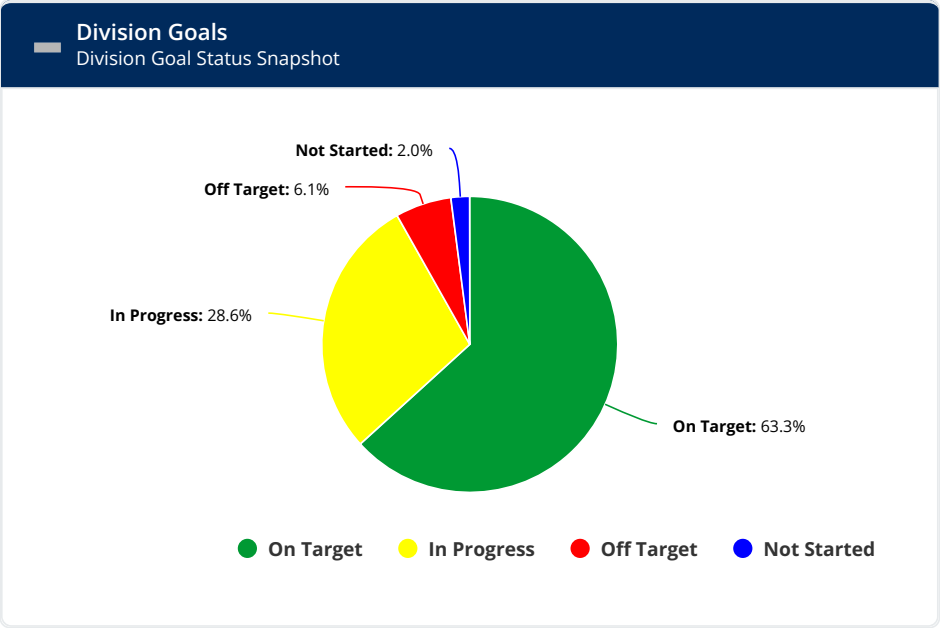
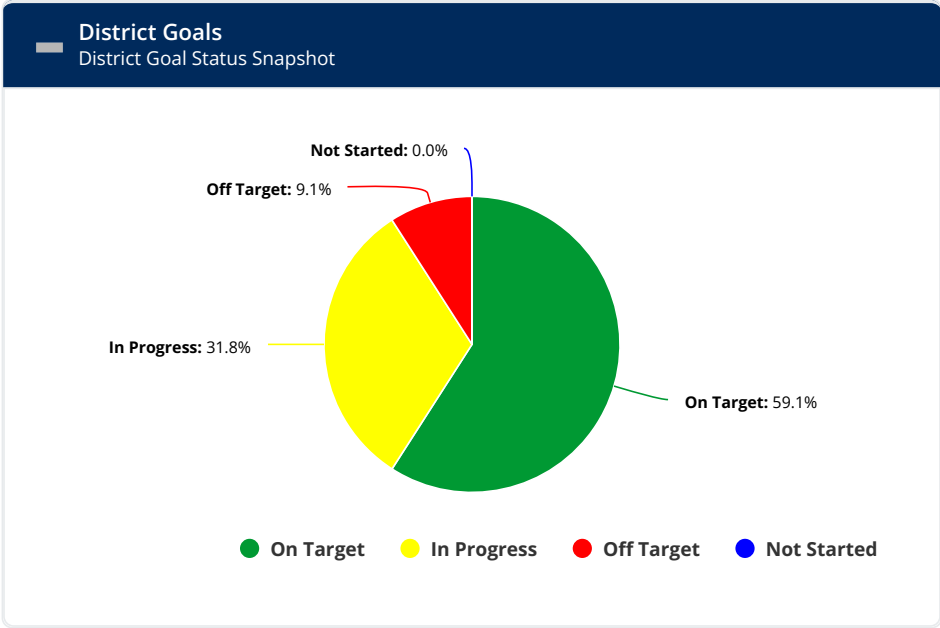
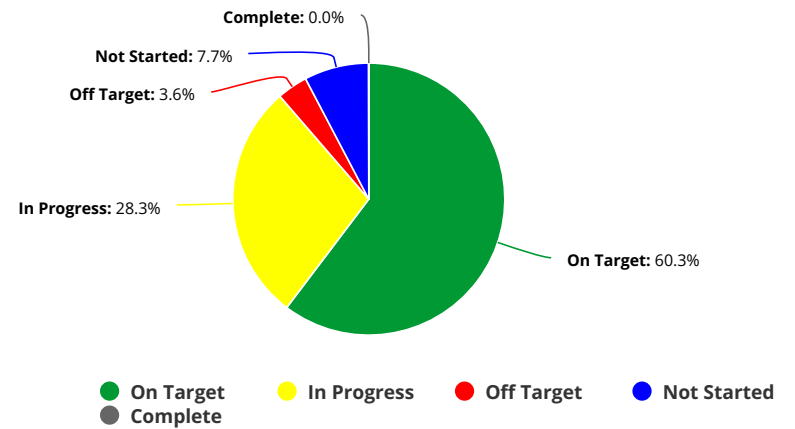
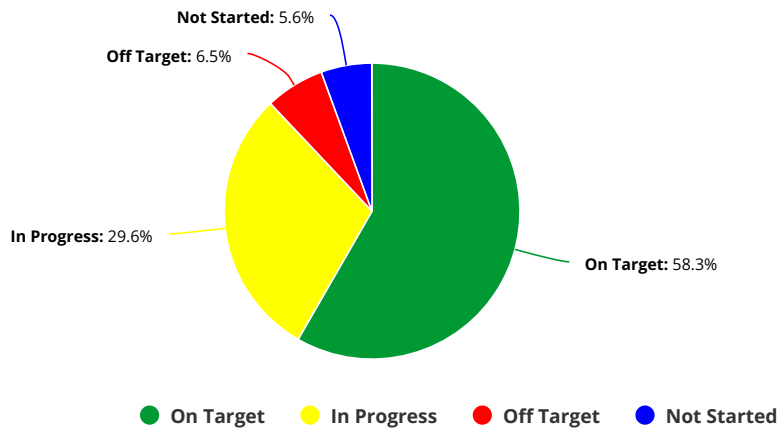


NORTHERN NEVADA

Public Health

















Serving Reno, Sparks & Washoe County















































Strategy Overview











| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|---|--|---|---|---|
| Strategic Priority 1: HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives. | 1.1 Promote healthy behaviors to reduce chronic disease and injury. FY24 | 1.1.1 Proactively prevent disease utilizing effective health education efforts including policy, systems and environmental strategies. FY24 | (PI) 1.1.1.1 Reach at least 3,000 residents and visitors about the impact of secondhand cannabis smoke exposure through communications efforts. (# of residents reached) FY24 | 1.1.1.1.1 Provide education about the dangers of secondhand cannabis smoke exposure through distributing Need to Know cards and developing posts to be shared on social media platforms. FY24 |
| | | 1.1.1 Proactively prevent disease utilizing effective health education efforts including policy, systems and environmental strategies. FY24 | (PI) 1.1.1.2 Maintain breastfeeding rates at 80% among WIC clients who report ever breastfeeding. FY24 | 1.1.1.2.1 Support staff receiving breastfeeding training. FY24 |
| | | | | 1.1.1.2.2 Offer clients breastfeeding support and services. FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---|--|--|---|
| | |  1.1.1 Proactively prevent disease utilizing effective health education efforts including policy, systems and environmental strategies. FY24 |  (PI) 1.1.1.3 Increase multi-family housing properties that have smoke free policies by at least 2. FY24 |  1.1.1.3.1 Recruit and provide technical assistance to owners and managers of multi-unit housing properties. FY24 |
| | |  1.1.1 Proactively prevent disease utilizing effective health education efforts including policy, systems and environmental strategies. FY24 |  (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) FY24 |  1.1.1.4.1 Provide education and technical assistance to new community partners about smoke-free workplaces. FY24 |
| | |  1.1.2 Proactively prevent injury utilizing effective health education efforts including policy, systems and environmental strategies. FY24 |  (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) FY24 |  1.1.2.1.1 Provide education, outreach, and support to seniors and senior groups in Washoe County. FY24 |
| |  1.2 Promote preventive health services that are proven to improve health outcomes in the community. FY24 |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (VI) 1.2.1.1a # of WIC participants (quarterly average enrollment, annual average enrollment in Q4) FY24 | |
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (PI) 1.2.1.1 Maintain at least 95% of enrolled WIC participants as compared to last FY enrollment. FY24 |  1.2.1.1.1 Implement retention efforts and new participant recruitment and enrollment activities. FY24 |
| | | | |  1.2.1.1.2 Provide outreach to underserved communities. FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|--|
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (VI) 1.2.1.2a # of clients served in the immunization program FY24 | |
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (VI) 1.2.1.3a # of VFC compliance visits FY24 | |
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (PI) 1.2.1.3 Assure 50% of Vaccine for Children (VFC) providers receive a compliance visit yearly. FY24 |  1.2.1.3.1 Perform compliance visits. FY24 |
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (VI) 1.2.1.4a # of clients served in the Family Planning and Sexual Health program FY24 | |
| | |  1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access. FY24 |  (PI) 1.2.1.5 Implement 100 community/provider Sexual Health education and outreach activities. FY24 |  1.2.1.5.1 Provide educational presentations as requested by the community. FY24 |
| | | | |  1.2.1.5.2 Conduct Academic Detailing to providers addressing sexual health topics. FY24 |
| | | | |  1.2.1.5.3 Participate in community outreach events. FY24 |


















