

WASHOE
COUNTY
HEALTH
DISTRICT

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2020
Community Health Improvement Plan
ANNUAL REPORT



2020 Community Health Improvement Plan

Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank our community partners for dedicating their time and expertise to the CHIP committees.

Access to Health Care Network	Reno Area Alliance for the Homeless
ACTIONN	Reno Housing Authority
Boys and Girls Club of Truckee Meadows	Reno Initiative for Shelter and Equality
Catholic Charities of Northern Nevada	Reno Police Department
Children's Cabinet	Reno + Sparks Chamber of Commerce
City of Reno	Renown Health
City of Sparks	Restart Reno
Communities in Schools, Western Nevada	Safe Embrace
Community Foundation of Northern Nevada	Salvation Army
Community Health Alliance	Social Entrepreneurs, Inc.
Community Services Agency	The Eddy House
Food Bank of Northern Nevada	The Life Change Center
Health Plan of Nevada	Truckee Meadows Healthy Communities
High Sierra AHEC	Truckee Meadows Regional Planning Authority
Immunize Nevada	United Health Care
JTNN	University of Nevada, Reno Cooperative
Liberty Dental Plan	Extension
Nevada Division of Public and Behavioral	University of Nevada, Reno School of
Health, Chronic Disease Prevention & Health	Community Health Sciences
Promotion	Urban Roots
Nevada Division of Public and Behavioral	Volunteers of America Northern Nevada
Health, Community Services	Washoe County Courts Division
Nevada Division of Public and Behavioral	Washoe County Chronic Disease Coalition
Health, Office of Suicide Prevention	Washoe County Health District
Nevada Division of Public and Behavioral	Washoe County Regional Behavioral Health
Health, Primary Care Office	BoardWashoe County Human Services Agency
Nevada Interagency Council on Homelessness	Washoe County School District
Northern Nevada HOPES	Washoe County Sheriff's Office
Nevada on the Move	
Nevada Primary Care Association	

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Letter from the District Health Officer



Dear Partners, Residents, Community Leaders, and Colleagues,

The 2020 CHIP Annual Report showcases the accomplishments achieved with our partners to improve the health of our community in Washoe County.

In March 2020, the COVID-19 public health emergency began to affect our residents as well as so many others across the United States and the rest of the world. As the economic crises spawned from the shutdown to slow the spread of the disease, we found ourselves on the frontlines with our partners taking the opportunity to accelerate equitable efforts to protect the health of our community while working to improve the quality of life for all. I've been so inspired this year by how, even in the most challenging of times, dedicated partners in Washoe County have been able to provide the care and support our families need.

This annual report highlights how that collaborative approach is effectively addressing challenging community health issues including, housing and homelessness, mental health, substance use, physical activity, and nutrition. As we continue to work together to address the struggles of many of our residents, we must now continue to address the immediate impact of a global pandemic that touches us all.

We all have struggled, stretched ourselves, and found new strength this year. COVID-19 revealed what we already knew about health inequities in Washoe County, and it has taught us that if we all work together, we can manage these seemingly huge challenges. The successes we've had in facing COVID-19 are a testament to what we can do.

The Washoe County Health District recognizes and appreciate that these successes would not have been possible without the action and accountability of partners. We look forward to continuing the journey with you to improve the physical, mental and social well-being of everyone in our community.

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

Kevin Dick
Washoe County District Health Officer

Letter from the Board of Health Chair



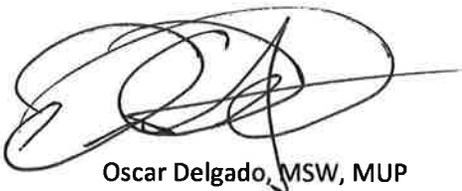
Dear Washoe County Community,

We are pleased to share with you the 2020 Community Health Improvement Plan Annual Report. The annual report highlights the accomplishments of our partners with respect to planning and delivering high quality initiatives to improve the health of residents in Washoe County.

This past year has been a year like none before it. From a global pandemic to continued efforts to solve mental health, housing and homelessness and physical activity and nutrition, I am very proud of how community partners across non-profits, hospital systems, schools, frontline organizations, and many more has adapted and weathered the coronavirus pandemic—in fact I believe it has been our finest hour.

