

MINUTES OF THE CHURCHILL COUNTY BOARD OF HEALTH

155 N. Taylor St., Fallon, NV 89406

November 17, 2021

Call to Order:

The regular meeting of the County Board of Health was called to order at 9:00 AM on November 17, 2021.

PRESENT: Dr. Tedd McDonald, Chair
Commissioner Justin Heath
Sheriff Richard Hickox
Deputy District Attorney Joseph Sanford
Deputy Clerk to the Board Pamela D. Moore

ABSENT: Commissioner Gregory Koenig
Commissioner H. Peter Olsen, Jr.

Pledge of Allegiance:

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

Public Comment:

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

Verification of the Posting of the Agenda:

It was verified by Pamela D. Moore, Deputy Clerk to the Board, that the Agenda for this meeting was posted on the 10th day of November, 2021, between the hours of 11:00 AM and 12:00 PM at all of the locations listed on the Agenda, in accordance with NRS 241.

Consideration and possible action re: Approval of Agenda as submitted or revised:

Commissioner Justin Heath made a motion to approve the Agenda as revised. Sheriff Richard Hickox seconded the motion, which carried by unanimous vote.

Consideration and possible action re: Approval of Minutes of the meeting held on:

A- September 22, 2021.

The Minutes of the meeting held on September 22, 2021 are presented for the board's consideration and approval.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

Commissioner Justin Heath made a motion to approve the Minutes of the meeting held on September 22, 2021. Sheriff Richard Hickox seconded the motion, which carried by unanimous vote.

Appointments:

A- Consideration and possible action re: Update on COVID-19 related activities, to include but not limited to, State of Nevada criteria and county closures, surveillance testing, and CARES Act funding.

The Churchill County Leadership Team will provide an update on COVID-19 related activities, to include but not limited to, State of Nevada criteria and county closures, surveillance testing, and CARES Act funding.

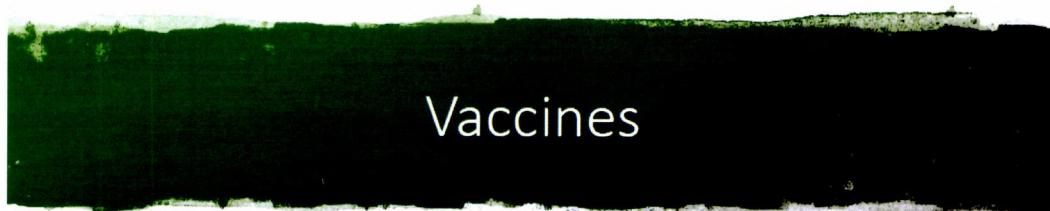
FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: None; Informational Only

Shannon Ernst, Social Services Director, had a PowerPoint Presentation as follows:



Data from December 2020 to
October 31, 2021

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Total COVID-19 Vaccine Doses Administered by Churchill County Public Health (CCPH) from December 2020 through the month of October 2021

Doses Administered	
Total	10404
Moderna 1st Dose	4193
Moderna 2nd Dose	3856
Moderna 3rd Dose	323
Janssen	839
Janssen 2nd Dose	6
Pfizer 1st Dose	643
Pfizer 2nd Dose	532
Pfizer 3rd Dose	12

