

**CHURCHILL COUNTY BOARD OF HEALTH
CHURCHILL COUNTY, NEVADA**

155 N. Taylor Street, Suite 110

Fallon, Nevada 89406

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******NOTICE OF PUBLIC MEETING******

PLEASE POST

PLACE OF MEETING: Churchill County Administration Building, Commission Chambers, 155 North Taylor Street, Suite 145, Fallon, NV

DATE & TIME: November 9, 2016 at 3:00 p.m.

TYPE OF MEETING: Churchill County Board of Health

Notes:

- I. These meetings are subject to the provisions of Nevada Open Meeting Law (NRS Chapter 241). Except as otherwise provided for by law, these meetings are open and public.***
- II. Action will be taken on all agenda items, unless otherwise noted.***
- III. The Agenda is a tentative schedule. The Churchill County Board of Health may act upon Agenda items in a different order than is stated in this notice – so as to affect the people's business in the most efficient manner possible.***
- IV. In the interest of time, the Churchill County Board of Health reserves the right to impose uniform time limits upon matters devoted to public comment.***
- V. Any statement made by a member of the Churchill County Board of Health during the public meeting is absolutely privileged.***

Agenda:

- 1. Call to Order.**
- 2. Pledge of Allegiance.**
- 3. Public Comment:** Comment upon matters not on Agenda.
- 4. Verification of the Posting of the Agenda.**
- 5. Consideration and possible action re: Action to approve the Agenda as submitted or revised.**
- 6. Review and Adoption of Minutes:**
Minutes of the regular meeting held on September 7, 2016.
- 7. Agenda Items:**
 - A. Consideration and possible action re: Presentation by the Churchill County Mosquito, Vector and Noxious Weed Abatement District regarding updated reporting on**

precautions taken against the Zika Virus, *Nancy Upham, Executive Director, Churchill County Mosquito, Vector, and Noxious Weed Abatement District.*

- B. Consideration and possible action re:
 - I. Quarterly notification of food establishment permit suspensions and closures;
 - II. Update on Wildes Road Mobile Home Park sanitation and water compliance
Katherine Doty, Environmental Specialist II, Nevada Department of Health and Human Services, Division of Public Health Regulatory and Planning Service, Division of Environmental Health Services.
- C. Consideration and possible action re: State of Nevada, Public Health Nurse Office Contract Update, *Greg Kitchingman, State of Nevada, Department of Public and Behavioral Health.*
- D. Consideration and possible action re: Update on Behavioral Health Task Force activities, *Jessica Flood, Regional Mental Health Coordinator, and Shannon Ernst, Social Services Director.*
- E. Consideration and possible action re: Churchill County Report Card update, *Shannon Ernst, Social Services Director.*
- F. Consideration and possible action re: Community reports on current priorities and projects:
 - I. Update on coordination of mental health services being provided in Churchill County, *Kay Riehm, State of Nevada, Department of Public and Behavioral Health; Raylene Stiehl, Churchill County Public Health Nurse.*
 - II. Churchill Community Coalition Program update, *Andrea Zeller, Churchill Community Coalition.*
 - III. Overview and update on Certified Community Behavioral Health Clinic (CCBHS) Planning Grant – *Lana Robards, New Frontier Treatment Center.*

8. Consider and schedule future meeting date and location.

9. Consider future Agenda items.

10. Public Comment: Comment upon matters not on Agenda.

11. Adjournment.

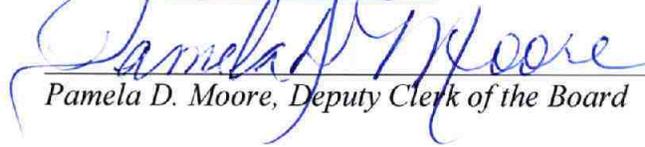
12. Affidavit of Posting:

State of Nevada)
 : ss
County of Churchill)

*I, Pamela D. Moore, Deputy Clerk of the Board, do hereby affirm that I posted, or caused to be posted, a copy of this notice of public meeting, on or before the **3rd day of November, 2016**, between the hours of 1:00 and 5:00 p.m., at the following locations in Churchill County, Nevada:*

1. *City Hall;*
2. *County Administration Building;*
3. *Public Library;*
4. *Churchill County Law Enforcement Center;*

5. The Churchill County Website @ www.churchillcounty.org; and
6. The State of Nevada Website @ <https://noticefnv.gov/>.


 Pamela D. Moore, Deputy Clerk of the Board

Pamela D. Moore, who was subscribed and sworn to before me this 3rd day of November, 2016.


 Linda Rothery, Chief Deputy County Clerk

Endnotes:

Disclosures:

*Churchill County is an equal opportunity provider and employer.

Accommodations/Nondiscrimination:

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies or complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible agency [(775)423-4092] or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the Complaint Form, call (866)632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
2. Fax: (202)690-7442; or
3. Email: program.intake@usda.gov.

Procedures:

*The schedule of regular meetings of the Board of County Commissioners is provided for by Title 2, Chapter 2.04, of the Churchill County Code.

*The public meetings may be conducted according to rules of parliamentary procedure.

**Persons providing public comment will be asked to state their name for the record.*

**The Board of County Commissioners reserves the right to restrict participation by persons in the public meeting where the conduct of such persons is willfully disruptive to the people's business.*

**All supporting materials for this Agenda, previous Agendas, or Minutes are available by requesting a copy from the Clerk's office, 775-423-4092. During the meeting, there will be one copy available for public inspection. Additional copies are available by making the request from the Clerk's office. You are entitled to one copy of the supporting materials free of charge.*

Endnotes:

Disclosures:

**Churchill County is an equal opportunity provider and employer.*

Accommodations:

**Churchill County will make all reasonable efforts to assist and accommodate physically handicapped persons desiring to attend. Persons who are disabled and require special assistance may contact the Churchill County Commission, in writing at 155 N. Taylor Street, Suite 110, Fallon, Nevada 89406, or by calling (775) 423-4092 or the TDD Nevada Relay Number 711.*

Procedures:

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**Persons providing public comment will be asked to state their name for the record.*

**The Churchill County Board of Health reserves the right to restrict participation by persons in the public meeting where the conduct of such persons is willfully disruptive to the people's business.*

**In accordance with Federal law and U.S. Department of Agriculture policy, Churchill County is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Equal Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)795-3972 (voice), or (202)720-6382 (TDD).*

MINUTES OF THE CHURCHILL COUNTY BOARD OF HEALTH

155 No. Taylor Street, Fallon, NV
September 7, 2016

CALL TO ORDER

The regular meeting of the Churchill County Board of Health was called to order at 3:01 p.m. on the above date by Dr. McDonald.

PRESENT: Dr. Tedd McDonald, Chair
H. Peter Olsen, Jr., Commissioner
Carl Erquiaga, Commissioner
Harry Scharmann, Commissioner
Ben Shawcroft, Civil Deputy District Attorney
Pamela D. Moore, Deputy Clerk of the Board
Shannon Ernst, Social Services Director

ABSENT: Ben Trotter, Sheriff
Kelly G. Helton, Clerk of the Board

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was cited by the board and public.

PUBLIC COMMENTS

Dr. McDonald inquired if there were any public comments on issues that were not listed on the Agenda but there were none.

VERIFICATION OF POSTING OF AGENDA

It was verified by Deputy Clerk Moore that the Agenda for this meeting was posted on the 30th day of August, 2016, between the hours of 1:00 and 5:00 p.m. at all of the locations listed on the Agenda, in accordance with NRS 241.

ACTION ITEMS

AGENDA

Commissioner Scharmann made a motion to approve the Agenda as submitted. Commissioner Erquiaga seconded the motion, which carried by unanimous vote.

MINUTES

Commissioner Olsen made a motion to approve the Minutes of the regular meeting of May 10, 2016 as submitted. Commissioner Scharmann seconded the motion, which carried by unanimous vote.

APPOINTMENTS

THE BOARD MAY REQUIRE THE PROVISION OF AN OATH OR AFFIRMATION BY ANY PERSON PROVIDING ORAL TESTIMONY AT A PUBLIC HEARING.

 **Consideration and possible action re: Presentation by the Churchill County Mosquito, Vector and Noxious Weed Abatement District regarding precautions taken against the Zika Virus, Nancy Upham, District Manager, Churchill County Mosquito, Vector, and Noxious Weed Abatement District.**

Nancy Upham, District Manager, reported that presented information from www.mosquitodiseases.org. She said she has a generalized Zika virus presentation that she could do in the future but she wanted to specifically direct this to what the district is doing in the event of a potential Zika transmission. Generally, most mosquito control entities across the

nation are working together to communicate data and/or any developments, which they feel very lucky about. Zika is transmitted, at this point, by two vector species, *Aedes aegypti* and *Aedes albopictus*, neither of which we have in Churchill County. Southern Nevada is preparing for that to happen because there are areas in California and Arizona that have these species. Between northern Nevada entities and southern Nevada, they are ramping up surveillance to try to find these species but they have not found them to date. However, due to the nature of viruses, this could change. The expectation is that it will be in our future but, as of right now, we are not seeing much.

