

## **Washoe County District Board of Health Videoconference Meeting Notice and Agenda**

### **Members**

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

**Thursday, November 19, 2020  
1:00 p.m.**

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

### **COVID-19 NOTICE**

The open meeting law (Nevada Revised Statutes Chapter 241) requires public bodies to conduct their meetings with at least one physical location. Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

### **ALL PERSONS WISHING TO ATTEND THE MEETING MUST ATTEND VIA ZOOM BY THE LINK BELOW OR TELEPHONICALLY**

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

<https://zoom.us/j/96688542255>

**Phone: 1-669-900-6833  
Meeting ID: 966 8854 2255**

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### **1:00 p.m.**

- 1. Roll Call and Determination of Quorum.**
- 2. Pledge of Allegiance.**
- 3. Public Comment.**

Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the above link. All public comment is limited to three minutes per person.**

**Public comment request must be submitted by email to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting.**

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

**4. Approval of Agenda. (FOR POSSIBLE ACTION)**

November 19, 2020

**5. Recognitions.**

**A. Years of Service**

- i. Andrea Esp, 5 years, November 12, 2015 – EPHP
- ii. Heather Holmstadt, 10 years, hired November 8, 2010 – CCHS
- iii. Kara Roseburrough, 5 years, hired November 16, 2015 - CCHS

**B. Promotions**

- i. Chantel Batton – promoted from Environmental Health Specialist to Sr. Environmental Health Specialist effective 10/26/2020 – EHS

**C. Special Recognition**

- i. Dan Inouye, Golden Pinecone by GREENNevada

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

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

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

- i. October 22, 2020

**B. Budget Amendments/Interlocal Agreements – (FOR POSSIBLE ACTION)**

- i. Approve the Add-On Sales & Renewal Agreement between Washoe County Health District (WCHD) and Patagonia Health (PH) to provide an Electronic Health Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$484,443.48 for a five year term for the period retroactive to October 22, 2020 through October 21, 2025 with automatic renewal for an additional five years unless WCHD notifies PH in writing by September 22, 2025 to either terminate the agreement or discuss new terms, and authorize the District Health Officer to execute the Agreement and any future add-on sales agreements not to exceed \$100,000.  
Staff Representative: Kim Graham
- ii. Retroactively approve multiple FY21 purchase orders (currently 65x3404, 75x4328, 75x4349 and 65x3303) issued to Talent Framework for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.  
Staff Representative: Nancy Kerns-Cummins
- iii. Retroactively approve a FY21 purchase order (PO# TBD) issued to Manpower Temporary Services for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.  
Staff Representative: Nancy Kerns-Cummins
- iv. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period retroactive to March 1, 2020 through December 30, 2020 in the total amount of \$5,144,530.00 in Coronavirus Relief Funds in support of the Health District’s Coronavirus response

efforts and authorize the District Health Officer to execute the Subaward and any future amendments.

Staff Representative: Nancy Kerns-Cummins

- C. Acknowledge receipt of the Health Fund Financial Review for October, Fiscal Year 2021.  
**(FOR POSSIBLE ACTION)**

Staff Representative: Anna Heenan

**- END OF CONSENT -**

**7. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

- A. Review and Acceptance of the REMSA Operations Report for October 2020 – (FOR POSSIBLE ACTION)**

- B. Update of REMSA’s Public Relations during October 2020**

**8. Presentation and possible acceptance of the one-year extension of the Community Health Improvement Plan. (FOR POSSIBLE ACTION)**

Staff Representatives: Julia Ratti and Rayona LaVoie

- 9. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-CoV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regulations for December 17, 2020 at 1:00 pm. (FOR POSSIBLE ACTION)**

Staff Representative: Jim English

**10. Staff Reports and Program Updates**

- A. Air Quality Management, Francisco Vega, Division Director**

Program Update – Air Sensors, Program Reports, Monitoring and Planning, Permitting and Compliance.

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

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

- C. Environmental Health Services, Amber English, Acting Division Director**

Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector, WM); and Inspections.

- D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

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



**Posting of Agenda; Location of Website:**

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

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

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

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

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

## Washoe County District Board of Health Videoconference Meeting Minutes

**Members**

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

Thursday, October 22, 2020  
 1:00 p.m.

**Washoe County Administration Complex  
 Commission Chambers, Building A  
 1001 East Ninth Street  
 Reno, NV**

**1. Roll Call and Determination of Quorum**

Chair Novak called the meeting to order at 1:02 p.m.

The following members and staff were present:

Members present:     Dr. John Novak, Chair  
                               Michael Brown, Vice-Chair  
                               Marsha Berkbigler  
                               Kristopher Dahir (via zoom)  
                               Dr. Reka Danko (telephonically)  
                               Tom Young (via zoom at 1:15)

Members absent:     Oscar Delgado

**Mrs. Valdespin verified a quorum was present.**

Staff present:         Kevin Dick, District Health Officer  
                               Dania Reid, Deputy District Attorney  
                               Laurie Griffey  
                               Amber English (via zoom)  
                               Lisa Lottritz (via zoom)  
                               Francisco Vega (via zoom)  
                               Andrea Esp (via zoom)

**2. Pledge of Allegiance**

Commissioner Berkbigler led the pledge to the flag.

**3. Public Comment**

**Chair Novak opened the public comment period.**

Ms. Racquel Abowd expressed concerns about the directives regarding middle and high school student attending in-person learning as well as full opening of all high school athletics. Ms. Abowd requested information regarding the recommendations given by the Health District as she believes no evaluation have been performed on the longer-term detrimental effects on students. Ms. Abowd opined that the Health District, the State, and the School District are all pointing fingers at each other, but Ms. Abowd would like clarification as to who is making the decisions and why there seems to be a lack of accountability. Additionally, Mr. Abowd stated these decisions are life altering and unsupported by the CDC.

Mr. Chris Rodahaffer asked the Board to consider recent science reports when making decisions. Mr. Rodahaffer opined that keeping kids out of school is an injustice and stated

he would like for children to go back to 100% in-person learning and sports be resumed. Mr. Rodahaffer believes that COVID in children is less dangerous than any other harms including influenza.

Mr. Rodahaffer stated there is calculated risks on a variety of activities, thus kids cannot be kept in a bubble. Mr. Rodahaffer states he has a relative who is smart, outgoing and athletic but since COVID her life has changed. He also requested the Health District allow kids to go back to school, so that kids can get on with their lives. Additionally, he asked the Board to protect those that need protecting but allow kids to go back to school or at minimum allow parents to make the decision as to what is best for their children.

Mr. Chris Oggerino made a couple observations on what he has seen with COVID and schools. Mr. Oggerino stated he has not seen a diligent consideration of the downside of not having children attend school. Mr. Oggerino made a reference to teen suicide increasing to 200% in a recent report outside of Reno. Mr. Oggerino is recommending the Board consider all the data and not just the COVID dangers data. Mr. Oggerino shared the struggles his children are facing in college such as depression and keeping up with the materials.

Mr. Oggerino stated he does not have all the facts, but he believes there is a serious problem with virtual school and those problems could very well be worse than the problems that may results from in-person school. Mr. Oggerino believes the Health District should consider the data from both sides of this issue.

Ms. Wendy Damonte began her comment by stating she has seen devastating mental issues with kids which outweigh the risks of kids contracting COVID at school. Ms. Damonte informed the Board that, on Tuesday, the Governor wants kids back in class, but it is up to the Health District Officer and Superintendent to make that happen. Ms. Damonte states her school has a plan on the Health District Officer's desk, that would allow parents to be the ones that choose the method of learning they want the children to pursue be it in person or virtual. Ms. Damonte reports that at her school, 80% of the parents want kids back to school, but she also feels that parents are not being allowed to be parents and parent children because the Health District has taken that power.

Ms. Damonte referenced the Health District bylaws and asked the Board to direct the Health Officer to create a plan that makes school safe for kids and allow parents to choose their course of action. Ms. Damonte referenced the Health District's strategic when requesting that the Health District innovate a plan that puts kids back to school. Additionally, she quoted 'promote behavioral health' from the strategic plan to state that she feels the opposite is being done as kids staying home is resulting in children being sad, lonely, and isolated.

Ms. Damonte asked the Board to request the Health Officer to provide a plan that allows kids to go back to school safely.

Mr. Clay Murray began his comment by stating he is pushing to reopen schools and allow kids to play. Mr. Murray states he understands the Board is faced with making difficult decisions, but also believes that some commonsense items would be a good solution. Mr. Murray mentioned downloading an app to alert of nearby COVID cases. Mr. Murray's comment was concluded by stating that he feels that students and parents do not have a voice in this matter.

**Chair Novak closed the public comment period.**

#### 4. **Approval of Agenda**

October 22, 2020

Chair Novak went on record to inform that item #6C has been pulled from the agenda, for further study.

**Commissioner Berkbigler moved to approve the agenda for the October 22, 2020, District Board of Health regular meeting. Vice-chair Brown seconded the motion which was approved unanimously.**

#### 5. **Recognitions**

##### A. Years of Service

- i. Jessie Salim, 5 years, hired October 12, 2015 – EHS
- ii. Kelly Parsons, 5 years, October 20, 2015 – AQM
- iii. Scott Strickler, 15 years, hired October 31, 2005 – EHS

Mr. Dick thanked and recognized the listed employees for their continued service to the community.

##### B. Promotions

- i. Joshua Restori – promoted from Sr. Air Quality Specialist to Air Quality Supervisor effective 10/12/2020 – AQM

Mr. Dick acknowledge Mr. Restori's hard work and congratulated him for his recent promotion.

##### C. Shining Star

- i. Andrea Esp
- ii. Samantha Beebe
- iii. Mary Ellen Matzoll

Mr. Dick congratulated all shining star recipients as well as the rest of staff for their excellent customer service.

#### 6. **Consent Items**

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

##### A. Approval of Draft Minutes

- i. September 24, 2020

##### B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2020 through July 31, 2021 in the total amount of \$160,272.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the Subaward.  
Staff Representative: Nancy Kerns-Cummins
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$382,683.00 (\$38,268.30 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR)



Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY21 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Staff Representative: Nancy Kerns-Cummins

iii. Approve Subaward Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$118,073.00 (no required match) retroactive to January 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; authorization to purchase and donate personal protective equipment (PPE) to Inter-Hospital Coordinating Council (IHCC) Coalition members (to be determined by IHCC leadership); and authorize the District Health Officer to execute the Subaward and any subsequent amendments.

Staff Representative: Nancy Kerns-Cummins

iv. Approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the budget period retroactive to April 1, 2020 through March 31, 2021 for supplemental funding totaling \$160,000.00 (no cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11570 and authorize the District Health Officer to execute the Notice of Award and any future amendments.

Staff Representative: Kim Graham

C. Review and Approval of Overtime Payout for the District Health Officer for Excess Hours Worked Due to COVID-19 and Comp Time Earned Prior To and During the Emergency Declaration. **(PULLED FROM AGENDA)**

Staff Representative: Laurie Griffey.

D. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2021.

Staff Representative: Anna Heenan

**Councilman Dahir moved to approve the consent agenda. Commissioner Berkbigler seconded the motion which was approved unanimously.**

## **7. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

### **A. Review and Acceptance of the REMSA Operations Report for September 2020**

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

**Vice-chair Brown moved to approve REMSA's September Report. Commissioner Berkbigler seconded the motion which was approved unanimously.**

### **B. Update of REMSA's Public Relations during September 2020**

Alexia Jobson presented the Public Relations report for September 2020. Ms. Jobson began her presentation by updating the Board on recent activities.

Ms. Jobson reported that REMSA's recent Homebound Flu Vaccination Program in partnership with the Washoe County Health District was incredibly popular. Additionally, Ms. Jobson provided an update from last month regarding the segment produced by Aging & Awesome, which airs in both Northern and Southern Nevada. This program offered an explanation about REMSA's tiered response system and featured one of REMSA's EMS supervisors, Monica Teves.

Ms. Jobson continued to inform that October is Breast Cancer Awareness, Sudden Infant Death Awareness, and Sudden Cardiac Arrest Awareness month. Ms. Jobson directed everyone to REMSA's website for tips on infancy sleep and registration for CPR classes.

In conclusion, Mr. Jobson reported that ride-alongs on community health vehicles are now open. Ms. Jobson invited all members of the Board to schedule a time to ride-out for a couple of hours and learn more about this special resource.

Ms. Jobson opened her item to answer questions from the Board.

Councilman Dahir commented that giving the conversation that the Board has had regarding REMSA, he encourages the Board to join REMSA, as he believes it is valuable to be informed of the work REMSA performs.

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

Staff Representatives: Chair Novak and Laurie Griffey

Laurie Griffey, Human Resources Representative for the Health District, provided a detailed report encompassing the results of Health Officer's, Kevin Dick, evaluation. Ms. Griffey stated there was a 68% participation rate and reported that Mr. Dick has 90.51% meets or exceeds expectations score. Ms. Griffey mentioned additional comments were provided from participants, those are included in the packet presented to the Board.

Ms. Griffey requested that the Board accept the evaluation as presented and encouraged the Board to submit future goals for the Health Officer, in preparation of next year's evaluation.

Chair Novak asked how many exterior individuals participated in the Health Officer's evaluation survey. Ms. Griffey reported 16 exterior participants.

Commissioner Berkbigler commented she has questions for Mr. Dick but would like to address them on item #10.

**Vice-chair moved to approve the District Health Officer's Annual Performance Evaluation Results. Commissioner Berkbigler seconded the motion, which was approved unanimously.**

**9. Staff Reports and Program Updates**

**A. Air Quality Management, Francisco Vega, Division Director**

Program Update – Voluntary Airport Low Emission Program (VALE) Program, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

Mr. Vega informed he did not have further items to discuss, other than what was previously presented to the Board.

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

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

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

Ms. Lottritz updated the Board with numbers resulting from her division's vaccine clinics. She informed that 2,681 doses of flu vaccine have been administered, with 2,229 being performed through offsite clinics. Ms. Lottritz concluding by reporting that off-site clinics are being held 3-5 times a week.

Mr. Lottritz made herself available to answer questions from the Board.

**C. Environmental Health Services, Amber English, Acting Division Director**

Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector, WM); and Inspections.

Ms. English provided an update on staff efforts regarding the SB4 bill. Since the last meeting, staff has drafted public accommodation regulations to include with the new COVID-19 requirements. Ms. English reported that these regulations are posted on the website for review and two informational public workshops have been held via zoom. Additionally, a notice of proposed changes of the Business Impact Statement is scheduled to be heard on November 19, 2020 and a public hearing on December 17, 2020. Ms. English added that all impacted facilities have been noticed of the public workshops as well as the public hearing.

Ms. English informed that staff began conducting inspections for NAC447E the week of October 12, 2020. These inspections include a group of 4 teams with 2 staff member per team for 4 properties. Ms. English reports the length of average inspection has been 3-days per property. Ms. English informs that inspections reports are being generated and facilities will be notified by today or possibly early next week.

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

Tom Young recognized that vague interpretations may be a challenge but asked if consistency regarding those interpretations had been established in conversations with Southern Nevada Health District.

Ms. English mentioned that staff has been in communication with both Southern Nevada and the State and all of the agencies that are affected such as Gaming Control and Business and Industry.

Mr. Young recognized that it may be extremely difficult to have consistency but appreciated how difficult it has been for staff and thanked Amber for a job well done.

Vice-chair Brown asked about the properties mentioned in her update, he asked if she was referencing casino properties.

Ms. English reported that 2 of the properties had a gaming floor but they were resort-type properties.

Vice-chair Brown inquired about a projected number of inspections/properties the Health District is expecting.

Ms. English reported that the property count is at 75, however, not all properties require the same recurrence.

Vice-chair asked if inspections would require less time as the process progressed.

Ms. English believes that inspection time will decrease, as part of the issue with the timing has to do with the unawareness and unavailability of staff within these properties. Ms. English opines that as awareness grows efficiency in inspections will also improve.

**D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

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

Ms. Esp informed she did not have additional updates for the Board.

Ms. Esp made herself available to respond to questions from the Board.

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

District Health Officer Report – COVID-19, REMSA Response Information Request, Public Health Accreditation, Community Health Improvement Plan, Contact Investigations, Behavioral Health, and Public Communications and Outreach.

Mr. Dick began his presentation by informing the Board of the continued elevated levels of new cases and transmission in the community. He mentioned that as of Tuesday, the Health District reached their high of 127 new cases per day over the 7-day rolling average, which is causing the Health District to fall behind with the disease investigations.

Mr. Dick reported that a Pediatrics Team has been designed to work on those pediatric specific investigations in an effort to expedite the process. This team reports to students, staff and schools regarding isolation and exclusion of close contacts. Mr. Dick reported that the number provided to the Task Force for positive cases from children K-12 and school staff was 70, which means an increase week over week. However, the good news is the number of UNR students was 34, which represents a reduction. Mr. Dick acknowledged and commended President Sandoval at UNR for his recent Protect the Pack initiative and his movement to close the fitness center based on the number of cases at UNR.

Mr. Dick reports the Health District's position in regard to not approving indoor gatherings of over 250 attendees. He continued to explain the decision was discussed with the Task Force in which Chair Cage and Director Reynolds from Business and Industry expressed their support on this action.

Mr. Dick provided an update on the Operations of the Health District, which include continuance in operating the POST and meeting the demand for testing by running operations on Monday, Tuesday, Thursday, and Friday at the Livestock Events Center. Mr. Dick explained that this schedule allows for the operation of Points of Dispensing (PODs) on some Wednesdays such as the most recent Flu POD that was held.

Mr. Dick continued to report that with winter approaching, the POST will be moved to the east side of the Livestock Events center in early November. On this subject, Mr. Dick acknowledged the work of the National Guard support, both with testing, the call center, and disease investigation.

Mr. Dick referenced Ms. Lottritz's report about flu shots and the clinics being held in the community. Mr. Dick mentioned the Health District is working with the State to dispense the COVID vaccination, once available.

Mr. Dick concluded by informing the work of Health District staff on their annual report for Public Health Accreditation Board. Mr. Dick added that his staff is working with community partners to update the Community Health Improvement Plan and layout the objectives for next year.

Mr. Dick opened this item to answer questions from the Board.

Commissioner Berkbigler asked Mr. Dick for the ratio of students to staff that have COVID-19, in the school district.

Mr. Dick commented the total number of K-12 students (not all in Washoe County School District-some in private schools) was 61 students over the past week and 9 staff members.

Commissioner Berkbigler stated her reports lead her to believe that these cases are not being infected at the schools, but rather students are bringing it to school.

Mr. Dick informed there is no evidence confirming the transmission happened within the school, but earlier this week a statistic showed 111 students this year so far were infectious while attending school.

Commissioner Berkbigler asked if any of those students had critical conditions that required hospitalization.

Mr. Dick stated he did not have this information.

Commissioner Berkbigler asked if Washoe County was on a its third spike.

Mr. Dick clarified that there have not been distinctive spikes, but there is a climb in case numbers.

Commissioner Berkbigler commented on the reopening of schools and asked for clarification in reference to the plan that is in effect at the school district. She asked if this plan is devised by the Health Officer or by the school district.

Mr. Dick confirmed that the current plan was devised by the school district.

Additionally, Commissioner Berkbigler asked if the school district asked for advice regarding the current plan.

Mr. Dick reports that the current plan was not what he recommended, as his recommendation to the school district was to not open schools, which was based on a criteria that had been developed by the Harvard Global Health Institute among other groups. Mr. Dick mentioned that the extent of the Health District's involvement was in consulting with the school district while they developed a plan that included mitigation measures to assist in preventing the spread.

Commissioner Berkbigler opined that the parents are not looking at this plan only from their physical health care but also from their social and mental stability health care. She continued to ask if Mr. Dick would take these factors into consideration and try to develop a different plan in conjunction with the school district.

Mr. Dick reports that he acknowledged that it was a difficult decision for the school district to make, but simultaneously as the Health Officer he has statutory responsibilities under state law for controlling or preventing the spread of communicable diseases. He believes there are several factors that have to be considered including mental health and social issues.

Commissioner Berkgigler made note that high school sports are controlled by the Nevada Interscholastic Activities Association (NIAA) and the decision regarding allowing sports comes from that association.

Mr. Dick referenced Directive 34 to inform that non-high contact sports with youth sport organizations have been allowed to practice and participate in tournaments beginning October 24, 2020, with approval of their plans from Business and Industry.

Commissioner Berkgigler asked Mr. Dick if this decision came from the Health District. Mr. Dick reported he did not have input in this decision.

Commissioner Berkgigler expressed solidarity with the parents present during this meeting, but also expressed her frustration with the inconsistency in the direction that has been provided. Commissioner Berkgigler encouraged everyone to work their way through this field of challenges. Commissioner Berkgigler asked Mr. Dick to work with NIAA to get kids back to their activities.

Councilman Dahir began to comment on this subject, however, Deputy District Attorney, Dania Reid cautioned about getting into a detailed discussion about what was raised in public comment regarding schools as this item was not agendized.

Councilman Dahir expressed his desire to be involved in opinions the Director of this Board renders to the community, as he believes those opinions reflect the Councilman and the city he represents.

Additionally, Councilman expressed his discomfort in allowing plans to be approved for big events event if a plan is approved by Business and Industry as that could be creating a potential health crisis.

#### **10. Board Comment**

Commissioner Berkgigler suggested adding an open discussion about reopening schools and discuss how the District Board of Health can facilitate its help.

Councilman Dahir joined Commissioner Berkgigler on discussing schools reopening.

#### **11. Public Comment.**

##### **Chair Novak opened the public comment period.**

Dr. Jenny Wilson made a comment as a parent and a doctor. Dr. Wilson shared with the Board that while she understands the importance of athletics, she also states as a professional she has been taking care of a higher number of COVID positive patients every day. Dr. Wilson described how terrible it is for a patient to be hospitalized due to COVID-19 and further explained ramifications of those conditions will last for months. Dr. Wilson expressed her concern about children returning to sports due to the extended contact with persons outside of their teammates and coach.

Dr. Wilson expressed her concern about exposing family members who are vulnerable persons and further stated the community should not make anyone victims of their choices.

She believes our actions and choices affect the lives and health of others and it cannot be denied.

Dr. Wilson commented that as powerful and effective as the Health Officer is, he has no control over the path of the physiology of the virus. Dr. Wilson concluded her comment by stating that asking community leaders to make exceptions which ignore reality is not an effective way to take care of ourselves, the children, and the vulnerable individuals.

Mr. Bill Smith began his comment with the opinion that protecting people by locking kids out of school and sports is absurd. Mr. Smith referenced the Health Officer's comments about the death rate expectation, which in his view has not been met. However true the death rate, he believes those deaths has not affected children.

Mr. Smith continued to state that the deaths due to the flu are five times higher than COVID. Mr. Smith opined that what has been created as a result of COVID is far worse than the disease. He believes mental health and depression due to COVID is a problem.

Mr. Clay Murray requested to complete his initial comment. He began by stating the science should be followed. Mr. Murray asked the Health Officer to consider the cases that derived from the local high schools and determine if these cases resulted in hospitalizations. Mr. Murray suggested athletes learn from home, so that they do not have contact with anyone but their teammates and family. Mr. Murray believes we are overlooking all of the unintended consequences of team suicide and mental health for something that the science proves doesn't affect high school kids.

**Chair Novak thanked everyone for the comments and closed the public comment period.**

## **Adjournment.**

**Chair Novak adjourned the meeting at 2:06 p.m.**

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

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

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. the day before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the "Public Comment" items, emails may be submitted pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment emails will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board.

**Response to Public Comment:** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

**Posting of Agenda; Location of Website:**

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

Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)

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

Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.

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

DRAFT



**Staff Report**  
**Board Meeting Date: November 19, 2020**

**DATE:** October 27, 2020

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve the Add-On Sales & Renewal Agreement between Washoe County Health District (WCHD) and Patagonia Health (PH) to provide an Electronic Health Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$484,443.48 for a five year term for the period retroactive to October 22, 2020 through October 21, 2025 with automatic renewal for an additional five years unless WCHD notifies PH in writing by September 22, 2025 to either terminate the agreement or discuss new terms, and authorize the District Health Officer to execute the Agreement and any future add-on sales agreements not to exceed \$100,000.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf up to \$100,000 per contractor; over \$100,000 would require the approval of the Board.

**District Board of Health strategic priority:**

**4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

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

**BACKGROUND**

WCHD entered into a contract with PH on October 22, 2015. The Community and Clinical Health Services Division has been utilizing this software in its clinics for electronic health record, practice management and billing purposes. This renewal agreement will provide for current user subscriptions as well as additional reporting functionality for federally required reporting and new apps for vaccinations, telehealth, and patient ID scanners.

### **FISCAL IMPACT**

Should the Board approve this Agreement, there is no additional impact to the amended FY21 budget. Initial fee costs will be covered by the Immunizations Supplemental Flu grant (IO# 11748), Family Planning program (IO# 11570), and anticipated Immunization Supplemental COVID grant (IO TBD) and if not received CCHS-Admin (CC# 171100). Ongoing monthly expenses will be covered by Technology Services (CC# 108100) at 48% and CCHS-Admin (CC# 171100) at 52%.

### **RECOMMENDATION**

Approve the Add-On Sales & Renewal Agreement between Washoe County Health District (WCHD) and Patagonia Health (PH) to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$484,443.48 for a five year term for the period retroactive to October 22, 2020 through October 21, 2025 with automatic renewal for an additional five years unless WCHD notifies PH in writing by September 22, 2025 to either terminate the agreement or discuss new terms, and authorize the District Health Officer to execute the Agreement and any future add-on sales agreements not to exceed \$100,000.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Add-On Sales & Renewal Agreement between Washoe County Health District (WCHD) and Patagonia Health (PH) to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$484,443.48 for a five year term for the period retroactive to October 22, 2020 through October 21, 2025 with automatic renewal for an additional five years unless WCHD notifies PH in writing by September 22, 2025 to either terminate the agreement or discuss new terms, and authorize the District Health Officer to execute the Agreement and any future add-on sales agreements not to exceed \$100,000."

## Add-On Sales & Renewal Agreement

Customer Name: Washoe County Health Department

**Effective Executed Date: October 22, 2020**

Term: Co-term with current Sales Agreement

Customer Project Manager Name: Lisa Lottritz

Phone: 775-328-6159

Email: [llotritz@washoecounty.us](mailto:llotritz@washoecounty.us)

Sales Person Name: Zack West, Email: [zack@patagoniahealth.com](mailto:zack@patagoniahealth.com)

### 1. **Mass Vaccination App**

- **Functionality:** Allows for patient self-scheduling, registration, and get consent based on type of immunization. Community members will be able to self register, enter data and schedule appointments online using any device (including mobile). This will save the county health department effort and meet to manage larger immunization (flu and COVID-19) volume. County staff will be able to use the EHR as usual and immunization data will be sent seamlessly to the state immunization registry. Additional details in the attachment labeled "Mass Vaccination App rev09182020".
- **Design Status:** Initial design has been reviewed and is close to finalization.
- **Availability:** 3 to 6 months from this agreement sign date.

### 2. **Telehealth App:** Included additional Video Hour Bundles per month, see Order Form Summary below for Quantity added.

- One Bundle of Video Hours = 176 "Video Hours"
- One (1) Bundle of Video Hour = Number of participants \* Number of minutes/60.
- Example: Two (2) participants (provider + patient) on a video call for 1
- Visit <https://patagoniahealth.com/telehealth/> for a video demonstration and more details.

### 3. **Patient ID Scanner App:** Included additional Video Hour Bundles per month, see Order Form Summary below for Quantity added.

- Additional details in the attachment labeled "Patient ID Scanner w video 040218"
- Hardware not included and customers will need to purchase it directly from the vendor.

### 4. **Family Planning Annual Report FPAR 2.0:** Implementation and software development for the preparation and transition to collection of Encounter level data from the Patagonia Health Electronic Health Record EHR.

5. **Increased Number of Users:** To enable additional users for larger volume, number of licensed users will be increased from currently 45 as in the table below. First two years will be at 125 users then dropping off to 100 users for balance of the term.

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Period	10/22/20 to 10/21/21	10/22/21 to 10/21/22	10/22/22 to 10/21/23	10/22/23 to 10/21/24	10/22/24 to 10/21/25
Number Of Users	125	125	100	100	100

6. **5 Year Renewal**

Customer existing contract is for an initial term of 5 years and it automatically renews each year after five years. In consideration of customers further extending the term of existing agreement, by additional five years Patagonia Health is offering a discount on monthly fees.

- o Current term ends October 22, 2020
- o New term ends October 22, 2025.
- o **Auto Renewal:** This contract will automatically renew for an additional five (5) years unless the customer notifies Patagonia Health in writing by September 22, 2025 of their desire to either terminate the contract or discuss new terms.

7. **Current Monthly Fees:** Current monthly subscription as of October 22, 2020 (not including above add-ons) = \$3,675

i. Includes:

1. 45 users
2. Communicator App
3. Pharmacy App
4. Staff Admin Notes
5. Dashboard App
6. Phrase Express: Customer wishes to remove this service going forward. A price reduction is made below.

8. **Order Form Summary:**

Service / Add-on	Quantity	Initial Fee	Monthly Subscription
Mass Vaccination App	Up to 125 users	\$30,000.00	\$350.00
Telehealth App (initial fee/clinic: \$500; Per video bundle monthly Fee: \$30)	2	\$500.00	\$60.00
Patient ID Scanner App (initial fee/clinic: \$500; Per ID scanner monthly Fee: \$60)	8	\$500.00	\$480.00
Additional Users: Part Time (Part time users price is discounted. Per user initial fee: \$420; monthly Fee: \$39)	80	\$33,600.00	\$3,120.00
Remove Phrase Express	5		-\$100.00
Current Subscription			\$3,675.00
Totals		\$64,600.00	\$7,585.00
Subscription Discount for 5 Year Renewal (5%)			-\$379.25
Additional Two Days of on site Training (Initial Fee/On site day \$3,000). One on site day is equal to two remote training days.	2	\$6,000.00	
Initial Training Fee Discount for 5 Year Renewal		-\$6,000.00	
<b>Grand Total</b>		<b>\$64,600.00</b>	<b>\$7,205.75</b>

**9. Terms:**

- All other areas of the current Sales Agreement, Business Associate Agreement, and Order Form remain unchanged, including Payment Schedule, Terms, and Conditions.
- Price for additional users is discounted to accommodate part time nature of increased users. A part time user is defined as a user less than 16 hours/week. This discounted pricing applies only to incremental users over base 45 users.
- First three months of monthly subscription for new Add on is no charge.
- If the number of Video Hours used exceeds the amount purchased, you will be charged for the overage in blocks of \$30.00 bundles to cover the amount used. Video time used is measured in minutes.
- Monthly Subscription Grand Total to begin October 22, 2020.
- Payments are due in 30 days from the invoice date.

**10. Year Payment Schedule:**

Payments: Schedule	Year 1	Year 2	Year 3	Year 4	Year 5
Period	10/22/20 to 10/21/21	10/22/21 to 10/21/22	10/22/22 to 10/21/23	10/22/23 to 10/21/24	10/22/24 to 10/21/25
<b>Monthly Fee (includes 4% increase year over year)</b>	Year 1 Payment Schedule below	\$7,085.82	\$6,346.79	\$6,632.77	\$6,930.18

**Year 1 Total = \$140,176.75**

- Initial Fee:
  - 1st Invoice at the execution of contract: \$30,000.00
  - 2nd Invoice 15th January 2021 Invoice: \$60,000.00
  - Excess of payment of Initial Fees of \$25,400 (\$90,000 - \$64,600) has been applied to reduce monthly payments by \$423.33/month (\$25,400/60) over 60 months.
- Monthly Invoices: Yr 1: 22nd Oct 2020 to 21st Sept 2021: \$5,874.73
- Monthly Invoices: Yr 2 to Yr 6:
  - Yr. 2 to Yr. 5: Per table above
  - Yr. 6 (22nd Oct 2025 to 21st Oct 2026): \$7,668.83 Yr. 5 monthly + 4% annual increase + \$423.33)



<http://www.patagoniahealth.com>

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Washoe County Health District

Signature: \_\_\_\_\_

Name: Kevin Dick


Title: District Health Officer

Phone: 775-328-2416

Email: [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

Date: \_\_\_\_\_

Patagonia Health, Inc.

Signature: 

Name: Amos Slaymaker

Title: VP of Sales and Marketing

Phone: (919) 439-0964

Email: [amos@patagoniahealth.com](mailto:amos@patagoniahealth.com)

Date: 10/27/2020

**Staff Report**  
**Board Meeting Date: November 19, 2020**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Retroactively approve multiple FY21 purchase orders (currently 65x3404, 75x4328, 75x4349 and 65x3303) issued to Talent Framework for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000.00 per contractor; over \$100,000.00 would require the approval of the Board. When a Declaration of Emergency is in effect the District Health Officer may execute agreements that exceed \$100,000 if the item is then presented for approval to the District Board of Health at their next meeting.

**District Health Strategic Priority supported by this item:**

- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

Washoe County joins with the State of Nevada in a multi-year contract for temporary employment services with a number of agencies. The Board of County Commissioners approved the current agreements at their May 28, 2019 meeting.

The Health District's FY21 purchase orders support various positions of our COVID-19 response efforts (administrative and testing), support of current Influenza vaccination events and future COVID-19 vaccination events. Utilizing temporary employment services has proven to be an efficient and effective method of providing surge staffing in several programs.

**ADMINISTRATIVE HEALTH SERVICES**

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

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

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





### **FISCAL IMPACT**

Should the Board approve these purchase orders, there will be no additional impact to the adopted FY21 budget, as amounts were anticipated and budgeted in the following Internal Orders:

- 11717 – Public Health Preparedness Grant
- 11725 – ELC CARES Grant
- 11730 – ELC Enhancing Detection (COVID) Grant
- 11748 – Immunizations Supplemental Flu Grant
- 11763 – Coronavirus Relief Fund
- 11751 – SB4 Coronavirus Relief Fund

### **RECOMMENDATION**

It is recommended that the District Board of Health retroactively approve multiple FY21 purchase orders (currently 65x3404, 75x4328, 75x4349 and 65x3303) issued to Talent Framework for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve multiple FY21 purchase orders (currently 65x3404, 75x4328, 75x4349 and 65x3303) issued to Talent Framework for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events."

**Staff Report**  
**Board Meeting Date: November 19, 2020**

**DATE:** November 4, 2020  
**TO:** District Board of Health  
**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, nkcummins@washoecounty.us  
**SUBJECT:** Retroactively approve a FY21 purchase order (PO# TBD) issued to Manpower Temporary Services for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000.00 per contractor; over \$100,000.00 would require the approval of the Board. When a Declaration of Emergency is in effect the District Health Officer may execute agreements that exceed \$100,000 if the item is then presented for approval to the District Board of Health at their next meeting.

**District Health Strategic Priority supported by this item:**

- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

Washoe County joins with the State of Nevada in a multi-year contract for temporary employment services with a number of agencies. The Board of County Commissioners approved the current agreements at their May 28, 2019 meeting.

The Health District's FY21 purchase orders support various positions of our COVID-19 response efforts (administrative and testing), support of current Influenza vaccination events and future COVID-19 vaccination events. Utilizing temporary employment services has proven to be an efficient and effective method of providing surge staffing in several programs.

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Subject: Approve Manpower Temporary Services PO  
Date: November 19, 2020  
Page 2 of 2

### **FISCAL IMPACT**

Should the Board approve these purchase orders, there will be no additional impact to the adopted FY21 budget, as amounts were anticipated and budgeted in the following Internal Orders:

- 11717 – Public Health Preparedness Grant
- 11725 – ELC CARES Grant
- 11730 – ELC Enhancing Detection (COVID) Grant
- 11748 – Immunizations Supplemental Flu Grant
- 11763 – Coronavirus Relief Fund

### **RECOMMENDATION**

It is recommended that the District Board of Health retroactively approve a FY21 purchase order (PO# TBD) issued to Manpower Temporary Services for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve a FY21 purchase order (PO# TBD) issued to Manpower Temporary Services for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events."

**Staff Report**  
**Board Meeting Date: November 19, 2020**

**DATE:** November 4, 2020  
**TO:** District Board of Health  
**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, nkcummins@washoecounty.us  
**SUBJECT:** Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period retroactive to March 1, 2020 through December 30, 2020 in the total amount of \$5,144,530.00 in Coronavirus Relief Funds in support of the Health District's Coronavirus response efforts and authorize the District Health Officer to execute the Subaward and any future amendments.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000.00 per contractor; over \$100,000.00 would require the approval of the Board. When a Declaration of Emergency is in effect the District Health Officer may execute agreements that exceed \$100,000 if the item is then presented for approval to the District Board of Health at their next meeting.

