

Washoe County District Board of Health Videoconference Meeting Notice and Agenda

Members

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

Thursday, January 28, 2021
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/97650445987>

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

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 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. Election of Chair of the District Board of Health. (FOR POSSIBLE ACTION)

5. Election of Vice-Chair of the District Board of Health. (FOR POSSIBLE ACTION)

6. State the term of office of the Chair and Vice-Chair of the Board.
7. **Approval of Agenda. (FOR POSSIBLE ACTION)**
January 28, 2021
8. **Recognitions.**
 - A. District Board of Health Members
 - i. Introduction – Commissioner Robert Lucey, Commission member of the District Board of Health
 - ii. DBOH member - Reappointment – Sparks Councilman Kristopher Dahir
 - iii. DBOH Service – Marsha Berkbigler
 - iv. Past Board Chair, Dr. John Novak, DMD
 - v. Past Board Vice-Chair, Michael D. Brown
 - B. Years of Service
 - i. Briana Johnson, 5 years, hired January 11, 2016 – EHS
 - ii. Ellen Messinger-Patton, 5 years, hired January 11, 2016 – EHS
 - C. New Hires
 - i. Benjamin McMullen, Air Quality Specialist Trainee, 01/4/2021 – AQM
 - D. Retirements
 - i. Charlene Albee, effective 01/14/2021, Division Director – EHS
 - E. Promotions
 - i. Erin Dixon, Division Director – EHS
 - F. Transfer
 - i. Julie Hunter, from Sr. Air Quality Specialist, AQM to EMS Coordinator - EPHP
 - G. Excellence in Food Safety Award
 - i. BJ's Nevada Barbeque Company
Staff Representative: Kat Olson
 - H. Extra Mile Award
 - i. The Gold N'Silver Inn Restaurant
Staff Representative: Claudia Garcia-Aguilar and Kelli Goatley-Seals
 - I. Special Recognition
 - i. Dianna Karlicek, Organizer of the Health District Adopt a Family Campaign
9. **Presentation – Washoe County District Board of Health Scholarship Recipients** Presented by: Jillian Szewczak and Dr. Trudy Larson
10. **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. December 17, 2020
 - B. Acceptance of the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District. **(FOR POSSIBLE ACTION)**
Staff Representative: Francisco Vega

- C. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2021. **(FOR POSSIBLE ACTION)**
Staff Representative: Anna Heenan

- END OF CONSENT -

- 11. Regional Emergency Medical Services Authority**
 - A. Review and Acceptance of the REMSA Operations Report for December 2020 – (FOR POSSIBLE ACTION)**
Presented by: Dean Dow
 - B. Update of REMSA’s Public Relations during December 2020**
Presented by: Alexia Jobson
- 12. Presentation, Discussion and Possible Approval of REMSA's request for a blanket exemption to response times retroactive to the month of July 2020 and lasting for 90 days from the date of approval.**
Staff Representative: Vicky Olson
Presented by: Aaron Abbott
- 13. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report and find REMSA in compliance with the Franchise Agreement for the period of July 1, 2019 through June 30, 2020.. (FOR POSSIBLE ACTION)**
Staff Representative: Vicky Olson
- 14. Presentation – COVID-19 Vaccination Presentation per the request of Councilman Kristopher Dahir**
Staff Representative: Lisa Lottritz and Jim English
- 15. Discussion and possible direction to staff regarding of the January 20, 2021 Concurrent Meeting with City of Sparks, City of Reno, and Washoe County.**
Presented by: Councilman Kristopher Dahir, City of Sparks Representative
Councilman Oscar Delgado, City of Reno Representative
Commissioner Robert Lucey, Washoe County Commission Representative
- 16. Presentation, Discussion and Possible Adoption of the draft Washoe County Health District 2021 Legislative Principles and Priorities. (FOR POSSIBLE ACTION)**
Staff Representative: Joelle Gutman-Dodson
- 17. Staff Reports and Program Updates**
 - A. Air Quality Management, Francisco Vega, Division Director**
Program Update, Monitoring and Planning, Permitting and Compliance.
 - B. Community and Clinical Health Services, Lisa Lottritz, Division Director**
Divisional Update – 2020 Year in Review, Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children; COVID-19 Testing.
 - C. Environmental Health Services, David Kelly Acting Division Director**
Environmental Health Services (EHS) Division: Program Updates; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.
 - 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>

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UNR School of Community Health Sciences

Presentation to the Washoe County District Board of Health

Dr. Trudy Larson and Jillian Szewczak

01/28/21

Presentation Outline

- Meet Your Scholarship Recipient
- Scholarship Endowment Overview
- Update on the School of Community Health Sciences



Rachel Kiser

2nd Year MPH Student

Capstone Project:

Factors Related to Healthcare Use Among Transgender and Gender Diverse Adults in Nevada

Current Intern with Washoe County Health District's 'student response team' supporting vaccine clinics



Washoe County District Board of Health Scholarship Endowment

- June 20 Market Value: \$21,038
- June 19 Market Value: \$21,304
- Payout Generated for 20-21: \$868
- Payout estimated for 21-22: \$824-\$916

School of Community Health Sciences Update

- Accreditation as a School of Public Health
- Graduated first PhD class
- Masters of Kinesiology degree launching Spring 2021
- Over 2,300 students enrolled for 2020-2021 academic year
 - Record MPH enrollment
- Over \$20 million in research and contract activity
 - Key partner for public health surveillance, statewide efforts to reduce substance use disorders, opioid overdose prevention, and diversity and equity work

School of Community Health Sciences Update

- Faculty consulted on county, state, national level on COVID response and vaccine roll-out
- Created Public Health Perspectives: COVID Webinar Series over summer 2020 for health providers and citizens
- NevadaCAN senior outreach and Delivery with Dignity to address food insecurity
- Created and manage Disease Investigation/Contact Tracing Program to assist health jurisdictions
- COVID Crew – focus on LatinX community providing case management and resource support, pandemic and vaccine information distribution

An aerial photograph of a university campus. The foreground shows a paved road with a red curb and a grassy area with young trees. In the middle ground, there are several large, modern brick buildings with large windows and curved architectural elements. One building on the right has a sign that reads "E. L. Wiegand Fitness C". The background features a city skyline and a range of mountains under a clear blue sky.

Any Questions or Comments?



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, December 17, 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 1:06 p.m. due to technical difficulties

The following members and staff were present:

Members present:

Dr. John Novak, Chair
Michael Brown, Vice-Chair
Kristopher Dahir (via zoom)
Dr. Reka Danko (present telephonically)
Tom Young (via zoom)
Oscar Delgado (via zoom)
Commissioner Marsha Berkbigler (via zoom)

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Lindsay Liddell for Dania Reid, Deputy District Attorney
Wes Rubio (via zoom)
Laurie Griffey (via zoom)
Dan Inouye for Francisco Vega (via zoom)
Amber English (via zoom)
Lisa Lottritz (via zoom)
Andrea Esp (via zoom)

2. **Pledge of Allegiance**

Health Officer, Kevin Dick led the pledge to the flag.

3. **Public Comment**

Chair Novak opened the public comment period.

Having no registered comment, Chair Novak closed the public comment period.

4. **Approval of Agenda**

December 17, 2020

Vice-chair Brown moved to approve the agenda for the December 17, 2020, District Board of Health regular meeting. Commissioner Berkbigler seconded the motion which was approved unanimously.

5. Recognitions

A. Years of Service

- i. Jacqueline Lawson, 10 years, hired December 13, 2010 – EPHP
- ii. Sonya Smith, 5 years, hired December 14, 2015 – CCHS
- iii. Julie Hunter, 15 years, hired December 27, 2005 - AQM

Mr. Dick thanked and recognized the listed employees for their continued service, noting that Sonya Smith has been leading the medical group for the testing activities at the POST.

Mr. Dick thanked Julie Hunter for her service, noting she works for Air Quality Management not CCHS, thus correcting the agenda.

B. Promotions

- i. Jeff Jeppson – promoted from Air Quality Specialist to Sr. Air Quality Specialist effective 11/30/2020 – EHS
- ii. Kristen Palmer, promoted from Grants Coordinator COVID to Fiscal Compliance Officer – effective 12/07/2020 - AHS
- iii. Nennette Cano – promoted from Account Clerk II from Treasurer’s Office to Office Support Specialist – effective 12/07/2020 - AHS

Mr. Dick acknowledged and congratulated the promotions for the listed staff, making note of Ms. Cano’s return to Administrative Health Services.

C. New Hires

- i. Renae Ballin, Environmental Health Services Trainee, 12/07/2020 – EHS
- ii. Chi Pham, Environmental Health Services Trainee, 12/07/2020 – EHS

Mr. Dick recognized the listed new employees.

D. Transfers

- i. Nancy Kerns-Cummins, transferred as Administrative Assistant II in Animal Services from Fiscal Compliance Officer - effective 12/07/2020 – AHS

Mr. Dick reported on Ms. Kerns-Cummins’ transfer and Kristen Palmer replacing her in the Fiscal Compliance Officer position.

E. Acknowledgement

- i. Margaret Allen, Director - retiring from Washoe County School District Student Health Services

Mr. Dick took a moment to recognize Ms. Allen for her commitment to the health of Washoe County children and her collaboration she has offered to the Health District programs. Mr. Dick expressed his best wishes to Ms. Allen on her retirement.

Ms. Allen accepted her acknowledgement and expressed she has enjoyed working with the Health District staff. Ms. Allen expressed her desire to continue to volunteer with the Health District.

Chair Novak thanked Ms. Allen for her hard work and wished her the best in her retirement and thanked her for offering to volunteer.

F. Awards

- i. Kevin Dick, Nevada Public Health Association – Public Health Hero
- ii. Heather Kerwin, Nevada Public Health Association – Public Health Program

Chair Novack recognized Mr. Dick for his above and beyond and playing a positive impact on the Public Health of the State. Chair Novak reports the NPHA recognized Mr. Dick as a Public Health Hero for his work on COVID-19 response, which is a special recognition to acknowledge the individuals who have made a significant impact on the Public Health of Nevadans during this pandemic.

Chair Novak also informs the Health District Epidemiology Program was recognized under Public Health Programs which constitutes a public health program/agency or organization in Nevada that has made a significant contribution to improve public health in the State.

Chair Novak recognized Heather Kerwin’s efforts and her hard work.

6. National Radon Action Month Proclamation.

Staff Representative: Andrea Esp

Mr. Dick explained that this item is for National Radon Action month and read the Proclamation for those present.

Vice-chair Brown moved to approve that January 2020 is National Radon Action Month. Councilman Dahir seconded the motion which was approved unanimously.

7. 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. November 19, 2020

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2021 through December 31, 2021 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11782 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Kim Graham

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2021 through December 31, 2021 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11783 and authorize the District Health Officer to execute the Subaward and any future amendments.

Staff Representative: Kim Graham

- iii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2020 through September 30, 2021 in the total amount of \$1,138,069.00

(no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11762 and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham

- iv. Retroactively approve the Interlocal Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the approximate amount of \$2,872,558.98 effective December 31, 2020 through June 30, 2021 with the option for 2 additional six-month renewals, to recruit and maintain a team of identified positions and provide administrative support and oversight of employees to assist the Health District's COVID response; and authorize the District Health Officer to execute the agreement on behalf of the Board Chair.

Staff Representative: Kristen Palmer

- C. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2021.

Staff Representative: Anna Heenan

Mr. Dick spoke as to Item #7Biv regarding the Interlocal Agreement with the University of Nevada Reno, for over \$2.8 million. Mr. Dick informed this agreement continues the staffing from UNR that is being utilized for personnel in the call center, disease investigation, and POST operations.

Mr. Dick explained the CARES funds available to pay for staff will end December 30, 2020, thus, meriting a need to sign this contract retroactively as an emergency action under the Emergency Declaration.

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

8. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for November 2020

Mr. Dean Dow opened this item by expressing, on behalf of his organization, sincere appreciation for all the efforts of the Health District, the Health Officer, and staff. Additionally, he expressed their appreciation for distributing the vaccine as quickly as possible.

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

Councilman Dahir moved to approve REMSA's November Report. Dr. Danko seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during November 2020

Alexia Jobson presented the Public Relations report for November 2020.

Ms. Jobson reported that REMSA made enhancements to their website in the News and Updates section, with related post recommendations and it is now searchable based on category and date.

Ms. Jobson informs that in preparation of the arrival of the COVID vaccine, a series of employee forums were held, which were open to Regional Fire and Law Enforcement Department. These sessions were covered by KOLO and KTVN.

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

9. **PUBLIC HEARING - Review, discussion and possible adoption of the Proposed Washoe County District Board of Health Regulations 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.**

Staff Representative: Wes Rubio

Mr. Wes Rubio began his presentation by reporting all current public accommodation facilities affected by this regulation have been notified via email with information to access the proposed regulation and public workshops. Mr. Rubio reports that after these workshops, they have not received public comment indicating financial concern or potential impact to existing facilities. Additionally, Mr. Rubio reports these regulations do not include a new fee proposal.

Mr. Rubio informs the benefit of this regulation includes a health permit to operate issued by the Health District for all public accommodation facilities as established by the proposed regulations. Mr. Rubio concluded by reporting that these proposals were written to ensure consistency and guidance within the State.

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

Commissioner Berkbigler asked if these regulations applied to short-term rentals.

Mr. Rubio confirmed these regulations only apply to existing public accommodation facilities, as outlined in the regulation.

Vice-chair Brown moved to approve adoption of the Proposed Washoe County District Board of Health Regulations 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. Dr. Reka Danko seconded the motion which was approved unanimously.

Commissioner Berkbigler went on record to state she feels it's inappropriate that people can come into the community and stay in vacation rentals without requiring assured cleaning. She opines these regulations should apply to all vacation rentals.

10. **Recommendation to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.**

Staff Representative: Laurie Griffey

Ms. Laurie Griffey appeared on this item and began her presentation by stating this item amends the Employment Agreement between Washoe County Health District and the Health

Officer to afford him the same benefit as other County employees regarding unutilized vacation time.

Councilman Dahir asked about ramifications of the amendment brought forth.

Ms. Griffey reiterated the amendment will allow the District Health Officer to be paid for hours accumulated over the 240 limit, which is a benefit for all employees per County Code 5.

Tom Young moved to approve the amendment of the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation for unused vacation hours. Commissioner Berkbigler seconded the motion, which was approved unanimously.

11. Possible approval of the proposed 2020 Washoe County District Board of Health Meeting Calendar

Staff Representatives: Kevin Dick

Chair Novak noted an error in the verbiage for this item, correcting the calendar to reflect 2021 Washoe County District Board of Health Meeting Calendar.

Tom Young moved to approve the 2021 Washoe County District Board of Health Meeting Calendar. Councilman Delgado seconded the motion, which was approved unanimously.

12. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – VALE Program, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

Daniel Inouye filled in for Francisco Vega. Mr. Inouye provided a staffing update for positions that are vacant due to retirements earlier in the year. Mr. Inouye shared his projection to be fully staffed by January 2021.

Mr. Inouye 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 on COVID vaccination plan. Ms. Lottritz inform they will be sending vaccination invites to the initial phases in Tier 1, which is scheduled to begin December 23, 2020.

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

Councilman Dahir asked if they can have a full layout of the vaccination process, for the benefit of the public.

Ms. Lottritz explained the weekly allocation, the disbursements, and dispensing of the vaccine. Ms. Lottritz reports the tier maps will be made accessible to the public as well.

Councilman Dahir continued to request a larger presentation to address questions regarding the vaccine for public consumption.

Mr. Dick informs that a new page has been launched via the Health District website regarding vaccine information. Mr. Dick gave instructions on how to reach the page that provides information regarding the various tiers, as established by the State with CDC guidance. Mr. Dick continued to report a URL has been procured to dedicate one page to the vaccine.

Councilman Dahir opined that information and education is going to be key for any application of this process.

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.

Amber English, acting director for this month began her presentation by updating the Board regarding the Excellence in Food Safety Award. Ms. English continued to explain the winners will be announced in January and recognized on the Washoe Eats app.

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

Tom Young commented on staff going above the call of duty by working on the Excellence in Food Safety project.

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 referring to the “Fighting COVID together” that ran on several television stations, which allowed for a better understanding of the impacts that are occurring in hospitals and businesses.

Mr. Dick reported that at 3:00 p.m. today, Renown will be holding a media event and their use of the Point of Dispensing infrastructure at the Reno Livestock Event Center. He continued to inform that the Health District continues to work on the vaccine plan. Mr. Dick explained this process will be a challenging effort as it involves more than just vaccinating.

Mr. Dick reported on the stimulus funding in support of the vaccine, testing, and contact tracing. He continued to inform the CARES Funding will no longer be available as of December 30, 2020, however, the expenses will continue. Mr. Dick reports discussions have happened with city and county managers to attain support for the funding in the form of a FEMA reimbursement if congressional funding does not come forward.

Mr. Dick reports Aaron Kenneston is stepping down as Incident Commander due to his retirement in January 2021; however, Dave Solaro, Assistant County Manager has agreed to take on this role.

Mr. Dick addressed Councilman Delgado's request for the appeals process within the Health District. Mr. Dick continued to describe the process for each division within the Health District, including but not limited to the process for SB4.

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

Mr. Dick concluded by informing the Board of the selection of Dr. Nancy Diao as the Epidemiology and Public Health Preparedness Division Director.

13. Board Comment

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

Councilman Dahir addressed staff by asking them to try to lead the community through a difficult time, which includes educating and walking with people. He expressed his hope that this is the tone being used in every mandate. Councilman concluded by requesting that staff act like the professionals while we move forward.

Councilman Dahir also asked for a written report on vaccines.

Commissioner Berkbigler bid her farewell to this Board and express her best wishes to the Board. Commissioner Berkbigler congratulated Mr. Dick on a well-deserved award.

Chair Novak thanked Commissioner for her service to this Board and congratulated her on her leadership and experience for the county as a whole.

Chair Novak took a moment to thank Health District staff for all their hard work during such an unprecedented period of time. Chair Novak also thanked all Public Information Officer and the cities and county communication teams on the presentation at 6:00 p.m., Wednesday, December 16, 2020.

14. Public Comment.

Chair Novak opened the public comment period.

Having no registered public comment, Chair Novak closed the public comment period.

Adjournment.

Chair Novak adjourned the meeting at 1:56 p.m.

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

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

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

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

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DD FV _____
Risk DE _____
DDA DR _____
DHO _____ KD

Staff Report
Board Meeting Date: January 28, 2021

DATE: January 14, 2020

TO: District Board of Health

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

SUBJECT: Acceptance of the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District.

SUMMARY

The Washoe County Health District, Air Quality Management Division (AQMD) has the authority to implement, maintain, and enforce each of the National Ambient Air Quality Standards (NAAQS). Washoe County District Board of Health Regulations Governing Air Quality Management, Sections 030.000 (Source Permitting and Operation) through 030.995 (Small Business Assistance Program), provides the mechanism to manage stationary sources of air pollutants. This agreement will provide the AQMD the authority to accept, review, issue and enforce the PSD permitting program on behalf of the Federal EPA for any for major stationary sources located or planning to locate in Washoe County.

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

PREVIOUS ACTION

No previous action has been taken by the District Board of Health (DBOH) in relation to the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District.

BACKGROUND

New major stationary sources and major modifications at existing major stationary sources are required by the Clean Air Act (CAA) to, among other things, obtain an air pollution permit before commencing construction. This permitting process for major stationary sources is referred to as New Source Review (NSR) and is required whether the major source or major modification is planned for an area where the NAAQS are exceeded (nonattainment areas), or an area where the NAAQS have not been exceeded (attainment and unclassifiable areas). In general, permits for sources in attainment areas and for other pollutants regulated under the major source program are referred to:

Subject: Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District
Date: January 28, 2021
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as prevention of significant deterioration (PSD) permits, while permits for major sources emitting nonattainment pollutants and located in nonattainment areas are referred to as nonattainment NSR (NNSR) permits.

In accordance with CAA Section 110 and Part C, the U.S. Environmental Protection Agency (EPA) has adopted regulations, set forth in 40 CFR 52.21, which implement the CAA's PSD program in areas in which states do not have a PSD program approved within their CAA State Implementation Plan(s) (SIP) . These regulations have been incorporated as part of the applicable Nevada State plan for implementation of the New Source Review program under the CAA and they govern the implementation of the CAA PSD program in Washoe County, Nevada.

This agreement of delegation allows the AQMD to implement the PSD permitting program on behalf of the EPA for any for major stationary sources located or planning to locate in Washoe County.

FISCAL IMPACT

There is no additional fiscal impact to the FY2020-2021 budget should the DBOH accept the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District.

RECOMMENDATION

Staff recommends that the DBOH accept the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District.

POSSIBLE MOTION

Should the DBOH accept the agreement, a possible motion could be "Move to accept the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District".

**Agreement for Delegation of Source Review under the Federal
Prevention of Significant Deterioration Program
by the United States Environmental Protection Agency, Region 9
to the Washoe County Health District**

The undersigned, on behalf of the Washoe County Health District (District) and the United States Environmental Protection Agency, Region 9 (EPA), hereby agree to delegate authority from the EPA to the District to implement source review under the federal Clean Air Act (CAA) Prevention of Significant Deterioration (PSD) regulations at 40 CFR 52.21 for sources under the jurisdiction of the District, subject to the terms and conditions of this Agreement. This delegation is executed pursuant to 40 CFR 52.21(u).

I. Legal Authority

- A. In accordance with CAA section 110 and Part C, the EPA has adopted regulations, set forth in 40 CFR 52.21, that implement the CAA's PSD program in areas where states do not have a PSD program approved into their CAA state implementation plans. These regulations have been incorporated as part of the applicable Nevada State plan for implementation of the New Source Review program under the CAA and they govern the implementation of the CAA PSD program in Washoe County, Nevada. See 40 CFR 52.1485(a)-(b).
- B. The District Board of Health of the Washoe County Health District, acting through the Washoe County Health District and the District Health Officer, is designated as the air pollution control agency of Washoe County, Nevada, and, acting through the District Health Officer or his designee, the District is authorized to issue preconstruction air quality permits to stationary sources under its jurisdiction that are, or would be, located in Washoe County. See Nevada Revised Statutes 445B.500; Washoe County District Board of Health Regulation Governing Air Quality Management sections 010.042, 020.005-020.0051, 030.600.
- C. Under 40 CFR 52.21(u), the EPA may delegate its responsibility to conduct PSD source review under 40 CFR 52.21 to state and local air pollution control agencies for sources within their jurisdiction.
- D. The District and EPA agree that requirements in PSD permits issued by the Washoe County Health District under 40 CFR 52.21 through this delegation of authority are federally enforceable requirements.

II. Scope of Delegation

- A. Pursuant to 40 CFR 52.21(u), the EPA hereby delegates to the District responsibility for source review under the federal PSD regulations at 40 CFR 52.21, which are generally incorporated by reference in section 030.600 of the Washoe County District Board of Health Regulations Governing Air Quality Management, for all sources located in Washoe County, Nevada under District jurisdiction, subject to the terms and conditions of this Delegation Agreement.

- B. The EPA's delegation of authority to the District to implement the federal PSD regulations under this Delegation Agreement does not extend to sources or activities located in Indian Country, as defined in 18 U.S.C. 1151.
- C. The EPA Administrator has delegated to the EPA Region 9 Regional Administrator, and the EPA Region 9 Regional Administrator has redelegated to EPA Region 9's Air and Radiation Division Director, the authority under 40 CFR 52.21(u) to delegate an appropriate state or local agency the responsibility to conduct source review under the federal PSD regulations at 40 CFR 52.21. As the local agency that receives delegation from EPA Region 9, the District does not have the authority under the CAA to further delegate the federal PSD regulations at 40 CFR 52.21.

III. General Delegation Conditions

- A. The District shall issue PSD permit decisions under this Delegation Agreement in accordance with the requirements of 40 CFR 52.21 and 40 CFR Part 124, Subparts A and C.
- B. The District may (but shall not be required by this agreement to) issue federal PSD permits in an integrated permit proceeding along with permits required under Nevada State law and/or District regulations, and may include both federal PSD requirements and State and/or District requirements in a single, integrated permit document. Where State and/or District air quality rules or policies are more stringent than the federal PSD program requirements at 40 CFR 52.21, the District may elect to include such State and/or District requirements in a proposed or final integrated permit document along with the federal PSD program requirements. All permit requirements contained in a proposed or final integrated permit issued by the District that are derived from the federal PSD requirements in 40 CFR 52.21, or included in whole or in part for purposes of satisfying such federal PSD permit requirements, shall be clearly identified as such in the permit itself and in the supporting documentation for the permit.
- C. The District shall consider and follow all PSD policy, guidance, and determinations issued by the EPA for implementing the federal PSD program, except as provided in Section III.D. of this Delegation Agreement. The EPA will provide the District with copies of EPA policies, guidance, and determinations through EPA databases and/or electronic copies where appropriate. The EPA shall provide guidance to the District in a timely manner as appropriate in response to any request by the District for guidance on federal PSD issues.
- D. In the event that the District considers it necessary to implement a PSD permitting decision that differs from that recommended by EPA policy, guidance, or determinations, the District shall obtain concurrence from the Manager of the EPA Region 9 Air and Radiation Division Permits Office or his or her designee concerning such course of action prior to proposing or finalizing such permit decision. Where no current EPA policy or guidance clearly addresses a specific situation requiring the District's interpretation of the federal PSD regulations, the District shall consult with the Manager of the EPA Region 9 Air and Radiation Division Permits Office or his or her designee on the District's interpretation of EPA regulations.

- E. The District shall consult with the appropriate state and local agencies primarily responsible for managing land use as provided in 40 CFR 52.21(u)(2)(i) prior to making any preliminary or final determination on a PSD permit application pursuant to this Delegation Agreement.
- F. The District shall notify the appropriate Class I area Federal Land Manager(s) of receipt of a PSD permit application that may affect any Class I area(s). Notification shall be made within 30 days of receipt and at least 60 days prior to any public hearing, in accordance with 40 CFR 52.21(p).
- G. The responsibility for the District's implementation of the federal PSD program as provided by this Delegation Agreement rests with the District Health Officer. The District's Air Quality Management Division shall support the Health Officer by utilizing its technical and programmatic expertise in the implementation of this Delegation Agreement on the District's behalf.
- H. The District shall at no time grant a waiver of the requirements of 40 CFR 52.21 or of the requirements of a finally issued and currently applicable PSD permit.
- I. To assist the EPA in ensuring the EPA's compliance with requirements that may be applicable to the EPA under other federal statutes in conjunction with the issuance of a federal PSD permit decision under 40 CFR 52.21, the District shall:
 - 1. Notify PSD permit applicants of the potential need for consultation between the EPA and the appropriate State Historic Preservation Officer(s) (SHPO), Tribal Historic Preservation Officer(s) (THPO), and/or other parties if the project has the potential to affect one or more historic properties.
 - 2. As requested by the EPA, assist the EPA in consultation under Section 106 of the National Historic Preservation Act with the appropriate SHPO(s), THPO(s), and/or other parties regarding historic properties potentially affected by a project.
 - 3. Within two weeks of receipt of a PSD permit application, notify the U.S. Fish and Wildlife Service (FWS) of the permit application, and provide a copy of the permit application if requested.
 - 4. Notify PSD permit applicants of the potential need for consultation between the EPA and the FWS if the project may affect a species listed as threatened or endangered under the federal Endangered Species Act (ESA), 16 U.S.C. 1531 *et seq.*, or designated critical habitat for such species.
 - 5. Refrain from issuing a final PSD permit decision until the EPA has notified the District that the EPA has satisfied its obligations with respect to that permit decision, if any, under the ESA and the National Historic Preservation Act, 54 U.S.C. 300101 *et seq.*

IV. Permit Issuance, Revision, and Administrative Appeals

- A. All proposed and final PSD permit decisions issued by the District on applications for the construction or major modification of PSD sources under this Delegation Agreement are subject to and shall adhere to all procedural requirements in 40 CFR Part 124, and the District shall comply with all such requirements that would be applicable to EPA Region 9 if EPA Region 9 were issuing the permit decision under 40 CFR 52.21. Among other requirements, the District shall provide notice of the PSD final permit decision as specified in 40 CFR 124.15; such notice shall indicate that an appeal to the EPA Environmental Appeals Board (EAB) is available pursuant to 40 CFR Part 124 and shall include references to the procedures for appealing such a decision under 40 CFR 124.19.
- B. The provisions in 40 CFR 124.19 shall apply to all appeals to the EAB of PSD permit decisions issued by the District under this Delegation Agreement. For the purpose of implementing 40 CFR Part 124, if there is a public comment requesting a change in a preliminary PSD permit determination or proposed PSD permit condition issued by the District, the final permit decision issued by the District is required to state that for federal PSD purposes and in accordance with 40 CFR 124.15 and 124.19:
1. The effective date of the permit decision is 30 days after service of notice to the applicant and commenters of the final permit decision, unless review is requested of the permit under 40 CFR 124.19 within the 30-day period.
 2. If a petition for review of a PSD permit is filed with the EAB, the effective date of the permit is suspended until such time as the District issues a final permit, in accordance with 40 CFR 124.19(l), following the conclusion of the EAB proceeding.
- C. Prior to taking proposed action to revise an existing final PSD permit, the District shall consult with EPA Region 9 concerning any such proposed action. The EPA will determine on a case-by-case basis the requirements of 40 CFR 52.21 and/or 40 CFR Part 124 that are necessary and appropriate to apply to a particular PSD permit revision, depending on the nature of the revision. The District's proposed and final decision to revise an existing final PSD permit shall adhere to any such requirements determined necessary and appropriate by the EPA. Material changes to substantive terms and conditions of an existing PSD permit that govern the construction and operation of the source should be processed in accordance with the procedural requirements in 40 CFR Part 124 that are applicable to federal PSD permit decisions.
- D. If the District receives a request to rescind a PSD permit, in part or in whole, pursuant to 40 CFR 52.21(w), the District shall consult with EPA Region 9 prior to taking any action in response to such request. The District's actions in response to such a request shall adhere to any requirements determined necessary and appropriate by the EPA to ensure compliance with the CAA.

- E. The EPA shall notify the District in the event that the EPA determines that failure by the District to comply with the requirements of 40 CFR Part 124 related to PSD permit decisions and Section IV of this Delegation Agreement renders the subject permit decision invalid for federal PSD purposes.

V. Enforcement

In all cases, the EPA retains enforcement authority pursuant to sections 113 and 167 of the Clean Air Act with respect to sources in Washoe County that are subject to federal PSD requirements and other CAA requirements, including but not limited to sources issued federal PSD permits by the District. The District retains enforcement authority for air quality regulations under Nevada State and local law.

VI. EPA and District Communications

- A. The District shall provide an opportunity for the EPA to discuss federal PSD permit decision actions with the District at a minimum of five (5) points in the permit decision process:
 - 1. Pre-application meeting(s) with prospective applicants.
 - 2. Within 30 days of receipt of an application for a PSD permit or a PSD permit revision.
 - 3. Prior to the District making its preliminary determination and proposed permit or permit revision available for public comment.
 - 4. After close of the public comment period but prior to issuance of the final determination and final permit or permit revision.
 - 5. In the event that a petition for review of a final PSD permit decision is filed per 40 CFR 124.19, the District shall provide an opportunity for the EPA to discuss the content of the response to the petition for review prior to the filing of the response.

The purpose of these meetings is to identify and resolve any issues identified by the agencies as necessary to ensure compliance with CAA requirements prior to the District making its proposed and final permit decisions, and prior to submitting its response to any petition for review, as applicable. The EPA and the District will remain cognizant of the District's permit processing timelines and the timelines in 40 CFR Part 124 related to the processing of PSD permit decisions. The EPA and the District will work rapidly to resolve any issues to prevent any delays in meeting those permit processing timelines.

- B. The District shall submit to the EPA copies of the following documents, within the time frames indicated in the table below, for sources and activities subject to this Delegation Agreement:

Action	Submittal to EPA	Time Frame
Receipt of application for a PSD permit or PSD permit revision	Copy of application and cover letter	Within ten (10) working days after receipt
Any correspondence to the applicant regarding application deficiencies and/or completeness determination	Copy of correspondence to applicant	Within ten (10) working days after signature
Transmittal to Federal Land Manager (FLM) of PSD application	Copy of notification	Within ten (10) working days after signature
Receipt of comments from FLM	Forward comment letter	Within ten (10) working days of receipt
Draft preliminary determination/proposed permit decision, public notice	Copy of drafts of technical support document, proposed PSD permit decision (including major or minor revisions to a PSD permit), and public notice of public comment period and/or public hearing	At least fifteen (15) working days prior to start of public comment period for preliminary determination
Public notice of public comment period and/or public hearing on proposed PSD permit decision (see 40 CFR 52.21(u)(2)(ii))	Copy of technical support document, proposed PSD permit decision, and public notice of public comment period and/or public hearing	Upon issuance of public notice
Receipt of comments from public	Copy of written public comment letter(s) and transcript of public hearing, if applicable	Within ten (10) working days after the close of the public comment period; if not received by the District in this time frame, provide within five (5) working days after receipt
Draft final permit decision	Copy of draft of final PSD permit decision, responses to public comments (if any), and revisions or supplements to technical support document (if applicable)	At least fifteen (15) working days prior to issuance of final permit decision

Final permit issuance	Copy of final PSD permit decision, responses to public comments, and revised or supplemental technical support document (if applicable)	Within five working days after final signature on PSD permit decision
BACT determination submittal to RACT/BACT/ LAER Clearinghouse	Electronic submittal of required information	Within 30 working days of final PSD permit becoming effective.

