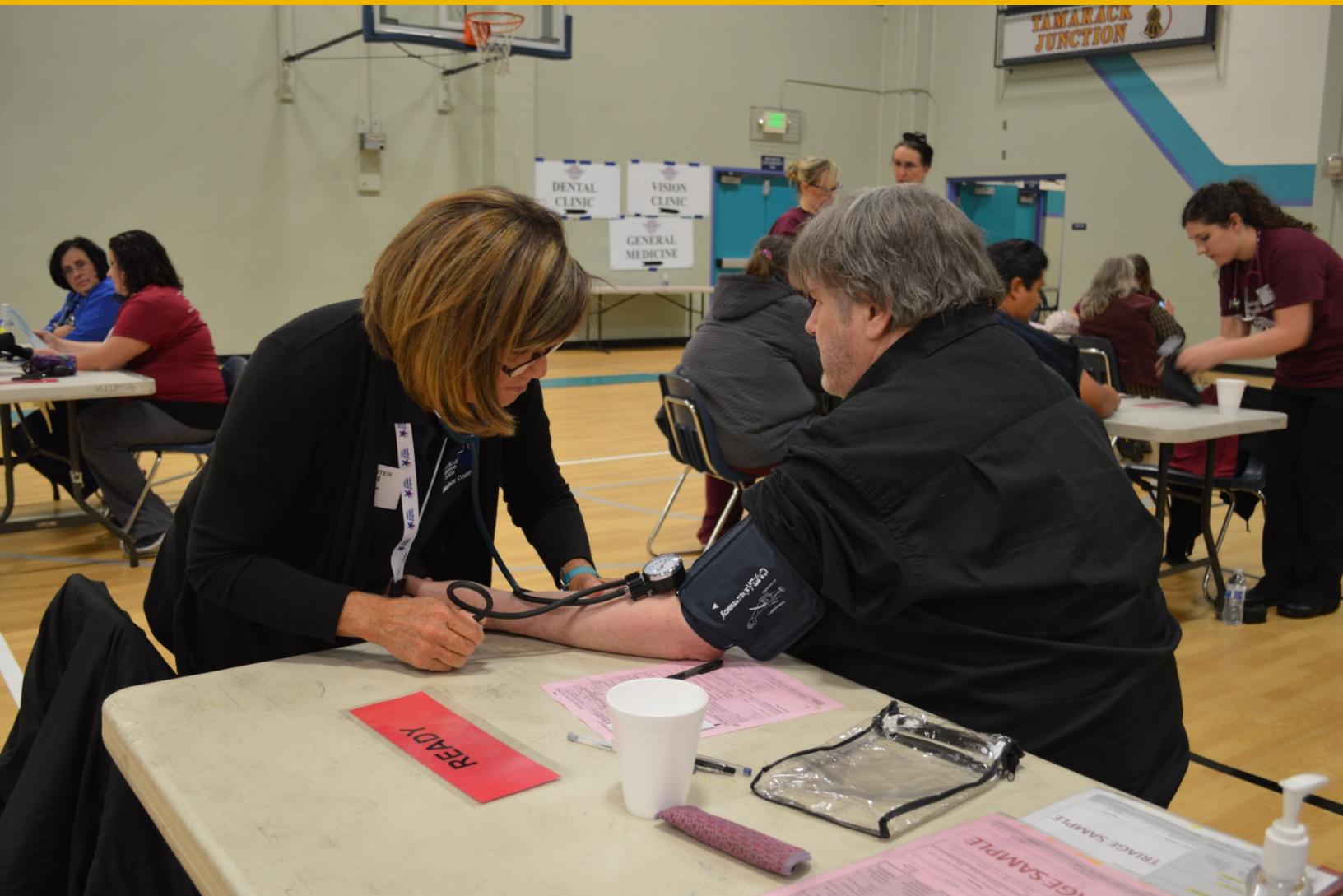


2017 Community Health Improvement Plan ANNUAL REPORT



In partnership with



2017 Community Health Improvement Plan

Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank the following organizations in Washoe County who made contributions to this report.

ACCEPT	Renown Health
Big Brothers Big Sisters of Northern Nevada	Rise Academy for Adult Achievement
Boys and Girls Club of the Truckee Meadows	Safe and Healthy Schools Commission
Catholic Charities of Northern Nevada	Sanford Center Geriatric Clinic
Children's Cabinet	Social Entrepreneurs, Inc.
Communities in Schools	Think Kindness
Crossroads	Truckee Meadows Healthy Communities
Community Health Alliance	United Way of Northern Nevada and the Sierra
Education Alliance	University of Nevada, Reno (UNR)
Food Bank of Northern Nevada	UNR, School of Community Health Sciences
Join Together Northern Nevada (JTNN)	UNR, Reno School of Medicine, Department of Psychiatry
Nevada Department of Education Nevada	Washoe County School District (WCSD)
Department of Health and Human Services	WCSD, Children in Transition
Northern Nevada HOPES	WCSD, Family Resource Centers
Northern Nevada Literacy Council	WCSD, Nutrition Services Department
Quest Counseling	WCSD, School Advisory Committee
Regional Emergency Medical Services Authority (REMSA)	Washoe County Sheriff's Office
Regional Transportation Commission (RTC)	Washoe County Human Services Agency
Reno Justice Court	Washoe County Social Services
Renown Child Health Institute	

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

1001 East Ninth Street

Reno, NV 89512

(775) 328-2400

www.washoecounty.us/health

Letter from the District Health Officer



Dear Friends and Colleagues,

During 2017, we saw continued progress in the implementation of the 2016-2018 Washoe County Health District Community Health Improvement Plan. Over the past two years, the community has seen improved access to healthcare and social services, support for student health and wellness, improved educational outcomes, and program development to increase food security in the community. As you read through this report, you will find highlights of major projects and initiatives completed by our numerous community partners.

Among our many accomplishments, the collective sense of mission and purpose within each of the CHIP workgroups is palpable and inspiring; committed individuals joining together to solve problems and think creatively about the challenges we face. It is through these collaborations that the CHIP has been able to positively impact the health and well-being of residents in Washoe County.

As we wrap up the 2016-2018 CHIP, we are already working on a new health improvement planning process. The newly updated 2018-2020 Community Health Needs Assessment will be used to identify current community health needs in order to develop new strategies and engage appropriate partners to address them. I want to thank the many individuals and organizations for the efforts, expertise, time, and resources they committed to accomplish the significant public health improvements of the 2016-2018 CHIP.

A handwritten signature in blue ink that reads "Kevin R. Dick".

Kevin Dick
Washoe County District Health Officer

Letter from the Board of Health Chair



Dear Colleagues,

The 2017 Community Health Improvement Plan Annual Report captures some of the community's most impactful efforts to improving the health of Washoe County. We envision a place where everyone has access to health care and preventative services, where we're celebrated for embracing healthy lifestyles, and our communities and neighborhoods are thriving and vibrant.

Our goal is to make Washoe County a healthier community. As partners in the local public health system, we recognize we can only achieve this goal through partnerships and positive changes at the individual, school, workplace, and community level. Many factors influence a healthy community, including access to health care, healthy food, housing, and education. Working together to have a positive impact on those factors can be amplified when we align our goals and resources. A Community Health Improvement Plan is an important opportunity for our community to come together and share a common vision to achieve better health for Washoe County.

As we look back at the progress we made in 2017, the results have been an exciting two-year period of engagement and activities that have benefitted thousands of citizens and visitors to Washoe County. To mention just a few, Truckee Meadows Healthy Communities, a cross-sectoral coalition to improve the health of the community, became the driving force of quarterly health fairs and a three-day area-wide medical clinic serving hundreds of residents. In an effort to positively impact the health of students, the Washoe County School District adopted a Wellness Policy to improve nutrition and physical activity in schools. To decrease food insecurity, The Prescription Pantry program was implemented; providing a food "prescription" to those who need assistance accessing healthy food. These efforts and successes are just forerunners to the achievements we hope to accomplish throughout the rest of this year.

Please join me in recognizing the hard work and dedication of all our community partners as you review this annual report. More importantly, please join me in remaining committed to improving our community's health and well-being now and in the future.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kitty Jung".

Kitty Jung

Washoe County Commissioner

Chair, Washoe County District Board of Health

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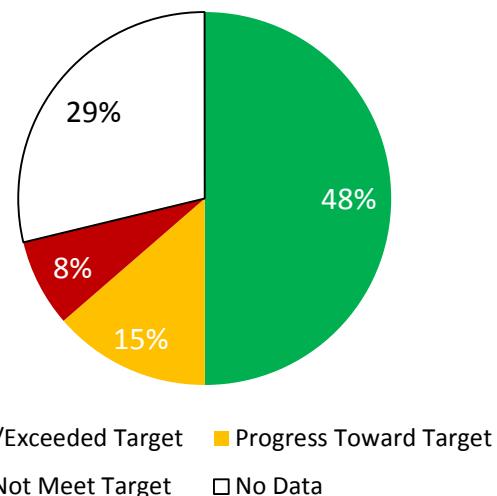
Introduction

The Washoe County Health District's (WCHD) 2017 Annual Report for the Community Health Improvement Plan (CHIP) provides a progress review of the activities and collaborative efforts completed in 2017 by the Washoe County Health District, CHIP workgroups, and community partners and agencies associated with the Washoe County Health District CHIP. This document is a companion to the Community Health Needs Assessment (2016-2018) and the Community Health Improvement Plan (2016-2018).

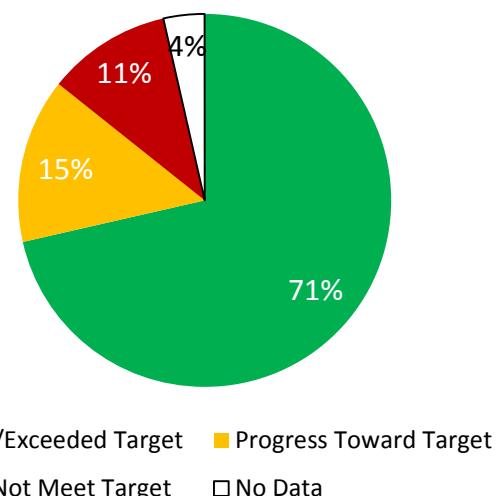
Washoe County's community health improvement planning process is a continuous, triennial cycle that is developed in collaboration with multiple community partners. The purpose of the CHIP process is to guide community leaders in making decisions about where to invest time and resources to make measurable differences in the health and well-being of the community. The Washoe County Health District, Truckee Meadows Health Communities, and community agencies convened in 2015 to provide guidance over the community-wide improvement process. As a result, the CHIP Steering Committee was formed.

After consideration of the assessment findings and community input, the CHIP Steering Committee identified four strategic priority health areas that were identified as requiring the greatest response in our community. In addition, subsequent goals, objectives, and strategies for these health areas were developed and included in the CHIP. Through this process, evidence-based programs and interventions to achieve improvement in each priority area were identified by strategies that cross sector organizations utilized to improve the health of the Washoe County. Infrastructure was put in place by the CHIP Steering committee to support the implementation of CHIP initiatives through workgroups. The workgroups were formed around each priority area with additional subcommittees that were tasked with specific action items. The workgroups met each month to plan,

Status of CHIP Objectives, 2017



Status of CHIP Strategies, 2017



discuss progress and identify additional areas of alignment as well as opportunities for collaboration and collective action in the community.

Evaluating implementation efforts is an important task in sustaining the efforts of the CHIP, and also helps community partners ensure what they are doing is working in the way they intended and that their collective efforts are as effective and efficient as possible. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. The CHIP is designed to be a broad, strategic framework for community health and should be modified and adjusted as conditions, resources, and other external factors change.

	Priority	Goal
1	Access to Healthcare and Social Services	<ol style="list-style-type: none">1. Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
2	Behavioral Health	<ol style="list-style-type: none">1. Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.2. Create a healthier environment for Washoe County youth.3. Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.
3	Education (K-12)	<ol style="list-style-type: none">1. Improve health outcomes of Washoe County youth through educational attainment.2. Support student health, wellness and achievement through nutritious eating habits and physical activity.
4	Food Security	<ol style="list-style-type: none">1. Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.2. Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

The narrative within this annual review is the second comprehensive report of the progress, successes, and challenges pertaining to each CHIP priority and subsequent strategy. In addition, revisions and lessons learned are included to reflect the 16-18 CHIP based on effectiveness of the strategies, changing objectives, resources and community assets.

How to Read this Report

Each section of this Annual Report covers a Community Health priority in detail along with objectives, strategies, performance measures, and key partners. The following pages outline related goals for the four health priority areas outlined in the CHIP with subsequent objectives in addition to organizations

responsible for implementing specific programs that were identified as strategies. Data for strategic health indicators are monitored to inform the effectiveness of an intervention and the contributions of community stakeholders. The Performance Measure and Target columns can be utilized to determine progress made. The Trend column indicates an increase or decrease of an objective by comparing the difference between 2015-2016 and 2016-2017. The Baseline column shows data included in the 2016-2018 CHIP and the Current Status shows progress made in 2017. Data for the Annual CHIP report is generally gathered from the state or national data collection registries. In some cases, data were not available in the 2016-2018 CHIP, data are not updated annually, or the objectives were not measureable were labeled “~”. This document contains updates and revisions to the WCHD 2016-2018 CHIP and is noted below the supported chart at the end of each section. The color coding system indicates progress made in 2017.