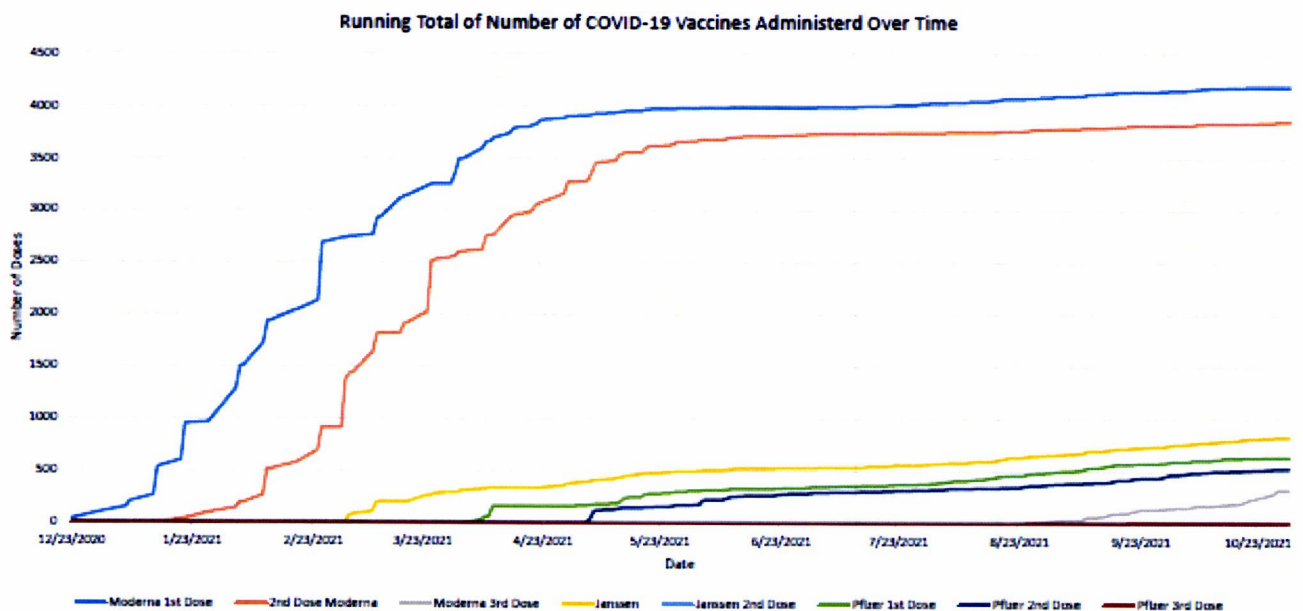


Figure 2. Running total of Moderna (first, second, and third), Janssen (first and second), and Pfizer (first, second, and third) vaccine doses administered by Churchill County Public Health from December 23, 2020 to October 31, 2021.

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Breakdown of Total Doses Administered by CCPH

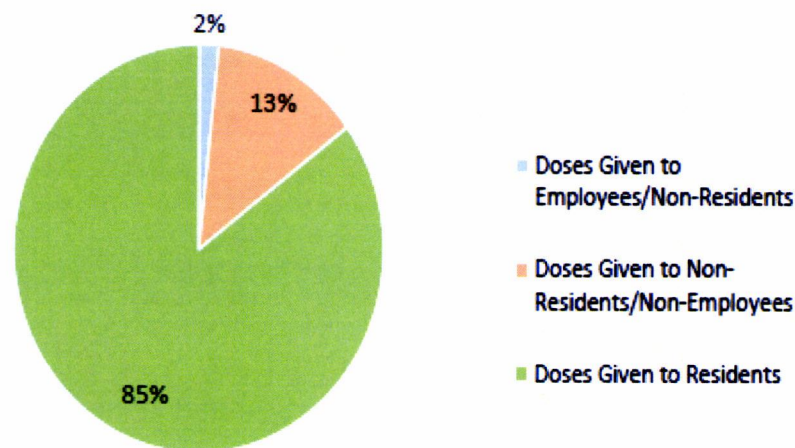


Figure 3. Breakdown of the total doses administered by Churchill County Public Health. With a total of 10,404 doses administered by Churchill County Public Health, 175 of those doses went to employees/non-residents of Churchill, 1,363 doses went to non-residents/non-employees of Churchill, and 8,866 doses went to Churchill County residents.

Doses Administered to Employees/Non-Residents of Churchill County by CCPH

Total	175
Moderna 1st Dose	66
Moderna 2nd Dose	59
Moderna 3rd Dose	3
Janssen	25
Janssen 2nd Dose	0
Pfizer 1st Dose	13
Pfizer 2nd Dose	9
Pfizer 3rd Dose	0

Doses Administered to Non-Residents/Non-Employees of Churchill County by CCPH

Total	1363
Moderna 1st Dose	556
Moderna 2nd Dose	537
Moderna 3rd Dose	12
Janssen	149
Janssen 2nd Dose	0
Pfizer 1st Dose	65
Pfizer 2nd Dose	44
Pfizer 3rd Dose	0

