CROSS-JURISDICTIONAL SHARING TOOLKIT

A reference for the implementation of shared public health services in the area of environmental health

Supported by Robert Wood Johnson Foundation Grant #70627

January 16, 2015
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INTRODUCTION

Cross-jurisdictional sharing (CJS) is defined by the Center for Sharing Public Health Services as “the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services” (2014, p. 1). The purpose and importance of cross-jurisdictional sharing is to optimize service delivery in the public health field at the local level and to increase efficiency by better utilization of staff and resources in the shared counties, while additionally strengthening cooperative relationships in the delivery of public health services to residents. In addition, delivery of the services can be tailored specifically to meet the needs of business owners and the community.

Background

Nevada is a unique state that provides numerous opportunities to engage in cross-jurisdictional public health sharing activities. Currently, there are three local health authorities serving the three urban counties: Carson City Health and Human Services (CCHHS)–Carson City, Southern Nevada Health District (SNHD)–Clark County, and Washoe County Health District (WCHD)–Washoe County. Collectively, the local health authorities serve approximately 94% of Nevada’s population. The Nevada Division of Public and Behavioral Health (DPBH), formerly Nevada State Health Division, has authority over the remaining fourteen rural/frontier counties.

Over the last several years, the DPBH has made an effort to transition from providing direct services to having a more advisory or oversight role by delegating authority and passing down funding to local health authorities. This has occurred with public health nursing services, public health preparedness, and disease control and investigation.

For more than forty years, Carson City has provided environmental health services to its citizens. Environmental health services protect and promote the health and welfare of the community through education, intervention, prevention, and assistance to people residing in or visiting our city so they can work, raise families, and recreate without the threat of foodborne, waterborne or vector borne disease.
The major focus areas of Carson City’s Environmental Health Division are:

- Complaints about permitted establishments
- Individual Sewage Disposal System
- Inspections
  - Public Accommodations
  - Public and Private Schools
  - Public Bathing Places
- Invasive Body Decoration and Permanent Make-up

How this Project Began

In 2005, CCHHS expanded to provide immunizations and public health nursing services that were previously delivered by the State. In 2009, delegation of state authority was given to CCHHS for the control of public health preparedness, as well as disease surveillance and investigation in Douglas and Lyon Counties, two semi-rural counties geographically adjacent to Carson City. In 2011, legislation was passed which required counties to pay for certain public health and social services.

Due to these prior successes in delivering necessary public health services, as well as increased economic pressure from the state, CCHHS and Douglas County began exploring the feasibility of a shared service arrangement between Carson City and Douglas County to provide environmental health services. In 2012, CCHHS received a grant from the Robert Wood Johnson Foundation to explore, implement and improve cross-jurisdictional sharing arrangements for environmental health services with Douglas County.
A Cross-Jurisdictional Sharing (CJS) Initiative Roadmap was developed by The Center for Sharing Public Health Services (2014) to guide local jurisdictions through the process of combining, sharing or expanding various public health services across “non-traditional” borders (Appendix A). This section will explain the Roadmap and provide background information and context to issues that arose during CCHHS’s project. Although the Roadmap was not available when CCHHS started the Environmental Health CJS project, for the purpose of this toolkit, the project’s narrative will be presented within the Roadmap framework.

The roadmap is illustrated below and consists of three phases:

- Phase One – Explore
- Phase Two – Prepare and Plan
- Phase Three – Implement and Improve

http://phsharing.org/technical-assistance/
Phase 1 – Explore

During Phase One, various important factors must be discussed and clarified, which are critical to the success of a cross-jurisdictional project. Understanding the driving forces for shared services is essential. Questions to answer in this phase include:

1. WHY are we doing this? Does it make sense to expand or transfer a service provided in one jurisdiction to another?
2. WHAT service(s) will be included and what services will NOT be included?
3. WHO should be involved?
4. DO roadblocks exist that may impede the project (i.e., existing laws or regulation)?

It is during this phase that some entities will discover differences too large to make a project successful. Many others will be able to identify areas where sharing public health services may not only provide a cost benefit but would be in the best interests of the communities served.

Why

Understanding the driving forces for shared services is essential. These forces may be the desire for local control, a need to reduce cost, a goal to improve services, or a combination of all of these.

A variety of factors influenced the CCHHS CJS project with Douglas County. Both jurisdictions wanted to have more local control over services offered. An important part of the success of this project was a careful analysis of how all parties might benefit from the proposed arrangement, not just a “what can you do for me” analysis.

What

It is during this discussion that the services to be shared are identified with as much detail as possible. All parties involved benefit from a clear understanding of exactly what services are being proposed.

Often the “WHAT” opens the discussion regarding the sharing of public health services.
Who

It is important to identify and engage stakeholders from all jurisdictions before the project begins to ensure those affected by the new arrangement are in agreement with and supportive of the shared services project. This will lead to project commitment and ownership that will support a successful outcome. The stakeholder group needs to determine what service(s) to pursue and why having the service(s) would be beneficial. Examples of credible stakeholders include:

- An area university system
- Community partners, such as non-profit agencies, depending on focus of the project
- Information Technology (IT) departments from all jurisdictions
- Lead agencies from all jurisdictions
- Policy makers from all jurisdictions
- State representatives

When determining whom to involve as a stakeholder, consider the individual's qualities and the motivation or focus of the individual. When having elected officials involved, be prepared for possible changes due to elections. Also, anticipate leadership position changes by having a contingency plan to quickly orient new individuals to the project.

As much as possible, the stakeholders must carry sufficient responsibility within their organizations to make decisions and suggestions on their own, without checking at a higher level. If a participant does not have sufficient authority to make decisions quickly, activities can be easily sidetracked. This does not mean that various levels of authority should not be included in CJS project planning. The opposite is true, as these individuals are often the ones that will carry out the actual work of the project. It does mean, however, that each partner in the project has equal (or proportionate) weight in the decisions that are made by the group.

By including all parties who might be affected by the project, communication problems can be minimized and open discussion enhanced. Set up meetings far enough in advance for schedules to be accommodated.
Some tools to consider using for initial discussions of shared services include:

- **PACE-EH** (Protocol for assessing Community Excellence in Environmental Health)  
  (http://www.cdc.gov/nceh/ehs/ceha/PACE_EH.htm)

- **CHANGE** (Community Health Assessment and Group Evaluation)  

- **MAPP** (Mobilizing for Action through Planning and Partnerships)  
  (http://www.naccho.org/topics/infrastructure/mapp/)

- **Local Public Health Assessment and Planning**, such as a **Community Health Assessment**  
  (http://www.naccho.org/topics/infrastructure/CHAIP/upload/CHA-and-CHIP-Processes-JJE.pdf)

- **Center for Sharing Public Health Services’ Self-Assessment of Progress along the CJS Roadmap**  
  (http://phsharing.org/assessment_tools/progress-along-roadmap/, 2014). This tool can be used in any phase of the Shared Service project and is available in both PDF and Excel formats.
Phase 2 – Prepare and Plan

After the stakeholders explore the possibilities and make a decision as to the service(s) to be provided, the next phase is preparing and planning. The activities performed within this phase define how identified issues will be addressed so the project can be implemented. Regular stakeholder meetings are valuable in order to address issues as they arise and make necessary decisions in a timely manner. The questions to consider in this phase include:

Context/History

- What services and capacities have these entities shared in the past (if any)? How successful has that been?
- What services and capacities currently exist and do inter-jurisdictional agreements already exist?
- Is there an existing infrastructure in place? What is the existing infrastructure in the organization that will be receiving the service? How will the Information Technology (IT) infrastructure be integrated? What infrastructure will need to be in place by the providing jurisdiction?

Timeline

- Develop a timeline for proper implementation of the project.
- Involve legal counsel regarding legal mandates and timing of service transfer.
- Address logistical issues for day-to-day operations, such as office location, office supplies, specialized IT software for the shared service, telephone service, utilities, printing, and network access.
- Include an evaluation plan with benchmarks and milestones.

