Message from the Director

I am happy to share with you the Nevada County Public Health Department's inaugural Annual Report. My hope is that this report will give you a sense of what the Nevada County Public Health Department (NCPHD) has accomplished over the past year and what we intend to address in the coming year.

The small but mighty NCPHD team implements over 30 programs, supports various initiatives, and conducts policy, systems and environmental change work. Together we serve children, women, families, adults, and seniors, and we support local businesses. I am incredibly proud of how this dedicated team works to prevent disease and injuries, promote healthy behaviors and environments, respond to disasters and emergency events, and deliver quality, caring safety net health services. I am also proud of how each member of our team collaborates and partners with others in government and in the community, as there is no public health issue that we can tackle on our own. Every one of us is a part of our local public health system, as we all contribute collectively to the conditions in our community that allow everyone to achieve optimal health. I thank you for your contributions and hope you enjoy reading about ours.

NCPHD – Who We Are

NCPHD serves the entire county and maintains a focus on population-level health. Our vision is for safe, healthy and thriving communities, and our mission is to prevent disease and injury, promote optimal health and wellness, and protect the community against disasters. We strive to let our core values guide all the work we do. Our values include wellness, caring, equity, quality, teamwork, diversity, enjoyment, communication, and appreciation.

Our department is made up of four divisions: Administration, Client Services, Health and Wellness, and Public Health Emergency Preparedness. Though these divisions exist on paper and in some practical ways as well, all NCPHD staff work across those imaginary lines to accomplish their goals and to effectively serve clients. Silos exist everywhere, and even when we think we've gotten rid of them, they pop up again, so we acknowledge that our silo-busting and bridge-building work is never-ending.

On the next page are two graphs that illustrate NCPHD’s staffing and budget break out for Fiscal Year 2018-2019.
Accreditation

NCPHD is seeking National Accreditation through the Public Health Accreditation Board. This process is, at its core, a quality improvement process, and NCPHD has approached it as such. The goal of accreditation is to improve and protect the health of the public by advancing the quality and performance of public health departments. Accreditation consists of the adoption of a set of standards and a process to measure department performance against those standards. Through this process, NCPHD has identified and continues to identify its strengths and successes as well as opportunities for improvement, and has begun to evaluate performance on a continual basis. The department is already more efficient and improved because of these efforts and our community is better served as well!

HIGHLIGHTS

Updated our Quality Improvement (QI) Plan.

Expanded our use of the Performance Management System to track progress on departmental goals and objectives.

Worked on a new countywide Community Health Assessment (CHA) with Sierra Nevada Memorial and Tahoe Forest hospitals.

Reviewed and revised the Community Health Improvement Plan (CHIP).

Conducted multiple community presentations on new data, the new CHA, and the CHIP.

For more information about Accreditation, visit https://www.mynevadacounty.com/2814/Accreditation
Strategic Plan

The NCPHD Strategic Plan was adopted in May 2018. NCPHD already had numerous strategic or work plans in place, most of which are required by funders. This Plan, therefore, is intended to be an overlay to all of the existing plans, and to help guide all of our departmental efforts; to help make our department financially, organizationally and programmatically resilient; and to foster collaborations with county and community partners to provide quality, customer-focused, integrated services to the community. The Strategic Plan includes the six Strategic Priorities listed below.

Engage partners to improve community health – The goal of this priority is to ensure that children have a safe and healthy environment to maximize their developmental potential.

Advance health equity to eliminate health disparities – The goal of this priority is to strengthen department programs, services, and policies to better address health equity. (NCPHD’s current working definition of health equity is when everyone has access to the goods, services, resources and power they need for optimal health and wellbeing.)

Strengthen prevention and response to current and emerging public health issues – The goal of this priority is to strengthen the department’s ability to respond to emergency events and disease outbreaks.

Strengthen organizational capacity for positive work environment, internal collaboration, and staff expertise – The goal of this priority is to improve our facilities to meet current and future operational needs and to improve the work environment.

Successfully communicate the value of the public health department and public health – The goal of this priority is to establish and implement strategies that increase knowledge about public health and NCPHD initiatives.

Promote a robust, prevention-oriented, evidence-based countywide continuum of care – The goal of this priority is to address gaps identified in the local continuum of care.

Though this plan is just over a year old, NCPHD has made terrific progress towards these goals and their corresponding objectives. See Appendix A for a report on our progress to date.
NCPHD’s 2017 Community Health Improvement Plan (CHIP) documents a long-term, systematic effort to address public health in Nevada County. This plan was developed using the results of NCPHD’s Community Health Assessment and an inclusive community process to identify priority issues, goals, and strategies.

The comprehensive CHIP is a five-year document, and includes an Implementation Plan to begin our work with eight prioritized strategies.

HIGHLIGHTS

NCPHD and various community partners achieved significant progress towards five key strategies.

Reported to the CHIP Steering Committee, which is made up of community members, and the general public on progress made to date.

Conducted five presentations on the CHIP to various community groups.

Reviewed and revised the CHIP’s Implementation Plan to reduce the number of prioritized strategies from eight to five, due to capacity issues of all organizations involved in CHIP implementation. Five priorities are feasible for the coming year’s work as well.

Provided training on the use of NCPHD’s Performance Management System to NCPHD staff and community partners so they could directly enter data into the web-based system.

*Reports on progress made on implementing the CHIP can be found in Appendix B.*
In January 2017 NCPHD adopted a Performance Management Policy and Quality Improvement Plan, and later that year we established our Quality Improvement Learning Team (QILT). The goals of the QILT are to cultivate and sustain a culture of quality improvement, develop QI champions throughout the department, and saturate the department with staff who are proficient in the QI methodologies.

Primarily using the Plan, Do, Check, Act (PDCA) cycle tool, the QILT has completed six projects and has several others that are in-process. We continue to refine and increase our knowledge of QI and are becoming more familiar and proficient in using the many different QI tools (e.g., Lean, flow charts) available when working on projects.

HIGHLIGHTS

To date, the QILT has designed and completed six projects including improving the department’s Immunization (IZ) Clinic processes, the IZ webpage, Vitals Office processes, travel forms used by all NCPHD staff, the Medical Marijuana Identification Card processes, and the California Children’s Services processes.

Each project resulted in improved customer service and netted the department savings in both time and money, and as more and more staff see and reap the benefits of QI, we gain more buy-in to the department’s QI work.

After attending a Lean Six Sigma training, the QILT brought a free Lean training to the County. The training was attended by 7 NCPHD staff and 12 staff from other County departments.

Examples of QI Success Stories can be found in Appendix C.
Client Services

Client Care Services includes programs that provide various levels of prevention to keep Nevada County residents and communities safe and healthy. Most programs have objectives related to primary prevention (keeping bad things from happening), secondary prevention (finding out early if bad things are happening), and tertiary prevention (reducing the consequences when bad things happen). Client Care Services staff are often the safety net for community members who do not have other resources to meet their health care needs in areas such as immunizations, children with special health care needs, family planning, communicable disease control, and living with HIV/AIDS.

HIGHLIGHTS

Provided home visiting services to 165 families.

Provided in-home cognitive behavioral therapy services through Moving Beyond Depression services to 23 eligible families.

At the Truckee clinic, provided family planning services and education to 850 clients.

Continued to provide case management for an average caseload of 58 children in foster care.

Conducted nursing assessments and provided follow-up on those requiring medical oversight for 231 children or youth referred to CPS.