Our community came together in remarkable ways and worked unconditionally to implement critical changes to programs and services so we could handle surges in COVID-19 cases while protecting the health and safety of all residents and those on the frontlines of this battle. We've seen extraordinary efforts to improve health by increasing access to mental health services through telehealth, collaborating with partners to find emergency solutions to protect our vulnerable populations who are unsheltered, and ensuring families have access to nutritious foods through home delivery programs.

I am honored to be newly appointed as Chairman of the District Board of Health. While the challenges of a global pandemic are immense, I have been awed by the resilience of the heroic people who work throughout Washoe County, as well as the loyal support of this community. In good times and those that challenge us, I look forward to serving our community to improve the quality of life for residents in Washoe County.

A handwritten signature in black ink, appearing to read 'Oscar Delgado', written over a light blue horizontal line.

Oscar Delgado, MSW, MUP
Chair, Washoe County District Board of Health

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Introduction

The 2020 Community Health Improvement Plan (CHIP) Annual Report is a progress review of the strategies implemented this year. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking, collecting data, and preparing the annual report. We are excited to share an update on the initiatives that have been accomplished by working together to positively impact the community's health.

A community health improvement process looks at the whole of the community, analyzing how a network of organizations providing various programs and services, some focused at diverse sectors of a community, contribute to community health improvement. As part of the ongoing process of community health improvement, a community health needs assessment (CHNA) is conducted through the evaluation of primary (information gathered from first-hand sources) and secondary (county, state and national statistics) health data. Following the CHNA, Truckee Meadows Healthy Communities (TMHC), a cross-sectorial coalition representing stakeholders in Washoe County, selected three focus areas that were most critical to improving our community's health:

	Priority	Goal
1	Housing and Homelessness	<ol style="list-style-type: none">1. To stabilize and improve housing security for people spending more than 30% of their income on housing.2. To stabilize and improve housing security for people spending more than 50% of their income on housing.
2	Behavioral Health	<ol style="list-style-type: none">1. To stabilize and improve housing security for the severely mentally ill (SMI).2. Assess and address current status and need for behavioral health services in Washoe County.3. Reduce depression and suicidal behaviors in adolescents and seniors age 65+.
3	Nutrition and Physical Activity	<ol style="list-style-type: none">1. To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework

The CHIP was then developed by committees made up of community partners, to give structure to addressing the selected focus areas. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to focus areas, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In order to maximize health impact and gain widespread support for improvement, the CHIP shares action plans, goals, and objectives, and strategies that can be used to reach identified targets. The committees

report their progress related to the identified strategies quarterly which allows WCHD to report data outcomes.

How to Read this Report

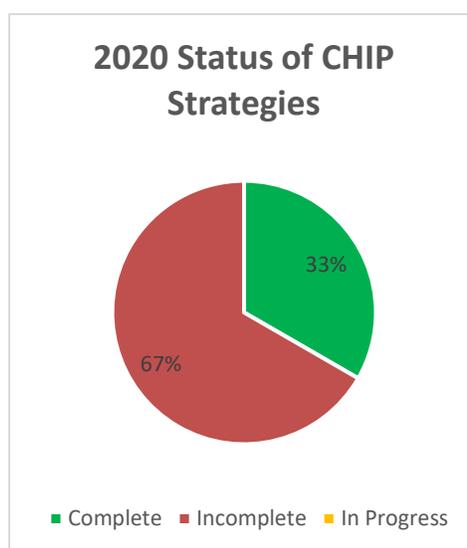
The CHIP strategies are presented in the following tables, with notations of activities performed and information reported by community partners from January 1, 2020 to December 31, 2020.

A color-coding system to indicate the completion status of each strategy within the three focus areas was created. The number of completed tactics in a strategy was divided by the total number of tactics in that strategy, to yield a percentage indicator of completion. A score of 70 to 100 percent complete was given a green indicator. A score of 50 to 69 percent complete was given a yellow indicator. A score of below 50 percent completion was given a red indicator.