Legal Issues

- What are the state laws concerning public health services, interlocal agreements, districts, and contracted services?
- What are the local codes concerning public health services, interlocal agreements, districts, and contracted services? Do codes need to be changed or added?
- What jurisdictional boards need to approve the project and the agreements?
Governance

- What is the plan for the project’s governance?
- Who has legal authority or discuss how to balance the legal authority in two different jurisdictions?

Who will be “in charge” can be a stumbling block to the best-intentioned project. Discussions surrounding leadership will often arise, especially in a project where the populations or revenue contributions are disparate. Open discussions of how much influence each partner has will clarify expectations.

Change Management

Change Management is defined as “the process, tools and techniques to manage the people-side of change to achieve the required business outcome” (Creasey, 2014, p. 2). According to Creasey (2014), the process for change management is planning, managing, and reinforcing with the use of tools, such as communications, sponsorship, coaching, training, and resistance management. Specific points to consider include:

- Have an effective change management plan to help employees adopt the change and perform at the highest level in order to realize positive business results.
- Communicate a comprehensive timeline to affected employees for successful change management.

Legal Sharing Agreement

The jurisdictions involved in shared services will need to enter into an agreement. The agreements and stipulations made within each jurisdiction will depend on the shared services provided. In most cases, a legal document will be produced, which is subject to the laws of the jurisdictions.

It is crucial to have all stakeholders informed and directed at the same goal. Public health officials may not have the key governmental contacts that elected officials do. Time and resources may be needed to educate lawmakers regarding a transition. Being aware of these potential legal hurdles and incorporating members with diverse backgrounds in the project planning has many benefits.

Logistical Issues

Coordination of the details may take much longer than it seems it should. Having a member of the CJS stakeholder group who champions the logistical details can smooth the process.

- Review the organizational and operational policies for each jurisdictional organization, including:
  - Building access
  - Computer access
Fiscal policies

Human Resources policies

- Decide upon the assets/equipment/supplies needed to operate the shared service -
  - IT equipment (computers, etc.)
  - Office furnishings, including office machinery
  - Office space – square footage and location
  - Supplies for day-to-day operation
  - Utilities
  - Vehicles

- Establish the days and hours of operation

- Emphasize the importance of the internal support systems working together to make the project a success

Expect coordination of these details to be a challenge in any CJS project. Because most public health endeavors involve some degree of computer interface, plan to involve computer specialists who can devote time to ensuring that hardware and software work together and efficiently.

**Monitoring**

- Implement Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART) objectives in order to monitor the progress and success of the shared service

- Hold regular meetings of the stakeholder group, which are essential to the success of the project.

- Assign one person the responsibility for recording and sending out all meeting notes well in advance. Expect progress to take twice as long as anticipated.

Tools to consider using for initial discussions of shared services include:

- **SWOT** (Strengths, Weakness, Opportunities, Threats) Analysis
- Fishbone Diagram
- Force Field

**Communication**

Keeping all stakeholders and individuals informed in the planning phase, during the transition, and after the transition is necessary. In addition, it is important to be up front and honest to the affected employees during all phases of the project.
Develop and implement a communication plan early in the process so any issues that arise can be resolved before fully integrating the shared service. Begin by conducting an analysis of the audience, then decide the key messages to be communicated and plan the timing of the key messages. Each audience has specific informational needs based on their role. Determine who is going to deliver the messages to both internal and external customers. Within this communication plan, there is an internal and external component, as well as with a component that pertains to both:

- **Internal Component**
  - Develop communications explaining the project and how it will affect employees. Share this communication with all departments/divisions within the organization.
  - Establish the communication plan early in order to control rumors of the type of service being delivered and to help establish good employee relations.
  - If the service is new, anticipate questions employees may ask, such as, “What will my new job duties be?”
  - If the service will be provided by a different organization, employees will ask, “What is going to happen to my job?”

- **External Component**
  - External communication is critical for a smooth transition of the day-to-day operations.
    - Develop press releases and articles explaining the project.
    - Depending on the type of shared services your project entails, town hall meetings and one-on-one meetings with the external partners are good opportunities to engage them in the process.

- **Both Internal and External Components**
  - Part of the communication plan may include the creation of a brand or logo specific to the shared service. This brand or logo should be on all written communications, agendas, meeting notes, and any relevant documents.
  - Create a fact sheet about the project that can be distributed to any interest parties.
  - Consider the development of a website explaining the project.
  - Utilize social media to disseminate information about the project.

**Fiscal and Service Implications**

Cost savings are often the starting point for a shared services arrangement. All public officials wish to deliver services for less cost and an upfront acknowledgement of this is beneficial to everyone at the table. Any benefits beyond cost savings, however, merit discussion as well.
• What is the amount of the start-up costs?
• What are the revenue streams for start-up costs (grants, tax dollars, fees, etc.)?
• What are the revenue streams for day-to-day costs (grants, tax dollars, fees, etc.)?
• What are the operating expenses?
• Will satellite offices also provide the services in order to provide customer service at the local level? If so, how will these offices be managed?
• Will the service be an expansion or a transfer of service?
Phase 3 – Implement and Improve

Within this phase, activities include implementation of the project, ensuring the project’s progress meets the goals of both organizations, and evaluating the desired outcome after implementation. Execute the evaluation plan to help determine the success of the project. Keep stakeholders informed of progress during this phase, as well as during all phases of the project.

Issues to be considered within this phase are: implementation and management, communications and change management, and monitoring and improving. Following are issues to address within each category:

Implementation and Management
- Monitor the milestones set forth in the timeline to evaluate if the milestones are being met.
- Put in place a strong management team with good communication skills.
- Garner the support of senior level management, including elected officials of each organization.

Communications and Change Management
- After the implementation, develop an avenue of communication to keep all stakeholders (internal, external, employees from both jurisdictions) informed.
- Document and address specific issues that arise in a timely manner.

Anticipate criticism and comments during this phase of the project. Once the staff and the public actually experience the change in service, concerns are likely to surface.
Monitoring and Improving Performance

- In Phase 2, benchmarks should have been established. Evaluate the outcomes based on those benchmarks.
- Are the services being conducted satisfactorily according to the stakeholders (both internal and external)?
- Is the goal of improved efficiency and effectiveness being achieved?
- Do the goals need to be revised?
- What adjustments need to be made?

If conducting a customer satisfaction survey, the best time to deploy it is while the experience is fresh in the customer’s mind. There are a variety of methods for soliciting customer feedback, including written response cards, online surveys and phone solicitation.
CARSON CITY HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH SHARED SERVICES PROJECT – A NARRATIVE

Phase 1 – Explore

When Nevada legislation was passed that required counties to pay an assessment for certain public health services provided by the Nevada Division of Public and Behavioral Health (DPBH) (Appendix B), Douglas County and Carson City began exploring more cost-effective alternatives. Based on a history of previous successful shared services between the two counties, as well as an effort by both counties to reduce expenses, representatives of Douglas County and Carson City Health and Human Services (CCHHS) began discussing the feasibility of a shared service arrangement to have CCHHS provide environmental health services in Douglas County previously provided by DPBH.

Nevada law requires the Governor to give permission for a county to provide services that had previously been provided by the State (Appendix C). This also required the additional step of gaining Interim Finance Committee approval of the revised state work plan, and removing the funding of environmental health services for Douglas County. Time and resources were needed to educate lawmakers regarding this transition.

Once CCHHS received the grant from the Robert Wood Johnson Foundation, a stakeholder group comprised of elected and appointed officials and representatives from both counties and DPBH was formed. This group included Carson City’s mayor; a Carson City supervisor; the county health officer (for both counties), Douglas County’s Board of County Commissioners chair; Douglas County’s county manager; Carson City’s deputy city manager; CCHHS director, CCHHS environmental health manager, Douglas County’s building department manager, and DPBH’s division administrator, as well as the environmental services manager. During the project, Carson City’s city manager retired and Douglas County’s county manager resigned. Those changes in staff did not cause an interruption or change of direction of the project.