Administered over 1,000 vaccinations to Nevada County’s more vulnerable children and adults, including those experiencing homelessness.

For more information about immunizations, visit https://www.mynevadacounty.com/609/Immunization-Program
Health and Wellness

The Health and Wellness Division works to prevent and mitigate the effects of chronic diseases by supporting, and catalyzing change where we work, live, and play. This work often focuses on the broad systems, policies and environmental conditions that surround us and with which we interact throughout our lives. To that end, the Health and Wellness Division creates and implements prevention, health education, wellness and youth advocacy programs based on community opportunities and local needs assessments.

HIGHLIGHTS

Partnered with Connecting Point to reduce tobacco use in the community with through cessation classes offered at no-cost to the community.

Partnered with NEO Youth Center to develop and provide a spoken word program for youth focusing on the negative health impacts of tobacco use.

Provided support to 40 at-risk youth at local high schools through peer support, risk behavior reduction, and stress reduction techniques.

Provided physical activity lessons to over 1,400 CalFresh eligible residents and nutrition education to over 2,000 CalFresh eligible residents.

Provided prediabetes outreach, education, and services to 225 individuals at three food pantries in Western and Eastern County.

Served an average of 1,243 WIC participants monthly, providing WIC healthy food vouchers, breastfeeding support, and nutrition education.

For more information about Health & Wellness programs, visit https://www.mynevadacounty.com/678/Healthy-Community-Programs
Emergency Preparedness

Part of NCPHD’s work is to help plan and prepare for disasters before they strike. The Emergency Preparedness staff coordinates a critical Emergency Preparedness and Response Partnership, which is comprised of multiple agencies including law enforcement, fire departments, two hospitals, clinics, long-term care facilities, Nevada County Office of Emergency Services (OES) and Environmental Health Department, and other community agencies. Should disaster strike, these preparedness efforts will indeed save lives.

HIGHLIGHTS

90% of EPIC members now have an emergency preparedness plan that meets the federal standards.

Mapped the All Hazards Emergency Response Plan to the Public Health Accreditation Board (PHAB) Standards and Measures; identified and addressed any existing gaps between the standards and the plan. Conducted an exercise of the plan.

Working with an interagency planning team, conducted a full-scale exercise involving healthcare facilities, OES, Behavioral Health Department, Fire, EMS, and law enforcement for a Mass Casualty Incident involving chemical and burn injuries.

Conducted four communication drills with local healthcare facilities with over 80% participation.

For more information about Public Health Emergency Preparedness, visit https://www.mynevadacounty.com/753/Emergency-Preparedness-Planning
Why Naloxone?

In the late 1990s, prescriptions for opioid medications began to increase dramatically. This increase has been associated with aggressive and misleading marketing from pharmaceutical companies, and it led to widespread misuse of both prescription and non-prescription opioids.

In 2017, the U.S. Department of Health and Human Services declared a public health emergency and announced a 5-point strategy to combat this opioid crisis. One of those points is “promoting the use of overdose-reversing drugs.” Naloxone is just that, and it saves lives across this country every day. Every person lost to opioids is someone’s child, parent, or loved one, and each life lost is one too many.

Today the U.S. Surgeon General emphasizes the importance of naloxone and states that for those who use opioids as well as family and friends of those who use opioids, knowing how to use naloxone and keeping it within reach can save a life.

Program Highlight

NCPHD’s Naloxone Distribution Program is one that engages every division of our department, as well as community partners and other government entities, and is a good example of how partnerships are key to our success and to improving community health.

Naloxone is a medication that works almost immediately to reverse opiate overdose. It has few known adverse effects, no potential for abuse, and can be rapidly administered via nasal spray.

HIGHLIGHTS

Received 282 doses of Narcan (a brand name for naloxone) Nasal Spray from the State allowing NCPHD to develop and implement a distribution program.

Distributed 20 doses of Narcan to first responders, at Grass Valley Fire and Washington Fire and Rescue.

Via NCPHD’s HIV/Hepatitis C Testing clinics, distributed over 80 doses of Narcan to those at risk of overdose, family and friends of people who have an opioid use disorder, and community members who may come into contact with people at risk of overdose.

Entered into a novel partnership with the Public Defender’s Office to distribute Narcan and condoms to their clients and others who may utilize their services.

Working with Behavioral Health and Sheriff’s departments to expand Narcan distribution for those most at risk of experiencing or witnessing an overdose.

For information about preventing an opioid overdose, visit https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf
Emerging Issues and Opportunities

NCPHD makes an effort to remain nimble enough to respond to emerging public health issues and opportunities, including those identified in our Community Health Assessment. Following are two examples of recent actions and successes.

**Hepatitis C Elimination Program**

In response to increasing rates of Hepatitis C, which is now curable, NCPHD worked with Sierra Nevada Memorial Hospital (SNMH), FREED, and Sierra Gastroenterology to develop and implement a Hepatitis C Elimination Program. NCPHD now offers free and confidential Hepatitis C testing, and has worked with two local clinics to institute routine testing for Hepatitis C there as well. Those who test positive can now be referred to client navigation services funded by SNMH and provided by FREED, with an ultimate goal of enrolling clients in treatment services at Sierra Gastroenterology. And because it is a critical component to preventing the spread of the Hepatitis C Virus, NCPHD also continues to actively support the planning and implementation of syringe exchange and disposal services.

**Public Health Funding**

Along with other local health departments and our professional associations, NCPHD sent letters of support to state legislators for funding for Local Health Department Communicable Disease Infrastructure. These collective efforts resulted in success, and the Fiscal Year 2019-20 State budget includes $40 million for this purpose. This funding will undoubtedly contribute to bolstered public health and safety.

For more information about Hepatitis C, visit [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HealthInfectiousDiseases.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HealthInfectiousDiseases.aspx)
On the Horizon…

In addition to managing the day-to-day responsibilities of the department, NCPHD also works to keep an eye out for issues that will impact the public health of Nevada County. Following are two such issues on the foreseeable public health horizon.

Climate Change

The California Department of Public Health published a “Climate Change and Health Profile Report” providing climate change projections and identifying vulnerabilities for each county. Projections for Nevada County include continued increases in average temperature, changes in precipitation patterns with more volatile weather events, increases in the incidence of heat waves, decreases in the snowpack, and increases in wildfire risk. Anticipated impacts on human health from climate change include extreme weather related injuries (from storms, floods, and fires); increased heat-related illness especially in those with chronic illness, the very young or very old, and those without the ability to seek cooler shelter; worsening of respiratory illnesses such as asthma from exposure to air pollution; water quality impacts from drought and harmful algal blooms; changes in vector borne diseases; and mental health effects from stress and displacement due to natural disasters. Moreover, climate change is likely to magnify existing health inequities.

Immunizations (IZs)

Nevada County has had one of the lowest IZ rates in the state, due primarily to high Personal Belief Exemptions (PBEs). With legislative changes removing the PBE option, we saw a significant increase in IZ rates. While the current rate of all-required IZs of 80.3% is much improved, the last 3 school years have seen a plateau in this rate. This is associated with a large increase in the percentage of students with a Permanent Medical Exemption (PME). The current PME rate of 10.6% is the highest in California, and much higher than the state rate of 0.9%. For some communicable diseases such as measles, it takes high levels of immunizations, close to 95%, to provide community immunity. Until Nevada County’s IZ rates improve, our community remains at high risk for certain disease outbreaks.
Appendix A

Strategic Plan Progress Update
### 1-Strategic Plan

**Vision:**  
Safe, healthy and thriving communities

**Mission:**  
Prevent disease, promote and support optimal health and wellness, and protect the community against disasters

### Group: --- 1-Strategic Plan | --- Strategic Plan

#### Service 1: Engage Partners to improve community health

**Goal 1.1:** Ensure children have a safe and healthy environment to maximize their developmental potential.

**Objective 1.1.1:** By December 2019, begin formal utilization of ACEsConnection by developing a Nevada County page in order to provide a larger platform to work from and to better foster resiliency-focused and Aces-related coalitions and networks.