	A score of 70 to 100 percent indicates significant progress, in that the measurement has met or surpassed the target objective.
	A score of 50 to 69 percent indicates ongoing activities or progress toward the target objective.
	A score of below 49 percent indicates little to no progress has been made toward the target objective.
	Items accomplished in 2018 and 2019. These items were not included in the 2020 percent complete score.
	Items not yet due for completion

Housing and Homelessness

Washoe County has faced a critical housing crisis that brought community partners together to create the Regional Affordable Housing Strategy. This strategy underscores long-term housing solutions that are accessible and affordable. In the 2019 EPIC report, an economic impact document shared by Economic Development Authority of Western Nevada (EDAWN), census data, projecting population growth, along with housing supply data, indicates a disproportionate ratio signifying a substantial shortage of affordable housing. In the report, data also show that the population in Northern Nevada is projected to increase by 8.6 percent while households are projected to grow by 8.8 percent during the 2019-2023 Study Period.¹ The cost of housing is outpacing the increase in wages. More than half of American households are spending more than 30% of their income on housing, including 79% of low-income Nevada renters. These trends make it difficult for residents to afford necessities such as housing, food, clothing, transportation, and medical care, causing residents to be more vulnerable to displacement.



To worsen the situation, the impact of COVID-19 made the housing crisis more evident and visible. As cases began to increase, community partners quickly redirected their efforts to find short term solutions to protect Washoe County’s unsheltered population by securing a larger temporary shelter to maintain social distancing guidelines. Furthermore, an emergency directive establishing a moratorium on all evictions and foreclosures in Nevada to provide relief to those experiencing financial hardship was implemented in early March of 2020. Six months into the pandemic, the unemployment rate increased almost 5% in Washoe County, causing economic hardship among homeowners, renters, and landlords.² Data collected in the Pulse Survey conducted in January 2021 indicated nearly 20% of residents in Nevada are past due on their rent and over 40% had difficulty paying for usual expenses including food, rent or mortgage, or medical expenses.³ The housing hardships were alarming prior to the pandemic and have been exacerbated by the economic crisis faced by many individuals and families, further highlighting the need to implement measures that improve economic and social well-being.

¹ EDAWN.(2019).Retrieved from: <https://www.edawn.org/epic-report/>

² U.S. Bureau of Labor Statistics. (2020). Retrieved from: https://www.bls.gov/eag/eag.nv_reno_msa.htm

³ Center on Budget and Policy Priorities. (2021). Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

Housing and Homelessness: How did we measure up?

Focus Area #1

Goal 1: To stabilize and improve housing security for people spending more than 50% of their income on housing.

Objective 1.4 – By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability	Identify or establish organization to lead implementation	Organization identified/established	Truckee Meadows Healthy Communities	The Truckee Meadows Regional Strategy for Housing Affordability was adopted region wide. Truckee Meadows Regional Planning Agency continues to monitor housing data to provide information in the region about potential affordable and attainable housing units. However, no organization has been identified to lead implementation of the strategy that has been developed.
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed		SB 12 was introduced and heard during the legislative session. If passed, the bill would require certain notices before the termination of a restriction relating to the affordability of certain housing. Further work is needed to support effective implementation of activities outlined in the Truckee Meadows Regional Strategy for Housing Affordability.

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

Objective 2.1: By September 1, 2020 identify and support alternative funding models for housing severely mentally ill (SMI).

Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
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	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	Washoe County Human Services, RAAH, ACTIONN	RAAH Advocacy Policy document reflects the options for funding and outlines the priorities at both the state and local level. Also see Guinn center housing matrix.
		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.)		See Guinn center housing matrix.
		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		Main options outlined in RAAH policy priorities do not require match funding other than the 1915(i) which would require state funds.
			A memorandum of understating to provide match funds if needed		
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information		JD Klippenstein main point of contact, WCHD Government Affairs Liaison will also be main point of contact for legislative efforts identified.

Objective: 2.2: By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.

Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
	Support implementation of objectives/ strategies outlined in the HUD Youth Demonstration grant.	Identify a timeline to implement grant objectives	Document reflecting implementation timeline	Owner: Eddy House, RAAH Youth Subcommittee	Complete and Youth Homelessness Roadmap has detailed steps.
		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.		RAAH youth committee active and meeting monthly to implement Youth Homelessness Roadmap.
		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		The Eddy House was selected to lead the Youth Youth Homeless Demonstration Project (YHDP) however they were not funded for the HUD grant. Subsequently, the YHDP consisting of organizations focused on reducing youth homelessness did not create the document reflecting training best practices. As a result, the WCHD provided funding to the Eddy House to support the implementation of strategies included in the Youth Homelessness Roadmap. In 2020, the Eddy House served almost 500 transition aged youth. Further, 21 individuals were transitioned into stable housing.