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|---|
| | | | |  1.2.1.5.4 Provide offsite testing in partnership with community organizations and businesses. FY24 |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.1a # of reported HIV cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.1 Initiate investigation of 90% of reported HIV cases within 5 business days of report. FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.2a # of primary, secondary syphilis cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.2 % of primary, secondary syphilis cases initiated within 5 days. FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.3a # of maternal syphilis cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.3 % of maternal syphilis cases initiated within 5 days FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.4a # of other syphilis cases investigated (early latent, late latent/unknown duration, biological false positives, old disease) FY24 | |











| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|------------|
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.4 % of other syphilis cases initiated within 5 days FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.5a # of congenital syphilis cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.5 % of congenital syphilis cases initiated within 5 days FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.6a # of reported gonorrhea cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.6 Initiate 90% of prioritized gonorrhea case investigations within 5 business days of report. FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.7a # of reported chlamydia cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.7 Review 90% of chlamydia cases within 5 days of report. FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.8a # of individuals suspected to have active tuberculosis disease and investigated FY24 | |


















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|---|
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (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). FY24 |  1.2.2.8.3 Collect, review, and process lab and provider reports for suspected or confirmed active TB disease. FY24 |
| | | | |  1.2.2.8.4 Utilize Directly Observed Therapy (DOT) and virtual DOT to assist with case treatment adherence. FY24 |
| | | | |  1.2.2.8.5 Establish partnerships with community providers to effectively communicate case management and treatment status. FY24 |
| | | | |  1.2.2.8.6 Utilize contact tracing for all sputum smear positive disease cases. FY24 |
| | | | |  1.2.2.8.1 Increase staff who are trained to take select high frequency diseases, in order to reduce burden on any one person or set of staff. FY24 |
| | | | |  1.2.2.8.2 Ensure workflows are designed so staff know when a lab is reported so they can begin the investigation as soon as feasible. FY24 |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.9 For clients with active tuberculosis, increase the percentage that have sputum culture conversion within 60 days of treatment initiation. FY24 | |
| | | | | |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|--|---|--|
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (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. FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (VI) 1.2.2.11a # of foodborne, vector borne, vaccine preventable, disease of unusual occurrence, etc. cases investigated FY24 | |
| | |  1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention. FY24 |  (PI) 1.2.2.11 Investigate 100% of foodborne, vector borne, vaccine preventable, disease of unusual occurrence, etc. disease cases within their designated time frame. FY24 | |
| | |  1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information. FY24 |  (VI) 1.2.3.1a # of community-based vaccine provision events FY24 |  1.2.3.1a.1 Provide education at 1 outreach event per quarter. FY24 |
| |  1.3 Improve access to health care so people of all means receive the health care services they need. FY24 |  1.3.1 Assist clients with access to health insurance. FY24 |  (VI) 1.3.1.1a # of clients that see the Enrollment Assister annually FY24 | |
| | |  1.3.1 Assist clients with access to health insurance. FY24 |  (PI) 1.3.1.1 Maintain or increase the number of clients that see the Enrollment Assister annually. FY24 |  1.3.1.1.1 Collaborate with State Enrollment Assister onsite to provide assistance, by educating staff, thus increasing education to clients and providing proper paperwork and education to clients prior to appointments. FY24 |


















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|--|
| | | | |  1.3.1.1.2 Provide reminder calls for scheduled appointments with the Enrollment Assister. FY24 |
| | |  1.3.2 Build a bridge between communities, clients and services with community health workers. FY24 |  (VI) 1.3.2.1a # of clients and community members provided assistance with navigation of community resources FY24 | |
| | |  1.3.2 Build a bridge between communities, clients and services with community health workers. FY24 |  (PI) 1.3.2.1 Increase the number of clients and community members provided assistance with navigation of community resources. (# provided assistance) FY24 |  1.3.2.1.1 Monitor number of referrals from each CCHS program. FY24 |
| | | | |  1.3.2.1.2 Evaluate need for standardized referral process. FY24 |
| | | | |  1.3.2.1.3 Meet with intermittent hourly staff from each program to educate on services provided by CHWs. FY24 |
| | |  1.3.2 Build a bridge between communities, clients and services with community health workers. FY24 |  (PI) 1.3.2.2 Increase community reach through new partnerships and outreach activities. (# of outreach activities) FY24 |  1.3.2.2.1 Identify 2 new community partners for recurring outreach. FY24 |
| | | | |  1.3.2.2.2 Identify 2 new community outreach events to table. FY24 |
| | |  1.3.3 Provide efficient, effective and culturally sensitive services. FY24 |  (PI) 1.3.3.1 Increase access to programs and services through completing 3 system improvements. FY24 |  1.3.3.1.1 Establish and evaluate contactless client services. (provider contact, appointments/self-scheduling, telemedicine, results, payments) FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|---|--|---|---|--|
| | | | |  1.3.3.1.2 Implement centralized clerical services. FY24 |
| Strategic Priority 2: HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer. |  2.1 Protect people from negative environmental impacts. FY24 |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.1 Meet or exceed a 75% data capture rate for ozone. FY24 |  2.1.1.1.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (ozone) FY24 |
| | |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.2 Meet or exceed a 75% data capture rate for PM2.5. FY24 |  2.1.1.2.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (PM2.5) FY24 |
| | |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.3 Meet or exceed a 75% data capture rate for PM10. FY24 |  2.1.1.3.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (PM10) FY24 |
| | |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.4 Meet or exceed a 75% data capture rate for carbon monoxide. FY24 |  2.1.1.4.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (carbon monoxide) FY24 |
| | |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.5 Meet or exceed a 75% data capture rate for nitrogen dioxide. FY24 |  2.1.1.5.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (nitrogen dioxide) FY24 |
| | |  2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring). FY24 |  (PI) 2.1.1.6 Meet or exceed a 75% data capture rate for sulfur dioxide. FY24 |  2.1.1.6.1 Follow EPA QA/QC data capture requirements and report data capture rate on a quarterly basis. (sulfur dioxide) FY24 |
| | |  2.1.2 Maintain and improve air quality through planning and community education (Planning). FY24 |  (VI) 2.1.2.1a # of air quality plans and reports worked on during this period. FY24 |  2.1.2.1a.1 Develop Ozone Mitigation Plan and submit to EPA for approval. FY24 |















