

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2018-2020

Community Health Improvement Plan

June 2018



Public Health
Prevent. Promote. Protect.

Record of Changes To Plan:

Date of Review	Reviewed By	Pages Where Changes Were Made	Summary of Changes

Table of Contents

Introduction.....	8
Summary of Goals and Objectives.....	12
Focus Area 1—Housing	14
Housing Action Plan	16
Focus Area 2—Behavioral Health	23
Behavioral Health Action Plan	25
Focus Area 3—Nutrition and Physical Activity	34
Physical Activity and Nutrition Action Plan.....	36
Appendices.....	42
Appendix One: Acronyms.....	43
Appendix Two: Community Assets and Resources.....	44

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Community Health Improvement Plan Committees

Once focus areas were selected as described in the introduction, the following committees were developed to determine the items to be included in the action plan for each focus area. The Community Health Improvement Plan (CHIP) Committees met several times between February and May of 2018 to help guide the development of the focus area action plans. The CHIP focus area Committee leaders include:

Housing

JD Klippenstein - ACTIONN

Behavioral Health

Catrina Peters - Washoe County Health District

Nutrition and Physical Activity

Kelli Goatley-Seals - Washoe County Health District

Rayona Dixon- Washoe County Health District

Community Members

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 effort is 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 to include 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, 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.

Boys and Girls Club of Truckee Meadows
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
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
Northern Nevada HOPES
NVEnergy
Praxis
Reno Area Alliance for the Homeless
Reno Housing Authority
Reno + Sparks Chamber of Commerce
Renown Health
San Francisco Federal Reserve Bank
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
Washoe County Chronic Disease Coalition
Washoe County Health District
Washoe County Human Services Agency
Washoe County School District
Wells Fargo

Letter from the Board of Health Chair



Dear Colleagues,

The 2018-2020 Community Health Improvement Plan (CHIP) is a true reflection of the collaboration and partnership seen across the Truckee Meadows in pursuit of better health. It provides an excellent foundation to align the efforts of the many community partners working together collectively to improve the health of our community. Development of the 2018-2020 CHIP is a critical step towards tackling some of our most pressing public health issues.

I'm especially proud to see housing and behavioral health included as focus areas as we know those are both critical issues in our community. Our recent economic growth has brought many benefits to the community but has also resulted in high costs and limited availability of housing. We know there is a strong relationship between housing and health outcomes and addressing our housing crisis is essential for improving the health of all in the community, especially those who are most vulnerable. We also know that housing is an important first step on the road to recovery for those struggling with mental illness or substance abuse and the strong overlap of these issues is reflected in both the housing and behavioral health focus areas of the CHIP.

Please join me in supporting the work this plan outlines as we look towards the future and improve the health of our community. The strategies laid out are a robust body of work and will only be possible with community partners working together. While this will undoubtedly be a challenging endeavor, it will ultimately lead to a better and healthier Truckee Meadows for all of us.

Sincerely,

A handwritten signature in black ink that reads "Kitty H. Jung". The signature is fluid and cursive, with the first name "Kitty" and last name "Jung" clearly legible.

Kitty Jung
Washoe County Commissioner

Chair, Washoe County District Board of Health

Letter from the District Health Officer



Dear Friends and Colleagues,

As we recently wrapped up our first ever Community Health Improvement Plan (CHIP), celebrated the progress made and reflected on the lessons learned, I'm excited to share with you our second Community Health Improvement Plan. The 2018-2020 CHIP was developed in response to the 2018-2020 Community Health Needs Assessment (CHNA) and is the result of six months of planning, evaluating and engaging the community to gain a better understanding of what the community sees as the top priorities for us to focus our work on.

While we know there are many health needs in our community, our current housing crisis is the focus area that has been selected as the first priority. Using the Regional Comprehensive Strategy for Affordable Housing, developed through Truckee Meadows Healthy Communities, Truckee Meadows Regional Planning Agency, and Enterprise Community Partners, it seeks both short and long term solutions to address the high cost and limited availability of housing in Washoe County. Our second focus area, Behavioral Health, is of utmost urgency to address the current public health crisis we are experiencing due to limited capacity to prevent, diagnose, and treat mental illness and substance use. Our third focus area, Nutrition and Physical Activity, is at the core of preventing chronic disease and helping our residents live healthy lives.

As you review the 2018-2020 Community Health Improvement Plan, you'll find that we've included specific goals, objectives and strategies to not only align the efforts of many community partners, but also enable measurement and evaluation of our accomplishments. Community-wide collaboration is essential to the success of every CHIP and this document reflects a high level of cooperation and partnership across the Truckee Meadows. My thanks to all our community partners who made this plan possible.