Doses Administered to Churchill County Residents by CCPH

Total	8866
Moderna 1st Dose	3571
Moderna 2nd Dose	3260
Moderna 3rd Dose	307
Janssen	666
Janssen 2nd Dose	6
Pfizer 1st Dose	565
Pfizer 2nd Dose	480
Pfizer 3rd Dose	11

Doses of Pfizer Administered to 12-17 Year Olds by CCPH

Total	522
Churchill Residents	479
Out of County	43

Children Aged 12-17 Years Demographics

- As of October 25, 2021:
 - **26.2%** of residents aged 12-17 years are fully vaccinated (NV DHHS, 2021)
 - **28.9%** have initiated being vaccinated (NV DHHS, 2021).

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Doses of Pfizer Administered to 5-11 Year Olds by CCPH:
First Initiated on November 4, 2021

Total	40
Churchill Residents	36
Out of County	4

November 4, 2021 - November 10, 2021

Doses Administer to Children Aged 5-11 Years

- **40 doses** of Pfizer administered by CCPH to children 5-11 years old since November 4, 2021
- CCPH had a COVID/flu vaccine POD at Oasis Academy on November 4, 2021 and administered 16 doses of the COVID-19 vaccine to children aged 5-11 years old

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Senior Citizen Demographics

- As of October 25, 2021:
 - **88.3%** of residents 70+ years are fully vaccinated (NV DHHS, 2021)
 - **91.8%** have initiated being vaccinated (NV DHHS, 2021).

Percentage of Residents Fully Vaccinated by CCPH

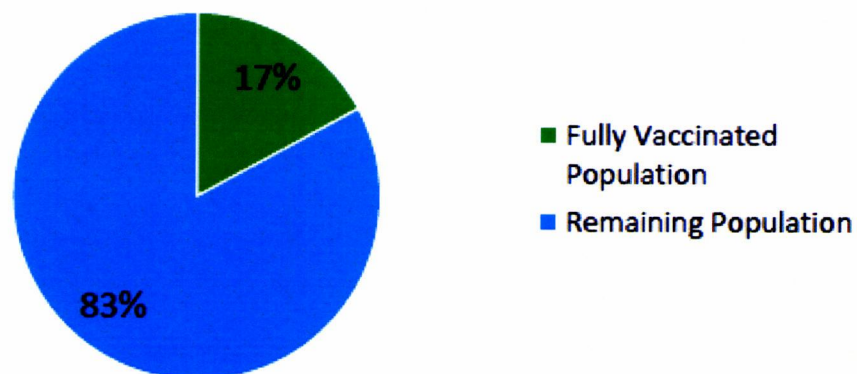


Figure 4. Population of Churchill County that has been fully vaccinated by Churchill County Public Health. Combining the number of residents that received Moderna/Pfizer second doses and Janssen single doses gives a total of 4,406 fully vaccinated residents.