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|--|
| | | | |  2.1.2.1a.2 Complete Dixie/ Antelope Exceptional Event demonstration and submit to EPA for concurrence. FY24 |
| | | | |  2.1.2.1a.3 Complete Dixie/ Caldor Exceptional Event demonstraion and submit to EPA for concurrence. FY24 |
| | | | |  2.1.2.1a.4 Complete Dixie/ Tamarack Exceptional Event demonstration and submit to EPA for concurrence. FY24 |
| | | | |  2.1.2.1a.5 Complete Mosquito Exceptional Event demonstraion and submit to EPA for approval. FY24 |
| | | | |  2.1.2.1a.6 Develop Second 10-Year PM10 Maintenance Plan and submit to EPA for approval. FY24 |
| | | | |  2.1.2.1a.7 Update 2024 Ambient Air Monitoring Network Plan and submit to EPA for approval. FY24 |
| | | | |  2.1.2.1a.8 Update 2014-2023 Air Quality Trends Report and present to DBOH for acceptance. FY24 |
| | |  2.1.2 Maintain and improve air quality through planning and community education (Planning). FY24 |  (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) FY24 |  2.1.2.1.1 Identify and contact community groups and partners. FY24 |













| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|--|
| | |  2.1.2 Maintain and improve air quality through planning and community education (Planning). FY24 |  (VI) 2.1.2.2a # of community planning efforts where AQMD commented. FY24 | |
| | |  2.1.2 Maintain and improve air quality through planning and community education (Planning). FY24 |  (VI) 2.1.2.2b # of community planning efforts where AQMD participated as a technical advisor. FY24 | |
| | |  2.1.2 Maintain and improve air quality through planning and community education (Planning). FY24 |  (PI) 2.1.2.3 Complete updates of 11 parts of regulation chapters. FY24 |  2.1.2.3.1 Update Chapter 020 – Parts 020.000 – 020.200 (3 parts) FY24 |
| | | | |  2.1.2.3.2 Update Chapter 030 – Parts 030.000 – 030.500 (6 parts) FY24 |
| | | | |  2.1.2.3.3 Update Chapter 040 – Asbestos Control Standards and Asbestos Acknowledgements (2 parts) FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.1a # of wood-burning devices inspections completed FY24 |  2.1.3.1a.1 Inspect properties which have removed a wood-burning device prior to the close of escrow. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (PI) 2.1.3.1 % wood-burning permits managed within internal best practice standard (NOE 2 business days, COC 10 business days) FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.1b # of wood-burning device registrations FY24 |  2.1.3.1b.1 Process and issue Notice of Exemption Registrations submitted to the Air Quality Management Division. FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|---|---|
| | | | |  2.1.3.1b.2 Process and issue Certificate of Compliance Registrations submitted to the Air Quality Management Division. FY24 |
| | | | |  2.1.3.1b.3 Process and issue Dealers Affidavit of Sale Registrations submitted to the Air Quality Management Division. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.2a # of dust control permit inspections completed FY24 |  2.1.3.2a.1 Complete dust control inspections to determine compliance with dust control permit requirements. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.2b # of dust control permits FY24 |  2.1.3.2b.1 Process and issue Dust Control Permit applications submitted to the Air Quality Management Division. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (PI) 2.1.3.2 % of dust permits managed within 10 business days. FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.2c Total acreage disturbed by dust permits FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.3a # of asbestos renovation and demolition inspections completed FY24 |  2.1.3.3a.1 Complete inspections of asbestos notifications for demolitions and renovations to determine compliance with asbestos NESHAP standards. FY24 |




















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|--|
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.3b # of asbestos renovation and demolition notifications FY24 |  2.1.3.3b.1 Process asbestos NESHAP notifications for demolition and renovation activities. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.3c Total square feet of asbestos materials FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.3d Total linear feet of asbestos materials FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (PI) 2.1.3.3 % of asbestos permits managed within internal best practice standard. FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.3e Total cubic feet of asbestos materials FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.4a # of complaint inspection/investigations FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.5a # of warnings and notices of violations issued FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.6a # of stationary source inspections assigned FY24 | |









| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|--|
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (PI) 2.1.3.6 Complete 100% of stationary source inspections assigned. FY24 |  2.1.3.6.1 Complete inspections of stationary sources to determine compliance with permit and regulatory requirements. FY24 |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (VI) 2.1.3.7a # of stationary source authority to construct/ permit to operate permits issued FY24 | |
| | |  2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance) FY24 |  (PI) 2.1.3.7 100% of stationary source authority to construct/ permit to operate permits are issued within 180 days. FY24 |  2.1.3.7.1 Issue authorities to construct to new sources of regulated air pollutants in Washoe County. FY24 |
| | | | |  2.1.3.7.2 Reissue permits to operate on an annual basis to sources of regulated air pollutants in Washoe County. FY24 |
| | |  2.1.4 Coordinate with State and local partners on waste reduction education, diversion education, and proper disposal. FY24 |  (VI) 2.1.4.1a # of inspections completed at permitted waste management facilities per year. FY24 | |
| | |  2.1.4 Coordinate with State and local partners on waste reduction education, diversion education, and proper disposal. FY24 |  (VI) 2.1.4.1b # of waste management facility permits FY24 | |
| | |  2.1.4 Coordinate with State and local partners on waste reduction education, diversion education, and proper disposal. FY24 |  (VI) 2.1.4.1c # of waste related complaints FY24 | |










| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|--|
| | |  2.1.4 Coordinate with State and local partners on waste reduction education, diversion education, and proper disposal. FY24 |  (PI) 2.1.4.1 Complete 100% of inspections at permitted waste management facilities per year. FY24 |  2.1.4.1.1 Develop an audit system and conduct a minimum of 3 audits per staff member. FY24 |
| | | | |  2.1.4.1.2 Update SOPs and develop standardized processes for solid waste complaints. FY24 |
| | |  2.1.4 Coordinate with State and local partners on waste reduction education, diversion education, and proper disposal. FY24 |  (PI) 2.1.4.2 Partner with a minimum of 3 outside agencies to assist in waste reduction/clean up initiatives. FY24 |  2.1.4.2.1 Collaborate with KTMB on community engagement regarding reduced waste initiatives. FY24 |
| | | | |  2.1.4.2.2 Utilize tire funds to create grant program to assist local groups with clean up and sustainability efforts in the community. FY24 |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (VI) 2.1.5.1a # of first review plans reviewed for compliance with AQ regulations and processed (AQM) FY24 | |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (PI) 2.1.5.1 Ensure 90% of first review plans for compliance with AQ regulations meet jurisdictional timeframes. (AQM) FY24 | |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (VI) 2.1.5.2a # of residential septic and well plans reviewed and processed FY24 | |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|---|
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (PI) 2.1.5.2 Ensure 90% of residential septic and well plan reviews meet jurisdictional timeframe. (EHS) FY24 |  2.1.5.2.1 Build record types for Land Development Program in Accela by the end of FY24. FY24 |
| | | | |  2.1.5.2.2 Update Land Development regulations and set a schedule for updating by the end of FY24. FY24 |
| | | | |  2.1.5.2.3 Update SOPs and develop standardized comments by the end of FY24. FY24 |
| | | | |  2.1.5.2.4 Develop an audit system and conduct a minimum of 3 audits per staff member. FY24 |
| | | | |  2.1.5.2.5 Establish training requirements for programs and provide staff the opportunity to attend. FY24 |
| | | | |  2.1.5.2.6 Update Land Development electronic stamps and plan review process. FY24 |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (PI) 2.1.5.3 Conduct a minimum of 4 outreach events to inform interested stakeholders on residential septs and wells. (# of outreach events) FY24 |  2.1.5.3.1 Conduct social media campaigns in collaboration with partners. FY24 |
| | | | |  2.1.5.3.2 Track number of event attendees. FY24 |















