

NORTHERN NEVADA

# Public Health

## Jurisdictional Presentation

**Washoe County**

Board of County Commissioners

February 2025

**DR. Chad Kingsley**

District Health Officer



**NNPH:**  
Snapshot

**COLLABORATION**

**ACCOUNTABILITY**

**RESILIENCE**

AMENDMENT OF INTERLOCAL AGREEMENT  
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, having acted to approve a modification to the title of the Washoe County Health District at a concurrent meeting held July 22, 2022, it is the agreement of the cities of Reno and Sparks and Washoe County that the title of the Washoe County Health District be modified;

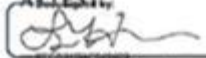
NOW THEREFORE, the title of the Washoe County Health District is modified to 'Northern Nevada Public Health', serving Reno, Sparks and Washoe County, and the Interlocal Agreement Concerning the Washoe County District Health Department as amended from time to time is hereby so modified.

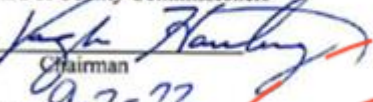
IN WITNESS WHEREOF, the parties have executed this Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department on the date appearing by the signatures below.


ATTEST:  
  
County Clerk

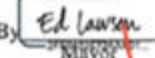
ATTEST:  
  
City Clerk



ATTEST:  
  
City Clerk

WASHOE COUNTY, by and through its Board of County Commissioners  
By:   
Chairman  
Date: 9-2-22

CITY OF RENO, by and through its City Council  
By:   
Mayor  
Date: 9/5/22

CITY OF SPARKS, by and through its City Council  
By:   
Mayor  
Date: 9/2/2022



District Board of Health

Office of the District Health Officer

2 Members City of Reno  
2 Members City of Sparks  
2 Members Washoe County  
1 Physician

COUNTY OFFICIAL / CHA & CHIP / PHAB /  
WORKFORCE DEVELOPMENT /  
COMMUNITY OUTREACH /  
COMMUNICATIONS / GOVERNMENT AFFAIRS

Administrative Health Services

Air Quality Management

Community and Clinical Health Services

Environmental Health Services

Epidemiology and Public Health Preparedness

EPIDEMIOLOGY: MONITOR, REPORT,  
INVESTIGATE, INTERVENE, EDUCATE / EMS /  
EMERGENCY PREPAREDNESS / VITAL RECORDS

INSPECTIONS / FOOD / BUILDING / POOLS /  
VECTOR / WATER / SOLID WASTE / REGULATIONS

IMMUNIZATIONS / SEXUAL HEALTH / CHRONIC DISEASE / WIC / CHW

AIR MONITORING / BUILDING / INSPECTION / REGULATIONS

BUDGET / FISCAL COMPLIANCE / TECHNOLOGY / FACILITIES / HR

MANDATED



# PUBLIC HEALTH



FEDERAL



STATE



COUNTY

# PREVENTION:

LONGEVITY, ECONOMIC STABILITY, GROWTH



# GOVERNANCE OVERVIEW



**NN  
+PH**

# FY STRATEGIC PRIORITIES

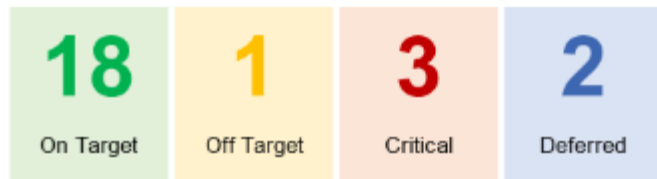


- **HEALTHY LIVES:** Improve the health of our community by empowering individuals to live healthier lives.
- **HEALTHY ENVIRONMENT:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- **LOCAL CULTURE OF HEALTH:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- **IMPACTFUL PARTNERSHIPS:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
- **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.
- **FINANCIAL STABILITY:** Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

## 2. Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

### Outcomes



### District Goals

2.1 Protect people from negative environmental impacts.

2.2 Keep people safe where they live, work and play

98.7%

data capture rate for ozone.

98.4%

data capture rate for PM2.5.

98.2%

data capture rate for PM10.

96% of dust permits managed within 10 business days.

95% of stationary source authority to operate permits issued within 180 days.

100% of asbestos permits managed within internal best practice standard.

95% of first review plans for compliance with AQ regulations met 2-week turnaround.

