



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

DATE: June 4, 2021

TO: State Board of Health Chair and Board Members

FROM: Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

SUBJECT: Carson City Health and Human Services Report

I would like to take this opportunity to introduce Dr. Colleen Lyons, Carson City's new County Health Officer. During the meeting I will let her introduce herself and she can highlight her background. In the future, this Board will get Carson City Health and Human Services' (CCHHS) report from me or Dr. Lyons.

All Quad County COVID-19 response operations continues to be conducted by CCHHS with the Multi-Agency Coordinating Group (MAC), along with the CCHHS Director, overseeing operations. The MAC Group consists of the Emergency/Deputy Managers from Carson City, Douglas, Lyon, and Storey Counties. The Joint Information Center (JIC) is virtual.

Chronic Disease Prevention and Health Promotion

The Division is working on a Quality Improvement project to develop a brand for the Chronic Disease Prevention and Health Promotion Division. A video is being developed to disseminate to the community's youth highlighting the programs within this division that may be of an interest to them.

Adolescent Health –

- There are staff changes within the program. Veronica "Roni" Galas, RN, will be transitioning into the program after her existing position, Clinical Services Division Manager, is hired. I am very excited to have her within this program since she has a wealth of experience with family planning, sexually transmitted disease, and other public health services.
- Roni will continue to reach out to organizations to inquire about the possibility of conducting Adolescent Health Sexual Education classes.
- Currently, the comprehensive sexual education attendee numbers are good, but the abstinence attendee numbers are very low due to public schools not allowing our educators to present the program. Teachers have reported that

Carson City Health & Human Services

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Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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they have very little time with their students so do not have time to accommodate the program.

- Staff presented a second time to the Family Life Committee of Douglas County to do Sexual Education for Douglas County School District. The hope is to get the program into Douglas County schools.

Tobacco Control and Prevention –

- Staff are participating with Nevada Tobacco Prevention Coalition on legislative bills.
- I, along with staff and partners, have been working to get the SB263 funding reinstated and finding additional funding opportunities since within two years (2017 – 2019), Nevada saw a 50% increase in teens using electronic vapor products within the last 30 days according to the 2017-2019 Nevada YRBS Comparison Report. This increase means that one in every five (22.5%) Nevada teens currently use electronic vapor products. In Nevada, smoking-caused health care costs are \$1.08 billion/year and smoking-cause losses in productivity are \$1.09 billion/year (<https://truthinitiative.org/research-resources/smoking-region/tobacco-use-nevada-2019>)
- Staff have continued to provide presentations along with participated in Partnership Carson City's Youth Summit. Very good feedback was received from participating youth on the youth advocacy plan.
- Staff are working on video clips encouraging youth not to be persuaded by vaping flavors and the pressure from peers and the tobacco companies.
- Check out the Tobacco/Vaping Control and Prevention page of CCHHS website (<https://gethealthycarsoncity.org/tobacco/breathefreenorthernnevada/>).

Clinical Services

- Staff continue to provide COVID-19 vaccinations to our homebound residents within the Quad Counties.
- The clinic is back to business as usual while requiring masks for individuals not fully vaccinated.

Community Health Improvement Plan (CHIP)

Subcommittees are working to accomplish the objectives and activities decided upon in the CHIP. Subcommittees and some of the activities are highlighted below.

- Behavioral Health – A strategic planning meeting was held on May 19, 2021 with many different Carson City organizations represented. A Strengths, Weaknesses, Opportunities, and Threats (SWOT) was conducted to help guide us with goals for the next year.

Environmental Health (Carson City and Douglas County)

- A quality improvement project was initiated, and the 1st phase has been completed. Ten key quality elements were identified for the project within Standard 4 of the FDA Voluntary National Retail Food Regulatory Program Standards. Once an audit was performed, the division decided to focus on three of the elements. Procedural changes were implemented that could possibly increase compliance. The compliance rate increased in all three of the elements; however, only one increased to a benchmark level. Staff will continue working on this.
- Staff were busy assisting our restaurants with COVID-19 compliance prior to May 6, 2021.
- The Environmental Health page of the CCHHS website (<https://gethealthycarsoncity.org/>) has been reorganized and updated. A restaurant's grade and inspection reports can now be viewed by the public.

Epidemiology

An updated report will be given at the Board of Health meeting.

Quad-County Public Health Preparedness (Carson City; Douglas, Lyon, and Storey Counties)

- The Quad-County Public Health Preparedness program (QCPHP) continues to be the Division of CCHHS leading all testing and vaccinations events in the region.
- COVID-19 vaccinations events have been hosted to support vulnerable populations (e.g., the homeless) and the hard-to-reach populations (e.g., inmates, rural micro-communities, Latinx groups, and homebound).
- The PHP program has administered 53% of the COVID vaccinations in the Quad-County region.
- QCPHP has collaborated with private and public partners throughout the COVID response to include: schools, emergency management, gaming industry, National Guard, local governments, State Immunization Program, and private businesses. Additionally, more than \$60,000 of donated time has been contributed by volunteers.
- CCHHS response staff (which includes PHP staff and Epidemiology staff) were recognized by the Federal Region 9 Coordinator for the International Association of Emergency Managers for outstanding work during the response.

Human Services

- A Community Needs Assessment was sent out to the Carson City community, including service organizations, to identify gaps in services. This information will be used to guide programs developed or provided and will also be used by the Carson City Behavioral Health Task Force to help formulate the goals for the next year.

The data is currently being compiled and analyzed and will be shared at a future meeting.