State and local response includes a lot of trapping because, especially in Las Vegas, they are collecting 25,000 to 30,000 mosquitoes in pools of 50 over the course of the summer. Luckily, neither of those two species has presented themselves. They feel pretty confident about that but it could change. They hope to work with Public Health for reporting to get the message out to the public that personal protective measures are what they can do but, at the same time, if we are going to do increased control measures, we need to put that out to the public, as well, and explain why. An example of that is with West Nile virus. We know that it is in the valley and, if we notify the people after trapping, the public is much happier with the service if they see an action being taken. That will play into effect with the Zika virus, as well, potentially. There is a medical health reporting aspect of this, which is another state and local response that we need to work on.

With regard to mosquito testing, mosquito control agencies can do a number of things. The *Aedes* species are attracted to light and we have the ability to use light traps to collect those species or gravid traps to collect offspring from pregnant female mosquitoes to see if they are carrying the virus on into the next generation. They are also doing carbon dioxide trapping, which certain species, such as *Culex*, are the ones that carry the West Nile virus, are drawn to that type of trap. From there, they will put the mosquitoes into pools of 50 and then take them to the state lab for virus testing. All of this works very well. If we can get the mosquitoes by trapping, then we can test them and/or test their offspring. Finally, they are also drawing blood from chickens around the valley in certain locations that have been indicative or historically found to be virus-prevalent areas. To date, none of the chickens have tested positive for West Nile or any other Encephalitis. They have mosquito control of both larvicides and adulticides.

She demonstrated the public information website that they are working on with Dr. Ashok Sudhakar from UNLV, Office of Urban Affairs. He is interested in working with the district to put together this website about the Zika virus. Ms. Upham is working with him to make it cover all arboviruses so that the public has something to turn to.

In 2015, when they were looking for these Zika transmitting mosquitoes, Clark County trapped over 26,000 mosquitoes and this district trapped over 3,000 mosquitoes during what they would consider a low water year. None of those mosquitoes were of the two species. In 2016, Clark County trapped over 34,000 and this district has trapped over 2,500. To date, Clark County has had 2 human cases, which were travel associated and Washoe County had 1 human case, also travel associated. The relevance of that is where you have a human case, if you have these species of mosquitoes, the mosquitoes can pick it up from the human and then transmit it in a very localized area. That is what we are seeing in Miami where, if you have an urban area that is not a notorious mosquito problem, if you have this species present, especially the species that are positive, then you have a real problem.

She went through the website being worked on, which still needs some work. Churchill County has a tab but they are still building into that website. Ideally, they can build this for all

mosquito arboviruses. The site contains a little bit of information about the Zika virus. If agencies want further information, they have that presentation she mentioned earlier and they would be happy to make a presentation. The website has summarized information. The site includes a list of the most common symptoms. A lot of what people are most concerned about is Microcephaly. The most current confirmed cases are listed, including Nevada, which information comes from the Center for Disease Control (CDC). Nevada has very small numbers. The species of mosquitoes that carry the Zika virus also carries Dengue and Chikungunya virus. Part of the reason why Zika was overlooked is because they assumed it was either Dengue or Chikungunya long before Zika was identified. The *Aedes aegypti* is a big player in this virus. It spreads from a human who has traveled to an area such as Brazil and the mosquito bite becomes infected. These tend to be urban mosquitoes, so they can live in houses or apartments, and then bite another human, and then more mosquitoes will carry it on. It can take a toll on a very small area with a large number of humans very rapidly. You also have pregnancy issues, as well as sexually transmitted and blood transfusion issues. The protective measures are what have been out there for all arboviruses, so there is nothing new. The big thing about the Zika virus is that it is a daytime biter. A lot of what we see for West Nile is from a nighttime biter at dusk or dawn. Using repellents during the day is absolutely recommended. The site shows some brand name examples of products that could be used. They listed both insect repellents and natural or organic treatments. There is a lot of information about what to do with a baby or child but, if you read the labels, most of the repellents are fine if the baby is older than 2 months of age. A person must remember to treat clothing and gear. In Churchill County, we have a good number of mosquitoes and most people hesitate to treat their clothing but that works very well. A person should also mosquito-proof their home by repairing or installing screens, etc.

The most common diseases are listed, although Zika is on the forefront because of what is going on in South America, but Dengue is pretty common, especially in areas such as southern Florida. Chikungunya is also really closely associated with Dengue but they are all carried by the same mosquito. West Nile has been around since 2004 in Churchill County. This year we are seeing it in mosquito pools around the valley, so it is still here and it is still a concern. It is not getting the same hype that the Zika virus is getting but it is a problem. We have also had St. Louis Encephalitis in the valley in years past. This year, in particular, Las Vegas has a very high rate of that in their mosquitoes, which is about 13% of their mosquitoes that they are collecting. It is a serious issue. Malaria is the most common disease, per se. The types of mosquitoes are depicted on the website and where they are found in the United States. A concern that they have for down the road, which involves a lot of testing being done now, is whether other species other than the *Aedes aegypti* and the *Aedes Albopictus* can pick it up and start transmitting it, as well. That is what they are looking at scientifically and one of the reasons why Dr. Sudhakar wanted to work with this district because we have a large number of mosquitoes and can submit quite a bit of data. Again, that is down the road and it hasn't been seen anywhere but with global warming and globalization with imported cases, you could have problems in the future. That is a worst-case scenario but we hope it will not come to be but it is a concern. If the *Culex* species are very good competent vectors of West Nile, could they be competent vectors of Zika? Mosquito facts are another section of the website. Ms. Upham said, if anyone had recommendations for the website, they are welcome to comments or ideas.

Dr. McDonald asked if there was any public comment but there was none.

 Commissioner Scharmann asked if the public relations website is the only thing out there that people can look at. She just gave this board a 10-minute update of what is being done but

the public really doesn't know. It is so easy for people to say that nothing is being done, which is not true. How do you combat that issue? Ms. Upham said the district is in the peak of its season, so she doesn't particularly have time to manage a website, which is why they are looking at doing something like this. She is trying to get articles in the newspaper but, as far as other social media outlets, she hesitates to play that role because she has seen an awful lot out there where people have said they have Meningitis or West Nile but none of that has been confirmed to the district. They treat those concerns very seriously and act on them by testing an area by trapping and testing mosquitoes to make sure they are not positive and, if they are positive, then they treat the area pretty quickly and go back and re-test. There is an awful lot of what they do behind the scenes that should get out there but they do not have the manpower right now to do so. The answer to the question is that this website is not the only way to combat the issue and she knows that they need to do an awful lot more in the newspaper and by meeting with groups to explain to people what they do and why. Any ideas from the board would be welcome.

 Commissioner Erquiaga asked if the ranges of these two species that transmit Zika are expanding or is that what they are trying to determine with the trapping. Ms. Upham said that is what they are trying to determine. Commissioner Erquiaga asked if she knows if they are expanding in the United States. Ms. Upham said they have been very surprised that Las Vegas has not picked up any yet. She was talking to the mosquito control director there and he said that it is just a matter of time but they think it will probably be there within 2 years. His feeling is that it will expand at least into Vegas. She has never seen either of these 2 species in Churchill County as long as she has been with the district. She hesitates to see that the species will make their way up here because the wintertime tends to knock it back. Whereas, West Nile can become active in July-August timeframe and then you have a good 2 month window before it cools off. We are not seeing that happen with the Zika virus. It is less likely for us but is more likely for Las Vegas and they are pretty confident it will find its way to Las Vegas eventually. Commissioner Erquiaga said she said at the beginning that the mosquitoes we have here do not transmit Zika but then she said at the end that maybe they could. Ms. Upham said that, when you are talking about a Genus, such as Aedes mosquitoes, you have many other species in that Genus, such as Aedes dorsalis, Aedes nigromaculus, and Aedes melanimon. The Aedes species most prevalent in number in Churchill County are not competent vectors of any diseases. Commissioner Erquiaga said mosquitoes do not adapt and mutate quickly; they have a relatively short lifespan. Ms. Upham said her biggest concern would be with the Culex because it is a competent vector of a lot of diseases but they have never associated it with Zika in Uganda or South America. To date, it is has not been done. Again, things can change with viruses. It is just a concern for down the road.

