NNPH Quarterly Outcomes Report

FY25

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 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	1,000	300	Staff provided three (3) dispensaries (Jade Cannabis Company, The Dispensary Plumb Lane, and Thrive Cannabis Marketplace) with educational Need to Know cards for distribution to their clientele. Social media posts are being prepared for Q3. Training for staff who are now handling this initiative, along with environmental assessments and cannabis compliance board research into ownership, has slowed deliverables and is the reason this measure is off target at the moment.
(PI) 1.1.1.2 Maintain breastfeeding rates at 80% among WIC clients who report ever breastfeeding.	80.00%	80.00%	80.00%	The "Ever Breastfeeding" prevalence for NNPH WIC clients through the end of Q2 is 80%. This rate is achieved through one-on-one breastfeeding support, including gathering information on a participants' feeding plan for their infant, and educating about benefits of breastfeeding. Staff support participants' breastfeeding goals and listen for their anticipated concerns and expected barriers to provide information to address them in an informative, positive, and encouraging way.
(PI) 1.1.1.3 Increase multi-family housing properties that have smoke free policies by at least 2.	4	1	1	Staff continued providing support to Reno Housing Authority as their Railyard Flats property opened with a no-smoking/no-vaping policy in place (providing 12 units for extremely low-income individuals). Staff delivered 24 indoor/outdoor no-smoking/no-vaping signs to RHA staff for the property (some of these were requested for another RHA property).
(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	2	6	Staff coordinated a presentation at the 11/21/24 District Board of Health (DBOH) by Dr. Eric Crosbie, University of Nevada Reno, on casino second-hand smoke exposure in non-exempt areas of Washoe County casinos. Staff also coordinated a proclamation for Lung Cancer Awareness month affirmed by DBOH same date. Finally, staff provided information on smoke-free policies and community health to representatives from Northern Nevada Hopes, Renown and Anthem.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 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.		6	11	Staff collaborated with Black Wall Street, TMCC counseling department, Our Center, and the Eddy House to disseminate quit kits to youth and young adults for the Great American Smoke Out day on November 21st, 2024, and reached more than 250 individuals. Staff also distributed an RFP for youth vaping prevention messaging campaign to five vendors with Estipona Group being selected for a first quarter 2025 youth vaping prevention messaging campaign. The initial campaign development and planning meeting by staff with Estipona Group took place on 12.18.24.
(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	2	13	Staff participated in a tabling event at the Access to Healthcare Senior Resource Health Fair to promote and distribute falls prevention resources. This event reached 11 seniors. In addition, NNPH promoted holiday falls prevention messaging on social media during the holidays using “Safety Santa” reels. Metrics for the social media outreach were not yet available at the time of this report. Additionally, staff tabled five different times at the Sparks and Sun Valley Senior Center to promote Enhance Fitness, a low-cost, evidence-based group exercise and falls prevention program that helps older adults at all levels of fitness become more active, energized, and empowered. This quarter's outreach totals were thus eight total events (2 social media posts + 6 tabling events).
(VI) 1.2.1.1a # of WIC participants (quarterly average enrollment, annual average enrollment in Q4)	3,393		3,381	
(PI) 1.2.1.1 Maintain at least 95% of enrolled WIC participants as compared to last FY enrollment.	99.47%	95.00%	99.14%	NNPH WIC has maintained enrollment levels. The average enrollment for quarter 2 was 3381 participants. Quarter 2 enrollment is 99.14% of the average enrollment from last FY.
(VI) 1.2.1.2a # of clients served in the immunization program (NNPH clinic and offsite events)	4,136		2,751	
(VI) 1.2.1.3a # of VFC compliance visits	25		8	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 1.2.1.3 Assure 50% of Vaccine for Children (VFC) providers receive a compliance visit yearly.	58.00%	0%	35.00%	For FY 25, the Vaccines for Children (VFC) site visit reviewers have completed eight compliance visits with Washoe County VFC-enrolled medical providers to date, bringing the YTD completion rate to 35%. During Q2, six 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. This activity guides 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		2,085	
(PI) 1.2.1.5 Implement 100 community/ provider Sexual Health education and outreach activities.	145	50	71	During the reporting period, 36 community education, testing and outreach events were completed by Sexual Health clinical, Community Health Worker, and Outreach/Investigations staff. Cumulatively, 71 events were provided during Q1-Q2.
(VI) 1.2.2.1a # of reported HIV cases investigated	51		18	
(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, 100% (10 of 10) HIV case investigation were initiated within 5 days of report. Cumulatively, 18 of 18 case investigations (100%) were initiated within 5 days of report during Q1-Q2.
(VI) 1.2.2.2a # of primary, secondary syphilis cases investigated	98		26	
(PI) 1.2.2.2 % of primary, secondary syphilis cases initiated within 5 days.	86.70%	90.00%	96.20%	During the reporting period, seven (7) of seven (7) cases (100%) of primary and secondary stage syphilis case investigations were initiated within 5 days of report. Cumulatively, 25 of 26 (96.2%) primary and secondary stage syphilis case investigations were initiated within 5 days of report during Q1-Q2. Primary and secondary stages of syphilis are the most infectious stages of syphilis infection. Stage of syphilis infection is determined by staff based on investigation results.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 1.2.2.3a # of maternal syphilis cases investigated	18		6	
(PI) 1.2.2.3 % of maternal syphilis cases initiated within 5 days	100.00%	90.00%	100.00%	During the reporting period, three (3) of three (3) (100%) maternal syphilis case investigations were initiated within 5 days of report. Cumulatively, six (6) of six (6) (100%) case investigations were initiated within 5 days of report during Q1-Q2.