	Indicates significant progress, in that the measurement has met or surpassed the target goal.
	Indicates ongoing activities or progress toward goals.
	Indicates little to no progress has been made toward this initiative.
	No color indicates data is not available.

A ccess to Healthcare and Social Services

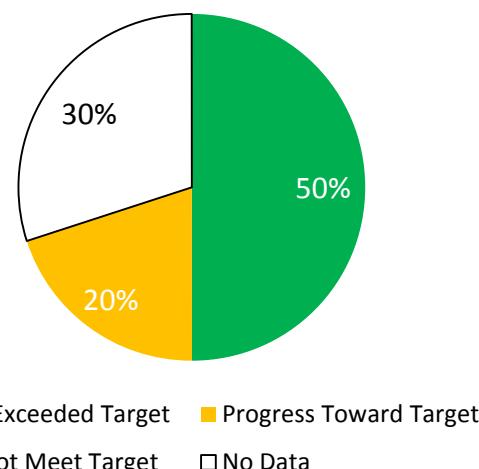
Improving access to care and reducing disparities in access to care across the nation are complementary goals of the Affordable Care Act (ACA). In addition to the ACA helping to increase the access that all Americans have to healthcare providers; Nevada was one of the states that opted in to expand Medicaid eligibility under the ACA. Prior to the inception of the ACA and Medicaid expansion in Nevada, about 70% of adults and children in Washoe County had a form of health coverage. Community Health Workers, Enrollment Specialists, and Navigator Organizations have focused their efforts to educate and enroll Nevada's uninsured and under-insured through Nevada Health Link and subsidy insurance. As a result, in 2016, 86.0% of Washoe County residents have a form of health insurance and fewer children are uninsured which is similar to increasing insurance coverage rates across the nation. While these improvements in insurance coverage rates show that a greater number of families now have health insurance; Washoe County continues to face access challenges due to the lack of health care providers in Nevada. In 2017, about 35.4% of residents in Washoe County are living in a primary care and dental care provider shortage area and an inability to access a provider is still a significant barrier to accessing care, even for those who have insurance coverage.

In 2017, efforts were continued to improve accessibility to health care under the two goals developed at the beginning of the 2016-2018 Community Health Improvement Plan (CHIP). The CHIP Access to Healthcare and Social Services workgroup outlined strategies under the following two goals to improve healthcare access:

- **Goal 1:** Improve access to healthcare and social services for individuals on Medicaid and Medicare, as well as those who are underinsured and uninsured.
- **Goal 2:** Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community. Increase expansion of community health centers and health care extenders so more people have access to a primary care provider.

There are 14 strategies implemented by 10 community partner groups to make movement on 10 performance measures/objectives.

CHIP Access to Healthcare and Social Services Objective Status, 2017



Progress: Access to Healthcare and Social Services

Washoe County's community agencies, organizations and individuals have made progress on five of the objectives and have advanced 14 strategies which are currently meeting or exceeding their targets. In 2017, RTC provided 231,438 trips to seniors, disabled and low income residents of Washoe County for medical and social service needs, which is a 93.2 percentage point increase from 2016. There are many efforts in the community to increase access to health care and social services and improve coordination of care.

Objective 1.1 and 1.2 Creating a Community Health Hub in Washoe County



Family Health Festivals

Family Health Festivals (FHF) - In partnership with Truckee Meadows Healthy Communities, a Family Health Festival steering committee was formed to address the unmet need for no- and low cost services that target prevention and education among underserved communities. In an effort to reduce disparities in accessing health information and resources in spite of barriers, community based organizations have worked to develop and sustain culturally competent health education and outreach interventions. The implementation of FHFs is one strategy that brought needed information on available health resources and some basic services to low-income and medically underserved communities through informal community settings. In 2017, three FHFs were implemented to bring community members and local organizations together to improve quality of life in the Truckee Meadows. Families were connected to local resources through information sharing and limited direct onsite services, thereby improving community health and well-being. The committee sought to bring services to other neighborhoods outside of 89502 and saw great success in expanding and meeting the further need for services. Families consistently indicated "health" as their highest priority and likely a reflection of health as a critical element related to all aspects of life.

657

Clients served

270

Clients were referred to a primary care doctor

44

Average number of vendors who participated

Objective 1.3 Increasing the Number of Washoe County Residents Who Have a Usual Primary Care Provider



Community Health Alliance

The Community Health Alliance (CHA) is a community health center that provides preventive medicine, dental services, behavioral health, women's health, immunizations, WIC and nutrition counseling. Community Health Alliance continues to expand their capacity to deliver services through two new

Community Health Centers, Center for Complex Care (CCC) and the Sparks Health Center. Not only do these Health Centers provide additional healthcare providers they are also in locations to ensure easier access to patients in surrounding neighborhoods to eliminate transportation barriers.¹

- Over 1,600 patients are being served by the Center for Complex Care (CCC)
- 3,706 patients with hypertension have a control rate of 76%
- 58% of patients with diabetes have an A1c of 8% or less.

Women's Health Care – Community Health Alliance (CHA) provides breast and cervical cancer screenings and routine gynecological care for women. They have financial support from Susan G. Komen in Northern Nevada for breast cancer screening, diagnosis and treatment support and a partnership with the Renown Pregnancy Center for prenatal care and deliveries. CHA recently remodeled their 340B pharmacy to support the increasing caseload of patients. In addition, women who are uninsured are able to access birth control at a very low cost through their in-house pharmacy. In 2017, CHA delivered:

- 451 women screened for breast cancer
- 237 women referred for mammograms
- 1,822 women screened for cervical cancer
- 2,877 women received a pap smears

Chronic Disease Management – Practicing healthy behaviors such as eating a nutritious diet, being physically active and not smoking can prevent, mitigate and even eliminate chronic health diseases. The greatest amount of benefit and savings is achieved by preventing obesity in childhood.² As a result, a slice of CHA's Chronic Disease Management Program focuses on pediatric obesity prevention and treatment through the Healthy Weight Clinic (HWC) modeled after the national Let's Go! Program.

In 2017, 38% of CHA's pediatric patients 2 through 18 years of age are overweight or obese. The HWC team consists of a pediatrician, dietitian, psychologist, and a promotora (cultural mediator and assistant) working together to screen pediatric patients for chronic disease(s) such as type II diabetes, fatty liver disease, elevated cholesterol, sleep apnea, and psychological issues. Patients receive an evidence-based treatment plan, and are monitored for improvement over the course of six months. The keystone message is- **5** or more fruits and vegetables, **2** hours or less of recreational screen time, **1** hour or more of physical activity, and **0** sugary drinks, more water, on a daily basis. In the first year of operation, 2016-2017, the HWC yielded the following results:

- 5 cohorts have participated, 3 cohorts are still being analyzed
- A total of 106 patients were evaluated, of which 9 patients showed a decrease or stabilized Body Mass Index (BMI). Patients who have not met their BMI goal will be followed on a monthly basis over the next six months for a re-evaluation.

¹ Community Health Alliance. (2017). About C.H.A. Retrieved from: <https://www.chanevada.org/about/>

² Robert Wood Johnson Foundation. (2016). Childhood Obesity. Retrieved from: <https://www.rwjf.org/en/our-focus-areas/topics/childhood-obesity.html>

CHA is exploring future collaborations to expand chronic disease prevention efforts through the HWC Program into the community to target a broader demographic of concern. Community Health Alliance is meeting or exceeding Healthy People 2020 goals for a number of chronic disease preventive measures.

Dental Services – The Sparks Dental Center opened January of 2017 adding to the Wells Family Dental Center and the mobile dental vans that travel throughout Washoe County. A problem that threatens most people from accessing dental care is insurance coverage. As a result, private dentist offices are unable to treat the uninsured leaving CHA to close the gap. Due to the substantial demand for low cost dental services, at the beginning of 2017, Community Health Alliance was unable to accept new adult patients because of the existing six-month waiting list with immediate dental appointments and additional follow up appointments. The increasing demand for dental care is also a reflection of the lack of dental services available in Washoe County. From November 2016 to December 2017:

- 7,295 dental services provided to patients, almost 1,000 more services than in 2016
- 3,878 prophylaxis services provided to halt the progression of disease and gingivitis
- 5,580 fluoride varnishes provided to children on-site and through health education classes and mobile dental clinics

 Northern Nevada HOPES
Northern Nevada HOPES (NNHOPES) is a nonprofit community health center in downtown Reno, NV that offers integrated medical care and wellness services. Their growing list of services including adult and pediatric primary care, women's health, chronic disease management, wellness and nutrition, behavioral health counseling, outreach and harm reduction, case management, and a pharmacy are offered under one roof to reduce barriers to care for medically underserved populations and increase likelihood of maintaining long-term health. The expansion of Northern Nevada HOPES' Stacie Mathewson Community Wellness Center has provided a primary care home for 9,871 patients, a 50% increase from 2016. In 2017:

- 7,362 pediatric services delivered
- 892 women received a mammogram
- 1,530 women screened for cervical cancer

 Sanford Center Geriatric Clinic
Sanford Center Geriatric Specialty Clinic is expanding their capacity after successfully serving northern Nevada's aging population since 2015. Sanford Center for Aging works in collaboration with the University of Nevada, Reno (UNR) and community partners to deliver evidence-based programs and clinical care. Sanford's specialty clinic heavily focuses on care coordination through a "whole person" assessment, provided by a multidisciplinary team of geriatricians, geriatric social workers, geriatric pharmacists, medical assistants and a research assistant. A comprehensive assessment allows patients to receive all of their health care needs under one roof including a: history review, physical health assessment and activities of daily living, medication therapy management review, psychosocial risk assessment, end-of-life care planning and a personalized care plan. A unique component of personalized

care plans identifies ways to integrate seniors back into the community by eliminating barriers that cause social isolation. In 2017, the Sanford Center Geriatric Specialty Clinic (SCGC) conducted over 300 interdisciplinary comprehensive assessments, about 50 more assessments than 2016. SCGC also provided comprehensive assessments through their new program via Telemedicine and hosted monthly telehealth education programs to meet the needs of elders across rural and frontier parts of Northern Nevada. They are currently looking to expand telehealth services through broadening their community partnerships as access points for patients. In addition, Geriatric Medicine received \$500,000 in funding to expand the existing geriatrics fellowship program from three to 4.5 residents per year. As a result, the funding will enhance trainee experiences by integrating community clinical training at sites such as the Sanford Center for Aging's Geriatric Specialty Clinic.

 **Regional Emergency Medical Services Authority**
The Regional Emergency Medical Service Authority (REMSA) is a private, non-profit emergency service provider. They provide all paramedic ground ambulance services within Washoe County with the exception of the areas served by the Gerlach Volunteer Fire Department and the North Lake Tahoe Fire Protection District.³ Since 2012, REMSA has delivered a system of community health programs to improve access to the appropriate level of healthcare throughout Washoe County. The innovative model was federally funded by a Health Care Innovation Award grant and the recently published evaluation demonstrates the programs have achieved all three goals of the Triple Aim: improved experience and quality of care, improved health of the population and lower overall cost. As a result of the model's success, these Community Health Programs continue to gain funding support and reimbursement from commercial insurers, Nevada Medicaid and other key healthcare partners.

Nurse Health Line – REMSA established the Nurse Health Line (NHL) to assist people with-non emergent conditions in navigating the healthcare system and provide them with a recommended level of care and a recommended location of care. The 911 call-takers also transfer callers to the NHL if they have low acuity complaints as determined by the Medical Priority Dispatch System. These protocols allow nurses in the communication center to follow protocols to determine the caller's needs and connect them to the resources they need, from an urgent care visit to mental health resources. In 2017:

- The NHL received over 28,100 incoming calls and provided nearly 10,700 protocol-driven care recommendations
- 2,552 urgent care recommendations to meet the needed level of care
- 2,009 primary care visit recommended to meet the needed level of care

Alternative Destination Transports – Following an advanced assessment in the field, paramedics provide alternative pathways of care for 9-1-1 patients, including transport of 9-1-1 patients with low acuity medical conditions to urgent care centers and clinics, transport of inebriated patients directly to the detoxification center, and transport of psychiatric patients directly to a mental health hospital. There are currently 17 alternative destinations including one detoxification center, one psychiatric

³ REMSA. (2017) About us. Retrieved from: <https://www.remsahealth.com/about-us/>

hospital, two federally qualified healthcare clinics, one medical group office and 12 urgent care centers. In 2017, the ratio transports by facility type is:

- 84% detoxification center
- 9% mental health hospital
- 7% urgent care center

28,100	
	Nurse Health Line calls
2,009	
	Calls directed to primary care doctor to meet level of care
17	
	Alternative Destinations

Success of incorporating these services into the community has inspired Renown Health to sustain programming now that grant funding for this program has ceased.