98% residential septic and well plan reviews meet a 2-week turnaround.

21 outreach events held to educate leaders, decision makers and regulated entities.

### In Need of Attention

- Improve data collection.
- Complete 100% of inspections at permitted waste management facilities.
- Develop a system to track occurrence of foodborne illness risk factors in inspected facilities.
- Percentage of required inspections of food establishments completed.
- Update SOPs and develop standardized processes to support inspections
- Staff turnover pacing national trend.

### Focus for FY26

- Customer Service
- Efficiency





# RECENT INTERVENTIONS:



## **ENVIRONMENTAL HEALTH SERVICES:**

Community Engagement & Collaboration

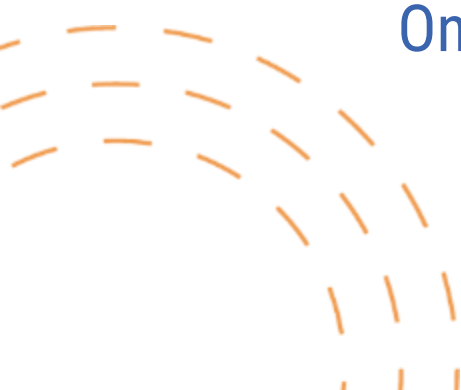
Food Establishment Improvements & Resources (Elected Official Resource)

Permitting Improvements & Turnaround

Pool Inspections

## **EMERGENCY MEDICAL SERVICES:**

Ongoing REMSA discussion and improvements





# ORGANIZATIONAL IMPACT



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**202**

Full-time employees

**192**

Full-time and Part-time positions

**41**

Intermittent/hourly

**8**

Interns

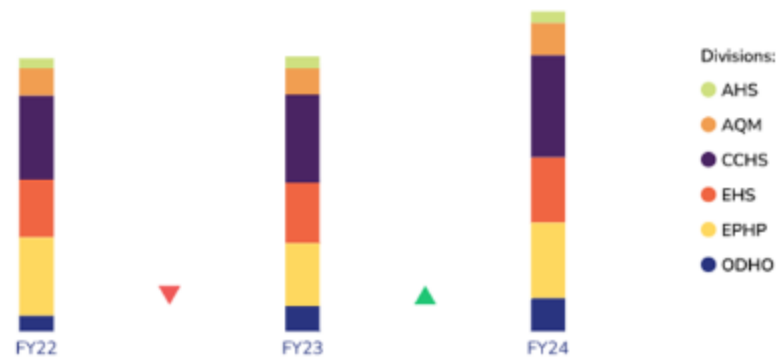
**12%**

position vacancy rate  
5% target

Revenue  
**\$34,809,143**



Expenditures  
**\$36,644,245**



Ending fund balance  
**46.00%** total

17% Target



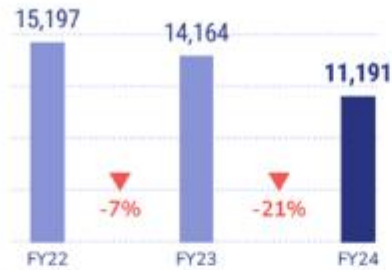
Revenue per capita  
**\$68.08** total



% of Retention (Minus Retirement and Non-County Promotions)



Clients directly served  
**11,191** total  
(includes duplicated clients)