The Washoe County Health District received a Notice of Subaward on October 27, 2020 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in support of the Health District's Coronavirus response. The funding period is retroactive to March 1, 2020 through December 30, 2020. A copy of the Subaward is attached.

**District Health Strategic Priorities supported by this item:**

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.



## **BACKGROUND**

Under the federal Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”), the Coronavirus Relief Fund (“CRF” or “Fund”) may be used to reimburse local governments in response to the COVID-19 public health emergency.

The CARES Act authorized \$150 billion through the Fund for state and local governments, including \$1.25 billion for Nevada. A portion of the State’s total allotment was reserved for local governments that have a population in excess of 500,000. As a result, the City of Las Vegas and Clark County elected to receive direct allocations from the Treasury. The State of Nevada received \$836 million from the Fund, of which \$148.5 million was be allocated to counties and incorporated cities outside of Clark County with populations of less than 500,000. \$20,254.818 was accepted by Washoe County at their August 4, 2020 meeting.

The Nevada Department of Health and Human Services is providing this Subaward from their direct allocation to the Health District. Due to the short time left in the subaward period, the District Health Officer executed the Subaward on October 28, 2020 as allowed under the Declaration of Emergency.

## **FISCAL IMPACT**

Should the Board approve this Subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$5,144,530.00 in the following accounts:

<b><u>Account Number</u></b>	<b><u>Description</u></b>	<b><u>Amount of Increase</u></b>
2002-IO-11763- 431100	Federal Grants	\$ 5,144,530.00
2002-IO-11763- 701412	Salary Adjustment	\$ 1,464,346.00
2002-IO-11763- 705360	Benefit Adjustment	\$ 486,561.00
2002-IO-11763- 710100	Professional Services	\$ 100,000.00
2002-IO-11763- 710101	Lab Testing Services	\$ 2,100,000.00
2002-IO-11763- 710200	Service Contracts	\$ 223,065.00
2002-IO-11763- 710215	Operating Contracts	\$ 88,558.00
2002-IO-11763- 710300	Operating Supplies	\$ 200,000.00
2002-IO-11763- 710334	Copier Expense	\$ 3,000.00
2002-IO-11763- 710350	Office Supplies	\$ 12,000.00
2002-IO-11763- 710500	Other Expense	\$ 40,000.00
2002-IO-11763- 710508	Telephone	\$ 3,000.00
2002-IO-11763- 710571	Safety Expense	\$ 18,000.00
2002-IO-11763- 711504	Equipment non-capital	\$ 180,000.00
2002-IO-11763- 711508	Computers non-capital	\$ 75,000.00
2002-IO-11763- 711509	Software non-capital	\$ 50,000.00
2002-IO-11763- 781004	Equipment-capital	\$ 101,000.00

Subject: Approve CRF Subaward  
Date: November 19, 2020  
Page 3 of 3

### **RECOMMENDATION**

It is recommended that the District Board of Health approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period retroactive to March 1, 2020 through December 30, 2020 in the total amount of \$5,144,530.00 in Coronavirus Relief Funds in support of the Health District's Coronavirus response efforts and authorize the District Health Officer to execute the Subaward and any future amendments.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period retroactive to March 1, 2020 through December 30, 2020 in the total amount of \$5,144,530.00 in Coronavirus Relief Funds in support of the Health District's Coronavirus response efforts and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **SG 25013**  
 Budget Account: 3219  
 Category: 12  
 GL: 8516  
 Job Number: 2101920C

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Epidemiology and Laboratory Capacity (ELC) Office of Public Health Investigations and Epidemiology (OPHIE)	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD) Kevin Dick, District Health Officer, WCHD
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subaward Period:</b> March 1, 2020 through December 30, 2020	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Washoe County Health District to use funds to assist with COVID-19 activities.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$1,950,907.00</b>
2. Travel	<b>\$0.00</b>
3. Operating	<b>\$287,000.00</b>
4. Equipment	<b>\$251,000.00</b>
5. Contractual/Consultant	<b>\$40,000.00</b>
6. Training	<b>\$0.00</b>
7. Other	<b>\$2,615,623.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$5,144,530.00</b>
8. Indirect Costs	<b>\$0.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$5,144,530.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 5,144,530.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 5,144,530.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>Federal Budget Period:</b> Start Date through End Date	
<b>Federal Project Period:</b> Start Date through End Date	
<b>FOR AGENCY USE, ONLY</b>	

<b>Source of Funds:</b>	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>	<b>Grant Award Date by Federal Agency:</b>
CARES Act - U.S. Department of Treasury, Coronavirus Relief Funds	100%	21.019			
**Expenditures allocated to this subaward may only be charged for the timeframe beginning March 1, 2020 and ending December 30, 2020 and cannot duplicate expenditures charged against HD 17803 & HD 17753. **					

**Agency Approved Indirect Rate:** 0%      **Subrecipient Approved Indirect Rate:** 0%

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

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

<b>Incorporated Documents:</b>	<b>Section E:</b> Audit Information Request.
Section A: Grant Conditions and Assurances.	Section F: Current/Former State Employee Disclaimer
Section B: Description of Services, Scope of Work and Deliverables.	Section G: DHHS Business Associate Addendum; and
Section C: Budget and Financial Reporting Requirements.	
Section D: Request for Reimbursement;	

Name	Signature	Date
Kevin Dick District Health Officer, WCHD		11/4/2020
Lindsey Kinsinger OPHIE Manager		
for Lisa Sherych Administrator, DPBH		

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

**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

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

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations



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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

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

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

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

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

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**SECTION B**

**Scope of Work for Washoe County Health District**  
**Description of Services, Scope of Work and Deliverables**

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

**Goal 1: Hire personnel to assist with COVID-19 activities**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Hire one Public Health Supervisor	1. Public Health Supervisor to supervise assigned professional and paraprofessional staff. Provide staff training in proper work methods and techniques	08/30/2020	1. Monthly Activity Report
2. Hire one Epidemiologist	2. Covid-19 Epidemiologist overseeing the Epidemiological Contact Tracing/Disease Investigation group. Coordinate and provide technical guidance for the COVID-19 disease surveillance and recommended disease control measures per the CDC guideline.	08/30/2020	2. Monthly Activity Report
3. Hire one Admin Assistant 1	3. Admin assistant to support the COVID-19 response group, primarily the Call Center staff. Provide staff support to division/department including coordination and organization of services and activities.	08/30/2020	3. Monthly Activity Report
4. Hire one office support specialist	4. Office support specialist to support the Epidemiological Contact Tracing/Disease Investigation group. Provides general administrative support including tracking and purchasing office supplies, maintaining record keeping and technical data management systems using specialized software applications, gathers data and prepares reports to assist with monthly reporting in accordance with the COVID-19 grant workplans	08/30/2020	4. Monthly Activity Report
5. Hire one grants coordinator	5. COVID-19 Grants Coordinator is responsible for the administration of current grants in addition to any future funding opportunities that have been identified at the Federal/State level.	08/30/2020	5. Monthly Activity Report
6. Hire one statistician	6. Conduct statistical analysis of public health surveillance data using appropriate analytical methods to identify disease outbreaks.	08/30/2020	6. Monthly Activity Report
7. Registered Nurses / Community Health Aides-hourly	7. Surge staffing for COVID response to include: call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, patient interviews and contact investigations/contact tracing, translation of documents (i.e. English to Spanish).	08/30/2020	7. Monthly Activity Report
8. Surge Capacity Staff deployed from other divisions	8. Surge staffing for COVID response to include: program and logistics management, call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, data entry, patient interviews and contact investigations/contact tracing.	08/30/2020	8. Monthly Activity Report
9. Staff overtime, standby pay, and Holiday work	9. Health District surge staffing for all aspects of COVID response to include: Incident Command; call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessments, patient interviews and contact investigations/contact tracing; public communications and outreach; logistics and procurement of necessary supplies; response planning.	08/30/2020	9. Monthly Activity Report

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**Goal 2: Purchase supplies and equipment to assist with COVID-19 activities**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Purchase office supplies	1. Office supplies estimated at \$2,000 per month for 6 months	12/30/2020	1. Monthly Activity Report
2. Purchase VOIP phones, laptops, and headsets	2. Phones, laptops, and headsets: \$35,000	12/30/2020	2. Monthly Activity Report
3. Purchase operating supplies	3. Operating supplies to include but not limited to PPE-Masks, gloves, gowns-for staff for testing, CAPR/PAPRSs and PPR chargers, disinfection/cleaning supplies, safety equipment, testing supplies.	12/30/2020	3. Monthly Activity Report
4. Purchase furniture, fixtures, and equipment	4. Furniture, fixtures, and equipment for COVID staff and POST build-out	12/30/2020	4. Monthly Activity Report
5. Purchase cargo container	5. Cargo Containers for storing COVID-19 supplies	12/30/2020	5. Monthly Activity Report

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

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**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through COVID Relief Funds (CRF) Treasury Funds. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by COVID Relief Funds (CRF) Treasury Funds. Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>						
including fringe						Total: \$1,950,907.00
	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested
<b>Public Health Supervisor</b>	\$85,000.00	45.833%	100.000%	5	41.67%	\$51,649
Supervise assigned professional and paraprofessional staff. Provide staff training in proper work methods and techniques						
<b>Epidemiologist</b>	\$75,000.00	45.833%	100.000%	5	41.67%	\$45,573
COVID-19 Epidemiologist overseeing the Epidemiological Contact Tracing/Disease Investigation group. Coordinate and provide technical guidance for the COVID-19 disease surveillance and recommended disease control measures per the CDC guideline.						
<b>Admin Assistant 1</b>	\$60,000.00	45.833%	100.000%	5	41.67%	\$36,458
Supports the COVID-19 response group, primarily the Call Center staff. Provide staff support to division/department including coordination and organization of services and activities.						
<b>Office Support Specialist</b>	\$50,000.00	45.833%	100.000%	5	41.67%	\$30,382
Supports the Epidemiological Contact Tracing/Disease Investigation group. Provides general administrative support including tracking and purchasing office supplies, maintaining record keeping and technical data management systems using specialized software applications, gathers data and prepares reports to assist with monthly reporting in accordance with the COVID-19 grant workplans						
<b>Grants Coordinator</b>	\$62,000.00	45.833%	100.000%	5	41.67%	\$37,674
COVID-19 Grants Coordinator is responsible for the administration of current grants in addition to any future funding opportunities that have been identified at the Federal/State level.						
<b>Statistician</b>	\$69,000.00	42.863%	47.00%	5	41.67%	\$19,304
Conduct statistical analysis of public health surveillance data using appropriate analytical methods to identify disease outbreaks.						
<b>Registered Nurses / Community Health Aides - Hourly</b>	\$175,000.00	1.750%	100.000%	10	83.33%	\$148,385
Surge staffing for COVID response to include call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, patient interviews and contact investigations/contact tracing, translation of documents (i.e. English to Spanish).						
<b>Surge Capacity staff deployed from other Divisions</b>	\$1,600,000.00	41.482%	75.000%	10	83.33%	\$1,414,815
Surge staffing for COVID response to include: program and logistics management, call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, data entry, patient interviews and contact investigations/contact tracing.						
<b>Overtime, Standby pay &amp; Holiday work</b>	\$200,000.00	0.000%	100.000%	10	83.33%	\$166,667

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Health District surge staffing for all aspects of COVID response to include: Incident Command; call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, patient interviews and contact investigations/contact tracing; public communications and outreach; logistics and procurement of necessary supplies; response planning.

**Total Fringe Cost**      \$ 486,561      **Total Salary Cost:**      \$ 1,464,346.00

<b>Travel</b>	<b>Total:</b>	<b>\$0.00</b>
N/A		

<b>Operating</b>		<b>Total:</b>	<b>\$287,000.00</b>
Office supplies Est ay \$2,000/mo. x 6	\$12,000.00		
VOIP Phones, Laptops, headsets, monitors	\$75,000.00		
Operating Supplies (Est. at \$40,000/mo. X 5 mos.)	\$200,000.00		
Justification: <i>Operating supplies to include but not limited to PPE-Masks, gloves, gowns-for staff for testing, CAPR/PAPRSs and PPR chargers. Disinfection/cleaning supplies, safety equipment, testing supplies.</i>			

<b>Equipment</b>		<b>Total:</b>	<b>\$251,000.00</b>
Furniture, fixtures, and equipment for COVID staff and POST build-out	\$125,000.00		
Cargo containers for storing of COVID supplies	\$75,000.00		
Vehicle add-ons such as snowplow, life gate, etc.	\$25,000.00		
All-terrain vehicle with snowplow for test site logistics	\$26,000.00		

<b>Contractual/Contractual and all Pass-thru Subawards</b>		<b>Total:</b>	<b>\$40,000.00</b>
Name of Contractor, Subrecipient: Magenheimer Consulting	<b>Total</b>	<b>\$40,000</b>	
Method of Selection: Sole Source			
Period of Performance: August 1, 2020 – December 30, 2020			
Scope of Work: Chris Magenheimer as Planning Section Chief for ongoing COVID-19 response activities for WCHD Health Branch. The WCHD has assumed the role of the lead agency for the ongoing response. Meganheimer's expertise in Planning and ongoing Emergency Management allows other highly trained WCHD staff to return to their normal day to day activities. Ongoing planning for the event and writing/compiling reports for this emergency event. Additionally, Chris can assist with updating current response plans based on utilization and lessons learned from this event. \$43.25/hr. Approx. \$8,000 / mo. x 5 months			
* Sole Source Justification: Mr. Magenheimer recently provided PHEP planning support, documentation, and the after-action report, specific to public health, for the full-scale stateside exercise Silver Crucible CCTA. His knowledge and skills can immediately be applied to Washoe County's response efforts. He is a Certified Plan Section Chief (Red Card) and has a master's degree in Crisis & Emergency Management.			

<b>Training</b>	<b>Total:</b>	<b>\$0.00</b>
N/A		

<b>Other</b>		<b>Total:</b>	<b>\$2,615,623.00</b>
Lab Testing	\$2,100,000		
Technology for virtual meeting capabilities	\$30,000		
Telephone expense 50 lines @ \$10/mo. x 6 mos.	\$3,000		
Security badge readers for COVID offices (\$6,000 each x 3 doors)	\$18,000		
Copier Lease/copy exp 2 machines @ \$250/mo. x 6 mos.	\$3,000		
Language line translation \$12,000/mo. x 5 months	\$60,000		
Contract for POST testing location (RSLEC)	\$195,000		
Contract for POST Ops (Portable Office Building, restrooms, hand washing, etc.)	\$24,000		
Contract for POST testing assistance from REMSA-6 months	\$32,000		
Software: enhancements to include but not limited to additional licenses for scheduling testing, disease investigation, inventory tracking, epi reporting	\$50,000		
Rental of building for POST	\$32,558		
Contract for support with home-bound testing- 6 months	\$28,065		
Winter Prep/maintenance for asphalt at POST (ice melt, snow removal, etc.)	\$40,000		

**TOTAL DIRECT CHARGES**      **\$ 5,144,530.00**

<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>0.00%</b>	<b>\$0.00</b>
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**TOTAL BUDGET**

**Total: \$5,144,530.00**

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Form 2

Applicant Name: Washoe County Health District

**PROPOSED BUDGET SUMMARY**

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

FUNDING SOURCES	CARES Relief Funds	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
<b>ENTER TOTAL REQUEST</b>	\$5,144,530	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$5,144,530

**EXPENSE CATEGORY**

Personnel	\$1,950,907									\$1,950,907
Travel	\$0									\$0
Operating	\$287,000									\$287,000
Equipment	\$251,000									\$251,000
Contractual/Consultant	\$40,000									\$40,000
Training	\$0									\$0
Other Expenses	\$2,615,623									\$2,615,623
Indirect	\$0									\$0

<b>TOTAL EXPENSE</b>	\$5,144,530	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$5,144,530
<b>These boxes should equal 0</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost \$0

Total Agency Budget	\$5,144,530
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**


**C. Program Income Calculation:**


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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

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

- Total reimbursement through this subaward will not exceed \$5,144,530.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

**The Department agrees:**

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

**Both parties agree:**

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

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.



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SECTION D**

Agency Ref. #: **SG 25013**  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Epidemiology and Laboratory Capacity (ELC) Office of Public Health Investigations and Epidemiology (OPHIE)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD) Kevin Dick, District Health Officer, WCHD
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subaward Period:</b> March 1, 2020 – December 30, 2020	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$1,950,907.00	\$0.00	\$0.00	\$0.00	\$1,950,907.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$287,000.00	\$0.00	\$0.00	\$0.00	\$287,000.00	0.0%
4. Equipment	\$251,000.00	\$0.00	\$0.00	\$0.00	\$251,000.00	0.0%
5. Contractual/Consultant	\$40,000.00	\$0.00	\$0.00	\$0.00	\$40,000.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$2,615,623.00	\$0.00	\$0.00	\$0.00	\$2,615,623.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$5,144,530.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,144,530.00</b>	<b>0.0%</b>
<b>MATCH REPORTING</b>	<b>Approved Match Budget</b>	<b>Total Prior Reported Match</b>	<b>Current Match Reported</b>	<b>Year to Date Total</b>	<b>Match Balance</b>	<b>Percent Completed</b>
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

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

**FOR Department USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_

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

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

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

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
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**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? June 30<sup>th</sup>
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2019
7. What time-period did your last audit cover? July 1, 2018 - June 30, 2019
8. Which accounting firm conducted your last audit? Eide Bailly

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

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**SECTION F**

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

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

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

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

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

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

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

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**SECTION G**

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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

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

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media, or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

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to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

IV. **OBLIGATIONS OF COVERED ENTITY**

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

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2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. **TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. **MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule, and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs, and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule, and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule, and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

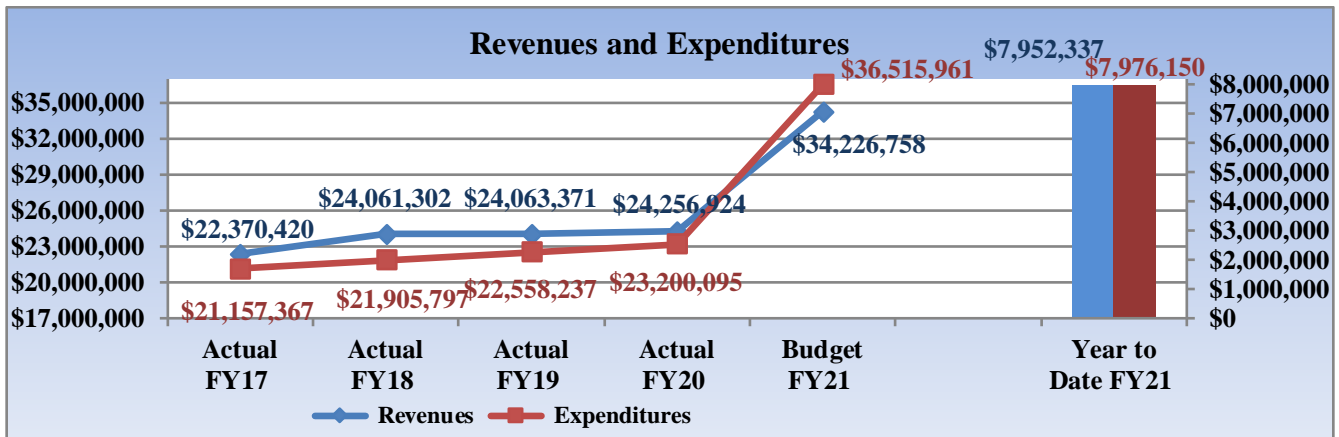
**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**Staff Report**  
**Board Meeting Date: November 19, 2020**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for October, Fiscal Year 2021

**SUMMARY**

The fourth month of FY21 ended with a cash balance of \$8,199,058. The total revenues of \$7,952,337 or 23.2% of budget and up 11.4% or \$816,234 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$7,976,150 or 21.8% of budget and up \$424,297 or 5.6% compared to FY20.



**District Health Strategic Priority supported by this item:**

**6. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

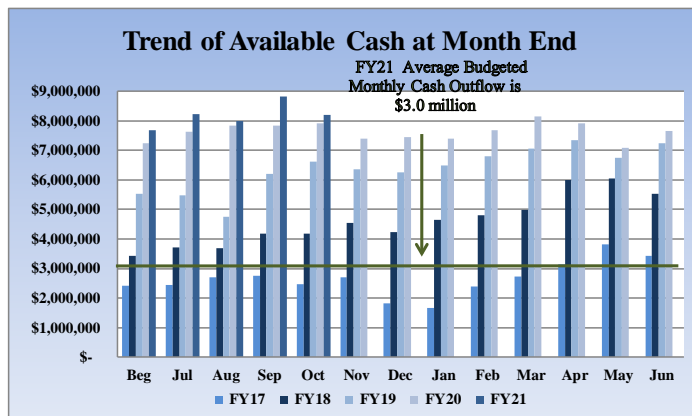
**PREVIOUS ACTION**

Fiscal Year 2021 Budget was adopted May 19, 2020.

**BACKGROUND**

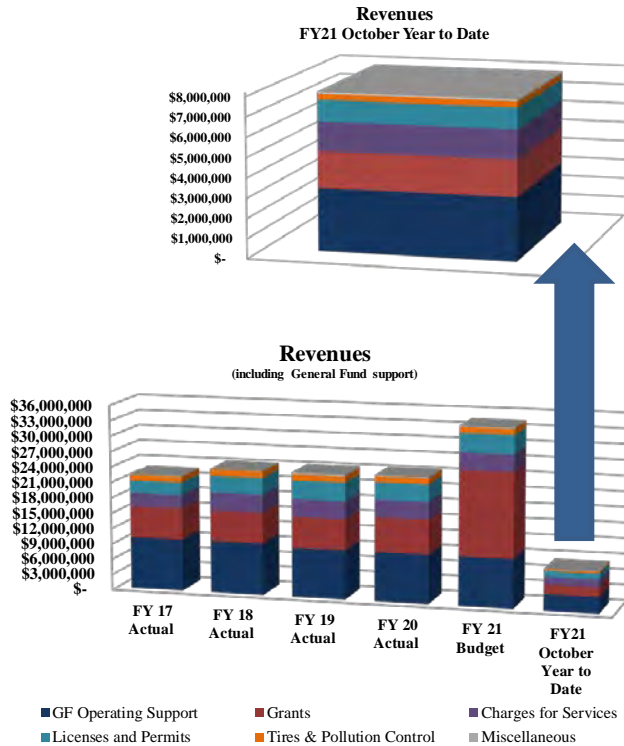
**Review of Cash**

The available cash at the end of October, FY21, was \$8,199,058 which is enough to cover approximately 2.7 months of expenditures. The cash balance is \$298,999 greater than FY20. The encumbrances and other liability portion of the cash totals \$4.2 million; the cash restricted as to use is approximately \$1.8 million; leaving a balance of \$2.2 million.



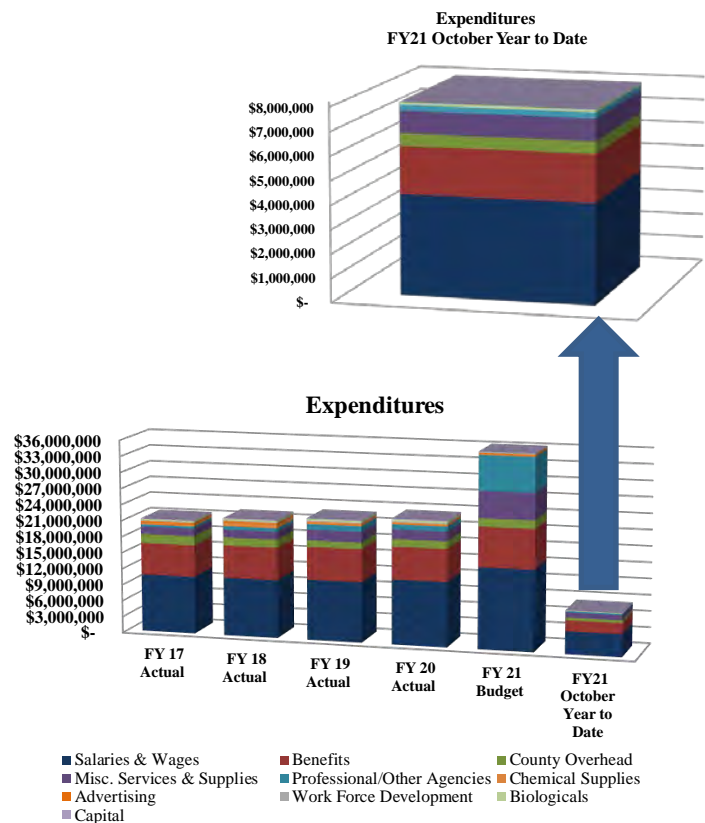


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$7,952,337 up \$816,234 or 11.4% compared to October FY20. The revenue categories up over FY20 were Federal and State grants of \$1,844,477 up \$615,130 or 50.0%; charges for services of \$1,469,373 up \$235,292 or 19.1%; tire and pollution control funding of \$311,227 up \$78,894 or 34.0%; and, miscellaneous revenues of \$81,182 up \$36,216 or 80.5%. The revenue category down compared to FY20 was licenses and permits of \$1,073,794 down \$149,299 or 12.2%. The County General Fund support of \$3,172,285 is level at the FY20 funding.

The total year to date **expenditures** of \$7,976,150 were up \$424,297 or 5.6% compared to FY20. Salaries and benefits expenditures for the first quarter of FY21 were \$6,184,879 up \$224,399 or 3.8% over the prior year and 27.6% of budget. The total services and supplies of \$1,791,271 were up \$211,352 or 13.4% compared to FY20 and 12.8% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$231,104 up \$82,316 or 55.3% over FY20; the biologicals of \$107,911 up \$8,944 or 9.0%; chemical supplies normally fall in this category but there are no expenditures year to date; and, County overhead charges of \$513,624 up \$46,693 or 10% over FY20. There have not been any capital expenditures for FY21.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$232,797 down \$121,603 or 34.3% over FY20 due to the reallocation of staff for COVID-19 response and savings from the vacant Director of Programs and Projects position.

**AHS** has spent \$332,589 down \$65,154 or 16.4% compared to FY20 mainly due to salary savings from vacant positions.

**AQM** revenues were \$1,338,640 up \$267,972 or 25.0% mainly due to an increase in dust plan revenue, DMV pollution control revenue, and a \$45,000 contribution from the City of Reno to help pay for the movement of the Reno4 Air Monitoring Station. The Division spent \$916,465 down \$27,585 or 2.9% mainly due to a reduction in employee insurance costs, other post-employment benefits for retirees and a reduction in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

**CCHS** revenues were \$1,117,737 up \$116,135 or 11.6% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$2,462,646 down \$210,712 or 7.9% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees and reduced travel expenditures.

**EHS** revenues were \$1,896,626 up \$375,079 or 24.7% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding. Without the SB4 funding revenues were down \$124,921 or 8.2% mainly in the special events permits. Total expenditures were \$1,832,919 down \$570,569 or 23.7% mainly due to savings from vacant positions, deployment of staff to the COVID-19 response, and chemical supplies for mosquito abatement not being purchased in FY21 due to enough inventory on hand.

**EPHP** revenues were \$427,049 up \$57,048 or 15.4% due to additional grant funding. The division spent \$2,198,734 up \$1,419,921 or 182.3% over FY20 due to the cost of the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through October Year to Date Fiscal Year 2020/2021 (FY21)									
	Actual Fiscal Year			FY 2019/2020		Fiscal Year 2020/2021			
	2016/2017	2017/2018	2018/2019	Year End (unaudited)	October Year to Date	Adjusted Budget	October Year to Date	Percent of Budget	FY21 Increase over FY20
<b>Revenues (all sources of funds)</b>									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	<b>1,070,667</b>	3,496,067	<b>1,338,640</b>	38.3%	25.0%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	<b>1,001,603</b>	4,671,109	<b>1,117,737</b>	23.9%	11.6%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	<b>1,521,547</b>	5,098,283	<b>1,896,626</b>	37.2%	24.7%
EPHP	2,027,242	1,854,862	2,126,580	2,903,681	<b>370,001</b>	11,444,442	<b>427,049</b>	3.7%	15.4%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	<b>3,172,285</b>	9,516,856	<b>3,172,285</b>	33.3%	0.0%
<b>Total Revenues</b>	<b>\$22,370,420</b>	<b>\$24,061,302</b>	<b>\$24,063,371</b>	<b>\$24,256,924</b>	<b>\$ 7,136,104</b>	<b>\$34,226,758</b>	<b>\$ 7,952,337</b>	<b>23.2%</b>	<b>11.4%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	904,268	826,325	1,336,494	1,153,186	<b>354,400</b>	2,005,399	<b>232,797</b>	11.6%	-34.3%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	<b>397,743</b>	1,448,157	<b>332,589</b>	23.0%	-16.4%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	<b>944,050</b>	3,907,527	<b>916,465</b>	23.5%	-2.9%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	<b>2,673,358</b>	8,937,115	<b>2,462,646</b>	27.6%	-7.9%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	<b>2,403,488</b>	7,916,665	<b>1,832,919</b>	23.2%	-23.7%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	<b>778,813</b>	12,301,098	<b>2,198,734</b>	17.9%	182.3%
<b>Total Expenditures</b>	<b>\$21,157,367</b>	<b>\$21,905,797</b>	<b>\$22,558,237</b>	<b>\$23,200,095</b>	<b>\$ 7,551,853</b>	<b>\$36,515,961</b>	<b>\$ 7,976,150</b>	<b>21.8%</b>	<b>5.6%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	<b>(354,400)</b>	(2,005,399)	<b>(232,797)</b>		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	<b>(397,743)</b>	(1,448,157)	<b>(332,589)</b>		
AQM	122,763	607,078	507,427	508,014	<b>126,617</b>	(411,460)	<b>422,174</b>		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	<b>(1,671,755)</b>	(4,266,005)	<b>(1,344,908)</b>		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	<b>(881,941)</b>	(2,818,382)	<b>63,707</b>		
EPHP	(589,169)	(702,490)	(729,444)	(1,710,574)	<b>(408,812)</b>	(856,656)	<b>(1,771,685)</b>		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	<b>3,172,285</b>	9,516,856	<b>3,172,285</b>		
<b>Surplus (deficit)</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 1,056,829</b>	<b>\$ (415,749)</b>	<b>\$ (2,289,203)</b>	<b>\$ (23,813)</b>		
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,898,365		\$ 6,609,162			
FB as a % of Expenditures	19.8%	28.9%	34.8%	38.4%		18.1%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

**Review of Future Projections given the Impact of COVID-19**

The impact of COVID-19 on the projected annual revenues reflects a decline of \$1.0 million in licenses, permits, and charges for services for FY21. This decline is offset with an FY21 increase of \$9.4 million in grant funding mainly to cover the COVID-19 response. The FY21 expenditures are estimated at \$33.1 million up \$6.3 million from the budget of \$26.8 million from the Pre COVID projections mainly due to the increase in costs from the COVID-19 response. Assuming a drop in expenditures once the COVID-19 grant funding is no longer available, an additional reduction of \$325,000 will still need to happen but that can be achieved through additional hiring freezes on vacant positions, further reducing non-mission critical services and supplies expenditures, or reducing the fund balance level.

	Unaudited FY19-20	Pre COVID	COVID-19	Projected Based on Historical Trends		
		FY 2020- 2021Budget	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>SOURCES OF FUNDS:</b>						
Opening Fund Balance	\$ 7,841,536	\$ 8,898,365	\$ 8,898,365	\$ 8,826,637	\$ 7,598,090	\$ 5,900,534
<b>Revenues:</b>						
Licenses and Permits	3,340,170	3,626,311	2,638,151	2,506,243	2,518,774	2,556,556
Federal & State Grants	6,048,024	6,101,910	15,379,508	8,028,156	6,266,839	6,514,623
Federal & State Indirect Rev.	640,610	549,846	649,880	774,324	597,197	620,950
Tire Fees (NRS 444A.090)	527,526	525,000	517,764	506,600	516,732	527,067
Pollution Control (NRS 445B.830)	629,970	628,105	653,153	633,559	639,894	649,493
Dust Plan	623,229	578,414	780,916	492,783	495,247	502,676
Birth & Death Certificates	569,553	589,467	593,434	599,368	605,362	617,469
Other Charges for Services	2,157,625	2,151,925	2,121,419	2,057,776	2,068,065	2,099,086
Miscellaneous	203,360	209,074	209,074	214,160	223,148	232,588
Total Revenues	14,740,068	14,960,051	23,543,298	15,812,970	13,931,260	14,320,508
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	24,256,924	24,476,907	33,060,154	25,329,826	23,448,116	23,837,364
<b>Total Sources of Funds</b>	<b>32,098,460</b>	<b>33,375,272</b>	<b>41,958,519</b>	<b>34,156,463</b>	<b>31,046,205</b>	<b>29,737,898</b>
<b>USES OF FUNDS:</b>						
<b>Expenditures:</b>						
Salaries & Wages	12,010,723	13,108,160	13,656,034	13,929,791	12,912,163	13,557,771
Group Insurance	1,547,604	1,790,455	1,901,672	1,921,023	1,823,692	1,914,877
OPEB Contribution	1,118,614	1,113,772	1,113,772	1,169,461	1,227,934	1,289,330
Retirement	3,132,706	3,599,709	3,691,544	3,883,450	3,716,158	4,037,543
Other Employee Benefits	250,499	251,968	251,625	251,482	264,056	277,259
Professional/Other agencies	924,363	1,742,758	5,678,189	1,438,701	973,207	1,008,877
Advertising	85,088	155,159	115,916	68,964	71,499	74,119
Chemical Supplies	296,585	236,200	118,700	236,200	236,791	237,382
Biologicals	358,430	345,461	322,757	342,178	354,757	367,759
Fleet Management billings	174,577	189,836	189,836	191,965	194,073	197,776
Workforce training & development	140,001	297,397	76,751	278,692	280,782	282,888
Other Services and Supplies	1,598,194	2,294,366	4,405,753	1,327,229	1,398,152	1,449,398
Indirect cost allocation	1,400,792	1,540,871	1,540,871	1,725,776	1,898,353	2,088,188
Capital	161,920	100,000	68,463	118,463	119,055	120,246
Total Expenditures	23,200,095	26,766,110	33,131,882	26,883,373	25,470,671	26,903,414
<b>Additional reductions required</b>				<b>(325,000)</b>	<b>(325,000)</b>	<b>(325,000)</b>
Total Uses of Funds	23,200,095	26,766,110	33,131,882	26,558,373	25,145,671	26,578,414
Net Change in Fund Balance	1,056,829	(2,289,203)	(71,728)	(1,228,547)	(1,697,555)	(2,741,050)
<b>Ending Fund Balance (FB)</b>	<b>\$ 8,898,365</b>	<b>\$ 6,609,162</b>	<b>\$ 8,826,637</b>	<b>\$ 7,598,090</b>	<b>\$ 5,900,534</b>	<b>\$ 3,159,484</b>
<b>FB as a percent of Uses of Funds</b>	<b>38.4%</b>	<b>24.7%</b>	<b>26.6%</b>	<b>28.6%</b>	<b>23.5%</b>	<b>11.9%</b>
Reported to the DBOH in February, 2020 - Pre COVID-19						
Ending Fund Balance (FB)				5,062,341	4,162,960	3,017,139
FB as a percent of Uses of Funds				20.3%	16.3%	11.6%
Variance between Pre-Covid and Covid-19 projections						
Ending Fund Balance (FB)				2,535,749	1,737,574	142,345
FB as a percent of Uses of Funds				8.3%	7.2%	0.3%

**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for October, Fiscal Year 2021.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for October, Fiscal Year 2021.