**Lead:** Wilson, Cynthia

**Objective % Done:** 65%

**Notes:** 6/6/18 – DPHN and MCAH Director attended ACEs Connection presentation at CSN Partner meeting

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**Notes:** 6/6/18 – DPHN and MCAH Director attended ACEs Connection presentation at CSN Partner meeting

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<tr>
<td>1.1.1.2</td>
<td>[L] Wilson, Cynthia Weiss-Wenzl, Charlene</td>
<td>Attend Training on ACEs</td>
<td>[Project] The MCAH Director, MCAH Coordinator and the Health Officer will attend training on ACEsConnection by October 31, 2018 [between 10/1/2018 and 10/31/2018]</td>
<td>100% Complete</td>
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**Notes:** 10/24-25/18 – DPHN, MCAH Coordinator, and PHO attended training on ACEs Connection and other resources

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**Notes:** 3/26/19 – DPHN made presentation at Youth Wellness Forum on ACEs and Protective Factors

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<td>1.1.1.4</td>
<td>[L] Wilson, Cynthia Weiss-Wenzl, Charlene</td>
<td>Attend ACEs Presentation to the Board of Supervisors</td>
<td>[Project] Attend presentation on ACEs given by the Child Abuse Prevention Council (CAPC) Board / CSN Steering Committee to Board of Supervisors. (also includes community partners) [between 4/9/2019 and 4/9/2019]</td>
<td>100% Complete</td>
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**Notes:** 4/9/19 – Marina Bernheimer made a presentation on behalf of CAPC/CSN to Nevada County Board of Supervisors

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<td>1.1.1.5</td>
<td>[L] Wilson, Cynthia Weiss-Wenzl, Charlene</td>
<td>Participate in ACEs workgroup from Youth Wellness Forum</td>
<td>[Project] Participate in ACEs workgroup from Youth Wellness Forum [between 5/1/2019 and 11/30/2019]</td>
<td>85% Complete</td>
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Notes: 3/26/19 - The Youth Wellness Forum took place. Cindy Wilson, DPHN, presented on Social Determinants of Health, ACEs, and Resilience; priority areas were identified, with ACEs being one of them. 4/8/19 - The Community Support Network Steering Committee (CSNSC) and Child Abuse Prevention Council (CAPC) discussed taking the lead on ACEs as a priority area identified at The Youth Wellness Forum and identified ‘Be the One’ as an initiative to raise community awareness and address ACEs prevention. 4/9/19 - Marina Bernheimer, from the CSNSC/CAPC presented on ACEs to the Nevada County Board of Supervisors. 5/16/19 & 8/15/19 - Key stakeholders met for follow-up meetings for next steps following The Youth Wellness Forum. The group decided to pursue creating one umbrella organization for the various entities that provide services to children and youth in NC.

Service 2: Advance health equity to eliminate health disparities

Goal 2.1: Strengthen department programs, services and policies to better address health equity.

Objective 2.1.1: By December 2019 provide formal training to all NCPHD staff that addresses the concepts and practices of health equity, in order to increase individual knowledge and related skills.

Lead: Blake, Jill

Objective % Done: 70%

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<td>2.1.1.1</td>
<td>[L] Blake, Jill</td>
<td>Join Government Alliance for Race and Equity (GARE), enroll an NCPHD team in the Northeast CA cohort and complete all assigned cohort work.</td>
<td>[Project] By 06/30/19, NCPHD GARE team will have received an introduction to racial equity concepts, completed a racial history of Nevada County, completed the Racial Equity Tool, and begun a NCPHD Racial Equity Action Plan. [between 12/5/2018 and 6/30/2019]</td>
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Notes: GARE’s Northeast CA Cohort came to an end in June 2019, and the NCPHD team completed all assigned GARE work. NCPHD staff are now considering how to continue and expand our equity work, which will likely pick up again in late October. In September, NCPHD is sending a team of three staff to the GARE 2019 California Convening in order to further increase knowledge and equity-related skills, which will benefit the staff presentation that is to be completed by December. In addition, the HHSA Director has asked that the NCPHD GARE team work with members of a local tribe later this year on improving access to and utilization of HHSA services.

Objective 2.1.2: By December 2019, and every three years thereafter, partner with Dignity Health and Tahoe Forest Hospital to develop a joint CHA/CHNA that identifies population groups with particular health issues and inequities, and a joint CHIP that addresses those population groups experiencing inequities and health disparities.

Lead: Blake, Jill

Objective % Done: 0%

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<tr>
<td>2.1.2.1</td>
<td>[L] Blake, Jill</td>
<td>Enter into a contract with Dignity Health for consultant services with Community Health Insights (CHI) who will work with both parties to develop and implement a joint CHA/CHNA process.</td>
<td>[Project] By 12/31/18, bring a finalized contract to the Nevada County Board of Supervisors for approval. [between 5/1/2018 and 4/30/2019]</td>
<td>100% Complete</td>
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Notes: The contract with Dignity Health was finalized in early 2019. NCPHD contracted with Dignity Health, and Dignity Health contracted with Community Health Insights, who served as a consultant to both NCPHD and Sierra Nevada Memorial Hospital/Dignity Health. All contract deliverables were met, and the contract was paid in full in May 2019. Dignity Health’s version of the CHA went to the Sierra Nevada Memorial Hospital Board for approval in the spring of 2019, and NCPHD is in the process of circulating its draft assessment for community feedback.
### Service 3: Strengthen prevention and response to current and emerging public health issues

#### Goal 3.1: Strengthen the department’s ability to respond to emergency events and disease outbreaks.

**Objective 3.1.1:** By June 2019, increase by 50% the number of local registered volunteers in the Disaster Healthcare Volunteers Database in order to improve our capacity to respond to an emergency or emerging event.