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|--|---|---|
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (VI) 2.1.5.4a # of UST inspections FY24 | |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (VI) 2.1.5.4b # of UST permits FY24 | |
| | |  2.1.5 Reduce negative environmental health impacts associated with development and infrastructure. FY24 |  (PI) 2.1.5.4 Complete 100% of inspections at UST permitted facilities per year. FY24 |  2.1.5.4.1 Establish training requirements for programs and provide staff the opportunity to attend. FY24 |
| | | | |  2.1.5.4.2 Develop an audit system and conduct a minimum of 3 audits per staff member. FY24 |
| | | | |  2.1.5.4.3 Create checklist/ tools to assist permit holders with compliance. FY24 |
| |  2.2 Keep people safe where they live, work and play. FY24 |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (PI) 2.2.1.1 Set a baseline for the occurrence of foodborne illness risk factors in inspected facilities. FY24 |  2.2.1.1.3 Create system to track food related complaints for surveillance purposes. FY24 |
| | | | |  2.2.1.1.1 Develop a system to track occurrence of foodborne illness risk factors in inspected facilities. FY24 |
| | | | |  2.2.1.1.2 Complete the 2023 Food Safety Risk Factor Assessment FY24 |




















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|---|--|
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2a # of foodborne illness assessments. FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2b # of inspections for food establishments. FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2c # of temporary food event inspections. FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2d # of permitted food establishments FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2e # of temporary food permits FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2f # of complaints responded to. FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.2g 1# of other permitted facilities FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (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) FY24 |  2.2.1.2.1 Standard 2- Complete initial training for all employees. FY24 |
| | | | |  2.2.1.2.2 Standard 2- Maintain CEUs. FY24 |
| | | | |  2.2.1.2.3 Standard 2- Complete initial standardization for all employees. FY24 |














| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---------------|---------|---|
| | | | |  2.2.1.2.4 Standard 3- Develop and implement annual permit for temporary food vendors. FY24 |
| | | | |  2.2.1.2.5 Standard 3- Develop assessment documents for change of ownership and new facilities. FY24 |
| | | | |  2.2.1.2.6 Standard 4- Develop schedule for process to review inspection reports and conduct field evaluations of assigned staff. FY24 |
| | | | |  2.2.1.2.7 Standard 4- Transition opening inspection report review. FY24 |
| | | | |  2.2.1.2.8 Standard 5- Revise Outbreak Response Plan with CD. FY24 |
| | | | |  2.2.1.2.9 Standard 6- Implement active managerial control (AMC) program. FY24 |
| | | | |  2.2.1.2.10 Standard 6- Develop a new compliance and enforcement branch. FY24 |
| | | | |  2.2.1.2.11 Standard 7- Increase outreach and education opportunities through social media, public workshops, videos, handouts, and newsletter. FY24 |
| | | | | |















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|--|---|
| | | | |  2.2.1.2.12 Standard 7- Identify barriers to language accessibility. FY24 |
| | | | |  2.2.1.2.13 Standard 8- Develop a plan to ensure adequate inspection staff to complete inspections and increase conformance with program standards. FY24 |
| | | | |  2.2.1.2.14 Standard 9- Meet Standard 9 and demonstrate status of foodborne illness risk factors over the last 5 years. FY24 |
| | | | |  2.2.1.2.15 Standard 9- Develop intervention strategies to address the foodborne illness risk factors identified as needing priority attention. FY24 |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (PI) 2.2.1.3 Percentage of required inspections of food establishments completed. FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (PI) 2.2.1.4 Number of permitted facility (non-food based) programs with the foundation necessary to complete risk-based inspections from 0 to 1. (programs developed) FY24 |  2.2.1.4.1 Pool & Spa program finalized in Acella and in use (complete draft review of pool regulations, finalize working drafts of pool regulations, provide outreach, draft field guide, host public workshops, boards for approval, finalize working drafts of pool regulations). FY24 |














| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|--|
| | | | |  2.2.1.4.2 PACC program finalized in Accela and in use (finalize inspection form, upload form into Accela, finalize field guide, develop guidance documents). FY24 |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.5a # of total inspections of non-food based permitted facilities including other elements (reinspections etc). FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.5b # of non food-based facility permits FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.6a # of other permitted facility complaints FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.7a # of sanitary surveys of public water systems FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (VI) 2.2.1.7b # of public water system permits FY24 | |
| | |  2.2.1 Improve safety of residents through education, inspections and enforcement. FY24 |  (PI) 2.2.1.7 Complete 100% of required sanitary surveys of public water systems to help ensure proper public health protection. FY24 |  2.2.1.7.1 Establish training requirements for programs and provide staff the opportunity to attend. FY24 |
| | | | |  2.2.1.7.2 Update chemical compliance templates and SOPs. FY24 |




















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|---|
| | | | |  2.2.1.7.3 Implement continuous verification process for possible water systems. FY24 |
| | | | |  2.2.1.7.4 Conduct outreach to public water systems on upcoming lead and copper rule revisions. FY24 |
| | |  2.2.2 Reduce the Spread of vector-born disease. FY24 |  (VI) 2.2.2.2a # of New Jersey daily trap counts that contain more than 10 mosquitos from May to October FY24 |  2.2.2.2a.1 Transition to drone treatment. FY24 |
| | |  2.2.2 Reduce the Spread of vector-born disease. FY24 |  (VI) 2.2.2.3a # of mosquito pools submitted for testing. FY24 | |
| | |  2.2.2 Reduce the Spread of vector-born disease. FY24 |  (VI) 2.2.2.4a # of mosquito pools positive for arbovirus (West Nile/St. Louis Encephalitis/Western Equine virus). FY24 | |
| | |  2.2.2 Reduce the Spread of vector-born disease. FY24 |  (VI) 2.2.3.1a # of commercial plans reviewed for health standards (Including food establishments) FY24 | |
| | |  2.2.2 Reduce the Spread of vector-born disease. FY24 |  (PI) 2.2.3.1 Ensure 90% of first review for commercial plans meet jurisdictional deadlines. FY24 |  2.2.3.1.1 Test an updated workflow into Accela for each jurisdiction to create a uniform plan review mechanism. FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|---|--|--|--|--|
| Strategic Priority 3: LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding and appreciation of health resulting in direct action. |  3.1 Ensure community access to actionable public health information via website, media and social media. FY24 |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (VI) 3.1.1.1a # total social media posts FY24 | |
| | |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (VI) 3.1.1.1b # of culturally relevant or health equity social media posts FY24 |  3.1.1.1b.1 Work with community members or organizations to create culturally relevant content. FY24 |
| | |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (VI) 3.1.1.1c # of social media followers FY24 | |
| | |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (VI) 3.1.1.1d # of web hits FY24 | |
| | |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (PI) 3.1.1.2 Increase audience growth on all platforms by 10%. (followers) FY24 |  3.1.1.2.1 Launch LinkedIn profile. FY24 |
| | |  3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations. FY24 |  (PI) 3.1.1.3 Increase engagement on all social media posts by 10%. (comments, shares, link, clicks and more) FY24 |  3.1.1.3.1 Create and post videos and graphic design content to drive engagement. FY24 |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (PI) 3.1.2.1 Garner 1 million impressions through rebranding effort. (# of rebranding effort impressions) FY24 |  3.1.2.1.1 Launch new website. FY24 |

















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|---|---|
| | | | |  3.1.2.1.2 Execute outreach plan. FY24 |
| | | | |  3.1.2.1.3 Implement outdoor signage. FY24 |
| | | | |  3.1.2.1.4 Advertise buy. FY24 |
| | | | |  3.1.2.1.5 Update style guide. FY24 |
| | | | |  3.1.2.1.6 Maintain brand standards internally. FY24 |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (PI) 3.1.2.2 Reach at least 10,000 people per quarter through paid media featuring equity content promoted by WCHD. (# of people reached through paid media featuring equity content) FY24 |  3.1.2.2.1 Maintain and increase Spanish language presence on live media and on Spanish-language radio. (HE Plan Goal 4, Initiative 2) FY24 |
| | | | |  3.1.2.2.2 Implement public information campaigns designed to promote health equity and reduce health disparities. Include 5210 Healthy Washoe and other campaigns targeting co-morbidities of COVID. (HE Plan Goal 4, Initiative 1) FY24 |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.3a # of public records request fulfilled (ODHO) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.3b # of public records request fulfilled (AQM) FY24 | |













| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|------------|
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.3c # of public records request fulfilled (CCHS) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.3d # of public records request fulfilled (EHPH) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.3e # of public records request fulfilled (EHS) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.4a # of press releases, media alerts, media availability. FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.5a # of community presentations (ODHO) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.5b # of community presentations (AQM) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.5c # of community presentations (CCHS) FY24 | |



