Disease cases investigated

**6,139** total



**93.50%**

of FY24 investigations initiated/completed within recommended timeframe

92.20% target

Inspections completed

**8,186** total



**80%**  
% of required inspections completed IN FY24

Plan & building reviews completed

**3,406** total



**73%**

% of plan and building reviews completed within jurisdictional time frames

IN FY24

Permits, registrations and notifications managed

**16,177** total



Vital records requests and services

**52,294** total



Public records requests fulfilled

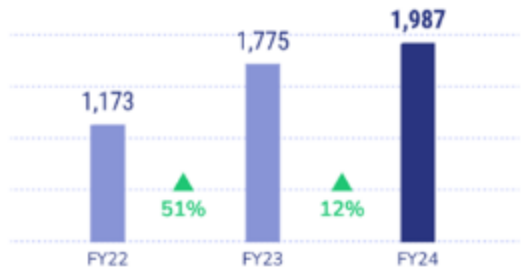
**5,009** total





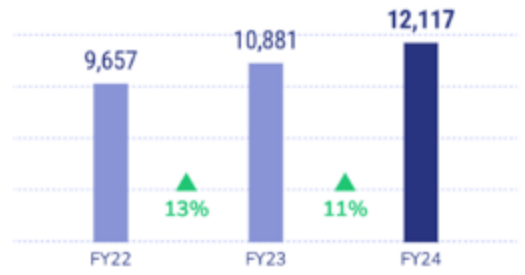
Social media posts

1,987 total



Social media followers

12,117 total



Web clicks on district website

468,625 total



Engagement growth YoY

147% increase in engagement on all social media platforms (comments, shares, likes, clicks, etc.)