Once the stakeholder team was in place, the project goal was developed: Improve the level of environmental health services provided within Douglas County while increasing efficiency and allowing for more local control. The key objectives decided upon were to:

- Optimize service delivery in the public health field of environmental health of Douglas County.
- Increase efficiency by better utilization of staff and resources in both counties.
- Strengthen cooperative relationships in delivering public health services to residents of northern Nevada.

Although monetary costs were often discussed, members were also reminded that the goal of the project was to improve local control over environmental health services and service enhancements based on the unique characteristics of the region.
Phase 2 – Plan and Prepare

CCHHS developed an Operational and Transition Plan for Environmental Health to help guide the project (Appendix D). A detailed timeline was included within this Plan, which is an essential component of the change management process. An Interlocal Agreement was drafted outlining the payment for services and how that payment would be determined, the term of the agreement, and the scope of work to be performed, along with other legal components. This agreement was drafted, negotiated by stakeholders, and reviewed by each jurisdiction’s legal counsel (Appendix E). The Interlocal Agreement was presented to Carson City’s Board of Supervisors and Douglas County’s Board of County Commissioners and was approved.

During the same time, an informal Communication Plan was developed, including both internal and external communications. In the CCHHS CJS project, a collegial relationship existed between the elected officials of both counties and served to enhance communication.

As part of the communication plan, the stakeholder team determined that a logo specific to the project needed to be developed. The logo incorporates the Carson City Health and Human Services logo and the Douglas County logo (Appendix F).

The stakeholder team also realized the importance of keeping all staff informed of the project’s progress. In Carson City, staff was updated at staff meetings. In addition, the project was discussed at various Board of Health meetings, which are open to the public, as well as city management meetings. Also, a letter explaining the project was e-mailed to all Carson City employees (Appendix G). One was also sent to Douglas County’s county manager for distribution to Douglas County employees and Douglas County leadership (Appendix H). As a result, there were no complaints of lack of communication from employees.

In addition, a letter was sent to all the permit holders in Douglas County explaining the transition (Appendix I). The Carson City environmental health manager and the Douglas County building department manager met frequently to develop details of the expansion of services. Meetings of the entire stakeholder group were held every 6 to 8 weeks to review progress and develop the project.
Phase 3 – Implement and Improve

The CCHHS CJS environmental health project began implementation on January 1, 2014. A full range of environmental health services, including inspections of food establishments and pools, plus complaint management, are being delivered. Throughout 2014, the stakeholder team continued to meet to discuss successes and problems. All members of the stakeholder group were encouraged to solicit feedback during this phase and report back. This project was regarded as a work in progress rather than a finished product, which has proven to be useful.

During the stakeholder meetings, problems were discussed and the group brainstormed possible solutions in order for daily operations to run at an optimal level. One problem identified was the conflict between multiple IT networks and security policies. By the two IT departments working together, this was eventually resolved so day-to-day operations could operate smoothly. Another challenge was the difficult and lengthy process in hiring experienced environmental health staff.

CCHHS developed a plan of ongoing monitoring of customer satisfaction in order to measure service delivery. A customer satisfaction survey was deployed six months after environmental health services were initiated (Appendix J) and again in the late fall 2014 (Appendix K). The initial survey had favorable results with a high level of satisfaction. The survey sent in the late fall experienced a 23% return on a mail-in survey and somewhat better response with a phone inquiry. The surveys are currently being evaluated to determine the level of satisfaction with the service CCHHS is providing. In addition, an internal staff survey was deployed to monitor the implementation of the project (Appendix L). The comments from staff of both Carson City and Douglas County were positive.

Additionally, quarterly recap meetings were conducted during the first year of implementation, with the final meeting of the entire planning team after the project had been running for 12 months. Future meetings will be scheduled at predetermined intervals with the stakeholders to evaluate the project.
LESSONS LEARNED

Stakeholder Team members

It was essential to include policymakers and elected officials, along with public health specialists, on the stakeholder group. By including these individuals, issues encountered could be discussed and addressed during the planning phase, helping to make the project a success. In addition, regular meetings were vital to the progress of the project.

Staffing

It was difficult to recruit experienced Environmental Health (EH) Specialists, and the process took longer than anticipated. The stakeholder group believed it was imperative to hire experienced EH staff rather than non-experienced staff; however, recruitment could not begin until the Interlocal Agreement was approved by both governing bodies (Carson City and Douglas County). This occurred in the final quarter of the implementation phase; having the Agreement approved sooner would have allowed the recruitment process to begin earlier. Although this would have had a fiscal impact, it would have been extremely beneficial to have experienced staff in place and trained prior to the beginning of the daily operations of the project.

Infrastructure

Knowing that IT issues could delay the implementation phase, meetings with both jurisdictions were conducted early in the transition; however, implementation and testing of the environmental health software did not occur until staff was hired. The delay in the recruiting and hiring process then impacted the implementation and testing of IT solutions. It would have eased the transition process if it had been possible to set up and test the environmental health software prior to the start of day-to-day operations.

Another issue was the conversion of the existing paper files from the state to Carson City’s environmental health software. There was often incomplete data, which required additional follow-up with the state and the individual establishments. Obtaining the files earlier in the process and having the records vetted for completeness would have streamlined the process.

Staff found that Douglas County processes, such as payment for building permits, building department approvals, and granting of liquor licenses, were different from those in Carson City. Since Douglas County does not require a business license, there is no centralized process for approvals of new establishments. Also, the multiple regulatory agencies, such as water systems and general improvement districts, required us to the modification current processes to incorporate the Douglas County system.
**Champion**

The Carson City environmental health manager served as “point man” for developing EH services in Douglas County. It was essential to the success of the project that he functioned as a champion for the project, both in Carson City and Douglas County. He made frequent onsite visits to Douglas County and became a recognized face to the staff.

**Timeline**

It was important to develop a realistic timeline, recognizing that delays would occur and that unanticipated problems were inevitable. The timeline was reviewed at each stakeholder meeting, which reminded all participants of the progress made, as well as tasks to be accomplished.
REFERENCES

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APPENDICES

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APPENDIX A
Center for Sharing Public Health Services
Technical Assistance – Roadmap

TECHNICAL ASSISTANCE

A ROADMAP TO DEVELOP CROSS-JURISDICTIONAL SHARING INITIATIVES

Overview
Cross-jurisdictional sharing (CJS) is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.

Collaboration allows communities to solve problems that cannot be solved — or easily solved — by single organizations or jurisdictions.

This roadmap describes three phases to guide jurisdictions through the CJS process:

• Explore
• Prepare and Plan
• Implement and Improve

During each phase, we propose a series of questions be answered. While the progression of phases should take place in the order presented, the questions posed within each phase do not necessarily have to follow the same order as listed in this document. If on further examination it becomes apparent some key issues from an earlier phase were overlooked, it is important to go back and resolve those issues before moving forward.

For those just beginning their effort, the roadmap can provide an overview of how to develop a CJS arrangement and help ensure that key questions and issues will be addressed. For those well underway with a CJS effort, it can serve as a checkpoint as they go forward. And, for those experiencing barriers in their CJS work, the roadmap may help identify the issues and questions that need to be examined or re-examined before moving forward.

Keep in mind, this roadmap is intended to be more of a guide than a set of specific directions for those working on or considering CJS for their jurisdictions.

A Note About Planning
Before describing the phases in detail, it is important to note there are two separate and distinct planning processes that enable jurisdictions to know why sharing is beneficial and what will be shared before moving into how to share. During Phase One: Explore, the planning activity is focused on conceptual feasibility, which establishes clarity about why to consider CJS and what to pursue. An important element of this phase is to make sure those most accountable and responsible are fully on board before moving forward. The second planning process occurs during Phase Two: Prepare and Plan and emphasizes operational feasibility and implementation. The implementation plan comes from Phase Two.