- The Human Services Annual Report was completed and has been distributed. Some highlights are:
 - Forensic Assessment Special Triage Team (FASTT), of which one of case managers is one of the team members:
 - CCHHS received grant funding for the first time.
 - The team has been identifying data indicators and tracking progress through the Community Management Information System (CMIS).
 - Carson City has progressed into a best practice model giving the courts data to determine the best course of action between sentencing and treatment. The two elements that assist with this are:
 - Two case managers were certified in conducting the High-Risk Assessment System Community Supervision Tool aka Ohio Risk Assessment Tool adopted by the Nevada Risk Assessment Tool (NRAS).
 - The team is also conducting the Brief Jail Mental Health Screening and the CAGE AID Substance Abuse Questionnaire.
 - Between 10/1/19 and 9/30/2020,
 - 181 inmates were screened.
 - 121 NRAS were conducted.
 - Through the Women, Infant, and Children program, 1,153 were served in the first 9 months of 2020.
 - Human Services collaborates with the Carson City Specialty Courts to fund transitional housing for the homeless participants of Misdemeanor Treatment Court and Mental Health Court. This program is called CCSHARES program (Carson City Sober Housing Assistance Reinforces Everyone's Safety).
 - Statistics June – September 2020 are:
 - 7 men occupied the house.
 - Average stay was 47 days.
 - 57% (4) returned home or transitioned to permanent housing.

Respectively submitted,



Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Date: May 24, 2021

To: Nevada State Board of Health

Through: Richard Whitley, Director DHHS
Lisa Sherych, Administrator, DPBH

From: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

Re: Report to the Board of Health for June 04, 2021 Meeting

Introduction

The COVID-19 Pandemic continues to recede in the United States and Nevada, with a slow and steady decline in the daily reported test positivity rate, frequency of cases, death, and hospitalization rate. More than 60% of American adults have already received at least one dose of the COVID-19 vaccine, and almost 40% of the U.S. population is fully vaccinated.

Even though the rate of vaccination started to slow down, the proportion of vaccinated individuals continues to grow by about 2% per week. Among those who are still unvaccinated, a substantial proportion have already had COVID-19, and therefore have some natural immunity.

On May 23rd, 2021, the CDC reported 14,144 new cases of COVID-19 in the U.S. Which is the lowest daily case number since June 2020 with 610 deaths per day. The seven-day average of hospital admissions was 3,500 in the U.S. Which is a decrease of almost 22% from the previous seven-day period.

Nevada Stats

The 14-day test positivity rate in Nevada is equal to or less than 4.5%. Currently Nevada meets and exceeds the World Health Organization's (WHO) Goal of a 5.0% test positivity rate, which was last seen on April 11th, 2021.

As of May 24th, almost one in two Nevada residents aged 12 and older has initiated COVID-19 vaccination, and nearly 40% of the population age 12 and older are fully vaccinated (at least two weeks after receiving the 2nd dose of an mRNA Vaccine - Pfizer or Moderna - or the single Janssen Vaccine dose).

As of May 19th; 2,242,293 COVID-19 vaccine doses were administered, and reported to the Nevada Vaccination Registry WebIZ, with an average increase of 13,927 doses per day. So far, 5,947 teenagers in the 12-15-year-old age group had received the Pfizer COVID-19 Vaccine.

The impressive progress toward achieving high rates of fully immunized Nevada residents is reflected in the significant reduction of new COVID-19 cases Which dropped to its lowest level since June 2020, ranging from 200 to 423 cases per day.

The state's test positivity rate also fell to 4.5%. That is still higher than the all-time low of 4.2% reached on March 28th, but it is down from the 5.7% reported on April 21st. Which is far below the peak of 21.3% in mid-January.

The seven-day average daily deaths have also declined in Nevada to a new low of 4 to 6 per day which is the lowest since March of 2020.

COVID-19 Hospitalization

As vaccination rates continue to increase and the number of infections continues to decrease, COVID-19 related hospitalization also continues to decline in Nevada and nationwide. As of May 18th, 2021, there were 301 COVID-19 related hospitalized cases in Nevada (264 confirmed and 37 suspected). The statewide hospital occupancy rate was 10%, and statewide ventilator use was at 21% for all patients.

There were no significant hospitalization increases since the counties started to relax their social distancing protocols on May 1st, 2021. Nevada continues to see hospitalizations and all COVID-19 related critical metrics decreasing to their lowest levels since the beginning of the pandemic.

COVID-19 Death and Years of Life Lost (YLL)

Although the COVID-19 epidemic continues to decline slowly and steadily it is still the second leading cause of death in the U.S. and Nevada. Daily cases decreased by 19% to now 36% of the total daily cases, while daily deaths decreased by 13.3% to 43% of the total daily deaths. This observed decline in cases and deaths is most likely due to a combination of increasing vaccination rates and seasonality.

Since the beginning of the pandemic at least 5,500 Nevada residents have lost their lives due to COVID-19 complications. A recent analysis conducted by the Nevada Department of Health and Human Services (DHHS) of all COVID-19 related deaths showed that 42,232 years of life in the state were lost due to COVID-19 between March 15th, 2020 and April 14th, 2021. This is with an average of 13 years of life lost per each death. The average age of death from COVID-19 in Nevada is 65 years average age.

Substantial disparities were identified in the years of life lost from COVID-19 between Caucasian and non-Caucasian Nevada residents who contracted, and subsequently passed away, due to COVID-19. Hispanics collectively lost almost 16,000 years of life, compared to a little more than 13,000 years of life, lost among Caucasians, even though the Hispanic origin population percentage significantly less than the Caucasian population in Nevada.

Vaccines Against COVID-19

Even though the effective R^0 (the number of people that a single infected person can be expected to transmit that disease to) has dropped below one in most of the states, including Nevada. Particularly high rates of transmission continue to be observed in communities with low vaccination rates. Therefore, they continue to be at risk for COVID-19 outbreaks.

Although the late winter wave of COVID-19 seems to have crested, the emergence of several variant strains and ongoing questions about levels and duration of natural (post infection with COVID-19), acquired immunity following vaccination, and community vulnerability, may leave open the possibility of additional waves later this year. The CDC is warning that due to the spread of these escape variants increases in daily infections and reported cases may be possible after mid-July, despite low seasonality.

The B.1.1.7 variant first detected in the United Kingdom remains the dominant variant throughout Nevada and the U.S. There is no evidence of sustained increases in the prevalence of variants B.1.351, B.1.617, and P.1. However, COVID-19 authorized vaccines for use in the U.S. and Europe (Pfizer, Moderna and Janssen) seem to be offering significant protection against these four main COVID-19 emerging variants.