Objective 1.4 Increasing the Number of Non-High School Graduate Adults who Receive their Adult High School Diploma

 Rise Academy for Adult Achievement
Educational attainment has a cascade effect on the ability to acquire resources that are important to health such as food, stable housing, transportation and access to health care. To improve educational attainment, RISE Academy for Adult Achievement assists adult learners in the attainment of Adult High School Diplomas, High School Equivalency Certificates (HSE), and Career Pathways. RISE is the only adult education organization in Washoe County who can issue an Adult High School Diploma. In 2017, RISE enrolled an additional 700 adults who are currently taking English literacy and college and career readiness courses. RISE successfully met their 2016-2017 goals to increase achieved Adult High School Diplomas and High School Equivalency Certificates by 10%.

- 331 Diplomas and Certificates were awarded
- 1,859 student enrolled in Washoe County

Objective 1.5-1.8 Increasing Transportation Services

 Regional Transportation Commission
In response to the growing need to provide medical transportation, The Regional Transportation Commission (RTC) developed a 2018-2020 Short Range Transit Plan (SRTP) that will improve appropriate

use of RTC Access, increase efficiency of RTC ACCESS and expand capacity of specialized transportation to provide hard-to-serve trips.⁴

In 2017, RTC continued to oversee the Section 5310 Grant program in which funds were provided by the Federal Transit Administration in 2016. RTC partnered with human service agencies and transportation providers to deliver efficient, coordinated services to the region's senior citizens, persons with disabilities and those who are financially disadvantaged. The following social service agencies were selected to be part of RTC's Coordinated Human Services Public Transportation Plan (CTP) and were awarded 5310 funds: Access to Healthcare Network, Sierra Nevada Transportation Coalition, Seniors in Service, Senior Outreach Services and United Cerebral Palsy. It is anticipated that these community partners will provide enhanced mobility to lessen the gap in medical transportation by providing an estimated 17,740 trips to those in need from 2016-2018. The CTP has also brought attention to the mobility issues Washoe County faces and as a result has facilitated the communications process between human service agencies and public transit regarding future partnerships and opportunities to address existing gaps.⁵

Additional efforts were made in 2017 to meet the needs of Washoe County residents for ADA transportation services. Further changes were made to eligibility requirements for the Washoe Senior Ride (WSR) "Taxi Bucks" program, by decreasing booklet costs and expanding the income criteria to be more affordable for seniors and veterans. As a result, the program has grown by approximately 6% serving 5,000 eligible clients. RTC ACCESS also provided 24-hour service in all areas within three-quarters of a mile of RTC RIDE routes, providing almost 224,812 one way paratransit trips.

Objective 2.1-2.2 Improving Coordination of Care

 2-1-1 Strategic Plan
Nevada 2-1-1 is part of a nationwide network of call centers that provides information and referral services to Nevada residents. The Financial Guidance Center was selected to operate the Nevada 2-1-1 System with oversight from by Nevada's Department of Health and Human Services. In the second year of moving efforts forward from the 2016-2020 Nevada 2-1-1 Strategic Plan the Financial Guidance Center has worked to improve care coordination among all Nevadans to achieve optimal self-sufficiency, health and well-being by:

- Completing Phase 2 of 3 with Accreditation for Information and Referral Services (AIRS). Accreditation will allow Nevada 2-1-1 to transform access for human services by advancing their capacity to bring people and services together. Financial Guidance Center expects Nevada 2-1-1 to complete the accreditation process in 2018.
- Hiring "Outreach workers" to expand marketing and outreach efforts to increase 2-1-1 awareness linking people to the resources they need. With the support of outreach workers the 2-1-1 website was redeveloped to ensure better functionality, easier navigation and mobile

⁴ RTC Washoe. (2017). Retrieved from: <https://www rtcwashoe com/wp-content/uploads/2017/06/SRTP17-FINAL1-EMD.pdf>

⁵ RTC Washoe. (2017). CTP 2016-2018 Project Summary. Retrieved from: <https://www rtcwashoe com/wp-content/uploads/2017/04/CTP-Project-Summary.pdf>

optimization. Clients now have access to receiving referral services 24-hours a day through confidential and anonymous resources such as the Telephone Helpline, Online Resource Directory, Text Response and Messaging.

- Cultivating relationships with community partners to increase service delivery. Partnerships with key stakeholders and service providers has been critical to the success of Nevada 2-1-1 because the program is reliant upon service providers to ensure that resource information contained in the database is current and accurate. In addition, relationships with emergency management entities, state departments, and medical facilities ensure that Nevada 2-1-1 can implement its services effectively.

 Models of Community Engagement – Truckee Meadows Healthy Communities
The CHIP Access to Healthcare and Social Services subcommittee focused their efforts on engaging healthcare and social service organizations to explore models that would complement the strategies and resources furnished by Family Health Festivals by providing direct services. After researching models and determining a Remote Area Medical event would be of benefit to the community, TMHC's Access to Healthcare and Social Services Subcommittee formed a “Community Host Group” and hosted a Remote Area Medical (RAM) Event at the Boys and Girls Club of Truckee Meadows from September 28th-October 1st, 2017. RAM’s mission is to prevent pain and alleviate suffering through the operation of mobile clinics that deliver free, high-quality dental, vision and medical services to children, individuals and families who do not have access or cannot afford to visit a doctor. These clinics do not require any qualifications and services are provided with a no-questions-asked policy. During the planning and execution phase of the clinic, RAM provides support and supplies to ensure all necessary requirements are achieved to set up a turnkey clinic in isolated, impoverished and underserved communities. In addition, they heavily rely on the Community Host Group (CHG) to provide medical and general volunteers.

During the event, in lieu of making an appointment to avoid “no shows”, patients received care on a first come-first serve basis starting at midnight on the first day of the event. Recruiting medical providers to volunteer for the RAM clinic proved to be a challenge and affected the amount of patients who received care. As a result, long wait times were incurred for those needing services and many patients had to come back to the clinic the next day to receive care. Overall, 60 medical providers volunteered for RAM with the majority coming from out of state. Over 400 dental and vision services were requested by patients and were the most needed services, however, limited spots were available due to the lack of volunteer providers. Northern Nevada HOPES, Community Health Alliance, and Renown’s Health Clinic generously offered appointments to accept patients with follow up needs. Patients who needed additional care for dental services were routed to resources, echoing the gap in the most needed services and the shortage of providers in Washoe County. In the future, more medical providers will be needed to ensure more patients receive the care that they need. Over the three-day clinic:

- 335 patients were treated
- 496 services were provided at a total benefit of \$137,229
- \$81,165 dental care services provided

- \$50,570 vision care services provided
- \$5,494 medical care services provided

Overall, the event was a huge success and had a significant, positive impact on the health of our community. The success of the clinic was largely due to the community's support and collaboration through general volunteer support, donated meals and hotel rooms, and sponsorships received from various organizations. Additional RAM events have been a topic for consideration and a subcommittee has been formed to determine the feasibility of such efforts.

496

Patient encounters

\$137,229

Free medical services provided

1,700

Volunteer hours to facilitate event

In conclusion, access to health care is frequently cast as an issue of insurance coverage however, access to providers and availability of quality services for both the uninsured and those covered is equally important. In Washoe County, people from various income levels are challenged in accessing a provider due, in part, to the rapid population growth, increased number of those insured and the shortage of providers. This section reflects a full year in which community organizations worked collaboratively to improve access to care for individuals who are uninsured or underinsured. Many improvements have been seen; coverage gains among children and adults are likely a result of outreach efforts and awareness of the ACA, as well as Nevada's Medicaid expansion efforts. Successful models have been identified, one of which is the community health centers that have provided comprehensive, and effective family centered care for many who would otherwise not have access. A great deal has been accomplished in the community in 2017; however, this outstanding work will need to continue to fully meet the healthcare needs of all members of our community.

Access to Healthcare and Social Services: How Did We Measure Up?

Objective 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and those who are underinsured or uninsured.

Status	CHIP Objectives	Performance Measure	Baseline 2014/2015	Result 2015/2016	Target 2018	Result 2017	Trend ↑↓
	1.1 Provide Family Health Festivals to at-risk communities in Washoe County.	# of FHF provided to at-risk communities per year	2/year	4/year	4/year	3/year	↓1
	1.2 Develop a Family Health Festival Strategic Plan	# of Strategic Plans	0	0	1	1	↑1
	1.3 Increase the percentage of Washoe County residents who have a usual primary care provider.	% of WC residents who have a usual primary care provider ⁶	68.1% (2014)	75.4% (2015)	71.5%	~	~
	1.4 Increase the number of non-high school graduate adults who receive their Adult High School Diploma.	# of non-graduate high school adults in Washoe County who receive their Adult High School Diploma	119	150	200	331	↑121%
	1.5 There will be zero ADA paratransit trip refusals in Washoe County within the Regional Transportation Commission paratransit service area.	# of ADA paratransit trip refusals w/in RTC paratransit service area	0	0	0 (2016)	~	
Recommended for Removal	1.6 There will be zero ADA paratransit trip refusals in Washoe County outside of the Regional Transportation Commission paratransit service area.	# of ADA paratransit trip refusals outside of RTC paratransit service area	TBD	~	~	0	

⁶ Nevada Division of Public and Behavioral Health (2016). Office of Public Health Informatics and Epidemiology. 2015 Nevada Behavior Risk Factor Surveillance Survey (BRFSS): Washoe County Analysis.

	1.7 Increase the number of trips provided by private/not-for-profit organizations for seniors, disabled, and low income residents for medical and social service needs.	# of trips provided	9,086 (2015)	15,708 (2016)	FY17 = 22,564 FY18 = 22,564 Total = 45,128	231,438 (FY17)	↑
	1.8 Increase the number of reduced-rate or other discounted transit trips provided for seniors, disabled and low income residents in Washoe County (taxi bucks, RTC ACCESS tickets, etc.).	# of reduced-rate or other discounted transit trips	2,481 (2015)	3,068 (2016)	FY17 = 3,091 FY18 = 3,709	3,369,135	↑

Objective 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.

Status	CHIP Objectives	Performance Measure	Baseline 2015	Result 2015/2016	Target 2018	Result 2017	Trend ↑↓
	2.1 Develop a strategic plan to restructure and improve Nevada 2-1-1	# of Strategic Plans	0	1	1	1	=
	2.2 Explore models for engagement of assistance providers in underserved communities.	Exploration of models	0	1	1	1	=

~Data not available

Notes:

- **Objective 1.4** – The 2018 target has been changed from 4,000 to 200 by recommendation of RISE Academy for Adult Achievement.
- **Objective 1.6** - The Regional Transportation Commission (RTC) recommended objective to be removed.

Behavioral Health

The number of Americans struggling with a mental health illness is a significant concern that many people are becoming increasingly aware of. Published studies from the CDC report about 25% of all U.S. adults have a mental illness and nearly twice that number of adults will develop at least one mental illness in their lifetime.⁷ Additional research shows nearly half of all lifetime cases of mental illness begin by age 14.⁸ Mental illness can range in severity from mild; such as depression, to substantially interfering with day-to-day activities like schizophrenia or severe bipolar disorder.⁹ The barriers to receiving effective mental health treatment are unlikely to act in isolation due to cost of care, fragmentation of services, stigma, and discrimination. As a result, about half of individuals suffering a mental illness do not receive treatment.¹⁰ Mental disorders left untreated are likely to result in the development of other co-occurring mental illnesses and substance abuse disorders that have long-term consequences including quality of life and involvement with the criminal justice system.

Due to the passage of the Affordable Care Act (ACA) in 2010, barriers to accessing care have been reduced by mandating psychiatric disorders are treated as an essential benefit like heart and cancer disease, which has proved to be an enormous advantage. While the ACA has provided much benefit to the mentally ill, no legislative action can erase the stigma surrounding mental illness which is a major barrier in receiving treatment. Nor can it solve the serious shortage of mental health providers and limited access to psychiatric treatment, especially in rural areas of Nevada.