Period: 1 thru 4 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

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

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
422503 Environmental Permits	127,376-	25,997-	101,379-	20	82,438-	33,121-	49,316-	40
422504 Pool Permits	305,703-	67,351-	238,352-	22	272,588-	55,254-	217,334-	20
422505 RV Permits	29,386-	12,534-	16,852-	43	32,198-	13,201-	18,997-	41
422507 Food Service Permits	1,636,378-	506,408-	1,129,970-	31	1,483,902-	502,903-	980,998-	34
422508 Wat Well Const Perm	91,018-	59,268-	31,750-	65	179,055-	53,316-	125,739-	30
422509 Water Company Permits	3,298-	5,029-	1,732-	153	66,145-	4,353-	61,791-	7
422510 Air Pollution Permits	709,437-	231,053-	478,384-	33	650,135-	273,132-	377,002-	42
422511 ISDS Permits	412,744-	137,790-	274,954-	33	263,853-	141,161-	122,692-	53
422513 Special Event Permits	194,950-	838-	195,788-	0-	175,849-	105,265-	70,584-	60
422514 Initial Applic Fee	116,022-	29,202-	86,820-	25	88,434-	41,386-	47,048-	47
* Licenses and Permits	3,626,311-	1,073,794-	2,552,517-	30	3,294,595-	1,223,093-	2,071,502-	37
431100 Federal Grants	15,301,423-	1,614,986-	13,686,437-	11	6,502,886-	1,035,014-	5,467,872-	16
431105 Fed. Grants-Indirect	508,832-	155,923-	352,904-	31	494,709-	134,018-	360,690-	27
432100 State Grants	710,337-	64,793-	645,544-	9	919,314-	53,893-	865,421-	6
432105 State Grants-Indirect	41,013-	8,770-	32,244-	21	2,525-	6,421-	3,896-	254
432310 Tire Fee NRS 444A.090	525,000-	123,927-	401,073-	24	486,000-	136,983-	349,017-	28
432311 Poi CtrI 445B.830	628,105-	187,300-	440,805-	30	628,105-	95,350-	532,755-	15
* Intergovernmental	17,714,710-	2,155,704-	15,559,006-	12	9,033,539-	1,461,680-	7,571,859-	16
460160 Other General Govt	24-	24-	0-		0-	0-	0-	
460162 Services O Agencies	10,000-	0-	10,000-		10,000-	0-	10,000-	
460173 Reimbursements - Reno	65,000-	25,930-	39,070-	40	64,040-	23,613-	40,427-	37
460500 Other Immunizations	156,000-	62,445-	93,555-	40	181,467-	60,690-	120,777-	33
460501 Medicaid Clinic Svcs	0-	0-	0-		6,204-	1,187-	5,017-	19
460508 Tuberculosis	0-	0-	0-		0-	0-	0-	
460509 Water Quality	0-	0-	0-		0-	0-	0-	
460510 IT Overlay	0-	0-	0-		0-	0-	0-	
460511 Birth Death Certific	589,467-	215,422-	374,045-	37	515,000-	182,601-	332,399-	35
460512 Duplication Service	68,154-	52,956-	15,198-	78	100,888-	53,976-	46,912-	54
460513 Other Health Service	223,000-	116,186-	106,814-	52	196,807-	96,532-	100,275-	49
460514 Food Service Certifi	15,000-	13,763-	1,237-	92	36,190-	9,981-	26,209-	28
460516 Pgm Inc-3rd Prty Rec	295,255-	128,496-	166,759-	44	209,943-	128,693-	81,250-	61
460518 STD Fees	2,588-	7,537-	4,949-	291	6,212-	2,438-	3,774-	39
460519 Outpatient Services	99,442-	41,826-	57,616-	42	90,059-	49,112-	40,947-	55
460521 Plan Review - Pools	88,000-	31,030-	56,970-	35	51,700-	29,015-	22,685-	56
460523 Plan Review - Food S	82,843-	51,036-	31,807-	62	76,465-	33,644-	42,821-	44
460524 Family Planning	118,045-	33,355-	84,689-	28	115,940-	32,507-	83,434-	28
460525 Plan Review - Vector	272,665-	129,239-	143,406-	47	263,732-	111,331-	152,401-	42
460526 Plan Review-Air Quality	249,213-	59,452-	189,721-	24	247,948-	71,449-	176,499-	29
460527 NOE-AQM	120,422-	23,955-	96,468-	20	132,000-	41,233-	90,767-	31
460528 NESHAP-AQM	3,485-	0-	3,485-		3,328-	963-	2,365-	29
460529 Assessments-AQM	0-	0-	0-		0-	0-	0-	
460530 Inspector Registr-AQ	0-	0-	0-		0-	0-	0-	

Period: 1 thru 4 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
460531 Dust Plan-Air Quality	578,414-	391,516-	186,898-	68	659,365-	189,248-	470,117-	29
460532 Plan Rvw Hotel/Motel	23,263-	9,700-	13,563-	42	23,234-	3,948-	3,948	43
460535 Pub Accomod Inspectn	29,316-	10,974-	18,343-	37	29,345-	9,911-	13,323-	38
460570 Education Revenue	230,234-	64,471-	165,763-	28	208,183-	90,884-	117,299-	44
460723 Other Fees	3,319,806-	1,469,373-	1,850,433-	44	3,228,052-	1,234,081-	1,993,971-	38
* Charges for Services		2-	2					
481150 Interest-Non Pooled	4,000-	758-	3,242-	19	4,500-	4,500-	5,409-	100
484000 Donations,Contributions	6,000-	1,015-	4,985-	17	6,721-	1,312-	5,409-	20
484050 Donation Fed Pgm Inc	125,231-	13,394-	111,837-	11	195,438-	12,893-	182,545-	7
484195 Non-Govt'l Grants	24,987-	4-	24,983-	0	30,604-	2,583-	28,021-	8
484197 Non-Gov. Grants-Ind.	48,857-	58,942-	10,086	121	48,854-	23,554-	25,300-	48
485100 Reimbursements		7,067-	7,067		150,000-	123-	149,877-	0
485300 Other Misc Govt Rev	209,074-	81,182-	127,893-	39	436,116-	44,965-	391,151-	10
* Miscellaneous	24,869,901-	4,780,052-	20,089,849-	19	15,992,302-	3,963,818-	12,028,484-	25
** Revenue	11,141,668	3,606,774	7,534,893	32	10,815,100	3,384,523	7,430,578	31
701110 Base Salaries	508,540	156,462	352,078	31	351,414	154,421	196,993	44
701120 Part Time	504,800	231,878	272,922	46	445,526	155,487	290,039	35
701130 Pooled Positions	4,319	6,511	2,192-	151	4,319	481	3,837	11
701140 Holiday Work								
701150 xcContractual Wages	144,900	412	144,488	0	157,065	1,138	155,928	1
701199 Lab Cost Sav-Wages	63,017	165,750	102,732-	263	63,517	30,395	33,122	48
701200 Incentive Longevity	300	76	224	25	300	97	203	32
701300 Overtime	38,000	28,476	9,524	75	38,000	12,939	25,061	34
701403 Shift Differential	5,000	183	4,817	4	5,000	147	4,853	3
701406 Standby Pay	2,499,978	90,054-	2,590,032	4-	1,010,330	43,720	966,610	4
701412 Salary Adjustment	228,970	37,668	191,302	16	199,393	195,000	4,394	98
701413 Vac Payoff Sick Term	3,852	34,166	30,315-	887	1,226	16,398	15,171-	1,337
701414 Vacation Denied-Payoff		13,945	13,945-		28,350	28,727	376-	101
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	15,143,342	4,192,245	10,951,097	28	13,119,542	4,023,471	9,096,071	31
705110 Group Insurance	1,526,134	486,946	1,039,188	32	1,477,850	450,941	1,026,909	31
705115 ER HSA Contribs	170,000	5,264	164,736	3	149,160	3,238	145,922	2
705190 OPEB Contribution	1,113,772	306,116	807,656	27	1,118,614	372,871	745,743	33
705195 Lab Cost Sav-Benef								
705210 Retirement	3,441,515	1,108,697	2,332,818	32	3,303,746	1,030,246	2,273,500	31
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	59,278	104,042	36	157,625	55,015	102,610	35
705240 Insur Budgeted Incr	46,656		46,656		36,465		36,465	
705320 Workmens Comp	77,146	24,831	52,315	32	77,087	23,386	53,700	30

Period: 1 thru 4 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

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

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
705330 Unemploy Comp	11,501	1,501	10,000	13	9,982	1,310	8,672	13
705360 Benefit Adjustment	833,215		833,215		253,842		253,842	
* Employee Benefits	7,395,837	1,992,634	5,403,203	27	6,584,370	1,937,009	4,647,362	29
710100 Professional Services	1,177,391	101,137	1,076,254	9	713,822	60,814	653,008	9
710101 Lab Testing Services		175	175-			252	252-	
710103 Radiology								
710105 Medical Services	11,338	3,631	7,707	32	12,948	870	12,078	7
710108 MD Consultants	55,401	12,386	43,015	22	50,536	16,211	34,325	32
710110 Contracted/Temp Svcs	4,759,933	44,867	4,715,066	1	321,145	24,015	297,130	7
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	141,782	102,150	39,631	72	80,047	32,420	47,627	41
710201 Laundry Services	1,822	248	1,574	14	1,850	565	1,285	31
710205 Repairs and Maintenance	10,307		10,307		13,450	1,777	11,673	13
710210 Software Maintenance	4,200	4,543	343-	108	11,151	6,596	4,555	59
710212 Software Subscription	139,400	17,299	122,101	12				
710215 Operating Contracts	1,536,000	11,171	1,524,829	1				
710300 Operating Supplies	726,896	215,606	511,290	30	391,389	22,535	368,854	6
710302 Small Tools & Allow	1,735	282	1,453	16	1,300		1,300	
710308 Animal Supplies	1,600		1,600		1,535		1,535	
710310 Parts and Supplies		1,640	1,640-					
710312 Special Dept Expense	100,000		100,000					
710319 Chemical Supplies	236,200		236,200		297,250	294,450	2,800	99
710325 Signs and Markers								
710334 Copy Machine Expense	36,597	11,951	24,646	33	30,028	5,882	24,146	20
710335 Copy Mach-Copies	8,955	2,234	6,721	25	9,965	2,143	7,823	22
710347 Medical Supplies								
710350 Office Supplies	94,997	22,037	72,960	23	83,521	7,999	75,522	10
710355 Books and Subscriptions	10,965	3,540	7,425	32	6,940	2,019	4,921	29
710360 Postage	16,744	5,847	10,897	35	18,269	6,198	12,071	34
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Pmts to O Agencies	447,975	68,908	379,067	15	416,085	46,626	369,459	11
710412 Do Not Use								
710500 Other Expense	214,384	8,096	206,288	4	175,691	18,028	157,663	10
710502 Printing	35,800	14,656	21,144	41	42,450	5,070	37,380	12
710503 Licenses & Permits	9,230	1,943	7,287	21	8,480	1,750	6,730	21
710504 Registration	1,400	1,200	200	86		2,895	2,895-	
710505 Rental Equipment					200		200	
710506 Dept InsDeductible		150	150-		150	650	500-	433
710507 Network and Data Lines	12,260	1,834	10,426	15	12,730	4,958	7,772	39
710508 Telephone Land Lines	41,857	15,621	26,236	37	37,811	12,169	25,642	32
710509 Seminars and Meetings	68,060	6,472	61,588	10	80,259	14,071	66,188	18
710512 Auto Expense	14,460	960	13,500	7	13,303	2,174	11,129	16

Period: 1 thru 4 2021 P&L Accounts  
 Accounts: GO-P-I Health Fund  
 Business Area: \* Default Washoe County  
 Fund: 202 Standard Functional Area Hiera  
 Fund Center: 000  
 Functional Area: 000

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
710513 Property Losses								
710514 Regulatory Assessments	25,000	11,828	13,172	47	25,000	11,696	13,304	47
710519 Cellular Phone	14,093	5,093	9,000	36	15,279	6,216	9,063	41
710529 Dues	21,680	2,925	18,755	13	25,080	3,328	21,752	13
710535 Credit Card Fees	60,890	9,097	51,793	15	67,640	22,727	44,913	34
710546 Advertising	155,159	40,316	114,843	26	233,981	9,700	224,281	4
710551 Cash Discounts Lost		4	4-					
710563 Recruitment		799	799-			399	399-	
710571 Safety Expense	50,000	798	49,202	2	86,611	12,791	73,820	15
710577 Uniforms & Special C	7,800	809	6,991	10	3,200	1,344	1,856	42
710585 Undesignated Budget	658,478		658,478		553,436		553,436	
710594 Insurance Premium	5,815	50	5,765	1	5,815		5,815	
710600 LT Lease-Office Space	75,289	24,318	50,971	32	70,532	23,944	46,588	34
710620 LT Lease-Equipment								
710701 Emergency Shelter Care								
710703 Biologicals	345,461	107,911	237,550	31	371,940	98,967	272,973	27
710713 Post Adoption Refer								
710714 Referral Services	9,040	20,782	9,040	31	5,876-	1,808	7,684-	31-
710721 Outpatient	67,253		46,471		90,480	28,277	62,203	31
710852 Investigation								
710872 Food Purchases	7,710	2,116	5,594	27	22,910	1,635	21,275	7
711008 Combined Utilities	107,715	35,905	71,810	33	105,282	35,094	70,188	33
711010 Utilities								
711011 Waste Removal		520	520-		5,000		5,000	
711100 ESD Asset Management	46,200	15,680	30,520	34	44,980	15,520	29,460	35
711113 Equip Srv Replace	58,410	18,033	40,377	31	58,429	16,502	41,927	28
711114 Equip Srv O & M	53,015	17,012	36,003	32	52,608	17,902	34,706	34
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,211	8,448	18,763	31	29,193	10,254	18,939	35
711119 Prop & Liab Billings	95,845	31,948	63,897	33	95,845	31,948	63,897	33
711210 Travel	212,632	743	211,888	0	198,584	49,616	148,968	25
711212 Meals and Lodging						104	104-	
711213 Travel-Non Cnty Pers	16,000	608	15,392	4	15,827	3,522	12,305	22
711300 Cash Over Short		179	179-					
711399 ProCard in Process								
711400 Overhead - General Fund	1,540,871	513,624	1,027,247	33	1,400,792	466,931	933,861	33
711410 Overhead - Admin								
711502 Build Imp nonCapital	119,513	126,458	6,946-	106	115,441	598	598-	
711504 Equipment nonCapital	119,543	36,890	82,653	31	56,517	47,091	68,349	41
711508 Computers nonCapital	143,281	9,996	133,285	7	14,672	10,955	52,961	6
711509 Comp Sftw nonCap	13,967,292	1,723,513	12,243,779	12	6,597,204	1,525,559	3,718	75
Services and Supplies							5,071,645	23

\*



Period: 1 thru 4 2021  
 Accounts: GO-P-I P&L Accounts  
 Business Area: \*

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

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
781001 Land Imprv Capital					16,000	11,454	16,000	7
781002 Build Imprv Capital					154,413		142,960	
781004 Equipment Capital								
781007 Vehicles Capital								
781009 Comp Sftw Capital								
* Capital Outlay	100,000		100,000		25,000	11,454	25,000	6
** Expenses	36,606,471	7,908,393	28,698,079	22	195,413	7,497,493	183,960	28
621001 Transfer From General	9,516,856	3,172,285	6,344,571	33	26,496,529	3,172,285	18,999,036	33
* Transfers In	9,516,856	3,172,285	6,344,571	33	9,516,856	3,172,285	6,344,571	33
812230 To Reg Permits-230	69,489	67,758	1,731	98	9,516,856	3,172,285	6,344,571	33
814430 To Reg Permits Capit					73,123	54,360	18,763	74
* Transfers Out	69,489	67,758	1,731	98	73,123	54,360	18,763	74
** Other Financing Src/Use	9,447,367	3,104,528	6,342,839	33	9,443,733	3,117,925	6,325,808	33
*** Total	2,289,203	23,813	2,265,390	1	1,060,494	415,749	644,745	39



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

# **REMSA**

## **FRANCHISE COMPLIANCE REPORT**

### **OCTOBER 2020**



**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October					
November					
December					
January					
February					
March					
April					
May					
June					
<b>Totals</b>	<b>12,566</b>	<b>\$17,267,376.60</b>	<b>\$1,374.15</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: October 2020**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-20	6 Minutes 08 Seconds	88%	84%
Aug-20	6 Minutes 38 Seconds	87%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%
Oct-20	6 Minutes 05 Seconds	89%	93%
Nov-20			
Dec-20			
Jan-21			
Feb-21			
Mar-21			
Apr-21			
May-21			
Jun-21			



**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 17 Seconds	88%	92%

**Year to Date: October 2020**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-20	P-1	5:28	6:05	8:50
	P-2	6:04	6:53	9:10
Aug-20	P-1	5:57	6:44	9:16
	P-2	6:32	7:35	9:32
Sep-20	P-1	5:32	6:31	8:36
	P-2	6:19	7:08	9:01
Oct-20	P-1	5:21	6:08	8:56
	P-2	6:00	7:59	9:03
Nov-20	P-1			
	P-2			
Dec-20	P-1			
	P-2			
Jan-21	P-1			
	P-2			
Feb-21	P-1			
	P-2			
Mar-21	P-1			
	P-2			
Apr-21	P-1			
	P-2			
May-21	P-1			
	P-2			
Jun-21	P-1			
	P-2			

**Fiscal Year to Date: October 2020**

Priority	Reno	Sparks	Washoe County
P1	5:35	6:23	8:53
P2	6:14	7:10	9:15



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 10/01/2020 THRU 10/31/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	10/2/20 6:50	10/2/20 6:57	1C37	0:10:19	0:06:44
Zone A	10/2/20 10:01	10/2/20 10:07	1C35	0:10:05	0:05:58
Zone A	10/3/20 22:52	10/3/20 22:52	1C23	23:59:43	0:00:26
Zone A	10/7/20 10:52	10/7/20 11:00	1C43	0:12:01	0:07:42
Zone A	10/7/20 20:48	10/7/20 20:54	1V51	0:05:29	0:05:29
Zone A	10/10/20 15:37	10/10/20 15:37	1C36	-0:00:05	0:00:07
Zone A	10/11/20 17:47	10/11/20 18:01	1C23	0:14:25	0:14:25
Zone A	10/11/20 19:55	10/11/20 19:58	1C39	0:15:16	0:03:33
Zone A	10/13/20 4:00	10/13/20 4:05	1C39	0:11:11	0:04:52
Zone A	10/13/20 6:32	10/13/20 6:33	1C05	0:18:52	0:01:27
Zone A	10/13/20 17:33	10/13/20 17:34	1C39	-0:01:23	0:00:37
Zone A	10/13/20 21:20	10/13/20 21:21	1C17	-0:00:05	0:01:06
Zone A	10/14/20 6:38	10/14/20 6:47	1N04	0:12:11	0:08:11
Zone A	10/14/20 17:37	10/14/20 17:41	1C06	0:03:12	0:03:12
Zone A	10/14/20 20:25	10/14/20 20:26	1C19	-0:00:27	0:00:57
Zone A	10/18/20 19:42	10/18/20 19:50	1C36	0:14:56	0:07:37
Zone A	10/18/20 19:41	10/18/20 19:51	1C32	0:09:55	0:09:55
Zone A	10/19/20 12:49	10/19/20 12:59	1C32	0:09:31	0:09:31
Zone A	10/19/20 21:34	10/19/20 21:35	1C37	-0:00:15	0:00:53
Zone A	10/22/20 18:00	10/22/20 18:13	1C06	0:12:10	0:12:10
Zone A	10/22/20 23:20	10/22/20 23:36	1C05	0:16:53	0:16:53
Zone A	10/25/20 21:18	10/25/20 21:22	1C01	0:09:00	0:03:48
Zone A	10/27/20 3:39	10/27/20 3:48	1C06	0:16:20	0:08:17
Zone A	10/28/20 5:36	10/28/20 5:39	1C21	0:27:53	0:02:59

<b>UPGRADE REQUESTED</b>				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				



<b>EXEMPTIONS REQUESTED</b>				
<b>Incident Date</b>	<b>Approval</b>	<b>Exemption Reason</b>	<b>Zone</b>	<b>Response Time</b>
10/05/2020	Exemption Approved	Status 99	Zone A	00:09:42
10/09/2020	Denied	Construction	Zone A	00:11:24
10/17/2020	Exemption Approved	Overload	Zone A	00:09:10
10/17/2020	Exemption Approved	Overload	Zone A	00:10:11
10/17/2020	Exemption Approved	Overload	Zone A	00:15:36
10/17/2020	Exemption Approved	Overload	Zone A	00:09:06
10/17/2020	Exemption Approved	Overload	Zone A	00:11:27
10/17/2020	Exemption Approved	Overload	Zone A	00:09:27
10/17/2020	Exemption Approved	Overload	Zone A	00:12:06
10/17/2020	Exemption Approved	Overload	Zone A	00:09:22
10/17/2020	Exemption Approved	Overload	Zone A	00:11:35
10/19/2020	Exemption Approved	Status 99	Zone A	00:15:42
10/19/2020	Exemption Approved	Status 99	Zone A	00:09:59
10/19/2020	Exemption Approved	Status 99	Zone A	00:09:38
10/30/2020	Denied	Status 99	Zone A	00:09:16
10/30/2020	Denied	Status 99	Zone A	00:09:51
10/30/2020	Denied	Status 99	Zone A	00:11:24
10/31/2020	Denied	Overload	Zone A	00:10:41
10/31/2020	Denied	Status 99	Zone A	00:13:06
10/31/2020	Denied	Status 99	Zone A	00:16:28



## **GROUND AMBULANCE OPERATIONS REPORT OCTOBER 2020**

### **1. Overall Statics**

- a) Total number of system responses: 6,922
- b) Total number of responses in which no transports resulted: 2,948
- c) Total number of system transports (including transports to out of county):  
3,974

### **2. Call Classification**

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 60%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 8.8%
- e) Transfers: 10%
- f) Trauma – MVA: 7.5%
- g) Trauma – Non MVA: 6.3%
- h) Unknown: 5.5%

### **3. Medical Director's Report**

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts or STEMI rhythms
  - 100% of deliveries and neonatal resuscitation
  - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 2,044

Total number of above calls receiving QA Reviews: 172

Percentage of charts reviewed from the above transports: 8.4%



## OCTOBER 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	7	42
BLS (CPR)	51	190
Heartsaver (CPR)	26	101
ITLS/PHTLS	2	2
PALS	6	17

## COMMUNITY OUTREACH OCTOBER 2020

Point of Impact		
10/17/20	POI Checkpoint at Raley's on Rob Drive in Reno.7 cars and 8 seats inspected	5 volunteers; 2 staff;
10/26/20	Participated in a state Child Passenger Safety Technician meeting	
Cribs for Kids/Community		
10/01/20	Participated in Immunize Nevada Community Meeting via Zoom	
10/08/20	Participated in Truckee Meadows Vision Zero Task Force	
10/12/20	Presented to Health Plan of Nevada Community meeting about our outreach programs	
10/20/20	Conducted Train-the-Trainer C4K class for the Foundation For Recovery organization in Reno	5 participants





REMSA

Reno, NV  
Client 7299



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

# EMS System Report

October 1, 2020 to October 31, 2020

Your Score

**98.44**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,539**

Number of Transport Services in All EMS DB

**168**





REMSA  
October 1, 2020 to October 31, 2020



### Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **10/01/2020** and **10/31/2020**.

The overall mean score for the standard questions was **98.44**; this is a difference of **5.14** points from the overall EMS database score of **93.30**.

The current score of **98.44** is a change of **2.02** points from last period's score of **96.42**. This was the **4th** highest overall score for all companies in the database.

You are ranked **1st** for comparably sized companies in the system.

**94.77%** of responses to standard questions had a rating of Very Good, the highest rating. **99.95%** of all responses were positive.

#### 5 Highest Scores



#### 5 Lowest Scores

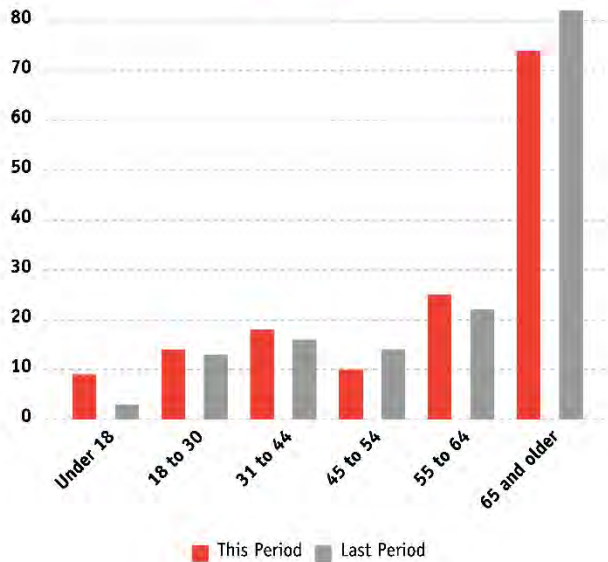




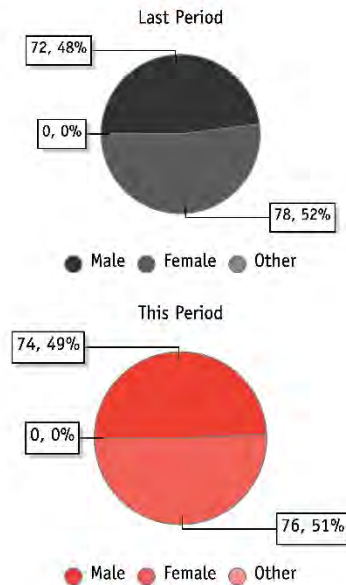
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	2	1	0	9	5	4	0
18 to 30	13	5	8	0	14	7	7	0
31 to 44	16	6	10	0	18	9	9	0
45 to 54	14	11	3	0	10	5	5	0
55 to 64	22	12	10	0	25	10	15	0
65 and older	82	36	46	0	74	38	36	0
<b>Total</b>	<b>150</b>	<b>72</b>	<b>78</b>	<b>0</b>	<b>150</b>	<b>74</b>	<b>76</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**October 1, 2020 to October 31, 2020**

**Monthly Breakdown**

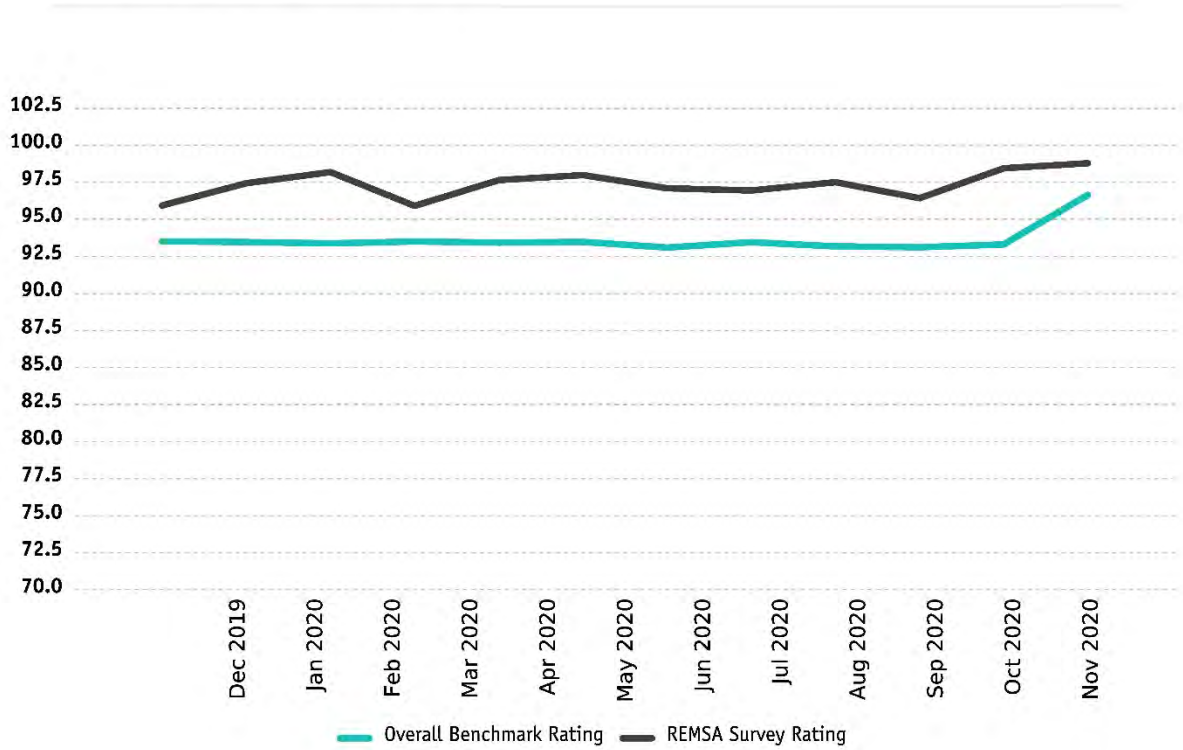
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
Helpfulness of the person you called for ambulance service	97.41	97.55	99.54	98.68	95.02	97.22	98.86	99.15	98.37	98.30	96.83	97.01
Extent to which you were told what to do until the ambulance arrived	97.41	97.00	99.54	98.68	95.85	97.22	98.86	99.15	98.91	98.30	96.79	96.88
Extent to which the ambulance arrived in a timely manner	93.20	95.48	96.63	96.33	96.80	96.35	96.66	96.43	95.26	95.80	94.26	97.68
Cleanliness of the ambulance	95.53	96.73	98.84	99.26	99.34	98.67	99.17	97.78	98.59	98.41	96.98	99.17
Skill of the person driving the ambulance	94.28	95.31	97.93	98.72	96.82	95.93	97.76	96.31	97.56	97.22	96.23	97.63
Care shown by the medics who arrived with the ambulance	95.28	96.51	97.33	98.68	96.67	98.67	98.17	97.17	97.32	98.32	96.80	99.00
Degree to which the medics took your problem seriously	96.15	96.67	97.00	98.36	96.98	99.00	98.33	97.99	97.32	98.32	96.73	99.50
Degree to which the medics listened to you and/or your family	95.45	96.32	96.72	97.68	94.43	98.28	97.73	96.98	96.50	97.60	96.36	99.31
Extent to which the medics kept you informed about your treatment	95.38	95.21	97.32	98.17	95.60	97.34	97.55	96.61	96.94	97.71	96.00	97.59
Extent to which medics included you in the treatment decisions (if	95.23	95.72	98.38	97.65	95.09	96.29	98.06	96.84	97.29	96.85	96.10	98.71
Degree to which the medics relieved your pain or discomfort	93.01	93.25	94.32	95.58	89.94	95.51	95.81	95.20	92.65	93.23	94.55	95.60
Medics' concern for your privacy	95.08	95.84	97.76	98.21	95.80	98.16	98.61	97.10	97.37	97.69	97.00	98.84
Extent to which medics cared for you as a person	95.14	96.73	97.50	98.84	96.43	98.31	98.67	97.15	97.28	98.65	97.49	98.94
Professionalism of the staff in our ambulance service billing office	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00
Willingness of the staff in our billing office to address your needs	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00
How well did our staff work together to care for you	94.97	96.73	98.12	99.32	97.07	98.67	98.78	97.24	97.77	98.48	97.31	99.12
Extent to which the services received were worth the fees charged	85.05	90.67	100.00	98.08	87.50	90.38	75.00	82.14	50.00	85.07	94.11	98.33
Overall rating of the care provided by our Emergency Medical Transportation	95.32	96.61	96.00	98.50	95.38	97.99	98.31	97.45	97.11	98.31	97.12	98.99
Likelihood of recommending this ambulance service to others	94.66	95.80	97.99	98.36	96.07	98.06	98.39	97.92	98.01	98.55	97.23	98.80
Your Master Score	94.83	95.93	97.43	98.18	95.90	97.64	97.98	97.09	96.94	97.50	96.42	98.44
Your Total Responses	150	150	150	152	151	150	150	150	150	150	150	150