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---|--|--|---|
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.5d # of community presentations (EHPH) FY24 | |
| | |  3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community. FY24 |  (VI) 3.1.2.5e # of community presentations (EHS) FY24 | |
| |  3.2 Inform the community of important community health trends by capturing and communicating health data. FY24 |  3.2.1 Increase data integrity and data standardization. FY24 |  (VI) 3.2.1.1a # of vital records requests and services FY24 | |
| | |  3.2.1 Increase data integrity and data standardization. FY24 |  (PI) 3.2.1.1 Process 90% of vital records requests and services within 96 hours. FY24 |  3.2.1.1.1 Assist the state by testing and implementing the NETSMART system and providing feedback. FY24 |
| | | | |  3.2.1.1.2 Improve communications with other Nevada vital statistics jurisdictions through monthly meetings. FY24 |
| | | | |  3.2.1.1.3 Identify gaps to improve procedures and processing time with funeral homes. FY24 |
| | | | |  3.2.1.1.4 Identify gaps to improve procedures and processing time with physicians and medical examiner's office FY24 |

















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|--|--|---|
| | |  3.2.2 Regularly share timely public health data and trends with the community. FY24 |  (VI) 3.2.2.1a # of reports (Communicable Disease Annual; CPO Quarterly; COVID-Bi-Weekly; ILI Weekly) provided to the community FY24 | |
| | |  3.2.2 Regularly share timely public health data and trends with the community. FY24 |  (PI) 3.2.2.1 Publish 100% of reports (Communicable Disease Annual; CPO Quarterly; Covid-Bi-Weekly; ILI Weekly) provided to the community based on designated time frame. FY24 |  3.2.2.1.1 Build a tracking mechanism to know which reports were released on which dates. FY24 |
| | | | |  3.2.2.1.2 Increase staff who are trained to take select high frequency diseases, in order to reduce burden on any one person or set of staff. FY24 |
| | |  3.2.3 Build the capacity of the health district to process data. FY24 |  (VI) 3.2.3.1a # of statistical analysis requests met. FY24 | |
| | |  3.2.3 Build the capacity of the health district to process data. FY24 |  (PI) 3.2.3.1 Deliver on 95% of requests for statistical analysis. (# of requests) FY24 |  3.2.3.1.1 Capture measurable outcomes for all programs. FY24 |
| | | | |  3.2.3.1.2 Maintain statistical capacity to serve EPHP and the WCHD. FY24 |
| |  3.3 Drive better health outcomes in Washoe County through improved public health systems and policies. FY24 |  3.3.1 Advocate for state and local policies that positively impact public health using a health in all policies framework. FY24 |  (VI) 3.3.1.1a # of interim committee meetings, public workshops, and coalition meetings attended/monitored. FY24 |  3.3.1.1a.1 Generate a list of potential 2025 legislative priorities. FY24 |
| | |  3.3.1 Advocate for state and local policies that positively impact public health using a health in all policies framework. FY24 |  (PI) 3.3.1.1 Pursue and achieve 2 local government health in all policies initiatives. FY24 |  3.3.1.1.1 Generate a list and identify local government priority initiatives to pursue. FY24 |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--|---|--|--|--|
| Strategic Priority 4: IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues. |  4.1 Support and promote behavioral health. FY24 |  4.1.1 Improve mental health outcomes for residents of Washoe County. FY24 |  (PI) 4.1.1.1 Residents have access to multiple elements of a best practice crisis response system. FY24 |  4.1.1.1.1 Work with community partners and the state to implement additional elements of the behavioral health crisis system. FY24 |
| | |  4.1.2 Contribute to a decrease in the incidence of suicide in Washoe County. FY24 |  (PI) 4.1.2.1 Pilot the Zero Suicide Program in 2 CCHS clinic programs. FY24 |  4.1.2.1.1 Facilitate at least 2 suicide prevention training opportunities and assist with the creation and implementation of program-specific suicide prevention internal procedures. FY24 |
| | | | |  4.1.2.1.2 Identify at least one community partner to accept warm hand-offs for Community and Clinical Health Services clients determined at-risk of suicide. FY24 |
| | |  4.1.2 Contribute to a decrease in the incidence of suicide in Washoe County. FY24 |  (PI) 4.1.2.2 Implement at least one lethal means reduction strategy in coordination with the Washoe County Lethal Means Coalition. FY24 |  4.1.2.2.1 Facilitate the formation and operation of a Lethal Means Coalition in Washoe County, and collaborate with local and state stakeholders. FY24 |
| | |  4.1.3 Support collaborative local and state efforts to reduce the negative impacts of substance use and misuse and support individuals with substance use disorder. FY24 |  (PI) 4.1.3.1 90% of applicable WIC participant interactions will receive substance abuse screening, education and referrals. FY24 |  4.1.3.1.1 Provide staff with training refreshers on substance abuse screening, education and referrals. FY24 |
| | | | |  4.1.3.1.2 Complete chart audits for compliance with substance abuse screening, education and referrals. FY24 |











| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|---|--|---|
| | |  4.1.3 Support collaborative local and state efforts to reduce the negative impacts of substance use and misuse and support individuals with substance use disorder. FY24 |  (VI) 4.1.3.2a # of organizations participating in the substance abuse task force FY24 | |
| | |  4.1.3 Support collaborative local and state efforts to reduce the negative impacts of substance use and misuse and support individuals with substance use disorder. FY24 |  (PI) 4.1.3.2 Reach at least 4 additional local organizations to participate in quarterly Washoe County Substance Abuse Task Force partner meetings focusing on reducing drug-related overdoses in Washoe County. FY24 |  4.1.3.2.1 Coordinate and schedule at least 6 presentations during SATF meetings of exemplary strategies and emerging best practices in the field of SUD and drug-related overdose prevention. FY24 |
| | | | |  4.1.3.2.2 Coordinate sharing of local drug-related overdose statistics, trends and prevention activities and initiative updates in at least 6 instances among SATF participants. FY24 |
| |  4.2 Advance efforts to improve health living behaviors with an emphasis on prevention. FY24 |  4.2.1 Develop and maintain collaborative community initiatives to increase access to prevention activities and resources. FY24 |  (PI) 4.2.1.1 Increase the number of corner stores engaged in offering healthy food with the addition of 3 new stores. FY24 |  4.2.1.1.1 Provide education and technical assistance to store owners/managers on store conversion process to connect community to healthier food options. FY24 |
| | |  4.2.1 Develop and maintain collaborative community initiatives to increase access to prevention activities and resources. FY24 |  (PI) 4.2.1.2 Expand the number of sites that are implementing the 5210 Healthy Washoe program from 5 to 10 elementary schools. FY24 |  4.2.1.2.1 Provide technical assistance to partner sites. FY24 |
| |  4.3 Advance efforts to improve access to health care. FY24 |  4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County. FY24 |  (VI) 4.3.1.1a # of FHF attendees FY24 | |












| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|---|
| | |  4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County. FY24 |  (PI) 4.3.1.1 At least 80% of FHF participants will receive the services needed. FY24 |  4.3.1.1.1 Screen 100% of FHF attendees during intake for primary care homes and insurance. FY24 |
| | | | |  4.3.1.1.2 Conduct outreach for partners and community-based organization's to participate in FHF's and promote events to underserved communities. FY24 |
| | | | |  4.3.1.1.3 Secure partnerships with healthcare providers and Managed Care Organizations. FY24 |
| | |  4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County. FY24 |  (PI) 4.3.1.2 Create 1 new coalition to increase the number of individuals in Washoe County covered by health insurance. FY24 |  4.3.1.2.1 Facilitate coalition convenings and identify strategies and actions to be implemented. FY24 |
| | | | |  4.3.1.2.2 Complete 2023 health insurance enrollment campaign. FY24 |
| | |  4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County. FY24 |  (PI) 4.3.1.3 Implement at least three initiatives designed to improve access to care. FY24 |  4.3.1.3.1 Convene community health care stakeholders at least four times to identify strategies and actions Washoe County as a community can implement to increase access to quality care in an appropriate care setting and decrease utilization of emergency resources. FY24 |




