Distinguishing between these two efforts is important. The activities in Phase Two must be based on the results of the exploratory activities from Phase One. They can’t be done concurrently. This reflects the complexity of CJS work and in particular the necessity of making sure those most accountable and responsible are fully on board.
Phase Two: Prepare and Plan
During the Prepare and Plan phase, the activities examine whether and how the issues addressed and agreed to in the Explore phase can be implemented. The outcome of the Prepare and Plan phase is an implementation plan that will meet identified goals. The activities in this phase address the logistical and operational aspects of implementing the intended CJIS arrangement. These issues include communications, ongoing change management, financing, staffing, facilities, timeline and others appropriate to the specific arrangement.

Table 2. Issues to be Considered During Phase Two: Prepare and Plan

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples of Issues to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context and history</td>
<td>What are possible strengths-weaknesses-opportunities-threats (SWOT) to consider in the development of the new initiative's action plan? What can be learned from past CJIS initiatives?</td>
</tr>
<tr>
<td>Governance</td>
<td>What are the governance options being considered for the new CJIS agreement?</td>
</tr>
<tr>
<td>Fiscal and service implications</td>
<td>Does the plan achieve a balance between increasing efficiency and effectiveness? What are existing and potential funding streams that can assure adequate and sustainable operational funding? Will public health essential services be provided in a manner that meets or exceeds current levels of performance? Are there issues related to uneven levels of local taxation to support public health services among the jurisdictions involved that need to be addressed?</td>
</tr>
<tr>
<td>Legal sharing agreement</td>
<td>What kind of agreement will be at the base for the CJIS initiative? Who will have the authority to make decisions? Who will have the authority to allocate resources?</td>
</tr>
<tr>
<td>Legal issues</td>
<td>Are there issues related to personnel and vendor contracts (e.g., benefits, collective bargaining agreements, procurement processes, etc.)? Are there any liability and insurance issues to be addressed?</td>
</tr>
<tr>
<td>Logistical issues</td>
<td>What are the implications of the new agreement for buildings, office space, transportation, other properties, etc.? Are there adequate facilities to house all personnel, equipment and programs within reasonable geographical proximity to the customers for the shared services?</td>
</tr>
<tr>
<td>Communications</td>
<td>How will the parties communicate? Are there external audiences with whom the partners also should communicate? If so, is there a strategic communications plan in place?</td>
</tr>
<tr>
<td>Change management</td>
<td>What changes will occur as a result of the CJIS arrangements? Who will be affected? How will changes be managed?</td>
</tr>
<tr>
<td>Timeline</td>
<td>Is there a timeline including specific steps that have to be taken for the success of the sharing initiative?</td>
</tr>
<tr>
<td>Monitoring</td>
<td>How would you know if the CJIS initiative is successful? How would the partners measure success?</td>
</tr>
</tbody>
</table>

Find the complete roadmap online:  
www.phsharing.org/technical-assistance
**Table 2. Issues to be Considered During Phase Two: Prepare and Plan**

**How exactly would it work?**
**Product: Implementation assessment and plan**

<table>
<thead>
<tr>
<th>Areas</th>
<th>Examples of Issues to Consider</th>
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</thead>
</table>
| Context and history  | - What are possible strengths-weaknesses-opportunities-threats (SWOT) to consider in the development of the new initiative’s action plan?  
- What can be learned from past CJS initiatives?                                                                                                                                 |
| Governance           | - What are the governance options being considered for the new CJS agreement?  
- What is an organizational structure adequate to assure proper management?                                                                                                                                                          |
| Fiscal and service implications | - Does the plan achieve a balance between increasing efficiency and effectiveness?  
- What are existing and potential funding streams that can assure adequate and sustainable operational funding?  
- Will public health essential services be provided in a manner that meets or exceeds current levels of performance?  
- Are there issues related to uneven levels of local taxation to support public health services among the jurisdictions involved that need to be addressed? |
| Legal sharing agreement | - What kind of agreement will be at the base for the CJS initiative?  
- Who will have the authority to make decisions?  
- Who will have the authority to allocate resources?                                                                                                                                                                                      |
| Legal issues          | - Are there issues related to personnel and vendor contracts (e.g., benefits, collective bargaining agreements, procurement processes, etc.)?  
- Are there any liability and insurance issues to be addressed?                                                                                                                                                                          |
| Logistical issues     | - What are the implications of the new agreement for buildings, office space, transportation, other properties, etc.?  
- Are there adequate facilities to house all personnel, equipment, and programs within reasonable geographical proximity to the customers for the shared services?                                                                                      |
| Communications        | - How will the parties communicate?  
- Are there external audiences with whom the partners also should communicate? If so, is there a strategic communications plan in place?                                                                                           |
| Change management     | - What changes will occur as a result of the CJS arrangements? Who will be affected? How will changes be managed?                                                                                                                                 |
| Timeline              | - Is there a timeline including specific steps that have to be taken for the success of the sharing initiative?                                                                                                                                 |
| Monitoring            | - How would you know if the CJS initiative is successful?  
- How would the partners measure success?                                                                                                                                                                                                 |

**Find the complete roadmap online:**

[www.phsharing.org/technical-assistance](http://www.phsharing.org/technical-assistance)

---

Carson City Health and Human Services A-3 CJS Toolkit
**Phase 3: Implement and Improve**

The Implement and Improve phase focuses on ensuring implementation meets the overall plan and respective parties’ goals underlying the CJS effort. In this phase, implementation progress is monitored and reported to partners and stakeholders. If needed, revisions to the implementation plan are identified and initiated. And finally, the results of the CJS arrangement are evaluated relative to the desired outcomes of the key parties.

**Conclusion**

This roadmap is intended to guide jurisdictions through the CJS process. CJS is an approach with the potential to enhance the quantity and quality of public health services available at the local level and to improve the use of resources. The results of CJS initiatives will have to be monitored and analyzed to assess the value and general applicability. Critical questions related to best practices, predictors for success, fiscal impact, and impact of CJS on accreditation readiness should be addressed. The differences in the application and results of CJS agreements in centralized versus decentralized states remain largely unanswered. These questions are relevant to the public health practice community, as well as researchers and policymakers interested in innovative approaches to the delivery of public health services. The Center for Sharing Public Health Services will help generate and disseminate knowledge in these areas that can contribute to the development of successful models and practices. This roadmap represents a step in that direction.

The Center for Sharing Public Health Services views this roadmap as a living document. It will continue to be refined and modified over time, as we learn more about cross-jurisdictional sharing from field experience, other CJS efforts and the literature at large. It will also be expanded to include resources that can help along the way. Watch our website as this journey unfolds. We welcome your feedback.

<table>
<thead>
<tr>
<th>Areas</th>
<th>Examples of Issues to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation and management</td>
<td>Are the activities being implemented as planned?</td>
</tr>
<tr>
<td></td>
<td>Is there a strong project management team in place?</td>
</tr>
<tr>
<td></td>
<td>Is senior-level support being secured?</td>
</tr>
<tr>
<td>Communications and change management</td>
<td>Are the change management and the communications plans being implemented?</td>
</tr>
<tr>
<td></td>
<td>Are communications among all parties affected flowing well?</td>
</tr>
<tr>
<td></td>
<td>What are the specific concerns and communications needs of each group affected by the new</td>
</tr>
<tr>
<td></td>
<td>initiative?</td>
</tr>
<tr>
<td>Monitoring and improving</td>
<td>Are the results of the activities satisfactory?</td>
</tr>
<tr>
<td></td>
<td>• Is the level of satisfaction of the stakeholders and groups affected by the initiative high?</td>
</tr>
<tr>
<td></td>
<td>• Are the goals of improved effectiveness and efficiency being achieved?</td>
</tr>
<tr>
<td></td>
<td>• Is there a need to revise the initiative's goals?</td>
</tr>
<tr>
<td></td>
<td>• What are the adjustments that need to be made to the plan?</td>
</tr>
<tr>
<td></td>
<td>Is the knowledge acquired being shared with the project team and other stakeholders?</td>
</tr>
</tbody>
</table>
NRS 439.4905  Payment of assessment; exemption; regulations.

1. Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the Division, in an amount determined by the Division, for the costs of services provided in that county by the Division or by the Chief Medical Officer, including, without limitation, services provided pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters, regardless of whether the county has a local health authority.

2. Each county shall pay the assessment to the Division in quarterly installments that are due on the first day of the first month of each calendar quarter.

3. A county may submit a proposal to the Governor for the county to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters. If the Governor approves the proposal, the Governor shall submit a recommendation to the Interim Finance Committee to exempt the county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to approve the exemption, the Interim Finance Committee shall consider, among other things, the best interests of the State, the effect of the exemption and the intent of the Legislature in requiring the assessment to be paid by each county.

4. An exemption that is approved by the Interim Finance Committee pursuant to subsection 3 must not become effective until at least 6 months after that approval.

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and chapters 441A, 444, 446 and 583 of NRS and the regulations adopted pursuant to those chapters shall carry out those services in the manner set forth in those chapters and regulations.

6. The Division may adopt such regulations as necessary to carry out the provisions of this section.
June 22, 2011

The Honorable Brian Sandoval
Governor of Nevada
Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Re: SB 471 Revises provisions relating to public health. An act relating to public health; requiring counties to pay an assessment to the Health Division for the cost of providing various services.

Dear Governor Sandoval:

The 2011 session of the Nevada State Legislature passed SB 471, which requires counties to pay an assessment to the Health Division for certain services provided in that county by the Health Division or the State Health Officer. Carson City is requesting permission, through its Health and Human Services department, to carry out environmental health services that would otherwise be provided by the Health Division, for Carson City, Douglas County, Lyon County and Storey County in accordance with NRS 444, 446 and 583.

For more than 40 years, Carson City has provided environmental health services and enforced the regulations, including inspections of restaurants, bars, pools, septic system, schools, jails, hotels, motels and RV parks. We have in place trained staff and the expertise to uphold the requirements and intent of the law.

Carson City officially convened its county Board of Health and became recognized as a local health authority in 2004. Since then, we have increased our public health services to the community by adding public health preparedness, epidemiology, clinic services, maternal child health and WIC, among others. In 2009, the State Health Officer delegated the authority to Carson City for public health preparedness, epidemiology and disease investigation in our adjoining counties. The addition of environmental health responsibilities is a logical integration of public health services in the four counties. This partnership will enhance the local capability to address a wider scope of public health issues.

Carson City, Douglas County, Lyon County and Storey County have formed a workgroup to develop an implementation plan for environmental health. This group is working...
collaboratively with the State Health Division to ensure a smooth transition of services. The specific transfer of duties includes, but is not limited to:

- Carson City: 6 food establishments,
- Douglas County: 524 food establishments, 19 schools, 84 public pools and spas,
- Lyon County: 265 food establishments, 19 schools, 17 public pools and spas,
- Storey County: 74 food establishments, 4 schools and 10 public pools and spas.

The transition of environmental health services to Carson City for the quad county region will relieve the burden on the State Health Division for maintaining the personnel and costs associated with covering such a large geographical area. This will also allow the adoption of consistent regulations in all four counties and provide local access to environmental health services for the residents.

Upon your recommendation of approval and subsequent review by the Interim Finance Committee, the Health Division has suggested that Carson City house a State Environmental Health Specialist in our Health Department during the six-month waiting period. This will assist with the smooth transition of the program and possibly the employee.

Carson City and its county partners appreciate your consideration and we look forward to your support.
Operational and Transition Plan for Environmental Health

Carson City Health and Human Services
900 E. Long Street
Carson City, Nevada 89706
775 887 2190
775 887 2248
www.gethealthycarsoncity.org
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Table of Contents</td>
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<tr>
<td>II. Executive Summary</td>
<td>3</td>
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<td>III. General Organization Description</td>
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<td>IV. Products and Services</td>
<td>5</td>
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<td>V. Operational Plan</td>
<td>6</td>
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<td>VI. Management and Organization</td>
<td>11</td>
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<td>VII. Startup Expenses</td>
<td>14</td>
</tr>
<tr>
<td>VIII. Budget</td>
<td>15</td>
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<tr>
<td>IX. Transition</td>
<td>17</td>
</tr>
</tbody>
</table>
II. Executive Summary

The 2011 session of the Nevada State Legislature passed SB 471, which requires counties to pay an assessment to the Health Division for certain services provided in that county by the Health Division or the State Health Officer. Carson City is requesting permission, through its Health and Human Services department, to carry out environmental health services that would otherwise be provided by the Health Division, for Douglas County in accordance with NRS 444, 446 and 583.
III. General Organization Description

For more than 40 years, Carson City has provided environmental health services and enforced the regulations, including inspections of restaurants, bars, pools, septic system, schools, jails, hotels, motels and RV parks. We have in place trained staff and the expertise to uphold the requirements and intent of the law.

Mission Statement: To protect and improve the quality of life for our community through disease prevention, education, and support services.

Guiding Principles:

- Teamwork - We help each other with whatever is needed
- Respect for others - We treat everyone the same no matter the circumstances
- Competence - We stay on top of our field
- Resourcefulness - We make things happen

Carson City officially convened its county Board of Health and became recognized as a local health authority in 2004. Since then, we have increased our public health services to the community by adding public health preparedness, epidemiology, clinic services, maternal and child health, and WIC. In 2009, the State Health Officer delegated the authority to Carson City for public health preparedness, epidemiology, and disease investigation in our adjoining counties. The addition of environmental health responsibilities is a logical integration of public health services in the Douglas County. This partnership will enhance the local capability to address a wider scope of public health issues.
IV. Products and Services

Environmental Health services are designed to protect and promote the health and welfare of the community through education, intervention, prevention, and assistance to people residing in or visiting our City so they can work, raise families, recreate and grow without the threat of foodborne, waterborne and/or vector borne disease. The major focus areas of this effort are as follows:

- Childcare
- Complaints
- Food Protection
- Individual Sewage Disposal System
- Invasive Body Decoration and Permanent Make-up
- Private Well
- Public Accommodations
- Public and Private Schools
- Public Bathing Places
V. Operational Plan

**Operations**

- **Food Protection**

  *Regulatory inspections*
  
  Each facility is inspected to ensure compliance with Nevada Revised Statutes (NRS) governing restaurants. Inspection frequency depends on the type of food service facility, the client base, and the inspection history. The records of food service facilities are available at Carson City Health and Human Services.

*Enforcement Actions*

When necessary, food service facilities can have their health department permit suspended. This action is appropriate when there is an imminent health hazard, such as the aftermath of a fire, or loss of water, power, or food holding equipment. Revocation is the permanent removal of the permit and is a last resort in trying to get compliance with the regulations.

*Facility Plan Review*

All plans for new food service facilities and plans for the renovation of existing facilities are reviewed in order to ensure that Nevada Administrative Code (NAC) requirements are met, such as:

- Adequate numbers of handwashing facilities are available and strategically placed
- Adequate refrigeration is available for the storage and holding of potentiality hazardous foods.
- Adequate facilities for the preparation of the food products listed in the proposed menu are included. The construction aids in the cleaning of equipment and the establishment.
- Sufficient facilities exist for the sanitizing of food service equipment and utensils.

*Food Service Personnel Training*

Carson City concentrates training efforts towards the professional food service manager. Most food service facilities are required to have a Certified Food Service Handler on duty during all hours of the operational day. The training is conducted at Carson City Health and Human Services and is taught by qualified instructors. Recertification is required every three years.
• **Individual Sewage Disposal Systems (ISDS)**

  **Regulatory inspections**
  Each ISDS is inspected to ensure compliance with NRS and NAC governing ISDS at time of installation. Records of ISDS are available at Carson City Health and Human Services.