 Commissioner Olsen asked if they are getting any calls about this issue. Ms. Upham said they have not had many about Zika but more about West Nile. The message she needs to get out is that, even though we are hearing an awful lot about Zika, the two species are not indigenous to this area. We can't say that it will not happen but we do need to educate the public that as much as they are hearing about Zika it is not actively occurring in Churchill County. Commissioner Olsen asked if any studies have been done about why it attaches to those particular species, which is more towards a tropical region. He saw from the website that all of those mosquitoes listed were found primarily in subtropical areas, which most of the United States does not fit, other than the southern part. Ms. Upham said, from the beginning, it was still within that Aedes species grouping, so she thinks that where the virus is located, that is the most competent vector. That is typical of South American illnesses too. She does not have a very good answer for that

other than those have been the species that carry it. She doesn't know that it will change but that is part of the science that they are looking at in the future. Commissioner Olsen asked if the CDC is working on potential vaccines. Ms. Upham replied that she is not aware of that. She thinks more companies are working on ways to control it by controlling the mosquitoes by releasing genetically-modified mosquitoes and/or sterile mills, in addition to other technologies they are working on. It seems to be the primary focus rather than a vaccine.

 Social Services Director Ernst said, on behalf of the board, she offered to the mosquito district some assistance on making this website known. They have 2 different outlets that could be utilized. They have the webpage for the Board of Health, which is on the county's website. When this link is completed, we could upload it to that site. The other is the Community Partnership Group with an email list-serve of about 300 people from agencies and individuals in the community. If she could prepare a 1 page fact sheet, they could disseminate it through this list-serve to help spread the word. A lot of times the newspaper picks those things up and publishes them in the newspaper. Ms. Upham said that would be very helpful. She thinks we need to merge the precaution to all of arboviruses, not just Zika because it seems that people have forgotten about West Nile. Unfortunately, she is the one doing the trapping and she is finding the virus, so it is not gone and it is out there. We are hitting the end of the season so, once cooler weather starts, the potential virus will drop off but it is still a problem. She will make a flyer to distribute.

 **Consideration and possible action re: Update on the interface between Churchill County and the State of Nevada and request for resources to respond to a large-scale medical emergency in Churchill County, Ron Juliff, Churchill County Emergency Manager, and Amos Hollar, Program Manager for Public Health Preparedness.**

Emergency Manager Ron Juliff reported that the Churchill County Local Emergency Planning Committee (LEPC) is a coordinating body for information and planning prior to an incident. During an emergency, the LEPC activates the Emergency Operations Center (EOC), which follows the Comprehensive Emergency Management Plan, wherein Annex H details the steps for health and medical service. Throughout the state, all response agencies follow National Incident Management System/Incident Command System (NIMS/ICS).

Mr. Juliff said wide-spread health and medical issues can quickly out-strip local resources. The Nevada State Department of Public and Behavioral Health is our go-to agency. The state has a Medical Surge Plan that describes and specifies their performance. Recently, a task force created a Western Regional Medical Surge Plan, which will involve:

- Mutual Aid Agreement with 9 counties.
- Provides further refinement of operation during a major medical emergency within the region.

 Commissioner Scharmann asked him to give him a little explanation of what a medical surge plan is. Mr. Juliff said that is how they would bring additional resources to the counties or to an agency that is requesting aid and it describes how you contact them, what you can ask for, and what you can anticipate them bringing, which he will get into a little bit more in depth in a moment to show what kinds of things we are talking about.

 He displayed a map of Nevada which depicted the western region (Humboldt, Washoe, Pershing, Storey, Carson City, Douglas, Lyon, and Churchill Counties), eastern region (Elko, Lander, Eureka, White Pine, Nye, Esmeralda, and Lincoln Counties), and southern region (Clark County).

The Local EOC/hospital has requested additional resources through the State EOC, which would be used by the hospitals for precise technical requirements and by the EOC for emergency declarations, overall coordination, and integration of additional resources. Resources are dispatched to meet the described need. The Public Health Preparedness Division was unable to be present as planned, so Mr. Juliff covered some of the roles, actions, and resources that can be provided to local jurisdictions.



Mr. Juliff said events or threats could include:

- Natural Disasters and Severe Weather
 - Earthquakes
 - Floods
 - Extreme Heat
 - Wildfires
 - Winter Weather
- Bioterrorism
 - Anthrax
 - Smallpox
 - Plague
 - Ebola
- Chemical
 - Nerve Agents
 - Ricin
- Radiation
 - Nuclear
- Mass Casualties
 - Explosions
 - Injuries
 - Illness – Flu



The Department of Public and Behavioral Health (DPBH) would fit into the coordination of resources. The Division Operation Center (DOC) is the DPBH operations center. Not only does the ESF #8 and 8-1 coordinate public health resources for an incident but they also have the ability to set up their own command system.

The purpose of Points of Dispensing (POD) is to have predesignated locations to effectively mass dispense medications or medical material to the public during an incident. We need to update these MOUs, which is a project for this coming budget period.

DPBH is not just the Public Health Preparedness Program but is also the Chief Medical Officer and they have other health experts; they have an Environmental Health Program; HCQC Program; Immunization Program; Epidemiology Program; Radiological Program; Community Health Services (Community Health Nurses in rural Nevada); Mental and Behavioral Health; and the ESF #8 and 8-1 coordinates the support efforts in public health. To get federal help, the DEM, Chief Medical Officer, and Governor have to make the phone call. The federal government can also provide these additional resources:

- Strategic National Stockpile
 - Medication or Vaccines
- 12 Hour Push Package
- Managed Inventory
- Mobile Hospital

- Facility and Staff
- Mass Fatality
 - Disaster Mortuary Operations Response Teams
 - Mortuary Family Assistance Teams
 - Disaster Portable Morgue Units
- Disaster Medical Assistance Teams
- Public Health, Veterinary, Mental Health Staff
- Weapons of Mass Destruction Staff
- Federal Medical Stations
- FEMA National Ambulance Contract (NAC)
 - 300 Ground Ambulances (will not draw ambulances from affected or adjacent states)
 - 3500 Paratransit Seats
 - 25 Air Assets

Other projects affecting Churchill County include:

- Transition of Preparedness from RCHS to PHP
- Medical Surge Planning
 - Alternate Care Sites
- Crisis Standards of Care
- Jurisdictional Risk Assessment – Public Health Focus
- Fallon NAS MOA Revision
- Rural Healthcare Preparedness Partners (Healthcare Coalition)
- Rural Health Summit held at our Convention Center



Dr. McDonald asked if there was any public comment but there was none. He said some people at NAS Fallon contacted him about mass vaccinations and he asked if they had contacted Mr. Juliff as he directed them to do. Mr. Juliff said he has not heard from them, however, he is involved in a training session with NAS Fallon tomorrow, so his guess would be that they would approach him then.



Commissioner Scharmann thanked him for this presentation, which he had asked for. He talks mainly about how the state would come in but how does he mobilize resources that are here in our community already? Is there a mechanism to do that? Mr. Juliff said that is done through our EOC. An example is from several years ago when we had the train wreck during which we sent buses out to evacuate people to the city. There were about 70 that were the “walking wounded” by his definition; they had scrapes and bumps and that sort of thing. We literally put them on one bus and took them over to Banner Churchill Community Hospital to be treated in the Emergency Room. Doctors and nurses were brought out to triage these folks and it turned out that all of them were okay, with slight medical treatment. If it went beyond that and had been larger than that, this medical surge plan that he is talking about for the 9 counties would allow for us to call for assistance from Washoe County and they would send folks out to us. In that same incident, we did not have a medical examiner, so we used Washoe County’s medical examiner because there were 6 fatalities. It is that interchange between the surrounding counties that we go to first to handle it and, if we can’t handle it with that, then we would go to the state. Some could be so large that the state would go to the federal government.



Consideration and possible action re: Quarterly Notification of food establishment permit suspensions and closures, Katherine Doty, Environmental Specialist II, Nevada

Department of Health and Human Services, Division of Public Health Regulatory and Planning Service, Division of Environmental Health Services.

Katherine Doty, Environmental Specialist II with the Nevada Department of Health and Human Services, Division of Public Health Regulatory and Planning Service, Division of Environmental Health Services, reported that there were no closures to report under for the Second Quarter 2016 (April to June 2016). Social Services Director Ernst apologized for Katy Doty because she was unable to attend the meeting today but we had her written report.

We have entered into a new state contract for environmental health services, which began as of July 1. There was a reduction in the price of the contract based on the office space that the county provides to the state but no other changes were made.

The third item concerns Wildes Manor Mobile Home Park. At this time, the state is still working with the park owner to bring them into compliance. They have requested a permit application for a new well to be drilled.

Dr. McDonald asked if there was any public comment but there was none. This item was presented for informational purposes only and no action was taken.