Complete/Obsolete

Objective 1.1- By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Meetings convened stakeholders to discuss housing needs in the region

Objective 1.2- By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of Regional Strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Meetings convened stakeholders to discuss housing needs in the region

Objective 1.3 – By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.

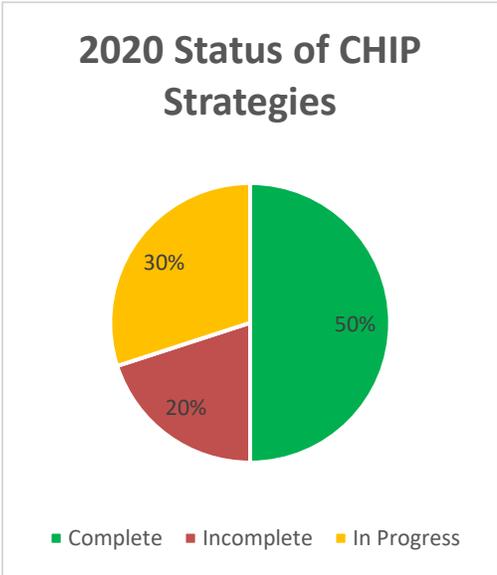
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of regional strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	All three phases have been completed; the roadmap is scheduled for release in early 2019
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan	Nevada Interagency Council on Homelessness	From the 2017 interim housing committee recommendations, a BDR was submitted for the 1915(i) expansion to the state Medicaid plan.

	include homeless people who are severely mentally ill.	Identify steps for implementation of revised state plan.	Action plan for implementation activities.		State is working with SEI to implement bill.
	Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided.	Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	Washoe County Human Services Division, Housing Specialist	Complete, but further work is needed. This may be address if an CHIP MPH intern is hired for summer 2019.
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened; best practices shared		Complete and ongoing
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.	Washoe County Human Services	(9.12.18) Complete, results have been shared with the broader case management community.
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	Anne Cory Supporter: UNR MPH Intern	Complete, results have been shared. Need to identify staff (MPH intern) who may be able to implement all steps but training and sharing of resources are occurring at WCHSA community case manager meeting.

		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.	Anne Cory Supporter: UNR MPH Intern	
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities of existing case managers at the CAC.	Owner: Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America	Complete and working well at family shelter. One meeting has been conducted with City of Reno to explore potential expansion to City of Reno.

Behavioral Health

The growing attention around behavioral health has exposed mental illness as one of the leading causes of disability in the United States. Behavioral health is a general term used to refer to both mental health and substance use.⁴ Mental illnesses are one aspect of behavioral health and are among the most common health conditions in the United States. Almost 50 percent of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14.⁵ Whereas there is no single cause for mental illness, early adverse life experiences is one major factor that can influence developing a mental illness.



According to the 2020 Washoe County Behavioral Health Profile, compiled by the Washoe Regional Behavioral Health Policy Board, over the past two years the percentage of middle school students in our community experiencing adverse childhood experiences has increased. Specifically, middle school students who lived with either someone suffering from a substance use problem or who was mentally ill increased from 18.5 percent (2017) to 27.7 percent (2019). There is further concern that the COVID-19 pandemic has impacted behavioral health, especially for youth during school closures and hybrid learning in which access to supportive services provided by the school may have been limited.

Our community is still assessing the impact that the COVID-19 pandemic had on the behavioral health in Washoe County. However, we know that local behavioral healthcare providers and community organizations adapted quickly and found new ways to provide behavioral health services. For instance, the Washoe County School District adopted and began implementing procedures to increase suicide screening among 7th grade students. Furthermore, the implementation of Certified Community Behavioral Health Clinics (CCBHCs) gained traction as they began expanding services and improving the way mental health, substance abuse and primary care services are delivered.

⁴ SAMSA-Behavioral Health Integration. (2021) Retrieved from: <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>.
² Mental Health America. (2021). Retrieved from: <https://www.mhanational.org/mentalhealthfacts>
³ Edwards, D. (2020). Washoe County Behavioral Health Profile.