(VI) 1.2.2.4a # of other syphilis cases investigated (early latent, late latent/ unknown duration, biological false positives, old disease)	765		524	
(PI) 1.2.2.4 % of other syphilis cases initiated within 5 days	87.60%	90.00%	86.30%	During the reporting period, 199 of 253 (78.7%) syphilis (early latent, late latent/unknown duration, biological false positive, and old disease) case investigations were initiated within 5 days of report. Cumulatively, 452 of 524 (86.3%) reported case investigations were initiated within 5 days of report during Q1-Q2. When a positive syphilis test result is reported, staff must determine the appropriate stage of disease that will then determine the appropriate treatment or intervention.
(VI) 1.2.2.5a # of congenital syphilis cases investigated	18		8	
(PI) 1.2.2.5 % of congenital syphilis cases initiated within 5 days	100.00%	90.00%	100.00%	During the reporting period, 4 of 4 (100%) case investigations were initiated within 5 days of report to NNPH. Cumulatively, 8 of 8 (100%) reported case investigations were initiated within 5 days of report during Q1-Q2.
(VI) 1.2.2.6a # of reported gonorrhea cases investigated	579		343	
(PI) 1.2.2.6 Initiate 90% of prioritized gonorrhea case investigations within 5 business days of report.	84.30%	90.00%	86.60%	During the reporting period, 149 of 180 (82.8%) case investigations were initiated within 5 days of report to NNPH. Cumulatively, 297 of 343 (86.6%) reported case investigations were initiated within 5 business days of report during Q1-Q2.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 1.2.2.7a # of reported chlamydia cases investigated	2,250		1,159	
(PI) 1.2.2.7 Review 90% of chlamydia cases within 5 days of report.	98.00%	90.00%	96.98%	During the reporting period, 536 of 541 reported chlamydia cases (95.5%) were either verified for treatment or offered treatment within 5 days of case report. Cumulatively, 1124 of 1159 cases (96.9%) cases were verified for treatment or offered appropriate treatment during Q1-Q2 of FY25.
(VI) 1.2.2.8a # of individuals suspected to have active tuberculosis disease and investigated	21		6	
(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%	2 of the 3 cases during this period (Q2) were confirmed with NAAT. The case that was not confirmed was deceased prior to the TB clinic being notified that the case was suspected to have TB and was confirmed with a culture instead of a NAAT. The cases from Q1 were extra-pulmonary and therefore were not eligible to get a NAAT and are not being counted in this data.
(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%	The cases from Q1 are not counted here as they do not have sputum collected because they are extra-pulmonary. The cases that were diagnosed during Q2 have not culture converted yet but are still within the 60-day window, so this performance indicator has been marked as "in progress". The cases are progressing as expected and are on track to meet this target.
(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 diagnosed during Q2, all had a contact investigation initiated within 14 days, and the index case was interviewed within 7 days. 7 contacts were tested with 2 testing positive and starting treatment through the TB clinic.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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		1,104	

(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%	94.57%	There were 577 cases investigated within their designated time frame (e.g. same day, next day, or within the week) out of 607 total number of reportable cases requiring follow-up via a case investigation by phone or medical record review. This is a total of 95%. The calculation of this percentage utilized adjusted dates for those cases reported on the weekends or NNPH holidays.
				• For conditions requiring same-day follow-up/investigation
				  • 52/75 = 69% on time
				• For conditions requiring next-day follow-up/investigation
				  • 178/184 = 97% on time
				• For conditions requiring follow-up/investigation within the week
				  • 64/65 = 98% on time
				
				Disease reports and laboratory reports can come in after standard office hours (5 PM). These are investigated ASAP the next morning. Accordingly, same-day follow-up cannot be captured as accurately because of this. Additionally, ongoing staffing shortages is another factor occasionally hindering timely investigations.

(VI) 1.2.3.1a # of community-based vaccine provision events	52		23	
(VI) 1.3.1.1a # of clients that see the Enrollment Assister annually	110		22	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 1.3.1.1 Maintain or increase the number of clients that see the Enrollment Assister annually.	110	32	25	The enrollment assister saw 22 clients during the quarter via walk-in appointments. There was not an assister in place fully for the previous two quarters. When there was an assister in place, appointments were being scheduled for clients. The DWSS office prefers NNPH not schedule appointments, thus making it hard to compare the quarters. The DWSS office had a shortage of assisters in early May 2024, and NNPH did not get a new assister until September 2024. Due to this, the numbers to date are lower than hoped for.
(VI) 1.3.2.1a # of clients and community members provided assistance with navigation of community resources	756		489	
(PI) 1.3.2.1 Increase the number of clients and community members provided assistance with navigation of community resources. (# provided assistance)	756	200	489	The CHW program continues to exceed the target for clients and community members provided assistance with health care and social service resources. The overall decrease in clients served for this quarter can be attributed to less clients seen in the clinic-based programs. The majority of referrals are for health insurance navigation and primary care provider resources. Social service referrals include people experiencing food insecurity and people desiring child care resources.
(PI) 1.3.2.2 Increase community reach through new partnerships and outreach activities (# of outreach activities)	46	20	28	The CHW program conducted 12 outreach activities for the quarter. NNPH resources and services were shared with community members at vaccination events, Mobile Harvest, TMCC, and Boys and Girls Club to a variety of under-served members of the community.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 1.3.3.1 Increase access to programs and services through completing 3 system improvements.	8	1	4	System improvements were as follows: • Second Binx Machine up and running. Staff can now run two specimens at a time. Allows for clients to be diagnosed and treated for chlamydia and gonorrhea in one clinic visit, eliminating the need to bring them back for treatment. Also decreases the number of clients that are lost to follow up. • Revised the walk-in process for the immunization program, allowing for increased capacity. Previously, clerical staff was just asking the nurse on duty if they could see a client, and that nurse was often tied up with another client, resulting in less walk-in availability. Now, when a client presents to the check-in window and asks to be seen as a walk-in, clerical staff puts out a message in an ongoing group Teams chat to confirm staff availability. If the client is able to be seen by someone on this chat, the check-in process proceeds as normal. Involving additional communication and staff members has provided more opportunities for walk-in clients to be seen and/or staff to assess clinic capacity.