 Consideration and possible action re: State of Nevada, Public Health Nurse Office Update, Greg Kitchingman, State of Nevada, Department of Public and Behavioral Health.

Greg Kitchingman, State of Nevada, Department of Public and Behavioral Health, provided the quarterly report that ended in June, which shows the services provided at the Community Health Nursing Clinic in Fallon. They roughly saw a total of 483 patients and then within that there is some crossover of types of patients that are seen with the adult wellness and TB screening/HIV being the largest sections. With family planning, 72 patients were seen; child health services include well child exams, hemoglobins, and WIC referrals. There were 80 STD clients seen. Out of the total there, it was 483 unique individuals that were treated.

Mr. Kitchinman said the biggest update is that they have a new hire coming on board and that nurse will start next Monday. The Fallon clinic will then have a fulltime Community Health Nurse. Currently, we continue to staff it with 2 nurses 3 days a week and an APRN who comes once per month to do the family planning component that RNs can't do.

 Dr. McDonald asked if there was any public comment but there was none. Commissioner Erquiaga asked if a Public Health Nurse is coming on board. Mr. Kitchingman said that is correct and she starts on Monday.

Dr. McDonald asked if we are allowed to say who the nurse is. Mr. Kitchingman said it is Raylene Stiehl. Dr. McDonald congratulated Raylene but said that Banner Churchill Community Hospital will miss her. He appreciates the effort she has put in for Banner but he looks forward to all of the things that she will do for Churchill County.

 Ms. Ernst asked if he had an update on the Title 10 funding for Churchill County. Mr. Kitchingman explained that in July we were not awarded the Title 10 grant, which is a sizeable grant for all of rural Nevada. Clark County, Washoe County, and Carson City were awarded in July. When the Office of Population Affairs (OPA) recognized that that left the entire rest of the state without family planning funds, they came back with a second grant award. They have applied for that and expected to find out about the awards by September 1st but they have not yet heard. In the interactions that OPA has had with their Health Program Manager, who writes the grant for changes in numbers and budgets, what they surmise from that is that there were other applicants for Title 10 and in some fairly populace areas, which potentially includes Churchill and Lyon Counties. Until we get the Notice of Award, we will not know for sure, so we may or may not be the provider of Title 10 in the county. As he told Shannon, as soon as he hears, he

will let everyone know. Once he has the information, he will let the counties know that also. There will be a transitional period as we move over. Depending upon who the provider is and what kind of service they have, we may continue to offer some services in that area. They have other grants where the main purpose isn't family planning but family planning is a piece of those grants. With maternal/child health, which is a Title 5 federal grant, and Title 20, which is a social service block grant to help people move off of public assistance, one way that that can be done is in family planning by delaying having families. That is a small piece of that grant also. There are opportunities to provide the service, depending upon what the need is in the county. We will know that once they have identified who the award went to. The only county that they were aware that they would not be getting the funding in was Elko County. In the past, they have subgranted to the Nevada Health Centers in Elko to provide family planning. This year we asked them to write their own grant application. He imagines that they will be awarded that grant. Outside of that, he does not know who might be out there that feels like they can step in and begin offering family planning. He will be coming back to talk to the counties because there may be a fiscal impact to the contracts with the counties.

Ms. Ernst said, looking at worst-case scenario, if the Title 10 was not funded, that is approximately 20-25% of their overall budget for the Public Health Nurse's Office. Mr. Kitchingman said it is 20-25% of the salary but there is salary, supplies, and operating. Ms. Ernst said, based on our contract, it is broken down to all of the different funding sources that come in to the Public Health Nurse's Office and then the county comes in and fills up the gap funding, which is \$86,000 annually. One of the things to look at is that we had a reduction from \$110,000 the previous year because they brought in all of these other revenue sources so, if the county is willing to contribute additional funds or, if there are other revenue sources that need to come forward, to look at filling that gap or not providing the service. She wanted the board to be aware of this as we move forward because these questions might be coming to the board at a later date to decide how we want to proceed with the Public Health Nurse contract. We had funded that office at \$110,000 for close to 10 years and then we had the reduction to \$86,000 this last year.

 Commissioner Olsen said Mr. Kitchingman said he doesn't know who might provide those services but who would be eligible to even apply for the grants? Mr. Kitchingman said it is Federally Qualified Health Centers (FQHC), such as Nevada Health Center, Community Health Alliance, West Care, or other similar organizations. You could also possibly have other individuals who may form some kind of health group that could write an application to do that. An existing clinic or possibly a hospital could apply. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Update on Behavioral Health Task Force activities, Jessica Flood, Regional Mental Health Coordinator, and Shannon Ernst, Social Services Director.**

Social Services Director Ernst reported that, on February 9, 2016, the County Board of Health designated a Behavioral Health Task Force. The group's goal was to review the behavioral health services being provided, identify gaps, and develop systems to strength the system. The group meets on a monthly basis and met in June, July, and August on the First Thursday of the month at 11:30 a.m. in the Churchill County Annex Building Conference Room.

Through the meeting process, three programs were identified that would provide services to individuals with behavioral health issues and provide support to elevate emergency calls:

1. Crisis Intervention Training (CIT): Churchill County held the first Rural Crisis Intervention Training June 6th through the 10th. A total of 26 participants graduated from participating agencies, such as the Sheriff's Department, Fallon Police Department, Banner EMS and Emergency Department, Social Services, New Frontier Treatment Center, and Fallon Mental Health. Participants will present a training overview, lessons learned, and the importance to maintain the local training in the future.
2. Mobile Outreach Service Team (MOST): The program was launched May 2, 2016. Since June, the program has been held to identify local officers for the team, obtain safety training for the team Social Worker, and to identify dedicated time needed for the team.
3. Forensic Assessment Services Triage (FASTT): The program has been identified as a goal but, at this time, no implementation plan has been developed and is pending new Correctional Facility Construction.



Raylene Stiehl said the CIT Training first began in Carson City as a result of the IHOP situation that we are all familiar with. The Sheriff came to the detective and said, "Let's fix this." Throughout the whole week, they looked at ways that have been promoted, getting to know our resources locally, and ways to recognize potential problems, fix them on the front-end, and prevent an IHOP situation. They visited the prison and interviewed 4 convicted felons; all diagnosed with severe mental health issues. That was very, very enlightening and eye-opening from a nursing perspective. They listened to a speaker from Carson City who discussed dealing with an individual that wanted suicide by officer. He shares his training and insight, which was also enlightening. They went to several local resources here, including the VA, ED, Senior Center, New Frontier, Juvenile Probation Office, and Social Services, to name a few. While we are all in the same community, sometimes we don't have an opportunity to visit these offices. She had never been into the VA Offices, so it was nice to make those connections in person. Additionally, they have a virtual experience component where they simulated the hallucinations and the paranoia that many of these individuals feel, what some of the triggers are, and the keywords that we can use as becoming first responders to these individuals so that we can develop programs like the M.O.S.T. Program and determine who to send to the M.O.S.T. Program so that we can head off extremely dangerous situations and get them the help that they need and yet keep our community safe.



Kay Riehm said they had 6 officers between the Fallon Police Department and Sheriff's Office who were trained. Unfortunately, with the Sheriff's Office, only 1 was a patrolman. There were 2 or 3 guys from the Fallon Police Department who had just gotten out of their training and they hadn't been on the street yet. Because of that, the M.O.S.T. Team is not actually going out on a routine basis as we had started doing. The Fallon Police Department, the Sheriff's Office, Social Services, and the Fallon Mental Health, when there is a crisis, get together and, depending upon which jurisdiction she goes out with to see what kind of intervention is appropriate. That came about because of the CIT Training and the Behavioral Task Force. They had several people there, EMS, Banner, law enforcement, 2 guys from Douglas County, with a variety of speakers to learn about senior services, Alzheimer's, dementia, and the VA. She had never gone around to see all of the service agencies and, while she knows that they are there, actually going to them was very impressive to see how many services this small area provides. She thinks all of them left there feeling like we had made some really good connections and it is something that they feel they can move forward with.

 Susan Wohle said she is a Social Work Intern currently in training with Fallon Mental Health with Kay Riehm. This was only her second week in her practicum, so for her it was a great opportunity to actually see our small community, which she has lived in for over 20 years, and to see all of the different services that would come together. For her, the most impactful thing was watching as law enforcement and mental health providers came together to better understand that someone who is possibly having a crisis may not be a criminal and that we may need to look a little harder to find out what really is going on. To watch that shift as understanding came about as the week went by provided a better understanding that we need to take a second look and to take our time when coming upon someone who may be in crisis. They may not be a violent criminal but may be someone who needs some additional assistance. She is fairly new and didn't know she was going to speak, so that is all that she has for right now.