Focus Area #2

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

Objective 2: By April 1, 2020 identify best practices for incorporating community case management for people experiencing homelessness.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Support implementation of the GoodGrid case management software system	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	Owner: Washoe County Human Services Division, HSA Coordinator	GoodGrid was implemented to collaborate more effectively with community service providers across Washoe County. The tool has the ability to streamline the workflow among providers by coordinating planning efforts for individuals experiencing a need for resources and services. Good Grid has proved to be a useful tool for those providing case management. 3 partners went live with the system December 2, 2019.
		Implement Good Grid with Phase II pilot partners	Phase II pilot agencies have all fully implemented the GoodGrid case management software system for all chronically homeless clients		The Homeless Management Information System (HMIS) continues to be beneficial for partners who are utilizing the information technology system to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Further work is needed among services providers to continue the coordination of efforts between the two systems and further expansion of partners utilizing GoodGrid is needed to better meet the needs of individuals on a community wide-level. 7/10 partners are using the system but to varying degrees.

Objective 3: By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and dissemination information on the number of certified PRSS in Washoe County	Develop a one page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	<u>Owner:</u> Foundation for Recovery	Foundations for Recovery hired a full-time Peer Recovery Support Specialist. Fact sheet completed on the certification process, materials were also developed by UNR MPH intern based on the results of the PRSS survey.
		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		Survey was distributed to behavioral health providers In Northern Nevada. About 100 responses were collected and over 50% currently utilize Peer Recovery Support Specialists (PRSS). The Nevada Peer Recovery Support Specialist Survey indicated the top three training topics selected were Integration of Peers into Service Delivery Model, Scope of Work, and Supervision of Peers.
	Implement trainings for providers on PRSS	Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted	<u>Owner:</u> Foundation for Recovery	Trainings were provided to enhance understanding of peer recovery and support. Foundations for Recovery hosted an online Global Peer Support Day which included 4 hours of trainings, as well as, an online 5 day Recovery Coaching on Harm Reduction Pathway.

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

Objective 2: By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Publish Washoe county Behavioral Health Data profile	Collect needed information and oversee UNR MPH intern in the revision of the data profile from the previous year.	Needed data collected and evaluated, report compiled and reviewed	<u>Owner:</u> Washoe County Health District, UNR MPH Intern	Key findings reflecting the behavioral health needs in Washoe County were compiled in the 2020 Washoe County Behavioral Health Data profile.
		Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		The Washoe Regional Behavioral Health Coordinator intends to provide a presentation to partners in 2021.

Objective 3: By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	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.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	The data available does not provide the level of information needed to determine shortage designations.
		Determine optimal format of information sharing, ie, one-page handout	Informational materials are developed		A survey conducted by the State every 3 years collects basic information about practicing physicians however the committee identified further opportunities to structure the survey differently to gather important information about provider availability, total number of FTEs, percentage of Medicaid and use of sliding scale fee.

		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts		Further work is needed as current data does not exist.
		Conduct a year over year comparison on number of providers	Analysis conducted and findings disseminated		Further work is needed as current data does not exist.
		Gather information available on the number of Behavioral Health employers who offer/participate in student loan repayment programs	Information collected and distributed to appropriate contacts		Further work is needed as current data does not exist.
	By Feb 1, 2020 assess the viability of utilizing Medicaid claim data to determine provider availability/accessibility	Determine what data would need to be collected and submit a corresponding data request to NV DHHS DPBH	Data request formulated and submitted	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	Data needed was identified however it was determined by DHHS that they could not provide the type of information needed.
		Analysis data to determine if Medicaid claims data is sufficient to determine if sufficient providers exist to meet the current/projected need	Data analysis complete and findings shared		Further work is needed as current data does not exist.

Objective 4: By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate basic information on current status of Behavioral Health Board modernization	Contact Behavioral Health Boards and gather information on degree of modernization, current wait times for license to be processed	Document reflecting information gathered	<u>Owner:</u> NV Primary Care Association, Nevada DHHS Primary Care Office Washoe County Health District	Previously completed analysis of the 4 BH licensure boards (MFT/CPC, LCSW, LDAC and Psychologist) was distributed.
		Identify potential opportunities to revise policies that would allow for expedited licensure as well as past attempts at modernization	Document outlining policies and potential revisions and historical efforts		An analysis of the information collected was discussed among the committee. Potential opportunities to modernize the Behavioral Health Board include structure of the Board and license fees. Further work is needed to identify policies and potential revisions and historical efforts.