Vaccination Progress

The original Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine, which was issued for administration in individuals 16 years and older, was expanded on May 10, 2021 to include adolescents aged 12 through 15 years old in the U.S. This expansion to the EUA is a critical step in combatting COVID-19 and continuing the nation's steady recovery from this pandemic by reaching the vast untapped younger population, especially before the start of the next school year. This may remove an obstacle to school reopening by reducing the threat of transmission in classrooms. As well as affording more than 17 million adolescents the opportunity to attend summer camps, sleepovers, and get-togethers with friends. This improvement, and lowering age-eligibility for COVID-19 vaccination, comes in time when the 14-daily average for the number of people getting vaccinated started gradually to fall in Nevada and nationwide to its lowest level since the end of January.

The rolling daily average of 10,915 vaccinated Nevada residents reported on the 19th of May was less than half the peak of about 25,000 reached in mid-April. Of all Nevada residents aged 12 and older more than 50% have already received their first dose of the vaccine, and 40% are now fully vaccinated.

COVID-19 vaccination coverage was lower in rural counties, approximately 39%, compared with urban counties, which is approximately 50%. This was true for counties across the country in both genders, and among all age groups.

Nevada DHHS remains committed to reaching out to underserved communities in every corner of the state. We are committed to narrowing these differences and making sure that vaccine coverage is equitable regardless of location, racial or ethnic origin, and age. Nevada public health and immunization programs' staff are working to provide reliable information via trusted messengers, especially in hard to reach rural counties. Every effort is being made to increase and ensure vaccination coverage by securing adequate supplies of vaccine doses as well as increasing and sustaining vaccine confidence.

Key Points of the CDC Recommendations to K12

CDC recommends schools continue to use the COVID-19 prevention strategies outlined at the following link [CDC's Operational Strategy for K-12 Schools](#) for at least the remainder of the 2020-2021 academic school year. Key Points of the CDC Recommendations to K-12 schools include:

- Schools continue to use the current COVID-19 prevention strategies for the 2020-2021 school year.
- Evidence suggests that many K-12 schools, that have strictly implemented prevention strategies, have been able to safely open for in-person instruction and remain open.
- CDC's K-12 school operational strategy presents a pathway for schools to provide in-person instruction safely through consistent use of prevention strategies including universal use, the correct use of masks, and physical distancing.
- All schools should implement prevention strategies and should prioritize universal use and correct use of masks, as well as physical distancing.
- Testing to identify individuals with SARS-CoV-2 infection vaccination for teachers, and staff provide additional layers of COVID-19 protection in schools.

Hepatitis Outbreak of Unknown Etiology (HUE) Related to Consuming Alkaline Water

Between November 10th, 2020 and December 3rd, 2020 five children were hospitalized with severe hepatitis of unknown etiology (HUE). All were transferred to a tertiary care children's hospital for potential liver transplantation. No etiology was identified despite extensive evaluations. Parents reported that multiple household members experienced vomiting with onset in the same timeframe as the ill child. Additionally, one household member was hospitalized with an unexplained liver illness several months prior. All five children and the hospitalized household member were released within approximately two weeks of admission. Interviews revealed that all children and symptomatic household members consumed "Real Water" brand alkaline bottled water prior to illness onset.

On March 13th, 2021 Southern Nevada Health District (SNHD), the Nevada DHHS, the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA) launched a multi-agency response to assess the extent of the outbreak. To identify the causative agent and mitigate risk to the public. Further investigation is underway to determine whether this increase was related to the consumption of Real Water. In the meantime, a voluntary recall of Real Water was issued on March 24th, 2021. FDA testing of consumer and retail water samples is ongoing.

Influenza Morbidity and Mortality Report for Week #18

Due to an increased intake of the influenza vaccine and a relatively large number of individuals who are using facemasks and face coverings as well as continuing to practice physical distancing, regular hand-hygiene, environmental disinfection, and other prevention measures already in place to control COVID-19. This current flu season has been very mild so far.

It is strongly recommended that safety measures such as, the use of facemasks, compliance with 6 foot social distancing, and other individual/environmental hygiene measures continue each year during the flu season. Even after eliminating the threat of COVID-19 and ending the Pandemic.

During Morbidity and Mortality (MMWR) Week 18 the percentage of persons seen with influenza-like illnesses (ILI) was 0.5% and continues to be below the state's 1.3%. Regionally the rate is 2.4%, and national baseline is 2.6%.

Toddlers aged 0-4 represented 46% of all reported ILI cases in Nevada this season. 24% of cases were among individuals ages 5-24 years. It was 12% among individuals ages 25-49, 6% among ages 50-64, and 12% among ages 65 and older.

During the period between week 40 to date there were 57 influenza-related hospitalizations, and six influenza-associated deaths reported in Nevada.



DATE: June 4, 2021

TO: State Board of Health Members

FROM: Fermin Leguen, MD, MPH, District Health Officer

SUBJECT: District Health Officer Report

Coronavirus Disease 2019 (COVID-19)

On June 1, Clark County's Local COVID-19 Mitigation & Enforcement Plan will end, and businesses and organizations will be able to resume pre-pandemic occupancy guidelines. The county has also adopted Centers for Disease Control and Prevention (CDC) guidance for wearing face masks. The guidance advises that people who are fully vaccinated do not need to wear a mask in most indoor and outdoor locations. Nevada's emergency directed related to the use of face mask requirements aligns with the CDC guidance and neither requires nor prohibits private entities from confirming the vaccination status of individuals or private entities and organizations from having mask policies that are more restrictive than CDC guidance.

On Monday, May 10, the U.S. Food and Drug Administration expanded the Emergency Use Authorization (EUA) for Pfizer's COVID-19 vaccine to include adolescents 12-15 years of age. On Wednesday, May 12, the Advisory Committee on Immunization Practices (ACIP) met to make final recommendations for the use of the vaccine for adolescents in this age group. Based on the final recommendations of the ACIP, the Southern Nevada Health District will begin administering Pfizer COVID-19 vaccine to children ages 12 and older at Health District sites. Registration for appointments is available at www.snhd.info/covid-vaccine.

