>M. A. Anderson</i>	Signature	Date <i>2/18/10</i>
Julia Spaulding, MHA Program Manager	<i>Julia Spaulding</i>		<i>1/08/10</i>
Richard Whitley, MS Administrator, Health Division	<i>Richard Whitley</i>		<i>3/18/10</i>



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*Regional Emergency Medical Services Authority*

**REMSA**

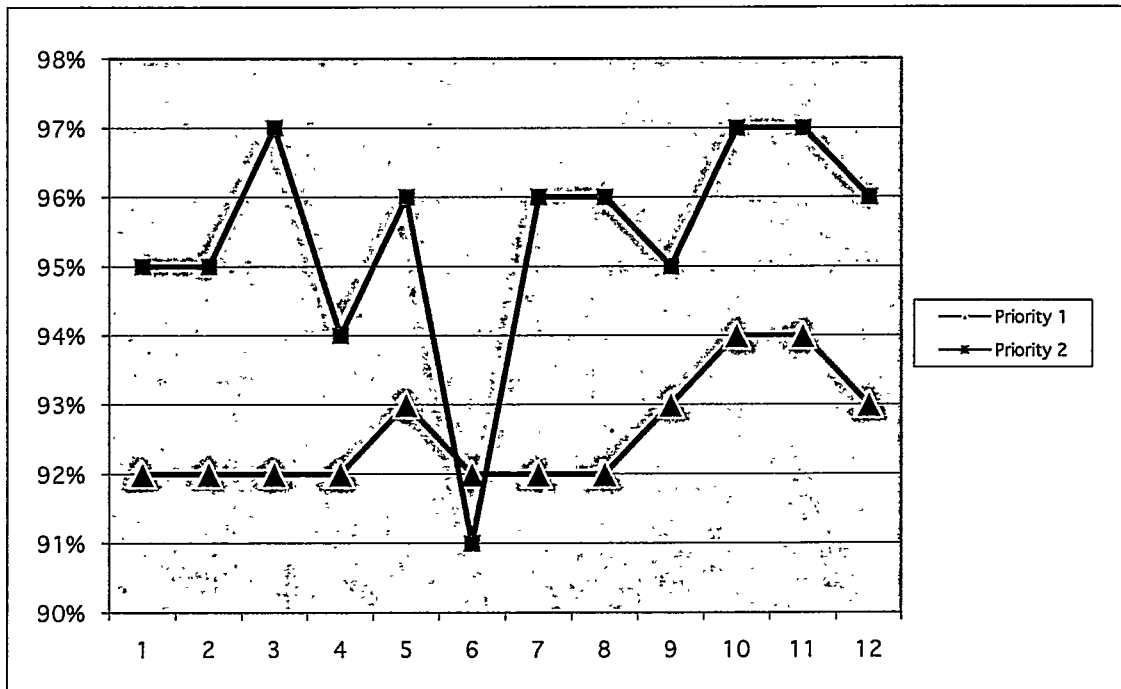
**OPERATIONS REPORTS**

**FOR**

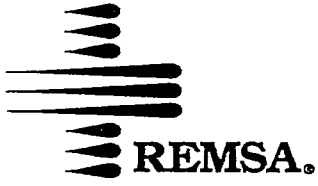
**JUNE 2010**

Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.	6 mins. 17 secs.	5 mins. 8 secs.	92%	97%
Oct.	6 mins. 3 secs.	4 mins. 58 secs.	92%	94%
Nov.	6 mins. 3 secs.	4 mins. 58 secs.	93%	96%
Dec.	6 mins. 54 secs.	5 mins. 47 secs.	92%	91%
Jan. 10	5 mins. 55 secs.	4 mins. 54 secs.	92%	96%
Feb.	6 mins. 4 secs.	5 mins. 0 secs.	92%	96%
Mar.	5 mins. 52 secs.	4 mins. 49 secs.	93%	95%
Apr.	5 mins. 50 secs.	4 mins. 42 secs.	94%	97%
May	5 mins. 42 secs.	4 mins. 37 secs.	94%	97%
Jun-10	5 mins. 57 secs.	4 mins.51 secs.	93%	96%



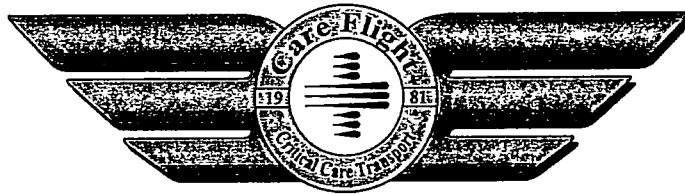
Care Flight	09-10 Sched of Fran Avg. Bill			
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.	12	\$83,041	\$6,920	\$7,214
Oct.	10	\$63,413	\$6,341	\$7,032
Nov.	7	\$46,830	\$6,690	\$6,989
Dec.	6	\$35,861	\$5,977	\$6,889
Jan. 2010	14	\$92,197	\$6,586	\$6,833
Feb.	10	\$64,645	\$6,465	\$6,789
Mar.	12	\$68,136	\$5,678	\$6,652
Apr.	20	\$116,717	\$5,836	\$6,512
May	10	\$54,932	\$5,493	\$6,432
June	11	\$70,851	\$6,441	\$6,433
<b>Totals</b>	<b>138</b>	<b>\$887,723</b>	<b>\$6,433</b>	<b>\$6,433</b>
			Adjusted Allowed Average Bill -	\$6,598.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.	2850	\$2,690,188	\$944	\$944
Oct.	2958	\$2,798,087	\$946	\$944
Nov.	2616	\$2,471,204	\$945	\$945
Dec.	3136	\$2,960,454	\$944	\$944
Jan. 2010	2868	\$2,685,528	\$936	\$943
Feb.	2715	\$2,561,518	\$943	\$943
Mar.	3090	\$2,772,924	\$897	\$938
Apr.	2824	\$2,525,155	\$894	\$934
May	2963	\$2,635,661	\$890	\$929
June	3018	\$2,692,041	\$892	\$926
<b>Totals</b>	<b>34791</b>	<b>\$32,223,810</b>	<b>\$926</b>	<b>\$926</b>
			Allowed ground avg bill -	\$922.00



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
JUNE 2010**



**CARE FLIGHT OPERATIONS REPORT  
JUNE 2010  
WASHOE COUNTY**

- ❖ **In Town Transfer:**
  - 1 IIT was completed
- ❖ **Outreach, Education, & Marketing:**
  - 23 Community Education & Public Events

6-5-10	RFD/Silver Lake VFD/Lemmon Valley Helicopter Safety	Flight Staff
6-5-10	RFD/Cold Springs VFD Helicopter Safety	Flight Staff
6-5-10	RFD/Hungry Valley/Palomino Valley VFD Helicopter Safety	Flight Staff
6-5-10	RFD/Pleasant Valley VFD Helicopter Safety	Flight Staff
6-6-10	RFD/Silver Knolls VFD Fundraiser BBQ	Flight Staff
6-8-10	RFD A Shift Helicopter Safety	Flight Staff
6-9-10	RFD Sta 9, B Shift Helicopter Safety	Flight Staff
6-9-10	Truckee Elementary School 1 <sup>st</sup> Graders PR	Flight Staff
6-9-10	RFD Sta 10, B Shift Helicopter Safety	Flight Staff
6-9-10	RFD Sta 15, B Shift Helicopter Safety	Flight Staff
6-9-10	RFD Sta 11 & 19, B Shift Helicopter Safety	Flight Staff
6-10-10	RFD Shift C Helicopter Safety	Flight Staff
6-12-10	RFD Sta 8, Shift C Helicopter Safety	Flight Staff
6-12-10	RFD Sta 15, Shift C Helicopter Safety	Flight Staff
6-12-10	RFD Sta 11 & 19, Shift C Helicopter Safety	Flight Staff
6-12-10	RFD Sta 11 & 19 C-Shift	Flight Staff
6-25-10	Cops and Kids at Idlewild Park	Flight Staff
6-26-10	RFD Sta 18, Shift A Helicopter Safety	Flight Staff
6-26-10	RFD Sta 9 & 13, Shift A Helicopter Safety	Flight Staff
6-26-10	RPSTC EMT Class	Flight Staff
6-26-10	RFD Sta 17 A-Shift (Hungry Valley/Palomino Valley VFD)	Flight Staff
6-26-10	RFD Sta 16 A-shift (Pleasant Valley VFD)	Flight Staff

❖ Statistics

**Washoe County Flights**

	# patients
Total Flights:	11
Total Patients	11
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	8
Hospital Transports	3
Trauma	5
Medical	3
High Risk OB	0
Pediatrics	3
Newborn	0
Full Arrest	0
<b>Total</b>	<b>11</b>



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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**JUNE 2010**





## GROUND AMBULANCE OPERATIONS REPORT

June 2010

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5178
Total Number Of Responses In Which No Transport Resulted	2172
Total Number Of System Transports	3006

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	45%
OB	0%
Psychiatric/Behavioral	5%
Transfers	15%
Trauma	26%
Trauma – MVA	7%
Trauma – Non MVA	19%
Unknown/Other	7%
Total Number of System Responses	100%

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2274 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kearns, Communications CQI Coordinator.

**4. EDUCATION AND TRAINING REPORT:**

**A. Public Education**

**Advanced Cardiac Life Support**

Date	Course Location	Students
6/6/10	EMS CES 911	1
6/8/10	REMSA Education	24
6/15/10	Riggs Ambulance Services	7
6/18/10	Zack Marcus	4
6/30/10	REMSA Education	18

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
6/15/10	REMSA Education	5
6/17/10	EMS CES 911	1
6/22/10	Eastern Plumas Healthcare	2
6/22/10	Riggs Ambulance Services	2
6/23/10	REMSA Education	13

**Advanced Cardiac Life Support Skills**

Date	Course Location	Students
6/2/10	REMSA Education	1

**Advanced Cardiac Life Support Prep Course**

Date	Course Location	Students
6/4/10	REMSA Education	5

**Advanced Medical Life Support**

Date	Course Location	Students
6/4/10	REMSA Education	3

**Bloodborne Pathogen**

Date	Course Location	Students
6/9/10	REMSA Education	22
6/22/10	US Forest Service Reno	13
6/23/10	US Forest Service So Lake	22

**Bloodborne Pathogen Instructor Course**

Date	Course Location	Students
6/4/10	REMSA Education	20

**Basic Life Support Instructor**

Date	Course Location	Students
6/1/10	Riggs Ambulance Services	4
6/4/10	REMSA Education	20
6/22/10	Small Mine Development	3

**Family & Friends CPR Awareness**

Date	Course Location	Students
6/5/10	REMSA Education	16
6/5/10	Riggs Ambulance Services	8
6/16/10	REMSA Education	17

Health Care Provider

Date	Course Location	Students
7/23/09	Work of Heart	1
8/11/09	Work of Heart	5
9/15/09	Work of Heart	12
11/10/09	Work of Heart	3
11/11/09	Work of Heart	4
1/3/10	Work of Heart	2
1/5/10	Work of Heart	1
3/16/10	Work of Heart	1
4/3/10	Work of Heart	3
4/13/10	Humboldt General Hospital	16
5/27/10	Northern Nevada Career College	18
6/1/10	Josh Buchanan	3
6/1/10	Orvis School of Nursing	2
6/2/10	Willow Springs	7
6/2/10	REMSA Education	9
6/3/10	REMSA Education	10
6/3/10	Rosewood Rehabilitation	6
6/5/10	Riggs Ambulance Service	5
6/8/10	REMSA Education	10
6/8/10	EMS CES 911	2
6/9/10	Orvis School of Nursing	1
6/11/10	Work of Heart	1
6/16/10	REMSA Education	10
6/16/10	EMS CES 911	2

6/21/10	EMS CES 911	1
6/23/10	Aisha Franklin	1
6/24/10	REMSA Education	8
6/30/10	Humboldt General Hospital	3
6/30/10	Sierra Nevada Job Corps	6
6/30/10	REMSA Education	10
6/30/10	EMS CES 911	6

**Health Care Provider, Employee**

Date	Course Location	Students
6/1/10	REMSA Education	1
6/3/10	REMSA Education	2
6/6/10	REMSA Education	2
6/7/10	REMSA Education	1
6/14/10	REMSA Education	1
6/16/10	REMSA Education	1
6/22/10	REMSA Education	2
6/25/10	REMSA Education	4

**Health Care Provider, Recert**

Date	Course Location	Students
4/22/10	Nevada Department of Corrections	2
5/6/10	Humboldt General Hospital	6
5/14/10	Nevada Department of Corrections	10
5/20/10	Nevada Department of Corrections	3
5/20/10	Regent Care Center	6
5/24/10	Humboldt General Hospital	6

5/27/10	Washoe County School District	3
6/1/10	Riggs Ambulance Service	1
6/7/10	REMSA Education	5
6/8/10	Jason Harris	1
6/8/10	Nampa Fire Department	1
6/9/10	REMSA Education	6
6/9/10	REMSA Education	9
6/9/10	Nampa Fire Department	6
6/10/10	REMSA Education	10
6/12/10	REMSA Education	7
6/15/10	Tahoe Forest Hospital	14
6/16/10	REMSA Education	9
6/17/10	REMSA Education	10
6/17/10	EMS CES 911	1
6/22/10	REMSA Education	6
6/22/10	Great Basin College	6
6/23/10	Willow Springs	3
6/25/10	REMSA Education	6
6/30/10	Jason Harris	1

**Health Care Provider Skills**

Date	Course Location	Students
5/29/10	Tahoe Pacific Hospital	1
6/7/10	Tahoe Pacific Hospital	2
6/8/10	Tahoe Forest Hospital	1
6/13/10	Peggy Drussel	1

6/14/10	Tahoe Forest Hospital	2
6/17/10	REMSA Education	1
6/18/10	REMSA Education	1
6/21/10	REMSA Education	1
6/21/10	Orvis School of Nursing	3
6/23/10	REMSA Education	1
6/23/10	Tahoe Pacific Hospital	2
6/24/10	REMSA Education	1
6/28/10	REMSA Education	1
6/28/10	Tahoe Forest Hospital	2
6/28/10	Battle Mountain General Hospital	1
6/29/10	REMSA Education	1
6/30/10	EMS CES 911	1

**Heart Saver AED**

Date	Course Location	Students
10/31/09	Work of Heart	1
5/1/10	Washoe County School District	3
5/3/10	Nevada Department of Corrections	21
5/3/10	Washoe County School District	5
5/10/10	Washoe County School District	2
5/11/10	Washoe County School District	5
5/12/10	Washoe County School District	3
5/13/10	JS Redpath	3
5/13/10	Washoe County School District	4
5/14/10	JS Redpath	3
5/15/10	JS Redpath	3

5/15/10	Washoe County School District	2
5/17/10	JS Redpath	3
5/18/10	JS Redpath	4
5/18/10	Washoe County School District	6
5/19/10	JS Redpath	5
5/19/10	Washoe County School District	5
5/20/10	JS Redpath	3
5/20/10	Washoe County School District	7
5/22/10	Washoe County School District	2
5/24/10	Washoe County School District	4
5/25/10	JS Redpath	3
5/26/10	Washoe County School District	8
5/27/10	Washoe County School District	2
5/29/10	Riggs Ambulance Service	1
6/7/10	Storey County Fire Department	12
6/8/10	Eldorado Hotel Casino	4
6/9/10	Storey County Fire Department	6
6/9/10	REMSA Education	8
6/10/10	Atlantis Hotel Casino	3
6/11/10	Storey County Fire Department	9
6/12/10	Nye County EMS	12
6/13/10	UNR Police Department	4
6/13/10	UNR Police Department	8
6/13/10	Great Basin College	4
6/14/10	Atlantis Hotel Casino	3
6/16/10	Atlantis Hotel Casino	6



6/18/10	REMSA Education	6
6/19/10	REMSA Education	6
6/20/10	NorCal EMS	1
6/21/10	Atlantis Hotel Casino	6
6/24/10	Tahoe Forest Hospital	2
6/26/10	Storey County Fire Department	9
6/27/10	Storey County Fire Department	8
6/28/10	NorCal EMS	2
6/30/10	REMSA Education	8

#### Heart Saver CPR

Date	Course Location	Students
6/14/10	Great Basin College	8
6/21/10	Erica Krysztof	5
6/29/10	Robert Painter	10

#### Heart Saver First Aid

Date	Course Location	Students
6/16/09	Work of Heart	13
2/25/10	Work of Heart	21
3/12/10	Nevada Department of Corrections	8
4/11/10	Nevada Department of Corrections	2
4/13/10	Nevada Department of Corrections	6
4/21/10	Nevada Department of Corrections	7
4/23/10	Nevada Department of Corrections	6
4/28/10	Nevada Department of Corrections	27
5/10/10	Nevada Department of Corrections	7

5/12/10	Nevada Department of Corrections	23
5/19/10	Nevada Department of Corrections	21
5/19/10	Washoe County School District	5
5/20/10	Nevada Department of Corrections	27
5/23/10	Elko BLM	14
5/24/10	Nevada Department of Corrections	38
5/25/10	Elko BLM	12
5/26/10	Riggs Ambulance Service	10
5/26/10	Ron Browning	13
5/27/10	Ron Browning	9
5/27/10	Riggs Ambulance Service	9
5/28/10	Riggs Ambulance Service	16
5/29/10	Riggs Ambulance Service	34
6/1/10	REMSA Education	3
6/1/10	Josh Buchanan	2
6/2/10	Visual Insight	3
6/2/10	Patagonia	1
6/2/10	Nevada Department of Corrections	20
6/3/10	Work of Heart	8
6/3/10	Nevada Department of Corrections	9
6/4/10	Nevada Department of Corrections	6
6/4/10	Humboldt General Hospital	13
6/7/10	Nevada Department of Corrections	50
6/8/10	Reno Tahoe Airport Fire Department	3
6/8/10	Chadwick Spencer	4
6/8/10	Patagonia	3

6/9/10	REMSA Education	22
6/10/10	REMSA Education	2
6/10/10	Nampa Fire Department	9
6/10/10	Carolyn Drayton	11
6/11/10	Summit Medical Education & Training	11
6/11/10	Elko BLM	36
6/15/10	Reno Tahoe Airport Fire Department	4
6/15/10	Nevada Department of Corrections	16
6/15/10	Humboldt General Hospital	2
6/16/10	REMSA Education	7
6/17/10	REMSA Education	6
6/17/10	Carolyn Drayton	11
6/17/10	Ron Browning	7
6/18/10	Carolyn Drayton	8
6/18/10	Sierra Nevada Job Corps	6
6/19/10	REMSA Education	8
6/21/10	Sierra Home Health Care	7
6/21/10	Nevada Department of Corrections	4
6/22/10	US Forest Service Reno	13
6/22/10	Small Mine Development	1
6/23/10	Nevada Department of Corrections	21
6/23/10	US Forest Service So Lake	22
6/23/10	Sierra Nevada Job Corps	6
6/23/10	Eastern Plumas Healthcare	6
6/23/10	Nampa Fire Department	12
6/24/10	Work of Heart	6

6/28/10	Nevada Department of Corrections	18
6/29/10	Eagle Valley Childrens Home	5
6/29/10	Small Mine Development	12

#### Heart Saver Pediatric First Aid

Date	Course Location	Students
8/20/09	Work of Heart	7
6/12/10	REMSA Education	12
6/22/10	EMS CES 911	1
6/26/10	Fireline EMS	3

#### Neonatal Resuscitation

Date	Course Location	Students
6/3/10	REMSA Education	16
6/17/10	REMSA Education	5

#### Pediatric Advanced Life Support

Date	Course Location	Students
6/9/10	REMSA Education	1

#### Pediatric Advanced Life Support, Recert

Date	Course Location	Students
6/14/10	Humboldt General Hospital	16
6/22/10	Summit Medical Education & Training	15

#### Ongoing Courses

1/19/10	Paramedic Program - REMSA Education	16
7/7/09	Paramedic Program - REMSA Education	12
3/20/10	EMT Basic Program - REMSA Education	22

5/24/10	EMT Basic (Monday & Wednesday)	13
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Total Students This Report		1724
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**5. COMMUNITY RELATIONS:**

**Community Outreach:**

**Point of Impact**

Date	Description	Attending
6/1-6/3/10	"Safe Travels For All Children: Transporting Children with Special Health Care Needs" Course	11 students
6/8/10	Special Needs Car Seat Summit Meeting, REMSA.	11 people
6/9/10	Meeting with Reno Fire Representative; Discuss Technician Training for Reno Firefighters	1 staff
6/18/10	Point of Impact Charity Golf Tournament	
6/19/10	Child Safety Seat Checkpoint, Baby Depot at Burlington Coat Factory, Reno. 25 cars and 28 seats inspected.	4 staff, 10 volunteers
6/23-6/24/10	Seat checks for Henry Schein employees	1 staff
6/25/10	Nationally Certified Child Passenger Safety Technician Recertification Course; all students passed	5 students

**Northern Nevada Fitting Station Project**

Date	Description	Attending
6/16/10	St. Mary's Prenatal Class	1 staff, 28 new parents

**Safe Kids Washoe County**

Date	Description	Attending
6/4/10	Washoe County Child Death Review Team regular meeting, Washoe County Social Services.	14 volunteers
6/4/10	Esther Bennett Buffalo Stampede frequent walking program, Sun Valley.	1 staff

6/7/10	Virginia Palmer Elementary School Safety Committee meeting, Sun Valley	2 members
6/8/10	Safe Kids Washoe County monthly coalition meeting, Sparks.	10 volunteers
6/8/10	Esther Bennett year-end awards ceremony, Sun Valley	1 staff
6/9/10	Cribs for Kids subcommittee meeting, REMSA.	5 volunteers
6/9/10	Bike education planning committee meeting, RTC.	6 volunteers
6/9/10	Truckee Meadows Bicycle Alliance regular meeting, RTC.	9 volunteers
6/12/10	Helmet Fitting for Boy Scout Bike Rodeo at Jesse Hall Elementary School	1 staff
6/14/10 - 6/18/10	Safe Kids Ready to Walk N' Roll Bike Camp, Sun Valley.	12 students, 4 staff
6/20/10	Cops and Robbers community event, Reno.	1 volunteer
6/21/10 - 6/25/10	Safe Kids Ready to Walk N' Roll Bike Camp, Sun Valley.	10 students, 4 staff
6/28/10 - 7/2/10	Safe Kids Ready to Walk N' Roll Bike Camp, Sun Valley.	8 students, 4 staff



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE AND CARE FLIGHT  
INQUIRIES  
FOR  
JUNE 2010**

INQUIRIES

June 2010

There were no inquiries in the month of June.





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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
JUNE 2010**

## GROUND AMBULANCE CUSTOMER COMMENTS JUNE 2010

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	2/22/10 Restart IV, keep me calm.		Please contact me ASAP to get payment arrangements, workman's comp not paying.
2	3/5/10 Professional, calm		Patient passed away 4-3-2010, at home
3	4/9/10	Tell me more information and actually tell me that charges would occur.	
4	4/11/10 took my husband to the hospital quickly	Communicate with family	
5	4/18/10 Great patient & customer service		
6	4/22/10 The EMT tried to make me feel better, But in the situation it did not work.	N/A	
7	4/26/10 Prompt & efficient and caring		
8	4/27/10		All personnel that were involved with the care of my wife during the flight and the ambulance to the hospital on a scale of 10, I think 9 would be given and thankn you to all involved.
9	4/28/10 you made me feel comfortable	Everything was good	
10	4/30/10 Got me to the hospital.	Be courtious & respectfull Instead of thinking every patient has a drug problem or Is going to you to receive medication that isn't needed.	
11	4/30/10 Great	Keep up the good work	
12	5/2/10 Ease my mind; we were out-of-state.	Great service already	
13	5/2/10 Everything	nothing	
14	5/2/10 Got me up off the floor after I fell. They got to my house quickly		Excellent.
15	5/4/10 Arrived promptly, quickly assesses the situation & immediately transported to hospital	Nothing, the service was excellant	I rode in the ambulance w/ my husband. I found the EMT's to be caring & knowledgable. I very much thank them for all they did.
16	5/4/10 I was frantic and the paramedics were able to reassure me thta my husband was in good hands.		
17	5/5/10 Everything they are professiona	Everything thry did was professiona	
18	5/5/10 Everything.	Could not suggest a single thing.	We were fortunate to have (name) and (name) as our ambulance crew. Our family was visiting from NH for a family wedding so tensions were high as we were concerned about our dad's fall/head injury. Both ladies were calm, caring and professional. Each circled back in the course of the evening to check on Dad and us as he was being evaluated in the ER. You are fortunate to have this team as part as your care-giving "family". Many thanks & best regards to both of them.
19	5/6/10 Very efficient & Pleasant Billing department		
20	5/6/10 Your prompt response		
21	5/6/10 Moved the patient carefully & expedient - Excellent team.		
22	5/8/10 Your service is very good.		

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
23	5/8/10 You all took the proper care and followed proper procedure in order to avoid further injury to me and my unknown condition at the scene that saved my life!	From what I remember the response time was slow, or at least to me it seemed like a long period of time elapsed. Quicker response time.	My fiance informs me that she attempted to find out where I was being transported to and she went about 20 minutes without knowing where I had been taken to. She received a phone call from a social worker informing her of my location. Perhaps contact to an indicated individual would have prevented such confusion, e.g. I asked your personal to contact her and they were unable to do so as they were treating me as I was their primary concern (which is totally understandable). Chart is attached.
24	5/9/10 Crew was courteous.	The ride to the hospital was very rough considering I had a dislocated elbow and had to HOLD my own arm to try to alleviate some of the pain. No stabilizing board or pillows were used.	
25	5/9/10 Everything/ very wonderful people so kind & caring. Thank you so much!		
26	5/10/10 Everything		
27	5/10/10 Everything	Nothing	good
28	5/11/10 They kept me calmed and advised me of everything that was happening	nothing	Everything was great
29	5/11/10	Crew could have taken a minute or two to help make my Fater's position & comfort in the bed a little better before leaving, other than that, the service was good.	
30	5/11/10	When you are called by someone besides the patient, don't make the patient go in the ambulance. She did not want to go in the ambulance & you made you. Now I have a \$12,000 hospital bill. She has epilepsy & it scares her friends when she has seizures. The ambulance driver should have been more knowledgeable and not made her go in the ambulance because she wasn't answering questions properly. She was in postictal stage & that is how she will act. Please give your crew a CLUE! So you don't cause people unnecessary hi=ospital bills. What do you get a commission from Renown or what! And now I have to pay you too because your crew is not educated!!! Unthankful, signed name.	
31	5/11/10 Everything		Very professional & first service - keep up the good work, & god bless
32	5/11/10 Very satisfied - Sister rode with crew - very polite	I would have appreciated a phone number on your form you sent me for billing - had to guess id it took.	
33	5/12/10 Everything!!	100% ok	
34	5/12/10 Got me to renown w/ saline drip working for my dehydration	you did it well!	
35	5/12/10 Your crew picked up an old diabetic in insulin shock and brought him back from the brink, they found my MedicAlert necklace and provided me proper care and transport.	As far as I know, nothing.	Can we purchase an extension of "Silver Saver"?
36	5/12/10 Male EMT started IV w/o bruising me & that ain't easy to do w/my veins.	Have female EMTs & drivers stick to nursing or secretarial. Female personnel no help. Females have no place on ambulances or in "birds".	By the way I am unemployed, uninsured & disabled, so I am not able to pay. No money, no work, no insurance and disabled.
37	5/13/10 Dealt w/my pissy attitude.	What happened to my hooded sweat shirt? I'd like it back, even if it was cut off me.	
38	5/13/10 Everything	Can't think of anything	great!
39	5/13/10 Stabilize my wife and transport her to renown	You people are great and truly professional	
40	5/13/10	Keep doing what you are doing.	I have no complaints- only compliments
41	5/13/10 Everyone extremely helpful and professional		
42	5/13/10 Everything	Keep up the good work	Thanks.
43	5/13/10 communicate	Nothing, - you guys rocked	
44	5/13/10 Great people - friendly helpful		
45	5/13/10 Everything - I am deaf, making it mor diffcult for the staff		Everyone was very helpful

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
46	5/14/10	Friendlyness	
47	5/14/10	Everything	no suggestions The care was excellent
48	5/14/10		Your service was very saticefactory & I was very please thank you.
49	5/14/10	Was concerned, reassuring	
50	5/14/10	Everything great.	Nothing, very good service. Bill medicare first then my Nevada State Ins. second. Thank you.
51	5/14/10	Made me feel safe & comforted	
52	5/14/10	Interview, concern, transportation excellent	Personell did all they could.
53	5/14/10		I have B.O.R. Syndrome. I sleep, I have mild seizures. Better understand B.O.R. Syndrome and have more PATIENTS! I have had since 1991. No surgery, my doctor has little patinets, tey ran test to see if I would protest. No I need answers. I have HAD since afe 7 years old. Din't flare up till I went through the change of life! Seizures: daydreams, headaches, pain in the temples and pass out.
54	5/14/10	Everything was fine	honor the carson city insurance! Thank you
55	5/15/10	Crew was very helpful, caring compassionate.	
56	5/15/10	Everything	Thank you for the caring people that was on the flight with me.
57	5/16/10	Everything	I myself Think it very good
58	5/16/10	You saved my life I am CT the ride was	Again I was unconios through the ride. But they did a good job
59	5/16/10		REMSA has always treated me very good.
60	5/16/10	your care and concern make it very helpful for me	You guys couldn't do any more, the service was excellant and the mt were very professional.
61	5/16/10	Everything	Nothing
62	5/16/10	Everything was handled professionally	Just keep up the good work
63	5/16/10	Everything, always, my Mother has been transported by REMSA frequently in the last few months.	Just keep on doing what you have been doing so well!
64	5/17/10	Response Very good	Couldn't have asked for more I was put on oxygen and I.V. quickly
65	5/17/10	Crew informed me of the Silver Saver Plan which was greatly appreciated	
66	5/17/10	Pt says the attendants were very kind and considerate	
67	5/17/10	The ladies provided care beyond my expectations and I'm extremely grateful to them for my being here still.	Why don't you send (membership) applications out at the end of the year?
68	5/17/10	Very helpful and polite	Lower your costs
69	5/18/10	Everything! From arrival to delivery.	Add more to the excellent staff! Awesome recrutes!!!
70	5/18/10		All services were provided perfectly
71	5/18/10	Everything	Nothing comes to mind
72	5/18/10	Compassionate care	
73	5/18/10	Responded quickly & nicely - very helpful	Hard to surpass service given
74	5/18/10	Crew was very polite & friendly. Made me feel very comfortable.	
75	5/18/10		Treat patients with kindness not like you're upset you have to be there helping. It is your job, be compassionate. I'm a frequent flyer due to heart problems & other. The girl that seemed to be in charge kept asking if I wanted to go by ambulance. I told her heart patient, can't breath. I told her I was going to drive myself if she didn't stop acting like they didn't want to take me by ambulance, like it wasn't a big case. So - she also prompted other guy what to say to hospital. Wasn't being cared for with care at all, not like other times. If you don't know how to relate to patients then get out of REMSA for sure. Don't upset patients having problems. She was teaching another her bad ways too.

Date of Service		What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
76	5/18/10	Very nice & projected a relayed confidence		
77	5/19/10	Service was good/ professional and met my need		
78	5/19/10	Communication, I was kept informed at to what was happening and what to expect.	Softer ride, I felt every bump and crease in the road.	Service was outstanding.
79	5/19/10	I'm sure you did everything well, I wasn't there when you rook my husband.		
80	5/19/10	transport to & from hospital		
81	5/19/10	Wonderful, outstanding as always		
82	5/19/10	Everything		
83	5/19/10	they were late in picking me up but polite	Be on time	
84	5/19/10	Explained everything perfectly.	Nothing.	Excellent.
85	5/19/10	Answered 911 call promptly and moved quickly to st. Marns	Nothing- very satisfied	Outstanding thank you
86	5/20/10	Prompt and caring service.	I have no suggestion.	Satisfied with service and the care. Have you billed by insurance?
87	5/21/10	Came quickly and transported him to NNMC		
88	5/21/10	very will helpful & professionally will care promptness for emergency, active in caring patirnt, well handle everything	Promptness in coming to save life	Handel professionally active well trained & excellent in service, thank you so much for caring everyone god blessed all!
89	5/21/10	Personnel were reassuring, thorough, considerate, understanding of the needs of a senior		
90	5/21/10		nothing	very good care
91	5/21/10	Helped me	nothing	good care
92	5/21/10			Did you find keys on a white/clear rist band, one key being a post office key. Please call if found.
93	5/21/10	The REMSA personal were very nice and asked Importan questions	nothing	
94	5/21/10	Everything		
95	5/22/10	Very professional	Hopefully nothing	
96	5/23/10	Not much.		Your driver should find another occupation.
97	5/24/10	The IV they put in stayed for my 5 days in the hospital and left no mark in my arm that is more than I say for the blood draws in the hospital. My other arm is still all black and blue 6 days after I am home. GOOD JOB.		You were fast response even when I told dispatch I was not hurt. Safe handling of me with care and concern. Thank you.
98	5/27/10	Arrived Quickly.	Make sure staff doesn't come to work with a bad attitude.	I was treated a bit rough for not being able to breath & walk unassisted to the gearny.
99	5/29/10	Your staff got my baby to the hospital quickly and alive.	Please train dispatcher on how to deal w/Infant who is choking on mucus, and not breathing.	
100	5/30/10	Transfeing me into the ambulance and into the hospital.	Go a little slower over bumps with a patient who has severe back pain - my problem.	
101	6/1/10	Speed & Service	Get different patches as those blue ones are a BITCH comming off.	
102	6/1/10		Practice IV insertson on patients w/SMALL veins so as not to leave HUGH BRUISES.	
103	6/2/10			The charge for no treatment just transportation from airport to hospital is outragious and unexceptable.
104	6/2/10	Transport.	Don't be so rough. You fractured my shoulder.	I now have medical bills and a surgery. I am uninsured and on social security with 2 kids. I AM VERY UNHAPPY!!

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
105	6/8/10	Everything, everyone was very polite and they communicate every step.	I really can't think of any thing they need to improve. Everything was perfect.
106	6/11/10	Got on site quickly.	Teach peronel talk differently.

My 3 year old needed the attention, she was very calm and she felt that she could trust the personel in the ambulance. I want to take a moment to thank everyone for being part of my worries when my little one got run over by a truck, they answer all my questions, and make me feel that everything was okay.

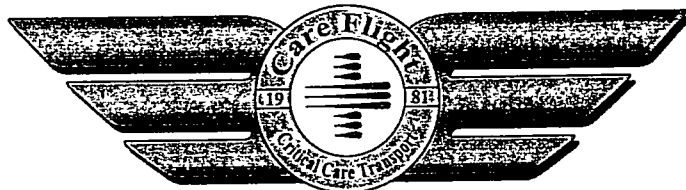
Your man spoke to us & patient like CRAP. Fire capt took him out side, then return & apologize.



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
JUNE 2010**



## CARE FLIGHT CUSTOMER COMMENTS JUNE 2010

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Thank you!		
2	You were there to get my dad to Reno Hosp. Thank you.	Stay safe	We live so far away but thank you for doing what you do. My dad passed way 4/27 but cannot thank you enough for your service. This wasn't
3	Everything		Thank you!
4	Don't know, this was a flight from Renown on Mill street to Renown South Meadows.		
5	They kept my mother calm so she wasn't afraid.		
6	Communicated with me, although I don't remember much of the whole thing.	Keep on doing whatever you did because I am ok.	
7	Please attitude appreciated - gentle. Patient concern	You are a blessing!	
8	Very polite and personal, attention to mom.	Keep up the good work.	
9	Received a great view of the area. Thanks alot. The best to all of you.		
10			The staff was excellent during this stressful time. Thanks to all of you!
11	It was difficult to remember.	I was treated fine.	
12	Everything - communication, care, friendly, all were professional, couldn't ask for more!	More of the same, good work.	Solid people, always have been.
13	Everything!! For which I thank you very much.	I was very pleased with everyone. They were very efficient, just plain super.	
14	Everything was done in a very professional manner.	Just be there when needed.	Thank you very much for your service.
15	Everything - at least what I remember.		I hope my insurance covers most of this
16	Your speedy flight helped save my life.	Continue the service you are providing.	Your service was excellent!
17	Being respectful to us and our daughter's needs both. Making sure she was stable and safe for the flight and caring enough to check in on her in ICU AND the Peds ward while healing.	My husband and I decided that you make the difference between doing you jobs, and truly caring about people. We can't thank you enough	
18	You put me in the best seat in the chopper and gave me the best crew.	You did it all.	





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*Regional Emergency Medical Services Authority*

**REMSA  
PUBLIC RELATIONS REPORT  
FOR  
JUNE 2010**

PUBLIC RELATIONS

June 2010

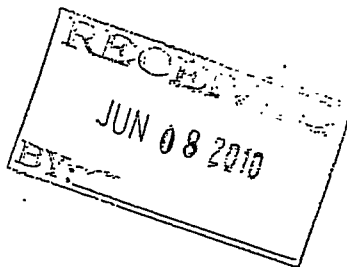
ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding allergic reactions and yard work safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote press release regarding Care Flight representatives winning the corporate team division of the United State Marine Corp's sixth annual Mountain Warfare Training Challenge in Bridgeport, Calif.	The story ran in the Good News section of the front page of the Reno Gazette-Journal on June 4.
Wrote and distributed a winners column for REMSA regarding their hosting of a Polish doctor in May.	The Reno Gazette-Journal ran the winners column in June 12.
Pitched and coordinated a story regarding Ginger Oliveira (REMSA dispatcher) assisting a family in the birth of a baby girl.	Channel 2 filmed a feature story on Thursday, June 3 and ran the story on June 8.
Coordinated an interview for Mitch Nowicki and Vickie Fisher to do a morning interview with Alice 96.5 FM regarding the Point of Impact golf tournament.	The interview was live on Alice the morning on June 4.
Wrote and distributed a Public Service Announcement and press release regarding REMSA's CPR day at the Reno Aces game on June 6.	Americom radio stations ran the Public Service Announcement prior to the Aces game. Channel 2 and 4 also covered the event and ran a story on the evening news on June 6.
Participated in the Weapons of Mass Destruction drill at Galena High School on June 15 acting as REMSA's PIO.	Drill took place on June 15.
Wrote and distributed a press release regarding the recent NAED accreditation REMSA's dispatch center received.	Release was sent on June 17.
Finalized Not Even For a Minute campaign release and distributed to northern Nevada media.	Press release was sent on June 29.



# Washoe County Health District

June 7, 2010

Mr. Jim Gubbels, VP  
REMSA  
450 Edison Way  
Reno, NV 89502



Dear Jim,

This letter is to acknowledge REMSA's outstanding participation in the Washoe County Health District Monthly 800MHz Radio Test.

On the first Monday of each month the Health District, REMSA and the hospitals participate in a test of the 800MHz radios. This test is to ensure equipment is working properly and to test communications between the Health District, Hospitals and REMSA. The 800MHz radios are the redundant communication system in place to facilitate emergency communications if phone lines are rendered inoperable during a disaster or emergency.

During fiscal year 2009-2010 REMSA was one of two facilities who were prepared and on the radio each and every month during all 12 monthly tests. Not once during the year did the Health District need to call your facility to do a one-on-one test. This is an accomplishment your staff deserves recognition for; Vince, George, Val and Barbara all contributed to REMSA's 100% participation level. Out of the seven facilities (REMSA & 6 hospitals) there were only two, REMSA and Northern Nevada Medical Center, who reached the 100% participation level. All other participating facilities had to be contacted by phone three or more times throughout the year to do a one-on-one radio test.

Your staff has done an amazing job and their level of participation sets a standard for the other facilities to aspire to.

Please express our thanks and gratitude to your employees for their hard work and dedication. We greatly appreciate REMSA's participation in the 800MHz Radio program.

Sincerely,

Handwritten signature of Eileen Coulombe.

Eileen Coulombe  
Administrative Health Service Officer

Handwritten signature of Laurie Griffey.

Laurie Griffey  
Office Support Specialist

# Voices

STEVE FALCONE

Opinion editor

775-788-6383 • SFALCONE@RGJ.COM

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## **WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK**

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### **REMSA is visited**

#### **by Polish physician**

The Regional Emergency Medical Services Authority (REMSA), for hosting Dr. Przemek Paciorek, an emergency-room physician, anesthesiologist and teacher of emergency medicine in Poland. The two-day visit to REMSA was Paciorek's second (the first was in 2004) to learn more about emergency medical services and practices in the United States. The physician became interested in emergency medicine in the U.S. after he was involved in a serious automobile accident in New Jersey several years ago.

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## Free CPR training before Sunday's Reno Aces game

JUNE 3, 2010

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As part of National CPR and AED Awareness Week, the Regional Emergency Medical Services Authority (REMSA) will conduct free "hands only" CPR trainings from 11:30 a.m. to 12:30 p.m. on Sunday on the front lawn of Aces Stadium prior to the 1:05 p.m. Reno Aces game against the Portland Beavers.

REMSA will have manikins to teach participants how to properly conduct cardiopulmonary resuscitation with only using their hands in case of an emergency. The CPR training is not an official certification course, but is instead an awareness course. Tables with information on heart health and sudden cardiac arrest will also be set-up at the CPR training as well as inside the stadium. Each table will have REMSA educators available to answer questions and provide more information regarding CPR and automated external defibrillator use.

"The bottom line is that CPR and AEDs save lives," J.W. Hodge, education manager at REMSA, said in a statement. "Community members taking the time to learn CPR and how to use an AED will make the difference of life and death in many situations as they are often the first people to witness sudden cardiac arrest. With 95 percent of sudden cardiac arrests occurring outside of a healthcare facility, it is crucial that more community members are prepared to respond. This is one way we will be able to increase the chances of survival for victims in our community."

An AED is designed to be used by laypersons and medical professionals alike to deliver a shock to the patient, restoring normal heart rhythm after sudden cardiac arrest. For every minute that passes without defibrillation, a victim's chances of survival decrease by 7 to 10 percent. In only eight or 10 minutes, death can be nearly certain without this lifesaving shock. REMSA has been working to place life saving AED devices throughout the community to help shorten the time it takes to restore a regular heartbeat.

For more information or questions, contact REMSA at (775) 858-5700.

### In Case You Missed It »



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- [Nevada experts lukewarm about Obama oil speech](#)
- [Voting maps show Angle may have had coattails for Gustavson](#) (1)
- [UNR scientists testing major quake effect on bridges](#)
- [Two die in fiery crash near Carson City](#)

### Latest Headlines

- [Storm system moves through Reno area, leaves graupel; freezing tonight in Sierra valleys](#) (1)
- [Sharron Angle was registered as a Democrat during much of the Reagan years](#) (34)
- [U.S. man on a mission to behead Osama bin Laden examined by doctor in Pakistan](#) (2)
- [Calderon asks for Mexicans' support as toll rises in drug war](#) (4)
- [Reno forecast: Chance of showers today, lots of sun through next week](#)

### Most Recommended Articles

- [Remember manners and talk elsewhere](#) (9)
- [I'll support Arizona by spending dollars](#) (18)
- [DA's comments were rude, inappropriate](#) (17)
- [Drivers don't care about our safety](#) (5)
- [Reno firm's machines help clean Alabama town's beaches](#) (5)

### Most Commented Articles

- [Mexico anger high as U.S. Border Patrol kills teenager](#) (273)
- [Poll: 57 percent of Nevadans favor an Arizona-style crackdown on illegal immigration](#) (154)
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- [Conservatives want to return to this?](#) (238)
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# DAILY SPARKS TRIBUNE

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## Care Flight team wins challenge

by Tribune Staff

Jun 03, 2010 | 99 views | 0 | 1 | 2 | 3

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RENO — A team of three Care Flight representatives recently competed in and won the corporate team division of the United State Marine Corps' sixth annual Mountain Warfare Training Challenge in Bridgeport, Calif.

The race consists of a challenging 10K off-road run with obstacles such as a tire course, low crawl, five-foot wall climb and tunnel crawl at the Marine Corps' Mountain Warfare Training Center in the Toiyabe National Forest. The race started and ended at an elevation of 6,880 feet and participants climbed as high as 7,588 feet during the race. Care Flight team members included Tracy Hood, Alan Dobrowolski and Mike Garrett.

Established in 1951 specifically to provide mountain and cold weather training for replacement personnel bound for Korea, the Mountain Warfare Training Center is one of the Marine Corps' most remote and isolated posts and one of its most difficult training grounds. The center is located at 6,762 feet elevation on 46,000 acres of the Toiyabe National Forest, 21 miles northwest of Bridgeport, Calif. and 100 miles south of Reno. Temperatures can reach as low as 20 degrees and snow accumulation can reach depths of up to eight feet.

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Care Flight began in 1981 and was a shared program of Washoe Medical Center, Saint Mary's Regional Medical Center and Northern Nevada Medical Center, providing fast, high-quality emergency medical service and rescue to the remote and rugged areas of northern Nevada and northeastern California. In 1986, Care Flight was placed under the authority of the Regional Emergency Medical Services Authority to create a comprehensive EMS system with fully integrated ground emergency medical services. Care Flight provides service within a 150-mile radius of each of its four bases located in Reno, Gardnerville, Lovelock and Truckee. Care Flight responds to many high-altitude locations and rugged mountain rescue locations. Care Flight can provide critical care levels of services to critically ill and injured patients at accident scenes and rural health care centers in minutes.

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## Care Flight crew wins Marines event

June 4, 2010

Three Care Flight representatives recently won the corporate team division of the U.S. Marine Corps' sixth annual Mountain Warfare Training Challenge in California.

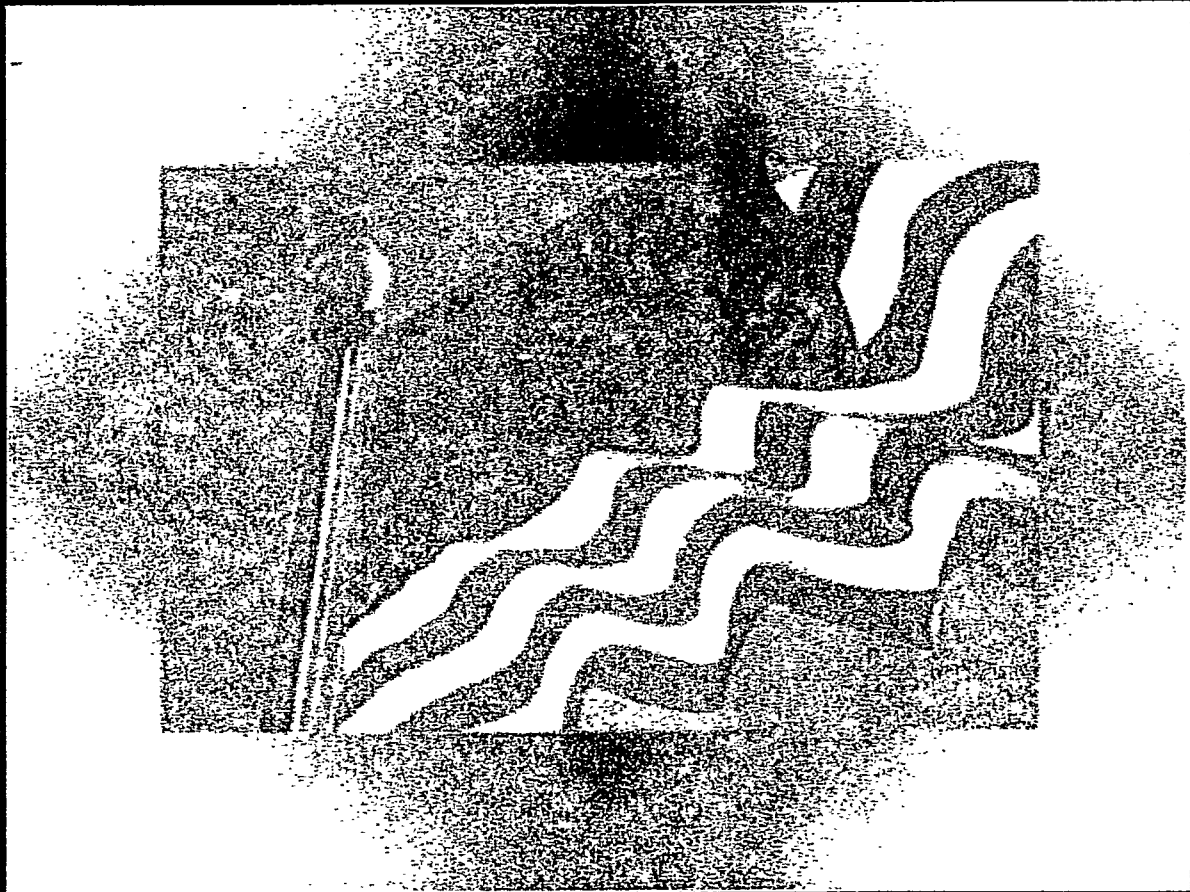
Tracy Hood, Alan Dobrowolski and Mike Garrett were in the 10 kilometer off-road run with obstacles, low crawl, 5-foot wall climb and tunnel crawl.

Care Flight provides emergency medical service and rescue to remote and rugged areas within 150-mile radius of each of its 4 bases in Reno, Gardnerville, Lovelock and Truckee, under the authority of the Regional Emergency Medical Services Authority.