REMSA  
 October 1, 2020 to October 31, 2020

Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE OCTOBER 2020 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1.	08/01/2020		"Patient stated he really felt like he was well cared for through the medic's teamwork together. He was treated but, not transported."		
2.	08/02/2020		"Patient stated the medics were kind, calming and non-judgmental."		
3.	08/02/2020		"Patient stated the medics were able to calm him down and get him through the difficult situation he was in. He is very appreciative of their effort and care."		
4.	08/02/2020		"The patient said she called the billing office and they were pleasant and helpful. She also said this was her first ambulance experience and the medics impressed her with their professionalism."	"Not be so expensive."	
5.	08/02/2020		"Patient stated the medics did everything as they were expected to do in addition to being professional and kind."	"The 911 operator could have listened better."	
6.	08/02/2020		"Everything was good!"		
7.	08/02/2020		"Patient stated that he fell in his yard and the medics did a		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			good job getting him up."		
8.	08/02/2020		"Patient stated that the medics got her calmed down so that they could take her to the hospital."		
9.	08/02/2020		"The medics brought something to help him sit up. They were very coordinated."		
10.	08/02/2020		"Patient stated that they did their job well."		
11.	08/02/2020		"Patient stated that the medics did everything well and made her feel that they cared."		
12.	08/02/2020		"Patient stated they were all very nice to her."		
13.	08/02/2020		"Patients guardian stated they put patient at ease, and asked questions. 911 employee was great too."		
14.	08/04/2020		"They are fast!"		
15.	08/04/2020		"Patient stated that the medics did everything well, and were very good at their jobs."		
16.	08/04/2020		"Patient stated that they assessed the problem, and helped tremendously. They got everything taken care of."		
17.	08/04/2020		"Patient stated they did their entire job well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
18.	08/04/2020		"Patient stated he was very hazy on details due to his situation, but his wife told him wonderful things about his care from the medics."		
19.	08/04/2020		"Patient stated everything was done well, but specifically noted caring attitude, kindness and professionalism."		
20.	08/04/2020		"Patient stated every question that was asked was what the medics did well."		
21.	08/04/2020		"Parent stated they got there right away, were very helpful and very considerate. They did an excellent job. REMSA deserves a 10 rating."		
22.	08/06/2020		"Patient stated that they took care of her well and picked her up so she did not have to wait in the emergency room. The made sure the patient received immediate attention."		
23.	08/01/2020		"Patient stated that they feel the medics were very concerned about the patient."		
24.	08/01/2020		"Patient stated they did well with preparation for getting him into the hospital."		
25.	08/01/2020		"Patient stated that		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			the medics knew what they were doing."		
26.	08/01/2020		"Patient stated that they did well for him."		
27.	08/01/2020		"Patient stated that they attacked her problem quickly and showed concern. The medics got patient to the hospital quickly."		
28.	08/01/2020	"5"	"Patient stated that the medics were good."	"Patient stated that the medics did not inform his mother where he was being taken."	S. Selmi
29.	08/01/2020		"Patient stated they took their job very seriously."		
30.	08/01/2020		"Patient stated everything was done well."		
31.	08/01/2020		"Quickness of the arrival time to his house."		
32.	08/01/2020		"Paramedic saved her life."	"Nothing, they treated her great."	
33.	08/01/2020		"The medics were great."	"Nothing."	
34.	08/03/2020		"Patient stated they were scared because of risk factors for COVID 19. Medics calmed her fears about going to the hospital."		
35.	08/03/2020		"Patient stated that they took care to get her into the ambulance."		
36.	08/03/2020		"Patient stated that the medics were very caring and		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			personable."		
37.	08/03/2020		"Patient stated they were there quickly, cared for him and got him to the hospital alive."		
38.	08/11/2020		"Patient stated they did everything well."		
39.	08/03/2020		"Patient stated that the medics were very good at informing him at whenever there would be a bump in the road, etc. Patient thought that was very thoughtful and important for a person in pain."		
40.	08/03/2020		"Patient stated that the medics were very nice to him, and saved his life."		
41.	08/03/2020		"Patient stated the medics were good to her."		
42.	08/05/2020		"Patient stated said the medics were polite and caring."		
43.	08/05/2020		"The medics were very attentive, willing to listen and very calm. Gave good directions for family to follow to the hospital."		
44.	08/05/2020		"Patient stated that the medics were telling him what was wrong and what they could do to help. They kept him calm too."		
45.	08/05/2020		"Patient stated that they are always there		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			before he expects them. They are very considerate."		
46.	08/06/2020		"Patient noted the medics would ask questions and she could tell they actually were listening to her because they answered back with relevance. She said it helped her to know they were attentively with her."		
47.	08/06/2020		"Everything was good."		
48.	08/05/2020		"Patient is an ER nurse, she said from her perspective they did a wonderful job. They also hustled her into a room upon arrival."		
49.	08/06/2020		"Patient stated the medics showed the utmost concern for her privacy and keeping her appropriately covered."		
50.	08/06/2020		"Patient's medical POA stated from the time the medics entered the residence until they loaded the patient, the care was professional."		
51.	08/06/2020		"Patient stated the medics began an IV right away and worked together to get his sugar to a	"Better suspension on the ambulance and go slower over train tracks."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			good level. He appreciates the quick assessment time."		
52.	08/06/2020		"Patient stated the medics were calm, cool and collected through the entire experience."		
53.	08/06/2020		"Patient stated the medics probably saved her life and she wants to extend a 'Thank You' to them."		
54.	08/06/2020		"The driver got her safely to the hospital."		
55.	08/07/2020		"Patient's mother said the paramedics were very interactive with her young daughter. She noted they also gave her (mother) a blanket when they noticed she was cold. She is thankful for their kindness."		
56.	08/07/2020		"No comment"	"No comment"	
57.	08/06/2020		"Patient noted this was her first ambulance ride in years and it was a most positive experience. She said the medics were very kind, thoughtful and considerate of an elderly lady. She said this could be nothing short of a glowing report from her."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
58.	08/06/2020		"Patient stated everything was done well."		
59.	08/06/2020		"Patient stated that medics arrived quickly, alleviated pain and seemed to care."		
60.	08/06/2020		"Patient stated the medic showed excellent compassion while they transported him to the hospital."		
61.	08/06/2020		"Patient stated they did a good job for him and got him to the hospital on time."		
62.	08/07/2020		"Patient stated that they kept him calm."		
63.	08/07/2020		"Patient stated that they were good at skilled transport."		
64.	08/07/2020		"Patient stated that they kept her calm, were responsive to the fact it was an accident, and they were really super."		
65.	08/07/2020		"Patient stated that the medics were very caring and helpful."		
66.	08/07/2020		"Patient stated that everything was done well."		
67.	08/07/2020		"Patient stated that the medics quickly assessed the problems and took them seriously. They were knowledgeable, efficient, cheerful,		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			and positive. The medics put the patient at ease."		
68.	08/07/2020		"Patient stated that everything went very well."		
69.	08/06/2020		"Patient stated the medics kept their mind busy by asking them questions in order to keep them calm"		
70.	08/06/2020		"Patient stated that they did very well."		
71.	08/06/2020		"Patient stated that REMSA got him to the hospital."		
72.	08/09/2020		"No Comment"	"No Comment"	
73.	08/09/2020		"Patient stated the medics had responsibility regarding their work, and he appreciated that."		
74.	08/09/2020		"Patient stated everything was done well."		
75.	08/09/2020		"The ambulance arrived quickly."	"Patient stated the medics need to be more respectful of her home."	S. Selmi
76.	08/09/2020		"Patient stated she was safely taken to the hospital."	"Patient stated the police, hospital and ambulance service need to communicate better. She stated she was supposed to be on a legal hold for mental health and that information was not passed along."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
77.	08/09/2020		"Patient stated the medics were almost immediately able to alleviate the most severe symptom of her physical distress. She is very thankful and grateful for the care she received."		
78.	08/09/2020		"Medics were great"	"No complaints"	
79.	08/08/2020		"The medics were great; took great care of her."	"Nothing."	
80.	08/08/2020		"Medics were respectful."	"Nothing, everything was great"	
81.	08/11/2020		"Patient noted the medics were caring, kind and understanding of her situation."	"REMSA has yet to return her two calls regarding the flu shot program. She explicitly wanted me to note that."	
82.	08/11/2020		"Patient noted the ambulance was very orderly and smelled of disinfectant, and that made him feel like he was in a clean space. He also said the medics were detailed and professional."		
83.	08/10/2020		"Patient stated the medics asked several times about her comfort level and kept checking to make sure she stayed comfortable."		
84.	08/10/2020		"The medics arrived in short order and immediately set to caring for him. He said they worked	"The driver could have taken a more direct route to the hospital."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			efficiently and well together from what he could tell."		
85.	08/10/2020		"The ambulance took him to the hospital he requested."		
86.	08/10/2020		"Patient stated the medics were a great group of kids and they did a wonderful job."		
87.	08/11/2020		"Patient noted she is from out of town and this is the best ambulance service she has ever come across. She is very, very pleased with the care she received."		
88.	08/10/2020		"Patient stated the medics worked well together and he enjoyed their company."		
89.	08/12/2020		"Patient stated that as far as he could tell everything was done well. He said has no complaints or suggestions for improvement."		
90.	08/12/2020		"Patient stated the medics told him everything they were doing, explained why they were doing it and also gave him the results. He was pleased they kept him so updated and answered his questions."	"Air-ride shocks"	
91.	08/12/2020		"Patient stated the overall process was		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			level and the team worked well together."		
92.	08/12/2020		"Patient stated the medics overall demeanor of calm and professionalism really helped to calm her down and gave a sense of order to the situation."	"Maybe not have the firetruck and ambulance both show up. Patient stated it felt a little like a circus and she didn't like the neighborhood attention it garnered."	
93.	08/12/2020		"Patient noted the medics were very good at putting him at ease because he was so nervous as he slipped in and out of consciousness. He also remembered that it was a smooth transition for him in and out of the ambulance and the same when he arrived at the hospital."		
94.	08/12/2020		"Patient stated that from her perspective the medics did everything well."		
95.	08/12/2020		"Patient stated that without the medics he wouldn't be here today. He wants to say 'Thank You' to the medics and to also please keep up the good work."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
96.	08/13/2020	"The medics were very caring."	"They came in, moved him from his wheelchair and got him onto the stretcher well. They transported him to the hospital quickly. They were very good."		
97.	08/13/2020	"The medics told him what they were going to do before they did it. They communicated well."	"They were very professional and courteous."		
98.	08/13/2020	"Medics had trouble starting IV, so they waited until they got to the hospital as to not cause any more pain. Every time they have used REMSA, they have been excellent."	"The medics communicated well with the hospital, so that they were ready for her. She felt very well taken care of."		
99.	08/15/2020		"They get her down to ER quickly when she need them. They always do a good job."		
100.	08/15/2020	"They got him to the hospital quickly."	"The medics were very efficient and good. They were also caring."		
101.	08/15/2020	"He wished the ambulance would have been quicker. The driver was excellent. They asked questions and listened well. They asked him if he wanted to go to the hospital."	"They showed compassion and did a good job."	"Show up a little quicker."	
102.	08/13/2020	"She was not transported. The medics did not have to transport, just pick her up from a fall. She said they did a good job, but could have been a little	"They got her up off the floor and took care of what she needed."	"This is hard to say, but she feels the fire department medics have given her a better experience. She thinks the	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		friendlier."		ambulance team could be friendlier and more cohesive."	
103.	08/15/2020	"One guy was not in a very good mood, but the others were just fine. She was overwhelmed by the great care."	"The way they took care of her was absolutely wonderful. She had to call for her neighbor in the past, and the medics were great, kind to her then, as she was worried about her neighbor."	"They did everything well that was humanly possible."	
104.	08/21/2020	"They assured her that someone was on the way, and she was going to be okay. The ambulance came quickly, and always has. They were so good to her husband in the past as well. The medics were absolutely wonderful. They are very professional, and very caring."	"She felt the medics treated her very carefully. She said there was nothing that they didn't do right."		
105.	08/14/2020	"Power of attorney did not ride in the ambulance. Spouse was power of attorney and said that they did the best they could. Due to her condition, they could not relieve pain."	"They were good at ascertaining her status and getting her ready to transport her to the hospital."		
106.	08/14/2020		"Medics were great in calming her down; were very nice."	"Nothing"	
107.	08/14/2020		"Medics were superb."	"Nothing"	
108.	08/15/2020		"Medics were awesome."	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
109.	08/15/2020		"Patient wants to thank the medics for their dedication and hard work."		
110.	08/14/2020		"The medics acted quickly in getting him away from the scene of the accident to be assessed and then quickly on to the hospital. Quickness and professionalism."		
111.	08/14/2020		"Patient stated the medics were very conscientious of her situation and her discomfort level. They did everything possible to ease her and care for her. The care was superb."		
112.	08/14/2020		"The medics were very respectful of her and her situation during the transport. They were caring, considerate and didn't treat her with any bias."		
113.	08/14/2020		"The medics listened well to details."		
114.	08/15/2020		"They always come super quick, medics are always super nice and respectful. Patient says she never doubts their abilities."		
115.	08/17/2020		"Medics were very respectful and helpful."	"Nothing."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
116.	08/17/2020	"The medics kept her very comfortable and reassured her."	"The medics didn't rush her to move. They kept asking her what they could do to help her to feel better on the way to the hospital."		
117.	08/17/2020	"The ambulance looked pretty clean inside. She felt she did not have to wait very long for the ambulance to arrive. The medics were very nice."	"The overall care of her was excellent."		
118.	08/16/2020	"The medics were fine, great, helpful, and patient."	"She did not remember a lot, but the medics were very professional and personable at the same time."		
119.	08/16/2020	"They did well."	"They made sure that he was coherent, comfortable, put an IV in well, and kept him comfortable."		
120.	08/17/2020		"Everything went perfect. Was the patient's first time in an ambulance and the medics treated him great."	"Nothing"	
121.	08/17/2020		"Medics were great"	"Nothing"	
122.	08/17/2020		"Medics were very helpful"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
123.	08/16/2020		"Everything went great."	"Only had a minor issue, but it wasn't regarding the ambulance."	
124.	08/17/2020	"Medics were very caring."	"They were excellent."		
125.	08/18/2020	"Very nice and helpful." "The medics were polite and listened. The person who put the IV in had a problem starting the IV. Her wrist was swelling and she had him stop. He listened to her."	"They were pretty good. They made sure that she did not fall, as she was dizzy. They made sure she was okay before they took off for the hospital. They were a good team and kept her comfortable."		
126.	08/18/2020	"He was not transported. The medics were amazing. Would give them a 10 if he could."	"They were connected to what was going on and connected well with him as a patient."		
127.	08/18/2020	"Everything was excellent. The medics had great skills and abilities."	"The service that was provided was excellent."		
128.	08/18/2020	"The ambulance was there right away." "The medics were sweet ladies."	"The medics did everything well. She felt very comfortable with their care."		
129.	08/18/2020	"They were very pleasant when they arrived."	"Everything was excellent. The service was prompt, efficient and very satisfactory."		
130.	08/18/2020	"They asked if he needed anything for pain, but he chose to wait until he reached the hospital."	"They picked him up and took him to the emergency room from urgent care. Everything went well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
131.	08/19/2020		"Patient stated the ambulance arrived quickly, he was assessed quickly and they loaded him and were quickly underway. He said "quick" was the best word for the crew."		
132.	08/19/2020		"The medics were thorough."	"The patient was an infant. The mother suggests the ambulance be better equipped to transport such a young child than the car seat they have onboard."	S. Selmi
133.	08/19/2020			"Patient's medical POA said it would be nice if when the ambulance arrives it is made clear who is the lead or senior medic. Otherwise, she ends up talking to multiple people and instead of directly talking to the person in charge. The actual medical care is superb."	S. Selmi
134.	08/19/2020		"Medics were awesome and caring"	"Nothing"	
135.	08/19/2020		"Was having a heart attack and the medics were able to relieve many symptoms"	"Nothing"	
136.	08/19/2020		"Medics were very careful and helpful"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
137.	08/20/2020		"Medics were very professional"	"Nothing"	
138.	08/20/2020		"Medics were super nice"	"Nothing, everything went great"	
139.	08/20/2020		"Medics were rapid in getting him the care he needed"	"Nothing"	
140.	08/20/2020		"Medics did a great job of calming her down and letting her know she'd be okay."	"Nothing"	
141.	08/20/2020		"Medics were vigilant and professional"	"Nothing"	
142.	08/21/2020		"Patient stated as far as he could tell everything was perfect."		
143.	08/22/2020		"The infant's mother stated the medics listened intently to the nurses and they were quick and efficient getting the baby set up for transport. The mother said the transport device looked like her daughter would be safe on the long drive."		
144.	08/24/2020	"They were very good and took very care of her. The medic inside of the ambulance talked and kept her calm. It was her first time in an ambulance."	"They did a very good job helping her up, as she could not get up. They could not have done anything better."		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
145.	08/31/2020	"Very knowledgeable young people!"	"They arrived quickly and took care of things. They were very knowledgeable."	"They could have done a better job at keeping him informed about what was going on with him."	S. Selmi
146.	08/24/2020	"He said he was in a lot of pain to remember, but appreciated everyone for getting the ambulance to his place quickly. There was nothing they could do to help with the pain, but they did everything right!"	"The medics made sure they got him to the hospital quickly. Everything worked out fine. He would definitely recommend REMSA to others."		
147.	08/25/2020	"The medics were perfect! They were so nice."	"They listened to him and his wife about what hospital to go to. They were thorough and fast. They were so nice."		

#### FOLLOW UP

28 - 11/4/20 0938, I spoke to the pt. He was very nice, but was not happy the crew knew they were going to a different hospital as SMRMC was on divert. Told me they should have just gone into the home to tell his mother where he was going. I apologized to him and agreed with him. I told him I would talk to the medic and file a report about this. Pt. seemed to be happy I called. 1003, I spoke to the paramedic from this call and we talked about his charting the divert and make sure the family knows where the pt. is going. Paramedic understood, no further. - Stacie

75 - 11/4/20 1058, I left pt. a message. The chart is documented pt. was picked up in the grass in front of her residence. 11/5/20, closed ticket at this time, will reopen if pt. calls back. - Stacie

102 - 11/4/20 1200, I spoke to the pt. who was very nice, but seemed a little confused. I asked her about her transport on 8/13/20 and how the REMSA crew was not very friendly. Pt. did tell me the Fire Dept. was nicer to her, but she was not transported and it was only a lift assist that the FD did, she was not sure why both REMSA and the FD were both there. I apologized to her about our crew and thanked her for talking with to me today. Chart was well documented. No further. - Stacie

132 - 11/4/20 1220, I spoke to the mother. Her main concern was the crew strapped her 1yr old daughter in the car seat then placed the car seat on the gurney with seatbelts secured to the car seat. She would have felt better if the car seat was placed on the bench or captains seat and secured. I thanked her for talking with me and I would follow up with the crew. No further. - Stacie

133 - 11/4/20 1526, I spoke to pts mother about her complaint. She was very nice and knowledgeable about her daughter's medical conditions. We talked for 28 min about her situation. All she wanted is to have one person to give the problem and history to instead of the FD employees and the REMSA employees. I suggested she just ask who she could give the report one time to. We had a very good talk, she loves REMSA. No further. - Stacie



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
145 - 11/5/20 0812, I spoke to both the pt. and his wife. Both of them told me they had no idea what that comment was about. I thanked them for their time. No further. - Stacie					



# OCTOBER 2020 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



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

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



## PUBLIC & COMMUNITY RELATIONS

### **SENATOR CORTEZ MASTO HIGHLIGHTS REMSA**

Senator Catherine Cortez Masto's office reached out to REMSA asking for us to express support for the Affordable Care Act which provided funding for local programs that encourage innovative solutions to providing out-of-hospital healthcare, like our Community Health Programs. REMSA is proud of our reputation for innovation in the high-performance, high-values EMS industry.



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NEWS / PRESS

October 26, 2020

## **CORTEZ MASTO: ACA BROUGHT LIFESAVING INNOVATION TO WASHOE COUNTY, REPEALING THE LAW COULD TAKE US BACKWARD**

**Washington, D.C.** – U.S. Senator Catherine Cortez Masto (D-Nev.) issued the following statement highlighting the innovative programs the Affordable Care Act has brought to the State of Nevada, including the REMSA Community Health Programs, which created new cost efficient options to help ensure those seeking emergency assistance through 9-1-1 receive the best. This program has been so successful that the Centers for Medicare and Medicaid Services (CMS) has created a national program based on the Washoe County model.

“The Affordable Care Act may be most well-known for providing thousands of Nevadans access to affordable health coverage and ensuring protections for those with preexisting conditions,” **said Senator Cortez Masto.**

“But, the law has also provided the funding for local programs – like the REMSA Community Health Programs – aimed at improving health care delivery and lowering costs. REMSA's wildly successful program to provide patients who call 9-1-1 with more care options has saved Washoe County more than \$10 million and prevented over 6,000 unnecessary or inappropriate Emergency Room visits. These kinds of innovative programs would not have been possible without the Affordable Care Act, and striking down the law will stifle countless more life-saving advances in a time when they are most needed.”



## PUBLIC & COMMUNITY RELATIONS

### **AGING & AWESOME FEATURES** **MONICA TEVES**

Local TV show, Aging & Awesome, visited REMSA recently to learn more about our new tiered response system. Monica shared all of the ways our community benefits from our new system and highlighted the Community Healthcare vehicle.



### **Compassion through the Crisis**

CSSNV's 4th Annual Awareness and Fundraising Event - October 22nd

[Register & Donate](#)



### **ADAM HEINZ PARTICIPATES IN COMPASSION** **THROUGH THE CRISIS VIRTUAL EVENT**

Crisis Support Services of Nevada featured Adam Heinz during their Compassion through the Crisis event. Adam shared the different ways that REMSA supports the mental health of their employees. He also talked about the great importance and need of this support in the EMS industry.





**REMSA INQUIRIES  
OCTOBER 2020**

No inquiries for October 2020

**Staff Report**  
**Board Meeting Date: November 19, 2020**

DATE: November 9, 2020  
TO: District Board of Health  
FROM: Rayona LaVoie and Julia Ratti, Health Educators  
775-328-2404, [rlavoie@washoecounty.us](mailto:rlavoie@washoecounty.us)  
775-328-2401, [juratti@washoecounty.us](mailto:juratti@washoecounty.us)  
THROUGH: Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
SUBJECT: Presentation and possible acceptance of the one-year extension of the Community Health Improvement Plan.

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**SUMMARY**

The current Community Health Improvement Plan (CHIP) covers a period of 2018-2020. Health District work plans for 2020 included facilitation of a new Community Health Needs Assessment and a new CHIP for the next three-year period. However, due to the impacts of the COVID-19 pandemic, neither the Health District nor our community partners had the capacity to participate in a full update. At the same time, there was consensus that we did not want to lose the momentum of the CHIP and therefore we worked with community partners to do a one-year extension to collaborate on refreshed and new goals and objectives for 2021.

**District Health Strategic Priorities supported by this item:**

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

- On February 27, 2020 the 2019 annual report for the 2018-2020 CHIP was presented to and accepted by the DBOH.
- On September 26, 2019 an update to the Behavioral Health section of the CHIP was presented to and accepted by the DBOH.



Subject: Community Health Improvement Plan

Date: November 19, 2020

Page 2 of 2

- The 2018-2020 CHIP was presented to the board and accepted on June 28, 2018.
- The 2016, 2017 and 2018 CHIP annual reports have been presented to the board and accepted.
- The previous CHIP (2016-2018) was presented to the board and accepted on January 28, 2016

### **BACKGROUND**

The 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report.

### **FISCAL IMPACT**

Should the Board accept the revised 2018-2020 Community Health Improvement Plan, there will be no fiscal impact to the adopted FY20 budget.

### **RECOMMENDATION**

Staff recommends the District Board of Health accept the one-year extension for 2021 to the 2018-2020 Community Health Improvement Plan

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the one-year extension for 2021 to the 2018-2020 Community Health Improvement Plan."

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2021

Community Health Improvement Plan



**Public Health**  
Prevent. Promote. Protect.

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## Record of Changes To Plan:

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Date of Review	Reviewed By	Pages Where Changes Were Made	Summary of Changes
9.12.19	Catrina Peters	12, 13, 24-37	Revised Behavioral Health action plans added
11.19.20	Joelle Gutman Dodson, Rayona LaVoie, Julia Ratti	Throughout	One-year extension of plan to include updates for calendar year 2021

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## Community Health Improvement Plan Authors

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### *Lead Author*

2018-2020 Catrina Peters, then Director of Program and Projects, WCHD  
2021 Rayona LaVoie and Julia Ratti, Health Educators, WCHD

### *Supporting Author*

2018-2020 Rayona LaVoie

### *Editing and Support*

2018-2020

Falisa Hilliard – Office Support Specialist, WCHD

Laura Rogers – Administrative Secretary, WCHD

2021 – Joelle Gutman Dodson, Government Affairs Liaison

## Community Health Improvement Plan Committees

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The Community Health Improvement Plan (CHIP) Committees and Stakeholders met in groups and individually in October 2020 to help guide the development of the focus area action plans. These committees will oversee the progress of each action plan. The CHIP focus area Committee leaders include:

### *Housing*

Julia Ratti- Washoe County Health District

### *Behavioral Health*

Washoe Regional Behavioral Health Policy Board

### *Nutrition and Physical Activity*

Rayona LaVoie- Washoe County Health District

## Community Members

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The Washoe County Health District would like to thank the community for their involvement and participation in the community health improvement process. Your time and efforts are greatly appreciated as we move forward to improve the health and well-being of Washoe County residents. We especially appreciate the work of the Truckee Meadows Healthy Communities Steering Committee for their work to deliberate and consider the weighty volume of information to ultimately determine the focus areas included in the CHIP.

## Community Partners

The Washoe County Health District would like to thank the following organizations for their participation in the CHIP committee meetings, stakeholder interviews, action plan development and for serving as subject matter experts to shape the development of the Community Health Improvement Plan and the priorities outlined within.

ActioNN  
Boys and Girls Club of Truckee Meadows  
CASAT University of Nevada, Reno  
Charles Schwab Bank  
Children's Cabinet  
City of Reno  
City of Sparks  
Communities in Schools, Western Nevada  
Community Foundation of Northern Nevada  
Community Health Alliance  
Community Services Agency  
Food Bank of Northern Nevada  
Health Plan of Nevada  
High Sierra AHEC  
Immunize Nevada  
JTNN  
NAMI Nevada  
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion  
Nevada Division of Public and Behavioral Health, Community Services  
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention  
Nevada Division of Public and Behavioral Health, Primary Care Office  
Nevada Housing Coalition  
Northern Nevada HOPES  
NVEnergy  
Praxis  
Quest Counseling & Consulting  
REMSA  
Reno Area Alliance for the Homeless  
Reno Housing Authority  
Reno + Sparks Chamber of Commerce  
Renown Health  
Ridge House  
Saint Mary's Health Network  
Silver Summit Health Plan  
Social Entrepreneurs, Inc.  
The Eddy House  
Truckee Meadows Healthy Communities  
Truckee Meadows Regional Planning Authority  
United Health Care  
University of Nevada, Reno School of Community Health Sciences  
University of Nevada, Reno School of Medicine  
VA Sierra Nevada Health Care System  
Volunteers of America Northern Nevada  
Washoe County  
Washoe County Health District  
Washoe County Human Services Agency  
Washoe County School District  
Wells Fargo

## Letter from the District Health Officer

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Dear Friends and Colleagues,

Like many organizations on the front lines of the COVID-19 pandemic, I am overwhelmed by the unquestionable strength and character of our community. The collaboration, support for one-another, and dedication has a direct correlation of the strength of Washoe County. So much has changed in a short period of time – the world around us, our neighborhoods, gathering spaces, the place we work and call home. Life in the midst of COVID-19 has sparked fear, frustration, and anxiety all around. It is easy for distractions, criticism, and stress to creep in.

We recognize not everyone is impacted equally by COVID-19 or the economic consequences of social distancing. People who are elderly or immunocompromised have a greater likelihood of feeling isolated. People who are living paycheck-to-paycheck may not be able to stockpile food, cleaning supplies, or paper products like toilet paper and may be more adversely impacted by shortages. Food pantries and other not-for-profits often see decreases in donations as people focus their resources on their own families. As a result, we will continue to focus our efforts to improve housing and homelessness, behavioral health, and physical activity and nutrition.

While we navigate uncharted waters with the virus, it is important to us to find new ways to work and deliver resources. It is our goal to carefully consider all aspects of the needs of our community by working closely with our partners to collectively respond to the challenges faced by residents of all ages and abilities. Through our concerted efforts and ingenuity, we are well positioned to improve the health of the community.

We look forward to continuing to provide important and lasting benefits alongside our partners. Thank you for another year of successful partnership that delivers broad benefits to our community.

Sincerely,

A handwritten signature in blue ink that reads "Kevin A. Dick". The signature is fluid and cursive, written in a professional style.

Kevin Dick  
Washoe County District Health Officer

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## Introduction

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Due to Public Health's current response to the COVID-19 pandemic, the 2021 Community Health Improvement Plan (CHIP) was developed as a one-year addition to the existing 2018-2020 CHIP. As concerns regarding widespread COVID-19 (Coronavirus) infection in Washoe County increase, remote group and individual meetings via videoconferencing were scheduled in October 2020 with community stakeholders and 18-20 CHIP committee members. These efforts were meant to engage the community to understand the underlying factors that are affecting the community's health, make healthy choices easier, improve access to care, and forecast support for initiatives in 2021.

The 2021 CHIP extension will continue to focus on the three identified areas including behavioral health, housing and homelessness, and physical activity and nutrition. The problems experienced by residents during the COVID-19 pandemic are not new. Rather, COVID-19 has exacerbated and intensified long-standing structural challenges. Inevitably this crisis is unifying partners to evaluate how to leverage public health programs to respond to the pandemic and are tailoring strategies to address the impacts COVID-19 will likely have on our community. Through the sharing of information during critical conversations with stakeholders, there was consensus to focus on collective efforts with existing momentum. The initiatives and supporting efforts are outlined in the objectives under each focus area.

### Background

In 2017, the Washoe County Health District and Renown Health sponsored the development of the 2018-2020 Washoe County Community Health Needs Assessment (CHNA). The CHNA is a comprehensive health overview that informs the development of two action plans; the Community Health Improvement Plan (CHIP) and Renown Health's Community Benefit Plan.

The 2018-2020 CHNA was released in coordination with Truckee Meadows Healthy Communities, TMHC is a cross-sectorial coalition representing the Truckee Meadows community including local governments, non-profits, education, healthcare, business and supporting partners. This collaborative assessment utilized validated and reliable secondary data sources, results from an online community survey, feedback from subject matter experts, and input from participants through a Community Workshop. A community health index and information on community strengths and challenges gathered from the online survey were also identified in the CHNA in sections two and three. Each source of information provided additional insight into the health needs of



Washoe County's residents and the social circumstances that impact health in the region.

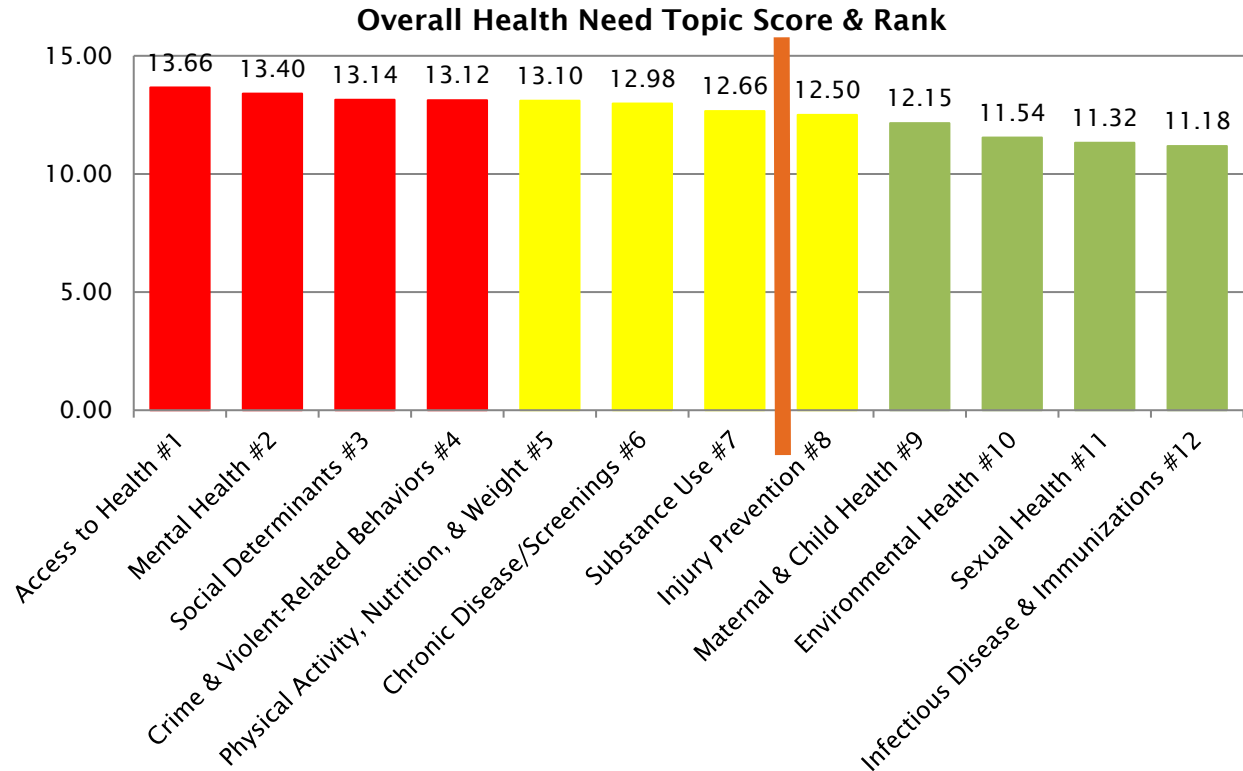
In addition to extensive amounts of data, the CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected five criteria; magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the CHNA and can be accessed from the Washoe County Health District website.

From this ranking of areas of health need, in combination with the results of the Community Workshop, a broad list of potential focus areas were presented to the Truckee Meadows Healthy Communities (TMHC) Steering Committee. The primary and secondary data and resulting prioritization and ranking provided a data-driven starting point for consideration of which health topics to focus on. The Community Workshop provided insights into the specific topics the community viewed as most critical to be addressed. Both elements, in addition to conversations on the existing capacity within community-based organizations to work on these issues, were utilized in determining which focus areas to include in the CHIP.

The TMHC Steering Committee was presented with this information contained within the CHNA and was asked to use this information and their knowledge of the community to recommend focus areas to include in the CHIP. The Steering Committee was requested to select no more than three focus areas from the broader list of areas presented in order to keep the efforts of the CHIP focused and achievable. Due to the CHIP cycle being 3 years in length, limiting the number of focus areas is key to success as is looking at existing, successful programs and how they can be expanded or further supported. Limiting the number of focus areas allows for a concentration of resources and thus increases the likelihood of impactful collaboration to improve the health of our community.

While all the health need topics are worthy of the community's attention, concentrated efforts on a smaller number of focus areas is more likely to result in impactful change. Extensive discussion was engaged in by the TMHC Steering Committee members on areas of highest need, the community's capacity to take on work in each focus area, and how efforts could be measured. Two meetings were needed to fully discuss these topics due to the complexity of the issues and the extensive amount of data to consider.

The top 12 health focus areas from the CHNA were shared with the Steering Committee as shown below:



While there was some variability between the top 12 items when looking at the primary and secondary data, several focus areas were consistently ranked higher. The initial broad list for consideration included:

1. Housing
2. Healthcare workforce
3. Diagnosable mental illness
4. Educational Attainment
5. Preventative care services
6. Depression
7. Prescription drug use

Among the top seven focus areas, some common themes developed. Housing remained a top priority, while the remaining topics outside of educational attainment were condensed under a general Behavioral Health focus area. After condensing the focus areas down to Housing and Behavioral Health, other areas were considered including chronic disease, nutrition, physical activity and general wellness.

After careful consideration and deliberation, the Steering Committee determined the following focus areas to be the highest areas of need as well as community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Housing was selected as it plays a critical role in laying a foundation for success for all health improvement efforts. Without adequate housing other efforts to provide adequate treatment and improve health are unlikely to succeed. Increasing the community's capacity to provide adequate and affordable housing was seen as a critical element in improving the health of the community.

Behavioral health was also seen as a top concern cited by the community and is one that greatly suffers from lack of adequate resources and available workforce. It also ties in closely to the Housing focus area as many chronically homeless individuals suffer from mental illness and substance use disorders, and adequate housing is seen as a critical foundation to providing successful treatment.

When looking at chronic disease and general wellness, nutrition and physical activity was selected as a focus area as it plays a critical role in preventing a wide array of chronic diseases. While diabetes, heart disease and stroke are diseases of concern, they are all diseases that can be decreased by improving nutrition and physical activity.

Once focus areas were determined, committees were formed to undertake the work of determining goals and objectives of each focus area. After goals and SMART objectives were drafted, corresponding strategies and tactics were created to further detail the steps that need to be taken to accomplish the objective. The results of the committee's work and efforts to engage a broad array of stakeholders in each focus area are reflected in the final action plans.

### What is a Community Health Improvement Plan?

The 2021 CHIP provides a framework for community partners to improve the health and well-being of residents in Washoe County by taking into account our community's unique circumstances and needs. Put simply, the CHIP is a plan of action to address local conditions that are contributing to or causing poor health in Washoe County. Strategies and tactics identified within the CHIP are addressed through partnerships with a diverse array of community-based organizations, with the Health District taking on a supportive role.

The Public Health Accreditation Board defines a CHIP as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources". Furthermore, specific guidance on the development of the CHIP states that the plan must include "the desired measurable outcomes or indicators of the health improvement effort and priorities for action, from the perspective of community members. The plan must

include community health priorities, measurable objectives, improvement strategies and activities with time-framed targets that were determined in the community planning process”.

The CHIP action plans outline the next steps taken over the coming three years to address the community health needs identified and rely heavily on a collaborative approach to make a collective, broad impact on the health of our community.

#### Management of the Community Health Improvement Plan

The CHIP is managed by community workgroups, with the Health District acting in a supportive role. On an annual basis, the Health District will provide a community report as it relates to the status of all goals, objectives and strategies included within the CHIP. The community report will consider the feasibility and effectiveness of the strategies, as well as community resources and assets. After measuring the performance of the CHIP action plan implementation, revisions may be made to the strategies, time frames, targets, or the ownership of specific objectives. These annual reports will be made available on the Washoe County Health District website.

In summary, the CHIP provides an initial direction with revisions expected in the future as Washoe County organizations and community members work in greater partnership to improve upon the health and well-being of Washoe County residents.

## Summary of Goals and Objectives

Focus Area One: Housing			
Goals	Objectives		
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.	By June 15, 2018 complete Phase I of the Regional Strategy for Housing Affordability. (Complete)
		2.	By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability. (Complete)
		3.	By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability. (Complete)
		4.	By December 31, 2021 implement a portion of the Regional Strategy for Housing Affordability. (Modified to include new strategies)
		5.	By December 31, 2021 improve policies and processes designed to preserve existing and increase new subsidized affordable housing units. (New objective and strategies)
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	1.	By September 30, 2021 identify, support and implement alternative funding models for housing severely mentally ill (SMI). (Modified to include new strategy)
		2.	By December 31, 2021 identify best practices for incorporating community case management** for people receiving housing assistance and increase access to case management for those in emergency shelter. (Modified to include new strategy)
		3.	By December 31, 2021 complete the first phase of the Built for Zero regional strategy to end homelessness. (New objective)
		4.	By December 31, 2021 strengthen processes and promote implementation of evidence-based practices among homeless services providers. (New objective)

## Focus Area Two: Behavioral Health

Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	2.	By December 31, 2021 identify best practices for incorporating community case management** for people experiencing homelessness. (Extended)
		3.	By May 31, 2021 expand implementation of Peer Recovery Support Specialists in Washoe County (Modified to include new strategies.)
2	Assess and address current status and need for Behavioral Health services in Washoe County	1.	By May 31, 2021 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County. (Updated with additional strategies.)
		2.	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County. (Updated with additional strategy)
		3.	By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified. (Updated with additional strategy.)
		4.	By Sept. 30, 2021 expand training and education to providers on SBIRT. (Updated with additional strategy)
3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+).	1.	By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care. (Extended)
		2.	By December 31, 2020 implement BUILD Health Challenge Year 1 Strategies. (Complete)
		3.	By December 31, 2021 implement BUILD Health Challenge Year 1 and 2 Strategies. (New objective and strategy)
		4.	By Sept 29, 2021 have 1 more hospital system within Washoe County complete the Zero Suicide Academy. (New objective and strategy)

		5.	By Dec. 31, 2021 expand the Living Ideation adolescent suicide prevention model to a broader community audience. (New objective and strategy)
		6.	By Dec. 31, 2021 increase access to supports and services for adolescents experiencing behavioral health challenges. (New objective and strategies)
4	Divert individuals experiencing behavioral health challenges from emergency departments and detention facilities by strengthening the behavioral health system of care for adults.	1.	By Dec. 31, 2021 fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses. (New objective and strategies)
		2.	By Sept. 30, 2021 finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices. (New objective and strategies)
		3.	By Dec. 31, 2021 implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes. (New objective and strategy)
5	Strengthen behavioral health component of emergency preparedness and response. (New goal)	1.	By June 30, 2021 finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. (New objective and strategies)
		2.	By June 30, 2021 develop and publish the Community Overdose Response Plan. (New objective and strategies)
		3.	By June 30, 2021, fully implement COVID-19 resiliency response. (New objective and strategy)

**Focus Area Three: Nutrition and Physical Activity**

Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.	By July 2019, increase the number of community organizations implementing aspects of the 5210. (Extended and modified to include new strategies)
		2.	By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe. (New objective and new strategies)
2	Improve access an environment that support physical activity and nutrition for all ages and abilities in low income communities.	1.	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (Complete and moved from goal 1 to goal 2)
		2.	By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (Complete)
		3.	By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (New objective and new strategies)
		4.	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3. (Complete)
		5.	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings. (Partially Complete)



		6.	By December 2021, improve the nutrition environment in low income neighborhoods by increasing the nutritional offerings in convenience stores. (New objective and new strategies)
		7.	By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. (New objective and new strategies)
3	Improve the health and nutritional status of children and adults while promoting the development of good eating habits.	1	By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021. (New objective and new strategies)

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## Focus Area 1—Housing

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After a period of economic recession, Washoe County has experienced growth for the past seven years and has experienced significant economic development within the last two years. There has been an influx of people relocating to Washoe County primarily driven by large corporations such as Tesla/Panasonic, Apple, Switch and Google establishing factories and data centers in and outside of Reno. While this influx of business relocation/expansion and economic growth has resulted in an increase in jobs available across multiple sectors, it has substantially increased demand for housing. As a result of increased demand, there has been a corresponding increase in housing costs and an increase in the homeless population.