**Lead:** Wilson, Cynthia

**Objective % Done:** 100%

**Notes:** As of January 2019 there were 11 RN registrants in the DHV database.

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<tr>
<td>3.1.1.1</td>
<td>[L]</td>
<td>Wilson, Cynthia</td>
<td>Determine how many RN Registrants we have in the Disaster Healthcare Volunteers (DHV) Database.</td>
<td>[Project] Determine baseline of current DHV RN registrants. [between 5/1/2018 and 5/31/2018]</td>
<td>100% Complete</td>
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<td>Notes</td>
<td>5/2/18 – Current DHV RN registrants = 4</td>
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<td>3.1.1.2</td>
<td>[L] Wilson, Cynthia, Blake, Jill</td>
<td>Obtain CEO/HR approval to utilize DHV database volunteers to increase the department’s capacity during an emergency.</td>
<td>[Project] By July 30, 2018 request and obtain CEO/HR approval to utilize the DHV database for increased capacity. [between 5/1/2018 and 7/31/2018]</td>
<td>100% Complete</td>
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<td>Notes</td>
<td>July 2018 – CEO approval granted to use DHV database to increase capacity</td>
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<td>3.1.1.3</td>
<td>[L] Wilson, Cynthia</td>
<td>Distribute DHV flyers and information at Nevada County Fair August 2018</td>
<td>[Project] With the help of the UC Davis Nursing Students, distribute DHV flyers and information at NC Fair August 2018. [between 8/1/2018 and 8/31/2018]</td>
<td>100% Complete</td>
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**Notes:** The NCPHD Director and Epidemiologist worked with Dignity Health staff and representatives from Sierra Nevada Memorial Hospital to finalize a list of indicators to be used in crafting the CHA. Because it was a priority for NCPHD that the CHA be a valuable and usable resource to other groups and organizations within the county, NCPHD argued to include more indicators than was originally proposed. Dignity Health representatives were very receptive to this request and together the group found a healthy compromise that met the needs of both organizations.
Objective 3.1.2: By December 2019 increase DHV registrants by 10 additional RNs & utilize registrants in an exercise

Objective % Done: 75%

Notes: In December, determine the number of DHV RN Registrants

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<td>3.1.2.1</td>
<td>[L] Wilson, Cynthia, Blake, Jill</td>
<td>Include as a priority, an increase of 10 participants in the DHV for SBU 40114 for FY 19/20</td>
<td>[Project] Include DHV increase of 10 as a priority for SBU 40114 for FY 19/20 January 2019 [between 1/1/2019 and 1/31/2019]</td>
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Notes: DHV increase of 10 was included in SBU 40114 Budget Recaps for 2019

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<td>3.1.2.2</td>
<td>[L] Wilson, Cynthia</td>
<td>Write DHV article for submission to Nevada County News</td>
<td>[Project] Write DHV article for submission to Nevada County News February 2019 [between 2/1/2019 and 2/28/2019]</td>
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Notes: This was completed and included Rick Foster (SMU student)

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Notes: 3/20/19 - The DPHN made a presentation at the EPP Tabletop Exercise

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<td>3.1.2.4</td>
<td>[L] Wilson, Cynthia</td>
<td>Present DHV information at various community partners meetings and/or community events</td>
<td>[Project] Present at the Hospice of the Foothills May staff meeting May 2019. Present at Surgical Center staff meeting. Present at CSN Partner meeting - June 2019 [between 5/1/2019 and 9/30/2019]</td>
<td>65% Complete</td>
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Notes: 5/1/19 - The DPHN presented at the Hospice of the Foothills staff meeting. 6/5/19 – The DPHN presented about DHV at the CSN Partner meeting

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<tbody>
<tr>
<td>3.1.2.5</td>
<td>[L] Wilson, Cynthia, Blake, Jill Weiss-Wenzl, Charlene Whitlaker, Holly</td>
<td>Provide training and utilize 6-8 DHV RN registrants at the October POD drive through.</td>
<td>[Project] By the October POD drive through (Oct ?, 2019) identify, train and use DHV RN Registrants. [between 4/29/2019 and 10/31/2019]</td>
<td>0% Complete</td>
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Service 4: Strengthen organizational capacity for positive work environment, internal collaboration and staff expertise

Goal 4.1: Improve our facilities to meet current and future operational needs and to improve the environment.

Objective 4.1.1: By December 2019, develop and implement a NCPHHD staff satisfaction survey, and administer the survey annually thereafter. The results of the initial survey will be used to develop targets.

Objective % Done: 75%

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<tr>
<td>4.1.1.1</td>
<td>[L] Cross, Cathy</td>
<td>Develop employee survey</td>
<td>[Project] By June 30th decide whether to use the County Survey data</td>
<td>100% Complete</td>
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</table>
Service 5: Successfully communicate the value of the public health department and public health

Goal 5.1: Establish and implement strategies that increase knowledge about public health and NCPHD initiatives.

Objective 5.1.1: By June 2019, develop and begin implementation of a plan for regular communications with the Nevada County Board of Supervisors in order to improve members’ knowledge of public health and local public health programs.

Objective % Done: 80 %

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<tr>
<td>5.1.1.1</td>
<td>[L] Blake, Jill Guevin, Toby Matson, Liz</td>
<td>Map out plan for regular communications with the BOS that meets the needs and objectives of NCPHD</td>
<td>[Project] By 06/01/19, finalize a NCPHD/BOS Communication Master Plan [between 5/1/2018 and 6/1/2019]</td>
<td>75% Complete</td>
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</table>

Notes: A first draft of the plan was created, but it will need additional detail should be considered and included. Jill Blake will do additional work on this plan in the next quarter.

| 5.1.2.2 | [L] Cross, Cathy Matson, Liz | Release survey | [Project] If we are not going to use the County Survey data, release the survey Liz developed by July 31, 2019 [between 4/29/2019 and 7/31/2019] | 100% Complete |

Notes: 8/12: We were not able to use the County staff survey, so we are using the survey Liz developed. We reviewed the survey with Jill who asked that we include a couple of questions related to where on the County survey, the Agency scored lower than the County.


Notes: 8/17: The survey was released and staff was asked to complete it by August 22, 2019.

| 5.1.1.1 | [L] Blake, Jill Guevin, Toby Matson, Liz | Develop newsletter template | [Project] By June 30, 2019 we will have a Public Health Newsletter template finalized [between 4/29/2019 and 6/30/2019] | 100% Complete |

Notes: Liz Matson consulted with Jill Blake regarding best approaches and the style of newsletter required. It was determined that we want something we can do as an ‘email blast’ via a list of addresses that people can sign up for (or we can sign them up for), as well as a static link on a webpage. Liz Matson and Toby Guevin developed a draft newsletter template in MailChimp, and Jill approved and finalized the template.

| 5.1.1.3 | [L] Blake, Jill Guevin, Toby Matson, Liz | Develop newsletter timeline and distribution of duties | [Project] By August 30, 2019, we have a Public Health Newsletter timeline for 2019-20 finalized, including designated staff by role [between 4/29/2019 and 8/30/2019] | 40% Complete |

Notes: Preliminary conversations with Jill and Liz regarding how the newsletter content will be created (Jill) and who populates the newsletter (Toby). There are still some outstanding questions on what email address to use as the bounce back and who will get the email responses. Liz is to ask IS if the Public Health Department can have a forwarding-only email address. Also outstanding is the questions of who will write Friday Memos/Nevada County News pieces announcing and providing a link to the three-yearly newsletters.

Objective 5.1.2: By December 2019, finalize, provide training on and implement department communication plan and guidelines, including a department-specific branding strategy.

Objective % Done: 5 %

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<tr>
<td>5.2.1.1</td>
<td>[L] Matson, Liz Guevin, Toby</td>
<td>Develop communication plan and guidelines for use.</td>
<td>[Project] By August 30, 2019, we have a communication plan, including use guidelines finalized [between 4/29/2019 and 8/30/2019]</td>
<td>15% Complete</td>
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Notes: Staff has held preliminary discussions about a formal communication plan. Work on this activity will begin again in November 2019.

| 5.1.2.2 | [L] Matson, Liz Guevin, Toby | Train Public Health staff on communication plan | [Project] By November 30, 2019, train Public Health staff on communication plan and use guidelines [between 4/29/2019 and 11/30/2019] | 0% Complete |

Notes: This activity will not be completed by November 30th, so the deadline will likely be extended. Staff training will likely occur in early 2020.
Service 6: Promote a robust, prevention-oriented, evidence-based county-wide continuum of care

**Goal 6.1:** Address gaps identified in the local the continuum of care.

**Objective 6.1.1:** By June 2019, work with community partners to develop, implement and evaluate a Hepatitis C testing, referral and client navigation program.