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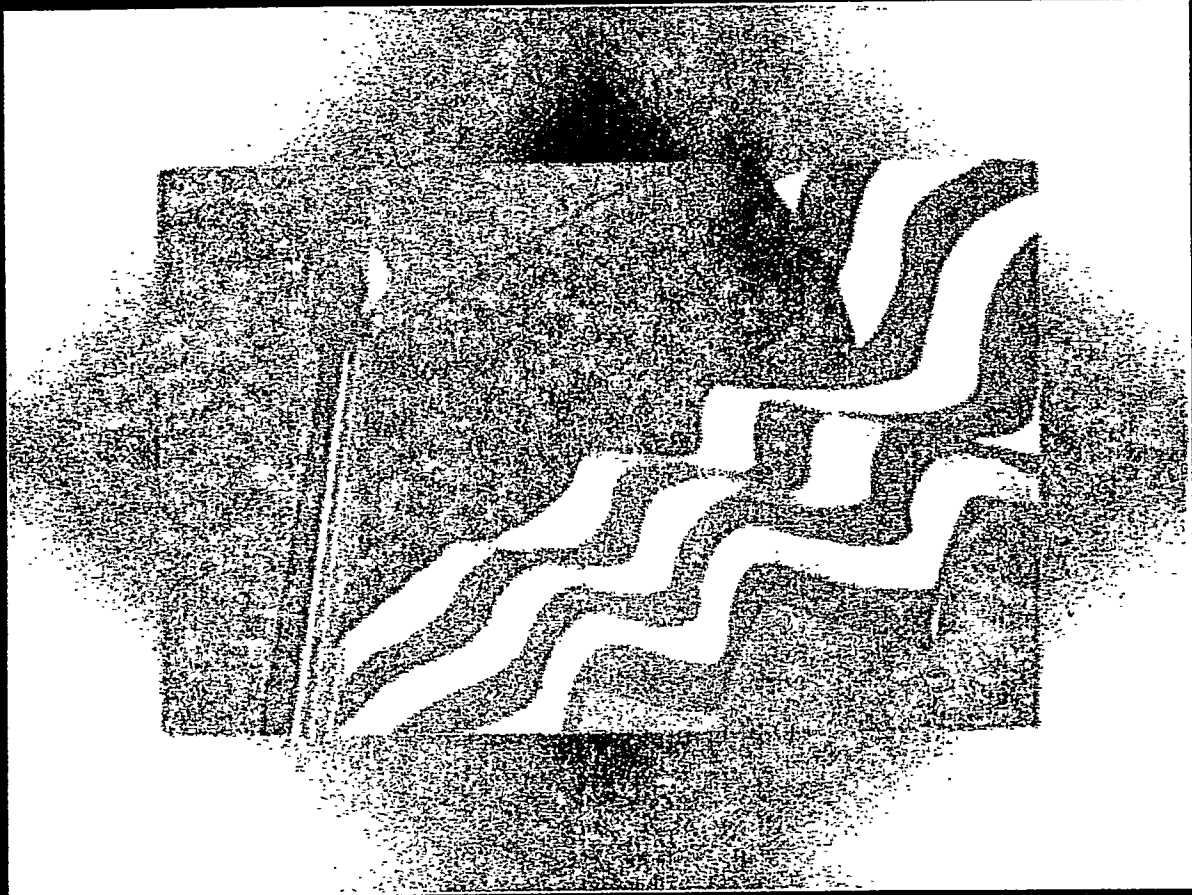
# WORKPLACE SAFETY AWARD

## REMSA

Congratulations for a year without injuries

2008 Policy Year





# WORKPLACE SAFETY AWARD

## REMSA

Congratulations for Achieving a 76 Percent  
Experience Modification

2009 Policy Year





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*Regional Emergency Medical Services Authority*

**REMSA**

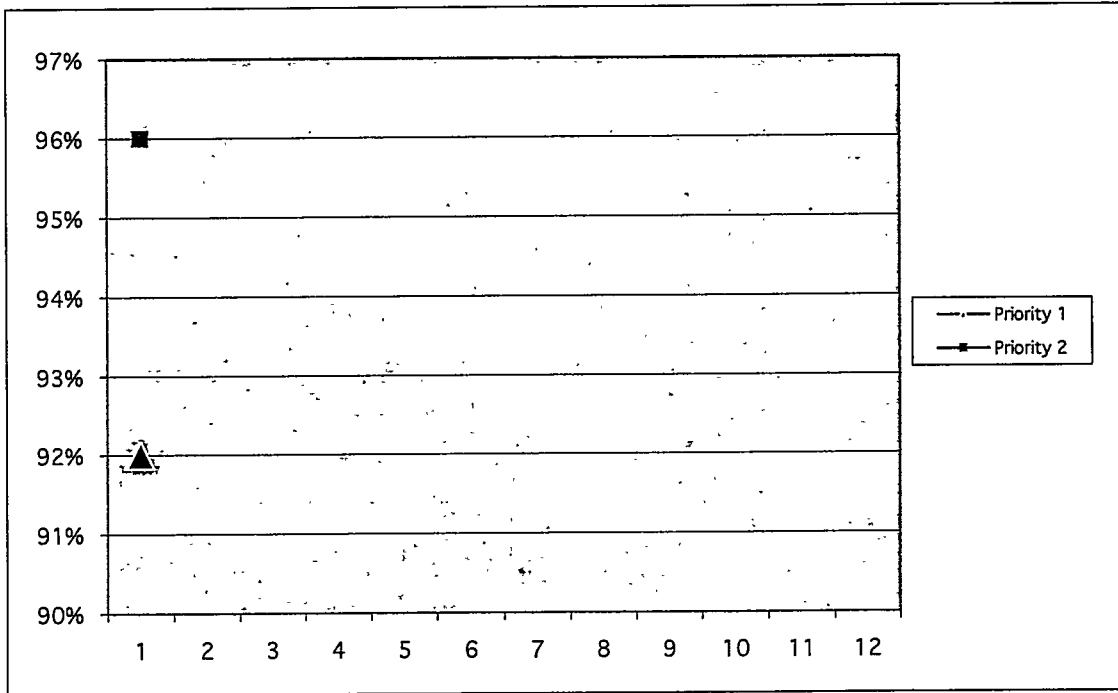
**OPERATIONS REPORTS**

**FOR**

**JULY 2010**

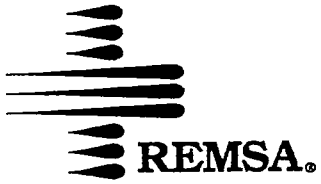
Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan. 11				
Feb.				
Mar.				
Apr.				
May				
Jun-11				



10-11 Sched of Fran Avg. Bill

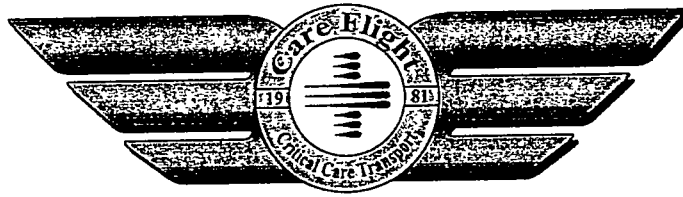
Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	15	\$109,746	\$7,316	\$7,316
Aug.			\$0	
Sept.			\$0	
Oct.			\$0	
Nov.			\$0	
Dec.			\$0	
Jan. 2010			\$0	
Feb.			\$0	
Mar.			\$0	
Apr.			\$0	
May			\$0	
June			\$0	
<b>Totals</b>	<b>15</b>	<b>\$109,746</b>	<b>\$7,316</b>	<b>\$7,316</b>
			Adjusted Allowed Average Bill -	\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	3090	\$3,040,510	\$984	\$984
Aug.			\$0	
Sept.			\$0	
Oct.			\$0	
Nov.			\$0	
Dec.			\$0	
Jan. 2010			\$0	
Feb.			\$0	
Mar.			\$0	
Apr.			\$0	
May			\$0	
June			\$0	
<b>Totals</b>	<b>3090</b>	<b>\$3,040,510</b>	<b>\$984</b>	<b>\$984</b>
			Allowed ground avg bill -	\$966.00



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
JULY 2010**



**CARE FLIGHT OPERATIONS REPORT  
JULY 2010  
WASHOE COUNTY**

- ❖ **In Town Transfer:**
  - 0 ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
  - 9 Community Education & Public Events

7-6-10	Pyramid Lake Vol & Clinic staff helicopter safety training	❖	Flight Staff
7-7-10	Sierra Fire Station 35 helicopter safety training	❖	Flight Staff
7-7-10	Sierra Fire Station 30/38 helicopter safety training	❖	Flight Staff
7-15-10	Sierra Fire Station 35 helicopter safety training	❖	Flight Staff
7-15-10	Sierra Fire Station 30/38 helicopter safety training	❖	
7-16-10	Sierra Fire Station 35 helicopter safety training	❖	Flight Staff
7-16-10	Sierra Fire Station 30/38 helicopter safety training	❖	
7-29-10	Channel 2 Video shoot	❖	Flight Staff
7-31-10	Red Rock VFD BBQ	❖	Flight Staff

❖ **Statistics**

**Washoe County Flights**

	# patients	
Total Flights:	15	
Total Patients	15	
Expired on Scene	0	
Refused Transport (AMA)	0	(1 transported by ground ambulance)
Scene Flights	13	
Hospital Transports	2	
Trauma	4	
Medical	8	
High Risk OB	1	
Pediatrics	1	
Newborn	0	
Full Arrest	1	
<b>Total</b>	<b>15</b>	





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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**JULY 2010**



## GROUND AMBULANCE OPERATIONS REPORT

July 2010

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5419
Total Number Of Responses In Which No Transport Resulted	2350
Total Number Of System Transports	3069

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		46%
OB		1%
Psychiatric/Behavioral		5%
Transfers		14%
Trauma		27%
	Trauma – MVA	6%
	Trauma – Non MVA	21%
Unknown/Other		6%
Total Number of System Responses	100%	

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2590 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kearns, Communications CQI Coordinator.

**4. EDUCATION AND TRAINING REPORT:**

**A. Public Education**

**Advanced Cardiac Life Support**

Date	Course Location	Students
7/9/10	Eastern Plumas Healthcare	5
7/10/10	REMSA Education	10
7/14/10	EMS CES 911	1
7/27/10	REMSA Education	8

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
6/24/10	Humboldt General Hospital	6
7/7/10	EMS CES 911	3
7/9/10	REMSA Education	1
7/15/10	John Mohler & Company	13
7/23/10	REMSA Education	16
7/31/10	EMS CES 911	1

**Advanced Cardiac Life Support Skills**

Date	Course Location	Students
7/28/10	REMSA Education	1

**Advanced Cardiac Life Support Prep Course**

Date	Course Location	Students
7/8/10	REMSA Education	1

**Bloodborne Pathogen**

Date	Course Location	Students
7/7/10	David Rice	6
7/14/10	David Pearson	8

**Basic Life Support Instructor**

Date	Course Location	Students
7/21/10	REMSA Education	3

**Health Care Provider**

Date	Course Location	Students
5/14/10	Sierra Nevada Job Corps	7
5/26/10	Sierra Nevada Job Corps	3
6/2/10	Sierra Nevada Job Corps	6
6/8/10	Halo CPR	2
6/25/10	Regent Care Center	4
6/27/10	Halo CPR	1
7/1/10	REMSA Education	10
7/1/10	Career College of Northern Nevada	17
7/2/10	EMS CES 911	1
7/2/10	Career College of Northern Nevada	1
7/6/10	REMSA Education	1
7/7/10	REMSA Education	9
7/7/10	David Rice	6

7/9/10	Josh Buchanan	3
7/9/10	Josh Buchanan	3
7/9/10	CPR Plus	4
7/10/10	REMSA Education	7
7/10/10	EMS CES 911	6
7/13/10	REMSA Education	8
7/14/10	Kelly Hallerman	2
7/15/10	REMSA Education	13
7/15/10	West Hills Hospital	11
7/17/10	Kasey Walker	9
7/19/10	REMSA Education	9
7/19/10	EMS CES 911	1
7/20/10	REMSA Education	16
7/21/10	REMSA Education	10
7/21/10	EMS CES 911	2
7/21/10	Rosewood Rehab	4
7/23/10	Eastern Plumas Healthcare	5
7/26/10	REMSA Education	13
7/28/10	EMS CES 911	3
7/29/10	REMSA Education	10
7/30/10	Humboldt General Hospital	3

**Health Care Provider, Employee**

Date	Course Location	Students
7/12/10	REMSA Education	1
7/20/10	REMSA Education	1

7/22/10	REMSA Education	1
7/27/10	REMSA Education	1
7/28/10	REMSA Education	1
7/29/10	REMSA Education	1

**Health Care Provider, Recert**

Date	Course Location	Students
4/19/10	Eureka County EMS	1
6/22/10	Career College of Northern Nevada	1
6/28/10	Trent Waechter	9
6/29/10	Trent Waechter	8
6/30/10	Trent Waechter	16
7/3/10	Cheryl Mangum	2
7/5/10	REMSA Education	10
7/6/10	REMSA Education	7
7/8/10	REMSA Education	7
7/8/10	Regent Care Center	2
7/10/10	Nevada Air National Guard	2
7/14/10	REMSA Education	7
7/15/10	REMSA Education	2
7/16/10	Eureka County EMS	1
7/17/10	CPR 1st Aid Training Site	3
7/20/10	CPR 1st Aid Training Site	2
7/20/10	Tahoe Forest Hospital	7
7/21/10	EMS CES 911	1
7/21/10	Nevada Department of Corrections	8
7/24/10	REMSA Education	8

7/27/10	REMSA Education	9
7/28/10	Riggs Ambulance Service	2
7/28/10	Willow Springs	5
7/28/10	Regent Care Center	2

**Health Care Provider Skills**

Date	Course Location	Students
7/1/10	Tahoe Pacific Hospital	1
7/2/10	REMSA Education	1
7/7/10	Tahoe Forest Hospital	1
7/8/10	REMSA Education	2
7/10/10	Tahoe Forest Hospital	6
7/16/10	REMSA Education	1
7/19/10	REMSA Education	1
7/20/10	REMSA Education	1
7/20/10	Tahoe Forest Hospital	2
7/22/10	REMSA Education	3
7/22/10	Tahoe Pacific Hospital	2
7/26/10	REMSA Education	1
7/26/10	Tahoe Forest Hospital	2
7/28/10	REMSA Education	3
7/29/10	Tahoe Forest Hospital	1

**Heart Saver AED**

Date	Course Location	Students
6/8/10	Halo CPR	1
6/8/10	Nampa Fire Department	22

7/2/10	Summit Medical Education & Training	7
7/2/10	Atlantis Casino	3
7/6/10	Atlantis Casino	6
7/7/10	REMSA Education	28
7/14/10	REMSA Education	8
7/14/10	Atlantis Casino	3
7/15/10	Atlantis Casino	4
7/15/10	Nampa Fire Department	7
7/20/10	Randi Hunewill	10
7/21/10	Summit Medical Education & Training	3
7/22/10	Nampa Fire Department	14
7/22/10	Noah Boyer	24
7/26/10	REMSA Education	12

#### Heart Saver CPR

Date	Course Location	Students
7/14/10	David Pearson	8
7/15/10	Sierra Nevada Job Corps	11
7/18/10	Tyler Teese	3

#### Heart Saver First Aid

Date	Course Location	Students
2/23/10	Nevada Department of Corrections	10
5/14/10	Sierra Nevada Job Corps	7
5/21/10	Nevada Department of Corrections	5
5/26/10	Sierra Nevada Job Corps	3
6/2/10	Sierra Nevada Job Corps	6



6/5/10	Halo CPR	1
6/9/10	Halo CPR	1
6/14/10	Saint Mary's PAS	2
6/28/10	Nevada Department of Corrections	22
6/29/10	Ron Browning	2
7/1/10	Humboldt General Hospital	5
7/3/10	Jennifer Kraushaar	1
7/5/10	Nevada Department of Corrections	5
7/5/10	Visual Insight	10
7/5/10	Kathleen Cornell	1
7/6/10	REMSA Education	1
7/6/10	Marci Hays	4
7/6/10	Small Mine Development	14
7/6/10	Visual Insight	8
7/6/10	Nye County EMS	4
7/7/10	Majen	5
7/7/10	Nampa Fire Department	14
7/7/10	Nevada Department of Corrections	16
7/7/10	REMSA Education	9
7/8/10	REMSA Education	4
7/8/10	Majen	9
7/8/10	Josh Buchanan	2
7/8/10	Sierra Nevada Job Corps	6
7/9/10	Sierra Nevada Job Corps	6
7/11/10	Ron Browning	2
7/12/10	REMSA Education	10

7/12/10	Nevada Department of Corrections	15
7/13/10	Halo CPR	3
7/13/10	Small Mine Development	12
7/14/10	Nampa Fire Department	13
7/15/10	Nampa Fire Department	1
7/20/10	Majen	4
7/20/10	Work of Heart	6
7/20/10	Nevada Department of Corrections	19
7/21/10	Majen	9
7/21/10	REMSA Education	16
7/22/10	Eagle Valley Children's Home	5
7/22/10	Sierra Nevada Job Corps	4
7/23/10	Sierra Nevada Job Corps	6
7/24/10	REMSA Education	6
7/27/10	REMSA Education	14
7/27/10	Majen	7
7/28/10	Work of Heart	5
7/28/10	Majen	10
7/29/10	Majen	7
7/30/10	Humboldt General Hospital	3

**Heart Saver Pediatric First Aid**

Date	Course Location	Students
7/6/10	EMS CES 911	1
7/10/10	Jennifer Kraushaar	7
7/17/10	REMSA Education	7
7/28/10	Leslie Cowger	9

Date	Course Location	Students
7/13/10	REMSA Education	9

**International Trauma Life Support**

Date	Course Location	Students
7/13/10	REMSA Education	9

**Neonatal Resuscitation**

Date	Course Location	Students
7/16/10	REMSA Education	2

**Pediatric Advanced Life Support**

Date	Course Location	Students
6/1/10	John Mohler & Company	6
7/21/10	EMS CES 911	4

**Ongoing Courses**

1/19/10	Paramedic Program - REMSA Education	16
7/6/2010	Paramedic Program - REMSA Education	12
3/20/10	EMT Basic Program - REMSA Education	19
5/24/10	EMT Basic (Monday & Wednesday)	13
Total Students This Report		1108

**5. COMMUNITY RELATIONS:**

**Community Outreach:**

**Point of Impact**

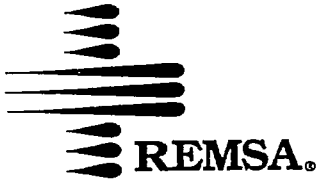
Date	Description	Attending
7/10/10	Child Safety Seat Checkpoint, Renown in Partnership with Reno Gazette-Journal "Moms Like Me," Reno. 16 cars and 19 seats inspected.	3 staff, 5 volunteers

**Safe Kids Washoe County**

Date	Description	Attending
7/13/10	Safe Kids Washoe County monthly coalition meeting, Sparks.	
7/19/10	Safe Kids USA teleconference for Walk This Way 2010 planning.	1 staff
7/20/10	Safe Kids Washoe County regular Board of Directors meeting, REMSA.	8 volunteers, 1 staff
7/20/10	Northern Nevada Immunization Coalition Childhood Committee monthly meeting via teleconference.	1 staff
7/23/10	2nd Annual Mini-Golf Tournamnet Planning Meeting	3 volunteers

**Public Relations**

Date	Description	Attending
7/2/10	Interview, Channel 2 News, Sun Valley Community Center about Play Ground Safety.	1 staff
7/9/10	Interview, Channel 4 News, Idlewild Park about Pool Safety.	1 staff
7/9/10	Interview, Channel 4 News, Idlewild Park about Not Even for A Minute - kids in hot cars.	1 staff



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE AND CARE FLIGHT  
INQUIRIES  
FOR  
JULY 2010**

INQUIRIES

July 2010

There were no inquiries in the month of July.



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
JULY 2010**

## GROUND AMBULANCE CUSTOMER COMMENTS JULY 2010

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Transportation and service	Continue with the good service	#10
2	Calmng, the paramedics were kind, soothing.		
3	Patient care		
4	Everything	You do fine	Excellent, I misplaced your letter and I finally found it.
5	the paramedics and firemen showed caring and concern. this is a good reflection on the Management		
6	Helpful at home and in transport to hospital	I think nothing at this time.	All ok.
7	They were very efficient, calm & responded quickly.		Very good, excellent.
8		It was done very well.	
9			I had a ride & asked to be taken by a friend. That's how I got to So Meadows in the first place. The paramedics & possible an ER Doc REFUSED to let me go on my own. I'm fine & not dead. I went under lights and sirens and asked about that & got no real answer. Now a have a almost \$1000.00 bill for 8
10	Your EMT's were particularly soothing to my 93 yr old mom-law, who was in great pain from a broken hip.		The ambulance was very quick to get here and very efficient.
11	All		
12	Explained the steps, made me very comfortable, even exchanging equipment to accomodate my size.	The gentleman were kind, and professional, yet friendly and fun.	
13	I felt secure with REMSA personal. In the hospital and everyone was nice.		
14	Everything.	Nothing	Your terrific
15	Transfer from Lakeside Manor to St. Mary's Hospital	Does not apply.	Service was excellent and personell helpful and courteous.
16		Very nice people!	
17	It was nice that the staff came back to follow up on me.		
18	Your prompt and respectfull, mom wasn't sure what was going on since she has dementia.		
19	Excellant		
20	Rapid responding and took care of my immediate injuries.	Nothing, I don't remember anything!	N/A - very professional from what I can recall.
21	Were able to contact me, the ,other, in a very timely matter.		
22		Handled a different patient	Couldn't have asked for better.
23	Your ambulance team arrived in a timely manner and took very good care of my wife.		
24	Everything.	Nothing	Very good service
25	professional, yet upbeat and efficient paramedic (good with children)		I was pleased with you Paramedic. She set me at ease when my infant was being transported.
26	Friendly & Informative, very caring team.		This was the second time we found it necessary to use your services and both times were wonderful. Thank you.
27	Everything	Nothing I can think	Good
28	Everything - and very polite.		Very polite and professional.
29	Very gentle and comforting to my 5 year old daughter.		
30	REMSA EMT's were extremely polite and professional in caring for me. They assured my son that I would get to the VA Hospital to get the medical care I needed!		
31	You have a good crew on the EMT's	Your billings could be more informative.	
32	yes		
33	Asked proper questions, took special care to help not hurt me more.	I have no complaints!	



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
34	Calming and thoughtful	nothing very good	
35	Calming the patient (me), early arrival & helpfulness	?	
36	Prompt arrival.	Hope I never have to call again.	Ok
37	everything	nothing I can tell	very professional yet kind
38	Keep me alive	Keep doing what you do	
39	Very friendly and professional.	Couldn't have been better.	Great care.
40	Came at the right time when called for me were I lived	dont no	When I need REMSA always quick two get to me
41	you were very understanding and helpful in a intense situation	I think you already great!	
42	The care given me was wonderful and administered the IV in a very professional manner.		Members of the Fire Department also were very professional and courteous.
43	Very caring people.		You did a good job of explaining my care to me.
44	Everything		
45	Very concerned to the patient.	No more sir/madam because your service to the patient is very satisfying.	Very satisfactory.
46	Everything	Keep up what your doing.	
47	Took me to st mary's	Everything was fine	The men on the ambulance are very kind and helpful
48	Everything  Stayed with me to be sure I got immediate attention.	Text Book Perfect. Personal thanks to the staff on hand.	
49	I think you did everything very well.		
50	Quick response, the men in the ambulance were cordial, informative and very efficient.	Keep up the good work - Bravo!!!	
51	Let me know what was going on at all times and answered all the questions I had		
52	Everything		I am so thankful for you being there for me. Thanks again, may God Bless you!
53	Everything, excellent!!!		
54	Everything went smoothly and the crew gave me a comfortable feeling.	Nothing as far as I can tell.	
55	The men were courteous and efficient. We were informed of the test results.		Keep up the same good work.
56	They attended to me really well.	Nothing, they did very well.	
57	Arrived fast; knew what to do and did it. Diabetes was brought up and then we insisted on going to hospital. Result: Pneumonia and blood sugar irregularities.		
58	I was surprised how fast they were there.		I don't know where they came from, but my great granddaughter hardly hung up the phone and they were there.
59	Everything.	Can't think of anything - everything was done very well.	
60	Everything went great, and your people came back to her room to see if she was ok.	Don't change a thing.	
61	Everything	Continue what you do	
62	They werre very gentle and careful with her.		She passed away May 25. Thank you for all your patience.
63	Arrived quickly, we were in Grand Sierra on 15th floor, felt we were in good hands, you and the hotel were wonderful, my husband is 69 years old and we were 3 hours from home. Felt secure, thank you		
64	Prompt, efficient, kind		Well pleased with the help & care.
65	Good job. Thank you.		
66	Getting to the hospital and checking into the hospital.	Have the doctor inform the patient sooner.	
67		Get more people like the ones who came.	
68	Everything "Excellent"		Thank you.
69	Ambulance arrived quickly. The attendants were professional. They were very reassuring.	Keep hiring attendants who are friendly and know what they are doing.	
70	Everything was top notch.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
71	Came immediately	Service very good	
72	It was my first ride in an ambulance & the 2 guys (crew) explained everything that was happening. Friendly - they were great!		
73	You were on time, were good with my mother	nothing - you did well	
74	Driving was well.	Not a thing.	Care was excellent.
75	Very kind, good talking skills, kept me conscious and active.	Nothing really. Possibly be more conscientious of curbsides while driving.	
76	Made sure neck was stabilized as she did have a cracked cervical vertebra.		
77	Everything	Nothing	
78	Taking my husband to the ER with Oxygen in place.		
79	Everything	Nothing	Very polite
80	Your techs were very courteous and adept at performing their job.		Do you still have yearly membership, if so please send and application.
81	Very kind & considerate.		
82	were very nice and made me feel comfortable	nothing	everything was great
83	I was not awake, the Bishop Hospital staff took care of sending me to Reno, while my husband drove.		
84	Everything		
85	Everything went well.		
86	The services were great.		
87	Helping Gloria feel safe.		
88	Gave answers to what was my conditions and prompt service on the way to the hospital.	Don't change any of your services because all of it is great and perfect.	The workers you have are beautiful and intelligent and I feel safe with them.
89	Very attentive for my mom on 5/30/10. I believe Matt and his partner were extremely helpful.	Keep up the current good work.	Absolutely great.
90	Arrived promptly.		
91	Your crew were so nice and efficient! They helped us immensely and were expeditious in taking care of my fall.	Keep up the good work!	They are Angels in Blue :)
92	All the service was good.	Everything is ok.	
93	Kept me breathing until we reached the hospital	continue your good service	
94	Great Service	Great service	
95	Took care of Emergency quickly and with profession care	as good as it gets	
96	You did be good to us thank you very much. God bless all of you.		
97	You were comforting to me. I was in a bad state and I was calmed.		Very friendly and calming. Took good care of me.
98	You helped save my life and get me to the hospital.	Nothing I can think of	Keep up the good work.
99	Paste - Arrive swiftly		
100	For visiting my daughter. I had better care than I have at home sometimes as being on vacation and not living there service was great.		Waiting for my insurance to pay for most of Bill.
101	Everything thanks.		
102	Polite & courteous		
103	No complaints		
104	Help regulate my heart rate.		All 3 EMT's were very professional and polite. They were excellent!
105	Everything	N/A	
106	Everything.	Stay the way you are.	
107	Very informative-good response time-understanding to situation.		
108	Absolutely everything	Nothing	All fine A ok
109	Kept me informed of what was going on.	Service was very satisfactory.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
110	Service and transport all excellent.	Nothing	
111	Everything	Nothing	Great
112	Very prompt and very concerned about moving furniture and making patient comfortable.		
113	Courteous, concerned. They made sure to put masks on because of symptoms.		
114	Everything	You are doing it now	
115	Sympathetic & polite.		
116	You took care of me!		
117	Just keep up the good work.		
118	Crew was friendly and communicative	Can't think of anything	
119	Picked me up at the hotel and carted me quickly to the nearest hospital.	N/A	Done - it was strictly an ambulance ride.
120	From the first moment I was treated with respect and calmly reassured that help was on the way. I was never left alone.		
121	Everything! The Paramedics were wonderful and very re-assuring. Thank you!		
122	Everything that was done for me was great. I couldn't ask for better service.	Can't think of anything they did that could have been any better.	Can't ask for better service.
123	Fastness, Efficient		All very good
124	You showed love when handling mom.		
125	Everything	Nothing	
126	Made my husband comfortable being transport from Renown S Meadows to Main Hospital.		
127	Came on board a crowded airplane and brought me to the hospital.		
128	Your care and love to your patients, making me feel comfortable.	Nothing	
129	ER people did a very good job. I was admitted on June 3rd. Released on June 5.	Hopeful I will not need you anytime soon. I have a bowel with everything on wrong side, so I have bowel problems.	The nursing staff on the surgical floor were very wonderful to me, I had no surgery though.
130	Everything!	You were great - couldn't be better	Excellent
131	Everything	Nothing	
132	Very professional and helpful crew. Quick response.		
133	Everything	Nothing, you did it all!!!	REMSA personnel has treated me extremely well.
134	Your 2 young ladies were excellent!		
135	Answered my question		No comment
136	You all are just great!!!!		
137	All as far as I am aware.		
138	Got me to the hospital and everyone was very nice and help ever way they could	Keep the good work up.	If I need them I will call them.
139	Everything	It would be difficult or impossible to do better.	
140	The REMSA guys (Manny & Steve) were very positive and calm. They kept me alert & were very caring.	N/A-Everyone did their part was very helpful.	Excellent and professional. Good people in this town!
141	Everything-Used twice in about 6 weeks	Nothing	Great service
142	They were very caring and polite	I think you did a fantastic job.	Keep up the fantastic work. Everyone should have a Silver Saver account.
143	Very helpful & cheerful. Knowledgeable with their job.	No hints - Because we were satisfied.	
144	Arrived quickly. Was very caring.	Just continue what you already do.	R.F.D. & REMSA are lifesavers. Thanks very much.
145	I don't think it could be any better both EMT's were caring, courteous and professional.		
146	Everything	Nothing	
147	Everything		
148	Everything		
149	Good job	N/A	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
150	Everything	if there is something, I wouldn't know what it is, they were great.	
151	Everything!	Nothing	Excellent
152	I felt that everybody was so nice & helpful. I could not say enough for everybody involved.		
153	Treated my injuries	Nothing	
154	Gave fast & courteous service and cared	Stay the same	Knowegable and factual.
155	Very nice people, was very concerned and fast acting. We appreciate all the people very much.	We have no complaints at all.	Very nice and caring, my husband has ALS (Lou Gerrig disease) and on a ventalator and has a trach. There actions was excellent. Thank you so much.
156	Everything expected	Nothing just keep on doing what you do.	
157			
158	Polite, friendly, courteous and very helpful in getting both me and my bicycle to Renown from the VA hospital.		
159	Everything	Continue the great service and wonderful EMT's	
160	Took very good care of me.	Nothing, you did great.	Thanks again for your care.
161	Everything.		
162	I'm 90 - They were vry careful in their treatment of me and helpful		
163	Everything	Nothing	
164		My service was excellent.	
165	Kept me calm and showed a high degree of professionalism	You were great.	Have not talked to billing staff
166	Your personnel professional help was very helpful.	Nothing	Nothing.
167	All professional & efficient. Intern or male nurse got info from me regarding a replacement colostomy pouch since mine was full and needed changing. He found exactly the size and type I needed.		All medical people involved were great.
168	Everything	Don't change a thing.	
169	Everything		
170	Very prompt	no complaint	
171	You didn't drop me, "being funny". You were excellent in getting me out of my totaled car using a back board. It was a very difficult task. Thank you for calling my work and my fiance to let them know what happened. Good job all around. Thank you so much.		
172	Rushed my husband to the hospital & very polite & professional! Thank you.		
173	great		
174	Talked to me, talked to the patient, were very professional and calm.		
175	Arrived promptly!	So far you have done very well.	Your care was very well done. Thank you!
176	Polite, did all they could to make me comfortable.		
177	The crew, mike & mike, were frantic & funny, kept my spirits up despite being in tons of pain	nothing	
178	Great		
179	Stabelized me & Transported me to the Hospital in a very professional manner!!	How do you improve on this crews technique?	
180	Treated me real well. They made me comfortable.	Dispatched earlier, waited further to pick me up.	Overall treated good.
181	Everything		
182	Everything, took great care of me. Got my pain under control!	Not a thing. Great professional attendants.	Nothing comes to mind.
183	Response was quick, courteous. Room was waiting for me which really helped my mental state!	No improvements.	I could have got to St. Mary's also - I guess it was up to me to tell REMSA...of course, I would not have had the great Dr. lida to fix my nose!
184	Everything	Nothing	Service was prompt and great!
185	I'm sure you did everything well.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
186	Getting my husband to go with them. He demanded I not call help for him	Your personel did excellant to get him to go to St Marys (Just for a check up). Very good	
187	As far as I can tell everything was done well & with great care.	Couldn't be better	All the people that responded were wonderful to me made me feel comfortable in there care.
188	Everything good		Keep up the good work
189	The way they explained the situation. Just very helpful an dknowlegable.	Keep hiring caring people!	
190	All of it.		
191	Polite professional identified themselves, explained step-by-step procedures, calm, knowledgable!	Nothing!	
192	Very empathic and caring. Very professional approach. The attendent evrn came back after to check on .... all was professional		
193	All and everything		
194	The 2 gentlemen were very courteous and respectful transferring me from Renown so. Mdws to Renown main.	N/A	My transfer was a delight because of your employees. Please, tell them thank you!
195	Help was quick and professional.	They answered all my questions, so don't know.	They were very good to me.
196	They weren't afraid to hug me to help me breath while my daughter was having a seizure. They were all sweet!!	Just keep your sweet staff on staff. Spoil them!	I was impressed byt the speed they arrived THank you all! We had an interesting ride. But I hope I never have to ride with you again!
197	They were very courtiuous to me the wife & polite	can't think of anthing	Keep up the good work
198	Everything	Nothing	It was excellent.
199	Pain Relief		
200	Friendly helpful and very professional	Nothing thak I can think of	
201	You transported my son from Tonopah to Reno and did a great job. He doesn't remember. Hopefully, we never go through this again, ever!		
202	Personel was prompt and attentive to my mom and made her feel at ease.		
203	Everything	You do a great job	
204	Very helpful with my dog, thank you! He was very scared because he could tell there was something wrong with me when I had my accident.		
205	Calm, Cheerful personnel, Smooth, Comfortable ride, Smooth transfer from gurney to hospital bed - did not jostle or bump		Thanks very much
206	Got there fast & efficient.	One of your female technicians was loud & rude! I had a 4 year old girl sleeping in our bedroom that I was trying NOT to wake up so she wouldn't have to see what was happening with her Daddy. It was a scary situation for myself, and I can't imagine what she thought or felt. I little consideration would have been nice!!!	
207	Got into home wiout key, efficiently and without damage.	Thank you	
208	The EMT people were very nice and helped me to get calm in a painful and serious condition.	I don't know what to say, care and concern was 100% to me.	Crew was very helpful and informative to my daughter also. Thank you so much!
209	All was fine.		
210	Everything!	Just keep up the good work.	I was very thankful and appreciative of the care & service by your men.
211	Everything	Keep doing what you are doing.	
212	The ambulance people were exceptionally kind and efficient	You were prompt - this is great	Excellent service
213	Everthing B.P Heart, truma		
214	Saved my life (sudden cardiac Death)	Keep up the good work	Just a big "Thank you" to all involved
215	All went well, could not be better. The crew was very polite and understanding. I felt that I was in good hands.		
216	Took temperature, pulse, complete procedures	nothing	I was very pleased.
217	Very courteous, professional, knowledgable, well trained & patient		
218	Courtesy and professional	N/A	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
219	The staff was very helpful and professional	Keep up the outstanding efforts	
220	REMSA driver & crew were really understanding. They talked to me like I was human.		
221		EMT should be more aware of patients pain. I had to continually ask staff to keep voices down due to severe head pain due to concussion.	EMT's did not seem to understand why an ambulance was called. I was visiting from out of town and needed medical treatment. I had no other way of getting to ER.
222	Everything	Just keep doing your job	Everyone was extraordinary
223	Medical technicians were helpful, friendly, alert when it comes to patients crisis.	Medical technicians wer knowledgeable. Great job.	Great job to all the medical staff. Thank you.
224	Everything was super	Nothing I think you all did a terrific job	All I can say is I was in very capable hands.
225	Was very calm and that enabled me to calm down and explained everything they were going to help me catch my breath		I am so thankful that everyone was so kind and helped my famly cope with my problem thank you all.
226	Very prompt-knowledgeable-moved rapidly-to save my life!	Continue with high quality treatment/service.	
227	You got me there	6th IV stick to get a line, right at the door of the ER - come on!!	
228	Very kind, Saves Life		
229	Everything		No comment - Everything went smoothly.
230	Everything	Can't think of anything at the moment	
231	Everything went well		
232	Fast trip to hospital - mash Important - I do not remember any discomfort.	I dont know-	You have professional prople doing professional job!
233	You came promptly and gave me the necessary meds to take away the pain.	You were just great nothing could have been better	We appreciate everything you did and the firemen too. Thanks so very much for the care.
234	Everything was perfect		thank you
235	The medics were very caring, polite & Professional		
236	gave good med. service Thank you!		
237	Communicated effeciency excellent patient regard & respect comforted me a family member		
238	Everything	Keep doing what you're doing!	I redelved better care from your emt's than I did at St. Mary's Emergency Room. Thank you!
239	all of it		
240	We ere very inpressed with the very professional way your crew were	not a thing	
241	respond		Good!
242	You took care of a helpless old maj whtn he needed it the most!	nothing	excellent service and care.
243	Everything	NA	
244	Everything	Nothing	Very helpfull
245	You did wonderful		
246	An excellent job your EMT's were quick and very pleasant		
247	Evryting	noting	Thank. you verry much for all your help
248	You took excellent care of my husband (as usual) upon arrival & enroute to Saint's.	Just keep striving to do the best you can and keep up the good work! Thank you!	The only concern I had was response time. RFD arrived very quickly & I heard your sirens nearby, but apparently dispatch diverted them to a higher priority call. So we waited what seemd to be quite a while.
249	Everything was done very satisfactory		
250	Always helpful on the bills	Always do a great job.	
251	Took care of mu grandma		
252	Responded rapidly		I had brief interaction with paramedics, my husband was ready for transfer upon my arrival.
253	The staff took care of my wound and I was able to enjoy the next 2 days in Reno	The service was very good, excellent.	The staff was very polite and and sympothetic.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
254	Everything		Thnak you
255	I can't comment as it was the middle of the night and I was home. But your people did the right thing and transported him to the nursing home. As always a good job.		
256	Helpful and professional, polite	?	Good service, Thank you
257	Saving me very grate		Appreciate you all much you all help at lot of people thanks
258	yes, very well	My 1st experience. no complaints	
259	I'm sure you did everything well		
260	Very professional throughout		
261	Well trained & very caring		
262	Emergency Arrival was within 15min	Keep up the good work	
263	Everything		Don't try to fix what your doing
264	Everything took good care of me		
265	The staff was very professional and polite.		
266	Everything! As good as it gets		
267	Arrived quickly, did a through primary evaluation & moved patient in appropriate cspine precautions	took two tries to insert patient IV ouch!	
268	Everything	not much	
269	very helpful		
270	Extremely polite and helpful		
271	Explain my condition to you doctor for the correct decision to admit me to Renown med.		
272	Everything!	They were the best	
273	very elpful	Cant think of anything.	
274	Dispatcher was helpful in my attending my husband until the medics came. All acted professionally		Medics arrived quickly
275	immediate response		
276		No complaints by patient or family.	I was only semi conscious, so cannot judge. Thanks for your concern.
277	Excellent Services. I was able to breath again.	Nothing. They came fast, fixed my problem, delivered me to St. Marys	
278	Very polite	Continue your good work	Keep up good work
279	The crew was very professional and in complete control, giving the best of cate to my husband.		
280	Get me to E.R.		
281	Fast response. Good communication. Explained what was happening. Good Job! Thank you!	No Problems Noted.	Hotel security contacted the dispatcher.
282	Crew, Driver, Excellent		
283	Everything as far as I remember		
284	I had the best of care	urgent caring groups of young folks	Have not talket to anyone at the billing staff.
285	Everything	You can not improve pergection	thank you (all)
286	Everything	0	None
287	Took care of the situation very nicely		
288	Yes	We was pleased with eerythig and everyone	
289	Carefully picked up my wife from the floor where she had fallen		The service and courtesy was outstanding
290	Rushed and very good with elderly patient.	Nothing your doing an awesome job. Keep it up.	
291		Replace the vicodin and codeine with some other pain killer.	
292			Excellent
293	Helpful & courteous	?	Great!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
294	All aspects of the service were professional, appropriate and helpful.	We have had only this one need for REMSA service and are therefore unqualified to respond	
295	everything, very professional		
296	Arrived fast, put everyone at ease.		
297	Everything was great	nothing	nothing couldn't be better
298	Arrived quickly		
299	You and yours performed professionally from start to finish		it was good.
300	Very professional		
301	Services were fine		
302	They treated my sick husband with respect		
303	Good service Thank you	?	Professional helpful
304	Staff was prompt, efficient and reassuring.		Our first experience 911 -it was a wonderful crew - we really appreciated their efficiency.
305	the ambulance was on time. Everyone was courteous. Everyone communicated calm and confidence.		
306	Met my needs in a helpful way		
307	No complaints what so ever! They were super	Keep up the good work.	
308	Everything! Thank you so much. They couldn't have been more helpful in my time of need.		God bless you I Thank you
309	They performed professionally from start to finish.		Your people were excellent in all aspects.
310	Everything went well		I was myself and not very observant - but as far as I can see, I have no complaint at all! Thank you!
311	Your staff was wonderful. Reassuring and kind	Transferred me from soc. office to hospital.	No-one could ask for better care and helpfulness
312	Put us at ease and was on time meeting our airplane		
313	Great, Thank you for caring so much		
314	Everything your service was absolutely perfect. Everyone was just great		My service was great Remsa is perfect
315	Quick, very nice, explained what ya'll were doing	as far as I am concerned the Remsa crew was great	excellent
316	Everything	nothing to add	
317	Helpful in deciding whether to go to hospital or not.		
318	Very helpful and nice to my father	none	
319	My legs were red & swollen - your driver said ok you have cellulitis. My Dr. didn't know but he was right. I was impressed		In general care & service was excellent - thanks
320	Provided a quick response	Listen to the patient when answering questions	good job by all - glad they are there when needed.
321	Keeping me informed		
322	Prompt in getting to me. Very courteous & professional.	Continue to do what you do so well.	
323	Everything	Nothing	The personal that day were great
324	compassion & efficiency & listened to problem		
325	They were gentle with me and communicated excellent.	Nothing	Good Job
326	Everything was very professional.		
327	Everything was okay		
328	You got our son to agree to go to the hospital. Thank you very much.		
329	Response/ polite/ Keeping me calm	I can't think of anything	
330	Answered all my questions		
331	Treated me with respect. Where knowledgeable about my medication. Put me at ease	Nothing	Your service was outstanding!!
332	Everything	Just be there	Excellent
333	Arrived promptly and was very caring.	Just keep on doing exactly the same service.	



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
334	All aspects.		Excellent job.
335	Communicating w/ me the procedures	nothing	
336	Everything.	No recommendations at this time.	Good job!
337	Every think	Nothing	
338	Took blood pressure numerous times; made my girlfriend at ease over my situation.	Nothing, no complaints.	Very friendly personnel.
339	The lady personnel where helpfull to me in the ambulance and E.R. they bothe were very friendly		
340	I felt the EMT was pressuring me to provide answers. I couldn't remember after the accident.	Lower the bill amount -- I wish -- HaHa.	I know that EMT is not an easy job but stressing me out even more than I already was is not to cool to do when just involved in an accident.
341	All aspects of the operations.	Nothing noted.	It was first class in all respects.
342	Everyone was helpful and friendly! Everyone took really good care fo me. Thank you!!		
343	Everything!!!		
344	The personnel were through & professional		
345	Everything	nothing	did not receive any billing
346	Calm the situation care for my needs -	nothing	
347	Calm the situation care for ny needs	nothing	
348	Everything		
349	Dave & the othe gentalmen with him were very professional and nice	Keep people like Dave and the crew	I'm thank full for the service Remsa gave me.
350	Everything. I cannot say enough about their kindness.	You are all great!	Service was kind and so nice!
351	You got patient to county v quincy	N/A	Trip was from Reno to CV quincy; we were not there
352	There was so many people (fireman) and I was so upset, but you did everything there was to do.		
353	Everything		Very caring patient and professional
354	Everything	Nothing	Service was great
355	Very prompt	great job	
356	Made myself and my wife feel goog	Service was great	
357	Since I was dehydrated, they promptly gave me and IV all were polite and considerate	no suggestions	response was prompt and service good.
358	Over all they did a very good job.	Lower the cost to the customer	Keep up the exsulate job they provide
359	Everything		
360	I'm sorry I can't really answer any of this no one was with me & I cant remember anything but I'm sure you guys did a good job.		
361	All went very smoothly		Excellent care.
362	Everything was fine.	I don't know.	Unable to write much with one hand.
363	Polite - Friendly - Professional		
364	Everything		
365	Everything	Keep up the good work	
366	Ask question first then act on it right away and I thank you.		
367	Made the patient comfortable mentally physically	N/A	N/A
368	great	Not	
369	Keep me calm	nothing I can think of	
370	100% Professional	Keep doing what you are doing	
371	Very caring	Don't change anything	Was very pleased on how we were treated.
372	When they put me in the ambulance they jammed me into a wall and skined my left elbow pretty bad. I bleed profusly. It still scabbed over		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
373	Asking what has happened to me.		
374	Everything	The crew couldn't have been any better	They were very congenial & helpful & very understanding
375	Everything	nothing	
376	Making us feel at ease.	Continue the same great service.	
377	The REMSA crew are very professional and caring. Told us what happened clearly and was able to feel all way done for us.		A++ crew. We have not been in contact with the "billing staff" this questionair arrived a week after my Dad's death.
378	Excellent!		
379	EMTs were friendly and put me at ease	N/A	
380	Everything	Keep up the great job	
381	everything was very professional very pleased with services		
382	Stated an IV in my hand with no pain to me.		
383	You helped as well the fire dept personnel save his life	Many thanks	
384			The service very fine, I'm grateful thank you .
385	They did everything they could do to save my life	That was excellent service	Thank you very much for being fast and good care of me
386	I felt that i wa in good hands from the time they arrived till the emergency room at hospital	as far as I'm concerned they did a perfect job	When they found out I had anuryism and the shleck heart - IV - checked everything.
387			Thank you for saving my son life
388	Everything was done extremely well.	I can't say enough about how wonderful & effientient your staff is.	You should be a good example for other ambulance services in the country. Thank you so very very much for your excellent service.
389	Everything! I was very pleased with your care and kindness.	Can't think of a thing.	Keep up the good work & God Bless you all.
390	Everything, especially comforting.	Absolutely nothing. Keep just as you are.	Keep up the good work
391	Everything	I wouldn't know	all fine
392	Very pleasant & helpful	Keep up the good work	good service
393	My husband needed attentin - The crew conferted me with being compassion	Your company - so fortunate for having an excellent crew!	
394	Very patient and helpful		very good
395	Everything - great eperience	none	Excellent
396	Polite, Professional, Kind, supportive, competent, calm	stay in business!	Crew was great. The next day her briefly stopped bu ICU to check on us. When he left the ER after delivering my mother, he was under the impression that she would be released to go home. Unfortunately, she relapsed after he left which he discovered the next day when he delivered another patient to that ER. He took the time to stop by ICU.
397	Prompt arrival and attention	N/A	
398	Everything well. Very helpful, caring		They listen to you , and follow up on your questions & needs.
399	all was done well		
400	Calming the family member down	N/A	N/A
401	Everything	Can't think of a thing	they were all very caring & nice, god bless you all I pray for you each day.
402	Remained on the phone until unit arrived to aid my husband, who did not know where he was.	This is the first time have needed this type of help, and feel that everyone was capable & professional.	My husband doesn't remember much about the incident, But I felt he was in good hands.
403	Arrived quickly - staff friendly & calming		
404	Everything		
405	All wa great	nothing	
406	Likey saved my life	??	
407	Response was excellent, everyone was helpful, polite & concern.	Nothing I have no complaint.	N/A Thanks! Keep up the good work!
408	always wonderful and efficient		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
409	All - out standing. Think you		
410	all of it		
411	Very kind & gentle		
412	Yes	nothing	
413	Everything PLUS! By heather & nick		One week later on 7/13 needed your service - different "crew" same service thank you
414	All		
415	as far as I knew everything my husband was happy with it	as far as I know nothing my husband was happy with it.	as far as I know the service was great my husband was happy so it was great thankn you so much.
416		Not put 2 women on the same crew they were rud.	My husband was up set. Kept looking for them he opened the door and they were standing in front of our house waiting for the firemen to get here - he told them it would be nice if they got in the house and helped his wife at which point they said they would call the police on my husband. yes he was yelling but they should have come to the door and not staid out front until he got up set because they weren't doing anything.
417	Everything	Nothing	satisfied - greatfull
418	Everything		
419			
420	Cleaned her walker that night with her that wasn't part of there job	nothing everything was gine	it was great.
421	Very conforing and efficient		I never had to call 911 before, thank you for your knowlege and compassiona to the scene
422	Communicated w/ACN.	Coordination between fire dept so resources aren't wasted.	2 units arrived.
423	Took control of situatio. Gave us a choice for what hospital to go to .		
424	all	just be there when I need you	it was all ok
425	Frankly I remember starting the transport and giving your medic my driver's license and insurance cards, I remember little else until saturday 7-11-10		
426	Excellent, "Bedside manner"		I have a grandson prepatng to be a paramedic I hope he is as good as those who have responded to out calls
427	Talking to me and keeping me calm	they did a great job	
428	Very profeaaional		Great job
429	Responded fast, gave my wife the treatment she needed and got her to the hospital fast. God bless you - Thank you.		
430	Quick Responses!		Thank you for your caring ride to St. Mary's I felt safe.
431	Explained plans for transpport. Careful and thoughtful dealing with client & family member		Thanks very much for your help
432	Everyone that came was pleasant & theoughtful. Everyone was kind. That was really helpful		
433	The best		
434	Everything	keep up the fantastic work	I have the life alert button which I pushed when I fell in the garden outside. Your crew was there immediately. They were fantastic
435	You did everything quickly & very professionally.	I cant think of anything	You arrived very quickly & you were very caring & concerned.
436	Being helpful		
437	Calming me down, trying ro make the trip gently	Find out if the hospital offers cab ouchers before leaving. I found out do the paramedics know	
438	everything - we were very pleased		
439			
440	Showed kindness & patience to my 95-year-old dad	Continue being gentle, patient and communicative	Thanks
441	Everyone was helpful & seem to enjoy their work		

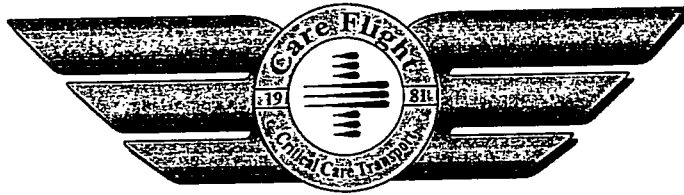
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
442	great care for the elderly		
443	Everything!		Your people are the best
444	The whole nine yards		Very professional, very efficient, very polite
445	Wait to put IV in until they reached the paramedic	nothing	
446	Everything!	Perfect! Can't think of a thing!	Your service is marvelous!
447	prompt, attentive, polite, kind, professional		
448	Got all the information then told me that I should go to the hospital		this was the first time my family had to call 911 - everyone very professional & asked questions
449	I couldn't ask for better treatment!		
450	Take my son to the hospital	don't know	
451	Everything that was supposed to be done	nothin	nothing to say
452	Everything that was supposed to be done. Only thing I did was took a ride as if I was in a car	Nothin	have nothing to say
453	verything		I felt at ease the whole ride
454	great services 7/6 & 7/13 by your capable & courteous crews! Thank you		
455	very polite calm imformative		
456	Friendly	Have water available	
457	All of the ambe		
458	I liked that the staff talked to me while I was in the ambulance.		
459	Your people got my wife stabilized 7 got her to hospital pronto!		Excellent
460	Everything very efficiently		
461	You did everything well. I was very satisfied	Nothing everything was awesome	The personnel helping me was great I greatly appreciate ur help.
462	Identifying what they were doing	good	



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*Regional Emergency Medical Services Authority*

CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
JULY 2010



## CARE FLIGHT CUSTOMER COMMENTS JULY 2010

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Answered all my questions.		Staff was very kind and expressed genuine concern for my comfort.
2	You did exceptionally well under the circumstances. Keep up the good work.		Care was outstanding - especially since my husband the patient was almost deaf.
3	Polite to patient	Less rough with patients.	
4	Communication was helpful and comforting during my accident.		Thank you! I did not feel judged for unfortunately not having insurance.
5	Taking care of my injuries and communicating.		
6	Doing very good. Really good job.	Nothing else I can say.	
7	I received kind and considerate care.	Continue with the kindness and consideration that you extended to me.	Thank you so very much.
8	The crew was professional and courteous.	While in transport, blood pressure cuff was engaged causing deep tissue bruising.	The hospital destination was not the patients choice, VA Reno was requested but denied.
9	The crew talked to me in flight which greatly put me at ease.		Very professional, good job.
10	Reassuring during an extremely bad flight. Entertaining. Had to restart my IV's, good technique.	Nothing, excellent service.	Please thank the crew for me. It is nice to know that when I tell my patients at Pershing General that Care Flight will take care of them I can say it with confidence. You guys were awesome.
11	Everyone was very thoughtful and caring. Even took time to explain.		The pilot took time to explain instruments and nurse was always reassuring. My daughter-in-law is a paramedic here in LA.
12			Father medivaced to Renown Med Ctr in Reno. Unfortunately he had a major stroke in brainstem and died 2 days later but your service was very good.
13	Provide my son with great care and assurance.		
14			Very food service
15	Everything was great.	Keep doing what you are doing.	The nurses were real calming and very professional in their job.



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*Regional Emergency Medical Services Authority*

REMSA  
PUBLIC RELATIONS REPORT  
FOR  
JULY 2010

## PUBLIC RELATIONS

July 2010

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding hiking safety and personal watercraft safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Pitched and coordinated playground safety story with Melissa Krall and Channel 4.	The interview took place on July 2 and the story ran that same evening.
Pitched and coordinated a swimming safety story with Channel 8 and Aaron Abbott.	The interview was done on July 1 and ran that same evening.
Set-up interview with Kevin Romero and Channel 2 regarding swimming safety.	The interview was done on July 7 and ran that same evening.
Coordinated interview with Alma to be on Spanish radio (102.7 FM) and speak in Spanish about summer safety.	Interview took place on July 21 and ran the day after.
Coordinated interview with REMSA and KOH regarding hiking safety.	Interview took place on July 21 and ran on July 22.



# Nevada Business

the decision maker's magazine



Feature Stories - July 2010

## Best Companies to Work For

### REMSA

It's not enough for REMSA to have a program that is copied all over the country, the non-profit emergency medical service for Washoe County also has employees that are dedicated and love where they work. The company has over 360 employees and, according to Patrick Smith, president and CEO, has a very simple philosophy.

"What I've told everybody is, 'Your job is to go out and take the best care of the community and the patients you can. Our job is then to take care of you and your families. Let's all work together to make that happen,'" Smith said

"It's very simple; we take care of each other," he added. "It's not rocket science."

The company offers its employees a wide range of benefits that includes everything from health, dental and vision to a gym membership and a staff psychologist. With the downturn, many non-profits are seeing tightening budgets and REMSA is no exception. Even so, the company and Smith are committed to their employees and to serving Northern Nevada.

"We will get through these hard times," said Smith. "At the end of the day, my promise is no one will be laid off. We'll work together to make sure we take care of the community and, regardless, our people will have jobs, incomes and benefits for their families."



# Vertical

www.verticalmag.com

THE PULSE OF THE HELICOPTER INDUSTRY

**A Day in the Life  
of an EMS Pilot,**  
Monday, July 05, 2010  
Dean Mischke, Vertical Online



The Care Flight air ambulance helicopter in Reno, Nev. is ready to dispatch 24 hours a day, seven days a week.  
Photo courtesy of Dean Mischke



*In the first of a two-part series, helicopter emergency medical services pilot Dean Mischke describes a typical morning in the life of an EMS pilot — and the circumstances leading to a typical scene flight.*

On an early Tuesday morning, Mr. Melvin Jacobs (not his real name), a 55-year-old man from Fallon Nev., is driving his 1977 Chevy pickup truck on Highway 50, 100 miles southeast of Reno, Nev., when his vehicle rolls over. Often described as the “UFO Highway” and the “Loneliest Highway,” Highway 50 is desolate stretch of road where one can drive for miles without seeing another vehicle. While traveling along it, Jacobs, who is not wearing a seat belt, falls asleep at the wheel and drifts off the road. The truck rolls over several times and Jacobs is thrown from his truck, landing 50 feet away. He lies in the middle of scrub bushes for 30 minutes before a big-rig truck driver comes upon the scene and finds him.