- C. Any records or reports relating to PSD permitting or compliance with PSD requirements that are provided to or otherwise obtained by the District and are not identified in the table in Section VI.B. above shall be made available to the EPA upon request.
- D. The District will ensure that all relevant source information, notifications and reports are entered into the EPA ICIS-AIR national database system in order to meet its record keeping and reporting requirements. In addition to the National Minimal Data Requirements (MDRs), the District shall enter the information required by the Compliance Monitor Strategy plan, signed by the District and the EPA.
- E. The EPA and the District shall generally correspond by email between the Manager of the EPA Region 9 Air and Radiation Division’s Permits Office or his or her designee and the District Health Officer or their designees. Except for the BACT determination submittal, the documents submitted to the EPA under Section VI.B. shall be submitted through the EPA’s Electronic Permit System (EPS) at www.cdx.epa.gov. Correspondence or other information that cannot be transmitted electronically between the parties to this agreement shall be sent by U.S. mail or express delivery, as agreed upon via email.

VII. Administrative Provisions

- A. This delegation of PSD source review authority becomes effective upon the date of signature by both parties to this agreement. Once this Delegation Agreement becomes effective, it supersedes the previous PSD delegation agreement from the EPA to the District, which went into effect on March 18, 2008.
- B. The EPA retains its discretion to revoke this Delegation Agreement in whole or in part. The District retains its discretion to request from the EPA the revocation of this Delegation Agreement, which the EPA shall grant within ten days of receipt of such request. Any revocation of this Delegation Agreement shall be effective as of the date specified in a Notice of Revocation to be issued by the EPA. This agreement is effective until revoked. Bases for revocation may include, but are not limited to, the EPA’s determination, after consultation with the District, of any of the following:

1. The District's legal authority, rules and regulations, and/or procedures for implementing the federal PSD requirements pursuant to this Delegation Agreement are inadequate;
 2. The District is not adequately implementing the federal PSD program; or
 3. The District has not implemented the requirements or guidance with respect to a specific PSD permit decision in accordance with the terms and conditions of this Delegation Agreement or the requirements of 40 CFR 52.21, 40 CFR Part 124, or the CAA.
- C. In the event that the District is unwilling or unable to implement the federal PSD regulations at 40 CFR 52.21 or the related procedural requirements at 40 CFR Part 124 with respect to a source or activity subject to the federal PSD regulations, the District shall immediately notify the EPA Region 9 Air and Radiation Division Director and the Manager of the Air and Radiation Division's Permit Office.
- D. The District shall notify the EPA within ten days if applicable State or local law, regulations, or policies change in a manner relevant to the District's implementation of the federal PSD program pursuant to this Delegation Agreement. If necessary, to ensure compliance with federal PSD program requirements following such a change, this Delegation Agreement shall be amended with agreement of both parties or revoked in whole or in part.
- E. The District may charge and retain its adopted permit fee for any permit processed under the terms of this agreement.

VIII. Signatures

On behalf of the Environmental Protection Agency, I grant delegation for implementation of source review under the federal PSD program, 40 CFR 52.21, to the District pursuant to the terms and conditions of this delegation agreement and the requirements of the Clean Air Act.

_____	_____
Date	Elizabeth J. Adams Director, Air and Radiation Division U.S. Environmental Protection Agency Region 9

On behalf of the Washoe County Health District, I accept delegation of source review under the federal Prevention of Significant Deterioration program at 40 CFR 52.21 pursuant to the terms and conditions of this Delegation Agreement and the requirements of the Clean Air Act.

_____	_____
Date	John Novak, DMD Chairman Washoe County District Board of Health

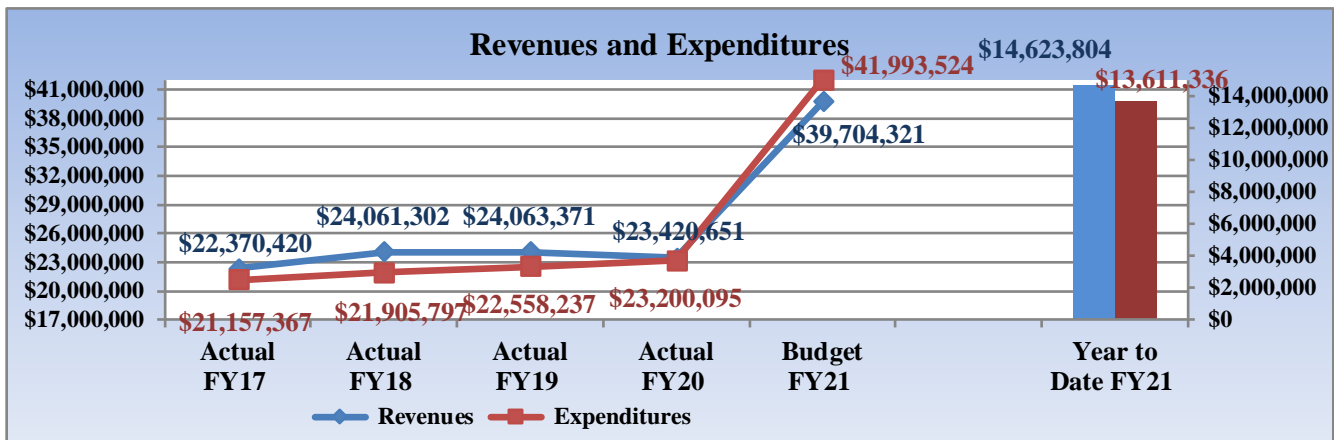
Staff Report

Board Meeting Date: January 28, 2021

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT:

SUMMARY

The sixth month of FY21 ended with a cash balance of \$7,496,207. The total revenues of \$14,623,804 or 36.8% of budget are up 38.2% or \$4,042,896 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$13,611,336 or 32.4% of budget and up \$2,384,816 or 21.2% 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.

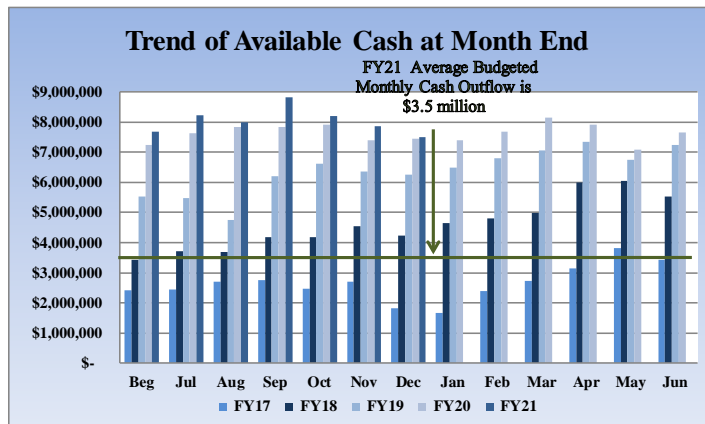
PREVIOUS ACTION

Fiscal Year 2021 Budget was adopted May 19, 2020.

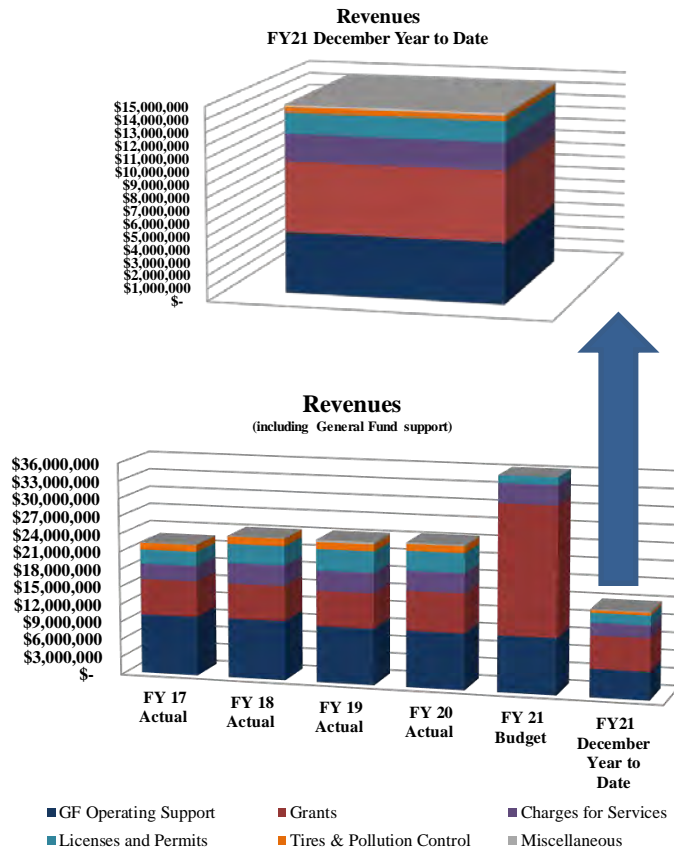
BACKGROUND

Review of Cash

The available cash at the end of December, FY21, was \$7,496,207 which is enough to cover approximately 2.1 months of expenditures. The cash balance is \$54,650 greater than FY20. The encumbrances and other liability portion of the cash totals \$5.3 million; the cash restricted as to use is approximately \$1.7 million; leaving a balance of \$541,822 which is \$4.2 million less than FY20.

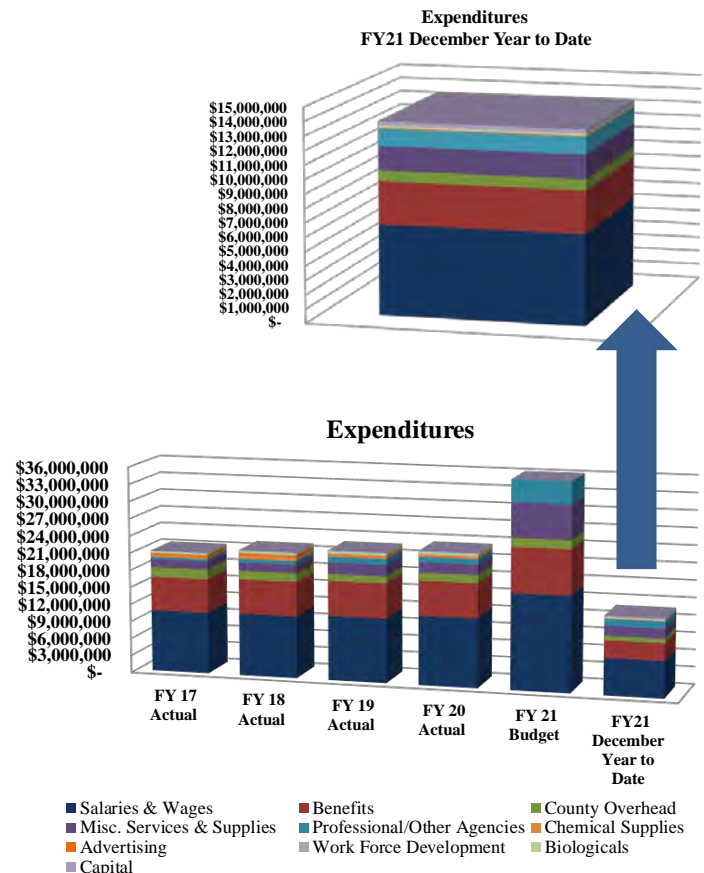


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$14,623,804 up \$4,042,896 or 38.2% compared to December FY20. The revenue categories up over FY20 were Federal and State grants of \$5,507,045 up \$3,684,768 or 202.2%; charges for services of \$2,141,547 up \$357,778 or 20.1%; fines and forfeitures of \$39,000; and, miscellaneous revenues of \$96,156 up \$28,769 or 42.7%. The revenue categories down compared to FY20 were licenses and permits of \$1,630,897 down \$41,330 or 2.5%; tire and pollution control funding of \$450,732 down \$26,090 or 5.5%. The County General Fund support of \$4,758,428 is level at the FY20 funding.

The total year to date **expenditures** of \$13,611,336 were up \$2,384,816 or 21.2% compared to FY20. Salaries and benefits expenditures for the sixth month of FY21 were \$9,422,298 up \$469,274 or 5.2% over the prior year and 38.4% of budget. The total services and supplies of \$3,905,928 were up \$1,643,886 or 72.7% compared to FY20 and 22.6% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$1,191,691 up \$959,620, mainly due to the lab testing associated with COVID-19 testing, or 413.5% over FY20; the biologicals of \$138,404 up \$7,267 or 5.5%; chemical supplies of \$58,582 down \$235,868 over FY20 due to sufficient inventory so the purchase of additional chemicals were not needed; and, County overhead charges of \$770,435 up \$70,039 or 10% over FY20. There has been \$283,110 in capital expenditures for FY21.



Review of Revenues and Expenditures by Division

ODHO has spent \$350,416 down \$231,496 or 39.8% 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 \$520,023 down \$82,031 or 13.6% compared to FY20 mainly due to salary savings from vacant positions.

AQM revenues were \$1,859,014 up \$334,402 or 21.9% mainly due to an increase in dust plan 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 \$1,374,402 down \$70,151 or 4.9% 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 \$1,587,026 up \$192,500 or 13.8% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$3,868,882 down \$98,083 or 2.5% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees and reduced travel expenditures.

EHS revenues were \$2,676,226 up \$483,828 or 22.1% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding. Without the SB4 funding revenues were down \$16,172 mainly in the special events permits. Total expenditures were \$2,925,918 down \$460,925 or 13.6% mainly due to savings from vacant positions, deployment of staff to the COVID-19 response, and \$235,868 less than FY20 in chemical supplies for mosquito abatement due to enough inventory on hand.

EPHP revenues were \$3,743,110 up \$3,032,167 or 426.5% due to additional grant funding. The division spent \$4,571,696 up \$3,327,504 or 267.4% 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 December 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)	December Year to Date	Adjusted Budget	December Year to Date	Percent of Budget	FY21 Increase over FY20
Revenues (all sources of funds)									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	1,524,612	3,496,067	1,859,014	53.2%	21.9%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	1,394,526	4,897,095	1,587,026	32.4%	13.8%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	2,192,398	5,098,283	2,676,226	52.5%	22.1%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	710,943	16,696,019	3,743,110	22.4%	426.5%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	4,758,428	9,516,856	4,758,428	50.0%	0.0%
Total Revenues	\$ 22,370,420	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 10,580,908	\$ 39,704,321	\$ 14,623,804	36.8%	38.2%
Expenditures (all uses of funds)									
ODHO	904,268	826,325	1,336,494	1,153,186	581,912	2,005,399	350,416	17.5%	-39.8%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	602,054	1,448,157	520,023	35.9%	-13.6%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	1,444,553	3,907,527	1,374,402	35.2%	-4.9%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	3,966,965	9,163,101	3,868,882	42.2%	-2.5%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	3,386,843	7,916,665	2,925,918	37.0%	-13.6%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	1,244,192	17,552,675	4,571,696	26.0%	267.4%
Total Expenditures	\$ 21,157,367	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 11,226,520	\$ 41,993,524	\$ 13,611,336	32.4%	21.2%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(581,912)	(2,005,399)	(350,416)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(602,054)	(1,448,157)	(520,023)		
AQM	122,763	607,078	507,427	508,014	80,059	(411,460)	484,612		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(2,572,438)	(4,266,005)	(2,281,856)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(1,194,445)	(2,818,382)	(249,692)		
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(533,249)	(856,656)	(828,586)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	4,758,428	9,516,856	4,758,428		
Surplus (deficit)	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ (645,612)	\$ (2,289,203)	\$ 1,012,468		
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093		\$ 5,772,890			
FB as a % of Expenditures	19.8%	28.9%	34.8%	34.8%		13.7%			

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 \$260,331 in licenses, permits, and charges for services for FY21. This decline is offset with an FY21 increase of \$14.5 million in grant funding mainly to cover the COVID-19 response. The FY21 expenditures are estimated at \$38.3 million up \$11.5 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 be required in FY23 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.

	Pre COVID	COVID-19	Preliminary	Projected Based on Historical Trends		
	FY 2020-2021 Budget	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 8,062,093	\$ 8,062,093	\$ 8,967,843	\$ 8,002,332	\$ 7,569,855	\$ 6,074,443
Revenues:						
Licenses and Permits	3,626,311	3,365,980	3,585,726	3,621,583	3,675,907	3,731,046
Federal & State Grants	6,101,910	20,608,530	6,062,917	6,196,154	6,317,597	6,452,076
Federal & State Indirect Rev.	549,846	529,592	740,757	553,088	564,438	576,958
Tire Fees (NRS 444A.090)	525,000	525,000	525,000	535,500	546,210	557,134
Pollution Control (NRS 445B.830)	628,105	628,105	610,000	616,100	625,342	634,722
Dust Plan	578,414	892,137	664,600	671,246	681,315	691,534
Birth & Death Certificates	589,467	600,000	597,476	603,451	615,520	627,830
Other Charges for Services	2,151,925	2,187,033	2,133,266	2,143,932	2,176,091	2,208,732
Miscellaneous	209,074	309,567	209,074	211,963	217,229	223,003
Total Revenues	14,960,051	29,645,943	15,128,816	15,153,017	15,419,647	15,703,035
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	24,476,907	39,162,799	24,645,672	24,669,873	24,936,503	25,219,891
Total Sources of Funds	32,539,000	47,224,891	33,613,516	32,672,205	32,506,359	31,294,334
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	13,108,160	14,538,020	12,462,967	12,438,267	13,060,180	13,713,189
Group Insurance	1,790,455	1,992,703	1,939,911	1,843,524	1,935,700	2,032,485
OPEB Contribution	1,113,772	1,113,772	1,169,461	1,227,934	1,289,330	1,353,797
Retirement	3,599,709	3,841,283	3,423,168	3,542,392	3,850,114	4,179,751
Other Employee Benefits	251,968	250,547	251,482	264,056	277,259	291,122
Professional/Other agencies	1,742,758	8,187,283	1,874,603	1,393,751	1,408,471	1,425,959
Advertising	155,159	115,916	67,627	68,569	69,293	70,153
Chemical Supplies	236,200	118,700	236,200	236,791	237,382	237,976
Biologicals	345,461	342,757	350,463	355,345	359,098	362,890
Fleet Management billings	189,836	189,836	191,965	194,073	197,776	198,352
Workforce training & development	297,397	76,751	278,692	280,782	282,888	285,010
Other Services and Supplies	2,294,366	5,792,717	1,538,870	1,583,012	1,599,730	1,619,593
Indirect cost allocation	1,540,871	1,540,871	1,725,776	1,898,353	2,088,188	2,297,007
Capital	100,000	155,893	100,000	100,500	101,505	102,520
Total Expenditures	26,766,110	38,257,048	25,611,184	25,427,349	26,756,915	28,169,805
Additional reductions required				(325,000)	(325,000)	(325,000)
Total Uses of Funds	26,766,110	38,257,048	25,611,184	25,102,349	26,431,915	27,844,805
Net Change in Fund Balance	(2,289,203)	905,751	(965,512)	(432,477)	(1,495,412)	(2,624,914)
Ending Fund Balance (FB)	\$ 5,772,890	\$ 8,967,843	\$ 8,002,332	\$ 7,569,855	\$ 6,074,443	\$ 3,449,529
FB as a percent of Uses of Funds	21.6%	23.4%	31.2%	30.2%	23.0%	12.4%
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)			2,939,991	3,406,895	3,057,304	
FB as a percent of Uses of Funds			10.9%	13.9%	11.4%	

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 December, Fiscal Year 2021.

POSSIBLE MOTION

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

Period: 1 thru 6 2021
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
705240 Insur Budgeted Incr	46,656		46,656		36,465		36,465	
705320 Workmens Comp	77,146	37,600	39,546	49	77,087	35,578	41,508	46
705330 Unemploy Comp	11,501	1,913	9,588	17	9,982	1,805	8,177	18
705360 Benefit Adjustment	1,320,398		1,320,398		253,842		253,842	
* Employee Benefits	7,883,020	3,022,001	4,861,019	38	6,584,370	2,947,145	3,637,226	45
710100 Professional Services	1,283,944	193,966	1,089,978	15	713,822	80,155	633,668	11
710101 Lab Testing Services	2,100,000	770,191	1,329,809	37		277	277-	
710103 Radiology						37		37-
710105 Medical Services	11,288	6,591	4,698	58	12,948	2,081	10,867	16
710108 MD Consultants	55,401	20,359	35,041	37	50,536	24,184	26,352	48
710110 Contracted/Temp Svcs	4,765,378	99,838	4,665,540	2	321,145	60,493	260,652	19
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	364,847	153,738	211,109	42	80,047	35,528	44,519	44
710201 Laundry Services	1,822	601	1,221	33	1,850	707	1,143	38
710205 Repairs and Maintenance	10,307	3,997	6,310	39	13,450	5,180	8,270	39
710210 Software Maintenance	4,200	4,543	343-	108	11,151	7,196	3,955	65
710212 Software Subscription	149,400	189,780	40,380-	127				
710215 Operating Contracts	1,624,558	21,908	1,602,650	1	391,389	43,973	347,416	11
710300 Operating Supplies	1,038,301	439,391	598,909	42	1,300	950	350	73
710302 Small Tools & Allow	1,735	282	1,453	16	1,535		1,535	
710308 Animal Supplies	1,600		1,600					
710310 Parts and Supplies		8,255	8,255-					
710312 Special Dept Expense	100,000		100,000		297,250	294,450	2,800	99
710319 Chemical Supplies	236,200	58,582	177,618	25	30,028	11,872	18,156	40
710325 Signs and Markers	8,925	5,241	3,684	59	9,965	3,850	6,115	39
710334 Copy Machine Expense	42,171	19,253	22,918	46				
710335 Copy Mach-Copies	8,925	5,241	3,684	59				
710347 Medical Supplies								
710350 Office Supplies	106,019	44,925	61,094	42	83,521	12,780	70,741	15
710355 Books and Subscriptions	10,990	17,496	6,506-	159	6,940	6,204	736	89
710360 Postage	17,084	5,921	11,163	35	18,269	7,835	10,434	43
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Pats to O Agencies	447,975	100,746	347,229	22	416,085	66,925	349,160	16
710412 Do Not Use								
710500 Other Expense	254,263	9,662	244,601	4	175,691	36,562	139,129	21
710502 Printing	35,729	31,754	3,975	89	42,450	12,527	29,923	30
710503 Licenses & Permits	9,345	5,518	3,827	59	8,480	1,850	6,630	22
710504 Registration	1,900	6,226	4,326-	328		706-		
710505 Rental Equipment		1,820-	1,820-		200	76	124	38
710506 Dept InsDeductible		150	150-		150	650	500-	433
710507 Network and Data Lines	12,260	3,359	8,901	27	12,730	8,683	4,047	68
710508 Telephone Land Lines	48,215	24,707	23,508	51	37,811	18,335	19,476	48

Period: 1 thru 6 2021
 Accounts: GO-P-I P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
711509 Comp Sftw nonCap	193,281	12,187	181,094	6	14,672	21,479	6,806-	146
* Services and Supplies	17,182,981	3,833,376	13,349,604	22	6,597,204	2,207,682	4,389,521	33
781001 Land Imprv Capital								
781002 Build Imprv Capital								
781004 Equipment Capital	201,000	105,494	95,506	52	16,000	11,454	16,000	7
781007 Vehicles Capital		177,616	177,616-		154,413		142,960	
781009 Comp Sftw Capital					25,000		25,000	
* Capital Outlay	201,000	283,110	82,110-	141	195,413	11,454	183,960	6
** Expenses	41,924,034	13,538,784	28,385,250	32	26,496,529	11,172,159	15,324,369	42
621001 Transfer From General	9,516,856-	4,758,428-	4,758,428-	50	9,516,856-	4,758,428-	4,758,428-	50
* Transfers In	9,516,856-	4,758,428-	4,758,428-	50	9,516,856-	4,758,428-	4,758,428-	50
812230 To Reg Permits-230	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
814430 To Reg Permits Capit								
* Transfers Out	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
** Other Financing Src/Use	9,447,367-	4,685,876-	4,761,491-	50	9,443,733-	4,704,068-	4,739,665-	50
*** Total	2,289,203	1,012,468-	3,301,671	44-	1,060,494	645,612	414,881	61



Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

**FRANCHISE COMPLIANCE
REPORT**

DECEMBER 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	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December					
January					
February					
March					
April					
May					
June					
Totals	21,226	\$29,108,467.20	\$1,371.40		

Current Allowable Average Bill: \$1,382.47

Year to Date: December 2020

COMPLIANCE			
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	6 Minutes 40 Seconds	88%	92%
Dec-20	6 Minutes 24 Seconds	89%	90%
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 22 Seconds	88%	92%

Year to Date: December 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	5:54	6:39	9:24
	P-2	6:34	7:26	10:28
Dec-20	P-1	5:39	6:29	9:47
	P-2	6:18	6:28	9:30
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: December 2020

Priority	Reno	Sparks	Washoe County
P1	05:38	06:27	09:47
P2	06:15	07:04	09:24



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 12/01/2020 THRU 12/31/2020**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	12/1/20 11:58	12/1/20 12:01	1C01	0:11:21	0:03:33
Zone A	12/2/20 18:54	12/2/20 18:56	1N21	23:59:55	0:01:55
Zone A	12/2/20 19:12	12/2/20 19:12	1C18	23:58:51	0:00:27
Zone B	12/3/20 14:07	12/3/20 14:19	1C03	0:25:04	0:11:58
Zone A	12/3/20 16:04	12/3/20 16:13	1C18	0:15:56	0:08:39
Zone A	12/6/20 19:48	12/6/20 19:49	1C11	-0:01:04	0:00:56
Zone A	12/7/20 18:02	12/7/20 18:04	1C37	0:02:10	0:02:10
Zone A	12/7/20 21:44	12/7/20 21:44	1C18	-0:00:09	0:00:24
Zone A	12/8/20 9:22	12/8/20 9:26	1C29	0:12:07	0:04:06
Zone A	12/9/20 9:20	12/9/20 9:29	1C44	0:21:18	0:08:14
Zone A	12/11/20 18:47	12/11/20 18:49	1C05	-0:00:04	0:01:21
Zone A	12/12/20 2:06	12/12/20 2:11	1N16	0:14:14	0:04:46
Zone A	12/12/20 21:03	12/12/20 21:10	1C26	0:09:37	0:06:44
Zone A	12/14/20 10:42	12/14/20 10:58	1C29	0:16:44	0:16:44
Zone A	12/15/20 17:17	12/15/20 17:22	1C13	0:05:32	0:05:32
Zone B	12/17/20 1:01	12/17/20 1:15	1C18	0:18:45	0:14:42
Zone A	12/17/20 10:19	12/17/20 10:22	1V51	0:10:38	0:10:38
Zone A	12/18/20 6:19	12/18/20 6:20	1C18	-0:00:12	0:01:20
Zone A	12/18/20 16:16	12/18/20 16:20	1C43	0:15:49	0:04:14
Zone A	12/22/20 15:09	12/22/20 15:10	1C01	-0:00:38	0:01:22
Zone A	12/25/20 12:43	12/25/20 12:51	1C23	0:27:04	0:07:23
Zone A	12/25/20 16:38	12/25/20 16:38	1C22	-0:00:07	0:00:28
Zone A	12/27/20 11:25	12/27/20 11:30	1C23	0:09:00	0:04:38

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



EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
12/04/2020	Exemption Approved	Overload	Zone A	0:09:18
12/04/2020	Denied	Overload	Zone A	0:09:40
12/06/2020	Exemption Approved	Overload	Zone B	0:21:49
12/06/2020	Exemption Approved	Overload	Zone B	0:20:51
12/10/2020	Exemption Approved	Overload	Zone A	0:14:01
12/10/2020	Exemption Approved	Overload	Zone A	0:10:18
12/10/2020	Exemption Approved	Overload	Zone A	0:11:58
12/13/2020	Exemption Approved	Overload	Zone A	0:09:14
12/13/2020	Exemption Approved	Overload	Zone A	0:09:07
12/13/2020	Exemption Approved	Overload	Zone A	0:09:43
12/13/2020	Exemption Approved	Overload	Zone A	0:15:44
12/15/2020	Exemption Approved	Overload	Zone A	0:10:52
12/15/2020	Exemption Approved	Overload	Zone A	0:12:00
12/15/2020	Exemption Approved	Overload	Zone A	0:11:23
12/15/2020	Denied	Overload	Zone A	0:11:52
12/15/2020	Denied	Overload	Zone A	0:12:36
12/15/2020	Denied	Overload	Zone A	0:10:34
12/15/2020	Denied	Overload	Zone A	0:12:40
12/15/2020	Denied	Overload	Zone A	0:15:25
12/15/2020	Denied	Overload	Zone A	0:13:06
12/15/2020	Exemption Approved	Overload	Zone B	0:21:16
12/15/2020	Exemption Approved	Overload	Zone A	0:09:04
12/17/2020	Exemption Approved	Overload	Zone A	0:09:17
12/17/2020	Exemption Approved	Overload	Zone A	0:09:46
12/17/2020	Exemption Approved	Overload	Zone A	0:12:32
12/17/2020	Exemption Approved	Overload	Zone A	0:11:49
12/17/2020	Exemption Approved	Overload	Zone A	0:10:25
12/23/2020	Exemption Approved	Overload	Zone A	0:11:41
12/23/2020	Exemption Approved	Overload	Zone A	0:23:32
12/23/2020	Exemption Approved	Overload	Zone A	0:10:06
12/24/2020	Exemption Approved	Overload	Zone A	0:10:07
12/24/2020	Exemption Approved	Overload	Zone A	0:21:42
12/30/2020	Exemption Approved	Overload	Zone A	0:13:06
12/30/2020	Exemption Approved	Overload	Zone A	0:14:06
12/03/2020	Exemption Approved	Status 99	Zone A	0:10:27
12/04/2020	Exemption Approved	Status 99	Zone A	0:13:23
12/04/2020	Exemption Approved	Status 99	Zone A	0:12:32
12/04/2020	Exemption Approved	Status 99	Zone A	0:11:30
12/04/2020	Exemption Approved	Status 99	Zone B	0:23:18
12/05/2020	Exemption Approved	Status 99	Zone A	0:09:37
12/07/2020	Exemption Approved	Status 99	Zone A	0:09:05
12/07/2020	Exemption Approved	Status 99	Zone A	0:11:48



12/07/2020	Exemption Approved	Status 99	Zone A	0:11:07
12/07/2020	Exemption Approved	Status 99	Zone A	0:11:25
12/08/2020	Exemption Approved	Status 99	Zone A	0:10:56
12/11/2020	Exemption Approved	Status 99	Zone A	0:13:02
12/12/2020	Exemption Approved	Status 99	Zone A	0:09:12
12/14/2020	Exemption Approved	Status 99	Zone B	0:17:54
12/14/2020	Exemption Approved	Status 99	Zone A	0:30:29
12/17/2020	Exemption Approved	Status 99	Zone A	0:11:03
12/18/2020	Exemption Approved	Status 99	Zone A	0:09:40
12/18/2020	Exemption Approved	Status 99	Zone A	0:09:14
12/19/2020	Exemption Approved	Status 99	Zone A	0:11:58
12/19/2020	Exemption Approved	Status 99	Zone A	0:09:11
12/20/2020	Exemption Approved	Status 99	Zone A	0:14:17
12/20/2020	Exemption Approved	Status 99	Zone A	0:16:01
12/21/2020	Exemption Approved	Status 99	Zone A	0:09:01
12/25/2020	Exemption Approved	Status 99	Zone A	0:12:16
12/27/2020	Exemption Approved	Status 99	Zone A	0:12:42
12/27/2020	Exemption Approved	Status 99	Zone A	0:11:06



GROUND AMBULANCE OPERATIONS REPORT DECEMBER 2020

1. Overall Statics

- a) Total number of system responses: 7,180
- b) Total number of responses in which no transports resulted: 2,967
- c) Total number of system transports (including transports to out of county):
4,213

2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 51.8%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 6.6%
- e) Transfers: 9.6%
- f) Trauma – MVA: 8.6%
- g) Trauma – Non MVA: 17.2%
- h) Unknown: 4.1%

3. Medical Director's Report

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

Total number of ALS Calls: 1,124

Total number of above calls receiving QA Reviews: 90

Percentage of charts reviewed from the above transports: 8%



DECEMBER 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	7	38
BLS (CPR)	38	120
Heartsaver (CPR)	18	39
ITLS/PHTLS	2	2
PALS	5	20

COMMUNITY OUTREACH DECEMBER 2020

Point of Impact		
12/01/20	No checkpoint event this month	
12/03/20	Attended NV SHSP Occupant Protection Task Force meeting	
12/28/20	REMSA was able to donate 5 car seats to St. Mary`s NICU	
Cribs for Kids/Community		
12/02/20	Attended Nevada Traffic Safety (Virtual) Summit	
12/04/20	Attended Washoe County Child Death Review online meeting	
12/9-10/20	Visited Las Vegas to expand Cribs for Kids program, spoke with 4 organization	



REMSA

Reno, NV
Client 7299



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EMS System Report

December 1, 2020 to December 31, 2020

Your Score

97.76

Number of Your Patients in this Report

150

Number of Patients in this Report

5,531

Number of Transport Services in All EMS DB

168





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **12/01/2020** and **12/31/2020**.

The overall mean score for the standard questions was **97.76**; this is a difference of **4.07** points from the overall EMS database score of **93.69**.

The current score of **97.76** is a change of **-0.27** points from last period's score of **98.03**. This was the **6th** highest overall score for all companies in the database.

