NNPH Quarterly Outcomes Report

FY25

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 1.1.1.1 Reach at least 2,000 residents and visitors about the impact of secondhand cannabis smoke exposure through communications efforts. (# of residents reached)	3,183	1,500	600	Staff provided three (3) dispensaries (Rise, The Dispensary 2nd Street, Battle Born Dispensary) with educational Need to Know cards, which include education on preventing exposing others to secondhand smoke, for distribution to their clientele. 100 Need to Know cards were given to each establishment for a total of 300 distributed in Q3. Social media posts are in development for posting in Q4 to address secondhand cannabis smoke and the protection of nonsmokers. In response to how off target this measure is, staff leading this task have developed a calendar of social media posts and outreach for Q4 to ensure successful completion of this outcome. Staff also expect that an MPH public service intern who is starting work soon will be able to assist get this measure back on track.
(PI) 1.1.1.2 Maintain breastfeeding rates at 80% among WIC clients who report ever breastfeeding.	80.00%	80.00%	81.00%	The "Ever Breastfeeding" prevalence for NNPH WIC clients through the end of Q3 is 81%. This rate is achieved though quality staff interactions with WIC clients to educate and support them in breastfeeding during the prenatal and postpartum timeframes.
(PI) 1.1.1.3 Increase multi-family housing properties that have smoke free policies by at least 2.	4	1	4	Three new properties opened with smoke-free (SF) and vape-free (VF) policies in place: Ballpark Apts (SF); Vintage at Spanish Springs (SF/VF) (affordable housing for seniors); and 245 Arlington (SF/VF). Staff provided TA to Ballpark Apartments regarding VF policy inclusion. Staff ordered 12 NS/NV signs for management at 245 Arlington and is in communication with management at Vintage at Spanish Springs regarding signage needs. These three properties will be added to the online SF MFH Directory in Q4.
(PI) 1.1.1.4 Reach at least 4 groups or stakeholders with information on how smoke-free workplace policies impact overall community health. (# of partners that receive smoke-free workplace policy information)	6	3	6	No new additions for Q3. However, staff worked with the Nevada Cancer Coalition (NCC) to identify 12 upcoming community events to contact about smoke-free policies and begun scheduling meetings with these groups for Q4.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 1.1.1.5 Reach at least 12 groups (youth, parents, service providers) with e-cigarette prevention messaging among youth and young adults.		9	14	In addition to the existing 11 groups already communicated with in previous quarters, staff reached out to three additional groups in Q3 as follows: Staff worked with the NNPH Communications Team and Estipona Group to finalize a youth vaping prevention (YVP) media campaign. The campaign launched in February, reaching and engaging youth in Washoe County through Snapchat. It will run through April, and the final campaign metrics will be reported in Q4. Additionally, staff coordinated a presentation with Keep Truckee Meadows Beautiful on their project, "Environmental Impacts of Traditional and Electronic Cigarettes and Barriers to Proper Disposal in Washoe County," in collaboration with the EHS division. This presentation was delivered at the statewide Nevada Tobacco and Smoke-Free Coalition General Membership Meeting in March, which reached 40 organizations. Finally, upon request, staff provided additional YVP education and supporting materials to Safe Talk Teens staff.
(PI) 1.1.2.1 Reach seniors with fall prevention messaging at least once per quarter (# of messaging/ education attempts including events, tabling, and media)	5	3	13	Staff developed and released a Request for Proposal (RFP) for an upcoming senior falls prevention marketing campaign, scheduled to run in Quarter 4. The RFP was distributed to 10 local advertising agencies, all of which were given the opportunity to submit questions prior to the proposal deadline. The marketing campaign has not taken place yet, so the YTD numbers for this measure remain the same in Q3. Once the campaign happens in Q4, these numbers are expected to go up.
(VI) 1.2.1.1a # of WIC participants (quarterly average enrollment, annual average enrollment in Q4)	3,393		3,431	
(PI) 1.2.1.1 Maintain at least 95% of enrolled WIC participants as compared to last FY enrollment.	99.47%	95.00%	102.66%	The WIC quarterly average enrollment was 2.66% higher than last FY (3431 WIC clients in Q3 FY25 versus 3342 clients in Q3 FY24). The WIC program is fully staffed, with all staff functioning fully in their roles. In addition, intermittent hourly staff help maintain participation rates and cover in cases of staff leave.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 1.2.1.2a # of clients served in the immunization program (NNPH clinic and offsite events)	4,136		3,635	
(VI) 1.2.1.3a # of VFC compliance visits	25		20	
(PI) 1.2.1.3 Assure 50% of Vaccine for Children (VFC) providers receive a compliance visit yearly.	58.00%	0%	43.00%	For FY 25, the Vaccines for Children (VFC) site visit reviewers have completed twenty compliance visits with Washoe County VFC-enrolled medical providers to date, bringing the YTD completion rate to 43%. During Q3, twelve practices were reviewed onsite to assess proper implementation of the federal VFC programming within area offices. The Immunization Program is tasked with conducting compliance visits with at least 50% of VFC-enrolled providers annually. At this time, there are 46 enrolled providers. Compliance visits guide the year-round activity for the reviewers in terms of continuous follow-up action items, staff training to vaccine coordinators, and fielding program questions. Provider offices frequently experience staff turnover and must navigate regular updates to vaccine products and implementation.
(VI) 1.2.1.4a # of clients served in the Family Planning and Sexual Health program	3,634		3,128	
(PI) 1.2.1.5 Implement 100 community/ provider Sexual Health education and outreach activities.	145	75	108	During the reporting period, 37 community/provider Sexual Health education and outreach activities were conducted. Cumulatively, 108 community/provider Sexual Health education and outreach activities have been conducted since the beginning of the fiscal year. Activities conducted under this measure increase awareness of sexual health topics including the need for testing, timely treatment, and access to prevention strategies to community members and community providers. In addition, testing is provided free of charge at community-based sites that meet individuals where they may feel more comfortable accessing services or at a location that provides greater access.
(VI) 1.2.2.1a # of reported HIV cases investigated	51		25	
(PI) 1.2.2.1 Initiate investigation of 90% of reported HIV cases within 5 business days of report.	100.00%	90.00%	100.00%	During the reporting period, seven (7) out of seven (7) (100%) of the reported HIV case investigations were initiated within 5 days of report. Cumulatively, since the beginning of the reporting fiscal year, 25 of the 25 (100%) HIV case investigations were initiated within 5 days of report.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 1.2.2.2a # of primary, secondary syphilis cases investigated	98		48	
(PI) 1.2.2.2 % of primary, secondary syphilis cases initiated within 5 days.	86.70%	90.00%	97.90%	During the reporting period, 15 out of 15 (100%) of the reported primary and secondary syphilis case investigations were initiated within 5 days of report. Cumulatively, since the beginning of the reporting fiscal year, 47 out of the 48 (97.9%) primary and secondary syphilis case investigations were initiated within 5 days of report. Case investigations include determining stage of infection, if the case needs treatment, if the case has a false positive result, or if the case has a history of disease but is not reinfected. Quality assurance activities conducted during Q3 resulted in updated Q2 data.
(VI) 1.2.2.3a # of maternal syphilis cases investigated	18		7	
(PI) 1.2.2.3 % of maternal syphilis cases initiated within 5 days	100.00%	90.00%	100.00%	During the reporting period, one (1) maternal syphilis case was reported in Washoe County. Cumulatively, since the beginning of the reporting fiscal year, seven (7) maternal syphilis cases have been reported. Data was updated for Q2, improving the numbers that had previously been reported. This was due to data quality assurance activities that were conducted during Q3. The total % of cases investigated within the designated timeframe is now 100% YTD.