Our Care Flight Air Ambulance Helicopter, stationed at Renown Medical Center, is dispatched to the scene. Within minutes our medical crew — consisting of a Flight Nurse and a Flight Paramedic — are with me in the air, traveling at 120 knots towards the scene of the accident. We finally observe the tell-tale signs of Jacob’s steering over-correction: the tire

marks toward one side of the road, abrupt marks coming back onto the road, skid marks going 45 degrees across the pavement and what appears to be the site of an explosion. Then, we see the upside-down truck. Next, the nurse and paramedic assist me in locating a clear 100-square-foot area; minutes later, I land on the nearly deserted highway.

The medical crew quickly determines that the victim has a life-threatening injury — a collapsed lung. And the severity of the injury compels them to act quickly, performing a rare and serious surgical procedure on site to save Mr. Jacobs' life. In minutes, we are again in the air and I'm flying the victim to the hospital over the desolated, high desert terrain of northern Nevada. Time from getting the call until Mr. Jacobs is in surgery: one hour and 40 minutes. The drive into Reno would have taken an hour more, and the ambulance crew would not have been able to re-inflate Mr. Jacobs' lung. In other words, the advantages offered by helicopter emergency medical services include not just the time saved, but what the crew brings directly to the patient... often in the middle of nowhere, and in the middle of the night.

### **The Pilot and Program**

I am an EMS helicopter pilot who flies with the Care Flight Air Ambulance service in Reno, Nev. Care Flight has been in existence since 1981. In my more than 13 years of employment with the program, I have flown the SA316B Allouette, the MD900 Explorer and the Eurocopter AS 355 TwinStar. Currently we fly the Eurocopter AS 350B3 AStar. We fly 24/7 and all personnel are trained with night vision goggles (NVGs). We have found lost and injured people out in the high desert from 20 miles away using the NVGs and the light from their cell phone.

Typically, programs like ours use a helicopter vendor that provides all the pilots and mechanics. When I retired from the United States Army in 1997, the vendor this program used was Rocky Mountain Helicopters. In 2002, Rocky Mountain Holdings, LLC (RMH) was purchased by Air Methods Corporation (AMC) which is the leading publicly owned emergency medical services helicopter operator in the United States, possessing a fleet of over 300 medical transport helicopters.

Care Flight operates three in the area of northern Nevada: in Reno, Nev.; Gardnerville, Nev.; and Truckee, Calif. I work at the original base in Reno. The pilots at each base can determine their own work schedules. We stagger the start times at each base, so if a pilot is close to his Federal Aviation Administration (FAA)-mandated duty time limit, another base will be able to accept the flight. The shift change times in Reno are 8 a.m. and 8 p.m. We work 12-hour shifts. At Reno, the pilots work a 7/7 schedule (seven shifts on, seven days off). Of those seven shifts, I work Monday to Thursday on days, and then switch to nights on Friday to Sunday. Then, I have a week off.

### **Pilot's Work Day Begins**

I arrive to work approximately 25 minutes early, at 7:35 a.m., about the time Jacobs is beginning his ordeal in the shrubbery of northern Nevada. The first thing I do is log into the Air Methods computer network on the company computer, which is called "the 411". It helps verify that I have my aircraft qualifications, day/night/NVG currency, and medical; and complete the other administrative tasks that allow me to fly in accordance with both FAA and company requirements. I also have to acknowledge that I checked the weather and the Notices to Airmen (NOTAMs) for the day. Straight away, the system issues me the "flight release." This is required before taking any flight. (If the system is down for some reason, there is an 800 number I can call to achieve the same result, verbally.) I find out who the med crew is and complete a weight and balance worksheet for the day. All of those tasks together last about 10 minutes, then I proceed to the helicopter for a pre-flight check.

At around 8:00 a.m., after the necessary pre-flight check lists are complete, the medical crew and I decide to go to the cafeteria for breakfast. The cook has been there for several years and is known for the best breakfast burritos in the Northern Hemisphere! The fact that I plan my whole shift around these tasty torpedoes has become a minor legend among the Care Flight personnel. Unbeknownst to us, this is about the time that Mr. Jacobs is experiencing a serious medical emergency as a result of injuries that he sustained in his accident... he is unconscious, but his body is slowly dying.

### **The Tones Go Off**

At 8:20 a.m., our tones go off. "Care Flight One, you have a flight request for a motor vehicle accident (MVA). This is going to be on Highway 50 about 43 miles east of Fallon." I respond, "Care Flight One, Pilot/crew copy. Accept Bravo." The "Bravo" indicates which of the four categories of risk — as determined earlier by means of the Air Methods Risk Assessment Matrix — we are required to use for every flight. It includes such things as weather, time of day, terrain, the

experience level of the pilot and crew, and the type of aircraft. I subsequently wolf down the rest of my breakfast as we make our way through the labyrinth of the hospital. It is not unusual for the crew to be engaged in other activities at the time of dispatch: for instance, "doing rounds," or checking the status of the patients we previously flew in. Therefore, we are not always at helicopter at the same time. This time, however, we arrive together, finishing the last of the greasy burritos.

### Departing

The helicopter we use — the Full Authority Digital Engine Control (FADEC)-equipped B3 AStar — is a breeze to start. Its quick checklist includes: battery, fuel pump, and generator buttons pushed in, and then flip the starter switch. All I have to do is sit and keep an eye on things while it starts up. Once the generator is on line, I flip the master avionics switch and all of the radios power up; I perform the hydraulics check and a few other items. By the time the checklist is complete, the two Garmin 430 GPS receivers are synchronized and we're ready to go. It usually takes two or three minutes from the time I climb into my seat, to time we're all ready for take off.

Based on our morning crew brief — done over the burritos — I ask my crewmembers if they are ready prior to pulling pitch. If they reply yes, I'll call dispatch on the No. 1 FM radio: "Dispatch, Care Flight One is departing with three on board, two hours 20 minutes." I guesstimate the MVA to be around 80 miles away, with no winds this early in the morning. I assess that 40 minutes should do it. It is now 8:27 a.m.

Care Flight has no set time for launch. We take off whenever we can, avoiding any time wasted. Sometimes in the winter with all the snow covers on, and if I have to add extra fuel for a long flight, our take-off time may increase to 15 minutes or more. Today, it is respectable six. As I lift off, we all scan for the occasional aircraft that may be flying over the hospital. Since we are only 1.5 miles northwest of the Reno-Tahoe International Airport, we are in the airport's class C airspace and the tower is aware that we could appear there at any time. Therefore, they tend to keep the general aviation (GA) aircraft on the other side. Our Letter of Agreement (LOA) with the Reno tower exempts us from having to call clearance delivery or get a squawk code and clearance.

We have assigned codes for each of our aircraft, and the tower gives our clearance and altimeter reading straight away. We also exclude the term "Lifeguard," because it's understood that unless we say otherwise, we are on a lifeguard flight. I switch to the No. 1 comm radio to talk to the tower before we get too high. We receive our clearance to go directly over the airfield heading east-southeast, and the medical crew is now looking for the other aircraft the tower announced earlier. We do not need to request a frequency change, because of our LOA; as a result, when our helicopter disappears from the radar, we are finished with air traffic control. Meanwhile, I'm dialing up the frequency for Pershing County Sheriff on the No. 2 FM radio. Though it is far away, I can usually hear them if I'm high enough. There are several mountain ranges east of Reno, so I'm climbing up to 9,500 feet for trip out east.

To be continued...

## A Day in the Life of an EMS Pilot, Part 2

Tuesday, July 06, 2010 - Dean Mischke, Vertical Online

*In the second part of Dean Mischke's two-part series on a day in the life of an EMS pilot, he describes the outcome of a scene flight. Part 1 can be found at [www.verticalmag.com/vertical\\_online](http://www.verticalmag.com/vertical_online).*



En route to the scene of the motor vehicle accident, we're getting further information about the victim through our pagers. This information generally includes the patient's sex, age, injuries and for my purposes, the patient's weight. I

begin thinking ahead about the weight and balance calculations needed for bringing a “220-pound/55-year-old male” back to Reno. We’re also given latitude and longitude to fly to, and a frequency to use (though I’ve been flying here for so long that I generally have the latter ready before take-off). The crew reads the lat/long, while I feed it into the GPS. Before long, I start getting the radio frequencies set up for any airports I will be flying close to along the way.

Getting to the accident site involves flying through the restricted areas of Naval Air Station Fallon and its “Top Gun” school. There have been times in the past, when I have been at 1,000 to 2,000 feet above ground level and had F/A-18’s fly under me, at practically warp speed! Highway 50 extends through the restricted areas, and a clearance by Fallon Desert Control is a must, for the obvious reasons. While we don’t have a Letter of Agreement with Fallon Approach/Fallon Desert, we have a good relationship with them, so they are very accommodating. Thus, we don’t experience any air traffic problems as we make our way east right over the huge Naval Air Station (NAS) Fallon ramp with rows and rows of Russian-painted fighters. I believe that one of the reasons why they are so obliging is because, over the years, Care Flight has transported many Navy people to Reno hospitals, and I think that they appreciate our effort. They will not hesitate to shut down a Restricted Area for us to transit through, if needed.

I’m now about 30 minutes into the flight and it is time to start thinking about going to one of the microwave repeater towers that occasionally dot the Nevada moonscape. In this case, it’ll be Cory Peak Microwave. I give our dispatch center the required position update every 15 minutes. In addition to these regular position reports, all of our helicopters are equipped with satellite tracking devices, allowing the dispatcher to follow along on a dedicated computer screen in the dispatch center. (That information is updated every minute or so.) About five to 10 minutes out, I call whoever I’m told will be on scene. Sometimes there are 10 emergency vehicles on scene, and sometimes there are none. It all depends on how remote the patient’s location is.

In this case, there is a Nevada Highway Patrol (NHP) trooper — with basic CPR training but no other medical qualifications — who has been on scene for about 20 minutes. The ambulance from Fallon is about 15 minutes away, so it seems we will be the first medical personnel to reach the scene. The medical equipment we carry on board the helicopter is similar to what would be found in an Intensive Care Unit (ICU), only miniaturized to fit in our small cabin. Our medical crew is qualified to insert chest tubes, central lines, and even a needle into the heart. These are skills that many doctors would not have practiced since med school. Yet, they are needed to save Jacobs’ life on this loneliest highway.

### **Arriving on the Scene**

It is five minutes later, and we still have not received a reply from the trooper on scene. Failure to receive an immediate response is not unusual. When that happens, we assume the trooper is busy with the patient. From about 4,000 feet AGL, I’m able to see the accident scene from seven miles away. When landing on a freeway, there may be several miles of backed-up traffic — sometimes just to open a landing zone (LZ) for me on the road. However, this particular morning, out on “America’s Loneliest Highway” all I see is a big-rig and the Trooper’s Nevada Highway Patrol (NHP) blue sport utility vehicle with flashing lights on top.

We descend to 1,000 feet and perform a 360-degree turn around the scene to check for the usual helicopter catchers: wires, poles, and antennas. From 500 feet, evidence of accident becomes obvious, with the debris field extending about 100 feet out into the bushes. At the end of it, we see the Trooper and another person (we guess it is the trucker) squatting next to a prone body. We complete our circling reconnaissance and see nothing in the way of obstacles near our intended LZ, which is on the highway about 100 feet from the patient’s position.

I decrease my speed a little more at 300 feet, and then come to a stop in order to do a quick out-of-ground-effect (OGE) hover check: unnecessary here, but a good habit to have. I check for both power and tail rotor control and then slowly descend to the ground. The medical crew is scanning their respective sides for anything that we might have missed (we have pre-briefed that if I hear the word “stop,” I will freeze the helicopter right where it is). I land at a 90-degree angle to the road because most of our highways are slightly elevated, and this allows me to put the tail rotor out over the edge, keeping it away from any over-zealous person who might appear in our LZ and approach from my rear. This precaution also enables me to see both ways down the road for any cars coming up — if needed, I can shine my lights at them.

### **Quick Action at the Scene**

About 5 minutes after shutting down, the ambulance arrives on scene with a sheriff, so I ask them both to park across the

road in order to protect the LZ from the possibility of an offending motorist. The medical crew establishes that the patient has a collapsed lung. The likely cause is what we hear on TV a lot: "blunt trauma." This was likely caused by Mr. Jacobs crashing into the steering wheel or hitting something while being ejected.

This critical injury makes it essential for the crew to carry out an uncommon surgical procedure to save Jacobs' life at the scene. This procedure involves making a 1-inch incision in the side of the chest; with the fingers, feeling through the ribs, muscle, and tissue to the lung; and then inserting a long tube to drain out any liquid and re-inflate the lung. This is done right where the patient lies, out in the sand and scrub bushes. Next, he is placed on a back-board and strapped down to immobilize him. This will prevent any further injury. As six people lift the patient into the aircraft, it's my job to collect the big trauma bag, monitor, suction pump, and all the other medical-type stuff now strewn all around where Mr. Jacobs was nearly dying in the scrub. Think of what you see on TV — the aftermath of an ER ordeal with needles, plastic IV lines, syringes, containers, even blood strewn all around — now put all of that outside on a nice, clear sunny morning in the high desert. It can be a very surreal sight.

Now its time to load the patient and all of our gear into the helicopter; it takes exactly 20 minutes from touchdown. The medical crews aim for around a 10-minute on-scene time, yet it's impossible to pre-determine the quantity of time it will take to complete the necessary procedures at the scene before placing the patient on board, since accidents are highly variable. After everyone is aboard, I close the left door, and do a complete walk around the helicopter. This time, I'm looking for anything inadvertently left hanging out of the aircraft, plus any equipment left on scene. I climb in and start it up, taking care this time to reset the GPS mileage.

I call our dispatch and let them know our fuel, the number of passengers on board, and which hospital we're going to: "Care Flight Dispatch, Care Flight One is off with one hour 10 minutes of fuel, four on board, one patient for Renown, ETA of 1010." I contact Navy Fallon Desert Control to let them know I'm on the way out. With the chest tube inserted and oxygen traveling to his brain, plus an IV allowing fluids and medicine to get into his body, Jacobs' condition is getting better by the minute. At around 10 minutes away from the hospital, we get a "patch" from dispatch. This allows the medical crew to talk on the med radio directly to the emergency room and prepare them. If needed sooner, we can contact the hospital any time with our on-board sat phone.

On final approach I can see a team from the hospital ER waiting with a gurney. After years of doing this, it never ceases to amaze me that these highly educated doctors and nurses will stand right by the pad and get blasted by the rotor wash. I always do a little internal smile at this as I land. As the blades come to a stop on the hospital pad, the crew yanks the door open and, before I can complete my log entry, they are gone. I rarely hear the patient's story after this. Sometimes, if the patient is a badly injured child, I will search out the med crew and ask about it, as I have three children of my own. (In this case, Mr. Jacobs ends up staying in the hospital for 18 days, undergoing surgery to repair three broken ribs, a broken leg, plus spleen and lung damage. After five months of rehab, he is able to resume a normal life.)

This is the weird part of EMS flying. After all the rush and excitement of quickly planning and navigating to somewhere you've never been to before, getting a critically injured patient and then flying back to the hospital... now I'm all alone on an empty helipad. I sometimes pause a minute or two, just sitting alone in the cockpit, to reflect on the job in general and in particular the good work our team has just done. That over, it's time to fuel, plug electrical cords in, and get our helicopter ready for the next one... which could come at any time.

*Dean Mischke, after serving for 22 years, retired in 1997 as a CW4 Master Aviator/Standardization Instructor Pilot from the U.S. Army. He flies for Air Methods Corporation (AMC) at the Care Flight program in Reno, NV. He has an ATP and over 12,000 accident-free hours in helicopters, 1,200 of them with NVGs. He is also on the Executive Board of OPEIU Local 109, which serves over 900 AMC line pilots.*



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect

August 16, 2010

To: Members District Board of Health  
 From: Eileen Coulombe  
 Subject: Public Health Fund Revenue and Expenditure Report for July 2010

**Recommendation**

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for July of fiscal year 11.

**Background**

The attached reports are for the accounting period 1/11 and the percentages should approximate 8% of the year. Our total revenues and expenditures for the current year (FY11) compared to last year (FY10) are as follows:

July 2010	FY11 – REV	FY10 – REV	FY11 – EXP	FY10 – EXP
Transfer	0%	0%		
AHS	0%	0%	7%	7%
AQM	4%	9%	7%	7%
CCHS	1%	-5%	7%	6%
EHS	5%	5%	12%	11%
EPHP	1%	1%	5%	4%
<b>TOTAL</b>	<b>2%</b>	<b>1%</b>	<b>8%</b>	<b>7%</b>

The Environmental Oversight Account for June 2010 was \$163,097.47 and for July 2010 was \$163,111.32.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

  
 Administrative Health Services Officer

Enclosure

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	3,645.00-	39,355.00-	8	69,000.00-	3,654.00-	65,346.00-	5
422504 Pool Permits	63,000.00-	1,084.00-	61,916.00-	2	33,000.00-	2,269.00-	30,731.00-	7
422505 RV Permits,	10,500.00-	204.00-	10,296.00-	2	10,500.00-	411.00-	10,089.00-	4
422506 xcHotel Motel Permits						118.00-	118.00-	
422507 Food Service Permits	342,000.00-	27,048.00-	314,952.00-	8	355,000.00-	32,104.00-	322,896.00-	9
422508 Wat Well Const Perm	34,500.00-	2,264.00-	32,236.00-	7	44,000.00-	2,496.00-	41,504.00-	6
422509 Water Company Permits	4,000.00-		4,000.00-		12,000.00-		12,000.00-	
422510 Air Pollution Permits	391,000.00-	26,837.00-	364,163.00-	7	402,399.00-	28,022.75-	374,376.25-	7
422511 ISDS Permits	47,000.00-	5,207.00-	41,793.00-	11	90,000.00-	4,866.00-	85,134.00-	5
422513 Special Event Permits	70,500.00-	11,964.00-	58,536.00-	17	75,000.00-	16,609.00-	58,391.00-	22
422514 Initial Applic Fee	35,000.00-	1,143.00-	33,857.00-	3	38,000.00-	3,340.00-	34,660.00-	9
* Licenses and Permits	1,040,500.00-	79,396.00-	961,104.00-	8	1,128,899.00-	93,889.75-	1,035,009.25-	8
431100 Federal Grants	6,902,582.76-	0.50-	6,902,582.26-		8,060,346.66-	246,052.53	8,306,399.19-	3-
431105 Federal Grants - Indirect	29,670.00-		29,670.00-		31,540.00-		31,540.00-	
432100 State Grants	305,797.42-	0.87-	305,796.55-	0	627,556.00-		627,556.00-	
432310 Tire Fee NRS 444A.090	370,535.00-		370,535.00-		370,534.52-		370,534.52-	
432311 Pol Ctr 455B.830	290,140.86-		290,140.86-		280,000.00-		203,725.00-	
* Intergovernmental	7,898,726.04-	1.37-	7,898,724.67-		9,369,977.18-	76,275.00-	9,539,754.71-	2-
460162 Services to Other Agencies					63,657.69-		47,574.46-	
460500 Other Immunizations	85,000.00-	10,884.00-	74,116.00-	13	110,000.00-	16,083.23-	97,916.77-	25
460501 Medicaid Clinical Services	32,000.00-	4,621.24-	27,378.76-	14	36,500.00-	12,406.00-	24,093.99-	11
460503 Childhood Immunizations	140,000.00-	10,450.00-	129,550.00-	7	190,000.00-	15,703.00-	174,297.00-	8
460505 Non Title X Revenue						274.00-	274.00-	
460508 Tuberculosis	7,000.00-	553.30-	6,446.70-	8	10,000.00-	720.94-	9,279.06-	7
460510 IT Overlay	111,000.00-	8,994.00-	102,006.00-	8	121,001.00-	11,669.00-	109,332.00-	10
460511 Birth and Death Certificates	210,000.00-	18,577.00-	191,423.00-	9	215,000.00-	19,061.00-	195,939.00-	9
460512 Duplication Service Fees	115.00-	23.00-	92.00-	20	200.00-	20.00-	180.00-	10
460513 Other Health Service Charges	2,700.00-	618.00-	2,082.00-	23	8,000.00-	887.00-	7,113.00-	11
460514 Food Service Certification	8,000.00-	1,180.00-	6,820.00-	15	8,000.00-	2,337.00-	5,663.00-	29
460515 Medicare Reimbursement	500.00-	50.00-	450.00-	10	500.00-		500.00-	
460516 Pgm Inc-3rd Pty Rec	6,500.00-	103.02-	6,396.98-	2	9,000.00-	858.32-	8,141.68-	10
460517 Influenza Immunization	12,000.00-	16.00-	11,984.00-	0	5,000.00-	64.00-	4,936.00-	1
460518 STD Fees	30,000.00-	2,706.64-	27,293.36-	9	30,000.00-	2,101.73-	27,898.27-	7
460519 Outpatient Services					12,500.00-	580.00-	11,920.00-	5
460520 Eng Serv Health	55,000.00-	7,759.00-	47,241.00-	14	90,500.00-	5,101.00-	85,399.00-	6
460521 Plan Review - Pools & Spas	2,500.00-	1,621.00-	879.00-	65	5,000.00-	762.00-	4,238.00-	15
460523 Plan Review - Food Services	17,000.00-	2,946.65-	14,053.35-	17	30,000.00-	1,535.65-	28,464.35-	5
460524 Family Planning	66,000.00-	5,733.18-	60,266.82-	9	100,000.00-	5,110.36-	94,889.64-	5
460525 Plan Review - Vector	24,000.00-	3,430.00-	20,570.00-	14	64,000.00-	2,293.00-	61,707.00-	4
460526 Plan Review-Air Quality	11,270.00-	1,683.00-	9,587.00-	15	15,500.00-	1,973.00-	13,527.00-	13
460527 NOE-AQM	40,000.00-	8,051.00-	31,949.00-	20	32,900.00-	7,180.00-	25,720.00-	22
460528 NESHAP-AQM	62,000.00-	10,809.00-	51,191.00-	17	62,000.00-	8,846.00-	53,154.00-	14
460529 Assessments-AQM	21,000.00-	3,444.00-	17,556.00-	16	22,000.00-	3,330.00-	18,670.00-	15
460530 Inspector Registr-AQ	1,900.00-	3,492.00-	1,592.00-	184	1,900.00-	555.00-	1,345.00-	29
460531 Dust Plan-Air Quality	165,000.00-	17,024.00-	147,976.00-	10	178,333.00-	22,022.00-	156,311.00-	12
460533 Quick Start						83.00-	83.00-	
460534 Child Care Inspection	8,300.00-	966.00-	7,334.00-	12	9,000.00-	220.00-	8,780.00-	2
460535 Pub Accomod Inspectn	17,000.00-	901.00-	16,099.00-	5	21,000.00-	1,312.00-	19,688.00-	6



Washoe County Health District

REVENUE

Pds 1 -1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Actf%	2010 Plan	2010 Actual	Balance	Actf%
460570 Education Revenue	13,400.00-	1,311.00-	12,089.00-	10		253.00-	253.00	
* Charges for Services	1,149,185.00-	127,947.03-	1,021,237.97-	11	1,451,491.69-	145,376.92-	1,306,114.77-	10
484050 Donations Federal Pgm Income		813.66-	813.66					
485300 Other Misc Govt Rev					450.00-		450.00-	
* Miscellaneous		813.66-	813.66		450.00-		450.00-	
** Revenue	10,088,411.04-	208,158.06-	9,880,252.98-	2	11,950,817.87-	69,489.14-	11,881,328.73-	1

Washoe County Health District  
EXPENSE  
Pds 1 - 1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
701110 Base Salaries	10,234,370.47	785,372.29	9,448,998.18	8	10,661,133.97	794,878.74	9,866,255.23	7
701120 Part Time	654,044.80	47,980.83	606,063.97	7	700,249.99	50,913.18	649,336.81	7
701130 Pooled Positions	280,008.88	33,629.36	226,379.52	13	325,364.33	12,020.63	313,343.70	4
701140 Holiday Work	1,200.00	1,446.66	246.66	121	1,500.00	161.88	1,338.12	11
701150 xcContractual Wages					255,500.00	2,789.94	252,710.06	1
701200 Incentive Longevity	162,000.00	150.00	161,850.00	0	167,094.00		167,094.00	
701300 Overtime	144,685.26	8,114.22	136,571.04	6	301,520.21	3,725.26	297,794.95	1
701406 Standby Pay	30,000.00	3,384.29	26,615.71	11	30,000.00	2,422.15	27,577.85	8
701408 Call Back	3,000.00	956.38	2,043.62	32	3,000.00	34.77	2,965.23	1
701412 Salary Adjustment			130,345.57		185,747.75		185,747.75	
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33					
701417 Comp Time		4,958.19	4,958.19					
701500 Merit Awards	120,175.23		120,175.23		329,645.39		329,645.39	
* Salaries and Wages	11,238,788.61	906,307.55	10,332,481.06	8	12,301,464.86	866,946.55	11,434,518.31	7
705110 Group Insurance	1,594,029.03	122,995.17	1,471,033.86	8	1,570,574.85	119,915.64	1,450,659.21	8
705210 Retirement	2,389,216.28	179,486.85	2,189,729.43	8	2,467,024.18	173,659.84	2,293,364.34	7
705215 Retirement Calculation	410,797.00	410,797.00	410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	148,101.06	12,032.34	136,068.72	8	151,277.42	11,314.90	139,962.52	7
705320 Workmens Comp	54,530.00	4,544.17	49,985.83	8	64,271.45	7,891.05	56,380.40	12
705330 Unemply Comp	33,440.00	2,786.67	30,653.33	8	12,350.00		12,350.00	
705360 Benefit Adjustment					9,504.31		9,504.31	
* Employee Benefits	4,610,113.37	321,845.20	4,288,268.17	7	4,475,002.21	312,781.43	4,162,220.78	7
710100 Professional Services	1,658,642.94	8,351.00	1,650,291.94	1	2,031,672.72	26,024.92	2,005,647.80	1
710105 Medical Services	7,248.00	1,291.50	5,956.50	18	13,600.00	46.50	13,553.50	0
710108 MD Consultants	60,900.00		60,900.00		55,382.00		55,382.00	
710110 Contracted/Temp Services	85,289.22	2,359.67	82,929.55	3				
710119 Subrecipient Payments	186,242.00		186,242.00		147,602.00	7,243.00	140,359.00	5
710200 Service Contract	72,075.00	1,700.04	70,374.96	2	102,210.00	6,302.17	95,907.83	6
710205 Repairs and Maintenance	15,086.00	716.00	14,370.00	5	15,505.00	1,229.50	14,275.50	8
710210 Software Maintenance	12,000.00		12,000.00		350.00	17,802.29	17,452.29	5,086
710300 Operating Supplies	179,181.14	10,541.10	168,640.04	6	270,541.22	2,597.93	267,943.29	1
710302 Small Tools & Allow	1,685.00		1,685.00		1,385.00		1,385.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	360,450.00	321,290.65	39,159.35	89	560,707.00	257,459.32	303,247.68	46
710334 Copy Machine Expense	31,694.00	1,525.73	30,168.27	5	36,024.50	1,653.37	34,371.13	5
710350 Office Supplies	55,236.43	3,599.66	51,636.77	7	62,342.26	5,417.87	56,924.39	9
710355 Books and Subscriptions	7,688.00	338.82	7,349.18	4	7,587.00	1,840.64	5,746.36	24
710360 Postage	28,615.00	1,536.64	27,078.36	5	26,958.44	1,918.85	25,039.59	7
710361 Express and Courier	765.00	19.77	745.23	3	1,135.00		1,135.00	
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	50,410.88	1,000.00	49,410.88	2	94,550.30		94,550.30	
710502 Printing	31,583.72	783.23	30,800.49	2	49,651.24	519.24	49,132.00	1
710503 Licenses & Permits	7,375.00	1,030.00	6,345.00	14	8,625.00	290.00	8,335.00	3
710504 Registration					900.00		900.00	
710505 Rental Equipment	1,800.00		1,800.00		2,800.00		2,800.00	
710506 Dept Insurance Deductible					273.40	150.00	123.40	55
710507 Network and Data Lines	5,460.00	479.88	4,980.12	9	4,705.00	448.14	4,256.86	10
710508 Telephone Land Lines	48,513.92	2,932.40	45,581.52	6	60,808.05	3,987.88	56,820.17	7

Washoe County Health District  
EXPENSE  
Pds 1 - 1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710509 Seminars and Meetings	28,350.00	3,937.50	24,412.50	14	29,770.00	1,080.00	28,690.00	4
710512 Auto Expense	15,868.00	662.70	15,205.30	4	20,954.14	1,069.43	19,884.71	5
710519 Cellular Phone	13,590.00	1,346.87	12,243.13	10	13,597.00	29.90	13,567.10	0
710529 Dues	6,876.00	1,158.00	5,718.00	17	4,476.00	1,636.00	2,840.00	37
710535 Credit Card Fees	10,545.00	879.08	9,665.92	8	12,394.78	736.19	11,658.59	6
710546 Advertising	23,885.70		23,885.70		37,047.00	1,000.00	36,047.00	3
710577 Uniforms & Special Clothing	3,150.00		3,150.00		3,150.00	215.00	2,935.00	7
710585 Undesignated Budget	29,670.00		29,670.00		31,540.05		31,540.05	
710600 LT Lease-Office Space	120,932.89	20,504.44	100,428.45	17	195,423.01	32,467.96	162,955.05	17
710703 Biologicals	267,146.68	5,295.17	261,851.51	2	291,252.68	12,730.22	278,522.46	4
710714 Referral Services	11,300.00		11,300.00		11,300.00		11,300.00	
710721 Outpatient	138,944.97		138,944.97		119,940.00		119,940.00	
710872 Food Purchases	2,650.00	159.40	2,490.60	6	2,695.00		2,695.00	
711010 Utilities	600.00		600.00					
711100 ESD Asset Management	21,600.00	1,290.00	20,310.00	6				
711113 Equip Srv Replace	41,946.18	2,774.68	39,171.50	7	101,823.48	9,227.37	92,596.11	9
711114 Equip Srv O & M	58,538.39	3,856.09	54,682.30	7	71,986.43	6,040.68	65,945.75	8
711115 Equip Srv Motor Pool	2,375.00	332.50	2,042.50	14	12,070.00	1,252.50	10,817.50	10
711117 ESD Fuel Charge	41,646.75	3,447.94	38,198.81	8	54,173.64	2,593.46	51,580.18	5
711119 Prop & Liab Billings	72,200.00	6,016.66	66,183.34	8	66,930.00	5,494.16	61,435.84	8
711210 Travel	158,515.05	4,630.15	153,884.90	3	194,849.02	1,279.69	193,569.33	1
711213 Travel-Non Cnty Pers					1,942.00		1,942.00	
711504 Equipment nonCapital	120,719.02	6,441.15	114,277.87	5	76,536.11	20,951.11	55,585.00	27
* Services and Supplies	4,101,090.88	422,228.42	3,678,862.46	10	4,909,465.47	432,735.29	4,476,730.18	9
781004 Equipment Capital	72,697.72		72,697.72		371,424.85		371,424.85	
* Capital Outlay	72,697.72		72,697.72		371,424.85		371,424.85	
** Expenses	20,022,690.58	1,650,381.17	18,372,309.41	8	22,057,357.39	1,612,463.27	20,444,894.12	7
621001 Transfer From General	8,192,500.00-		8,192,500.00-		8,795,500.00-		8,795,500.00-	
* Transfers In	8,192,500.00-		8,192,500.00-		8,795,500.00-		8,795,500.00-	
** Other Financing Src/Use	8,192,500.00-		8,192,500.00-		8,795,500.00-		8,795,500.00-	
*** Total	1,741,779.54	1,442,223.11	299,556.43	83	1,311,039.52	1,542,974.13	231,934.61-	118

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,116,756.00-		1,116,756.00-		1,205,291.00-		1,205,291.00-	
- Intergovernmental	1,116,756.00-		1,116,756.00-		1,205,291.00-		1,205,291.00-	
460512 Duplication Service Fees	115.00-	23.00-	92.00-	20	200.00-	20.00-	180.00-	10
* Charges for Services	115.00-	23.00-	92.00-	20	200.00-	20.00-	180.00-	10
485300 Other Misc Govt Rev					450.00-		450.00-	
* Miscellaneous					450.00-		450.00-	
** Revenue					450.00-		450.00-	
701110 Base Salaries	1,116,871.00-	23.00-	1,116,848.00-	0	1,205,941.00-	20.00-	1,205,921.00-	0
701120 Part Time	1,806,128.35	141,917.31	1,664,211.04	8	1,748,051.93	136,393.27	1,611,658.66	8
701130 Pooled Positions	24,427.89	2,145.28	22,282.61	9	24,553.03	1,655.45	22,897.58	7
701200 Incentive Longevity	9,130.00	1,970.03	7,159.97	22	68,296.19		68,296.19	
701300 Overtime	29,800.00		29,800.00		31,000.00		31,000.00	
701412 Salary Adjustment	1,000.00	702.95	297.05	70	6,000.00	65.53-	6,065.53	1-
* Salaries and Wages	5,347.52-		5,347.52-		7,104.00		7,104.00	
705110 Group Insurance	1,865,138.72	146,735.57	1,718,403.15	8	1,885,005.15	137,983.19	1,747,021.96	7
705210 Retirement	288,679.65	23,013.57	265,666.08	8	268,699.06	21,757.13	246,941.93	8
705215 Retirement Calculation	394,720.53	30,510.84	364,209.69	8	381,561.51	27,978.66	353,582.85	7
705230 Medicare April 1986	410,797.00		410,797.00		200,000.00		200,000.00	
705320 Workmens Comp	26,138.11	2,036.74	24,101.37	8	24,601.66	1,855.99	22,745.67	8
705330 Unemply Comp	10,332.00	860.99	9,471.01	8	11,458.00	954.83	10,503.17	8
* Employee Benefits	6,336.00	527.99	5,808.01	8	2,210.00		2,210.00	
710100 Professional Services	1,137,003.29	56,950.13	1,080,053.16	5	888,530.23	52,546.61	835,983.62	6
710105 Medical Services	2,300.00		2,300.00		3,300.00		3,300.00	
710200 Service Contract	750.00	81.00	669.00	9	750.00	46.50	665.50	103
710205 Repairs and Maintenance	700.00	65.61	634.39	9	800.00	774.38	24.38-	9
710300 Operating Supplies	26,100.00	149.00	25,951.00	1	52,049.29	216.00	730.00	0
710334 Copy Machine Expense	11,594.00	554.58	11,039.42	5	11,594.00	443.33	51,833.29	0
710350 Office Supplies	16,200.00	898.53	15,301.47	6	16,185.00	3,446.18	11,150.67	4
710355 Books and Subscriptions	1,350.00		1,350.00		1,370.00	1,475.50	12,738.82	21
710360 Postage	1,550.00	116.81	1,433.19	8	1,600.00	81.75	105.50-	108
710361 Express and Courier	100.00		100.00		100.00		1518.25	5
710500 Other Expense	1,100.00		1,100.00		1,100.00		100.00	
710502 Printing	9,050.00	102.49	8,947.51	1	9,550.00	65.49	1,100.00	1
710503 Licenses & Permits	2,300.00	430.00	1,870.00	19	2,400.00	190.00	9,484.51	8
710507 Network and Data Lines	480.00	39.99	440.01	8			2,210.00	
710508 Telephone Land Lines	11,380.00	481.55	10,898.45	4	11,800.00	940.60	10,859.40	8
710509 Seminars and Meetings	5,300.00	647.50	4,652.50	12	5,100.00	625.00	4,475.00	12
710512 Auto Expense	3,900.00	114.70	3,785.30	3	4,350.00	119.88	4,230.12	3
710519 Cellular Phone	250.00	83.99	166.01	34	350.00		350.00	
710529 Dues	2,850.00	195.00	2,655.00	7	955.00	1,465.00	510.00-	153
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	80,296.00	13,763.12	66,532.88	17	80,296.00	13,382.64	66,913.36	17
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	100.00		100.00					
711100 ESD Asset Management	360.00	30.00	330.00	8				
711113 Equip Srv Replace					2,122.20	206.85	1,915.35	10
711114 Equip Srv O & M	702.30	58.80	643.50	8	1,043.60	67.36	976.24	6
711115 Equip Srv Motor Pool	1,000.00	65.00	935.00	7		10.00	10.00-	

Washoe County Health District  
 Administrative Health Services  
 Pds 1 -1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
711117 ESD Fuel Charge	509.46	28.68	480.78	6	636.64	25.32	611.32	4
711119 Prop & Liab Billings	13,680.00	1,139.99	12,540.01	8	11,798.00	963.17	10,814.83	8
711210 Travel	17,500.00	1,588.60	15,911.40	9	16,500.00		16,500.00	
711504 Equipment nonCapital	1,700.00	338.32	1,361.68	20	1,700.00	141.51	1,558.49	8
* Services and Supplies	213,401.76	20,973.26	192,428.50	10	237,749.73	24,776.46	212,973.27	10
** Expenses	3,215,543.77	224,658.96	2,990,884.81	7	3,011,285.11	215,306.26	2,795,978.85	7
*** Total	2,098,672.77	224,635.96	1,874,036.81	11	1,805,344.11	215,286.26	1,590,057.85	12

Washoe County Health District  
 Air Quality Management  
 Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422510 Air Pollution Permits	391,000.00-	26,837.00-	364,163.00-	7	402,399.00-	28,022.75-	374,376.25-	7
* Licenses and Permits	391,000.00-	26,837.00-	364,163.00-	7	402,399.00-	28,022.75-	374,376.25-	7
431100 Federal Grants	686,099.00-		686,099.00-		681,349.00-		681,349.00-	
432311 Pol Ctrtl 455B.830	290,140.86-		290,140.86-		280,000.00-		203,725.00-	27
* Intergovernmental	976,239.86-		976,239.86-		961,349.00-		885,074.00-	8
460513 Other Health Service Charges		348.00-	348.00-			34.00-	34.00-	
460526 Plan Review-Air Quality	11,270.00-	1,683.00-	9,587.00-	15	15,500.00-	1,973.00-	13,527.00-	13
460527 NOE-AQM	40,000.00-	8,051.00-	31,949.00-	20	32,900.00-	7,180.00-	25,720.00-	22
460528 NESHAP-AQM	62,000.00-	10,809.00-	51,191.00-	17	62,000.00-	8,846.00-	53,154.00-	14
460529 Assessments-AQM	21,000.00-	3,444.00-	17,556.00-	16	22,000.00-	3,330.00-	18,670.00-	15
460530 Inspector Registr-AQ	1,900.00-	3,492.00-	1,592.00-	184	1,900.00-	555.00-	1,345.00-	29
460531 Dust Plan-Air Quality	165,000.00-	17,024.00-	147,976.00-	10	178,333.00-	22,022.00-	156,311.00-	12
* Charges for Services	301,170.00-	44,851.00-	256,319.00-	15	312,633.00-	43,940.00-	268,693.00-	14
** Revenue	1,668,409.86-	71,688.00-	1,596,721.86-	4	1,676,381.00-	148,237.75-	1,528,143.25-	9
701110 Base Salaries	1,368,978.42	110,969.79	1,258,008.63	8	1,311,733.43	104,335.73	1,207,397.70	8
701130 Pooled Positions	8,000.00	2,859.58	5,140.42	36	8,000.00	221.42	7,778.58	3
701150 xcContractual Wages	23,000.00		23,000.00		21,150.00		50,000.00	
701200 Incentive Longevity	6,576.10	220.96	6,355.14	3	6,057.21		21,150.00	
701300 Overtime	1,406,554.52	114,050.33	1,292,504.19	8	1,396,940.84	104,557.15	1,292,383.49	7
* Salaries and Wages	175,898.81	13,781.58	162,117.23	8	156,554.89	12,637.36	143,917.53	8
705110 Group Insurance	299,272.94	23,838.65	275,434.29	8	285,871.82	21,415.79	264,456.03	7
705210 Retirement	18,558.58	1,505.92	17,052.66	8	17,726.98	1,369.08	16,357.90	8
705230 Medicare April 1986	5,740.00	478.33	5,261.67	8	6,740.00	561.67	6,178.33	8
705320 Workmens Comp	3,520.00	293.33	3,226.67	8	1,300.00		1,300.00	
705330 Unemply Comp	502,990.33	39,897.81	463,092.52	8	468,193.69	35,983.90	432,209.79	8
* Employee Benefits	110,628.23		110,628.23		176,599.41		176,599.41	
710100 Professional Services	40,000.00		40,000.00					
710110 Contracted/Temp Services	350.00	30.76	319.24	9	350.00	363.00	13.00-	104
710200 Service Contract	7,000.00	716.00	6,284.00	10	7,000.00	550.00	6,450.00	8
710205 Repairs and Maintenance	9,100.00	234.07	8,865.93	3	4,100.00		4,100.00	
710300 Operating Supplies	4,400.00	239.52	4,160.48	5	4,387.20	239.52	4,147.68	5
710334 Copy Machine Expense	4,000.00	256.98	3,743.02	6	3,500.00	20.47	3,479.53	1
710350 Office Supplies	224.00	213.82	10.18	95	224.00		224.00	
710355 Books and Subscriptions	2,200.00	304.77	1,895.23	14	2,200.00	248.37	1,951.63	11
710360 Postage	200.00		200.00		200.00		200.00	
710361 Express and Courier	200.00		200.00		200.00		200.00	
710500 Other Expense	1,000.00	69.47	930.53	7	1,000.00	15.71	984.29	2
710502 Printing	90.00		90.00		90.00		90.00	
710503 Licenses & Permits	1,800.00		1,800.00		1,800.00		1,800.00	
710505 Rental Equipment	7,000.00	333.71	6,666.29	5	9,000.00	611.62	8,388.38	7
710508 Telephone Land Lines	5,000.00		5,000.00		4,200.00		4,200.00	
710509 Seminars and Meetings	1,200.00		1,200.00		1,200.00		1,136.75	5
710512 Auto Expense	3,800.00	335.17	3,464.83	9	3,800.00	63.25	3,800.00	
710519 Cellular Phone	435.00		435.00		435.00		435.00	
710529 Dues	1,500.00	115.39	1,384.61	8	1,500.00	134.34	1,365.66	9
710535 Credit Card Fees	1,000.00		1,000.00		1,000.00		1,000.00	
710546 Advertising	1,100.00		1,100.00		1,100.00		1,100.00	
710577 Uniforms & Special Clothing								

Washoe County Health District  
 Air Quality Management  
 Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710600 LT Lease-Office Space					74,490.12	12,344.00	62,146.12	17
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711100 ESD Asset Management	2,880.00	300.00	2,580.00	10				
711113 Equip Srv Replace	7,677.51	1,073.13	6,604.38	14	30,340.92	1,613.99	28,726.93	5
711114 Equip Srv O & M	13,966.50	851.90	13,114.60	6	13,520.37	1,136.57	12,383.80	8
711117 ESD Fuel Charge	11,125.62	839.00	10,286.62	8	12,187.68	487.58	11,700.10	4
711119 Prop & Liab Billings	7,600.00	633.33	6,966.67	8	7,940.00	578.33	7,361.67	7
711210 Travel	23,500.00		23,500.00		40,227.52	555.52	39,672.00	1
711504 Equipment nonCapital	14,000.00		14,000.00		4,000.00		4,000.00	
* Services and Supplies	284,292.86	6,547.02	277,745.84	2	412,608.22	18,962.27	393,645.95	5
781004 Equipment Capital	62,697.72		62,697.72		91,708.35		91,708.35	
* Capital Outlay	62,697.72		62,697.72		91,708.35		91,708.35	
** Expenses	2,256,535.43	160,495.16	2,096,040.27	7	2,369,450.90	159,503.32	2,209,947.58	7
*** Total	588,125.57	88,807.16	499,318.41	15	693,069.90	11,265.57	681,804.33	2

Washoe County Health District  
Community and Clinical Health Services  
Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,247,617.70-	0.50-	2,247,617.20-		2,482,580.00-	246,052.53	2,728,632.53-	10-
432100 State Grants	230,797.42-	0.87-	230,796.55-	0	552,556.00-		552,556.00-	8-
* Intergovernmental	2,478,415.12-	1.37-	2,478,413.75-	0	3,035,136.00-	246,052.53	3,281,188.53-	25
460162 Services to Other Agencies					63,657.69-	16,083.23-	47,574.46-	11
460500 Other Immunizations	85,000.00-	10,884.00-	74,116.00-	13	110,000.00-	12,406.00-	97,594.00-	6
460501 Medicaid Clinical Services	32,000.00-	4,621.24-	27,378.76-	14	36,500.00-	2,035.69-	34,464.31-	8
460503 Childhood Immunizations	140,000.00-	10,450.00-	129,550.00-	7	190,000.00-	15,703.00-	174,297.00-	7
460505 Non Title X Revenue					10,000.00-	274.00-	274.00-	7
460508 Tuberculosis	7,000.00-	553.30-	6,446.70-	8	500.00-	720.94-	500.00-	10
460515 Medicare Reimbursement	500.00-	50.00-	450.00-	10	9,000.00-	858.32-	8,141.68-	1
460516 Pgm Inc-3rd Prty Rec	6,500.00-	103.02-	6,396.98-	2	5,000.00-	64.00-	4,936.00-	7
460517 Influenza Immunization	12,000.00-	16.00-	11,984.00-	0	30,000.00-	2,101.73-	27,898.27-	5
460518 STD Fees	30,000.00-	2,706.64-	27,293.36-	9	12,500.00-	580.00-	11,920.00-	5
460519 Outpatient Services					100,000.00-	5,110.36-	94,889.64-	5
460524 Family Planning	66,000.00-	5,733.18-	60,266.82-	9	567,157.69-	56,135.27-	511,022.42-	10
460570 Education Revenue	11,000.00-	1,035.00-	9,965.00-	9		198.00-	198.00-	
* Charges for Services	390,000.00-	36,152.38-	353,847.62-	9				
484050 Donations Federal Pgm Income		813.66-	353,847.62-					
* Miscellaneous		813.66-	813.66-					
** Revenue								
701110 Base Salaries	2,868,415.12-	36,967.41-	2,831,447.71-	1	3,602,293.69-	189,917.26	3,792,210.95-	5-
701120 Part Time	2,575,357.20	208,443.70	2,366,913.50	8	3,078,262.37	224,510.87	2,853,751.50	7
701130 Pooled Positions	573,266.06	45,835.55	527,430.51	8	640,119.02	44,930.62	595,188.40	7
701200 Incentive Longevity	147,197.03	11,289.53	135,907.50	8	120,571.14	928.76	119,642.38	1
701300 Overtime	52,628.00		52,628.00		54,703.00		54,703.00	
701412 Salary Adjustment	300.00	771.40	471.40-	257	2,175.00		2,175.00	
701500 Merit Awards	175,244.98-		175,244.98-		114,541.03		114,541.03	
* Salaries and Wages	53,002.53		53,002.53		329,645.39-		329,645.39-	
705110 Group Insurance	3,226,505.84	266,340.18	2,960,165.66	8	3,680,726.17	270,370.25	3,410,355.92	7
705210 Retirement	468,983.59	38,581.10	430,402.49	8	524,221.04	38,141.32	486,079.72	7
705230 Medicare April 1986	686,920.38	54,845.46	632,074.92	8	808,950.04	55,284.80	753,665.24	7
705320 Workmens Comp	42,358.94	3,511.29	38,847.65	8	49,212.59	3,539.48	45,673.11	7
705330 Unemply Comp	17,220.00	1,435.01	15,784.99	8	21,231.00	4,549.15	16,681.85	21
705360 Benefit Adjustment	10,560.00	880.01	9,679.99	8	4,095.00		4,095.00	
* Employee Benefits					1,505.00-		1,505.00-	
710100 Professional Services	1,226,042.91	99,252.87	1,126,790.04	8	1,406,204.67	101,514.75	1,304,689.92	7
710105 Medical Services	76,039.00	1,875.00	74,164.00	2	305,393.00	5,024.92	300,368.08	2
710108 MD Consultants	600.00	1,063.00	463.00-	177	13,000.00		13,000.00	
710119 Subrecipient Payments	48,900.00		48,900.00		43,382.00		43,382.00	
710200 Service Contract	186,242.00		186,242.00		147,602.00	7,243.00	140,359.00	5
710205 Repairs and Maintenance	2,055.00	24.60	2,030.40	1	12,200.00	2,558.38	9,641.62	21
710210 Software Maintenance	5,786.00		5,786.00		6,105.00	518.50	5,586.50	8
710300 Operating Supplies	51,300.00	1,216.11	50,083.89	2	350.00	1,349.64	95,782.36	1
710334 Copy Machine Expense	12,360.00	598.67	11,761.33	5	16,463.00	837.56	15,625.44	5
710350 Office Supplies	10,569.01	744.29	9,824.72	7	14,405.00	356.70	14,048.30	2
710355 Books and Subscriptions	1,300.00		1,300.00		1,730.00	129.90	1,600.10	8
710360 Postage	5,265.00	388.72	4,876.28	7	4,858.00	637.27	4,220.73	13
710361 Express and Courier	290.00	14.10	275.90	5	535.00		535.00	



Washoe County Health District  
 Community and Clinical Health Services  
 Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710500 Other Expense	12,956.67	1,000.00	11,956.67	8	60,624.30		60,624.30	
710502 Printing	6,200.00	31.96	6,168.04	1	11,303.24	407.21	10,896.03	4
710503 Licenses & Permits	2,650.00	600.00	2,050.00	23	3,800.00	100.00	3,700.00	3
710504 Registration					900.00-		900.00-	
710506 Dept Insurance Deductible	2,280.00	199.95	2,080.05	9	273.40	203.70	273.40	14
710507 Network and Data Lines	14,460.00	1,041.45	13,418.55	7	1,505.00		1,301.30	
710508 Telephone Land Lines	6,950.00	1,250.00	5,700.00	18	18,459.00	1,232.85	17,226.15	7
710509 Seminars and Meetings	10,468.00	521.75	9,946.25	5	8,050.00		8,050.00	
710512 Auto Expense	505.00	44.39	460.61	9	14,793.00	666.01	14,126.99	5
710519 Cellular Phone	1,400.00	500.00	900.00	36	462.00		462.00	
710529 Dues	4,245.00	253.17	3,991.83	6	1,550.00	279.93	1,550.00	5
710535 Credit Card Fees	20,865.70		20,865.70		5,935.00		5,655.07	
710546 Advertising	350.00		350.00		29,997.00		29,997.00	
710577 Uniforms & Special Clothing	263,000.00	5,295.17	257,704.83	2	350.00	12,730.22	350.00	4
710703 Biologicals	11,300.00		11,300.00		286,952.00		274,221.78	
710714 Referral Services	134,628.97		134,628.97		11,300.00		11,300.00	
710721 Outpatient	2,500.00	159.40	2,340.60	6	109,576.00		109,576.00	
710872 Food Purchases	500.00		500.00		2,545.00		2,545.00	
711010 Utilities	360.00	60.00	300.00	17				
711100 ESD Asset Management	1,047.46	87.29	960.17	8	1,397.28	146.79	1,250.49	11
711113 Equip Srv Replace	472.80		472.80		904.60		904.60	
711114 Equip Srv O & M	1,175.00	210.00	965.00	18	4,870.00	20.00	4,850.00	0
711115 Equip Srv Motor Pool					538.69		538.69	
711117 ESD Fuel Charge	22,800.00	1,900.00	20,900.00	8	21,861.00	1,821.74	20,039.26	8
711119 Prop & Liab Billings	31,056.53	1,039.03	30,017.50	3	48,190.50	493.79-	48,684.29	1-
711210 Travel					1,942.00		1,942.00	
711213 Travel-Non Cnty Pers	5,850.00		5,850.00		6,828.00		6,828.00	
711504 Equipment nonCapital	958,727.14	20,118.05	938,609.09	2	1,316,262.01	35,770.53	1,280,491.48	3
* Services and Supplies	5,411,275.89	385,711.10	5,025,564.79	7	6,403,192.85	407,655.53	5,995,537.32	6
** Expenses	2,542,860.77	348,743.69	2,194,117.08	14	2,800,899.16	597,572.79	2,203,326.37	21
*** Total								