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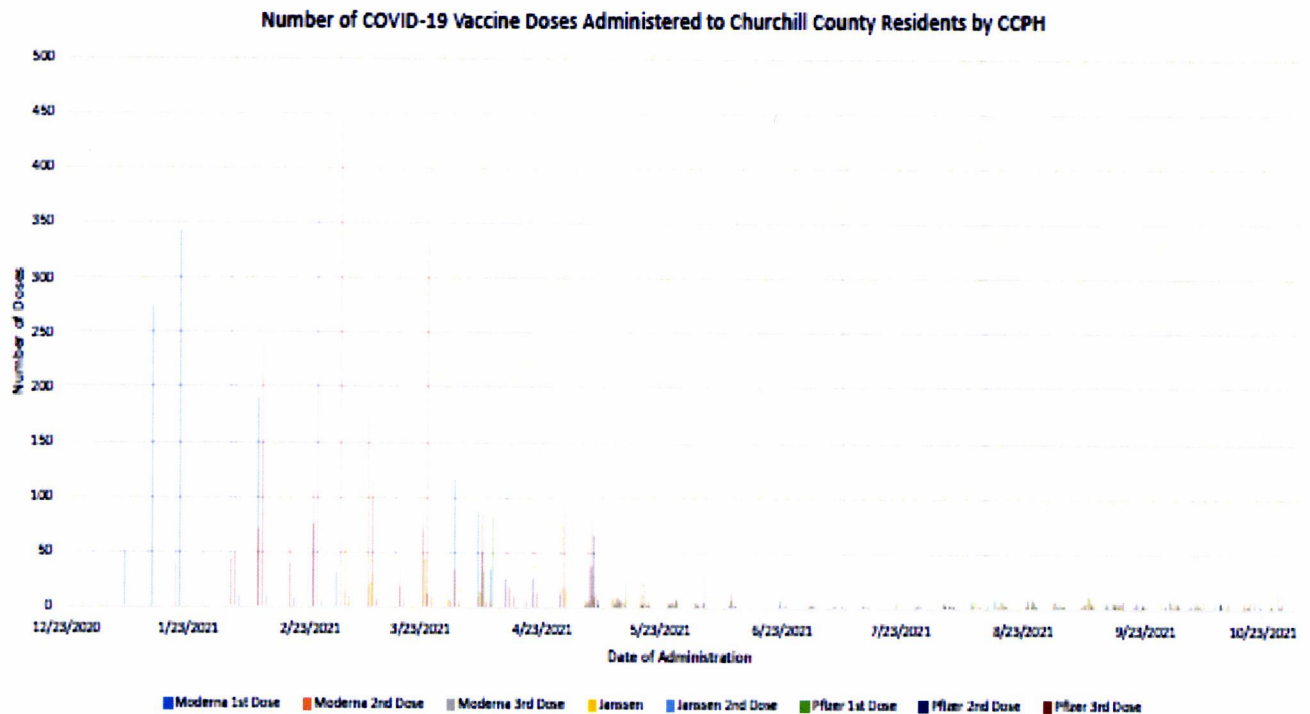
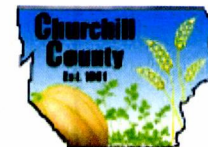
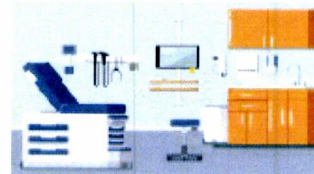
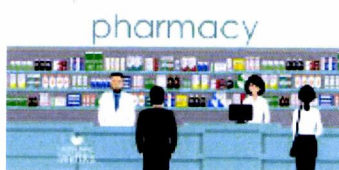


Figure 5. Number of Moderna (first, second, and third), Janssen (first and second), and Pfizer (first, second, and third) vaccine doses administered to Churchill County residents by Churchill County Public Health from December 23, 2020 to October 31, 2021.

Churchill as a Whole



- **10,782** total residents are fully vaccinated (NV DHHS, 2021)
- **48.90%** of population 12 years and older fully vaccinated (NV DHHS, 2021)
 - Data pending for the population aged 5+ years. Earliest 2nd dose available on November 25, 2021.



Nevada Department of Health and Human Services [NV DHHS]. (2021, November 15). COVID-19 Statistics Dashboard.