Sincerely,

A handwritten signature in blue ink that reads "Kevin A. Dick". The signature is fluid and cursive.

Kevin Dick
Washoe County District Health Officer

Introduction

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 first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno in January of 2015. The second 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 are 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.

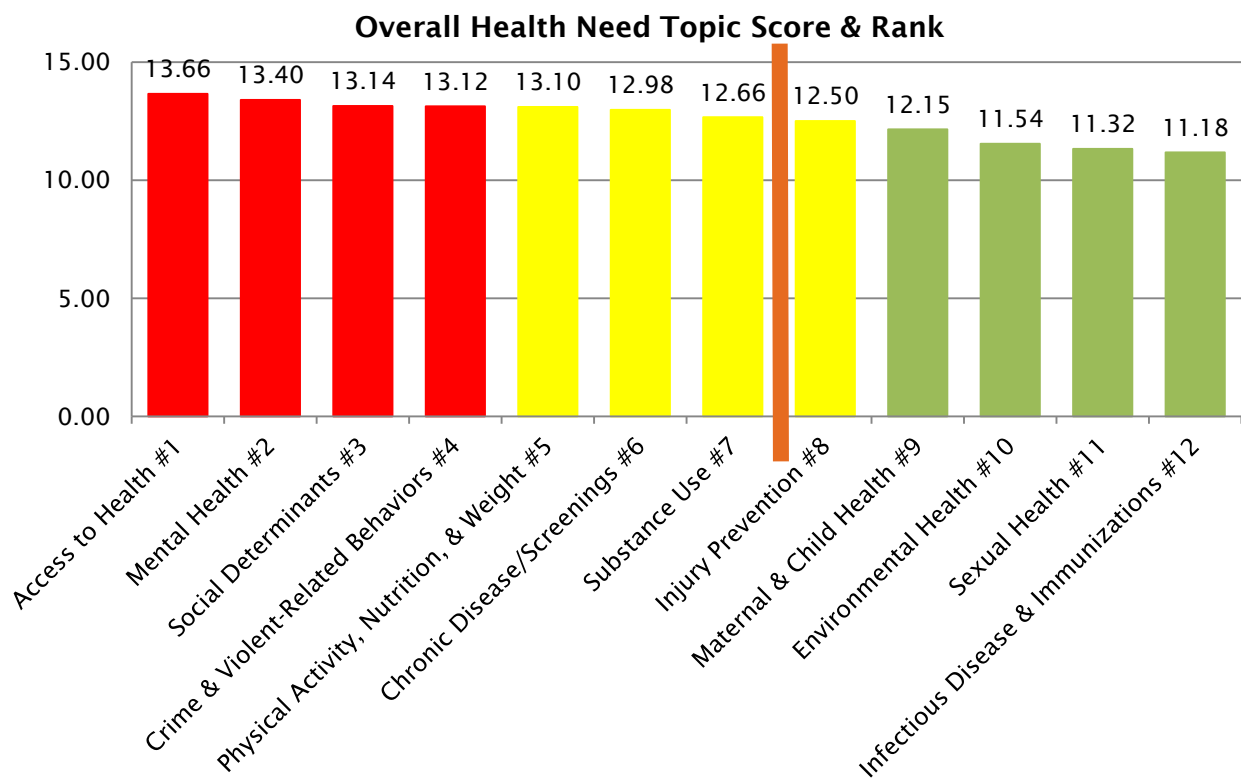
In addition to extensive amounts of data, the CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected 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 provides 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. TMHC is a cross-sectorial coalition representing the Truckee Meadows community including local governments, non-profits, education, healthcare, business and supporting partners. The Steering Committee was requested to select no more than three focus areas from the broader list of focus 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 the 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 and the areas where there was 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 disorder, 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 2018-2020 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 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.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for the severely mentally ill (SMI).	1.1	By September 1, 2018 identify and support alternative funding models for housing SMI.
		1.2	By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.

2	Assess and address current status and need for Behavioral Health services in Washoe County	2.1	By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.2	By December 31, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.
3	Reduce depression and suicidal behaviors in adolescents	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

Focus Area 1—Housing

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% increase¹. When comparing the same timeframe, there has been a 34% increase in the average rental price from \$829 to \$1,111² 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 average³. 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.

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

² 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>

³Bureau of Labor Statistics. Western Information Office. Accessed 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 health⁴. Rates of mental health crisis, substance abuse⁵, food insecurity rates⁶ 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.