In 2016, 100.0% of the population living in Washoe County was in a mental health professional shortage area. As a result, those who are mentally ill are left untreated or forced to seek treatment in emergency rooms; which causes increased health care costs and may contribute to higher suicide rates in Washoe County. Suicide rates have continued an increasing trend and are currently at 27.8 per 100,000 deaths in Washoe County; higher than the remainder of the state of Nevada. Substance use, often co-occurring with mental illness can further exacerbate these challenges. Collectively, the twin epidemics of substance use and mental health have created a daunting health concern.^{11 12}

Between 2013-2015

a higher percentage of high school students in Washoe County reported considering attempting suicide

⁷ Center for Disease Control and Prevention. (2011). CDC Mental Illness Surveillance. Retrieved from: https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

⁸ Youth.gov. (2017). Prevalence. Retrieved from: <https://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>

⁹ National Institute of Mental Health. (2017). Health & Education. Retrieved from: <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

¹⁰ Ngyuyen T, Hellebuyck M, Halpern M, Fritze D. The State of Mental Health In America 2018.(2017) Retrieved from: <http://www.mentalhealthamerica.net/sites/default/files/2018%20The%20State%20of%20MH%20in%20America%20-%20FINAL.pdf>

¹¹ Centers for Disease Control and Prevention. (2012). CDC Grand Rounds: Prescription Drug Overdoses- a U.S. Epidemic. Retrieved from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm>

¹² Palpant RG, Steimnitz R, Bornemann TH, Hawkins K. The Carter Center Mental Health Program: addressing the public health crisis in the field of mental health through policy change and stigma reduction. (2006) Retrieved from: http://www.cdc.gov/pcd/issues/2006/apr/05_0175.htm.

Lastly, adolescence is a critical period for mental, social and emotional wellbeing and development. Ensuring children have access to mental-health resources early in their education can play a key role in mitigating negative consequences later in life. Policies mandated by NRS 388 were established in 2015 requiring school districts to provide a safe and respectful learning environment. This change in state statute created a state-wide reporting system for incidents of bullying to be reported and investigated, a critical step in preventing or mitigating problems before they grow into larger issues.

The Community Health Needs Assessment (CHNA) reported the biggest challenges Washoe County faces in regard to mental and behavioral health are lack of resources and access to appropriate care. The Community Health Improvement Plan (CHIP) Steering Committee identified three goals for this priority:

- **Goal 3:** Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
- **Goal 4:** Create a healthier environment for Washoe County youth.
- **Goal 5:** Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

There are 21 strategies implemented by 20 community partner groups within this priority to make movement on 32 performance measures/objectives.

Progress: Behavioral Health Strategies & Objectives

In 2017, 56% of the objectives were met and 81% of the strategies met or exceeded their target. Many of the successes are likely due to the substance abuse prevention programming targeting youth and young adults, as well as anti-bullying legislation being passed in 2015. Last year, two programs lost their funding source, therefore those programs mentioned in the CHIP were not administered in 2017.

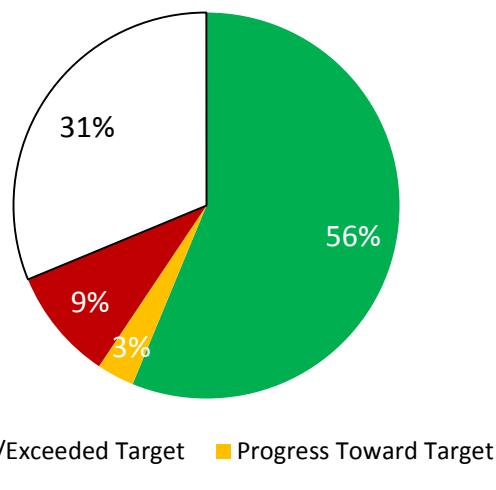
Objective 3.1-3.3 Increase the proportion of adults who receive treatment for mental illness, major depression, and/or substance abuse



Community Health Alliance

Community Health Alliance is uniquely positioned to provide integrated services by having behavioral health services delivered within a primary care setting. Most mental health related problems are apparent in primary care settings much earlier than if an individual waits to go to a normal "specialty

CHIP Behavioral Health Objective Status, 2017



■ Met/Exceeded Target ■ Progress Toward Target
■ Did Not Meet Target ■ No Data

care" behavioral health provider. Community Health Alliance focuses on an integrated care program by providing screening, triage, brief intervention and external referrals if necessary. CHA focuses on early intervention and prevention of serious mental health/behavioral health disorders by screening and providing a brief intervention during primary care visits. CHA utilizes health and behavior codes (HABI) to address obesity, diabetes, medication non-compliance, hypertension, brief drug, nicotine, and alcohol use to name a few. These codes allow a behavioral care provider to address long term health and habit changes using empirically supported interventions that may have substantial long term benefits.

CHA addresses behavioral health issues by screening patients for a variety of issues (depression, health habits, anxiety, substance use) and uses clinical judgement to solicit a "warm hand off" (WHO)- a real time intervention performed by a behavioral health provider in the exam room. Often times, CHA can intervene and follow up at the next medical appointment which means that families do not have to deal with the hassle and stigma of being referred out to see a specialty mental health professional. Research conducted by staff has found that 60% of clients referred out will not follow through on an external referral. CHA created a partnership with UNR to deliver additional behavioral health care services as needed. A clinical psychologist, 2 half time externs provided by UNR, and 2 Licensed Clinical Social Workers, work between the Center for Complex Care, the Wells Avenue Health Center and CHA's Record Street Health Center. In 2017, the following services were provided:

- Over 6,000 patient encounters
- 80 external referrals per month
- About 250 patients pre-book appointments and WHO's

 Northern Nevada HOPES
Northern Nevada HOPES (NNHOPES) is a nonprofit community health center in downtown Reno, Nevada that offers integrated medical care and wellness services. Their growing behavioral health team provides services following a "Harm Reduction" philosophy and strategy empowering individuals to reduce harm to themselves by setting realistic goals and validating any positive step or change. In 2017, over 1500 established patients received behavioral health services ranging from behavioral health counseling, substance use counseling, case management, and more.¹³ The Harm Reduction Center at NN HOPES, Change Point, offers additional behavioral health services for the community that includes syringe services, testing and outreach, and community building opportunities that support human rights advocacy and reduces the spread of infectious diseases like HIV and hepatitis. In 2017:

- 3,873 patients receive services from Change Point
- 906,273 used needles collected through 5 syringe disposal locations
- 1,320,036 clean needles were distributed

¹³ Northern Nevada HOPES. (2016) Retrieved from <https://www.nnhopes.org/about/who-we-are/>.

UNR School of Medicine, Department of Psychiatry

In October 2015, the new Behavioral Health Patient Care Center opened at 5190 Neil Road in Reno, NV. They offer a full spectrum of comprehensive mental health and counseling services for children and adults. Although the center has allowed the expansion of clinic hours and faculty to increase fellowships for students pursuing the field of clinical mental health, the center expressed this organization will not be a good indicator of expanding mental health services and treatment to Washoe County residents. Barriers to increasing mental health services to adults in Washoe County include long wait lists, provider shortages, Medicaid reimbursement structure for the seriously mentally ill and the closing of Mojave Mental Health. Mojave Mental Health provides wrap around mental health services for individuals who are on Medicaid and Medicare plans.

Crossroads

Crossroads is a three tiered housing program targeting high complexity homeless clients by providing interventions to help them transition from substance abuse illnesses to a more stable and productive life. The intent of a strong partnership between the Washoe County Department of Social Services, Catholic Charities of Northern Nevada, and the Washoe County Sheriff's Department is to reduce incarceration rates by expanding services to those who suffer a substance abuse and/or mental health illness. In an attempt to reducing recidivism the partnership works in collaboration to offer alternatives to homelessness and incarceration by providing direct referrals from the jail upon release, Social Services provides social workers and eligibility certification specialists, and Catholic Charities provides property for operations. The collaborative partnership estimates saving the community an average of \$15-\$18 million a year in jail bookings, encounters with first responders, emergency room/hospital costs, and treatment expenses.

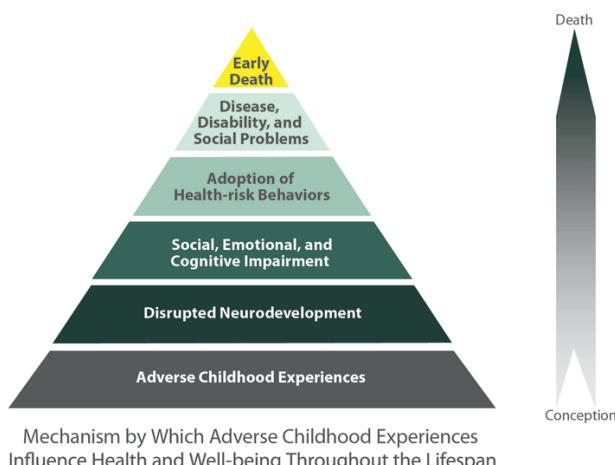
Crossroads provides a strict curriculum including drug and alcohol counseling, employment support, volunteer-work opportunities, and other tools aimed to help clients establish healthy relationships and improved life and social skills. Additional community agencies such as Alta Vista Mental Health and WestCare provide mental health services on-site to care for about 80% of clients with a co-occurring mental health disorder. Weekly alcohol and drug testing is a key component of the program and likely contributes to the success rate of clients. In 2017, over 7,000 alcohol tests were conducted, of those only 19 were positive; of the over 2,000 drug test conducted and 17 were positive. Clients are eligible to move onto the next tier of independent housing as they progress through the program. Crossroads received more referrals than the current bed capacity last year. In 2017:

- Crossroads added three additional houses to their transitional housing complex providing 6 more male beds.
- 14 crisis intervention beds are for seniors who are displaced due to elder abuse or related causes
- Crossroads operates 151 supportive transitional housing beds

Objective 4.1-4.5 Decrease bullying, suicide and depression among Washoe County youth

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful and/or traumatic events that can occur in a child's life which may include physical, emotional or sexual abuse due to parental hardship or parents being involved in the criminal justice system. A growing body of research has shown that exposure to multiple ACEs are strongly related to the development of poor health conditions, adult mental health concerns, and an increased risk for depression and suicide. Collectively, these outcomes provide an indication of overall life opportunity. Evidence suggests preventing ACEs and engaging in early identification of people who have experienced ACEs can aid in treatment and/or prevention of many health conditions. The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente developed an 11 question screening tool to help professionals determine an ACEs score. The higher the score, the more likely the individual will have adverse health repercussions later in life.¹⁴



Several non-profit organizations have reported utilizing county level ACE data and indicators outlined in the Youth Risk Behavior Surveillance System (YRBS) and the Behavioral Risk Factors Risk Surveillance Systems (BRFSS) as a tool to further explore service interventions to strengthen trauma prevention efforts. The use of the ACE survey has significant benefits in improving the way supports and services are provided by understanding trauma history to inform programs and health policies that support prevention of issues and recovery.¹⁵ In 2017:

- 18.4% of Washoe County high school students who report being electronically bullied, a 1.6% increase from 2016
- 8.9% of high school students who attempted suicide decreased by 2.8% since 2016
- 27.2% of Washoe County high school students who report they currently drink alcohol decreased by 8.3% since 2016.

In 2017, the rates of current substance use among youth in Washoe County decreased from 2016. Substance abuse prevention, screening and treatment are factors that likely contribute to improving substance use outcomes. A final report of the 2018 YRBS survey will be available in the spring of 2018.

¹⁴ Felitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.

¹⁵ Substance Abuse and Mental Health Services Administration. (2017). Adverse Childhood Experiences. Retrieved from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

Washoe County School District

Mentioned above, policies mandated by NRS 388 are intended to create a Bully Free Zone in all schools in Washoe County. Board Policy 9205 was established by The Board of Trustees to provide a safe and respectful learning environment and to investigate accusations of bullying and discrimination.¹⁶ During school year 2016-2017, 870 incidents of bullying were reported, slightly higher than SY 15-16. About half of those cases were determined to be incidents of bullying after investigation.¹⁷ The increases in bullying reports are likely due to more awareness of the reporting system. Preventative measures to stop bullying will foster safe learning environments that create positive self-esteem and belonging for every child.

Since 2011, the District conducts an annual Climate and Safety Survey to capture feedback and data about school environments from students, parents and teachers. The District utilizes survey results to reformulate intervention strategies as needed to provide a supportive learning culture at school sites. Currently, the District struggles to provide necessary resources to meet every need at each schools site and would benefit from increased funding for high-quality resources, mental health services for at-risk students, and continued teacher development.

 Safe and Healthy Schools Commission – Washoe County School District
The Safe and Healthy Schools Commission was created by the Board of Trustees to assist Trustees on matters concerning student safety and security of schools including, prevention and intervention, mitigation, preparedness, emergency response and recovery.¹⁸

The School Safety Advocacy Council, a consultant for Safe and Healthy Schools Initiative conducts evaluations across the district to identify key challenges associated with school safety. The School Safety Advocacy Council gathers data from parent forums, staff interviews, staff focus groups, school safety assessments, documents and MOU reviews, and climate survey analyses to form recommendations to enhance school safety.¹⁹ The recommendations included in the 2016-2017 District Safety Assessment are provided to the Safe and Health Schools Commission and District leadership for review to determine action steps to increase safety measures on school campuses. School Safety rates from the Climate Survey have continued an increasing trend, indicating improvements in the District providing a safe school environment. The following safety measures and procedures were recommended to further increase a positive school climate to foster learning:

- Emergency operations plan during a crisis incident or medical emergency
- Adoption of single point entry systems
- School visitor management and lockset systems
- Evacuation locations and procedures

¹⁶ Washoe County School District. (2017). Policy and Regulation Information. Retrieved from:
<https://www.washoeschools.net/site/default.aspx?PageType=3&ModuleInstanceID=1853&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=1356&PageID=1189>

¹⁷ Nevada Report Card. (2017). Safety. Retrieved from: <http://nevadareportcard.com/DI/nv/washoe>

¹⁸ Washoe County School District. (2017). Safe and healthy schools commission. Retrieved from: <http://www.washoeschools.net/Page/6120>.