Objective % Done: 100%

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<tr>
<td>6.1.1.1</td>
<td>[L] Blake, Jill Winders, Jen</td>
<td>Meet with necessary partners including Sierra Gastroenterology, FREED, and Sierra Nevada Memorial Hospital to map out a testing, referral, navigation and treatment model.</td>
<td>[Project] By 06/30/19, finalize a navigator referral process and corresponding Program Opt-In Form. [between 5/15/2018 and 6/30/2019]</td>
<td>100% Complete</td>
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**Notes:**
NCPHD convened five meetings in 2018 with Sierra Gastroenterology, FREED and Sierra Nevada Memorial Hospital staff, and together developed and began implementing a testing, referral, navigation, and treatment model of service for Nevada County residents. Part of this process included determining the process for referrals from the testing entity to the navigation entity. It was determined that an Opt-In Form from FREED would be offered to clients who test positive for Hepatitis C Virus (HCV). This form is given to FREED by the client, so NCPHD and other referring entities are not required to collect or share PHI.

| 6.1.1.2 | [L] Blake, Jill Winders, Jen | Arrange for necessary training and introductions for Navigator, so that she has adequate information to help referred clients navigate various County systems. | [Project] By 06/30/19, the FREED Navigator will have met and been trained by staff at Public Health, Social Services, and Behavioral Health. [between 5/15/2018 and 6/30/2019] | 100% Complete |

**Notes:**
The NCPHD Director arranged for introductions to staff from the Social Services Department and for Navigator training on Medi-Cal enrollment processes. In addition, she also arranged for introductions to and information sharing by staff from the Behavioral Health Department. The information sharing included Behavioral Health’s process for assessing and enrolling clients in substance use treatment services. The NCPHD Director also developed and walked NCPHD staff and the Navigator through a notification protocol to be followed by NCPHD and FREED (the organization that employs the Navigator). This process required additional education and review from the NCPHD Health Officer with the Navigator. As a result of these introductions and information sessions, the Navigator is better prepared to help clients navigate various county systems and services.

| 6.1.1.3 | [L] Blake, Jill Winders, Jen | Begin a pilot phase of testing and referral services at NCPHD HIV/HCV Testing Clinics. | [Project] By 06/30/19, implement HCV testing twice monthly and have modified NCPHD’s HIV Quality Assurance Manual to incorporate HCV testing protocol and practices. [between 5/15/2018 and 6/30/2019] | 100% Complete |

**Notes:**
Prior to developing the Hepatitis C Elimination Program with its community partners, NCPHD did not provide HCV testing because there was no follow-up/ referral mechanism in place. With this mechanism now established, NCPHD staff began implementing HCV testing at its twice monthly HIV Testing, Education and Referral Clinics. At these clinics, staff were already serving high-risk clients who are also at risk of contracting HCV, and once the clinic began offering HCV testing, clients quickly accepted the free and confidential service. Prior to offering these new services, NCPHD staff revised its HIV Testing Quality Assurance Manual to include processes for HCV testing. This service has been received well by clients.

| 6.1.1.4 | [L] Blake, Jill Winders, Jen | Conduct education and outreach to local FQHCs in order to educate providers on the increase in HCV rates and to introduce the practice of testing for HCV as a matter of routine vs. as an exception. | [Project] By 06/30/19, have an outreach an education plan for Dr. Chang and Dr. Cutler so that they may begin to conduct outreach to Western Sierra Medical Clinic and Chap De Indian Health and encourage routine testing and use of the FREED Navigator. [between 5/15/2018 and 6/30/2019] | 100% Complete |

**Notes:**
Together, Dr. Chang of Sierra Gastroenterology and Dr. Cutler, Nevada County Health Officer, developed a plan to conduct outreach and education to local clinics. They began their efforts by reaching out to Chap De Indian Health, followed by outreach to Western Sierra Medical Clinic. In their presentations to the clinics, Dr. Chang focused primarily on the Hepatitis C virus and current treatment options, while Dr. Cutler focused primarily on the public health impacts of Hepatitis C and the importance of linkages to care. Their presentations were followed by requests to screen and test for HCV more routinely and to utilize the new Navigator services that are now available in the community. Both clinics were receptive to the presentations and requests. Doctors Chang and Cuter, FREED and NCPHD staff, however, may conduct additional outreach to each clinic.
Appendix B

CHIP Progress Update
CHIP 2 Vision:  A vibrant, diverse, connected, and healthy community

CHIP 2 Mission:  Fully implement the Nevada County CHIP plan to achieve the vision

CHIP 2 Values:

Fairness  
Fairness addresses institutional disparities and barriers to optimal health by providing equitable access to knowledge, education, services, and supports.

Compassion  
Services and supports for people at every stage of life are compassionate and respectful.

Holism  
Health is holistic, with physical, mental, cultural, social, spiritual, environmental, and economic health connected. We work together for long-term, sustained results.

Relationships  
Intergenerational connections strengthen each person’s social, emotional, and physical well-being. We share responsibility for each other’s physical, mental, cultural, social, spiritual, and economic health.

Leadership  
Strategic and proactive leadership is prepared to address community health challenges including predictable and unexpected events.

Excellence  
Individually and collectively, we strive for excellence and accountability.

Natural Environment  
Publicly accessible open spaces are valued, protected, and utilized to renew health and wellness.

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Service 1: Healthy Lifestyles

Goal 1.1: People in Nevada County are happy, connected, and physically active. They attend to personal health, eat a healthy diet, care for others, and live with a sense of purpose and meaning.

Objective 1.1.1: Promote, leverage and expand community partnerships, to provide access to healthy food, nutrition education, and WIC/SNAP benefits; address policies and ordinances that promote healthy lifestyles; and, create a full circle of opportunities for developing healthy habits.

Lead: Lacroix, Lynne

Objective % Done: 100%

Notes:

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<tr>
<td>1.1.1.1</td>
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<td>Lacroix, Lynne</td>
<td>Identify existing partnerships.</td>
<td>[Project] 1. Existing partnerships identified and documented via HCS invite list. 2. Identify potential new partners at Healthy Community Summit 3. Leverage partners to serve/bring Health and Wellness programs to CalFresh eligible clients. [between 3/22/2018 and 3/31/2019]</td>
<td>100% Complete</td>
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Notes:  Partners to engage: 211 Nevada County, Area Hospitals and Clinics, CNAP group, Environmental Health Dept., Food Pantries, Local Food Policy Council, NEOP, Primary Care Providers, Sierra Harvest, Dept of Social Services. Other partners include WIC, Libraries, Family Resource Centers, NEO, Bear Yuba Land Trust, and United Way. As new partners are identified they will be added.
### Objective 1.1.2: Provide community and youth information and education about smoking and vaping.