Objective 5: By Feb 1, 2020 expand training and education to providers on SBIRT

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate basic information on current status of SBIRT usage	Mapping settings/populations where SBIRT is used in Washoe County	Document reflecting information gathered	<u>Owner:</u> CASAT <u>Supporter:</u> HOPES, WCHD, Renown, Children’s Cabinet, Washoe County Public Defender’s Office, Washoe	CCA SBIRT workgroup developed a survey, SBIRT Practices, to identify which practices are currently being implemented in Washoe County to screen for substance misuse among clientele and /or patients. An electronic survey link was distributed via email to working group members’ professional listservs and contacts. A total of 262 participants responded to the survey.

		Identify target agencies/organizations to provide SBIRT awareness and training	Document outlining target organizations to provide SBIRT training to	County Department of Alternative Sentencing	A one-page SBIRT informational flyer was developed to use in the community when presenting on SBIRT. The flyer includes a definition, primary goal and stats related to use of SBIRT as well as demonstrates the flow and process of SBIRT. Information was presented at Criminal Justice Advisory Committee Meeting, Washoe County Substance Use Task Force Meeting, University of Nevada, Reno Academic Course (CAS 354: Assessment and Diagnosis).
			2 online trainings provided		2 online training were provided. The four-hour training modules provide participants the opportunity to gain awareness around epidemiological trends and data regarding the percentage of the US population participating in risky alcohol and other drug use, and medical conditions associated with risky drinking and drug use. The coursework has been approved for 4 continuing education (CE) credits by the Nevada State Board of Nursing, the State of Nevada Board of Examiners for Social Workers, the National Association of Alcohol and Drug Abuse Counselors, International Certification & Reciprocity Consortium and the National Board for Certified Counselors.
		Promote SBIRT expansion through completion of live, online SBIRT implementation class and self-paced SBIRT class	1 face to face training provided		1 training provided. Brief Introductory Training and Initial Site Visit. This 2-hour introductory workshop focused on providing an overview of the rationale, evidence base, and structure of SBIRT. During this initial visit, Adopt SBIRT staff and the SBIRT consultant also met with the Oversight Committee and other relevant staff to discuss implementation plans.

Goal 3: Reduce depression and suicidal behaviors in adolescents

Objective 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.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement Signs of Suicide education and screening program for all 7th grade students in Washoe County	Approval of District administrative regulation for implementation of Signs of Suicide education and screening for all 7th grade students	Approved Administrative regulation	Owners: Washoe County School District, Children's Cabinet	Administrative approval obtained.
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming		Funding was secured for future implementation of the SOS program.
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for consent for screening		SOS screening permission slip was included in the enrollment packet to increase consent for screening.
	Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students.	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	Owners: Washoe County School District Supporter: Communities in Schools, Northern Nevada HOPES, Children's Cabinet	Information has been gathered from a variety of sources on current barriers including mental health providers, community non-profits and WCSD on barriers.
		Work with stakeholders to identify ways to overcome barriers			Main barrier identified was the source of reimbursement for the mental health provider. Need to find a funding source for the mental health services to able to easily provide services to students without having to sort out insurance, billing, etc

Objective 2: By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies					
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative.	Identify funding source	Funding for year one of implementation identified	Owners: Renown Institutes, TMHC, NNBHLC,	Funding sources identified
		Assemble working groups, determine governance structure and leadership	Working group identified		Workgroups assembled and met regularly to discuss project and activities
		Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members		The Hello Project implemented three initiatives in 2020. It starts with Hello, a virtual gathering featuring local experts who offer input on all things that affect seniors is held every Tuesday. About 15-25 people attend weekly sessions. The Card program continues to be implemented and handwritten notes of kindness have been sent to elders in our community. The Resource Guide/Newsletter was refreshed and distributed at Food Bank locations and the Senior Center/Meals on Wheels. Lastly, the Heartown campaign was implemented in July and engaged seniors by creating their own hearts for display in Artown's Gallery.
COMPLETE/OBSOLETE					
Objectives 1.1- By September 1, 2018 identify and support alternative funding models for housing SMI.					
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	Washoe County Human Services, RAAH, ACTIONN	See housing section

		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (ie, State Medicaid Administrator approval/letter of support, legislative action needed, etc)		See housing section
		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		See housing section
			A memorandum of understanding to provide match funds needed		See housing section
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information		See housing section
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.	Nevada Interagency Council on Homelessness	See housing section
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.		See housing section

Objectives 1.2- By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.	Owner: Washoe County Human Services Division, Housing Specialist Supporter: WCHD MPH Intern	See housing section
	Compile and share best practices examples from other communities.	Conduct internet research.		Anne Cory Supporter: UNR MPH Intern	See housing section
		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.		See housing section