Washoe County Health District  
 Environmental Health Services  
 Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	3,645.00-	39,355.00-	8	69,000.00-	3,854.00-	65,346.00-	5
422504 Pool Permits	63,000.00-	1,084.00-	61,916.00-	2	33,000.00-	2,269.00-	30,731.00-	7
422505 RV Permits	10,500.00-	204.00-	10,296.00-	2	10,500.00-	411.00-	10,089.00-	4
422506 xcHotel Motel Permits	342,000.00-	27,048.00-	314,952.00-	8	355,000.00-	118.00-	118.00-	9
422507 Food Service Permits	34,500.00-	2,264.00-	32,236.00-	7	44,000.00-	2,496.00-	322,896.00-	6
422508 Wat Well Const Perm	4,000.00-		4,000.00-		12,000.00-		41,504.00-	
422509 Water Company Permits	47,000.00-	5,207.00-	41,793.00-	11	90,000.00-	4,866.00-	12,000.00-	5
422511 ISDS Permits	70,500.00-	11,964.00-	58,536.00-	17	75,000.00-	16,609.00-	85,134.00-	22
422513 Special Event Permits	35,000.00-	1,143.00-	33,857.00-	3	38,000.00-	3,340.00-	58,391.00-	9
422514 Initial Applic Fee	649,500.00-	52,559.00-	596,941.00-	8	726,500.00-	65,867.00-	34,660.00-	9
* Licenses and Permits	277,000.00-		277,000.00-		277,000.00-		660,633.00-	
431100 Federal Grants	75,000.00-		75,000.00-		75,000.00-		277,000.00-	
432100 State Grants	370,535.00-		370,535.00-		370,534.52-		75,000.00-	
432310 Tire Fee NRS 444A.090	722,535.00-		722,535.00-		722,534.52-		370,534.52-	
* Intergovernmental	111,000.00-	8,994.00-	102,006.00-	8	121,001.00-	11,669.00-	722,534.52-	10
460510 IT Overlay	2,700.00-	270.00-	2,430.00-	10	8,000.00-	853.00-	109,332.00-	11
460513 Other Health Service Charges	8,000.00-	1,180.00-	6,820.00-	15	8,000.00-	2,337.00-	7,147.00-	29
460514 Food Service Certification	55,000.00-	7,759.00-	47,241.00-	14	90,500.00-	5,101.00-	5,663.00-	6
460520 Eng Serv Health	2,500.00-	1,621.00-	879.00-	65	5,000.00-	762.00-	85,399.00-	15
460521 Plan Review - Pools & Spas	17,000.00-	2,946.65-	14,053.35-	17	30,000.00-	1,535.65-	4,238.00-	5
460523 Plan Review - Food Services	24,000.00-	3,430.00-	20,570.00-	14	64,000.00-	2,293.00-	28,464.35-	4
460525 Plan Review - Vector							61,707.00-	
460533 Quick Start	8,300.00-	966.00-	7,334.00-	12	9,000.00-	83.00-	83.00-	2
460534 Child Care Inspection	17,000.00-	901.00-	16,099.00-	5	21,000.00-	1,312.00-	8,780.00-	6
460535 Pub Accomod Inspecth	2,400.00-	276.00-	2,124.00-	12		55.00-	19,688.00-	
460570 Education Revenue	247,900.00-	28,343.65-	219,556.35-	11	356,501.00-	26,220.65-	55.00-	7
* Charges for Services	1,619,935.00-	80,902.65-	1,539,032.35-	5	1,805,535.52-	92,087.65-	330,280.35-	5
** Revenue	3,318,749.95	238,255.01	3,080,494.94	7	3,399,403.84	246,657.56	1,713,447.87-	7
701110 Base Salaries	92,377.86	17,551.77	74,826.09	19	90,097.00	10,870.45	3,152,746.28	12
701130 Pooled Positions	1,200.00		1,200.00		1,500.00	161.88	1,338.12	11
701140 Holiday Work					9,500.00	1,133.60	8,366.40	12
701150 xcContractual Wages	48,750.00		48,750.00		52,100.00		52,100.00	
701200 Incentive Longevity	33,788.00	3,357.99	30,430.01	10	34,288.00	2,809.96	31,478.04	8
701300 Overtime	30,000.00	3,384.29	26,615.71	11	30,000.00	2,422.15	27,577.85	8
701406 Standby Pay	3,000.00	956.38	2,043.62	32	3,000.00	34.77	2,965.23	1
701408 Call Back					304.20-		304.20-	
701412 Salary Adjustment								
701500 Merit Awards	173,177.76-		173,177.76-					
* Salaries and Wages	3,354,688.05	263,505.44	3,091,182.61	8	3,619,584.64	264,090.37	3,355,494.27	7
705110 Group Insurance	496,011.19	35,703.94	460,307.25	7	480,654.08	35,902.89	444,751.19	7
705210 Retirement	724,004.28	51,752.20	672,252.08	7	740,272.62	51,082.37	688,190.25	7
705230 Medicare April 1986	43,660.48	3,341.52	40,318.96	8	43,911.91	3,309.98	40,601.93	8
705320 Workmens Comp	16,072.00	1,339.34	14,732.66	8	18,535.00	1,544.57	16,990.43	8
705330 Unemploy Comp	9,856.00	821.34	9,034.66	8	3,575.00		3,575.00	
* Employee Benefits	1,289,603.95	92,958.34	1,196,645.61	7	1,286,948.61	91,839.81	1,195,108.80	7
710100 Professional Services	257,890.90	147.50	257,890.90	2	179,930.29	16,000.00	163,930.29	9
710105 Medical Services	6,548.00	2,124.32	6,400.50	2	500.00		500.00	
710110 Contracted/Temp Services								

Account	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710200 Service Contract	67,300.00	73.82	67,226.18	0	87,300.00	990.41	86,309.59	1
710205 Repairs and Maintenance	1,000.00		1,000.00		1,000.00	91.00	909.00	9
710210 Software Maintenance								
710300 Operating Supplies	20,900.00	393.35	20,506.65	2	23,593.05	17,802.29	17,802.29	4
710302 Small Tools & Allow	1,685.00		1,685.00		1,385.00		1,385.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	360,450.00	321,290.65	39,159.35	89	560,707.00	257,459.32	303,247.68	46
710334 Copy Machine Expense	920.00		920.00		1,280.00		1,280.00	
710350 Office Supplies	9,900.00	1,520.16	8,379.84	15	9,150.00	932.48	8,217.52	10
710355 Books and Subscriptions	2,400.00	125.00	2,275.00	5	1,600.00	235.24	1,364.76	15
710360 Postage	7,300.00	501.60	6,798.40	7	5,900.00	746.62	5,153.38	13
710361 Express and Courier	175.00		175.00		300.00		300.00	
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	5,800.00		5,800.00		800.00		800.00	
710502 Printing	3,825.00		3,253.39		3,225.00		3,194.17	
710503 Licenses & Permits	2,335.00	571.61	2,335.00	15	2,335.00	30.83	2,335.00	1
710506 Dept Insurance Deductible								
710507 Network and Data Lines	2,700.00	199.95	2,500.05	7	3,200.00	150.00	150.00	6
710508 Telephone Land Lines	10,500.00	730.20	9,769.80	7	11,425.00	203.70	2,996.30	7
710509 Seminars and Meetings	9,400.00	1,640.00	7,760.00	17	11,200.00	405.00	10,795.00	4
710512 Auto Expense	200.00		200.00		375.00	60.78	314.22	16
710519 Cellular Phone	8,455.00	762.07	7,692.93	9	8,405.00	17.86	8,422.86	0-
710529 Dues	1,611.00	388.00	1,223.00	24	896.00	171.00	725.00	19
710535 Credit Card Fees	4,000.00	406.69	3,593.31	10	4,959.78	321.92	4,637.86	6
710546 Advertising	1,050.00		1,050.00		500.00		500.00	
710577 Uniforms & Special Clothing	1,700.00		1,700.00		1,700.00	215.00	1,485.00	13
710600 LT Lease-Office Space	40,636.89	6,741.32	33,895.57	17	40,636.89	6,741.32	33,895.57	17
710721 Outpatient					6,048.00		6,048.00	
711100 ESD Asset Management	18,000.00	900.00	17,100.00	5	67,963.08	7,259.74	60,703.34	11
711113 Equip Srv Replace	33,221.21	1,614.26	31,606.95	5	56,517.86	4,836.75	51,681.11	9
711114 Equip Srv O & M	43,396.79	2,945.39	40,451.40	7	7,000.00	1,210.00	5,790.00	17
711115 Equip Srv Motor Pool		25.00	25.00					
711117 ESD Fuel Charge	30,011.67	2,580.26	27,431.41	9	39,610.63	2,080.56	37,530.07	5
711119 Prop & Liab Billings	21,280.00	1,773.34	19,506.66	8	19,085.00	1,590.42	17,494.58	8
711210 Travel	36,395.16	2,002.52	34,392.64	6	35,650.00	1,217.96	34,432.04	3
711504 Equipment nonCapital	9,152.00		9,152.00		2,643.97		2,643.97	
* Services and Supplies	1,022,238.62	349,457.01	672,781.61	34	1,198,921.55	322,614.89	876,306.66	27
** Expenses	5,666,530.62	705,920.79	4,960,609.83	12	6,105,454.80	678,545.07	5,426,909.73	11
** Other Financing Src/Use					350,000.00-		350,000.00-	
*** Total	4,046,595.62	625,018.14	3,421,577.48	15	3,949,919.28	586,457.42	3,363,461.86	15

Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1-1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,575,110.06		2,575,110.06		3,414,126.66		3,414,126.66	
431105 Federal Grants - Indirect	29,670.00		29,670.00		31,540.00		31,540.00	
* Intergovernmental	2,604,780.06		2,604,780.06		3,445,666.66		3,445,666.66	
460511 Birth and Death Certificates	210,000.00	18,577.00	191,423.00	9	215,000.00	19,061.00	195,939.00	9
* Charges for Services	210,000.00	18,577.00	191,423.00	9	215,000.00	19,061.00	195,939.00	9
** Revenue	2,814,780.06	18,577.00	2,796,203.06	1	3,660,666.66	19,061.00	3,641,605.66	1
701110 Base Salaries	1,165,156.55	85,786.48	1,079,370.07	7	1,123,682.40	82,981.31	1,040,701.09	7
701120 Part Time	56,350.85		56,350.85		35,577.94	4,327.11	31,250.83	12
701130 Pooled Positions	3,303.99	41.55	3,345.54	1	38,400.00		38,400.00	
701140 Holiday Work		1,446.66	1,446.66					
701150 xcContractual Wages	7,822.00	150.00	7,672.00	2	196,000.00	1,656.34	194,343.66	1
701200 Incentive Longevity	103,021.16	3,060.92	99,960.24	3	253,000.00	980.83	252,019.17	0
701412 Salary Adjustment	50,246.93		50,246.93		64,406.92		64,406.92	
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33					
701417 Comp Time		4,958.19	4,958.19					
* Salaries and Wages	1,385,901.48	115,676.03	1,270,225.45	8	1,719,208.26	89,945.59	1,629,262.67	5
705110 Group Insurance	164,455.79	11,914.98	152,540.81	7	140,445.78	11,476.94	128,968.84	8
705210 Retirement	264,298.15	18,539.70	245,758.45	7	250,368.19	17,898.22	232,469.97	7
705230 Medicare April 1986	17,384.95	1,636.87	15,748.08	9	15,824.28	1,240.37	14,583.91	8
705320 Workmens Comp	5,166.00	430.50	4,735.50	8	6,307.45	280.83	6,026.62	4
705330 Unemply Comp	3,168.00	264.00	2,904.00	8	1,170.00		1,170.00	
705360 Benefit Adjustment					11,009.31		11,009.31	
* Employee Benefits	454,472.89	32,786.05	421,686.84	7	425,125.01	30,896.36	394,228.65	7
710100 Professional Services	1,211,784.81	6,476.00	1,205,308.81	1	1,366,450.02	5,000.00	1,361,450.02	0
710105 Medical Services	100.00		100.00		100.00		100.00	
710108 MD Consultants	12,000.00		12,000.00		12,000.00		12,000.00	
710110 Contracted/Temp Services	45,289.22	235.35	45,053.87	1				
710200 Service Contract	1,620.00	1,505.25	114.75	93	1,610.00	1,616.00	6.00	100
710205 Repairs and Maintenance	600.00		600.00		600.00		600.00	
710210 Software Maintenance	12,000.00		12,000.00					
710300 Operating Supplies	71,781.14	8,548.57	63,232.57	12	93,666.88	132.96	93,666.88	6
710334 Copy Machine Expense	2,420.00	132.96	2,287.04	5	2,300.30	662.04	2,167.34	3
710350 Office Supplies	14,567.42	179.70	14,387.72	1	19,102.26		18,440.22	
710355 Books and Subscriptions	2,414.00		2,414.00		2,663.00		2,663.00	
710360 Postage	12,300.00	224.74	12,075.26	2	12,400.44	204.84	12,195.60	2
710361 Express and Courier		5.67	5.67					
710500 Other Expense	30,354.21	7.70	30,354.21	0	31,826.00		31,826.00	
710502 Printing	11,508.72		11,508.72		24,573.00		24,573.00	
710505 Rental Equipment					1,000.00		1,000.00	
710507 Network and Data Lines		39.99	39.99			40.74	40.74	
710508 Telephone Land Lines	5,173.92	345.49	4,828.43	7	10,124.05	354.69	9,769.36	4
710509 Seminars and Meetings	1,700.00	400.00	1,300.00	24	1,220.00	50.00	1,170.00	4
710512 Auto Expense	100.00	26.25	73.75	26	236.14	159.51	76.63	68
710519 Cellular Phone	580.00	121.25	458.75	21	580.00	47.76	532.24	8
710529 Dues	580.00	75.00	505.00	13	640.00		640.00	
710535 Credit Card Fees	800.00	103.83	696.17	13				
710546 Advertising	820.00		820.00		700.00	1,000.00	300.00	143

Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1 -1, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710585 Undesignated Budget	29,670.00		29,670.00		31,540.05		31,540.05	
710703 Biologicals	4,146.68		4,146.68		4,300.68		4,300.68	
710721 Outpatient	3,000.00		3,000.00		3,000.00		3,000.00	
711115 Equip Srv Motor Pool	200.00	32.50	167.50	16	200.00	12.50	187.50	6
711117 ESD Fuel Charge					1,200.00		1,200.00	
711119 Prop & Liab Billings	6,840.00	570.00	6,270.00	8	6,246.00	520.50	5,725.50	8
711210 Travel	50,063.36		50,063.36		54,281.00		54,281.00	
711504 Equipment nonCapital	90,017.02	6,102.83	83,914.19	7	61,364.14	20,809.60	40,554.54	34
* Services and Supplies	1,622,430.50	25,133.08	1,597,297.42	2	1,743,923.96	30,611.14	1,713,312.82	2
781004 Equipment Capital	10,000.00		10,000.00		279,716.50		279,716.50	
* Capital Outlay	10,000.00		10,000.00		279,716.50		279,716.50	
** Expenses	3,472,804.87	173,595.16	3,299,209.71	5	4,167,973.73	151,453.09	4,016,520.64	4
*** Total	668,024.81	155,018.16	503,006.65	24	507,307.07	132,392.09	374,914.98	26

RESOURCES	(1)	(2)	(3) (4) BUDGET YEAR ENDING 6/30/2011	
	ACTUAL PRIOR YEAR ENDING 6/30/2009	ESTIMATED CURRENT YEAR ENDING 6/30/2010	TENTATIVE APPROVED	FINAL APPROVED
REVENUE				
LICENSES AND PERMITS				
Nonbusiness Licenses and Permits	1,315,734	1,067,489	1,040,500	1,040,500
Subtotal	1,315,734	1,067,489	1,040,500	1,040,500
INTERGOVERNMENTAL REVENUES				
Federal Grants	5,267,624	5,806,294	5,538,558	5,569,300
State Grants	786,401	627,556	306,413	305,797
Other	660,397	703,257	661,544	660,676
Subtotal	6,714,422	7,137,107	6,506,515	6,535,773
CHARGES FOR SERVICES				
Health and Sanitation	1,705,816	1,272,495	1,149,185	1,149,185
Reimbursements	0			
Subtotal	1,705,816	1,272,495	1,149,185	1,149,185
MISCELLANEOUS				
Contributions and Donations from Private Sources	500	3,460		
Other	769	714		
Subtotal	1,269	4,174	0	0
Subtotal Revenues	9,737,241	9,481,265	8,696,200	8,725,458
OTHER FINANCING SOURCES				
Proceeds from Asset Disposition		13		
Proceeds from Financing				
Operating Transfers In (Schedule T)				
General Fund	9,451,463	8,795,500	8,192,500	8,192,500
Equipment Sales				
Subtotal Other Sources	9,451,463	8,795,513	8,192,500	8,192,500
BEGINNING FUND BALANCE:				
Reserved				
Unreserved	1,346,906	1,987,434	2,075,683	2,062,165
TOTAL BEGINNING FUND BALANCE	1,346,906	1,987,434	2,075,683	2,062,165
Prior Period Adjustments				
Residual Equity Transfers				
<b>TOTAL AVAILABLE RESOURCES</b>	<b>20,535,610</b>	<b>20,264,212</b>	<b>18,964,383</b>	<b>18,980,123</b>

WASHOE COUNTY  
(Local Government)

SCHEDULE B - 202  
FUND - HEALTH

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EXPENDITURES BY FUNCTION AND ACTIVITY	(1)	(2)	(3) (4) BUDGET YEAR ENDING 6/30/2011	
	ACTUAL PRIOR YEAR ENDING 6/30/2009	ESTIMATED CURRENT YEAR ENDING 6/30/2010	TENTATIVE APPROVED	FINAL APPROVED
HEALTH FUNCTION				
Public Health (202-0)				
Salaries and Wages	11,630,545	10,598,121	10,945,213	11,127,410
Employee Benefits	3,797,167	3,777,203	4,632,339	4,607,532
Services and Supplies	2,959,069	3,573,209	2,786,917	2,477,426
Capital Outlay	161,395	253,514	61,297	63,055
Subtotal	18,548,176	18,202,047	18,425,766	18,275,423
HEALTH FUNCTION SUBTOTAL	18,548,176	18,202,047	18,425,766	18,275,423
OTHER USES				
CONTINGENCY (Not to exceed 3% of Total Exp all Functions)	XXXXXXXXXX	XXXXXXXXXX		
Operating Transfers Out (Schedule T)				
Subtotal Other Uses	0	0	0	0
ENDING FUND BALANCE:				
Reserved				
Unreserved	1,987,434	2,062,165	538,617	704,700
TOTAL ENDING FUND BALANCE	1,987,434	2,062,165	538,617	704,700
TOTAL COMMITMENTS AND FUND BALANCE	20,535,610	20,264,212	18,964,383	18,980,123

WASHOE COUNTY

(Local Government)

SCHEDULE B - 202

FUND - HEALTH

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FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Administrative Health Services Division</b>		
<b>Administrative Health Services</b>		
	<b>Local</b>	<b>FY11</b>
	<b>170200</b>	<b>Totals</b>
460512 Duplication Services	\$ (115.00)	\$ (115.00)
<b>Revenue</b>	<b>\$ (115.00)</b>	<b>\$ (115.00)</b>
701110 Base Salaries	\$ 971,223.03	\$ 971,223.03
701200 Incentive	\$ 13,350.00	\$ 13,350.00
701300 Overtime	\$ 1,000.00	\$ 1,000.00
<b>Salaries and Wages</b>	<b>\$ 985,573.03</b>	<b>\$ 985,573.03</b>
705110 Group Insurance	\$ 125,477.37	\$ 125,477.37
705210 Retirement	\$ 211,681.37	\$ 211,681.37
705215 Retirement C	\$ 410,797.00	\$ 410,797.00
705230 Medicare	\$ 14,113.18	\$ 14,113.18
705320 Workmens Comp	\$ 4,879.00	\$ 4,879.00
705330 Unemployment	\$ 2,992.00	\$ 2,992.00
<b>Employee Benefits</b>	<b>\$ 769,939.92</b>	<b>\$ 769,939.92</b>
710100 Professional Services	\$ 1,500.00	\$ 1,500.00
710200 Service Contract	\$ 750.00	\$ 750.00
710205 Repairs Maint	\$ 200.00	\$ 200.00
710300 Operating Supplies	\$ 100.00	\$ 100.00
710334 Copy Machine Exp	\$ 6,000.00	\$ 6,000.00
710350 Office Supplies	\$ 6,000.00	\$ 6,000.00
710355 Books Subscriptions	\$ 1,000.00	\$ 1,000.00
710360 Postage	\$ 1,400.00	\$ 1,400.00
710361 Express Courier	\$ 100.00	\$ 100.00
710500 Other Exp	\$ 100.00	\$ 100.00
710502 Printing	\$ 1,500.00	\$ 1,500.00
710503 Licenses & Permits	\$ 1,700.00	\$ 1,700.00
710507 Network,Data	\$ 480.00	\$ 480.00
710508 Telephone Land Lines	\$ 3,580.00	\$ 3,580.00
710509 Seminars Mtgs	\$ 2,900.00	\$ 2,900.00
710512 Auto Exp	\$ 150.00	\$ 150.00
710519 Cell Phones	\$ 250.00	\$ 250.00
710529 Dues	\$ 2,800.00	\$ 2,800.00
710546 Advertising	\$ 150.00	\$ 150.00
710872 Food Purchases	\$ 150.00	\$ 150.00
711100 ESD Asset Mgm	\$ 360.00	\$ 360.00
711114 Equip Serv O & M	\$ 702.30	\$ 702.30
711117 ESD Fuel Charge	\$ 509.46	\$ 509.46
711119 Prop & Liability	\$ 6,460.00	\$ 6,460.00
711210 Travel	\$ 10,500.00	\$ 10,500.00
711504 Equip non-Capital	\$ 1,000.00	\$ 1,000.00
<b>Services and Supplies</b>	<b>\$ 50,341.76</b>	<b>\$ 50,341.76</b>
<b>Expenditures</b>	<b>\$ 1,805,854.71</b>	<b>\$ 1,805,854.71</b>
<b>General Fund Tax Transfer</b>	<b>\$ 1,805,739.71</b>	<b>\$ 1,805,739.71</b>



FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

Air Quality Management Division						
	Local	Title V	EPA	PM 2.5	Pollution Ctrl	FY11
	172300	172302	10019	10021	20288	Totals
422510 Air Pol Permits	\$ (381,000.00)	\$ (10,000.00)	\$ -	\$ -	\$ -	\$ (391,000.00)
431100 Federal Grants	\$ -	\$ -	\$ (646,899.00)	\$ (39,200.00)	\$ -	\$ (686,099.00)
432311 Pol Ctrl	\$ -	\$ -	\$ -	\$ -	\$ (290,140.86)	\$ (290,140.86)
460526 Plan Review-AQM	\$ (11,270.00)	\$ -	\$ -	\$ -	\$ -	\$ (11,270.00)
460527 NOE-AQM	\$ (40,000.00)	\$ -	\$ -	\$ -	\$ -	\$ (40,000.00)
460528 NESHAP-AQM	\$ (62,000.00)	\$ -	\$ -	\$ -	\$ -	\$ (62,000.00)
460529 Assessments-AQM	\$ (21,000.00)	\$ -	\$ -	\$ -	\$ -	\$ (21,000.00)
460530 Inspector Regis	\$ (1,900.00)	\$ -	\$ -	\$ -	\$ -	\$ (1,900.00)
460531 Dust Plan-AQM	\$ (165,000.00)	\$ -	\$ -	\$ -	\$ -	\$ (165,000.00)
485300 Other Misc Govt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Revenue</b>	<b>\$ (682,170.00)</b>	<b>\$ (10,000.00)</b>	<b>\$ (646,899.00)</b>	<b>\$ (39,200.00)</b>	<b>\$ (290,140.86)</b>	<b>\$ (1,668,409.86)</b>
701110 Base Salaries	\$ 733,193.89	\$ 17,610.21	\$ 394,303.24	\$ 23,344.77	\$ 200,526.31	\$ 1,368,978.42
701130 Pooled Positions	\$ -	\$ -	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00
701200 Incentive	\$ 12,833.00	\$ 586.50	\$ 6,821.00	\$ 50.00	\$ 2,709.50	\$ 23,000.00
701300 Overtime	\$ 500.00	\$ -	\$ -	\$ 6,076.10	\$ -	\$ 6,576.10
<b>Salaries and Wages</b>	<b>\$ 746,526.89</b>	<b>\$ 18,196.71</b>	<b>\$ 409,124.24</b>	<b>\$ 29,470.87</b>	<b>\$ 203,235.81</b>	<b>\$ 1,406,554.52</b>
705110 Group Insurance	\$ 96,783.24	\$ 1,843.48	\$ 49,602.83	\$ 3,268.14	\$ 24,401.12	\$ 175,898.81
705210 Retirement	\$ 160,393.74	\$ 3,912.19	\$ 86,241.97	\$ 5,029.58	\$ 43,695.46	\$ 299,272.94
705230 Medicare	\$ 9,762.96	\$ -	\$ 5,581.74	\$ 331.41	\$ 2,882.47	\$ 18,558.58
705320 Workmens Comp	\$ 3,444.00	\$ -	\$ 1,722.00	\$ -	\$ 574.00	\$ 5,740.00
705330 Unemployment	\$ 2,112.00	\$ -	\$ 1,056.00	\$ -	\$ 352.00	\$ 3,520.00
<b>Employee Benefits</b>	<b>\$ 272,495.94</b>	<b>\$ 5,755.67</b>	<b>\$ 144,204.54</b>	<b>\$ 8,629.13</b>	<b>\$ 71,905.05</b>	<b>\$ 502,990.33</b>
710100 Professional Services	\$ 500.00	\$ -	\$ 32,415.00	\$ -	\$ -	\$ 32,915.00
710200 Service Contract	\$ 350.00	\$ -	\$ -	\$ -	\$ -	\$ 350.00
710205 Repairs Maint	\$ 1,000.00	\$ -	\$ 6,000.00	\$ -	\$ -	\$ 7,000.00
710300 Operating Supplies	\$ 1,000.00	\$ -	\$ 2,000.00	\$ 1,100.00	\$ -	\$ 4,100.00
710334 Copy Machine Exp	\$ 4,400.00	\$ -	\$ -	\$ -	\$ -	\$ 4,400.00
710350 Office Supplies	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -	\$ 3,500.00
710355 Books Subscriptions	\$ 224.00	\$ -	\$ -	\$ -	\$ -	\$ 224.00
710360 Postage	\$ 2,200.00	\$ -	\$ -	\$ -	\$ -	\$ 2,200.00
710361 Express Courier	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00
710500 Other Exp	\$ 200.00	\$ -	\$ -	\$ -	\$ -	\$ 200.00
710502 Printing	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
710503 Licenses & Perm	\$ 90.00	\$ -	\$ -	\$ -	\$ -	\$ 90.00
710505 Rental Equip	\$ 1,800.00	\$ -	\$ -	\$ -	\$ -	\$ 1,800.00
710508 Telephone Land Lines	\$ 7,000.00	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00
710509 Seminars Mtgs	\$ 1,500.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ 3,500.00
710512 Auto Exp	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00
710519 Cell Phones	\$ 3,800.00	\$ -	\$ -	\$ -	\$ -	\$ 3,800.00
710529 Dues	\$ 435.00	\$ -	\$ -	\$ -	\$ -	\$ 435.00
710535 Credit Card Fee	\$ 1,500.00	\$ -	\$ -	\$ -	\$ -	\$ 1,500.00
710546 Advertising	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
710577 Uniforms & Spec	\$ -	\$ -	\$ 1,100.00	\$ -	\$ -	\$ 1,100.00
710721 Outpatient	\$ 1,316.00	\$ -	\$ -	\$ -	\$ -	\$ 1,316.00
711100 ESD Asset Mgm	\$ 2,880.00	\$ -	\$ -	\$ -	\$ -	\$ 2,880.00
711113 Equip Serv Replaceme	\$ 7,677.51	\$ -	\$ -	\$ -	\$ -	\$ 7,677.51
711114 Equip Serv O & M	\$ 13,966.50	\$ -	\$ -	\$ -	\$ -	\$ 13,966.50
711117 ESD Fuel Charge	\$ 11,125.62	\$ -	\$ -	\$ -	\$ -	\$ 11,125.62
711119 Prop & Liability	\$ 7,600.00	\$ -	\$ -	\$ -	\$ -	\$ 7,600.00
711210 Travel	\$ 3,000.00	\$ -	\$ 8,000.00	\$ -	\$ -	\$ 11,000.00
711504 Equip non-Capital	\$ -	\$ -	\$ 4,000.00	\$ -	\$ -	\$ 4,000.00
<b>Services and Supplies</b>	<b>\$ 80,364.63</b>	<b>\$ -</b>	<b>\$ 55,515.00</b>	<b>\$ 1,100.00</b>	<b>\$ -</b>	<b>\$ 136,979.63</b>
781004 Equip Capital	\$ -	\$ -	\$ 38,055.22	\$ -	\$ 15,000.00	\$ 53,055.22
<b>Capital Outlay</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 38,055.22</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>	<b>\$ 53,055.22</b>
<b>Expenditures</b>	<b>\$ 1,099,387.46</b>	<b>\$ 23,952.38</b>	<b>\$ 646,899.00</b>	<b>\$ 39,200.00</b>	<b>\$ 290,140.86</b>	<b>\$ 2,099,579.70</b>
<b>General Fund Tax Transfer</b>	<b>\$ 417,217.46</b>	<b>\$ 13,952.38</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 431,169.84</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Community &amp; Clinical Health Services Division</b>		
<b>Child Abuse &amp; Neglect Prevention</b>		
	<b>Grant</b>	<b>FY11</b>
	<b>10410</b>	<b>Totals</b>
432100 State Grants	\$ (102,410.42)	\$ (102,410.42)
<b>Revenue</b>	<b>\$ (102,410.42)</b>	<b>\$ (102,410.42)</b>
701110 Base Salaries	\$ 72,332.67	\$ 72,332.67
701200 Incentive	\$ 1,850.00	\$ 1,850.00
<b>Salaries and Wages</b>	<b>\$ 74,182.67</b>	<b>\$ 74,182.67</b>
705110 Group Insurance	\$ 11,249.65	\$ 11,249.65
705210 Retirement	\$ 15,949.31	\$ 15,949.31
705230 Medicare	\$ 1,028.79	\$ 1,028.79
<b>Employee Benefits</b>	<b>\$ 28,227.75</b>	<b>\$ 28,227.75</b>
<b>Expenditures</b>	<b>\$ 102,410.42</b>	<b>\$ 102,410.42</b>
<b>General Fund Tax Transfer</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Note: Grant not renewed for FY11</b>		

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

Community & Clinical Health Services Division						
Chronic Disease & Injury Prevention						
	Health Ed	Tobacco Ctrl	Tobacco Prev	Diabetes Prev	CD-Child Care	FY11
	170800	10010	10418	10747	171104	Totals
431100 Federal Grants	\$ -	\$ (118,614.00)	\$ -	\$ (14,573.00)		\$ (133,187.00)
460570	\$ -	\$ -	\$ -	\$ -	\$ (11,000.00)	\$ (11,000.00)
<b>Revenue</b>	\$ -	\$ (118,614.00)	\$ -	\$ (14,573.00)	\$ (11,000.00)	\$ (144,187.00)
701110 Base Salaries	\$ 118,325.70	\$ 65,220.29	\$ 59,571.49	\$ -	\$ 4,342.46	\$ 247,459.94
701120 Part Time	\$ 30,779.67	\$ -	\$ 68,265.65	\$ -	\$ 15,160.28	\$ 114,205.60
701200 Incentive	\$ 1,190.00	\$ 850.00	\$ -	\$ -	\$ 200.00	\$ 2,240.00
701412 Salary Adjust	\$ 902.00	\$ -	\$ (173,205.73)	\$ -	\$ 198.00	\$ (172,105.73)
701500 Merit Awards	\$ 53,002.53	\$ -	\$ -	\$ -	\$ -	\$ 53,002.53
<b>Salaries and Wages</b>	\$ 204,199.90	\$ 66,070.29	\$ (45,368.59)	\$ -	\$ 19,900.74	\$ 244,802.34
705110 Group Insurance	\$ 21,829.67	\$ 14,548.70	\$ 16,030.02	\$ -	\$ 3,446.49	\$ 55,854.88
705210 Retirement	\$ 32,313.60	\$ 14,205.03	\$ 27,484.92	\$ -	\$ 4,236.07	\$ 78,239.62
705230 Medicare	\$ 2,126.12	\$ 851.28	\$ 1,853.65	\$ -	\$ 282.64	\$ 5,113.69
705320 Workmens Comp	\$ 1,435.00	\$ 287.00	\$ -	\$ -	\$ -	\$ 1,722.00
705330 Unemployment	\$ 880.00	\$ 176.00	\$ -	\$ -	\$ -	\$ 1,056.00
<b>Employee Benefits</b>	\$ 58,584.39	\$ 30,068.01	\$ 45,368.59	\$ -	\$ 7,965.20	\$ 141,986.19
710100 Professional Services	\$ 2,500.00	\$ 2,500.00	\$ -	\$ 14,573.00	\$ -	\$ 19,573.00
710300 Operating Supplies	\$ 1,000.00	\$ 500.00	\$ -	\$ -	\$ -	\$ 1,500.00
710334 Copy Machine Exp	\$ 250.00	\$ 150.00	\$ -	\$ -	\$ 50.00	\$ 450.00
710350 Office Supplies	\$ 200.00	\$ 600.00	\$ -	\$ -	\$ -	\$ 800.00
710360 Postage	\$ 50.00	\$ 25.00	\$ -	\$ -	\$ -	\$ 75.00
710361 Express Courier	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00
710500 Other Expenses	\$ 50.00	\$ 600.00	\$ -	\$ -	\$ -	\$ 650.00
710502 Printing	\$ 500.00	\$ 200.00	\$ -	\$ -	\$ 100.00	\$ 800.00
710507 Network, Data	\$ -	\$ 480.00	\$ -	\$ -	\$ -	\$ 480.00
710508 Telephone Land Lines	\$ 480.00	\$ 600.00	\$ -	\$ -	\$ -	\$ 1,080.00
710509 Seminars Mtgs	\$ 700.00	\$ 800.00	\$ -	\$ -	\$ -	\$ 1,500.00
710512 Auto Exp	\$ 350.00	\$ 350.00	\$ -	\$ -	\$ 25.00	\$ 725.00
710535 Credit Card Fees	\$ -	\$ -	\$ -	\$ -	\$ 10.00	\$ 10.00
710529 Dues	\$ 50.00	\$ 150.00	\$ -	\$ -	\$ -	\$ 200.00
710546 Advertising	\$ -	\$ 10,845.70	\$ -	\$ -	\$ -	\$ 10,845.70
711115 Equip Srv Motor	\$ 125.00	\$ 250.00	\$ -	\$ -	\$ -	\$ 375.00
711119 Prop & Liability Billing	\$ 2,280.00	\$ -	\$ -	\$ -	\$ -	\$ 2,280.00
711210 Travel	\$ -	\$ 2,400.00	\$ -	\$ -	\$ -	\$ 2,400.00
711504 Equip non-Capital	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
<b>Services and Supplies</b>	\$ 8,535.00	\$ 22,475.70	\$ -	\$ 14,573.00	\$ 185.00	\$ 45,768.70
<b>Expenditures</b>	\$ 271,319.29	\$ 118,614.00	\$ (0.00)	\$ 14,573.00	\$ 28,050.94	\$ 432,557.23
<b>General Fund Tax Transfer</b>	\$ 271,319.29	\$ -	\$ (0.00)	\$ -	\$ 17,050.94	\$ 288,370.23

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Community &amp; Clinical Health Services Division</b>		
	<b>Local</b>	<b>FY11</b>
	<b>171100</b>	<b>Totals</b>
701110 Base Salaries	\$ 122,181.14	\$ 122,181.14
701120 Part Time	\$ 57,424.93	\$ 57,424.93
701412 Salary Adjus	\$ 1,600.00	\$ 1,600.00
701500 Merit Awards	\$ -	\$ -
<b>Salaries and Wages</b>	<b>\$ 181,206.07</b>	<b>\$ 181,206.07</b>
705110 Group Insurance	\$ 17,948.37	\$ 17,948.37
705210 Retirement	\$ 38,615.44	\$ 38,615.44
705230 Medicare	\$ 2,555.03	\$ 2,555.03
705320 Workmens Comp	\$ 1,435.00	\$ 1,435.00
705330 Unemployment	\$ 880.00	\$ 880.00
<b>Employee Benefits</b>	<b>\$ 61,433.84</b>	<b>\$ 61,433.84</b>
710100 Professional Services	\$ 750.00	\$ 750.00
710300 Operating Supplies	\$ 50.00	\$ 50.00
710334 Copy Machine Exp	\$ 4,500.00	\$ 4,500.00
710350 Office Supplies	\$ 500.00	\$ 500.00
710355 Books Subscriptions	\$ 500.00	\$ 500.00
710360 Postage	\$ 100.00	\$ 100.00
710361 Express Courier	\$ 50.00	\$ 50.00
710500 Other Expense	\$ 100.00	\$ 100.00
710502 Printing	\$ 100.00	\$ 100.00
710503 License & Permits	\$ 200.00	\$ 200.00
710508 Telephone Land Lines	\$ 3,000.00	\$ 3,000.00
710509 Seminars Mtgs	\$ 2,000.00	\$ 2,000.00
710512 Auto Exp	\$ 250.00	\$ 250.00
710529 Dues	\$ 500.00	\$ 500.00
710546 Advertising	\$ 120.00	\$ 120.00
711100 ESD Asset Mgm	\$ 360.00	\$ 360.00
711113 Equip Serv Replacement	\$ 1,047.46	\$ 1,047.46
711114 Equip Serv O & M	\$ 472.80	\$ 472.80
711115 Equip Srv Mot	\$ 100.00	\$ 100.00
711119 Prop & Liability	\$ 1,900.00	\$ 1,900.00
711210 Travel	\$ 5,100.00	\$ 5,100.00
711504 Equip non-Capital	\$ 1,000.00	\$ 1,000.00
<b>Services and Supplies</b>	<b>\$ 22,700.26</b>	<b>\$ 22,700.26</b>
<b>Expenditures</b>	<b>\$ 265,340.17</b>	<b>\$ 265,340.17</b>
<b>General Fund Tax Transfer</b>	<b>\$ 265,340.17</b>	<b>\$ 265,340.17</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Administrative Health Services Division</b>		
<b>Emergency Medical Services</b>		
	<b>Local</b>	<b>FY11</b>
	<b>170400</b>	<b>Total</b>
701110 Base Salaries	\$ 67,662.36	\$ 67,662.36
701120 Part Time	\$ 24,427.89	\$ 24,427.89
<b>Salaries and Wages</b>	<b>\$ 92,090.25</b>	<b>\$ 92,090.25</b>
705110 Group Insurance	\$ 8,008.80	\$ 8,008.80
705210 Retirement	\$ 14,545.80	\$ 14,545.80
705230 Medicare	\$ 1,336.40	\$ 1,336.40
705320 Workmens Comp	\$ 574.00	\$ 574.00
705330 Unemployment	\$ 352.00	\$ 352.00
<b>Employee Benefits</b>	<b>\$ 24,817.00</b>	<b>\$ 24,817.00</b>
710334 Copy Machine Exp	\$ 50.00	\$ 50.00
710350 Office Supplies	\$ 200.00	\$ 200.00
710355 Books Subscriptions	\$ 350.00	\$ 350.00
710360 Postage	\$ 150.00	\$ 150.00
710502 Printing	\$ 50.00	\$ 50.00
710503 Licenses & Permits	\$ 100.00	\$ 100.00
710508 Telephone Land Lines	\$ 300.00	\$ 300.00
710509 Seminars Mtgs	\$ 1,200.00	\$ 1,200.00
710512 Auto Exp	\$ 1,250.00	\$ 1,250.00
711119 Prop & Liability	\$ 760.00	\$ 760.00
711210 Travel	\$ 4,000.00	\$ 4,000.00
711504 Equip non-Capital	\$ 200.00	\$ 200.00
<b>Services and Supplies</b>	<b>\$ 8,610.00</b>	<b>\$ 8,610.00</b>
<b>Expenditures</b>	<b>\$ 125,517.25</b>	<b>\$ 125,517.25</b>
<b>General Fund Tax Transfer</b>	<b>\$ 125,517.25</b>	<b>\$ 125,517.25</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

Environmental Health Services Division			
Environmental Health Services			
	Local	IT Overlay	FY11
	172400	172402	Totals
422503 Environ Permits	\$ (7,000.00)	\$ -	\$ (7,000.00)
422504 Pool Permits	\$ (63,000.00)	\$ -	\$ (63,000.00)
422505 RV Permits	\$ (10,500.00)	\$ -	\$ (10,500.00)
422508 Water Well Const Perm	\$ (34,500.00)	\$ -	\$ (34,500.00)
422511 ISDS Permits	\$ (47,000.00)	\$ -	\$ (47,000.00)
422513 Special Event Perm	\$ (70,500.00)	\$ -	\$ (70,500.00)
Licenses and Permits	\$ (232,500.00)	\$ -	\$ (232,500.00)
460510 IT Overlay	\$ -	\$ (111,000.00)	\$ (111,000.00)
460513 Other Health Serv	\$ (2,700.00)	\$ -	\$ (2,700.00)
460520 Eng Serv Health	\$ (55,000.00)	\$ -	\$ (55,000.00)
460521 Plan Review - Pool	\$ (2,500.00)	\$ -	\$ (2,500.00)
460534 Child Care Insp	\$ (8,300.00)		\$ (8,300.00)
460535 Pub Accomod Ins	\$ (17,000.00)		\$ (17,000.00)
460570 Education Rev	\$ (2,400.00)		\$ (2,400.00)
Charges and Services	\$ (87,900.00)		\$ (198,900.00)
Revenue	\$ (320,400.00)	\$ (111,000.00)	\$ (431,400.00)
701110 Base Salaries	\$ 1,138,495.90	\$ 61,069.71	\$ 1,199,565.61
701130 Pooled Positions	\$ 9,000.00	\$ -	\$ 9,000.00
701140 Holiday Work	\$ 1,200.00	\$ -	\$ 1,200.00
701200 Incentive	\$ 20,572.50	\$ 1,250.00	\$ 21,822.50
701300 Overtime	\$ 25,000.00	\$ 500.00	\$ 25,500.00
701406 Standby	\$ 30,000.00	\$ -	\$ 30,000.00
701408 Call Back	\$ 3,000.00	\$ -	\$ 3,000.00
701500 Merit Awards	\$ (27,708.44)	\$ -	\$ (27,708.44)
Salaries and Wages	\$ 1,199,559.96	\$ 62,819.71	\$ 1,262,379.67
705110 Group Insurance	\$ 157,332.48	\$ 14,947.89	\$ 172,280.37
705210 Retirement	\$ 249,196.70	\$ 13,398.80	\$ 262,595.50
705230 Medicare	\$ 13,914.35	\$ 803.12	\$ 14,717.47
705320 Workmens Comp	\$ 5,740.00	\$ 287.00	\$ 6,027.00
705330 Unemployment	\$ 3,520.00	\$ 176.00	\$ 3,696.00
Employee Benefits	\$ 429,703.53	\$ 29,612.81	\$ 459,316.34
710105 Medical Services	\$ 6,048.00	\$ -	\$ 6,048.00
710200 Service contract	\$ 800.00	\$ -	\$ 800.00
710205 Repairs Maint	\$ 100.00	\$ -	\$ 100.00
710300 Operating Supplies	\$ 1,700.00	\$ 150.00	\$ 1,850.00
710302 Small Tools	\$ 250.00	\$ -	\$ 250.00
710319 Chemical Supplies	\$ 150.00	\$ -	\$ 150.00
710334 Copy Machine Exp	\$ 620.00	\$ -	\$ 620.00
710350 Office Supplies	\$ 7,500.00	\$ 750.00	\$ 8,250.00
710355 Books Subscriptions	\$ 1,200.00	\$ -	\$ 1,200.00
710360 Postage	\$ 6,000.00		\$ 6,000.00
710361 Express Courier	\$ 75.00	\$ -	\$ 75.00
710502 Printing	\$ 2,000.00	\$ -	\$ 2,000.00
710503 Licenses & Permits	\$ 2,200.00	\$ -	\$ 2,200.00
710507 Network Data Li		\$ 2,700.00	\$ 2,700.00
710508 Telephone Land Lines	\$ 9,000.00	\$ 125.00	\$ 9,125.00
710509 Seminars Mtgs	\$ 1,000.00	\$ 700.00	\$ 1,700.00
710512 Auto Exp	\$ 50.00	\$ -	\$ 50.00
710519 Cell Phones	\$ 6,500.00	\$ -	\$ 6,500.00
710529 Dues	\$ 315.00	\$ -	\$ 315.00
710535 Credit Card Fee	\$ 2,000.00	\$ 550.00	\$ 2,550.00
710546 Advertising	\$ 350.00	\$ -	\$ 350.00
711100 ESD Asset Mgm	\$ 11,880.00	\$ -	\$ 11,880.00
711113 Equip Serv Replacement	\$ 24,794.01	\$ -	\$ 24,794.01
711114 Equip Serv O & M	\$ 24,901.71	\$ -	\$ 24,901.71
711117 ESD Fuel Charge	\$ 16,269.56	\$ -	\$ 16,269.56
711119 Prop & Liability	\$ 8,740.00	\$ 380.00	\$ 9,120.00
711210 Travel	\$ 5,000.00	\$ 5,212.48	\$ 10,212.48
711504 Equip non-Capital	\$ -	\$ 8,000.00	\$ 8,000.00
Services and Supplies	\$ 139,443.28	\$ 18,567.48	\$ 158,010.76
Expenditures	\$ 1,768,706.77	\$ 111,000.00	\$ 1,879,706.77
General Fund Tax Transfer	\$ 1,448,306.77	\$ -	\$ 1,448,306.77

FY11 ADOPTED BUDGET  
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<b>Epidemiology &amp; Public Health Preparedness Division</b>		
<b>Epidemiological Surveillance</b>		
	<b>Local</b>	<b>FY11</b>
	<b>171700</b>	<b>Totals</b>
701110 Base Salaries	\$ 407,480.44	\$ 407,480.44
701120 Part time	\$ 56,350.85	\$ 56,350.85
701200 Incentive	\$ 2,697.00	\$ 2,697.00
701300 Overtime	\$ 1,000.00	\$ 1,000.00
<b>Salaries and Wages</b>	<b>\$ 467,528.29</b>	<b>\$ 467,528.29</b>
705110 Group Insurance	\$ 68,487.15	\$ 68,487.15
705210 Retirement	\$ 100,300.55	\$ 100,300.55
705230 Medicare	\$ 6,511.77	\$ 6,511.77
705320 Workmens Comp	\$ 2,009.00	\$ 2,009.00
705330 Unemployment	\$ 1,232.00	\$ 1,232.00
<b>Employee Benefits</b>	<b>\$ 178,540.47</b>	<b>\$ 178,540.47</b>
710100 Professional Services	\$ 1,500.00	\$ 1,500.00
710105 Medical Services	\$ 100.00	\$ 100.00
710108 MD Consultants	\$ 12,000.00	\$ 12,000.00
710200 Service Contract	\$ 125.00	\$ 125.00
710300 Operating Supplies	\$ 50.00	\$ 50.00
710334 Copy Machine Exp	\$ 150.00	\$ 150.00
710350 Office Supplies	\$ 1,000.00	\$ 1,000.00
710355 Books Subscriptions	\$ 600.00	\$ 600.00
710360 Postage	\$ 100.00	\$ 100.00
710508 Telephone Land Lines	\$ 2,000.00	\$ 2,000.00
710509 Seminars Mtgs	\$ 1,200.00	\$ 1,200.00
710512 Auto Exp	\$ 100.00	\$ 100.00
710519 Cell Phones	\$ 100.00	\$ 100.00
710529 Dues	\$ 40.00	\$ 40.00
710546 Advertising	\$ 120.00	\$ 120.00
710703 Biologicals	\$ 100.00	\$ 100.00
710721 Outpatient	\$ 3,000.00	\$ 3,000.00
711115 Equip Srv Motor	\$ 200.00	\$ 200.00
711119 Prop & Liability	\$ 6,080.00	\$ 6,080.00
711210 Travel	\$ 7,500.00	\$ 7,500.00
711504 Equip non-Capital	\$ 250.00	\$ 250.00
<b>Services and Supplies</b>	<b>\$ 36,315.00</b>	<b>\$ 36,315.00</b>
<b>Expenditures</b>	<b>\$ 682,383.76</b>	<b>\$ 682,383.76</b>
<b>General Fund Tax Transfer</b>	<b>\$ 682,383.76</b>	<b>\$ 682,383.76</b>

FY11 ADOPTED BUDGET  
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Community & Clinical Health Services Division					
Family Planning					
	Local	Title X	WHC	Program Income	FY11
	173000	10025	10026	10478	Totals
430100 Federal Grants	\$ -	\$ (896,383.00)	\$ (6,000.00)	\$ -	\$ (902,383.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ -	\$ (12,000.00)	\$ (12,000.00)
460516 Pgm Inc - 3rd Party	\$ -	\$ -	\$ -	\$ (1,500.00)	\$ (1,500.00)
460524 Family Planning	\$ -	\$ -	\$ -	\$ (66,000.00)	\$ (66,000.00)
<b>Revenue</b>	<b>\$ -</b>	<b>\$ (896,383.00)</b>	<b>\$ (6,000.00)</b>	<b>\$ (79,500.00)</b>	<b>\$ (981,883.00)</b>
701110 Base Salaries	\$ 103,997.40	\$ 241,626.26	\$ -	\$ -	\$ 345,623.66
701120 Part Time	\$ -	\$ 184,164.41	\$ -	\$ -	\$ 184,164.41
701130 Pooled Positions	\$ 1,070.99	\$ 64,505.00	\$ -	\$ -	\$ 65,575.99
701200 Incentive	\$ 3,311.50	\$ 10,051.00	\$ -	\$ -	\$ 13,362.50
<b>Salaries and Wages</b>	<b>\$ 108,379.89</b>	<b>\$ 500,346.67</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 608,726.56</b>
705110 Group Insurance	\$ 20,998.83	\$ 77,304.87	\$ -	\$ -	\$ 98,303.70
705210 Retirement	\$ 23,071.38	\$ 92,652.04	\$ -	\$ -	\$ 115,723.42
705230 Medicare	\$ 1,500.31	\$ 4,837.45	\$ -	\$ -	\$ 6,337.76
705320 Workmens Comp	\$ -	\$ 3,444.00	\$ -	\$ -	\$ 3,444.00
705330 Unemployment	\$ -	\$ 2,112.00	\$ -	\$ -	\$ 2,112.00
<b>Employee Benefits</b>	<b>\$ 45,570.52</b>	<b>\$ 180,350.36</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 225,920.88</b>
710100 Professional Services	\$ -	\$ 9,088.00	\$ -	\$ -	\$ 9,088.00
710108 MD Consultants	\$ -	\$ 13,350.00	\$ -	\$ -	\$ 13,350.00
710200 Service Contr	\$ -	\$ 240.00	\$ -	\$ -	\$ 240.00
710205 Repairs Maint	\$ -	\$ 250.00	\$ -	\$ -	\$ 250.00
710300 Operating Supplies	\$ -	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00
710334 Copy Machine Exp	\$ -	\$ 1,850.00	\$ -	\$ -	\$ 1,850.00
710350 Office Supplies	\$ -	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
710355 Books Subscriptions	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
710360 Postage	\$ -	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00
710361 Express Courier	\$ -	\$ 50.00	\$ -	\$ -	\$ 50.00
710500 Other Exp	\$ -	\$ 800.00	\$ -	\$ -	\$ 800.00
710502 Printing	\$ -	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
710503 Licenses & Permits	\$ -	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
710508 Telephone Land Lines	\$ -	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
710509 Seminars Mtgs	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
710512 Auto Exp	\$ -	\$ 50.00	\$ -	\$ -	\$ 50.00
710529 Dues	\$ -	\$ 700.00	\$ -	\$ -	\$ 700.00
710546 Advertising	\$ -	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
710703 Biologicals	\$ -	\$ 90,000.00	\$ -	\$ -	\$ 90,000.00
710714 Referral Services	\$ -	\$ 11,300.00	\$ -	\$ -	\$ 11,300.00
710721 Outpatient	\$ -	\$ 47,847.97	\$ 6,000.00	\$ -	\$ 53,847.97
710872 Food Purchase	\$ -	\$ 100.00	\$ -	\$ -	\$ 100.00
711010 Utilities	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
711119 Prop & Liability	\$ -	\$ 4,560.00	\$ -	\$ -	\$ 4,560.00
711210 Travel	\$ -	\$ 3,000.00	\$ -	\$ -	\$ 3,000.00
711504 Equip non-Capital	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
<b>Services and Supplies</b>	<b>\$ -</b>	<b>\$ 215,685.97</b>	<b>\$ 6,000.00</b>	<b>\$ -</b>	<b>\$ 221,685.97</b>
<b>Expenditures</b>	<b>\$ 153,950.41</b>	<b>\$ 896,383.00</b>	<b>\$ 6,000.00</b>	<b>\$ -</b>	<b>\$ 1,056,333.41</b>
<b>General Fund Tax Transfer</b>	<b>\$ 153,950.41</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (79,500.00)</b>	<b>\$ 74,450.41</b>



FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Environmental Health Services Division</b>		
<b>Food Program</b>		
	<b>Local</b>	<b>FY11</b>
	<b>172404</b>	<b>Totals</b>
422507 Food Serv Permits	\$ (342,000.00)	\$ (342,000.00)
422514 Initial Application	\$ (35,000.00)	\$ (35,000.00)
460514 Food Service Certs	\$ (8,000.00)	\$ (8,000.00)
460523 Plan Review-Food Fac	\$ (17,000.00)	\$ (17,000.00)
<b>Revenue</b>	<b>\$ (402,000.00)</b>	<b>\$ (402,000.00)</b>
701110 Base Salaries	\$ 1,173,301.11	\$ 1,173,301.11
701130 Pooled Position	\$ 22,000.00	\$ 22,000.00
701200 Incentive	\$ 13,975.00	\$ 13,975.00
701300 Overtime	\$ 5,000.00	\$ 5,000.00
701500 Merit Awards	\$ (86,588.88)	\$ (86,588.88)
<b>Salaries and Wages</b>	<b>\$ 1,127,687.23</b>	<b>\$ 1,127,687.23</b>
705110 Group Insurance	\$ 189,923.46	\$ 189,923.46
705210 Retirement	\$ 255,261.29	\$ 255,261.29
705230 Medicare	\$ 16,374.72	\$ 16,374.72
705320 Workmens Comp	\$ 5,453.00	\$ 5,453.00
705330 Unemployment	\$ 3,344.00	\$ 3,344.00
<b>Employee Benefits</b>	<b>\$ 470,356.47</b>	<b>\$ 470,356.47</b>
710300 Operating Supplies	\$ 1,000.00	\$ 1,000.00
710319 Chemical Supp	\$ 300.00	\$ 300.00
710334 Copy Machine Exp	\$ 100.00	\$ 100.00
710350 Office Supplies	\$ 500.00	\$ 500.00
710355 Books/Subscrip	\$ 200.00	\$ 200.00
710360 Postage	\$ 850.00	\$ 850.00
710502 Printing	\$ 800.00	\$ 800.00
710509 Seminars Meetings	\$ 2,000.00	\$ 2,000.00
710535 Credit Card Fee	\$ 1,000.00	\$ 1,000.00
711119 Prop & Liability	\$ 7,220.00	\$ 7,220.00
711210 Travel	\$ 10,000.00	\$ 10,000.00
<b>Services and Supplies</b>	<b>\$ 23,970.00</b>	<b>\$ 23,970.00</b>
<b>Expenditures</b>	<b>\$ 1,622,013.70</b>	<b>\$ 1,622,013.70</b>
<b>General Fund Tax Transfer</b>	<b>\$ 1,220,013.70</b>	<b>\$ 1,220,013.70</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Environmental Health Services Division</b>		
<b>Hazardous Waste</b>		
	<b>Grant</b>	<b>FY11</b>
	<b>10022</b>	<b>Totals</b>
432100 State Grants	\$ (75,000.00)	\$ (75,000.00)
<b>Revenue</b>	<b>\$ (75,000.00)</b>	<b>\$ (75,000.00)</b>
701110 Base Salaries	\$ 49,970.56	\$ 49,970.56
701200 Incentive	\$ 90.00	\$ 90.00
701412 Salary Adjustment	\$ 65,461.49	\$ 65,461.49
701500 Merit Awards	\$ (58,880.44)	\$ (58,880.44)
<b>Salaries and Wages</b>	<b>\$ 56,641.61</b>	<b>\$ 56,641.61</b>
705110 Group Insurance	\$ 6,406.92	\$ 6,406.92
705210 Retirement	\$ 10,761.96	\$ 10,761.96
705230 Medicare	\$ 726.51	\$ 726.51
705320 Workmens Comp	\$ 287.00	\$ 287.00
705330 Unemployment	\$ 176.00	\$ 176.00
<b>Employee Benefits</b>	<b>\$ 18,358.39</b>	<b>\$ 18,358.39</b>
<b>Expenditures</b>	<b>\$ 75,000.00</b>	<b>\$ 75,000.00</b>
<b>General Fund Tax Transfer</b>	<b>\$ -</b>	<b>\$ -</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Community &amp; Clinical Health Services Division</b>		
<b>Home Visiting</b>		
	<b>Local</b>	<b>FY11</b>
	<b>170600</b>	<b>Totals</b>
701110 Base Salaries	\$ 256,690.94	\$ 256,690.94
701120 Part Time	\$ 26,054.74	\$ 26,054.74
701200 Incentive	\$ 6,070.00	\$ 6,070.00
701300 Overtime	\$ 200.00	\$ 200.00
<b>Salaries and Wages</b>	<b>\$ 289,015.68</b>	<b>\$ 289,015.68</b>
705110 Group Insurance	\$ 40,314.93	\$ 40,314.93
705210 Retirement	\$ 62,095.07	\$ 62,095.07
705230 Medicare	\$ 3,533.07	\$ 3,533.07
705320 Workmens Comp	\$ 1,148.00	\$ 1,148.00
705330 Unemployment	\$ 704.00	\$ 704.00
<b>Employee Benefits</b>	<b>\$ 107,795.07</b>	<b>\$ 107,795.07</b>
710100 Professional Services	\$ 1,000.00	\$ 1,000.00
710205 Repairs Maintenance	\$ 90.00	\$ 90.00
710300 Operating Supplies	\$ 1,250.00	\$ 1,250.00
710334 Copy Machine Exp	\$ 250.00	\$ 250.00
710350 Office Supplies	\$ 500.00	\$ 500.00
710360 Postage	\$ 50.00	\$ 50.00
710361 Express Courier	\$ 20.00	\$ 20.00
710500 Other Expenses	\$ 100.00	\$ 100.00
710502 Printing	\$ 250.00	\$ 250.00
710503 Licenses & Permits	\$ 350.00	\$ 350.00
710508 Telephone Land Lines	\$ 700.00	\$ 700.00
710509 Seminars Mtgs	\$ 500.00	\$ 500.00
710512 Auto Exp	\$ 5,700.00	\$ 5,700.00
710519 Cell Phone	\$ 375.00	\$ 375.00
711115 Equip Srv Motor Pool	\$ 500.00	\$ 500.00
711119 Prop & Liability	\$ 1,520.00	\$ 1,520.00
711210 Travel	\$ 1,500.00	\$ 1,500.00
<b>Services and Supplies</b>	<b>\$ 14,655.00</b>	<b>\$ 14,655.00</b>
<b>Expenditures</b>	<b>\$ 411,465.75</b>	<b>\$ 411,465.75</b>
<b>General Fund Tax Transfer</b>	<b>\$ 411,465.75</b>	<b>\$ 411,465.75</b>

FY11 ADOPTED BUDGET  
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<b>Community &amp; Clinical Health Services Division</b>				
<b>Immunizations</b>				
	<b>Local</b>	<b>Base</b>	<b>Program Income</b>	<b>FY11</b>
	<b>173500</b>	<b>10028</b>	<b>10479</b>	<b>Totals</b>
431100 Federal Grants	\$ -	\$ (303,775.00)	\$ -	\$ (303,775.00)
460500 Other Immunizations	\$ -	\$ -	\$ (85,000.00)	\$ (85,000.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ (15,000.00)	\$ (15,000.00)
460503 Child Immunizations	\$ -	\$ -	\$ (140,000.00)	\$ (140,000.00)
460515 Medicare Reimbursement	\$ -	\$ -	\$ (500.00)	\$ (500.00)
460517 Influenza Immunizations	\$ -	\$ -	\$ (12,000.00)	\$ (12,000.00)
<b>Revenue</b>	<b>\$ -</b>	<b>\$ (303,775.00)</b>	<b>\$ (252,500.00)</b>	<b>\$ (556,275.00)</b>
701110 Base Salaries	\$ 432,237.68	\$ 131,432.40	\$ -	\$ 563,670.08
701120 Part Time	\$ 7,580.00	\$ 61,329.86	\$ -	\$ 68,909.86
701130 Pooled Positions	\$ 50,700.00	\$ 20,184.04	\$ -	\$ 70,884.04
701200 Incentive	\$ 9,870.50	\$ 1,835.00	\$ -	\$ 11,705.50
701300 Overtime	\$ -	\$ -	\$ -	\$ -
701412 Salary Adjustment	\$ 776.00	\$ 1,424.00	\$ -	\$ 2,200.00
<b>Salaries and Wages</b>	<b>\$ 501,164.18</b>	<b>\$ 216,205.30</b>	<b>\$ -</b>	<b>\$ 717,369.48</b>
705110 Group Insurance	\$ 69,817.88	\$ 23,458.65	\$ -	\$ 93,276.53
705210 Retirement	\$ 96,682.15	\$ 41,838.27	\$ -	\$ 138,520.42
705230 Medicare	\$ 6,326.28	\$ 2,751.78	\$ -	\$ 9,078.06
705320 Workmens Comp	\$ 4,305.00	\$ 861.00	\$ -	\$ 5,166.00
705330 Unemployment	\$ 2,640.00	\$ 528.00	\$ -	\$ 3,168.00
<b>Employee Benefits</b>	<b>\$ 179,771.31</b>	<b>\$ 69,437.70</b>	<b>\$ -</b>	<b>\$ 249,209.01</b>
710100 Professional Services	\$ 14,200.00	\$ 2,028.00	\$ -	\$ 16,228.00
710108 MD Consultants	\$ 3,825.00	\$ 3,825.00	\$ -	\$ 7,650.00
710200 Service Contract	\$ 1,250.00	\$ -	\$ -	\$ 1,250.00
710205 Repairs Maint	\$ 300.00	\$ 996.00	\$ -	\$ 1,296.00
710300 Operating Supplies	\$ 14,500.00	\$ -	\$ -	\$ 14,500.00
710334 Copy Machine Exp	\$ 500.00	\$ 1,560.00	\$ -	\$ 2,060.00
710350 Office Supplies	\$ 1,000.00	\$ 2,000.00	\$ -	\$ 3,000.00
710360 Postage	\$ 1,300.00	\$ 540.00	\$ -	\$ 1,840.00
710500 Other Expenses	\$ 1,450.00	\$ -	\$ -	\$ 1,450.00
710502 Printing	\$ 750.00	\$ 1,800.00	\$ -	\$ 2,550.00
710503 Licenses & Permits	\$ 400.00	\$ -	\$ -	\$ 400.00
710507 Network Data Li	\$ 1,600.00	\$ -	\$ -	\$ 1,600.00
710508 Telephone Land Lines	\$ 3,000.00	\$ 780.00	\$ -	\$ 3,780.00
710509 Seminars Mtgs	\$ 250.00	\$ -	\$ -	\$ 250.00
710512 Auto Exp	\$ 650.00	\$ 520.00	\$ -	\$ 1,170.00
710535 Credit Card Fee	\$ 3,700.00	\$ -	\$ -	\$ 3,700.00
710577 Uniforms & Special Equip	\$ 150.00	\$ -	\$ -	\$ 150.00
710703 Biologicals	\$ 160,000.00	\$ -	\$ -	\$ 160,000.00
710872 Food Purchase	\$ 50.00	\$ -	\$ -	\$ 50.00
711119 Prop & Liability	\$ 6,840.00	\$ -	\$ -	\$ 6,840.00
711210 Travel	\$ 1,000.00	\$ 2,883.00	\$ -	\$ 3,883.00
711504 Equip non-Capital	\$ 500.00	\$ 1,200.00	\$ -	\$ 1,700.00
<b>Services and Supplies</b>	<b>\$ 217,215.00</b>	<b>\$ 18,132.00</b>	<b>\$ -</b>	<b>\$ 235,347.00</b>
<b>Expenditures</b>	<b>\$ 898,150.49</b>	<b>\$ 303,775.00</b>	<b>\$ -</b>	<b>\$ 1,201,925.49</b>
<b>General Fund Tax Transfer</b>	<b>\$ 898,150.49</b>	<b>\$ -</b>	<b>\$ (252,500.00)</b>	<b>\$ 645,650.49</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

Epidemiology & Public Health Preparedness Division							
Public Health Preparedness							
	Influenza Surv	NEDSS	General ELC	ASPR	PHP	EPI & Lab	FY11
	10675	10676	10677	10708	10713	10730	Totals
431100 Federal Grants	\$ (18,198.00)	\$ -	\$ (54,913.00)	\$ (414,448.00)	\$ (739,070.00)	\$ (8,176.00)	\$ (1,234,805.00)
431105 Fed. Grants-Indirect	\$ (1,802.00)	\$ -	\$ (5,436.00)	\$ (21,817.00)	\$ -	\$ (615.00)	\$ (29,670.00)
<b>Revenue</b>	<b>\$ (20,000.00)</b>	<b>\$ -</b>	<b>\$ (60,349.00)</b>	<b>\$ (436,265.00)</b>	<b>\$ (739,070.00)</b>	<b>\$ (8,791.00)</b>	<b>\$ (1,264,475.00)</b>
701110 Base Salaries	\$ 16,256.06	\$ 16,256.06	\$ 16,256.06	\$ 136,968.86	\$ 477,269.87	\$ -	\$ 663,006.91
701150 Contractual Wages	\$ -	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
701200 Incentive	\$ 170.00	\$ 170.00	\$ 170.00	\$ 1,600.00	\$ 1,515.00	\$ -	\$ 3,625.00
701300 Overtime	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
701412 Salary Adjustment	\$ (3,898.12)	\$ (21,633.23)	\$ 31,279.77	\$ 40,629.00	\$ (2,342.49)	\$ 6,212.00	\$ 50,246.93
<b>Salaries and Wages</b>	<b>\$ 12,527.94</b>	<b>\$ (5,207.17)</b>	<b>\$ 47,705.83</b>	<b>\$ 179,197.86</b>	<b>\$ 482,442.38</b>	<b>\$ 6,212.00</b>	<b>\$ 722,878.84</b>
705110 Group Insurance	\$ 1,437.34	\$ 1,437.34	\$ 1,437.34	\$ 15,201.72	\$ 62,081.48	\$ -	\$ 81,595.22
705210 Retirement	\$ 3,531.44	\$ 3,531.68	\$ 3,531.68	\$ 29,792.19	\$ 102,934.33	\$ -	\$ 143,321.32
705230 Medicare	\$ 238.28	\$ 238.15	\$ 238.15	\$ 2,009.26	\$ 6,754.87	\$ -	\$ 9,478.71
705320 Workmens Comp	\$ 287.00	\$ -	\$ -	\$ 574.00	\$ 1,722.00	\$ -	\$ 2,583.00
705330 Unemployment	\$ 176.00	\$ -	\$ -	\$ 352.00	\$ 1,056.00	\$ -	\$ 1,584.00
<b>Employee Benefits</b>	<b>\$ 5,670.06</b>	<b>\$ 5,207.17</b>	<b>\$ 5,207.17</b>	<b>\$ 47,929.17</b>	<b>\$ 174,548.68</b>	<b>\$ -</b>	<b>\$ 238,562.25</b>
710100 Professional Services	\$ -	\$ -	\$ -	\$ 81,376.97	\$ 2,600.00	\$ -	\$ 83,976.97
710205 Repairs Maint	\$ -	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
710210 Software Main	\$ -	\$ -	\$ -	\$ 12,000.00	\$ -	\$ -	\$ 12,000.00
710300 Operating Supplies	\$ -	\$ -	\$ -	\$ 13,230.00	\$ 46,238.94	\$ -	\$ 59,468.94
710334 Copy Machine Exp	\$ -	\$ -	\$ -	\$ 120.00	\$ 150.00	\$ -	\$ 270.00
710350 Office Supplies	\$ -	\$ -	\$ -	\$ 960.00	\$ 4,680.00	\$ -	\$ 5,640.00
710355 Books & Subscriptions	\$ -	\$ -	\$ -	\$ 374.00	\$ 1,440.00	\$ -	\$ 1,814.00
710360 Postage	\$ -	\$ -	\$ -	\$ 600.00	\$ 300.00	\$ -	\$ 900.00
710500 Other Expense	\$ -	\$ -	\$ -	\$ -	\$ 480.00	\$ -	\$ 480.00
710502 Printing	\$ -	\$ -	\$ -	\$ 840.00	\$ 1,800.00	\$ -	\$ 2,640.00
710508 Telephone Land Lines	\$ -	\$ -	\$ -	\$ 340.00	\$ 2,000.00	\$ -	\$ 2,340.00
710509 Seminars & Meetings	\$ -	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00
710519 Cellular Phone	\$ -	\$ -	\$ -	\$ 480.00	\$ -	\$ -	\$ 480.00
710529 Dues	\$ -	\$ -	\$ -	\$ -	\$ 540.00	\$ -	\$ 540.00
710546 Advertising	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
710585 Undesignated Budget	\$ 1,802.00	\$ -	\$ 5,436.00	\$ 21,817.00	\$ -	\$ 615.00	\$ 29,670.00
711210 Travel	\$ -	\$ -	\$ -	\$ 17,000.00	\$ 16,750.00	\$ 1,964.00	\$ 35,714.00
711504 Equip non-Capital	\$ -	\$ -	\$ 2,000.00	\$ 50,000.00	\$ 3,900.00	\$ -	\$ 55,900.00
<b>Services and Supplies</b>	<b>\$ 1,802.00</b>	<b>\$ -</b>	<b>\$ 7,436.00</b>	<b>\$ 199,137.97</b>	<b>\$ 82,078.94</b>	<b>\$ 2,579.00</b>	<b>\$ 293,033.91</b>
781004 Equipment Capital	\$ -	\$ -	\$ -	\$ 10,000.00	\$ -	\$ -	\$ 10,000.00
<b>Equipment Capital</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000.00</b>
<b>Expenditures</b>	<b>\$ 20,000.00</b>	<b>\$ (0.00)</b>	<b>\$ 60,349.00</b>	<b>\$ 436,265.00</b>	<b>\$ 739,070.00</b>	<b>\$ 8,791.00</b>	<b>\$ 1,264,475.00</b>
<b>General Fund Tax Transfer</b>	<b>\$ -</b>	<b>\$ (0.00)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Environmental Health Services Division</b>			
<b>Safe Drinking Water</b>			
	<b>Local</b>	<b>PWSS</b>	<b>FY11</b>
	<b>172200</b>	<b>10017</b>	<b>Totals</b>
422509 Water Co Permits	\$ (4,000.00)	\$ -	\$ (4,000.00)
431100 Federal Grants	\$ -	\$ (90,000.00)	\$ (90,000.00)
<b>Revenue</b>	<b>\$ (4,000.00)</b>	<b>\$ (90,000.00)</b>	<b>\$ (94,000.00)</b>
701110 Base Salaries	\$ 102,715.18	\$ 50,944.61	\$ 153,659.79
701130 Pooled Position	\$ -	\$ 19,712.00	\$ 19,712.00
701200 Incentive Longevity	\$ 2,137.50	\$ 1,100.00	\$ 3,237.50
701300 Overtime	\$ -	\$ 288.00	\$ 288.00
701412 Salary Adjustment	\$ (1,602.79)	\$ 1,602.79	\$ -
<b>Salaries and Wages</b>	<b>\$ 103,249.89</b>	<b>\$ 73,647.40</b>	<b>\$ 176,897.29</b>
705110 Group Insurance	\$ 14,074.11	\$ 4,408.27	\$ 18,482.38
705210 Retirement	\$ 22,543.40	\$ 11,189.64	\$ 33,733.04
705230 Medicare	\$ 1,098.90	\$ 754.69	\$ 1,853.59
705320 Workmens Comp	\$ 861.00	\$ -	\$ 861.00
705330 Unemployment	\$ 528.00	\$ -	\$ 528.00
<b>Employee Benefits</b>	<b>\$ 39,105.41</b>	<b>\$ 16,352.60</b>	<b>\$ 55,458.01</b>
710100 Professional Services	\$ 200.00	\$ -	\$ 200.00
710300 Operating Supplies	\$ 50.00	\$ -	\$ 50.00
710334 Copy Machine Exp	\$ 50.00	\$ -	\$ 50.00
710350 Office Supplies	\$ 50.00	\$ -	\$ 50.00
710355 Books Subscriptions	\$ 300.00	\$ -	\$ 300.00
710360 Postage	\$ 150.00	\$ -	\$ 150.00
710503 Licenses & Permits	\$ 100.00	\$ -	\$ 100.00
710508 Telephone Land Lines	\$ 200.00	\$ -	\$ 200.00
710509 Seminars Mtgs	\$ 200.00	\$ -	\$ 200.00
710529 Dues	\$ 346.00	\$ -	\$ 346.00
711100 ESD Asset Mgm	\$ 360.00	\$ -	\$ 360.00
711113 Equip Serv Replacement	\$ 785.61	\$ -	\$ 785.61
711114 Equip Serv O & M	\$ 2,089.08	\$ -	\$ 2,089.08
711117 ESD Fuel Charge	\$ 1,337.90	\$ -	\$ 1,337.90
711119 Prop & Liability	\$ 1,140.00	\$ -	\$ 1,140.00
711210 Travel	\$ 1,000.00	\$ -	\$ 1,000.00
711504 Equip non-Capital	\$ 152.00	\$ -	\$ 152.00
<b>Services and Supplies</b>	<b>\$ 8,510.59</b>	<b>\$ -</b>	<b>\$ 8,510.59</b>
<b>Expenditures</b>	<b>\$ 150,865.89</b>	<b>\$ 90,000.00</b>	<b>\$ 240,865.89</b>
<b>General Fund Tax Transfer</b>	<b>\$ 146,865.89</b>	<b>\$ -</b>	<b>\$ 146,865.89</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 7/19/10)

<b>Community &amp; Clinical Health Services Division</b>				
<b>Sexual Health - HIV</b>				
	<b>Surveillance</b>	<b>Prevention</b>	<b>Fiscal Agent</b>	<b>FY11</b>
	<b>10012</b>	<b>10013</b>	<b>10187</b>	<b>Totals</b>
431100 Federal Grants	\$ (79,634.00)	\$ (570,611.00)	\$ (46,752.00)	\$ (696,997.00)
<b>Revenue</b>	<b>\$ (79,634.00)</b>	<b>\$ (570,611.00)</b>	<b>\$ (46,752.00)</b>	<b>\$ (696,997.00)</b>
701110 Base Salaries	\$ 55,128.04	\$ 231,491.05	\$ 34,408.10	\$ 321,027.19
701130 Pooled Positions	\$ -	\$ 10,737.00	\$ -	\$ 10,737.00
701200 Incentive	\$ 1,008.00	\$ 4,342.00	\$ 440.00	\$ 5,790.00
701412 Salary Adj	\$ 1,434.15	\$ (5,363.31)	\$ (4,010.09)	\$ (7,939.25)
<b>Salaries and Wages</b>	<b>\$ 57,570.19</b>	<b>\$ 241,206.74</b>	<b>\$ 30,838.01</b>	<b>\$ 329,614.94</b>
705110 Group Insurance	\$ 7,151.97	\$ 29,232.98	\$ 7,948.23	\$ 44,333.18
705210 Retirement	\$ 12,069.35	\$ 50,703.82	\$ 7,492.28	\$ 70,265.45
705230 Medicare	\$ 778.48	\$ 3,349.46	\$ 473.48	\$ 4,601.42
705320 Workmens Comp	\$ 287.00	\$ 861.00	\$ -	\$ 1,148.00
705330 Unemployment	\$ 176.00	\$ 528.00	\$ -	\$ 704.00
<b>Employee Benefits</b>	<b>\$ 20,462.80</b>	<b>\$ 84,675.26</b>	<b>\$ 15,913.99</b>	<b>\$ 121,052.05</b>
710100 Professional Services	\$ -	\$ 14,400.00	\$ -	\$ 14,400.00
710119 Subrecipient Payment	\$ -	\$ 186,242.00	\$ -	\$ 186,242.00
710300 Operating Supplies	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
710334 Copy Machine Exp	\$ -	\$ 500.00	\$ -	\$ 500.00
710350 Office Supplies	\$ 600.01	\$ 700.00	\$ -	\$ 1,300.01
710355 Books/Subscriptions	\$ -	\$ 200.00	\$ -	\$ 200.00
710360 Postage	\$ -	\$ 200.00	\$ -	\$ 200.00
710500 Other Expenses	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
710502 Printing	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
710503 Licenses & Permits	\$ -	\$ 200.00	\$ -	\$ 200.00
710507 Network, Data	\$ -	\$ 200.00	\$ -	\$ 200.00
710508 Telephone Land Lines	\$ -	\$ 800.00	\$ -	\$ 800.00
710509 Seminars Mtgs	\$ -	\$ 1,150.00	\$ -	\$ 1,150.00
710512 Auto Exp	\$ 1,001.00	\$ 372.00	\$ -	\$ 1,373.00
710546 Advertising	\$ -	\$ 7,900.00	\$ -	\$ 7,900.00
710721 Outpatient	\$ -	\$ 19,210.00	\$ -	\$ 19,210.00
710872 Food Purchases	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
711115 Equip Srv Motor	\$ -	\$ 200.00	\$ -	\$ 200.00
711210 Travel	\$ -	\$ 3,805.00	\$ -	\$ 3,805.00
711504 Equip Non-Ca	\$ -	\$ 150.00	\$ -	\$ 150.00
<b>Services and Supplies</b>	<b>\$ 1,601.01</b>	<b>\$ 244,729.00</b>	<b>\$ -</b>	<b>\$ 246,330.01</b>
<b>Expenditures</b>	<b>\$ 79,634.00</b>	<b>\$ 570,611.00</b>	<b>\$ 46,752.00</b>	<b>\$ 696,997.00</b>
<b>General Fund Tax Transfer</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Community &amp; Clinical Health Services Division</b>				
<b>Sexual Health - STD</b>				
	<b>Local</b>	<b>STD Grant</b>	<b>Program Income</b>	<b>FY11</b>
	<b>171300</b>	<b>10014</b>	<b>10480</b>	<b>Totals</b>
431100 Federal Grants	\$ -	\$ (119,022.00)	\$ -	\$ (119,022.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ (4,000.00)	\$ (4,000.00)
460516 Pgm Inc 3rd Party	\$ -	\$ -	\$ (2,000.00)	\$ (2,000.00)
450518 STD Fees	\$ -	\$ -	\$ (30,000.00)	\$ (30,000.00)
<b>Revenue</b>	<b>\$ -</b>	<b>\$ (119,022.00)</b>	<b>\$ (36,000.00)</b>	<b>\$ (155,022.00)</b>
701110 Base Salaries	\$ 262,454.82	\$ 68,909.92		\$ 331,364.74
701120 Part Time	\$ 61,253.26	\$ -		\$ 61,253.26
701200 Incentive	\$ 5,430.00	\$ 790.00		\$ 6,220.00
701412 Salary Adjustment	\$ (1,287.69)	\$ 1,287.69		\$ -
<b>Salaries and Wages</b>	<b>\$ 327,850.39</b>	<b>\$ 70,987.61</b>		<b>\$ 398,838.00</b>
705110 Group Insurance	\$ 43,115.46	\$ 8,499.49		\$ 51,614.95
705210 Retirement	\$ 70,657.83	\$ 14,985.17		\$ 85,643.00
705230 Medicare	\$ 4,626.47	\$ 978.73		\$ 5,605.20
705320 Workmens Comp	\$ 1,722.00	\$ -		\$ 1,722.00
705330 Unemployment	\$ 1,056.00	\$ -		\$ 1,056.00
<b>Employee Benefits</b>	<b>\$ 121,177.76</b>	<b>\$ 24,463.39</b>		<b>\$ 145,641.15</b>
710100 Professional Services	\$ 8,000.00	\$ -		\$ 8,000.00
710108 MD Consultants	\$ 11,500.00	\$ -		\$ 11,500.00
710200 Service Contr	\$ 130.00	\$ -		\$ 130.00
710205 Repairs Maintenance	\$ 350.00	\$ -		\$ 350.00
710300 Operating Supplies	\$ 8,000.00	\$ -		\$ 8,000.00
710334 Copy Machine Exp	\$ 1,100.00	\$ -		\$ 1,100.00
710350 Office Supplies	\$ 1,000.00	\$ -		\$ 1,000.00
710360 Postage	\$ 1,100.00	\$ -		\$ 1,100.00
710361 Express Courier	\$ 25.00	\$ -		\$ 25.00
710500 Other Expenses	\$ 300.00	\$ -		\$ 300.00
710502 Printing	\$ 300.00	\$ -		\$ 300.00
710503 Licenses & Permits	\$ 200.00	\$ -		\$ 200.00
710508 Telephone Land Lines	\$ 1,000.00	\$ -		\$ 1,000.00
710509 Seminars Mtgs	\$ 250.00	\$ -		\$ 250.00
710512 Auto Expense	\$ 200.00	\$ -		\$ 200.00
710535 Credit Card Fee	\$ 450.00	\$ -		\$ 450.00
710577 Uniforms	\$ 200.00	\$ -		\$ 200.00
710703 Biologicals	\$ 5,000.00	\$ -		\$ 5,000.00
710721 Outpatient	\$ 25,000.00	\$ 23,571.00		\$ 48,571.00
711119 Prop & Liability	\$ 3,800.00	\$ -		\$ 3,800.00
711210 Travel	\$ 3,000.00	\$ -		\$ 3,000.00
711504 Equip non-Capital	\$ 500.00	\$ -		\$ 500.00
<b>Services and Supplies</b>	<b>\$ 71,405.00</b>	<b>\$ 23,571.00</b>	<b>\$ -</b>	<b>\$ 94,976.00</b>
<b>Expenditures</b>	<b>\$ 520,433.15</b>	<b>\$ 119,022.00</b>	<b>\$ -</b>	<b>\$ 639,455.15</b>
<b>General Fund Tax Transfer</b>	<b>\$ 520,433.15</b>	<b>\$ -</b>	<b>\$ (36,000.00)</b>	<b>\$ 484,433.15</b>



FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Environmental Health Services Division</b>			
<b>Solid Waste Management</b>			
	<b>Local</b>	<b>Tire Fee</b>	<b>FY11</b>
	<b>172700</b>	<b>20269</b>	<b>Totals</b>
422503 Environ Permits	\$ (36,000.00)	\$ -	\$ (36,000.00)
432310 Tire Fee	\$ -	\$ (370,535.00)	\$ (370,535.00)
<b>Revenue</b>	<b>\$ (36,000.00)</b>	<b>\$ (370,535.00)</b>	<b>\$ (406,535.00)</b>
701110 Base Salaries	\$ 73,293.49	\$ 245,421.88	\$ 318,715.37
701130 Pooled Positions	\$ -	\$ 9,130.86	\$ 9,130.86
701200 Incentive	\$ 2,090.00	\$ 3,200.00	\$ 5,290.00
701412 Salary Adjust	\$ -	\$ (65,461.49)	\$ (65,461.49)
<b>Salaries and Wages</b>	<b>\$ 75,383.49</b>	<b>\$ 192,291.25</b>	<b>\$ 267,674.74</b>
705110 Group Insurance	\$ 13,818.76	\$ 31,281.32	\$ 45,100.08
705210 Retirement	\$ 16,207.37	\$ 53,452.29	\$ 69,659.66
705230 Medicare	\$ 457.91	\$ 3,556.86	\$ 4,014.77
705320 Workmens Comp	\$ 287.00	\$ 1,435.00	\$ 1,722.00
705330 Unemployment	\$ 176.00	\$ 880.00	\$ 1,056.00
<b>Employee Benefits</b>	<b>\$ 30,947.04</b>	<b>\$ 90,605.47</b>	<b>\$ 121,552.51</b>
710100 Prof Services	\$ -	\$ 40,929.18	\$ 40,929.18
710200 Service Contracts	\$ -	\$ 5,000.00	\$ 5,000.00
710300 Operating Supplies	\$ -	\$ 15,000.00	\$ 15,000.00
710302 Small Tools	\$ -	\$ 500.00	\$ 500.00
710350 Office Supplies	\$ 100.00	\$ -	\$ 100.00
710360 Postage	\$ 100.00	\$ -	\$ 100.00
710500 Other Expenses	\$ -	\$ 5,000.00	\$ 5,000.00
710502 Printing	\$ 25.00	\$ -	\$ 25.00
710508 Telephone Land Lines	\$ 375.00	\$ -	\$ 375.00
710509 Seminars Mtgs	\$ -	\$ 2,500.00	\$ 2,500.00
710519 Cellular Phone	\$ -	\$ 1,200.00	\$ 1,200.00
710529 Dues	\$ -	\$ 600.00	\$ 600.00
710535 Credit Card Fees	\$ 450.00	\$ -	\$ 450.00
710546 Advertising	\$ -	\$ 700.00	\$ 700.00
710577 Uniforms	\$ -	\$ 1,500.00	\$ 1,500.00
711100 ESD Asset Mgm	\$ 720.00	\$ 1,080.00	\$ 1,800.00
711113 Equip Serv Replacement	\$ 1,928.04	\$ 1,650.92	\$ 3,578.96
711114 Equip Serv O & M	\$ 1,724.80	\$ 3,479.12	\$ 5,203.92
711117 ESD Fuel Charge	\$ 966.66	\$ 2,499.06	\$ 3,465.72
711119 Prop & Liability	\$ 2,280.00	\$ -	\$ 2,280.00
711210 Travel	\$ 650.00	\$ 5,000.00	\$ 5,650.00
711504 Equipment NonCapital	\$ -	\$ 1,000.00	\$ 1,000.00
<b>Services and Supplies</b>	<b>\$ 9,319.50</b>	<b>\$ 87,638.28</b>	<b>\$ 96,957.78</b>
<b>Expenditures</b>	<b>\$ 115,650.03</b>	<b>\$ 370,535.00</b>	<b>\$ 486,185.03</b>
<b>General Fund Tax Transfer</b>	<b>\$ 79,650.03</b>	<b>\$ -</b>	<b>\$ 79,650.03</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Community &amp; Clinical Health Services Division</b>					
<b>Tuberculosis</b>					
	<b>Local</b>	<b>CDC Grant</b>	<b>Supplement</b>	<b>Income</b>	<b>FY11</b>
	<b>171400</b>	<b>10016</b>	<b>10035</b>	<b>10481</b>	<b>Totals</b>
431100 Federal Grants	\$ -	\$ (69,606.00)	\$ -	\$ -	\$ (69,606.00)
432100 State Grants	\$ -	\$ -	\$ (128,387.00)	\$ -	\$ (128,387.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ -	\$ (1,000.00)	\$ (1,000.00)
460508 Tuberculosis	\$ -	\$ -	\$ -	\$ (7,000.00)	\$ (7,000.00)
460516 Pgm 3 <sup>rd</sup> Prt	\$ -	\$ -	\$ -	\$ (3,000.00)	\$ (3,000.00)
<b>Revenue</b>	<b>\$ -</b>	<b>\$ (69,606.00)</b>	<b>\$ (128,387.00)</b>	<b>\$ (11,000.00)</b>	<b>\$ (208,993.00)</b>
701110 Base Salaries	\$ 226,387.11	\$ 44,408.51	\$ 32,158.06	\$ -	\$ 302,953.68
701120 Part Time	\$ 24,501.41	\$ -	\$ 36,751.85	\$ -	\$ 61,253.26
701200 Incentive	\$ 3,640.00	\$ 1,015.00	\$ 735.00	\$ -	\$ 5,390.00
701300 Overtime	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00
701412 Salary Adjus	\$ 400.00	\$ -	\$ 600.00	\$ -	\$ 1,000.00
<b>Salaries and Wages</b>	<b>\$ 255,028.52</b>	<b>\$ 45,423.51</b>	<b>\$ 70,244.91</b>	<b>\$ -</b>	<b>\$ 370,696.94</b>
705110 Group Insurance	\$ 35,144.81	\$ 6,944.66	\$ 13,997.93	\$ -	\$ 56,087.40
705210 Retirement	\$ 54,723.36	\$ 9,766.08	\$ 14,973.63	\$ -	\$ 79,463.07
705230 Medicare	\$ 2,794.88	\$ 619.87	\$ 915.74	\$ -	\$ 4,330.49
705320 Workmens Comp	\$ 861.00	\$ 287.00	\$ 287.00	\$ -	\$ 1,435.00
705330 Unemployment	\$ 528.00	\$ 176.00	\$ 176.00	\$ -	\$ 880.00
<b>Employee Benefits</b>	<b>\$ 94,052.05</b>	<b>\$ 17,793.61</b>	<b>\$ 30,350.30</b>	<b>\$ -</b>	<b>\$ 142,195.96</b>
710100 Prof Services	\$ 2,000.00	\$ -	\$ 2,500.00	\$ -	\$ 4,500.00
710105 Medical Serv	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00
710108 MD Consultants	\$ 9,200.00	\$ -	\$ 7,200.00	\$ -	\$ 16,400.00
710200 Service Contract	\$ 135.00	\$ -	\$ 300.00	\$ -	\$ 435.00
710205 Repairs Maint	\$ 3,800.00	\$ -	\$ -	\$ -	\$ 3,800.00
710300 Operating Supplies	\$ 600.00	\$ -	\$ 400.00	\$ -	\$ 1,000.00
710334 Copy Machine Exp	\$ 1,650.00	\$ -	\$ -	\$ -	\$ 1,650.00
710350 Office Supplies	\$ 400.00	\$ -	\$ 569.00	\$ -	\$ 969.00
710355 Books/Subscr	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00
710360 Postage	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00
710361 Express Courier	\$ 20.00	\$ -	\$ 100.00	\$ -	\$ 120.00
710500 Other Expenses	\$ 500.00	\$ 3,133.88	\$ 3,222.79	\$ -	\$ 6,856.67
710502 Printing	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ 200.00
710503 Licenses & Permits	\$ 200.00	\$ -	\$ 100.00	\$ -	\$ 300.00
710508 Telephone Land Lines	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00
710509 Seminars Mtgs	\$ 500.00	\$ -	\$ 300.00	\$ -	\$ 800.00
710512 Auto Exp	\$ 700.00	\$ -	\$ 300.00	\$ -	\$ 1,000.00
710519 Cellular Phone	\$ 130.00	\$ -	\$ -	\$ -	\$ 130.00
710535 Credit Card Fee	\$ 85.00	\$ -	\$ -	\$ -	\$ 85.00
710703 Biologicals	\$ 3,500.00	\$ -	\$ 4,500.00	\$ -	\$ 8,000.00
710721 Outpatient	\$ 6,000.00	\$ -	\$ 7,000.00	\$ -	\$ 13,000.00
710872 Food Purchases	\$ 50.00	\$ -	\$ 700.00	\$ -	\$ 750.00
711119 Prop & Liability	\$ 1,900.00	\$ -	\$ -	\$ -	\$ 1,900.00
711210 Travel	\$ 1,000.00	\$ 3,255.00	\$ 500.00	\$ -	\$ 4,755.00
<b>Services and Supplies</b>	<b>\$ 35,070.00</b>	<b>\$ 6,388.88</b>	<b>\$ 27,791.79</b>	<b>\$ -</b>	<b>\$ 69,250.67</b>
<b>Expenditures</b>	<b>\$ 384,150.57</b>	<b>\$ 69,606.00</b>	<b>\$ 128,387.00</b>	<b>\$ -</b>	<b>\$ 582,143.57</b>
<b>General Fund Tax Transfer</b>	<b>\$ 384,150.57</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (11,000.00)</b>	<b>\$ 373,150.57</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Environmental Health Services Division</b>		
<b>Underground Storage Tank</b>		
	<b>Grant</b>	<b>FY11</b>
	<b>10023</b>	<b>Totals</b>
431100 Federal Grants	\$ (187,000.00)	\$ (187,000.00)
<b>Revenue</b>	<b>\$ (187,000.00)</b>	<b>\$ (187,000.00)</b>
701110 Base Salaries	\$ 129,863.24	\$ 129,863.24
701200 Incentive	\$ 1,810.00	\$ 1,810.00
<b>Salaries and Wages</b>	<b>\$ 131,673.24</b>	<b>\$ 131,673.24</b>
705110 Group Insurance	\$ 18,706.36	\$ 18,706.36
705210 Retirement	\$ 28,309.77	\$ 28,309.77
705230 Medicare	\$ 1,851.95	\$ 1,851.95
705320 Workmens Comp	\$ 574.00	\$ 574.00
705330 Unemployment	\$ 352.00	\$ 352.00
<b>Employee Benefits</b>	<b>\$ 49,794.08</b>	<b>\$ 49,794.08</b>
710509 Seminars Mtgs	\$ 2,000.00	\$ 2,000.00
711210 Travel	\$ 3,532.68	\$ 3,532.68
<b>Services and Supplies</b>	<b>\$ 5,532.68</b>	<b>\$ 5,532.68</b>
<b>Expenditures</b>	<b>\$ 187,000.00</b>	<b>\$ 187,000.00</b>
<b>General Fund Tax Transfer</b>	<b>\$ -</b>	<b>\$ -</b>

FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

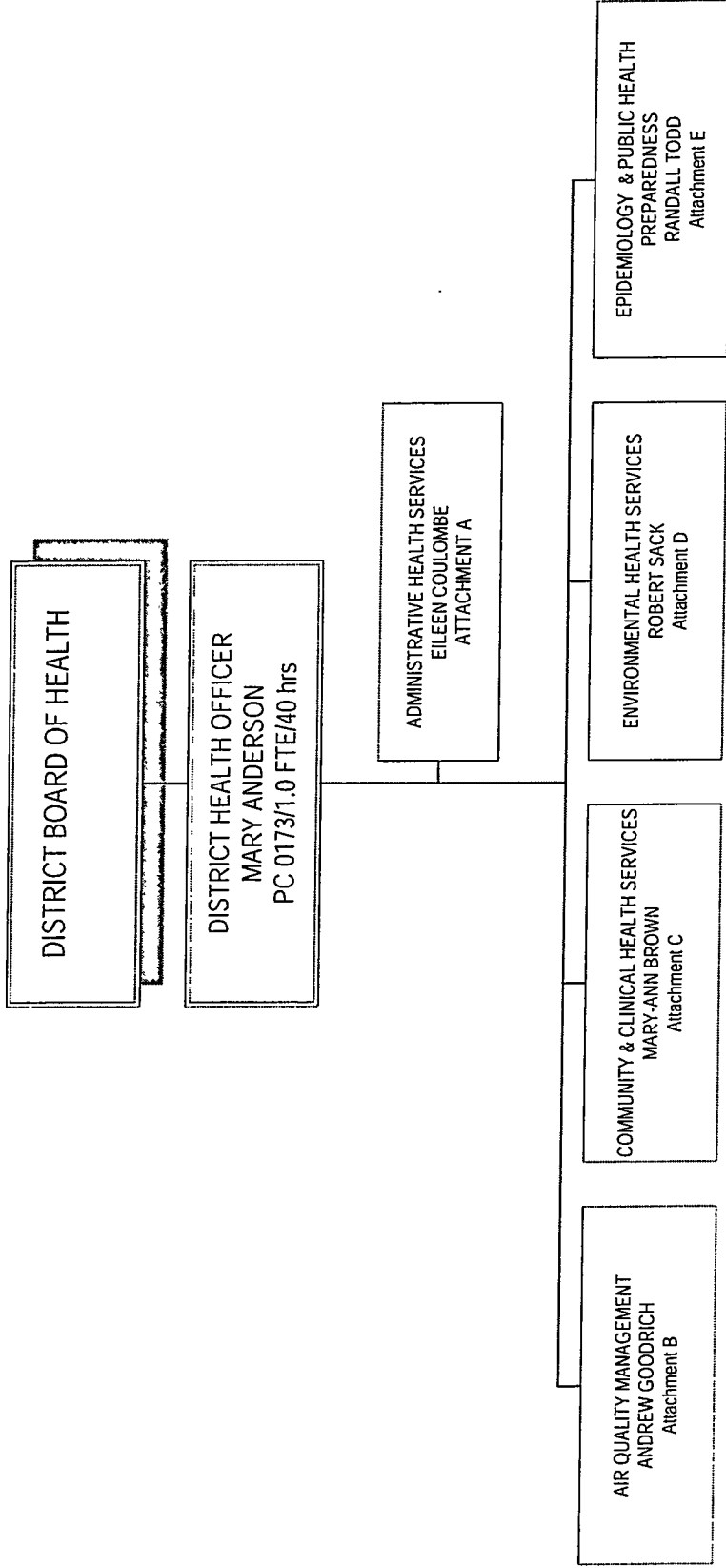
<b>Environmental Health Services Division</b>		
<b>Vector Borne Diseases</b>		
	<b>Local</b>	<b>FY11</b>
	<b>172100</b>	<b>Totals</b>
460525 Plan Review	\$ (24,000.00)	\$ (24,000.00)
<b>Revenue</b>	<b>\$ (24,000.00)</b>	<b>\$ (24,000.00)</b>
701110 Base Salaries	\$ 293,674.27	\$ 293,674.27
701130 Pooled Positions	\$ 32,535.00	\$ 32,535.00
701200 Incentive	\$ 2,525.00	\$ 2,525.00
701300 Overtime	\$ 3,000.00	\$ 3,000.00
<b>Salaries and Wages</b>	<b>\$ 331,734.27</b>	<b>\$ 331,734.27</b>
705110 Group Insurance	\$ 45,111.62	\$ 45,111.62
705210 Retirement	\$ 63,683.06	\$ 63,683.06
705230 Medicare	\$ 4,121.47	\$ 4,121.47
705320 Workmens Comp	\$ 1,148.00	\$ 1,148.00
705330 Unemployment	\$ 704.00	\$ 704.00
<b>Employee Benefits</b>	<b>\$ 114,768.15</b>	<b>\$ 114,768.15</b>
710100 Professional Services	\$ 4,500.00	\$ 4,500.00
710105 Medical Service	\$ 500.00	\$ 500.00
710200 Service Contract	\$ 61,500.00	\$ 61,500.00
710205 Repairs Maint	\$ 900.00	\$ 900.00
710300 Operating Supplies	\$ 3,000.00	\$ 3,000.00
710302 Small Tools	\$ 435.00	\$ 435.00
710308 Animal Supplies	\$ 2,000.00	\$ 2,000.00
710319 Chemical Supplies	\$ 360,000.00	\$ 360,000.00
710334 Copy Machine Exp	\$ 50.00	\$ 50.00
710350 Office Supplies	\$ 1,000.00	\$ 1,000.00
710355 Books Subscriptions	\$ 200.00	\$ 200.00
710360 Postage	\$ 100.00	\$ 100.00
710361 Express Courier	\$ 100.00	\$ 100.00
710391 Fuel & Lube	\$ 100.00	\$ 100.00
710500 Other Expense	\$ 800.00	\$ 800.00
710502 Printing	\$ 500.00	\$ 500.00
710503 Licenses & Permits	\$ 35.00	\$ 35.00
710508 Telephone Land Lines	\$ 800.00	\$ 800.00
710509 Seminars Mtgs	\$ 1,000.00	\$ 1,000.00
710512 Auto Exp	\$ 100.00	\$ 100.00
170519 Cellular Phone	\$ 755.00	\$ 755.00
710529 Dues	\$ 350.00	\$ 350.00
710577 Uniforms & Spec	\$ 200.00	\$ 200.00
710600 Lt Lease-Office	\$ 40,636.89	\$ 40,636.89
711100 ESD Asset Mgm	\$ 3,960.00	\$ 3,960.00
711113 Equip Serv Replacement	\$ 4,062.63	\$ 4,062.63
711114 Equip Serv O & M	\$ 11,202.08	\$ 11,202.08
711117 ESD Fuel Charge	\$ 8,938.49	\$ 8,938.49
711119 Prop & Liability	\$ 1,520.00	\$ 1,520.00
711210 Travel	\$ 6,000.00	\$ 6,000.00
<b>Services and Supplies</b>	<b>\$ 515,245.09</b>	<b>\$ 515,245.09</b>
<b>Expenditures</b>	<b>\$ 961,747.51</b>	<b>\$ 961,747.51</b>
<b>General Fund Tax Transfer</b>	<b>\$ 937,747.51</b>	<b>\$ 937,747.51</b>

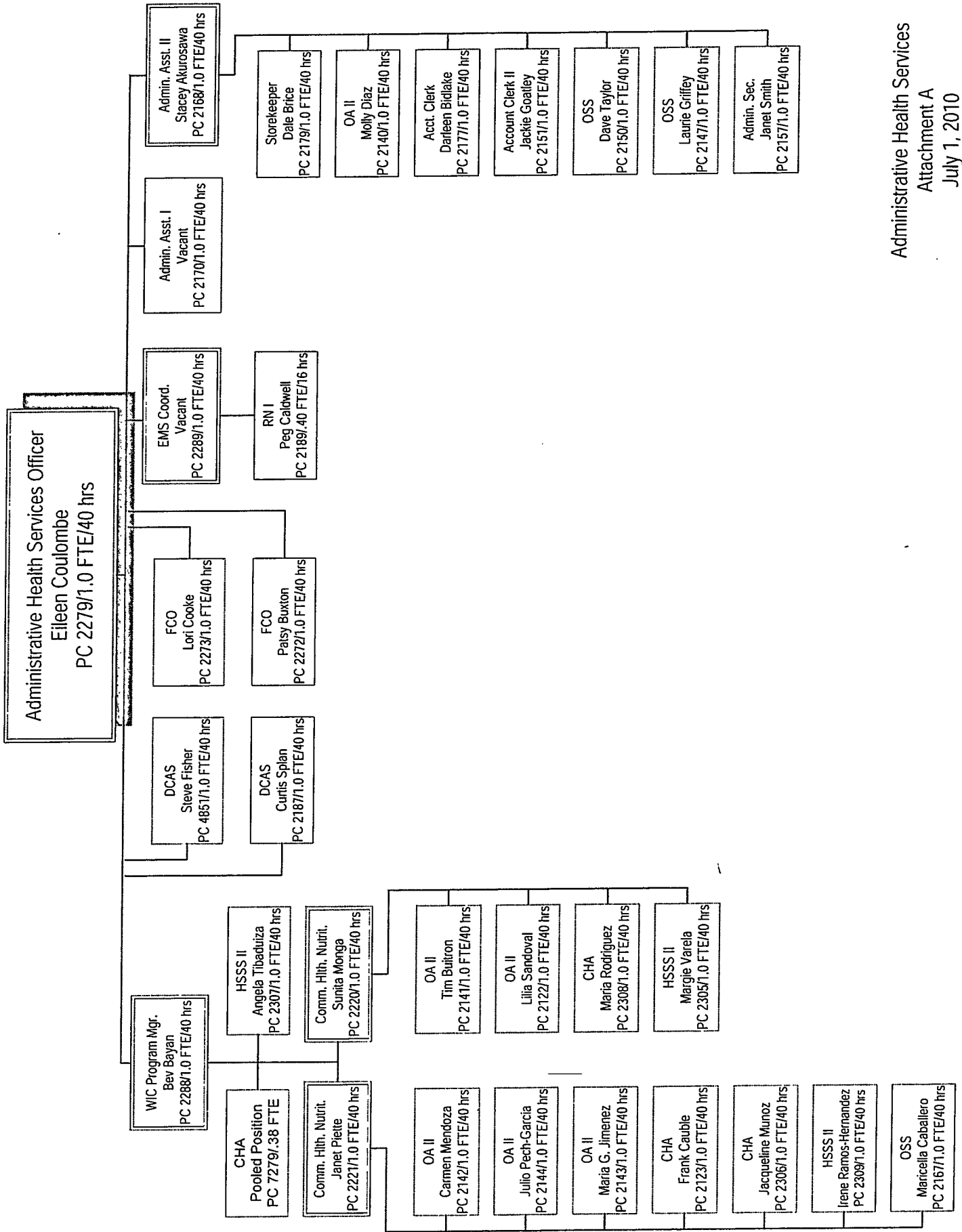
FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Epidemiology &amp; Public Health Preparedness Division</b>		
<b>Vital Statistics</b>		
	<b>Local</b>	<b>FY11</b>
	<b>170300</b>	<b>Totals</b>
460511 Birth Death Certs	\$ (210,000.00)	\$ (210,000.00)
<b>Revenue</b>	<b>\$ (210,000.00)</b>	<b>\$ (210,000.00)</b>
701110 Base Salaries	\$ 94,669.20	\$ 94,669.20
701200 Incentive	\$ 1,500.00	\$ 1,500.00
<b>Salaries and Wages</b>	<b>\$ 96,169.20</b>	<b>\$ 96,169.20</b>
705110 Group Insurance	\$ 14,373.42	\$ 14,373.42
705210 Retirement	\$ 20,676.28	\$ 20,676.28
705230 Medicare	\$ 1,394.47	\$ 1,394.47
705320 Workmens Comp	\$ 574.00	\$ 574.00
705330 Unemployment	\$ 352.00	\$ 352.00
<b>Employee Benefits</b>	<b>\$ 37,370.17</b>	<b>\$ 37,370.17</b>
710100 Professional Services	\$ 20,000.00	\$ 20,000.00
710200 Service Contracts	\$ 1,495.00	\$ 1,495.00
710300 Operating Sup	\$ 7,600.00	\$ 7,600.00
710334 Copy Machine Exp	\$ 2,000.00	\$ 2,000.00
710350 Office Supplies	\$ 1,500.00	\$ 1,500.00
710360 Postage	\$ 2,500.00	\$ 2,500.00
710502 Printing	\$ 500.00	\$ 500.00
710508 Telephone Land Lines	\$ 600.00	\$ 600.00
710535 Credit Card Fees	\$ 800.00	\$ 800.00
711119 Prop & Liability	\$ 760.00	\$ 760.00
711210 Travel	\$ 1,000.00	\$ 1,000.00
<b>Services and Supplies</b>	<b>\$ 38,755.00</b>	<b>\$ 38,755.00</b>
<b>Expenditures</b>	<b>\$ 172,294.37</b>	<b>\$ 172,294.37</b>
<b>General Fund Tax Transfer</b>	<b>\$ (37,705.63)</b>	<b>\$ (37,705.63)</b>