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

93.36% of responses to standard questions had a rating of Very Good, the highest rating. **99.44%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

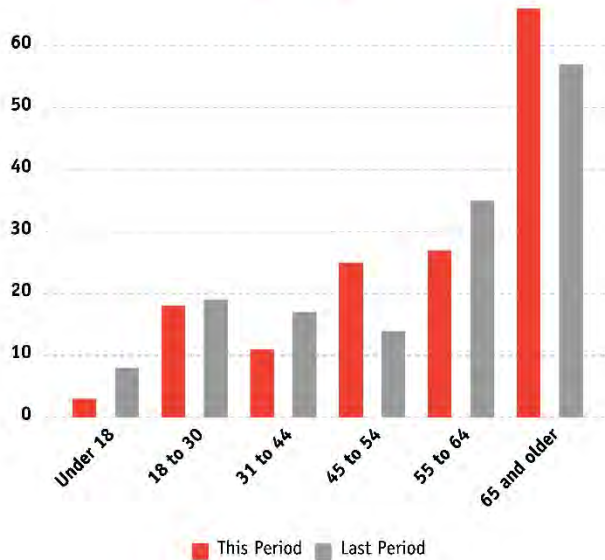




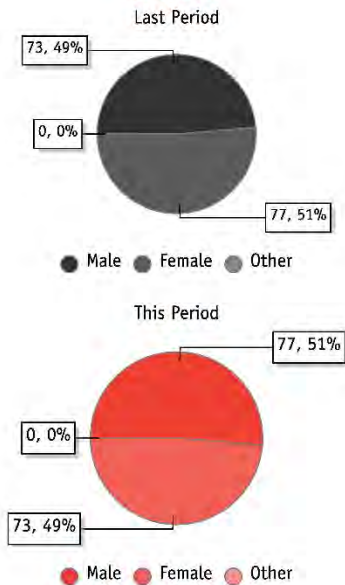
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	8	4	4	0	3	1	2	0
18 to 30	19	8	11	0	18	10	8	0
31 to 44	17	10	7	0	11	4	7	0
45 to 54	14	8	6	0	25	14	11	0
55 to 64	35	19	16	0	27	15	12	0
65 and older	57	24	33	0	66	33	33	0
Total	150	73	77	0	150	77	73	0

Age Ranges



Gender





REMSA
December 1, 2020 to December 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.

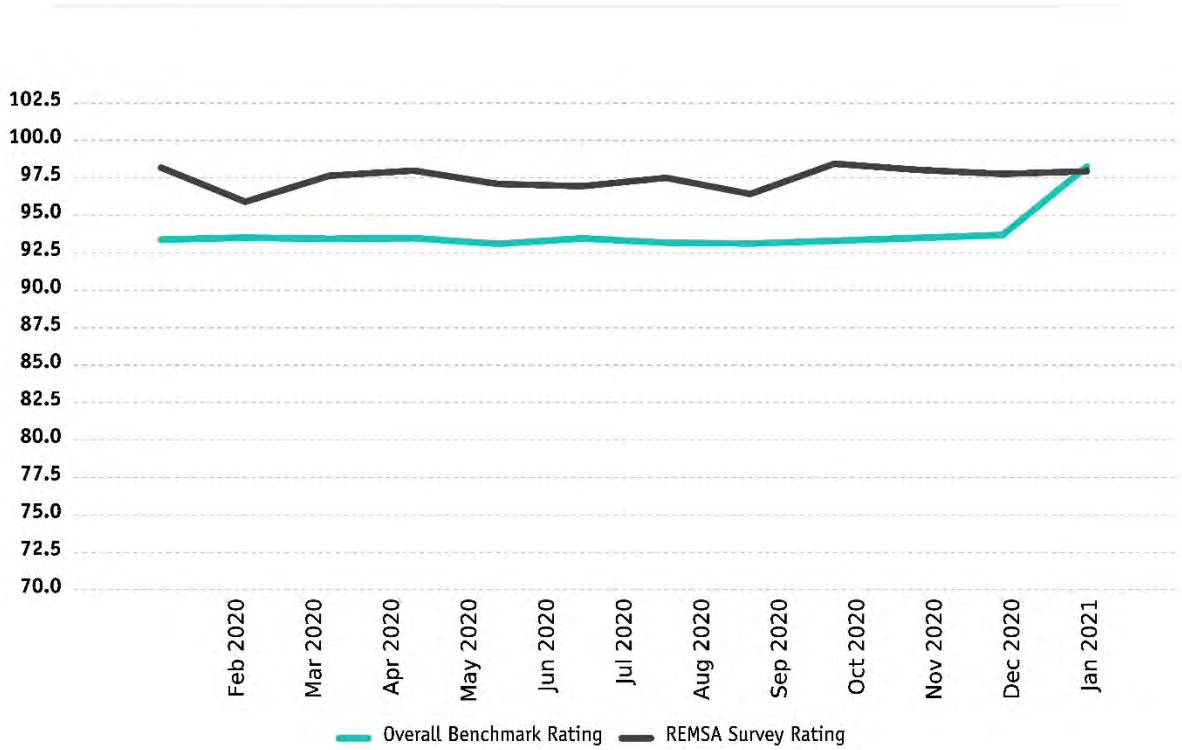
	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Helpfulness of the person you called for ambulance service	99.54	98.68	95.02	97.22	98.86	99.15	98.37	98.30	96.83	97.01	97.85	98.46
Extent to which you were told what to do until the ambulance arrived	99.54	98.68	95.85	97.22	98.86	99.15	98.91	98.30	96.79	96.88	97.83	98.45
Extent to which the ambulance arrived in a timely manner	96.63	96.33	96.80	96.35	96.66	96.43	95.26	95.80	94.26	97.68	98.04	96.53
Cleanliness of the ambulance	98.84	99.26	99.34	98.67	99.17	97.78	98.59	98.41	96.98	99.17	99.06	98.33
Skill of the person driving the ambulance	97.93	98.72	96.82	95.93	97.76	96.31	97.56	97.22	96.23	97.63	97.79	98.35
Care shown by the medics who arrived with the ambulance	97.33	98.68	96.67	98.67	98.17	97.17	97.32	98.32	96.80	99.00	97.51	97.83
Degree to which the medics took your problem seriously	97.00	98.36	96.98	99.00	98.33	97.99	97.32	98.32	96.73	99.50	98.33	97.32
Degree to which the medics listened to you and/or your family	96.72	97.68	94.43	98.28	97.73	96.98	96.50	97.60	96.36	99.31	97.99	96.96
Extent to which the medics kept you informed about your treatment	97.32	98.17	95.60	97.34	97.55	96.61	96.94	97.71	96.00	97.59	98.14	97.40
Extent to which medics included you in the treatment decisions (if	98.38	97.65	95.09	96.29	98.06	96.84	97.29	96.85	96.10	98.71	97.91	98.32
Degree to which the medics relieved your pain or discomfort	94.32	95.58	89.94	95.51	95.81	95.20	92.65	93.23	94.55	95.60	96.79	96.92
Medics' concern for your privacy	97.76	98.21	95.80	98.16	98.61	97.10	97.37	97.69	97.00	98.84	98.41	97.57
Extent to which medics cared for you as a person	97.50	98.84	96.43	98.31	98.67	97.15	97.28	98.65	97.49	98.94	98.33	97.97
Professionalism of the staff in our ambulance service billing office	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00	100.00
Willingness of the staff in our billing office to address your needs	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00	100.00
How well did our staff work together to care for you	98.12	99.32	97.07	98.67	98.78	97.24	97.77	98.48	97.31	99.12	98.49	98.00
Extent to which the services received were worth the fees charged	100.00	98.08	87.50	90.38	75.00	82.14	50.00	85.07	94.11	98.33	97.62	98.02
Overall rating of the care provided by our Emergency Medical Transportation	96.00	98.50	95.38	97.99	98.31	97.45	97.11	98.31	97.12	98.99	97.98	97.50
Likelihood of recommending this ambulance service to others	97.99	98.36	96.07	98.06	98.39	97.92	98.01	98.55	97.23	98.80	98.14	98.31
Your Master Score	97.43	98.18	95.90	97.64	97.98	97.09	96.94	97.50	96.42	98.44	98.03	97.76
Your Total Responses	150	152	151	150	150	150	150	150	150	150	150	150



REMSA
December 1, 2020 to December 31, 2020



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE DECEMBER 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	10/01/2020	"She did not pay attention to the time, but everything seemed fine."	"She was in and out of consciousness, but felt that the REMSA medics gave her good care."		
2	10/01/2020	"The freeway was bumpy and it was hard on his back."	"The medics are great. They tried to get him to the ambulance quickly. They also gave him his choice of hospital."	"He wished they would have offered him something for his back pain."	S. Slemi
3	10/01/2020	"She said the operator was helpful, but she did not remember what they told her to do. The medics were friendly and nice. She said that she was pleasantly pleased with the service. If she could give REMSA an even higher rating, she would."	"She said that she was nothing but pleased. The medics did everything well. They could not get into the front door. She told them to come in through the back door. She was impressed that they jumped the fence to do that."		
4	10/01/2020	"She was not happy that the medics would not listen to her about which hospital that she wanted to go to. The medics would also not allow her son to come inside to where she lives and she wanted him to come in. He is notified when her life alert goes off. She said usually that REMSA is good to her. This time she was unhappy because one of them was yelling at her and asking her if she wanted to go to the hospital or not. She saw the ER report later and her heart rate was very high."		"She feels that the medics should not hound a person about anything and not yell at them. She felt like they were rushing her to make a decision whether or not to go to the hospital. She thinks she should have been taken to the hospital of her choice."	G. Jones
5	10/01/2020	"He said he would give the	"The medics were		S. Selmi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		medics a 2 for compassion."	efficient."		
6	10/01/2020	"The operator was great. The ambulance arrived extremely quickly. The medics were responsive, dedicated and well informed. REMSA deserves the highest rating."	"Great response time. The medics acted like they wanted to help and that it was not just a job to them."		
7	10/02/2020	"Everything was excellent." "The medics were good at helping her up and getting her to the emergency room quickly."	"REMSA did everything well for her."		
8	10/01/2020	"The medics reassured her how they clean between patients because of COVID. The medics listened well. They were willing to compare their sugar reading with the one she took. She appreciated their compassion. They tried to make her problem as easy on her as possible."	"They did an excellent job. They deserve a lot of credit working with the COVID virus out there."		
9	10/01/2020	"She lives in a place that is hard to find, so they did not get there as fast as they could have. The medics were comforting and got her to the hospital quickly and safely. She said they made her feel safe too."	"She said that she had a wonderful experience with REMSA. They are all very good people."		
10	10/02/2020	"They had their bags on the gurney. The medics did a good job getting him to the hospital quickly. He felt the medics were helpful and knowledgeable."	"They do their job and get you there fast."	"They should have taken his pain more seriously. He thought they could have helped him better with that."	S. Slemi
11	10/03/2020	"The medics were very good at keeping her informed. The service was just fine."	"The ambulance came in a timely fashion. The medics talked to her,		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			and kept her understanding what was going on."		
12	10/03/2020		"The medics were very considerate and careful with her."	"She said they should learn how to find veins faster."	
13	10/03/2020	"POA said that the medics were phenomenal."	"They did superb and outstanding work."		
14	10/02/2020	"The cleanliness was outstanding, and the driver too. The medics were courteous, concerned and listened well. The service was outstanding."	"They were there really quick. He was amazed that four people came. They were on top of the situation and he was extremely impressed."		
15	10/02/2020	"POA said that the operator did really well on keeping them informed. POA said that the medics were polite and knowledgeable."	"POA said that the medics were compassionate, prompt and professional."		
16	10/02/2020	"It seemed like the ambulance took over 20 minutes to arrive. The medics were kind, and true heroes. They helped him up, when he could not get up. The immediately assessed him and knew what was going on. He would rate REMSA a 10. They are angels."	"The driver would warn him about the road conditions and tried to avoid the bumps because of his pain."	"They could try to improve on response time."	
17	10/02/2020	"He felt the medics treated him very well."	"The medics checked him out to see what was going on and took him to the hospital. They did a great job."		
18	10/03/2020		"Patient stated the medics had good teamwork as they got him up off the floor and loaded into the		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			ambulance. He also noted the driver went a good speed - not too fast, but not too slow either."		
19	10/03/2020		"Patient noted the medics were very thorough in assessing and caring for him."		
20	10/02/2020		"Patient noted the medics immediately got an IV started, they were quick and efficient."		
21	10/02/2020		"Patient stated from beginning to end, from when they arrived until she was checked into the hospital, the medics were professional and caring. She wants them to keep doing what they do because they work well together."		
22	10/02/2020		"Patient stated they cared for him in a timely manner and got him to the hospital."		
23	10/02/2020		"Patient said the medics arrived promptly, quickly got him to the hospital and took him right to his room. Everything was very fast and well done."		
24	10/02/2020		"The cleanliness inside of the ambulance was top-notch."		
25	10/03/2020		"The medics are		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			extremely efficient and treated the patient well."		
26	10/03/2020		"Everything was done well, particularly with the Corona virus going on, the medics were exceptional."		
27	10/03/2020		"Patient noted they arrived shortly, got him loaded and away they went. He is pleased with the speed and courtesy."		
28	10/03/2020			"Have the paramedics come up to the apartment instead of having the patient wait at the bottom of the stairs."	S. Selmi
29	10/04/2020	"Patient was not transported."	"The medics helped get the patient back into bed after he fell. He is very thankful and said the medics were excellent."	"Arrive faster."	
30	10/03/2020		"Patient noted it was a very weird situation, but the medics took great care of him and made him feel comfortable."		
31	10/03/2020		"Mother took the survey for the care of her teen son. She stated the medics were ""on-key"" in their arrival time and assessment of her son. She is very pleased with the care and also		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			noted the cleanliness inside of the ambulance."		
32	10/03/2020		"The medics took wonderful care of a "puking, sick woman who couldn't keep food or water down." The patient is very thankful for the care she received."		
33	10/03/2020		"Medical POA stated the medics were very polite, respectful and interactive despite the patient being so elderly. The family is very pleased with the care and attention the patient received."		
34	10/04/2020		"The medics worked well together and also kept the patient's mind off of the situation at hand."		
35	10/04/2020		"Patient stated every single thing was done well, she couldn't have asked for better care."		
36	10/03/2020		"Patient is very pleased with the service."	"Pair an experienced medic with the less experienced ones."	
37	10/04/2020		"Patient noted he does not remember much about the event due to the accident. He said the medics administered ""awesome"" care or else he would not have made it."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
38	10/04/2020		"Patient stated the medics cared for him until they safely got him to the hospital. In short, they did the job they were supposed to do."		
39	10/04/2020		"Patient stated this was a transfer and from the moment the medics got her from the room she was in until she was delivered to her room at the next hospital, she felt safe. The transfer was smooth."		
40	10/04/2020		"Patient noted everything was done well, he can't think of anything to complain about."		
41	10/05/2020		"Patient stated it was a simple drive from Point A to point B, not even an IV was needed. The care he received met the needs required."		
42	10/05/2020		"The medics took care of the patient's pain and nausea efficiently and with care."		
43	10/05/2020		"Patient said from the professional demeanor to the way things were handled in general it was nice to be treated with dignity and respect."		
44	10/05/2020	"Patient noted she didn't feel she could comment on	"Patient stated she was in a great deal of pain		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		the cleanliness or the driving skill questions."	and the medics really helped to relieve that and calm her down."		
45	10/05/2020	"The operator was very helpful. The medics gave her their time and she appreciated that."	"The medics had good customer service and bedside manner. They treated her with respect and listened well."		
46	10/05/2020	"REMSA did a great job"	"The medics made sure that they relieved her nausea by giving her some medicine in her IV. They were good about what they were doing. They were sanitary."		
47	10/05/2020		"POA said that the medics took him from an airplane that arrived from another facility, with very little discomfort."		
48	10/05/2020	"The medics were very compassionate."	"Everything went great with the service from REMSA. They get an A+."		
49	10/05/2020		"Patient stated the medics were professional and knowledgeable."		
50	10/05/2020		"Patient stated it was a smooth transition into the hospital and the medics were kind."		
51	10/06/2020		"Patient stated the care was ""tops"" from start to finish, there is not a thing she thinks they could have done		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			better."		
52	10/05/2020		"Patient noted the medics were very professional, in particular with the mask wearing and other precautions."		
53	10/05/2020		"Patient stated everything was done well."		
54	10/10/2020		"The medics were terrific and helpful"		
55	10/11/2020		"Everything went great"		
56	10/11/2020		"Very kind and helpful medics"		
57	10/11/2020		"Medics were very professional, respectful and attentive"		
58	10/11/2020		"The medics were very laid back and helpful"		
60	10/11/2020		"The medics were stellar; very helpful"		
62	10/12/2020		"Ambulance ride went fine and medics were great"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
63	10/12/2020		"Staff was amazing"		
64	10/13/2020		"The medics we so nice and caring"		
65	10/13/2020		"Everyone was great and helpful"		
66	10/16/2020		"Medics were helpful"	"Nothing; doesn't remember too much"	
67	10/16/2020		"Everything went great; everyone was very helpful"	"Nothing"	
68	10/16/2020		"Everything went great"	"Nothing"	
69	10/16/2020		"Everything went fine"	"Nothing"	
70	10/16/2020		"Medics were great; very helpful"	"Nothing"	
71	10/16/2020		"Everything went great"	"Nothing"	
72	10/16/2020		"The medics were great and very kind and helpful"	"Nothing"	
73	10/16/2020		"Everything went great"	"Nothing"	
74	10/18/2020		"Everything was great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
75	10/18/2020		"Medics and ambulance ride were great"	"Nothing"	
76	10/18/2020		"Everyone was very helpful"	"Nothing"	
77	10/18/2020		"Everything went great; super thankful for all REMSA does"	"Nothing"	
78	10/18/2020		"Medics were very helpful and friendly"	"Listen to the patient; wasn't listening to medications that patient was on"	G. Jones
79	10/18/2020		"Everything went great"	"Nothing"	
80	10/18/2020		"Medics were great"	"Nothing"	
81	10/18/2020		"Timely arrival"	"Nothing"	
82	10/18/2020		"Medics were helpful"	"Work in a faster, timely manner"	
83	10/18/2020		"Everyone was very helpful"	"Nothing"	
84	10/19/2020		"The medics were awesome, super thankful for them"	"Nothing"	
85	10/19/2020		"Medics were very courteous and professional"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
86	10/19/2020		"Everything was great. Great ride and great people"	"Nothing"	
87	10/19/2020		"Everything went great"	"Nothing"	
88	10/19/2020		"Always has good experiences with REMSA"	"Nothing"	
89	10/19/2020		"Everything went great; REMSA is awesome"	"Nothing"	
90	10/19/2020		"The medics and driver were very caring and sympathetic"	"Nothing"	
91	10/17/2020		"The medics were very professional"	"Nothing"	
92	10/19/2020		"Everything went great"	"Nothing"	
93	10/19/2020		"The medics were very helpful"	"Nothing"	
94	10/19/2020		"Everything went great; REMSA is always the best help to have"	"Nothing"	
95	10/19/2020		"Everything went great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
96	10/19/2020		"Everything went well; very helpful"	"Nothing"	
97	10/19/2020		"Everybody was very helpful"	"Nothing"	
98	10/19/2020		"Everything was great"	"Nothing"	
99	10/17/2020		"Everything went great; staff was very professional"	"Nothing"	
100	10/19/2020		"Very thankful for the medics; saved patient's life"	"Nothing"	
101	10/19/2020		"Very helpful medics"	"Nothing"	
102	10/17/2020		"The medics were very careful and friendly"	"Nothing"	
103	10/20/2020			"Listen more to the patient's problems"	M. Burkhart
104	10/17/2020		"Everything went very well; super helpful"	"Nothing"	
105	10/20/2020		"Everything went great; everyone was 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
106	10/20/2020		"Everybody was very nice; staff was friendly and consoling"	"Nothing"	
107	10/20/2020		"The medics were absolute angels"	"Nothing"	
108	10/20/2020		"Everything went great"	"Nothing"	
109	10/20/2020		"Everything went fine"	"Nothing"	
110	10/20/2020		"Everything went great; very thankful for REMSA"	"Nothing"	
111	10/22/2020		"Everyone was very helpful"	"Nothing"	
112	10/22/2020		"Everything went great"	"Nothing"	
113	10/23/2020		"The medics were great; super helpful and friendly"	"Nothing"	
114	10/23/2020		"Everything went great; medics were very helpful"	"Nothing"	
115	10/23/2020		"Everything went great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
116	10/23/2020		"Medics were great, does not remember too much"	"Nothing"	
118	10/23/2020		"Everything went great"	"Nothing"	
119	10/23/2020		"The medics were awesome and super nice"	"Nothing"	
120	10/21/2020		"Everything went really good"	"Nothing"	
121	10/24/2020		"Medics were very helpful"	"Nothing"	
122	10/24/2020		"Everything went fine"	"Nothing"	
123	10/24/2020		"Medics were helpful"	"Leaks in the ambulance"	
124	10/26/2020		"The medics were very nice"	"Nothing"	
125	10/21/2020		"The medics were very kind and were able to relieve horrible pain"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
126	10/26/2020		"Everything went great"	"Nothing"	
127	10/26/2020		"Everything went great; was thankful the medics were there to help"	"Nothing"	
128	10/26/2020		"Everything went great"	"Nothing"	
129	10/31/2020		"Everything went great, couldn't remember too much"	"Nothing"	
130	10/26/2020		"Everything went great"	"Nothing"	
131	10/31/2020		"Everything was great"	"Nothing"	
132	10/27/2020		"Medics were very helpful"	"Nothing"	
133	10/27/2020		"Everything went great; is very thankful for REMSA and everything they do"	"Nothing"	
134	10/27/2020		"Everything and everyone was wonderful"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
135	10/27/2020		"Everything went fine"	"Nothing"	
136	10/27/2020		"Ambulance rides are always great. Super thankful for the kind paramedics that is with her each time."	"Nothing"	
137	10/31/2020		"Everything went fine"	"Nothing"	
138	10/27/2020		"The medics were great and helpful"	"Nothing"	
139	10/27/2020		"The medics were so kind and very helpful"	"Nothing"	
140	10/27/2020		"Everything went great"	"Nothing"	
141	10/28/2020		"Everyone was very helpful"	"Nothing"	
142	10/28/2020		"Helpful medics"	"Have better/more helpful phone operators"	M. Hauth
143	10/28/2020		"Everything went great"	"Nothing"	
144	10/29/2020		"Medics were courteous and respectful"	"Nothing"	
145	10/29/2020		"The medics were great and respectful"	"There was one medic who wouldn't take no for an answer "	G. Jones



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
146	10/29/2020		"Medics were great"	"Nothing"	
147	10/29/2020		"Everyone was great, medics were extremely helpful"	"Nothing"	
148	10/29/2020		"The medics were angels; patient is forever grateful for REMSA"	"Nothing"	
149	10/29/2020		"The medics were great"	"Nothing"	
150	10/30/2020		"Was pleased with the service overall"	"Nothing"	

FOLLOW UP

#2 - I contacted the pt. who was very nice and I remember talking with him in the past. He told me he has chronic back pain, he would like pain meds when he is transported to the hospital in the ambulance because of the bumpy roads. I apologized to him and told him we could not always do that just for the rides, he laughed and new that was true. I thanked him for his time. No further, 1/7/21, 0920 S. Selmi

#4 - This patient relates having what was later diagnosed as a panic attack, which is why she called REMSA. She told me the crew on scene was rushing her to make a decision about whether she wanted to be transported, which aggravated her condition. The crew was on scene for 17 minutes, and transport was initiated with interventions that included oxygen, 12 lead ECG, and VS monitoring, with the patient arriving at NNMC 17 minutes later. The pt. may have been confused, since she was upset that we transported her to RRMCC. I explained we had actually transported her to NNMC, and she admitted to not remembering things as well as she used to. She thanked me for the follow-up call, I asked her to call me with further problems. 1/4/2021 G. Jones

#5 - This patient said he may have misunderstood the survey company we use because he thought they were referring to the staff at the urgent care, who he said "pushed him out the door." He said he had no problem with the REMSA crew. 1/4/2021 G. Jones

#10 - Contacted pt. who would not talk to me and then hung up. 1156 he or someone else from that number called back, but it was very difficult to understand anything they were saying and they hung up again. No further. 1/8/21, 1152 S Selmi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		#28 - This same complaint was investigated and closed in Oct 2020. No further, 1/8/21 S. Selmi			
		#78 - I spoke with the patient, who relayed a concern from her husband. Per the pt., while she was unconscious, the REMSA crew was counting the meds from a prescription bottle in order to determine how many the pt. may have ingested. She stated her husband tried to tell our crew that there were other bottles in the house that had not been counted, but they disregarded him, until RPD intervened and gave them the correct counts from all the bottles, since they had calculated them prior to our crew's arrival. The patient was concerned the extra time on scene could have impacted her chance of survival. Total time on scene was 13 minutes, all treatment provided was appropriate for patient's complaint, pt. was transported without lights and siren to the hospital. I will mention the pt's. concern to the crew. 1/4/2021 G. Jones			
		#103 - Talked directly to the patient. "I already talked to a supervisor and shared a good and bad experience. They stated that they would do a write up and have the crew do one as well." "I had such a good team in July vs the team I had in October that made me walk out on my own and sat me on the bench. I ended up in triage at the hospital and it was a cluster from the start to finish. I would have gotten a more comfortable ride from my roommate." Patient was understanding and no longer bothered by the issues and stated he required no further follow up. 1/2/2021 M. Burkhart			
		#142 - Pt is Spanish-speaking only, called with interpreter on the line. She does not have a complaint about communications. It seems her issue lies with billing in that she does not want to pay the bill until she contacts the responsible party's insurance company to pay the bill as she alleges she is not at fault for the motor vehicle collision. I advised her that I would pass this information along to our billing department and they would follow up. 1/4/2021 M. Hauth			
		#145 - This patient was involved in a serious MVA and had self-extricated prior to arrival of our ambulance. She was sitting on a curb when our crew arrived. Her concern was that one crew member was "in her face", asking rapid-fire questions without listening to her response, telling her she needed to go to the hospital even though she told him she did not wish to. She stated the crew member tried to cut her pants off while she was sitting on the street with bystanders. I asked her if she had blood that had soaked through which might prompt him to visualize an injury, and she said yes, but that she would have preferred not to be exposed outside. She states he persisted to the point where a bystander had to ask him to "back off". She stated our employee increased the anxiety she was feeling, and had no bedside manner. The patient was transported, and the other crew member was her attendant, whom she praised as being professional and caring. I will follow up with this employee today and update this report. 1/4/2021 G. Jones Spoke with the medic in question, who flatly denied that he was the one the patient was speaking about. He said when he arrived he began assessing damage to both cars involved while his trainee and partner spoke with the complainant. He said it was his paramedic partner's patient (the one the patient spoke highly of). He denied attempting to cut the patients pants and said that was done after the patient was in the ambulance by his partner. His assumption was that one of the firefighters or many bystanders on scene were possibly confused with a REMSA employee. I will speak with his partner from that night and add any relevant information. 1/4/2021 G. Jones			



DECEMBER 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



REMSA Paramedics Exhausted During COVID Surge

REMSA says emergency calls are up 15 percent during the pandemic surge. Paramedics are finding themselves both mentally and physically exhausted right now.

Friday, December 4th 2020, 1:10 AM PST by Jefferson Tyler

Updated: Friday, December 4th 2020, 4:08 AM PST



KTVN HIGHLIGHTS REMSA EMPLOYEES' HARD WORK

Channel 2 interviewed REMSA's Paul Burton and Ellie Gamos regarding the hard work that REMSA crews have been putting in during the pandemic.



REMSA employees learn who will be first for the COVID Vaccine



PROTECTING YOUR FAMILY

COVID VACCINATION MEETING
REMSA

By Terri Russell

KTVN & KOLO STORIES

The two news channels ran stories on how REMSA is prepping for receiving the COVID-19 vaccine.



REMSA Prepares For COVID-19 Vaccine

Many REMSA employees have missed work because of COVID-19 protocols. The company is hoping the vaccine will improve safety and staffing.

Thursday, December 10th 2020, 4:36 PM PST by Paul Nelson

Updated: Thursday, December 10th 2020, 6:01 PM PST



REMSA Gets First Shipment of Moderna COVID-19 Vaccine

REMSA tweeted images of the Moderna shipment on Tuesday.

Tuesday, December 22nd 2020, 12:32 PM PST

Updated: Tuesday, December 22nd 2020, 12:45 PM PST



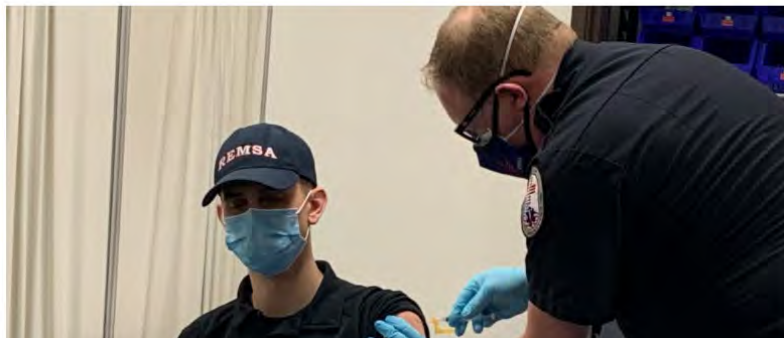
KTVN & JEMS HIGHLIGHTS REMSA'S FIRST SHIPMENT OF VACCINES

Both KTVN and JEMS shared REMSA's excitement of receiving their first shipment of COVID-19 vaccines.

Photos: REMSA Vaccinates Workers with Moderna Vaccine

JEMS Staff - 12.24.2020

REMSA in Reno, NV, received the Moderna vaccine on Tuesday. Since March, the agency has lost 40,000 staff hours due to COVID-19, either from diagnosis or exposure. In less than an hour, they were able to vaccinate 50 frontline healthcare workers. They will continue to vaccinate their team members throughout the weekend. Photos courtesy of REMSA.





**REMSA 2020-21 Penalty Fund Reconciliation as of
November 30, 2020**

2020-21 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2020	8,916.19
August 2020	14,106.85
September 2020	11,012.69
October 2020	11,232.45
November 2020	13,538.25
December 2020	
January 2021	
February 2021	
March 2021	
April 2021	
May 2021	
June 2021	
Total Penalty Fund Dollars Accrued	\$58,659.92

2020-21 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total Encumbered as of 11/30/2020 _____ **\$0.00**

**Penalty Fund Balance at
11/30/2020** _____ **\$58,659.92**



**REMSA INQUIRIES
DECEMBER 2020**

No inquiries for December 2020

DD	AE	_____
DDA	DR	_____
DHO		_____ <i>KD</i>

Staff Report
Board Meeting Date: January 28, 2021

DATE: January 14, 2021
 TO: District Board of Health
 FROM: Vicky Olson, EMS Coordinator
 775.326.6043, volson@washoecounty.us
 SUBJECT: Presentation, Discussion and Possible Approval of REMSA's request for a blanket exemption to response times retroactive to the month of July 2020 and lasting for 90 days from the date of approval.

SUMMARY

On December 22, 2020, REMSA submitted to the EMS Oversight Program a response time exemption request in alignment with the Exemption Guidelines letter provided to REMSA on May 26th, 2016, which states the following:

“An exemption will be granted for a local, state or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All applicable documentation for this exemption must be provided to the EMS Oversight Program for review.”

REMSA respectfully requested a blanket exemption be granted beginning the month of July 2020, lasting through the end of the COVID-19 declared public health emergency, and until the EMS system impacts can be mitigated.

EMS Oversight Program staff recommend this request be approved for the reasons outlined in the REMSA COVID-19 Response Report: Emergency Medical Services Delivery Impact Report.

PREVIOUS ACTION

Per the exemption letter provided to REMSA on May 26th, 2016: “An exemption will be granted for a local, state, or federally declared emergency for which REMSA’s resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed”.

While the COVID-19 pandemic is both a state and federally declared emergency, the nature and length of such an emergency is unprecedented and unanticipated.

BACKGROUND

Beginning in July 2020, REMSA has experienced a multitude of impacts related to the COVID-19 pandemic. Infected clinical staff and exposures, hospital offload delays and widening geographical response locations, among a multitude of other impacts, have lengthened response times. Additionally REMSA was asked to rise to the challenge of helping to bear the burden with public health initiatives to combat the pandemic including: staffing the Washoe County COVID-19 call center, providing transportation of COVID-19 positive citizens, homebound COVID-19 swabbing services, and others.

On March 12th, 2020, Governor Steve Sisolak issued a Declaration of Emergency for the state of Nevada to facilitate the State's response to the COVID-19 Pandemic. On March 13, President Donald Trump declared a nationwide emergency pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

FISCAL IMPACT

There is no direct additional fiscal impact to the budget should the Board approve the emergency exemption request.

RECOMMENDATION

Staff recommends the DBOH approve REMSA's request for a blanket exemption to response times beginning the month of July 2020 and lasting for 90 days from the date of approval.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve REMSA's request for a blanket exception to response times retroactive to the month of July 2020 and lasting for 90 days from the date of approval."