(VI) 1.2.2.4a # of other syphilis cases investigated (early latent, late latent/ unknown duration, biological false positives, old disease)	765		820	
(PI) 1.2.2.4 % of other syphilis cases initiated within 5 days	87.60%	90.00%	92.00%	During the reporting period, 248 out of 259 (95.8%) of the reported syphilis (early latent, late latent/ unknown duration, biological false positives, old disease) case investigations were initiated within 5 days of report. Cumulatively, since the beginning of the reporting fiscal year, 754 of the 820 (92%) other syphilis case investigations were initiated within 5 days of report. Case investigations include determining stage of infection, if the case needs treatment, if the case has a false positive result, or if the case has a history of disease but is not reinfected. Quality assurance activities conducted during Q3 resulted in updated Q2 data.
(VI) 1.2.2.5a # of congenital syphilis cases investigated	18		10	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 1.2.2.5 % of congenital syphilis cases initiated within 5 days	100.00%	90.00%	100.00%	During the reporting period, 2 out of 2 (100%) of the reported congenital syphilis case investigations were initiated within 5 days of report. Cumulatively, since the beginning of the reporting fiscal year, 10 of the 10 (100%) congenital syphilis case investigations were initiated within 5 days of report. Congenital syphilis case investigations are managed for 15 months following birth.
(VI) 1.2.2.6a # of reported gonorrhea cases investigated	579		515	
(PI) 1.2.2.6 Initiate 90% of prioritized gonorrhea case investigations within 5 business days of report.	84.30%	90.00%	92.40%	During the reporting period, 165 out of 172 (95.9%) of the reported gonorrhea case investigations were initiated within 5 days of report. Additionally, data was updated for Q2, improving the running totals that had been reported. This was due to data quality assurance activities that were conducted during Q3. Cumulatively, since the beginning of the reporting fiscal year, 476 of the 515 (92.43%) gonorrhea case investigations were initiated within 5 days of report.
(VI) 1.2.2.7a # of reported chlamydia cases investigated	2,250		1,738	
(PI) 1.2.2.7 Review 90% of chlamydia cases within 5 days of report.	98.00%	90.00%	96.80%	During the reporting period, 558 out of 579 (96.4%) of the reported chlamydia case investigations were initiated within 5 days of report. Cumulatively, since the beginning of the reporting fiscal year, 1,682 of the 1,738 (96.8%) chlamydia case investigations were initiated within 5 days of report. Chlamydia investigations include verification of appropriate treatment and coordinating appropriate treatment for cases that have not been treated or have not been correctly treated.
(VI) 1.2.2.8a # of individuals suspected to have active tuberculosis disease and investigated	21		9	
(PI) 1.2.2.8 % of all individuals suspected to have active TB status confirmed within 1 business day via Nucleic Acid Amplification Test (NAAT).	92.00%	100.00%	66.00%	None of the cases treated for active TB during Q3 were confirmed with a NAAT. Of the 3 cases, 2 were transferred from another jurisdiction, therefore they were already diagnosed with TB. The third case was a confirmed extrapulmonary case but passed away before any pulmonary TB diagnostic testing could be done.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 1.2.2.9 For clients with active tuberculosis, increase the percentage that have sputum culture conversion within 60 days of treatment initiation.	100.00%	83.00%	0%	During Q3, there was one case that was awaiting culture conversion. However, this case did not meet the criteria of being culture converted within the 60-day window. There were multiple factors that led to the delayed conversion, including the patient having uncontrolled diabetes during the first part of treatment (both diabetes and smoking are associated with a longer time to sputum culture conversion). This patient did end up converting but it was within 90-days.
(PI) 1.2.2.10 Initiate the index/source case interview and contact investigation for 100% of sputum smear positive tuberculosis cases within 14 days.	100.00%	100.00%	100.00%	Of the 3 cases of active TB, all had a contact investigation initiated within 14 days. Contacts were tested using 2 blood tests for TB. These tests were conducted 8 weeks apart to ensure thorough clearance from the bacteria.
(VI) 1.2.2.11a # of foodborne, vector borne, vaccine preventable, disease of unusual occurrence (all reportable conditions requiring Epi time) cases investigated	1,216		1,903	
(PI) 1.2.2.11 Investigate 100% of foodborne, vector borne, vaccine preventable, disease of unusual occurrence (all reportable conditions requiring Epi time) cases within their designated time frame.	84.70%	100.00%	94.59%	During 2025-01-01 through 2025-03-31 there were 761 cases investigated within their designated time frame out of 799 total number of investigated/documented cases, or 95.24%. The cumulative percentage YTD is 94.59%. One challenge this quarter was the time and expertise allocated to training a new public health investigator as well as a record number of outbreaks reported in February 2025. Another challenge was a high-severity flu season with the cumulative hospitalizations this season being the highest seen since 2017-2018.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 1.2.3.1a # of community-based vaccine provision events	52		30	
(VI) 1.3.1.1a # of clients that see the Enrollment Assister annually	110		43	
(PI) 1.3.1.1 Maintain or increase the number of clients that see the Enrollment Assister annually.	110	48	47	The program acquired a new Enrollment Assister late in September 2024 after being without an assister for several months. The new Assister began seeing clients on a walk-in basis, and over the last two quarters, has averaged approximately 20 clients per quarter receiving assistance at NNPH (22 in Q2 and another 22 in Q3). The Assister is in the office every Tuesday from 8-4:30 PM. The Assister sees approximately two clients each week while at NNPH in the Clinical and Community Services Conference Room. This is the approximate rate of clients NNPH is aiming for with this measure, and if the trendline continues as it has been, staff expects this measure to be fully on target by fiscal year's end.
(VI) 1.3.2.1a # of clients and community members provided assistance with navigation of community resources	756		731	
(PI) 1.3.2.1 Increase the number of clients and community members provided assistance with navigation of community resources. (# provided assistance)	756	300	731	Despite a small decrease in referrals, the Community Health Worker program is on target to increase the number of clients and community members provided with health and social service navigation. Additionally, the CHW program continues to successfully bill Medicaid for CHW services in the Family Planning Sexual Health Clinic. The top five reasons for referral to the Community Health Workers are health insurance navigation, assistance with finding a primary care provider, food insecurity, resources for clothing/ household items, and oral health services.
(PI) 1.3.2.2 Increase community reach through new partnerships and outreach activities (# of outreach activities)	46	30	35	Despite a decline in the number of outreach activities in Quarter 3, the Community Health Worker program remains on target to increase community reach through various activities. Ongoing outreach continues with the Food Bank of Northern Nevada. Additionally, the CHWs have participated in outreach events hosted by the Washoe County School District including a newcomer event targeted at immigrant and refugee families new to Washoe County.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 1.3.3.1 Increase access to programs and services through completing 3 system improvements.	8	2	8	Implemented point-of-care syphilis testing. Implemented a bi-directional lab connection with Quest Labs Added QR codes for vaccine information sheets linking to website Updated patient consent form for IZ and FPSH
(PI) 2.1.1.1 Meet or exceed a 75% data capture rate for ozone.	98.40%	75.00%	98.40%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly ozone observations as well as data completeness percentages for all ozone monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. These quality metrics are largely the result of the care that AQMD's experienced field staff put into running, maintaining, and calibrating the analyzers, monitors, and samplers. Additionally, the expertise of the Data Manager in managing, editing, and submitting this data to EPA through AirNow and AQS plays a significant role.
(PI) 2.1.1.2 Meet or exceed a 75% data capture rate for PM2.5.	98.20%	75.00%	99.40%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly PM2.5 observations as well as data completeness percentages for all PM2.5 monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. These quality metrics are largely the result of the care that AQMD's experienced field staff put into running, maintaining, and calibrating the analyzers, monitors, and samplers. Additionally, the expertise of the Data Manager in managing, editing, and submitting this data to EPA through AirNow and AQS plays a significant role.