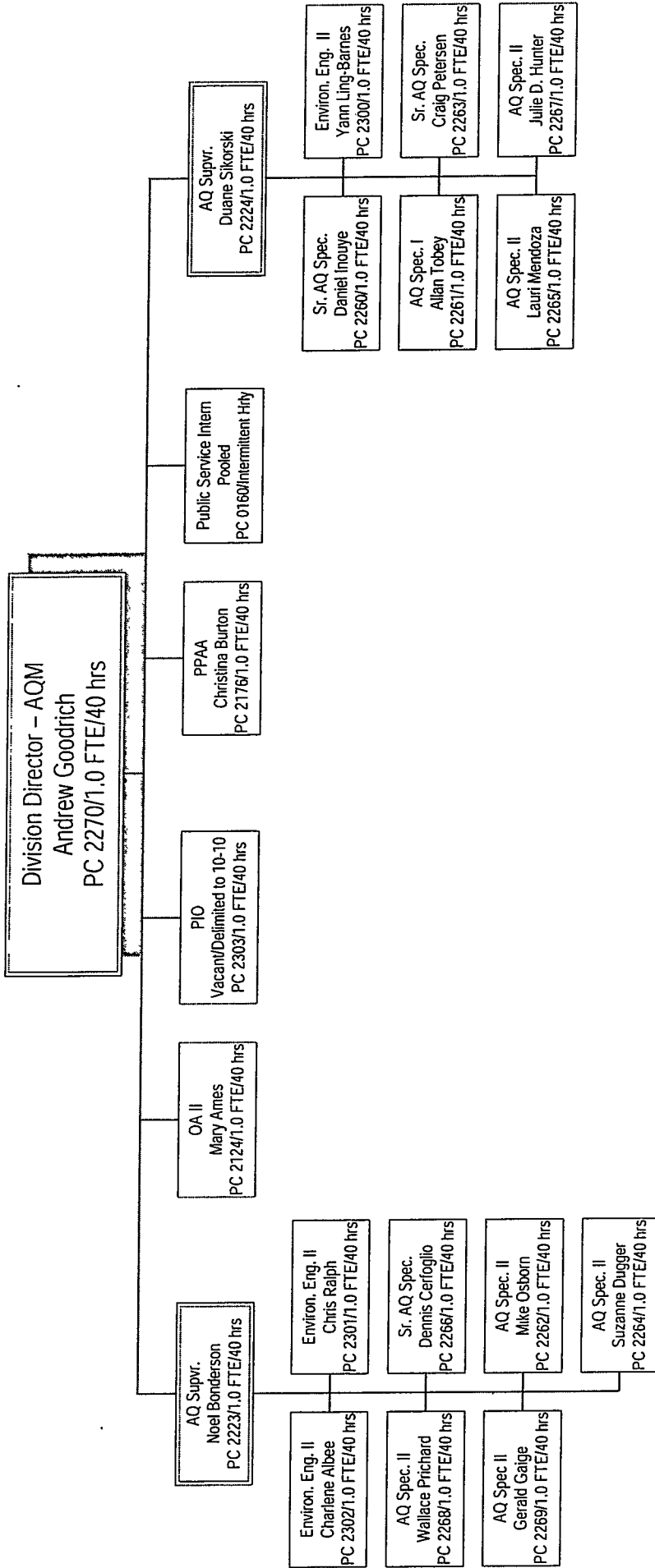
FY11 ADOPTED BUDGET  
(2011 Recommend - Report Date: 07/19/10)

<b>Administrative Health Services Division</b>			
<b>Women Infants &amp; Children</b>			
	<b>Local</b>	<b>Grant</b>	<b>FY11</b>
	<b>174600</b>	<b>10031</b>	<b>Totals</b>
431100 Federal Grants	\$ -	\$ (1,116,756.00)	\$ (1,116,756.00)
<b>Revenue</b>	<b>\$ -</b>	<b>\$ (1,116,756.00)</b>	<b>\$ (1,116,756.00)</b>
701110 Base Salaries	\$ 76,724.34	\$ 690,518.62	\$ 767,242.96
701130 Pooled Positions	\$ -	\$ 9,130.00	\$ 9,130.00
701200 Incentive	\$ 1,645.00	\$ 14,805.00	\$ 16,450.00
701412 Salary Adj	\$ -	\$ (5,347.52)	\$ (5,347.52)
<b>Salaries and Wages</b>	<b>\$ 78,369.34</b>	<b>\$ 709,106.10</b>	<b>\$ 787,475.44</b>
705110 Group Insurance	\$ 15,520.12	\$ 139,673.36	\$ 155,193.48
705210 Retirement	\$ 16,849.31	\$ 151,644.05	\$ 168,493.36
705230 Medicare	\$ 1,069.04	\$ 9,619.49	\$ 10,688.53
705320 Workmens Comp	\$ -	\$ 4,879.00	\$ 4,879.00
705330 Unemployment	\$ -	\$ 2,992.00	\$ 2,992.00
<b>Employee Benefits</b>	<b>\$ 33,438.47</b>	<b>\$ 308,807.90</b>	<b>\$ 342,246.37</b>
710100 Prof Services	\$ -	\$ 800.00	\$ 800.00
710205 Repairs Maint	\$ -	\$ 500.00	\$ 500.00
710300 Operating Supplies	\$ -	\$ 26,000.00	\$ 26,000.00
710334 Copy Machine Exp	\$ 1,500.00	\$ 4,044.00	\$ 5,544.00
710350 Office Supplies	\$ -	\$ 10,000.00	\$ 10,000.00
710500 Other Expenses	\$ -	\$ 1,000.00	\$ 1,000.00
710502 Printing	\$ -	\$ 7,500.00	\$ 7,500.00
710503 Licenses & Permits	\$ -	\$ 500.00	\$ 500.00
710508 Telephone Land Lines	\$ 7,500.00	\$ -	\$ 7,500.00
710509 Seminars Mtgs	\$ -	\$ 1,200.00	\$ 1,200.00
710512 Auto Exp	\$ -	\$ 2,500.00	\$ 2,500.00
710529 Dues	\$ -	\$ 50.00	\$ 50.00
710600 LT Lease-Office	\$ 40,148.00	\$ 40,148.00	\$ 80,296.00
711010 Utilities	\$ -	\$ 100.00	\$ 100.00
711115 Equip Srv Mot	\$ -	\$ 1,000.00	\$ 1,000.00
711119 Prop & Liability	\$ 6,460.00	\$ -	\$ 6,460.00
711210 Travel	\$ -	\$ 3,000.00	\$ 3,000.00
711504 Equip non-Capital	\$ -	\$ 500.00	\$ 500.00
<b>Services and Supplies</b>	<b>\$ 55,608.00</b>	<b>\$ 98,842.00</b>	<b>\$ 154,450.00</b>
<b>Expenditures</b>	<b>\$ 167,415.81</b>	<b>\$ 1,116,756.00</b>	<b>\$ 1,284,171.81</b>
<b>General Fund Tax Transfer</b>	<b>\$ 167,415.81</b>	<b>\$ -</b>	<b>\$ 167,415.81</b>









Division Director – CCHS  
 Mary Ann Brown  
 PC 2281/1.0 FTE/40 hrs

PH Prog. Mgr.  
 Jennifer Stoll-Hadaya  
 PC 0172/1.0 FTE/40 hrs

PHN II  
 Rebecca Gonzales  
 PC 5200/60 FTE/24 hrs

DIS  
 Bill Mullen  
 PC 2282/1.0 FTE/40 hrs

DIS  
 Cory Sobrio  
 PC 2285/1.0 FTE/40 hrs

Prog. Coord.  
 Erin Dixon  
 PC 2169/1.0 FTE/40 hrs

Prog. Coord.  
 Jennifer Howell  
 PC 2271/1.0 FTE/40 hrs

Health Educator II  
 Kelli Seals  
 PC 0161/1.0 FTE/40 hrs

Health Educator II  
 Gerold B. Dermid  
 PC 2278/1.0 FTE/40 hrs

Health Educator II  
 Michelle Washington  
 PC 4104/53 FTE/21 hrs

OA II  
 Jessica Cabrales  
 PC 4102/1.0 FTE/40 hrs

PHN II  
 Margot Jordan  
 PC 2212/75 FTE/30 hrs

PHN Supvr.  
 Steve Kutz  
 PC 0177/1.0 FTE/40 hrs

PHN II  
 Sally Fry-Woyciehowsky  
 PC 2200/1.0 FTE/40 hrs

PHN II  
 Kathy Dickens  
 PC 2199/1.0 FTE/40 hrs

PHN II  
 Becky Kostler  
 PC 2204/1.0 FTE/40 hrs

PHN II  
 Nicole Metz  
 PC 2203/90 FTE/36 hrs

DIS  
 Linda Gabor  
 PC 2283/1.0 FTE/40 hrs

OA II  
 Graciela Flores  
 PC 2127/1.0 FTE/40 hrs

PHN II  
 Carol Shore  
 PC 2215/1.0 FTE/40 hrs

PHN II  
 Julie Pomi  
 PC 2214/1.0 FTE/40 hrs

PHN II  
 Angie Christensen  
 PC 2207/80 FTE/32 hrs

DIS  
 Kathy Hong  
 PC 2284/1.0 FTE/40 hrs

RN I  
 Pooled Position  
 PC 0163/Intermittent Hourly

OA II  
 Lorena Solorio  
 PC 2125/1.0 FTE/40 hrs

PHN Supvr.  
 Candy Hunter  
 PC 0166/1.0 FTE/40 hrs

PHN II  
 Wendie Catron  
 PC 0166/1.0 FTE/40 hrs

PHN II  
 Holly McGee  
 PC 0167/1.0 FTE/40 hrs

PHN II  
 Nancy Davis  
 PC 2207/1.0 FTE/40 hrs

PHN II  
 Joyce Minter  
 PC 2208/1.0 FTE/40 hrs

PHN II  
 Lisa Lotritz  
 PC 2210/1.0 FTE/40 hrs

PHN II  
 Diane Freedman  
 PC 2216/1.0 FTE/40 hrs

PHN II  
 Judy Medved-Gonzalez  
 PC 2217/80 FTE/32 hrs

OA II  
 Sandra Maestas  
 PC 2128/1.0 FTE/40 hrs

OA II  
 Noelia Yaran  
 PC 2134/60 FTE/24 hrs

PHN Supvr.  
 Stacy Hardie  
 PC 0169/1.0 FTE/40 hrs

APN  
 Cindy Mullen  
 PC 2191/75 FTE/30 hrs

LPN  
 Cailly Gipe  
 PC 2188/1.0 FTE/40 hrs

CHA  
 Isabel Chaidze  
 PC 2183/1.0 FTE/40 hrs

CHA  
 Ruth Castillo  
 PC 2182/1.0 FTE/40 hrs

OA II  
 Maria Paredes  
 PC 2136/1.0 FTE/40 hrs

OA II  
 Ana Gonzalez  
 PC 2135/1.0 FTE/40 hrs

OA II  
 Katie Hill  
 PC 2137/1.0 FTE/40 hrs

PHN Supvr.  
 Emily Barnes  
 PC 2192/95 FTE/38 hrs

APN  
 Pooled Position  
 PC 2197/Intermittent Hourly

CHA  
 Debbie Chicago  
 PC 2185/85 FTE/34 hrs

CHA  
 Pooled Position  
 PC 3537/Intermittent Hrly

OSS  
 Maria Magana  
 PC 2153/1.0 FTE/40 hrs

OA II  
 Sole Sepulveda  
 PC 2152/1.0 FTE/40 hrs

**Division Director - EHS**  
**Robert Sack**  
 PC 2280/1.0 FTE/40 hrs

**Sr. Licensed Engineer**  
**Doug Coulter**  
 PC 2299/1.0 FTE/40 hrs

**Licensed Engineer**  
**Rick Ragnhey**  
 PC 7454/Intermittent Hourly

**Licensed Engineer**  
**Byran Tye**  
 PC 2297/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Dave Boland**  
 PC 2259/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Ricardo Cruz**  
 PC 2238/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Peggy Quinlan**  
 PC 2240/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Mark Wickman**  
 PC 2243/1.0 FTE/40 hrs

**Public Service Intern**  
**Cody Lyford**  
 PC 2166/Intermittent Hourly

**Environmental Health Specialist Supervisor**  
**Dave McMinch**  
 PC 2256/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Amber English**  
 PC 2235/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Byran Wagner**  
 PC 2227/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Kathleen Hanley**  
 PC 2228/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Mike Lujan**  
 PC 2231/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**David Orozco**  
 PC 2234/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Brenda Wilson**  
 PC 2244/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Krista Hunt**  
 PC 2259/1.0 FTE/40 hrs

**Environmental Health Specialist Supervisor**  
**Tony Macaluso**  
 PC 2258/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Vacant**  
 PC 2229/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Scott Baldwin**  
 PC 2232/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Vacant/Deletited to 01-11**  
 PC 2237/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Mark Dougan**  
 PC 2239/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Dave Kaby**  
 PC 2242/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Kim Tran French**  
 PC 2254/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Byron Collins**  
 PC 4852/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**John Fuller**  
 PC 3818/Intermittent Hourly

**Vector Coordinator**  
**Scott Morsen**  
 PC 2259/1.0 FTE/40 hrs

**Vector Born Disease Spec.**  
**WM Lumpkin**  
 PC 2250/1.0 FTE/40 hrs

**Vector Born Disease Spec.**  
**Jeff Jeppson**  
 PC 2257/1.0 FTE/40 hrs

**Vector Born Disease Spec.**  
**Jim Shalfer**  
 PC 2252/1.0 FTE/40 hrs

**Public Service Intern**  
**Pooled Position**  
 PC 2165/Intermittent Hourly

**Environmental Health Specialist Supervisor**  
**Jeanne Rucker**  
 PC 2257/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Jeff Brasel**  
 PC 2226/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Mike Ezell**  
 PC 2259/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Kristina Olson**  
 PC 2233/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Luke Franklin**  
 PC 2245/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Vacant**  
 PC 2249/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Scott Stichter**  
 PC 4736/1.0 FTE/40 hrs

**Public Information Officer**  
**Tracee Douglas**  
 PC 2304/1.0 FTE/40 hrs

**Sr. Environmental Health Spec.**  
**Jim English**  
 PC 2230/1.0 FTE/40 hrs

**HAZMAT Specialist**  
**Teresa Long**  
 PC 2227/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Filed as of 08-16-10**  
 PC 2238/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Richard Sanchez**  
 PC 2247/1.0 FTE/40 hrs

**Environmental Health Spec.**  
**Nick Flory**  
 PC 2249/1.0 FTE/40 hrs

**Public Service Intern**  
**Lee Salgado**  
 PC 5653/Intermittent Hourly

**Admin. Asst. I**  
**Vacant**  
 PC 2296/1.0 FTE/40 hrs

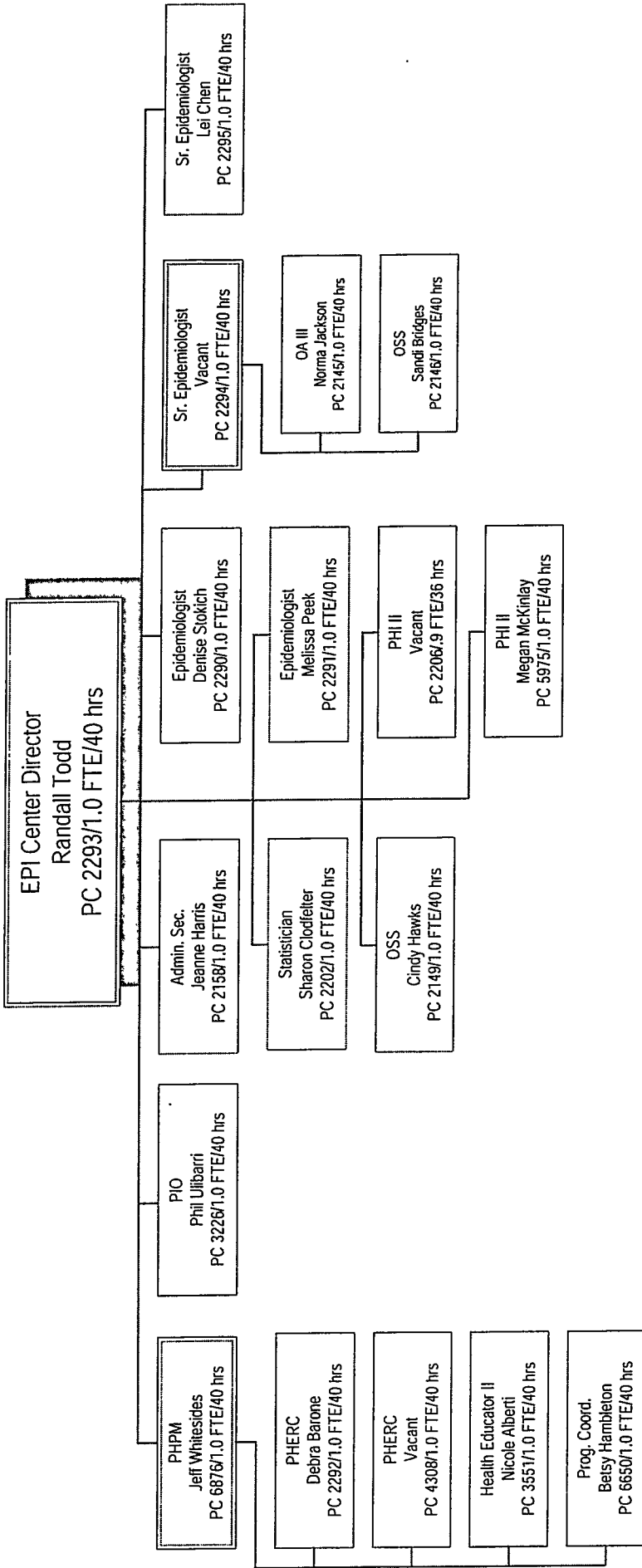
**Plans/Permits Applications Aide**  
**Susan Lampman**  
 PC 2173/1.0 FTE/40 hrs

**Plans/Permits Applications Aide**  
**Denise Cona**  
 PC 2174/1.0 FTE/40 hrs

**Plans/Permits Application Aide**  
**Trudy Enfield**  
 PC 2175/1.0 FTE/40 hrs

**Office Assistant II**  
**Sheryl Nole**  
 PC 2132/1.0 FTE/40 hrs

**Office Assistant II**  
**Susan Henkes**  
 PC 4853/1.0 FTE/40 hrs





# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: July 28, 2010

TO: Washoe County District Board of Health Members

FROM: Jeanne Rucker, REHS  
Environmental Health Specialist Supervisor

SUBJECT: Draft Solid Waste Management Regulations – Animal Resistant Containers

### Background:

At the July 2010 Washoe County District Board of Health meeting, staff was directed to prepare a solid waste regulation to address “bear” issues as they relate to solid waste storage. In discussions with legal counsel, it was determined that the existing regulations needed little adjustment. There are documented complaints regarding animal access (dogs and coyotes) to solid waste storage containers. Therefore, the proposed regulations do not specify bear resistant containers. Rather, the proposed regulations require that animal resistant bear containers be provided should a chronic problem with access to solid waste exist. Likewise, the proposed regulations require adjustments to location, time of placement and removal from the curb in order to preclude access by animals, both domestic and wild.

### Recommendation:

Staff requests that Board members review the proposed regulatory language and provide feedback. The changes are proposed to be presented for approval and adoption at the October 2010 District Board of Health meeting. In order to meet that deadline, feedback must be provided no later than early September.

### Fiscal Impact:

At the present time, this regulation has no fiscal impact to the Department. However, there may be impact to the owner of a solid waste storage container if it is determined to be inadequate. Further, there may be impact to the franchised waste hauler as animal

**DBOH AGENDA ITEM # 12.**

1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176

resistant solid waste storage containers must be handled differently than the containers currently in use by the majority of residents and commercial businesses. The fiscal impact of these issues has not yet been determined.

R. Jeanne Rucker

R. Jeanne Rucker, REHS  
Environmental Health Specialist Supervisor

## DRAFT REGULATIONS – SECTION 040

### SOLID WASTE STORAGE

August 26, 2010 (Version 2)

Additions are in *italics* and deletions contain a strike-through.

**010.034 APPROVED ANIMAL RESISTANT CONTAINER** means any container .  
*approved by the Health Authority that as a result of its construction and/or design makes  
the contents of the container inaccessible to animals such as but not limited to dogs,  
bears, coyotes and raccoons.*

#### **040.005 GENERAL**

Solid waste storage must not:

- A. Cause a health hazard;
- B. Attract or propagate vectors, vermin or pests, *including but not limited to dogs,  
bears, coyotes and raccoons;*
- C. Create unpleasant odors;
- D. Create a nuisance.

**040.030** Garbage shall not be allowed to remain on any premises for more than seven (7) days to prevent propagation or attraction of ~~files~~ *wildlife, domestic animals, flies,* rodents, or other vectors and the creation of nuisances. Where it is deemed necessary by the ~~control officer~~ *Health Authority*, because of improper or inadequate storage, nuisance, odors, the propagation of vectors, and/or the protection of public health, more frequent removal of garbage may be required. Where garbage and rubbish is containerized together, the period of removal shall be the same period of time as that applied to garbage.

#### **040.035 CONTAINERS**

Containers for the storage of solid waste shall be:

- A. Of adequate size to contain expected waste;
- B. Of proper design to contain expected waste;
- C. In sufficient numbers to contain all solid waste generated from a particular premise, property, or waste generating activity;
- D. Equipped with a suitable lid or cover.

Containers for the storage of garbage shall, in addition to the above, be:

- A. Non-absorbent;
- B. Watertight;
- C. Durable;
- D. Equipped with a tight fitting lid;
- E. Odor-resistant;
- F. Vector resistant;
- G. Easily cleanable;
- H. Designed for safe handling; *and*
- I. *Designed to keep the contents free from pests and vermin, including but not limited to, dogs, bears, coyotes and raccoons.*

Plastic bags do not meet the intent of the requirements for garbage containers.

**040.110** Individual residential solid waste storage containers must be removed from the edge of an alley or street curb not later than 24 hours after waste collection by the *franchised waste hauler* occurs.

**040.111** *Residential and commercial solid waste storage containers must be stored in a manner that precludes access by domestic or wild animals, by means of storage location, times of placement, and removal from the street curb and/or use of approved animal resistant containers.*

**040.112** *The owner of a residential or commercial solid waste storage container that is subject to chronic disturbance by domestic or wild animals shall provide an approved animal resistant container and/or relocate the container to an area that is not accessible by animals. A chronic disturbance is two (2) or more validated incidents in a 12 month time frame beginning with the first valid incident. The approved animal resistant container must be installed within 90 days of the second validated incident within the 12 month time frame.*



**Case Analysis in Ratio and Trend Analysis  
NALBOH  
August 5, 2010**

<b>Categories &amp; Guide</b>	<b>Hillside County Public Health Agency</b>
<p><b>FINANCIAL</b></p> <p><b>In this Financial section we are looking at item numbers 1-45 on the Public Health Financial Ratios Spreadsheet.</b></p> <p><b>Revenues</b> establish an agency's capacity to provide services. The following issues are critical to consider when analyzing revenue: growth rate, flexibility, dependability, diversity, major revenue sources.</p> <p><b>Expenditures</b> are approximate measures of an agency's service output. Usually, the more an agency spends the more services it is providing. The following issues are critical to consider when analyzing expenditures: expenditure growth rate in comparison to revenue growth rate, future liabilities, administrative costs, types of public health services provided, ability to collect Accounts Receivable, and number of programs with expenditures exceeding allocated or earned revenue.</p> <p>Reference: Evaluating Financial Condition, 2003, ICMA</p>	<p><b>REVENUES</b></p> <p>The agency's resources are dwindling as shown with the \$247,849 (2%) decrease in revenues during FY 2008 Item #11). All major sources of revenues have decreased with the exception of Medicare, which has only grown roughly \$8,000 (.6%) over FY 2007. The largest % decrease was in Medical Services, down 7.1%.</p> <p>The major source of revenue for the agency is from the County (item #3). In FY 2008 County revenues decreased by 2.5% (\$113,015).</p> <p>The agency does not receive dedicated tax revenues from the county (item #20).</p> <p>Revenues are down in major program categories (e.g., home health, environmental health, dental) except in immunizations. Home health had a significant decrease of 24.4%, \$128,790 (items #22-27).</p> <p><b>EXPENDITURES</b></p> <p>While agency revenues decreased, the reverse was true for expenditures which increased \$129,349 (1.0%) (Item# 17). Even more significant was the fact that the agency was in a deficit position for FY 2008 because total expenditures were \$472,305 higher than total revenues.</p> <p>In spite of the decrease in revenues, a breakout by specific categories shows that expenditures have actually increased in all categories with the exception of Lab and Preparedness (items #28-38).</p> <p>The Fund Balance was reduced in FY 2008, down to \$103,830 as a result of the deficit spending (item #39).</p> <p>Over 50% of the Accounts Receivable balance (item #40) was written off as "uncollectable". This is an indication that either collection efforts needs to be strengthened or activities need to be undertaken to seek reimbursement from other sources (qualify more patients fro Medicaid/Medicare, etc).</p> <p>The # of programs in the agency that were not self-supporting is growing, 18, up from 11 in the previous year (item #42). These programs are maintained by shifting revenues from other sources in order to continue to operate.</p>

## **DEMOGRAPHIC**

**In this Demographic section we are looking at item numbers 46-53 on the Public Health Financial Ratios Spreadsheet.**

Population change can affect governmental revenues and the need for services. Looking at the number of building permits issued, poverty rates, and percent of the population that is uninsured assist us in understanding the effect of population change on the financing of local public health services.

**Population in the county area did not change significantly (item #44).**

**The housing market downturn probably explains the decrease in building permits (item #49).**

**An examination is needed to determine if there is a relationship between the drop in residents on Medicaid (2.3%) and the increase in those that are uninsured (3.7%).**

## **WORKFORCE**

**In this Workforce section we are looking at item numbers 54-57 on the Public Health Financial Ratios Spreadsheet.**

Employee costs represent a major part of the agency's budget. Monitoring changes in number of employees per capita is a good way to measure change in expenditures. Increasing employee costs may signal expenditures in excess of revenue or a decline in personnel productivity. Assessing financial skills will indicate the level of financial skills in the workforce and may affect the agency's financial performance.

**FTE in the agency increased by 11 people in FY 2008 in spite of decreases in revenues.**

**There was no progress with providing training for staff with fiscal responsibilities.**

## **RATIOS**

The Public Health Financial Ratios form a management tool that assembles data about an agency's revenues & expenses, workforce, community demographics and economics, as well as indicators reflective of the type of public health services provided to the community. This data is used to create ratios that can be used to monitor changes in financial status and alert agency leaders to future problems. No one ratio is conclusive. All ratios chosen for study should be examined simultaneously to discern interrelationships that help to explain the trends revealed through ratio analysis.

### **Example of questions to consider when analyzing:**

#### **1. Revenue Ratios:**

Is the community experiencing general economic decline? Is this temporary? Is it related to changes in the populations? What agency revenue sources are declining? Is the decline a result of the type of revenue upon which the agency depends? Is there a local tax to support Public Health services? Does the agency have flexibility in its use of revenues? Are unrestricted resources supporting restricted revenue programs? Are there differences between operating revenues estimated in the annual budget and revenues actually received? Are the shortfalls due to inaccurate estimating techniques, sharp fluctuations in the economy or inefficient revenue collection?

The agency is experiences a decrease in Revenues per capita (item #1) while Expenditures per capita (item #23) continues to increase.

### **REVENUES**

**Total Margin** compares the difference between total revenues and total expenditures to total revenues. This ratio is an indicator of how well the organization is managing the control of expenditures given the overall level of revenues. If an organization spent only 50% of its revenues, the ratio would be .50%. If expenditures totaled 90% of revenues, the Total Margin would be .10%. Hillside's Total Margin for FY 2008 is -3.9% (item #12), a dismal indicator of current year financial health and cause for immediate corrective action.

An indicator below 1.0 is an indicator of an Operating Surplus (item #13). This is directly related to the negative Total Margin Indicator.

The General Fund Balance (item # 18) has decreased 77.9%, another dismal indicator and cause for immediate action.

Total Medical Revenues (item #22) equal 8.0% of the agency's total revenues. However expenditures in this category (item #33) represent 9.6% of all expenditures. This situation should be examined closely and the information should be valuable for strategic planning purposes.

### **EXPENDITURES**

Expenditures per capita increased in FY 2008 (item # 23). However, money for these expenditures came at the expense of depleting the General Fund Balance since there were not sufficient current year revenues to support the additional expenditures.

Fringe benefits (item #25) appear to be aligned with national averages, but it has grown slightly. This could be explained by the increase in 11 FTE.

57% of the agency expenditures are spent on salaries (item #26). Additionally, nearly 41% of every dollar spent in the agency is classified as Administrative (item #27). Both of these seem high, however, there are no datasets of public health financial data and indicators where comparative effectiveness analysis or benchmarking between peer institutions could be conducted. That information would be particularly beneficial to Hillside County Health Department performing critical and objective analysis of

**2. Expenditure Ratios:**

Do expenditures exceed revenues? Are the increases the result of new services? Which programs are increasing in costs? What specific costs are driving the increases? Is the agency operating efficiently? Have the number of employees increased? Is productivity declining? Are there new contracts?

**3. Mission Critical Ratios:**

Do priority public health programs appear in the agency's budget? Which program outcomes are not improving? What strategies are in place to assure adequate program funding and the application of quality improvement methods? Are expenses exceeding dedicated and self-generated revenues? What are the costs of providing services in major program areas? Are they reasonable or comparable to similar agencies? Are there plans in place to increase revenues or decrease services if revenue shortfalls are detected?

**EXPENDITURES**

**Expenditures per capita increased in FY 2008 (item # 23). However, money for these expenditures came at the expense of depleting the General Fund Balance since there were not sufficient current year revenues to support the additional expenditures.**

**Fringe benefits (item #25) appear to be aligned with national averages, but it has grown slightly. This could be explained by the increase in 11 FTE.**

**57% of the agency expenditures are spent on salaries (item #26). Additionally, nearly 41% of every dollar spent in the agency is classified as Administrative (item #27). Both of these seem high, however, there are no datasets of public health financial data and indicators where comparative effectiveness analysis or benchmarking between peer institutions could be conducted. That information would be particularly beneficial to Hillside County Health Department performing critical and objective analysis of this issue.**

**Home Health expenditures were 138% higher than home health revenues. Also, this has increased roughly 36% over the prior year. This is an obvious contributor to the agencies deficit position.**

**The total # of employees (item #24) in the agency grew in FY 2008. This requires some examination since revenues are decreasing.**

**57% of all expenditures are dedicated to Salaries (item #26). Of greater concern is that Administrative spending (item #27) accounts for 40.9% of expenditures. This appears to be exceptionally high but lacking public health financial dataset makes it difficult to conduct comparative analysis. Especially important is that fact that given 40% being spent on administration leave roughly only 60% of agency funding to be dedicated to public health programs.**

**MISSION CRITICAL**

**The % of programs showing improvement is low and declining compared to the previous year (item #38).**

**Hillside does not collect a tax dedicated for public health (item #40). This could put the agency at greater risk to annual fluctuations of county support.**

**The agency is does not create new ventures to generate and diversify its revenue streams (item #41).**

**More attention should be given to training of the staff with fiscal responsibilities (item #42).**

**Another contributing factor to the declining financial status is that 35% of programs in the agency can not operate on dedicated or self-generated revenues (item #43). Fiscal resources from other areas of the agency must be transferred to fund these programs.**

**Hillside does not conduct cost analysis on the majority of its programs (item #44). This could also be a contributing factor to the large # of programs that are not self-supporting and also to the declining financial health.**

**The # of agency programs actually grew in FY 2008 (item #61) in spite of the fact that revenues are declining. Perhaps these programs were established with new funding with the intent of diversifying revenue sources.**

**OVERALL  
FINANCIAL  
CONDITION**

**Overall, Hillside County Health Department has a weak financial condition. Significant contributing factors include:**

- 1. Negative Total Margin**
- 2. Expenditures that are greater than Revenues**
- 3. Increase in expenditures while revenues are declining**
- 4. Depletion of General Fund Balance**
- 5. Specific programs with expenditures that exceed revenues**
- 6. Large % of Programs that are not self-supporting**
- 7. Increasing # of programs being created while revenues are declining**
- 8. Large % of resources spent on Administration and Salaries**
- 9. Lack of health outcome improvements**

**Monitoring the financial indicators for early warning signs could have prevented or slowed the negative progression of this situation and definitely will be required to correct the problems.**

**POOR  
QUALITY  
DOCUMENT**

**POOR  
QUALITY  
DOCUMENT**

**DBOH AGENDA ITEM NO. 14.**

Hillside County Health Department  
 County Public Health Department  
 Enter "City" \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 Enter "State" and "Zip Code" \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Enter "Area Code and Phone Number" (XXX) XXX-XXXX \_\_\_\_\_  
 Enter "Contact Person" \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Fiscal Year (12 month period only) \_\_\_\_\_ to \_\_\_\_\_

Item Number	Local Public Health Agency (CPHA) Financial Data	Actual 2008	Change in Actuals from 2007	Actual 2007	Change in Actuals from 2006	Actual 2006
1	Federal Revenues (Exclude Medicaid/Medicare Reimbursements)	\$ 1,359,573	-3.0%	\$ 1,401,600	#DIV/0!	
2	State Revenues	\$ 1,724,741	-0.4%	\$ 1,730,944	#DIV/0!	
3	County Government Revenues	\$ 4,343,985	-2.5%	\$ 4,457,000	#DIV/0!	
4	Medicaid Revenues	\$ 2,139,615	0.4%	\$ 2,131,500	#DIV/0!	
5	Medicare Revenues	\$ 500,366	0.6%	\$ 497,599	#DIV/0!	
6	Total Fees from Medical Services	\$ 868,551	-7.1%	\$ 935,400	#DIV/0!	
7	Total Fees from Environmental Health Services	\$ 925,600	-3.9%	\$ 962,900	#DIV/0!	
8	Total Fees from Vital Stats	\$ 166,780	0.8%	\$ 165,500	#DIV/0!	
9	Total Fees, Other	\$ 61,000	4.5%	\$ 58,400	#DIV/0!	
10	Total Other Revenues	\$ 65,333	4.4%	\$ 62,550	#DIV/0!	
11	TOTAL OF REVENUES FROM ALL SOURCES	\$ 12,155,544	-2.0%	\$ 12,403,393	#DIV/0!	

**Financial:**

Item Number	Description	Actual 2008	Change in Actuals from 2007	Actual 2007	Change in Actuals from 2006	Actual 2006
12	Salaries	\$ 7,198,543	0.6%	\$ 7,156,750	#DIV/0!	
13	Fringe Benefits	\$ 2,335,988	1.2%	\$ 2,307,899	#DIV/0!	
14	Expenses	\$ 3,068,318	2.0%	\$ 3,007,101	#DIV/0!	
15	Other	\$ 25,000	-8.5%	\$ 26,750	#DIV/0!	
16	Fixed Capital Outlay (Construction/Renovation)					
17	TOTAL EXPENDITURES	\$ 12,627,849	1.0%	\$ 12,498,500	#DIV/0!	

Specific Revenue and Expenditure Breakouts (The amounts in this section are different breakdowns of the amounts above, not in addition to the above dollar amounts)

Item Number	Description	Actual 2008	Change in Actuals from 2007	Actual 2007	Change in Actuals from 2006	Actual 2006
18	Total Restricted (categorical) Revenues	\$ 10,868,484	1.0%	\$ 10,860,155	#DIV/0!	
19	One-Time Revenues	\$ 175,000	-22.2%	\$ 225,000	#DIV/0!	
20	A. County Special Tax Revenue					
21	B. Millage Rate					
22	Other Agency Venture Generated Revenues (Provide Description in Column 1. Ex. Wellness programs, mini course grant writing, trainings, etc)	\$ 398,000	-24.4%	\$ 526,790	#DIV/0!	
23	Total Grant Revenues	\$ 960,625	-6.6%	\$ 1,028,000	#DIV/0!	
24	Total Environmental Health Revenues	\$ 925,600	-3.9%	\$ 962,900	#DIV/0!	
25	Total Dental Revenues	\$ 78,000	-11.3%	\$ 87,951	#DIV/0!	
26	Total Immunization Revenues	\$ 213,677	1.3%	\$ 210,890	#DIV/0!	
27	Total Medical Services Revenues (exclude Immunizations, Dental, STD, TB, Epi, HIV/AIDS, and Outreach activities)	\$ 968,551	-0.9%	\$ 977,600	#DIV/0!	
28	Total Revenues in Annual Operating Budget	\$ 12,510,000	-0.3%	\$ 12,550,000	#DIV/0!	
29	Actual Budgeted Revenues Received	\$ 12,003,927	-3.0%	\$ 12,371,000	#DIV/0!	
30	Total Administrative Expenditures (Defined in Column 1)	\$ 5,158,830	1.2%	\$ 5,097,000	#DIV/0!	
31	Total Program Expenditures (All Agency Expenditures less Administration)	\$ 7,469,019	0.9%	\$ 7,401,500	#DIV/0!	
32	Total Laboratory Expenditures	\$ 530,690	-4.6%	\$ 556,150	#DIV/0!	
33	Total Public Health Preparedness Expenditures	\$ 551,170	-14.5%	\$ 645,000	#DIV/0!	
34	Total Chronic Diseases Expenditures	\$ 478,002	5.6%	\$ 451,800	#DIV/0!	
35	Total Home Health Expenditures	\$ 551,030	2.4%	\$ 538,074	#DIV/0!	
36	Total Medical Services Expenditures (exclude Immunizations, Dental, STD, TB, Epi, HIV/AIDS, and Outreach activities)	\$ 1,216,000	11.1%	\$ 1,095,000	#DIV/0!	
37	Total Pharmacy Expenditures	\$ 273,089	7.4%	\$ 254,321	#DIV/0!	



Hillside County Health Department  
 Enter "City" \_\_\_\_\_  
 Enter "State" and " Zip Code" \_\_\_\_\_  
 Enter "Area Code and Phone Number" (XXX) XXX-XXXX  
 Enter "Contact Person" \_\_\_\_\_  
 Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_  
 (12 month period only)

County Public Health Department  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_

Item Number	Local Public Health Agency (LPHA) Financial Data	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
38	Total Environmental Health Expenditures	\$ 1,086,100 5.0%	\$ 1,034,760	#DIV/0!
39	Total Dental Expenditures	\$ 258,610 8.4%	\$ 238,600	#DIV/0!
40	Total Immunization Expenditures	\$ 325,100 3.0%	\$ 315,688	#DIV/0!
41	General Fund Balance	\$ 103,830 -78.3%	\$ 479,200	#DIV/0!

Item Number	Other Financial	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
42	Accounts Receivable all Payers	\$ 696,900 3.9%	\$ 670,686	#DIV/0!
43	Total Amount of Accounts Receivables That Are "Written-Off"	\$ 324,555 10.9%	\$ 282,670	#DIV/0!
44	# of Programs with Expenditures that Exceed Dedicated plus Self Generated Revenues	18 63.6%	11	#DIV/0!
45	# of Programs w/a Completed Cost Analysis	3 50.0%	2	#DIV/0!

Item Number	Demographic	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
46	Total Population	926622 0.2%	926986	#DIV/0!
47	Median Population age	35.2 0.6%	35	#DIV/0!
48	Number in Population under 18	176500 0.2%	176222	#DIV/0!
49	Number in Population over 65	321899 0.4%	320745	#DIV/0!
50	% of Population below poverty	5.9% 5.4%	5.6%	#DIV/0!
51	# of residential building permits issued current FY	3325 -32.5%	4823	#DIV/0!
52	Number of people in county that are covered by Medicaid	9750 -2.3%	9980	#DIV/0!
53	Number of people in county that are uninsured	46100 3.7%	46388	#DIV/0!

Item Number	Workforce	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
54	Total FTE (Full Time Equivalents)	271 00 4.2%	260 00	#DIV/0!
55	Total Liability Days for Unused Vacation and Sick Leave (Include Comp Time)	15377 00 2.4%	15010 00	#DIV/0!
56	# of Financial Management Employees with Discipline Specific Training/Education	2 00 0.0%	2 00	#DIV/0!
57	# of Employees w/ Financial Management Responsibilities	12 00 0.0%	12 00	#DIV/0!

Item Number	Mission Critical (Other Financial and Related Indicators)	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
58	# of Priority Programs* in Annual Operating Budget (*Identified through Strategic Planning or Community Health Assessment Process)	6 200.0%	2	#DIV/0!
59	# of Priority Programs Identified in Strategic Plan or Community Health Assessment	6 100.0%	3	#DIV/0!
60	# of Community Health Outcomes Showing Improvement During a 3 Year Period	2 -60.0%	5	#DIV/0!
61	# of Community Health Outcomes Monitored Yearly	9 0.0%	9	#DIV/0!
62	Total Expenditures Targeted to Health Disparity Programs	\$ 35,600 0.0%	\$ 35,600	#DIV/0!
63	Total Number of Agency Programs	51 13.3%	45	#DIV/0!

Item Number	Revenue Ratios	% Change in Actuals from Actual/2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
1	Revenue per capita (Total Revenues/Population)	\$ 13.09 -2.2%	\$ 13.38	#VALUE!
2	Federal Revenues as % of Total Revenues	11.2% -1.0%	11.3%	#VALUE!
3	State Revenues as % of Total Revenues	14.2% 1.7%	14.0%	#VALUE!
4	County Revenues as % of Total Revenues	35.7% -0.5%	35.9%	#VALUE!
5	Medicaid Revenues as % of Total Revenues	17.6% 2.4%	17.2%	#VALUE!

NO DATA INPUT REQUIRED BELOW THIS LINE

Hillside County Health Department

Enter "City"

Enter "State" and "Zip Code"

Enter "Area Code and Phone Number" (XXX) XXX-XXXX

Enter "Contact Person"

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

County Public Health Department

City

State, Zip

Phone Number

Contact

Fiscal Year (12 month period only)

Local Public Health Agency (EPHA) Financial Data

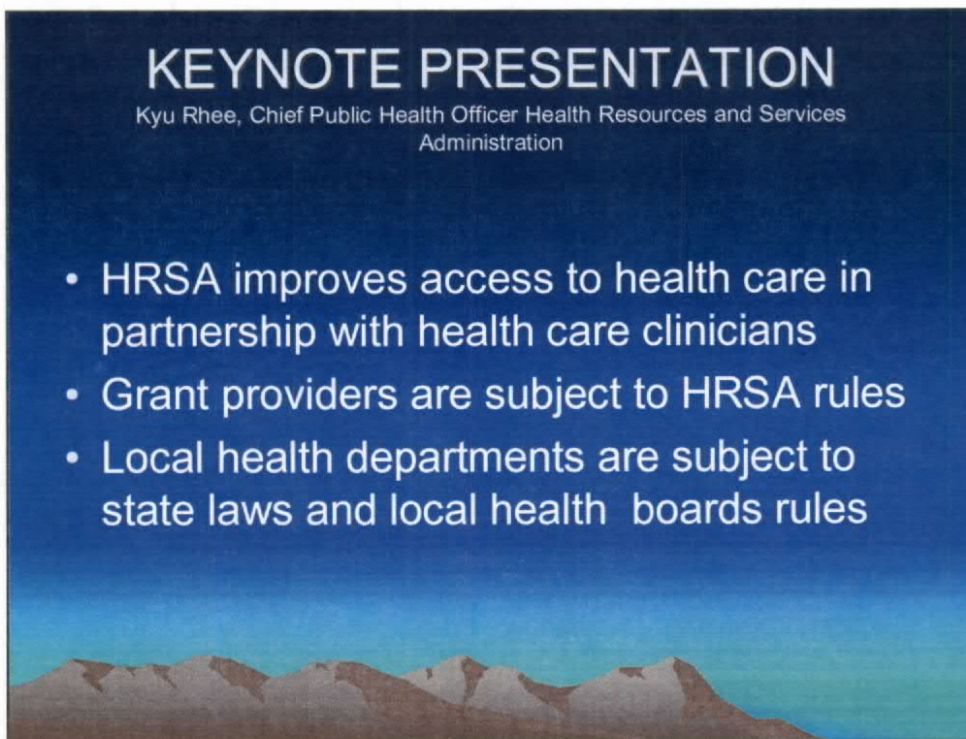
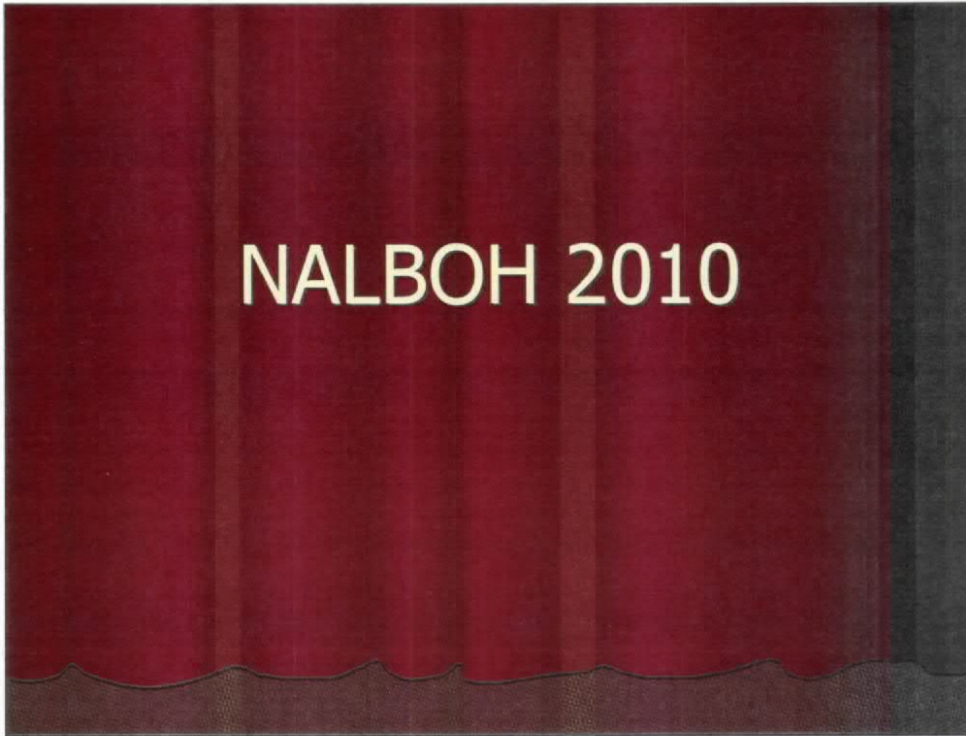
Item Number	Local Public Health Agency (EPHA) Financial Data	% Change in Actuals from Actual 2008	% Change in Actuals from Actual 2007	% Change in Actuals from Actual 2006
6	Medicare Revenues as % of Total Revenues	4.1%	2.6%	4.0%
7	Total Grant Revenues as % of Total Revenues	7.9%	-4.6%	8.3%
8	Total Fees Collected as a % of Total Revenues	16.6%	-2.8%	17.1%
9	Total Home Health Revenue as % of Total Revenues	3.3%	-22.9%	4.2%
10	Other Revenue as % of Total Revenues	0.5%	6.6%	0.5%
11	Restricted Revenues as % of Total Revenues	90.2%	3.1%	87.6%
12	Total Margin	-3.9%	0.7%	-0.8%
13	Operating Surplus/Deficit	0.96	-3.0%	0.99
14	One Time Revenues as % of Total Revenues	1.4%	-20.6%	1.8%
15	Budgeted Revenues Received as % of Budgeted Revenues In Annual Operating Budget	96.0%	-2.7%	96.6%
16	Days in Accounts Receivable	55	5.9%	52
17	Accounts Receivables Written Off as a % of Total Fees Collected	16.1%	16.4%	13.8%
18	General Fund Balance as a % of Total Revenue	0.9%	-77.9%	3.9%
19	Total Environmental Health Revenues as a % of Total Revenue	7.6%	-1.9%	7.8%
20	Total Dental Revenues as a % of Total Revenue	0.6%	-9.5%	0.7%
21	Total Immunization Revenues as a % of Total Revenue	1.8%	3.4%	1.7%
22	Total Medical Revenues as a % of Total Revenue	8.0%	1.1%	7.9%
23	Expenditure Ratios			
24	Expenditures per Capita	\$13.60	0.9%	\$13.48
25	Employees per 1,000 Population	0.29	4.0%	0.28
26	Fringe Benefits as a % of Salary and Wages	32.5%	0.6%	32.2%
27	Total Fringe Benefits / (Total Salary + Wages)	57.0%	-0.4%	57.3%
28	Salaries & Wages as a % of Total Expenditures	40.9%	0.2%	40.8%
29	Administrative Expenditures as % of Total Expenditures	57	-1.7%	58
30	Average Accumulated Employee Leave Liability / Total FTE	4.2%	-5.6%	4.4%
31	Laboratory Expenditures as % of Total Expenditures	4.4%	-15.4%	5.2%
32	Public Health Preparedness Expenditures as % of Total Expenditures	3.8%	4.7%	3.6%
33	Chronic Diseases Expenditures as % of Total Expenditures	138.4%	35.5%	102.1%
34	Home Health Expenditures as a % of Home Health Revenue			
35	Home Health Expenditures/Total Home Health Revenues			

Hillside County Health Department

Enter "City"  
 Enter "State" and "Zip Code"  
 Enter "Area Code and Phone Number" (XXX) XXX-XXXX  
 Enter "Contact Person"  
 Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

County Public Health Department  
 City  
 State, Zip  
 Phone Number  
 Contact  
 Fiscal Year (12 month period only)

Item Number	Local Public Health Agency (LPHA) Financial Data	Actual 2008	% Change in Actuals from 2007	Actual 2007	% Change in Actuals from 2006	Actual 2006
33	Medical Services Expenditures as a % of Total Expenditures	9.6%	9.9%		8.8%	
34	Pharmacy Expenditures as a % of Total Expenditures	2.2%	6.3%		2.0%	
35	Environmental Health Expenditures as a % of Total Expenditures	8.6%	3.9%		8.3%	
36	Dental Expenditures as a % of Total Expenditures	2.0%	7.3%		1.9%	
37	Immunization Expenditures as a % of Total Expenditures	2.6%	1.9%		2.5%	
38	Mission Critical Ratios (Other Financial and Related Indicators)					
39	% of Monitored Community Health Outcomes w/Improvement During 3 YR Period	22.2%	-60.0%		55.6%	
40	% of Community Priority PH Issues in the Annual Op Budget	100.0%	50.0%		66.7%	
41	County Special Tax Revenue as % of Total Revenues	0.2%	-74.7%		0.8%	
42	LPVA Venture Generated Revenues as % of Total Revenues	16.7%	0.0%		16.7%	
43	% of Financial Staff w/100% of PH Financial Competencies (# of Financial Staff)	35.3%	44.4%		24.4%	
44	(# of Programs w/Expenditures that Exceed Dedicated + Self Generated Revenues) / Total Revenues	5.9%	32.4%		4.4%	
45	(# of Programs w/Completed Cost Analysis/Total Number of Programs)	0.3%	-1.0%		0.3%	
46	Community Statistics					
47	Population Trend	928,622	0.2%		926,986	
48	Median Population Age	35	0.6%		35	
49	% of Population under 18	19%	0.0%		19%	
50	(Number in Population < 18/County Population)	35%	0.2%		35%	
51	(Number in Population > 65/County Population)	5.9%	5.4%		5.6%	
52	% Population Below Poverty	1.0%	-2.5%		1.1%	
53	(Population x % Below Poverty from US Census)	5.2%	3.5%		5.0%	
54	% Population Insured by Medicaid	4	-32.6%		5	
55	% Uninsured Population					
56	Residential Permits/1,000 Population					
57	(# of Residential Permits / (Population/1000))					

A slide with a dark blue background and a mountain range at the bottom. The text is white and sans-serif.