Children are just as susceptible to getting the virus that causes COVID-19 as adults and the availability of the COVID-19 for this age group is welcome news. Younger people may not be as likely to get severely ill, but it is still a risk, and they can spread the virus to others who may be more at risk for complications from the illness. Children who are newly eligible to get the vaccine can do so at existing Health District and partner sites that administer the Pfizer vaccine. Children under the age of 18 must also have written consent from a parent or guardian at the time of services. The Health District's policy is available on its website at www.southernnevadahealthdistrict.org/about-us/general-information/policies-regulations/.

The COVID-19 vaccines are safe, effective and free, and the Health District is urging parents and guardians to ensure their children are fully vaccinated and protected from COVID-19. More information about COVID-19 vaccines for children and teens is available on the CDC website at www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html.

The Health District opened the valley's first large-scale drive through COVID-19 vaccine clinic sites at the Las Vegas Convention Center on May 4 and Texas Station on May 11. The Texas Station site also offers COVID-19 testing. The Las Vegas Convention site operates Tuesdays through Saturdays, with appointments available from 8:15 a.m. to 3:30 p.m. The Texas Station site operates seven days a week from 7 a.m. to 12 p.m. It is a six-week clinic location and will be open for six weeks to accommodate appointments for first and second doses of the vaccine

Appointments at Health District and community partner vaccine clinics are available at www.snhd.info/covid-vaccine or by calling the state's vaccine hotline at 1-800-401-0946, 7 a.m. to 8 p.m. daily. Additional clinic information can be found online at www.NVCOVIDFighter.org. The site also features live chat support to make scheduling a COVID-19 vaccine appointment and getting information about the vaccine more accessible.

COVID-19 updates including daily case counts, reports, the weekly vaccine snapshot, and a new weekly breakthrough cases report, are available on the Health District website at www.snhd.info/covid.

COVID-19 Variants

The Southern Nevada Health District has identified the first known case of the B.1.617.2 variant in Clark County. The B.1.617.2 variant was first identified in India and is considered a variant of concern. The variant was detected locally in a sample tested by the Southern Nevada Public Health Laboratory. The public health laboratory conducts sequencing as part of ongoing surveillance efforts to detect variants that may be circulating in Clark County.

The Clark County resident who tested positive for the B.1.617.2 variant is a woman in her 20s. She did not report any recent travel, was not hospitalized, and has not received the COVID-19 vaccine. A contact investigation is being conducted.

New variants of the virus that cause COVID-19 are spreading in the United States. Current data suggest that COVID-19 vaccines currently authorized for use offer protection against most variants. As of May 11, in Clark County, the following variants have been detected: 242 cases of the B.1.1.7; five cases of B.1351; five cases of B.1.429; and 28 cases of P.1.

Real Water

In March, the Southern Nevada Health District announced it was working with its federal partners to investigate reports of acute non-viral hepatitis in Clark County.

The Health District initially received reports of five cases of severe acute non-viral hepatitis in children between November 23, 2020, and December 3, 2020. The Health District is currently reporting a total of 16 probable cases, including one who died. The patient who died was a woman in her 60s with underlying medical conditions. The 16 probable cases include children and adults who were all hospitalized and have since been released. None of the patients required a transplant. One suspect case has also been identified. This person meets the clinical criteria but has not been tested for viral hepatitis. This individual was also hospitalized and has recovered.

The ages of the children identified during the initial investigation range from 7 months to 5 years. The ages of the adult cases range from 32 to 71 years of age. The most common symptoms reported by the patients included nausea, vomiting, fatigue, loss of appetite, and dizziness.

To date, the consumption of “Real Water” brand alkaline water was found to be the only common exposure associated with all the identified cases. The FDA is conducting further testing and an investigation into the facility, and the Health District continues to enhance surveillance to detect additional cases of acute non-viral hepatitis. Additional reports currently being investigated by the Health District include but are not limited to people who self-identified to the Health District, were reported by a health care provider, or because their Real Water subscription was canceled due to health concerns.

The FDA has recommended that consumers, restaurants, and retailers discontinue drinking, cooking with, selling, or serving “Real Water” alkaline water. More information on the investigation is available on the FDA’s [website](#).

Acute non-viral hepatitis is an inflammation of the liver that can be caused by exposure to toxins, autoimmune disease, or drinking too much alcohol. Though hepatitis can have many causes, symptoms often include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, and yellow skin or eyes. Anyone who is experiencing these symptoms should contact their health care provider.

Influenza Season

The Southern Nevada Health District’s Office of Epidemiology and Disease Surveillance began its 2020-2021 influenza season surveillance activities on Sept. 27, 2020, and continues through May 22, 2021. Surveillance reports are distributed throughout the season and available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

In Clark County, this season, 49 influenza-associated hospitalizations and six deaths associated with influenza have been reported as of May 1. The percentage of emergency room and urgent care clinic visits for influenza-like illness (ILI) was 1% in week 18 which was the same as week 17 (1%). Approximately 40 percent of area emergency room and urgent care clinic visits for ILI were made by adults 18-44 years of age which was decreased from week 17 (41%). Influenza A has been the dominant strain circulating. Nationwide, seasonal Influenza activity in the United States remains lower than usual for this time of year. Among 55 states/jurisdictions, the ILI activity level in the state of Nevada is minimal. ILI surveillance may be impacted by the COVID-19 pandemic and should be interpreted with caution. The Health District will continue to update the public on the progression of the influenza season and encourage influenza vaccination for all people 6 months of age and older without contraindications.