(PI) 2.1.1.1 Meet or exceed a 75% data capture rate for ozone.	98.40%	75.00%	98.00%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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%	97.40%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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%	97.80%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 2.1.1.4 Meet or exceed a 75% data capture rate for carbon monoxide.	98.00%	75.00%	97.00%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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. 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) 2.1.1.5 Meet or exceed a 75% data capture rate for nitrogen dioxide.	97.00%	75.00%	98.00%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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%	95.50%	FY25 Q2 Data Completeness Reports will not be available until March 2025. In order to have data to report, AQMD staff ran EPA's AMP 430 Data Completeness Report for the July 1 to September 30, 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		8	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 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	1	10	Outreach opportunities completed by AQMD staff during the October 1 to December 31, 2024, reporting period include: 1. Asbestos Rule Revision Public Workshop – Josh Restori, November 14, 2024. 2. Reno4 Monitoring Site Tour for Washoe County Inspired Future Leaders Program – Craig Petersen, November 15, 2024. 3. Chapter 030 Implementation Workshop #1 – Josh Restori, November 20, 2024. 4. Chapter 030 Implementation Workshop #2 – Genine Rosa, December 11, 2024. 5. The Air Quality Index Explained presentation to the Rotary Club of Sparks Centennial Sunrise – Brendan Schnieder, December 19, 2024.
(VI) 2.1.2.2a # of community planning efforts where AQMD commented.	24		12	
(VI) 2.1.2.2b # of community planning efforts where AQMD participated as a technical advisor.	44		18	
(PI) 2.1.2.3 Complete all necessary reviews and any associated updates to air quality regulations.	4	0	0	AQMD has goals to revise and update regulations based on priorities identified by the permitting and compliance programs. With implementation of the division's newly adopted source permitting rule beginning January 1, 2025, and the priority to finish the revision and adoption of the asbestos regulations by March 2025, no other rule revision priorities have been set at this time.
(VI) 2.1.2.4 Number of regulations reviewed			0	
(VI) 2.1.3.1a # of wood-burning devices inspections completed	322		153	
(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%	85.00%	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 Q2 of FY25, (2,085) NOE's and COC's were processed; (1,633) of these were processed within the internal best practice standard timeframes (57 of 57 COC's and 1,678 of 2,028 NOE's). This equates to a success rate of 83%. The delay in completing the processing of NOE's can be attributed to fluctuations in staffing, training new staff on SOP's for processing NOE's and the checks associated with NOE's.

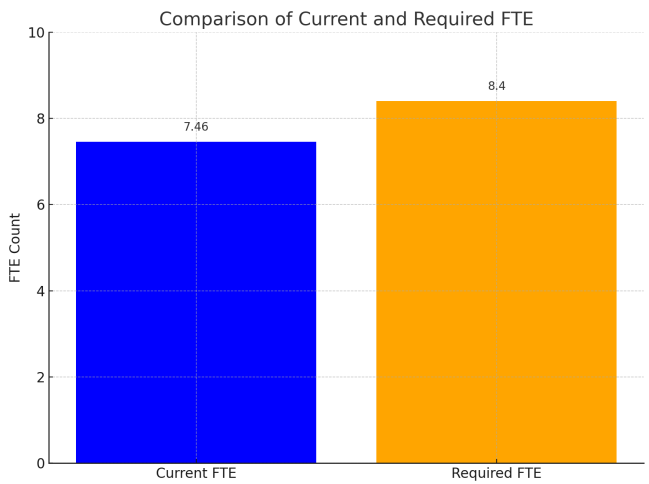
Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.1.3.1b # of wood-burning device registrations	7,272		3,991	
(VI) 2.1.3.2a # of dust control permit inspections completed	539		256	
(VI) 2.1.3.2b # of dust control permits	196		90	
(PI) 2.1.3.2 % of dust permits managed within 10 business days.	0%	100.00%	91.00%	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 Q2 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 (1.9) days.
(VI) 2.1.3.2c Total acreage disturbed by dust permits	2,523		1,134	
(VI) 2.1.3.3a # of asbestos renovation and demolition inspections completed	135		28	
(VI) 2.1.3.3b # of asbestos renovation and demolition notifications	154		77	
(VI) 2.1.3.3c Total square feet of asbestos materials	393,182		489,910	
(VI) 2.1.3.3d Total linear feet of asbestos materials	8,263		1,725	
(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 Q2 of FY25, (37) NESHAP Notifications were processed; (37) 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 (0.4) days.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.1.3.3e Total cubic feet of asbestos materials	0		0	
(VI) 2.1.3.4a # of complaint inspection/ investigations	158		137	
(VI) 2.1.3.5a # of warnings and notices of violations issued	63		21	
(VI) 2.1.3.6a # of stationary source inspections assigned	532		251	
(PI) 2.1.3.6 Complete 100% of stationary source inspections assigned.	100.00%	100.00%	100.00%	Of (104) Stationary Source inspections assigned in Q2 of FY25, (104) 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		14	
(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%	93.00%	Of the (6) Stationary Source Authority to Construct permits issued in Q2 of FY25, (6) Stationary Source Authority to Construct permits were issued within 180 days. This represents a success rate of 100%.