¹⁹ Washoe County School District. (2016). Executive Summary: Consultant for Safe and Healthy Schools Initiatives. School Safety Advocacy Council.

- Professional development focused on employee capacity of school safety and emergency management

Multi-Tiered Systems of Support – Washoe County School District

Multi-Tiered System of Supports (MTSS) is an initiative aimed at maximizing student achievement by providing additional academic and positive behavior services. A large body of research demonstrates the positive association between students who report increased social and emotional skills and improved school performance. MTSS encourages the implementation of Social and Emotional Learning (SEL) curriculum aimed at teaching students how to manage emotions, demonstrate awareness of others, and how to make responsible choices.

All schools in WCSD are equipped with a cross functional team that collaborate to analyze student data and make action plans. The integrated instruction and intervention is delivered to students in varying intensities (three tiers) based on student need. Quality assessments are utilized to ensure that district resources reach the appropriate students at the appropriate levels to accelerate the performance of all students to achieve and exceed proficiency.

In school year 2016-2017, students across the district made remarkable progress further impacting the increase in graduation rates. Since the inception of SEL in 2012, graduation rates increased by 20% points, reflecting a possible positive association between SEL and student performance. Additional highlights in 2017 include:

- The State adopted Washoe County School District's Social and Emotional Learning Curriculum Standards.
- In SY 16-17, 80% of schools reported implementing SEL curriculum compared to 43% of schools implementing SEL curriculum in SY 12-13. Implementation is encouraged but is not mandatory.

In addition to on site supports, MTSS collaborates with the District Intervention Assistance Team (DIAT) to support students and families in need of immediate resources provided by the community. DIAT is a collaboration of experts from the District and community including social services, juvenile justice, Children's Cabinet, and other human services that meet weekly to provide resources supporting the most vulnerable students and families. While this has been a huge asset to the most vulnerable students, more resources are needed to fully meet the needs of our current student population.

Bully Prevention – Family Health Festivals

In 2017, Washoe County School District (WCSD) School Counseling program offered anti-bullying prevention education at the Family Health Festivals. To ensure a safe and respectful learning environment, education was provided on various methods to report bullying. Reports can be made verbally to any WCSD staff member, online or by contacting school police by phone. In addition to the WCSD Counseling program, organizations with similar bully prevention and positive behavior efforts participated such as Safe Routes to School, Communities in School and the Children's Cabinet.

Signs of Suicide Prevention Program

The Washoe County Children's Mental Health Consortium (WCCMHC) is an association that assesses behavioral health services for children in Nevada. The WCCMHC developed a statewide improvement plan on how to improve behavioral health services for children. Early intervention of youth experiencing mental health concerns or thoughts of suicide is one of four priority areas identified in WCCMHC's ten year plan. As a result, during school year 15-16 the Washoe County School District mandated all middle schools offer the Signs of Suicide (SOS) education and screening. The SOS program is an evidence based program structured to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression.

The SOS team is comprised of school counselors, three mental health therapists and program staff from the Children's Cabinet. The SOS team traveled to every middle school to administer the SOS program during the 2017 fall semester. Last year, funding from the grant was allocated to support an additional mental health therapist to accommodate the increase in students needing immediate mental health care on school sites. The lack of mental health providers in the community to care for students needing additional follow up care is a common barrier identified by SOS program staff and parents. In addition, students are hesitant to follow through with off-site appointments out of fear of what their peers might think. To mitigate those concerns, SOS staffs follow up with every student to create a safe climate of acceptance and normalcy. The lack of resources in the community proved to be a barrier for SOS staff as they struggled to keep up with the amount of students needing mental health services. The SOS is one of five behavioral health programs implemented under a four year federal grant. In 2017:

- 374 students were identified as needing immediate follow up care.
- 15% of the families reported they were able to schedule a follow up care appointment within the community.

Objective 5.1-5.22 Decrease substance use and abuse among youth

Parenting Wisely – Washoe County School District's Family Resource Centers

Parenting Wisely is a small group workshop with a series of three classes (two hours each) that teaches parents of 6-18 year old youth important skills for combating risk factors that may contribute to youth substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems including stealing, vandalism, defiance of authority, bullying, and poor hygiene.

The Parenting Wisely program is free and available throughout schools in Washoe County. During school year 2016-2017 this program reached between 75-100 parents, slightly lower than last year but meeting their goal of a minimum of 75 parents each school year.

Big Brothers Big Sisters Mentoring Program

The Big Brothers Big Sisters Mentoring Program is a volunteer mentoring network designed to help children living in single parent homes, growing up in poverty and who might be coping with parental incarceration. Participating youth ages 6-18 ("Littles") meet with their matched 18 and older ("Big") 1-2

times a week to explore the community and participate in activities that they would not otherwise have the opportunity to do. The Youth Outcomes Survey conducted by the organization shows that these relationships maintain or improve their social acceptance, scholastic competence, improve their grades, and improve their attitudes towards risky behaviors. In 2017:

- The mentoring program served 619 youth, 458 community-based matches, 161 site-based matches, a 92% increase from 2016.
- 87% graduation rate of age eligible “Littles”
- 150 at-risk youth are currently on a waiting list to receive a “Big”

Positive Action - ACCEPT

ACCEPT, a local non-profit organization, empowers under-served individuals and families by providing public health services and resources through community partnerships. Positive Action is a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students. The social and emotional learning program teaches understanding and management of self and how to interact with others through positive behavior. The effects of the program range from increased academic achievement to dramatic reductions in problem behaviors. ACCEPT added an incentive component to award students with gift cards for consistent attendance. In 2017, ACCEPT partnered with three after-school programs and one faith based organization to deliver the Positive Action program to a total of 75 youth, ages five to eleven.

Smart Moves and Smart Kids – The Boys and Girls Club of Truckee Meadows

Smart Moves and Smart Kids is a “risky behavior” prevention program for children ages five through twelve which is designed to engage youth through activities that teach them about self-awareness, interpersonal skills, decision-making skills, and drug and alcohol awareness. Smart Moves and Smart Kids is age specific which allows students who attend the Boys and Girls Clubs to move through each phase as they get older.

In 2017, The Boys and Girls Club of the Truckee Meadows implemented additional components to the program, focusing on bullying and suicide prevention in response to the needs of Washoe County. Last school year, SMART programs served a total of 1,220 youth, an additional 200 youth compared to 2016. This exceeded the goal of reaching 600 youth in Washoe County.

Teen Intervene – Quest Counseling

Teen Intervene is a brief, early intervention program aimed at reducing substance use in youth who show early signs of substance abuse problems. The program incorporates the stages of change model, motivational interviewing, and cognitive based therapy to reduce or eliminate substance use. In 2017, Quest Counseling administered the Teen Intervene in seven middle schools throughout Washoe County. The program is typically administered in three parts for students, parents and/or guardians and together to debrief. The length of sessions produce highly effective results but there are a limited number of staff who are trained to administer the program which can be challenging to add additional school sites in

need. During school year 2016-2017, 80 youth participated in Teen Intervene, an 82% increase from SY 15-16. This was above the target of 50 youth in Washoe County.

Brief Alcohol Screening and Intervention for College Students – University of Nevada, Reno

The Brief Alcohol Screening & Intervention of College Students (BASICS) program is aimed at students who drink alcohol heavily and have experiences or are at risk for alcohol-related problems while attending a university. The benefits of this program increase student's awareness of the risks associated with heavy drinking, and students gain an increased awareness of the alcohol-impaired choices that can lead to both health and legal problems. The program offers two one-on-one sessions with a trained alcohol counselor/educator. In these sessions, students receive information and develop skills to assist them in making choices related to the use of alcohol that support safety and student success. In 2017, UNR reached a total of 223 UNR college students with this program. About 20 more cases were reported compared to 2016, 11 of those students were self-referrals. In addition, Quest Counseling also reached 36 college aged students from the community.

In conclusion, awareness of the number of individuals struggling with behavioral health problems is increasing. However, the community is faced with a severe shortage of resources to adequately respond to the issues arising. Among our adolescence population, efforts to provide screening and mental health services are increasing through the Washoe County School District but the capacity of resources available are not sufficient to meet the growing need. Prevention and screening programs for youth and adults in the community are not easily accessed due to similar challenges in limited capacity. While appropriate screening is a critical first step, services must be available to address issues identified as a result of such screening. The problem is compounded for those who are left untreated, potentially exacerbating the illness and possible co-occurring substance use disorder. The lack of treatment capacity is causing serious mentally ill individuals to seek intensive care treatment from the emergency rooms, at a high costs and limited effectiveness. In addition to limited availability of mental health resources and treatment facilities there is a social stigma of being branded as a substance abuser or someone with a mental illness. These challenges prove to be significant barriers to accessing treatment, resulting in poor outcomes and increased costs to the community. As more resources become available, timely and appropriate screening and treatment will improve behavioral health outcomes for our community.

Behavioral Health: How Did We Measure Up?

Objective 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.

Status	CHIP Objectives	Performance Measure	Baseline 2015	Result 2016	Target 2017	Result 2017	Trend ↑↓
	3.1 Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment.	% of WC adults with SMI who receive treatment	TBD	TBD	72.3%	~	
	3.2 Increase the proportion of adults aged 18 years and older with major depressive episodes who receive treatment.	% of WC adults with MDEs who receive treatment	TBD	TBD	75.9%	~	
	3.3 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.	% of WC residents who receive treatment for both substance abuse and mental disorders	TBD	TBD	3.6%	~	

*Data source not available to measure CHIP objectives 3.1-3.3.

Objective 4: Create a healthier environment for Washoe County youth.

Status	CHIP Objectives	Performance Measure	Baseline 2013/2015	Result 2015/2016	Target 2017	Result 2017	Trend ↑↓
Red	4.1 Decrease the number of K-12 bullying incidents within the Washoe County School District.	# of K-12 WCSD bullying incidents	450 (2015)	515	10% reduction	525	↑1.9%
Yellow	4.1.a Decrease the percentage of Washoe County high school students who are bullied on school property.	% of WC high school students who are bullied on school property	21.7% (2013)	20.8%	19.5%	19.8%	↓1.0%
Red	4.1.b Decrease the percentage of Washoe County high school students who are electronically bullied.	% of WC high school students who are electronically bullied	16.9% (2013)	16.8%	15.2%	18.4%	↑1.6%
Green	4.2 Decrease the percentage of Washoe County high school students who miss school because they feel unsafe at school or on their way to or from school.	% of WC high students missing school because they feel unsafe	14.9% (2013)	9.0%	13.4%	12.7%	↑3.7%

	4.3 Decrease the percentage of Washoe County high school students who feel sad or hopeless.	% of WC high school students feeling sad or hopeless	34.0% (2013)	33.5%	30.6%	36.6%	↑3.1%
	4.4 Decrease the percentage of high school students who seriously consider attempting suicide.	% of high school students seriously considering suicide	21.0% (2013)	18.8%	18.9%	18.6%	↓0.2%
	4.5 Decrease the percentage of high school students attempting suicide.	% of attempted suicides by high school students	14.0% (2013)	11.7%	12.6%	8.9%	↓2.8%

Objective 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

Status	CHIP Objectives	Performance Measure	Baseline 2013	Result 2015	Target 2017	Result 2017	Trend ↑↓
WASHOE COUNTY HIGH SCHOOL STUDENTS							
	5.1 Decrease the percentage of Washoe County high school students who currently drink alcohol.	% WC high school students who currently drink alcohol	36.5%	35.5%	34.7%	27.2%	↓8.3%
	5.2 Decrease the percentage of Washoe County high school students who recently participated in binge drinking.	% of WC high school students participating in binge drinking	23.3%	19.3%	22.1%	*12.0%	
	5.3 Decrease the percentage of high school students who drank alcohol for the first time before age 13 years.	% of WC high school students who drank alcohol for the first time before age 13 years	23.2%	18.3%	22.0%	17.9%	↓0.4%
	5.7 Decrease the percentage of Washoe County high school students who ever used marijuana.	% of WC high school students who have ever used marijuana	29.2%	45.2%	46.7%	38.8%	↓6.4%
	5.8 Decrease the percentage of Washoe County high school students who tried marijuana for the first time before age 13 years.	% of WC high school students who tried marijuana for the first time before age 13 years	13.7%	13.2%	13.0%	12.5%	↓0.7%
	5.9 Decrease the percentage of Washoe County high school students who currently use marijuana.	% of WC high school students who currently use marijuana	28.2%	24.6%	26.8%	23.2%	↓1.4%

	5.11 Decrease the percentage of Washoe County high school students who ever used methamphetamines.	% of WC high school students who have ever used meth	6.7%	4.8%	6.4%	4.8%	=
	5.12 Decrease the percentage of Washoe County high school students who ever used cocaine.	% of WC high school students who have ever used cocaine	11.3%	9.2%	10.7%	7.2%	↓2.0%
	5.13 Decrease the percentage of Washoe County high school students who ever used inhalants.	% of WC high school students who have ever used inhalants	11.5%	8.0%	10.9%	9.1%	↑1.1%
	5.14 Decrease the percentage of Washoe County high school students who ever used heroin.	% of WC high school students who have ever used heroin	4.6%	3.5%	4.4%	3.2%	↓0.3%
	5.15 Decrease the percentage of Washoe County high school students who ever used ecstasy.	% of WC high school students who have ever used ecstasy	16.2%	10.5%	15.4%	8.3%	↓2.2%
	5.16 Decrease the percentage of Washoe County high school students who ever took prescription drugs without a doctor's prescription.	% of WC high school students who ever took prescription drugs w/o a Dr.'s prescription	21.9%	18.3%	20.8%	*14.8%	
	5.20 Decrease the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property.	% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	33.1%	27.9%	31.4%	28.3%	↑0.4%
	5.21 Decrease the percentage of Washoe County high school students who drove a vehicle when they had been drinking alcohol.	% of WC high school students who drove a vehicle when they had been drinking alcohol	11.7%	8.2%	11.1%	4.9%	↓3.3%
	5.22 Decrease the percentage of Washoe County high school students who rode in a vehicle driven by someone who had been drinking alcohol.	% of WC high school students who rode in a vehicle driven by someone who had been drinking	24.6%	22.1%	23.4%	15.2%	↓6.9%
*In 2017, wording of this question changed. Comparisons should not be made to previous years.							