(PI) 2.1.1.3 Meet or exceed a 75% data capture rate for PM10.	98.00%	75.00%	97.00%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly PM10 observations as well as data completeness percentages for all PM10 monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. These quality metrics are largely the result of the care that AQMD's experienced field staff put into running, maintaining, and calibrating the analyzers, monitors, and samplers. Additionally, the expertise of the Data Manager in managing, editing, and submitting this data to EPA through AirNow and AQS plays a significant role.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.1.1.4 Meet or exceed a 75% data capture rate for carbon monoxide.	98.00%	75.00%	74.00%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly CO observations as well as data completeness percentages for all CO monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. Due to a catastrophic failure of the CO analyzer at AQMD's "Reno4" ambient air monitoring station, data completeness percentages were one percent below target for this reporting quarter. Staff worked diligently for several days trying to repair the analyzer using their extensive training and experience. Even after utilizing the manufacturer's technical support personnel, the analyzer was unable to be repaired in-house. The failed analyzer was replaced with a working spare and sent back to the manufacturer for factory repair.
(PI) 2.1.1.5 Meet or exceed a 75% data capture rate for nitrogen dioxide.	97.00%	75.00%	95.00%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly NO2 observations as well as data completeness percentages for all NO2 monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. These quality metrics are largely the result of the care that AQMD's experienced field staff put into running, maintaining, and calibrating the analyzers, monitors, and samplers. Additionally, the expertise of the Data Manager in managing, editing, and submitting this data to EPA through AirNow and AQS plays a significant role.
(PI) 2.1.1.6 Meet or exceed a 75% data capture rate for sulfur dioxide.	96.00%	75.00%	93.50%	FY25 Q3 Data Completeness Reports will not be available until June 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the October 1 to December 31, 2024, reporting period. This report summarizes the number of hourly SO2 observations as well as data completeness percentages for all SO2 monitors in the ambient air monitoring network. The actual data capture rate is an average of all network monitors. These quality metrics are largely the result of the care that AQMD's experienced field staff put into running, maintaining, and calibrating the analyzers, monitors, and samplers. Additionally, the expertise of the Data Manager in managing, editing, and submitting this data to EPA through AirNow and AQS plays a significant role.
(VI) 2.1.2.1a # of air quality plans and reports worked on during this period.	25		14	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.1.2.1 Educate and empower leaders, decision makers and regulated entities through a minimum of 3 AQ outreach opportunities. (# of outreach events)	18	2	16	Outreach opportunities completed by AQMD staff during the January 1 to March 31, 2025, reporting period include the below. These outreach efforts all share the goals of raising awareness of air quality conditions/ air quality programs, sharing support of plans that can reduce emissions, improving the quality of the local airshed, and assisting regulated entities with the implementation of new and/or revised rules: 1. Chapter 030 Implementation Workshop #3 – Josh Restori, January 16, 2025 2. RTC Regional Transportation Plan Public Comment – Brendan Schnieder, February 21, 2025 3. Air Quality Forecasting Presentation to the National Weather Service Reno Office – Ben McMullen, February 26, 2025. 4. Asbestos Rule Revision Business Impact Statement Presentation – Craig Petersen, February 27, 2025. 5. Washoe County Climate Action Plan Public Comment – Brendan Schnieder, March 11, 2025 6. Chapter 030 Implementation Workshop #4 – Genine Rosa, March 20, 2025. 7. Asbestos Rule Revision Public Hearing for Adoption Presentation – Craig Petersen, March 27, 2025. The total number of outreach opportunities completed by AQMD staff in FY2025 is 16.
(VI) 2.1.2.2a # of community planning efforts where AQMD commented.	24		23	
(VI) 2.1.2.2b # of community planning efforts where AQMD participated as a technical advisor.	44		26	
(PI) 2.1.2.3 Complete all necessary reviews and any associated updates to air quality regulations.	4	0	2	AQMD has goals to revise and update regulations based on priorities identified by the permitting and compliance programs. During the January 1 – March 31, 2025 reporting period, AQMD worked on the following regulation reviews and revisions: 1. Part 040.110 – Asbestos Control Standards 2. Part 040.115 – Acknowledgement of Asbestos Assessment Both parts were available for public comment from January 10-24, 2025, including the draft regulations and a business impact statement (BIS) survey. On February 27, 2025, the BIS was presented to and adopted by the DBOH. The proposed regulation revisions were adopted by the DBOH at a public hearing on March 27, 2025.
(VI) 2.1.2.3a Number of regulations reviewed			0	
(VI) 2.1.3.1a # of wood-burning devices inspections completed	322		232	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.1.3.1 % wood-burning permits managed within internal best practice standard (NOE 4 business days, COC 10 business days)	0%	100.00%	92.00%	The AQMD has an internal best practice standard timeframe of processing wood-burning device registrations. Notices of Exemptions are expected to be processed within (4) business days of receipt and Certificates of Compliance within (10) business days of receipt. In Q3 of FY25 (1,533) NOE's and COC's were processed; (1529) of these were processed within the internal best practice standard timeframes (68 of 68 COC's and 1,461 of 1,465 NOE's). This equates to a success rate of 99.7%. The delay in completing the processing of (4) NOE's can be attributed to applying a new SOP for processing applications and the checks associated with NOE's.
(VI) 2.1.3.1b # of wood-burning device registrations	7,272		5,544	
(VI) 2.1.3.2a # of dust control permit inspections completed	539		397	
(VI) 2.1.3.2b # of dust control permits	196		137	
(PI) 2.1.3.2 % of dust permits managed within 10 business days.	0%	100.00%	93.00%	The AQMD has an internal best practice standard timeframe of processing dust control permitting. Dust Control Permits are expected to be processed within (10) business days of receipt. In Q3 of FY25 (47) Dust Control Permits were processed; (46) of these were processed within the internal best practice standard timeframes. This equates to a success rate of 98%. The average number of days to process a Dust Control Permit is approximately (1.3) days. Cumulatively, the YTD percentage of dust permits managed within the prescribed timeframe is 93%.
(VI) 2.1.3.2c Total acreage disturbed by dust permits	2,523		2,072	
(VI) 2.1.3.3a # of asbestos renovation and demolition inspections completed	135		67	
(VI) 2.1.3.3b # of asbestos renovation and demolition notifications	154		112	
(VI) 2.1.3.3c Total square feet of asbestos materials	393,182		574,733	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 2.1.3.3d Total linear feet of asbestos materials	8,263		2,625	
(PI) 2.1.3.3 % of asbestos permits managed within internal best practice standard.	0%	100.00%	100.00%	The AQMD has an internal best practice standard timeframe of processing asbestos NESHAP Notifications. NESHAP Notifications are expected to be processed within (10) business days of receipt. In Q3 of FY25 (35) NESHAP Notifications were processed; (35) of these were processed within the internal best practice standard timeframes. This equates to a success rate of 100%. The average number of days to process an asbestos NESHAP Notification is approximately (1) day.
(VI) 2.1.3.3e Total cubic feet of asbestos materials	0		0	
(VI) 2.1.3.4a # of complaint inspection/ investigations	158		176	
(VI) 2.1.3.5a # of warnings and notices of violations issued	63		43	
(VI) 2.1.3.6a # of stationary source inspections assigned	532		344	
(PI) 2.1.3.6 Complete 100% of stationary source inspections assigned.	100.00%	100.00%	100.00%	Of (93) Stationary Source inspections assigned in Q3 of FY25, (93) were completed, for a completion rate of 100%.
(VI) 2.1.3.7a # of stationary source authority to construct/ permit to operate permits issued	59		27	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.1.3.7 100% of stationary source authority to construct/ permit to operate permits are issued within 180 days.	95.00%	100.00%	84.00%	Of the (13) Stationary Source Permit to Construct/Authority to Construct permits issued in Q3 of FY25, (10) Stationary Source Authority to Construct permits were issued within 180 days. This represents a success rate of 77%. On average, the permits which exceeded the requirement were 41 days beyond the 180-day time limit. With some of the permits which exceeded the required 180 days, there was significant requests for clarification and correction of applications submitted.