481

Web visits to the TMT health portal (informed by CHA) IN FY24

383

Community outreach efforts and community presentations In FY24

Press releases, media alerts, media availability

111 total



81

Partnerships with community organizations In FY24

Communicable disease reports and assessments provided

78 total





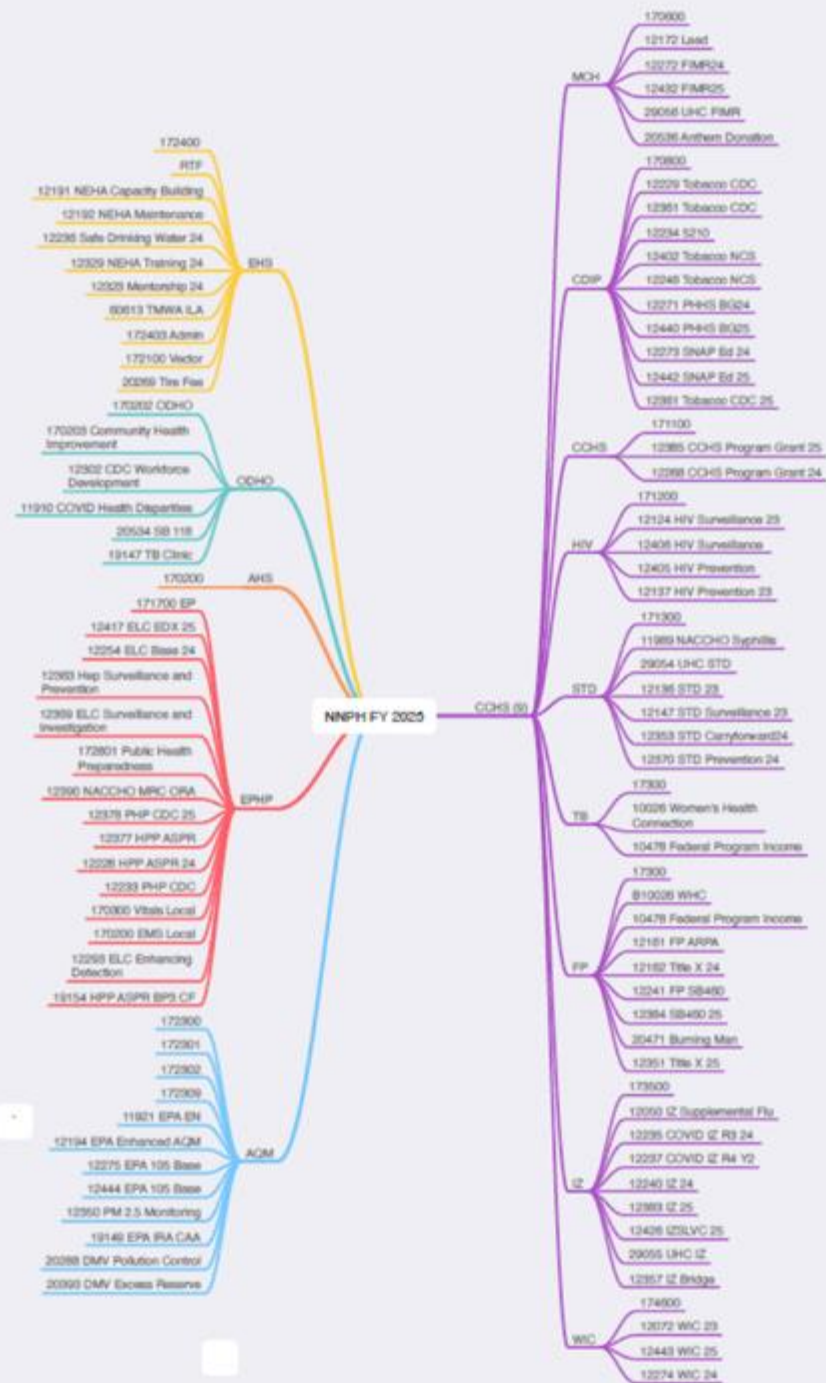
**FISCAL HEALTH**



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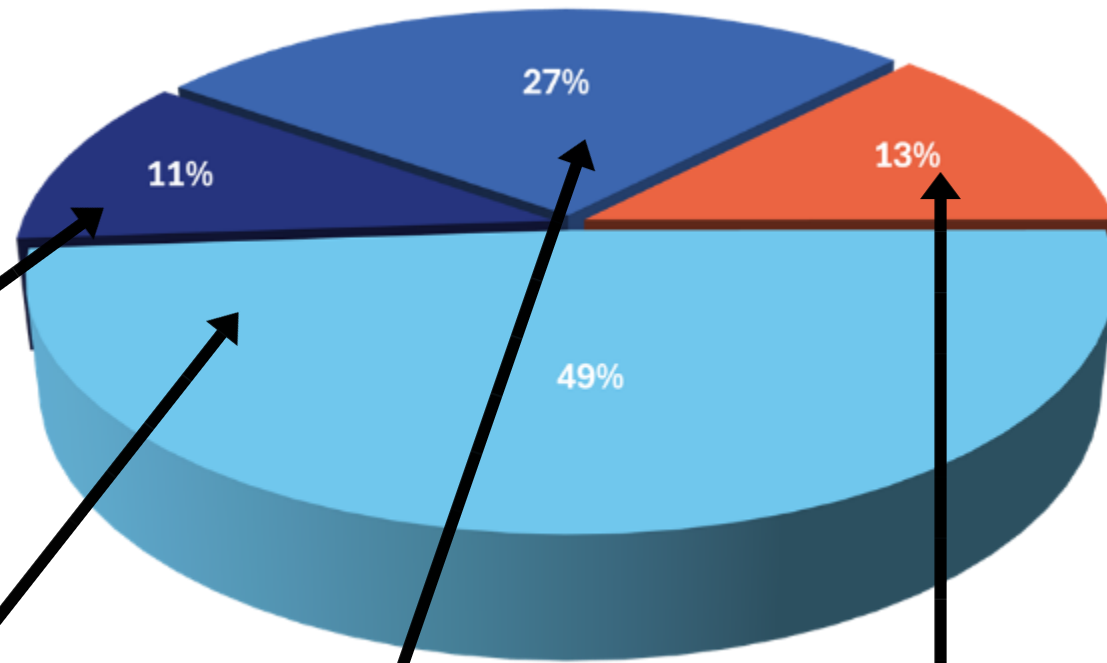
# BUDGET: Snapshot





# Revenue

## \$35,012,129



Charges for Services  
\$3,837,869

Money Comes From  
Plan Reviews  
Inspections  
Clinical Services  
Birth and Death  
Certificates  
Etc.