⁴ 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.

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

⁶Wiley 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.
2. By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability.
3. By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability.
4. By July 1, 2020 implement Regional Strategy for Housing Affordability as indicated in plan implementation schedule.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of housing units		191,390 (2016)	Increase
Number of housing units per capita	Decreasing	43,026 houses per 100,000 population (2016)	Increase
Unaffordable rent (paying more than 30% income on rent)	STABLE	48.7% (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease
Vacancy rate for low income rental units**	Decreasing	2.6%	Increase

**Vacancy rate for Reno rental units at properties that are participating in the low income housing tax credit program.

Source: "Taking Stock" Nevada Housing Division, 2017

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By May 1, 2018 complete Phase I of the Regional Strategy for Housing Affordability.	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete	June 1, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability.	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of roadmap complete	September 30, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability.	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of roadmap complete	Nov 31, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By July 1, 2020 implement Regional Strategy for Housing Affordability as indicated in plan implementation schedule.	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability	Identify or establish organization to lead implementation	Organization identified/established	June 1, 2018 - June 30, 2019	<u>Owner:</u> Truckee Meadows Healthy Communities
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed	To be determined	<u>Owner:</u> To be determined

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 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
2. By September 1, 2018 identify best practices for incorporating community case management** for people receiving housing assistance.

**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.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of homeless persons	Increasing	989 persons (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease
Housing units per capita	Decreasing	43,026 per 100,00 population	Increase
Unaffordable rent (paying more than 30% income on rent)	STABLE	48.7% (2016)	Decrease
Vacancy rate for low income rental units**	Decreasing	2.6%	Increase

**Vacancy rate for Reno rental units at properties that are participating in the low income housing tax credit program.
Source: "Taking Stock" Nevada Housing Division, 2017

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner	
By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).	Identify alternative funding models for housing SMI	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	<u>Owner:</u> Washoe County Human Services, RAAH, ACTIONN	
		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		
		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		
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information	August 15, 2018- June 30, 2020		
	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.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.	June 1, 2018		<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.	July 31, 2018		<u>Owner:</u> Nevada Interagency Council on Homelessness

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	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.	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	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> WCHD MPH Intern, RHA
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared	August 15, 2018	
Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	Document experiences and results from Washoe County's Community Case Managers.	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	<u>Owner:</u> Washoe County Human Services <u>Supporter:</u> UNR MPH Intern
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	August 1, 2018	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern
		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	<u>Owner:</u> UNR MPH Intern

Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	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.	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	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> City of Reno, Volunteers of America

Objective 2	Strategy 4	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	Support implementation of objectives/strategies outlined in the HUD Youth Demonstration grant.	Identify a timeline to implement grant objectives	Document reflecting implementation timeline	July 1, 2018	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee
		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	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee
		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	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee

Focus Area 2—Behavioral Health

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,⁷ 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.⁸ 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 capita⁹. 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 referrals for behavioral health from community based partners are often limited by lack

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

⁸ Center for Disease Control and Prevention. CDC Mental Illness Surveillance. Accessed https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

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

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.

Community Health Improvement Plan

Behavioral Health Action Plan

Focus Area: Behavioral Health

Goal 1: To stabilize and improve housing security for the severely mentally ill (SMI).

Objective (SMART Format):

1. By September 1, 2018 identify and support alternative funding models for housing SMI.
2. By September 1, 2018 identify best practices for incorporating community case management** for SMI receiving housing assistance.

**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.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of homeless persons	Increasing	989 persons (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems, poor mental health days, premature death

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).	Identify alternative funding models for housing SMI	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	Owner: Washoe County Human Services, RAAH, ACTIONN
		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 (ie, State Medicaid Administrator approval/letter of support, legislative action needed, etc)	July 15, 2018	
		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	
	Strategy 2	Tactic	Performance Indicator	Target Date	
Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information	August 2018-June 2020		

	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
	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.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.	June 1, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.	July 31, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness

Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	Document experiences and results from Washoe County's Community Case Managers.	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	<u>Owner:</u> Washoe County Human Services <u>Supporter:</u> UNR MPH Intern
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	August 1, 2018	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern

		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	Owner: UNR MPH Intern
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Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	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.	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	Owner: Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America

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 October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
2. By December 31, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.
3. By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Percent of population living in HRSA primary care provider shortage area	Increasing	35.4% (2016)	Decrease
Percent of population living in HRSA mental health provider shortage area	STABLE	100.0% (2016)	Decrease
Ratio of providers to population (mental care)	~	390:1 (Mental Health-2014)	Increase