 Social Services Director Ernst said one of the big things is taking the Crisis Intervention Training (CIT), which is a nationwide model that they learned about at the National Association of Counties (NACo) and are trying to determine what this could look like in our community. We are a very rural community; we are not the same as Washoe or Carson. One of the big pieces we looked at is, based on our law enforcement not being a large department and not having a huge first responder population, we had to determine where people go to access services that might be in crisis. That is not just the hospital, Fallon Mental Health, or one of the law enforcement stations, but you are looking at Social Service agencies, different mental health agencies, and New Frontier Treatment Center. They wanted to make sure to include all of those agencies. From her office, they had 2 people present so that they would always have someone in the office with CIT certification and will know how to react if someone comes in in distress. If someone is at the front and feels there is a distressful situation, then can find someone else. This has been a key piece with how we all work together. If we have somebody who is suicidal at the front window, we can know how to de-escalate the situation, make contact with one of our partners, and get them in right away. It is not just calling law enforcement and having somebody put in custody to get them to go away. It puts a whole new face on this. Another thing is looking at the Sheriff's Office with Captain Hickox, who was one that thought, in the beginning, he was there for some other training. Through the week, by Wednesday, he was very engaged and was able to see a different side of the prison visit than what they get through their P.O.S.T. training. We were able to sit and listen to individuals that were in there due to a mental health/behavioral health issue and what they had gone through in their life, with ideas about what interventions could have happened to help them, so it provided a new perspective. By the end of the week, she was very happy to see that the Sheriff's Office was completely on board. The Captain had complete buy-in in the fact that we will now take CIT and put it on ourselves in our own community. Rather than having trainers come from outside the area, we will have people that know our community to help us move forward. She believes that the fact that we all drove around in a bus as a team and visited the agencies was a big factor. Learning how to get through the door at the VA, how to access services, and how to actually speak with the Director was an essential learning tool.

We had a crisis situation that happened about 3 weeks ago and we all played as a team for this individual to say that, if he accessed at this point, we would respond in a certain manner and who would be engaged to make sure that he received the proper services. It went very well. They thought he was going to go through Fallon Mental Health but he got tired of them, he didn't like Social Services, he didn't like the ER, but he loved the VA. He was a Veteran and went in there and we were able to get him the services that he needs and he is receiving the help

he needs. This is a new way of doing business. It is a mind-set change that is big for our community and she hopes we continue on.

The Behavioral Health Task Force took the month of August off for meetings as we had issues getting Board of Health meetings and scheduling conflicts. They will start up at the end of September again and then will meet on a monthly basis. They will identify what those barriers are and determine ways to overcome the barriers.

 One of the things that Jessica Flood really wanted her to tell the board about was that the Stepping Up Initiative has released some more planning guides and tools to assist us with moving forward with planning. Module 1 is to convene a diverse team of leaders and stakeholders. We needed these diverse stakeholders to sit around the table, which is our Behavioral Health Task Force. We have accomplished Module 1 without the planning guide, which is very exciting. Module 2 is to collect and review data on the prevalence of people with mental illnesses in jail and assess their treatment needs. That is something we are doing with our Report Card. We are tracking where people are accessing service, what services they are receiving, plus we are sitting around a table to discuss where the services are located and how the services can be obtained. When we move to Module 3, this is the biggest piece and this is where we are at in the process now. This is to examine the treatment and service capacity and identify state and local policy and funding barriers to minimize involvement with the criminal justice system and providing treatment and supports in the community. This is something that she and Jessica began to do a month ago by breaking down our intercept model. Page 5 of the handout shows our community where people come in, which is law enforcement, and then we start building on where we can intercept so that they do not end up with law enforcement in our jail and start building it more from the community side. This will take a little bit of time but we hope to begin this with the group in October in identifying a few people to sit around and dedicate to this part of the process. When you look at moving forward with MOST or FAST Programs when we have the new jail, we need to identify where the other intercepts can play in and determine where we can intercept to keep them from going to jail so that we are not having to always be in the jail or in the ER. This is a new strategy that they are looking at. Lyon County received grant funds to have somebody come in and do their intercept model. We are stealing the Stepping Up Initiative's model, so we will not have consultants come in to do that piece. She thinks we have a very strong team, so we can develop something that is more from our roots up and adopt this. That is where the Behavioral Health Task Force is currently at. One of the goals they had was FAST but have identified that this program is not able to happen until we have the new jail so that we can safely make those approaches and talk to the inmates. They launched a new database and assessment system this week. We have somebody who is there presently and somebody from the detention center learning and overseeing this system. We can look at how it is being released now and how we can adopt it as the new jail opens so that we can be ready at opening.

 Dr. McDonald asked if we have plans for another training session in the future. Ms. Ernst said the training took place in June and there will be one located in Carson City in November. We will be able to have 5 more individuals participate in that one. Douglas County will host a training in April, with another 5 or more spots available at that session and then Churchill County will host another one in June. We want to make sure to have these training sessions spread out so that if other communities have a couple and we have open spots we can plug everyone in because we can't always have 10-15 people from the Sheriff's Office, Fallon Police Department, or other agencies missing at the same time. The Sheriff's Office has

committed to having at least 1 officer that is CIT trained on duty at all times within 2 years. That is very exciting because it shows the buy-in and commitment and demonstrates that they see the positive impact to this community.

 Raylene Stiehl said having that CIT officer on board is extremely important with the Emergency Department when they have a patient that leaves without complete treatment. She was able to follow up with a patient and get medication that he needed and the officer was onboard, understood the importance of his crisis, and followed up with him when he went home to make sure that he got the prescriptions filled. There was immediate buy-in just because of the relationship that we had formed in CIT and his fondness for the program and what it meant to him and to the Emergency Department.

 Commissioner Scharmann said he heard day before yesterday that Mike Mader retired from the VA Office last Wednesday. Mike is very concerned that they are not going to fill this position and will close this office. He is going to see what we can do to see if we could put together a letter to the state or Governor to make sure that that office stays open here in Fallon. It seems like they would be a very important part to what is being done, since we have so many Veterans here. Ms. Ernst said we are reaching out more to the clinic now because they have a Clinical Licensed Social Worker on staff. If you have a Veteran who is in crisis and you can get them to go there, they can actually do the assessments and help form their treatment plan and discharge planning from there. The VA Office is great to get resources for individuals who are Veterans. She knows that County Manager Lockwood has been working out details with their Lease and she believes Mr. Shawcroft has been involved as well. They have requested additional office space. In January, they will not only have the front intake area, a file room, an office, but also one additional office. She has not been directly involved with those conversations but she understands that they are looking at doing a contract individual. Along with Jan, they would also have a contract employee that would provide the services that Mr. Mader was providing. She has not heard anything about a possibility that the office will be closing but knows they are looking to expand. Commissioner Scharmann said that is good to hear. We also now have a nonprofit representative that provides direct Veteran's assistance, which is called The Veterans Resource Center. They provide housing and emergency service, similar to what Social Services provides but also education and things for Veterans. They are located at the Homestead one day per week also doing intakes and assessments on what resources could be provided. She thinks our Veterans resources and supports are growing within the community but it is just making sure that our community knows about them. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Update on Community Engagement Project, Shannon Ernst, Social Services Director, and Andrea Zeller, Churchill Community Coalition.**

Social Services Director Ernst reported the accomplishments of the Community Engagement Project and future outcomes:

FY16 Budget Update as of June 30, 2016, final and future funding:

FUNDING	AWARD YEAR	AWARD AMOUNT	EXEPNEDED	COMMENTS
CSBG Discretionary	FY16	\$16,050	\$16,049.18	Contracted Services with Chamber
CSBG	FY16	\$13,238	\$11,001.52	Contracted Services with Chamber and expenses – Balance of \$2,236.48, C/O FY17 other programming

CSBG Discretionary	FY17	\$16,000 - DENIED		State has funds on hold pending review
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Attachments: New website details and Memo regarding state comments regarding non-refunding decision.

We went back to the state and said that we wanted to continue this project because it had a high priority and they found that individuals are trying to learn more about the resources but we were denied that funding. The state reviewed last year's project and there were some concerns raised in looking at the timeliness of implementing the website, the amount of hours that were spent, and they did not feel it was a cost-effective project. She and Andrea Zeller put their heads together to find a way to keep this going. They re-worked the budget and cut it by over 60% and they still felt it was not cost-effective. One of their issues is that they fund the 2-1-1 system, which is a statewide resource. We tried to explain to them that when you call 2-1-1 and ask for Social Services in Churchill County, they might send you to Clark County. Those are the majority of calls that she receives in her office where people in Las Vegas are given her phone number here. We have not been able to get them to move that mindset from 2-1-1 to a local resource. She and Andrea are brainstorming a way to keep this going. Andrea has dedicated staff to do some updates but they are looking for additional funding. There are some hosting costs for the website. One thing that was identified was looking at not having it located under one agency but having a stand-alone so that no one agency owns the website. If additional funds come in, the funds would fund that sole source. That has been completed. The Community Coalition has taken that on and is paying for the hosting at this time. Hopefully, we have a proposal to bring forward to continue to fund this. One of the biggest pieces is that no one is going to use it if they do not know about it. We need to get that message out there through the media. They all share the information when they are at meetings but we need other things like something in the newspaper and perhaps a billboard. They were looking at perhaps a \$15,000 media budget. They are working on that but wanted to provide the board with an update today.