Intergovernmental  
\$17,010,592

Money Comes From  
Grants  
Tire Fees  
Pollution Control  
Funds

County Transfer  
\$9,516,856

County Tax Transfer

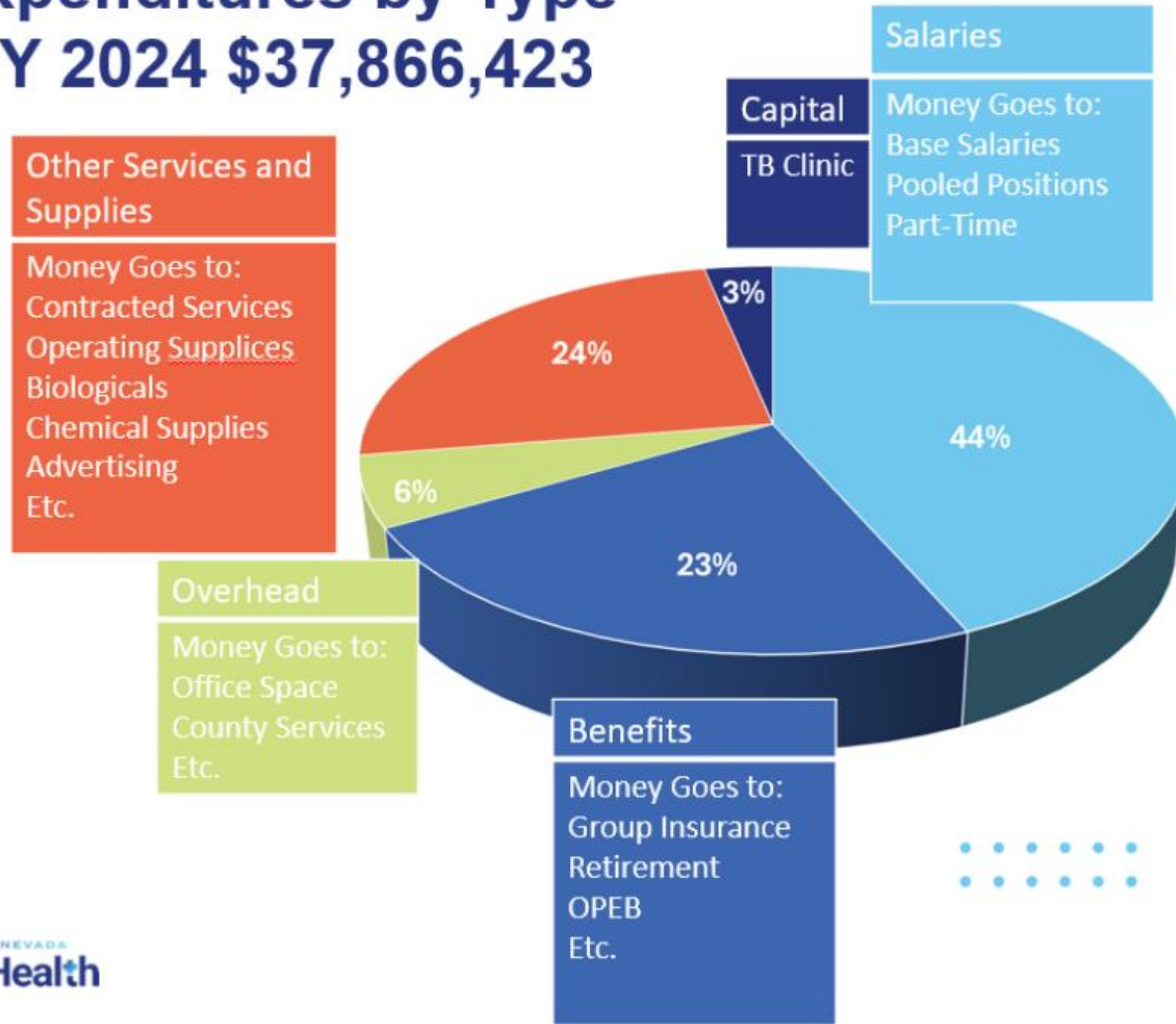
Licenses and Permits  
\$4,443,826

Money Comes From  
Environmental  
Pool  
Food Services  
Etc.