**Lead:** Glaz, Shannon

**Objective % Done:** 80%

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<tr>
<td>1.1.2.1</td>
<td>[L] Glaz, Shannon</td>
<td>Catalogue what is currently in place, including prevention, education and cessation.</td>
<td>[Project] 1. Develop a list of available resources broken out by youth and adults.</td>
<td>[between 5/14/2018 and 6/30/2018]</td>
<td>100% Complete</td>
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**Notes:**
- Connecting Point is Nevada County’s resource hub for services, including prevention and cessation services. Attached is the link that provides a current list of resources for youth and adults.
  

| 1.1.2.2 | [L] Glaz, Shannon | Promote existing education and training to partners. | [Project] 1. Share and/or distribute resource listings Community Partners. 2. Promote Public Health sponsored cessation focused training (scheduled for June 14, 2018) to BH service providers. | [between 6/1/2018 and 12/31/2018] | 100% Complete |

**Notes:**

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**Objective 1.1.2.1:**

**Notes:**
- February - June 2018: We created a timeline of action-oriented tasks to stay on track. The team is working on logistics and have secured a venue and caterer. Keynote speaker contacted and accepted to speak at the Healthy Communities Summit. A written description was utilized in a Save the Date flyer, and in the online registration program.
- July 23, 2018: Save-the-date email sent to 144 recipients.
- August 2018: Created invitation, expanded invitation list, invited speakers.
- Sept 2018: Last minute preparations; hosting Healthy Communities Summit on Sept 28, 2018.
- Sept 28, 2018. Nevada County Health Communities: A Partnership Summit. Seventy-six people in attendance. Our keynote speaker, Dr. David Erickson, from the Federal Reserve Bank kicked off the day. There were two panel discussions: 1) Cultivating and Maintaining a Healthy Community; and 2) Success Stories. The follow-up was that Dr. Erickson stated he would be willing to come back to meet with a group that is working on healthy community development projects.

**Objective 1.1.2.2:**

**Notes:**
- April 24, 2018: United Way convened a meeting with key players who work on food insecurity. Stakeholders who attended the meeting were: Interfaith Food Ministry, The Food Bank of Nevada County, Sierra Harvest, Project MANA, and the Public Health Department’s NEOP program. During the first meeting agencies shared their programs and there was some discussion on gaps in service. United Way proposed that the group meet again in two months to deepen the gaps conversation.
- Jan - June 2018: Public Health coordinated diabetes educational efforts with primary stakeholders in Nevada County, as a response to identified gap in service for this specific audience. Efforts are designed to link low-income people with pre-diabetes and diabetes diagnosis to nutritional/medical educational classes.
- June 11, 2018: WIC / DSS MOU signed.
- July 23, 2018: United Way is in the preliminary stages of organizing a CA Care Force free clinic event in 2019 to meet the medical and dental needs of under-served residents.
- Nevada County Public Health will play a role in providing some services (e.g., vaccinations).
- July - September, 2018: NEOP coordinated with Public Health nurses to give out flu shots at the September distribution of The Food Bank of Nevada County.

**Goals/Projects:**

- CMSP, NEOP and Tobacco Use Prevention staff tabled at the food pantries promoting tobacco cessation classes, as well as diabetes education classes.
- January 9, 2019. Community school partners met to discuss nutrition education and physical activities in schools. Discussed gaps in services and program expansion.

**Objective 1.1.3:**

**Notes:**
- September 24, 2018: Local policies and ordinances identified and documented.

**Objective 1.1.4:**

**Notes:**
- March 12, 2018. At the Food Policy Council meeting, the subject of barriers to creating healthy foods were highlighted. One of the primary focus of this group is to overcome barriers in order create a more sustainable food landscape in our community.
- April 17, 2018: The Food Policy Council hosted its first political forum that focused on food issues. Local and US congressional candidates were invited to participate and were asked food- and agricultural-related questions.
- January 29, 2019: The Director of Nevada County Environmental Health, Amy Irani, attended roundtable Q&A at the Food Policy Council meeting.
- Jan - April 2019. NEOP worked with community partners to develop new CDPH grant work plan for FY20-22. Plan includes physical activity components and Safe Routes to School Programs (leading into policies). Plan states engagement with the Transportation Commission to explore creating and/or supporting infrastructure to allow more alternative modes of transportation for students to and from school.
The Tobacco Use Prevention Program (TUPP) has conducted a media campaign to educate and engage community partners in creating a tobacco-free downtown. TUPP staff has attended the Tahoe Forest Health District’s monthly planning meeting to organize activities, trainings and events, such as a Peer Educator Summit, in which all area middle school aged students were trained in leadership and tobacco education. A parent education night called Parent U was held at Sierra College and an advisor training was conducted to train middle and high school teachers and counselors in the most current tobacco prevention curriculum and peer to peer youth development models.

In March of 2018, a county-wide anti-tobacco media campaign was launched. Community partners were engaged in this campaign. TUPP collaborated with the local youth center, NEO, to offer a spoken word workshop series that engaged youth in creating tobacco prevention messaging. Youth then preformed in a Poetry Slam that promoted peer-to-peer education and anti-tobacco messaging as part of an ongoing media campaign. Four students prepared spoken word presentations.

During the national tobacco prevention week known as Kick Butts Day, March 20, 2019, a poster and bookmark contest was conducted by TUPP. Tobacco staff disseminated contest applications, and promotional flyers that were promoted through the following venues: Nevada County website, County Libraries, TUPE school advisors, local middle and high schools. Youth submitted their tobacco prevention messages and The R.O.S.E (Reform, Overcome, Support, and Educate) Youth Coalition conducted the submission review panel. The winning designs were printed and distributed as bookmarks throughout Western and Eastern Nevada County.

TUPP contracted with Connecting Point to provide smoking cessation classes to Western Nevada County community members, free of charge. As of 5/1/2019, there have been four 8-week sessions conducted.

On June 14, 2018, TUPP provided a half-day training that was facilitated by Dr. Chad Morris called, A Strategic Approach to Tobacco Cessation for Substance Use and Behavioral Health Agencies. This training was geared toward health care providers in an effort to educate them about the benefits of helping consumers quit tobacco, and the importance of specifically trying to engage individuals receiving behavioral health services in trying to quit tobacco, as they are one of the most vulnerable populations in regards to tobacco use and chronic disease.

Tobacco staff disseminated contest applications, and promotional flyers that were promoted through the following venues: Nevada County website, County Libraries, TUPE school advisors, local middle and high schools. Youth submitted their tobacco prevention messages and The R.O.S.E (Reform, Overcome, Support, and Educate) Youth Coalition conducted the submission review panel. The winning designs were printed and distributed as bookmarks throughout Western and Eastern Nevada County.

In April of 2018, TUPP in partnership with Connecting Point and Tahoe Truckee Forest Hospital launched a local media push to inform the public of free cessation classes in Western and Eastern Nevada County. The media venues included local newspaper ads, online ads, flyers and postcards, along with digital ads at the Grass Valley and Truckee Department of Motor Vehicles locations.

TUPP has conducted a media campaign utilizing local media outlets, including radio, newspaper, and digital ads to create awareness within the community about the dangers of second hand smoke and vaping, along with appeal of flavored tobacco products to youth.

The ‘End Date’ for this activity will be changed in the next update to align with our Tobacco Work Plan.
Objective 1.1.3: Establish/expand Friendly Visitor program for seniors. (This program pairs homebound seniors with a visitor, and can also include therapy animals.)