 Andrea Zeller said what they did when they saw what was happening was to reallocate some funds through the Community Coalition because they see the need within the Coalition to put this resource together because Nevada 2-1-1 is not user friendly, even on the web page, so they are going out with their staff to add resources from outlying areas when we receive them, so we have been able to update those things on the stand-alone. She is excited that it is up and going and that, at this point, the Coalition will continue to support the website itself. She has some Community Health Workers that have some hours they can put in to do constant updates.

 Dr. McDonald asked what sort of help they expect to ask of this board in the future. Ms. Ernst said they are trying to identify additional funds to apply for. One of the things she is looking at, because this is a direct support to our indigent and low income population, is to incorporate this into pieces of her already approved budget in Social Services to help support this. The Coalition is offsetting some of the costs but maybe we could figure out a way within our grants to the needy to offset some costs or find some other funding sources. One of the biggest things is that they believe heavily in this project. She has never had the Grants Manager from the state come back and say no, so this is shocking. We have reworked the budget and will put it out to additional funders. They bring this up at every meeting they go to with the funders to explain how important this is. We do not want to lose this program and she believes we will identify funds eventually in the future with how we have placed this and how it will be managed in the future but we need to find a way to keep it going until then so that we do not lose traction.

Ms. Zeller said she has committed Coalition staff to do daily/weekly updates and has paid for a year's worth of the website hosting bit but the tech portion of it may be an issue. Nevada Computer Works donated a lot of their time helping us to get this site up and running, plus taking everything from the Chamber of Commerce through the back door and then putting it in. They have also linked Google calendars with the Chamber of Commerce, the Coalition, and CEDA. They are working with the City of Fallon and talking with the county so that we will have an events page that is constantly updating so that they can go to any of those places but we are still trying to make it a true community event calendar, which we struggle with in this town. They have come in and basically volunteered their time to help make that website work. Mainly, what she thinks we will be looking at is probably just the web hosting costs and the media piece to get that information out so that people know. They got really creative with some of the old websites and we've taken the cards that were made and redid the website link on a label and you can't even tell the difference. They have been able to take bits and pieces of stuff that didn't work and rework it so it is usable. They are not throwing things away but she thinks there will be some costs at some point when her staff will not be able to do complete updates but she doesn't see that taking a lot of time. They have a lot of youth interns in the summer that could do that. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Churchill County Report Card update, Shannon Ernst, Social Services Director.**

Social Services Director Ernst reported that it is requested for the first year of board monitoring that the board adopt a goal to decrease crisis access of services by 10%, teen pregnancy by 10%, and increase treatment and behavioral health management services by 10%.

We are making progress with collection of data for our Report Card, which is exciting. There are some numbers that are currently gapped but our hope is that, by the end of 2016, we will have these sections filled and it will provide a full 2 years' worth of data. This report today is a single year report showing the total number of ER visits and then breaks it out into behavioral health and substance abuse. The percentages of what is shown come through the ER. It also provides the age breakdown for those visits and then it gives individual health issues. They wanted to also break this out for diagnosis to see who is receiving behavioral health case management, clinical services, and medication treatment. We will also provide a link on the Board of Health's website so that anyone can look at this report.

The next tab is for our multi-year data. If you take a look at these, we can set what our targets are in our community and what alarms we want set. What is in there at this time, although we are missing a lot of 2016 data, is a reduction of 10% from 2015 to 2016. Our alarms will go off in here anytime we hit 75% of reaching that target, which will give us a way to show how we are reducing these numbers with our MOST Program. New Frontier can also utilize this with different treatment plans that they have. We just need to get quality data, which we are working on.

 Commissioner Scharmann asked if Dr. Packham or Dr. Todd have seen this Report Card. Ms. Ernst said they have not, although they saw the format of what it would look like. She would like to get 100% of the data before she sends this to them. Commissioner Scharmann said he believes they will be very pleased to see this. Ms. Ernst said this is looking at what your community wants from the roots up, rather than that Dashboard that didn't address any of our priorities that we wanted to track. She thinks that Dr. Iser down in Clark County will be very pleased with this because these are things that are near and dear to his heart that he did not really think he would see in rural communities. Ms. Ernst said she will continue to gather data and

thanked Banner Churchill Community Hospital and especially Raylene Stiehl because she has figured out different ways to collect this data. New Frontier and the state have also provided us with data. She is hoping to really get Raylene engaged more as she comes over to the Public Health Nurse Office, as this seems to be a passion of hers. She will hopefully help her push to get more quality data.

 Dr. McDonald said he has a question of Raylene Stiehl about the transition from having her as a focus in the Emergency Department and what mechanism will be done to make sure that Banner is still providing that information and it is available to this board. Ms. Stiehl said she is working with Brittany and Joy now about getting some of these reports. Right now, this is all hand-collected data. She thinks the quality will improve the more we can get it automated, so she is working with some of Banner's systems but it takes a bit to get it done. It is strange because Banner Churchill is the only facility that is narrowing down on this data. She sees good things for Banner, as well, because she believes it is data that they need to be looking at too as a corporation. She has some key Banner individuals that are just now feeding down the reports to her that will help to improve the data quality and it will be sustainable versus hand audits. There was no action required on this item and none was taken.

 **Consideration and possible action re: Community reports on current priorities and projects: (I) Update on coordination of mental health services being provided in Churchill County, Kay Riehm, State of Nevada, Department of Public and Behavioral Health; Raylene Stiehl, Banner Churchill Community Hospital.**

 Raylene Stiehl reported that they are continuing the partnership with Fallon Mental Health in the Emergency Department where they come in after hours. She thanked Kay Riehm because she has maintained all of the weekend coverages. Dr. Mears was stolen by Dr. McDonald because of his passion for delivering babies, so they have been short. She was stressed that they wouldn't have the coverage on the weekends but Kay stepped up to the plate and provided that service. That allows them to provide services to individuals that are being housed in the Emergency Department for mental health evaluations. They are reaching out to West Hills Hospital to increase the pediatric evaluation process for intakes. Right now, they have very limited pediatric services, especially after hours. This will allow them to connect pediatric patients with a clinical specialist and, hopefully, avoid a wasted trip to Reno where they may be declined services and they can get that done right there on site. Frankly, there are a lot of parents who, if their adolescents have reached that point, they are a little worried about getting in a vehicle with the child, so then law enforcement has to get involved and we use more and more of the county's resources. Hopefully, this will provide better use of resources and we can get it all done here in Churchill County and then have the follow up services where they are appropriate here.

 Kay Riehm reported that, as Raylene said, they still work closely with them and will continue that. There is no end in sight as far as she is concerned. She also wanted the board to know that, as part of the effort to provide services for the community, she is sure they know that the Mental Health Court is now in service and that is growing. They have at least 5 clients there. They provide a report to the manager of the Mental Health Court every other week so that he can go back to the court and report what is going on with the people that are co-served. They continue to go to the jail to do risk assessments during hours. What happens with Mental Health Court is, if there is someone in the jail that has been told to have an evaluation for appropriateness of Mental Health Court, she goes over and does a short assessment to assess

whether or not they have a mental illness and that they should be part of the Mental Health Court system. That seems to be working pretty well at this point.

 Ms. Stiehl said, with regard to dealing with the statistics, most of the statistics were on direct suicidal individuals, which is why the numbers are skewed. The assessment tool has changed and they will face another change at Banner where they will be assessing anybody from 10 years and up, so she expects that those numbers are going to increase and we will capture a lot more juveniles. The questions have changed to where they are more common sense and we may see those numbers increase just based on the assessment tool and the heavy usage of it. She will be working with Shannon to increase the quality of that data, especially with the drugs of abuse screening. The tools are there in place and it is just a matter of creating an audit tool that is automated to provide good data on patients that are coming into the ER. They have seen an increase in the use of opiates versus methamphetamine, which surprised her. They have seen a decrease in the use of methamphetamine. They will be able to confirm that once they get the drugs of abuse screening done with complete information.