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|--|--|---|
| |  4.4 Improve targeted elements of social determinants of health that negatively impact the health of residents. FY24 |  4.4.1 Develop and maintain collaborative community initiatives to improve housing, employment, education, poverty, or other upstream conditions that negatively impact health. FY24 |  (PI) 4.4.1.1 Serve an average of 500 seniors monthly through all Golden Groceries pantries in Washoe County. FY24 |  4.4.1.1.1 Promote access to existing Golden Grocery Client Choice pantries in Washoe County. FY24 |
| |  4.5 Enhance the regional emergency medical services system. FY24 |  4.5.1 Provide EMS oversight to enhance system performance. FY24 |  (PI) 4.5.1.1 Implement/execute 4 strategies in the EMS Strategic Plan FY24-29. FY24 |  4.5.1.1.1 Reduce EMS practitioner exposures to infectious illnesses. FY24 |
| | | | |  4.5.1.1.2 Decrease EMS practitioner physical and psychological injuries due to active shooter and civil unrest. FY24 |
| | | | |  4.5.1.1.3 Increase EMS practitioner driver safety. FY24 |
| | | | |  4.5.1.1.4 Create and implement a CQI process for pre-hospital treatment/patient outcome. FY24 |
| |  4.6 Engage the community in public health improvement. FY24 |  4.6.1 Engage the community in assessing community health needs. FY24 |  (PI) 4.6.1.1 Increase community access to CHA data via online dashboard from 0 to 500. (# of web visits) FY24 |  4.6.1.1.1 Work with TMT to develop a dashboard. FY24 |
| | | | |  4.6.1.1.2 Maintain a dashboard with CHA indicators as data. FY24 |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (VI) 4.6.2.1a # of collaborative initiatives in the CHIP FY24 | |














| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|--|
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.1 Complete at least 60% of activities planned in the CHIP. FY24 |  4.6.2.1.1 Invest in community partners to improve community health improvement outcomes. FY24 |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.2 Maintain the number of organizations leading CHIP initiatives FY24 | |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.3 Implement at least 2 CHIP initiatives focused on policy changes that alleviate causes of health inequities. FY24 |  4.6.2.3.1 Review policies or laws that have a disproportionate effect on one or more subpopulations in Washoe County; impact CHIP focus areas or the Health District's legislative priority areas. FY24 |
| | | | |  4.6.2.3.2 Gather input from stakeholders about policies under review and collaborate with stakeholders to share findings of the review. FY24 |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.4 Increase the number of partners representing underserved parts of our community participating in CHIP initiatives from 2 to 8. FY24 |  4.6.2.4.1 Build partnerships through community based meetings, discussions with community leaders and events. (HE Plan Goal 3, Initiative 1) FY24 |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.5 Maintain the number of individuals who provide input to the CHIP. (# of people at Steering Committee, subcommittee meetings, and planning meetings) FY24 |  4.6.2.5.1 Engage community members in the decision making process to update initiatives for year 2. FY24 |
| | | | |  4.6.2.5.2 Complete CHIP Annual Report. FY24 |















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|---|---|--|
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.6 Recruit at least 10 community representatives to establish 1 cross-sector health coalition. (# of committee members) FY24 |  4.6.2.6.1 Develop a process to respond to community members and organizations on commitments. FY24 |
| | |  4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes. FY24 |  (PI) 4.6.2.7 Maintain a network of relationships with key organizations and leaders, and address at least 3 gaps in relationships to address disparate health outcomes. FY24 |  4.6.2.7.1 Identify, pilot and implement a system to track health equity relationships with key community partners and leaders. FY24 |
| | | | |  4.6.2.7.2 Establish participatory leadership opportunities for community members to influence public health through the CHIP Steering Committee, CHIP initiative subcommittees, Health District Advisory Boards, and/or Health District Hearing Boards or other opportunities. FY24 |
| | |  4.6.3 Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities utilizing community organizing principles. FY24 |  (PI) 4.6.3.1 Identify at least 3 initiatives or projects for divisions to work with community-based partners to impact health disparities. FY24 |  4.6.3.1.1 Apply community organizing principles and health equity best practices among Health District programs to address health disparities. (HE Plan Goal 3, Initiative 2) FY24 |
| |  4.7 Improve the ability of the community to respond to health emergencies. FY24 |  4.7.1 Improve public health emergency preparedness. FY24 |  (PI) 4.7.1.1 Execute a Chemical Surge Exercise with regional healthcare partners and finalize After Action Report within 90 days following. FY24 |  4.7.1.1.1 Develop a MOU for partner utilization of the mobile medical/command post vehicle. FY24 |
| | | | |  4.7.1.1.2 Participate in 90% of requested school EOP meetings. FY24 |


















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|---|
| | | | |  4.7.1.1.3 Produce an after action/improvement plan within 90 days following the exercise. FY24 |
| | | | |  4.7.1.1.4 Conduct HSEEP planning meetings. FY24 |
| | |  4.7.2 Improve health care emergency preparedness. FY24 |  (PI) 4.7.2.1 Complete 75% of planned activities identified by the IHCC. FY24 |  4.7.2.1.1 Update IHCC guidelines annually. FY24 |
| | | | |  4.7.2.1.2 Complete Resource and Gap Analysis annually. FY24 |
| | | | |  4.7.2.1.3 EMS/FIRE Planned Activities: MCI Plan Updates and Interagency training with law enforcement. FY24 |
| | | | |  4.7.2.1.4 Hospital Planned Activities: Training and Exercising the MAEA and MCI plans. FY24 |
| | | | |  4.7.2.1.5 Skilled Nursing/ Memory Care/Assisted Living PLanned Activities: Evacuation planning/training and staff and resource sharing plan. FY24 |
| | | | |  4.7.2.1.6 Clinic/Ambulatory Surgery Center Planned Activities: COOP, Recovery/ Business Continuity Planning; Staff and Resource Sharing Plan; Emergency Operations Planning; Staff and Resource Sharing Planning. FY24 |



















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---|--|--|---|
| | | | |  4.7.2.1.7 Home Health/ Hospice Planned Activities: Informaiton Sharing/ Communications Plan and Exercise Plan. FY24 |
| | | | |  4.7.2.1.8 Public Health Planned Activities: MCI/MAEA Plan updates and Shelter Support Plan. FY24 |
| | | | | |
| |  4.8 Partner with academia to advance public health goals. FY24 |  4.8.1 Maintain Academic Health Department with the University of Nevada, Reno. FY24 |  (PI) 4.8.1.1 Initiate at least one new project collaboration with UNR per year. (# project collaborations) FY24 |  4.8.1.1.1 Maintain regular communications through a joint advisory committee for new research and developments. FY24 |
| | | | |  4.8.1.1.2 Participate on UNR's graduate committee. FY24 |
| | | | |  4.8.1.1.3 Increase research resources through identifying shared resources. FY24 |
| | | | |  4.8.1.1.4 Identify joint research opportunities and joint grant funding resources. FY24 |
| | | | |  4.8.1.1.5 Identify training opportunities for WCHD staff through UNR. FY24 |
| | | | |  4.8.1.1.6 Maintain the continuity of and improve joint course on real world public health applications. FY24 |
| | | | | |
