Attach.: REMSA COVID-19 Response Report: Emergency Medical Services Delivery Impact Report
REMSA Declared Emergency Exemption Request Dec 2020
Exemption Letter Effective July 1, 2016



REMSA COVID19 RESPONSE

Emergency Medical Services
Delivery Impact Report

ABSTRACT

The COVID19 Pandemic has presented EMS providers across the nation with many challenges related to safety, care and response. This report provides facts related to REMSA's response to COVID19 and makes recommendations regarding response time impacts and franchise response time compliance.

December 2020

Executive Summary

The COVID 19 Pandemic has presented many challenges to Health Care providers across the nation. Emergency Medical Services (EMS) Providers have been the “tip of the spear” in caring for patients with respiratory illness. “The 911 emergency medical system throughout the United States is at a breaking point,” (Reinert, A., American Ambulance Association, 2020). The pandemic has put many ambulance service providers out of business, increased wait times and has ballooned operating costs.

The nature of EMS work is in uncontrolled environments without the option for elaborate engineering controls. Patient care is provided on scene, in a home, or in the back of an ambulance with limited access to ventilation and an inability to distance. These realities of pre-hospital care create significant fear, uncertainty and distress among pre-hospital care providers. Work-related exposures, and significant community spread during the COVID19 pandemic, have contributed greatly to staffing difficulties at REMSA.

In addition to staffing, REMSA has experienced a multitude of variables that have impacted normal service delivery: geographical call location shifts; hospital offload delays; PPE donning and doffing procedures; and other variables such as school closures, child care challenges and closures of social spaces have contributed to task time increases, staff fatigue, staffing shortages and ultimately, lengthened response times.

This report will cover several aspects of the COVID19 pandemic as it relates to REMSA’s response to COVID19, impacts to response times and patient care. REMSA’s priorities during this challenging time are, and always will be safety, compassion and quality patient care and satisfaction.

Staffing Impacts

Since May 2020, REMSA has had over 300 staff members placed in isolation for an average of 10 days. Staff are placed off duty whenever they have an exposure to a known COVID positive patient without PPE, or inadvertent exposure on or off-duty, or are symptomatic of influenza-like illness. Estimated number of clinical staff hours lost since May 13, 2020 is over 18,000 hours, based on an average 60 work hours per isolation (See Fig. 1).

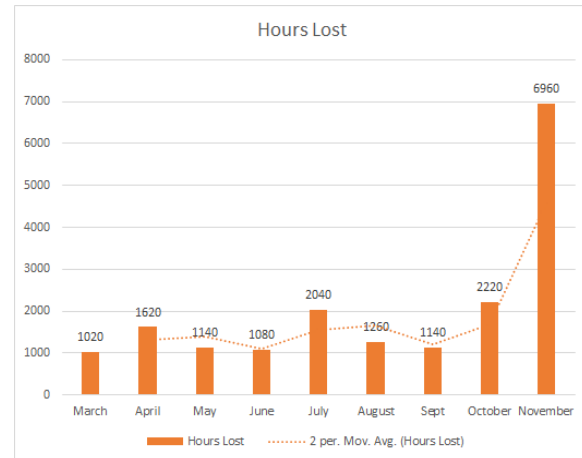


Fig. 1

Medical Provider Fatigue

Like EMS personnel across the nation, REMSA's medical providers have experienced a level of stress that is difficult to measure. Providers are concerned about the lasting effects of infection of a novel virus that has no long-term data on health effects. Clinical providers are scared to infect their families, scared of the unknown long-term effects of the virus, and overwhelmed with the additional personal protective equipment (PPE) requirements, summer heat, high call volume, and the mandatory face-covering requirement. "All of our workforce ... are incredibly tired, stressed. The extra work that they have to do is very taxing, both mentally and physically, and there's a lot of turnover," Randy Owen, CEO of Global Medical Response (Stankiewicz, K., 2020).

Geographical Demand Analysis

REMSA has seen a widening in geographical locations of responses to priority 1 calls. Historically, responses are more highly concentrated in the business districts and core of the urban zones. **Since the proliferation of remote work, closing of schools, closing of businesses, capacity limits, etc., responses have lengthened and the geographical location of calls has been more dispersed into bedroom communities throughout the County** (see figure 2, 3, 4, 5 and 6). This has resulted in lengthening response times and decrease in fractal response time.

July 2019 v 2020 P-1 Responses

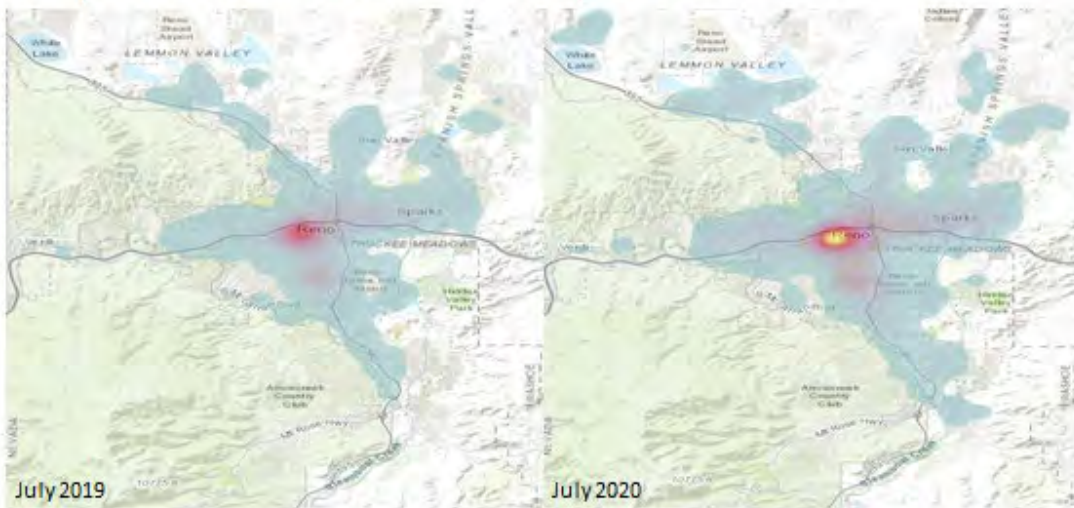


Fig. 2

August 2019 v 2020 P-1 Responses

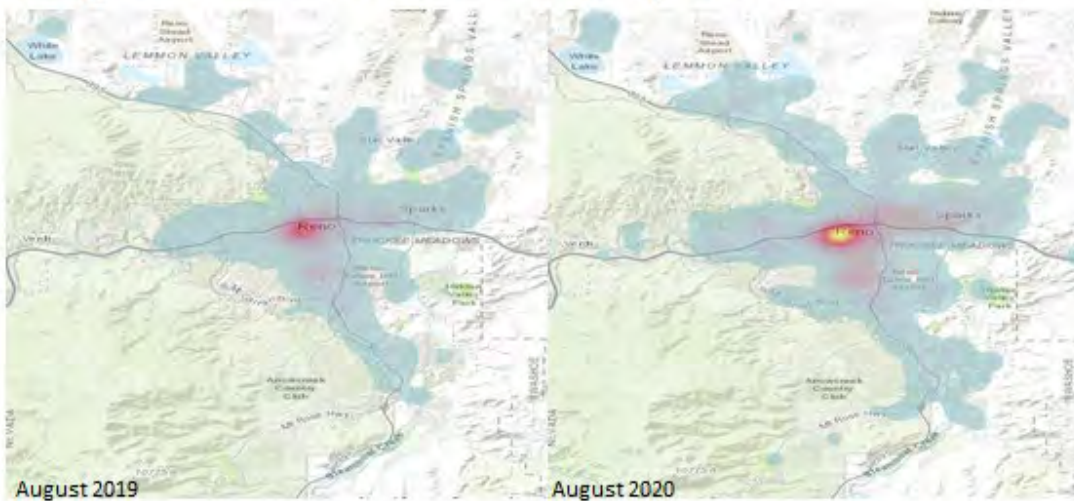


Fig. 3

September 2019 v 2020 P-1 Responses



Fig. 4

October 2019 v 2020 P-1 Responses



Fig. 5

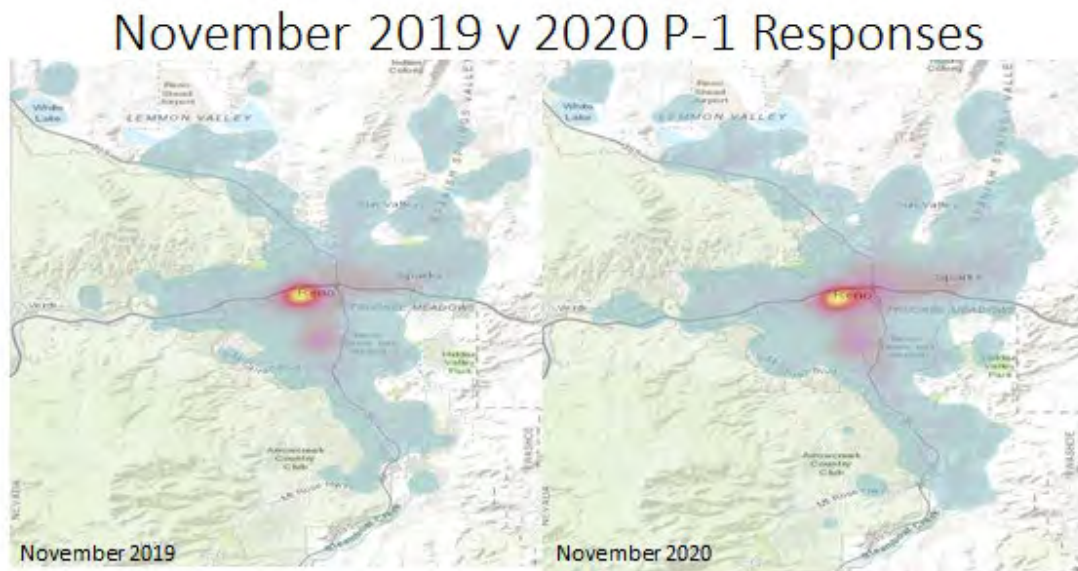


Fig 6

Hospital Delays

Ambulance Patient Off-load Times (APOT) have been dramatically impacted during the COVID19 pandemic. **Local hospitals are holding REMSA ambulances in their hallways over 400 times per month, resulting in a rising number of unavailable ambulances to respond to 911 calls in Washoe County.** REMSA typically relies on off-load times of 20 minutes to transition care from EMS providers to hospital staff. Not only have the number of ambulances being “held” in Emergency Room hallways awaiting a room, bed, and nurse to become available to intake EMS patients increased (see Fig. 7), **the average time of each off-load has increased as well, to more than 40 minutes in November and trending at more than 50 minutes for December** (see Fig. 8).

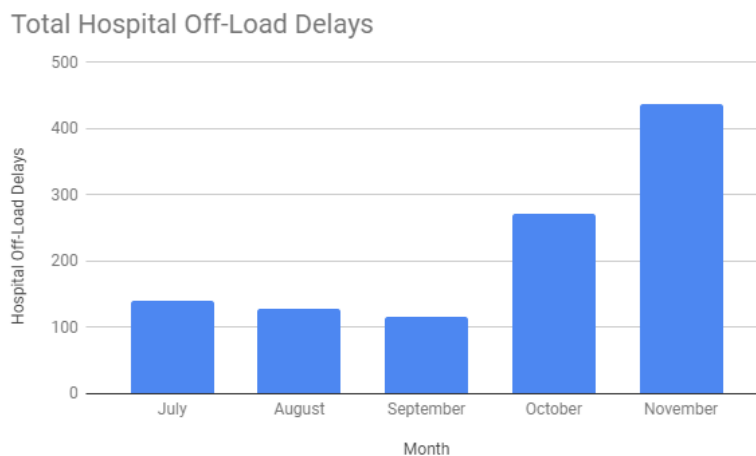


Fig. 7

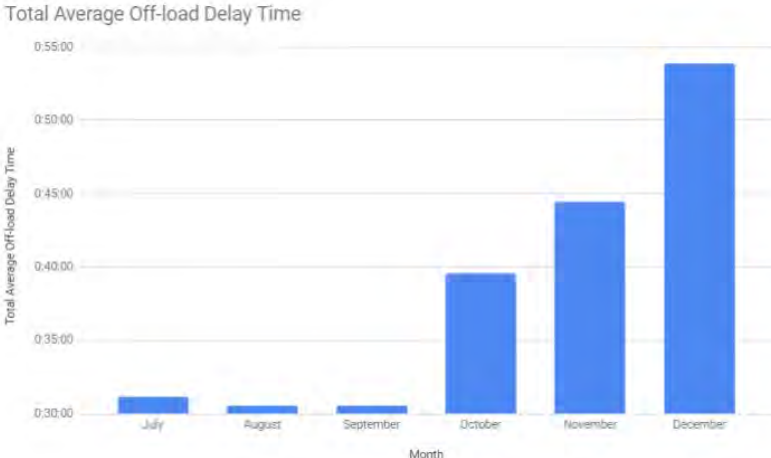


Fig. 8

Additional Duties/Expectations

Our local partners have called upon REMSA to help shoulder the burden of the COVID19 pandemic. Since the beginning of the pandemic, REMSA was asked to provide services to support the community by standing-up and staffing a 24/7 COVID19 call center, providing non-medical transport services to COVID19 housing for COVID19 positive patients, homebound COVID19 swabbing, and staffing mobile testing locations. In addition, we were able to share PPE with community partners that had a difficult time acquiring it.

Service	Quantity
24/7 REMSA COVID19 Call Center	28,514 Calls (March through Sept.)
Non-Medical COVID19 Housing Transports	125 transports (April through Nov.)
In-Home Swabbing	620 swabs (April through Nov.)

REMSA’s COVID19 Response

When COVID19 arrived in Washoe County, REMSA immediately recognized there would be major impacts to the healthcare system, our employees, their families and the community as a whole. **In response to the pandemic, REMSA implemented more than 60 process and practice changes** including the following:

- Employer match of additional 80 hours of paid time off for sick employees
- Additional Employee Infectious Disease Education
- On-site COVID19 testing for employees

*REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report
December, 2020*

- On-site employee vaccinations
- Mandatory, paid isolation up to 80 days
- Increased PPE acquisition
- Modified Ambulance Posting Plan
- Pandemic Protocol Call-Taking
- Influenza-Like-Illness screening of 911 callers
- Tiered Response Implementation to better utilize EMS resources within the community
- Modified Mutual Aid procedures with fire partners

On August 13, in alignment with the State of Nevada Crisis Standards of Care and Governor Steve Sisolack’s Directive 11, **REMSA implemented a tiered response system to maximize available pre-hospital care resources.** This tiered system aligns care provider level with patient acuity when they call 911.

Industry-wide, the efficacy of an all ALS system has been under scrutiny for some time. Conversely, **the efficacy of the introduction of Basic Life Support (BLS) and Intermediate Life Support (ILS) ambulance providers is on the rise and supported by clinical outcome data.** A landmark study in pre-hospital trauma care published in 2008, the *Ontario Prehospital Advanced Life Support (OPALS) Major Trauma Study*, was a before and after system wide controlled clinical trial conducted in 17 cities and included 2,867 severe trauma cases, cared for by Basic Life Support (BLS) and 1,494 cases cared for by Advanced Life Support (ALS) providers.

The OPALS Major Trauma Study showed that system wide implementation of full advanced life-support programs did not decrease mortality or morbidity for major trauma patients. We also found that during the advanced life-support phase, mortality was greater among patients with Glasgow Coma Scale scores less than 9. We believe that emergency medical services should carefully re-evaluate the indications for and application of prehospital advanced life-support measures for patients who have experienced major trauma (Stiell, et. Al, 2008).

The OPALS study also evaluated cardiac arrest patients. “The OPALS investigators enrolled 5,638 patients: 1,319 consecutive patients in a 12-month rapid defibrillation (basic life support) phase and 4,247 in an advanced-life-support phase of their study. Their primary study outcome, rate of survival to hospital discharge, did not improve significantly when they moved from the rapid-defibrillation phase to the advanced life support phase. It is possible that, in the absence of prioritization of interventions, the “availability” of such ALS interventions interferes with the most *fundamental* components of resuscitation from out of hospital cardiac arrest by EMS – early defibrillation and quality compression” (Brennan, E., Dorsett, M., 2020).

As an Accredited Center of Excellence (ACE) since 2001, REMSA's emergency medical dispatch center is among the most accurate in the world in determining the proper acuity of each medical call. With guidance from the International Academy of Emergency Dispatch (IAED) Emergency Medical Dispatch (EMD) protocols and REMSA's Medical Directors, REMSA matched low acuity 911 callers with ILS ambulances staffed with an Advanced Emergency Medical Technician (AEMT) and an Emergency Medical Technician (EMT). To date, this tiered response system has captured over 350 low acuity 911 callers (>70 per month), and managed them with an appropriate ILS ambulance, leaving more ALS ambulances available to manage more severe emergencies. **REMSA's quality assurance teams and Medical Directors evaluated 100 percent of patient care and transports provided by ILS ambulances. No adverse effects to patients or their medical outcomes have been detected in more than 351 (as of Dec. 18, 2020) patients who received an ILS only response. Additionally, an ALS response was requested only 13 times by on scene ILS providers for further evaluation of patients. This reflects a 97% accuracy in determining an ILS only response by REMSA's call-takers. Of the 13 ALS intercept calls, no adverse medical outcomes were detected.**

Further opportunity exists to expand the ILS ambulances at REMSA, as they managed slightly more than 14 percent of the total ILS qualified responses (Fig. 9). Average response times for the ILS ambulances was 9 minutes and 20 seconds. Additionally, REMSA recommended fire first responders cancel their response to low acuity, low priority calls.

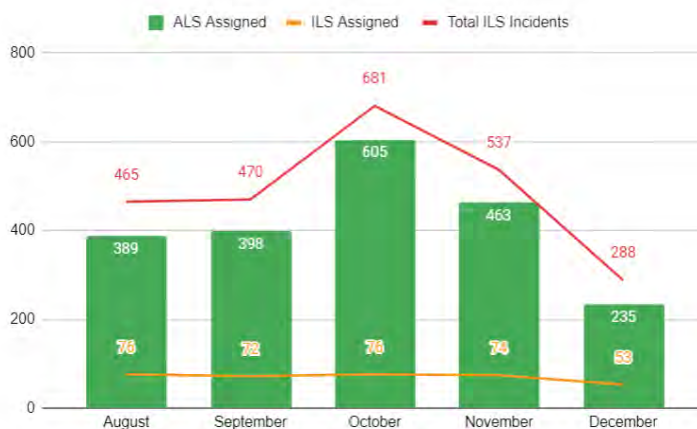


Fig. 9

Since REMSA implemented tiered response during the COVID19 pandemic on August 13, **fire first responders have cancelled en route to over 3,500 incidents deemed low acuity, leaving more first responders available for higher acuity patients.**

REMSA's medical dispatch center is the medical control center for Emergency Medical Dispatch (EMD) and patient distribution during a Mass Casualty Incident (MCI) or declared emergency in Washoe County. During the COVID19 pandemic, REMSA's medical dispatch implemented the IAED Pandemic Protocol (P-36) to measure potential COVID19 related callers and identify callers who have potentially infectious diseases. With our Influenza-Like-Illness (ILI) screening, REMSA's medical

dispatchers prompt fire and EMS first responders to don PPE prior to patient contact. **Since March 1, COVID19 related 911 callers made up approximately 14 percent of 911 callers and REMSA's Medical Dispatch prompted first responders to don PPE over 12,000 times - helping to protect our first responder partners.**

In addition to REMSA's modifications to the EMS system design, REMSA has also worked with fire first responders to assist REMSA in ambulance responses. **REMSA integrated ambulances from the Truckee Meadows Fire Protection District to supplement ambulance services in Washoe County- beyond typical mutual aid in Sun Valley and Washoe Valley. Reno Fire's ambulance saw increased use as a mutual aid resource. In fact, mutual aid partners responded over 230 times to 911 medical aid requests since March.**

Response Time Impacts

Since the 1980s, response times have been used in EMS systems as a metric to gauge the performance of an ambulance service's ability to provide quality care... However, throughout the past decade, recent studies have revealed that response time offers little insight into the quality of care provided by pre-hospital EMS providers. Blackwell and Kaufman (2002), concluded **ambulance response times only improved mortality rates by 1.07 percent, only when response times were less than 5 minutes and only in cases of the most critically ill.** Additionally, **there was no significant difference between survivors and non-survivors of cardiac arrest**, of the 71 deaths occurring from 5,424 patients studied from a pre-hospital EMS system with a population of 620,000 residents.

For priority 1, life-threatening emergencies, REMSA's franchise requires a response time of 8 minutes 59 seconds or less, 90 percent of the time. Since REMSA's inception in 1986, this response time requirement has never faltered.

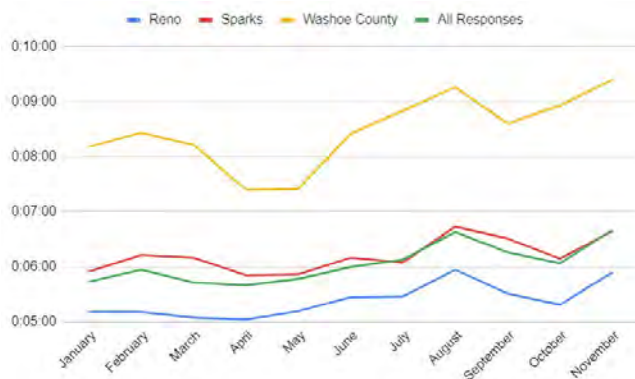


Fig.10

However, beginning in July 2020, for the first time in the history of the agency, the culmination of the factors described throughout this paper (loss of effective staff hours due to illness and isolation, loss of effective unit hours due to hospital offload times and geographic disbursement of call locations) directly contributed to the decrease in fractal response times. Average response times have increased from 5 minutes and 44 seconds to 6 minutes and 40 seconds (56 sec. overall) for P-1 calls from January to November (Fig. 10 above). Fractal compliance as reported monthly to the DBOH are shown in the table below (Fig. 11 below).

REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report
December, 2020

Month	Pri 1 System - Wide Avg. Response Time	Pri 1 Zone A	Pri 1 Zones B,C,D	Standard
Jul-19	5 Minutes 46 Seconds	92%	96%	90%
Aug-19	6 Minutes 12 Seconds	90%	91%	90%
Sep-19	6 Minutes 06 Seconds	90%	92%	90%
Oct-19	6 Minutes 00 Seconds	90%	91%	90%
Nov-19	6 Minutes 01 Seconds	90%	92%	90%
Dec-19	5 Minutes 53 Seconds	90%	94%	90%
Jan-20	5 Minutes 44 Seconds	91%	94%	90%
Feb-20	5 Minutes 57 Seconds	90%	93%	90%
Mar-20	5 Minutes 56 Seconds	92%	91%	90%
Apr-20	5 Minutes 40 Seconds	94%	93%	90%
May-20	5 Minutes 47 Seconds	92%	97%	90%
Jun-20	6 Minutes 00 Seconds	90%	96%	90%
Jul-20	6 Minutes 08 Seconds	88%	84%	90%
Aug-20	6 Minutes 38 Seconds	87%	90%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%	90%
Oct-20	6 Minutes 05 Seconds	89%	93%	90%
Nov-20	6 Minutes 40 Seconds	88%	92%	90%

Fig.11

Response Time Exemptions

REMSA is proud of our response to the global COVID19 pandemic. The organization has continued its commitment to prioritizing patient safety, public health and the safety of our first responders. REMSA, along with hundreds of other EMS providers across the country have been dramatically disrupted during the COVID19 pandemic. As noted above, while response times have undoubtedly been affected by the pandemic, REMSA's priorities have remained steadfast in caring for the community and its employees charged with providing pre-hospital care.

The 2014 Revised and Restated **REMSA Franchise Agreement**, allows **franchise exemptions to be granted for Local, State, and Federally declared emergencies, as outlined in the approved exemptions letter, dated May 26, 2016. REMSA feels strongly the current COVID19 Pandemic meets the requirements of the exemption language as written below:**

An exemption will be granted for a local, state or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

Recommended Action

REMSA is recommending the following action:

- 1) The Washoe County District Board of Health (DBOH) should approve a blanket exemption to response times beginning the month of July 2020 and lasting through the end of the declared public health emergency, and, until the EMS system impacts can be mitigated. At such a time of their determination, the District Health Officer will notify REMSA in writing of the intent to discontinue the blanket exemption with notice of 30 days.

References

Blackwell, T. H., & Kaufman, J. S. (2002). Response time effectiveness: comparison of response time and survival in an urban emergency medical services system. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine*, 9(4), 288–295.

Brennan, E., Dorsett, M. BLS is more than basic, it's fundamental to good care.

*REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report
December, 2020*

The Ontario Prehospital Advanced Life Support (OPALS) Study – a must read for EMS, investigates cardiac arrest, major trauma and respiratory distress
https://www.ems1.com/bls/articles/bls-is-more-than-basic-its-fundamental-to-good-care-vUccOufXAABcGUQW/?utm_source=EMS1+Member+Newsletter&utm_campaign=e956421e72-EMAIL_CAMPAIGN_2020_10_20_06_41&utm_medium=email&utm_term=0_dcef1702d6-e956421e72-40207115

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Stankiewicz, K., (2020). Paramedics under 'extreme stress' as toll of Covid pandemic climbs, ambulance company CEOs say. CNBC, Dec. 15, 2020.
<https://www.cnbc.com/2020/12/04/paramedics-under-extreme-stress-as-covid-toll-climbs-ambulance-company-ceos.html>

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<https://doi.org/10.1503/cmaj.071154>



Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

To: Kevin Dick, District Health Officer

From: Aaron Abbott, REMSA Executive Director of Operations

CC: Dean Dow, REMSA CEO

Regarding: Declared Emergency Exemption

Date: 12-22-20

Mr. Dick,

As you know, on March 12th, 2020 Governor Steve Sisolak issued a Declaration of Emergency for the state of Nevada to facilitate the State's response to the COVID19 Pandemic. On March 13, President Donald Trump declared a nationwide emergency pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Beginning in July 2020, REMSA has experienced a multitude of impacts related to the COVID19 pandemic. Infected clinical staff and exposures, hospital offload delays and widening geographical response locations, among a multitude of other impacts, have lengthened response times. Additionally REMSA has been asked to rise to the challenge of helping to bear the burden with public health initiatives to combat the pandemic including: staffing the Washoe County COVID19 call center, providing transportation of COVID19 positive citizens, homebound COVID19 swabbing services, and others.

To assist in combating the spread of COVID19 and better manage the impacts of the pandemic to our Emergency Medical Services (EMS) delivery model, REMSA enacted over 60 different process changes and programs. REMSA is proud of our response to our community's needs during these unprecedented times. Undoubtedly, the impacts to our service delivery have been significant enough to decrease response times pursuant to the REMSA Franchise Agreement. Specifically, response times have dipped below the fractal response time requirement of 8 minutes and 59 seconds or less 90% of the time for priority one calls. The *REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report*, submitted to the EMS Oversight Program representatives, details REMSA's COVID19 Response and Impacts to the EMS Service Delivery in Washoe County.

REMSA respectfully requests a blanket exemption be granted beginning the month of July 2020, and lasting through the end of the declared public health emergency, and, until the EMS system impacts can be mitigated, in alignment with the *Exemption Guidelines* letter provided to REMSA on May 26th, 2016 which states the following:

“An exemption will be granted for a local, state or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed.. All applicable

documentation for this exemption must be provided to the EMS Oversight Program for review."

We greatly appreciate the Washoe County Health District's leadership and guidance during these challenging times.

Respectfully,

Aaron Abbott

Executive Director, REMSA

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

May 26, 2016

Dean Dow, President/CEO
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2016.

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI

An exemption will be granted during a declared multi-casualty incident (MCI) for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI is declared. However, the first responding unit must meet response requirements if the MCI occurs within the Franchise service area.

2. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

Exemptions to be reviewed and approved by the WCHD:

1. Miscellaneous

A request for a miscellaneous exemption must be submitted in writing within 5 business days following the end of the month in which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, “an exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel.”

REMSA shall use the District Health Officer approved checklist for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification at the earliest convenience.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA’s response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within three business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

3. Local, State or Federal Declared Emergency

An exemption will be granted for a local, state or federally declared emergency for which REMSA’s resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All

applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

4. System Overload

REMSA shall use a third party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within three business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation then the WCHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within three business days of the call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
- REMSA sent notifications to field staff of closures and delays.
- REMSA utilized additional unit hours for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight Program.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily

Subject: Exemption Guidelines

Date: May 26, 2016

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Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident – regardless of cause – or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Sincerely,



Kevin Dick
District Health Officer

Staff Report
Board Meeting Date: January 28, 2021

TO: District Board of Health

FROM: Vicky Olson, EMS Coordinator
775.326.6043, volson@washoecounty.us

THROUGH: Kevin Dick, District Health Officer

SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report and find REMSA in compliance with the Franchise Agreement for the period of July 1, 2019 through June 30, 2020.

SUMMARY

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year (FY). This report is an assessment of REMSA's adherence to the various requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

Attached to the staff report are the FY 19/20 Compliance Checklist and Compliance Report. REMSA was found compliant with all auditable Franchise articles.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

Since the establishment of the REMSA Franchise in 1986, the DBOH has been presented with a REMSA Franchise Compliance Report that reviews compliance of REMSA under the terms of the Franchise and any associated recommendations.

On January 23, 2020 the DBOH was presented with the REMSA Franchise Compliance Report for FY 18/19 and found REMSA in compliance with the terms of the Franchise.

BACKGROUND

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA personnel, the District Health Officer, the Nevada Division of Public and Behavioral Health and the Washoe County EMS Oversight Program staff. Documentation is available to the DBOH upon request.

All articles of the Franchise were reviewed as part of the annual REMSA Franchise Compliance Report; however, some are not auditable in terms of compliance. EMS Oversight Program staff used the Franchise (approved by the DBOH in May 2014, effective July 1, 2014) and Compliance Checklist (approved by the DBOH on May 26, 2016) to determine compliance.

EMS Oversight Program staff found REMSA to be compliant with the terms of the Franchise and the required documentation of the Compliance Checklist.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board approve the FY 19/20 REMSA Franchise Compliance Report.

RECOMMENDATION

Staff recommends to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of July 1, 2019 through June 30, 2020.

POSSIBLE MOTION

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

“Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of July 1, 2019 through June 30, 2020.”

Att.: REMSA Franchise Compliance Report Fiscal Year 2019-2020

REMSA Franchise Compliance Report
Fiscal Year 2019-2020

ARTICLE 1 - DEFINITIONS

1.1. Definitions

→ *Definitions are stated in the Franchise but are not part of compliance determination.*

ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE

2.1. Exclusive Market Rights

→ **REMSA met the requirement.**

2.1 a) As demonstrated by exclusive market rights, the signed Franchise agreement is included as part of the compliance report.

2.1 b) The Regional Emergency Medical Services Authority (REMSA) provided nine mutual aid agreements with regional partners. These agreements are used if REMSA needs to request additional resources during day-to-day operations or during a time of disaster.

2.2. Franchise Service Area

→ **REMSA met the requirement.**

2.2 a) The Franchise agreement specifies REMSA's service area includes Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA response map indicates the Franchise service area and associated response time requirements.

2.3. Level of Care

→ **REMSA met the requirement.**

2.3 a) According to the Franchise agreement, all ambulances responding to emergency 911 calls and Intermediate Life Support (ILS) transfers and transports must be staffed in accordance with NAC 450B regulations. REMSA supplied a copy of their State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services, which expires on June 30, 2021.

2.3 b) REMSA provided staffing graphs which demonstrate the staffing model for 911 units and interfacility transfer units.

2.4. Term

→ *The Franchise term is stated in the Franchise but is not part of compliance determination until 2024.*

2.5. Periodic Review

→ *Requirement of periodic review is stated in the Franchise but is not part of compliance determination until 2024.*

2.6. Oversight Fee

→ **REMSA met the requirement.**

2.6 a) The Franchise agreement stipulates REMSA pays an oversight fee of 12.5% of the total costs per year for the Washoe County Health District (WCHD) EMS Oversight Program. The FY 19/20 Compliance Report includes the WCHD letters and invoices issued to REMSA and copies of the checks cashed on a quarterly basis. Table 1 below demonstrates the quarterly amounts paid by REMSA.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2019 – September 2019	\$13,785.10
October 2019 – December 2019	\$14,541.88
January 2020 – March 2020	\$8,706.22
April 2020 – June 2020	\$6,786.02

2.7. Supply Exchange and Reimbursement

→ **REMSA met the requirement.**

2.7 a) REMSA developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. Representatives from Reno, Sparks, and Truckee Meadows confirmed they had been reimbursed for supplies for fiscal year 19/20, and provided the signed agreements where available.

2.7 b) The EMS Coordinator requested written confirmation from the three fire agencies that REMSA reimbursed based on their supply/exchange reimbursement agreements. All jurisdictions confirmed reimbursement for FY 19/20.

2.8. No Obligation for Subsidy

→ **REMSA met the requirement.**

2.8 a) Funding sources are identified in the audited REMSA Consolidated Financial Statements prepared by Cupit, Milligan, Ogden & Williams (8.8a). Per the audited financial statements, REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County.

2.8 b) REMSA originally filed Articles of Incorporation with the Office of the Secretary of State of the State of Nevada in 1981. Since then, REMSA submitted certificates of amendment in 1986, 1987, 1994, 1996 and 2008. A copy of the 2008 Articles of Incorporation are on file at the WCHD. Additionally, a copy of REMSA's business information is available on the Secretary of State's website.