(VI) 2.1.4.1a # of inspections completed at permitted waste management facilities per year.	270		237	
(VI) 2.1.4.1b # of waste management facility permits	308		314	
(VI) 2.1.4.1c # of waste-related complaints	177		189	
(PI) 2.1.4.1 Complete 100% of inspections at permitted waste management facilities per year.	86.00%	75.00%	75.00%	During the first three quarters of FY25, 75% of permitted waste management facilities were inspected (237 inspections conducted to date out of a total of 314 inspections to be done throughout the entire year). This is tracking right on the target of approximately 25% per quarter. However, inspections fluctuate by quarter based on expiration dates, and inspections are due once per calendar year versus fiscal year. For CY25, 30% of required inspections have been completed, or slightly above the target amount.
(PI) 2.1.4.2 Partner with a minimum of 3 outside agencies to assist in waste reduction/clean up initiatives.	3	2	1	Over the 3rd quarter of FY25, the team did not partner with code enforcement to tackle a couple of long-running complaints. However, the team coordinated violation notices with them and testified during their administrative enforcement process. The original intent of this goal - to put together a tire fund proposal program - is still in draft form and is expected to be finalized and start in FY26. The implementation of that program will enable the group to meet its goal of 3 partnerships each year moving forward.
(VI) 2.1.5.1a # of first review plans reviewed for compliance with AQ regulations and processed (AQM)	763		370	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.1.5.1 Ensure 90% of first review plans for compliance with AQ regulations meet jurisdictional timeframes. (AQM)	95.00%	90.00%	96.00%	Of the (152) plans assigned for AQM review in Q3 of FY25, (152) met jurisdictional timeframes for a rate of 100%. This brings the YTD percentage to 96%.
(VI) 2.1.5.2a # of residential septic and well plans reviewed and processed	852		561	
(PI) 2.1.5.2 Ensure 90% of residential septic and well plan reviews meet a 2-week turnaround	93.00%	90.00%	98.00%	Of the 561 plans that the program took over the first three quarters of FY25, 549, or 98%, met or exceeded the desired outcome of meeting the jurisdictional time frame for review.
(PI) 2.1.5.3 Conduct a minimum of 3 outreach events to inform interested stakeholders on residential septics and wells. (# of outreach events)	3	2	4	One outreach event occurred in the 3rd quarter of FY25. Staff presented at the Rural Community Assistance Corporation (RCAC) water and wastewater conference in Sparks, Nevada, held March 2025.
(VI) 2.1.5.4a # of UST inspections	207		144	
(VI) 2.1.5.4b # of UST permits	212		210	
(PI) 2.1.5.4 Complete 100% of inspections at UST permitted facilities per year.	100.00%	75.00%	69.00%	During the first two quarters of FY25, 53 UST annual permits were inspected each quarter. This meets the target of approximately 25% total permits being inspected per quarter. Inspections fluctuate by quarter based on expiration dates, and inspections are due once per calendar year. At the end of the first three quarters of FY25, 144 out of the 210 UST facilities had received an inspection, or 69% of all facilities. This is tracking closely to where the program needs to be by this date. All facilities will receive an inspection in CY25.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.2.1.1 Set a baseline for the occurrence of foodborne illness risk factors in inspected facilities.	0%	75.00%	75.00%	Washoe County TS developed a checklist report to track food establishment inspection data. A baseline report on this data will be developed by the end of Q4. EHS considers this measure to be on target for where it expected to be by this point in the fiscal year.
(VI) 2.2.1.2a # of foodborne illness assessments.	3		7	
(VI) 2.2.1.2b # of inspections for food establishments.	2,909		2,066	
(VI) 2.2.1.2c # of temporary food event inspections.	1,392		810	
(VI) 2.2.1.2d # of permitted food establishments	4,099		4,100	
(VI) 2.2.1.2e # of complaints responded to.	264		79	
(VI) 2.2.1.2f Total # of permitted facilities (non-food permits) at the end of the current quarter (permits include the following: Childcare, Schools, Hotel/ Motel, RV/MHP, IBD, Jails, Aquatic Facilities, and RV Dump Stations.)	1,209		1,204	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.2.1.2 Complete at least 4 components of standards to make progress toward conformance with FDA retail food program standards. (# of components completed)	2	3	2	No significant updates to report for Q3. The last submitted report at the end of Q2 included the following updates: Additional component of Standard 9 completed (section 3b). Results of the internal NNPH self-assessment indicate Standard 9 is fully met. Southern Nevada Health District completed the verification audit as of December 31, 2024. To date, all components of standards 1, 3, 5, 7, and 9 are complete. Standards 2, 4, 6, and 8 still have some outstanding elements. Goals for Q3-4 include meeting elements of Standard 2 (4a and 4b).
(PI) 2.2.1.3 Percentage of required inspections of food establishments completed.	60.53%	75.00%	41.60%	This outcome is off target due to lack of staffing resources and staff turnover. Five EHS Trainee positions were filled in Q2. These employees must complete the food safety training program before they can conduct independent food establishment inspections. This is anticipated to be completed by the end of Q4.
(VI) 2.2.1.4a % of passing inspections for routine food inspections	0%		83.00%	
(VI) 2.2.1.4b % of passing inspections for routine commercial facility inspections (reported as quarterly figure, not YTD) (includes childcares, schools, pools, invasive body decoration establishments, hotels/motels, RV parks, mobile home parks, and dump stations)	0%		75.37%	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 2.2.1.5a # of total inspections of non-food based permitted facilities including other elements (re-inspections, etc.) (includes childcares, schools, pools, invasive body decoration establishments, hotels/motels, RV parks, mobile home parks, and dump stations)	1,667		1,041	
(VI) 2.2.1.6a # of other permitted facility complaints	47		70	
(VI) 2.2.1.7a # of sanitary surveys of public water systems	30		25	
(VI) 2.2.1.7b # of public water system permits	77		76	
(VI) 2.2.1.7c % of public water systems in compliance with lead and copper rule revisions			97	
(VI) 2.2.1.7d % of sanitary surveys for year with a significant deficiency			15	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 2.2.1.7 Complete 100% of required sanitary surveys of public water systems to help ensure proper public health protection.	100.00%	75.00%	76.00%	Through the third quarter of FY25, the team conducted 25 sanitary surveys - 19 public water systems and 6 water haulers. Of the 33 required surveys this year, this is 76%, which meets the goal of conducting 25% of required annual surveys per quarter. For CY25, the quarter was a bit light, with only 3, or approximately 10%, of surveys being completed. All sanitary surveys for the year will be completed.
(VI) 2.2.2.2a # of New Jersey daily trap counts that contain more than 10 mosquitos from May to October	83		0	
(VI) 2.2.2.3a # of mosquito pools submitted for testing.	839		711	
(VI) 2.2.2.4a # of mosquito pools positive for arbovirus (West Nile/St. Louis Encephalitis/ Western Equine virus).	0		3	
(VI) 2.2.3.1a # of commercial plans reviewed for health standards (Including food establishments)	1,791		1,142	
(PI) 2.2.3.1 Ensure 90% of first review for commercial plans meet a 2-week turnaround (reported as a quarterly figure, not YTD)	75.15%	90.00%	92.50%	92.5% of all plans were reviewed within the regional goal. Out of a total of 347 plans submitted, only 26 plans were not completed within two weeks. This measure is performing well primarily due to an 18.5% reduction in commercial plan submittals to the Health Department for review compared to this quarter last year. Commercial plan review staff continue allocating their time as best as possible to allow appropriate time for review of complex plans and permitted facility inspections.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 3.1.1.1a # total social media posts in English and Spanish	1,987		1,076	
(VI) 3.1.1.1b # of culturally relevant or health equity social media posts	539		291	
(VI) 3.1.1.1c # of social media followers	12,117		13,105	
(VI) 3.1.1.1d # of web hits	468,625		407,814	
(PI) 3.1.1.2 Increase audience growth across all platforms by 10%. (followers)	12.00%	7.50%	7.80%	With 13,105 followers, NNPH increased 1.6% from the previous quarter. The net audience growth was 201. The NNPH LinkedIn account had the highest increase, with 102 followers gained.