  **Enforcement Actions**
  ISDS complaints are investigated and, if found deficient, staff will work with property owner to bring ISDS into compliance.

  **Plan Review**
  Plans for new ISDS are reviewed in order to ensure that basic requirements are met.

• **Private Wells**

  Private Well inspections in Douglas County are conducted by the Bureau of Safe Drinking water. This transition plan does not address inspection of private wells.

• **Public Bathing Places**

  **Regulatory inspections**
  Each facility is inspected to ensure compliance with NRS and NAC governing public bathing places. Inspection frequency depends on the type of public bathing place. The records of public bathing places are available at Carson City Health and Human Services.

  **Enforcement Actions**
  When necessary, public bathing places can have their health department permit suspended. This action is appropriate when there is an imminent health hazard, such as no drain cover, loss of power, or inadequate water treatment. Revocation is the permanent removal of the permit and is a last resort in trying to get compliance with the regulations.

  **Plan Review**
  All plans for new public bathing places and plans for the renovation of existing facilities are reviewed in order to ensure that NAC requirements are met.

  **Public Bathing Place Operator Training**
  Carson City requires that every “public pool” must be maintained under the supervision of a qualified operator who is responsible for the sanitation and safety of the facility and the maintenance of its equipment and records.
- **Public Accommodations**

  *Regulatory inspections*
  Each facility is inspected to ensure compliance with NRS and NAC governing public accommodations. Inspection frequency depends on the type of public accommodation. The records of public accommodations are available at Carson City Health and Human Services.

  *Enforcement Actions*
  When necessary, public accommodations can have their health department permit suspended. This action is appropriate when there is an imminent health hazard, such as the aftermath of a fire, or loss of water or power. Revocation is the permanent removal of the permit and is a last resort in trying to get compliance with the regulations.

  *Plan Review*
  All plans for new public accommodations and plans for the renovation of existing facilities are reviewed, in order to ensure that basic requirements are met.

- **Invasive Body Decoration and Permanent Make-up (IBD)**
  (Currently, IBD are not inspected in Douglas County)

  *Regulatory inspections*
  Each facility is inspected to ensure compliance with Carson City rules and regulations governing IBD. Inspection frequency depends on the type of IBD. The records of IBD are available at Carson City Health and Human Services.

  *Enforcement Actions*
  When necessary, IBD can have their health department permit suspended. This action is appropriate when there is an imminent health hazard, such as the aftermath of a fire, loss of water or power, or improper sanitation methods. Revocation is the permanent removal of the permit and is a last resort in trying to get compliance with the regulations.

  *Plan Review*
  All plans for new IBD and plans for the renovation of existing facilities are reviewed, in order to ensure that basic requirements are met.

- **Public and Private Schools**

  *Regulatory inspections*
  Each facility is inspected to ensure compliance with NRS and NAC governing public and private schools. The records of inspections for both public and private schools are available at Carson City Health and Human Services.
Enforcement Actions
When necessary, public and private schools can have their health department permit suspended. This action is appropriate when there is an imminent health hazard, such as the aftermath of a fire, or loss of water or power. Revocation is the permanent removal of the permit and is a last resort in trying to get compliance with the regulations.

Facility Plan Review
All plans for new public and private schools and plans for the renovation of existing facilities are reviewed, in order to ensure that NAC requirements are met.

- Childcare
  Childcare inspections in Douglas County are conducted by the Bureau of Health Care Quality and Compliance. This transition plan does not address inspection of these facilities.

- Environmental Complaints Program
  This includes a broad range of concerns relating to environmental health, the Nevada Clean Indoor Air Act and other related programs. Complaints are received in our office and followed up by staff to substantiate complaint. If confirmed, staff will work with the business or property owner on abatement of the complaint in a timely manner.

Location
CCHHS Environmental Health (EH) Program currently provides services within the political boundary of Carson City. The current office location is at 900 E. Long Street, Carson City, Nevada. The EH program is housed in approximately 1200 square feet. This allows for five workstations and storage of files and operating supplies.

If an interlocal contract is agreed upon by Carson City and another county, such as Douglas County, CCHHS would operate EH services out of that respective county. Office space and associated costs for EH services would be part of the interlocal contract.

Access:
EH services offices would need to have an ADA accessible public entrance and meeting space. Typical hours of operation would be Monday to Friday 8:00 am to 5:00 pm. In the summer months, workdays will be expanded to Saturdays to accommodate the majority of special events in the area.
Legal Environment

CCHHS is granted authority for public health activities via Section 2.190 of our Charter.

Sec. 2.190 - Power of board: Public health; board of health; regulations.

The board may:

1. Provide for safeguarding public health in Carson City.
2. Create a board of health and prescribe the powers and duties of such board.
3. Provide for the enforcement of all regulations and quarantines established by the board of health by imposing adequate penalties for violations thereof.

(Ch. 213, Stats. 1969 p. 298)

The Carson City Board of Health via Chapter 9 of Carson City Municipal Code also governs CCHHS.

CCMC Chapter 9

Personnel

CCHHS environmental health program currently carries out its mission with the following personnel:

- Program supervisor
- Environmental health specialists
- Office support technician

With an expansion of services in adjoining counties, CCHHS would have to add additional staff to provide minimal services in those counties. Based on current understanding of services offered, CCHHS would have to hire the following type of personnel:

<table>
<thead>
<tr>
<th></th>
<th>Carson City</th>
<th>Douglas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Specialist (FTE)</td>
<td>0</td>
<td>2.5</td>
</tr>
</tbody>
</table>

CCHHS current field and supervisory staff have job descriptions that can be found on Carson City's Human Resources website. Currently, all field and supervisory staff have been hired based on requirements set forth in Nevada Revised Statutes (NRS) 625A and Nevada Administrative Code (NAC) 625A.

All new field staff for expansion of services would need to the requirements set forth in NRS and NAC 625A.
VI. Management and Organization

**Organizational Structure**

CCHHS environmental health program resides in the Disease Prevention and Control Division. See organizational chart below.
**Professional and Advisory Support**

- **Board of Health**
  - Convenes on a quarterly basis and provides direction to the program.

- **Public Health Workgroup**
  - Convenes on a monthly basis to review community based health related issues.

- **Legal Counsel**
  - CCHHS currently utilizes Carson City District Attorney’s office for legal advice and representation.

- **Accounting**
  - CCHHS currently utilizes Carson City Finance Department which is responsible for maintaining a fiscally sound organization by maintaining accurate and timely financial and accounting records, establishing internal controls to protect and preserve City assets.

- **Risk Management**
  - CCHHS currently utilizes Carson City Risk Management to provide risk management guidance to help fulfill our mission to the city’s residents. Additionally, the department maintains on-going programs that reduce the CCHHS exposure to accidents that may result in physical and financial loss.
Carson City Health & Human Services

Director
Marina Works, MSN, MPH, APN

Fiscal Grant Analyst
Ann Linn

Management Assistant
Eloise Gilliland

County Health Officer
Senta Pitter, M.D.

SLV Grant
*Public Health Nurse
Nicki Acker, RN
*Public Health Nurse (F-T)
Rachel Farley, RN

CCHHS Organizational Chart

Carson City Health and Human Services D-13 CJS Toolkit

"Protect, Promote and improve the quality of life for our community through disease prevention, education and support services."

Revised 2/2/13
VII. Startup Expenses

There will be start-up costs for each county for this transition of environmental health services. See below for description of costs and estimated amounts for each county.