2.8 c) REMSA did not receive any grant funding for Franchise ground ambulance services for the fiscal year.

ARTICLE 3 - GOVERNING BODY

3.1. REMSA Board of Directors

→ **REMSA met the requirement.**

3.1 a) REMSA provided the following list of Board Members for FY 19/20:

Timothy Nelson, Chairman
Tiffany Coury
Louis Test
Erik Olson
Jason Madsen
Melanie Flores
Shirley Folkins-Roberts

3.1 b) REMSA provided to the EMS Oversight Program attestations signed by each member of the REMSA board stating there were no contractual relationships involving a member of the REMSA board that needed to be approved by a majority of the disinterested members.

3.2. Board Member Separation

→ **REMSA met the requirement.**

3.2 a) To demonstrate Board separation, REMSA provided signed copies of the “Board Member Conflict of Interest Acknowledgement” form. Members of the Board, mentioned in section 3.1a, signed the form acknowledging that they received a copy of the policy, read and understood the policy and will comply with the policy. In addition, members confirmed that they are not an employee of either REMSA or its contractor.

3.3. Meetings

→ **REMSA met the requirement.**

3.3 a) REMSA provided a list of board meetings held in the fiscal year, which met the required minimum of six meetings indicated in the Franchise agreement. The REMSA Board meetings are typically scheduled on the third Friday of each month, excluding holidays.

3.3 b) As confirmation of the information above, the DHO submitted a letter that included the REMSA board meetings for the fiscal year. The DHO attested that the REMSA Board met on seven occasions.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding

→ *A market survey or competitive bid is stated in the Franchise, but is not part of compliance determination until 2021.*

ARTICLE 5 – COMMUNICATIONS

5.1. Radios

→ **REMSA met the requirement.**

5.1 a) REMSA provided a copy of the letter of agreement signed on January 23, 2015, between Washoe County and REMSA. This letter provides REMSA with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

5.1 b) In 2015, a Nevada Dispatch Interoperable Project (NDIP) switch was installed in REMSA’s radio room and was programmed by the Washoe County radio shop. This switch remains operable and is maintained by REMSA.

- During FY 19-20, REMSA has maintained a constant connection linking REMSA’s primary dispatch channel, Med 9 to the 800 MHz system, REMSA1. Linking these channels allows for broadcasts to be simulcast on both UHF and 800 MHz systems.
- Daily, first response fire partners monitor and communicate with REMSA, using REMSA1 on the 800 MHz system. In addition, REMSA passively monitors state channel REMSA2.
- Carson Nevada Highway Patrol performs a daily system radio check on the Nevada connection NVCRD61X that allows for each dispatch center the possibility to connect channels, on both UHF and 800 MHz systems.
- All supervisor units are outfitted with 800 MHz radios and programmed with Fire main channels and PSFire/PSLE/PSEVENT channels to allow direct communication during coordinated events.

Additionally, REMSA provided a list of 800 MHz Joint Operating Committee (JOC) and User Committee meetings.

800 MHz Joint Operating Committee Meetings	800 MHz User Committee Meetings
<ul style="list-style-type: none">• July 20, 2018• October 19, 2018• January 18, 2019• April 19, 2019	<ul style="list-style-type: none">• July 19, 2018• September 20, 2018• December 20, 2018• January 10, 2019• March 21, 2019• June 20, 2019

REMSA is not a part of the JOC, rather a sponsored user of the system; REMSA does not have a vote in the meetings since they are a sponsored agency (by Washoe County). REMSA’s attendance is observation only.

During the fiscal year, REMSA worked with local partners and elected officials to request edits to the current JOC Interlocal Agreement that will allow private entities the ability to sign on to and participate in the 800 MHz system without sponsorship, however this has yet to be adopted.

REMSA also participated in the WCHD HD SUP 800 MHz radio checks on a regular basis.

5.2. Dispatch

→REMSA met the requirement.

5.2 a) As required in the Franchise agreement, REMSA must maintain a secondary emergency communication system and conduct an annual drill on the backup system. REMSA conducted a drill on January 22, 2020, and provided documentation to support this.

5.2 b) REMSA conducted an operational drill on the backup system on January 22, 2020 with an after-action review conducted on January 23, 2020.

5.2 c) REMSA conducted an after-action review on January 23, 2020, and provided a review report as well as a brief summary of the drill.

5.2 d) The EMS Oversight Program began coordinating meetings with regional partners concerning Computer-Aided Dispatch (CAD)-to-CAD at the start of 2016, but those efforts transitioned to the City of Reno (Reno) and REMSA during fiscal year 16/17. REMSA is actively participating in regular planning, and implementation discussions for the region's CAD-to-CAD project in coordination with the City of Reno, Tritech and Tiburon, which includes call information sharing with the intent to investigate the ability to share AVL information.

REMSA has attended various partner meetings to include forums in which the CAD-to-CAD project has been discussed / presented.

- Washoe County District Board of Health
- EMS Strategic Planning Committee
- EMS Advisory Board
- E911 Meeting

Throughout the last several fiscal years, Reno's Director of Information Technology (DoIT) provided updates to the EMS Advisory Board on the progress with the CAD-to-CAD interface. Those updates were also provided quarterly and on request to the District Board of Health (DBOH).

Due to the COVID-19 pandemic, CAD to CAD meetings were limited this fiscal year; however, REMSA did establish and held the inaugural meeting of the Regional Communications Interoperability Working Group.

5.2 e/f) During the fiscal year, several meetings were held to discuss the implementation process of CAD-to-CAD and Automatic Vehicle Location (AVL), as well as conduct testing on the proposed systems implementation. These planning meetings were designed to ensure agreements and contracts are moving forward for the Reno Communications Center servers and REMSA. In

previous and current fiscal years, Reno and REMSA established regular telephone meetings to discuss standard processes and project concepts.

5.2 g) REMSA provided documentation of completed efforts demonstrating their progress towards the establishment of the CAD to CAD interface, including a timeline. The following are highlights:

- REMSA purchased and installed a CAD to CAD Interface
- REMSA upgraded current CAD system to enhance and enable CAD to CAD functionality
- REMSA worked in conjunction with the City of Reno and Central Square technologies to configure a functional bi-directional CAD to CAD interface
- REMSA participated in numerous meetings, planning, testing, and configuration sessions with Central Square Technologies and the City of Reno in efforts to deploy a functional, bi-directional CAD to CAD interface

5.2 h) As stated above, AVL should be included in the CAD-to-CAD project and is outlined in the CAD-to-CAD Developer's Guide. REMSA has utilized AVL for several years as part of its current CAD system and is an active participant in the CAD-to-CAD project with Reno and intends to allow for sharing of information, including AVL. Today, REMSA has AVL capability on its entire fleet of vehicles that respond to EMS calls. REMSA AVL data is integrated and reported in real time to REMSA's 'InformCAD' system and is used in real time by emergency medical dispatchers. REMSA has purchased and configured a functional, advanced CAD to CAD interface that is capable of exchanging bi-directional call information as well as bi-directional AVL data with other agencies.

5.3. Change of Priority

→ **REMSA met the requirement.**

5.3 a) During FY 19/20 REMSA upgraded 10 calls and had no downgrades. REMSA began including change of priority information in their monthly Operations Reports to the DBOH in January 2015.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1. Data and Records

→ **REMSA met the requirement.**

6.1 a/b) Same as 5.2 d, e, f, and g.

6.1 c) In accordance with Article 6.1 of the Franchise agreement, REMSA will provide additional response data and records to support the WCHD's oversight role. However, during FY 19/20, the EMS Oversight Program did not conduct any investigations.

6.1 d) REMSA submitted a response time compliance report/study zone reports. Their fiscal YTD Priority 1 system-wide average response time was 5 minutes, 54 seconds. They had 91% compliance in Zone A and 93% compliance in Zones B, C, D.

6.1 e) During FY 19/20, the DHO/EMS Oversight Program made no requests for data and/or records from REMSA related to special events, transport destinations, calls within SFD jurisdiction and calls with law enforcement agencies and staging.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1. Response Zones

→ **REMSA met the requirement.**

7.1 a) The Franchise response map was recreated through a nearly yearlong data-driven process with regional contributions. The map went into effect on July 1, 2016. Shortly after implementation, there was a question concerning the northern boundary of the Franchise; staff presented to the DBOH on July 28, 2016, who determined the Franchise northern boundary would follow along the rural fire boundary. The Franchise response map is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response times required for priority 1 calls in each of the zones (A-E).

Table 2: Priority 1 Response Time Requirements, by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59	15:59	20:59	30:59	Wilderness/ Frontier

7.1 b) A Franchise Map Review meeting was held October 7, 2019.

7.1 c/d) EMS Oversight Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine compliance for the fiscal year on a monthly basis. The Franchise agreement states that REMSA shall ensure that 90% of life-threatening calls (priority 1) have a response time as indicated by the respective zone.

Table 3 below specifies REMSA’s percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (priority 1) calls in Zones B, C, and D.

Table 3: Percentage of Compliant P1 Response, by Month

Month	Zone A	Zones B, C and D
July 2019	92%	96%
August 2019	90%	91%
September 2019	90%	92%
October 2019	90%	91%
November 2019	90%	92%
December 2019	90%	94%
January 2020	91%	94%
February 2020	90%	93%
March 2020	92%	92%

April 2020	94%	93%
May 2020	92%	97%
June 2020	90%	95%
YTD	91%	93%

7.1 e) Zone E, the wilderness/frontier regions of REMSA’s Franchise area, is the only zone that does not have a specified response time requirement. For FY 19/20, REMSA had a total of 585 calls for service in Zone E; however, 201 of those calls were cancelled en route. There were 233 priority 1 calls, but 60 of those calls were cancelled en route.

7.2. Response Determinants

→ **REMSA met the requirement.**

7.2 a/b) REMSA’s Medical Director and the Medical Directors for Fire agencies met on June 10, 2020 to jointly review the Emergency Medical Dispatch (EMD) determinants and set priorities for the system. REMSA also provided a packet of information regarding the EMD review, which included information on specific determinant changes.

7.3. Zone Map

→ **REMSA met the requirement.**

7.3 a/b) Same as 7.1b.

7.3 c) The Franchise response map is located in the offices of the EMS Oversight Program Manager and EMS Coordinator. A version of the response map is also located on the Washoe Regional Mapping System as a map layer, available on the Washoe County GIS website.

7.4. Response Time Reporting

→ **REMSA met the requirement.**

7.4 a) REMSA provided EMS Oversight Program staff with logins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Oversight Program staff independently pulls the call/response data from the FirstWatch database on a monthly basis.

7.4 b) During the fiscal year, REMSA had a total of 71,285 calls (priorities 1-3 and 9) for service in their FirstWatch database. Table 4 below shows the number of life-threatening calls (priority 1) for service per zone.

Table 4: Number of Priority 1 Calls for Service, by Zone

Zone	Number of P1 Calls
A	26,609
B	712
C	329
D	39
E	233

7.4 c) In an effort to ensure compliance on a monthly basis, the EMS Statistician reviews the percentage of compliant responses and the 90th percentile response time for each month. This information is reported in the Epidemiology and Public Health Preparedness (EPHP) Division staff report provided to the DBOH at each meeting.

7.5 Penalties

→REMSA met the requirement.

7.5 a) On October 20, 2020, REMSA submitted a penalty fund reconciliation packet to the DHO. The DHO approved penalty fund amount was based on an estimate of \$110,000.00. The actual penalty dollars for FY 19/20 totaled \$100,667.19. REMSA disbursed \$20,144.85 during the 2019-2020 fiscal year and \$88,515.86 in the 2020-2021 fiscal year which equates to total disbursements of \$108,660.71. REMSA requested that the overspend be credited in the amount of \$7,993.52 applicable to the 2020-2021 Penalty Fund Liability.

7.5 b) The WCHD issued a letter on August 17, 2020, notifying REMSA that the annual review of the Consumer Price Index (CPI) had been completed. REMSA’s maximum average ground bill was \$1,294.87. The final allowable average bill through December 31, 2020 is \$1,382.47.

The CPI letter also set the penalty amount for late responses to life-threatening calls (priority 1) at \$20.93 per minute, a \$0.69 increase from the previous year.

7.5 c) According to the Franchise agreement, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts the number of priority 1 calls that incurred penalties, as well as the total amount added to the penalty fund each month.

Table 5: Penalty Fund, by Month

Month	Number of Calls	Penalty Amount
July 2019	190	\$7,130.32
August	231	\$10,042.40
September	226	\$9,943.68
October	225	\$9,775.68
November	217	\$9,157.92
December	225	\$10,025.76
January 2019	197	\$8,689.45
February	223	\$9,927.81
March	183	\$6,962.72
April	118	\$3,526.71
May	166	\$6,320.87
June	229	\$9,163.87
Total	1116	\$100,667.19

7.5 d/e) Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA’s

annual audit. This report reviewed and identified the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. Total expenses were \$7,993.52 greater than liability, and approval was granted to carry forward over-expenditures to fiscal year 2020-2021.

7.6. Exemptions

→ **REMSA met the requirement.**

7.6 a) During FY 19/20 REMSA had 66 approved exemptions, with the majority of exemptions being blanket weather-related exemptions. Table 6 indicates the types of exemptions and number of calls approved for each category.

Table 6: Exemptions, by Type

Exemption Type	Number of Exemptions
Weather	37
System Overload	16
Status 99	7
Other as Approved	5

7.6 b) REMSA submitted a document that explains their internal process for reviewing and requesting late run exemptions. Below is the description:

Late Run Exemption Process

Response Performance is measured through First Watch and their Online Compliance Utility (OCU). Late responses are identified by the Communications Supervisor using the OCU. The Communications Supervisor will investigate the response and identify a reason for the delay. Calls that are not identified as a correction or exemption are marked "Late After Review" and calculated as a late response to be calculated into the fractal compliance.

Corrections and exemptions identified by the Communications Supervisor will be marked as "Manager Review" with details explaining the delayed reason. The call is then processed in the OCU by the Communication Manager or Senior Systems Analyst for validity of the correction or exemption reason with additional information as needed. The Communication Manager or Senior Systems Analyst will update a status correction and exemptions as Correction Requested or Exemption Requested.

Correction and exemption requests are processed by the Authority through the OCU. Each response is reviewed and either approved for exemption, denied for exemption or request for further information. Approved and denied exemptions are identified in the OCU and calculated into the fractal compliance.

7.6 c) There were no disputes this fiscal year.

7.6 d) On May 26, 2016, the DHO issued a letter that detailed the exemption guidelines for REMSA and what is considered an allowable exemption. The letter identifies eight types of possible exemptions. According to the letter, REMSA can internally review two types of

exemptions with the WCHD, while all other exemptions require REMSA to submit documentation to the WCHD for review and possible approval.

7.6 e) Same as 7.6a. Copies of exemption approval communications are included in the report.

7.7 Penalty Fund

→ **REMSA met the requirement.**

7.7 a) The REMSA Controller wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

7.7 b) As indicated in 7.5c Table 5, REMSA incurred \$100,667.19 in penalties for the fiscal year.

7.7 c) REMSA supplied the FY 19/20 penalty fund reconciliation documents along with copies of invoices, purchase orders and checks used for purchases with penalty fund monies.

7.7 d) In the Agreed-Upon Procedures Related to the Penalty Fund (item 7.5e), an external auditor provided documentation that the penalty fund is in a separate restricted account.

7.8. Health Officer Approval

→ **REMSA met the requirement.**

7.8 a) In a letter dated January 30, 2020, REMSA estimated the penalty fund to reach approximately \$110,000. REMSA's President/CEO requested using the penalty fund dollars for programs supporting the health and safety of our community. This included the following:

- Child and Pedestrian Safety
- Community First Aid and CPR Training
- Heart and Health Safe Community Enhancement and Support
- Regional First Responder/Emergency Medical Services Systems Initiatives

7.8 b) The DHO responded to the penalty fund expenditure requests in a letter dated May 20, 2020, approving all requests.

ARTICLE 8 - PATIENT BILLING

8.1. Average Patient Bill

→ **REMSA met the requirement.**

8.1 a) As stated in Article 7.5, the WCHD issued letters on January 15, 2019 and December 20, 2019, notifying REMSA that the annual reviews of the CPI had been completed. For calendar year 2019, REMSA received a CPI increase of 3.30% as well as the DBOH approved 3% increase for a final allowable average ground bill of \$1,294.87. For calendar year 2020, REMSA received a CPI increase of 3.44% as well as the DBOH approved 3% increase for a final allowable average ground bill of \$1,382.47.

8.1 b) On December 20, 2019, the WCHD received a letter from REMSA concerning a change to their schedule of rates with their CPI increase and the increase beyond CPI. The average allowable bill will be adjusted every January through 2021.

8.1 c) REMSA submitted the following explanation for their average bill calculations:

After a billing month has concluded, the total gross sales dollar amount billed for the month is divided by the number of patients transported in the same month. The sum of this calculation is then compared to the average bill approved by the DBOH. If necessary, the average bill is then adjusted for the new month to ensure the average bill remains consistent. Table 7 depicts a summary of the average bill calculations that were reported to the DBOH on a monthly basis.

Table 7: Average Bill Calculations Reported, by Month

Month	# Patients	Avg. Bill
July 2019	4106	\$1,288.74
Aug.	4284	\$1,289.32
Sept.	4071	\$1,298.63
Oct.	4235	\$1,295.18
Nov.	4130	\$1,300.47
Dec.	4301	\$1,297.87
Jan. 2020	4376	\$1,367.15
Feb.	4203	\$1,374.91
Mar.	4065	\$1,376.91
Apr.	3293	\$1,373.38
May	3815	\$1,369.99
June	3989	\$1,374.96

8.2. Increase beyond CPI

→ *Only applicable if REMSA requested an increase beyond the annual CPI adjustment.*

REMSA did not request an increase beyond the annual CPI adjustment this fiscal year.

8.3. Overage in Bill Amount

→ *Only applicable if REMSA has an overage in the allowable bill amount.*

REMSA did not exceed the maximum average patient bill.

8.4. Third Party Reimbursement

→ **REMSA met the requirement.**

8.4 a) According to the Franchise agreement, REMSA shall utilize its best efforts to maximize third party reimbursements and minimize patients' out-of-pocket expenses. This is accomplished through billing insurance and governmental reimbursement and maintaining a voluntary prepaid ambulance membership program.

8.5. Prepaid Subscription Program

→ **REMSA met the requirement.**

8.5 a/b) The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$69 and there were 2,919 members enrolled as of June 30, 2020.

8.6. Billing

→ **REMSA met the requirement.**

8.6 a) The Franchise agreement states REMSA is responsible for all billing services, or they may employ a contractor to accomplish this. REMSA elects to conduct its own billing of patients and third-party billers. The billing department is under the purview of REMSA's CFO. The billing department is structured with a Business Office Manager, Controller, Supervisors and Billers and Coders.

8.7. Accounting Practices

→ **REMSA met the requirement.**

8.7 a) The external auditor used for REMSA's annual audit, Cupit, Milligan, Ogden & Williams, does adhere to GAAP and GAAS standards. According to the Nevada State Board of Accountancy website the agency license is current through December 31, 2020.

8.8. Audit

→ **REMSA met the requirement.**

8.8 a) The Consolidated Financial Statements prepared by the external auditor were submitted on June 30, 2020. The fifteen-page document includes the independent auditor's report and the financial statements for FY 19/20.

8.8 b) The Form 990 is an annual reporting return that REMSA must file with the IRS. It provides information on the filing organization's mission, programs, and finances. The franchise compliance report requires this form from the previous fiscal year. REMSA's Form 990 for FY 18/19 was submitted on June 30, 2019.

8.8 c) The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor were submitted on August 27, 2020.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1. Dispatch Personnel Training

→ **REMSA met the requirement.**

9.1 a/b) REMSA submitted a list of personnel that work in the communications center. A total of 29 employees were included and had current EMD certifications for FY 19/20. Additionally, 2 REMSA communications personnel were hired during the fiscal year and received EMD training within six months.

9.2. Dispatch Accreditation

→ **REMSA met the requirement.**

9.2 a) REMSA submitted a copy of their Accredited Center of Excellence (ACE) accreditation certification, which is issued through May 3, 2022.

9.2 b) EMS Oversight Program staff obtained the standards of accreditation and the ACE application from the International Academies of Emergency Dispatch website. EMS Oversight Program staff also located a list of ACE accredited dispatch centers, which listed REMSA as one of three dispatch centers in Nevada that have received this designation.

9.3. Personnel Licensing and Certification

→**REMSA met the requirement.**

9.3 a) REMSA submitted lists of their certified personnel to include Paramedics, AEMTs and EMTs. Table 8 demonstrates the number of staff per each certified position.

Table 8: REMSA Certified Personnel

Certified Position	Number of Staff
Paramedics	112
Advanced EMTs	65
EMT-Basic	17

9.3 b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH) Office of Emergency Medical Systems confirmed in an email received by the WCHD on December 2, 2019 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 18/19.

9.4. ICS Training

→**REMSA met the requirement.**

9.4 a) REMSA submitted a list of personnel who have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP) as of October 12, 2020.

9.4 b) REMSA submitted a list of personnel who have been trained in Incident Command System (ICS) 100 as of October 12, 2020.

9.4 c) REMSA submitted a list of personnel who have been trained in ICS 200 as of October 12, 2020.

9.4 d) REMSA submitted a list of personnel who have been trained in ICS 300 as of October 12, 2020.

9.4 e) REMSA submitted a list of personnel who have been trained in ICS 400 as of October 12, 2020.

9.4 f) REMSA submitted a list of personnel who have been trained in ICS 700 as of October 12, 2020.

9.4 g) REMSA provided a list of field operational management personnel that includes a Health and Safety Supervisor, a Ground Operations Manager, an Emergency Management Director, and full-time and part-time EMS Supervisors.

9.4 h) REMSA provided a list of seven REOC qualified personnel based on their REMSA position and ICS courses completed.

9.5. Ambulance Markings

→**REMSA met the requirement.**

9.5 a) The Franchise agreement states that all ambulance units shall be marked with REMSA emblems rather than the individual identity of any ambulance service contractor. Due to staff turnover in the EMS Oversight Program in the latter part of this fiscal year, documentation regarding the first two quarterly spot checks for fiscal year 19/20 was unavailable. The COVID-19 pandemic prevented quarterly spot checks in the second half of the 19/20 fiscal year. EMS Oversight Program staff resumed quarterly spot checks in the first quarter of the 20/21 fiscal year.

9.6. Ambulance Permits and Equipment

→**REMSA met the requirement.**

9.6 a/b) REMSA provided EMS Oversight Program staff a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA also submitted a list of vehicles to include model, type and VIN numbers.

9.6 c) Same as 9.3b.

9.7. Field Supervisor Staffing

→**REMSA met the requirement.**

9.7 a/b) REMSA submitted a week of supervisor shift schedules as a sample to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are two to three supervisors on shift per 24-hours, depending on day and time of the week. REMSA also provided the job description for EMS supervisor that was last revised in January 2016.

9.8. Medical Director

→**REMSA met the requirement.**

9.8 a/b) The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by the WCHD on December 2, 2019 that REMSA is compliant regarding their Medical Director appointment. According to State EMS, the Medical Director met the requirements for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. As of the most recent permit renewal, the Medical Director was Dr. Brad Lee, however the office has been informed that Dr. Jennifer Wilson is the current Medical Director.

ARTICLE 10 - QUALITY ASSURANCE

10.1. Personnel

→**REMSA met the requirement.**

10.1 a) REMSA provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement (CQI) program for ground ALS services. The seven members of the CQI department include the Medical Director Care Flight/Community Health Paramedic Program, Medical Director REMSA Ground, Executive Director of Integrated Health, Director of Quality, Education, and Clinical Services, Lead Clinical Coordinator REMSA Ground/CQI Community Health Paramedics, Lead Clinical Coordinator/CQI Care Flight, and Clinical Coordinator/CQI Communications.

10.2. Review

→ **REMSA met the requirement.**

10.2 a) In the monthly Operation Reports presented to the DBOH, REMSA includes the Medical Director's Report. This report includes a breakdown of the patient charts reviewed during the previous month. All monthly reviews during FY 19/20 met or exceeded the requirement of 5% of ALS calls.

10.2 b) The following categories of calls undergo a 100% review by the REMSA Quality Department via a manual ePCR review, including a complete review of documentation and protocol adherence:

- Adult advanced airway (nasal & oral intubation, supraglottic airway)
- First pass success rate for adult and pediatric patient populations
- Adult CPR
- Adult Cardiac Arrest, with and without resuscitation measures
- Pediatric Cardiac Arrest
- Pediatric Advanced Airway
- Pediatric Critical Skills
- Obstetrical/Childbirth
- Neonatal Resuscitation
- Critical medication administration (Epinephrine, Levophed, Dopamine, Amiodarone, Heparin, Tridil, Potassium Chloride, Adenosine, SoluMedrol, Ketamine)
- STEMI Alert
- Critical Skills (needle decompression, surgical cricothyrotomy, cardioversion)
- Alternate Destination
- 100% Nye County ePCRs

All ePCR's undergoing the manual review are returned to the provider through the ZOLL Quality rerouting process. Within the rerouting process the Clinical Coordinator/CQI Coordinator provides feedback for clinical improvement, protocol review, or additional comments. The quality feedback is monitored by the Quality Coordinator for the purposes of loop closure. Any immediate clinical concerns or identified high risk charts are immediately forwarded to the applicable Medical Director, Executive Director of Integrated

Health, and the Director of Quality, Education, and Clinical. These charts undergo an internal Quality Review Process inclusive of an SBAR and Route Cause Analysis.

CQI Sessions

- First Quarter Topics: Protocol/Documentation Review including:
 - AMA (Against Medical Advice)
 - Vital Sign Documentation/minimums
 - Interfacility Transports Documentation and Protocol Review
 - Advance Airway
 - Hospital Diversion and Protocol Review
 - Alternate Care Path
 - Alternate Destination Transport
- Last Quarter Topics: Documentation, Review of Best Practices, and Protocol Review including:
 - AMA/RMA (Refused Medical Advice)
 - TXA (Tranexamic Acid)
 - LMA Usage & Success/Review year to date data/Quality indicator feedback
 - Regional Protocol Update

REMSA provided documentation on additional quality assurance review activities conducted throughout the fiscal year, including EMT, AEMT, and Paramedic refresher courses, certification/recertification offerings, and cadaver skills labs.

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1. CPR Courses

→ **REMSA met the requirement.**

11.1 a) In the monthly Operation Report presented to the DBOH, REMSA provided a list of the CPR courses that were offered throughout the previous month. In January 2015, REMSA reformatted the style of this report to differentiate between the courses that are REMSA classes and site classes.

11.2. Community Health Education

→ **REMSA met the requirement.**

11.2 a) In the monthly Operation Report presented to the DBOH, REMSA included the public relations report that outlines the multimedia activities completed during the previous month.

11.3. Clinical Skills

→ **REMSA met the requirement.**

11.3a) Due to the COVID-19 pandemic affecting the ability to hold in-person clinical skill experiences in the latter part of the fiscal year, REMSA was limited in the number of these held. However, they did hold clinical skills sessions prior to the pandemic's impacts, including an airway lecture/intubation practice cadaver lab and an EZ-IO cadaver lab.

11.4. Fire EMS Training

→ **REMSA met the requirement.**

11.4 a) REMSA provides CEU opportunities that are available to all first responders. Unfortunately, due to the COVID-19 pandemic affecting schedules and ability to meet for all EMS agencies in the latter part of the fiscal year, REMSA was limited in the number of trainings they were able to hold. They did conduct fall and winter paramedic refresher courses, as well as EMT/AEMT refresher courses, open to all EMS providers in the region.

ARTICLE 12 – REPORTING

12.1. Monthly Reports

→ **REMSA met the requirement.**

12.1 a) During the fiscal year, REMSA submitted twelve Operations Reports to the DBOH. These reports typically include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

12.2. Annual Reports

→ **REMSA met the requirement.**

12.2 a) The WCHD received all compliance documentation prior to December 31, 2020.

12.2 b) During the fiscal year, EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU and held exemption and compliance meetings.

ARTICLE 13 - FAILURE TO COMPLY/REMEDIES

13.1. Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.2. Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.3. Failure to Correct/ Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.4. Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1. Financial Assurance/Continuity of Operations

→ **REMSA met the requirement.**

15.1 a) The Consolidated Financial Statements prepared by the auditor reports Total Net Assets of \$28,470,230. Additionally, according to a letter written by the REMSA CFO, REMSA has a reserve amount of \$3 million in the equity statements as a Board designated reserve.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1. Insurance

→ **REMSA met the requirement.**

16.1 a/b) REMSA provided a copy of their certificate of liability insurance that included general liability, automobile, workers compensation and employer's insurance policies. Additionally, "Washoe County" is listed as the certificate holder.

16.2. Indemnification

→ **REMSA met the requirement.**

16.2 a) The Franchise agreement includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

16.3. Limitation of Liability

→ **REMSA met the requirement.**

16.3 a/b) The Franchise agreement states the WCHD will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore, the compliance documentation collected for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise.

ARTICLE 17 – MISCELLANEOUS

17.1. REMSA Contracts with Other Entities

→ **REMSA met the requirement.**

17.1 a) REMSA submitted twelve mutual aid agreements that are REMSA's current agreements with other political entities or Fire/EMS agencies.

17.2. Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3. Assignment

→ *Assignment is stated in the Franchise, but is not part of compliance determination.*

17.4. Severability

→ *Severability is stated in the Franchise, but is not part of compliance determination.*

17.5. Entire Agreement/Modification

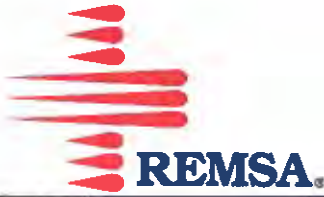
→ *Entire agreement/modification is stated in the Franchise, but is not part of compliance determination.*

17.6. Benefits

→ *Benefits are stated in the Franchise, but are not part of compliance determination.*

17.7. Notice

→ *Notice is stated in the Franchise, but is not part of compliance determination.*



Regional Emergency Medical Services Authority

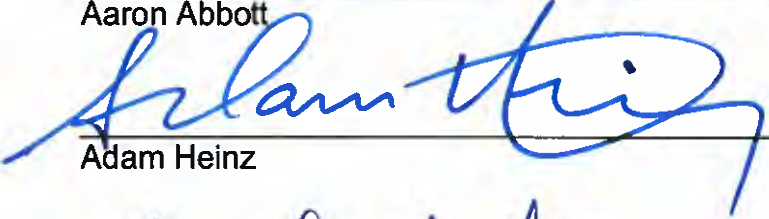
A non-profit community service using no tax dollars

January 18, 2021

I attest that all the information provided for REMSA's most recent Annual Franchise Compliance Report for the Washoe County Health District is accurate, complete and was provided by myself.



Aaron Abbott



Adam Heinz



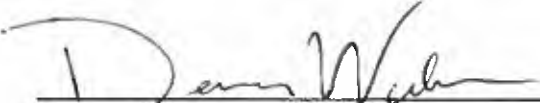
Barry Duplant



Danny Mirefes



Dean Dow



Devan Walker



Dyana Selby-Davis



Paul Burton

DD_LL/JE____
DHO_____ KD

Staff Report
Board Meeting Date: January 28, 2021

DATE: January 6, 2021
TO: District Board of Health
FROM: James English, Regional Operations Section Chief, COVID-19 Response and Vaccine Deployment
775-328-2610, jenlglsh@washoecounty.us
Lisa Lottritz, CCHS Division Director
775-328-6159, llotritz@washoecounty.us
SUBJECT: COVID-19 Vaccination Presentation

SUMMARY

Washoe County Health District is coordinating efforts for the COVID-19 vaccine response in Washoe County. Staff are working with Nevada State Immunization Program and local agencies to facilitate the delivery of the vaccine.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On December 17, 2020, the Washoe County District Board of Health requested a presentation on the COVID-19 vaccination strategy.

BACKGROUND

The Washoe County Health District will be administering the COVID-19 vaccine in coordination with the Nevada State Immunization Program, local hospitals, pharmacies and local jurisdictions. Initially there will be very limited supplies of the vaccine, which will slowly increase in the coming months.

Due to the limited initial supply, the Centers for Disease Control and Prevention (CDC) has planned for the distribution of the vaccine using a tiered system. This tiered system is designed to decrease death and serious disease as much as possible and preserve the functioning of society. There are four tiers which represent different critical populations as identified by the CDC.

The first tier of vaccine will be administered to those groups most at risk of direct exposure to the virus and are providing care for those infected with or suspected of having COVID-19 or providing essential emergency services. Health care workers and other critical personnel are in this first tier group ensure the medical system can maintain operations and provide care for you and your family.



The Nevada State Immunization Program outlines the four tiers in the COVID-19 Vaccination Program Nevada's Playbook for Statewide Operations V2. This is a dynamic document and as guidelines are updated, Washoe County will continue to adapt vaccine strategies.

As more vaccine becomes more available the distribution will gradually broaden and eventually be offered to every person in Washoe County.

FISCAL IMPACT

There is no fiscal impact to the FY21 budget should the Board approve COVID-19 vaccination staff report.