Robert Wood Johnson County Health Ranking Indicator Impacted: Premature death, poor mental health days, mental health providers

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.	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.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	August 1, 2018	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association
		Determine optimal format of information sharing, ie, one page handout,	Informational materials are developed	Sept 1, 2018	
		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts	October 1, 2018	

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By December 31st, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated	August 15, 2018	<u>Owner:</u> Shelia Leslie, Washoe County Regional Health Board <u>Supporter:</u> WCHD MPH Intern
		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed	December 31, 2018	<u>Owner:</u> Shelia Leslie, Washoe County Regional Health Board <u>Supporter:</u> WCHD MPH Intern

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.	Explore opportunities to increase efficiency of Behavioral Health Licensure boards in order to expedite licensure	Identify means of modernization of licensure boards and resources needed for modernization	Document reflecting opportunities for modernization corresponding resources needed	Sept 1 st , 2018	Owner: NV Primary Care Association, Washoe County Health District
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions		

Community Health Improvement Plan

Behavioral Health Action Plan

Focus Area: Behavioral Health

Goal 3: Reduce depression and suicidal behaviors in adolescents

Objective (SMART Format):

1. By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Adolescents that felt sad or hopeless	~	33.5% (2015)	Decrease
Adolescents that seriously considered suicide	~	18.8% (2015)	Decrease
Number of intentional self-harm deaths (age 15-24)	~	5 (2015)	Decrease

Robert Wood Johnson County Health Ranking Indicator Impacted: Premature death, injury deaths

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.	Implement Signs of Suicide education and screening program for all 7 th grade students in Washoe County	Approval of District administrative regulation for implementation of Signs of Suicide education and screening for all 7 th grade students	Approved Administrative regulation	Sept 1, 2019	<u>Owners:</u> Washoe County School District, Children's Cabinet
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming	Sept 1, 2018	
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for consent for screening	March 1, 2019	
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
	Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students.	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing Work with stakeholders to identify ways to overcome barriers	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	March 1, 2019	<u>Owners:</u> Washoe County School District <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children's Cabinet

Focus Area 3—Nutrition and Physical Activity

Obesity is a chronic problem of individual and public health affecting a large number of people all over the nation. According to the 2018-2020 Washoe County Community Health Needs Assessment, the percentage of adults, seventh graders, and tenth graders in Washoe County classified as overweight or obese is steadily increasing. Overweight and obesity is a health condition that occurs when a person's Body Mass Index (BMI) is over 25.0. A BMI above 25.0 is a concern because it is strongly correlated with adverse health outcomes and reduced quality of life.¹⁰ Overweight and obesity in children are among the most important risks to children's long and short-term health. Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma and they are more likely to have increased blood pressure and high cholesterol levels. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood.¹¹

There is strong scientific evidence that supports the benefits of eating a healthful diet, participating in regular physical activity and maintaining a healthy body weight to decrease a person's risk of developing serious health conditions. The U.S. Department of Health and Human Services has physical activity guidelines for children, adolescents, adults, and older adults that recommend the quantity and type of physical activity ideal for each population subgroup.¹² Similar to physical activity, dietary guidelines have been established. Though we know that these behaviors combined can lead to positive health outcomes, a large segment of Washoe County residents struggle to achieve recommended daily amount of physical activity and consume recommended amounts of fruits and vegetables. Adults and children are regularly faced with unhealthy food and beverage options in their daily lives.

Residents and service agencies within Washoe County identified increasing physical activity and optimal nutrition for all as a key priority because of the current state of these concerns in our community. The 5210 Framework will guide the Physical Activity and Nutrition Committee's work to combat chronic conditions and improve health behaviors related to physical activity and nutrition for youth and adults. The educational campaign adapted from Maine's LetsGo! 5210 program aims to help kids and families recognize healthy choices.

¹⁰ Center for Disease Control and Prevention. Healthy Weight. Accessed https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

¹¹ Center for Disease Control and Prevention. Childhood Obesity Causes & Consequences. Accessed <https://www.cdc.gov/obesity/childhood/causes.html>

¹² U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. Accessed <http://health.gov/dietaryguidelines/2015/>

By promoting physical activity and nutrition across sectors, partners will increase awareness of their role in fostering positive health outcomes and increase their active participation in this role. Health and wellness (behaviors) are shaped by the places where community members live, work, learn and play. The community environment, including homes, schools, worksites, parks, and streets can be transformed to make healthy choices easy and accessible for all.

