

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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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.

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

Letter from the District Health Officer



Dear Friends and Colleagues,

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

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

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

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

Sincerely,

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

Kevin Dick
Washoe County District Health Officer

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.

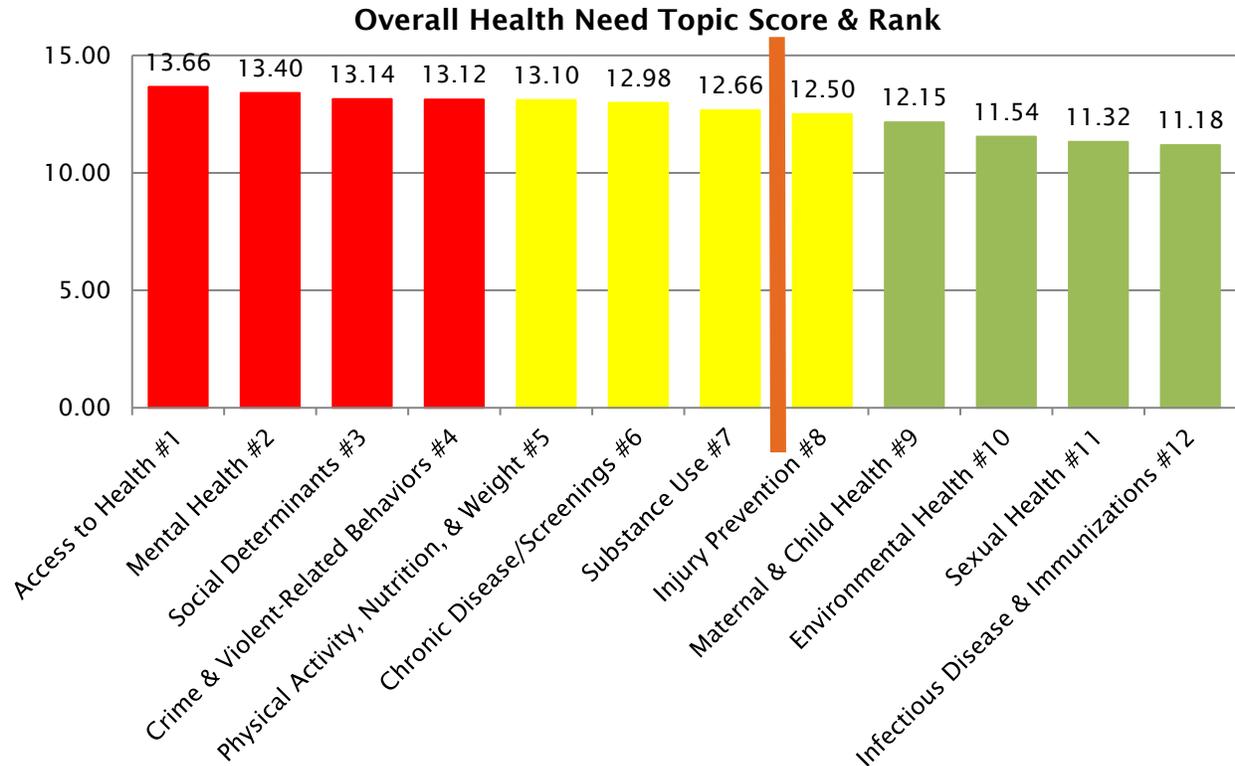
In addition to extensive amounts of data, the CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected 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	Owner: 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	Owner: WCHSA Supporter: WCHD
		3.1.2 Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		
	3.2 Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	3.2.1 Collect needed information and oversee UNR MPH intern in the development of the report	Needed data collected and evaluated	August 15, 2018 - Complete	Owner: Shelia Leslie, WRBHPB Supporter: WCHD MPH Intern
	3.3 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	3.3.1 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Needed information is collected	August 1 - Discontinued	Owner: WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association

		3.3.2 Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County	Informational materials are developed	Sept 1- 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 1.2.2 Work with stakeholders to identify ways to overcome barriers	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	April 1, 2020 - 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	

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	1.2.2 Access providers in SERV-NV.	Number of individuals trained in psychological first aid and identified as potential responders	June 30, 2021
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