Status	CHIP Objectives	Performance Measure	Baseline 2012	Result 2016	Target 2017	Result 2017	Trend ↑↓
	5.4 Decrease the percentage of University of Nevada, Reno students who drank alcohol in the last 30 days.	% of UNR students who drank alcohol in the last 30 days	65.3%	59.9%	62.0%	~	
	5.5 Decrease the percentage of University of Nevada, Reno students who recently participated in binge drinking.	% of UNR students participating in binge drinking	29.7%	34.8%	30.5%	~	
	5.6 Decrease the average number of drinks consumed by University of Nevada, Reno students on last drinking occasion.	# of drinks consumed by UNR students on last drinking occasion	4.62	4.12	4.39	~	
	5.10 Decrease the percentage of University of Nevada, Reno students used marijuana in the last 30 days.	% of UNR who used marijuana in the last 30 days	18.3%	19.9%	40.0%	~	
	5.17 Decrease the percentage of University of Nevada, Reno students who took prescription painkillers without a doctor's prescription in the last 12-months.	% of UNR students who took prescription painkillers w/o Dr.'s prescription in the last 12-months	11.0%	5.6%	10.5%	~	
	5.18 Decrease the percentage of University of Nevada, Reno students who took prescription sedatives without a doctor's prescription in the last 12-months.	% of UNR students who took prescription sedatives w/o a Dr.'s prescription in the last 12-months	5.3%	2.9%	5.0%	~	
	5.19 Decrease the percentage of University of Nevada, Reno students who took prescription stimulants without a doctor's prescription in the last 12-months.	% of UNR students who took prescription stimulants w/o Dr.'s prescription in the last 12-months	6.7%	6.1%	6.4%	~	

~Data not available

Notes:

- Many substance abuse prevention programs are funded by Join Together Northern Nevada (JTNN). Programs include Parenting Wisely, Project Towards No Drug Abuse, The Big Brothers Big Sisters Mentoring Program, Positive Action, Smart Moves and Smart Kids, Promoting

Alternative Thinking Strategies (PATHS), Teen Intervene and Alcohol-Wise. Some of these programs may not be funded in the next year due to budgetary restraints.

- **Objective 4.1** – 14.4% increase is likely due to enhanced reporting and baseline data may have been under-reported.
- **Objectives 3.1-3.3** - Adult mental health objective data is currently unavailable.
- **Objective 5.4** – Objective has been reflected to indicate the number of students who report ‘any use within the last 30 days’
- **Objective 5.5** – Objective has been changed to reflect the number of students who report having five or more drinks the last time they partied. Baseline (2012) was inaccurate and has been changed from 32.1% to 29.7%.
- **Objective 5.6** – This number is the mean/average number of drinks students reported. It is lower despite the increase in five or more drinks because fewer students reported having six or more drinks.
- **Objective 5.10** - Objective has been changed to reflect the number of students who have used marijuana in the last 30-days. Changing the verbiage of this indicator to more accurately reflect marijuana use has also changed the 2012 baseline measure from 42.1% to 18.3%.
- **Objective 5.17-5.19** – The objective narrative was changed to reflect the questions utilized in the Nevada College Health Assessment.

E ducation (K-12)

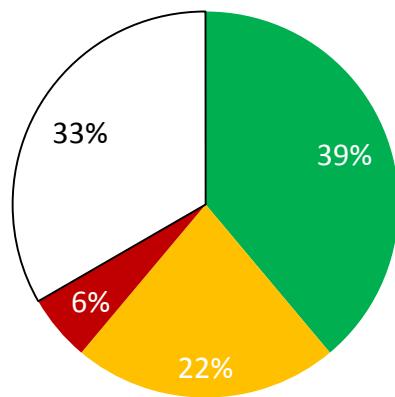
Over the past decade in the United States a number of education reforms have been enacted to measure and improve student learning outcomes. Despite these well intentioned programs including; No Child Left Behind, Race to the Top and Every Student Succeeds Act,

public education in Nevada remains a troublesome problem. Nevada K.I.D.S. Read, formerly known as Nevada's Read by Grade 3 program, is a product of SB 391 (2015) which made changes to the state statutes governing accountability reporting and student retention. The purpose of Nevada K.I.D.S. Read is to directly and indirectly address the dropout crisis, improve student achievement, and increase graduation rates; give more of our youngest learners access to high-quality early childhood education; and ensure all students achieve high standards that prepare them for college and the workforce.²⁰

To ensure a strong opportunity for every student in our state, Nevada K.I.D.S. read required a newly revised Nevada State Literacy Plan (NSLP) that aligned curriculum for student achievement and to serve as a key foundational resource for Nevada educators. The Washoe County School District (WCSD) utilized the NSLP as a springboard for guidance to develop a local plan to improve the literacy of pupils enrolled in K-3 grades.²¹ Understanding performance at the completion of third grade is important because children who fail to read proficiently by the end of third grade are more likely to drop out of high school, reducing their earning potential and chances for long term success.

In SY 2016-2017, only 44% of third grade students in Washoe County were proficient in reading; slightly lower than the previous school year proficiency rate of 47%.²² WCSD will continue to focus their efforts on ensuring kindergarten students who are not proficient in reading have interventions in place as this will be the first class of students to be impacted by the retention component of the changes to statute. Nevada K.I.D.S. Read efforts will help Nevada's youngest learners read proficiently by grade three—a key predictor of school success and high school graduation. Increasing the high school graduation rate is both a short and long term goal, looking to the future; the Washoe County School District is striving to reach their goal of "90 by 20," which is 90% graduation rate by the year 2020. Progress is being made in

CHIP Education Objective Status, 2017



■ Met/Exceeded Target ■ Progress Toward Target
 ■ Did Not Meet Target ■ No Data

²⁰ State of Nevada Department of Education. (2016). Nevada's Read by Grade 3 Program. Retrieved from: <http://www.doe.nv.gov/RBG3/Home/>

²¹ Washoe County School District. (2016). Literacy plan K-3. Retrieved from: <http://tinyurl.com/j6pcon4>.

²² Nevada Department of Education. (2017). Nevada Report Card. Retrieved from: <http://nevadareportcard.com/DI/nv/washoe/2017>

this direction; the graduation rate for Class of 2017 was 84% which is a 7% increase from the previous year.

In 2017, Washoe County agencies, community organizations, and individuals strategically worked together to ensure alignment of targeted efforts to improve educational outcomes. The Community Health Improvement Plan (CHIP) Steering Committee identified two goals for this priority:

- **Goal 6:** Improve health outcomes of Washoe County youth through educational attainment.
- **Goal 7:** Support student health, wellness and achievement through nutritious eating habits and physical activity.

There are 11 strategies implemented by eight community partner groups within this priority to make movement on 18 performance measures/objectives.

Progress: Education Strategies & Objectives

Washoe County's community agencies, organizations and individuals have made progress on eight of the objectives and have advanced seven of the strategies which are currently meeting or exceeding their targets. In 2017, 39% of the objectives were met and 64% of the strategies were met.

Objective 6.1-6.4 Increase the High School Graduation Rates and Preparation for Higher Education



Communities in Schools

Communities in Schools (CIS) continues to make great strides in removing obstacles from the path of students so they are able to learn and succeed. Their site coordinators facilitate student achievements by working with the schools to conduct a needs assessment, create school-wide plans and develop a plan for each student. To support students' learning environment outside of the classroom, CIS works to provide wraparound services through the following initiatives; hunger prevention, case management, academic tutoring, mental health and counseling, pediatric medical services and school supplies. In 2017, CIS's caseload increased by almost 10% and now serves around 3,000 students. CIS also expanded their program into Sparks Middle School, for a total of 6 programs across elementary, middle and high-schools. CIS provided 844 basic need services including school supplies, clothes and food; however, in many situations CIS also serves the student's siblings and families that are not captured into service numbers served.

- 1,183 hours of One-On-One case management
- 1,405 academic sessions provided
- 5,182 case management and behavioral interventions provided, a 142% increase compared to 2016
- 51 family engagement/life and social skills provided

²³ Washoe County School District. (2015). Envision WCSD 2020: Investing in our future. Strategic plan. Retrieved from: <http://www.washoeschools.net/domain/633>.

- 76% graduation rate among CIS students in Washoe County, 23% higher than WCSD's Children in Transition graduation rate.

Nevada Literacy Plan – Washoe County School District

As mandated by Nevada K.I.D.S Read, the Washoe County School District Literacy Plan was designed to address PreK-3rd grade literacy achievement, in which preschool and early elementary grade educators work closely together to study teaching and learning through alignment of curricula, methodology, and assessments. Learning Strategists (LS) were identified to assist the Instruction and Curriculum team in overseeing the WCSD's literacy plan within each school, provide teachers with the required professional development trainings and provide intensive instruction to students who have been identified as deficient in literacy. In school year 16-17, WCSD's literacy plan and NSLP's assessment tools were fully implemented to track data for release next school year. This information helps schools analyze academic progress and if resource allocation is needed to ensure all students succeed. LSs are finding the workload of implementing the literacy plan and teaching a full caseload of students a challenge. As a result, the Instruction and Curriculum team developed The Tier 1 Framework for Literacy to provide daily literacy instruction for teachers to supplement the WCSD's literacy plan.²⁴ Instruction and Curriculum is also exploring strategies to partner with community agencies to provide students and families with additional resources outside of the classroom thereby improving literacy achievement. In addition to the implementation of a literacy plan, another major component of Nevada K.I.D.S. Read is parent engagement. Factors that influence school readiness include family and community supports and environments, as well as children's early development opportunities and experiences. A strong predictor of student's proficiency level begins prior to kindergarten when parents serve as their child's first teacher.

United Way of Northern Nevada and the Sierra

In October of 2017, United Way of Northern Nevada and the Sierra (UWNNS) presented their Community Solutions Action Plan (CSAP), "Literacy is the Cure" to address Third Grade Reading proficiency in Northern Nevada. The CSAP is led by a coalition of businesses, individuals, government agencies and other non-profits working in collaboration to ensure that more children in low-income families succeed in school; graduate prepared for college and a career, and aspire for active citizenship. The strategies identified in the CSAP support Nevada's Read by Grade Three initiative and will be measured by the statewide common assessment tools to accurately track children's literacy progress and baseline. This will allow children's proficiency to be tracked consistently providing a core measure on which to focus all efforts and pinpointing areas of greatest need.

UWNNS is nearing the end of a three-year grant cycle with partners who have created movement over the past year in three key program areas. 1.) Early Learning and Development 2.) Kindergarten Readiness and Early Literacy 3.) Early Grade Success. The following programs worked in support of these three key program areas:

²⁴ WCSD Curriculum & Instruction. (2017). Retrieved from: <https://www.washoeschools.net/Page/1044>

Nature's Transformers led by Sierra Nevada Journeys—Nature's Transformers' focuses on the advancement of STEM through field study experiences that stimulate cognitive and linguistic learning to promote early literacy development.

- Parent engagement increased by 6% from last year, totaling 2,448 parents and children in 2017.
- 1,406 books were distributed to children to start at home libraries.
- Pre- and post- test scores gauging science-based literacy went up from 32% to 78% upon completion of the program.