The importance of a consistent message about healthy habits will increase our community's knowledge on how to make healthier decisions. Policy and environmental changes implemented in locations such as worksites, health care providers and locations frequented by youth can likely influence desired behavior change related to nutrition and physical activity. The PA/N CHIP Committee will also advocate for organizational changes in regards to the types of food offered to our residents whether it be in a school vending machine, a park's concession stand, or during workplace events.

Community Health Improvement Plan

Physical Activity and Nutrition Action Plan

Focus Area: Physical Activity and Nutrition

Goal 1: To 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 program from 1 to 11.
2. By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
3. By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
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.

Outcome Indicator (From CHNA):

Indicator	Most Recent Year	Outcome Indicator Change Desired
Physical Activity among adolescents	27.0% (2015) 7+ days/week	Increase
Adults that met aerobic and strength guidelines	28.5% met both (2015)	Increase
Adults that met aerobic guidelines	32.5% (2015)	Increase
Adults that met strength guidelines	7.9% (2015)	Increase
Fruit consumption among adolescents	32.2% 2+ times/day (2015)	Increase
Vegetable consumption among adolescents	27.2% 2+ times/day (2015)	Increase
Fruit consumption among adults	80.8% 1+ servings/day (2015)	Increase
Vegetable consumption among adults	80.8% 1+ servings/day (2015)	Increase

Robert Wood Johnson County Health Ranking Indicator Impacted:

Percent of adults that report a BMI \geq 30, Percent of adults aged 20 and over reporting no leisure-time

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.	1. Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established	August 31, 2018	Owner: Community Health Alliance Supporter: PA/N CHIP Committee
		Determine branding of local 5210 efforts	Local brand approved by advisory board	September 30, 2018	Owner: Community Health Alliance (CHA) Supporters: WCHD, Advisory Board
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	# of marketing strategies identified	October 31, 2018	
		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed	September 30, 2018	
	2. Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	# of learning opportunities planned	September 30, 2018	Owner: Community Health Alliance (CHA) Supporter: WCHD, Advisory Board
		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 # of organizations/health care practices educated	December 31, 2018	
	3. Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified	June 30, 2019	Owner: Community Health Alliance (CHA) Supporter: WCHD, Advisory Board

Objective	Strategy	Tactic	Performance Indicator	Target Date	Owner
By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.	Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 program in Reno/Sparks.	Recruit a minimum of 5 youth organizations to implement 5210! program	# of organizations implementing 5210 # of youth impacted by 5210	June 30, 2019	Owners: Community Health Alliance (CHA) Supporters: WCHD, Advisory Board
		Recruit 1 health care provider to implement 5210 program	# of health care providers implementing 5210 # of families impacted by 5210	June 30, 2019	
		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	Owners: Community Health Alliance (CHA) Supporters: Reno/Sparks Chamber of Commerce, WCHD, Advisory Board
		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	# of organizations implementing 5210 # of employees impacted by 5210	June 30, 2019	
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	# of organizations reached with education and TA about 5210 components	Through June 2019	

Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
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.	Develop a toolkit for implementing healthy vending and concessions in Washoe County.	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	Owner: WCHD Supporter: Renown Health
		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	
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites		Owner: Renown Health Supporter: WCHD
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	# of toolkits and informational documents developed	April 30, 2019	Owners: WCHD and Renown Health
	Identify strategies to increase healthy vending and concessions in Washoe County.	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	Owners: Renown Health and WCHD Supporter: Reno/Sparks Chamber of Commerce
		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	Owners: Renown Health and WCHD Supporters: Reno/Sparks Chamber of Commerce, Healthy Vending committee

Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
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.	Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores.	Secure/apply for monies to support FHF efforts	Funds secured	By September 28, 2018	Owner: FHF sub-committee Supporters: FBNN, WCHD, Renown Health, Community Health Alliance, High Sierra AHEC
		Coordinate three FHF/year with at least 100 attendees at each event	# of FHF # of attendees participating	By June 30, 2019	Owner: FHF sub-committee Supporters: WCHD, FBNN, Renown Health

Objective 4	Strategy	Tactic	Performance Indicator	Target Date	Owner
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.	Increase knowledge of healthy behaviors among populations at greatest risk.	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	Owners: FHF sub-committee Supporters: FBNN, WCHD, Renown Health * WCHD can lead efforts, but will need help with assessments from 2-4 additional agencies
		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	

Appendices

The following appendices are included within the CHIP:

Appendix One: Acronyms

Appendix Two: Community Assets and Resources

Appendix One: Acronyms

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