Housing costs have been rising since the bottom of the recession in 2009, when average rental prices and home sale prices were at a 10-year low. Median home prices have increased from \$192,000 in May of 2013 to \$352,000 in May of 2018, an 83% increase<sup>1</sup>. When comparing the same timeframe, there has been a 34% increase in the average rental price from \$829 to \$1,111<sup>2</sup> and vacancy rates remain very low. Some of the lowest cost housing, the weekly motels, has had a reduction in available units as aging properties in the urban core are being redeveloped. And while housing costs have risen dramatically, wages have remained relatively stagnant. Currently, the average hourly wage in Reno remains 8% lower than the national average<sup>3</sup>. As a result, households are often forced to pay a larger percentage of their income on housing.

With these changes, the most vulnerable populations often experience the most adverse outcomes. For lower income households this may mean having to choose between paying rent and buying food or medicine or facing an eviction. Residents living on a fixed income have also been adversely affected as social security or other types of fixed income have not increased to meet the rising cost of housing. According to Enterprise Community Partners, 39% of Washoe County residents are low income and paying more than 50% of their income on housing costs. For those paying more than 50% of their income on housing, rising rents may result in homelessness.

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<sup>1</sup> Zillow. United States Home Prices & Values. Accessed <https://www.zillow.com/home-values/>

<sup>2</sup> Nevada Housing Division. (2017). "Taking Stock" Nevada's 2017 Affordable Housing Apartment Survey. Accessed <https://housing.nv.gov/uploadedFiles/housingnvgov/content/programs/LIHD/2017Taking%20Stock20180306.pdf>

<sup>3</sup>Bureau of Labor Statistics. Western Information Office. Accessed [https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages\\_reno.htm](https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages_reno.htm)

The strain of housing costs have already been reflected in increased numbers of homeless individuals. The number of homeless individuals living in a shelter or transitional housing has increased 43%, from 705 in January of 2012 to 1,008 in January of 2018. The largest percentage increase in the homeless population is in the number of homeless senior citizens identified, from 13 in 2014 to 35 in 2018. The number of children identified by the Washoe County School District is also remains high, with 3,359 children being identified as homeless in the 2016-2017 school year.

Loss of adequate, secure housing has been shown to have an array of unfavorable health outcomes, the largest of which is the negative impacts on one's health<sup>4</sup>. Rates of mental health crisis, substance abuse<sup>5</sup>, food insecurity rates<sup>6</sup> and emergency department utilization have all been shown to increase when homelessness is experienced. In an effort to reverse that trend, many believe that secure housing must be established first before any resources put towards improving health will be fruitful. For those who are struggling with behavioral health issues, adequate housing is critical to getting consistent and effective treatment. This is commonly referred to as the "housing first" model and serves as the basis from which housing was selected as the first priority for the 2018-2020 Community Health Improvement Plan.

After discussions with many community stakeholders on which strategies to focus on to improve the housing challenges of the Truckee Meadows, the following key themes were identified:

- Develop and implement a Regional Housing Strategy
- Explore models to provide funding for the severely mentally ill
- Support community case management to increase the success rate of those placed in housing assistance programs

These key themes were further developed into strategies and tactics to accomplish the objectives that were outlined. Both long- and short-term efforts were considered and the items reflected in the table below are the results of careful consideration of the most pressing needs and resources available to address such needs.

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<sup>4</sup> Sarah C. Oppenheimer, Paula S. Nurius, and Sara Green (2016) Homelessness History Impacts on Health Outcomes and Economic and Risk Behavior Intermediaries: New Insights From Population Data. *Families in Society: The Journal of Contemporary Social Services*: 2016, Vol. 97, No. 3, pp. 230-242.

<sup>5</sup>American Psychiatric Association Publishing. Accessed <https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.162.2.370>

<sup>6</sup>Wiley Online Library. Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. Accessed <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1525-1497.2005.00278.x>

## Community Health Improvement Plan

### Housing Action Plan

#### Focus Area: Housing

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

Objective (SMART Format):

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

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

<b>Objective 4</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
4. By December 31, 2021 implement portions of the Regional Strategy for Housing Affordability	4.1 Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation RSFAH	4.1.1 Identify or establish organization to lead implementation	Organization identified/established	Dec. 31, 2021 <b>Extended</b>	<u>Owner:</u> TMHC, TMRPA
	4.2 Establish a regional early preservation warning system. RSFAH 4.2	4.2.1 Advocate for state policy to mandate notice to affected residents and local jurisdictions when subsidized affordable housing is at-risk	Passage of legislation during the 2021 state legislative session	May 31, 2021	<u>Owner:</u> Nevada Housing Coalition, ACTIONN <u>Supporter:</u> WCHD
		4.2.2 Create a regional action plan to preserve affordable housing units	Stakeholders convened and action plan created	Dec. 31, 2021	<u>Owner:</u> Reno Housing Authority, TMRPA
<b>Objective 5</b>	<b>Strategy 5</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
5. By December 31, 2021 improve policies and processes designed to preserve and to increase new subsidized affordable housing units	5.1 Advocate for the passage of legislation to extend the new state level affordable housing tax credit	5.1.1 Organize individuals, agencies and coalitions to support legislation targeted at improving affordable housing preservation	Passage of legislation during the 2021 state legislative session	May 31, 2021	Owner: Nevada Housing Coalition, ACTIONN
	5.2 Advocate for a funding source for the Washoe Affordable Housing Trust Fund	5.2.1 Organize individuals, agencies and coalitions to support creation of a funding source	Funding source identified and implemented	Dec. 31, 2021	

## Community Health Improvement Plan

### Housing Action Plan

#### Focus Area: Housing/Homeless

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

Objective (SMART Format):

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

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

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	
1. By September 1, 2021 identify support and implement alternative funding models for housing severely mentally ill (SMI)	1.1 Identify alternative funding models for housing SMI	1.1.1 Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	June 15, 2018 - <b>Complete</b>	<u>Owner:</u> Washoe County Human Services, RAAH, ACTIONN	
		1.1.2 Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)	July 15, 2018 - <b>Complete</b>		
		1.1.3 Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds  A memorandum of understanding to provide match funds needed	August 15, 2018 - <b>Complete</b>		
	1.2 Support alternative funding models identified	1.2.1 Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information	August 15, 2018-June 30, 2020 - <b>Complete</b>		
	1.3 Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill	1.3.1 Document steps needed to revise state plan to expand 1915(i) subpopulations	Document that outlines steps needed to revise state plan	June 1, 2018 - <b>Partially complete</b>		<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan	Action plan for implementation activities	July 31, 2018 - <b>Complete</b>		<u>Owner:</u> Nevada Interagency Council on Homelessness



	1.4 Have a minimum of three 1915(i) Tenancy Support Housing Programs Certified in Washoe County	1.4.1 Prepare through training and technical assistance potential providers to become certified	Number of Certified Programs	Sept 30, 2021	<u>Owner:</u> SAPTA CASAT
		1.4.2 Process certification applications and successfully certify Tenancy Support Services	Number of individuals receiving Tenancy Support Services		<u>Supporter:</u> N NV Continuum of Care
<b>Objective 2</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	2.1.1 Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided	2.1.1 Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	July 15, 2018 - <b>Complete</b>	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist
		2.1.2 Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings have convened, best practices shared	Aug. 15, 2018 - <b>Complete</b>	<u>Supporter:</u> WCHD MPH Intern, RHA

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

		2.5.2 Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training, agency communication and service delivery that include best practices for homeless youth	Meetings conducted to determine lead agencies that specifically serve homeless youth	Sept 1, 2018 - <b>Complete</b>	
		2.5.3 Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth	Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth	Dec 1, 2018 - <b>Complete</b>	

<b>Objective 3</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
3. By Dec. 31, 2021 increase number of individuals accessing shelter services who are connected to housing and supportive services	3.1 Increase case management ratios for individuals accessing shelter services to national standards and track the number of individuals successfully diverted from experiencing homelessness	3.1.1 Build support for adequate funding to meet national standard case management ratios	Single men and women 1:25  Families and Youth 1:15  Number of individuals connected to housing and supportive services	Dec. 31, 2021	<u>Owner:</u> Washoe County Human Services, City of Reno and City of Sparks Housing Specialists  <u>Supporter:</u> RISE, Volunteers of America, Eddy House
<b>Objective 4</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
4. By December 31, implement the first phase of the Built for Zero regional strategy to address homelessness	4.1 Collaborate among jurisdictions and nonprofit providers to strengthen the systems and services designed to assist and support individuals and families experiencing homelessness	4.1.1 Develop and regularly update a by name list of individuals experiencing homelessness. Coordinate with the Continuum of Care data efforts	Data system built and sharable among appropriate service providers	March 31, 2021	<u>Owner:</u> Washoe County - Manager's Office  <u>Supporters:</u> City of Reno, City of Sparks, NNCoC, Veteran's Administration
		4.1.2 Complete an inventory of services and major approaches currently being pursued regionally	Regional Efforts to Address Homelessness Matrix complete	June 30, 2021	
		4.1.3 Develop a coordinated and proactive structure for outreach services across the community. Collaborate with the Continuum of Care Outreach efforts	Structure built and majority of outreach providers actively participating	June 30, 2021	
		4.1.4 Analyze the capacity for housing program needs in Washoe County	Create an inventory of existing emergency, supportive, bridge and transitional housing	Dec. 31, 2021	

Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner
5. By December 31, 2021 strengthen processes and promote implementation of evidence-based practices among homeless services providers	5.1 Provide ongoing training on evidence-based practices	5.1.1 Regularly conduct trainings on VI-SPDAT, “best sheltering practices”, trauma informed care, LGBTQ+, harm reduction, housing first and other topics	Number of trainings conducted  Number of individuals trained	December 31, 2021	<u>Owner: NNCoC,</u>
	5.2 Clearly identify lead agencies and improve response to individuals experiencing homelessness during emergencies	5.2.1 Create a CoC Homeless Emergency Response Plan and work with partners to have the CoC identified as the lead in homeless response to regional emergency preparedness plans	Plan created and CoC incorporated into regional plans	June 30, 2021	

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## Focus Area 2—Behavioral Health

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Behavioral Health is a broad term that includes both mental health and substance abuse; two issues that continue to increase across the nation. Often, they occur in tandem, with higher rates of substance abuse being seen in those experiencing mental illness which can further exacerbate a condition. These are two health problems that can also vary in severity; mental illness can range from mild to substantially interfering with day-to-day activities,<sup>7</sup> and substance use disorders can also range from mild to severe with varying degrees of impact on health and the ability to perform daily functions.

Across the nation a growing number of Americans are struggling with a mental illness. The CDC reports about 25% of all U.S. adults currently have a mental illness and nearly twice that number will develop at least one mental illness in their lifetime.<sup>8</sup> While Nevada has the fifth highest suicide rate in the country, Washoe County currently leads the state in suicide prevalence with 23.6 suicide deaths per 100,000 people. This rate is substantially higher than the national average of 13.3 suicide deaths per 100,000 people. Substance use disorders also continue to be a challenge for our community and an increasing number of Washoe County residence report needing but not receiving treatment for both alcohol and illicit drug use. Adding to past and current challenges in Northern Nevada with high rates of alcohol and methamphetamine abuse, the nation's opioid crisis has also hit Nevada with increases in opioid use and subsequent increases in overdose deaths.

Historically, Nevada has struggled to identify adequate resources and community-based solutions to appropriately respond to our behavioral health needs due to a variety of factors. Lack of funding has often been cited as a top limitation to providing adequate services to our most vulnerable populations, with the per capita funding of mental health services averaging \$89.41, far short of the national average of \$131 per capita<sup>9</sup>. The available workforce has also presented limitations to providing services; nearly the entire state of Nevada has been in a mental health provider shortage area as defined by the US Department of Health and Human Services. Entities that have the resources to hire additional providers are limited by the ability to recruit appropriate providers given the shortage of available workforce in the area. Those who accept

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<sup>7</sup> National Institute of Mental Health. Health Information. Accessed <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

<sup>8</sup> Center for Disease Control and Prevention. CDC Mental Illness Surveillance. Accessed [https://www.cdc.gov/mentalhealthsurveillance/fact\\_sheet.html](https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html)

<sup>9</sup> NRI Analytics Improving Behavioral Health. Accessed <http://www.nri-inc.org/>

referrals for behavioral health from community based partners are often limited by lack of capacity to meet the overwhelming need or are faced with long wait times to provide care to those who need it.

Adding to limited ability to hire from the current workforce, challenges are also seen in the amount of time needed for a behavioral health board to approve licensure for a provider coming from out of state once they are hired. In order to address these challenges, an action plan was developed to increase information dissemination of behavioral health workforce statistics. This objective is intended to draw attention to the need and to identify potential opportunities to expedite licensure for behavioral health providers once they are hired.

In Northern Nevada, the housing crisis has further exacerbated the challenges of meeting the needs for substance use and mental health treatment. Patients who have completed in-patient treatment and are ready for a more independent living situation struggle to find available housing, further limiting available treatment for those needing it. As a result of the strong overlap between the challenges of limited affordable housing and accessing appropriate substance use and mental health treatment, the action plans for the Behavioral Health focus area includes strategies for supportive housing. These action plans mirror the items included in the housing action plan focused on decreasing homelessness.

The third strategy included in this section of the CHIP focuses on reducing depression and suicide in adolescents. While this is a complex problem to tackle and requires a collaborative approach that includes parents, schools and mental health providers, strategies are outlined to address some components of this substantial issue. Given the limited resources available to tackle this challenge, the strategies included in the action plan focus on supporting an existing education and screening program, Signs of Suicide. This program provides suicide education to all students and a screening for high risk behaviors when parents provide a signed consent form. Finally, the plan includes a strategy to expand efforts to allow mental health providers to see students in schools, thereby decreasing the logistical and transportation challenges to access that type of care.

In August and September of 2019, stakeholders were brought together to review the behavioral health items that have been completed and discuss potential additions to continue to make progress on meeting the behavioral health needs of our community. The action plans below reflect the revisions desired by the CHIP Behavioral Health Committee, which include notation of work that was completed (strike through text on objectives and grey shaded items in the action plans) and the additional objectives strategies and tactics added.

## Community Health Improvement Plan

### Behavioral Health Action Plan

#### Focus Area: Behavioral Health

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

Objective (SMART Format):

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

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



Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
1. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	1.1 Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided	1.1.1 Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	July 15, 2018 - <b>Complete</b>	<u>Owner:</u> Washoe County Human Services Agency (WCHSA), Housing Specialist
		1.1.2 Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings were convened, best practices shared	August 15, 2018 - <b>Complete</b>	<u>Supporter:</u> Washoe County Health District (WCHD) MPH Intern
Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
1. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	1.2 Document experiences and results from Washoe County's Community Case Managers	1.2.1 Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results	July 30, 2018 - <b>Complete</b>	<u>Owner:</u> WCHSA  <u>Supporter:</u> UNR MPH Intern
		1.3 Compile and share best practices examples from other communities	1.3.1 Conduct internet research.	Creation of a report presenting options used successfully in other communities	August 1, 2018 - <b>Complete</b>
	1.3.2 Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance		Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified	August 15, 2018 - <b>Complete</b>	<u>Owner:</u> UNR MPH Intern

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

Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
3. By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County	3.1 Collect and disseminate information on the number of certified PRSS in Washoe County	3.1.1 Develop a one-page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	Jan 1, 2020 - <b>Complete</b>	<u>Owner:</u> Foundation for Recovery
		3.1.2 Determine number of currently certified PRSS being utilized by Behavioral Health providers to include Substance Use treatment facilities, CCBHCs and FQHCs	Conduct an annual survey of the number of certified PRSS in Washoe County	April 1, 2020 <b>Complete</b>	<u>Supporter:</u> CASAT, District Courts
	3.2 Implement trainings for providers on PRSS	3.2.1 Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted	April 1, 2020 - <b>Complete</b>	<u>Owner:</u> Foundation for Recovery
	Strategy	Tactic	Performance Indicator	Target Date	Owner
	3.2 Advocate for legislation to improve and mandate certification for PRSS and PRSS supervisors	3.2.1 Organize individuals, agencies and coalitions to support legislation targeted at best practice in utilization of PRSS	Passage of legislation	May 31, 2021	<u>Owner:</u> Washoe Regional Behavioral Health Policy Board (WRBHPB)  <u>Supporter:</u> Foundation for Recovery
	3.3 Increase professional development for new and current PRSS	3.3.1 Pilot a PRSS Consultation Series to provide mentorship, continuing education, and technical assistance to certified PRSSs and individuals interested in pursuing the PRSS certification	Recruit three new PRSSs and retain two current certified peers	March 30, 2021	<u>Owner:</u> CASAT  <u>Supporters:</u> Northern Nevada Hopes and Ridge House

## Community Health Improvement Plan

### Behavioral Health Action Plan

#### Focus Area: Behavioral Health

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

Objective (SMART Format):

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

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner	
1. By May 31, 2021 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County	1.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	1.1.1 Collect existing information from NV DHHS Primary Care Office	Needed information is collected	August 1, 2018 - <b>Partially Complete</b>	<u>Owner:</u> WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association	
		1.1.2 Determine optimal format of information sharing, i.e., one-page handout,	Informational materials are developed	Sept 1, 2018 - <b>Partially Complete</b>		
		1.1.3 Distribute information amongst state and local elected officials, board, etc.	Information distributed to appropriate contacts	October 1, 2018 - <b>Partially Complete</b>		
		Strategy	Tactic	Performance Indicator	Target Date	Owner
	1.2 Advocate for legislation to collect, aggregate and make available data that will provide insight on the availability and demographics of health care providers	1.2.1 Organize individuals, agencies and coalitions to support legislation targeted at improving access to data about providers	Passage of legislation	May 31, 2021	<u>Owner:</u> WCHD, NV Primary Care Association	
	1.3 Advocate for legislation to collect, aggregate and make available data on health care claims that will provide insight on utilization and access to health care	1.3.1 Organize individuals, agencies and coalitions to support legislation targeted at improving access to claims data, utilization and access to care	Passage of legislation	May 31, 2021	<u>Owner:</u> WCHD	

Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
3. By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County	3.1 Publish Washoe county Behavioral Health Data profile	3.1.1 Collect needed information and revise the data profile from the previous year.	Needed data collected and evaluated, report complied and reviewed	Dec. 31 - Ongoing	Owner: WCHSA Supporter: WCHD
		3.1.2 Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		
	3.2 Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	3.2.1 Collect needed information and oversee UNR MPH intern in the development of the report	Needed data collected and evaluated	August 15, 2018 - Complete	Owner: Shelia Leslie, WRBHPB Supporter: WCHD MPH Intern
	3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	3.3.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Needed information is collected	August 1 - Discontinued	Owner: WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association

		3.3.2 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Informational materials are developed	Sept 1- <b>Discontinued</b>	
		3.3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Information distributed to appropriate contacts		
		3.3.4 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Analysis conducted and findings disseminated	October 1 <b>Discontinued</b>	
		3.3.5 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Information collected and distributed to appropriate contacts		

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
4. By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified	4.1 Collect and disseminate basic information on current status of Behavioral Health Board modernization	4.1.1 Gather information about Behavioral Health Boards and on degree of modernization, current wait times for license to be processed, etc.	Document reflecting information gathered	Feb 1, 2020 <b>Incomplete</b>	Owner: NV Primary Care Association, WCHD
	4.2 Advocate for legislation to modernize boards and expedite licensure	4.2.1 Identify potential opportunities to revise policies that would allow for expedited licensure	Passage of legislation	May 31, 2021	
Objective 5	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
5. By Feb 1, 2020 expand training and education to providers on SBIRT	5.1 Collect and disseminate basic information on current status of SBIRT usage	5.1.1 Mapping settings/populations where SBIRT is used in Washoe County	Document reflecting information gathered	Feb 1, 2020 <b>- Complete</b>	Owner: CASAT  Supporter: HOPES, WCHD, Renown, Children's Cabinet, WC Public Defender's Office, WC Department of Alternative Sentencing, Community Health Alliance
		5.1.2 Identify target agencies /organizations to provide SBIRT awareness and training	Document outlining target organizations to provide SBIRT training to		
		5.1.3 Promote SBIRT expansion through completion of live, online class and self-paced class	2 online trainings provided		
		5.1.4 Conduct in person SBIRT implementation training	1 face to face training provided		



Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner
5. By Feb 1, 2021 expand training and education to providers on SBIRT	5.2 Target community health professionals within women’s health settings to provide SBIRT awareness and training and access to a provider reference guide	5.2.1 Identify organizations providing services to pregnant and non-pregnant women of reproductive age to provide SBIRT awareness	Document outlining target organizations to provide SBIRT training to	Sept. 30, 2021	<u>Owner:</u> CASAT  <u>Supporter:</u> HOPES, WCHD, Renown, Children’s Cabinet, WC Public Defender’s Office, WC Department of Alternative Sentencing, Community Health Alliance
		5.2.2 Promote SBIRT expansion through live, online SBIRT implementation class, SBIRT ECHO and self-paced SBIRT class	3 online trainings provided		
		5.2.3 Conduct in person SBIRT implementation training	1 face to face training provided		
		5.2.4 Promote universal screening for substance use in pregnant women and women of child-bearing age through the promotion of the Reference Guide for Reproductive Health Complicated by Substance Use	Document organizations provided the link and education on the use of the Reference Guide		

## Community Health Improvement Plan

### Behavioral Health Action Plan

#### Focus Area: Behavioral Health

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

Objective (SMART Format):

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

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
1. By Dec. 31, 2021 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care	1.1 Implement Signs of Suicide education and screening program for all 7 <sup>th</sup> grade students in Washoe County	1.1.1 Approval of district administrative regulation for implementation of Signs of Suicide education and screening for all 7 <sup>th</sup> grade students	Approved administrative regulation	Sept 1, 2018 - <b>Complete</b>	<u>Owners:</u> Washoe County School District, Children's Cabinet
		1.1.2 Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming	April 1, 2020 - <b>Partially complete</b>	
		1.1.3 Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for screening consent	April 1, 2020 - <b>Complete</b>	
		1.1.4 Increase number of students who receive screening, education and support through permission granted at registration	% of students screened	Dec. 31, 2021	
	<b>Strategy 2</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
1.2 Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students	1.2.1 Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing  1.2.2 Work with stakeholders to identify ways to overcome barriers	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	April 1, 2020 - <b>Incomplete due to change in approach to school-based mental health</b>	<u>Owners:</u> Washoe County School District  <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children's Cabinet, Community Health Alliance	

<b>Objective 2</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By December 15 <sup>th</sup> , 2020 implement BUILD Health Challenge Year 1 Strategies	2.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	2.1.1 Identify funding source	Funding for year one of implementation identified	Dec 15 <sup>th</sup> , 2020 - <b>Complete</b>	Owners: Renown Institutes, Truckee Meadows Healthy Communities (TMHC), NNBHLC, Community Health Alliance
		2.1.2 Assemble working groups, determine governance structure and leadership	Working group identified		
		2.1.3 Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members		
<b>Objective 3</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
3. By Dec. 31, 2021 Implement BUILD Health Challenge Year 2 Strategies	3.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	3.1.1 Develop and implement promotion and program plans for 2021	Number of visits to “It Starts with Hello”  Number of seniors connected through alternative programs	Dec 15 <sup>th</sup> , 2021	Owners: Renown Institutes, TMHC, WCHD
<b>Objective 4</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
4. By Sept 29, 2021 have one or more health and behavioral health organizations within Washoe County implement Zero Suicide	4.1 Reach out to hospital administrators to introduce the Zero Suicide initiative, provide the Zero Suicide Learning Series and ongoing technical assistance	4.1.1 Identify hospital agencies / organizations to participate in Zero Suicide. Work with administrators to facilitate pre and post readiness surveys with all staff. Conduct in person or virtual Zero Suicide Learning Series	Number of hospital systems implementing Zero Suicide  Number of hospital systems that complete the Workforce Survey and Organizational Readiness Survey  Number of hospital employees trained	Sept 29, 2021	Owner: Office of Suicide Prevention  Support: CASAT

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
4. By Sept 29, 2021 have one or more health and behavioral health care organizations within Washoe County implement Zero Suicide	4.2 Assist health and behavioral health care organizations in developing a data-driven, quality improvement approach to suicide care	4.2.1 Provide technical assistance to hospitals in identifying core data sets	Data reports disseminated	Sept 29, 2021	<u>Owner:</u> Hospitals  <u>Support:</u> Office of Suicide Prevention, CASAT
	4.3 Develop Memorandums of Agreement with health and behavioral health care organizations implementing Zero Suicide and community providers to ensure appropriate follow up and continuity of care	4.3.1 Work with crisis response system partners providing community-based care	Number of Zero Suicide implementing hospitals with MOU's, or other formal care coordination agreements, with community partners to support care transitions and follow-up		

<b>Objective 5</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
5. By Dec. 31, 2021 expand the Living Ideation adolescent suicide prevention model to a broader community audience	5.1 Engage adolescents in strengths-based, future oriented conversations that build relationship and identify risk	5.1.1 Provide Living Ideation training and materials to at least 250 non-clinical professionals in the community and continue training for 12 clinical professionals	Number of individuals trained	June 30, 2021	<u>Owner:</u> Children's Cabinet, Washoe County School District  <u>Support:</u> Renown
<b>Objective 6</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
6. By Dec. 31, 2021 increase access to supports and services for adolescents experiencing behavioral health challenges	6.1 Increase awareness of trauma informed care and secondary trauma sensitivity	6.1.1 Implement the Trauma Aware Schools grant from the Nevada Department of Education	Number of individuals trained	December 31, 2021	<u>Owner:</u> Washoe County School District
	6.2 Improve early intervention for youth experiencing behavioral health challenges	6.2.1 Train 200 individuals per year on youth mental health first aid	Number of individuals trained	Dec. 31, 2021	<u>Owner:</u> Children's Cabinet
	6.3 Expand access to screening and treatment for adolescents	6.3.1 Increase early periodic screening and outpatient treatment for adolescents	Number of clients served	Dec. 31, 2021	<u>Owner:</u> WellCare

## Community Health Improvement Plan

### Behavioral Health Action Plan

#### Focus Area: Behavioral Health

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

Objective (SMART Format):

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

<b>Objective 1</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
1. By Dec. 31, 2021 fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses	1.1 Implement cross-functional, interdisciplinary teams to address the holistic needs of individuals with behavioral health diagnoses	1.1.1 Quest – Assertive Community Treatment Team (ACT)  Veterans Administration – Patient Aligned Care Team (PACT)  Renown – Integrated Care Team (ICT)	Number of individuals served by ACT, PACT, ICT through integrated, interdisciplinary teams	Dec. 31, 2021	<u>Owner:</u> Quest, Veterans Administration, Renown
	1.2 Increase access to outpatient behavioral health services	1.2.1 Expand availability of services	Number of new programs available to serve individuals with behavioral health needs	June 30, 2021	<u>Owner:</u> Saint Mary's, Quest, WellCare, Renown
<b>Objective 2</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By Sept. 30, 2021 finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices	2.1 Build off of the Crisis Stabilization convenings and assets and gaps assessments to determine steps needed to implement an improved crisis stabilization system	2.1.1 Convene stakeholders and develop a community roadmap to implementing a best practice system	Road map completed and consensus on next steps achieved	Dec. 31, 2021	<u>Owner:</u> WRBHPB  <u>Supporters:</u> Crisis Support Services of Nevada, Hospitals, First Responders, Northern Nevada HOPES



Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
4. By Dec. 31, 2021 implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes	4.1 Implement an Early Treatment Program for First Episode of Psychosis based on evidence-based model NAVIGATE	4.1.2 Provide intensive, team-based coordinated specialty care that is recovery-oriented and collaborative including patients, providers and family members	Number of individuals served  Progression of symptoms	Dec. 31, 2021	<u>Owner:</u> UNR School of Medicine, Nevada Division of Public and Behavioral Health

## Community Health Improvement Plan

### Behavioral Health Action Plan

#### Focus Area: Behavioral Health

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

Objective (SMART Format):

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

<b>Objective 1</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
1. By June 30, 2021 finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. (New objective and strategies)	1.1 Connect behavioral health emergency response efforts to overall emergency response efforts	1.1.1 Collect input from stakeholders and finalize the draft Regional Behavioral Health Emergency Response Plan	Plan complete and connected to regional emergency response preparedness efforts	March 30, 2021	<u>Owner:</u> Washoe County Human Services Agency Behavioral Health Coordinator  <u>Supporter:</u> Washoe County Emergency Mgmt. WCHD
	1.2 Increase the staff and volunteer workforce prepared to assist with behavioral health response during an emergency	1.2.1 Provide training in psychological first aid	1.2.2 Access providers in SERV-NV.	Number of individuals trained in psychological first aid and identified as potential responders	June 30, 2021
<b>Objective 2</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By June 30, 2021 develop and publish the Community Overdose Response Plan	2.1 Improve the regional response to clusters of overdose victims in order to identify trends and intervene to reduce additional instances	2.1 Convene stakeholders and develop a community overdose response strategy documented in a shared plan	Plan completed and distributed	June 30, 2021	<u>Owner:</u> Washoe County Sheriff's Office  <u>Supporter:</u> WCHD
<b>Objective 3</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
3. By June 30, 2021, fully implement COVID-19 resiliency response	3.1 Provide psychological first aid to individuals experiencing impacts from the pandemic	3.1.1 Provide proactive outreach to COVID-19 positive individuals and expanded populations as able	Number of contacts  Number of interventions	June 30, 2021	<u>Owner:</u> WCHSA Behavior Health Coordinator  <u>Supporter:</u> WCHD

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## Focus Area 3—Nutrition and Physical Activity

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Eating a healthy diet along with getting enough physical activity contributes to individuals living a long and healthy life. Increasing physical fitness is a key strategy for improving health and reducing the risk of serious health problems including, heart disease, type 2 diabetes, and obesity.<sup>10</sup> Based on epidemiologic data, less than one third of adolescents and adults in Washoe County meet the physical activity guidelines. Rates of inactivity have remained essentially constant over the past 2 years. Subsequently, the percentage of adults classified as either overweight or obese increased from 2012 (57.4%) to 2016 (62.8%) and heart disease remains the number one cause of death in Washoe County.<sup>11</sup> A closer look at the data has identified that rates of physical inactivity are highest adults and youth. The relationship between physical activity and healthy diets are impacted by the physical and social environments where families spend the majority of their time.

Barriers for these residents include a lack of transportation to recreation centers, poor spaces to play or exercise, and neighborhood safety. Strong evidence shows that environmental factors such as those described contribute to the apprehension among families to engage in regular physical activity due to the quality of neighborhoods relative to others. Furthermore, socioeconomically disadvantaged neighborhoods are less likely to have access to grocery stores and nutritious foods.<sup>12</sup> We believe that health begins where you live, work, and play and are committed to ensuring that all residents have the ability to access these services.



The Washoe County Health District and community partners have come together to identify how we can increase physical activity among our most vulnerable community members. The objectives outlined below will allow us to use our current resources to implement evidence-based solutions that will create supportive environments to improve physical activity rates and dietary intake for all who reside in Washoe County.