Building Blocks to Literacy led by Wells Family Resource Center—Building Blocks to Literacy incorporates a three pronged approach to prepare children with the basic fundamentals to be Kindergarten ready, provides professional development to pre-K teachers to enhance social-emotional classroom skills using the TACSEI model (Technical Assistance Center on Social Emotional Intervention, and library usage.

- Over 90% more teachers attended TACSEI training than anticipated reaching a total of 295 teachers.
- 236 new library cards were issued to increase parent engagement, a total of 1008 parents and children participated in the program.

Boys and Girls Club Reads led by Boys and Girls Club of the Truckee Meadows—The Boys and Girls Club Reads focuses on preventing “summer learning loss” through library partnerships, parental engagement, and academic tutoring.

- 1,463 parents and children were engaged in summer learning across the region, a 60% increase compared to last school year.
- 53% of children were reading at grade level before entering the program, after completing the program 78% were reading at grade level.

Family Reading Program led by the Northern Nevada Literacy Council—The Family Reading program teaches parents techniques to extend the literacy value of a book by reading with their children to support emerging language and literacy skills.

- Parent and children participation increased by 17% in 2017.
- 1042 families completed family literacy trainings.
- 968 books and activities were distributed to families to increase time reading with children.

 **Education Alliance**
The Education Alliance of Washoe County is a community partnership that fosters educational excellence and student achievement. Through leadership, advocacy and resource development Educational Alliance is bridging the private sector and community to support college and career readiness. The impact from their partnerships have played a significant role in bringing necessary resources and expertise to the learning environment by helping to create relevant pathways for Washoe County's future graduates.

Education Alliance and Higher Education entities are working together through the P-16 Advisory Council to help all students achieve their career and life goals. In 2017, the council created a new survey

focused on identifying student's interests and aligning them with high schools that had relevant programs. The purpose of this endeavor is to increase high school graduation rates by connecting students to studies of interest and allow them to gain workforce experience. In addition, the P-16 Advisory Council has compiled data to produce the 2017 Data Profile in spring of 2018. This report includes data on key indicators of high school performance, college enrollment, college success of WCSD students, and workforce development needs of Nevada.²⁵

Lastly, Education Alliance supports college and career readiness through the Run for Education Passport Program. They are strong advocates for physical education as it strongly correlates to improved body function, increased brain function and improves academic outcomes.²⁶ Last year, the Run for Education raised funds for 91 schools in Washoe County. To date, \$1.77 million dollars have been raised for schools and students.

Objective 7.1-7.3 Increase Physical Activity, Proper Nutrition and Wellness Among Washoe County Youth

 **Wellness Advisory Committee - Washoe County School District**
The Student Wellness Advisory Committee has been established to serve in an advisory capacity to the Washoe County School District (WCSD) Board of Trustees in areas of student health and wellness. The committee has facilitated the implementation of the Student Wellness Policy to provide a foundation of health and wellness knowledge, and skills to aid students in making informed choices on nutrition, activity level and physical environment. The Washoe County School District's 2016-2017 Student Wellness Goals align with state and federal laws and regulations.²⁷

Wellness Goal 1— Nutrition Promotion and Education

Wellness Goal 2— Physical Activity-participate in thirty (30) minutes of daily, moderate to vigorous physical activity

Wellness Goal 3— School Based Activities that Promote Student Wellness

In school year 2016-2017, schools made significant progress toward meeting the three wellness goals

- 75 schools educated school sites and the community on "Smart Snack Standards" to increase understanding among teachers, students, and parents, an increase from 57 schools in 2016.
- 73 schools formalized P.E. and wellness instruction compared to 47 schools in 2016.
- Wellness coordinators have been established at 57 school sites, an increase from 35 schools sites last year.

As the Wellness Committee moves forward they will continue to work with schools on the following efforts to achieve 100% compliance with state and federal policies:

- Identify Wellness Champions to implement the Interactive Health Technologies (IHT) Program in elementary, middle and high schools to meet the physical activity federal mandate. The IHT

²⁵ Education Alliance of Washoe County (2017). About us. Retrieved from: <https://ed-alliance.org/about/>.

²⁶ Centers for Disease Control and Prevention. (2017) Healthy Schools. Retrieved from:
<https://www.cdc.gov/healthyschools/physicalactivity/facts.htm>

²⁷ Washoe County School District. Student Wellness Advisory Committee. Retrieved from: <https://www.washoeschools.net/Page/5752>

program shows heart-rate based physical education improves student fitness and academic performance in Math and English. Student's fitness improvements are assessed in conjunction with their Measure of Academic Progress (MAP) scores. Washoe leadership will look at applying for grants that will enable the district to purchase the accompanying software to expand the program throughout the 64,000-student district.

- Explore recommendations to keep District vending machines compliant with the Smart Snack standards. Possible recommendations include: actions to remove vending machines on school campuses and staff and faculty area, limiting hours of machine operation within student access, and consider products being sold.

Nutrition Services Department – Washoe County School District

The Washoe County School District Nutrition Services Department's (NSD) mission is to utilize exceptional customer service to provide access to nutritious, appealing, high quality meals to every student in a healthy and safe environment, while maintaining fiscal responsibility. This department administers child nutrition programs in 95 sites throughout Washoe County School District. The department runs a central Production Facility, and a food warehouse and distribution facility. The department provides breakfast and/or lunch in all school cafeterias as well as some charter schools.²⁸

Increasing meal participation has consistently been a goal of the NSD and in pursuit of that goal; many schools in Washoe County utilize an option known as Provision 2. Provision 2 requires that the participating schools serve meals to all children at no charge and reduces the burden of collecting meal benefit applications to once every four years. Since all kids eat for free, the stigma of getting a school meal is reduced and meal participation typically increases.

During the 2016-2017 school year, there were a total of 43 Title 1 schools; 24 of those schools participated in Provision 2, the same number as the previous year. Looking towards the future, NSD will be utilizing a variety of means to improve school meal participation such as adding new chef inspired items to the menu, serving meals from the "Washoe Noshery" food truck, and continuing to serve breakfast the start of the school day at high needs schools.

Girls on the Run Sierras - Renown Health

Girls on the Run (GOTR) drives transformative and lasting change in the lives of third to fifth grade girls by providing safe and structured spaces where children learn skills to be physically active. Girls on the Run Sierras were generously awarded a \$225,000 Community Impact grant through Renown Health's 2015-2017 Community Benefits Plan. The funds were used to expand Girls on the Run programs into third through eighth grades of the Washoe County School District. GOTR programs are now in 10 Title 1 schools, an increase from 4 schools in the previous year. Girls on the Run Sierras achieved their 2016-2017 goals:

- 377 Washoe County girls have successfully completed GOTR programs, a 71% increase in participation from SY 2015-2016.

²⁸ Washoe County School District. (2016). Welcome to nutrition services. Retrieved from: <http://www.washoeschools.net/Domain/69>.



Wolf Pack Coaches Challenge – Washoe County Health District

The Wolf Pack Coaches Challenge was a one year pilot program implemented in 2017 by the Chronic Disease Prevention Program at the Washoe County Health District in partnership with Washoe County School District and Nevada Athletics. The efforts of this program target elementary school classrooms encouraging students to eat healthy and be physically active. In 2017, pre and post assessments measured student's consumption of fruits, vegetables, and level of physical activity. Students used a weekly tracker to record their "points" that was turned in for prizes at the end of the program. Students received 1 point for each fruit and vegetable eaten and 1 point for 15 minutes of physical activity. To increase physical activity in Washoe County schools, the program coordinator will be working with teachers to incorporate one-minute "brain-breaks" during class time and involving combined learning activities that align with Common Core Curriculum. In SY 2016-2017, 11 classrooms participated from four different schools.

- 229 students participated in the Wolfpack Coaches Challenge
- About 8% of students who completed a pre and post program assessment increased their physical activity
- A limited number of students reported an increase in fruit and vegetable consumption compared to pre-program assessment

In conclusion, educational attainment is critical as it provides the foundation for future employability and increased earnings. According to the Annie E. Casey Foundation's annual Kids Count report, Nevada ranks second-to-last for its overall education outcomes and among the bottom-performing states for children's economic well-being. Education in our state has some substantial challenges however, improvements are being seen; in part due to the legislative changes and increased funding that has occurred at the state level. In addition to increased funding for school districts, we've also seen community organizations making substantial progress to improve educational outcomes. Although there is still much left to be done, this is encouraging progress and further collaboration will likely lead to even greater positive change.

Education (K-12): How Did We Measure Up?

Objective 6: Improve the health outcomes of Washoe County youth through educational attainment.

Status	CHIP Objectives	Performance Measure	Baseline 2014-2015	Result 2015-2016	Target 2017	Result 2017	Trend ↑↓
	6.1 Increase the Washoe County School District graduation rate.	High school graduation rate	75.0%	77.0%	76.9%	84.0%	↑7.0%
	6.1a Increase the Washoe County School District graduation rate for Black/African American students.	High school graduation rate for B/AA students	66.0%	57.0%	67.7%	75.0%	↑18.0%
	6.1b Increase the Washoe County School District graduation rate for Hispanic/Latino students.	High school graduation rate for H/L students	67.0%	68.0%	68.7%	80.0%	↑12.0%
	6.1c Increase the Washoe County School District graduate rate for Native American/American Indian students.	High school graduation rate for NA/AI students	52.0%	66.0%	53.3%	71.0%	↑5.0%
	6.1d Increase the Washoe County School District graduation rate for Children in Transition.	High school graduation rate for Children in Transition	53.0%	42.0%	54.3%	53.0%	↑11.0%
	6.1e Increase the Washoe County School District graduation rate for children living in poverty.	High school graduation rate for children living in poverty	65.0%	66.0%	66.5%	77.0%	↑11.0%
	6.1f Increase the Washoe County School District graduation rate for students enrolled in Special Education classes.	High school graduation rate for children enrolled in special education classes	30.0%	31.0%	45.0%	59.0%	↑28.0%
	6.2 Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial math courses.	% of WCSD graduated requiring remedial math courses through TMCC	77.7%	~	47.5%	~	
	6.3 Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial English courses.	% of WCSD graduated requiring remedial English courses through TMCC	50.0%	~	34.2%	~	
	6.4 Decrease the percentage of Washoe County School District graduates attending UNR who require remedial math courses.	% of WCSD graduates requiring remedial math courses through UNR	36.0%	~	13.3%	~	

	6.5 Decrease the percentage of Washoe County School District graduates attending UNR who require remedial English courses.	% of WCSD graduates requiring remedial English courses through UNR	14.0%	~	13.3%	~	~
Objective 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.							
Status	CHIP Objectives	Performance Measure	Baseline 2014-2015	Result 2015-2016	Target 2017	Result 2017	Trend ↑↓
Green	7.1 The Washoe County School District will adopt a Student Wellness Policy that meets state and federal requirements for nutrition and physical activity.	Adoption/Implementation of School Wellness Policy	0	1 adopted	1 adopted	1 adopted	=
Red	7.2 Increase the percentage of Title 1 schools with Provision 2 or Community Eligibility status.	% of Title 1 schools with Provision 2 or community eligible status	58.5%	55.8%	100% (2020)	55.8%	=
Yellow	7.3 Increase the number of Title 1 schools with Girls on the Run programming.	# of Title 1 schools with Girls on the Run programming	4	12	14	10	↓
Yellow	7.3.a Provide the Girls on the Run program to 500 adolescent girls in Washoe County.	# of WC adolescent girls participating in the Girls on the Run program	218	381	400	377	↓
Yellow	7.4 Pilot the UNR Coaches Challenge program in at least 20 elementary school classrooms within Washoe County.	# of WC elementary classrooms piloting Coaches Challenge	0	37	20	11	↓
	7.4.a Washoe County elementary students who complete Coaches Challenge will report an increase in physical activity.	% increase in physical activity	-	-	20% increase	~	
	7.4.b Washoe County elementary students who complete Coaches Challenge will report an increase in nutritious eating.	% increase in nutritious eating	-	-	20% increase	~	

~Data not available

Notes:

- **Objective 6.2-6.5** – Data not available until mid-2018.
- **Objective 7.4a-7.4b** – Data not available until mid-2018.
- Since third grade literacy can be an indicator of graduation rates, it was recommended that a third grade literacy measure be added into future CHIPs.