Date: June 4, 2021

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: June 2021 Washoe County District Health Officer Report

Budget Update - At the May 11 Board of County Commissioners (BCC) meeting the BCC acknowledged a status report from the County for the Fiscal Year 2022 (FY22) Budget. Staff reported that amidst the better than anticipated financial status, challenges remain, including ongoing pandemic response/recovery costs, expansion of regional homelessness services, legally obligated property tax refund, 2021 Nevada Legislative Session impacts, replenishment of Stabilization and Risk Management reserves, and restoration of funding reduced/eliminated in the FY21 budget.

The County Manager's FY22 Recommended Budget includes the Health District County General Fund support of \$9,516,856 which has been at this level since Fiscal Year 2019. The BCC reaffirmed the goals to maintain services, keep employees working, and use reserves wisely. A public hearing was held on May 18, 2021 for the BCC to adopt the FY22 budget which includes the Health District Budget of \$25.6 million, excluding the additional \$19.5 million COVID-19 response grant funding that will be added into the Health District budget for FY21 with the balance of funding carried into FY22.

Local Authority Plan - The Board of County Commissioner (BCC) approved the Local Authority Plan which was endorsed by the necessary parties during their May 3, 2021 meeting which was then approved by the Governor the same day. On May 11, 2021, the BCC approved an amendment allowing nightclubs, day clubs, and adult entertainment to reopen in Washoe County, subject to social distancing requirements and vaccination or testing requirements for topless dancers. On May 13, 2021, the CDC released their new guidance which allows fully vaccinated individuals not to wear masks or socially distance which became effective under the local authority plan.

COVID-19 Response - As of May 17 Washoe County is considered moderate for community transmission of COVID-19 per the CDC criteria. For the first time since the State County Tracking criteria was established Washoe County is not flagged for any criteria. New cases per 100,000 population over a 30-day period stand at 194, below the threshold of 200, and test positivity rates are at 4.8% below the 8% threshold. Testing demand has fallen significantly but remains well above the threshold of 100 daily tests per 100,000 population, at 160.

Vaccination efforts continue and we are now able to provide vaccinations to children that are twelve and older. Vaccinations are now provided to those who show up at our POD without an appointment and we have initiated a number of community-based PODs to bring vaccinations to people where they are. Homebound vaccinations also continue.

While we have seen a decline in the rate of people initiating vaccinations, that decline has not been as abrupt in Washoe County as in other areas of Nevada. In Washoe County as of May 23, 84,376 doses

have been administered per 100,000 population, this compares with 73,810 in the Quad Counties area, 67,851 in Clark County, and 54,260 in the remainder of the state. 55.08% of the County population that are twelve and older have initiated vaccinations, and 47.17% of the twelve and older population has completed vaccinations.

Significant investment has been made to relocate the POD at the Livestock Events Center to a more permanent location that will allow for other events including the Reno Rodeo to occur at the Events Center. Community Services Division (CSD) personnel assisted with the paving and infrastructure design and contracting for the paving of the area where the Armory previously stood and the POD structures and materials were moved to the new location with the assistance of the Nevada National Guard contingent over the period of May 15 -18.

The Nevada National Guard and other federal support personnel are beginning to demobilize some of their personnel and this will continue in phases until they fully demobilize in September. Discussions are occurring on the future transition from the regional incident management team structure to the Health District providing services in support of vaccinations, testing, disease investigation, and contact tracing. Unknowns include whether the region will experience any future surges in cases, as well as whether a booster will be required in the future and if so at what frequency.

1,005 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in April. Current testing schedule is Monday, Wednesday, and Friday.

Joint Information Center (JIC)

The JIC sent expanded messaging in early April regarding the eligibility requirements for the COVID-19, which was opened to all residents on April 5, 2021. We also launched a new scheduling tool that required public education.

In addition to the weekly newsletters, we also spearheaded communication regarding the local control plan. Lastly, we issued a press release regarding the more-contagious COVID-19 B.1.1.7 variant.

From the Health District communication perspective, we informed the public about an aerial mosquito abatement going on in early May and supported the FDA's action to ban menthol cigarettes and flavored cigars.

Immunizations – Immunization Program staff continue to lead and support COVID-19 vaccination activities at the Point of Dispensing (POD) events six days a week, train new staff and volunteers as vaccine dispensers or assistants, redistribute COVID-19 vaccine to community providers, and provide support and assistance to community partners who provide COVID-19 vaccination. Additionally, nurses are conducting phone calls to clients with vaccine related incidents at the POD and responding to medical questions related to COVID-19 vaccine. POD nursing staff trained 4 United States Forest Service (USFS) EMTs for Washoe County and 9 USFS EMTs from the Quad Counties, 5 VA nurses from FEMA, 3 National Guard medics, 15 MRC medical volunteers and 20 RN's from the temp agency in April 2021.

Immunization staff completed 2 quality improvement activities with VFC providers and continued to support providers to ensure safe vaccine storage and handling, provided relocation of vaccine to ensure providers have adequate vaccine on hand, and training new provider coordinators and staff.

Immunization clerical staff are diligently overseeing data entry for COVID-19 vaccine as well as continuing to serve our community with routine immunizations in the Immunization Clinic which served 290 community members and administered 817 doses of childhood and adult vaccines during the month of April.

Tuberculosis Prevention and Control Program - Staff are currently providing care for two active cases, both extrapulmonary, ocular and kidney. The ocular TB case is experiencing improvement in vision and staff are hoping for continued improvement with ongoing treatment. A kidney case has experienced complications unrelated to TB treatment. Staff are currently evaluating a high-risk suspect for a third extrapulmonary case.

A previous presumptive extrapulmonary case was unable to tolerate treatment, staff will continue to follow this case and monitor for signs of TB disease. Staff continue to evaluate and provide treatment for LBTI to B1 immigrants as indicated as well as assist community providers in providing care for private LTBI patients. Of note, there have been only three B1 immigrants seen since January 1, 2021, presumably due to the pandemic and subsequent travel restrictions.