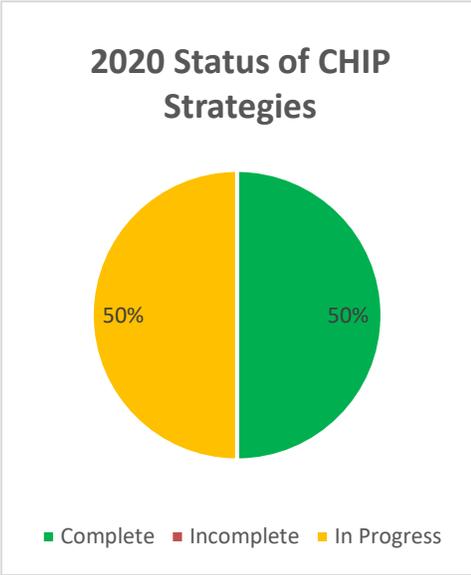
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities existing case managers at the CAC. No families on the wait list at the CAC.	Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America	Complete and working well at family shelter
Objective 2.1- By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.					
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	Information collected and document was distributed
		Determine optimal format of information sharing, ie, one page handout,	Informational materials are developed		
		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts		Scheduled to be completed before the start of the legislative session.
	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated	Shelia Leslie, Washoe County Regional Health Board Supporter:	Behavioral health data profile completed and distributed

		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed	WCHD MPH Intern	
	Explore opportunities to increase efficiency of Behavioral Health Licensure boards in order to expedite licensure	Identify means of modernization of licensure boards and resources needed for modernization	Document reflecting opportunities for modernization corresponding resources needed	NV Primary Care Association, Washoe County Health District	Further work is needed to implement the strategies listed
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions		

Nutrition and Physical Activity

3

To prevent the spread of COVID-19, restrictions implemented included the closure of physical offices, schools, and parks, and the cancellation of sports leagues and activity centers. These efforts were enacted to increase social distancing measures to further limit contact, interaction, and disease spread between individuals. These guidelines have largely remained in place for the majority of 2020 and have directed individuals to leave home only for essential needs. As a result, the burden of the pandemic dramatically changed the lifestyle of many families which has manifested into increased stress, physical inactivity, and weight gain among children and adults.



In 2015 in Washoe County, 27% of youth were physically active for 60 or more Minutes on 7 or more days and 32.5% of adults met Aerobic and Strength guidelines. These rates have likely worsened due to fitness center closures and challenges presented by COVID-19. In 2019, 54% of adolescents ate a serving or more of fruit and only 12% of adolescents ate a serving or more of vegetables during the week leading up to the survey being conducted.⁶ Sadly, social distancing measures contributed to unintentional consequences that reduced students' access to meals for those who qualify for free and reduced lunch. The promotion of distance learning led to schools closing in Winter of 2020 leaving families to choose from only 6 school sites around Washoe County to pick up their students' meals.

Insufficient levels of physical activity and decreased consumption of nutritious foods continues to be a major concern in Washoe County as health behavior patterns in adolescents are likely to persist into adulthood and can lead to increased risk for serious health conditions including, overweight, and obesity, diabetes, and other chronic diseases. As we move forward, community partners engaged in the 2021 Community Health Improvement Plan remain committed to finding ways to provide information through streaming platforms and deliver services remotely. The 5-2-1-0 Healthy Washoe framework will continue to be utilized to increase healthy behaviors.

⁶ Truckee Meadows Tomorrow. Retrieved from: <https://www.nevadatomorrow.org/indicators/index/dashboard?alias=alldata>

Focus Area #3

Goal 1: To increase physical activity and improve nitration among adults and youth using the 5210 Let’s Go framework.

Objectives 1.1 – By December 2020, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 program in Reno/Sparks.	Recruit a minimum of 5 youth organizations to implement 5210! program	Number of organizations implementing 5210. Number of youth impacted by 5210	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	WCSD selected five pilot schools to begin implementing program in 2020.
		Recruit 1 health care provider to implement 5210 program	Number of health care providers implementing 5210 Number of families impacted by 5210		Renown Ambulatory Clinic and NN HOPES are implementing the program. Other clinics are interested but lack of personnel is a barrier in receiving program training and technical assistance
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with	Number of organizations reached		The Reno + Sparks Chamber continues to be a champion and has hosted 5210 focus groups. Organizations interested in implementing the 5210 Health Washoe program were invited to a kickoff on 1/15. A community wide kickoff event was delayed as a result of COVID-19 guidelines.