Food Security

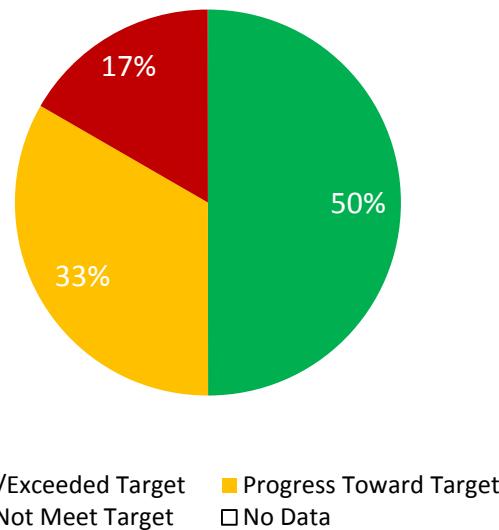
A household that is food insecure has limited or uncertain access to enough food to support a healthy life.²⁹ During the recession, USDA's Economic Research Service reported 14.6% of households in America were food insecure. In 2015, about 13.7% of households in Nevada were food insecure. Similar to the state, in 2015, about 12.7% of residents living in Washoe County were food insecure.³⁰ Additionally, the relationship between food insecurity and health is substantial. Food insecurity over an extended period of time may present long-term health challenges and reduce quality of life further increasing health costs.

The rate of food insecurity has declined from its peak levels; several factors have contributed such as benefits from the economic recovery, the Affordable Care Act, and federal food assistance programs like the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. SNAP has allowed the working poor, struggling families and seniors to allocate more of their resources to purchase basic needs other than food. Participation rates amongst eligible households in Nevada has remained low and SNAP participation did not decline as economic conditions in Nevada improved post-recession. Today, nearly 60,000 persons are enrolled in SNAP and the increase in participation is likely a reflection of substantial outreach efforts by various entities such as Food Bank of Northern Nevada.

The decrease in food insecurity is encouraging but much work remains to further reduce the number of people who are food insecure and at risk for long-term health consequences. In an effort to meet that need, the steering committee established two goals for this priority:

- **Goal 8:** Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.
- **Goal 9:** Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

CHIP Food Security Objective Status, 2017



■ Met/Exceeded Target ■ Progress Toward Target
 ■ Did Not Meet Target ■ No Data

²⁹ Feeding America. (2017) Hunger and Poverty Facts. Retrieved from: <http://www.feedingamerica.org/hunger-in-america/hunger-and-poverty-facts.html>

³⁰ Kerwin, H. (2018). Washoe County Community Health Needs Assessment. Washoe County Health District, Renown Health, and Truckee Meadows Healthy Communities. Retrieved from: https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf

There are six strategies implemented by five community partner groups within this priority to make movement on 10 performance measures/objectives.

Progress: Food Security Strategies & Objectives

For this priority 50% of the objectives have been met for this priority and 60% of the strategies have been met. In addition, this priority has aligned itself with the Collaborating for Communities (C4C) Food Security Community Action Network (CAN).

Objective 8.1-8.5 Implement programs to reduce the food insecure in Washoe County



PhotoVoice Project

The PhotoVoice project was a tool utilized to inform the C4C CANs about the needs and experiences of those living in neighborhoods within the 89502 zip code. PhotoVoice is a process in which people with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances can use video and/or photo images to capture their environments and experiences to tell a story.³¹

A documentation of the PhotoVoice project can be viewed on YouTube: <https://www.youtube.com/watch?v=3wK6IdPwQGk>. Pictures can also be viewed on the walls of Washoe County Health District, Building B.

As a result of the project in 2015, cross sector partners determined food security, health access, education, financial stability, and housing were community outcomes they wanted to address through the development of three CANs: C4C Housing CAN, Economic Stability CAN, and Food Security CAN.



Collaborating for Communities Food Security Community Action Network

In December of 2017, the three year grant cycle from the Annie E Casey Foundation concluded. The C4C Leadership team presented the final products from the C4C Housing CAN, Economic Stability CAN, and Food Security CAN in Baltimore among other selected grantee recipients. The purpose of their presentation demonstrated a structured approach to achieve community-based outcomes that improved family stability. Dedicated partners comprised of various community stakeholders ranging from the healthcare sector, to non-profit community organizations developed a [Food Security Action Plan](#) outlining collaborative initiatives that focused on increasing; SNAP and WIC utilization, Mobile pantry outreach through schools, and food insecurity screening protocols.

In 2017, a significant two-year pilot project was developed and implemented, the Prescription Pantry. Through support from the State of Nevada, Fund for Healthy Nevada and the Food Bank of Northern Nevada a grant will support project efforts from July 1, 2017- June 30, 2019. Healthcare providers from Renown Health, Community Health Alliance and Northern Nevada HOPES will screen patients for food insecurity. When it is determined that a patient is food insecure, the patient is provided a “prescription”

³¹ Community Tool Box. (2016). Implementing photovoice in your community. Retrieved from: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main>.

to access food at one of the seven community healthy food pantries, or the clinic based pantry at Community Health Alliance. After the patient redeems their “prescription for food”, they are referred to a Community Health Worker and are connected to other federal nutrition programs that they may be eligible for such as, SNAP, WIC, school breakfast and lunch, and other federal commodities. During the first six months of launching Prescription Pantry, 104 households have redeemed a prescription.

Community Garden Plan

The Community Garden CHIP subcommittee started to draft an action plan to include the initiatives of the CHIP Food Security focus area. After two successful small projects were implemented at the Truckee Meadows Healthy Communities Family Health Festivals; the subcommittee recognized existing food security and sustainability efforts underway in the community and determined the need to broaden their focus area to impact a greater number of families.

As a result, the Community Garden CHIP subcommittee’s action plan was folded into the C4C Food Security Action Plan. In addition to merging efforts with the C4C Food Security CAN, the Washoe County Health District utilized a Master’s in Public Health intern to conduct a local food system assessment. The results of the assessment identified health effects of food insecurity in Washoe County, common barriers to food insecurity and recent legislation efforts around community gardens. Following the assessment, a comprehensive map of recommendations to address food sustainability was developed and utilized by the C4C Food Security CAN.



Objective 9.1 Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

Washoe County Senior Services

Washoe County Senior Services works collaboratively with the community to provide a higher quality of life for all residents, regardless of age. Senior Centers throughout Washoe County are available to provide direct and indirect services such as “Meals on Wheels”, case management, legal services, and adult day health programs. Washoe County Senior Services offers two senior nutrition programs:

Congregate Meal Program – This program offers lunch to seniors who are 60 years of age or older. Meals are offered at 10 senior meal locations. The Older American Act provides funding for this program.

Home Delivered Meals – A meal delivery service is offered to seniors who are 60 years of age, at a high nutritional risk and who cannot participate in the Washoe County Senior Services Congregate Meal program due to an illness or disability.³²

In FY 2016-2017, the Washoe County Human Services Agency received over \$1M in federal funding to support the senior nutrition program. Washoe County served 381,913 meals to seniors participating in the Congregate and Home Delivered meal programs. In addition, Meals on Wheels received a \$82,000 increase in funding for FY18 as a result of the 2017 legislative session.

In conclusion, food insecurity has declined from peaking during the recession but the rates have not decreased to pre-recession levels. Considerations of economic indicators likely reflect this trend as more households have jobs that reduce financial challenges however; in some cases the total household income is not enough to keep families consistently fed without assistance due to many competing financial strains. Increased outreach efforts to connect eligible participants to federal food assistance programs have significantly improved utilization rates and have increased access to food through SNAP, School Breakfast and Lunch programs and other nutrition assistance programs. To ensure the health and well-being of those living in Washoe County, community organizations will need to continue working together to reduce household food insecurity by expanding opportunities for families, improving participation in federal nutrition programs, and ensuring families have access to reasonable prices and healthy food.

³² Washoe County. (2017). Nutrition programs: The Senior nutrition programs. Retrieved from: <https://www.washoecounty.us/seniorsrv/nutrition/>.

Food Security: How Did We Measure Up?

Objective 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.

Status	CHIP Objectives	Performance Measure	Baseline 2015	Result 2016	Target 2016	Result 2017	Trend ↑↓
	8.1 Conduct a community needs assessment in the 89502 zip code with the goal of better understanding the role of food banks and their partners in a structured approach to achieve community-based outcomes that improve family stability.	Food Security Needs Assessment	0	1	1	1	=
	8.2 Design a plan for improving outcomes identified through the community needs assessment process (identified in Objective 8.1), including the identification of interventions that draw from the best available evidence base.	Plan for improving outcomes	0	0	1	1	↑
	8.3 Design an evaluation and data collection plan for those interventions identified in Objective 8.2.	Evaluation and data plan	0	0	1	0	
	8.4 Implement interventions identified in Objective 8.2 and assess outcomes utilizing the evaluation plan in Objective 8.3.	Interventions implemented	0	0	1	0	
	8.5 Develop a Washoe County Community Garden Plan to identify goals, objectives and strategies for Community Gardens in low-income neighborhoods.	Develop/Implement Strategic Plan	0	0	1	~	

Objective 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

Status	CHIP Objectives	Performance Measure	Baseline 2015	Result 2016	Target 2016	Result 2017	Trend ↑↓
	9.1 Reduce the gap in the number of meals served to seniors residing in Washoe County.	# of meals needed to meet the needs of the WC senior population	114,000	234,092	81,000	381,913	↑38.7%

~Data not available

Conclusion

The Washoe County Health District's (WCHD) 2017 Annual Report for the Community Health Improvement Plan (CHIP) provides an annual review of the activities and collaborative efforts completed by the Washoe County Health District, CHIP workgroups, and community partners and agencies associated with the CHIP. The purpose of the CHIP is to provide the community with a roadmap to address health problems, and the planning process guided community leaders in making decisions about where to focus resources to make a measurable impact to improve the health of Washoe County. Through the four identified health priorities; **Access to Healthcare and Social Services, Behavioral Health, Education (K-12), and Food Security**, specific goals, objectives and strategies were identified and significant progress was reached in each priority through the efforts of the workgroups. While the CHIP is a community driven and collectively owned health improvement plan, WCHD was charged with providing administrative support, tracking and collecting data, and preparing the annual report. The collective progress made by organizations across the community reflects a commitment to the collaborative work to support improved health outcomes.

Many great achievements occurred during the second year of CHIP implementation as highlighted below, which would not have been possible without the great support of the community. While strides were made, some valuable lessons were also learned that will help guide subsequent CHIP development.

Achievements

- Since the initial CHIP publication in 2015, there has been documented progress in implementing or achieving 43 of 66 objectives and 43 of 56 strategies.
- In partnership with Truckee Meadows Healthy Communities and various community organizations, the WCHD created a health hub of direct and social services through Family Health Festivals and a Remote Area Medical Clinic.
- With the increased awareness of the prevalence of mental health challenges across all ages, efforts to improve prevention, treatment and recovery systems among youth and adults have been initiated.
- Supportive efforts have furthered student performance, increasing the Washoe County graduation rates to 84%, a 7% increase from SY 15-16.
- Prescription Pantry, a two year pilot project designed to reduce food insecurity in Washoe County by screening patients for insecurity during primary care visits was implemented. The collaborative effort is supported by the State of Nevada, Fund for Healthy Nevada, the Food Bank of Northern Nevada, in partnership with Renown Health, Community Health Alliance, Northern Nevada HOPES and seven community food pantries and Urban Roots.
- CHIP workgroups demonstrated a great deal of enthusiasm for engaging with the Washoe County Health District. This enthusiasm relates not only to the important goals outlined in the CHIP, but also to the spirit of partnership that is required to work together across sectors to improve the health and well-being of Washoe County's residents.

- The CHIP workgroups met and shared information about community assets and resources, health initiatives and interventions, and other opportunities and programs to address the top four priorities. CHIP workgroups actively identified programs with which they were most familiar, provided and collected baseline data, and developed objectives and strategies addressing nine overall goals for each priority area.

Lessons Learned

- *Educate the broader community about the purpose of the Community Health Improvement Plan.* Further education about the purpose of the CHIP provides a common vision and shared approach for local partners working towards a healthy community, and could mitigate working in silos, duplication of efforts or competing efforts among organizations.
- *Lack of consistently identified data sources to measure baseline and subsequent CHIP progress.* Identifying a reliable source for baseline data with a reporting frequency that matches the timeline for targets and annual reporting of progress was a consistent challenge. Additionally, in some cases the outcomes reported were measured by individual organizations which resulted in some variability. Going forward, identifying consistent data sources and considering the timing of the reporting of that data may result in a clearer and more consistent determination of progress towards achieving objectives.
- *The amount of strategies and measures.* Inclusion of 55 strategies and 63 objectives is an extensive list of challenges to attempt to make meaningful progress on. Narrowing the scope of the subsequent plan may assist in ensuring meaningful progress occurs going forward given the limited resources available.
- *Availability of resources.* A continued effort to identify community assets, feasibility, and opportunities to leverage resources to achieve CHIP goals must be taken into consideration for greater efficiency and measurable impact.

As the second year of CHIP implementation has come to a close, the accomplishments to date give cause for celebration and underscore the continued need for a community wide, collaborative plan to aid in the focusing of efforts and resources as we collectively move towards a healthier community. While many lessons were learned in this first tri-anneal CHIP, most notably around utilization of consistent measures and identification of appropriate data sources, the achievements of our community are notable. With the continued momentum of the inaugural CHIP, we look to the 2018-2020 CHIP to reshape the roadmap towards improved health in cooperation with our community partners, agencies and non-profits working to make a healthy community a reality for all.