Lead: Kellermann, Seth
Objective % Done: 100%

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<td>Notes:</td>
<td>Conducted meeting with FREED Center for Independent Living (June 26th).</td>
<td>Planned Meeting for larger conversation with community partners for August 2nd from 1-3pm at FREED.</td>
<td>Planned planning meeting at FREED to prepare for the August meeting (July 10 from 4-5pm).</td>
<td>We have been conducting monthly meetings at FREED for leaders from various local programs. Our first meeting on August 2nd was a huge success with more than 20 different people who are involved already in dispelling loneliness. One of the primary conclusions of this event was the need to use 211 as a central contact point for requests for visitors/volunteers.</td>
<td>At the subsequent meeting our numbers had dropped off somewhat, perhaps due to the breadth of the goal and the group’s undefined structure. We have a stable 4-8 people at the meetings and have conducted a survey of local churches to determine how many of them were doing this work of visiting the lonely. 2/3 of the respondents were and had an organized structure for carrying this out. All respondents were open to the idea of partnering with the county to care for the community.</td>
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<td>Notes:</td>
<td>Next meeting is Thursday December 13th from 1-3pm.</td>
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<td>1.1.3.2</td>
<td>[L] Kellermann, Seth Acton, Ana</td>
<td>Use a cross-generational approach to make enhancements where there are gaps.</td>
<td>[Project] [between 4/1/2018 and 12/31/2018]</td>
<td>100% Complete</td>
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<td>Notes:</td>
<td>Invited Nevada Union Senior to the August meeting who wants to do a project like this for her Senior Project.</td>
<td>This area continues to prove to be problematic due to safety concerns and legal requirements. We are also discussing a long-term goal of building a community center to provide a safe place for youth and adults to interact with one another.</td>
<td>It was determined that given the complexities and security concerns of utilizing youth that this portion of the program will not be implemented at this time.</td>
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<td>Notes:</td>
<td>We are a long ways from implementation, although many organizations are already doing this work independently, so we will continue to help organizations work collaboratively on their shared goal.</td>
<td>This activity program has been completed with the use of the Friendly Visitor Program through FREED. Other local churches and individuals have been invited to take part in FREED’s program as part of the initiative to combat loneliness in the county. In addition, this program has sparked similar initiatives in some churches to expand the work they are already doing. Also, Connecting Point will introduce its Volunteer Hub soon which will help connect volunteers with existing visiting programs and also offer volunteering opportunities to those who are experiencing loneliness or isolation.</td>
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Service 2: Behavioral Health

Goal 2.1: People in Nevada County have the resiliency to achieve their optimal well-being, live joyfully, and contribute to their community.

Objective 2.1.1: Work with partners to develop a pilot for integrated health care (mental, oral, physical, and substance use).

Lead: Blake, Jill
Objective % Done: 70%

Notes: Proposed Performance Measures for this strategy:
- Pilot project in place for integrated health care.
- No. and % of emergency room patients who received integrated care with other providers and services.
- Formal partnerships in place.
### Service 3: Socio-Economics

#### Goal 3.1: People in Nevada County have the resources they need to meet their basic needs, live in safe and permanent homes, lead enriching lives, have economic security, and have the ability to invest in the future.

**Objective 3.1.1:** Promote infants’ early health/ nutritional outcomes.

- **Lead:** Wilson, Debra

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<td>3.1.1.1</td>
<td>[L] Wilson, Debra Ash, Joyce</td>
<td>Review and identify gaps in nutrition/health services/resources for families with infants and young children.</td>
<td>[Project] 1. Develop inventory list or catalogue of health and nutrition resources for local providers. 2. Review inventory/catalogue with Community Advisory Board members to identify gaps in services. 3. Identify and engage partners/service representatives currently not involved with the Community Advisory Board. 4. If gaps are identified, work with CAB to discuss strategies to fill identified service gaps.</td>
<td>100% Complete</td>
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### Notes:
- Jill Blake, NCPHD Director, and Stephanie Kreiter, Sierra Nevada Memorial Hospital’s Community Benefit Coordinator, became co-facilitators of the Nevada County Health Collaborative (NCHC). It was agreed that the NCHC would serve as the task force to assess and work towards integrated health in Nevada County. In late 2017, NCHC members developed, signed, and ratified a formal MOU establishing mutually agreed upon goals related to improving health care access in Nevada County. Since establishing this MOU and since the finalization of our CHIP, two HRSA grants were awarded to two organizations in Nevada County. These awards would not have been possible without this formal NCHC MOU as having such a formalized group in place was a requirement of the HRSA applications. Both HRSA grants fund new, integrated health services in the community, so the benefits of this collaborative group have proven to be significant.

- Via the NCHC meetings, NCPHD facilitated discussions about pilot projects that enhance integrated health care, and there have been several successes. For example, the HRSA grant that was awarded to Sierra Nevada Memorial Hospital Foundation was for a Rural Health Network Development Program, which funds several patient navigators that provide onsite services helping patients navigate and access other needed services. Another example is the Hepatitis C Elimination Program, which is a partnership between the Sierra Nevada Memorial Hospital Foundation, NCPHD, FREED and Sierra Gastroenterology, and provides integrated services to clients so that there is a continuum from testing to treatment, with client navigation supports available in between if needed. Both demonstration projects have resulted in improved patient care and stronger linkages and referral mechanisms between service providers.

- Both the Rural Health Network Development Program and the Hepatitis C Elimination Program have developed evaluation components. There was a recent vacancy and then change in staffing at Sierra Nevada Memorial Hospital. Their new Community Benefits Coordinator, who oversees SNMH’s Rural Health Network Development Program, is scheduled to present to the NCHC at the September 2019 meeting on the program evaluation results to date. Staff from NCPHD and FREED are scheduled to meet with Sierra Gastroenterology in early August to review preliminary program evaluation results and then NCPHD and FREED staff will present their results at NCHC’s November 2019 meeting. These activities are on track, but the presentations will occur after the end date set for this activity.

- The members of the Nevada County Health Collaborative (NCHC) will explore the possibility of offering Primary Care with tele-med capacity in Western Nevada County. [Project] By 6/30/20, the NCHC will seek to host formal presentations and seek to make determinations about offering primary care via Telemedicine in Western Nevada County. Presentations could include topics such as state laws and Telemedicine regulations, administrative requirements, and HIPAA guidelines on Telemedicine. [between 4/1/2018 and 6/30/2020] 0% Complete

This activity will be agendized for a NCHC meeting in early 2020.
Notes: 05/22/18 Public Health’s Director, Jill Blake, attended Foothills/Truckee Healthy Babies (FTHB) Community Advisory Board to present on the CHIP and the CAB’s role. Twelve were in attendance. CAB members to develop list of materials and resources for our target population and contributing the CHIP objective. Next meeting scheduled 8/28/18 to review draft resource/referral list and identify gaps and other partners to assist in this objective.

8/28/18 Started cataloging known community referrals, resources, and programs available for pregnant women and babies up to 2 years in both Eastern and Western Nevada County. CAB members are to review and identify any missing information.

11/27/18 Continued to review and catalog known referral resources for families with children up to 2 years and any identified gaps in services for both western and eastern regions within Nevada County.

12/20/18 Clarified breastfeeding support resources on the referral catalog with Joyce Ash and Kathleen Barale.