Washoe County Health District COVID-19 Vaccination Plan

Jim English

Lisa Lottritz

January 28, 2021

COVID-19 Vaccination

- Immunization with a safe and effective COVID-19 vaccine is a critical component to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning

*Nevada COVID-19 Vaccination Playbook Version 3.0



How COVID-19 Vaccines Work

- mRNA vaccine
- Helps our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness
- Requires two shots to get the most protection

*Nevada COVID-19 Vaccination Playbook Version 3.0



COVID-19 Vaccine

- Pfizer-BioNTech COVID-19 Vaccine
 - Doses 21 days apart
 - Ages 16 and older
- Moderna COVID-19 Vaccine
 - Doses 28 days apart
 - Ages 18 and older



Initial Distribution Approach

- Nevada State Immunization Program developed a prioritization approach based on CDC guidance when vaccine allocation is limited
- Washoe County Health District developed a regional plan based on this approach
- Washoe County Health District is required to dispense vaccine based on the State Plan

Tier 1

- Groups at most risk of direct exposure to the virus and are providing care for those infected with or suspected of having COVID-19
- Providing essential emergency services
- Federal Pharmacy Partnership Program – Long Term Care Facilities

*Nevada COVID-19 Vaccination Playbook Version 1.0



Revised Guidance

- Recommendations provided by CDC
- Tailored to Nevada's essential workforce
- Implemented January 11, 2021

*Nevada COVID-19 Vaccination Playbook Version 3.0



Standardized Criteria for Prioritization

- Level of Exposure
- Length of Exposure
- Importance of Job/Special Technical Skills
- Likelihood of increasing community spread
- Population has an increased likelihood of *death* from COVID-19
- Population has an increased likelihood of COVID-19 *infection*
- Mortality and Morbidity
- Immune Response



Prioritization Lanes

Frontline/Essential Workforce



PUBLIC SAFETY & SECURITY

- NV Dept. of Corrections Staff
- Law Enforcement, Public Safety, and National Security
- State and Local Emergency Operations Managers/Staff

FRONTLINE COMMUNITY SUPPORT

- Education (Pre-K & K-12) and Childcare – public/private/charter school settings
- Nevada System of Higher Education (NSHE) Frontline Educators, Staff & Students
- Community Support Frontline Staff (i.e. frontline workers who support food, shelter, court/legal and social services, and other necessities of life for needy groups and individuals)
- Continuity of Governance (State and Local)
- Essential Public Transportation
- Remaining Essential Public Health Workforce
- Mortuary Services

FRONTLINE SUPPLY CHAIN & LOGISTICS

- Agriculture and Food Processing
- End-to-End Essential Goods Supply Chain (includes manufacturing, transport, distribution and sale of essential items)
- Utilities and Communications Infrastructure
- Nevada Department of Transportation and Local Emergency Road Personnel
- Frontline Airport Operations
- Other Essential Transportation

FRONTLINE COMMERCE & SERVICE INDUSTRIES

- Food Service and Hospitality
- Hygiene Products and Services
- Depository Credit Institution Workforce

FRONTLINE INFRASTRUCTURE

- Infrastructure, Shelter and Housing (Construction)
- Essential Mining Operations

OTHER

- Community Support Administrative Staff
- NSHE Students living in campus-sponsored residential settings (e.g., dorms, campus-sponsored apartments, etc.)
- NSHE Remaining Workforce

General Population



NEVADANS 70 YEARS & OLDER



NEVADANS 65-69 YEARS



NEVADANS 16-64 YEARS WITH UNDERLYING CONDITIONS;

INDIVIDUALS WITH DISABILITIES;

NEVADANS EXPERIENCING HOMELESSNESS



HEALTHY ADULTS, 16-64 YEARS

NDOC INMATES & TRANSITIONAL OFFENDER GROUP HOUSING

NDOC inmates will be vaccinated following the same tiered prioritization as the general



*Nevada COVID-19 Vaccination Playbook Version 3.0



Washoe County Health District

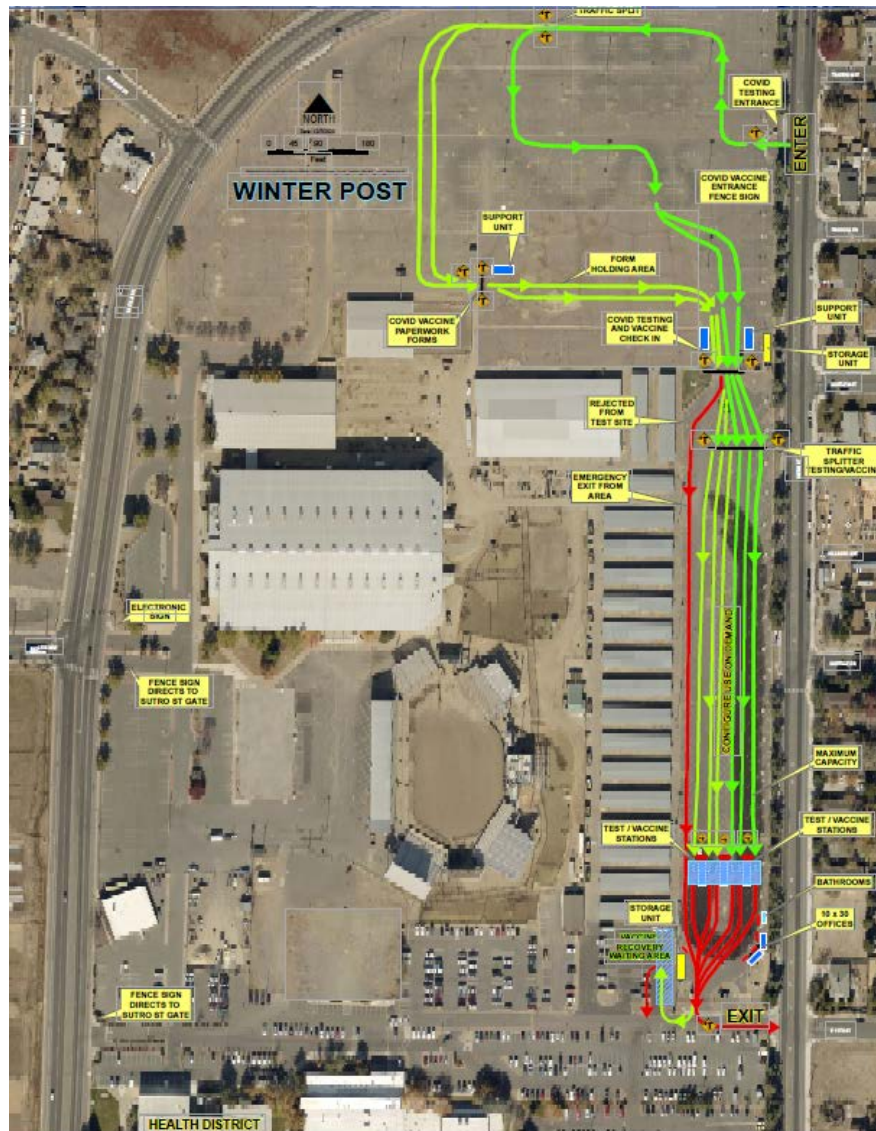
- Coordinate efforts for the COVID-19 vaccine response in Washoe County
 - Work with Nevada State Immunization Program and local agencies to facilitate the delivery of the vaccine
- Manage Point of Dispensing (POD) activities for Washoe County



Point of Dispensing (POD)

- Reno-Sparks Livestock Events Center
- Renown Regional Medical Center POD
- Retail Pharmacy Vaccine Program
- Community Partner Strike Teams





Vaccine Allocation and Distribution

- Allocation determined at the Federal level
- State allocates to Nevada counties based on population
- Washoe County Allocation



Vaccine Distribution

- 38,635 doses allocated to Washoe County through January 25, 2021
- 31,913 administered in Washoe County as of January 25, 2021



Data Entry Requirements

- Patagonia Health Mass Vaccination App
 - Scheduling
 - Inventory
 - NV WebIZ reporting
- REDCap

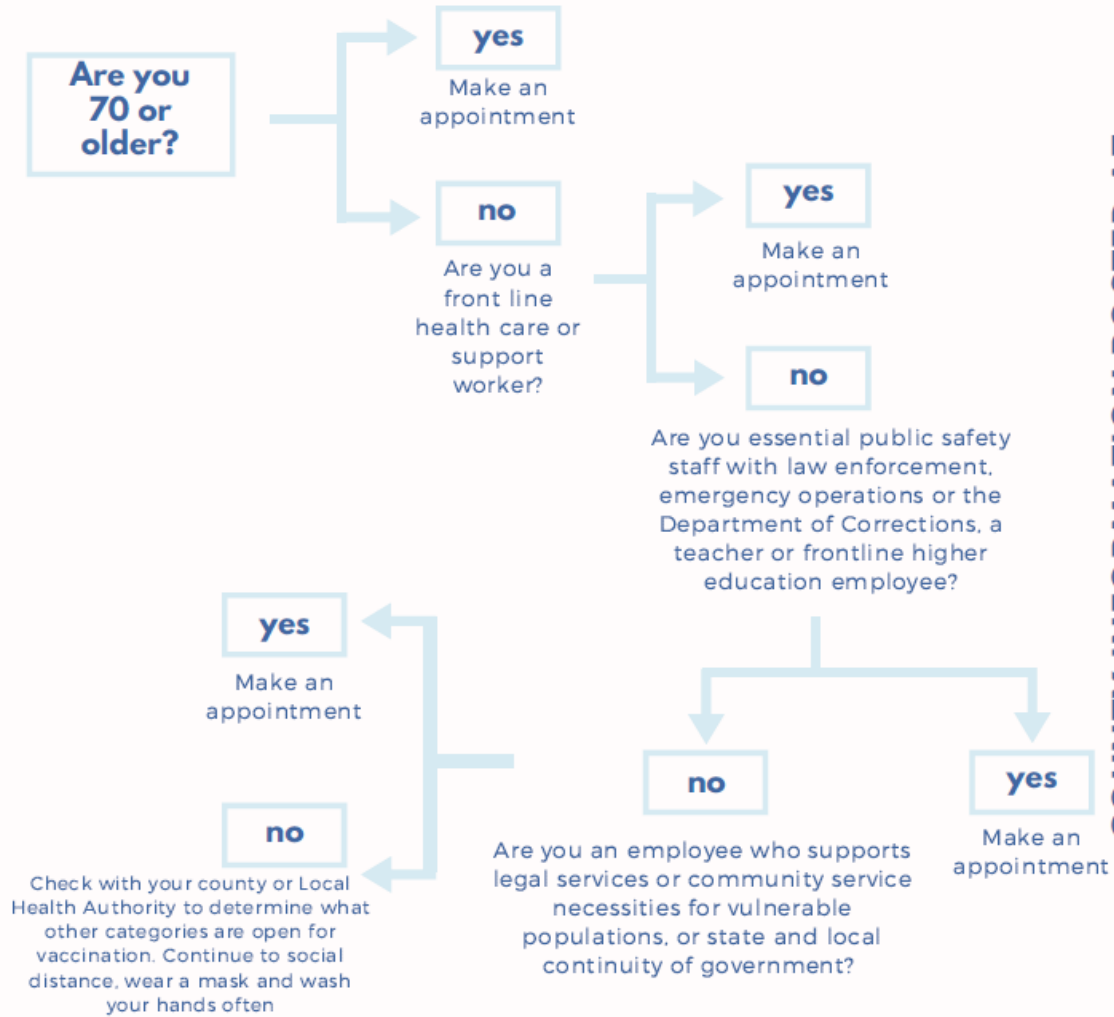


Frequently Asked Questions

- How will people and employers know when it is their turn to be vaccinated?
 - <https://www.covid19washoevaccine.com/>
- We will need to wear masks and social distance after we are vaccinated?
- Do you still have to isolate if you have been vaccinated?



CAN I GET THE COVID-19 VACCINE NOW?



COUNTY INFORMATION POSTED AT
NVCOVIDFighter.org





Questions



Staff Report
Board Meeting Date: January 28, 2021

DATE: January 28, 2021
TO: District Board of Health
FROM: Joelle Gutman Dodson, Government Affairs Liaison
775-636-4079, jgutman@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: **Presentation, Discussion and Possible Adoption of the draft Washoe County Health District 2021 Legislative Principles and Priorities.**

SUMMARY

Legislative Principles and Priorities have been drafted for consideration by the Board to guide the Health District's legislative activities. There will be a monthly update provided to District Board of Health throughout the session of BDR's, bills, and/or legislative action that may be of interest or will impact the health district.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

BACKGROUND

Government Affairs Liaison, Joelle Dodson will monitor and provide comment on BDRs, bills, and/or legislative action during the 2021 legislative session. DBOH will be briefed on these comments and activities during monthly 2021 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative actions. The attached Legislative Principles and Priorities have been drafted to provide a guiding framework for the district's legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY21 budget.

RECOMMENDATION

Staff recommends the Board adopt the draft Washoe County Health District 2021 Legislative Principles, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 202 Legislative Session bill drafts Health District and/or public health.

Subject: Legislative Principles and Priorities

Date: January 28,2021

Page 2 of 2

POSSIBLE MOTION

Staff recommends the Board approve the draft Washoe County Health District 2021 Legislative Principles and Priorities, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2021 Legislative Session bill drafts and bills that impact and affect the Health District and/or public health.

Washoe County Health District 2021 Legislative Principles & Priorities

2020 has been unprecedented and a once in a lifetime experience for all. Life changed dramatically in the blink of an eye for the entire world. From the early days of the pandemic, Health Districts nationwide have been at the epicenter of the Covid-19 Response. From contract tracing, public information and education to vaccinating, public health made its way into the public eye on a daily basis. Utilizing what we have learned we enter into 2021 and 81st Legislative Session with principles that we have always stood behind, but perhaps have a different meaning now.

Like all things the 2021 Legislative Session will look different from the ones we were accustomed to. Uncertainty surrounding the economic health of the state requires the health district to remain flexible in this ever-changing environment. We will remain active and responsive as well as mindful of the current state of affairs.

Partners Providing Service to Our Shared Constituents

All Governments in Nevada (State, County, Cities, Health Districts, School Districts, and Special Districts) are partners in providing consistent and reliable services to our shared constituents, and therefore all levels of government must be viable in order for our citizens to enjoy an outstanding quality of life. The great state of Nevada requires strong, trustworthy and mutually respectful governments at every level. This legislative session we must strive to preserve public health services offered despite the uncertainty of the economy.

The District Board of Health recognizes that local governments in the region have numerous areas of mutual interest and when possible, a cooperative and integrated approach to legislative relations best serves the interests of residents and government entities alike. This year, like none other all government bodies have out of necessity had to put differences of priority behind and focus on the safety of its citizens. 2020 proved and hopefully sets precedence for a continued shared mutual interest in the public health and safety of all Nevadans.

Prevent, Promote, and Protect

The District Board of Health supports the enhancement of public health in a manner that ensures that resources are spent where they can be most impactful while adhering to the monetary constraints of State and local governments. The District's financial model must align with the needs of the community and public health monies must be protected and preserved. We have learned that entire public health infrastructures can be shifted overnight to deal with emergencies large and small, our staffing levels, funding levels and resources must remain ample, able and ready.

The Health District must protect and positively impact the health of all in the community. The District Board of Health requires flexibility and discretion in their decision-making process to allow for the opportunity to achieve optimal outcomes.

Local Flexibility

Legislation should foster local flexibility and assist local boards of health in addressing problems in ways that best serve their community. Local health boards require discretion to deliver state programs and services, particularly in scenarios when funding streams are reduced or diverted. The District Board of Health opposes legislative and budgetary actions that reduce local control and adversely impact the Board's ability to execute its mission and vision.

Unfunded Mandates

The District Board of Health believes the Nevada State Legislature should not impose mandated functions, activities, or regulations on local governments without providing financial resources or means to meet the costs of carrying out those mandates if such mandates unreasonably impose upon the resource constraints of local governments.

While preservation of funding is a priority, it is essential that lessons learned from the tragic impacts of public health disparities and inequities on health outcomes of COVID-19 are remembered. Funding public health and addressing social determinants of health need to be prioritized for the legislature in this session and beyond.

Priorities

The Washoe County Health District will advocate and support legislation that aligns with our principles and mission statement. Of specific interest and support are items that the Health District has taken an active role on throughout the years. We are actively engaged with the Nevada Public Health Association and work closely with the Southern Nevada Health District, Carson City Health and Human Services and other partners to ensure that our priorities and legislative requests are closely aligned and non-competitive.

Affordable Housing and Homelessness

- Advocate for state policy to mandate notice to affected residents and local jurisdictions when subsidized affordable housing is at risk (CHIP priority).
- Support legislation targeted at improving affordable housing preservation (CHIP priority).

Behavioral Health

- Support legislation targeted at best practice in utilization of Peer Recovery Support Specialists (PRSS). (CHIP priority and Washoe County Behavioral Health Board bill draft request).
- Support legislation targeted at improving access to data about providers (CHIP priority).
- Support legislation targeted at improving access to claims data, utilization and access to care (CHIP priority).
- Support legislation to revise policies that would allow for expedited licensure of mental health professionals (CHIP priority).

Classic Vehicle Loophole

- Support legislation that closes the loophole on the classic vehicle registration high polluting vehicles that clearly are not classic car status.

Communicable disease

- Support legislation that modernizes and decriminalizes Human Immunodeficiency Virus (HIV) in Nevada Revised Statute.

Tobacco 21

- Prohibit a person from selling, distributing or offering to sell tobacco products to a person under 21 years of age.
- Revises provisions governing the inspection of locations that sell tobacco products.
- Revises penalties for selling a minor tobacco products.
- Revises definitions of relating to regulation and taxation of tobacco products.

**Air Quality Management
Division Director Staff Report
Board Meeting Date: January 28, 2021**

DATE: January 28, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
 775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update, Monitoring and Planning, Permitting and Compliance

1. Program Update

a. Fort Collins Named a “GoEV City”

A group of clean air, public health, and consumer protection organizations officially named Fort Collins a “GoEV City” at the City council meeting on December 15, 2020. The designation recognizes Fort Collins’ commitment to clean transportation. It was presented by the GoEV City Coalition (Colorado Public Interest Research Group (CoPIRG), Colorado Sierra Club, the Southwest Energy Efficiency Project (SWEET), Conservation Colorado and Clean Energy Economy for the Region (CLEER)).

Fort Collins joins Boulder County, Denver, City of Boulder, Summit County, and City of Golden in earning the GoEV City designation. These communities have all made commitments to move to 100% zero-emission transportation as a key strategy to reduce air pollution, protect the climate, and save people money. All have plans to accelerate the transition from oil to electric vehicles (EVs) including city fleets, public transportation, passenger cars and trucks, and medium and heavy-duty vehicles.

“Moving to electric transportation will have major benefits for our health, our climate, and for our wallets,” said Danny Katz, Executive Director of CoPIRG and representative of the GoEV City Coalition. “We commend Fort Collins city leaders for setting ambitious goals for EV deployment, putting plans into place, and taking action. We hope communities across Colorado will follow Fort Collins’ lead.”

In 2018, the city created an EV Readiness Roadmap with goals for city government, the private sector, and the community. Some early- and medium-term actions have already been completed. For example, the city has more than 70 EVs in the municipal fleet, out of 1200 vehicles, with the number steadily rising. The city has committed to purchasing EVs for all light-duty vehicle fleet purchases by 2025 in its Municipal Sustainability and Adaptation Plan.

Further, Transport will be ordering two electric buses in early 2021 thanks to grant funding from Congestion Mitigation and Air Quality and Volkswagen Settlement programs. The electric buses are expected to deploy in 2022. Additionally, the city has purchased a 100% Electric Class 7 Street Sweeper with funds from the Volkswagen Settlement. The city has also accelerated the installation of charging infrastructure by adopting building codes that require developers to design homes and apartment buildings to accommodate EV charging and by overseeing the installation and management of public charging stations for public use. This summer, all public charging stations were replaced with new dual-port ChargePoint stations, thanks to a grant from Charge Ahead Colorado.

The full article can be viewed here: <https://www.swenergy.org/press-release?PressID=277>

b. “Clean Cars Nevada” Kick-Off Webinar

The Nevada Division of Environmental Protection (NDEP) held the “Clean Cars Nevada” kick-off webinar on December 8, 2020. The webinar was an introduction to the proposal and the regulatory adoption process for interested stakeholders. Topics presented during the webinar include the following:

- Air Pollutants and the Transportation Sector
- Health Challenges from Air Pollutants
- Authority to Adopt Clean Car Regulations
- The Regulatory Process and Opportunities for Public Input and Participation
- Revisions to the Proposed Regulatory Language as Submitted to the LCB on June 22nd

Recall, that the Clean Cars Nevada initiative is aimed at advancing the State’s climate change and sustainability goals, reducing harmful air pollution from the transportation sector and strengthen the economy. The initiative proposes to accomplish this by setting more stringent emissions standards for cars and light-duty trucks and minimum sales goals of electric vehicles as a percentage of all vehicles made available for sale in the Nevada market. Next up for the Clean Cars Nevada initiative is listening session on Thursday, January 14, 2021, from 10:00am to 12:00pm.

More information is available on the Clean Cars Nevada website:
<https://ndep.nv.gov/air/clean-cars-nevada>

c. Nevada Gets Charged Up About Electrifying the Silver State

On December 9, the Electrification Coalition (EC) brought together close to 100 electric vehicle (EV) policymakers, industry experts, and advocates for an informative and collaborative day-long session about how to accelerate EV adoption in Nevada.

Participants heard from a wide array of state, national, and industry leaders, including Nevada Assemblymen Howard Watts and Tom Roberts, who showcased the bipartisan support for EVs in the state, and Admiral Jonathan Greenert, Retired, former Chief of Naval Operations, U.S. Navy, and member of SAFE’s Energy Security Leadership Council, who spoke to the national security imperative for electrifying transportation.

We also got the state perspective on EVs from the Nevada State Climate Policy Coordinator and leaders at the Nevada Governor's Office of Energy, the Nevada Division of Environmental Protection, and the Nevada Department of Transportation. Additional sessions included updates on the national EV market, manufacturers' perspectives on vehicle technology and policy pathways, and policy gaps around charging infrastructure. Speakers included representatives from GM, Tesla, NV Energy, EVGo, AMPLY, the Rocky Mountain Institute and the California Governor's Office of Business & Economic Development.

A video of the sessions and additional information is available here:

<https://www.electrificationcoalition.org/nevada-ev-policy-bootcamp/>

d. Saving Money with Electric Vehicle Leasing: A Case Study of City Fleets

The Electrification Coalition (EC) recently released a new case study from the Climate Mayors Electric Vehicle Purchasing Collaborative. This case study discusses the advantages and challenges of leasing electric vehicles (EVs) and highlights three cities that have benefited from this purchasing structure. Through the Collaborative's resources, city staff were able to identify suitable fleet vehicles for replacement and achieve significant savings on EVs through the federal electric vehicle tax credit. The case study outlines several different leasing structures for short- and long-term ownership of fleet vehicles and the savings attainable through cooperative purchasing contracts.

The Climate Mayors Electric Vehicle Purchasing Collaborative, which the City of Reno is a member of, is a joint effort by Climate Mayors, the Electrification Coalition and Sourcewell working towards accelerating the transition of city fleets to EVs.

The case study and additional information is available here:

<https://www.electrificationcoalition.org/saving-money-with-ev-leasing/>

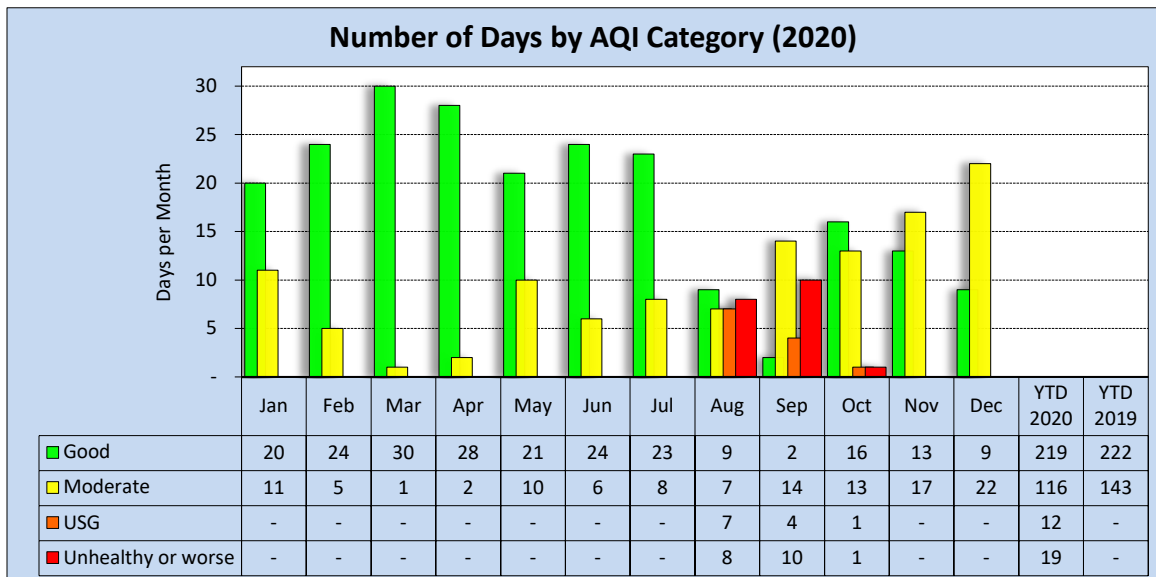
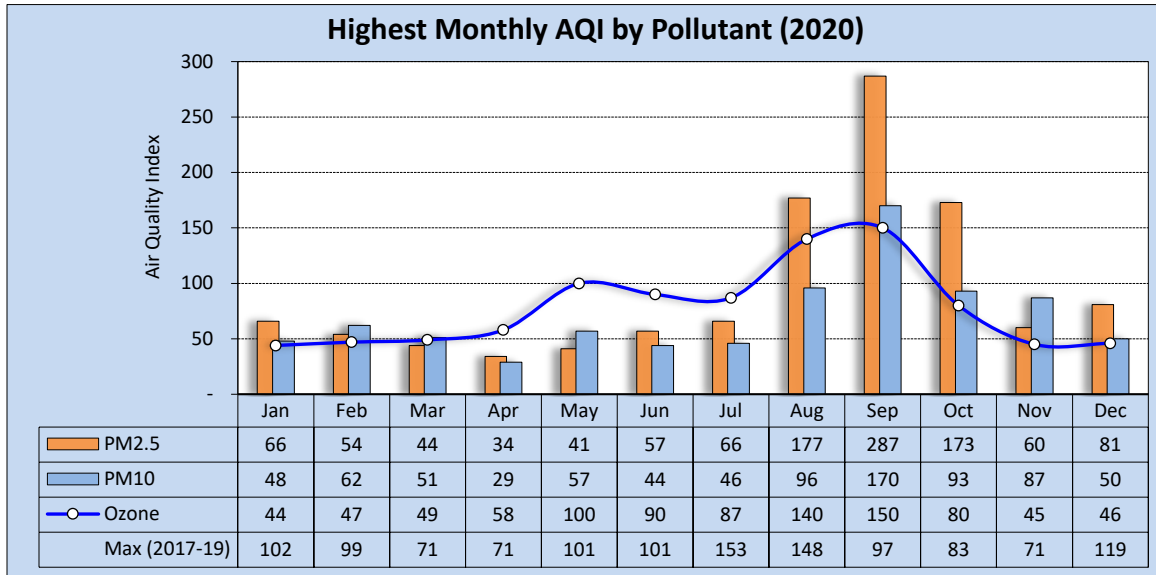
e. Groundbreaking Program to Cut Transportation Pollution, Invest in Communities Launched

The governors of Massachusetts, Connecticut, and Rhode Island, and the mayor of the District of Columbia announced today that theirs will be the first jurisdictions to launch a groundbreaking multi-state program that puts a brake on pollution while investing \$300 million per year in cleaner transportation choices and healthier communities. The bipartisan Transportation and Climate Initiative Program (TCI-P) will cut greenhouse gas pollution from motor vehicles in the region by an estimated 26% from 2022 to 2032, generate a total of more than \$3 billion dollars over ten years for the participating jurisdictions to invest in equitable, less polluting transportation options and to help energize economic recovery.

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.

3. Program Reports

a. Monitoring and Planning

December Air Quality and Burn Code: There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during December. The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.050 ppm	12/22	Incline	---
PM _{2.5} (24-hour)	26.0 µg/m ³	12/20	Sparks	---
PM ₁₀ (24-hour)	49 µg/m ³	12/21	Sparks	---

In December, the AQMD issued 31 Green, 0 Yellow, and 0 Red Burn Codes.

RTC Continues to Improve Air Quality, Part 1: RTC received delivery of two new electric buses which will be designated for Virginia Street BRT expansion to UNR. These buses are upgrades from the existing Proterra Catalyst Buses and have dual power drive and 800V systems (instead of 400V on existing buses) to improve energy efficiency and power up to 15%. These buses have lighter weight seating, USB ports, a diesel auxiliary heater (for extended range operations in winter), and Zonar advanced technology for vehicle inspections. These buses will be placed into service in mid-February. Two new DC fast chargers were installed at 2050 Villanova and will charge the new buses at 125 kW per hour (instead of 60 kW per hour from our existing chargers) and will reduce recharge times by 50 %.

RTC Continues to Improve Air Quality, Part 2: In late November, RTC began receiving new hybrid diesel electric buses which will replace the older diesel Gillig buses that have met or exceeded their useful life. These new buses will have approximately a 30% improvement in fuel economy and emissions reduction over the old diesel buses. An added feature of "Green Zone" operations is it allows the engine to be turned off and the bus to operate on full electric mode. This will allow the creation of emissions free "Green Zones" in the area of the 4th Street Station and Centennial Plaza where the buses will operate on full electric mode with no tail pipe emissions. Expansion of the "Green Zones" into other transit concentrated areas or other social/economic areas may be possible in the future as the limits of this technology are explored.

Daniel K. Inouye
 Supervisor, Monitoring and Planning



b. Permitting and Compliance

December

Staff reviewed forty-six (46) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In December 2020, Staff conducted twenty-eight (28) stationary source inspections; nineteen (19) gasoline station inspections; and two (2) initial compliance inspections. Staff was also assigned six (6) new asbestos abatement projects, overseeing the removal of approximately one hundred thirty-seven thousand one hundred sixty-five (137,165) square feet and two thousand four hundred forty (2,440) linear feet of asbestos-containing materials. Staff received five (5) building demolition projects to monitor. Further, there were seventeen (17) new construction/dust projects comprised of an additional two hundred eighty-two (282) acres. Staff documented fifty-seven (57) construction site inspections. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to fifteen (15) complaints; however, one (1) complaint was COVID-19 related.