<table>
<thead>
<tr>
<th></th>
<th>CCHHS</th>
<th>Douglas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Equipment</td>
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<td>$1,500</td>
<td>$1,500.00</td>
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<tr>
<td>Computers and Printers</td>
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<td>$5,000</td>
<td>$5,000.00</td>
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<tr>
<td>EH Equipment</td>
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<td>$1,500.00</td>
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<tr>
<td>Sweeps Upgrade</td>
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<td>$2,000</td>
<td>$4,000.00</td>
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<tr>
<td>Office Supplies</td>
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<tr>
<td><strong>Total</strong></td>
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<td>$11,500.00</td>
<td><strong>$13,500.00</strong></td>
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<tr>
<td><strong>Region Total</strong></td>
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<td></td>
<td></td>
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</tbody>
</table>
VIII. Budget

Below you will find proposed budget for environmental health services in the following Counties: Carson City and Douglas. These budgets are based on current operations in Carson City and white papers provided to CCHHS on current State of Nevada operations for services provided in Carson City and Douglas Counties. The budget below does not include fuel and vehicle costs for Douglas County.

Revenue is based on estimates of past fees collected. As with any fee-for-service budget, revenue will fluctuate based on what is collected. The greatest variables in fees that are collected are in seasonal operations and reviews of building plans for permitted facilities.

12-Month Budget

<table>
<thead>
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<th>CCHHS</th>
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<tbody>
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<tr>
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<tr>
<td>Contractual</td>
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<td>$5,000</td>
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<tr>
<td>Other</td>
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<td>$3,600</td>
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## Projected Revenue

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<tr>
<td>Grants</td>
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</tbody>
</table>
IX. Transition

CCHHS, in cooperation with Douglas County, has formed a workgroup to develop an implementation plan for environmental health. This group is working collaboratively with the State Health Division to ensure a smooth transition of services. The specific transfer of duties includes, but is not limited to:

- Douglas County: 524 food establishments, 19 schools, 84 public pools and spas,

The transition of environmental health services to Carson City for Douglas County will relieve the burden on the State Health Division for maintaining the personnel and costs associated with covering such a large geographical area. This will allow the adoption of consistent regulations in all four counties and provide local access to environmental health services for the residents.

Upon your recommendation of approval and subsequent review by the Interim Finance Committee, the Health Division has suggested that Carson City house a State Environmental Health Specialist in our Health Department during the last six-months of the transition. This will assist with the smooth transition of the program and, possibly, the employee.

Below is a twelve-month transition plan for environmental health services to transition from State Health Division to CCHHS for Douglas County.

Twelve Month Transition Plan

- Month One-Two
  - Request electronic listing of permitted establishments within county
  - Request hard copies of files of permitted establishments within county
  - Request information on current establishments in plan review
  - Initial letter of transition to permitted establishments
  - County will draft local ordinance now that they will be providing Environmental Health Services, and adoption of applicable regulations
  - County will draft local ordinance for the charging and collection of appropriate fees for the permitted establishments
  - IT infrastructure analysis to be conducted.

- Month Three-Four
  - Begin data conversion of requested electronic listing of permitted establishments
  - County will continue to work on draft of local ordinance now that they will be providing Environmental Health Services, and adoption of applicable regulations
County will continue to work on draft of local ordinance for the charging and collection of appropriate fees for the permitted establishments

- Month Five-Six
  - Continue data conversion of requested electronic listing of permitted establishments
  - Legal review of new county ordinances related to transition
  - Order IT equipment based on infrastructure analysis
  - Local office space identified
  - State employee home base is transferred to CCHHS

- Month Seven-Eight
  - Continue data conversion of requested electronic listing of permitted establishments
  - First reading of new ordinances to county for approval
  - Draft of interlocal agreement is developed

- Month Nine-Ten
  - Continue data conversion of requested electronic listing of permitted establishments
  - Second reading of new ordinances to county for approval (includes approval of interlocal agreement)
  - Begin testing of new IT infrastructure

- Month Eleven-Twelve
  - Final letter to permitted establishments on transition
  - Electronic inspection system is populated with all current permitted establishments
  - Hire new employees
  - Deploy staff to new office location
  - Issue new permits to permitted establishments
  - Finalize testing of new IT infrastructure
  - Deploy new IT infrastructure
  - Deploy new office equipment and supplies

- Month Thirteen
  - Daily operations are in place

**Alternatives**
- If the IFC dictates that the transition shall take longer than twelve months, the above plan would be adjusted accordingly with the time frame specified in the IFC approval of the transition.
INTERLOCAL CONTRACT for Nevada Organizations

A Contract Between

NAME OF ORGANIZATION
ADDRESS
CITY, STATE ZIP
TELEPHONE NUMBER
FAX NUMBER

and

NAME OF ORGANIZATION
ADDRESS
CITY, STATE ZIP
TELEPHONE NUMBER
FAX NUMBER

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.

WHEREAS, pursuant to NRS 277.045 a contract for more than $25,000 requires approval by __________ “NAME OF ENTITY OR COUNTY” ______ and ______ “NAME OF ENTITY OR COUNTY” ______ pursuant to resolution adopted by their governing boards; and

WHEREAS, it is deemed that the services of each agency hereinafter set forth are both necessary to and in the best interests of ______ “NAME OF ENTITY OR COUNTY” ______ and ______ “NAME OF ENTITY OR COUNTY” ______;

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.

2. DEFINITIONS. “CITY/COUNTY” means ______ “NAME OF CITY/COUNTY” ______ and any department or agency of the City/County identified herein, its officers and employees.

3. CONTRACT TERM. This Contract shall be effective upon approval to ______ “expiration of date” ______, 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 90 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 federal, State or City funding ability to satisfy this Contract is withdrawn, limited, not appropriated, or is otherwise 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 – SCOPE OF WORK. The parties agree that the services to be performed pursuant to this Contract are specifically described in the Scope of Work attached hereto as Attachment A, which is incorporated in full and made part of this Contract.

7. CONSIDERATION. The “Name of City/County providing services” agrees to provide the services set forth in paragraph (6) to “Name of City/County receiving services” at a cost not to exceed “Dollar Amount” for the period of “Starting Date of Contract” to “Ending Date of Contract”, payable by “Receiving City/County” in “Number of installments” installments not to exceed “Dollar Amount” on “Installment Dates”. The City/County agrees to provide the services set forth in Paragraph (6) to “Receiving City/County” at a cost not to exceed “Total Dollar Amount” for the period of “Beginning Date” to “Ending Date”, payable by in “Number of Installments” installments not to exceed “Dollar Amount” beginning “Beginning Date”. The City/County agrees to provide the services set forth in Paragraph (6) to “Receiving City/County” at a cost not to exceed “Total Dollar Amount” for the period of “Starting Date” through “Ending Date”, payable by “Receiving City/County” in “Number of Installments” installments not to exceed “Total Amount of Installments” beginning “Beginning Date”. The consideration contemplated in this Paragraph is intended to cover the costs of “Name of program, such as Environmental Health” position(s), and program costs, including supervision and City/County overhead.

8. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the City, State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal 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, reports, and/or summaries related to all tasks completed pursuant to the Scope of Work 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 City, 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 a minimum 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.

9. **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. It is specifically agreed that reasonable attorneys' fees shall include without limitation $125 per hour for State-employed attorneys.

10. **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.

11. **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.

12. **INDEMNIFICATION.**

   a. To the fullest extent of limited liability as set forth in paragraph (10) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all third party 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 party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.

   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. The indemnifying party shall not be liable to hold
harmless any attorneys' fees and costs for the indemnified party’s chosen right to participate with legal counsel.

13. 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.

14. 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.

15. 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.

16. 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.

17. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law 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.

18. 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.

19. 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.

20. 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).

21. 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 State of Nevada district courts for enforcement of this Contract.
22. 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 and approved by the respective parties hereto.