**KEYNOTE PRESENTATION**  
Kyu Rhee, Chief Public Health Officer Health Resources and Services Administration

- HRSA improves access to health care in partnership with health care clinicians
- Grant providers are subject to HRSA rules
- Local health departments are subject to state laws and local health boards rules

“Man has lost the capacity to foresee  
and to forestall. He will end by  
destroying the earth”

Albert Schweitzer

Source: Dedication of *Silent Spring* by Rachel Carson

## WHO'S PROTECTING YOUR DRINKING WATER

Hans Schmalzried, PhD  
Fleming Fallon, MD, PhD, DrPH,

- Cuyahoga river fires
- 87 contaminants have standards
- An aquifer is like a sponge
- “Dilution is not the solution to pollution”



## CIFOR GUIDELINES TO IMPROVE FOODBORNE OUTBREAK RESPONSE

Beverly Tremain, PhD

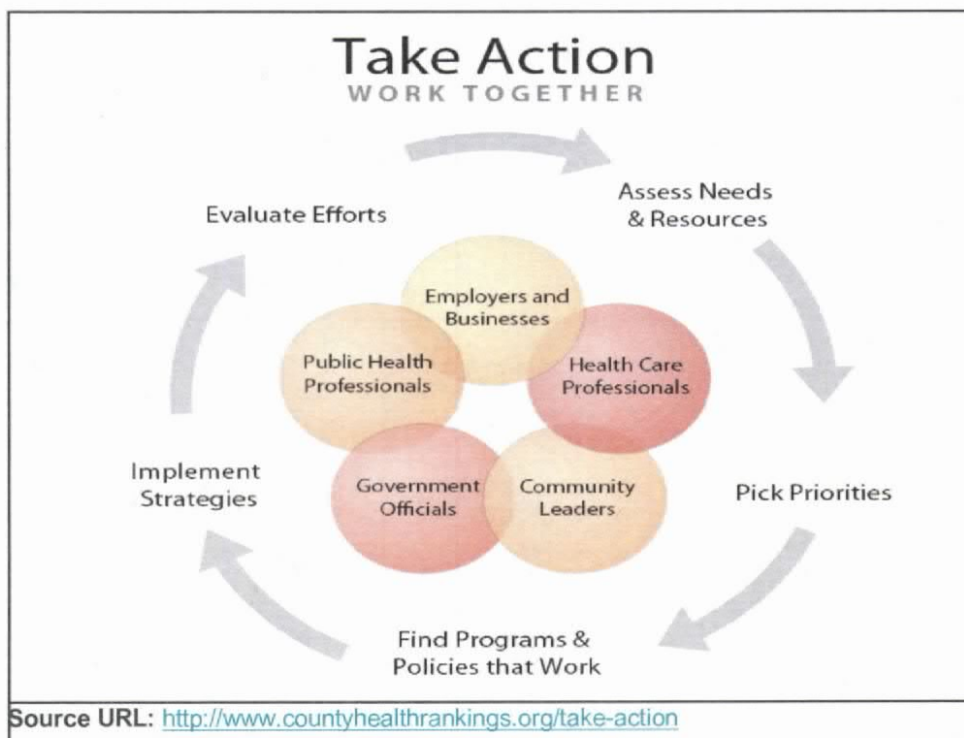
- A good book
- “Roach Coaches” are a problem
- Standard forms should not be used for outbreaks

CIFOR – Council to Improve Foodborne Outbreak Response

# ALIGNING BOARDS OF HEALTH WITH THEIR LOCAL HEALTH JURISDICTIONS

Bob Lutz, MD, MPH

- It's like running a business
- Politicians like control
- Board must tell the Health Officer there are political realities (costs)
- Legislatures can change how Board is constituted
- The Board should tell the public about the Board, and public health



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## The Dynamic Four Step Strategic Planning and Deployment Process

Ron Bialek, MPP – CEO and President, Public Health Foundation

John Moran, PhD – Senior Quality Advisor, Public Health Foundation  
and Senior Fellow, University of Minnesota, School of Public Health

August 5, 2010



### Strategic Planning Process Assessment

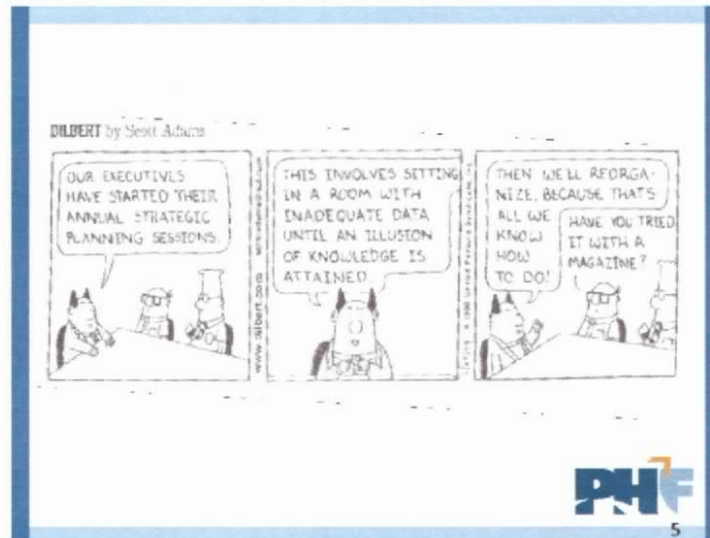
- > Preparation for Strategic Planning
- > Developing the Strategy
- > Deploying the Strategy
- > Reviewing Implementation Versus the Strategic Plan



47



# PREPARATION



## Preparation for Strategic Planning Data Gathering

- > Community health status data
- > Community and partnership relations
- > Economic trends
- > Financial analysis
- > Consumer research
- > Employee research
- > Legislative trends
- > Current measures – Capacity, Process, and Outcome
- > Current strategy and goal completion rates
- > Self assessment data
- > Demographic changes
- > SWOT Analysis
- > Accreditation data

## PREPARATION

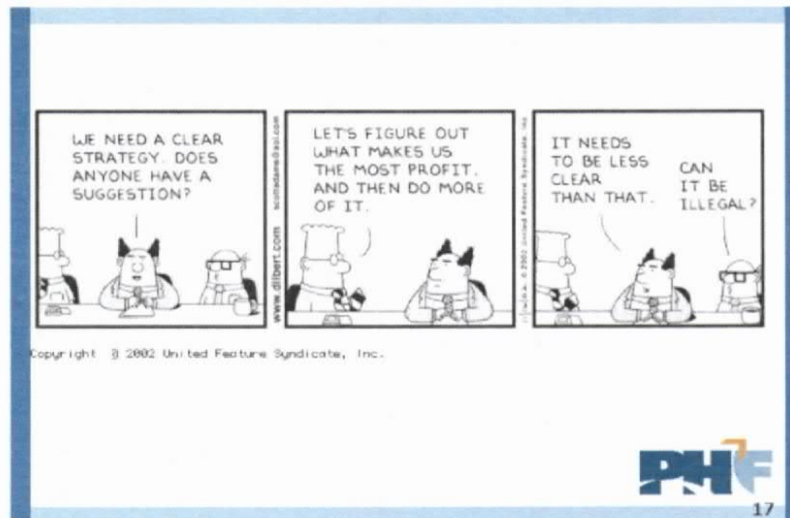
- The board, and health department, should see that preparation is really strategic and leads to prioritization
- Obtain data (Is it fact or opinion, and is it relevant to strategic planning?)
- Why are we here? (Avoid presenting a list of good deeds)
- What are the most pressing needs? (Money, accreditation, communication?)

## PREPARATION (CONT'D)

- What do you want to accomplish? (3)
- Integration (The BOH should go across organizational boundaries)
- Make a commitment to do it right
- Morale



## DEVELOPING STRATEGY





Visit the Community Guide Web site and find out what works to promote health and safety in your community. Learn about:

- Evidence-based Task Force findings and recommendations
- Systematic review methods
- Interventions on 18 public health topic areas
- How to use the Community Guide
- And more!

[www.thecommunityguide.org](http://www.thecommunityguide.org)

## WHAT DO YOU THINK OF WHEN YOU HEAR THE TERM "EVIDENCE BASED" ?

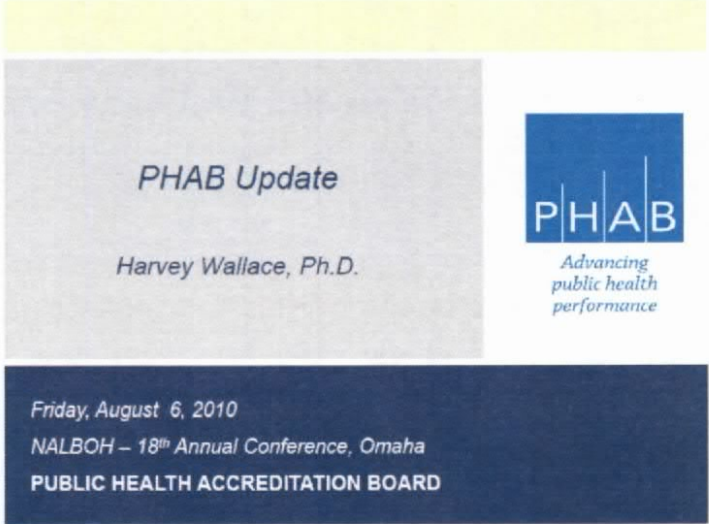
- A wild guess ("something must be done")
- An evaluation of one study or program
- A systematic review of multiple studies
- A study performed or paid for by a company or organization
- "Truth"
- Tested approaches shown to be effective

## EVIDENCE BASED APPROACH

- Research tested evidence
  - Interventions tested through a research study
  - Results may have been reported in a peer review journal
- Community Guide looks at interventions
- Insufficient Evidence means:
  - The available studies have inconsistent findings, or there are not enough studies to draw firm conclusions

# ACCREDITATION

- Hospitals, schools, and police departments have all long benefited from accreditation processes to help better protect and serve the public. Starting in 2011, public health departments across the country will also be able to measure themselves against clear national standards to maximize their potential to protect and improve health.



*PHAB Update*

*Harvey Wallace, Ph.D.*

**PHAB**  
*Advancing  
public health  
performance*

*Friday, August 6, 2010*  
*NALBOH – 18<sup>th</sup> Annual Conference, Omaha*  
**PUBLIC HEALTH ACCREDITATION BOARD**

## PHAB's Goals

- Successfully plan and deliver a national voluntary public health accreditation program by 2011
- Incrementally increase the number of health departments that are accredited each year (100% by 2020 goal)
- Cover 60% of the population with accredited health departments by 2015

PHAB

Three  
required  
components

Community health assessment

Community health improvement plan

Agency strategic plan

PHAB

## **Strengthening Community Engagement Through Collaborative Leadership**

Friday, August 6, 2010

1:00-3:30pm

Omaha, NE

1

*Magda Peck, ScD*

From the Turning Point Series

### **Collaboration in Context**

- Identify the problem
- Understand what makes leadership difficult
- Identify stakeholders
- Assess extent of stakeholder agreement
- **Evaluate community's capacity for change**
- Identify where the problem/issue can be most effectively addressed

» Chrislip and Larson

20





## PUBLIC HEALTH FINANCE

Peggy Honore, Director of the Public Health System Finance and Quality Control, Department of Health and Human Services

- Purpose – Provide methods to ensure agency stability
- Strategies
  - To reduce financial risks and minimize negative impacts during periods of economic downturns
  - Answer questions fiduciary leaders should ask

# PUBLIC HEALTH FINANCE

Peggy Honore, Department of Health and Human Services

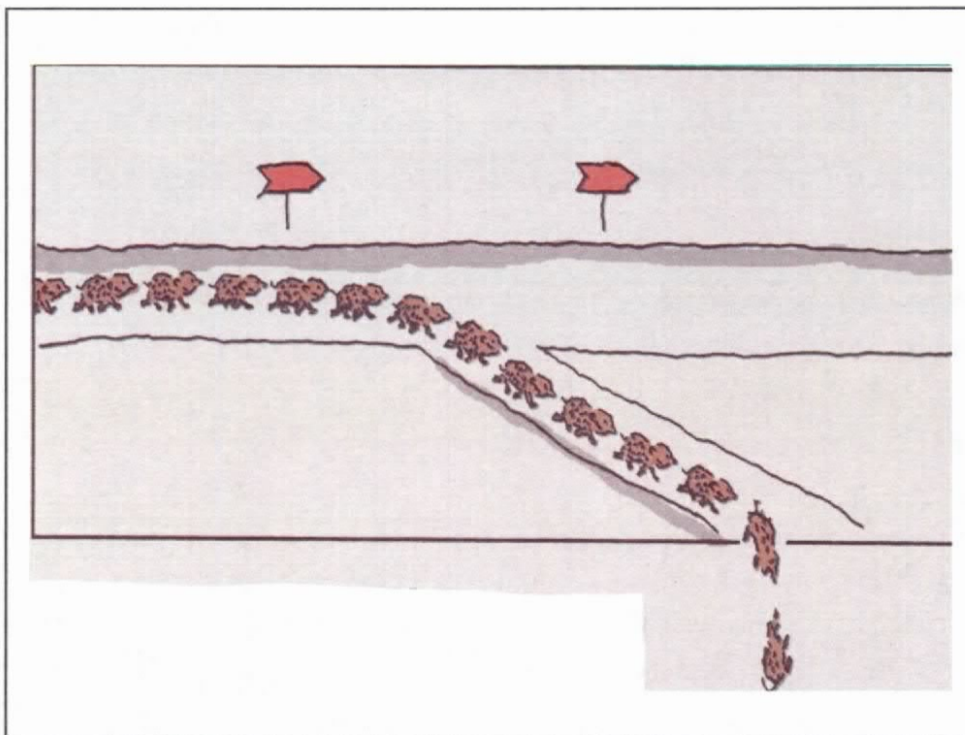
- Concepts and techniques that should be routinely conducted to ensure sustainability while reducing the risk of financial instability
- Relevance
  - Financial risk must be routinely mitigated
  - Waiting until you are in the eye of a storm is too late

# RISK MITIGATION

- Characterized by a way of thinking and acting
- Promotes management practices where information is turned into knowledge that can be used to anticipate and respond to unexpected events

## FINANCE-RESEARCH UPDATES

- EDUCATION
  - Profound gaps in the application of finance theory and concepts in the field of Public Health
  - MPH programs teach hospital finance not public health finance
- TRAINING
  - No finance professional association
- FINANCIAL MANAGEMENT
  - Sustainability depends on local financial health



## EXAMPLES OF FINANCIAL RISK

- Budget overruns
- Expenditures exceeding revenues
- Diminishing fund balances
- Limited revenue resources
- Lack of outcomes
- Programs without dedicated revenues
- Mission Creep – The expansion of a project or mission beyond its original goals

## CONSEQUENCES OF NOT REDUCING RISKS

- **NEGATIVE AUDIT FINDINGS SUCH AS:**
- Lack of self sufficiency in Fee-for-Service Programs
- Lack of internal controls
- Failure to report and collect Accounts Receivables
- Mismanagement of federal grants

**POOR  
QUALITY  
DOCUMENT**

**POOR  
QUALITY  
DOCUMENT**

**N A L B O H**  
National Association of Local Boards of Health

**Public Health Finance:  
Applying Practice-Based Quantitative  
Analysis to Strengthen and Sustain  
Public Health Agencies**

Omaha, NE  
August 5, 2010

Peggy A. Honoré, DHA

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**Value to Public Health Leaders**

- Concepts and techniques that should be routinely conducted to ensure sustainability while reducing the risk of financial instability
- Promotes strategic decision making by aligning operational and financial performance

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**Relevance**

- Financial risk must be routinely mitigated
- Waiting until you are in the eye of the storm is TOO late

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	<b>Risk Mitigation</b>
	<ul style="list-style-type: none"> <li>■ Characterized as a way of thinking and acting</li>   <li>■ Promotes management practices where information is turned into knowledge that can be used to anticipate and respond to unexpected events</li> </ul>

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	<b>Examples of Financial Risk</b>
	<ul style="list-style-type: none"> <li>■ Budget overruns</li> <li>■ Expenditures exceeding revenues</li> <li>■ Diminishing Fund Balances</li> <li>■ Limited Revenue Streams</li> <li>■ Lack of outcomes</li> <li>■ Programs without dedicated revenues</li> </ul>

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	<b>Consequences of Not Reducing Risks - Negative Audit Findings such as:</b>
	<ul style="list-style-type: none"> <li>■ Lack of self-sufficiency in Fee-for-Service Programs</li>   <li>■ Lack of internal controls</li>   <li>■ Failure to report and collect Accounts Receivables</li>   <li>■ Mismanagement of federal grants</li> </ul>

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	<h3 style="text-align: center;">Examples of Financial Management Practices</h3>
	<ul style="list-style-type: none"> <li>■ Ratio Analysis – comparing several pieces of information</li> <li>■ Trend Analysis – Examination of ratios over time periods</li> <li>■ Benchmarking – comparisons to others</li> </ul>

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	<h3 style="text-align: center;">What is Ratio and Trend Analysis</h3>
	<ul style="list-style-type: none"> <li>■ Financial and Operational Ratio and Trend Analysis is the calculation and comparison of ratios which are derived from information in an organization's financial records and relevant demographic data sets.</li> <li>■ The level and historical trends of these ratios can be used to make inferences about an organization's financial condition and operations.</li> <li>■ The history of financial data ratio analysis traced to the end of the 19<sup>th</sup> century!</li> <li>■ More robust analysis emerged with the advent of electronic data processing</li> </ul>

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	<h3 style="text-align: center;">Aids in Answering</h3>
	<ul style="list-style-type: none"> <li>■ What expenses need to be reined in</li> <li>■ Are administrative cost reasonable</li> <li>■ How diversified are agency revenues</li> <li>■ Can declines in revenues be forecasted</li> <li>■ What are demographic and economic indicators that could impact agency financial status</li> <li>■ What are Trends in revenues and expenditures</li> <li>■ How many programs must be subsidized because they can not operate fully from dedicated or self-generated revenues</li> </ul>

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	<b>Early Warning Signs of Potential Risk of Agency Financial Distress</b>
	<ul style="list-style-type: none"> <li>■ Poor information systems</li> <li>■ Inadequate cost and expenditure controls</li> <li>■ Mission creep</li> <li>■ Lack of revenue diversification</li> <li>■ Lack of Management oversight</li> <li>■ Accounts Receivable Write-offs</li> <li>■ Constant and/or increasing audit findings</li> <li>■ Loss of grant revenue</li> </ul> <div style="text-align: right; margin-top: 10px;">  </div>

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	<b>Misconceptions</b>
	

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# Hospitals

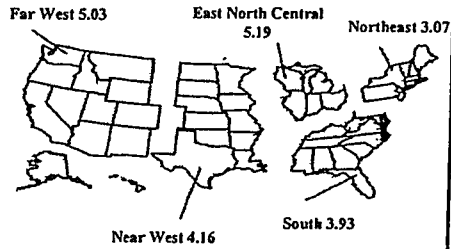
147 Indicators and Ratios

**Examples:**  
 Revenue per patient  
 Expenditures per patient  
 Days in Accounts Receivables  
 Total Margin (Revenue less Expenditures)

Ratio	Beds		
	>499	300-399	<100
Total Margin	4.3%	3.6%	3.1%
Revenue per FTE	\$128,000	\$116,000	\$105,000
Admin Exp Ratio	7.8%	8.5%	.3%

Source: INGENIX Almanac of Hospital Financial and Operating Indicators

## Hospital Total Margin Regional Variations



## Benchmarking Improves Hospital Performance

Healthcare Financial Management Association

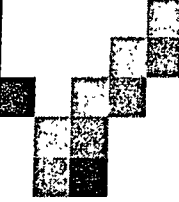
Hospitals that benchmark had:

ROI	11% ↑
Total Margin	30% ↑
Days in Patient Accounts Receivable	3% ↓
Days of Cash on Hand	5% ↑
Supply Cost	9% ↓
Operation Cost	11% ↓





**N A L B O H**  
National Association of Local Boards of Health



Viewing Public Health Financial Information from a Different Perspective: Financial Ratio Analysis in Florida County Health Departments

Peggy Honoré  
Matthew J. Dillon  
August 6, 2010

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**OVERVIEW OF RATIO AND TREND ANALYSIS IN FLORIDA DEPRTAMNT OF HEALTH**

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Click on a participating county to view its menu



FLORIDA DEPARTMENT OF HEALTH

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## Florida Department of Health

- 67 County Health Departments
  - \$834 M CHDs Statewide
  - \$208 B Department Wide
- Co-managed under the State and Local Board of County Commissioners
- All State Employees
- Single Accounting System
  - Unified chart of accounts

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## Challenges on what to collect:

- We collect lots of information, just depends on how and what you want to retrieve
- Issues with trying to collect information from the various operations, especially clinical
  - i.e. What is primary care, what is core public health?

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## Florida Advantages:

- We use a similar codes, chart of accounts, accounting structure, format, etc.
- Most all financial data was in one data base
- We had access to the data
- If we pulled the data we would have control on how it was sorted
  - Consistently right or consistently wrong
- Workload was put on limited staff
- Instructions were clear among those involved

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**Results:**

- Data pull for 45 of the 61 criteria
- CHDs gathered for the remaining 16 items

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**Scope of CHD Clinical Services**

- 1 million clients served annually.
- Over 250 clinic sites throughout state.

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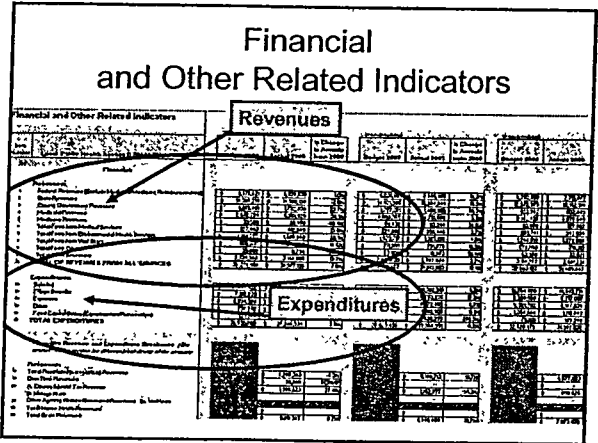
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Item Number	Local Public Health Agency (LPHA) Financial Data
<b>Financial:</b>	
<b>Revenues:</b>	
1	Federal Revenues (Exclude Medicaid/Medicare Reimbursements)
2	State Revenues
3	County Government Revenues
4	Medicaid Revenues
5	Medicare Revenues
6	Total Fees from Medical Services
7	Total Fees from Environmental Health Services
8	Total Fees from Vital Stats
9	Total Fees, Other
10	Total Other Revenues
11	<b>TOTAL OF REVENUES FROM ALL SOURCES</b>

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### Annual Comparisons

Budget 2006		Actual 2006		Budget 2007		Actual 2007		Change in Actuals from 2006
\$ 8,392,559		\$ 12,872,373		\$ 9,475,621		\$ 8,928,635		14.6%
\$ 1,244,610		\$ 678,000		\$ 14,385,214		\$ 14,080,130		15.9%
\$ 83,000		\$ 3,714,272		\$ 1,665,481		\$ 1,737,830		68.3%
\$ 52,603,127		\$ 35,500		\$ 5,672,784		\$ 6,561,978		3.8%
				\$ 274,443		\$ 412,848		-34.8%
				\$ 1,188,225		\$ 1,658,840		3.7%
				\$ 850,305		\$ 906,687		4.0%
				\$ 35,000		\$ 11,794		-25.7%
				\$ 2,124,668		\$ 2,148,652		1.2%

1. Captured 3 Fy's  
2. Actual Amounts and  
3. Added Budget for each year.

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### Financial – Expenditures

Item Number	Local Public Health Agency (LPHA) Financial Data
<b>Expenditures:</b>	
12	Salaries
13	Fringe Benefits
14	Expenses
15	Other
16	Fixed Capital Outlay (Construction/Renovation)
17	<b>TOTAL EXPENDITURES</b>

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## Demographic

Item Number	Local Public Health Agency (LPHA) Financial Data
<b>Demographic</b>	
44	Total Population
45	Median Population age
46	Number in Population under 18
47	Number in Population over 65
48	% of Population below poverty
49	# of residential building permits issued current FY
50	Number of people in county that are covered by Medicaid
51	Number of people in county that are uninsured

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## Workforce

Item Number	Local Public Health Agency (LPHA) Financial Data
<b>Workforce</b>	
52	Total FTE (Full Time Equivalents)
53	Total Liability Days for Unused Vacation and Sick Leave (Include Comp Time)
54	# of Financial Management Employees with Discipline Specific Training/Education
55	# of Employees w/Financial Management Responsibilities

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## Mission Critical

Item Number	Local Public Health Agency (LPHA) Financial Data
<b>Mission Critical (Other Financial and Related Indicators)</b>	
56	# of Priority Programs* in Annual Operating Budget (*Identified through Strategic Planning or Community Health Assessment Process)
57	# of Priority Programs Identified in Strategic Plan or Community Health Assessment
58	# of Community Health Outcomes Showing Improvement During a 3 Year Period
59	# of Community Health Outcomes Monitored Yearly
60	Total Expenditures Targeted to Health Disparity Programs
61	Total Number of Agency Programs

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NO DATA INPUT REQUIRED BELOW THIS LINE

**RATIOS**

**Revenue Ratios**

- 1 Revenues per capita  
(Total Revenues/Population)
- 2 Federal Revenues as % of Total Revenues  
(Federal Revenues/Total Revenues)
- 3 State Revenues as % of Total Revenues  
(State Revenues/Total Revenues)
- 4 County Revenues as % of Total Revenues  
(County Revenues/Total Revenues)

<small>1. This information is for informational purposes only and is not intended to be used for any other purpose.</small>		
<small>2. This information is for informational purposes only and is not intended to be used for any other purpose.</small>		
<small>3. This information is for informational purposes only and is not intended to be used for any other purpose.</small>		
<small>4. This information is for informational purposes only and is not intended to be used for any other purpose.</small>		

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10	TOTAL OTHER REVENUES	\$ 2,043,000
11	TOTAL OF REVENUES FROM ALL SOURCES	\$ 16,228,647

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44	Total Population	251,703
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**Revenues per Capita**

Total Revenues / Population = Revenues / Capita

$$\frac{\$16,228,647}{251,703} = \underline{\underline{\$64.48 / Capita}}$$


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RATIOS			
Revenue Ratios			
1	Revenues per capita (Total Revenues/Population)	\$54.48	7.8%
2	Federal Revenues as % of Total Revenues (Federal Revenues/Total Revenues)	10.3%	-32.0%
3	State Revenues as % of Total Revenues (State Revenues/Total Revenues)	42.5%	3.0%
4	County Revenues as % of Total Revenues (County Revenues/Total Revenues)	6.4%	-6.1%
5	Medicaid Revenues as % of Total Revenues	14.5%	22.4%

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### Florida Finance Ratio Analysis Initiative 2006-2008:

- Population size:
  - 1 = <25,000;
  - 2 = 25,000-49,999;
  - 3 = 50,000-99,999;
  - 4 = 100,000-499,999;
  - 5 = 500,000-999,999;
  - 6 = >1,000,000

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6. Total Fees from Medical Services

Population	Qtr	Variable	Perms	7/1/06	Per. Ann.
1	15	PE061006	309164.27	36421.07	762648.61
		PE061007	105189.40	782.85	218773.87
		PE061008	121546.34	13888.85	623346.29
2	15	PE062006	88362.71	17366.65	217996.95
		PE062007	300211.41	14821.46	198231.35
		PE062008	442262.27	33367.34	345423.81
3	15	PE063006	77419.27	28201.30	137084.74
		PE063007	82317.18	26482.23	856839.54
		PE063008	82376.55	79937.87	955539.55
4	24	PE064006	542065.13	88029.25	2299180.00
		PE064007	274402.29	88626.43	3380967.00
		PE064008	631063.67	187721.20	3619211.26
5	6	PE065006	1054937.29	604272.19	2388425.71
		PE065007	1889764.13	546296.83	2416412.24
		PE065008	1677248.00	482641.57	5772374.00
6	5	PE066006	3598427.71	343253.28	4813938.28
		PE066007	1653153.38	326445.66	4952112.99
		PE066008	1887926.57	413899.86	6281374.89

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**Total Fees from Vital Stats**

Population	City	Variable	Year	Minimum	Maximum	% of Dev
1	15	PE02006	2548.20	247.00	3761.50	
		PE02007	10568.04	7136.95	21136.50	
		PE02008	18717.33	2819.80	29512.50	
2	9	PE02006	20099.83	37098.00	34608.00	
		PE02007	27221.00	11298.50	42452.00	
		PE02008	14519.66	14113.00	29494.50	
3	8	PE02006	21295.72	24117.25	79020.50	
		PE02007	52441.00	25902.50	42925.00	
		PE02008	54531.42	26748.50	96449.50	
4	24	PE02006	282129.20	47348.00	425049.00	
		PE02007	221105.41	69053.20	402757.00	
		PE02008	220785.65	71225.50	356653.00	
5	6	PE02006	516645.20	442519.00	990184.00	
		PE02007	684252.70	432848.04	1008319.25	
		PE02008	621239.90	239530.83	976643.75	
6	5	PE02006	1579532.24	746185.44	4927114.54	
		PE02007	1432148.34	432848.04	2021179.34	
		PE02008	1439651.56	546686.71	2379841.24	

**Total Fees from Environmental Health Services**

Population	City	Variable	Year	Minimum	Maximum	% of Dev
1	15	PE02006	2728.67	85528.20	17211.20	3741.54
		PE02007	83743.30	26478.20	185440.10	32941.74
		PE02008	41728.55	27841.95	187814.58	34848.64
2	9	PE02006	228709.22	85343.70	400291.52	125229.24
		PE02007	197478.20	27624.65	398465.37	189544.21
		PE02008	181287.28	65346.08	316184.20	93218.21
3	8	PE02006	321731.61	190449.50	53081.27	116278.26
		PE02007	143215.00	164981.44	498029.29	116021.12
		PE02008	209177.66	154546.65	605460.71	154611.69
4	24	PE02006	471011.27	352273.18	2953295.45	646942.16
		PE02007	725444.43	171261.05	2260873.45	494112.64
		PE02008	667843.30	125790.42	2114551.21	271229.74
5	6	PE02006	252514.41	1182543.17	5483444.18	851294.95
		PE02007	1909123.55	1171851.63	3083429.00	851113.68
		PE02008	1511305.37	1194001.41	2967329.40	86272.10
6	5	PE02006	1253535.08	1172859.04	2258931.75	413740.51
		PE02007	1214741.16	1313124.26	2132654.80	296271.88
		PE02008	1314874.75	1580267.54	2604113.75	437691.90

**63 Revenues per capita**

Population	City	Variable	Year	Minimum	Maximum	% of Dev
1	15	PP12006	340.44	58.35	5447.00	
		PP12007	121.25	51.56	140.45	
		PP12008	142.46	61.78	286.44	
2	9	PP12006	88.76	47.04	149.62	
		PP12007	39.66	49.66	157.72	
		PP12008	109.60	64.81	173.48	
3	8	PP12006	45.84	29.55	99.04	
		PP12007	20.53	30.83	115.83	
		PP12008	21.54	31.74	100.18	
4	24	PP12006	44.56	23.41	64.85	
		PP12007	42.96	25.54	72.39	
		PP12008	49.55	25.94	68.74	
5	6	PP12006	21.43	31.46	49.94	
		PP12007	25.04	28.78	55.99	
		PP12008	49.37	33.23	61.24	
6	5	PP12006	33.46	24.42	43.88	
		PP12007	33.37	37.99	46.35	
		PP12008	35.59	29.81	46.14	









**Florida's Current Measures**

- Revenue per Capita
- Expenditure per Capita
- Margin of revenue to expenditures

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**SUMMARIZE FINDINGS**

- #1 – Showed immediate coding errors
- Provided 3 FY's to trend on a single page:
  - Actual Data vs. Budgeted Data
- Baseline data for DOH & individual county CHD
- Management Decisions – Data/Evidence-based

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**Next Steps.....**

- Decide what to capture up front to reduce workload
- Prioritize Key Data Elements
- Review Coding Activities
  - Standardize
- Technology
  - Become more efficient with technology to reduce staff workload

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## GOALS / ACTION.....

- Obtain "buy in" from Leadership
  - ✓ Done State Level
  - ✓ Done Local Level
- Action Taken
  - ✓ Done Regional - Visited Tallahassee – Statewide webinar
  - ✓ Done Local - Peer support and key peer support
  - ✓ Done Established a workgroup
- Intent
  - Identify 10 -20 ratios
  - Implement seamlessly with new business plan beginning of Fiscal Year
  - Monitor and Analyze data

"The project is to develop and assess the viability of using a series of ratios to compare public health financial and administrative infrastructure information and then be able to compare the results to other CHDs/states. We all think this analysis will provide yet another resource for moving forward with making sound business decisions relative to public health. This may also play a role in a future credentialing process for local and county health departments".

*Michael Sentman  
Assistant Deputy State Health Officer  
Florida Department of Health*

**Thanks!**



**Introducing a Set of Public Health  
Financial Indicators**

①

PEGGY A. HONORE, DHA  
USM

CHERYLL D. LESNESKI, DRPH  
Cillings School of Global Public Health,  
UNC-CHAPEL HILL

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**Financial Indicators**

②

- Quantify changes in key factors related to financial status
  - Analyze trends
  - Compare financials to other local public health agencies

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**Outline for Indicators' Intro**

③

- Categories of indicators
- Introduce some indicators for each category with the following information:
  - Definition
  - Ratio
  - Warning Trend
  - Collecting Data
  - Reporting
  - Analysis

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### Revenue Indicators

④

- Revenues per Capita
- Restricted Revenues
- Sources of Revenues

Federal	Medicare
State	Medicaid
County	Fees
Other	

- Additional Revenue Breakouts

One-time Revenues	Venture Generated Revenues
County Special Tax	Home Health
Grants	

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### More Revenue Indicators

⑤

- Total Margin
  - $(\text{Total Revenue} - \text{Total Expenditures}) / \text{Total Revenue}$
  - Amount each dollar of revenue generated in surplus (deficit) operating dollars
  - Warning Trend – Negative values
- Operating Surplus/Deficit
  - $(\text{Total Revenues} / \text{Total Expenses})$
  - Measures excess of revenues over expenses
  - Warning Trend – Ratio values < 100%

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### Financial Indicators: Revenues per Capita

⑥

- Changes in revenues relative to population size
- Ratio
  - $\text{Total Revenues} / \text{Total County Population}$
- Warning Trend
  - Decreasing revenues per capita
    - Revenues are decreasing
    - Population is increasing

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### Data for Revenues per Capita

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	Year End 2003	Year End 2004	Year End 2005	2003-2007	2003-2006
<b>Demographic</b>					
1 Total Population (Estimated)	104,172	106,000	107,750	3,578	3,578
2 Median Population (Estimate)	20,834	21,200	21,550	716	716
3 % of Population under poverty	12.1%	12.1%	12.1%	0.0%	0.0%
4 # of non-federal funding sources	24	24	24	0	0
<b>Revenues and Budgets</b>					
5 Total Revenues	\$ 21,827,500	\$ 22,500,000	\$ 23,000,000	\$ 672,500	\$ 672,500
6 Total Available Revenue	\$ 21,827,500	\$ 22,500,000	\$ 23,000,000	\$ 672,500	\$ 672,500
7 Total Annual Operating Budget	\$ 20,400,000	\$ 20,900,000	\$ 21,400,000	\$ 1,400,000	\$ 1,400,000
<b>Ratios</b>					
NO DATA NEEDED IN THIS SECTION					
8 Average Revenue per capita	210	213	214	3	3
9 Total Revenues/Population	210	213	214	3	3

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#### Reporting & Analysis:

Revenues per Capita are increasing

- Population change is small
- Result of increases in total revenue

Which source?

Temporary or long-term?

Are increasing revenues sustainable?

Number of services increased?

Costs increased?

Reporting

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### Financial Indicators: Sources of Revenue

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- Revenues from
  - Federal, state, and local government
  - Medicaid
  - Medicare
  - Fees from customers
  - Vital Statistics
  - Private insurance
  - Other
- Ratios:
  - Revenues by Source of Revenue / Total Revenues
  - Examples:
    - Total Federal Revenues / Total Revenues
    - Total State Revenues / Total Revenues
    - Total County Revenues / Total Revenues
- WARNING TREND: Decreasing trends signal potential erosion of funding source

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### Financial Indicators: Expenditures Per Capita

16

- Changes in expenditures relative to changes in county's population size
- Ratio:
  - Total Expenditures / County's Population
- Warning Trend:
  - Increasing expenditures per capita

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### Data for Expenditure Indicators

Demographic		2006	2007	% Change
1	Total Population	1,087,172	1,050,038	-3.4%
<b>Expenditures</b>				
26	Total Expenditures (in Programs, salaries, etc.)	\$23,758,654	\$22,182,028	-6.8%
27	Total Program Expenditures	\$20,917,359	\$17,353,009	-17.0%
28	Total Fringe Benefits Expenditures	\$4,325,868	\$4,877,899	12.5%
29	Total Salary and Wages Expenditures	\$2,525,427	\$2,951,120	17.2%
30	Total Administrative Expenditures (Excluded in Column C)	\$1,315,401	\$1,057,000	-19.6%
31	Total Public Health Program Expenditures	\$6,781,170	\$4,845,000	-28.4%
32	Total Chronic Diseases Expenditures	\$475,116	\$231,800	-51.3%
<b>Ratios</b>		<b>Ratio Formulae</b>		
NO DATA NEEDED IN THIS SECTION				
19	Expenditures per Capita (Total Expenditures/Population)	21.85	21.02	-3.8%
20	Expenditures per 1,000 Population (Percent of Full Time Employees/Population*1000)	6.42	6.28	-2.2%
21	Program Expenditures as a % of Salary and Wages (Total Program Expenditures / (Total Salary + Wages))	79.6%	72.9%	-8.5%
22	Program Expenditures & Wages (Excludes Fringe Benefits) (Total Salaries + Wages / Total Expenditures)	79.6%	72.2%	-9.2%
23	Administrative Expenditures as % of Total Expenditures (Administrative Expenditures/Total Expenditures)	5.5%	4.8%	-12.7%
24	Public Health Program Expenditures as % of Total Expenditures (Public Health Program Expenditures/Total Expenditures)	28.6%	21.8%	-23.8%
25	Chronic Diseases Expenditures as % of Total Expenditures (Chronic Diseases Expenditures/Total Expenditures)	2.0%	1.0%	-50.0%

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### Reporting & Analysis

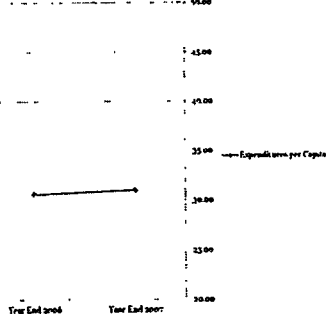
Warning: Increasing expenditures per capita

- Population decrease
- Expenditures increase

#### Questions

- Sufficient revenue to cover increases in expenditures?
- Increases due to more services or increased cost of services?

### Expenditures per Capita



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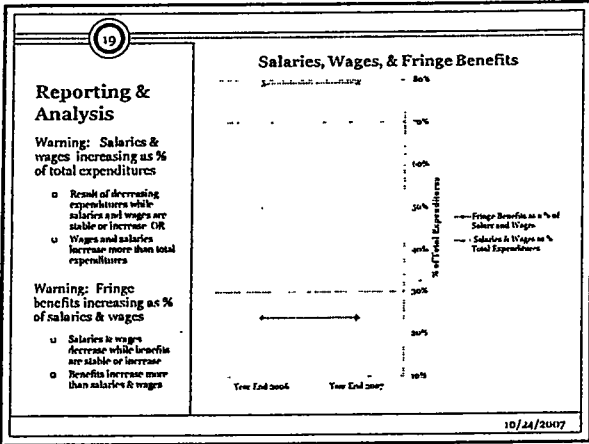
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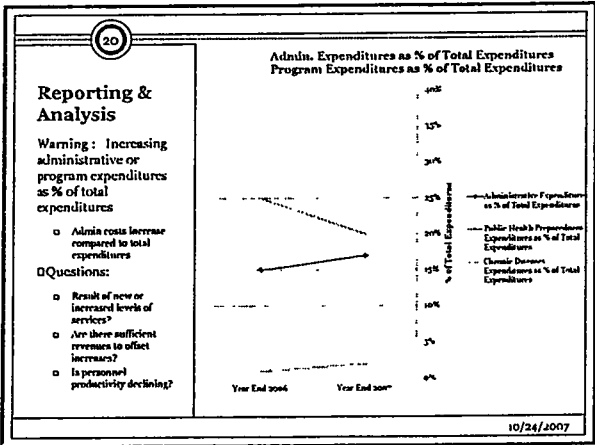
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- 21**
- ### Other Financial & Related Indicators: Mission Critical
- % of Improved Community Health Outcomes
  - % of Community Priority PH Issues in Annual Operating Budget
  - % of Financial Management Employees with Discipline Specific Training/Education
  - % of Programs with Expenditures that Exceed Dedicated plus Self Generated Revenues
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### Financial Indicators & Condition

25

- Enough cash to pay bills for 30-60 days (cash solvency)
- Enough revenue to meet expenditures and not incur deficits during budgetary period or fiscal year (budgetary solvency)
- Enough revenue to pay all costs of doing business in the long run (long run solvency)
- Enough revenue to provide services at level and quality needed to promote and protect the public's health (service solvency).

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### Use of Standard Financial Indicators

26

- Maintain existing service levels
- Withstand economic disruption
- Meet demands of growth and decline
- Transparency
- Accountability
- Improvement
- Research

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### Financial Ratios and Financial Statements

27

- Most LPHAs
  - Produce budgets showing revenue and expenditures
  - Compare actual to budgeted amounts for current year
  - Create year end financial statements, balance sheets
- These statements do NOT provide information needed to evaluate long-run financial condition

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## The Word - Transparency

28

- Is your local public health system/agency in good financial condition?
- How do you know?
- Let's work together to measure financial condition and compare revenues, expenditures, services, and outcomes across local public health systems and within our own systems over time to answer this question.

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## FINANCIAL RATIO ANALYSIS CASE STUDY EXERCISE!



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## Exercise Questions

Based on the data and ratios in the Case Exercise, what conclusions do you draw about the following areas?

1. Trends in service line revenues and expenditures
  - Are there expenses that need to be reined in?
  - Have any revenues declined?
2. Administrative costs - are they reasonable?
3. Diversity of agency revenues
4. Demographic and economic factors that could impact agency financial status
5. Programs that exceed dedicated and self-generated revenues

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Public Health Finance

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**N A L B O H** The Gateway to Public Health

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National Association of Local Boards of Health

Peggy A. Honoré, DHA

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Topics

- Research updates
- Financial Index Analysis

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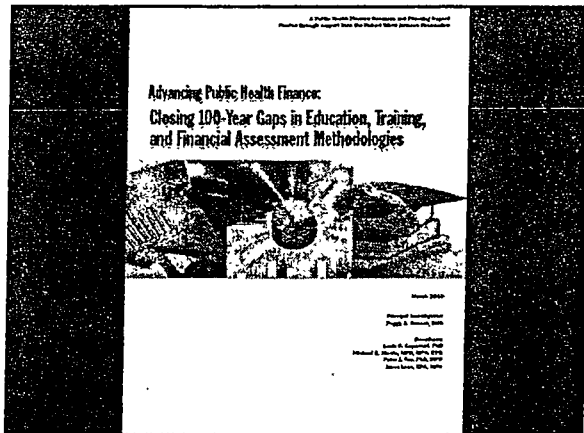
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## Summary of Findings Education



- Profound gaps in the application of finance theory and concepts to the field of public health
- Courses are not structured to provide Public Health professionals across multiple disciplines (*epi, lab, community health, informatics, etc*) with the knowledge to meet identified public health finance competencies
- In top 20 programs, MPH Non-management tracks include No finance courses
- Public Health Finance courses are absent of relevant content areas because they mimic MHA courses
- Courses lack material relevant to public organizations and public health functions

Gepenski, Morris, Honoré, 2019

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## Summary of Findings Training



- While public health has no finance professional association, system partners organized as long as a century ago



- The absence of professional associations makes it difficult to attract academics to the field and, consequently, opportunities for academics to learn about public health and apply concepts to the field are lost.

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## Summary of Findings Financial Management



- Sustainability of the system depends largely on the financial health of state and local public health agencies
- There are no *mainstreamed* standards to measure financial health of public health agencies or the system
- Applicability of ratios and indexes as standards to measure performance and quality such as in Accreditation

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Agency Financial Risk Index					
Ratio	Weights Relative Influence on Index calculation	Standards Established based on industry best practices observed through benchmarking	Agency Ratio Value Taken from agency ratio data	Possible Scores <sup>1</sup>	Agency Score Calculated by comparing Agency Ratio Value to the Standard in each category
Revenue per capita	5			13.5	
Property Tax Revenue Ratio	3			8.1	
Total Margin	10			27	
General Fund Balance Ratio	3			8.1	
Operating Surplus/Deficit Margin	10			27	
Program Sustainability Index	3			8.1	
Administrative Expense Ratio	3			8.1	
Financial Risk Index				100%	

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Agency Financial Risk Index					
Ratio	Weights Relative Influence on Index calculation	Standards Established based on industry best practices observed through benchmarking	Agency Ratio Value Taken from agency ratio data	Possible Scores <sup>1</sup>	Agency Score Calculated by comparing Agency Ratio Value to the Standard in each category
Revenue per capita	5	\$45	\$38	13.5	11.3
Property Tax Revenue Ratio	3	5%	4%	8.1	6.5
Total Margin	10	1.5	-.3	27	12.4
General Fund Balance Ratio	3	3%	2.5%	8.1	6.7
Operating Surplus/Deficit Margin	10	1.3	-.4	27	16.7
Program Sustainability Index	3	5%	10%	8.1	4.0
Administrative Expense Ratio	3	7%	21%	8.1	2.4
Financial Risk Index				100%	42%

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### Public Health Sustainability Index

- Measurement of a jurisdiction's ability to sustain the public health function
- Potential components:
  - Local funding per capita
  - State funding per capita
  - County funding as a % of total county expenditures
  - Dedicated tax per capita (property, gaming, sales, income)
  - Ratio of property tax to income
  - Overall county health status
  - Poverty rate
  - Uninsured rate
  - Population trends

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Thank You!

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# Washoe County Health District

## Staff Report

District Board of Health Meeting Date: August 26, 2010

**Date:** August 13, 2010

**To:** District Board of Health

**From:**  Randall L. Todd, DrPH, Director, Epidemiology & Public Health Preparedness, Washoe County Health District, 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)

**Subject:** Proclaim September 25, 2010 as Prescription Drug Round-up Day and adopt the attached Proclamation.

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### SUMMARY

Proclaim September 25, 2010 as Prescription Drug Round-up Day and adopt the attached Proclamation. The purpose of "Prescription Drug Round-up" Day is to provide public education about the proper method of disposing of unused and/or expired pharmaceuticals and over-the-counter medications, thereby keeping them out of the wrong hands, which helps protect water resources, public health and makes our community safer.

**Washoe County Strategic Objective supported by this item:** Safe, Secure and Healthy Communities

**Washoe County Strategic Outcome supported by this item:** Clean and safe neighborhoods and parks

**District Board of Health priority supported by this item:** Protect population from health problems and health hazards.

### PREVIOUS ACTION

There has been no action this fiscal year.

## **BACKGROUND**

This is the second annual "Prescription Drug Round-up" event. Last year's event collected 39,471 prescription pills (89 pounds), multiple over-the-counter medications and liquid preparations. That effort kept all of those pharmaceuticals collected out of the wrong hands and prevented them from being disposed of in our local water system.

The Washoe County Medical Reserve Corps, in cooperation with the Reno Police Department, Scolari's Food and Drug Company, Walgreen's Pharmacies, and Save Mart, seeks to improve the health, safety and welfare of our community. This one-day event will provide numerous collection sites around the county on September 25, 2010, between 9:00 a.m. and 1:00 p.m. at the following locations:

1. Save Mart at 560 East Prater Way, Sparks
2. Scolari's at 1300 Disc Drive, Sparks
3. Scolari's at 200 Lemmon Valley Road, North Reno
4. "Pink" Scolari's at 8165 S. Virginia St., South Reno
5. Scolari's at 4788 Caughlin Pkwy., SW Reno
6. Walgreen's Pharmacy, 10340 N. McCarran, NW Reno

Officers from the Reno Police Department, as well as volunteers from the Washoe County Medical Reserve Corps will be staffing all six location sites, accepting the following items:

- Unused/expired prescription medicine in their original containers
- Non-prescription pills
- Prescription liquids
- Pet medications
- Residential sharps.

## **FISCAL IMPACT**

There is no fiscal impact associated with this proclamation.

## **RECOMMENDATION**

Staff recommends that the District Board of Health proclaim September 25, 2010 as Prescription Drug Round-up Day and adopt the attached Proclamation.

## **POSSIBLE MOTION**

Move to Proclaim September 25, 2010 as Prescription Drug Round-up Day and adopt the attached Proclamation.

## PROCLAMATION

**WHEREAS**, Unused and expired consumer pharmaceuticals have a negative impact on public health, safety, and water quality; and

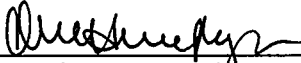
**WHEREAS**, Social use, misuse and abuse of pharmaceuticals has increased; and


**WHEREAS**, A pathway for prescription and nonprescription drugs to enter the environment is disposal of unwanted and unused drugs down drains that lead to community sewer systems, which convey untreated wastewater to municipal wastewater treatment facilities; and

**WHEREAS**, The Pharmaceutical Round-up event offers an opportunity for the Washoe County Medical Reserve Corps to partner with local law enforcement agencies at various collection locations during this event; now, therefore, be it

**PROCLAIMED**, By the District Board of Health that September 25, 2010, is designated as **PRESCRIPTION DRUG ROUND-UP DAY** in Washoe County, and urge all citizens to recognize the need for proper adherence to medication and appropriate drug disposal throughout Washoe County.

ADOPTED this 26 day of August, 2010

  
Dennis M. Humphreys, OD, Chairman

  
Mary A. Anderson, MD, MPH, FACPM  
District Health Officer

# ● Prescription Drug Round Up

National Take-Back Day

## Saturday, September 25

9:00 AM - 1:00 PM



Proper disposal of medications protects teens, children, pets and the environment

**Acceptable items:** Unused or expired prescription drugs (in their original containers, mark out the patient's name on the bottle), over-the-counter pills, prescription liquids, and pet medications.

### Drop-off locations

**Save Mart** - 565 E. Prater Way, Sparks

**Scolari's** - 1300 Disc Drive, Sparks

**Scolari's** - 200 Lemmon Valley Rd., Reno

**Scolari's** - 8165 S. Virginia St., Reno

**Walgreens** - 10370 N. McCarran, Reno



### Unable to drop by on September 25?

Dispose of unused drugs by crushing them in a seal-tight plastic bag, add kitty litter or coffee grounds, seal the bag and dispose in the trash.

### Sponsors



Nevada Children's Trust Fund







# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION

**DATE:** August 11, 2010

**TO:** District Board of Health

**FROM:** Bryan Wagner, JD, MPH, REHS, CPH  
Senior Environmentalist: (775) 328-6172

**THROUGH:** Mary A. Anderson, MD, MPH  
District Health Officer

**SUBJECT:** **Proclaim September, 2010 Clean Hands Month and Adopt the Attached Proclamation.**

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### **ACTION REQUESTED**

Proclaim September, 2010 Clean Hands Month and adopt the attached Proclamation.

### **BACKGROUND**

Since September 2008, the District Board of Health has recognized September as Clean Hands Month. This proposed proclamation is similar to the District Board of Health's previous Clean Hands Month proclamations.

Numerous communicable disease outbreaks have occurred in Washoe County over the last few years and poor handwashing habits have been associated with many of these outbreaks. To reduce the number of these outbreaks the Health District has developed a public outreach program on handwashing.

This proposed Proclamation emphasizes the importance of hand washing in our community and serves as a focal point for our handwashing activities during the month of September.

District Board of Health  
August 11, 2010  
Page 2

**FISCAL IMPACT**

There is no fiscal impact associated with adopting the Proclamation.

**RECOMMENDATION**

It is recommended that the District Board of Health proclaim September, 2010 Clean Hands Month and adopt the attached Proclamation.

**POSSIBLE MOTION**

Move to Proclaim September, 2010 Clean Hands Month and adopt the attached Proclamation.

# Proclamation

## Clean Hands Month-September 2010

**Whereas** contagious diseases are responsible for millions of school and work days lost each year; and

**Whereas** improper handwashing is one of the most prevalent causes for disease transmission resulting in serious impacts to local economies; and

**Whereas** improper handwashing can result in serious illnesses and even deaths; and

**Whereas** handwashing helps prevent the spread of numerous diseases, including flu (H1N1); and

**Whereas** the Centers for Disease Control and Prevention considers the simple act of handwashing the single most important action that one can take to prevent the onset of illness and the spread of infection; and

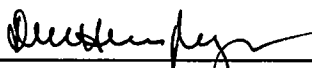
**Whereas** on June 11, 2009, the U.S. Department of Education and the U.S. Department of Health and Human Services issued a joint statement recommending that educators consider ways to promote good hand hygiene; and

**Whereas** the need for all individuals to routinely wash their hands everyday transcends all ages and demographic categories; and

**Whereas** the Washoe County Health District needs to remind all its citizens and visitors of the importance of practicing handwashing as a simple, but essential component of health;

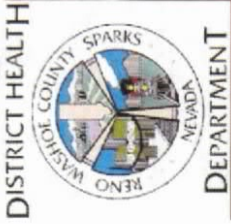
**NOW, THEREFORE, BE IT RESOLVED**, That the WASHOE COUNTY DISTRICT BOARD OF HEALTH supports the educational campaign and events for "Clean Hands Month" and supports the programs that enhance the awareness of the need to reduce illness through proper handwashing.

ADOPTED this 26 day of August, 2010.

  
DENIS HUMPHREYS, OD  
CHAIRMAN

  
M. A. ANDERSON, MD, MPH  
DISTRICT HEALTH OFFICER

DOB #179 8/21/00



# WASHOE COUNTY HEALTH DISTRICT

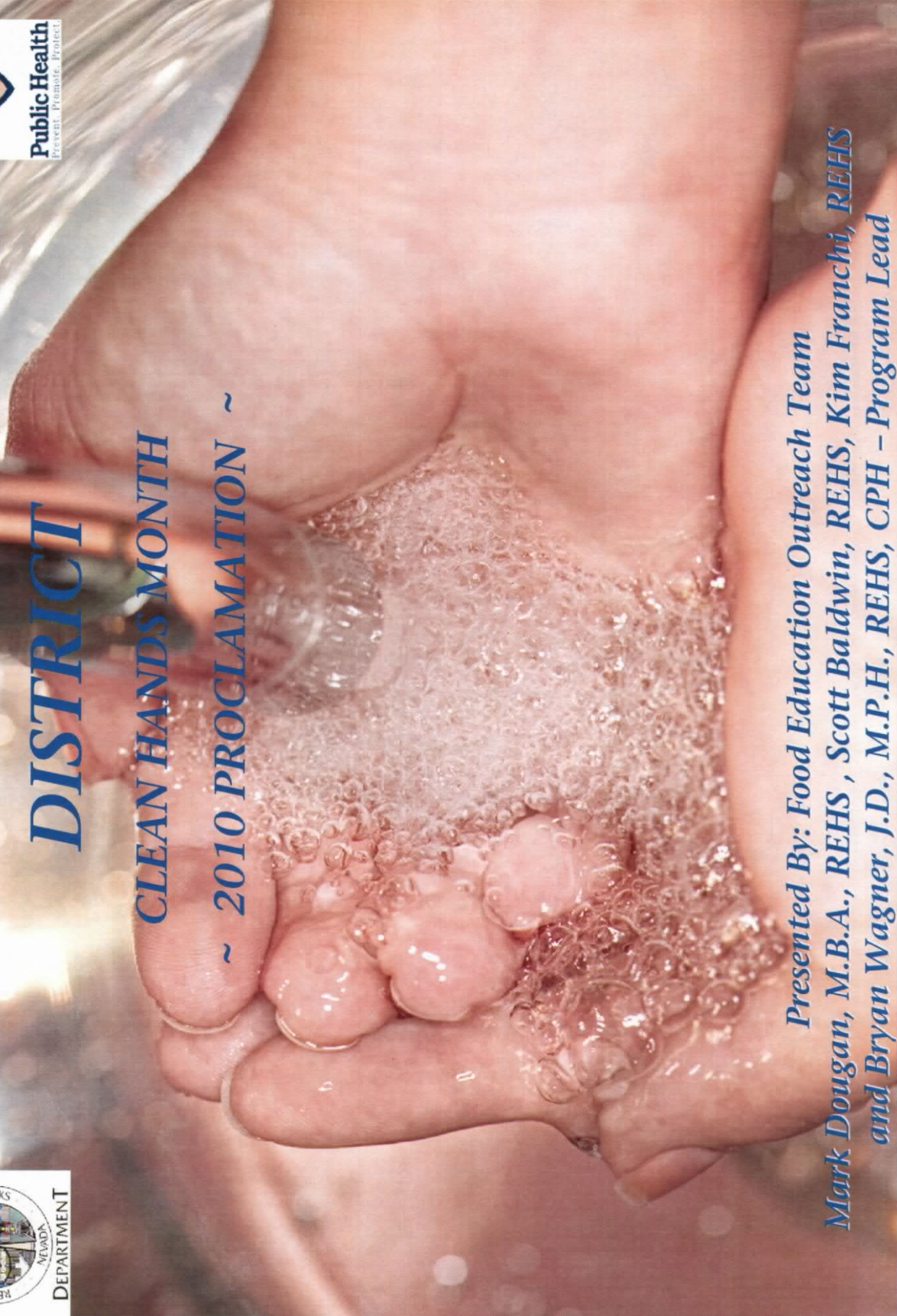


Public Health  
Prevent. Promote. Protect.