05/28/19 Meeting - Updated list to include - Dignity Health’s My Baby App to inventory, name change identified for CORR to Granite Wellness, Tahoe Safe Alliance, NCPH Truckee Reproductive Clinic services. Identified Lactation Specialists at WIC and The Nest. Discontinued parent support group at Sierra Care Physicians. New OB/GYN providers at WSMC without hospital delivery privileges. No referral mechanism or procedure from SNMH Hospital to refer WIC. Further discussed and identified nutrition/health gaps in services and/or underutilized programs. Ann Erdmann invited both Debra Wilson, WIC and Char Weiss-Wenzl, MCAH to present information at nursing staff meetings in June/July 2019. Dr. Woerner stated providers need and want community referral binder or electronic referral mechanism. They don’t have time/resources to put it together. Joyce Ash, CAB co-chair emailed Child Advocates’ Resource Directories for both Eastern and Western Nevada County to all members of CAB. Susan Train RN, IBCLC from Tahoe Forest will share/copy her Eastern County Resources binder with Dr. Woerner at WSMC in Kings Beach. Susan Train and Joyce Ash are working to clarify the Truckee Healthy Babies referrals through Tahoe Forest Hospital (TFH) Women’s Center and Hospital. TFH just took the TFH Women’s Center last year and they’ll review MOU with Joyce at upcoming meeting.

| 3.1.1.2 | [L] Wilson, Debra Ash, Joyce | Promote and increase referrals and/or access to health/nutrition programs and community resources for families with infants and young children. | [Project] 1. Identify and engage local health care providers with CAB outside of quarterly meetings.
2. CAB to address service gaps and/or referral barriers to under utilized nutrition/health program referrals with providers.
3. CAB to strategize feasible mechanisms to minimize referral barriers and increase referrals.
4. CAB to implement 1-2 strategies to increase rapid referrals and facilitate information-sharing between birthing centers and community support programs.

75% Complete

Notes: Sierra Nevada Hospital starting to provide additional breastfeeding training to L&D nurses (15 hours) August 2018. Representation from SNMH was not at the August 2018, November 2018, nor February 2019 meetings to obtain update status on this. In October 2018, Dignity representative with SNMH verified and updated their list of local referrals and resources (with Debra Wilson) for WIC. Currently, there are no mechanisms for rapid referrals or information sharing with SNMH and WIC, whereas, there is a Dignity MOU with Mercy San Juan and WIC in Sacramento. NC WIC does receive referrals from SNMH but the referrals have come through CRP WIC. Currently, Dignity social workers are referring directly to FTHB. WIC lost newborn referrals with closure of Welcome Baby program. SNMH currently has MOU with Foothills Healthy Babies to include the self-screen/referral in their registration packet.

It is anticipated that this activity will not be completed until November 2019. Since the CAB meets only quarterly, we reviewed a proposal to increase outside discussions/phone conference with the FTHB Program Manager, MCAH Coordinator, Director of Nurses of SNMH and the WIC Coordinator. We all agreed to this but not date was set. Recent loss of several local OB providers in Grass Valley, Dr. Sarah McKenzie, Dr. Genobaga, and Vanita Lott CNM. Dr. Woerner said there is a new OB provider named Dr. Pundi; however this provider will not have deliver at the hospital. Discussed having a group meeting (FHB, PH-MCAH, & WIC) with Dr. Pundi to educate provider on community resources/referrals. No date set yet.

May 28th, 2019 also discussed identified nutrition/health gaps, barriers to referrals and continuity of care; discuss strategies for rapid referral processes, and mechanisms for information sharing between hospitals and community partners, such as WIC & FTHB. MCAH Char, WIC Deb, FTHB Joyce, TFH Susan and SNMH Ann to plan conference call in July to improve mechanisms for rapid referrals. Char, Joyce, and Deb to plan group visit to WSMC with new OB providers. Dr. Pundi - (no date yet) and Certified Nurse Midwife Drea Gekas coming on-board WSMC also in July. Dr. Woerner requested an easy to use referral binder or electronic referral document specifically for pediatric HCPs; FHB provided an electronic version of their referral/resource directory to all CAB members. Susan Train will provide Dr. Woerner a copy of her resource/referral binder for Eastern County. Char MCAH, and Deb WIC are to provide SNMH nursing staff in-service in both June and July 2019 to work on local referrals.
Appendix C

Quality Improvement Successes
What started out as pretty straightforward charge to start billing for immunizations turned into a full scale assault to make our immunization clinics a better, more professional experience for customers and clinicians alike. Over the course of 12 months we completely overhauled the process. Clinics were a pen and paper exercise. We did not check for eligibility or bill for immunizations. Children’s clinics were conducted off site when the infrastructure, exam rooms, computer, cash register, etc. was available on site. Vaccine had to be inventoried, logged and transported in temperature controlled coolers/freezers. Immunization records were being reviewed twice, once by the MA and again by the Nurse. Manual entry of immunizations given into state registry. Manual tracking and reconciliation of immunization inventory.

Increased billing revenue from $0 in 2014-15 to $10,000 for FY 2016-17. A more streamlined process free of multiple duplications of effort. A positive patient experience. A more professional experience for staff, leading to increased job satisfaction. A more efficient and effective use of existing resources. Reduced risk of injury to staff. Increased adherence to the Vaccine for Children program eligibility standards. Reduced vaccine waste. A desire to build upon the success of the changes made to date; constantly looking for ways to improve the quality of our clinics.

Phase One (Fall 2015):
Positioned staff at front counter to greet clients and build the client record and check eligibility at check-in. Removed duplication of immunization record review. Shifted taking payment to the very end of the process.

Phase Two (Winter/Spring 2015-16):
For two months tested bringing the children’s clinic back to Crown Point. Built Vaccine inventory in EHR. Set up interface between EHR and state registry. Began charting in the EHR in real time. Started scanning IZ consent form, Insurance card and IZ shot records directly into EHR at check-in. In January of 2016 it was decided that the Children’s clinic would be relocated to Crown Point permanently.

Phase Three (Spring/Summer 2016):
Began to scan consent forms from previous visits into the EHR.

Ongoing
Continuing to monitor & track progress
Make further refinements to processes

Nevada County Public Health works to improve resource efficiencies and customer satisfaction by:

⇒ Providing a more Safe, Suitable and Professional clinic environment.
⇒ Leveraging existing technology
⇒ Eliminating redundancies
⇒ Reducing vaccine waste

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Death records are initiated and finalized in the Electronic Death Record System (EDRS). The State, typically within 30 days, downloads the data from EDRS to the AVSS system. Vitals staff runs reports monthly out of AVSS to provide to various other County departments and entities within the County. In order to make sure the information was up to date in AVSS, vitals staff manually entered death records into AVSS to ensure timeliness of reports. Vitals staff calculated 8 minutes per record to enter, representing 154 hours entering data for the 1,155 deaths reported in 2017.

1) Redirection of time. Before: approximately 154 hours per year spent reentering data into AVSS that already exists in EDRS. After: 0.
2) Improved job satisfaction due to streamlining and simplifying tasks.
3) Improved skill set including increased proficiency with Excel.
4) Improved efficiencies with no change in service delivery to consumers.
5) Preparation for eventual phase-out of the AVSS system.

Found the EDRS manual online and downloaded the raw data to both ACESS and EXCEL; built report templates and numerous pivot tables to provide customers reports in the accustomed format; reviewed as a group the canned reports available in EDRS; determined the EDRS canned reports as sufficient in detailing the necessary information included in the AVSS reports, and to be completely acceptable. Vitals staff receiving training to improve Excel skills for the purpose of running ad hoc reports requested by staff. Vitals staff notified customers that beginning with the January 2018 monthly reports, the new reports will look slightly different, but all the same data elements are present.

Nevada County Public Health works to improve resource efficiencies by:

⇒ Eliminating redundancies
⇒ Leveraging existing technology
⇒ Reducing time waste