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

_____"Name of Receiving City/County"

_________________________  ___________________________  ___________________________
Signature                 Date                     Title

Approved as to form by:

_________________________  On _______________________________
Deputy District Attorney  (_____"Name of Receiving County"____)  (Date)

_____"Name of City/County Providing Services"

_________________________  ___________________________  ___________________________
Name of Signor          Date                     Title

Approved as to form by:

_________________________  On _______________________________
Deputy District Attorney  (_____"Name of Providing City/County"____)  (Date)
December 5, 2013

Dear Employee:

In partnership with the Nevada Division of Public and Behavioral Health (DPBH), formerly the Nevada State Health Division and Douglas County, Carson City Health and Human Services (CCHHS) will begin to deliver environmental health services, such as food establishment and pool inspections, in Douglas County effective January 1, 2014. These services were previously provided by DPBH. Carson City has conducted environmental health services since 1969, thus having the skills and expertise to protect residents and visitors of Douglas County from the threat of food and water borne diseases.

Examples of other collaborative projects between with Carson City and Douglas County include the Water Line Inter-Tie Project, Geographic Information Services (GIS) for regional mapping, street light maintenance project, and the quad-county Hazardous Materials Response team. CCHHS currently provides public health preparedness, epidemiology, disease investigation, clinical services and health promotion within Douglas County. With the addition of environmental health services, Douglas County businesses will be able to meet with staff locally at the Building Division in Minden. Businesses will not experience an increase in permit cost.

In order to provide these additional services in Douglas County, Carson City will be using funds from Douglas County and fees collected from permitted establishments. CCHHS will hire two additional Environmental Health Specialists and a part time administrative support staff member to perform the regulatory activities associated with food establishments and public pools located within Douglas County. The shifting of environmental health services from the State to CCHHS will result in a cost reduction to Douglas County's General Fund.

CCHHS is very excited about adding environmental health services as part of this very successful regional partnership. Any questions please contact Dustin Booth, Division Manager, Disease Prevention & Control at (775) 283-7220.

Sincerely,

Nicki Aaker

Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

C: Dustin Booth, MPH, REHS, Division Manager, Carson City Health and Human Services
December 6, 2013

Dear Employee:

In partnership with the Nevada Division of Public and Behavioral Health (DPBH), formerly the Nevada State Health Division and Douglas County, Carson City Health and Human Services (CCHHS) will begin to deliver environmental health services, such as food establishment and pool inspections, in Douglas County effective January 1, 2014. These services were previously provided by DPBH. Carson City has conducted environmental health services since 1969, thus having the skills and expertise to protect residents and visitors of Douglas County from the threat of food and water borne diseases.

Examples of other collaborative projects between with Carson City and Douglas County include the Water Line Inter-Tie Project, Geographic Information Services (GIS) for regional mapping, street light maintenance project, and the quad-county Hazardous Materials Response team. CCHHS currently provides public health preparedness, epidemiology, disease investigation, clinical services and health promotion within Douglas County. With the addition of environmental health services, Douglas County businesses will be able to meet with staff locally at the Building Division in Minden. Businesses will not experience an increase in permit cost.

In order to provide these additional services in Douglas County, Carson City will be using funds from Douglas County and fees collected from permitted establishments. CCHHS will hire two additional Environmental Health Specialists and a part time administrative support staff member to perform the regulatory activities associated with food establishments and public pools located within Douglas County. The shifting of environmental health services from the State to CCHHS will result in a cost reduction to Douglas County’s General Fund.

CCHHS is very excited about adding environmental health services as part of this very successful regional partnership. Any questions please contact Dustin Boothe, Division Manager, Disease Prevention & Control at (775) 283-7220.

Sincerely,

Steve Mokrohisky
Douglas County Manager
Director, Carson City Health and Human Services

C: Dustin Boothe, MPH, REHS, Division Manager, Carson City Health and Human Services
December, 2013

RE:  Food Establishment and Public Pool Inspections in Douglas County

Dear Business Owner:

Effective January 1, 2014, Carson City Health and Human Services (CCHHS) will provide environmental health services (such as food establishment and public pool inspections) for Douglas County that previously have been provided by the Nevada Division of Public and Behavioral Health (DPBH), formerly the Nevada State Health Division. This collaborative regional partnership is designed to protect and promote the health and welfare of the residents and visitors of Douglas County from the threat of foodborne and waterborne diseases.

Carson City has provided environmental health services since 1969. The trained staff will be available locally in Douglas County to meet with permitted businesses to ensure professional and timely delivery of services to include inspections, health education, plan reviews and complaint investigations of permitted establishments.

What is important to you as a Douglas County business is that your existing permit issued by the DPBH will be honored through the expiration date on the permit. You will receive further written instructions, in a timely manner, on the steps necessary for permit renewal. Carson City will honor the current State fees.

The staff at CCHHS is excited about this regional partnership and look forward to working with you. Please contact Bob Elliott, Environmental Health Specialist at (775) 283-7225 should you have any questions.

Sincerely,

Dustin Boothe, MPH, REHS
Carson City Health and Human Services
Division Manager
Disease Prevention & Control

C: Nicki Aaker, MSN, MPH, RN, Director, Carson City Health & Human Services
Steve Makoreshi, Douglas County Manager

Carson City Health & Human Services
900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired—Use 711
Customer Satisfaction Survey

Carson City and Douglas County have entered into an interlocal contract authorizing Carson City Health and Human Services (CCHHS) to provide environmental health services to Douglas County. These services were previously provided to Douglas County by the Nevada State Health Division. Please take a few moments to complete this survey regarding the transfer of Douglas County Environmental Services from the State Health Division to CCHHS.

1= Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree

1. Information regarding the transition was easy to understand.
   
   1  2  3  4  5  N/A

2. CCHHS staff is well organized.
   
   1  2  3  4  5  N/A

3. Any problems emanating from the transition have been resolved.
   
   1  2  3  4  5  N/A

4. Overall, you are satisfied with the new services.
   
   1  2  3  4  5  N/A

5. CCHHS staff is knowledgeable.
   
   1  2  3  4  5  N/A

6. The efficiency of services has improved.
   
   1  2  3  4  5  N/A

7. You understand what this transition means for you and your business.
   
   1  2  3  4  5  N/A

8. How can CCHHS improve to better serve you?

Please enclose this survey in the return envelope and send back to our offices by JULY 7th.

If you prefer to fill out the survey online, please visit: https://www.surveymonkey.com/s/publichealthregionalpartnershipcustomersurvey
APPENDIX K

Customer Satisfaction Survey – Second

Customer Satisfaction Survey

Carson City and Douglas County have entered into an interlocal contract authorizing Carson City Health and Human Services (CCHHS) to provide environmental health services to Douglas County. CCCHHS has been providing these services for ten (10) months.

Please take a few moments to complete this survey regarding the services provided by CCHHS for Douglas County permit holders.

1= Strongly Disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly Agree

1. CCHHS staff is well organized.
   1  2  3  4  5  N/A

2. Any problems emanating from the transition have been resolved.
   1  2  3  4  5  N/A

3. Overall, you are satisfied with the new services.
   1  2  3  4  5  N/A

4. CCHHS staff is knowledgeable.
   1  2  3  4  5  N/A

5. The efficiency of services has improved.
   1  2  3  4  5  N/A

6. How can CCHHS improve to better serve you?

Please enclose this survey in the return envelope and send back to our offices by December 1, 2014.

If you prefer to fill out the survey online, please visit:
APPENDIX L
Internal Stakeholder Survey

CJS Internal Survey

Carson City and Douglas County have entered into an interlocal contract authorizing Carson City Health and Human Services (CCHHS) to provide environmental health services to Douglas County. These services were previously provided to Douglas County by the Nevada State Health Division. Please take a few moments to complete this survey regarding the transfer of Douglas County environmental services from the State Health Division to CCHHS.

1= Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree

1. Activities have been implemented as planned
   1   2   3   4   5

2. Goals of improved effectiveness and efficiency are being achieved
   1   2   3   4   5

3. Specific concerns and communication needs have been identified
   1   2   3   4   5

4. IT infrastructure is working properly
   1   2   3   4   5

5. Transition of services has been a smooth process
   1   2   3   4   5

6. Additional comments or concerns:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________