Dr. McDonald asked if there was any public comment but there was none. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Community reports on current priorities and projects: (II) Churchill Community Coalition Program update, Andrea Zeller, Churchill Community Coalition.**

Andrea Zeller reported that they have a lot going on but, to save time, she will just talk about their quarterly meeting being held on September 21st. She invited all of the board members to attend. Shirley Morgan will be coming back. She was the speaker that they had at the Drug Darkness Forum. She is a volunteer advocate and educator on the impact of recreational marijuana and marijuana grow houses in local communities. They are bringing her back to speak. One of the reasons they decided to do that is that they think with Question 2 coming up that it is important to educate the community but also they have reached out to Len George, Chairman at the Fallon Paiute Shoshone Tribe, on their decision to consider putting in a marijuana grow house at the tribal area somewhere. Shirley has made herself available either that afternoon or evening because she has had a handful of members call and ask what they could do or asking for more education on the question. If the tribe does not decide to do that, then they will go ahead and have an open community forum that evening here in Fallon for anybody that wants to come and talk to her about that. That is the most important thing that she wanted to bring to the board today. The lunch will be held at 12:00 p.m. on September 21st at the Convention Center and this board is invited. She will not know about the day or evening until Monday. If she doesn't hear from the tribe by Monday, she will open it to a community forum that evening.

Dr. McDonald asked if there was any public comment but there was none. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Community reports on current priorities and projects: (III) Overview and update on Certified Community Behavioral Health Clinic (CCBHS) Planning Grant – Lana Henderson, New Frontier Treatment Center.**

Lana Robards, from the New Frontier Treatment Center, reported that, with everything the board has heard today and all of the great efforts being done in Churchill County to combat the unmet need for behavioral health services, New Frontier is part of the task force and is very honored to be there. The State of Nevada applied for a grant through SAMHSA to look at the opportunity to certify community Behavioral Health Care Centers or health clinics in the State of

Nevada. It is a designation that has never been recognized by Health Care Quality and Compliance, which is the licensing board. They were awarded the planning grant. In the process of that, they then did a phase out to the providers within the state to apply to become a partner in this planning grant. They went through extensive interviews and the whole process and New Frontier was chosen as 1 of 4 facilities in the State of Nevada to participate in this planning grant process. It is a new way of looking at developing a centralized place for the basic 9 core services and, rather than go through all of those, she included what a CCBHC is in the packet she provided to the board. That is what they are in the process of right now. There were 2 facilities in Las Vegas and 2 facilities in rural areas that were chosen. Everything that New Frontier is attempting to do by going through this process is actually a blend of a lot of the services that they partner with community partners to provide. Fallon Mental Health is an amazing partner, as well as Social Services, the Coalition, and Banner Churchill Community Hospital. They are all partners in combating this issue. The New Frontier that you see today is not anything even close to what it was when it was founded in 1971 as an alcohol program. It is a fully integrated behavioral health care program that offers mental health, substance abuse, non-chemical counseling, a full blown gambling program, residential, and out-patient services. This CCBHC process is a way that we can infuse more services within our community for those things that there is currently no funding for, such as targeted case management, peer recovery support, transportation, and some of those other things. They have a very rigorous scheduling going through in order to get certified by the State of Nevada. They are hoping that it moves forward and that, when the state does its application for implementation money, they are funded but she attended the Governor's Conference last week and heard that Richard Whitley with the Department of Health and Human Services and the Governor are all in support of making sure that this project moves forward.

There are services that New Frontier currently offers for which they have no reimbursement so they have to be very selective about how they do it but they would be covered under this. It is for Medicaid clients and it is a new way to provide services and a new way to get reimbursed for those services. They learned a long time ago that you can't just pluck the meth or the opiate or the alcohol out of an individual and treat that piece and then open up the door and turn them loose because they promptly walk out to the curb and tip over. It is a full blown assessment of the entire person and that person's family. It blends everything that the board is hearing here today about all of the efforts of these agencies. They are very proud that New Frontier was chosen to be a part of this. Again, this is a work in progress.

HCQC, which is the state agency Health Care Quality and Compliance, came out for their first on site visit. Since this is a brand new project, they had some deficiencies in contracts that needed to be developed and some things that she hadn't even thought of. She had to have a contract for a signer on some of the language barriers and things like that in order to pass. She is putting all of those things together. Worst case scenario, it looks like the 4 providers that are part of this program will be certified as CCBHCs no later than March 2017. She is pushing the envelope in an effort to be certified sooner.

Ms. Robards said she included in the board's packet the 2016 services provided by New Frontier Treatment Center, which will give the board an idea of the services in Churchill County that they are able to provide to the community. This project will allow them to expand on those services and offer even more services.

She was supposed to be part of Secretary Vilsack's meeting last Tuesday, which was cancelled. She received a call from his secretary and was able to meet personally with the

secretary in Reno for about an hour on that Tuesday afternoon. He had announced that Nevada has been chosen as one of the pilot states for 4 particular initiatives through USDA. She enclosed one of the news articles that outlines those initiatives in the board's packet. It targets the housing issues, particularly for drug courts or specialty court clients where there is no place to house these individuals. She was very fortunate to be able to go down and visit with the Governor and Mike Willden at the Summit in Las Vegas, which was very, very informative.

 Ms. Ernst added that the housing issues that are taking place are not only part of the open market but you are looking for specialty housing for transitional homeless, chronically homeless, and individuals who are in a specialty court. This has become a statewide discussion. They held a housing forum roundtable discussion in Reno and included the rural counties in this. It was identified that they were looking at an urban area. Another was also planned for Las Vegas to identify some of the issues there and some potential solutions. One of the things that we brought back to the table to Tony Ramirez at HUD was that we wanted one in the rural areas and we wanted to discuss the impacts that we are experiencing in the rural areas. They asked to look at some models that have been successful in rural areas to address these issues. She is excited to announce that we have been able to put together a Rural Housing Forum that will be held on October 24th here in Churchill County. We were able to get one of our local businesses to install video conferencing capabilities for us so, rather than going to Carson, we are able to do this in a rural community. There will be different speakers, such as from the Bank of San Francisco, HUD, USDA, the State Housing Division, Nevada Rural Housing Authority, and the Builders Association to work together to build on what the Churchill Economic Development Authority started talking about in the open market but we want to address all of those different functions. We will be looking at ways to get our local builders or bring a developer in that can build cost-effective housing for our population. It will be a full day session. She will send out invitations once the agenda is finalized and hopes everyone will participate. Our focus will be for our builders and our different grant funders and how we can fund different things or what are some of the codes and changes at the local level would support incentives to create this and best practices. It will cover a broad spectrum of things. She has been very excited about all of the support for this and all of the sponsors who have made this happen.

 Ms. Robards said, as part of this initiative, USDA has offered additional financing through their Community Facilities money to New Frontier or other nonprofit agencies that want to expand on some of these services. At some point, New Frontier will probably take advantage of that but their schedules are so busy right now that they can't take that on right now. It has been a tough year but it has been one of those good news/bad news kinds of year. They have had this wonderful opportunity that presents itself and then the state announces across the board for treatment providers in all of Nevada a 23% cut in funding for the next year. They are doing a juggling act. This item was presented for informational purposes only and no action was taken.

 **Consideration and possible action re: Community reports on current priorities and projects: (IV) Release of Live Healthy Churchill County, Nevada – Sponsored by Nevada Association of Counties (NACo), Shannon Ernst, Churchill County Social Services Director.**

Social Services Director Ernst reported that, about 3 months ago, Commissioner Olsen requested information about Live Healthy, which is a nationally sponsored program through the National Association of Counties (NACo). In 2007, we started working with NACo to bring the prescription discount card forward and have been doing that ever since. There are individuals who receive up to a 30% discount on the prescriptions at local pharmacies. NACo has expanded this Live Health program in Churchill County. This not only provides discounts for prescriptions

but now provides a discount dental and health program, which includes vision. The prescription program is free to all residents in Churchill County. You just need one card. Anybody in a family can use these cards and you do not have to register or sign up. She researched to make sure that we had providers for each one of these pieces before we signed up. With the dental program, we have 5 dentists who accept the reduced dental program, which provides for things such as fillings and cleanings at a reduced cost. It is a membership for that piece. It is \$6.95 for an individual per month or for the family it is \$8.95 per month to be a part of that discount program. She also researched the health providers and vision providers who accept the discount card. That program is also \$6.95 for an individual or \$8.95 for the family or you can do a package deal of \$13.90 or health and dental or \$17.90 for the entire family. It is reasonable. They are seeing up to 75% reduced cost at health providers to do this, especially with vision. She wanted to make sure that the board was aware that we have this now. We just received the brochures and her intern will start going around on Friday to place these. They are available in English or Spanish, plus the cards are in English or Spanish. She would like to get more cards, so she will order those and release the public service announcement so the community is aware of this. She will also provide a link on the Board of Health page on the county's website.