Reproductive and Sexual Health Services — Family Planning staff completed the federal OPA Title X Virtual Review on April 22, 2021. Staff is awaiting feedback from OPA. A Memorandum of Understanding with the Eddy House Drop-in Center was signed, and reproductive health services will be offered at the Eddy House beginning on May 7, 2021. Family Planning staff has been given approval to resume services at the Washoe County Sheriff's Office on May 12, 2021. The Family Planning Program has been providing service onsite at the Women's and Families Homeless Shelter monthly. Staff continue to educate and administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older through a grant funded by the State of Nevada. Redirect request was submitted to the State to purchase vaccines with staff budget savings and was approved by the State, awaiting District Board of Health (DBOH) approval. Staff is currently preparing for an audit of the vaccine program.

Chronic Disease Prevention Program (CDPP) – CDPP staff promoted National Public Health Week (April 5-11) through social media posts on health equity, strengthening community, and uplifting mental health.

Staff attended the 2021 Northern Nevada Diversity Summit hosted by UNR.

CDPP did a mass mailing to healthcare providers in Washoe County promoting cessation resources including the Nevada Tobacco Quitline (free tobacco cessation resource for adults) and My Life, My Quit (free tobacco cessation resource for teens).

CDPP worked with Washoe County Geographic Information Systems (GIS) to create a map of behavioral health and substance abuse treatment facilities in Washoe County. This map is being used to identify facilities to recruit in adopting tobacco free campus policies and help improve health outcomes for the population they serve.

Staff presented to Eddy House Executive Director and Marketing Director on smoke-free, vape-free and tobacco free policies, and provided technical assistance to expand their current policy.

Staff held the first youth tobacco prevention and advisory groups, which included youth from multiple Boys and Girls Club Teen Centers.

Staff supported the Green Team's Worksite Garden and helped with the coordination of planting day on April 22, 2021 to promote physical activity and healthy eating in the workplace.

Maternal, Child and Adolescent Health (MCAH) – FIMR staff facilitated a meeting between Count the Kicks and Health Plan of Nevada Medicaid to explore grant funding options for the Count the Kicks App.

Staff has been working on recruitment of Tribal members to the review team and are following up on a referral to the Nevada State Tribal Liaison to the Inter-Tribal Council of the Nevada WIC Department. Staff continue to attend Washoe County Child Death Review and provide information on fetal infant deaths in our community. Staff is disseminating information and gathering donations for the Pregnancy Infant Loss Organization of the Sierras Annual Garage Sale to be held June 12, 2021. Staff are currently preparing for yearly audit from the funding source. Maternal Child Health staff continue to follow lead cases in children and newborn screenings upon request.

Women, Infants and Children (WIC) – WIC staff are continuing to provide services for all eligible Washoe County families safely and effectively. The recent extension of the public health emergency declaration for COVID-19 ensures that WIC flexibilities are now in place through at least mid-August. Last year, the US Department of Agriculture (USDA) extended crucial WIC flexibilities until 30 days after the expiration of the public health emergency. The WCHD-WIC program is operating on a hybrid model that is being used by most local agencies in Nevada. The hybrid model brings in participants who prefer an in-person appointment or staff determine to see in-person, and clients who request a one-on-one lactation support while protecting the vulnerable and hesitant participants under waivers. Additionally, the Department of Homeland Security has announced that as of March 9th, 2021, it will no longer apply the August 2019 final rule on Public Charge. This means that applying for or receiving WIC are not considered as part of the public charge inadmissibility determination. More specifically, a non-citizen to the United States will not be deported, denied entry to the country, or denied permanent status because they receive or received WIC benefits. Receiving WIC does not affect an individual’s immigration status and does not affect a non-citizen’s ability to become a U.S. citizen or lawful permanent resident.

Food/Food Safety - The Food Safety Program is ecstatic to report that it was awarded the 2021 Samuel J. Crumline Consumer Protection Award. This is a prestigious award given annually to local environmental health jurisdictions that demonstrate unsurpassed achievements in providing outstanding food protection services to their communities. Click here for the full [Award Application](#) or the [Appendix](#). The application demonstrates the tremendous accomplishments the program has made over the last six years.

The Food Safety Program has been focused on training new staff. Two staff have successfully completed the initial food inspection field training. This training must include at least 25 joint field inspections with a trainer who has successfully completed all elements of the training program for our programs continued conformance with Standard Two of the FDA Retail Program Standards. Two additional staff are slated to begin the training program this month as well.

Epidemiology (EPI) – Trainees are finishing their food training and permitted facilities training and will be added into the Epi rotations next month. Samples were collected for 2 childcare outbreaks with Norovirus GII being implicated in one of the outbreaks and Astrovirus, Rotavirus, Norovirus GII and COVID all found in the other childcare.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Foodborne Disease	8	6	4	8	26	130
Foodborne Disease	4	5	2	5	16	66
Foodborne Disease	0	1	0	0	1	7
CD Referrals Reviewed	13	13	13	18	57	82
Product Recalls	13	19	26	27	85	61
Child Care/School Outbreaks Monitored	1	1	2	10	14	64

Temp Foods/Special Events – EHS has started receiving applications for Temporary Food Permits and Sampling Permits for events being scheduled during the upcoming season.

Commercial Plans - Staff presented “Backflow Prevention and how it pertains to plan review and permitting in Washoe County” to the Northern Nevada Chapter of the International Association of Plumbing and Mechanical Officials (IAPMO) on April 13, 2021.

101 commercial plan reviews were completed during April 2021, with a total of 372 plan reviews completed in 2021.

All plan reviews are being completed within the Regional goal of 10 business days.

42 building permit inspections were completed during April 2021, with an average of 33 per month.

34 commercial development reviews were conducted during April 2021.

Commercial plans are down 6% compared to the same time in 2020, and down 38% compared to the same time in 2019.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Development Reviews	41	28	50	34	153	357
Commercial Plans Received	85	73	113	101	374	1,059
Commercial Plan Inspections	21	33	36	42	133	396
Water Projects Received	1	5	1	10	17	64
Lots/Units Approved for Construction	251	233	197	192	873	1,685

Permitted Facilities

Public Accommodations – Inspections for Public Accommodations (PACC) continue to be conducted utilizing the new regulations and Field Guide. Staff met with representatives from Southern Nevada Health District (SNHD) to review regulatory requirements and to ensure consistency in the application of requirements. WCHD’s regulations closely mirror SNHD regulations which have been in place for several years.