Type of Permit	2020		2019	
	December	YTD	December	Annual Total
Renewal of Existing Air Permits	79	989	82	1,086
New Authorities to Construct	3	58	3	52
Dust Control Permits	17 (282 acres)	209 (3,714 acres)	17 (188 acres)	197 (2,436 acres)
Wood Stove (WS) Certificates	38	418	25	442
WS Dealers Affidavit of Sale	14 (7 replacements)	108 (30 replacements)	30 (23 replacements)	118 (83 replacements)
WS Notice of Exemptions	1143 (20 stoves removed)	8740 (58 stoves removed)	650 (10 stoves removed)	8,353 (80 stoves removed)
Asbestos Assessments	48	614	79	1,034
Asbestos Demo and Removal (NESHAP)	11	242	35	300

COMPLAINTS	2020		2019	
	December	YTD	December	Annual Total
Asbestos	0	10	0	11
Burning	0	15	1	14
Construction Dust	5	92	2	74
Dust Control Permit	0	1	0	6
General Dust	2	48	0	35
Diesel Idling	2	3	0	4
Odor	1	12	2	31
Spray Painting	0	7	0	3
Permit to Operate	2	4	0	8
Woodstove	2	2	0	2
TOTAL	14	195	5	188
NOV's	December	YTD	December	Annual Total
Warnings	0	5	2	27
Citations	0	3	2	15
TOTAL	0	8	4	42

Joshua C. Restori,
 Supervisor, Permitting & Compliance

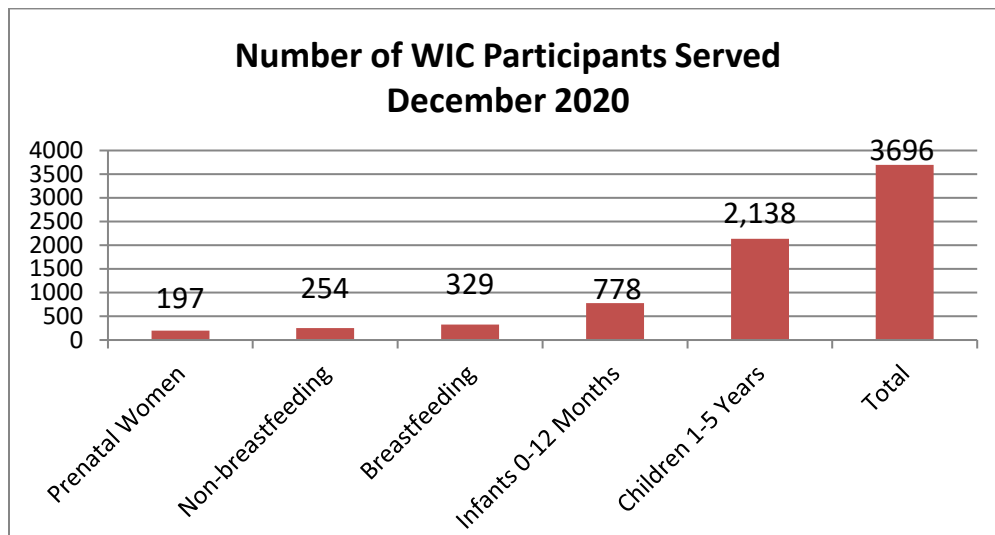
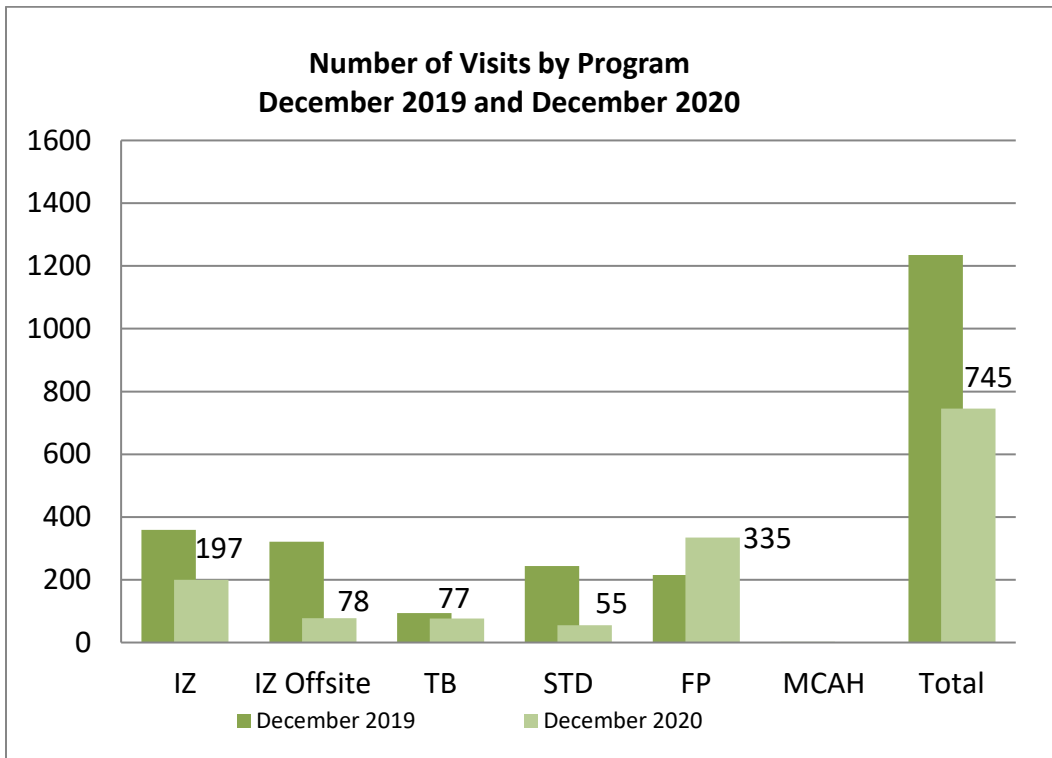
**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: January 28, 2021**

DATE: January 8, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – 2020 Year in Review, Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children; COVID-19 Testing

1. Divisional Update –

- a. **2020 Year in Review** – CCHS resources were significantly diverted to the COVID-19 response for the last 10 months of 2020.
 - i. **Sustainability** – CCHS continues to focus on revenue and reimbursement through refining and enhancing billing efforts. Total program revenue through billing for clinical services provided for FY20 was \$589,824.64. Improved cost recovery helps with the sustainability of our valuable services to the community.
 - ii. **Clinic and Offsite Services** - CCHS provided clinic services throughout 2020. Precautions were implemented to protect both clients and staff. The majority of offsite services were paused throughout the response. The Family Planning/Sexual Health Program began providing services at the Our Place Family Shelter in September 2020.
 - iii. **Clinic Site Host** – CCHS continues to be dedicated to mentoring and providing education to future health care providers in our community. CCHS is a clinic site for University of Nevada, Reno medical residents, Advanced Practice Registered Nurses, and nursing students. The experience provides our future healthcare providers with knowledge and understanding of how Public Health impacts our community.

b. Data & Metrics

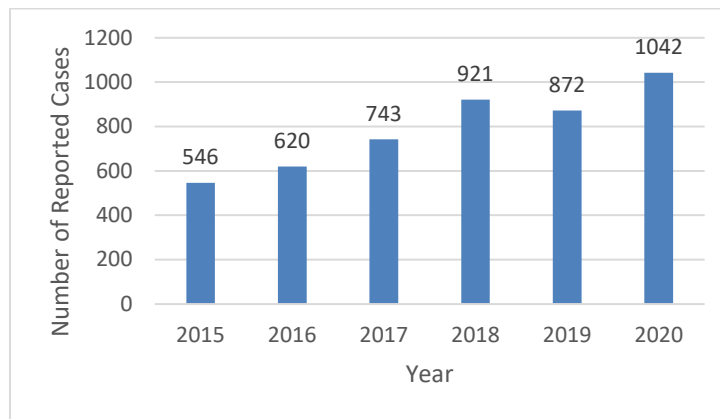


Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

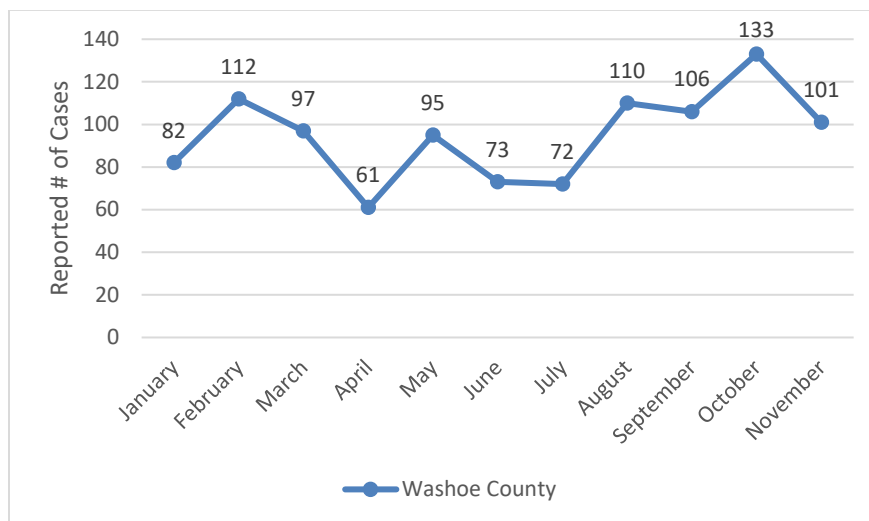
2. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – An Epi-News article on the Center for Disease Control and Prevention’s Updated Gonorrhea Treatment Guidelines was published to raise awareness of the changes to providers. Data on the remarkable increase in gonorrhea cases was included and has been added below. This data represents reports of gonorrhea through November 30, 2020.

Reported Gonorrhea Cases by Year, Washoe County, 2015- November 30, 2020



Monthly Gonorrhea Case Counts, January-November 2020, Washoe County



To support the HIV program’s goal and grant deliverable of identifying people living with HIV that are not engaged in their HIV care, staff are participating in training on the evidence-based intervention, Anti-Retroviral Treatment and Access to Services (ARTAS). ARTAS is based on a strength-based case management model, which encourages the client to identify and use existing personal strengths; create goals for themselves; and establish an effective, working relationship with health district staff. The ARTAS intervention has been used in the program for many years and helps staff connect with clients by focusing on the client’s identified personal strengths versus the deficits they may be facing.

During the last quarter of the Ryan White funding period, staff researched the HIV care status of 48 clients from a listing of 247 clients that have not had a documented HIV related lab result for 15 months or longer. Some investigations are in progress or unable to determine their status while staff wait for additional information from other jurisdictions. The ARTAS intervention is utilized when a person is determined to be out of care and staff is working with them to link and be retained in HIV care. Here are the outcomes of the out-of-care work from October – December 2020:

Outcome:	
Moved	18
Moved, Deceased	6
Deceased	0
Truly Out of Care	1
Truly Out of Care, Linked Back In	1
Unable to Determine	13
Not Out of Care	9
TOTAL	48

- a. **Immunizations** – Staff have been overwhelming busy with COVID-19 vaccine planning, vaccine storage and handling, vaccine redistribution, organizing and implementing Point of Distribution (POD) mass vaccination clinics, and data entry. Staff are working diligently to immunize Tier 1 population but are lagging behind with inputting COVID-19 vaccine data into the State’s Immunization Registry (WebIZ) within a 24-72 hours timeline required by the Nevada State Immunization Program and the CDC. So far Washoe County Health District has administered about 5,500 COVID-19 vaccines but only 2,548 (46%) have been entered into WebIZ. Additional staff are being identified and trained to complete the data entry requirements.

In addition, the WCHD Immunization Program continues to provide childhood and adult immunizations through our onsite clinic serving 197 individuals and administering 493 doses of vaccine in the month of December.

- b. **Tuberculosis Prevention and Control Program** - TB clinic has been running short staffed for the last month due to COVID-19 related events including the advent of vaccine administration as

some staff are now dedicated to providing both TB services and COVID-19 vaccine POD (point of dispensing) activities.

Staff continue to provide Direct Observation Therapy (DOT) to two active TB cases. Clients are monitored via FaceTime or tablets used to record then submit videos for review. One case is in process of moving back to his country of origin. This person will receive end of treatment care in his country of origin.

Contact investigations for 2020 cases are complete with all contacts who converted receiving treatment. Civil Surgeon referrals for LTBI have resumed with three new referrals in recent weeks; these cases will be scheduled for evaluation at the clinic. Staff are also expecting two immigrant cases for evaluation.

The annual Cohort Review for 2020 has been rescheduled for Thursday January 28, 2021 from 1:30-3:30. Susan McElhany from NSHD is hosting the event via the Webex Platform.

Cory Sobrio, our clinic coordinator, has been able to complete all available modules of the National Tuberculosis Controllers Association Conference other than one which has been rescheduled. Changes and other pertinent content has been shared with TB program staff. Cory also completed the 2019 annual report which was delayed due to the COVID-19 response. All data is now final. 2018 data was also updated in this process and sent to WCHD biostatistician.

- c. **Reproductive and Sexual Health Services** – Staff completed and submitted the Title X Non-Competing Continuation Grant Application and Semi-Annual Progress Report. Two staff members attended the “Nevada Telehealth Symposium” on Thursday, December 19, 2020 put on by the Arizona Telemedicine Program. Staff implemented the 2021 Evaluation and Management Coding changes into the clinic. Staff are still unable to offer services at the Washoe County Sheriff's Office due to quarantines at the facility.

Staff continues to administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older. 129 vaccines were administered in the clinic in the last quarter October 1, 2020 through December 31, 2020, 59 % of which were flu vaccine.

- d. **Chronic Disease Prevention Program (CDPP)** – Of the four full time staff, three have been supporting the COVID-19 vaccination response through Tier 1 research, scheduling, communication, vaccination paperwork and documentation.
- e. **Maternal, Child and Adolescent Health (MCAH)** – Staff received data from the state and completed the FIMR Annual Report. Progress continues on the FIMR Executive Summary Report. Seven new FIMR cases were received in the month of December and three mothers were contacted

and given resources. Maternal Child Health continues to follow lead cases in children and newborn screenings upon request.

- f. **Women, Infants and Children (WIC)** – Staff continue to provide both virtual and in person appointments to WIC clients. WIC partnered with local businesses and was able to be the pickup location for over 40 meals for WIC clients in our community over the holidays.
- g. **COVID-19 Testing** - 10,870 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in December. A total of 22 Intermittent Hourly Registered Nurses have been hired to conduct COVID-19 testing at the POST. Nine Intermittent Hourly Community Health Aides were hired to assist at the POST with COVID-19 testing.

DD_DK _____
DHO _____ KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: January 28, 2021**

DATE: January 8, 2021
TO: District Board of Health
FROM: David Kelly, Acting Director
775-328-2630; dakelly@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division: **Program Updates;**
Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities);
Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne
Diseases, Waste Management); and **Inspections.**

Program Updates

Nevada Administrative Code (NAC) 447E/SB4 Implementation

- The SB4 Team revised the inspection forms and modified the information provided to all facilities upon completion of the inspection to better reflect and clarify the items observed. Additional guidance and a sample of the revised inspection form was provided to contacts with all facilities for use on future inspections.
- The first round of SB-4 inspections was completed. All prior inspections were revised with the updated inspection form, resulting in 11 refunds issued to existing facilities.
- The SB4 Team will continue inspections of SB-4 facilities utilizing the revised form, as well as our continued time and efforts in educating and working with onsite management to prevent and mitigate the transmission of SARS-CoV-2.

Consumer Protection

Food/Food Safety

- The Food Safety Team is proud to announce it has awarded the first winner in the “Excellence in Food Safety Awards”. BJ’s Barbecue Company from Sparks, Nevada has demonstrated a continuing commitment to food safety by going above and beyond the status quo. BJ’s Barbecue Company has attended Special Processes and HACCP trainings, has kept diligent food safety logs over the past two years, and has consistently received passing marks on all routine inspections. The “Excellence in Food Safety Awards” is a new program that awards food establishments in Washoe County that demonstrate a long-term commitment to food safety. The 2021 Award Application period will open again this November. The Food Safety Team hopes to keep promoting this new award and continue to recognize all the food establishments that go above and beyond in food safety.



- **Epidemiology (EPI) –**

Epidemiology	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	2020 YTD
Foodborne Disease Complaints	20	20	11	4	7	6	6	17	15	9	6	9	130
Foodborne Disease Interviews	14	12	5	1	3	4	5	3	7	6	3	3	66
Foodborne Disease Investigations	0	1	0	0	0	2	3	1	0	0	0	0	7
CD Referrals Reviewed	12	9	13	1	0	2	2	8	9	10	5	11	82
Product Recalls Reviewed	3	1	7	5	4	6	2	2	5	1	0	25	61
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	0	1	18	0	2	64

Commercial Plans

- A total of 1,059 commercial plan reviews were conducted during 2020. This total represents a decrease from 1,348 plan reviews in 2019 and 1,273 plan reviews in 2018. This year-to-year decrease was expected considering the ongoing pandemic throughout 2020 and the total 2019 reviews represented an all-time high. Commercial plans reviews remained relatively steady throughout the entire year with no apparent increasing or decreasing trend. 81 commercial plan reviews were conducted during the month of December and the monthly average for the year was 88 plan reviews per month. The same trend was noted with the number of inspections. 27 total inspections were conducted during the month of December and the monthly average for the year was 33 inspections per month. Staff anticipates 2021 plan review and inspection levels to remain similar to current conditions, at least in the near-term as there have been no clear indications of an impending increase or decrease.

Community Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	2020 YTD	2019 TOTAL
Development Reviews	23	33	38	37	29	40	18	18	27	29	380	27	357	373
Commercial Plans Received	97	90	117	88	94	95	67	85	93	66	86	81	1,059	1,325
Commercial Plan Inspections	34	30	38	22	36	25	40	36	35	54	19	27	396	395
Water Projects Received	9	5	3	2	3	7	5	12	2	9	4	3	64	87
Lots/Units Approved for Construction	158	108	85	68	184	209	45	115	30	179	111	393	1,685	1,337

Permitted Facilities

- Child Care - Staff completed the licensing inspections for 2020 and started on licenses due in January of 2021. Many of the licenses due in November and December provided challenges due to the number of violations that are found. This year was no exception and staff conducted three re-inspections of childcare facilities in December. All violations were corrected, however it took additional time from EHS and Human Services Agency (HSA) staff during a very busy month. EHS staff has been in ongoing discussions with HSA licensing personnel on how to up the level of enforcement for the childcare facilities with extensive violations or repeated non-compliance.
- Training – Two new REHS-In-Training staff started employment in December. The new staff members were assigned to Permitted Facilities first, completed all orientation as well as completed training for Childcare Facilities. This staff member was already doing independent inspections for Childcare Facilities the last week of December and will be starting into other Permitted Facilities in January.

Environmental Protection

Land Development

- Septic plan intake numbers increased during the month of December resulting in the year finishing at 20% lower than last year. Well permits slowed for the month of December but still ended the year up 37% from last year, with current permits at 123 versus 78 compared to last year.

- All team members are working on their assigned special projects thanks to construction activity dropping off over the holidays. Projects underway include digitizing property records associated with various subdivisions, updating website contact information and content, formalizing plan review and inspection Standard Operating Procedures, development of a standard comments document to improve consistency amongst staff members, and development of a field troubleshooting guide.

Land Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	2020 YTD	2019 TOTAL
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	58	80	72	53	99	705	913
Residential Septic/Well Inspections	72	99	102	76	77	87	86	77	101	95	75	128	1075	1,051
Well Permits	10	14	7	14	14	11	12	12	12	9	11	5	131	72

Safe Drinking Water (SDW)

- Water project reviews and the Interlocal Agreement audit functions are continuing as agreed. All Safe Drinking Water functions remain suspended with the cancellation of the contract other than minor communications between the agencies as needed.

Vector-Borne Diseases (VBD)

- One hantavirus fatality was reported in December.
- Staff responded to the hantavirus fatality by posting and disseminating information to regional parks, focusing on southern Truckee Meadows area parks.
- Annual report submitted to National Department of Environmental Protection (NDEP) for the National Pollution Discharge Elimination System.
- 2020 totals:
 - 71 total mosquito abatement surveys/treatments conducted.
 - 280 adult mosquito collections submitted for arbovirus testing.

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

- 2020 service requests not listed above:
 - 14 Insect identifications
 - 77 Mosquito abatement
 - 4 Nuisance animals
 - 3 Plague

Waste Management (WM)

- Waste Management assignments have been completed for 2021. All WM permits have been cloned and updated permit numbers are in Accela.
- The Washoe County Solid Waste Management Plan will be updated this year. Efforts are underway to gather this data and compile it into a reader friendly format.

Inspections

EHS 2020 Inspections	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	2020 YTD	2019 TOTAL
Child Care	21	6	9	0	5	14	11	14	15	18	7	22	142	225
Food/Exempt Food	471	604	279	133	348	487	265	232	485	382	290	256	4,232	9,056
Schools/Institutions	21	39	32	0	0	2	1	53	39	6	1	1	195	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	23	44	8	3	7	111	177
Temporary IBD Events	1	0	0	0	0	0	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	0	30	1	1	10	99	189
Mobile Home/RV Parks	17	30	8	16	46	32	6	13	13	10	3	4	198	223
Public Accommodations	5	17	1	0	1	0	4	24	50	14	14	4	134	199
Aquatic Facilities/Pool/Spas	13	24	30	0	1	102	109	62	31	20	1	14	407	2,441
RV Dump Station	0	5	0	2	0	1	3	2	2	0	0	0	15	25
Underground Storage Tanks	2	3	0	0	0	0	1	0	0	0	0	0	6	0
Waste Management	9	26	7	20	9	11	6	8	9	6	12	15	138	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	3	2	2	2	1		1,541
Complaints	76	67	69	60	69	103	119	124	78	59	45	42	911	817
TOTAL	648	859	458	231	484	776	544	558	798	526	379	376	6,637	15,682
EHS Public Record Requests	204	274	399	154	225	286	223	245	469	205	299	266	3,249	3,508

DD	AE
DHO	KD

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: January 28, 2021**

DATE: January 8, 2021

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

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

Communicable Disease (CD)

2019 Novel Coronavirus (COVID-19)

As of early January, Washoe County Health District’s Epidemiology Program and COVID Unit has received reports of 37,126 cumulative cases of COVID-19. Nearly 1/3 of total cases to date were reported during the month of November. At this time, 36% of the cases reported in the past 14 days have been investigated. The inability to follow up with the number of cases reported each day limits the effectiveness of disease investigation and contact tracing in the community.

Washoe County average number of cases over a 30-day rolling period is 1,623 per 100,000 population, while the 7-day rolling average is currently 239.3 per day.

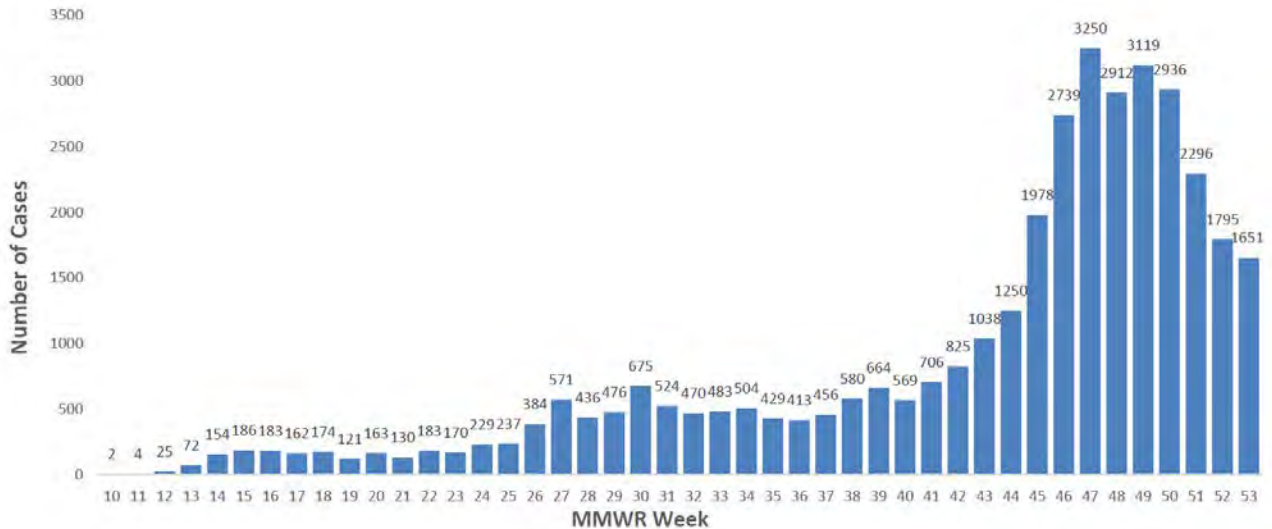
Month Reported	# COVID-19 Cases Reported	Avg # Cases per Day	% of Cumulative Cases
March	142	5	0.4%
April	766	26	2%
May	657	21	2%
June	1,231	41	3%
July	2,375	77	6%
August	2,109	68	6%
September	2,309	77	6%
October	4,054	131	11%
November	11,591	386	31%
December	10,508	339	28%
January*(as of 1/6)	1,384	45	4%
Total	37,126	-	-



Due to high case counts, the Epidemiology Program Manager, in accordance with CDC and Nevada Department of Health and Human Services (DHHS) criteria, has created priorities for case investigation these are as follows:

1. Healthcare workers, long term care and skilled nursing facility employees, first responders, and law enforcement
2. Teachers who are in person onsite in a school setting
3. Cases with a specimen collection date within the past 6 days
 - Persons who work in daycare and childcare facilities
 - Households with multiple positives
 - Pediatric cases aged 5-17 years
 - Those ages 20-40 years, due to being in the workforce, quicker recovery times, possibly have school-aged children in the home, and higher number of contacts

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



A Pediatric Task Force was created late August to triage the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force is composed of 16 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), 30,804 total cases have been reported, of which 3,545 (11%) were between the ages of 0 to 18 years. The proportion of pediatric cases has remained relatively consistent with the increase in overall cases, representing between 11%-14% of total cases reported. Collectively the pediatric task force has interviewed 533 cases who attended school while infectious (this includes staff and students).

The COVID Pediatric Task Force and Epidemiology Program continues to meet weekly with the Washoe County School District's Student Health Services staff to update processes as each case at a school provides a learning opportunity to adjust accordingly. As of mid-November, the COVID Pediatric Task Force and WCSD have agreed to exclude the entire elementary school classroom for the incubation period when a case is in a classroom while infectious. This is in alignment with how other jurisdictions are handling school exclusions across the country, including Southern Nevada Health District.

The County has since asked 48 County staff to be stood up to conduct disease investigation and contact tracing for Washoe County School District. These individuals are currently being trained by the Epidemiology Program and COVID disease investigation staff.

The Epidemiology Program has continued to host the weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local 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 – The Epidemiology Program was able to declare 25 COVID-like Illness (CLI) classroom or school-wide outbreaks closed on December 31, 2020. Schools are represented more than once if there were multiple classrooms on outbreak status.

School	Date 1st Onset	Date Last Onset	# Met Case Definition	# Lab-Confirmed	Confirmed or Suspected	Etiology
Stead Elementary	10/21/2020	10/29/2020	7	0	Suspected	ILI/CLI
Dodson Elementary	10/28/2020	11/4/2020	3	0	Suspected	CLI
Matthews Elementary	10/26/2020	10/29/2020	3	0	Suspected	ILI/CLI
Bohach Elementary	10/24/2020	10/26/2020	3	0	Suspected	ILI/CLI
Anderson Elementary	10/26/2020	11/3/2020	3	0	Suspected	CLI
AACT High School	10/22/2020	10/27/2020	3	0	Suspected	ILI/CLI
Robert Mitchell Elementary	10/20/2020	12/2/2020	7	0	Suspected	CLI
Matthews Elementary	10/26/2020	10/27/2020	2	1	Suspected	CLI
Damonte Ranch High	10/15/2020	12/1/2020	138	34	Confirmed	COVID
Maxwell Elementary	10/2/2020	11/10/2020	42	4	Confirmed	COVID
Sepulveda Elementary	10/9/2020	11/12/2020	38	0	Suspected	CLI
Marvin Picollo	10/10/2020	11/2/2020	14	6	Confirmed	COVID
Gerlach	10/17/2020	12/1/2020	14	3	Confirmed	COVID
Glenn Duncan Elementary	10/12/2020	10/19/2020	9	1	Suspected	CLI
Glenn Duncan Elementary	10/12/2020	11/2/2020	4	0	Suspected	CLI/ILI
Glenn Duncan Elementary	10/21/2020	10/21/2020	3	0	Suspected	CLI/ILI
Glenn Duncan Elementary	10/21/2020	11/5/2020	5	0	Suspected	CLI/ILI
Glenn Duncan Elementary	10/21/2020	11/2/2020	3	1	Suspected	CLI
Donner Springs Elementary	10/16/2020	10/19/2020	2	0	Suspected	CLI/ILI
Donner Springs Elementary	10/22/2020	11/9/2020	3	0	Suspected	CLI/ILI
Poulakidakidas Elementary	10/29/2020	10/30/2020	2	0	Suspected	CLI/ILI
Poulakidakidas Elementary	11/1/2020	11/2/2020	2	0	Suspected	CLI/ILI
Alyce Taylor Elementary	10/27/2020	10/31/2020	2	0	Suspected	CLI/ILI
Alyce Taylor Elementary	11/4/2020	11/5/2020	3	1	Suspected	CLI

Wooster High	11/3/2020	11/6/2020	4	1	Suspected	CLI
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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, however as of week 53, ILI activity increase above baseline, statewide and Region 9 (AZ< CA< HI & NV) levels. To date there have been eight (8) hospitalizations and zero deaths due to influenza.

General Communicable Diseases – During the month of December 133 reportable conditions were investigated by the Epidemiology team, this is a slight decrease compared to November (n=175).

There was a fatal case of hantavirus pulmonary syndrome, a male in his 20's, reported during December 2020.

Public Health Preparedness (PHP)

PHP, the Reno Sparks Livestock Events Center (RSLEC), the National Guard, and CCHS, and other stakeholders continue to operate the COVID-19 Point of Screening and Testing (POST) and COVID-19 Point-of-Dispensing (POD) from the Wells side of the RSLEC to the Sutro side of RLEC. The POST/POD is located on the Sutro side until April 2021.

From December 1 to 31, the POST has tested 8626 individuals and utilized approximately 3560 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 (CERT) members and PHP staff. PHP has provided the onsite daily management of operations. PHP has also coordinated the temporary staff and Medical Reserve Corps (MRC) volunteers who work at the WCHD COVID-19 Vaccination PODs that began on December 23. From December 23 to December 31, there were approximately 20 temporary staff and 10 MRC volunteers including pharmacists from the State Board of Pharmacy.

The COVID-19 Call Center received a total of 13,370 risk assessments over the month of December, 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 12,836 and 1,822 of those patients did not arrive for their testing appointment.

During the month of December, call volume decreased by 48% over November, and testing increased by approximately 5%. The COVID-19 Call Center began assisting with the COVID-19 vaccine scheduling and data entry tasks in late December. A total of three staff members have been cross trained to answer and respond to community email inquiries regarding the COVID-19 vaccine and scheduling. A total of eight staff have been cross trained to complete post-vaccine patient data entry.

As of January 5, 2021, the COVID-19 Call Center was staffed with a total of 34.5 personnel, comprised of 21 UNR paid contractors, six members of the National Guard, 4.5 RLEC staff

members, one City of Sparks employee, one temporary agency and one Washoe County Health District employee. One UNR contractor is absent on deployment with the National Guard on a non-COVID-19 assignment.

In collaboration with CCHS staff, PHP staff developed the COVID-19 Vaccination Plan, an appendix to the Pandemic Flu Annex of the Washoe County Health District Emergency Operations Plan (DEOP). In addition, PHP staff updated the Point of Dispensing Operational Manual, an annex to the DEOP, in preparation of the COVID-19 vaccination.

Inter-Hospital Coordinating Council (IHCC)

The Hospital Preparedness Program (HPP) continue to work with IHCC workgroups on many different items. Burn and emergent evacuation training planning meetings have begun for anticipated training dates in the Spring 2021.

Public Health Emergency Response Coordinator (PHERC) is meeting with State and Immunize Nevada partners to discuss COVID-19 vaccine roll out. Plans with hospital partners and other Tier 1 healthcare partners are being discussed and worked on as information is provided.

Weekly, IHCC partners, including Hospitals, EMS, Quad Counties and County Emergency Managers, meet to discuss surge plans and status updates for situational awareness. Meetings with hospitals, State partners and skilled nursing facilities are also being held to determine how many patients are able to be discharged from an acute setting to a lower level of care. Staffing resource requests have been made to the Nevada Division of Emergency Management (NDEM).

Emergency Medical Service (EMS)

The EMS Coordinator hosted the first EMS Task Force meeting at the end of December and the second meeting was held January 8. As of right now they plan to meet every two weeks. Their current goals are to understand the status of CAD to CAD system implementation and explore an interagency CQI/QA program.

EMS Coordinator Vicky Olson submitted her resignation. Interviews for her replacement were held January 7.

The PHP and EMS Program Manager was appointment to the Nevada Resilience Advisory Committee and the TMCC Emergency Management/Homeland Security (EMHS) Advisory Board.

The EMS statistician continues to provide data assistance to EMS partners in Washoe County. The EMS statistician is facilitating data collection and analysis of EMS calls related to substance use, mental health, and behavioral health for the Washoe Regional Behavioral Health Policy Board with Regional Emergency Medical Services Authority (REMSA).

REMSA Percentage of Compliant Responses

Month	Zone A	Zone B	Zone C	Zone D	Zone B,C, and D	All Zones
July 2020	88%	-	-	-	84%	-
August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-
October 2020	88%	-	-	-	93%	-
November 2020	87%	-	-	-	90%	-
December 2020	89%	-	-	-	90%	-

Fiscal Year 2020-2021 (Quarter 1 & Quarter 2)

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 December 2020, REMSA reported 89% compliance for Zone A Priority 1 calls, and 90% 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). The submitted response and priority level interventions ensure that citizen continues to receive quality emergency care services in Washoe County.

The EMS Program is actively reviewing methodologies for a more complete, independent assessment of EMS compliance and response in the region.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 775 deaths and 534 births during December.

Number of Processed Death and Birth Records

December	In Person	Mail	Online	Total
Death	2072	59	587	2718
Birth	608	87	301	996
Total	2680	146	888	3714

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: January 28, 2021**

DATE: January 11, 2021

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: District Health Officer Report – COVID-19 Response, Joint Information Center, January 20 concurrent meeting, Government Affairs Update, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

COVID-19 Response

The complexity and resources required for the COVID-19 pandemic response has increased as mass vaccinations of the Washoe County workforce and residents are now occurring. As of January 18, the Health District is working to vaccinate the Childcare, Pre-K, and K-12 frontline staff. The Health District has established a list that individuals that are 65 and older can sign onto to be selected to be scheduled to receive a vaccination. As of midday on January 15, 2021 12,000 individuals had signed on to the list. The Health District will begin vaccination individuals 70 and older that are randomly selected from the list the week of January 18, 2021. These vaccinations will be scheduled for 1,800 individuals including 400 underserved seniors receiving assistance from the Washoe County Human Services Agency. Renown Health and St. Mary's are also providing vaccinations for this senior population. A number of local pharmacies will also begin receiving vaccines to administer to this population sometime around January 20, 2021.

Scheduling of the essential workers was disrupted when the scheduling link that the Health District provided for these individuals was shared through social media resulting in several hundred other non-essential workers scheduling to be vaccinated through the POD during times that were allocated for the workers. This impaired the ability of the Health District to operate at capacity to vaccinate educators over the Martin Luther King Holiday when school was not in session. This breach of the scheduling system required additional work for already overworked Health District staff and a redesign of the scheduling process to improve system security.

Scheduling for vaccinations and managing the throughput of the POD is now more complicated as the Health District began dispensing second doses through the Reno Sparks Livestock Events Center (RSLEC) POD on January 20, 2021. The Health District is still seeking to catch-up on the back-end data entry through Patagonia and into WebIZ. Several County staff members and other Health District workers are deployed outside of their program areas to assist with this effort; however, additional dedicated staffing is required. ODHO staff is also helping with data entry, fielding inquiries from the community about the vaccine, and working on disease investigations, and providing translation services.