(PI) 3.1.1.3 Increase Spanish language Facebook followers by 5%		1,199	1,282	The top two posts for this quarter were: • On Jan. 7, NNPH posted the latest respiratory disease surveillance post. At that time, the region was experiencing outbreaks of respiratory illness, and this helped give the post 32 engagements. • On March 31, NNPH posted the flyer for the Family Health Festival, which garnered 19 engagements, including four shares. Posts like these contribute to increased follower counts.
(PI) 3.1.1.4 Increase impressions across all social media posts by 10%. (comments, shares, link, clinks and more)	146.80%	7.50%	0%	After having more than 6,000 engagements in Q2, NNPH only had 3,149 in Q3. However, the health district also had 196 fewer posts than last quarter, so fewer engagements were to be expected. Increases in posts were tied to advertising. The goal of perpetually increasing by 10% year after year is not likely sustainable, so this measure may get reevaluated in future fiscal years.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 3.1.2.1 Collaborate with at least 2 grant-funded programs to execute marketing tactics that reach populations experiencing health disparities		1	2	This quarter, NNPH worked with the sexual health program on an advertising campaign to promote STI awareness, testing, and treatment for the men who have sex with men (MSM) population. The ads were published on several dating websites/apps, including ones specific for MSM population (Grindr, Scruf'd, Adam for Adam, etc.).
(VI) 3.1.2.3a # of public records request fulfilled (ODHO)	0		1	
(VI) 3.1.2.3b # of public records request fulfilled (AQM)	65		46	
(VI) 3.1.2.3c # of public records request fulfilled (CCHS)	2		1	
(VI) 3.1.2.3d # of public records request fulfilled (EPHP)	59		21	
(VI) 3.1.2.3e # of public records request fulfilled (EHS)	4,883		1,993	
(VI) 3.1.2.4a # of press releases, media alerts, media availability.	111		67	
(VI) 3.1.2.5a # of community presentations (ODHO)	25		15	
(VI) 3.1.2.5b # of community presentations (CCHS)	56		24	

<table>
<tr><th>Outcomes</th><th>FY24 Actual</th><th>Q3-25 Target</th><th>Q3-25 Actual</th><th>Analysis</th></tr>
<tr><td>(VI) 3.1.2.5c # of community presentations (EPHP)</td><td>32</td><td></td><td>11</td><td></td></tr>
<tr><td>(VI) 3.1.2.5d # of community presentations (EHS)</td><td>23</td><td></td><td>31</td><td></td></tr>
<tr><td>(VI) 3.2.1.1a # of vital records requests and services</td><td>52,294</td><td></td><td>31,780</td><td></td></tr>
<tr><td>(PI) 3.2.1.1 Process 90% of vital records requests and services within 96 hours.</td><td>100.00%</td><td>90.00%</td><td>100.00%</td><td>Request Completed within 96 hours
Death Request<table><tr><th>MONTH</th><th>Number of Request</th><th>Completed within 96 hrs</th></tr><tr><td>July 2024</td><td>2139</td><td>2139</td></tr><tr><td>August 2024</td><td>1929</td><td>1929</td></tr><tr><td>September 2024</td><td>2186</td><td>2186</td></tr><tr><td>October 2024</td><td>2091</td><td>2091</td></tr><tr><td>November 2024</td><td>1930</td><td>1930</td></tr><tr><td>December 2024</td><td>2412</td><td>2412</td></tr><tr><td>January 2025</td><td>2584</td><td>2584</td></tr><tr><td>February 2025</td><td>2219</td><td>2219</td></tr><tr><td>March 2025</td><td>2225</td><td>2225</td></tr></table>Birth Request<table><tr><th>MONTH</th><th>Number of Request</th><th>Completed within 96 hrs</th></tr><tr><td>July 2024</td><td>1394</td><td>1394</td></tr><tr><td>August 2024</td><td>1485</td><td>1485</td></tr><tr><td>September 2024</td><td>1124</td><td>1124</td></tr><tr><td>October 2024</td><td>1149</td><td>1149</td></tr><tr><td>November 2024</td><td>1080</td><td>1080</td></tr><tr><td>December</td><td>1165</td><td>1165</td></tr><tr><td>January 2025</td><td>1576</td><td>1576</td></tr><tr><td>February 2025</td><td>1517</td><td>1517</td></tr><tr><td>March 2025</td><td>1575</td><td>1575</td></tr></table>Vitals registers death and birth records as soon as they come to the queue. This makes the records available for printing once the clients request them, allowing the Vitals office to complete 100% of the records requests/services within 96 hours.</td></tr>
</table>

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 3.2.2.1a # of reports (Communicable Disease Annual; CPO Quarterly; Respiratory Weekly; Epi News) provided to the community	50		55	
(PI) 3.2.2.1 Publish 100% of reports (Communicable Disease Annual; CPO Quarterly; Respiratory Weekly) provided to the community based on designated time frame.	92.10%	100.00%	95.65%	Out of 23 reports in Q3, one weekly respiratory report was unpublished in January, so 95.65% of reports were provided to the community based on the designated timeframe. Notable challenges this quarter were the time and expertise allocated to training a new public health investigator, a record number of outbreaks reported in February 2025, and a high-severity flu season with cumulative hospitalizations being the highest seen since 2017-2018. The week with the delayed respiratory report took place during a period of critical staffing shortages coupled with a high volume of hospitalization reports that required manual review and manual data extraction.
(VI) 3.2.3.1a # of statistical analysis requests met.	37		36	
(PI) 3.2.3.1 Deliver on 95% of requests for statistical analysis. (# of requests)	100.00%	95.00%	100.00%	EPHP receives internal statistical analysis requests from fellow NNPH divisions as well as external requests from EMS community partners requesting statistical support. Staff keep a log to ensure all requests are completed. This quarter, most internal requests came from CCHS, and most external requests were from EMS agencies. Staff are well organized and do an excellent job tracking and keeping up with these statistical analysis requests. To date, all requests have been completed in Q1, Q2, Q3.
(VI) 3.3.1.1a # of interim committee meetings, public workshops, and coalition meetings attended/ monitored.	114		76	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 3.3.1.1 Pursue and achieve 2 local government health in all policies initiatives.	2	1	0	The Government Affairs Liaison is currently in the middle of the 2025 Nevada State Legislature, so most of the focus is centered on State-level initiatives. After session, NNPH leadership can determine if there are any local policies they wish to pursue, taking into account possible changes made at the state level that could impact local issues. Special note on the accompanying volume indicator for this measure (3.3.1.1a): During the legislative session, it is difficult to gauge how many meetings the NNPH government affairs liaison attended, since there are typically several daily meetings. After the session, NNPH can report on how many bills were tracked and how many issues NNPH engaged in. Updated numbers will be provided in Q4 following the end of the legislative session.
(PI) 4.1.1.1 Residents have access to multiple elements of a best practice crisis response system.	2	0	1	The Crisis Care Center opened in February. The Crisis Care center provides a place for those experiencing a mental health crisis to go to be stabilized and to receive appropriate treatment.
(PI) 4.1.2.1 Implement at least one lethal means reduction strategy in coordination with the Washoe Suicide Prevention Alliance.	1	0	3	Staff finalized the development of WSPA informational materials, including WSPA tri-fold education flyers, a suicide prevention-themed gun cleaning mat, and community posters. A total of 1,500 tri-fold flyers were printed for distribution. During Q3, staff conducted outreach at three local gun shows, engaging directly with approximately 200 local firearm owners and enthusiasts, as well as 10 local firearm retailers. As a result of these efforts, one additional retailer expressed interest in joining the WSPA Secure Storage Network map, and four other local retailers agreed to distribute WSPA educational materials to their customers.