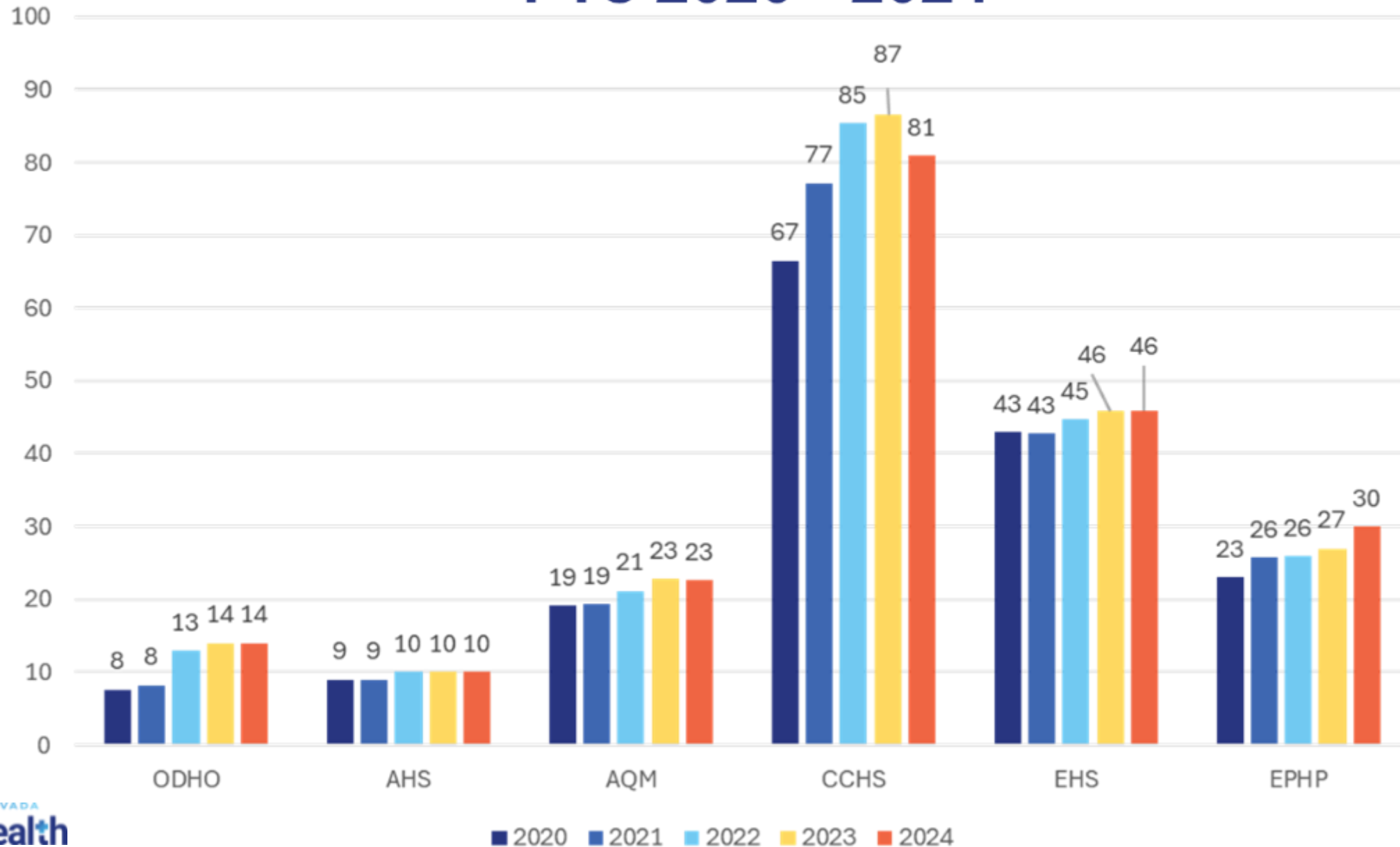


# Expenditures by Type

## FY 2024 \$37,866,423



# FTE by Division Year Over Year FYs 2020 - 2024





# FISCAL PROJECTIONS



**NNN**  
**PH**

# What we Know(ish)

## Assumptions

- State Funding continues through FY 2030  
(three State budget cycles of approved funding)