(VI) 2.1.4.1a # of inspections completed at permitted waste management facilities per year.	270		141	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.1.4.1b # of waste management facility permits	308		320	
(VI) 2.1.4.1c # of waste-related complaints	177		131	
(PI) 2.1.4.1 Complete 100% of inspections at permitted waste management facilities per year.	86.00%	50.00%	44.00%	During the first two quarters of FY25, 44% of permitted waste management facilities were inspected (141 inspections conducted to date out of a total of 320 inspections to be done throughout the entire year). This is tracking slightly behind the target of approximately 25% per quarter. However, inspections fluctuate by quarter based on expiration dates and how inspections are due once per calendar year. During CY 2024, all but 2 permitted WM facilities and 4 Liquid Waste Technologies (LWT) were inspected, or an approximate 98% inspection rate. An additional 14 LWT received inspection, but reports were not entered by the end of the CY.
(PI) 2.1.4.2 Partner with a minimum of 3 outside agencies to assist in waste reduction/clean up initiatives.	3	1	0	Over the 2nd quarter of FY25, the team did not partner with any outside agencies for waste reduction/clean up initiatives. The goal was to have a request for proposal out by end of the quarter, but that is still only in draft status. The goal is to complete this activity by the end of the 3rd quarter now. Once it is in place, this objective will be able to be completed.
(VI) 2.1.5.1a # of first review plans reviewed for compliance with AQ regulations and processed (AQM)	763		218	
(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 (104) plans assigned for AQM review in Q2 of FY25, (103) met jurisdictional timeframes for a rate of 99%. It should be noted that (1) additional plan was received by the AQMD after the due date for that plan review. However, those plans were reviewed on the date of receipt.
(VI) 2.1.5.2a # of residential septic and well plans reviewed and processed	852		390	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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 390 plans that the program took over the first two quarters of FY25, 382, or 98%, met 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	1	3	The team conducted one realtor outreach presentation over the second quarter of FY25. The presentation was attended by 11 in-person and 59 online. The team also conducted one outreach presentation to a sister agency, Bureau of Safe Drinking Water. That event was attended by approximately 25 staff members.
(VI) 2.1.5.4a # of UST inspections	207		104	
(VI) 2.1.5.4b # of UST permits	212		213	
(PI) 2.1.5.4 Complete 100% of inspections at UST permitted facilities per year.	98.00%	50.00%	49.00%	During Q2 of FY25, 22.5% of permitted waste management facilities were inspected. This meets the target of approximately 25% per quarter. Inspections may fluctuate by quarter based on expiration dates - inspections are due once per calendar year. At the end of the first two quarters of FY25, 104 out of the 213 permitted facilities had received an inspection, or 49%. This is tracking right where the program needs to be. All facilities received an inspection for CY24.
(PI) 2.2.1.1 Set a baseline for the occurrence of foodborne illness risk factors in inspected facilities.	0	0		This baseline cannot be set until the completion of the VIP Accela project, which is an upgrade to the existing Accela system that will allow NNPH staff to gather additional data on a variety of environmental health topics. Once the project is completed, a ticket will be submitted to Washoe County TS to develop a checklist report to track food establishment inspection data.
(VI) 2.2.1.2a # of foodborne illness assessments.	3		4	
(VI) 2.2.1.2b # of inspections for food establishments.	2,909		1,270	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.2.1.2c # of temporary food event inspections.	1,392		734	
(VI) 2.2.1.2d # of permitted food establishments	4,099		3,954	
(VI) 2.2.1.2e # of complaints responded to.	264		75	
(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		1,193	
(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	2	2	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).

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 2.2.1.3 Percentage of required inspections of food establishments completed.	60.53%	50.00%	25.90%	This outcome is off target due to lack of staffing resources and staff turnover. Five EHS Trainee positions were filled in Q2. All trainees will need to complete the food safety training program before they can conduct independent food establishment inspections, and this is anticipated to be completed by mid-Q4. The program has submitted calculations to demonstrate the need for additional staffing resources as indicated below. This staffing needs calculations have been completed and provided to the EHS division director, DDHO, and DHO for review and determination of a plan: 
(VI) 2.2.1.4a % of passing inspections for routine food inspections	0%		85.70%	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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%		81.76%	
(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		684	
(VI) 2.2.1.6a # of other permitted facility complaints	47		50	
(VI) 2.2.1.7a # of sanitary surveys of public water systems	30		22	
(VI) 2.2.1.7b # of public water system permits	77		76	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.2.1.7c % of public water systems in compliance with lead and copper rule revisions			91	
(VI) 2.2.1.7d % of sanitary surveys for year with a significant deficiency			14	
(PI) 2.2.1.7 Complete 100% of required sanitary surveys of public water systems to help ensure proper public health protection.	100.00%	50.00%	50.00%	Through the second quarter of FY25, the team conducted 22 sanitary surveys - 16 public water systems and 6 water haulers. Of the 33 required surveys this year, this is approximately 50%, which meets the goal of 25% a quarter. For CY24, the team completed all surveys as required.
(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	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 2.2.3.1a # of commercial plans reviewed for health standards (Including food establishments)	1,791		795	794 commercial plans were received for 1 & 2 quarters.
(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%	89.72%	This quarter, EHS has reviewed 360 plans, and of those 35 plans did not meet the Regional goal. EHS has reviewed 89.7% of plans this quarter within the Regional goal. Plan review staff had previously fallen behind during the summer due to their also being in the field completing pool and spa inspections for the community at that time. As the pool and spa season progressed and the team entered Q2, staff were able to get caught up and are back on track with more reasonable time frames for plan reviews.
(VI) 3.1.1.1a # total social media posts in English and Spanish	1,987		806	
(VI) 3.1.1.1b # of culturally relevant or health equity social media posts	539		239	
(VI) 3.1.1.1c # of social media followers	12,117		12,910	
(VI) 3.1.1.1d # of web hits	468,625		279,138	The NNPH homepage got the most visits during Q2 with 19,565 views, followed by AMC (thanks to an ad campaign 14,648 views), air quality homepage (5,909 views), birth and death records (5,577) and EHS food inspection (4,731).