The Health District continues to provide testing as well through the Point of Screening and Testing (POST) at RSLEC. The Nevada State Public Health Lab is performing genomic sequencing of the positive specimens to identify variants that may be appearing in our community. Encouragingly, the number of new daily cases and the test positivity rate have been declining or relatively flat through the months of December and January to date. This is believed to be attributable to the Governor's Pause as well as Washoe County schools moving to distance learning and being on break. However, Washoe County remains flagged for elevated disease transmission under the State's County Tracking System.

The Disease Investigation efforts continue to ramp up in an effort to address the large number of incoming cases. Disease Investigators attended training in December to learn the procedures of contact tracing now that the Deloitte contract with the State has ended. The priorities for case investigations are cases whose specimen collection date was within the past 6 days and priority populations including; healthcare workers, school employees, pediatric cases and households with multiple positives. The Health District has fulfilled its commitment to provide training to County staff to work on Disease Investigation and Contact Tracing to support the Washoe County School District; however, the number of staff that have completed this training is currently limited.

Joint Information Center (JIC)

The JIC continued daily COVID-19 updates to media and the public through the month of December. In 2020, the JIC distributed 327 press releases about COVID-19 and had 58 media availabilities. The JIC Twitter account created in March accumulated over 4,000 followers in 2020. The JIC is working to onboard an independent contractor to assist with COVID-19 vaccine outreach and response. The Mask On Move On continues to successfully engage the population about the benefits and normalization of wearing masks. The vaccine outreach will be a huge lift but is critical to ensuring accurate information about the safety and effectiveness goes out, in addition to making sure people are aware of vaccine opportunities in the community.

January 20 Concurrent Meeting

A Concurrent Meeting of the Reno and Sparks City Councils and the Board of County Commissioners is scheduled for January 20, 2021. The item for consideration at the meeting is, "Consideration, discussion, and possible direction to staff to negotiate a proposed amendment of the interlocal agreement concerning the Washoe County Health District."

Government Affairs Update

On January 12, 2021, The Nevada Board of Dental Examiners approved an emergency measure to authorize licensed dental professions to administer vaccines. The emergency measure will be valid for 120 days upon signature from the Governor and during that time, the board is working towards making the regulation permanent (NAC 631.2270-2285). Although the emergency measure was passed to aid in the COVID-19 vaccine distribution, the measure expands to all vaccines.

Public Health Accreditation

PHAB reviewed and approved Section I of the PHAB Annual Report allowing us access to begin working on Section II of the Annual Report. The Accreditation Committee identified eight measures for the PHAB team to address in Year 1, Section 1 of the Annual Report. Seven out of eight measures were approved as meeting conformity. As a result, the WCHD will report improvement efforts that meet 4.1.2 (provide technical

Date: January 28, 2021

Subject: ODHO District Health Officer Report

Page: 3 of 3

assistance to the community that enhance community engagement methods and best practices) in the 2021 PHAB Annual Report. This accomplishment is noteworthy, as divisions continued to make substantial improvements to advance the health of the community through standard programs and services while dividing their efforts to address the pandemic. The purpose of section II is to assure health departments continue to build a continuous quality improvement (QI) culture. Work is underway.

Community Health Improvement Plan (CHIP)

Washoe County Health District and the community will kick-off another year of focused work on key public health priorities through the Community Health Improvement Plan (CHIP). The District Board of Health approved a one-year extension of the CHIP for 2021 and our community continues to have ambitious plans focused on housing and homelessness, behavioral health and fitness and nutrition.

This event will be held virtually on January 28, 2021 from 8:30 a.m. – 10:00 a.m. to learn more about the work anticipated in 2021 on key issues affecting our community, to celebrate some successes, and to hear an update from the Health District on the COVID-19 response. This event will also take a deeper dive into the three focus areas in breakout groups. Attached please find more information on the event.

Att.: December Media Mentions
CHIP 2021
CHIP 21 Kickoff Event outline

DATE	STORY	Inquiries
12/1/2020	KOLO: High rate of testing led up to the Thanksgiving holiday.	KTVN: Bryan Hofmann interviewed Nicole Mertz about the COVID-19 vaccine. Story will run tomorrow. Reuters: Asked for COVID-19 data as it applies to businesses.
12/2/2020	KUNR: COVID-19 Bilingual Contact Tracers Are Struggling As Cases Continue To Spike – Liliana Wilber KTVN: 7 deaths reported in Washoe County. RGJ: Washoe County hospitals near full capacity as COVID-19 cases increase, vaccine availability looms	KRNV: Zac Slotemaker asked a follow up about the COVID-19 Vaccine KTVN: Paul Nelson asked about the ultra cold storage for the vaccine; our freezer can hold 117K doses. KUNR: Lucia Starbuck asked how many vaccines we'll receive in the first batch
12/3/2020	KOLO: Medical Reserve Corps in need of volunteers to help relieve healthcare workers KTVN: First COVID-19 vaccine on the horizon KRNV: Washoe County Health District provides a breakdown of Tier 1 vaccine distribution RGJ: Wednesday COVID-19 updates: Record 10 deaths in Washoe County; hospitals at 91% capacity KOLO: Washoe County expect 32,000 doses of the vaccine soon KTVN: Understanding mRNA COVID-19 Vaccines KUNR: Sisolak Announces COVID-19 Vaccine Rollout In Nevada By Mid-December KTVN: Virus is so prevalent, you should assume you're going to get it KOH: COVID-19 Vaccine coming soon	KOLO: Kurt Schroeder interviewed Andrea Esp about the Medical Reserve Corp Reno News & Review: Frank X. Mullen asked for information about the Guard supporting WCHD for COVID-19 response.
12/4/2020	KOH: Medical Reserve Corps in need of volunteers to help relieve healthcare workers KRNV: Washoe County Health District excellence in food safety awards KRNV: Worry that more COVID-19 deaths are coming	KTVN: Paul Nelson interviewed Jim English about the Guard order extension announced yesterday. Bloomberg: Requested information about Tesla and COVID-19. KUNR: Lucia Starbuck asked how many volunteers we have for MRC and what we're looking for in terms of volunteers.
12/7/2020	KUNR: Nevada To Receive About 164,000 Doses Of COVID-19 Vaccine Throughout December RGJ: Week in COVID-19: November sees record 11,500 new cases in Washoe; deaths also double KRNV: Worry that more COVID-19 deaths are coming RGJ: Monday COVID-19 updates: 1 in 40 Washoe residents has an active case	KRNV: Hailey Vetterlein reached out about the 3-week pause. RGJ: Siobhan inquired about how the County is trying to help WCSD with contact tracing KUNR: Lucia Starbuck asked when the COVID-19 vaccine is going to be shipped to Washoe County.
12/8/2020	KOLO: Recycle your Christmas tree with KTMB KRNV: COVID-19 vaccine update in Washoe County - reporter was live outside the Health District this mo RGJ: Tuesday COVID-19 updates: Washoe tops 12,000 active cases for first time, reports 7 more deaths KTVN: Washoe County Resident Dies of Hantavirus KRNV: Man in his 20s dies from hantavirus in Washoe County KOLO: Washoe County COVID-19: 7 deaths, 354 new cases KOLO: Washoe County man in his 20's dies from hantavirus	RGJ: Anjeanette Damon asked why recoveries are being reported at a much lower rate. Answer in the daily update above. Reuters: Reporter asked follow up regarding COVID-19 business data.
12/9/2020	Associated Press: Washoe County reports man dies from rodent disease exposure KUNR: COVID-19 update including hantavirus RGJ: Washoe County Resident Dies of Hantavirus Las Vegas Review-Journal: Washoe County reports man dies from hantavirus	NBC National: Julie Goldstein from NBC News and The Today Show inquired about getting footage of the first COVID-19 vaccine distribution. Working with Renown. KUNR: Lucia Starbuck asked about COVID-19 vaccines and how many doses we're getting. About 32K in first tier, 3,600 in first shipment. RGJ: Anjeanette Damon inquired about the COVID Trace app.
12/10/2020	KTVN: Washoe County Health District Overwhelmed By New COVID-19 Cases KUNR: Nevada Contact Tracers Can't Keep Up, Disease Investigation Questions Get Cut KOH: Washoe County COVID-19 Update 99.1 Talk: Washoe County reports man dies from hantavirus KRNV: 10 COVID-19-related deaths on Wednesday	KRNV: Tony Phan inquired about when we expect to see the influx of cases due to Thanksgiving. Soon, Tony. Soon. Associated Press: Sam Metz asked for a copy of the White House Coronavirus Task Force Report.
12/11/2020	KTVN: REMSA Prepares For COVID-19 Vaccine RGJ: COVID-19: 7 deaths, 599 new cases in Washoe; state reports 'somber record' of 50 new deaths	KOLO: Terri Russell asked if media were invited to the first COVID-19 vaccine administer. Yep.
12/15/2020	KRNV: More than 3,600 doses of Pfizer's COVID-19 vaccine arrive in Washoe County KOLO: Washoe County receives the COVID vaccine Wonkette: Fed Ex Saves Grateful Nation With COVID Vaccine Delivery, Coincidental \$2.2 Million Donati RGJ: First shipment of COVID-19 vaccine arrives in Washoe County This is Reno: FedEx delivers first COVID vaccine to Washoe County (photos) 99.1 Talk: COVID-19 Vaccine delivered in Washoe County KOH: COVID-19 Vaccine delivered in Washoe County	KRNV: Joe Hart asked for an update on flu deaths. Liliana Wilbert provided some information KUNR: Lucia Starbuck had a vaccine question. Las Vegas Review Journal: Michael Davidson asked about COVID-19 information the Nevada Hospital Association Provides KTVN: Paul Nelson asked when the vaccine shipment landed in Reno. Last night. KTVN: Valentina Bonaparte asked about the tiers, sent her to the state KTVN: Elizabeth Rodill asked about the difference between the 3,900 doses and 3,655. The 3,900 was total in the shipment, which included doses for the state. The 3,655 is just for Washoe County. KRNV: Tony Phan had several questions about the COVID-19 vaccine, starting at 4:45 a.m. RGJ: Siobhan McAndrew asked why people who gave public comment at the Board of County Commissioners meeting weren't reprimanded for not wearing a mask or for wearing a mask that didn't cover their nose.
12/16/2020	KRNV: Saint Mary's begins vaccinating health care workers in Reno RGJ: Angry about pandemic restrictions, dozens flout mask rule at Washoe Commission meeting This is Reno: 'Fighting COVID Together' to air Wednesday as Washoe encourages public to take virus seri RGJ: Washoe County sees rise in COVID-19 deaths as vaccines administered to health care workers KRNV: Record-high 57 COVID-19 related deaths in Nevada, Sisolak says 'we have a choice' KRNV: Ask Joe: How many flu cases this year? KUNR: One Solo Box: The First COVID-19 Vaccine Arrives In Washoe KOH: COVID-19 Vaccine delivered in Washoe County	KRNV: Joe Hart asked about volunteers for COVID-19 KTVN: Erin Simms asked about flu stats. RGJ: Marcella Corona asked about COVID-19 in the Hispanic community. Working on setting up an interview. Tahoe Tribune: Cheyanne Nueffer asked about COVID-19 vaccine.

12/17/2020	KRVN: Washoe health officer: Drop in COVID-19 cases encouraging, not a reason to let guard down KRVN: Fact vs. fiction about the COVID-19 vaccine This is Reno: Washoe County death rate surges alongside hope of new vaccines KTVN: Local Organizations Administer First COVID-19 Vaccines To Healthcare Workers Tahoe Daily Tribune: Coronavirus vaccine arriving this week in Tahoe communities KOLO: COVID-19 vaccines are safe KTVN: Health District recommends reconsidering holiday plans KTVN: 329 new COVID-19 cases KOH: 329 new COVID-19 cases KRVN: Holiday gatherings not recommended by the Health District KUNR: COVID-19 vaccine distributed in Washoe County	RGJ: Marcella Corona interviewed Christabell Sorello RGJ: Siobhan McAndrew asked if LEC will be where we'll be administering our vaccines. Yes.
12/18/2020	RGJ: It's important to lead: Renown employees receive their first dose of COVID-19 vaccines PR Newswire: First Covid-19 Vaccines Administered To Physicians & Front-Line Health Care Workers At KRVN: Renown gets first vaccines KTVN: Renown gets first vaccines KOLO: Renown alternate care site tech gets first COVID-19 vaccine	KOLO: Kurt Schroeder interviewed Lisa Lottritz about the vaccine tiers KRVN: Zac Slotemaker asked about COVID-19 vaccine KRVN: Miles Buergin asked about COVID-19 vaccine
12/21/2020	KRVN: Nevada receives its first shipment of Moderna's COVID-19 vaccine RGJ: Week in COVID-19: December is Washoe's deadliest month as fatalities continue to spike KOH: 279 new COVID-19 cases in Washoe County on Sunday KTVN: 279 new COVID-19 cases in Washoe County on Sunday	KTVN: Paul Nelson asked about COVID-19 vaccine distribution RGJ: Marcella Corona asked about COVID-19 again in the Hispanic population KRVN: Tony Phan interviewed Scott Oxarart about a new strain of COVID-19 (hat tip to Heather Kerwin for providing the answers) Tahoe News: Cheyanne Neuffer asked about COVID-19 regulations for hotels KRVN: Joe Hart asked about capacity limitations for the Meadowood Mall food court Nevada Independent: Asked about future opportunities to film vaccinations
12/22/2020	KOLO: Ivermectin no treatment for COVID Tahoe Daily Tribune: COVID-19 claims 2 more lives in El Dorado County KTVN: COVID update in Washoe County KRVN: Don't panic about 2nd COVID-19 strain in UK	RGJ: Responded to Marcella Corona again about COVID-19 in the Hispanic population
12/23/2020	RGJ: Watch: Moderna COVID-19 Vaccine administered by Washoe County Health District KTVN: More First Responders Receiving COVID-19 Vaccines KOLO: Washoe County COVID-19: COVID related deaths continue to rise	
12/24/2020	This is Reno: How did local government spend federal CARES Act dollars? – part two This is Reno: COVID-19 vaccinations continue for high-priority groups; hospitalizations on the rise KOLO: 89 year old veteran gets the vaccine KUNR: Washoe County Continues To See High Number Of Deaths From Pre-Thanksgiving Surge KTVN: Seeing encouraging signs with COVID-19, numbers are still high KTVN: Washoe County Health administers COVID-19 vaccine KUNR: Washoe County Continues To See High Number Of Deaths From Pre-Thanksgiving Surge KOLO: Health District urges curbside pickup for late holiday shopping KRVN: Health District warns public about Christmas and New Years holidays. KRVN: 330 people receive Moderna vaccine at Health District – Chris Magenheimer interviewed	
12/28/2020	RGJ: Washoe County reports 13 new deaths related to COVID-19, including a man in his 30s RGJ: Daughters recount 67-year-old mother's COVID-19 death, urge for mask wearing KRVN: COVID-19 vaccines still available for medical workers in Washoe County KTVN: COVID-19 Vaccines Still Available for Medical Personnel in Washoe County KOLO: Washoe County COVID-19: 13 COVID-19 related deaths KTVN: Deaths continue to surge in Washoe County	KTVN: Jim English conducted an interview about COVID-19 vaccines KRVN: Kenzie Margiott interviewed Jim about COVID-19 vaccines KOLO: Terri Russell will interview Jim tomorrow about COVID-19 vaccines KRVN: Hailey Vetterlein inquired about COVID-19 positive people who eat burnt oranges with brown sugar as a way to get their sense of taste and smell back. Seriously. KOLO: Kelsey Marier inquired about tips for people looking to celebrate New Year's Eve safely.
12/29/2020	KRVN: COVID-19 Vaccine: Get your flu shot if you're in Tier 1 KTVN: Those in Tier 1 urged to get COVID-19 vaccine KUNR: COVID-19 vaccines still available for medical workers in Washoe County KOH: 176 new COVID-19 cases reported 99.1 TALK: Tier-1 personnel advised to get COVID-19 vaccine KTVN: Deaths continue to surge in Washoe County	KOLO: Terri Russell interviewed Jim English about COVID-19 vaccines Associated Press: Sam Metz asked for the Coronavirus White House Task Force reports

12/30/2020	KOLO: Transitioning to tier 2 of COVID vaccinations Associated Press: Nearly Half of Tier 1 Vaccinated for Virus in Washoe County RGJ: Tuesday COVID-19 update: 14 deaths, 94 new cases in Washoe County Las Vegas Review Journal: Nevada loses contact tracers as contract expires This is Reno: PRSA Silver Stars 2020 - WCHD gets a nod KOLO: COVID vaccine now available for local caregivers Nevada Independent: PHOTOS: A tumultuous year captured through the lens of a camera KTVN: 14 COVID deaths reported in Washoe County KTVN: 80 percent of Tier 1 needs to be vaccinated before move to Tier 2 KTVN: 14 COVID deaths reported in Washoe County	KRNV: Hailey Vetterlein inquired about ghost kitchens, where one restaurant will sell a food item but it will be cooked at another restaurant's kitchen. Las Vegas Review Journal: Michael Scott Davidson had questions about contact tracing in Washoe County KLAS (Las Vegas): Inquired about how many vaccines Washoe County Health District has received. About 7,500. Associated Press: Sam Metz and Scott Sonner had vaccine questions.
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12/31/2020	This is Reno: Washoe County says "downward disease trends" artificial; recommends caution RGJ: Nevada updates COVID-19 vaccination structure, moves 75 and older to Tier 2 RGJ: Thursday COVID-19 update: Record 59 deaths recorded in Nevada over past day KOLO: WCHD clarifies who is currently eligible for COVID-19 vaccine This is Reno: PRSA Silver Stars 2020 - WCHD gets a nod KOLO: COVID vaccine now available for local caregivers KOLO: Washoe County COVID-19: 211 deaths in December KRNV: Sisolak: 75 and older added to Nevada's second COVID-19 vaccine tier KTVN: Seniors 75 & Older Not Yet Eligible to Receive COVID-19 Vaccine	RGJ: Siobhan McAndrews asked about the vaccine tiers Las Vegas Review Journal: Michael Scott Davidson had more questions about contact tracing in Washoe County
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Total	121	60
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Press Releases	
12/3/2020	Health District looking for applicants for new Excellence in Food Safety Awards
12/8/2020	Washoe County resident dies of hantavirus
12/11/2020	Second Case of MIS-C reported in Washoe County
12/15/2020	First shipment of COVID-19 vaccine received by Washoe County Health District
12/28/2020	COVID-19 vaccines still available for medical personnel in Washoe County
12/30/2020	Health District Recommends Avoiding New Year's Eve Gatherings
12/31/2020	Seniors 75 and older are not yet eligible to receive COVID-19 Vaccine

Total	7
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Social Media Followers	WCHD Facebook: 5,031 (+181 since Dec. 1) WCHD Twitter: 2,202 (+79 since Dec. 1)
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WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2021

Community Health Improvement Plan



Public Health
Prevent. Promote. Protect.

Record of Changes To Plan:

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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2018-2020

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Laura Rogers – Administrative Secretary, WCHD

2021 – Joelle Gutman Dodson, Government Affairs Liaison

Community Health Improvement Plan Committees

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

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.

ActionNN
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



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.

Kevin Dick
Washoe County District Health Officer

Introduction

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.

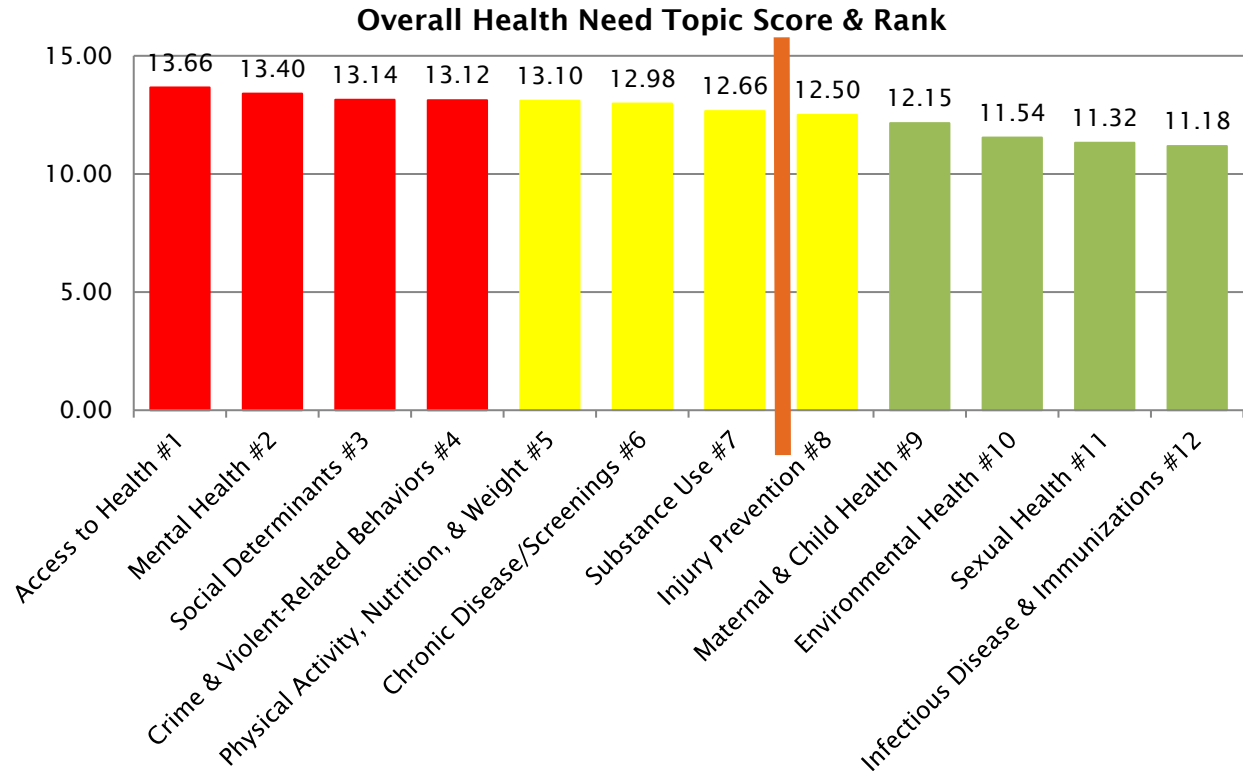
In addition to extensive amounts of data, the CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected 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)

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. **(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)**

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

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
4. By December 31, 2021 implement portions of the Regional Strategy for Housing Affordability	4.1 Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation RSFAH	4.1.1 Identify or establish organization to lead implementation	Organization identified/established	Dec. 31, 2021 Extended	<u>Owner:</u> TMHC, TMRPA
	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
Objective 5	Strategy 5	Tactic	Performance Indicator	Target Date	Owner
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 - Complete	<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 - Complete	
		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 - Complete	
	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 - Complete	
	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 - Partially complete	<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan	Action plan for implementation activities	July 31, 2018 - Complete	<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
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
2. By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance	2.1.1 Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided	2.1.1 Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	July 15, 2018 - Complete	<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 - Complete	<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 - Complete	<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 - Complete	<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 - Complete	<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 - Complete	<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 - Complete	
		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 - Complete	

Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
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
Objective 4	Strategy	Tactic	Performance Indicator	Target Date	Owner
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:</u> NNCoC,
	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	

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

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/>

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 - Complete	<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 - Complete	<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 - Complete	<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 - Complete
	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 - Complete	<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 - Complete	<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 - Complete	<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 - Extended	

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 - Complete	<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 Complete	<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 - Complete	<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 - Partially Complete	<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 - Partially Complete		
		1.1.3 Distribute information amongst state and local elected officials, board, etc.	Information distributed to appropriate contacts	October 1, 2018 - Partially Complete		
		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	<u>Owner:</u> WCHSA <u>Supporter:</u> 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	<u>Owner:</u> Shelia Leslie, WRBHPB <u>Supporter:</u> WCHD MPH Intern
3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	3.3.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Needed information is collected	August 1 - Discontinued	<u>Owner:</u> WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association	

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

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
4. By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified	4.1 Collect and disseminate basic information on current status of Behavioral Health Board modernization	4.1.1 Gather information about Behavioral Health Boards and on degree of modernization, current wait times for license to be processed, etc.	Document reflecting information gathered	Feb 1, 2020 Incomplete	Owner: NV Primary Care Association, WCHD
	4.2 Advocate for legislation to modernize boards and expedite licensure	4.2.1 Identify potential opportunities to revise policies that would allow for expedited licensure	Passage of legislation	May 31, 2021	
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 - Complete	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 th grade students in Washoe County	1.1.1 Approval of district administrative regulation for implementation of Signs of Suicide education and screening for all 7 th grade students	Approved administrative regulation	Sept 1, 2018 - Complete	<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 - Partially complete	
		1.1.3 Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for screening consent	April 1, 2020 - Complete	
		1.1.4 Increase number of students who receive screening, education and support through permission granted at registration	% of students screened	Dec. 31, 2021	
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
1.2 Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students	1.2.1 Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district		April 1, 2020 - Incomplete due to change in approach to school-based mental health	<u>Owners:</u> Washoe County School District <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children's Cabinet, Community Health Alliance
	1.2.2 Work with stakeholders to identify ways to overcome barriers				

Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner
2. By December 15 th , 2020 implement BUILD Health Challenge Year 1 Strategies	2.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	2.1.1 Identify funding source	Funding for year one of implementation identified	Dec 15 th , 2020 - Complete	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		
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
3. By Dec. 31, 2021 Implement BUILD Health Challenge Year 2 Strategies	3.1 Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative	3.1.1 Develop and implement promotion and program plans for 2021	Number of visits to “It Starts with Hello” Number of seniors connected through alternative programs	Dec 15 th , 2021	Owners: Renown Institutes, TMHC, WCHD
Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
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		

Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner
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
Objective 6	Strategy	Tactic	Performance Indicator	Target Date	Owner
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)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
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
Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner
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)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
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	Number of individuals trained in psychological first aid and identified as potential responders	June 30, 2021	<u>Owner:</u> WCHSA Behavioral Health Coordinator, DPBH – Bureau of Behavioral Health, Wellness and Prevention
1.2.2 Access providers in SERV-NV.					
Objective 2	Strategy	Tactic	Performance Indicator	Target Date	Owner
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
Objective 3	Strategy	Tactic	Performance Indicator	Target Date	Owner
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

Focus Area 3—Nutrition and Physical Activity

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.¹⁰ 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.¹¹ 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.¹² 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.

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

¹¹ Washoe County Community Health Needs Assessment. (2017) Retrieved from: https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf

¹² 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

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)**

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
1. By July 2019, increase the number of community organizations implementing aspects of the 5210	1.1 Develop 5210 Let's Go! infrastructure to support program implementation	1.1 Organize a 5210 Let's Go! Advisory Board	Advisory Board established	August 31, 2018 Complete	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 Complete	
		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 Complete	Owner: Community Health Alliance Supporters: WCHD, Advisory Board
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
	1.2 Educate community organizations and health care providers about Let's Go 5210 program and how to implement it	1.2.1 Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	# of learning opportunities planned	September 30, 2018 Complete	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 Complete	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 Complete	Owners: Community Health Alliance Supporters: WCHD, Advisory Board
	Strategy 4	Tactic	Performance Indicator	Target Date	Owner
	1.4 Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 Healthy Washoe program in Reno/Sparks	1.4.1 Recruit a minimum of 5 youth organizations to implement 5210 program	# of organizations implementing 5210	June 30, 2019 Approach modified and included in strategy 4	Owners: Community Health Alliance Supporters: WCHD, Advisory Board
		1.4.2 Recruit 1 health care provider to implement 5210 program	# of health care providers implementing 5210	June 30, 2019 Complete	
		1.4.3 Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	# of organizations reached	September 30, 2018 Partially complete	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.		Strategy modified and included in revised strategy 4.1	
		1.4.5 Educate and provide technical assistance (TA) to organizations about 5210 and how to implement program	# of organizations reached with education and TA about 5210 components	Through June 2019 Partially complete	
Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
2. By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe County	2.1 80% of Implementing organizations will provide program outcomes in year 1	2.1.1 Identify and develop appropriate and consistent evaluation measures for organizations that implement 5210	Evaluation measures/ toolkit developed	December 2021 Extended	Owner: WCHD Supporter: 5210 Healthy Washoe Committee
		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	

	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
	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	
Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
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 Complete	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 Complete	
	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 Complete	
		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 Complete	

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 Partially complete: One FHF was not held as a result of modification due to COVID-19	Owner: Truckee Meadows Healthy Communities, Washoe County Health District, Food Bank of Northern Nevada, Community Health Alliance, United Way of Northern Nevada and the Sierra
		2.1.2 Provide four FHF with at least 150-175 attendees at each event	1. Number of FHF 2. Number of participants	November 1, 2020 Complete	
	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 Complete	
		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 Complete	
		2.3.2 Distribute messaging through prescriptions cards and informational material	1. Number of prescriptions provided		

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
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 Complete	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 Complete	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 Complete	

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
4. By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings	4.1 Identify strategies to increase healthy vending and concessions in Washoe County	4.1.1 Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	May 30, 2019 Complete	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 Complete	
Objective 5	Strategy	Tactic	Performance Indicator	Target Date	Owner
5. By January 2021, improve the nutrition environment in the community by increasing the nutritional offerings in vending machines and concession stands	5.1 Increase sites with healthy vending and concessions in Washoe County	5.1.1 Work with 5210 businesses to provide healthy food options at their worksites using the developed Healthy Vending Toolkit'	# of sites that have implemented a healthy vending/concessions policy	December 31, 2020 Complete	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 Complete	

		5.1.3 Engage at least 10 non 5210 sites that do not offer healthier vending or concession options	# of sites that pledge to have healthy vending/concessions	December 31, 2020 (Partially Complete)	
Objective 6	Strategy	Tactic	Performance Indicator	Target Date	Owner
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)**

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
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	

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

2021 CHIP Kickoff Event Outline
January 28, 8:30 a.m. – 10 a.m. via zoom

PURPOSE

The intent of the 2021 CHIP Kickoff event is to highlight the community’s work on the Community Health Improvement Plan (CHIP) and planning process, and specifically to share the final adopted version of the 2021 CHIP Extension. CHIP’s are facilitated by local health districts nationwide and are recognized as best practice for supporting community collaboration to address priority public health issues. Facilitation of the CHIP is also one of the key efforts necessary for the Washoe County Health District (WCHD) to maintain accreditation. The goals of the event are as follows:

1. Share information about the community efforts outlined in the 2021 CHIP extension
2. Explain the CHIP planning process and use the kickoff as an opportunity to engage more partners and community members in the ongoing CHIP process.
3. Highlight at least one area within the CHIP that has demonstrated momentum and celebrate successes to inspire continued community efforts.
4. Recognize and express gratitude to the community partners and individual staff and volunteers for their efforts to address critical community issues.

EVENT AGENDA

- 8:30 a.m. **Welcome:** Chair District Board of Health Dr. John Novak
- 8:35 a.m. **Community Response to COVID-19:** District Health Office Kevin Dick
- 8:55 a.m. **CHIP 21 Overview:** WCHD Health Educators Rayona LaVoie and Julia Ratti
- 9:10 a.m. **Plan Highlight – Solutions to Address Homelessness in Our Community:** Panel including Commissioner Bob Lucey, City Councilmember Oscar Delgado and City Councilmember Christopher Dahir moderated by WCHD Government Affairs Liaison Joelle Gutman Dodson
- 9:30 a.m. **Breakout Sessions**
Housing/Homelessness: Facilitated by Executive Director Truckee Meadows Health Communities Sharon Zadra
Behavioral Health: Facilitated by WCHD Health Educator Julia Ratti
Physical Activity and Nutrition: Facilitated by WCHD Health Educator Rayona LaVoie
- 10:00 a.m. **Event ends**

LOGISTICS AND SUPPORT

Anticipated attendance is approximately 100-150 individuals. The kickoff will be hosted virtually by the Center for the Application of Substance Abuse Technologies (CASAT), specifically their training department. CASAT will provide the zoom link and technical staff to support both the full gathering from 8:30 – 9:30 as well as the three individual breakout sessions from 9:30 – 10 a.m. Primary point of contact for CASAT is Jeanyne Ward, jward@casat.org.

CASAT will also manage registration and has set up a registration link [here](#). Registrants will be asked to select a breakout group so we can get a sense of numbers to expect in each session.

PROMOTION AND COMMUNICATIONS

The intent is to invite community partners as well as the community-at-large. The event will primarily be promoted via email to existing WCHD lists, social media channels and media alerts. We will ask our partners to use their assets to promote as well. A “Save the Date” with registration information was distributed in late December and regular reminders will be sent up until the event. CASAT will communicate directly with registered participants to provide confirmation, updates and zoom links prior to the event.

Save the Date

Please join the Washoe County Health District and the community to kick-off another year of focused work on key public health priorities through the Community Health Improvement Plan (CHIP). The District Board of Health approved a one-year extension of the CHIP for 2021 and we as a community continue to have ambitious plans focused on housing and homelessness, behavioral health and fitness and nutrition. Please join us virtually on January 28 at 8:30 – 10 a.m. to learn more about the work anticipated in 2021 on key issues affecting our community, to celebrate some successes, and to hear an update from the Health District on the COVID-19 response. We’ll also take a deeper dive into the three focus areas in breakout groups to wrap up the morning. Attached please find the full 2021 CHIP.

Please RSVP here [Community Health Improvement Plan Kickoff Meeting Registration](#) and join us to kick off a healthier 2021.

Please distribute to your networks!