		information about Let's Go 5210			
		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	Number of organizations implementing 5210. Number of employees impacted by 5210		Three businesses from the Chamber were selected to pilot the program. In addition, 24 departments within Washoe County completed onboarding and their department action plans for the organization's official kickoff in March of 2020. Due to COVID-19 the launch was delayed.
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	Number of organizations reached with education and TA about 5210 components		The Washoe County Health District and Washoe County Human Resources partnered together to provide technical assistance and a series of 3 trainings to prepare Washoe County departments for program implementation. The 5210 Health Washoe committee provided technical assistance to teach organizations about successful implementation strategies, organizational buy-in, and goal setting.

Objective 1.2: By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Develop a toolkit for implementing healthy vending and concessions in Washoe County.	Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Number of BEN locations successfully implementing the Nutrition Standards Policy	WCHD supporters: Renown Health	Vending Committee received product list for vendors including Tahoe Vending and Accent Food Services.

		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		Two surveys were conducted to gather information about the types of wellness initiatives employees wanted to see change at their workplace. Providing healthier options through vending and concessions was one of the top initiatives identified in the 5210 Washoe County Employee survey and the Community 5210 Healthy Washoe survey
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions. Vending and Concessions committee completed a site visit with one organization to provide technical assistance
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	Number of toolkits and informational documents developed		Committee developed toolkit.
	Identify strategies to increase healthy vending and concessions in Washoe County.	Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	Renown Health and WCHD	A healthy vending and concessions committee was formed and met once a month.
		Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	Plan developed		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions. Once organization was selected to receive funds to improve options provided during concessions.

Objectives 1.3– By December 2020, 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.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores.	Secure/apply for monies to support FHF efforts	Funds secured	FHF sub-committee Supporters: FBNN, WCHD, Renown Health, Community Health Alliance, High Sierra AHEC	Washoe County Health District and community partners provided funds and other resources to support Family Health Festival events in 2020.
		Coordinate three FHF/year with at least 100 attendees at each event	Number of FHF		Three events were hosted in 2020. The event in May was cancelled due to COVID-19 guidelines. March: Boys and Girls Club Donald L Carano Youth & Teen Facility August: Hug High School October: Stead Airport. The events were well attended and serving about 400-500 households.
COMPLETE/OBSOLETE					
	Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established	Community Health Alliance Supporter: PA/N CHIP Committee	Advisory Board established and had targeted discussions regarding additional personnel to expand program and WCSD representation.
		Determine branding of local 5210 efforts	Local brand approved by advisory board		5210 Healthy Washoe website was created. Organizations can now register through the registration page.
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	Number of marketing strategies identified		completed.

		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed		Workgroup will utilize Let's Go's survey tools. Surveys will be sent to pilot sites in the Spring of 2020.
	Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	Number of learning opportunities planned	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	Completed. Dr. Steven Shane and Sierra worked with Let's Go! HQ in Maine to plan a 3-day training in November.
		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	Number of 5210 learning opportunities offered and number of health care practices educated		Completed. Dr. Tory Rogers from Let's Go Maine provided training which covered structure of Let's Go! team, program implementation and Let's Go! evaluation system.
	Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	Committee continues to track program needs and technical assistance provided to pilot sites. Program successes are required to demonstrate value of program to potential funders
Objective 1.4- By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.					

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Increase knowledge of healthy behaviors among populations at greatest risk.	Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	Number of assessments completed	FHF sub-committee Supporters: FBNN, WCHD, Renown Health	During triage at the FHF's, participants are asked about physical activity and nutrition. If an individual expresses inability to exercise daily or access fruits and vegetables, a handout of resources is provided, and they are encouraged to visit the physical activity and nutrition services
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	Number of assessments completed		Individuals completed FHF exit interview

Conclusion

The 2020 annual report celebrates the progress and collaborative efforts between the Washoe County Health District and community partners. The CHIP will continue to give us future direction by providing a framework to improve the three focus areas—1) Housing and Homelessness 2) Behavioral Health and 3) Physical Activity and Nutrition. Progress of CHIP strategies will be evaluated on an ongoing basis to identify areas for possible improvement or revision. The CHIP will also continue to change and evolve over time as new information and insight emerge. By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Washoe County.