(PI) 3.1.1.2 Increase audience growth across all platforms by 10%. (followers)	12.00%	5.00%	6.20%	Totals: 12,910 (3,390 on X, 1,277 on NNPH en Español, 965 on Instagram, 6,546 on Facebook, 731 on LinkedIn, and 31 on YouTube). This is an increase of 1.6% and falls below the 2.5% goal for this quarter, but for the two quarters cumulatively, growth is at approximately 6.2%.
(PI) 3.1.1.3 Increase Spanish language Facebook followers by 5%		1,176	1,277	1.6% growth (+187 net audience growth)

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 3.1.1.4 Increase impressions across all social media posts by 10%. (comments, shares, link, clinks and more)	146.80%	5.00%	0%	185,612 in Q2 vs. 360,005 in Q1, but they are up from this quarter last year (185,612 in Q2 FY25 vs. 168,764 in Q2 FY24 = 9% increase). NNPH had paid social media campaign numbers inflate the impressions and engagement in FY24, so the current numbers are actually strong given that there hasn't been had much paid advertising to date.
(PI) 3.1.2.1 Collaborate with at least 2 grant-funded programs to execute marketing tactics that reach populations experiencing health disparities		0	1	The two programs NNPH is collaborating on are below: 1. Food Safety - The program had grant dollars available to use toward marketing, so they used them on a campaign promoting the Excellence in Food Safety Awards. Staff is creating vinyl window placards in English, Spanish, and Chinese to reach diverse populations. The project is ongoing but should be completed in Q3. 2. Senior falls - Staff collaborated with the CDIP program to help promote senior falls prevention information on social media. This initiative can be considered complete since the ads are already running.
(VI) 3.1.2.3a # of public records request fulfilled (ODHO)	0		0	
(VI) 3.1.2.3b # of public records request fulfilled (AQM)	65		30	
(VI) 3.1.2.3c # of public records request fulfilled (CCHS)	2		0	
(VI) 3.1.2.3d # of public records request fulfilled (EPHP)	59		15	
(VI) 3.1.2.3e # of public records request fulfilled (EHS)	4,883		1,427	
(VI) 3.1.2.4a # of press releases, media alerts, media availability.	111		57	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 3.1.2.5a # of community presentations (ODHO)	25		10	
(VI) 3.1.2.5b # of community presentations (CCHS)	56		14	
(VI) 3.1.2.5c # of community presentations (EPHP)	32		9	
(VI) 3.1.2.5d # of community presentations (EHS)	23		17	
(VI) 3.2.1.1a # of vital records requests and services	52,294		20,084	
(PI) 3.2.1.1 Process 90% of vital records requests and services within 96 hours.	100.00%	90.00%	100.00%	Vitals staff register records as soon as they come into the queue to have them available for printing. This way, once the clients come in to request the records, staff is able to complete the order as soon as it is received.
(VI) 3.2.2.1a # of reports (Communicable Disease Annual; CPO Quarterly; Respiratory Weekly; Epi News) provided to the community	50		32	
(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%	100.00%	The Epidemiology team published twelve (12) reports during October, November, and December 2024. These included eleven (11) Respiratory Virus Surveillance weekly reports (Flu, COVID, and RSV combined), the 2024 Q3 CPO Report, and 4 Epi-News publications. (See https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php for Epi-News newsletters) All reports with internal deadlines during Q2 of 2025 were published on time or early.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 3.2.3.1a # of statistical analysis requests met.	37		19	
(PI) 3.2.3.1 Deliver on 95% of requests for statistical analysis. (# of requests)	100.00%	95.00%	100.00%	All statistical requests were completed in Q1 and Q2.
(VI) 3.3.1.1a # of interim committee meetings, public workshops, and coalition meetings attended/ monitored.	114		76	
(PI) 3.3.1.1 Pursue and achieve 2 local government health in all policies initiatives.	2	0	0	Since last quarter, no progress has been made towards an improved transportation initiative in Washoe County. Because the 2025 legislative session is quickly approaching, the NNPH Government Affairs Liaison has shifted efforts toward state policy initiatives. This will happen every other year as a state session approaches. No new updates to report for this quarter.
(PI) 4.1.1.1 Residents have access to multiple elements of a best practice crisis response system.	2	0	0	Significant progress was achieved in 2024 to advance both statewide and Washoe County specific crisis response system efforts. DPBH finalized a statewide contract with Carelon to serve as a statewide Administrative Service Organization dedicated to enhancing the 988 Hub. Renown Health completed all facility improvements and hired staff to open the Renown Crisis Care Center. While the Center came just short of opening in 2024, the community looks forward to these new crisis services in early 2025. The coalition spent significant time working toward MOUs between key system partners as well as providing the first collaborative system training opportunity to assure a systems approach in the region. In 2025 we anticipate working closely with Carelon and Renown to enhance Hub and Crisis Care Center operations while shifting focus to collaborating with the state to enhance the mobile crisis team element of the Crisis Response System.
(PI) 4.1.2.1 Implement at least one lethal means reduction strategy in coordination with the Washoe Suicide Prevention Alliance.	1	0	2	Staff performed program promotion and outreach at multiple events in Q2, including the Washoe County Human Services Agency (HSA) “Community Providers Meet & Greet” event, a free climbing night at Mesa Rim climbing center, a Western Nevada College mini conference for faculty and students, and the Pyramid Lake Veterans Turkey Shoot event. Over 40 HSA staff attended the Community Providers event, 50 community members attended Mesa Rim event, and 30 participants attended the turkey shoot. WNCC attendance has not yet been shared.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 4.1.3.1 90% of applicable WIC participant interactions will receive substance abuse screening, education and referrals.	81.10%	90.00%	89.00%	Assessments were done of client visits for each month in Q2. Of the 116 client visits assessed, 107 received substance abuse screening, education and referral, which is 92.2% of Q2 visits. Year to date, 89% of of visits have received substance abuse screening.