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<sup>10</sup> About Physical Activity. (2020). Retrieved from: <https://www.cdc.gov/physicalactivity/about-physical-activity/index.html>

<sup>11</sup> Washoe County Community Health Needs Assessment. (2017) Retrieved from: [https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA\\_FINAL.pdf](https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf)

<sup>12</sup> Making the Case for Linking Community Development and Health. (2015). Retrieved from: [https://www.buildhealthyplaces.org/content/uploads/2015/10/making\\_the\\_case\\_090115.pdf](https://www.buildhealthyplaces.org/content/uploads/2015/10/making_the_case_090115.pdf)

**Community Health Improvement Plan**  
**Physical Activity and Nutrition Action Plan**

**Focus Area: Physical Activity and Nutrition**

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

Objective (SMART Format):

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

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

Objective 1	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
1. By July 2019, increase the number of community organizations implementing aspects of the 5210	1.3 Build a financial support system for 5210 efforts by securing at least two financial supporters in year one	1.3.1 Identify funding sources to support 5210 program efforts	Two funding sources identified	June 30, 2019 <b>Complete</b>	Owners: Community Health Alliance  Supporters: WCHD, Advisory Board
	<b>Strategy 4</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
	1.4 Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 Healthy Washoe program in Reno/Sparks	1.4.1 Recruit a minimum of 5 youth organizations to implement 5210 program	# of organizations implementing 5210	June 30, 2019 <b>Approach modified and included in strategy 4</b>	Owners: Community Health Alliance  Supporters: WCHD, Advisory Board
		1.4.2 Recruit 1 health care provider to implement 5210 program	# of health care providers implementing 5210	June 30, 2019 <b>Complete</b>	
		1.4.3 Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	# of organizations reached	September 30, 2018 <b>Partially complete</b>	Owners: WCHD, Community Health Alliance  Supporters: Reno/Sparks Chamber of Commerce, WCHD, Advisory Board
1.4.4 Recruit a minimum of 5		# of organizations implementing 5210	June 30, 2019		

		organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.		<b>Strategy modified and included in revised strategy 4.1</b>	
		1.4.5 Educate and provide technical assistance (TA) to organizations about 5210 and how to implement program	# of organizations reached with education and TA about 5210 components	Through June 2019 <b>Partially complete</b>	
<b>Objective 2</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe County	2.1 80% of Implementing organizations will provide program outcomes in year 1	2.1.1 Identify and develop appropriate and consistent evaluation measures for organizations that implement 5210	Evaluation measures/ toolkit developed	December 2021 <b>Extended</b>	Owner: WCHD  Supporter: 5210 Healthy Washoe Committee
		2.1.2 Develop appropriate and consistent evaluation measures for annual assessment	Annual survey tool developed	September 1, 2021	
		2.1.3 Distribute survey among implementing organizations to collect data on utilization efforts	80% of implementing organizations will complete survey	October 31, 2021	



	<b>Strategy 2</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
	2.2 Expand 5210 Health Washoe training and education to health care providers	2.2.1 Identify providers to target for program implementation	List of potential implementing providers	February 28, 2021	Owner: WCHD and 5210 Healthy Washoe Committee
		2.2.2 Distribute provider toolkit and provide technical assistance for implementing organizations	2 trainings scheduled with providers	April 31, 2021	
		2.2.3 Determine use of healthy habits questionnaire during well check visits	80% of providers will complete annual 5210 Health Washoe survey	October 31, 2021	
<b>Objective 2</b>	<b>Strategy 3</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe County	2.3 Expand training and education to organizations across community	2.3.1 Identify organizations to target for program implementation	List of potential implementing organizations	February 28, 2021	Owner: WCHD and 5210 Healthy Washoe Committee
		2.3.2 Distribute toolkit and provide technical assistance for implementing organizations	3 trainings scheduled with community agencies	April 31, 2021	
		2.3.3 Determine use of 5210 Healthy Washoe strategies	80% of organizations will complete annual 5210 Health Washoe survey	October 31, 2021	

Community Health Improvement Plan  
Physical Activity and Nutrition Action Plan

**Focus Area: Physical Activity and Nutrition**

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

Objective (SMART Format):

1. By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. **(Complete)**
  2. By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. **(Partially complete)**
  3. By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. **(New objective and strategies)**
  4. By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3. **(Complete)**
  5. By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings stores. **(Partially Complete)**
  6. By December 2021, improve the nutrition environment in low income neighborhoods by increasing the nutritional offerings in convenience stores. **(New objective and strategies)**
  7. By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. **(New objective and new strategies)**
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Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
1. By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores	1.1 Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores	1.1.1 Secure/apply for monies to support FHF efforts	Funds secured	By September 28, 2018 <b>Complete</b>	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
		1.1.2 Coordinate three FHF/year with at least 100 attendees at each event	# of FHF	By June 30, 2019 <b>Complete</b>	
	1.2 Increase knowledge of healthy behaviors among populations at greatest risk	1.2.1 Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	# of assessments completed	By June 30, 2019 <b>Complete</b>	
		1.2.2 Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods	# of assessments completed	By June 30, 2019 <b>Complete</b>	

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
2. By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores	2.1 Implement four Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores	2.1.1 Seek funding to support FHF 2020 efforts	1. Funds secured	By November 1, 2020 <b>Partially complete: One FHF was not held as a result of modification due to COVID-19</b>	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
		2.1.2 Provide four FHF with at least 150-175 attendees at each event	1. Number of FHF 2. Number of participants	November 1, 2020 <b>Complete</b>	
	2.2 Increase involvement of community partners to provide direct services that address social determinants of health at Family Health Festivals	2.2.1 Screen 100% of FHF families during intake for insurance and primary care home	1. Number of families screened 2. Number of families connected to primary care resources	By November 1, 2020 <b>Complete</b>	
		2.2.2 Connect clients with a primary care home.	1. Number of primary care appointments scheduled		
		2.2.3 Screen clients for Rx Pantry eligibility	2. Number of Rx prescriptions provided to families		
	2.3 Raise awareness of physical activity and nutrition recommendations among populations at greatest risk	2.3.1 Survey 50% of FHF families on their basic knowledge of physical activity and nutrition recommended guidelines	1. Number of surveys conducted	By November 1, 2020 <b>Complete</b>	
		2.3.2 Distribute messaging through prescriptions cards and informational material	1. Number of prescriptions provided		

<b>Objective 3</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
3 By December 2021, improve access and availability of nutrition and physical activity opportunities in zip codes with high Community Needs Index Scores by implementing four Family Health Festivals (FHF)	3.1 Identify resources needed to implement events	3.1.1 Apply and secure monies to support Family Health Festival efforts	Funds secured	March 31, 2021	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
	3.2 Increase the number of direct services available for families onsite	3.2.1 Identify partners who can provide direct service at events	Number of direct services at each event	Through December 31, 2021	
	3.3 Increase the number of families who are connected to resources at the event	3.3.1 Distribute triage survey to identify need for health insurance and primary care home	Obtain 75% participation of families who complete access to health questions		
		3.3.2 Provide warm hand off to connect individuals to primary care home onsite	Number of families leaving FHF with scheduled appointment with primary care provider		
	3.4 Raise awareness of physical activity and nutrition recommendations among populations at greatest risk	3.4.1 Distribute triage survey to gauge awareness of the recommended guidelines for physical activity and nutrition	Obtain 75% participation of families who complete physical activity and nutrition questions		
		3.4.2 Distribute messaging through prescriptions cards and informational material	Provide information to at least 25% of those identified as having little to no understanding of physical activity and nutrition guidelines		

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
3. By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings	3.1 Develop a toolkit for implementing healthy vending and concessions in Washoe County	3.1.1 Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	# of BEN locations successfully implementing the Nutrition Standards Policy	March 31, 2019 <b>Complete</b>	Owner: Washoe County Health District
		3.1.2 Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions	March 31, 2019 <b>Complete</b>	Owner: Washoe County Health District Supporter: Renown Health
		3.1.3 Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites		
		3.1.4 Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	# of toolkits and informational documents developed	April 30, 2019 <b>Complete</b>	

<b>Objective 4</b>	<b>Strategy 1</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
4. By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings	4.1 Identify strategies to increase healthy vending and concessions in Washoe County	4.1.1 Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	May 30, 2019 <b>Complete</b>	Owners: Renown Health and WCHD  Supporters: Reno/Sparks Chamber of Commerce, Healthy Vending committee
		4.1.2 Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	# of plans  Evaluation assessment	June 30, 2019 <b>Complete</b>	
<b>Objective 5</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
5. By January 2021, improve the nutrition environment in the community by increasing the nutritional offerings in vending machines and concession stands	5.1 Increase sites with healthy vending and concessions in Washoe County	5.1.1 Work with 5210 businesses to provide healthy food options at their worksites using the developed Healthy Vending Toolkit'	# of sites that have implemented a healthy vending/concessions policy	December 31, 2020 <b>Complete</b>	Owners: Renown Health and WCHD  Supporters: Reno/Sparks Chamber of Commerce, Healthy Vending committee
		5.1.2 Increase awareness of community resources focused on healthy eating	# of applications received for the Healthy Concessions Grant	March 31, 2020 <b>Complete</b>	

		5.1.3 Engage at least 10 non 5210 sites that do not offer healthier vending or concession options	# of sites that pledge to have healthy vending/concessions	December 31, 2020 <b>(Partially Complete)</b>	
<b>Objective 6</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
6. By January 2022, improve the nutrition environment in low income neighborhoods by increasing the nutritional offerings in convenience stores	6.1 Design healthy store pilot project with 1-2 convenience stores to build relations retailers and neighbors, understand the challenges of selling healthy food, test store certification standards, experiment with promoting the program and estimate the cost of a full-scale program	6.1.1 Conduct mapping exercise in one zip code to understand food access, availability and pricing of specific foods, and challenges owners face in offering healthier foods	Data from mapping exercise	June 2021	Owner: Washoe County Health District
		6.1.2 Determine where pilot program will operate, and which stores to recruit based on findings	List of stores with a combination of highest need and stores that already offer 10% of healthy products		
		6.1.3 Provide technical assistance to store owners to help with store modifications	Meetings scheduled for 1 year	December 2021	



Objective 7	Strategy	Tactic	Performance Indicator	Target Date	Owner
7. By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families	7.1 Promote settings that provide sources of whole foods through smartphone technology	7.1.1 Compile comprehensive list of healthy food initiatives and local and direct food retail outlets in the community	List established	March 31, 2021	Owner: Washoe County Health District and Food Bank of Northern Nevada
		7.1.2 Develop a food finder tool using the results from 2.1	Tool developed	December 31, 2021	
		7.1.3 Provide technical assistance to organizations that serve families to increase utilization of food finder tool	Number of individuals that utilize tool	December 31, 2021	

**Community Health Improvement Plan**  
**Physical Activity and Nutrition Action Plan**

**Focus Area: Physical Activity and Nutrition**

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

Objective (SMART Format):

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

<b>Objective 1</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Indicator</b>	<b>Target Date</b>	<b>Owner</b>
1. By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021	1.1 Expand access to school meals among youth ages 0-18 years across Washoe County	1.1.1. Identify barriers prohibiting consumption of meals	List of barriers and HEAT map	Through December 2021	Owner: Washoe County School District Nutrition Services and Food Bank of Northern Nevada
		1.1.2 Establish baseline of school meals consumed	Tracked meal trends indicating number of meals consumed per month		
	1.2 Meet with community partners to coordinate and complement effective implementation of the school meals and nutrition programs	1.2.1 Develop meal site distribution plan	Meal Site Distribution plan developed and implemented	January 2021	
	1.3 Provide outreach to community about meal program	1.3.1 Develop communication plan and awareness campaigns using various media outlets	Distribution of information through community partners and media outlets	Through December 2021	

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## Appendices

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The following appendices are included within the CHIP:

Appendix One: Acronyms

Appendix Two: Community Assets and Resources

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## Appendix One: Acronyms

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ACA	Affordable Care Act
ADA	Americans with Disabilities Act
BRFSS	Behavior Risk Factor Surveillance System
CDC	Centers for Disease Control
CHA	Community Health Alliance
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHP	Community Health Program
CSA	Community Services Agency
ED	Emergency Department
FBNN	Food Bank of Northern Nevada
NN HOPES	Northern Nevada HOPES
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program
SOS	Signs of Suicide
UNR	University of Nevada Reno
WCHD	Washoe County Health District
WCSD	Washoe County School District
YRBS	Youth Risk Behavior Survey

## Appendix Two: Community Assets and Resources

The following community assets and resources were taken from the Community Health Needs Assessment for the focus areas identified in the CHIP.

Organization	Community Health Improvement Plan Focus Area: Housing
Reno Housing Authority	Affordable Housing
ActionNN	Housing Support Services
Children in Transition (WCSD)	Housing Support Services
Committee to Aid Abused Women (CAAW)	Housing Support Services
Community Assistance Center	Housing Support Services
Footprints Counseling Service	Housing Support Services
Healthcare for Homeless Veterans	Housing Support Services
Inter-Tribal Council of Nevada (ITCN)	Housing Support Services
Northern Nevada HOPES	Housing Support Services
Reno-Sparks Indian Colony Housing Department	Housing Support Services
Sierra Regional Center	Housing Support Services
St. Vincent's Resource Network (CCNN)	Housing Support Services
Veterans Center	Housing Support Services
Washoe Legal Services	Housing Support Services
Project ReStart, Inc.	Housing Support Services/ Supportive Housing

Community Services Agency	Housing Support Services/Affordable Housing
Reno-Sparks Indian Colony Housing Department	Housing Support Services/Affordable Housing
Northern Nevada Community Housing Resource Board	Housing Support Services/Affordable Housing/Supportive Housing
Crossroads (CCNN & WCSS)	Supportive Housing
The Park House (CCNN & WCSS)	Supportive Housing
WCSS	Supportive Housing
A Safe Embrace	Transitional Housing
Casa de Vida	Transitional Housing
Nevada Youth Empowerment Project	Transitional Housing
North Star Treatment & Recovery Center	Transitional Housing
Quest House	Transitional Housing

Organization	Community Health Improvement Plan Focus Area: Behavioral Health
Children's Cabinet	Behavioral Health
Victims of Crime Treatment Center	Behavioral Health
ACCEPT	Behavioral Health
Behavioral Health at Renown	Behavioral Health
Big Brothers Big Sisters	Behavioral Health
Bristlecone Family Resources	Behavioral Health
Bristlecone Family Resources	Behavioral Health
Community Health Alliance	Behavioral Health
Family Resource Centers	Behavioral Health

Human Behavior Institute	Behavioral Health
Nevada Division of Public & Behavioral Health, OPHIE	Behavioral Health
Northern Nevada HOPES	Behavioral Health
Project ReStart, Inc.	Behavioral Health
Quest Counseling	Behavioral Health
Safe Embrace	Behavioral Health
Sequel Alliance Family Services	Behavioral Health

Organization	Community Health Improvement Plan Focus Area: Physical Activity and Nutrition
ACCEPT	General Health and Wellness
Access to Healthcare Network (AHN)	General Health and Wellness
Casa de Vida	General Health and Wellness
Community Health Alliance	General Health and Wellness
Crisis Pregnancy Center	General Health and Wellness
Family Counseling Service	General Health and Wellness
Girls on the Run-Sierras	General Health and Wellness
Immunize Nevada	General Health and Wellness
Nevada Urban Indians, Inc.	General Health and Wellness
Northern Nevada HOPES	General Health and Wellness
Northern Nevada Outreach Team	General Health and Wellness
Regional Emergency Medical Services Authority	General Health and Wellness
Reno + Sparks Chamber of Commerce	General Health and Wellness



Reno-Sparks Indian Tribal Health Center	General Health and Wellness
Sanford Center Geriatric Clinic	General Health and Wellness
St. Mary's Low Cost Clinic	General Health and Wellness
Teen Health Mall (WCHD)	General Health and Wellness
The Healthcare Center	General Health and Wellness
Washoe County School District Safe and Healthy Schools Commission	General Health and Wellness
Catholic Charities of Northern Nevada	Nutrition
Food Bank of Northern Nevada	Nutrition
Urban Roots	Nutrition
Washoe County Human Services	Nutrition
Education Alliance	Physical Activity
Boys and Girls Club	Physical Activity
High Sierra AHEC	Physical Activity
Regional Transportation Commission	Physical Activity
Children's Cabinet	Physical Activity and Nutrition
Nevada Department of Health and Human Services	Physical Activity and Nutrition
Renown Health	Physical Activity and Nutrition
Washoe County Health District- CCHS	Physical Activity and Nutrition
Washoe County School District- Wellness Advisory Committee	Physical Activity and Nutrition

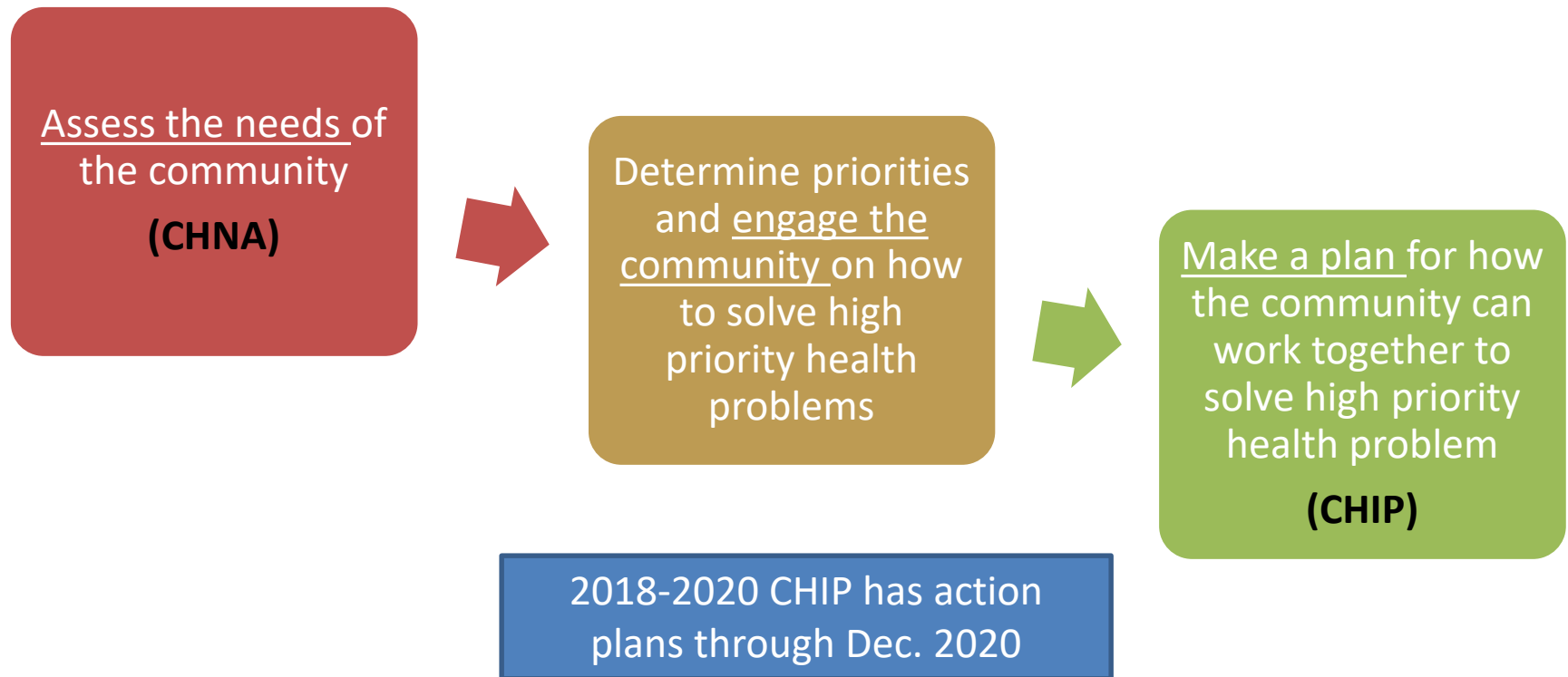
# 2021 Community Health Improvement Plan Extension

Rayona LaVoie and Julia Ratti

November 19, 2020



# Community Health Roadmap



# It's time to update the CHNA and the CHIP but community capacity is stretched thin...

- Health District resources are focused on critical community priorities.
- Community partners are responding to increased COVID-19 related challenges in all three focus areas – housing, behavioral health and physical activity and nutrition.
- Renown is working on an update to CHNA.



# Let's not lose momentum...

- Important work and community conversation among partners is ongoing in all three focus areas.
- There's a strong community desire to work together on what we can accomplish in the near-term.
- 1-year extension is practical and impactful.

# Process

1. Use existing meetings where community partners convene to collect input on priorities  
Ex. Washoe Regional Behavioral Health Policy Board, Northern Nevada Continuum of Care
2. 50+ key stakeholder interviews  
Community partners and subject matter experts in housing/homelessness, behavioral health and physical activity and nutrition
3. Draft plan and circulate to stakeholders for feedback  
Consensus and committed gained on updated 2021 goals, objectives and strategies



# CHIP Project Work Plan

	September			October				November		
Committee Check-Ins										
Boards and Committees		WCRBHB 9/14		RAH 10/6 PAN 10/22	WCRBHB 10/12					WCHD Board 11/19
Stakeholder Interviews										
Plan Drafting/ Stakeholder Feedback										



# The end result...

- A one-year extension to the current CHIP for 2021
- Refreshed goals, objectives and strategies that are a mix of extending existing work and new efforts
- Engagement and commitment of a broader range of community partners





# Housing Highlights

- Continued work on the Regional Strategy for Housing Affordability
- Advocate for funding to build new and policy to preserve existing affordable housing stock
- Implement 1915i Medicaid waiver programs targeting housing support for seriously mentally ill.
- Raise case management ratios for individuals experiencing homelessness to national best practice standards
- Rally around Built for Zero to end homelessness
- Increase training for homeless services providers and better integrate homeless service providers in emergency response systems.



## Focus Area One: Housing

Goals	Objectives
<p>1 To stabilize and improve housing security for people spending more than 30% of their income on housing.</p>	<p>1. By June 15, 2018 complete Phase I of the Regional Strategy for Housing Affordability. <b>(Complete)</b></p>
	<p>2. By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability. <b>(Complete)</b></p>
	<p>3. By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability. <b>(Complete)</b></p>
	<p>4. By December 31, 2021 implement a portion of the Regional Strategy for Housing Affordability. <b>(Modified to include new strategies)</b></p>
	<p>5. By December 31, 2021 improve policies and processes designed to preserve existing and increase new subsidized affordable housing units. <b>(New objective and strategies)</b></p>
<p>2 To stabilize and improve housing security for people spending more than 50% of their income on housing.</p>	<p>1. By September 30, 2021 identify, support and implement alternative funding models for housing severely mentally ill (SMI). <b>(Modified to include new strategy)</b></p>
	<p>2. By December 31, 2021 identify best practices for incorporating community case management** for people receiving housing assistance and increase access to case management for those in emergency shelter. <b>(Modified to include new strategy)</b></p>
	<p>3. By December 31, 2021 complete the first phase of the Built for Zero regional strategy to end homelessness. <b>(New objective and strategy)</b></p>
	<p>4. By December 31, 2021 strengthen processes and promote implementation of evidence-based practices among homeless services providers. <b>(New objective and strategy)</b></p>



# Behavioral Health Highlights

- Continue to collect data and information to inform future investments.
- Recommit and refocus efforts to address isolation and suicide.
- Improve crisis response and support
- Expand intensive, multi-disciplinary support for individuals with complex needs.
- Expand prevention and care targeting adolescents.
- Improve response during emergencies to address behavioral health needs.



## Focus Area Two: Behavioral Health

Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness..	2..	By December 31, 2020 identify best practices for incorporating community case management** for people experiencing homelessness. <b>(Extended)</b>
		3.	By May 31, 2021 expand implementation of Peer Recovery Support Specialists in Washoe County <b>(Modified to include new strategies.)</b>
2	Assess and address current status and need for Behavioral Health services in Washoe County.	1.	By May 31, 2021 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County. <b>(Updated with additional strategies.)</b>
		2.	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County. <b>(Updated with additional strategy)</b>
		3.	By May 31, 2021develop strategies and advocate for policies to address gaps and needs identified. <b>(Updated with additional strategy.)</b>
		4.	By Sept. 30, 2021 expand training and education to providers on SBIRT <b>(Updated with additional strategy.)</b>
3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)	1.	By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care. <b>(Extended)</b>
		2.	By December 31, 2020 implement BUILD Health Challenge Year 1 Strategies <b>(Complete)</b>
		3.	By December 31, 2021 implement BUILD Health Challenge Year 1 and 2 Strategies <b>(New objective and strategy)</b>
		4.	By Sept 29, 2021 have 1 more hospital system within Washoe County complete the Zero Suicide Academy <b>(New objective and strategy.)</b>



## Focus Area Two: Behavioral Health

Goals	Objectives
<p>3 Reduce depression and suicidal behaviors in adolescents and seniors (age 65+).</p>	<p>5. By Dec. 31, 2021 expand the Living Ideation adolescent suicide prevention model to a broader community audience. <b>(New objective and strategy)</b></p> <p>6. By Dec. 31, 2021 increase access to supports and services for adolescents experiencing behavioral health challenges. (New objective and strategies)</p>
<p>4 Divert individuals experiencing behavioral health challenges from emergency rooms and detention facilities by strengthening the behavioral health system of care for adults <b>(New goal)</b></p>	<p>1. By Dec. 31, 2021 fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses. <b>(New objective and strategies)</b></p> <p>2. By Sept. 30, 2021 finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices. <b>(New objective and strategies)</b></p> <p>3. By Dec. 31, 2021 implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes. <b>(New objective and strategy)</b></p>
<p>5 Strengthen behavioral health component of emergency preparedness and response. <b>(New goal)</b></p>	<p>1. By June 30, 2021 finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. <b>(New objective and strategies)</b></p> <p>2. By June 30, 2021 develop and publish the Community Overdose Response Plan <b>(New objective and strategies)</b></p> <p>3. By June 30, 2021, fully implement COVID-19 resiliency response. <b>(New objective and strategy)</b></p>

# Physical Activity and Nutrition Highlights

- Recommit and refocus efforts to implement 5210.
- Continue Family Health Festivals modified to for safety in a COVID-19 environment.
- Expand environmental work to include healthy food in convenience stores.
- Address a crisis of hunger worsened by the pandemic.



## Focus Area Three: Physical Activity and Nutrition

Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.	By July 2019, increase the number of community organizations implementing aspects of the 5210 <b>(Extended and modified to include new strategies)</b>
		2.	By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe <b>(New objective and new strategies)</b>
2	Improve access an environment that support physical activity and nutrition for all ages and abilities in low income communities	1.	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. <b>(Complete and moved from goal 1 to goal 2)</b>
		2.	By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. <b>(Complete)</b>
		3.	By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. <b>(New objective and new strategies)</b>
		4.	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3. <b>(Complete)</b>
		5.	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings. <b>(Partially Complete)</b>

## Focus Area Three: Physical Activity and Nutrition

Goals		Objectives	
2	Improve access an environment that support physical activity and nutrition for all ages and abilities in low income communities	6.	By December 2021, improve the nutrition environment in low income neighborhoods by increasing the nutritional offerings in convenience stores. <b>(New objective and new strategies)</b>
		7.	By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. <b>(New objective and new strategies)</b>
3	Improve the health and nutritional status of children and adults while promoting the development of good eating habits	1.	By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021 <b>(New objective and new strategies)</b>





# What's Next?

- Kick-off 2021 implementation in January
- Annual report for 2020
- Begin conversations with partners about the next CHNA and next CHIP



# QUESTIONS?



DD AE \_\_\_\_\_

DHO \_\_\_\_\_ KD

**Staff Report**  
**Board Meeting Date: November 19, 2020**

**DATE:** November 10, 2020

**TO:** District Board of Health

**FROM:** Wesley Rubio, Acting EHS Division Director  
775-328-2635, [wrubio@washoecounty.us](mailto:wrubio@washoecounty.us)

**SUBJECT:** Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-CoV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regulations for December 17, 2020 at 1:00 pm.

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**SUMMARY**

The Washoe County District Board of Health (Board) must approve the Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities (Regulations). Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Regulations.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

The Washoe County District Board of Health adopted Nevada Administrative Code (NAC) 447E in accordance with the provisions of Senate Bill (SB) 4 and pursuant to the Governor’s declaration of public health emergency due to the COVID-19 pandemic on September 10, 2020.



## **BACKGROUND**

In response to the COVID-19 public health emergency, the 32<sup>nd</sup> special session of the Nevada Legislature passed SB4 establishing requirements for the Nevada Department of Health and Human Services (NDHHS) to adopt emergency regulations for the prevention and response to COVID-19 in public accommodation facilities. NAC 447E establishes minimum standards for cleaning, requires the adoption of protocols and procedures by facilities concerning the prevention of and response to COVID-19, provides for compliance inspections of facilities in certain counties, and limits the civil liability of certain businesses for personal injury or death resulting from COVID-19. The provisions of the COVID-19 regulations are effective during any period in which a public health emergency has been declared by the Governor. The NDHHS adopted NAC 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities on August 31, 2020.

Section 36 of SB4 requires that the District Board of Health shall adopt regulations that are substantively identical to the initial regulations adopted by NDHHS within 30 days after the effective date of SB4 or within 10 days after the adoption of the regulations included in NAC 447E, whichever is earlier. Therefore, on September 10, 2020 the District Board of Health held a special meeting and voted to ratify NAC 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities.

Prior to the September 2020 meeting, the District Board of Health had not previously adopted general public accommodation regulations and the Washoe County Health District, EHS staff have been inspecting public accommodation facilities located in Washoe County using the standards and provision outlined in NAC 447 which has not been updated since 2004. EHS took the opportunity to develop permanent public accommodation regulations and incorporated NAC 447E as an appendix to these regulations. The proposed Regulations will better control and prevent the spread of communicable diseases and will promote and regulate the safety and sanitation condition of public accommodation establishments. The proposed Regulations closely mirror the Southern Nevada Health District Regulations Governing the Health and Safety of Public Accommodation Facilities and will bring the WCHD into closer alignment with the largest local health authority in Nevada.

A final draft of the proposed Regulations can be found at:

<https://www.washoecounty.us/health/resources/regulations.php#ehs>

In an effort to provide an overview of the proposed Regulations, answer questions, and receive input from interested persons, two public workshops were held via Zoom on October 21, 2020 and October 22, 2020. The following methods were used to provide notice of the proposed Regulations:

- A total of 74 notices were emailed to permit holders, giving notice of the proposed Regulations and offering methods of providing input.
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.
- Notice of the proposed Regulation public hearing was posted in the Reno Gazette Journal on October 19, October 28, and November 6, 2020.

Subject: Adoption of BIS for Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities  
Date: November 19, 2020  
Page 3 of 4

A total of 54 individuals attended the Zoom workshops – 22 attendees on October 21<sup>st</sup> and 32 attendees on October 22<sup>nd</sup>. Attendees included public accommodation operators, business owners and legal representatives from affected businesses.

The workshops included a presentation on the specific proposed Regulations. Discussion occurred and after clarification, no negative comments were received. All attendees seemed generally accepting of the proposed Regulations.

Copies of the workshop agendas are attached for reference.

Upon review of the draft regulations after the workshops, it was observed that the definition of Communicable Disease needed to be updated for consistency with the definition already adopted in the Regulations of the Washoe County District Board of Health Governing Food Establishments: Section 010.090 “*Communicable disease*” defined. This section was updated to include a reference to NAC 441A

In addition, the following definitions were also updated after the workshops to provide additional clarity: Section 010.100 “*Decorative item*” defined, and Section 010.240 “*Laundry*” defined.

A Business Impact statement has been prepared in accordance with NRS 237.090 and is also attached for reference.

### **FISCAL IMPACT**

There is no fiscal impact from the Board adopting the Business Impact Statement for the proposed Regulations.

**Note:** The adoption of NAC 447E which occurred on September 10, 2020 required additional inspection frequency and compliance criteria for certain facilities as outlined in SB4. The increase in staff time to complete these inspections may result in the establishment of a new fee for those establishments affected by NAC 447E, however, a determination regarding this potential fee has not been made at this time and will be presented as a separate Board item if developed.

Subject: Adoption of BIS for Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities  
Date: November 19, 2020  
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### **RECOMMENDATION**

Staff recommends the Washoe County District Board of Health review, discuss and adopt the Business Impact Statement regarding Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regulations for December 17, 2020 at 1:00 pm

### **POSSIBLE MOTION**

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

“Move to adopt the Business Impact Statement regarding Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regulations for December 17, 2020 at 1:00 pm.”

## BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of revisions to the Regulations of the Washoe County District Board of Health Governing Public Accommodations (Regulations)

1. The following constitutes a description of the number or the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

An informational announcement was sent via email to all current permit holders that could be impacted by the proposed Regulations. Notice of the proposed Regulation public hearing was posted in the Reno Gazette Journal on October 19, October 28 and November 6, 2020. The proposed Regulations were posted on the Health District website and two public workshops were held on October 21 and 22, 2020 to solicit feedback.

Chapters and Sections were reviewed during the public workshops. Some participants asked clarifying questions related to definitions and requirements in NAC 447E. However once staff explained that NAC 447E had already been adopted by the District Board of Health in September and would be incorporated as an appendix to the proposed Regulations, no negative comments were received.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects:

No public comment was received (verbal or written) indicating concern for significant financial impacts to businesses.

Potential impacts:

Hand sink required in Laundry Facilities: Businesses that will be required to install a hand sink for employee health and hygiene in laundry facilities may see an initial increase in costs associated with purchasing and installing the equipment; however at this time, those effects cannot be quantified.

Beneficial effects:

It is anticipated that the implementation of proper employee hand washing in laundry facilities will be converted into long term savings for businesses as it will result in enhanced employee health in their establishments. However, the long-term savings cannot be quantified at this time.

Direct effects:

The passage of these Regulations is sure to have direct effects, however, at this time, those effects cannot be quantified.

Indirect effects:

The proposed Regulations provide effective controls for reducing the risk of adverse health effects within public accommodation establishments. As a result, consumers will be protected from potentially devastating health consequences, and the public accommodation industry will be protected from potential financial losses.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The updating of these regulations brings Washoe County into closer alignment with the Southern Nevada Health District and other public health agencies throughout the country. Since the Regulations follow a standard already successfully established in the State, other alternatives were not considered.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is:

Once the Regulations are fully implemented there is no increase in anticipated annual cost as the work is already being conducted. There will be an increase in staff time spent working with establishment operators transitioning to the new Regulations.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is:

No new fees as part of the Regulations. Currently, public accommodation establishments are subject to the Public Accommodations Inspection Fee for annual compliance inspections in accordance with the fee schedule adopted by the District Board of Health as no health permit is currently issued to these establishments. Adoption of the proposed Regulations will require public accommodation establishments to have a valid permit and pay the applicable fees. However, the permit fee will mirror the current Public Accommodations Inspection fee and no additional or new fees are being proposed for those establishments receiving and annual inspection.

On September 10, 2020, the District Board of Health adopted NAC 447E which requires additional inspection frequency and compliance criteria related to the control of SARS-CoV-2 and public accommodation facilities. This will result in increased staff time to complete the compliance inspections; however, a determination on a potential fee for these inspections has not been made at this time.

6. The money generated by the new fee or increase in existing fee will be used by the local government to:

No new fees as part of the Regulations.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed Regulations provide clarity regarding compliance and establishes standards for the public health of all persons who visit or stay in Washoe County. The Regulations as proposed will provide guidance and establish consistency with existing regulation in other portions of the State. The proposed Regulations are not duplicative of existing federal, state and local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

\_\_\_\_\_  
Kevin Dick, District Health Officer

\_\_\_\_\_  
Date



***WCHD Public Workshop on Hotel/Motel Regulations  
Zoom Meeting Agenda***

10/21/2020  
1:00pm-2:00pm

- I. Welcome
- II. History of Hotel/Motel Regulations Washoe County (Jeff Brasel -WCHD)
- III. Purpose of Regulations (Jeff Brasel -WCHD)
- IV. Overview of Regulations (Jeff Brasel -WCHD)
- V. Open Forum Comment and Discussion
- VI. Closing Remarks
- VII. Adjourn

***WCHD Public Workshop on Hotel/Motel Regulations  
Zoom Meeting Agenda***

10/22/2020

10:00am-11:00am

- I. Welcome
- II. History of Hotel/Motel Regulations Washoe County (Jeff Brasel -WCHD)
- III. Purpose of Regulations (Jeff Brasel -WCHD)
- IV. Overview of Regulations (Jeff Brasel -WCHD)
- V. Open Forum Comment and Discussion
- VI. Closing Remarks
- VII. Adjourn

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: November 19, 2020**

**DATE:** November 19, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
 775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – Air Sensors, Program Reports, Monitoring and Planning,  
 Permitting and Compliance

## 1. Program Update

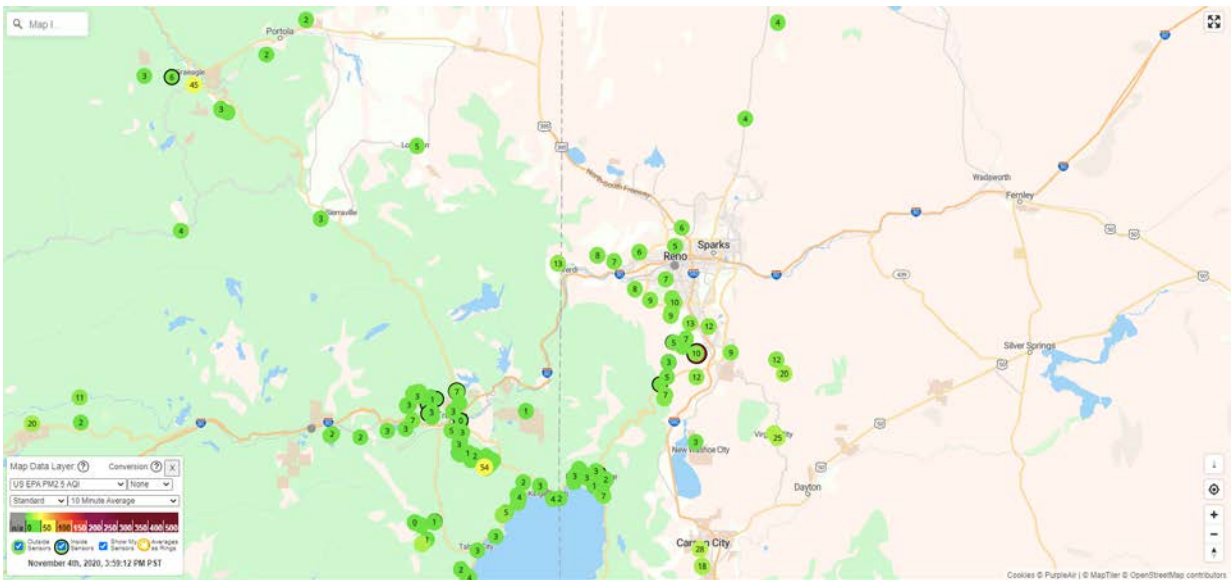
- a. Low-cost sensors, which are portable and generally easier to operate than regulatory-grade monitors, are becoming widely utilized in the United States and are being utilized to address gaps in areas lacking monitoring coverage. Low-cost sensors are generally defined as a class of technology which has expanded into the market in recent years. Common aspects of low-cost sensors are the capability of directly reading a pollutant in the air, being smaller in size, and often sold at a price which supports a wider number of monitoring locations than was previously possible. These technologies vary in the physical design including which types of air pollutants are measured; how data are managed; if the system is weatherproof; and how the technology is powered. Some low-cost sensors are designed for stationary use, while others are designed to be mounted to vehicles or worn by the user. There is also a variety in how these technologies are priced, with differences in each business specific to whether the sensors are sold versus leased; replacement and maintenance plans; and how data are managed and owned.

The Washoe County Air Quality Management Division (AQMD) maintains a large network of ambient air quality monitors that utilize federal reference or equivalent methods. These monitors are approved by the EPA to assist in determining if the National Ambient Air Quality Standard for criteria pollutants are being achieved or exceeded. These monitors are regularly maintained, independently audited, and have high standards for quality assurance and quality control. Data from these monitors are held to rigorous review standards through multiple levels of checks and validations. These monitors cost tens of thousands of dollars and require significant infrastructure and trained personnel to operate.

Conversely low-cost sensors may be purchased for a few hundred dollars. Low-cost sensors are increasingly popular among citizen scientists and community groups to assist



in monitoring air quality conditions in those communities with no monitoring capabilities or to supplement existing monitoring. The challenge is specific to how the data from low-cost sensors would be interpreted. As low-cost sensors are compact and inexpensively built, the data may vary within regulatory monitoring systems. Low-cost sensors would not replace traditional regulatory monitors; however, low-cost sensors could create new opportunities to increase and expand access to air quality monitoring data; and could be utilized in Washoe County. The data from the low-cost sensors would be of assistance during wildfire season, providing more data as to smoke plume concentrations and distribution. The green dots on the map below indicate some of the low-cost sensors which are deployed by various groups and individuals within the area.

