

September 3, 2015

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: September 2015 Washoe County District Health Officer Report

Community Health Improvement Plan (CHIP)

In July, the CHIP Steering Committee chose four priority issues based on: a) importance to community members, b) opportunity/available assets that currently exist within Washoe County, c) severity of the issue, d) number of people affected, and e) data suggesting a need to improve. The four priority issues that will be the focus of the CHIP include:

- Access to Healthcare and Social Services,
- Education (K-12),
- Food Security, and
- Mental Health

Validation of these priorities is underway. Surveys were completed by community members attending the 89502 Family Health Festival, by UNR students, Community Health Alliance clients, WIC clients, and Senior Services clients, Chamber of Commerce members and individuals and organizations that participated in the THMC conference.

Infographics created to aid the selection of priorities have been posted to the Washoe County Health District website.

Truckee Meadows Healthy Communities (TMHC)

A Family Health Festival was held at Miguel Ribeiro Park on July 22 as part of the 89502 zip code area project. The Health District provided immunizations through Kids to Seniors Korner. Dental fluoride coatings, sports physicals, assistance with Medicaid enrollment, legal and employment assistance, Food Bank food distribution and other services were provided through numerous organization partners. Another Family Health Festival will be held in October and a breakfast meeting to update and inform community organizations and partners is planned for November. TMHC will be working with the Food Bank of Northern Nevada to conduct additional planning within the 89502 zip code in an effort to determine root causes of food insecurity, prioritized health and housing issues, and poverty. A video of the event and other information

about Truckee Meadows Healthy Communities is available at

<http://www.truckeemeadowshealthycommunities.com/>.

Fees

The Health District is proposing to update fees for Environmental Health and Air Quality Management Services. This is in response to a Fundamental Review recommendation to fully recover costs for these services, and identifying a number of costs not properly accounted for in the existing permit and service fees. The District Board of Health has approved a methodology to capture costs for vehicles, proportional costs of holiday, vacation and sick leave benefits, other administrative and operating costs of programs and the proportional indirect costs of the services provided by Washoe County for which the Health District is now charged. Workshops are scheduled for September 29 and 30 to explain and receive comments on the proposed fees with the Business Impact Statement notification provided to DBOH in November, and a hearing for fee adoption at the December meeting.

Regional Emergency Medical Services

Work on Regional EMS oversight and development of the EMS program continues. Response data continues to be compiled and analyzed to provide a better understanding of the system performance. A revised response zone map is being developed based on population densities. The Advisory Board held a workgroup meeting with EMS agencies on August 31 to conduct a SWOT analysis and initiate the development of a 5-year system strategic plan by EMS oversight program staff.

Regional Emergency Management Accreditation Program (EMAP) Review

The Washoe County Health District Communications Program assisted County Emergency Manager Aaron Kenneston and the Regional Emergency Operations Center with EMAP Crisis Communications, Public Education & Information compliance. In advance of the site visit by accreditation evaluators, and during their stay, the Communications Program provided materials to REOC and EMAP, including our Public Information and Communications (PIC) plan, sample press releases, media advisories, talking points, ICS JIC org charts, and best practices kernal from FCC and FEMA Washington DC and Seattle, Washington site visits. Health also provided ICS and CDC Crisis Emergency Risk Communications (CERC) certification, and protocols used during past emergency events and drills.

West Nile Virus

West Nile virus has been present in the Truckee Meadows area and Washoe Valley as evidenced by positive mosquito pools, and cases of equine and human West Nile virus that occurred during the month of August. The Health District has continued to fog areas of mosquito activity with adulticide and an aerial application of larvicide in mosquito breeding areas on September 3. Press releases on the disease occurrences have stressed preventive/protective measures that people are urged to take.

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Riverbelle Mobile Home Park

The WCHD responded to a contaminated water supply at the Riverbelle Mobil Home Park in Verdi, NV. A “Do Not Use Order” was issued and WCHD worked with the Park Owner, NDEP, and Lyon County to provide water supply tanks, portable showers, and drinking water. A temporary water line supply line from Verdi Meadows Utility Company has been completed and the “Do Not Use Order” has been rescinded.

Fundamental Review

Progress implementing the recommendations from the Public Health Foundation’s Fundamental Review of the Health District continues. The current dashboard of progress implementing of the Fundamental Review recommendations implementation is attached.

Additional Information

Detailed monthly reports from each of the WCHD Divisions are available in the District Board of Health monthly meeting packets at:

https://www.washoecounty.us/health/board_committees/dboh/index.php.

Attachments:

Fundamental Review Dashboard

Fundamental Review Recommendation Status

Legend:

August 27, 2015

	Complete
	Underway
	Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
	Underway but Progress Stalled or Delayed
	Not Yet Underway - No Changes Necessary
	Parking Lot
	Not Recommended

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began 7/1/14
	b.	Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill

Fundamental Review Recommendation Status

	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.
	8	Develop infrastructure to support the District Health Officer
	a.	ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	10	Perform cost analysis of all programs
	a.	AHS analysis completed. Phase I Analysis of EHS, TB, STD/HIV, EPI in progress.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	General Fund transfer maintained in FY 16 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	Complete.
	15	Develop metrics for organizational success and improved community health
	a.	In FY16, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed 1/16/14. Determine future schedule to repeat.
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA (completed) and a CHIP (underway).
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

Fundamental Review Recommendation Status

	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	QTeam established, all-staff training began 7/1/15, FY 16 QI Plan to be finalized 7/16
	24	Seek Public Health Accreditation Board accreditation
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health