(PI) 4.2.1.1 Increase the number of corner stores engaged in offering healthy food with the addition of 3 new stores.	0	1	0	7-Eleven's new owner decided to continue the partnership with the program. Original signage has been replaced at the store, and the owner has purchased canned and frozen vegetables. 7-Eleven is the first store to receive the new toolkit outlining the program requirements and guidelines. Staff teamed up with the Tobacco Prevention Program to visit a store who showed interest in changing their storefront and removing tobacco ads. Staff thought it would be a good idea to also recruit them for the HCS initiative. Staff did an environmental scan; the store carries a small selection of fresh produce which is displayed right by the front door. At the end of the visit, the owner was not willing to commit to storefront changes, as they have contracts with tobacco companies to keep signage. Store owner was not willing to commit to having healthy signage for current produce and did not want to add additional items as they constantly rotate products and do not have space to dedicate. Staff asked Tobacco Prevention team to share their tobacco retailer list to cross reference with the HCS list. This expands the stores to visit for recruitment that were not already on the radar. To date, there are four stores onboarded with the program. No new stores have been recruited in quarter two.
(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	5	6	The 5210 team is working to add one more school in FY24-25. Other strategies are in place to determine how to approach the new school year with both nutrition and physical activity opportunities.
(VI) 4.3.1.1a # of FHF attendees (total individual members)	1,517		1,520	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 4.3.1.1 At least 80% of FHF participants will receive the services needed.	98.00%	80.00%	89.00%	The Family Health Festival committee held one FHF event during this quarter at O'Brien Middle School in October 2024. Of the 101 households served, 95% of them stated in their end-of-event survey that they had received all the services they needed. The remaining 5% of clients mostly did not state reasons for why they felt as they did. Those who did stated that they would have liked to see adult dental care providers onsite as well as medical insurance/healthcare access options for undocumented immigrants. The FHF committee is aware of these current systemic issues and is looking to expand partnerships with agencies beyond traditional managed care organizations/Medicaid providers, since these providers are bound by current federal restrictions on providing health insurance to undocumented individuals. The committee is actively nurturing and expanding partnerships with service providers who can provide services to clients regardless of their immigration status. Altogether, this brings the cumulative percentage for the year to 89% of clients stating they received the services needed.
(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 CHIP initiative is complete after committee discussions about redirecting our community's efforts toward insurance enrollment campaigns and other meaningful activities to improve access to health care.
(PI) 4.3.1.3 Implement at least three initiatives designed to improve access to care.	3	1	1	Two efforts are underway to address access to health care. One effort was completed earlier this year after meeting with REMSA, and other local stakeholders to discuss building a coalition. During the CHIP Steering Committee meeting, partners discussed the activities addressing the following and will reconvene in early 2025 to determine next steps: 1.Primary care provider shortage. 2.Limited hours of operation among hospitals and other care centers. 3.Establishing prenatal care in the first trimester among minority populations. 4.Addressing substance use among pregnant and postpartum individuals. 5.Advance Community Health Worker models and paraprofessionals to deliver navigation and improved services in low-resource settings. 6.Improve the diversity of the health care workforce to better reflect and meet the needs of Washoe County. 7.Increase prevention efforts to mitigate late-stage conditions.
(PI) 4.5.1.1 Implement/ execute 4 strategies in the EMS Strategic Plan FY24-29.	1	2	0	Although the EMS Oversight Program and EMS Joint Advisory Committee have made progress on a variety of strategies, none are considered completed. In addition to working on the strategies of the EMS Strategic Plan, a significant amount of work has been completed on the revision of the ambulance franchise.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 4.6.1.1 Increase community access to CHA data via online dashboard from 0 to 500. (# of web visits)	481	250	110	Between October and December 2024, there were 67 sessions/visits to the Truckee Meadows Tomorrow site dashboard made of Community Health Assessment indicators (https://www.nevadatomorrow.org/tiles/index/display?alias=nnph_cha_2022_2025). The 67 sessions were made up of 46 distinct users, 30 of which were new users and the average session duration was 2 minutes.
(VI) 4.6.2.1a # of collaborative initiatives in the CHIP	23		31	
(PI) 4.6.2.1 Complete at least 60% of activities planned in the CHIP.	71.00%	0%	0%	Community partners are reporting their progress for the 2023 CHIP annual report. Data will be available by the end of February.
(PI) 4.6.2.2 Maintain the number of organizations leading CHIP initiatives	31	0	35	CHIP Committee meetings were held in December to discuss progress of CHIP efforts and to identify areas for further collaboration. Partners will reconvene in early 2025 to discuss the next steps as the CHIP could potentially add 2-3 new efforts with additional partners.
(PI) 4.6.2.3 Implement at least 2 CHIP initiatives focused on policy changes that alleviate causes of health inequities.	5	0	0	Opportunities to collaborate were discussed during CHIP committee meetings. Many ideas were discussed to improve maternal and child health, and behavioral health. NNPH will work with the Government Affairs Liaison to determine the best path forward and the most reasonable person to move the initiative forward as some of the ideas were policy related.