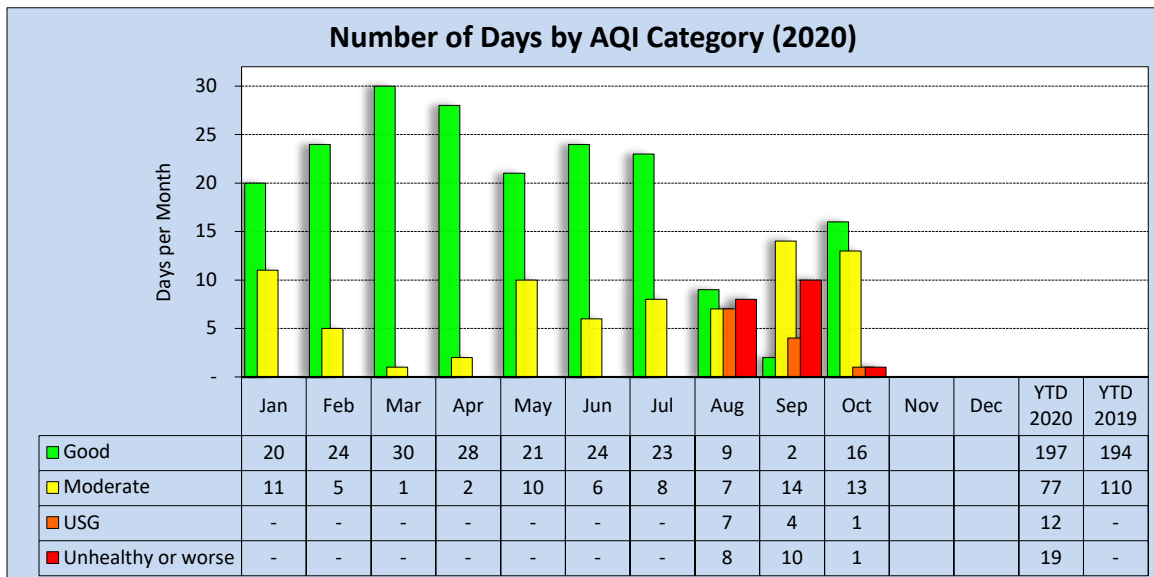
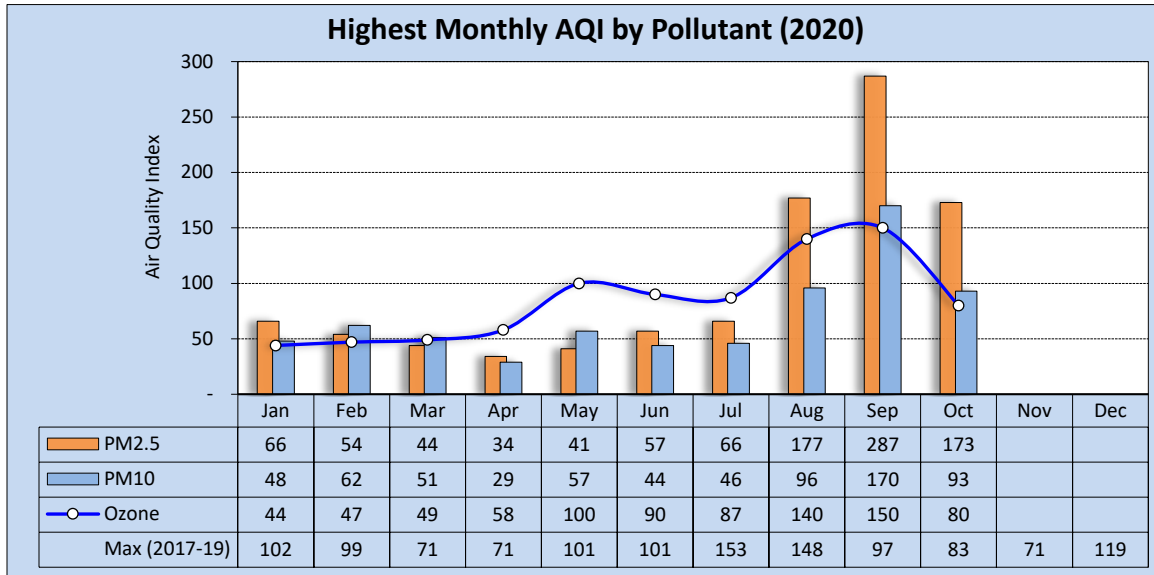


The AQMD is in the process of developing a plan on how to utilize low-cost sensors as a component of the county monitoring network. Currently, the AQMD is considering the potential purchase of four to five (4-5) low-cost sensors which could be deployed in areas to assist the AQMD monitoring network. AQMD has had discussions with the Washoe County School District (WCSD), specific to the School District purchasing low-cost sensors; which would be located at schools to obtain concise on-site air quality data from those locations.

Francisco Vega, P.E., MBA  
Division Director

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit [OurCleanAir.com](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

October Air Quality: There was one (1) exceedance of the PM<sub>2.5</sub> National Ambient Air Quality Standards (NAAQS) during October. The highest ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.064 ppm	10/06	Lemmon Valley	Wildfire Smoke
PM <sub>2.5</sub> (24-hour)	42.4 µg/m <sup>3</sup>	10/01	Sparks	Wildfire Smoke
PM <sub>10</sub> (24-hour)	72 µg/m <sup>3</sup>	10/22	Toll	Dust

Reno Development Code Update: Staff continues to collaborate with City of Reno staff on Reno's Development Code Update, specifically Chapter 4 (Sustainability). The Sustainability chapter includes dozens of voluntary options to comply with Reno's sustainability requirements. It's important to understand that, although, the sustainability options are voluntary, complying with the ozone NAAQS is a mandatory requirement of the Clean Air Act. In general, the most effective strategies to comply with the federal ozone standard are to:

- Reduce vehicle miles traveled (VMT),
- Reduce motor vehicle tailpipe emissions; and
- Reduce the urban heat island (UHI) impacts.



Staff has actively participated in Development Code Update's Technical Working Group. Staff has also provided Reno's leadership with the public health, environmental, and economic impacts of compliance and non-compliance with the federal ozone standard.



Know the Code began November 1: The Know the Code program is a component of the AQMD local Woodstove rule. This rule was developed in the 1980s and was one (1) of the control strategies which instrumental in the Truckee Meadows being re-designated as "attainment" for the PM<sub>10</sub> NAAQS. More information about the Know the Code program can be found at [OurCleanAir.com](http://OurCleanAir.com).

Daniel Inouye  
 Supervisor, Monitoring and Planning

b. Permitting and Compliance

**October**

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In October 2020, staff conducted fifty-three (53) stationary source inspections; ten (10) gasoline station inspections; and four (4) initial compliance inspections. Staff was also assigned twelve (12) new asbestos abatement projects, overseeing the removal of approximately five-thousand-thirty-eight (5,738) square feet and zero (0) linear feet of asbestos-containing materials. Staff received nine (9) new building demolition projects to monitor. Further, there were ten (10) new construction/dust projects comprised of an additional eighty-seven (87) acres. Staff documented forty-four (44) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to twenty-one (21) complaints.

Type of Permit	2020		2019	
	October	YTD	October	Annual Total
<b>Renewal of Existing Air Permits</b>	72	827	70	1,086
<b>New Authorities to Construct</b>	4	53	4	52
<b>Dust Control Permits</b>	10 (87 acres)	176 (2951 acres)	16 (124 acres)	197 (2,436 acres)
<b>Wood Stove (WS) Certificates</b>	32	346	36	442
<b>WS Dealers Affidavit of Sale</b>	14 (4 replacements)	77 (14 replacements)	13 (9 replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	933 (4 stoves removed)	6755 (33 stoves removed)	718 (9 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	31	521	73	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	21	212	31	300

COMPLAINTS	2020		2019	
	October	YTD	October	Annual Total
Asbestos	0	9	1	11
Burning	1	13	3	14
Construction Dust	8	69	5	74
Dust Control Permit	0	1	1	6
General Dust	9	46	2	35
Diesel Idling	0	1	0	4
Odor	2	7	10	31
Spray Painting	0	7	0	3
Permit to Operate	1	2	0	8
Woodstove	0	1	0	2
<b>TOTAL</b>	<b>21</b>	<b>156</b>	<b>22</b>	<b>188</b>
NOV's	October	YTD	October	Annual Total
Warnings	0	5	3	27
Citations	0	3	1	15
<b>TOTAL</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>42</b>

Joshua Restori,  
 Supervisor, Permitting & Compliance

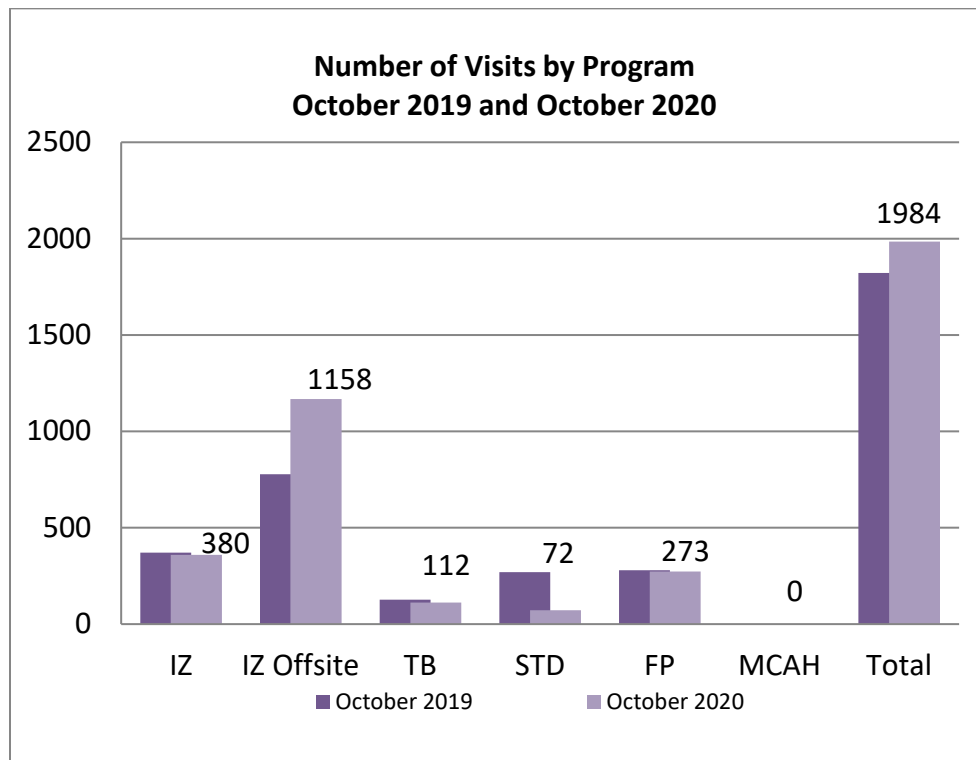


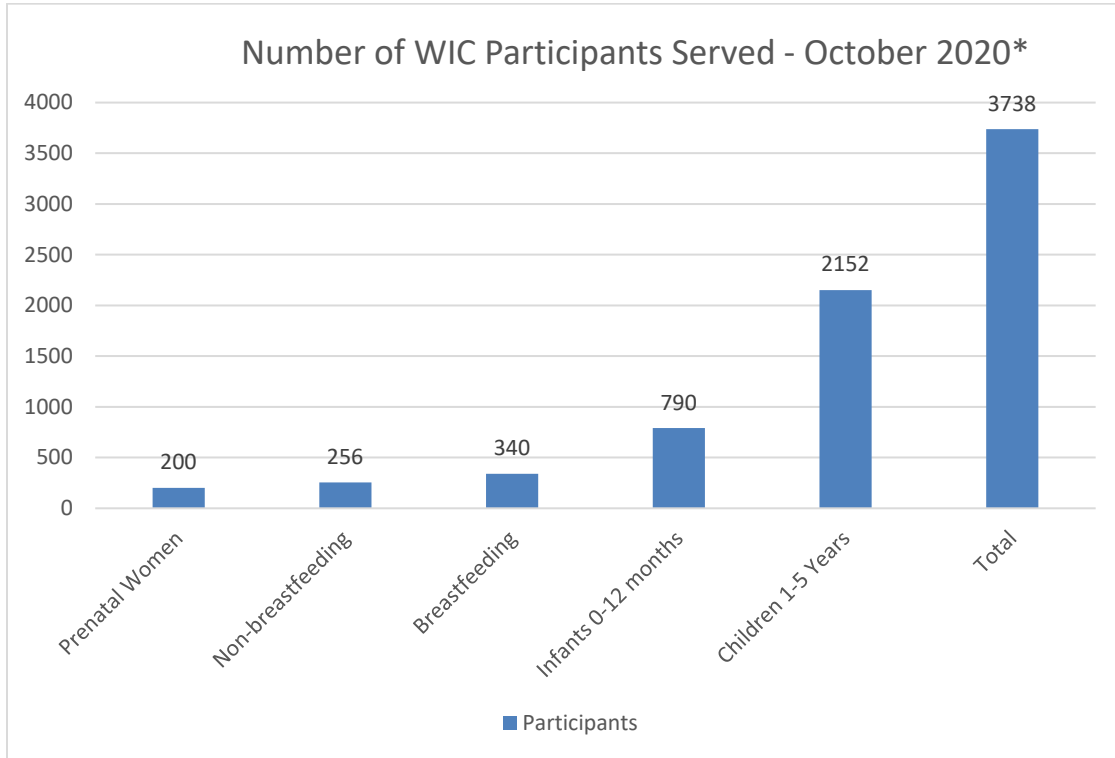
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**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: November 19, 2020**

**DATE:** November 6, 2020  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** Divisional Update – Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Response

**1. Divisional Update –  
a. Data & Metrics**





Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

**Sexual Health (Outreach and Disease Investigation)** – Staff continue to engage with community partners to resume offsite testing at community sites that have reopened. Preparations for honoring World AIDS Day (December 1<sup>st</sup>) in a virtual setting are underway, in collaboration with the Northern Nevada HIV Prevention Planning Group and the University of Nevada, School of Community Health Sciences.

Reported cases of gonorrhea continue to rise. Priority populations are being contacted by disease investigation staff to pursue partners through contact tracing. These groups include pregnant women, people with two or more reported STDs in the last 6 months, people age 18 and younger, and cases of disseminated gonorrhea. These efforts were initiated at the beginning of October and will be analyzed for efficacy in finding cases and intervening with disease transmission.

**Immunizations** – Staff are continuing their efforts and working closely with PHP staff and community partners to plan, coordinate and implement flu vaccination clinics in our community. During the month of October, (8) flu PODs and (1) community flu clinic with Immunize Nevada were conducted. Staff vaccinated a total of 1158 individuals including 408 kids (36%) and 750 adults (64%) adults. Additionally, 380 individuals were served at our onsite Immunization clinic and 968 vaccine doses were given.

Several flu PODs are being planned in the month of November including flu POD events with Truckee Meadows Fire Protection District (TMFPD), City of Reno and Inter-Hospital Coordinating Council (IHCC). WCHD staff will be supporting local jurisdictions and organizations during their PODs to increase the capacity of our local community to provide vaccinations to the public at large in an efficient manner when COVID-19 vaccine becomes available. Staff also plan to provide flu vaccination clinics to our homeless population in collaboration with Catholic Charities as well as the women and family shelter at Our Place campus on Galletti Way in Sparks.

Staff are actively participating in COVID-19 vaccine planning with WCHD leadership team as well as the Nevada State Immunization Program (NSIP).

**Tuberculosis Prevention and Control Program** – Staff continue to follow three active pulmonary cases; all are progressing well to date. Several non-pulmonary cases in varying stages of diagnosis are also being evaluated and treated. Contact investigations related to infectious cases are going well; all are nearing completion. Referrals from civil surgeons and dialysis centers continue to come in. On a positive note, staff have found education to primary providers has increased the treatment they offer their patients for Latent Tuberculosis Infection (LTBI) which decreases workload for TB clinic staff.

**Chronic Disease Prevention Program (CDPP)** – On Saturday October 24<sup>th</sup> staff participated in the Nevada Chapter of the American Academy of Pediatrics (Nevada AAP) conference, holding a breakout session about youth vaping. Staff invited statewide tobacco prevention partner to participate, and together with Carson City, staff educated pediatric health care providers about youth tobacco use and prevention and made important connections for continued opportunities to share information with providers.

Staff participated in Washoe County's Walk and Bike to School day on October 14<sup>th</sup> at Veteran's Elementary School alongside Councilman Delgado. Staff greeted students as they arrived to school and distributed resources to encourage students to stay active.

Staff supported the Family Health Festival drive thru event at Stead Airport on October 15<sup>th</sup> as members of the planning committee, organizing resource for distribution, and participation at the event.

**Reproductive and Sexual Health Services** – The Family Planning program hosted medical students, interns and APRN students in October and are currently training one of the newly hired Intermittent Hourly APRNs, who was previously an APRN student in the Family Planning/Sexual Health clinic. Staff submitted a scope of work and budget documentation to the Office of Population Affairs, OPA, for the \$160,000 FPAR 2.0 supplemental funding that was received in September.

Staff attended the STD Clinical Update Webinar on September 29<sup>th</sup> and 30<sup>th</sup>. Staff also attended Integrating Anal Health into HIV prevention strategies in October. Staff has been administering flu vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older. Staff went to Our Place Family and

Women's Shelter twice in October. Staff are still unable to offer services at the Washoe County Sheriff's Office due to quarantines at the facility. Two staff members completed the Family Planning Health Worker Certification Program in October.

**Maternal, Child and Adolescent Health (MCAH)** -- Staff participated in the quarterly Western Regional call with National FIMR for technical assistance and support. Staff also participated in the Child Death Review meeting in October. Staff are awaiting data abstraction from the State to submit the FIMR Annual Report. Work continues on the Executive Summary Report. The Washoe County FIMR program was one of five states selected by The National Center for Fatality Review and Prevention for participation in the 2020 National Storytelling Collaborative. Other states participating include Missouri, Florida, Kansas, Michigan and Maryland. This program is designed to strengthen capacity for teams to obtain and use parental/family interviews and stories for social change. Washoe County FIMR staff continue to work in conjunction with local partners and the Sexual Health Program to address testing for congenital syphilis during pregnancy.

The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). The FIMR team recommended "Count the Kicks" to the NNMCH Coalition to increase fetal movement awareness campaign. "Count the Kicks" is an App that patients can use to monitor their baby's movement patterns. "Count the Kicks" presented an in-service to NNMCH Coalition and the Coalition is looking into running a statewide campaign in the next grant cycle. The NV Statewide MCH Coalition announced the redirection of funds to obtain billboards for the "Go Before You Show Campaign" in Northern Nevada and is in the process of developing Public Service Announcements for future radio spots.

**Women, Infants and Children (WIC)** – WIC staff continue to offer clients virtual appointments. Clients are being brought into the clinic on an as needed basis. Examples include clients that need more assistance breastfeeding; have not seen a doctor and don't have accurate heights and weights; or clients that are in need of additional social services.

Staff presented to and shared resources with Our Place staff and is looking forward to building partnerships to bring WIC services to Our Place clients.

Staff continue to promote the WIC Food Delivery program that provides home delivery of WIC foods. This program is offered in collaboration with Catholic Charities and is funded through the end of the calendar year.

**COVID-19 Response** – A total of 7,103 COVID-19 tests were conducted in October. Tests were conducted at the Point of Screening and Testing (POST) site and through mobile POSTs in the community. A mobile POST was operated at the VOA shelter at 335 Record St where 93 individuals were tested. Another mobile POST was operated at 480 Galletti Way for Crossroads and Our Place - 86 people were tested. A total of 16 Intermittent Hourly Registered Nurses have been hired to conduct COVID-19 testing at the POST. Six Intermittent Hourly Community Health Aides were hired to assist at the POST with COVID-19 testing.

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**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: November 19, 2020**

**DATE:** November 6, 2020  
**TO:** District Board of Health  
**FROM:** Wes Rubio, Acting Director  
775-328-2635; [wrubio@washoecounty.us](mailto:wrubio@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates:  
**Consumer Protection** (Food, Food Safety, Commercial Plans, Permitted Facilities);  
**Environmental Protection** (Land Development, SDW, Vector, WM/UST); and **Inspections.**

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**Program Updates**

COVID-19 Response:

- The Governor’s announcement on Directive 033 allowed gatherings of up to 250 people and required certain venues planning to host gatherings above 250 people to submit Large Gathering Venue COVID-19 Preparedness & Safety Plans to local health jurisdiction for review. This has resulted in an influx of calls, questions, and plan submittals for events, conventions and other large gatherings. The Health District is not supporting gatherings of over 50 people. This is due to the lack of capacity to review the plans and maintain rapid COVID-19 disease investigation and contact tracing, as well as the recent approval by the Nevada COVID-19 Mitigation and Management Task Force on Washoe County’s plan to reduce large gatherings from 250 to no more than 50 people, or 50 percent capacity (whichever is less). Outdoor venues with fixed seating and COVID-19 mitigation requirements may be considered on a case-by-case basis for gatherings of more than 50 people. Staff worked to develop a process for the review and processing of these plans which includes the assessment of an existing fee, review team, submission deadline, and process for submittal to the applicable State authority for final approval. Staff completed the review and issued a letter of support for the Reno1868 Soccer Playoffs which was approved by the State to host up to 700 fans at Greater Nevada Field.

Nevada Administrative Code (NAC) 447E/SB4 Implementation

- Staff inspected six facilities as part of the requirements of NAC 447E. All inspected facilities received a copy of their inspection report and a letter providing information regarding the new fine payment and appeal process.
- None of the facilities were found in compliance with cleaning schedules or utilizing the appropriate product in accordance with the manufacturer’s label for appropriate disinfection of SARS-CoV-2. To meet the inspection requirements, 205 staff hours were spent on these six facilities.

**A. Consumer Protection**

Food/Food Safety

- The Food Safety Program is currently promoting our new “Excellence in Food Safety Award.” The award program was created to recognize Washoe County food establishments that go above and beyond to demonstrate their commitment to long-term food safety. The program will begin accepting applications in November and winners will be announced in January 2021. Recipients of the award will receive an award certificate, window sticker for their establishment, a digital logo to display on their webpages and social media, and will be listed on the WCHD website and WashoeEats mobile app.
- Special Events/Temporary Food – The program issued one temporary food permit in October for prepackaged food sales associated with the Legion’s Sport’s Fest event that was held at the Reno Sparks Event Center on October 24-25, 2020. Event attendance was less than 250 people; therefore, a large gathering plan was not required. The only other event with active temporary food permits is the Riverside Farmer’s Market.
- Epidemiology (EPI) –



<b>Epidemiology</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>OCT 2020</b>	<b>2020 YTD</b>
Foodborne Disease Complaints	20	20	11	4	7	6	6	17	15	9	115
Foodborne Disease Interviews	14	12	5	1	3	4	5	3	7	6	60
Foodborne Disease Investigations	0	1	0	0	0	2	3	1	0	0	7
CD Referrals Reviewed	12	9	13	1	0	2	2	8	9	10	66
Product Recalls Reviewed	3	1	7	5	4	6	2	2	5	1	36
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	0	1	18	62

Commercial Plans

- October represented the lowest monthly total of plan reviews during 2020 with a total of 65 conducted during the month. The previous monthly low was a total of 67 plan reviews during the month of July. The monthly average for plan reviews remains at about 90 per month. However, a total of 54 inspections were performed during October, which is well above average and is the highest monthly total in 2020. The previous monthly high for inspections was during the month on July with a total of 40 inspections. The monthly average for inspections remains about 35 per month. For the month of October, the data suggests that building in the community focused on carrying out construction for plans that had been previously approved.

<b>Community Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>OCT 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Development Reviews	22	33	38	37	29	40	18	18	20	24	279	373
Commercial Plans Received	97	90	117	88	94	95	67	85	93	65	891	1,325
Commercial Plan Inspections	34	30	38	22	35	25	39	38	31	54	348	395
Water Projects Received	9	5	3	2	3	7	5	12	2	9	57	87
Lots/Units Approved for Construction	158	108	85	68	184	209	45	115	30	179	1,181	1,337

Permitted Facilities

- Invasive Body Decoration (IBD) – Staff from EHS completed 124 Invasive Body Decoration inspections, closures and openings for 2020, with six remaining for training purposes. Staff responded to two complaints in October for piercings allowed around the lips and nose, which is a violation of State Directive 028 for Industry Specific Guidelines.

- Mobile Home Park and Recreational Vehicle (MHP/RV) – Staff completed all 102 inspections for MHP/RV inspections for 2020. An Affidavit of Backflow Prevention was sent to all these permitted establishments in October in order to gather information on water system protection. This helps to ascertain compliance in individual private residential units, which the Health Authority or the Permittee cannot enter to inspect unless allowed in by the resident. The mailings generated over 50 calls to EHS for assistance with getting the affidavits completed. The completed forms began to arrive towards the end of the month.
- Public Accommodations – There were two workshops held for the Public Accommodations Regulations Draft Review for Industry, on October 21 and 22, 2020. The workshops were held via Zoom with an in-person option. There were 22 attendees the first day and 32 the second day. There will be an agenda item report with more details.
- Schools – All School Inspections for the Fall 2020 semester have been completed by EHS staff. Moving into 2021, EHS will work with the Washoe County School District to review their Capital Projects list for potential delayed compliance for playground surfaces in some of the school yards following COVID-19.
- Training – Two REHS in-training staff are on track to complete their field training in Permitted Facilities by Mid-November. This will complete the field training for all staff hired as REHS trainees this past year, following delays brought on by COVID-19 response.

**B. Environmental Protection**

Land Development

- Septic plan intake numbers remain approximately 30% lower year over year, which is consistent with last month's numbers. Well permits are up 33%, with current permits at 107 versus 72 compared to last year at this time.
- Coverage has stabilized and the team is able to more easily absorb slight increases in workload as staff members take vacations to avoid losing accrued leave. An increase in inspections per day associated with the beginning of the end of the construction season continues. This is expected to continue until the weather changes and brings snow.
- Special projects have begun and more are planned for when the construction season drops off. Our first project is organizing, and digitizing property records associated with various subdivisions.

<b>Land Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>OCT 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	58	80	72	553	913
Residential Septic/Well Inspections	72	99	102	76	77	87	86	77	101	95	872	1,051
Well Permits	10	14	7	14	14	11	12	12	12	9	115	72

Safe Drinking Water (SDW)

- While the safe drinking water contract was cancelled due to EHS responding to COVID-19 as a priority, water project engineering review is continuing as agreed to with the Bureau of Safe Drinking Water (BSDW). EHS and BSDW are also using the time to work on improving communication between the two agencies both on water projects and other items. This will facilitate improved relationships and streamlined processes when or if the contract is brought back online.

Vector-Borne Diseases (VBD)

- Program staff winterized all fogging equipment.

- All New Jersey traps have been brought in for the winter.
- Mosquito population monitoring has been discontinued for the winter.
- One dog has been placed into a four month at home quarantine following a suspected rabid bat exposure.

<b>Service Requests</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>OCT 2020</b>	<b>2020 YTD</b>
Tick Identifications	4	2	0	0	3	4	1	0	0	0	14
Rabies (Bat testing)	1	1	0	0	3	9	7	2	2	1	26
Mosquito Fish Requests	2	1	0	0	3	5	2	0	0	0	13

**Waste Management (WM)/Underground Storage Tanks (UST)**

- Due to the COVID-19 Response and demands on multiple agencies, the Code Enforcement groups have not been focusing on trailers and other housing related complaints.
- Underground storage tank installation and upgrades have been inspected and finalled by WCHD through the construction permit process.

**EHS 2020 Inspections**

<b>EHS 2020 Inspections</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>OCT 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Child Care	21	6	9	0	5	14	11	14	15	18	113	225
Food/Exempt Food	471	604	279	133	348	487	265	232	485	382	3,686	9,056
Schools/Institutions	21	39	32	0	0	2	1	53	39	6	193	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	23	44	8	101	177
Temporary IBD Events	1	0	0	0	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	0	30	1	88	189
Mobile Home/RV Parks	17	30	8	16	46	32	6	13	13	10	191	223
Public Accommodations	5	17	1	0	1	0	4	24	50	14	116	199
Aquatic Facilities/Pools/Spas	13	24	30	0	1	102	109	62	31	20	392	2,441
RV Dump Station	0	5	0	2	0	1	3	2	2	0	15	25
Underground Storage Tanks	2	3	0	0	0	0	1	0	0	0	6	0
Waste Management	9	26	7	20	9	11	6	8	9	6	111	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	3	2	2	45	1,541
Complaints	76	67	69	60	69	103	119	124	78	59	824	817
<b>TOTAL</b>	<b>648</b>	<b>859</b>	<b>458</b>	<b>231</b>	<b>484</b>	<b>776</b>	<b>544</b>	<b>558</b>	<b>798</b>	<b>526</b>	<b>5,882</b>	<b>15,682</b>
EHS Public Record Requests	204	274	399	154	225	286	223	245	469	205	2,684	3,508



**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: November 19, 2020**

**TO:** District Board of Health

**FROM:** Andrea Esp, MPH, CPH, CHES, EMS and PHP Program Manager, Acting EPHP  
Division Director  
775-326-6042, [aesp@washoecounty.us](mailto:aesp@washoecounty.us)

**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

**Communicable Disease (CD)**

2019 Novel Coronavirus (COVID-19)

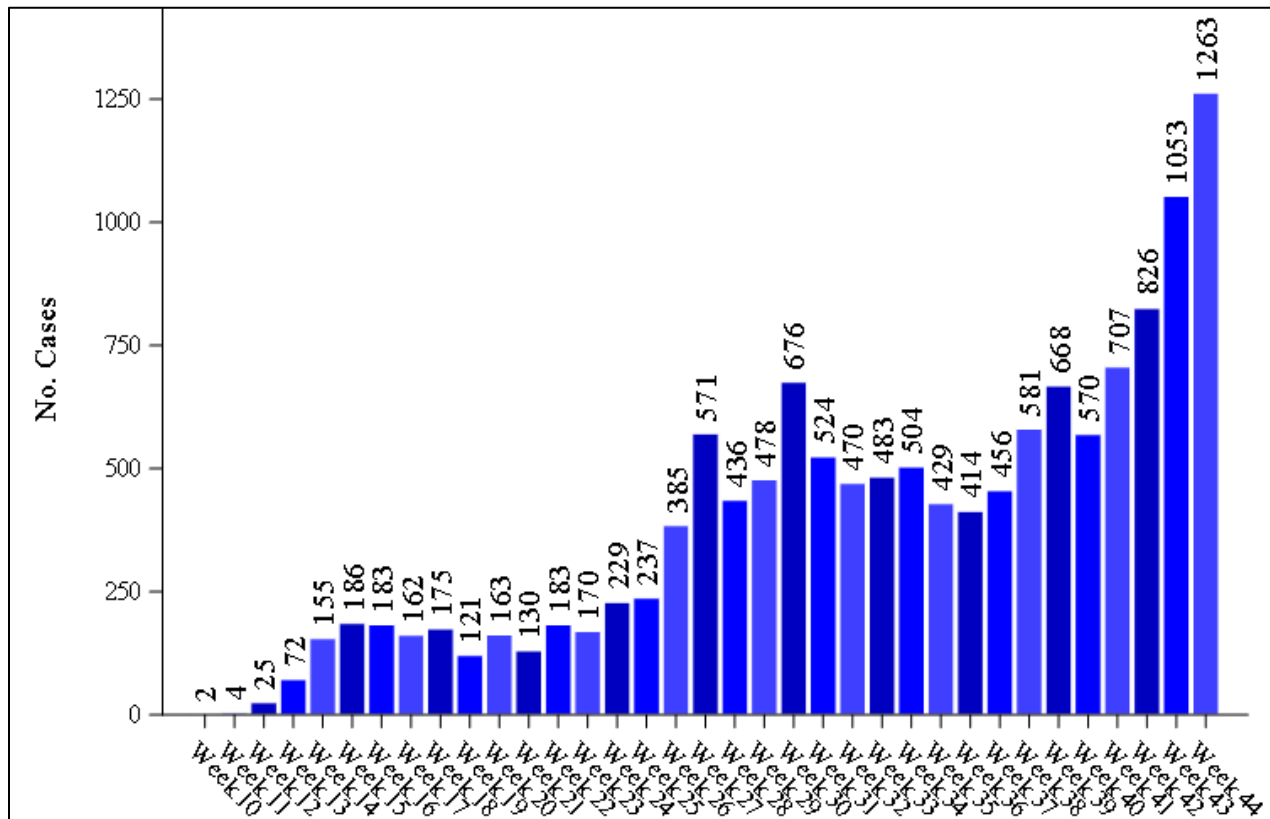
By mid-November Washoe County Health District’s Epidemiology Program and COVID Unit will have approximately 15,000 cumulative cases of COVID-19 reported, with the majority of those cases having been interviewed. Through these interviews, over 26,000 contacts to cases have been identified as having been exposed. More than 30,000 letters have been produced and provided to employers, schools, daycares and medical providers on behalf of the cases and their contacts here in Washoe County.

Washoe County average number of cases over a 30-day rolling period have continued to climb and as of November was the highest in the state at 868 per 100,000 population. The 7 day rolling average is currently at 199.4 per day.

<b>Month Reported</b>	<b># COVID-19 Cases Reported</b>	<b>% of Cumulative Cases</b>
March	136	1%
April	764	5%
May	658	4%
June	1,233	8%
July	2,383	16%
August	2,119	14%
September	2,363	16%
October	4,090	28%
Nov (data as of 11/5)	957	7%
<b>Total</b>	<b>14,703</b>	<b>-</b>

**Total number of confirmed COVID-19 cases by Week Reported in Washoe County, 2020-2021**

**Total number of confirmed COVID-19 cases by Week Reported in Washoe County, 2020-2021**



A Pediatric Task Force was created in the later part of August in anticipation of the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force is composed of 21 members, with at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years, attempting to reach their legal guardian the day it is reported in order to identify possible school and daycare exposures.

Since public school started, August 18, 2020 (Tuesday), 8,324 total cases have been reported, of which 1,107 (13%) were between the ages of 0 to 18 years. The proportion of pediatric cases has remained consistent with the increase in overall cases. Collectively the pediatric task force has interviewed 196 cases who attended school while infectious (this includes staff and students). Of which, 124 (63%) were reported in October and November (through 11/5), nearly one-third of cases that attended school while infectious were reported in the past 10 days.

The COVID Pediatric Task Force and Epidemiology Program continues to meet weekly with the Washoe County School District's Student Health Services staff to fine tune the updated procedural process since each case at a school provides a learning opportunity to adjust accordingly. During the most recent meeting held November 4<sup>th</sup>, the Epidemiology Program Manager proposed a shift in the way exclusions are done when a case attends school in person while infectious. This change would move to exclude the entire classroom, regardless of where the case sits. This is in alignment with how other jurisdictions are handling school exclusions across the country, including Southern Nevada Health District. The Washoe County School District Student Health Services staff are taking this to leadership to for feedback.

The Epidemiology Program has continued to host the weekly local provider call Friday at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local area physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners have also joined this call to provide weekly updates.

Outbreaks – There are currently over 30 classrooms on COVID-like Illness (CLI) outbreak status in Washoe County. A full two incubation periods (14 days x 2 = 28 days) need to pass without any new reported students or staff out with CLI in order to close these types of outbreaks.

Seasonal Influenza Surveillance - Influenza surveillance season officially started the week of September 27. Washoe County is experiencing low levels of Influenza-like Illness (ILI) activity, below both Nevada and national baselines.

General Communicable Diseases – During the month of October 168 reportable conditions were investigated by the Epidemiology team.