Public Bathing – Seasonal Pool and Spa (hot tub) openings for 2021 have begun. As of early May, Spas were allowed to open under the region’s local control plan. The program welcomed a Public Service Intern who is completing training and will assist with pool inspections and seasonal opening inspections.

Training – A second trainee is finishing up training in Permitted Facilities and another newly hired trainee will start training on May 11. Training went well for trainee staff who have completed the program and are currently completing inspections independently. Additionally, the Training Manual is being updated with new links for online supplements and revisions for inspections based on new regulations and procedures in the field.

Environmental Protection

Land Development - Open positions on the Sewage Wastewater and Sanitation Hearing Board (SWS) have been promoted to the public. Current members who are up for re-appointment have been asked to submit a volunteer application if they would like to be re-appointed.

Septic plan numbers are 50% higher than April 2020 and well permits are 37% higher than April 2020. These numbers appear to be in line with pre-COVID plan review demand.

The Well Inspection Standard Operating Procedure has been fully updated and finalized and staff are now working on formalizing all Septic related SOP's.

Staff are reviewing the Sewage, Wastewater, and Sanitation regulations to identify appropriate updates.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Plans Received	79	75	83	90	327	705
Residential Septic/Well	109	99	136	114	459	1,07
Well Permits	13	11	16	23	63	131

Safe Drinking Water (SDW) - Water project reviews and the Interlocal Agreement audit functions are continuing as agreed. All Safe Drinking Water functions remain suspended with the cancellation of the contract other than minor communications between the agencies as needed. With the approval of the new contract by the District Board of Health in April, staff are evaluating the workload and plan to train another staff member in this program.

Vector-Borne Diseases (VBD) - Aerial larvicide treatment schedules have been added to the website with links to the specific product label information for each flight.

<https://www.washoecounty.us/health/programs-and-services/environmental-health/vector-borne-diseases/index.php>

Pre-aerial notifications were made for the May 5 aerial larvicide including social media notifications, a press release, and physical walkway notifications on impacted area trails. The School District, local law enforcement, and fire departments were also notified.

Two additional New Jersey trap locations have been secured in the western region of the Truckee Meadows to improve mosquito population monitoring. These include the Rancho San Rafael Park and Lakeridge Golf Course areas.

Program staff have begun conducting routine ground larval surveillance and treatments of small area sources.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	135
Mosquito Pools Tested	0	0	0	0	0	280
Mosquito Surveys and Treatments	0	2	1	63	66	72

Waste Management (WM)

Over 2,000 pounds of Personal Protection Equipment (PPE) was diverted from landfills to a recycling company from our POD and POST COVID-19 operations.

The Health District recycled 342 pounds of batteries.

Staff continues to focus on permit renewal and reporting requirements.

NAC447E – SB-4

Two facilities have been inspected a third time for NAC 447E compliance at the time of this submission and staff anticipates completion of this third round for all facilities by the end of the month.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Child Care	5	8	5	4	22	142
Food/Exempt Food	354	496	602	558	2,010	4,264
Schools/Institutions	9	25	32	35	101	199
Tattoo/Permanent Make-Up	5	7	9	8	29	112
Temporary IBD Events	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	15	110
Mobile Home/RV Parks	6	8	5	10	29	202
Public Accommodations	17	19	22	6	64	130
Aquatic Facilities/ Pools/Spas	4	19	13	35	71	408
RV Dump Station	2	1	1	1	5	17
Underground Storage Tanks	0	0	0	0	0	10
Waste Management	11	6	8	19	44	211
Temporary Foods/Special	0	0	0	5	5	48
Complaints	47	40	41	55	183	911
TOTAL	465	633	742	738	2,578	6,765
EHS Public Record Requests	346	397	608	417	1,768	3,249

Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

Exercises and Trainings - On April 16, the Healthcare Public Health Emergency Response Coordinator (PHERC) attended the Western Region Burn Consortium Creek Fire tabletop exercise (TTX), Part II exercise. The objectives of this exercise helped identify open burn beds and support patient movement in collaboration with local, state, and regional agencies as well as identify patient movement considerations for vulnerable populations, including children. This exercise required non-burn centers to take and treat burn injury patients for up to 96 hours.

On April 12-15, the Healthcare PHERC and three coalition partners participated in the virtual 2021 Preparedness Summit. Lessons learned, such as a need to fully leverage this moment to overhaul the long-neglected infrastructure of our public health systems, updating social media communications for future events, and how to sustain relationships that were made during COVID-19 were identified. Items such as this will be discussed at the next IHCC meeting in May.

On April 20, the Healthcare PHERC, REMSA and Renown participated in an Active Shooter Exercise with the Veterans Administration (VA) hospital at one of their outpatient clinics. Command kits were discussed as well as lessons learned.

On April 23, the initial planning meeting for Reno Rising 2021- National Disaster Medical System (NDMS) TTX happened with NDMS participating hospitals, REMSA, WCHD EMS Coordinator, Healthcare PHERC, Washoe County Emergency Manager, Reno VA medical Center and the Reno Tahoe Airport Authority. The goal of this exercise is to determine the ability for the NDMS partners to mobilize and employ health and medical resources essential to support the federal patient movement into the Reno area. A full-scale patient movement exercise will happen in July 2022, based on lessons learned from this TTX exercise.

Upcoming Exercises and Trainings

- The Burn Care and Mass Casualty Course and Tabletop exercise will be held on May 4.
- Evacuation Med Sled Training will be held at NNMC on May 19.
- The Emergent Evacuation Course and Tabletop exercise will be held on June 7, 8 and 10.
- Reno Rising - 2021 NDMS Tabletop Exercise (TTX) will be held on July 22.