(PI) 4.6.2.4 Address at least three gaps to improve disparate health outcomes by involving partners that represent underserved communities.		1	4	NNPH is collaborating with key partners through the CHIP to improve health disparities and health outcomes, recently concluding its second-year CHIP subcommittee meetings and planning for year three. The Health Equity Team will continue to focus on improving mental health for Spanish-speaking communities and tribal youth, promoting physical activity and nutrition for Black/African American adults and children at Title I schools, and increasing financial literacy for Spanish-speaking families in Washoe County.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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 Committee Meetings were successful in bringing together partners to discuss progress of CHIP efforts and opportunities to further collaborate. Attendance was high across all of the CHIP meetings and contributed to the successful conversations during breakout sessions. Number of participants: CHIP Social Determinants of Health Committee Meeting - 93 CHIP Access to Health Care Committee Meeting - 95 CHIP Mental Health Committee Meeting - 90 CHIP Preventative Health Behaviors Committee Meeting - 85
(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.			39	
(VI) 4.6.2.8 # of new relationships built with key organizations, programs, and leaders.			10	
(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	1	3	In addition to the initiatives/projects mentioned last quarter, the EHS division is partnering with Hello Real Estate to offer bilingual educational classes on septic systems and wells for real estate agents and customers. The first class had 20 participants and was also streamed on Facebook live.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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%	50.00%	75.00%	AAR's were developed for Return to the Rock CHEMPACK exercise which occurred on October 22 as well as the Over Board Flu POD exercise which was held on October 19. The final AAR review for the Return to the Rock was held on December 17, and the finalized AAR will be released in Q3. The final AAR review for the Flu POD exercise Over Board was held on December 18, and the finalized AAR will be released in Q3.
4.7.1.2 Implement 1-2 strategies from the jurisdictional risk assessment		0	1	**Strategy 1: Development of multi-discipline community exercises to test and train on response to JRA identified risks, hazards, and gaps.** 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 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. PHP has held internal meetings related to these initiatives on 12/3/24 and 12/17/24. **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 of 2025.
(PI) 4.7.2.1 Complete 75% of planned activities identified by the IHCC.	100.00%	25.00%	50.00%	Over the past two 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	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 4.8.1.1 Initiate at least one new project collaboration with UNR per year. (# project collaborations)	1	0	2	1.The mentorship project under the AHD UNR/NNPH collaboration is in the discussion phase. This will support gaps in internship opportunities. 2. 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 the Northern Nevada communities in addressing pressing coordination needs amongst local jurisdictions and the State of Nevada. 3. 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.
(PI) 4.8.1.2 Ensure standardized, recurring internship opportunities. (# of recurring internship opportunities) (maintain minimum of 3 per year)	1	1	2	One internship opportunity set in place this year starting in the Fall semester is the community antibiogram work. 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 for the community antibiogram will continue yearly. Additionally, from July- August 2024, an EMS statistics internship was set in place in the EMS Program for the first time to work on the Nevada Trauma Registry data analysis for the program's Trauma Data Report. This internship has been successfully received by both NNPH, UNR, and the student, and it will be implemented as a recurring internship annually.
(VI) 5.1.1.1a # of retirements.	2		3	
(VI) 5.1.1.1b # of non-retirements, promotion or transfer departures	32		12	
(VI) 5.1.1.1c # of promotions/ transfers.	11		4	
(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%	9.25%	The Quarterly Vacancy rate has decreased slightly from 9.83% to 9.25% for Quarter 2 FY25. NNPH continues to recruit staff, but turnover is inevitable in today's workforce. A couple of staff moved out of state in quarter 2, which also impacted the vacancy rate. As of the quarter's end, there are several recruitments in progress and four (4) new employees starting in January 2025.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 5.1.1.2 Increase mandatory training completion rate from 96% to 98%.	96.00%	98.00%	97.55%	The NNPH training completion rate has increased slightly from Quarter #1 to Quarter #2, from 97.5% to 97.55%. One of the trainings that is tracked as part of this goal is the Title VI training. The Title VI training is currently being reviewed and updated by County HR Training, so it is not currently available for new staff to complete. This has impacted the overall training completion percentage for FY25 Quarter 2.
(PI) 5.1.1.3 Increase probationary/ annual evaluation completion rate from 80% to 85%.	69.57%	85.00%	83.33%	The performance evaluation percentage has increased from 69.39% in FY25 Qtr #1 to 85.33% for FY25 Qtr #2. Supervisors strive to complete their staff's evaluations. There are currently two divisions with a 100% completion rate and two divisions with a 94% completion rate. NNPH anticipates an even higher completion rate in 2025 as the other divisions make progress on their past due evaluations. An adjustment was approved by County HR Managment, which removed the requirement for probationary evaluations when staff are promoted through progressive promotion positions (PHN-1 to PHN-II, PHI-I to PHI-II, EHS Trainee to EHS Specialist, AQM Trainee to AQM Specialist, etc.). This will help decrease the number of probationary evaluations and should help increase the overall performance evaluation completion rate.
(PI) 5.1.1.4 Increase percentage of employees who recommend NNPH as a good place to work from 76% to 78%.	0%	0%	0%	The Washoe County 2024 Survey results indicate that 84% of staff would recommend Washoe County as a good place to work. NNPH was slightly lower than Washoe County however the data was not provided to calculate individual department's information. As such the following was provided: Q2: On a scale of one (low) to five (high), how satisfied are you with your Department as a place to work? Department Response- 4.01 Washoe County Response- 4.03
(PI) 5.1.1.5 Increase internal newsletter distribution to bi-weekly for FY25	16	12	13	The NNPH employee newsletter, the Buzz, continues to receive good feedback from staff and is doing its job in recognizing staff, providing informative updates, and adding humor to build up organizational morale.
(PI) 5.1.1.6 Implement at least 25% of the FY25-FY27 Workforce Development Plan and strategies	0%	15.00%	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	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 5.1.2.1 At least 50% of employees will report feeling proficient on targeted core competencies.	78.00%	0%	0%	Core competencies will be identified when a training is provided to staff in early 2025.
(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%	NNPH's reaccreditation application was submitted in September 2024. The next steps will come from PHAB in early 2025. NNPH anticipates an on-site visit to review the application and functions of the health department.