(PI) 4.1.3.1 90% of applicable WIC participant interactions will receive substance abuse screening, education and referrals.	81.10%	90.00%	88.60%	Chart audits were done of client visits for each month in Q3. Of the 81 client visits assessed, 71 received substance abuse screening, education and referral, which is 87.7% visits assessed. Year to date, 88.6% of visits assessed received SA screening education and referral.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 4.2.1.1 Increase the number of corner stores engaged in offering healthy food with the addition of 3 new stores.	0	2	0	Engagement with participating stores this quarter was challenging. Store owners were often difficult to reach, and scheduling meetings remained inconsistent due to their schedules changing frequently. Additionally, some stores have removed program signage and demonstrated decreased commitment to program goals. Consistency in purchasing and stocking healthy food items, particularly fruits and vegetables, has declined. Store owners cited slow business and poor product turnover as the main reasons for reduced participation. While they expressed continued interest in offering fresh produce, they indicated a need for alternative strategies to make it more feasible. No new stores were recruited during Q3. Given the ongoing difficulties in maintaining store engagement and the lack of recruitment interest, staff have initiated conversations around conducting a thorough program evaluation to inform future direction. Quarter 3 efforts were largely dedicated to updating the Community Health Improvement Plan (CHIP) Action Plan for Year 3, which now includes new strategic action steps. A major focus for the coming year is a comprehensive program evaluation. A Request for Proposals (RFP) was issued to identify a third-party evaluator, and a selection has been made. Phase I of the evaluation is scheduled to begin in Q4. The evaluation will assess program strengths, challenges, and opportunities for sustainability and expansion. It will include key informant interviews and focus groups with stakeholders, store owners, and customers to gain insights into how best to improve and continue this program moving forward.
(PI) 4.2.1.2 Expand the number of sites that are implementing the 5210 Healthy Washoe program from 5 to 7 elementary schools.	2	6	6	The team participated in two family engagement events at two new schools to increase awareness about the program among families, students, and school staff.
(VI) 4.3.1.1a # of FHF attendees (total individual members)	1,517		1,520	
(PI) 4.3.1.1 At least 80% of FHF participants will receive the services needed.	98.00%	80.00%	89.00%	No FHF events were held in Q3 of FY2025, so the data remains unchanged since last quarter. There will be one FHF event held May 2025, and the data gathered from that festival will once again impact this running total. As of now, this measure remains on target.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 4.3.1.2 Create 1 new coalition to increase the number of individuals in Washoe County covered by health insurance.	0	0	0	This effort is complete. The committee decided to redirect efforts into other strategies rather than a coalition focused on health insurance.
(PI) 4.3.1.3 Implement at least three initiatives designed to improve access to care.	3	2	1	The Family Health Festivals will continue into 2025. Following the CHIP Subcommittee meetings, partners expressed interest in convening to address the below topics. Further discussions are needed to determine next steps. · Establishing prenatal care in the first trimester among minority populations. · Increase prevention efforts to mitigate late-stage conditions. · Address substance use among pregnant and postpartum individuals.
(PI) 4.5.1.1 Implement/ execute 4 strategies in the EMS Strategic Plan FY24-29.	1	3	4	Objective 6.1 of the EMS Strategic Plan aims to coordinate and report on strategic planning objectives on a quarterly basis through June 2028. While this objective has been established and initial milestones completed, it remains an ongoing, recurring function. Key activities include the creation and ongoing maintenance of a collaborative Teams dashboard with regional partners, allowing for organized documentation and timelines for each strategic goal. Structured feedback mechanisms, such as regular reporting and meetings with the EMS Advisory Board (EMSAB) and the Joint Advisory Committee (JAC), ensure transparency and continuous evaluation. Additionally, EMS agencies participating under the Interlocal Agreement (ILA) provide quarterly progress reports to EMSAB. Several strategies have been successfully completed to date: • Coordination with the TIM Coalition to enhance responder safety. • Annual presentation of the "Crash Responder Safety Week" proclamation to both the District Board of Health and EMSAB. • Completion of preliminary research into community paramedicine program funding and legislative requirements, though progress is paused pending sustainable funding. • Execution of data-sharing agreements (BAAs) with most EMS partners to improve access to patient outcome data.
(PI) 4.6.1.1 Increase community access to CHA data via online dashboard from 0 to 500. (# of web visits)	481	375	145	Although user engagement continues with the NNPH dashboard, it remains below targeted levels. To address these gaps, the NevadaTomorrow.org website, with 1,226 user engagements, is proposing a website renovation for the homepage that will more prominently feature NNPH. This would likely provide a better estimate of the overall Nevada Tomorrow traffic to the NNPH dashboard, which is a subsection of the main website.
(VI) 4.6.2.1a # of collaborative initiatives in the CHIP	23		33	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 4.6.2.1 Complete at least 60% of activities planned in the CHIP.	71.00%	0%	79.00%	The 2024 Annual Report highlights the progress of CHIP initiatives. A total of 79% of CHIP initiatives were achieved. Included in the CHIP are a combination of targeted and systems-level initiatives to improve community health.
(PI) 4.6.2.2 Maintain the number of organizations leading CHIP initiatives	31	0	37	Two new CHIP initiatives were added in 2025, including efforts to improve access to healthy food among WIC participants. The organization has remained committed to strengthening relationships with tribal communities to improve health disparities, including obesity and diabetes that are affecting these communities at a higher rate than other populations. This partnership is with Inter-Tribal Council of Nevada. The second CHIP initiative is to improve youth mental health by creating an Intensive Outpatient Program for adolescents. Washoe County is currently without services for families who have adolescents that need intensive outpatient services. Additionally, services are limited for those in need of mental health support for youth.
(PI) 4.6.2.3 Implement at least 2 CHIP initiatives focused on policy changes that alleviate causes of health inequities.	5	0	0	There is an opportunity to further explore NNPH's role in uplifting policies that advance the CHIP priorities during the legislative session.
(PI) 4.6.2.4 Address at least three gaps to improve disparate health outcomes by involving partners that represent underserved communities.		2	5	The team is partnering with the Inter-Tribal Council of Nevada's WIC team on the Fresh Connect initiative, which aims to improve access to fresh, locally grown fruits, vegetables, and other healthy options for Women, Infants, and Children (WIC) participants. Additionally, the Aca Entre Nos mental health destigmatization initiative hosted its second event for Spanish-speaking families in collaboration with Clayton Middle School and their counselors to help recruit families.
(PI) 4.6.2.5 Maintain the number of individuals who provide input to the CHIP. (# of people at Steering Committee, subcommittee meetings, and plannings meetings)	229	0	363	The CHIP Subcommittee meetings were hosted at the end of last year. Meetings continue with partners to discuss potential opportunities for collaboration that address youth mental health, access to health care, and the social determinants of health.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 4.6.2.6 Recruit at least 10 community representatives to establish 1 cross-sector health coalition. (# of committee members)	16	0	0	The Health Equity Committee is exploring how to effectively establish a coalition to meet the needs of the community and NNPH. The Health Equity Team is researching how other coalitions operate and function in LHDs.
(VI) 4.6.2.7a # of relationships maintained with priority contacts.			19	
(VI) 4.6.2.8a # of new relationships built with key organizations, programs, and leaders.			25	
(PI) 4.6.3.1 Identify at least 3 initiatives or projects for divisions to work with the health equity team and/or community-based partners to impact health disparities.	3	2	3	Two ongoing projects include the Momma Care Kits and the Heat and Smoke project between DRI and AQM. The Momma Care Kits continue to be assembled and distributed to community partners to support low-income, postpartum individuals. Meanwhile, the Heat and Smoke project has completed data collection, and the program team is working on making the findings accessible and understandable for study participants.