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|---|---|--|--|--|
| | |  4.8.1 Maintain Academic Health Department with the University of Nevada, Reno. FY24 |  (PI) 4.8.1.2 Ensure standardized, recurring internship opportunities. (# of recurring internship opportunities) (maintain minimum of 3 per year) FY24 |  4.8.1.2.1 Improve the quality of internship opportunities for UNR students in all disciplines. FY24 |
| Strategic Priority 5: ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population. |  5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County. FY24 |  5.1.1 Create a positive and productive work environment. FY24 |  (VI) 5.1.1.1a # of retirements. FY24 | |
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (VI) 5.1.1.1b # of non-retirements, promotion or transfer departures FY24 |  5.1.1.1b.1 Conduct exit interviews with all departing staff via online survey. FY24 |
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (VI) 5.1.1.1c # of promotions/transfers. FY24 | |
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (PI) 5.1.1.1 Maintain 5% or less employee vacancy rate (vacancy rate= average monthly vacancy rate including all employees). FY24 |  5.1.1.1.1 Provide monthly vacancy report to include insights/trends on hard to fill positions. FY24 |
| | | | |  5.1.1.1.2 Recruit and promote career opportunities via social media outlets and other direct channels that reach individuals within the community. FY24 |
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (PI) 5.1.1.2 Increase mandatory training completion rate from 96% to 98%. FY24 |  5.1.1.2.1 Remind staff of mandatory trainings via email. FY24 |
| | | | |  5.1.1.2.2 Track mandatory training completion rate to present to DDs and Supervisors. FY24 |

















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|---|--|
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (PI) 5.1.1.3 Increase probationary/annual evaluation completion rate from 80% to 85%. FY24 |  5.1.1.3.1 Generate monthly communication to DDs and supervisors to keep them informed of schedule. FY24 |
| | | | |  5.1.1.3.2 Provide training related to running effective and meaningful evaluations. FY24 |
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (PI) 5.1.1.4 Increase percentage of employees who recommend WCHD as a good place to work from 76% to 78%. FY24 |  5.1.1.4.1 Continue to provide thoughtful, consistent, optional flex, hybrid, and remote work as appropriate based on position. FY24 |
| | | | |  5.1.1.4.2 Identify and provide ongoing opportunities for staff to provide input. FY24 |
| | | | |  5.1.1.4.3 Support and implement an employee recognition program. FY24 |
| | | | |  5.1.1.4.4 Create opportunities for staff to work across divisions on projects and task forces. FY24 |
| | | | |  5.1.1.4.5 Provide onboarding program to integrate staff into WCHD team. FY24 |
| | | | |  5.1.1.4.6 Provide a quarterly orientation about the full organization to new employees. FY24 |
| | | | |  5.1.1.4.7 Promote key takeaways activity. FY24 |
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| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|--|--|
| | |  5.1.1 Create a positive and productive work environment. FY24 |  (PI) 5.1.1.5 Increase transparent internal communications from 0 to 4. FY24 |  5.1.1.5.1 Launch internal newsletter. (promote Tell Kevin, workforce development, budget) FY24 |
| | |  5.1.2 Focus on building staff expertise. FY24 |  (VI) 5.1.2.1a # of staff participating in district-wide professional development opportunities. FY24 |  5.1.2.1a.1 Provide at least 2 leadership development opportunities to staff. FY24 |
| | | | |  5.1.2.1a.2 Identify at least one professional development opportunity as part of each employee goal setting. FY24 |
| | | | |  5.1.2.1a.3 Collaborate with DDs and ODHO to identify training challenges. FY24 |
| | |  5.1.2 Focus on building staff expertise. FY24 |  (PI) 5.1.2.1 At least 50% of employees will report feeling proficient on targeted core competencies. FY24 |  5.1.2.1.1 Provide targeted core competency training on areas identified through staff and supervisor input. FY24 |
| | | | |  5.1.2.1.2 Identify 1-2 core competencies for trainings to include on pre-post assessments. FY24 |
| | | | |  5.1.2.1.3 Evaluate improvement on targeted core competencies as assessed by employees and supervisors. FY24 |
| | | | |  5.1.2.1.4 Train DDs and supervisors on the budget process. FY24 |








| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---|--|---|--|
| | | | |  5.1.2.1.5 Provide FAQs for staff on budget process and grants. FY24 |
| | | | |  5.1.2.1.6 Build out additional onboarding activities for supervisors over their first year. FY24 |
| | |  5.1.3 Maintain and build staff resiliency. FY24 |  (PI) 5.1.3.1 Increase the number of mental health resources provided to staff in the workplace from 2 to 3. FY24 |  5.1.3.1.1 Provide optional opportunities to learn about wellness techniques and strategies. FY24 |
| |  5.2 Meet and exceed national public health best practice standards. FY24 |  5.2.1 Maintain National Public Health Accreditation. FY24 |  (PI) 5.2.1.1 Meet 100% of requirements to maintain accreditation. FY24 |  5.2.1.1.1 Submit annual reports with all required documentation. FY24 |
| | | | |  5.2.1.1.2 Convene reaccreditation committee. FY24 |
| | | | |  5.2.1.1.3 Gather at least 50% of documents required for reaccreditation by the end of year. FY24 |
| | |  5.2.1 Maintain National Public Health Accreditation. FY24 |  (PI) 5.2.1.2 Increase the number of QI projects implemented across the HD from 0 to 3. FY24 |  5.2.1.2.1 Establish and convene QI team. FY24 |
| | | | |  5.2.1.2.2 Develop a QI plan. FY24 |
| | | | |  5.2.1.2.3 Train staff about QI concepts and internal process. FY24 |
| | | | |  5.2.1.2.4 Communicate with leadership, governing body, and stakeholders about QI activities. FY24 |

















| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---|---|--|---|
| |  5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community. FY24 |  5.3.1 Increase workforce capacity. FY24 |  (VI) 5.3.1.1a # of filled positions FY24 | |
| | |  5.3.1 Increase workforce capacity. FY24 |  (VI) 5.3.1.1b # of FTE FY24 | |
| | |  5.3.1 Increase workforce capacity. FY24 |  (VI) 5.3.1.1c # of filled FT/PT employees FY24 | |
| | |  5.3.1 Increase workforce capacity. FY24 |  (VI) 5.3.1.1d # of internship opportunities at WCHD FY24 | |
| | |  5.3.1 Increase workforce capacity. FY24 |  (PI) 5.3.1.1 Increase investment in personnel where workforce capacity is a barrier to productivity. (% increase in FTE) FY24 |  5.3.1.1.1 Update FPHS assessment for FY24 and work statewide to build the case for support for ongoing public health funding. FY24 |
| | |  5.3.2 Increase organizational capacity to address health equity and reduce disparate health outcomes. FY24 |  (PI) 5.3.2.1 Make progress on the health equity plan by completing 8 initiatives. FY24 | |
| | |  5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community. FY24 |  (PI) 5.3.3.1 Review at least 10 job descriptions to evaluate for systemic barriers to hiring a diverse workforce. FY24 |  5.3.3.1.1 Review targeted job descriptions to evaluate for systemic barriers such as language, educational requirements, or other access issues, starting with those positions that have the highest potential to impact health equity (HE Plan Goal 7, Initiative 2) FY24 |
| | | | |  5.3.3.1.2 Annually review how the demographics of the health district workforce compare to the demographics of the community we serve. (HE Plan Goal 7, Initiative 3) FY24 |














| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|---|--|--|
| | | | |  5.3.3.1.3 Create inclusive job descriptions that attract candidates. FY24 |
| | |  5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community. FY24 |  (VI) 5.3.3.2a # of existing staff who complete asynchronous cultural competency training. FY24 | |
| | |  5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community. FY24 |  (PI) 5.3.3.2 100% of new staff will take asynchronous cultural competency training as part of the onboarding process. FY24 |  5.3.3.2.1 In partnership with the Larson Institute build, pilot and launch an asynchronous, online training designed specifically to build health equity competencies from the Council on Linkages and Public Health Practices. Require all new staff to complete within the first 180 days and offer to all existing staff regularly. FY24 |
| | |  5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community. FY24 |  (VI) 5.3.3.3a # of staff participating in district offered DEI/cultural competency professional development opportunities. FY24 |  5.3.3.3a.1 Offer district-wide diversity, equity, inclusion, cultural competency and/or health equity training to health district staff. FY24 |
| | |  5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community. FY24 |  (VI) 5.3.3.4a # of staff participating in informal opportunities to explore DEI, cultural competency and equity topics FY24 |  5.3.3.4a.1 Continue and expand optional opportunities for staff to participate in dialogue and reflection on diversity and equity topics. (HE Plan Goal 1, Initiative 3) FY24 |
| |  5.4 Maximize and expand facilities to meet the needs of staff and clients. FY24 |  5.4.1 Maximize the 9th Street facility to efficiently use and improve existing work and meeting spaces. FY24 |  (PI) 5.4.1.1 Develop and implement a plan to meet the office space needs of the Health District employees. (% of completion) FY24 |  5.4.1.1.1 Redesign floor plans to maximize the use of current space and implement changes. FY24 |

| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|--|--|--|--|
| | | | |  5.4.1.1.2 Develop and implement plan for hybrid/remote work to address unmet space needs. FY24 |
| | |  5.4.2 Complete a facility expansion. FY24 |  (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) FY24 |  5.4.2.1.1 Confirm final location based on Washoe County Commissioners and County Manager decisions. FY24 |
| | | | |  5.4.2.1.2 Support CSD in the approval of contractors and building design. FY24 |
| |  5.5 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data. FY24 |  5.5.1 Increase access to self-service platforms and systems. FY24 |  (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) FY24 |  5.5.1.1.1 Work with Technology Services and consultant to streamline Accela Customer Access submittal process. FY24 |
| | |  5.5.1 Increase access to self-service platforms and systems. FY24 |  (PI) 5.5.1.2 Increase payments made via Accela. (EHS) FY24 |  5.5.1.2.1 Ensure kiosk is set up and available to customers by August 1, 2023. FY24 |
| | | | |  5.5.1.2.2 Create written instructions by August 1, 2023. FY24 |
| | | | |  5.5.1.2.3 Create videos by September 1, 2023. FY24 |
| | | | |  5.5.1.2.4 Distribute public service announcements. FY24 |
| | | | |  5.5.1.2.5 Add announcement to website. FY24 |






| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---|---|---|
| | | | |  5.5.1.2.6 Educate customers to help them understand how to submit payment via Accela by November 1, 2023. FY24 |
| | | | |  5.5.1.2.7 Revise and communicate instructions with customers by October 1, 2023. FY24 |
| | | | |  5.5.1.2.8 Communicate November 1, 2023 Accela launch date to customers via distribution lists, press releases, etc. FY24 |
| | | | |  5.5.1.2.9 Monitor and document lessons learned. FY24 |
| | |  5.5.2 Improve data tracking and information sharing. FY24 |  (PI) 5.5.2.1 % of new/renewed sources integrated into the software. FY24 |  5.5.2.1.1 Draft SOP for use of software by January 2024. FY24 |
| | |  5.5.3 Assure technology needs are addressed by a health district technology resource or County Technology Services. FY24 |  (VI) 5.5.3.1a # of all Health IT help desk tickets FY24 | |
| | |  5.5.3 Assure technology needs are addressed by a health district technology resource or County Technology Services. FY24 |  (VI) 5.5.3.1b # of health desk tickets going through County TS FY24 | |
| | |  5.5.3 Assure technology needs are addressed by a health district technology resource or County Technology Services. FY24 |  (PI) 5.5.3.1 Monitor average time (in minutes) to close help desk ticket. FY24 |  5.5.3.1.1 Establish help desk ticketing system workflow for employees. FY24 |

| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|---------------|---------|---|
| | | | |  5.5.3.1.2 Train employees on the help desk ticketing system workflow. FY24 |
| | | | |  5.5.3.1.3 Track 100% of IT time by cost allocation. FY24 |
| | | | |  5.5.3.1.4 Identify TS capacity dedicated to each division and identify workload capacity. FY24 |
| | | | |  5.5.3.1.5 Track 100% of projects by category. FY24 |
| | | | |  5.5.3.1.6 Work with TS to revamp ticket categories based on type and then track going forward. FY24 |
| | | | |  5.5.3.1.7 Categorize help desk tickets to identify problem areas/projects where staff need support. FY24 |
| | | | |  5.5.3.1.8 Create training for staff based on challenging areas identified. FY24 |
| | | | | |

| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|---|---|--|---|--|
| Strategic Priority 6: FINANCIAL STABILITY: Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding. |  6.1 Update the WCHDs financial model to align with the needs of the community. FY24 |  6.1.1 Increase dedicated public health funding support to Washoe County. FY24 |  (VI) 6.1.1.1a Amount of expenditures. FY24 | |
| | |  6.1.1 Increase dedicated public health funding support to Washoe County. FY24 |  (VI) 6.1.1.1b Amount of income. FY24 |  6.1.1.1b.1 Advocate for dedicated public health funding at the federal, state and local level. FY24 |
| | |  6.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities. FY24 |  (PI) 6.1.2.1 Maintain 100% compliance with purchasing and contract procedures. FY24 |  6.1.2.1.1 Deliver and record 1 staff training on the purchasing and contract process. FY24 |
| | | | |  6.1.2.1.2 Provide FAQs for staff. FY24 |
| | |  6.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities. FY24 |  (PI) 6.1.2.2 Maintain 100% of grant compliance. FY24 |  6.1.2.2.1 Meet with program managers to understand areas of opportunity to learn about grant process FY24 |
| | | | |  6.1.2.2.2 Standardize training process to ensure staff is clear on grant process and compliance expectations. FY24 |
| | | | |  6.1.2.2.3 Provide 1 training on grant compliance to staff. FY24 |
| | |  6.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities. FY24 |  (VI) 6.1.2.3a Amount of revenue generated by grants and relief funding FY24 | |

| Strategic Priority | District Goal | Division Goal | Outcome | Initiative |
|--------------------|---------------|--|---|---|
| | |  6.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities. FY24 |  (VI) 6.1.2.3b # of grants received FY24 | |
| | |  6.1.3 Maximize revenue generated from cost recovery. FY24 |  (PI) 6.1.3.1 Set a baseline for % of costs recovered for clinic services through client and third-party payer payments. FY24 | |
| | |  6.1.3 Maximize revenue generated from cost recovery. FY24 |  (PI) 6.1.3.2 Maintain or increase access to services and revenue through billable services. (# of contracted insurance companies) (10 to 12) FY24 |  6.1.3.2.1 Review error and rejection report daily to minimize inaccurate claim submission. FY24 |
| | | | |  6.1.3.2.2 Submit clean claims to insurance companies the first time to eliminate costly appeals and ensure maximum reimbursement for services. FY24 |
| | |  6.1.3 Maximize revenue generated from cost recovery. FY24 |  (PI) 6.1.3.5 Maintain 100% cost recovery for vital records services. FY24 | |
| | |  6.1.4 Provide the DBOH the information necessary to provide financial oversight. FY24 |  (PI) 6.1.4.1 Make progress toward maintaining an ending fund balance of 10-17%. FY24 |  6.1.4.1.1 Provide monthly financial review to the Board. FY24 |

Legend

-  **On Target** if the Outcome/Initiative met or exceeded the expected target.
-  **In Progress** if the Outcome/Initiative has partially met its intended target or is an ongoing effort.
-  **Off Target** if the Outcome/Initiative did not meet its intended target.
-  **Not Started** if the Outcome/Initiative has not yet been started.
-  **Volume Indicator** measures the number of activities completed or services provided.