- Flat Federal funding

## Generally

- Federal uncertainty
- Local budget shortfalls

## Revenues

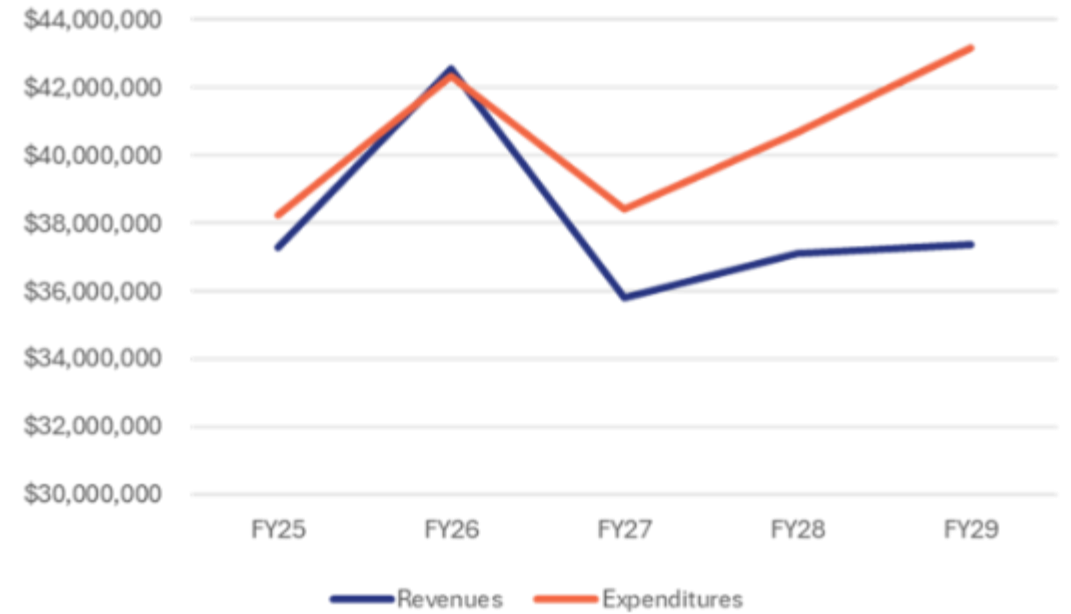
- Grants are flat overall with some decreasing
- New fees for EHS and AQM for FY 2025
- TB Building
- COVID Funding

## Expenditures

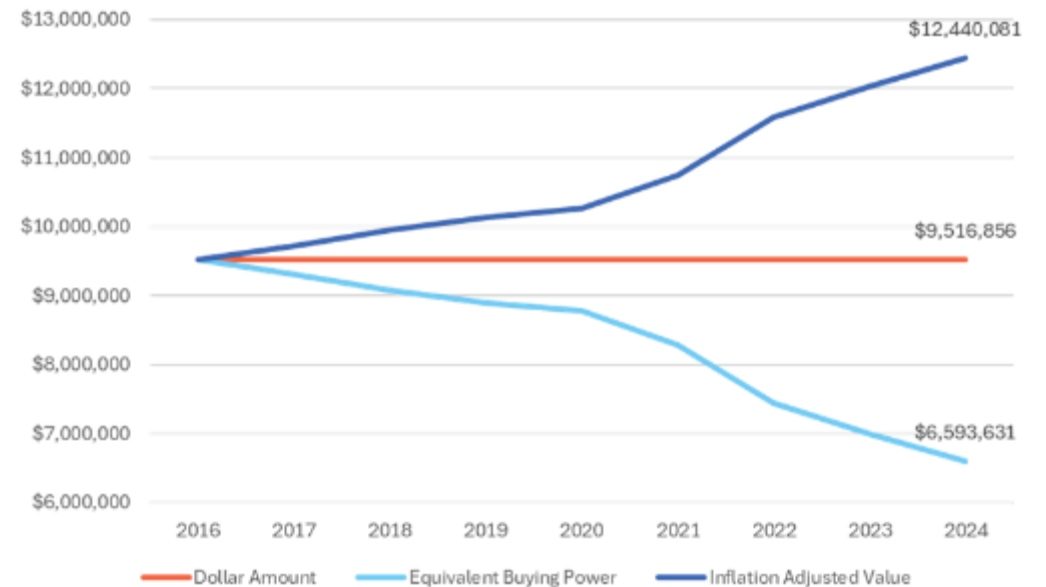
- Salaries & benefits 7% COLA FY25-FY28 post Job Reclasses FY23