(PI) 4.7.1.1 Execute a regional emergency response exercise with regional healthcare partners and finalize After Action Report within 90 days following.	100.00%	75.00%	100.00%	AARs were developed for Return to the Rock CHEMPACK exercise that occurred on October 22, 2024, as well as the Over Board Flu POD exercise that was held on October 19, 2024. The final AAR review for the Return to the Rock was held on December 17, 2024, and finalized in Q3. The final AAR review for the Flu POD exercise Over Board was held on December 18 and finalized in Q3.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
4.7.1.2 Implement 1-2 strategies from the jurisdictional risk assessment		1	1	**Strategy 1: Development of multi-discipline community exercises to test and train on response to JRA identified risks, hazards, and gaps.** The PHP team met on November 20, 2024, to begin planning for an exercise based on a 6.0 earthquake or higher in Washoe County. The intent of the exercise is to provide a venue for community partners to test how they respond to emergencies particular to their gaps. Hospitals may work on power, water outages, or evacuations based on building damage. Utilities may test personnel surge plans. Law enforcement and Fire personnel may work on hazardous material releases. All of these different activities will be pushed up through the Regional Emergency Operations Center (REOC) to help coordinate the provision of resources. These exercises will all take place in Q4. **Strategy 2: Review and integrate, as able, AFN considerations from the JRA into exercises and trainings.** PHP team brought in Heather Lafferty, State Division of Emergency Management Chief Resilience Officer, to provide AFN training to the community on 12/4/24. This was an all-day training that was well-attended at the REOC. AFN considerations from the JRA will be utilized in the planning for the upcoming earthquake exercise that is tentatively scheduled for May 2025.
(PI) 4.7.2.1 Complete 75% of planned activities identified by the IHCC.	100.00%	50.00%	75.00%	Over the past three quarters, IHCC has worked diligently to make progress on its planned activities for FY25. It is anticipated that all planned activities will be accomplished by the end of the fiscal year. The activities identified by IHCC this fiscal year cover a wide variety of topics on emergency preparedness as it relates to EMS/Fire agencies, clinical centers, hospitals, home care providers, public health agencies, and skilled nursing facilities, among others. Some activities to be conducted by these diverse agencies include active assailant trainings, improving surge capacity planning procedures, improving data collection procedures, and conducting an earthquake exercise.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 4.8.1.1 Initiate at least one new project collaboration with UNR per year. (# project collaborations)	1	0	2	Multiple initiatives are underway addressing this measure: First, the mentorship project under the AHD UNR/NNPH collaboration is in the discussion phase. This will support gaps in internship opportunities. Additionally, to support immunization activities and coordination in the Northern Nevada region, NNPH has worked with the UNR School of Public Health in outlining the gaps in coordination. Efforts are in place for the Larson Institute to employ an Immunizations Coordinator who will be housed at NNPH. This position will provide technical and logistical support to NNPH, Carson City Health and Human Services, Central Nevada Health District, Community Health Services, and the Division of Public and Behavioral Health (DHHS), to support immunization clinics and outreach events throughout Northern Nevada. This position has started as of December 2024 and will be immensely beneficial to Northern Nevada communities in addressing pressing coordination needs amongst local jurisdictions and the State of Nevada. Thirdly, as of November 2024, further improvements to streamline the internship coordination process have been officially implemented. Internship requirements from NNPH will now be posted on the UNR online student portal detailing the internship project field, requirements, and possible course preparation. A main point of contact has also been identified from NNPH to support coordination and equity. NNPH has also incorporated recurring internship projects for students in the biostatistics field for the first time. Finally, to start in the next quarter (Q4), a student-shadowing program will be stood up between UNR SPH and NNPH to support student learning opportunities in a real work practice setting.
(PI) 4.8.1.2 Ensure standardized, recurring internship opportunities. (# of recurring internship opportunities) (maintain minimum of 3 per year)	1	2	2	One internship opportunity started in the Fall semester and was a position working within the community antibiogram work program. This is currently taken on by someone who is also a graduate assistant from UNR working on an MPH internship. Going forward, this internship opportunity will continue annually. Additionally, from July- August 2024, an EMS statistics internship was set in place for the first time to work on data analysis for the Nevada Trauma Registry. This internship has been successfully received by both NNPH, UNR, and the student, and it will be implemented as a recurring internship annually. In Q3, a student from UNR was recruited for this internship and will start in the summer.
(VI) 5.1.1.1a # of retirements.	2		3	
(VI) 5.1.1.1b # of non-retirements, promotion or transfer departures	32		17	
(VI) 5.1.1.1c # of promotions/ transfers.	11		5	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 5.1.1.1 Maintain 5% or less employee vacancy rate (vacancy rate= average monthly vacancy rate including all employees).	9.83%	5.00%	10.85%	The YTD FTE vacancy percentage for FY25 is 10.85% as of the end of March 2025. The actual vacant FTEs have decreased from the beginning of the 3rd Qtr to the end of the 3rd Qtr - January 2025 was at 20.36 vacant FTE, and March 2025 is down to 16.56 vacant FTE. The 3rd Qtr vacant position percentage came in at an average of 9.20%, which is down from the 10.86% from FY25 1st Qtr. The state of the budget will impact the number of vacancies NNPH has. Due to the current state of the County budget, NNPH is unable to refill most of the positions that become vacant at this time.
(PI) 5.1.1.2 Increase mandatory training completion rate from 96% to 98%.	96.00%	98.00%	97.62%	The mandatory training completion rate increased from 97.55% to 97.62% during the 3rd quarter. NNPH HR continues striving for the 98% completion rate and sends reminders to staff to complete their mandatory trainings in a timely manner. The HIPAA training impacted the completion percentage for this quarter as many employees came due to complete their HIPAA training in March and have not had the opportunity to do so yet because of competing priorities and workload.
(PI) 5.1.1.3 Increase probationary/ annual evaluation completion rate from 80% to 85%.	69.57%	85.00%	85.73%	NNPH supervisors have made strides to complete past due performance evaluations, and this has increased the overall probationary and annual evaluation completion rate. At the end of FY25 3rd quarter, the rate sits at 85.73%. Three divisions exceeded the 90% completion rate (two are at 100%), which helped balance out the percentage for two other divisions that are in the 70% completion range. NNPH continues providing monthly or bi-monthly employee evaluation reports to all supervisors.
(PI) 5.1.1.4 Increase percentage of employees who recommend NNPH as a good place to work from 76% to 78%.	0%	0%	80.00%	In 2024, Washoe County distributed the employee engagement survey for all employees. 80% of NNPH staff responded that the health district was a good place to work. Additional results can be found below. Do you expect to still be working for NNPH in 5 years? Yes (77.1%) The top 3 reasons why NNPH staff plan to still work for the County in 5 years. 1. Pay and benefits for my work experience (75%) 2. I am passionate about my work (58%) 3. I believe in providing Quality Public Service to our community (50%) In the last 6 months, I have received helpful and timely coaching or performance feedback from my direct supervisor (Rating 1-5). 3.86
(PI) 5.1.1.5 Increase internal newsletter distribution to bi-weekly for FY25	16	18	17	Due to a reduction in communication staff (specifically the person who curated the employee newsletter), there were just four newsletters sent in Q3. This goal will also not be met next quarter and will need to be reevaluated in future years.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 5.1.1.6 Implement at least 25% of the FY25-FY27 Workforce Development Plan and strategies	0%	20.00%	0%	Data to develop the 25-27 WFD plan is still being collected. The plan will be developed at the end of CY2025
(VI) 5.1.2.1a # of staff participating in district-wide professional development opportunities.	321		0	
(PI) 5.1.2.1 At least 50% of employees will report feeling proficient on targeted core competencies.	78.00%	50.00%	0%	Core competencies are being considered to ensure the training provided in June provides valuable content that helps increase the skill sets of all staff.
(PI) 5.1.3.1 Increase the number of mental health resources provided to staff in the workplace from 2 to 3.	3	2	2	The WFD intranet page has wellness resources available to staff. Additional information is shared from Washoe County HR to staff when additional resources become available.