(PI) 5.2.1.2 Increase the number of QI projects implemented (initiated) across the HD from 0 to 2.	1	0	3	There are currently three formal QI projects underway at NNPH. The first two projects are expected to be complete by end of FY25. It is unknown what other QI projects may yet be initiated within this fiscal year. The following projects are currently in progress: 1. Workforce Development/Employee onboarding project collaboration between AHS and ODHO. The intent of this project is to improve upon several aspects of the new employee onboarding process to ensure that all employees receive a consistent, uniform, and timely set of experiences and information. The project comes in two phases. The first phase will be completed in early January 2025, and the latter phase is expected to be completed by end of FY 2025. 2. The Health Equity team finished conducting focus groups with bilingual staff to learn more about how they track their time when using their bilingual skills. Several NNPH employees have reported that the current tracking process is burdensome and that there are varying expectations throughout the organization for how this is tracked, sometimes leading to cumbersome processes and inequitable outcomes. A one-page summary has been created highlighting key themes, recommendations, and staff sentiments. These results will be shared with leadership to help determine next steps. 3. A collaboration between NNPH's EHS and EPHP divisions and Washoe County's Community Services Department surrounding how special events are permitted. The two agencies will work together to revise the application process to provide clarity to the consumers about all necessary permits and information required of them to ensure public safety and compliance with existing regulations. There is no specific completion date for this project yet.
(VI) 5.3.1.1a # of filled positions (FT and PT employees)	172		173	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(VI) 5.3.1.1b # of FTE	202		187	
(VI) 5.3.1.1c # of internship opportunities at NNPH	6		6	
(PI) 5.3.1.1 Increase investment in personnel where workforce capacity is a barrier to productivity. (% increase in FTE)	0	228	197	Due to budget issues at both the State and Local level, NNPH has had reductions in multiple subawards. In additions, budget concerns at the County level has resulted in Above the Base positions being frozen through December 2024. Leadership continues to work with both the State and County on budget issues and long-term budget planning. Total Authorized FTE has decreased from 197.56 from Qtr #1 to 197.16 for FY25 Qtr#2. NNPH continues to look for efficient ways to complete the workload and recruit new employees to fill vacancies.
(PI) 5.3.2.1 Make progress on the health equity plan by completing 10 initiatives.	17	4	4	Several initiatives in the Health Equity Plan are ongoing and will continue through Q4. Those include implementing 2 equity-related trainings, new staff completing the cultural competency course, developing a health equity guide for programs/divisions, conducting a quality improvement project on language access, reviewing additional job descriptions for systemic barriers, and reassessing aspects of the current hiring process.
(PI) 5.3.3.1 Review at least 4 job descriptions to evaluate for systemic barriers to hiring a diverse workforce.	0	2	1	The Environmental Health Specialist Trainee job description was reviewed last quarter. This was the first position to be reviewed for systemic barriers and thus is considered the pilot program for future such initiatives. No new job descriptions have been reviewed this quarter, as the process for the Trainee position has been time-consuming with the job description, recruitment process, assessment questions, and interviews. The target and time frame to accomplish this outcome may be revised after staff members review the lessons learned from this pilot program.
(VI) 5.3.3.2a # of existing staff who complete asynchronous cultural competency training.	7		0	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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%	73.00%	15 new staff were expected to complete the asynchronous cultural competency training in Q1 and Q2, but only 11 have finished it as part of the onboarding process. The cultural competency course is typically completed at month 6 of an employee's time at NNPH. It is an online course that employees are told about upon first starting with NNPH and expected to have completed approximately 180 days into their employment. To better address the present lower rate of completion, the workforce development team is now messaging new staff members with reminders at three separate times during their first six months (month 1, month 5, and month 6).
(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.			3	
(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%	Washoe County has finalized the new design for part of Building C. The space allocated is smaller than anticipated for the location for NNPH expansion. NNPH has started using the space for existing storage needs.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(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 submitted and all but one completed. The property is prepared for building. The official groundbreaking ceremony occurred on December 19th. 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%	17.00%	Until such time that the County and Accela can figure out a way for Title Companies to pay for Notice of Exemptions electronically, this number will continue to remain below 25%. In other AQ programs, NNPH continues to make improvements to the self-service platforms.
(PI) 5.5.1.2 Increase payments made via Accela to 50% of total EHS transactions (EHS)	14.25%	50.00%	52.60%	The bulk of all EHS transactions (70%) are for the Food Program, with 53% 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%	New/Renewed sources will begin being entered into the UNICON IMPACT software beginning Q3 of FY24-25.
(VI) 5.5.3.1a # of all Health IT help desk tickets	1,370		697	
(VI) 5.5.3.1b # of health desk tickets going through County TS	319		118	

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 Actual	Analysis
(PI) 5.5.3.1 Support new county ticketing system as appropriate			0	The County Technology Services is still implementing this system. This activity will be completed when the new system is in place. Training was conducted in October with first initial testing done in November - December 2024. Expected to go live in Q3. Outdated categories recommended to be removed and new categories to be added was submitted to Technology Services in December 2024 for implementation into the new system along with current, in-use ticket categories from the current system.
(VI) 6.1.1.1a Amount of expenditures.	$ 36,309,231.00		$ 16,312,849.00	
(VI) 6.1.1.1b Amount of income.	$ 33,291,267.00		$ 16,289,588.00	
(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		$ 3,890,458.00	
(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	Cost recovered will be reported at the end of FY.

Outcomes	FY24 Actual	Q2-25 Target	Q2-25 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	10	12	The number of contracted insurance companies increased from 10 to 12 last year. CCHS has successfully maintained these 12 contracts with leading insurance providers, enabling greater 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%	98.00%	Through Q2 of FY24-25, AQ is approximately $31k short of covering expenses. This equates to a 98% cost recovery. With expected revenue from permitting activities, annual fees, EPA Grants, and DMV funds, AQ should be 100% cost recovery at the close of FY24-25.
(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 Statistics is able to recover all costs through fees collected form 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**