CLEAN HANDS MONTH

~ 2010 PROCLAMATION ~

*Presented By: Food Education Outreach Team  
Mark Dougan, M.B.A., REHS, Scott Baldwin, REHS, Kim Franchi, REHS  
and Bryan Wagner, J.D., M.P.H., REHS, CPH - Program Lead*



# *District Board of Health ~ Proclamation ~*



***A Proclamation reminding all citizens and visitors of the importance that hand washing plays in preventing illness.***

*“Hand washing is the First Line of Defense in preventing illness and the single most important means of preventing the spread of infection.”  
-Source: Centers for Disease Control and Prevention*



**WHERE DO WE GO FROM HERE ?**



# RISK MINIMIZATION STRATEGIES

- Education
- Public Outreach
- Special Events

*Influenza*

*Fecal-Oral*

*Norovirus*

*Food-Borne*



## Why Focus on Children?



*A child easily forms new habits and every habit is the result of repetitions accompanied with positive reinforcement*



*Influenza outbreaks continue to result in  $\geq 10\%$  absenteeism in some Washoe County Schools*

*Both influenza and norovirus are frequently transmitted by individuals who fail to properly wash their hands*



MISSED SPOTS WHEN  
HAND-WASHING



■ MOST FREQUENTLY MISSED  
■ LESS FREQUENTLY MISSED  
■ NOT MISSED

“Just The Facts M’am, Just The Facts”

Officer Joe Friday, DRAGNET TV Series

## District Health Department Epi Team investigations of confirmed and suspected outbreaks of influenza and norovirus\*

- 2007 24 Outbreaks – 654 people affected
- 2008 29 Outbreaks – 544 people affected
- 2009 37 Outbreaks – 1,013 people affected
- 2010 (thru 08/10/10) 12 Outbreaks – 306 people affected

~This is only the tip of the iceberg~

\*Reported cases only – vast majority go un-reported



Color Our World  
Kids





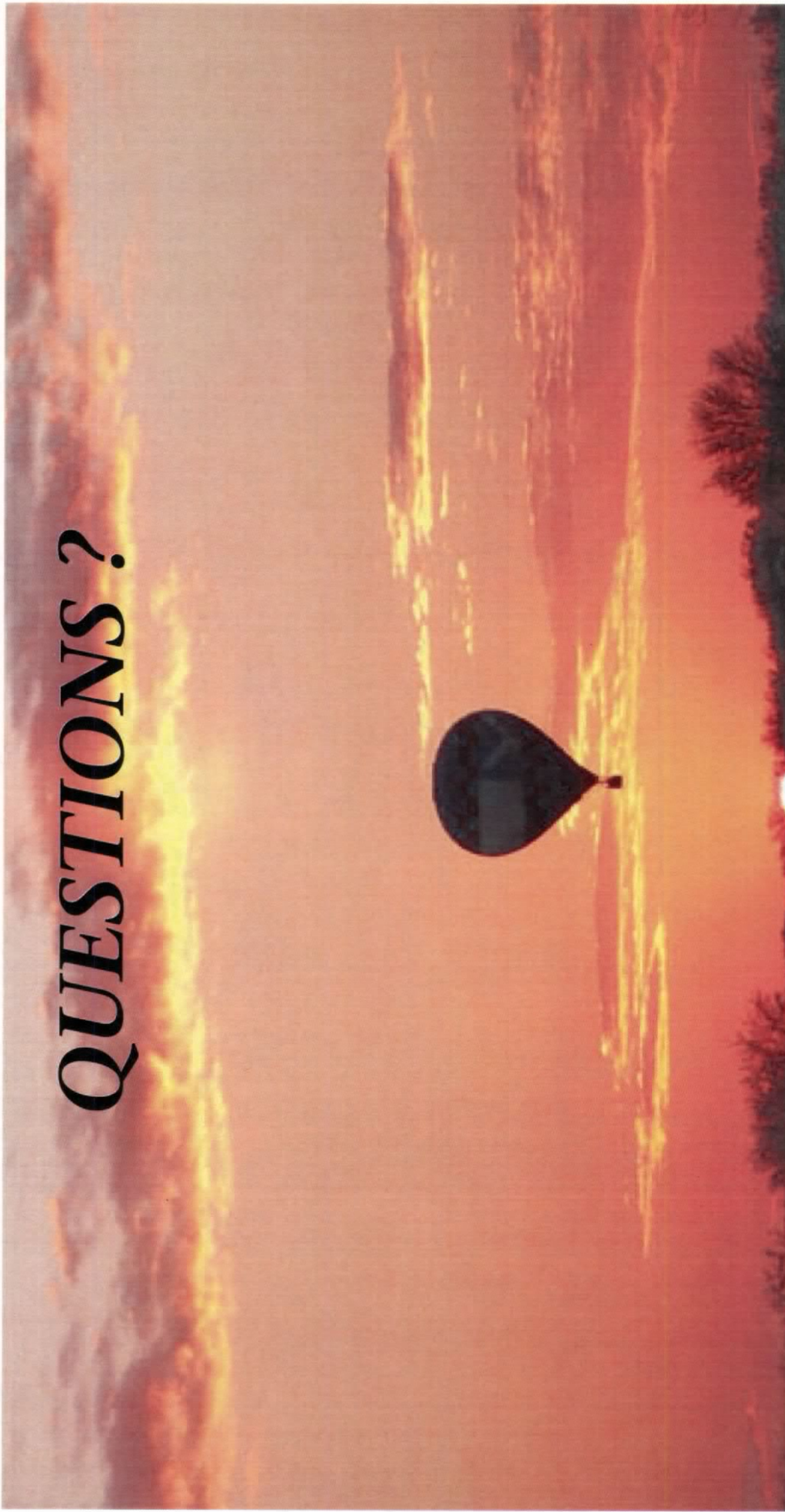
# 2010 HAND WASHING COLORING CONTEST EVENT WCHD BOOTH STAFFED TO TEACH PROPER HAND WASHING



THEIR WELL-BEING IS IN ALL OF OUR "COLLECTIVE" HANDS



# QUESTIONS ?



Global Handwashing Day  
October 15



Clean hands save lives

[www.globalhandwashingday.org](http://www.globalhandwashingday.org)



# Community and Clinical Health Services: Pregnancy Connection Program

FY2010 Program Report

## Program Goal

The Pregnancy Connection Program, funded by a subgrant from Nevada State Health Division (NSHD), will work to improve perinatal health outcomes in Washoe County through:

- Public Health Nursing (PHN) Outreach
- PHN Home Visiting and Case Management
- Support of Local and State Maternal and Child Health Priorities

## Program Services

- PHN to identify and contact 100 pregnant women and assure early access to prenatal care
- PHN to educate program clients on:
  - Avoidance of tobacco, alcohol and other substances during pregnancy
  - Domestic violence
  - Depression

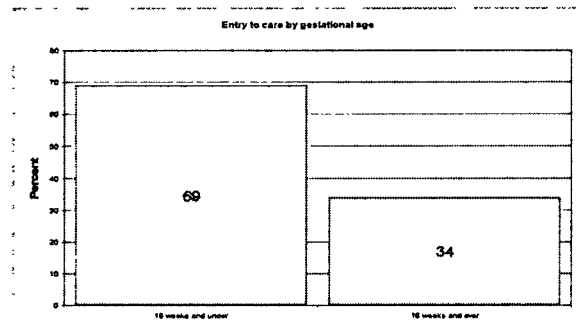
## Program Services

- Conduct healthcare provider training on preconception health recommendations
- Provide PHN follow up for infants testing positive on metabolic screening referred by NSHD
- Promote breastfeeding
- Implement strategies to improve cultural and linguistic competency



## Objective: Early Access

- 69/103 referrals: 16 weeks or less in gestation
- 34/103 referrals: 16 weeks or more in gestation
- 3/103 women refused services.



## Reported Reasons for Delay or No Prenatal Care

- Lacked knowledge about when to start care
- Fears about cost of care
- Fears about telling parents about pregnancy
- Depression/mental illness
- Fears about consequences due to drug and alcohol use

## Objective: Preconception Health Education

- Preconception Health
  - Produced Epi-News on preconception health,
  - Facilitated provider training audio-conference
  - Assessment on current practice and dissemination of patient education materials to health care providers

## Additional Objectives:

- Worked with referred family with infant with positive metabolic screen assuring appropriate follow up for testing and care
- Provided clients information on breast feeding benefits, techniques, resources

## Case Example

- 15 year old female
- Parents unaware of pregnancy
- Knowledge deficit related to:
  - Accessing prenatal care
  - Healthy prenatal behaviors
  - Medicaid/WIC and other community resources
  - Educational opportunities for pregnant teens

## Successes

- 100 women connected to prenatal care
- Community education on preconception health
- Newborn screening completed for infant with metabolic disease
- Screening, education and referral on conditions leading to poor birth outcomes
- Data obtained on reasons for delayed or no prenatal care

## Challenges

- Inadequate numbers of health care providers accept Medicaid or provide indigent care
- Birth outcome data not yet available for analysis
- 5-6 month grant presented staffing challenges
- Outreach and identification of clients requires intensive sustained efforts

## Next Steps

- Continue to provide program services when clients referred to Home Visiting Program.
- Seek approval and apply for funding if available. Develop an effective staffing strategy within system and funding limitations.
- Work with NSHD and community stakeholders to identify and address barriers to woman accessing prenatal care.
- Provide education on preconception health within existing resources.

# Conclusion





## DISTRICT HEALTH DEPARTMENT

August 18, 2010

### MEMORANDUM

**To:** Members, Washoe County District Board of Health

**From:** Randall L. Todd, DrPH  
Epidemiology and Public Health Preparedness (EPHP) Director

**Subject:** Report to the District Board of Health, August 2010

#### **Communicable Disease –**

Communicable Disease staff have been engaged along with Environmental Health Services Staff with two concurrent outbreak investigations. The number of confirmed and probable cases of *Salmonella enteritidis* has risen sharply compared to previous years. The majority of these cases have been confirmed as a common subtype that has been linked to a nationwide surge in cases and an association with eggs. A significant number of the Washoe County cases have also been linked to one restaurant. This investigation is ongoing.

The other investigation is related to a cluster of Giardia cases. Cases had all utilized a local golf facility. Giardia is a protozoan infection of the upper small intestine. Person-to-person transmission occurs by hand-to-mouth transfer of cysts from the feces of an infected individual. Localized outbreaks may occur from ingestion of cysts in fecally contaminated drinking and recreational water. This investigation is also ongoing.

Dr. Todd attended the Nevada State Board of Health meeting on August 13 to comment on proposed regulations dealing with legal brothels and healthcare-acquired infections. Changes to regulations concerning the types of testing permitted for legal prostitutes in Nevada were being considered due to desire on the part of one establishment in Nye County to hire male sex workers. Current regulations require submission of a cervical specimen which effectively discriminates against males. Although Washoe County does not have legalized prostitution, legal brothels do operate within a 15 to 20 minute drive from the downtown Reno/Sparks area. Therefore changes in the regulations that do not effectively protect against disease transmission are of concern locally from a disease control standpoint. The other regulation under consideration dealt with the reporting of infections acquired within healthcare settings. The Health District's interest was in assuring that such data reported to the State Health Division would be available for local health authority analysis.

Dr. Todd also attended a two-day focus group conducted by the Centers for Disease Control and Prevention (CDC) at the Nevada State Health Division with regard to an analytical software package known as EpiInfo. EpiInfo was developed a number of years ago by the CDC to provide a tool that epidemiologists could use to quickly develop a questionnaire, database, and on-the-fly analyses in disease outbreak situations. CDC expects to have a new release of this software in about a year and is conducting the focus group sessions in order to assure the product continues to meet the needs of practicing epidemiologists. Some of the anticipated new features include better mapping capabilities as well as the ability to publish questionnaires online and to have a database populated by answers from online questionnaires. CDC distributes this software free of charge.

#### **Public Health Preparedness (PHP) Activities –**

Planning for the 2010 Point of Dispensing Exercise (POD) is continuing. It continues to be a challenge to find appropriate venues to conduct this exercise. It is also anticipated that volunteers from the Medical Reserve Corp (MRC) will make up a part of the workforce needed for this operation. However, at this time, progress on providing them with worker compensation coverage per the direction of the Board of County Commissioners has not been reported.

An important tool used by all public health jurisdictions is the Health Alert Network (HAN). The HAN was developed to provide rapid notification to various stakeholders both within and outside of official public health agencies of important information. The HAN can also be used for rapid notification and recall of public health staff in the event of an emergency. The Nevada State Health Division has installed a new HAN system that offers many improvements over the previous software at a significant reduction in cost. The Washoe County PHP staff received training and orientation to this new system on August 9.

#### **Vital Statistics –**

On July 27 Dr. Robert Anderson from the National Center for Health Statistics conducted a training at Renown Regional Medical Center for healthcare providers on the topic of writing appropriate cause of death statements on death certificates. Although this might seem like something that any physician should know how to do, there is little, if any, coverage of this in medical school. Yet, accurate cause of death statements are very important in helping to understand disease processes and risk factors. As a result, local healthcare providers can become very frustrated when the Office of Vital Statistics refuses to issue a burial permit because they list a process of death; e.g., cardiac arrest as the underlying cause as opposed to the actual cause; e.g., arteriosclerotic vascular disease.



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Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



# Washoe County Health District

DBOH AGENDA ITEM NO.



**Public Health**  
Prevent. Promote. Protect

August 13, 2010

**TO:** District Board of Health Members

**FROM:** Mary-Ann Brown, R.N., M.S.N.  
Division Director, Community and Clinical Health Services

**SUBJECT:** Report for December 2009 District Board of Health Meeting  
1. Second Annual Washoe County Childhood Obesity Forum  
2. Nevada State Health Division Grant Award for the Maternal, Infant and Early Childhood Home Visiting Program

1. Second Annual Washoe County Childhood Obesity Forum

The Second Annual Washoe County Childhood Obesity Forum will be held on September 15<sup>th</sup>. This year in addition to school age BMI data, data from pre-school and college-age youth will be presented. Program speakers will discuss national recommendations for childhood obesity prevention and talk about local community and school-based programs addressing the growing obesity epidemic. Breakout sessions during the forum will allow participants to discuss ways Washoe County can best address childhood obesity. A flyer containing program details is attached to this report.

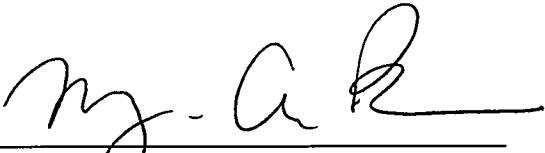
2. Nevada State Health Division Grant Award for the Maternal, Infant and Early Childhood Home Visiting Program

The Nevada State Health Division (NSHD) has been awarded a grant for the Maternal, Infant and Early Childhood Home Visiting Program. The Maternal, Infant and Early Childhood Home Visiting Program, authorized by Section 511 of Title V, as amended by the Affordability Care Act is designed to strengthen and improve home visiting programs; improve service coordination for at-risk communities; and identify and provide comprehensive, evidence-based home visiting services to families who reside in at-risk communities.

The NSHD requested that key community partners and stakeholders identify their interest in participating in developing a statewide home visiting program. As a provider of Public Health Home Visiting services for more than 40 years the Washoe County Health District provided a letter of support for the project stating our interest in working on the needs assessment required for the statewide plan. We also advised NSHD that we would at a later date let them know if Washoe County Health District could be



included in the plan as a program provider. CCHS will seek Board of Health (BOH) approval for participation as a Home Visitation Program Provider during the BOH Strategic Planning process.



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Mary-Ann Brown RN MSN  
Division Director  
Community and Clinical Health Services

# The 2010 Washoe County Childhood Obesity Forum Creating a Plan for Action

WEDNESDAY, SEPTEMBER 15, 2010

8:30 AM – 12:30 PM

BOYS & GIRLS CLUB OF TRUCKEE MEADOWS, TRAINING ROOM

DONALD W. REYNOLDS FACILITY, 2680 EAST NINTH STREET, RENO

## Topics will include:

- BMI Data for Washoe County including **NEW** data on pre-school and college-age youth
- Newly released national recommendations on childhood obesity prevention
- Efforts for school-age children, including the new School District food services provider and an update on the School Wellness Policy
- Profiles of local best practices and other program efforts in our communities
- Breakout session to work on priorities for community action

*Register for the Forum by visiting:*

**[www.gethealthywashoe.com](http://www.gethealthywashoe.com)**

*Please register by September 13, 2010*

*Program approved for approximately 3 hours  
of nursing CEU credits. To receive nursing  
CEUs, indicate this when registering.*

*Light refreshments will be provided*

*Questions about the Forum?*

*Please contact Kelli Seals at (775) 325-8244*



*Forum brought to you by:*



*GetHealthyWashoe.Com*



University of Nevada, Reno





# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: August 17, 2010  
TO: District Board of Health Members  
FROM: Robert O. Sack, Division Director of E.H.S.  
SUBJECT: Division Director's Report – Environmental Health Services  
**AGENDA ITEM NO. 18.C.**

### **VECTOR-BORNE DISEASES PREVENTION PROGRAM**

The Washoe County Health District Vector-Borne Diseases Prevention Program uses several types of surveillance programs to determine which vectors are bringing specific illnesses into Washoe County.

**Mosquito Surveillance:** Vector collects large numbers of adult mosquitoes in traps that are set throughout the Truckee Meadows and populated areas of the County, and processes them through the State of Nevada Animal Disease Laboratory to determine if the mosquitoes are carrying West Nile Virus (WNV), Western Equine Encephalitis (WEE) or St. Louis Encephalitis (SLE). The Vector program has been using flocks of chickens as sentinels for these arbo-viruses since the mid-1980s. Chickens develop antibodies to the viruses, so while they may test positive, they will not die from exposure. Every other week, Vector staff visits each flock and takes blood samples from each chicken. These samples are also sent through the Animal Disease Laboratory for testing.

**Plague Surveillance:** Vector staff traps and tests rodents as well as collects any ticks or fleas living on the rodents that could be carrying Plague. When plague is found in local parks, staff posts warning signs to stay away from squirrels, etc., and staff will treat rodent burrows with agents that kill the ticks and fleas.

**Hantavirus Surveillance:** When Vector staff receives complaints of large infestations of mice dropping samples are taken to the State Lab to determine if Hantavirus is present.

**Lyme Disease Surveillance:** Vector staff collects ticks for testing to determine possible Lyme disease.

**DBOH AGENDA ITEM # 18.C.**

1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176

**Rabies Surveillance:** Every year Vector staff receives calls about bats found in various locations. Bats are carefully collected and sent out-of-state for Rabies testing. While other animals such as skunks and raccoons can also contract rabies, it is usually in the bat population in Northern Nevada.

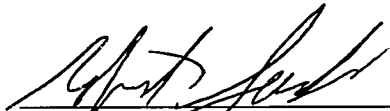
More information about the services provided by the Vector-Borne Diseases Prevention Program can be found by visiting our web site at [www.washoecounty.us/health](http://www.washoecounty.us/health).

### **EPIDEMIOLOGY**

EHS staff has been working closely with Epidemiology staff on current Giardia and Salmonella outbreaks in the community. The investigations are ongoing.

### **HAND WASHING OUTREACH**

Staff will be participating at the Great Nevada Balloon Races in September, providing hand washing activities and instruction. Staff is also developing a coloring contest and poster contest to coincide with National Hand Washing Month which is always held in September.



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Robert O. Sack  
Division Director  
Environmental Health Services Division  
ROS:sn



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**Date:** August 26, 2010  
**To:** District Board of Health  
**From:** Andrew Goodrich, Director, Air Quality Management  
**Re:** Monthly Report for Air Quality Management  
**Agenda Item:** 18.D.

The enclosed Air Quality Management Division Report is for the month of July 2010 and includes the following sections:

- Air Quality**
- Monitoring Activity**
- Planning Activity**
- Permitting Activity**
- Compliance/Inspection Activity**
- Enforcement Activity**

DBOH AGENDA ITEM # 18.D.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)



# Director's Report

July 2010

Farewell,

This will be my final report to the District Board of Health as I am retiring in early September. I feel very fortunate to experience such a rewarding career and had the opportunity to work with a great staff who are dedicated to the protection of public health through their work in air quality programs. We have seen significant improvements in air quality due to construction-related dust control strategies, reductions in motor vehicle-related emissions through vapor recovery and oxygenated gasoline, and of course, our national role-model wood stove and fireplace regulations. I had the great fortune of meeting hundreds of people and received amazing support, even through some difficult challenges and concerns, all resulting in a positive difference in the community.

Fortunately, we have been able to successfully move forward with filling my pending vacancy. My successor, Kevin Dick, is a very capable and talented leader. He will bring a fresh perspective with new energy and ideas to the Division. Kevin will face exciting and challenging times ahead in public health / environmental protection dealing with issues such as; greenhouse gases, new national ambient air quality standards, and more stringent air toxics rules. I wish Kevin, the Division, and the entire Health District the best of success into the future.

*Andy Goodrich, Director*

## AIR QUALITY COMPARISON FOR JULY

Air Quality Index Range		# OF DAYS JULY 2010	# OF DAYS JULY 2009
GOOD	0 to 50	25	28
MODERATE	51 to 100	6	3
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

**HIGHEST AQI NUMBER BY POLLUTANT**

**Air Quality**

POLLUTANT	JULY 2010	Highest for 2010	JULY 2009	Highest for 2009
CARBON MONOXIDE (CO)	6	29	7	37
OZONE 8 hour (O3)	74	77	58	93
PARTICULATES (PM <sub>2.5</sub> )	57	112	46	149
PARTICULATES (PM <sub>10</sub> )	54	83	31	94

For the month of July, there were no exceedances of Carbon Monoxide, Particulate Matter or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of July was seventy-seven (77) for 8-hour Ozone. There were twenty-five (25) days in the month of July where the Air Quality was in the good range and five (5) days the Air Quality fell into the moderate range.

*Duane Sikorski, Air Quality Supervisor*

**Monitoring Activity**

Daily monitoring operational, quality assurance and data submission activities continued throughout the month along with continued training of the new AQ Specialist I.

A more real-time and interactive AQI notification program is in the process of being developed utilizing text and graphical messaging on the County's and Health District's website homepages. The intention is to achieve a more timely and accurate general public notification of air quality conditions.

A desktop Technical Systems Audit of the ambient air quality monitoring network was completed by the Monitoring Section for submission to EPA Region 9 on August 6<sup>th</sup>.

*Duane Sikorski, Air Quality Supervisor*

**Planning Activity**

A report is being prepared for presentation to your Board in September summarizing the results of the 2009/2010 Residential Wood Combustion (RWC) program survey. The 2010/2011 RWC season begins November 1<sup>st</sup>.

EPA will establish a new 8-hour ozone NAAQS (currently 75 ppb) by August 21<sup>st</sup> (70 to 60 ppb) and is also considering revisions to the NAAQS for 24-hour and annual PM<sub>2.5</sub> (currently 35 and 15 µg/m<sup>3</sup>, respectively) to 30 µg/m<sup>3</sup> and 13 to 11 µg/m<sup>3</sup>, respectively, 8-hour carbon monoxide (currently 9 ppm) to 3 ppm and 24-hour PM<sub>10</sub> (currently 150 µg/m<sup>3</sup>) to 65 to 85 µg/m<sup>3</sup> for promulgation at later dates.

*Duane Sikorski, Air Quality Supervisor*

Permitting Activity

TYPE OF PERMIT	2010		2009	
	JULY	YTD	JULY	ANNUAL TOTAL
Renewal of Existing Air Permits	101	830	107	1320
New Authorities to Construct	1	20	2	80
Dust Control Permits	12 (85 acres)	79 (2147 acres)	12 (138 acres)	128 (1550 acres)
Wood Stove Certificates	20	152	29	170
WS Dealers Affidavit of Sale	1 (1 replacements)	29 (19 replacements)	4 (4 replacements)	250 (145 replacements)
WS Notice of Exemptions	593 (7 stoves removed)	3183 (30 stoves removed)	512 (21 stoves removed)	5358 (145 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	130	652	119	1003

Compliance &  
Inspection Activity

Staff reviewed forty-two (42) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-six (46) stationary source renewal inspections and fifty-eight (58) gas station inspections in July, 2010. Staff also conducted inspections on asbestos removal and construction/dust projects.



Permitting &  
Enforcement Activity

Staff has been working with the owner of "Anderson Acres" on North Virginia Street (corner of N. Virginia and Red Rock) on the abatement and demolition of 24 older homes. Many of these homes have been vacant for some time, and all are in very poor condition. The demolition of these homes will greatly improve this area for future potential development.

The AQMD has applied for and anticipates additional EPA grant money, and staff subsequently contacted Ms. Fayth Ross (GreenPower Outreach Administrator) at DRI to see if there are any schools in need of energy retrofits. The GreenPower program works with Nevada's K-12 educators to implement energy conservation concepts and practices into the classroom. A funding request in the amount of \$50,000 was submitted to the AQMD in order to provide wind turbines to three GreenPower schools within Reno. The GreenPower program is offered in partnership with NV Energy, and there are currently 55 schools throughout Nevada participating in this program.

*Noel Bonderson, Air Quality Supervisor*

Enforcement Activity

COMPLAINTS	2010*		2009		
	JULY	YTD	JULY	YTD	Annual Total
Asbestos	1	13	1	11	21
Burning/Smoke	1	6	1	4	16
Dust	6	38	20	66	134
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	1	3	0	4	7
Odor	3	8	7	26	30
Painting (spray painting)	0	7	2	2	6
Permit Violation	2	8	2	5	12
<b>TOTAL</b>	<b>14</b>	<b>83</b>	<b>33</b>	<b>118</b>	<b>226</b>
NOV'S	JULY	YTD	JULY	YTD	Annual Total
Warnings	0	4	2	6	13
Citations	0	5	0	7	10
<b>TOTAL</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>13</b>	<b>23</b>

\* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no Notice of Violations (NOVs) issued in July 2010.



# Washoe County Health District



DBOH AGENDA ITEM NO. 18.F **Public Health**  
Prevent Promote Protect

August 18, 2010

TO: Members, District Board of Health  
FROM: Mary A. Anderson, MD, MPH, FACPM  
SUBJECT: District Health Officer's Report

## Washoe County Potential 2011 Bill Draft Requests

At the August 10, 2010 meeting of the Board of County Commissioners (BCC), Mr. John Slaughter, the Washoe County Management Services Director, presented a list of "preliminary bill draft requests for possible sponsorship by Washoe County." Listed among the nine potential bills was the following wording which applies to the Washoe County Health District.

### **Health District Funding and Governance**

**Intent of Bill:** Make various changes to provisions related to the funding and governance of the Washoe County Health District.

**Status:** Staff has no recommendation related to this potential BDR.

There was considerable discussion among the commissioners about this potential funding and governance bill and, at the same time, a similar bill affecting the governance of the Library System. No concrete, actionable suggestions were made regarding a possible BDR for the Health District. The next meeting of the BCC on August 24, 2010 is the last opportunity to approve BDRs for Washoe County, so it is possible that a potential Health District BDR will be discussed again.

## Infectious Disease Resurgence

Just when you thought it was safe to go outside to enjoy the waning days of summer...

- The first pool of mosquitoes positive for West Nile Virus (WNV) occurred in the Damonte Ranch area. Birds, livestock, and humans can be affected by WNV.
- The presence of circulating Western Equine Encephalitis (WEE) was confirmed. As the name suggests, this mosquito-borne virus primarily affects horses, but can cause disease in humans.
- Japanese Encephalitis (JE) virus was the cause of death for a Washoe County child who had recently visited the Philippines. JE is present in western Pacific islands from the Republic of Korea to the Philippines and to Pakistan through southern and southeastern Asia. This case illustrates the increased threat of acquiring disease from mosquito bites when traveling to tropical and semi-tropical areas where mosquito-borne diseases are important causes of morbidity and mortality. An immunization is available to prevent Japanese Encephalitis in humans and is recommended for those traveling to endemic areas for lengthy visits, especially in rural areas.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

[www.washoecounty.us/health](http://www.washoecounty.us/health)  
WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER  
PRINTED ON RECYCLED PAPER

**DBOH AGENDA ITEM # 18.F.**

- Cases of *Salmonella* Enteritidis linked to the consumption of poultry and eggs have escalated in Southern Nevada. Washoe County has followed suit with local cases of disease.
- Giardiasis, caused by the intestinal parasite *Giardia lamblia*, erupted in a local recreational setting.
- And, beware...pertussis cases in California have reached a 52-year high at 3,076 confirmed, probable, and suspect cases as of 8/17/2010. Eight deaths have been reported, all in Hispanic infants. Seven of the deaths were in infants too young to be vaccinated. Two neighboring California counties have seen the following rise in pertussis since 2009—El Dorado from 2 cases in 2009 to 32 in 2010; Placer from 5 cases in 2009 to 37 in 2010. Nevada is a short road trip away...

The diseases mentioned above have required investigation and attention from members of our Environmental Health Services and Epidemiology & Public Health Preparedness divisions during the last few weeks. Staff from these divisions come together to form the "Epi Team" which performs the complex disease investigations. The recent workload has been high and the demands on our team members have been intense. These are the folks who keep disease outbreaks from spreading further into our community and are at the heart of our preventive efforts.

Mary A. Anderson, MD, MPH  
Mary A. Anderson, MD, MPH, FACPM  
District Health Officer



**REPORTED CASES OF SELECTED  
COMMUNICABLE DISEASES  
WASHOE COUNTY**

2<sup>nd</sup> Quarter: April - June 2010

To report a communicable  
disease please call:  
**(775) 328-2447**  
or fax reports to:  
**(775) 328-3764**

DISEASE	2 <sup>nd</sup> Quarter			Year to Date (Cumulative)		
	2008	2009	2010	2008	2009	2010
AIDS	11	7	4	15	12	4
Campylobacteriosis	4	4	15	18	17	33
Chlamydia	319	289	342	665	625	707
Cryptosporidiosis	2	0	3	4	5	4
E. coli 0157:H7	0	0	0	0	0	0
Giardiasis	5	4	0	12	8	2
Gonorrhea	58	26	18	119	73	37
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	0	1	1	0	2	1
Hepatitis B (acute)	2	1	4	5	3	4
Hepatitis B (chronic)	13	13	15	20	26	25
Hepatitis C (acute)	1	1	0	1	2	1
Hepatitis C (Past or Present)	241	225	186	478	417	363
HIV not yet AIDS	1	3	4	5	10	7
Influenza (Type A, B, or unknown)	12	338*	2	806	695	26
Measles	0	0	0	0	0	0
Meningitis, Viral or Aseptic	4	2	1	9	5	4
Meningococcal Disease	0	0	3	3	1	3
Pertussis (confirmed & Probable)	1	0	2	2	3	2
Pneumococcal Disease, Invasive	14	16	11	35	28	27
Rabies (bat)	3	1	2	3	1	2
Rotavirus	88	22	6	102	31	12
RSV	47	12	26	250	256	169
Salmonellosis	12	11	11	20	23	13
Shigellosis	0	2	2	1	2	2
Syphilis (Primary & Secondary)	0	0	1	0	1	1
Tuberculosis	3	8	5	5	11	5
West Nile Virus	0	0	0	0	0	0

\* 46% (154/338) were lab-confirmed as 2009 novel H1N1 influenza A.

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## Streptococcus pneumoniae in Washoe County, 2004-2009

### BACKGROUND

Drug-resistant *Streptococcus pneumoniae* (DRSP) is one of the most serious infectious health threats currently challenging health care providers. In Nevada, pneumococcal meningitis is reportable by law. However, the true incidence of invasive disease caused by *Streptococcus pneumoniae* (SP), other than pneumococcal meningitis, is not known. Laboratory-based reporting of SP can be used to supplement the existing surveillance system. The Washoe County Health District (WCHD) began conducting laboratory-based surveillance for SP on June 1, 2003.

The objectives of SP surveillance are:

- ♦ To track the incidence of invasive SP infection and determine the true disease burden in the community.
- ♦ To track the incidence of invasive DRSP infection.
- ♦ To track the antibiotic susceptibility by population and selected characteristics (specimen sources).
- ♦ To assist health care providers to select effective antimicrobial therapy to treat patients.
- ♦ To track the coverage rate with Prevnar™ vaccine among lab-confirmed cases under 5 years of age.

### METHODS

#### Surveillance Case Definition

SP must be isolated from a sterile or non-sterile body site of a patient who is a resident of Washoe County. A case is considered to have **invasive** pneumococcal infection if the SP is isolated from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid).

#### Reporting Requirement

In Washoe County, laboratories are required to report all SP isolates from any body site in a person residing in Washoe County -- including antibiotic susceptibility test results. The report must include the patient's identifying and demographic information, date of specimen collection, source of specimen, specimen number and antibiotic susceptibility test results.

### Surveillance Method

This surveillance system is primarily laboratory-based. The system is enhanced by adding active investigation of vaccination history among cases under 5 years of age. Vaccination histories are obtained from the statewide immunization registry. If vaccination history for a case is not in the registry, a WCHD staff member calls the child's parents to determine the child's Prevnar™ vaccination status. Effective in 2007, additional investigation through medical chart review among cases with invasive infection was conducted and is ongoing. The purpose of this investigation is to identify type of infection, severity of infection, and patient outcome.

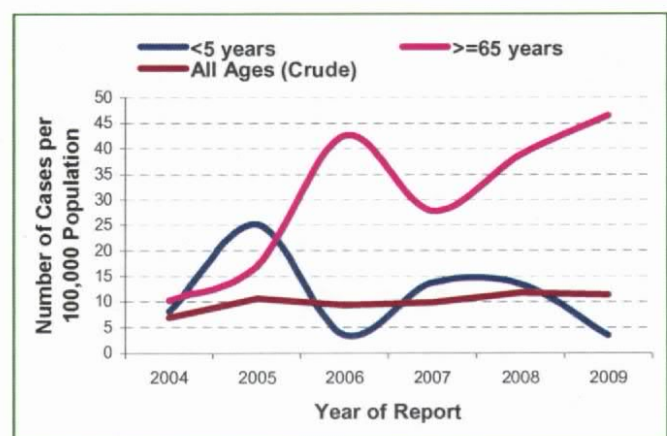
### Surveillance Period

Surveillance for SP started on June 1, 2003, and is ongoing.

### RESULTS

Because data for the entire year in 2003 is not available, the results reported in this article are based on data from 2004 through 2009.

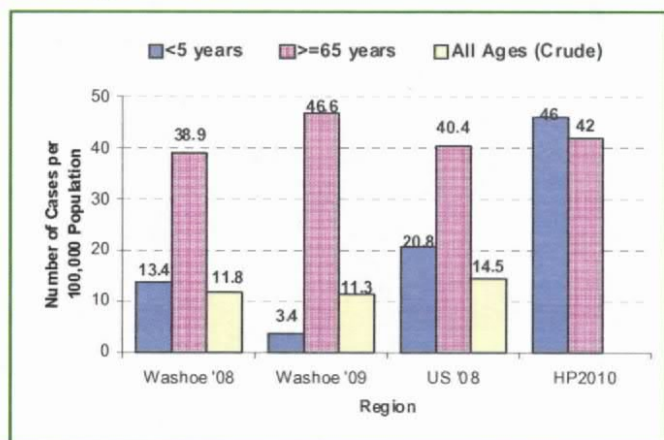
**Figure 1A. Incidence of Invasive Pneumococcal Diseases (IPD), Washoe County, 2004-2009.**



A total of 47 cases were reported in Washoe County in 2009, of which, one (1) case was a child under five (5) years of age and 20 cases were among persons 65 years of age or older. **Figure 1A** shows the trend of reported incidence of invasive pneumococcal infection

between 2004 and 2009. **Figure 1B** illustrates the Healthy People 2010 national health objective for invasive pneumococcal infection has been reached among children under five (5) years of age but not among persons 65 years or older in 2009. In Washoe County, the incidence among children under 5 years of age in 2008 was below the 2008 national rate. The overall crude incidence of invasive pneumococcal infection in Washoe County was below the national rate. At the time of this report preparation, national statistics for 2009 were not available.

**Figure 1B. Incidence of Invasive Pneumococcal Diseases (IPD), Washoe County, 2009.\***



\*Data source: Washoe County's National Electronic Disease Surveillance System (NEDSS) & [www.cdc.gov/abcs](http://www.cdc.gov/abcs).

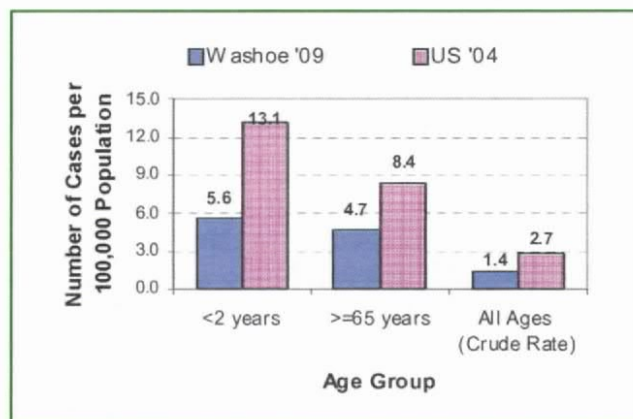
In 2009, there were six (6) reported cases of invasive disease caused by DRSP in Washoe County. Two cases were over 65 years of age and one was under two years of age.

The incidence of invasive DRSP infection is shown in **Figure 2**. A recent national incidence rate for DRSP was not available at the time of this report preparation.

**Figure 3** shows the trend of antibiotic susceptibility of all reported *SP* isolates during 2004 and 2009. This overall increase in antibiotic susceptibility, i.e., reduction in resistance, was likely associated with the introduction of pneumococcal conjugate vaccine in 2000. This trend was consistent with other national and international studies (*N Engl J Med* 2006;354: 1455-63; *N Engl J Med* 2006;354:1522-24; *Clinical Infectious Disease* 2008;46:174-182). It is important to note that susceptibility to Trimethoprim/Sulfa was reduced in 2008 and 2009. It is also important to note that penicillin susceptibility of *SP* isolated from children under five years of age is the lowest in comparison to other age groups (data not shown). This may suggest that

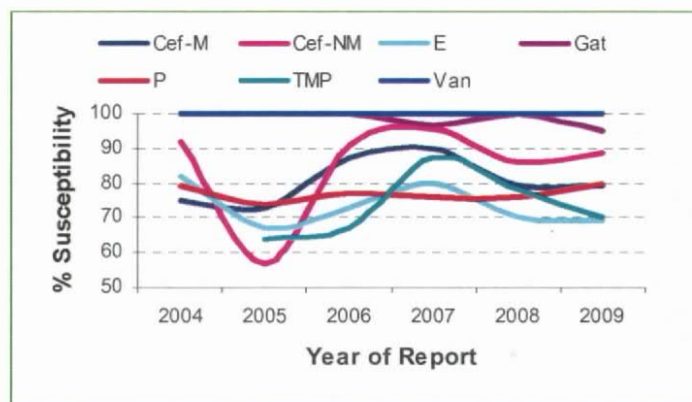
antibiotics should be used more judiciously among the pediatric population.

**Figure 2. Incidence of Invasive Pneumococcal Diseases Caused by DRSP, Washoe County, 2009.\***



\*DRSP is defined as an *SP* isolate with resistance or intermediate resistance to penicillin. Data source for national statistics: *N Engl J Med* 2006;354:1455-63.

**Figure 3. Trend of Antibiotic\* Susceptibility of Reported *SP* Isolates, Washoe County, 2004-2009.**



\* Cef-M=Cefotaxime (meningitis breakpoints); Cef-NM= Cefotaxime (non-meningitis breakpoints); E=Erythromycin; Gat=Gatifloxacin; P=Penicillin; TMP=Trimethoprim/Sulfa; Van=Vancomycin.

The multi-drug resistance (MDR) rate was also monitored. An isolate is classified as MDR if it is not susceptible to two or more antibiotics. The MDR rate significantly increased from 7% (14/204) in 2004 to 16.1% (36/224) in 2009. Beginning in 2010, the MDR rate will be evaluated using CDC's surveillance definition for multi-drug resistant organism (MDRO).

### Syndromes, Length of Hospitalization, and Outcome

Effective 2007, additional investigation by reviewing medical charts for those cases whose isolate(s) were from sterile body sites provided a more comprehensive picture of invasive pneumococcal infections. The

following table lists numbers of reported IPD by types of infections as well as their severity during the past three years. Only about 10% of IPD had meningitis and about 70% of cases had pneumonia with pneumococcal bacteremia.

Type of Invasive Infections	2007 # (%)	2008 # (%)	2009 # (%)	Total # (%)
Pneumonia with bacteremia	27 (66)	35 (70)	36 (77)	98 (71)
Bacteremia without focus	9 (22)	6 (12)	7 (15)	22 (16)
Meningitis	2 (5)	6 (12)	4 (9)	12 (9)
Others	3 (7)	3 (6)	0 (0)	6 (4)
<b>Total</b>	<b>41 (100)</b>	<b>50 (100)</b>	<b>47 (100)</b>	<b>138 (100)</b>
Hospitalized due to the illness	34 (83)	48 (96)	40 (85)	122 (88)
Median length of stay*	4 (1-30)	6 (1-40)	5.5 (1-90)	
Fatal cases	4 (10)	6 (12)	6 (13)	16 (12)
Median age for fatal cases*	53 (40-66)	67 (26-88)	76 (49-97)	
Underlying conditions in fatal cases	3 (75)	6 (100)	6 (100)	15 (94)

\* numbers in ( ) refer to the ranges of value not %

During 2007-2009, 88% of reported cases were hospitalized due to the IPD. The median length of hospital stay was four (4) days in 2007, six (6) days in 2008, and 5.5 days in 2009. The range was very wide from 1 day to 90 days. Sixteen cases were fatal, which accounted for 12% of cases. The age range for the fatal cases was wide from 40 years old to 97 years old. Ninety-four (94%) of fatal cases had underlying conditions such as COPD, cardiovascular disease, diabetes, alcohol use, and obesity. Data on causes of death will be collected beginning in 2010 to further evaluate whether pneumococcal infections are a contributory or causal factor for the death. It is fortunate to note that there were no fatal cases as a result of IPD among children under five during the past three years.

### Vaccination Status among Children Under 5 Years of Age, Washoe County, 2004-2009.

◆ During the four year period between 2004-2007, SP infections were reported in 167 children under 5 years of age. WCHD staff were able to investigate the vaccination status of 131 (67%) of these children. Sixty two (62%) percent of the cases investigated had received Prevnar™ (1-4 doses) and 30% had not. **Effective on October 31, 2007, children enrolled in a childcare facility in Nevada must have vaccination against *Streptococcus pneumoniae*.** During the two year period between 2008-2009, SP infections were reported in 121 children under 5. WCHD staff were able to investigate the vaccination status of 85 (70%) of these children. Ninety-three (93%) percent of the

cases investigated had received Prevnar™ (1-4 doses) and 7% had not. Although this percentage may not represent the coverage rate among the general population, this significant increase in Prevnar coverage among reported cases is likely associated with the state regulation change in October 2007.

◆ A total of 19 cases of IPD were reported among children under 5 years of age during the six years (2004-2009) combined. The vaccination status for 15 of these cases was available. Eleven of 15 cases (73%) had been vaccinated and four (27%) had not. These data could signal that new serotypes of SP not covered by Prevnar™ are emerging. Laboratory tests, not currently available in Nevada, are needed to determine if SP serotypes isolated in Washoe County are those included in the vaccine. A recently published article by CDC concluded that "IPD among children aged <5 years in the United States decreased by 76%; however, IPD from non-PCV7 serotypes, particularly 19A, has increased".<sup>1</sup>

### A Newly Licensed 13-Valent Pneumococcal conjugate vaccine (PCV13)

- ◆ In February 2010, the Advisory Committee on Immunization Practices (ACIP) issued recommendations for use of a newly licensed 13-valent pneumococcal conjugate vaccine (PCV13, Wyeth Pharmaceuticals Inc.). PCV13 succeeds PCV7, which was licensed by FDA in 2000. PCV13 contains the seven serotypes in PCV7 (4, 6B, 9V, 14, 18C, 19F, and 23F) and six additional serotypes (1, 3, 5, 6A, 7F, and 19A).<sup>1</sup>
- ◆ ACIP suggests 1) routine vaccination of all children aged 2-59 months with PCV13; 2) vaccination with PCV 13 of children aged 60-71 months with underlying medical conditions that increase their risk for pneumococcal disease or complications; 3) PCV13 vaccination of children who previously received 1 or more doses of PCV7.



We would like to thank Renown Regional Medical Center Clinical Laboratory, Saint Mary's Regional Medical Center Clinical Laboratory, VA Medical Center Clinical Laboratory, Northern Nevada Medical Center Clinical Laboratory, Quest Diagnostics, Inc., and LabCorp for their excellent reporting and cooperation with this surveillance program.

<sup>1</sup> CDC. Invasive Pneumococcal Disease in Young Children before Licensure of 13-Valent Pneumococcal Conjugate Vaccine – United State, 2007. Morbidity and Mortality Weekly Report. March 12, 2010.

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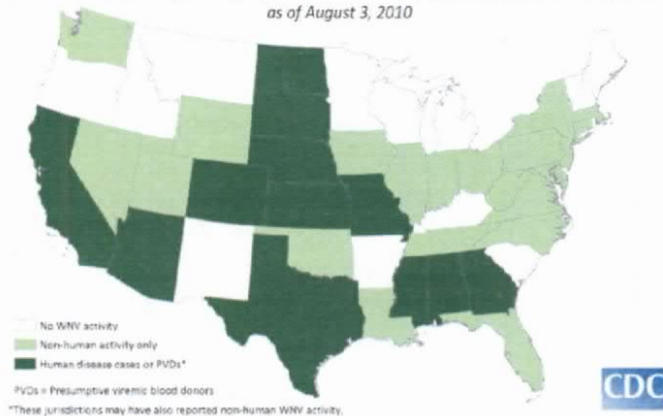


- West Nile Virus – Update for Clinicians

## West Nile Virus – Update for Clinicians

**The first West Nile Virus (WNV) positive mosquitoes of the 2010 season have been identified in Washoe County.** The positive mosquitoes were trapped in the Damonte Ranch area. The Washoe County Health District's (WCHD) Vector Borne Disease staff has begun spraying for adult mosquitoes in that area. Staff will continue nighttime spraying as well as capturing and testing adult mosquitoes until that area no longer tests positive for WNV. Other locations in Nevada have also seen the appearance of the virus. As of August 3, 2010, 45 human cases have been reported to CDC in 12 states (See map). Thus far, Nevada has not received a positive human case report in 2010.

West Nile virus (WNV) activity reported to ArboNET, by state, United States, 2010 as of August 3, 2010



### HIGHLIGHTS OF WNV FOR CLINICIANS

#### Clinical Description

- ◆ The incubation period for WNV infection ranges from 3 to 14 days after a bite from an infected mosquito. Incubation periods may be longer for immuno-suppressed individuals.
- ◆ Clinical syndromes can range from febrile headache, aseptic meningitis, encephalitis or acute flaccid paralysis. Rash, myalgia, lymphadenopathy and weakness may also be prominent.

- ◆ Approximately 80% of individuals who become infected do not develop any symptoms.

#### When should testing for WNV be done?

- ◆ Usually summer - early fall for patients presenting with:
  - Encephalitis;
  - Aseptic Meningitis;
  - Acute flaccid paralysis; atypical Guillain Barre Syndrome; transverse myelitis, or
  - Febrile illness (T ≥ 100.4 for > 7 days), other symptoms may include headache, rash, swollen lymph nodes, eye pain, nausea or vomiting.

#### Diagnostic Testing

- ◆ Diagnosis is made by serology or detection of IgM antibody in CSF for patients with severe disease.
- ◆ When using the serology method, paired acute and convalescent-phase serum samples should be acquired. The acute-phase specimen should be obtained during initial clinical presentation and the convalescent-phase specimen 7-14 days later. Both samples should be tested using the ELISA test. **Although a single acute serum may provide evidence of recent infection, a negative acute serum does not necessarily rule out infection, which is why the paired method is preferred.**
- ◆ The most conclusive diagnostic method to identify persons with WNV infection of the CNS is detecting WNV-specific IgM antibody in CSF using ELISA. Because IgM antibody does not readily cross the blood-brain barrier, a positive IgM antibody in CSF strongly suggests acute CNS infection.

- ◆ Patients who have been recently vaccinated against or recently infected with related flaviviruses (e.g., yellow fever, Japanese encephalitis, dengue, etc.) may have positive WNV ELISA results.
- ◆ WNV tests are available through Labcorp, Quest, and ARUP. The Nevada State Public Health Laboratory (NSPHL) performs WNV antibody testing on serum only. CSF specimens for WNV can be sent by the NSPHL to the California State Health Laboratory for testing.

### Required Specimens

- ◆ **Acute and Convalescent Serum:** ≥ 2cc (red-top tube) – Send refrigerated
- ◆ **Cerebrospinal fluid (CSF):** 1-2 cc if lumbar puncture is performed.

### Treatment

- ◆ No specific treatment is available.
- ◆ In severe cases, treatment consists of supportive care that often involves hospitalization, intravenous fluids, respiratory support and prevention of secondary infections.

### HOW TO REPORT WNV CASES

- ◆ **Report WNV human cases to the WCHD by calling (775) 328-2447 or faxing a case report form to (775) 328-3764. Case report form can be found at <http://www.co.washoe.nv.us/repository/files/4/Blank%20Reporting%20Form.pdf>**

### EDUCATION

**Please help educate your patients, friends, and family members about WNV prevention:**

- ◆ Use insect repellants that contain an EPA-registered ingredient such as DEET, Picaridin, Oil of Lemon Eucalyptus or PMD, or IR3535. Be sure to follow label precautions.
- ◆ Clear the yard of any free-standing water that may become a mosquito breeding-ground such as wading pools, flower pots, buckets and barrels.

- ◆ Mosquitoes are most active at dusk and dawn. Be sure to use insect repellent and wear long sleeves and pants at these times or consider staying indoors.
- ◆ Install or repair window and door screens to help keep mosquitoes out.

### RECOMMENDED RESOURCES

- ◆ *WCHD Vector-Borne Disease Control Program:* <http://www.washoecounty.us/health/ehs/vbdp.html>
- ◆ *Centers for Disease Control and Prevention:* <http://www.cdc.gov/ncidod/dvbid/westnile>
- ◆ *California Department of Public Health* <http://www.cdph.ca.gov/HealthInfo/discond/Pages/WestNileVirus.aspx>

### NATIONAL AND LOCAL STATISTICS

#### Reported WNV Cases, USA, 1999-2009\*

Year	Neuro-invasive disease	West Nile Fever	Total Human Cases	Deaths	Case fatality Ratio (%)
1999	59	3	62	7	11.3
2000	19	2	21	2	9.5
2001	64	2	66	9	13.6
2002	2,946	1,160	4,156	284	6.8
2003	2,866	6,830	9,862	264	2.7
2004	1,142	1,269	2,539	100	3.9
2005	1,294	1,607	3,000	119	4.0
2006	1,459	2,616	4,269	177	4.1
2007	1,213	2,347	3,623	124	3.4
2008	687	624	1,356	44	3.2
2009	373	322	720	32	4.4

\* Data source: [www.cdc.gov](http://www.cdc.gov)

#### Reported WNV Cases, Nevada State and Washoe County, 1999-2009\*

Year	Nevada	Washoe County		
	# cases	# WNV Neuroinvasive Disease	# WNV Fever	Total
1999-2002	0	0	0	0
2003	2	1	0	1
2004	44	1	2	3
2005	31	0	2	2
2006	124	7	10	17**
2007	12	0	1	1
2008	16	0	0	0
2009	12	0	0	0

\*WNV cases were likely under-reported. Data source: Washoe County CD Program and [www.health.nv.gov](http://www.health.nv.gov) for Nevada Stats

\*\* 16 of the cases for Washoe County in 2006 were considered probable.