(PI) 5.2.1.1 Meet 100% of requirements to maintain accreditation.	100.00%	0%	100.00%	PHAB reviewed NNPH's reaccreditation application and requested the team provide additional information for 13 documents to better explain the organization's efforts to ensure continuous improvement, investigations, the use of evidence-based practices, and distribution of qualitative data in the community. The documents were reviewed and approved by PHAB.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 5.2.1.2 Increase the number of QI projects implemented (initiated) across the HD from 0 to 2.	1	1	4	There are four QI projects to report progress on this quarter. Of these, one is complete and three are ongoing. During Q3, NNPH completed the employee bilingual pay guidance clarification project. Work continues on the employee onboarding program revamp, with the "Introduction to Health" video currently nearing the final stages of editing and post-production. Work also continues toward the project to improve communication and collaboration between NNPH (EPHP and EHS) and Washoe County's Community Services Department (CSD) on the permitting of special events. Finally, one new QI project was launched in Q3. The AQMD team is developing an automated process with the goal of getting 100% annual permit maintenance fees paid within 45 days of invoicing. This new process will decrease the amount of staff time and resources AQM currently spends working on the invoice process. Throughout the course of last year, AQM collected on average approximately 87% of stationary source permit maintenance fees within the 45-day target range. The division aims for a 100% rate stemming from the improved data collection, data management, and general automation this QI effort will bring.
(VI) 5.3.1.1a # of filled positions (FT and PT employees)	172		174	
(VI) 5.3.1.1b # of FTE	202		188	
(VI) 5.3.1.1c # of internship opportunities at NNPH	6		4	
(PI) 5.3.1.1 Increase investment in personnel where workforce capacity is a barrier to productivity. (% increase in FTE)	0	228	198	Budget constraints at all levels (local, state, and federal) have impacted NNPH with reductions in funding from multiple subawards. Budget concerns at the County level have resulted in many currently unfilled positions being temporarily frozen. Leadership continues to work with both the State and County on budget issues and long-term budget planning. NNPH continues to look for efficient ways to complete the workload with limited staff. Total authorized FTEs have increased from 197.16 in December to 197.76 in January. Many of the vacant authorized positions are frozen until additional funding can be secured.
(PI) 5.3.2.1 Make progress on the health equity plan by completing 10 initiatives.	17	7	7	Initiatives from the Health Equity Plan are ongoing, with several new initiatives launched this quarter. These include the development of a Social Determinants of Health screening, research on forming a community coalition to address organizational needs, and efforts to ensure NNPH content is fully accessible

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 5.3.3.1 Review at least 4 job descriptions to evaluate for systemic barriers to hiring a diverse workforce.	0	3	1	No new job descriptions have been evaluated since Q1. A challenge is that NNPH is currently experiencing a hiring freeze, which is impacting the review of job descriptions for open positions.
(VI) 5.3.3.2a # of existing staff who complete asynchronous cultural competency training.	7		0	
(PI) 5.3.3.2 100% of new staff will take asynchronous cultural competency training as part of the onboarding process (staff who completed CC course FYTD/staff who was due to complete course FYTD)	58.00%	100.00%	84.00%	By the end of Q3, 19 staff members were expected to complete the asynchronous cultural competency training. Of these, 16 have successfully finished the training. The Workforce Development team continues to allow staff a six-month window to complete the training, while providing ongoing reminders throughout the onboarding process. Staff who have not completed the CC course after those initial six months continue receiving periodic reminders until they do.
(VI) 5.3.3.3a # of staff participating in district offered DEI/cultural competency professional development opportunities.	208		0	
(VI) 5.3.3.4a # of language accessibility initiatives implemented from the language access plan.			5	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 5.4.1.1 Develop and implement a plan to meet the office space needs of the Health District employees. (% of completion)	10.00%	10.00%	20.00%	Due to construction impacting the Senior Center, NNPH has offered much of the office space in building C for displaced Senior Center staff. It was anticipated that this would be needed through the middle of March. However, construction has been delayed, and the Senior Center remains in the space. NNPH continues using some space in building C for existing storage needs.
(PI) 5.4.2.1 Ensure completion of new TB and expanded office space building. (Complete 3 steps - location identified, building design complete, contractor identified)	2	2	2	Building permits have been approved and dirt is being moved. Connections to infrastructure (sewer, water, storm drains) has been completed. Project is on time and on budget.
(PI) 5.5.1.1 Increase the percentage of AQMD customers paying through the Accela Customer Access platform to 25%. (estimated average for all programs)	18.00%	0%	19.00%	For Q3, AQM processed 757 total payments. 536 of those payments were made through ACA, for a percentage for the quarter of 24%. YTD, AQM has 2,615 total payments, of which 1,465 were made through ACA. The YTD of payments made through ACA is 19%. The wood-burning device program continues to be the leading indicator of performance in this measure. Until NOEs can be submitted via ACA, AQM will struggle with increasing this measure significantly.
(PI) 5.5.1.2 Increase payments made via Accela to 50% of total EHS transactions (EHS)	14.25%	50.00%	53.10%	The bulk of all EHS transactions (59%) are for the Food Program, with 50% of Food Program transactions taking placing online. Currently on track with the goal, but there is seasonality in EHS permitting that may impact the overall number in future quarters.
(PI) 5.5.2.1 % of new/renewed sources integrated into the software.	0%	100.00%	0%	AQM is just now receiving new/renewal applications. These facilities will begin to be integrated into the IMPACT software moving forward.
(VI) 5.5.3.1a # of all Health IT help desk tickets	1,370		1,057	

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(VI) 5.5.3.1b # of health desk tickets going through County TS	319		124	
(PI) 5.5.3.1 Support new county ticketing system as appropriate			0	The new Washoe County system is live. NNPH is supporting the system as needed. As it is a new system, NNPH is giving feedback on nuances of how the new system (HALO) works and potential improvements for it.
(VI) 6.1.1.1a Amount of expenditures.	$ 36,309,231.00		$ 24,304,096.00	
(VI) 6.1.1.1b Amount of income.	$ 33,291,267.00		$ 24,304,096.00	
(PI) 6.1.2.1 Maintain 100% compliance with purchasing and contract procedures.	100.00%	100.00%	100.00%	Northern Nevada Public Health is currently 100% compliant with purchasing and contract procedures.
(PI) 6.1.2.2 Maintain 100% of grant compliance.	100.00%	100.00%	100.00%	Northern Nevada Public Health is currently 100% compliant with grant-related matters.
(VI) 6.1.2.3a Amount of revenue generated by grants and relief funding	$ 14,635,082.00		$ 6,520,633.00	
(VI) 6.1.2.3b # of grants received	53		53	
(PI) 6.1.3.1 % of costs recovered for clinic services through client and third-party payer payments.	0		0	Costs recovered will be reported at the end of the FY.

Outcomes	FY24 Actual	Q3-25 Target	Q3-25 Actual	Analysis
(PI) 6.1.3.2 Maintain or increase access to services and revenue through billable services. (# of contracted insurance companies) (10 to 12)	12	11	12	Last year, the number of contracted insurance providers grew from 10 to 12. CCHS has successfully maintained these partnerships with top insurance companies, thus ensuring expanded access for community members to receive essential services at NNPH.
(PI) 6.1.3.3 Maintain 100% cost recovery for AQM permitting and compliance programs.	100.00%	100.00%	100.00%	AQM continues to cover 100% of direct division expenses.
(PI) 6.1.3.4 Increase the percent of costs recovered through EHS fees.	73.24%	0%	0%	This metric is reported on an annual basis.
(PI) 6.1.3.5 Maintain 100% cost recovery for vital records services.	139.00%	100.00%	100.00%	Vitals is able to recover 100% costs through fees collected from birth and death certificate sales.
(PI) 6.1.4.1 Make progress toward maintaining an ending fund balance of 10-17%.	0%	0%	46.00%	Northern Nevada Public Health reduced the health fund balance by approximately $2.8million in fiscal year 2024. NNPH continues making progress toward this goal. This measure can only be reported on accurately once per year (around October of each year).

On Target	90-100% of target met
In Progress	80-89% of target met
Off Target	79% or below of target met
Not Started	Not started
Volume Indictor (Not Ranked)	No specific goal