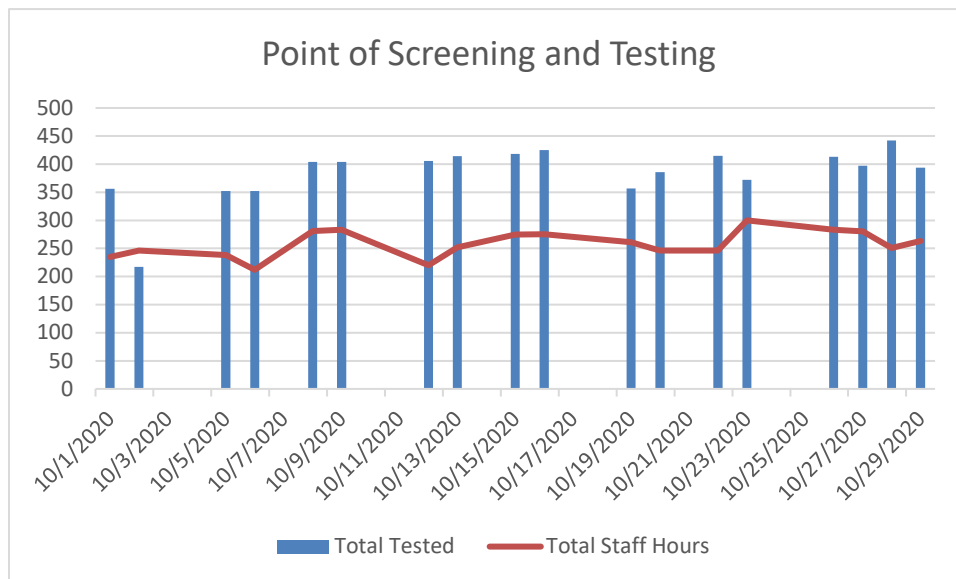
### **Public Health Preparedness (PHP)**

PHP previously purchased 51 mobile Stop the Bleed kits and partnered with the WCSD Emergency Management Department to distribute them to charter schools throughout the district. Contingent on the schools receiving the kits is participation in Stop the Bleed training from the WCSD Student Health Services Department.

PHP, the Reno Livestock Events Center (RLEC), the National Guard, CCHS, and other stakeholders planned for the relocation of the COVID-19 Testing POST from the Wells side of the RLEC to the Sutro side of RLEC. The POST will be located on the Sutro side from November 9, 2020 through April 2021.

The PHP program continues to work with Community and Clinical Health Services (CCHS) and community partners to run and operate the fall influenza vaccine pushout. PHP and CCHS conducted nine point-of-dispensing (POD) events in October and provided 1,158 influenza shots to vulnerable populations in our community. The PHP program also partnered with Hometown Health and supported 3 POD events in October that vaccinated 1,029 people. The intent of these vaccination drives is to both increase the general rate of influenza vaccination in the community as well as providing training opportunities for community partners to run high-volume POD sites in anticipation of the release of a COVID vaccine.

From September 29 to October 29, the POST has tested 6,924 individuals and utilized 4,650.15 hours of labor to accomplish this task. Roughly half of the labor hours have been provided by the Air and Army National Guard. The other half has been a combination of Reno Livestock Event Center Staff, paid staff (UNR hires), Community Emergency Response Team members and PHP staff. PHP has provided the onsite daily management of operations.



The COVID Call Center received a total of 10,002 risk assessments over the month, with some entered by end-users through the web portal, and others entered by the Call Center staff. The total number of packets assembled for testing at the POST was 8,075 and 1,184 of those patients did not arrive for their testing appointment. As of October 1, the COVID Call Center was staffed with 22 personnel comprised of 15 UNR paid contractors, six National Guard member and one Washoe County Health District employee. In October, four of the existing Call Center personnel transferred into positions as Disease Investigators. As of November 3, 2020, the COVID Call Center was staffed with a total of 21 personnel, comprised of 14 UNR paid contractors, six members of the National Guard, and one Washoe County Health District employee.

### **Inter-Hospital Coordinating Council**

The Hospital Preparedness Program (HPP) has been working with IHCC workgroups on many different items. The Response and Preparedness Plans have been revised and will be approved in December. Healthcare partners met to discuss the IHCC's Resource and Gap analysis and Hazard Vulnerability Assessment (HVA) goals for 2021.

Public Health Emergency Response Coordinator (PHERC) is meeting with State and Immunize Nevada partners to discuss COVID-19 vaccine roll out. As plans are released, they will be communicated to the healthcare partners.

On October 19, the PHERC, EMS Coordinator and REMSA conducted a Mutual Aid Evacuation Agreement (MAEA) training for a Skilled Nursing facility. This training also included a tabletop exercise. Exercises and trainings such as this are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

Weekly, IHCC partners, including Hospitals, EMS, QUAD county and County Emergency managers, meet to discuss surge plans to ensure healthcare partners are ready for any surges due to pandemic.

IHCC is planning a Community Flu POD on November 18 with all partners. Events like this will enhance the healthcare's ability to protect the community from the effects of COVID-19.

### **Emergency Medical Service (EMS)**

The EMS Coordinator and Statistician have continued partner visits to introduce themselves to their EMS partners. The EMS Coordinator was able to visit Gerlach Fire on November 4 while she was there assisting with a Flu POD. The EMS Coordinator and Statistician also visited North Lake Tahoe Fire Protection District on November 5.

The EMS Coordinator had the opportunity to ride-along with Reno Fire Station 1 to get a better understanding of Washoe County's EMS system from a frontline perspective. This experience was very informative and educational, and she plans to participate in more ride-alongs with partner agencies in the future.

The EMS statistician continues to provide data assistance to EMS partners in Washoe County. Anastasia provides monthly data updates pertaining REMSA response and priority level interventions implemented since August 13, 2020 and the impact it has had on fire call volumes and service utilization in Truckee Meadows Fire Protection District jurisdiction and station(s). The EMS statistician also provide supplemental maps monthly to TMFPD to visualize these impact(s).

**REMSA Percentage of Compliant Responses**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zone B,C, and D</b>	<b>All Zones</b>
July 2020	88%	-	-	-	84%	-
August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-
October 2020	88%				93%	

**Fiscal Year 2020-2021 (Quarter 1)**

Due to low call volumes in the separately defined response zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls.

Per the Franchise Agreement, REMSA shall insure that 90% of all presumptively defined life threatening calls have a response time of 8 minutes and 59 seconds or less within the combined Zone A areas. The response compliance also applies to Zones, B,C, and D with a response time of 15 minutes and 59 seconds or less for combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

For October 2020, REMSA reported 88% compliance for Zone A Priority 1 calls, and 93% compliance for Zone B/C/D Priority 1 calls. REMSA has outlined a summary of interventions to the EMS Oversight Program and EMS partners to mitigate future non-compliances for response time. The summary of interventions have been submitted and reviewed by the District Board of Health (DBOH).

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 493 deaths and 483 births during October.

**Number of Processed Death and Birth Records**

<b>October</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1,384	44	405	1833
Birth	650	81	344	1075
<b>Total</b>	<b>2034</b>	<b>125</b>	<b>749</b>	<b>2908</b>

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: November 19, 2020**

**DATE:** November 11, 2020

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** District Health Officer Report – COVID-19 Response, COVID-19 Joint Information Center Update, ODHO Staff Support, Public Health Accreditation, Community Health Improvement Plan, Behavioral Health and Public Communications and Outreach.

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COVID-19 Response

The COVID-19 outbreak continues with new cases in Washoe County increasing at exponential rates. Daily new cases as of November 10 stand at 337.4. That’s about 3.5 times more cases per day than we had October 1, and an eighty percent increase in just one week. Due to the high demand for testing and the delays in lab turnaround times due to high testing throughput the difficult decision was made to limit testing at the Point of Screening and Testing (POST) to symptomatic individuals unless they are close case contacts, or prioritized as healthcare workers and first responders. The POST has been relocated to its winter location on the east side of the Reno-Sparks Livestock Events Center, and being outfitted for operations through the winter months.

Call Center activities continue with the highest call volume experienced since the spring. Risk assessments and scheduling for testing are also occurring at record numbers. Heroic efforts to continue disease investigations in light of the huge increases in cases that have occurred are not enough to be able keep up. The State of Nevada is in discussions with other western states regarding disease investigation strategies in regard to prioritizing cases for investigation given the high levels of community transmission that are occurring. The Health District is currently prioritizing pediatric cases, schools with multiple positive cases, UNR and TMCC students, households with multiple positive cases, and first responders and healthcare workers. Contract tracing efforts are of limited effectiveness, however, due to the high levels of widespread community transmission that is occurring, as well as the time period from the onset of infectious periods in cases and investigations occurring due to time periods required to be scheduled for testing, receive results from testing, and contact being made by disease investigators.

The NEDS Base System (NBS) that is the electronic data platform that the State uses for reporting of communicable disease lab results and disease investigations is not sufficient to support the disease investigations for COVID-19 and cannot be modified to incorporate the many variables identified and tracked from case investigations. The State is exploring the utilization of EpiInfo and Qualtrics as potential data platforms that could be used to manage this data as well as automate disease investigations through self-administered surveys. This would not provide the quality of information obtained through personal interviews but could assist reaching cases that are not in the prioritized groups. The State had

worked with the Health District and Deloitte for a number of months to develop a Salesforce electronic data management platform for the disease investigations, but this was unsuccessful. Deloitte contact tracers are utilized to notify close case contacts identified through the disease investigation.

Planning and preparations are underway for dispensing of the COVID-19 vaccine once it becomes available. The WCHD has procured a super cold storage freezer to be able to store and distribute vaccine for the Health District. We are identifying and planning for initial vaccination of priority healthcare personnel, first responders and vulnerable populations, and for more widespread vaccination as additional doses become more widely available.

Both the continuing COVID-19 response and the future vaccination efforts will require additional funding. We have been able to utilize CARES funds provided by the State to pay for staff and operations through December 30. That has preserved our Epidemiology and Laboratory Capacity (ELC) grant funds of approximately \$9 million. However, based on the burn rate for staffing and operations for the COVID -19 response, those funds will be expended by the end of June 2021. The State funding for the Deloitte contact tracers ends on December 30 and the Deloitte support is not included in the ELC expenditures at this time, nor is the testing currently being conducted by Charles River Labs. We understand from the State that additional grant funds for COVID-19 vaccinations are expected. This activity is also not budgeted under the ELC expenditures.

#### COVID-19 Joint Information Center Update

The Washoe County Mask On Move On campaign is proceeding effectively with a substantial advertising push to be implemented immediately after the general election.

The campaign goal is to target the Spanish-speaking Latino community (millennials and elderly), college students/younger audience, essential employees working outside of the home and families of school-aged children. The message is to wear a mask and socially distance in private/small crowd gatherings, and is meant to be non-political and focus instead on doing whatever it takes to get past the pandemic. The tone and wording of the campaign is positive and upbeat as studies how shameful and absolutist language does not inspire behavior change.

The campaign features some known faces to build credibility and drive people to our COVID-19 landing page where people can access information on resources. The creative was developed specifically for Washoe County and draws inspiration from the area's mountains and natural landscape, and uses a combination of owned (website, social accounts), earned (public relations and outreach) and paid (TV, radio, digital, paid social) media. The campaign launched in mid-October, will increase in intensity on November 4 and will continue into January.

Recently, we created Mask On Move On Facebook pages in English and Spanish and an Instagram page. Starting after the general election, advertisements will run on TV (both in English and Spanish) as well as Spanish-language radio stations. The Regional Information Center hosted a meeting with community partners last week to discover ways our community partners can help share our messages through their own resources. Collaboration with those partners and identifying other influencers in our community will be key to our message resonating in our community.



### ODHO Staff Support

One of the ODHO Health Educators, the Administrative Secretary, and the Office Support Specialist continue to devote time to support disease investigations and COVID-19 communications outside of their normal work responsibilities.

### Public Health Accreditation

Progress continues in gathering and preparing documents for the PHAB annual report. Weekly meetings have been scheduled with subject matter experts in different divisions to discuss projects that need improvement. Six of eight measures are currently being worked on for submission that meets the criteria for the Annual Report.

### Community Health Improvement Plan (CHIP)

As outlined in the 2021 CHIP workplan, interviews were scheduled with stakeholders in October to discuss focus areas including behavioral health, housing and homelessness and physical activity and nutrition. During the interviews the ODHO team had the opportunity to learn about the trends and needs in the field and identified areas where further work is needed. The health educators collaborated with community stakeholders to make decisions on which items to roll over and created measurable objectives and actionable strategies that are included in the revised 2021 CHIP. The majority of items outlined in the approved 2018-2020 CHIP were achieved by partners. The 2021 CHIP was added as a one-year extension to the 2018-2020 CHIP. The document was submitted for possible acceptance of the revised 2018-2020 Community Health Improvement Plan.

A Family Health Festival was held on October 15, 2020 at the Stead Airport. Over 850 residents were served during the event. Of those who attended, 250 received a flu shot and 253 received food from Mobile Harvest. Seven community partners were on-site to provide direct services for families. Due to COVID, the number of partners onsite will continue to be limited. As a result, partners provided assistance information through Family Health Festival resource bags that were distributed to every participating family.

### Behavioral Health

Washoe County Health District (WCHD) is collaborating with Washoe County Human Services Agency (WCHSA) to address behavioral health needs directly related to the pandemic. The Nevada Resilience Project (formerly the FEMA Crisis Counseling grant) began their official deployment with the WCHSA on August 16, 2020. Resilience Ambassadors began contacting COVID-19 positive individuals and families to provide virtual supportive services and resources.

For the month of August, the Ambassadors provided supportive services and resources to 271 COVID-19 positive households. Supportive services are defined as a conversation lasting at least 15 minutes and does not include briefer check-ins or households where Ambassadors left a message. Of these contacts, the primary referral provided was related to community financial support. This included but is not limited to NV Energy assistance, mortgage/rent payment assistance, unemployment, food, and other housing related expenses.

Date: November 19, 2020

Subject: ODHO District Health Officer Report

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For the Month of September, the Ambassadors provided supportive services and resources to 831 COVID-19 positive households. A majority reported financial loss due to COVID and requested community financial resources as well as crisis counseling services such as individual/family therapy.

For the month of October, the Ambassadors provided supportive services and resources to 607 COVID-19 positive household. The primary emotional responses ranged between anxious/fearful and sadness/hopelessness. The primary resources requested community financial support as well as resources for those with disabilities.

As the number of cases continues to grow in Washoe County, the program is receiving additional support in the form of Ambassadors lent from rural and Clark County regions to make sure we can keep up with the number of calls needed.

Att.: October Media Mentions

DATE	STORY	Inquiries
10/1/2020	<p><b>KTYN:</b> Washoe County Health District Advises Against Increasing Crowd Sizes</p> <p><b>KRNV:</b> Washoe County health officer against eased cap on gatherings</p> <p>Associated Press: Nevada county health officer against eased cap on gatherings</p> <p>99.1 TALK: Health District releases list of business COVID-19 exposures</p> <p>Associated Press: Reno high school closed after 2 confirmed COVID-19 cases</p>	<p><b>FOX11:</b> Tony Phan asked for an interview about UNR students and COVID-19. He was pointed to yesterday's press briefing recording with Kevin Dick talking extensively about it.</p>
10/2/2020	<p>This is Reno: Health district urges UNR students to "understand" their role as UNR reports</p> <p><b>FOX11:</b> Washoe County declares October as Infant Safe Sleep Awareness Month</p> <p><b>FOX11:</b> If you went to the Trump rally, you might want to get a COVID-19 test</p> <p><b>KTYN:</b> Truck or treating with COVID-19</p> <p><b>KOH:</b> Gatherings changed to 250</p> <p><b>KOH:</b> Rise in cases from 18-24 age range</p> <p><b>FOX11:</b> Snike in cases from 18-24 age range</p> <p><b>Las Vegas Review-Journal:</b> Clark, Washoe health authorities complain about Sisolak's dir</p> <p><b>KOH:</b> Jump in recoveries tied to "data cleanup"</p>	<p><b>KRNV:</b> Producer asked for our thoughts on the Donald Trump Jr. rally in Sparks and the thought that DTJ might have been infected. Our response was that we encourage anyone who was at a large gathering who thinks they might have been exposed to be a test and not just a specific large gathering.</p> <p><b>RCJ:</b> Amy Alonzo asked about COVID-19 and ski resorts.</p> <p><b>UNR Student Journalist:</b> Asked about how COVID-19-related deaths are reported.</p> <p><b>KTYN:</b> Cynthia Sandoval called to give recommendations on the School District dashboard.</p>
10/5/2020	<p><b>FOX11:</b> Snake in cases from 18-24 age range</p> <p><b>Las Vegas Review-Journal:</b> Clark, Washoe health authorities complain about Sisolak's dir</p> <p><b>KOH:</b> Jump in recoveries tied to "data cleanup"</p>	<p><b>Reno Al Dia:</b> Issmar Ventura interviewed Liliama Wilbert about large gatherings in the Hispanic community.</p> <p><b>RCJ:</b> Heather Kerwin helped write COVID-19 safety information about ski resorts for Amy Alonzo.</p> <p><b>Las Vegas Review-Journal:</b> Colton Locheard asked about a letter signed by the Health District sent to the Governor's Office.</p> <p><b>Daily Caller:</b> Dylan House asked if any infections were reported from Trump rallies. No.</p> <p><b>RCJ:</b> James DeHaven asked for a letter asked about a letter signed by the Health District sent to the Governor's Office. We asked them to file a formal public information request.</p> <p><b>RCJ:</b> James DeHaven asked for a letter asked about a letter signed by the Health District sent to the Governor's Office. We asked them to file a formal public information request.</p> <p><b>Nevada Independent:</b> Megan Messerly asked about the "data cleanup" process and we provided her the statement that is in today's Regional Information Center update.</p> <p><b>Nevada Independent:</b> Megan Messerly asked about the "data cleanup" process and we provided her the statement that is in today's Regional Information Center update.</p> <p><b>RCJ:</b> Anjaneite Damon issued a public records request for plans submitted to the Health District under Governor Directive 033. Fulfilled.</p> <p><b>KTYN:</b> Cynthia Sandoval issued a public records request for a letter by the Health District sent to the Governor's office. Fulfilled.</p> <p><b>KTYN:</b> Bryan Hoffman requested an interview about Press Start barcade closing. sent him to code enforcement</p>
10/6/2020	<p><b>FOX11:</b> Clark, Washoe health authorities complain about Sisolak's directives</p> <p><b>KNPR (Las Vegas):</b> Clark, Washoe health authorities complain about Sisolak's directives</p> <p><b>KRNV:</b> Clark, Washoe health authorities complain about Sisolak's directives</p> <p>Nevada Appeal: Clark, Washoe health authorities complain about Sisolak's directives</p> <p>This is Reno: County schedules second round of drive-through flu vaccination clinics</p> <p><b>KRNV:</b> 3 more chances to get a drive-through flu shot</p> <p><b>KOH:</b> 3 more drive through flu shot clinics</p> <p>Northern Nevada Business Weekly: What's Up Downtown: Bars rely on mindful patrons to</p> <p><b>KTYN:</b> Lack of Communication: Washoe &amp; Clark Officials Write Letter To Gov. Sisolak's Office</p> <p><b>KOLO:</b> Nevada officials complain about governor's virus directives</p> <p><b>KNPR (Las Vegas):</b> Officials complain about Governor's directive</p> <p><b>RCJ:</b> Limited number of fans will be on hand as Reno 1868 FC prepares for playoff push</p> <p>Nevada Sports Net: Reno 1868 FC not cleared for 10 percent capacity for Saturday's playoff game</p> <p><b>RCJ:</b> Tahoe ski resorts banking on natural social distancing. Limited capacity for safe season</p> <p>Nevada Today: Grow, nourish and sustain together for World Food Day</p> <p><b>KRNV:</b> Nevada sees high demand for flu shots during the COVID-19 pandemic</p> <p>This is Reno: Washoe County enters month seven of pandemic surprises 10,000 case threshold</p> <p><b>KOLO:</b> Washoe County reaching out to groups at high risk for COVID-19</p> <p><b>KTYN:</b> Health District Won't Allow Large Events of Over 250 Due to Lack of Health Infrastructure</p> <p><b>KRNV:</b> Washoe County Health District won't allow large events of over 250 people for 30 days</p> <p><b>KOLO:</b> Washoe County Health District caps gatherings at 250</p> <p><b>KTYN:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KRNV:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KTYN:</b> Second round of drive-through flu shots available</p> <p>Nevada Sports Net: Reno needs to get its act together. It wants to watch the Wolf Pack in</p> <p>Nevada Today: Fall and spring break mitigation: remote instruction after fall break and spy</p> <p>This is Reno: Health Officer won't allow events of more than 250 as businesses limp along</p> <p><b>Las Vegas Review-Journal:</b> Julie Woodson-Greener asked for a statement about UNR's decision to learn remotely after Thanksgiving. It was provided.</p> <p><b>FOX 5 (Las Vegas):</b> Washoe County Health District 'checks capacity' to allow for large gatherings</p> <p><b>KTYN:</b> Closing gyms at UNR was necessary.</p> <p>99.1T talk: Health District lacks capacity to allow large gatherings</p> <p>USA Today: Nevada man's COVID-19 reinfection is 'yellow warning light' about broader c</p> <p><b>Wall Street Journal:</b> Requested information on essential workers who died of COVID-19 in Washoe County.</p> <p><b>Las Vegas Review-Journal:</b> Nevada stops COVID exposure reports for workplaces, hotels. <b>KTYN:</b> Ryan Canada asked about "fake positives" for his "My Two Cans" segment. We don't track it and sometimes results are changed from positive to negative before they get reported to us.</p> <p><b>KRNV:</b> Governor Sisolak, local health authorities release joint statement on productive meeting</p> <p><b>KOLO:</b> School board candidate, prison PFO tests positive for COVID-19</p> <p><b>RCJ:</b> USL playoffs: Reno 1868 FC races past LA Galaxy II for first possession win at home</p> <p><b>CNBC:</b> 25-year-old first in U.S. to contract coronavirus twice, second infection 'more severe' <b>CNN:</b> Requested interview with Heather Kerwin about the Nevada COVID-19 reinfection case. Live interview set for Wednesday at 6:30 a.m.</p>	
10/7/2020	<p><b>KTYN:</b> Lack of Communication: Washoe &amp; Clark Officials Write Letter To Gov. Sisolak's Office</p> <p><b>KOLO:</b> Nevada officials complain about governor's virus directives</p> <p><b>KNPR (Las Vegas):</b> Officials complain about Governor's directive</p> <p><b>RCJ:</b> Limited number of fans will be on hand as Reno 1868 FC prepares for playoff push</p> <p>Nevada Sports Net: Reno 1868 FC not cleared for 10 percent capacity for Saturday's playoff game</p> <p><b>RCJ:</b> Tahoe ski resorts banking on natural social distancing. Limited capacity for safe season</p> <p>Nevada Today: Grow, nourish and sustain together for World Food Day</p> <p><b>KRNV:</b> Nevada sees high demand for flu shots during the COVID-19 pandemic</p> <p>This is Reno: Washoe County enters month seven of pandemic surprises 10,000 case threshold</p> <p><b>KOLO:</b> Washoe County reaching out to groups at high risk for COVID-19</p> <p><b>KTYN:</b> Health District Won't Allow Large Events of Over 250 Due to Lack of Health Infrastructure</p> <p><b>KRNV:</b> Washoe County Health District won't allow large events of over 250 people for 30 days</p> <p><b>KOLO:</b> Washoe County Health District caps gatherings at 250</p> <p><b>KTYN:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KRNV:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KTYN:</b> Second round of drive-through flu shots available</p> <p>Nevada Sports Net: Reno needs to get its act together. It wants to watch the Wolf Pack in</p> <p>Nevada Today: Fall and spring break mitigation: remote instruction after fall break and spy</p> <p>This is Reno: Health Officer won't allow events of more than 250 as businesses limp along</p> <p><b>Las Vegas Review-Journal:</b> Julie Woodson-Greener asked for a statement about UNR's decision to learn remotely after Thanksgiving. It was provided.</p> <p><b>FOX 5 (Las Vegas):</b> Washoe County Health District 'checks capacity' to allow for large gatherings</p> <p><b>KTYN:</b> Closing gyms at UNR was necessary.</p> <p>99.1T talk: Health District lacks capacity to allow large gatherings</p> <p>USA Today: Nevada man's COVID-19 reinfection is 'yellow warning light' about broader c</p> <p><b>Wall Street Journal:</b> Requested information on essential workers who died of COVID-19 in Washoe County.</p> <p><b>Las Vegas Review-Journal:</b> Nevada stops COVID exposure reports for workplaces, hotels. <b>KTYN:</b> Ryan Canada asked about "fake positives" for his "My Two Cans" segment. We don't track it and sometimes results are changed from positive to negative before they get reported to us.</p> <p><b>KRNV:</b> Governor Sisolak, local health authorities release joint statement on productive meeting</p> <p><b>KOLO:</b> School board candidate, prison PFO tests positive for COVID-19</p> <p><b>RCJ:</b> USL playoffs: Reno 1868 FC races past LA Galaxy II for first possession win at home</p> <p><b>CNBC:</b> 25-year-old first in U.S. to contract coronavirus twice, second infection 'more severe' <b>CNN:</b> Requested interview with Heather Kerwin about the Nevada COVID-19 reinfection case. Live interview set for Wednesday at 6:30 a.m.</p>	
10/8/2020	<p><b>KTYN:</b> Lack of Communication: Washoe &amp; Clark Officials Write Letter To Gov. Sisolak's Office</p> <p><b>KOLO:</b> Nevada officials complain about governor's virus directives</p> <p><b>KNPR (Las Vegas):</b> Officials complain about Governor's directive</p> <p><b>RCJ:</b> Limited number of fans will be on hand as Reno 1868 FC prepares for playoff push</p> <p>Nevada Sports Net: Reno 1868 FC not cleared for 10 percent capacity for Saturday's playoff game</p> <p><b>RCJ:</b> Tahoe ski resorts banking on natural social distancing. Limited capacity for safe season</p> <p>Nevada Today: Grow, nourish and sustain together for World Food Day</p> <p><b>KRNV:</b> Nevada sees high demand for flu shots during the COVID-19 pandemic</p> <p>This is Reno: Washoe County enters month seven of pandemic surprises 10,000 case threshold</p> <p><b>KOLO:</b> Washoe County reaching out to groups at high risk for COVID-19</p> <p><b>KTYN:</b> Health District Won't Allow Large Events of Over 250 Due to Lack of Health Infrastructure</p> <p><b>KRNV:</b> Washoe County Health District won't allow large events of over 250 people for 30 days</p> <p><b>KOLO:</b> Washoe County Health District caps gatherings at 250</p> <p><b>KTYN:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KRNV:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KTYN:</b> Second round of drive-through flu shots available</p> <p>Nevada Sports Net: Reno needs to get its act together. It wants to watch the Wolf Pack in</p> <p>Nevada Today: Fall and spring break mitigation: remote instruction after fall break and spy</p> <p>This is Reno: Health Officer won't allow events of more than 250 as businesses limp along</p> <p><b>Las Vegas Review-Journal:</b> Julie Woodson-Greener asked for a statement about UNR's decision to learn remotely after Thanksgiving. It was provided.</p> <p><b>FOX 5 (Las Vegas):</b> Washoe County Health District 'checks capacity' to allow for large gatherings</p> <p><b>KTYN:</b> Closing gyms at UNR was necessary.</p> <p>99.1T talk: Health District lacks capacity to allow large gatherings</p> <p>USA Today: Nevada man's COVID-19 reinfection is 'yellow warning light' about broader c</p> <p><b>Wall Street Journal:</b> Requested information on essential workers who died of COVID-19 in Washoe County.</p> <p><b>Las Vegas Review-Journal:</b> Nevada stops COVID exposure reports for workplaces, hotels. <b>KTYN:</b> Ryan Canada asked about "fake positives" for his "My Two Cans" segment. We don't track it and sometimes results are changed from positive to negative before they get reported to us.</p> <p><b>KRNV:</b> Governor Sisolak, local health authorities release joint statement on productive meeting</p> <p><b>KOLO:</b> School board candidate, prison PFO tests positive for COVID-19</p> <p><b>RCJ:</b> USL playoffs: Reno 1868 FC races past LA Galaxy II for first possession win at home</p> <p><b>CNBC:</b> 25-year-old first in U.S. to contract coronavirus twice, second infection 'more severe' <b>CNN:</b> Requested interview with Heather Kerwin about the Nevada COVID-19 reinfection case. Live interview set for Wednesday at 6:30 a.m.</p>	
10/13/2020	<p><b>KTYN:</b> Lack of Communication: Washoe &amp; Clark Officials Write Letter To Gov. Sisolak's Office</p> <p><b>KOLO:</b> Nevada officials complain about governor's virus directives</p> <p><b>KNPR (Las Vegas):</b> Officials complain about Governor's directive</p> <p><b>RCJ:</b> Limited number of fans will be on hand as Reno 1868 FC prepares for playoff push</p> <p>Nevada Sports Net: Reno 1868 FC not cleared for 10 percent capacity for Saturday's playoff game</p> <p><b>RCJ:</b> Tahoe ski resorts banking on natural social distancing. Limited capacity for safe season</p> <p>Nevada Today: Grow, nourish and sustain together for World Food Day</p> <p><b>KRNV:</b> Nevada sees high demand for flu shots during the COVID-19 pandemic</p> <p>This is Reno: Washoe County enters month seven of pandemic surprises 10,000 case threshold</p> <p><b>KOLO:</b> Washoe County reaching out to groups at high risk for COVID-19</p> <p><b>KTYN:</b> Health District Won't Allow Large Events of Over 250 Due to Lack of Health Infrastructure</p> <p><b>KRNV:</b> Washoe County Health District won't allow large events of over 250 people for 30 days</p> <p><b>KOLO:</b> Washoe County Health District caps gatherings at 250</p> <p><b>KTYN:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KRNV:</b> Health District to meet with Governor's office regarding communication</p> <p><b>KTYN:</b> Second round of drive-through flu shots available</p> <p>Nevada Sports Net: Reno needs to get its act together. It wants to watch the Wolf Pack in</p> <p>Nevada Today: Fall and spring break mitigation: remote instruction after fall break and spy</p> <p>This is Reno: Health Officer won't allow events of more than 250 as businesses limp along</p> <p><b>Las Vegas Review-Journal:</b> Julie Woodson-Greener asked for a statement about UNR's decision to learn remotely after Thanksgiving. It was provided.</p> <p><b>FOX 5 (Las Vegas):</b> Washoe County Health District 'checks capacity' to allow for large gatherings</p> <p><b>KTYN:</b> Closing gyms at UNR was necessary.</p> <p>99.1T talk: Health District lacks capacity to allow large gatherings</p> <p>USA Today: Nevada man's COVID-19 reinfection is 'yellow warning light' about broader c</p> <p><b>Wall Street Journal:</b> Requested information on essential workers who died of COVID-19 in Washoe County.</p> <p><b>Las Vegas Review-Journal:</b> Nevada stops COVID exposure reports for workplaces, hotels. <b>KTYN:</b> Ryan Canada asked about "fake positives" for his "My Two Cans" segment. We don't track it and sometimes results are changed from positive to negative before they get reported to us.</p> <p><b>KRNV:</b> Governor Sisolak, local health authorities release joint statement on productive meeting</p> <p><b>KOLO:</b> School board candidate, prison PFO tests positive for COVID-19</p> <p><b>RCJ:</b> USL playoffs: Reno 1868 FC races past LA Galaxy II for first possession win at home</p> <p><b>CNBC:</b> 25-year-old first in U.S. to contract coronavirus twice, second infection 'more severe' <b>CNN:</b> Requested interview with Heather Kerwin about the Nevada COVID-19 reinfection case. Live interview set for Wednesday at 6:30 a.m.</p>	

10/14/2020	Las Vegas Review-Journal: COVID cases are on the rise; state believes deaths are next Northern Nevada Business: Weekly \$2.55 million available in second round of Reno COVID KTNN: My Two Cents about false positives KTNN: More drive through flu shot clinics CNN: Heather Kerwin's interview regarding a COVID-19 reinfection case Associated Press: Hallocken cancelled at Nevada governor's mansion over virus -- Washoe Nevada Sports Net: Reno 1868 FC approved for 10 percent capacity for Saturday's playoff KTNN: COVID-19 doesn't appear to be going anywhere KOH: COVID-19 update in Washoe County KRNK: No-shows an issue at Washoe County COVID-19 testing FOX11: Washoe County reinfection case KOLO: Washoe County Health District, Hometown Health host flu shot clinic This is Reno: Washoe County reports 100 cases per day, many experiencing "COVID fatigue" KOLO: Reno 1868 FC gets county, state approval to host 10% capacity crowd for semifinal match This is Reno: Reno contracts new cleaning crew to clear homeless camps KOLO: No show rate increasing for COVID-19 tests KRNK: Washoe County chair Bob Lacey seen not wearing mask at Trump Jr. rally KUNR: Family Health Festival KRNK: Family Health Festival KRNK: Family Health Festival	FOX11: Tony Phan interviewed Heather Kerwin about the Nevada COVID-19 reinfection case. KOLO: Gurajpal Sangha requested interview about Wednesday's Flu Shot Drive Through event at Livestock with Hometown Health. I worked with Renown to get one of their people interviewed. KTNN: Bryan Hoffman requested an update about Reno 1868's home game this weekend. TBD. KTNN: Erin Sims asked about "the curve". Working on it. KOLO: Kelsey Marter inquired about our stance on Halloween. Sent her Kevin's remarks from a previous press briefing. KRNK: Hailey Vetterlein asked about the reinfection case in Washoe County. AP: Scott Sommer asked about the approval of the Reno 1868 plan
10/15/2020		
10/16/2020		
10/21/2020	KTNN: Helpful High Dose Flu Vaccine Information KTNN: Health District reports highest number of active cases KTNN: Flu shot clinic at Livestock Events Center KRNK: Active COVID-19 cases reach all time high Nevada Sports Net: Nevada football preps for a game unlike any other: one without fans RGI: Washoe County sets new record for active COVID cases KRNK: Health District issues guidance on Halloween Associated Press: Washoe County has record-high number of virus cases This is Reno: Nevada in the COVID-19 red zone, Washoe County flagged as high risk Nevada Independent: Indiv Environment: In the 2020 election, climate change, clean energy remain on the ballot RGI: The week in COVID-19: Cases more than double in young kids in Washoe County RGE: Washoe County hits new highs for daily cases, total active cases 8 News Now (Las Vegas): Washoe County reports record number of COVID-19 cases: Friday This is Reno: Nevada in the COVID-19 red zone, Washoe County flagged as high risk Las Vegas Sun: Reno area reports highest single-day COVID-19 spike News 3 (Las Vegas): Reno nears his COVID-19 single day record Las Vegas Review-Journal: Nevadans want 'normal life' to return as COVID fatigue sets in RGI: Debt vs all over again? Airport warns Pence that planned Reno rally could break COVID KRNK: Washoe County Health District on what is behind the rising COVID-19 numbers Associated Press: Nevada task force: Washoe County to meet after virus surge KNPR (Las Vegas): State COVID Task Force, Washoe County Officials To Discuss Risks KRNK: Rise in cases tied to COVID-19 fatigue problem KTNN: Uptick in COVID-19 cases in Washoe County KRNK: Uptick in COVID-19 cases in Washoe County	
10/28/2020	RGI: Airport officials OK planned Pence rally in Reno, so long as organizers play by COVID This is Reno: COVID-19: County reports massive COVID-19 case increase KTNN: Nevada Task Force, Washoe County to Meet After Virus Surge Associated Press: Washoe County's active COVID-19 cases up 52% in two weeks	RGI: Stobhan McAndrew asked several questions about WCSD and COVID-19 KRNK: Tony Phan inquired about COVID-19 vaccination planning KTNN: Cynthia Sandoval asked about Gerlach School closing Review-Journal: Bill Dentzer asked about the Pence rally KUNR: Jayden Perez asked for the link to today's media availability RGI: Stobhan McAndrew asked several questions about WCSD and COVID-19 KRNK: Tony Phan inquired about COVID-19 vaccination planning KTNN: Cynthia Sandoval asked about Gerlach School closing Review-Journal: Bill Dentzer asked about the Pence rally KUNR: Jayden Perez asked for the link to today's media availability
10/29/2020	RGI: Washoe County COVID cases set record. What could this mean? Associated Press: 7 straight days of record active Washoe County COVID cases KOLO: COVID-19 situation in Washoe County not great KRNK: Testing backlog RGI: Coronavirus surge: Washoe County drops limit on groups to 50; state orders faster	
Total	102	57
Press Releases		
10/5/2020	Health District Announces Second Round of Drive-Through Flu Shot Clinics	
10/8/2020	Health District Won't Allow Large Events of Over 250 Due to Lack of Adequate Health Infrastructure	
10/21/2020	Health District Issues Recommendations for Safe Halloween, Dia de los Muertos Celebrations	
10/29/2020	Update on Public Gatherings in Washoe County	
Total	4	
Social Media Followers	WCHD Facebook: 4,850 (+98 since October 1) WCHD Twitter: 1,963 (+51 since October 1)	