Preparedness Planning - The Healthcare PHERC has been part of a Western Region Burn committee that has developed a Healthcare Coalition (HCC) Burn Surge Annex Template in addition to supplemental guidelines that may assist healthcare facilities care for patients. This aligns with the Assistant Secretary of Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) HCC template and Mass Burn Event recommendations and with state and Western Region Burn Disaster Consortia (WRBDC) recommendations. This Burn Surge Annex will be updated and included in the Mass Casualty Incident (MCI) plan for Washoe County in coordination with Healthcare Coalition Partners. The Alternate Care Site plan has been updated to reflect after action items from COVID-19 and will be reviewed by Healthcare Coalition Partners in May for approval.

On April 30, the Healthcare PHERC, coalition partners and EMS partners met to review and update the MAEA plan. Revisions will be made and provided to the IHCC in May.

On April 21-22, sixteen coalition partners picked up n95 masks and twelve coalition partners had Med sleds available for pick up. Training for the use of sleds will take place on May 19.

EMS Oversight Program

EMS Partners/Task Force - The EMS Coordinator and EMS Partners incorporated the priorities from the review of the recommendations in the TriData and EMS recommendations in the CPSM Report into the EMS Strategic Plan. These priorities include:

1. Training
2. Legal protection
3. Priority response
4. Automatic response agreements
5. Standardize performance measures across all agencies

The Strategic Plan was presented and approved by EMSAB on May 6, 2021 and will be presented to DBOH for approval on May 27, 2021.

Emergency Medical Services Advisory Board (EMSAB) - The EMSAB scheduled to meet May 6 to discuss the revisions to the EMSAB bylaws. The bylaws were revised to closer align to the Interlocal Agreement (ILA). Partners will have the opportunity to make requests to the EMSAB for possible action by requesting an agenda item through EMS Oversight Program staff. The EMSAB will have a standing agenda item at the DBOH meetings on a quarterly basis to provide updates and progress, the chairman will lead these presentations. Chair Krutz will provide an update to the DBOH June 24, 2021.

REMSA Exemption Requests - The blanket exemption to response times expired on April 26, 2021. Table 1 summarizes REMSA Exemption Requests.

Table 1. REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Total	Under Review	Approved
January 2021	23	2	*3 (BWE)		28		28
February 2021	5				5		5
March 2021	13				13		13
April	52				52	5	47

*Blanket Weather Exemption (BWE) requests received were for three separate weather incidents which lead to 13 late calls.

REMSA Call Compliance - Due to low call volumes in the separately defined response Zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls. Calculations for Zones B/C/D and “All Zones” were removed because the previous calculations for Zones B/C/D separately and “All Zones” do not align with REMSA’s Franchise Agreement. Table 2 summarizes REMSA’s compliance.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones		
Month	Zone A	Zone B, C, and D
July 2020	*88%	*84%
August 2020	*85%	*88%
September 2020	*89%	*96%
October 2020	*88%	*93%
November 2020	*87%	*90%
December 2020	*89%	*90%
January 2021	*86%	*87%
February 2021	*89%	*90%
March 2021	*87%	*83%
April 2021	*87%	*81%

*The REMSA Percentage of Compliant Priority Responses will not be recalculated retroactive to July 1, 2020, which would show 100% compliance in all zones, due to the approval of the blanket exemption. REMSA and the Oversight Program acknowledge that there is still the need to review response times even with the blanket exemption approval. Compliance percentage will still show the actual response compliance percentage in Zone A and B/C/D to continue to evaluate actual response time. Although the calls will not be recalculated, REMSA will not be held against them during this blanket approval time period.

Trauma Data Report – The Washoe County 2019 Trauma Data Report was presented to and approved by EMSAB on May 6, 2021. Highlights from the report indicated that there was a decrease in trauma incidents per 100,000 population, however, there was a noticeable increase in incidents in the 65 and older age groups. Major contributors to accidents in this age group are unintentional tripping and falling. In 2019 compared to previous years, there was an increase in unintentional trauma activities and a decrease in intentional trauma incidents.

Franchise Compliance/Miscellaneous - The Franchise Agreement Compliance Checklist was revised and reviewed with REMSA. The Compliance Checklist revision is complete, and an agenda item is being presented

to the DBOH for possible approval. The checklist was last reviewed and approved by the DBOH May 26, 2016.

Community of Service Development – Memo Review - The EMS Oversight Program reviews and analyzes project applications received from the Planning and Building Division and Community Services Department (CSD) and provides comments and/or conditions for the applications to the CSD. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. The Program reviewed seven project applications for the month of April and submitted comments on two. The EMS Oversight program has also incorporated REMSA and the Truckee Meadows Fire Protection District agency where the project is located for review and comments to include regarding EMS impacts. REMSA and Fire had no comments for the projects in April.

Vital Statistics - Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 512 deaths and 479 births, and corrections were made for 16 deaths and 52 births during April. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

April	In Person	Mail	Online	Total
Death	1722	53	399	2174
Birth	928	85	409	1422
Total	2650	138	808	3596

Public Health Accreditation – Staff attended a webinar - “PHAB Guidance on Scope and Process” to learn about the new revisions and requirements of the Annual Report, due September 2021. PHAB revised its Scope of Authority policy to include more population-based services and interventions and be more inclusive of activities of health departments.

Community Health Improvement Plan - Implementation of the community health improvement plan is well underway. A tracking system is being developed to better track progress of CHIP activities and accomplishments.

Behavioral Health and Housing and Homelessness- Smaller workgroups are actively working on CHIP action plan items. We continue to monitor the items included in the CHIP that are included in bills currently making their way through the legislative process.

Nutrition and Physical Activity- The Family Health Festival committee is planning for the “Back to School” event on July 24th. The event will include school vaccinations, pediatric screenings as well as other direct services for families. Over the past year, the 5210 Healthy Washoe Program has been paused due to COVID however, TMCC is in the process of registering to be a 5210 Healthy Washoe partner. A presentation was delivered to TMCC’s Wellness Committee and they are actively working on scheduling a presentation with their leadership team to begin the program.