 Dr. McDonald suggested that one of the areas where she may want to go to is the financial department at Banner Churchill Community Hospital because there are a lot of programs that they affiliate with and this is another resource that could be provided to patients that may need help. This item was presented for informational purposes only and no action was taken.

SCHEDULE FUTURE MEETING DATE

The next regularly scheduled meeting would have been held on November 8th but due to the election being held in the Chambers, staff recommends that either the location or the date of the meeting be changed. After discussion, it was agreed to move the date of the meeting to November 9, 2016 at 3:00 p.m. in the Chambers.

FUTURE AGENDA ITEMS

Dr. McDonald said we have our standing Agenda items and asked if anyone had any other items to add but there were none.

PUBLIC COMMENTS

Dr. McDonald inquired if there were any public comments on issues that were not listed on the Agenda.  Commissioner Erquiaga said he met with a County Commissioner from Elko County, Delmo Andreozzi, about 6 weeks ago and he is very interested in everything this Board of Health is doing. He thinks that is very neat that we are sort of serving as a model to other communities and he credits Shannon and her team that has been working together. He thinks that is a very neat thing. He congratulated her for bringing the Board of Health to where it ought to be.

ADJOURNMENT

There being no further business to come before the board, the meeting was adjourned at 4:55 p.m.

APPROVED: _____
Dr. Tedd McDonald, Chair

APPROVED: _____
Carl Erquiaga, Commissioner

APPROVED: _____
H. Peter Olsen, Jr., Commissioner

APPROVED: _____
Harry Scharmann, Commissioner

APPROVED: _____
Ben Trotter, Sheriff

ATTEST:

Pamela D. Moore, Deputy Clerk of the Board

Churchill County Board of Health
Agenda Report

Agenda Item: # Item 7-A
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health
From: Shannon Ernst – Social Services

Subject Title: Consideration and possible action re: Presentation by the Churchill County Mosquito, Vector, and Noxious Weed Abatement District regarding updated reporting on precautions taken against Zeeka Virus, Nancy Upham, Executive Director, Churchill County Mosquito, Vector, and Noxious Weed Abatement District

Type of Action Requested: (check one)

- | | |
|-----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Ordinance |
| <input type="checkbox"/> Formal Action/Motion | <input checked="" type="checkbox"/> Other – Informational Only |

Does this action require a Business Impact Statement? NO

Recommended Board Action: NONE – Unless further direction is requested by the Board

Discussion: Presentation by Churchill County Mosquito Vector & Weed Control in regards to prevention of Zeeka Virus and other diseases.

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, Churchill County Health Officer

Date: 11-2-16

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)

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Churchill County Board of Health
Agenda Report

Item 7-B(l)

Agenda Item: # _____
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health

From: Shannon Ernst, Social Services

Subject Title: Consideration and possible action re: Quarterly Notification of Food Establishments Permit Suspensions and Closures, *Katherine Doty*, Environmental Specialist II, HHS Division Public Health Regulatory and Planning Service - EHS

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: N/A Update item only

Discussion:

- 1. Quarterly notifications for July 1, 2016 to September 30, 2016

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, Churchill County Health Officer

Date: 11-2-16

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

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STATE OF NEVADA



BRIAN SANDOVAL
Governor

RICHARD WHITLEY,
MS
Director

CODY L. PHINNEY, MPH
Administrator

JOHN DIMURO, D.O.,
MBA
Chief Medical Officer

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November 8, 2016

Churchill County Board of Health
155 North Taylor Street
Fallon, NV 89406

Re: Quarterly Notification of Food Establishment Permit Suspensions and Closures

Dear Board of Health Members,

Per NRS 446.880 it may be required by EHS personnel to suspend or temporarily close a food service establishment for a period of time until such violations leading to suspension and closure are corrected. At your request EHS staff for the Fallon field office currently do not have any closures to report under this category for the third quarter of 2016 (July through September, 2016).

Please contact the Fallon EHS office at 423-2281 with any questions regarding this report.

Sincerely,

Katherine Doty, REHS
Environmental Health Specialist III

cc: Barrett Evans, Supervisor, Environmental Health

Churchill County Board of Health
Agenda Report

Agenda Item: # Item 7-B(II)
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health

From: Shannon Ernst, Social Services

Subject Title: Consideration and possible action re: Updates on Wildes Road Mobile Home Park Sanitation and Water Compliance, Katherine Doty, environmental Specialist II, HHS Division Public Health Regulatory and Planning Service – EHS and Marie Henson, Building Inspector, Churchill County Building Department

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: N/A – Informational Only

Discussion: An update of reported non-compliance issues reported by NDEP shall be provided regarding the Wildes Road Mobile Home Parke and services provided to residents.

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, Churchill County Health Officer

Date: 11-2-16

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

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Churchill County Board of Health
Agenda Report

Item 7-C

Agenda Item: # _____
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health

From: Shannon Ernst – Social Services

Subject Title: Consideration and possible action re: State of Nevada Public Health Nurse Office Update, Greg Kitchingman, State of Nevada Behavioral Health and Raylene Stiehl, Churchill County Public Health Nurse

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: NONE – Unless further direction is requested by the Board

Discussion: Update of on the Churchill Public Health Nurse office hiring and programs

1. A quarterly report of services provided at the Public Health Nurse will be provided
2. Update on Family Planning activities and contract

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, Churchill County Health Officer

Date: 11-2-16

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

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Churchill County Board of Health**Agenda Report**

Agenda Item: # Item 7-D
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health

From: Shannon Ernst, Social Services

Subject Title: Consideration and possible action re: Update on Behavioral Health Taskforce Activities, *Jessica Flood, Regional Mental Health Coordinator and Shannon Ernst, Social Services*

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: Informational Item Only

Discussion: On February 9, 2016 the Board of Health designated a Behavioral Health Taskforce. The group goal was to review the behavioral health services being provided, identify gaps and develop systems to strength the system.

The group meets on a monthly basis and took place in September and October, but has moved to the 3rd Tuesday at 8:30am to accommodate schedules. Meetings are held in the Churchill County Annex Building Conference Room.

Through the meeting process three programs were identified that would provide services to individuals with behavioral issues and provide support to elevate emergency calls:

1. Crisis Intervention Training: Churchill County has 8 representatives attending the Carson City training November 14 – 18, 2016.
2. Mobile Outreach Service Team (MOST): The program was launched May 2, 2016. Since June the program has been hold to identify local officers for the team, obtain safety training for the team Social Worker and identify dedicated time need for the team.
3. Forensic Assessment Services Triage (FASTT): the program has been identified as a goal, but at this time no implementation plan has been developed and is pending new Correctional Facility Construction
4. State overview for presentation at NACO
5. Scheduling of Model 3 Logic Model development

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, Churchill County Health Officer

Date: 11-2-16

Board Action Taken:

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Churchill County Board of Health

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

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Churchill County Board of Health
Agenda Report

Agenda Item: # Item 7-E
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health
From: Shannon Ernst – Social Services
Subject Title: Consideration and possible action re: Churchill County Report Card

Type of Action Requested: (check one)
 Resolution Ordinance
 Formal Action/Motion Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: I move to accept the updated Churchill County Report Card, as submitted for the 3rd quarter.

Discussion:
The Board previously approved the Report Card with a reduction of 10% for the first year. During the next committee meeting the team will be guided to identify activities to further reduction in 2017.

Prepared By: Shannon Ernst Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, County Health Officer Date: 11-2-16

Board Action Taken:
Motion: _____ 1) _____ Aye/Nay
2) _____ _____

(Vote Recorded By)

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Churchill County Board of Health
Agenda Report

Agenda Item: # Item 7-F
Agenda Date Requested: 11-9-16

Date Submitted: 11-4-16

To: Churchill County Board of Health

From: Shannon Ernst – Social Services

Subject Title: Consideration and possible action re: Community reports on current priorities and projects: Coordination of Mental Health Services being provided and recommended in Churchill County

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other – Informational Only

Does this action require a Business Impact Statement? NO

Recommended Board Action: NONE – Unless further direction is requested by the Board

Discussion: Presentation by the following on efforts in regards to Board of Health and community identified projects:

1. Update on coordination of Mental Health Services being provided in Churchill County, *Kay Riehm, State of Nevada, Division of Public and Behavioral Health; Raylene Stiehl, Banner Churchill Community Hospital*
2. Churchill Community Coalition Program Updates, *Andrea Zeller, Churchill Community Coalition.*
3. Overview and update on Certified Community Behavioral Health Clinic (CCBHS) planning grant – *Lana Henderson, New Frontier Treatment Center*

Prepared By: Shannon Ernst

Date: 11-2-16

Reviewed By: Dr. Tedd McDonald, County Health Officer

Date: 11-2-16

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

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