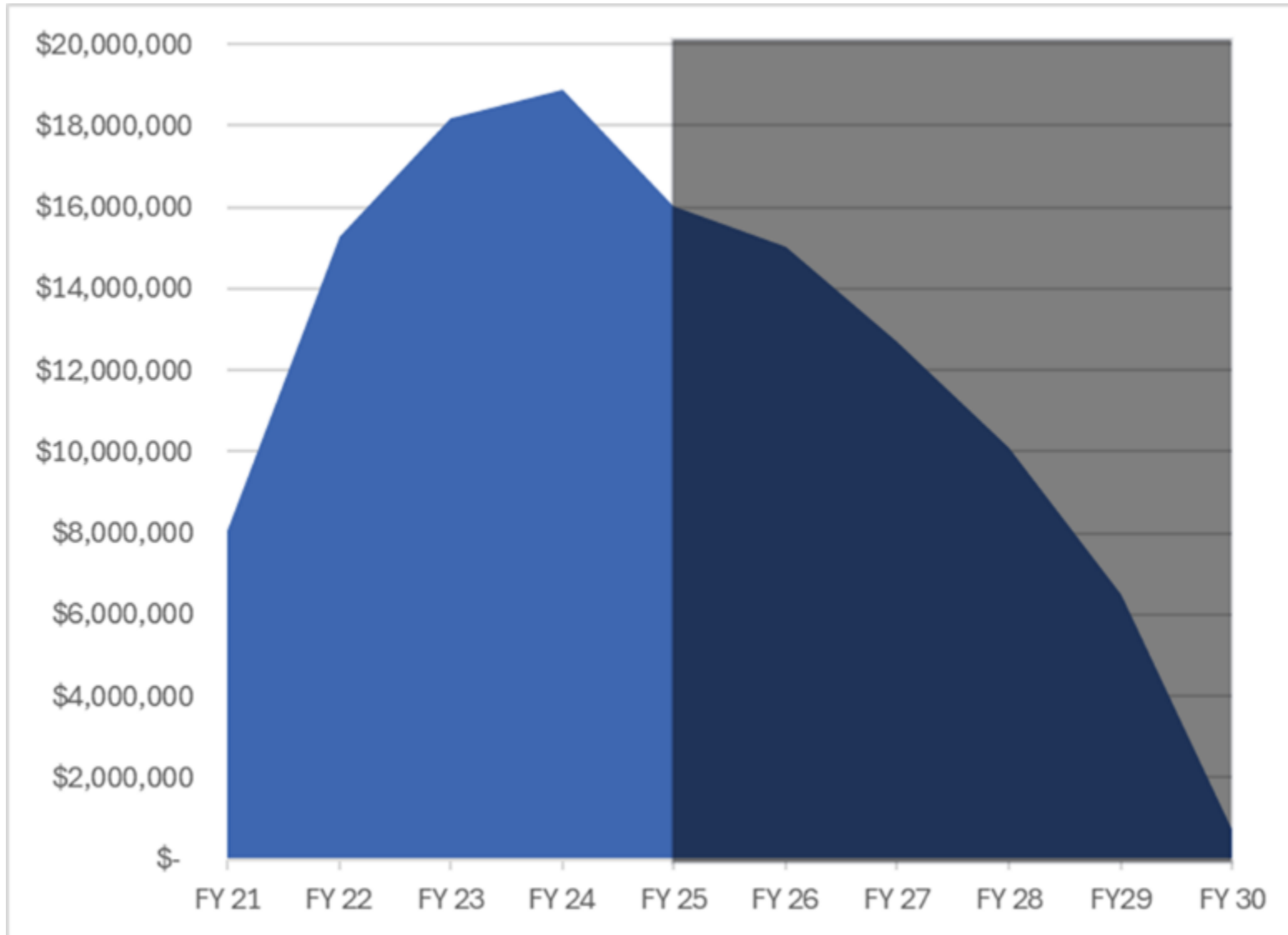
## Revenue and Expenditure Projections FYs 2025-2030



## Local Transfer and Inflation FY 2016-2024



# Fund Balance Projections FY 25-29



the approval of the Board of Health in the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal

# Funding Efficiencies NNPH is implementing:

Reduced staffing by 10% through attrition

Reduced operating costs

Reduced intermittent hourly staffing

Performing Divisional Assessments

Reducing Essential Services before Mandated Services



# Current Funding Reduction Outcomes:

- **Vector**
  - Mosquito surveillance discontinued
- **Epidemiology**
  - 1.0/100k versus 1.8/100k: No capacity for singular events
- **Administration**
  - Staff Lean Production (No OT)
- **Environmental Health**
  - Lean Production (Limited Response for auxiliary services)
  - Food & Permitting maintained
- **CCHS**
  - Federal Lead Surveillance stopped

# Projected Funding Reduction Outcomes:

- **Epidemiology**
  - Unable to meet 24-hour response and intervention for mandated disease surveillance
- **Environmental Health**
  - Increased turnaround and processing for Inspections & Permitting
- **CCHS**
  - Decrease in Vaccinations
  - Loss of community access
  - Loss of Sexual Health Resources
  - Decrease of loss of WIC
- **ODHO**
  - Loss of Community intervention outreach

What Keeps me up at night?







Questions?



**NN**  
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