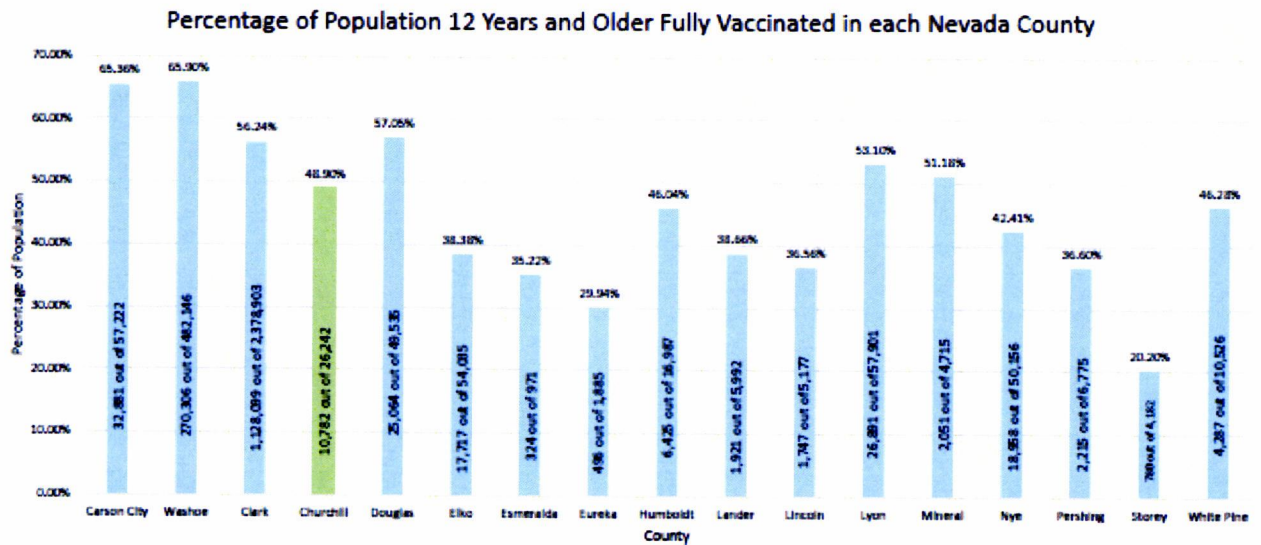
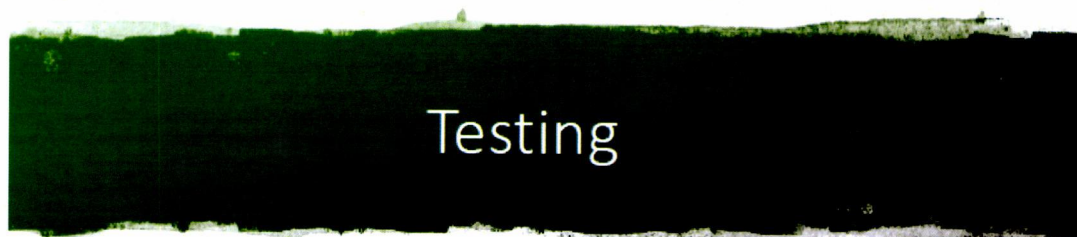


Figure 6. Out of the rural counties in Nevada, Churchill is currently ranked 4th out of 14 for the highest percentage of fully vaccinated residents 12 years and older, with 48.90% of Churchill County residents 12+ years fully vaccinated (NV DHHS, 2021).

Nevada Department of Health and Human Services [NV DHHS]. (2021, November 15). COVID-19 Statistics Dashboard.



Updated November 15, 2021

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Churchill
Compared to
the State of
Nevada

*Over a 14-day period
with a 7-day lag.

Test
Positivity
Rate*

Churchill

13.4%

Statewide

7.6%

Nevada Department of Health and Human Services [NV DHHS]. (2021, November 15). COVID-19 Statistics Dashboard.

Testing Completed by CCPH
from May 4, 2020 to October 31, 2021

15,467 TOTAL NEW TESTS

13,446 NEGATIVES

1,463 POSITIVES

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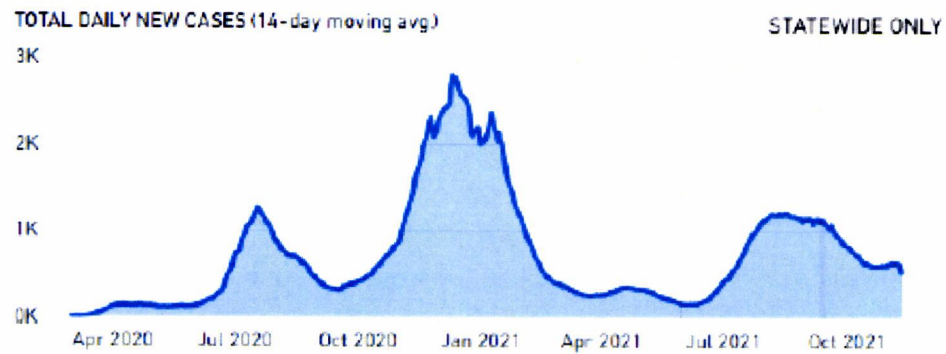


Figure 7. Statewide daily new COVID-19 cases from May 2020 to November 15, 2021 (NV DHHS, 2021).

Nevada Department of Health and Human Services [NV DHHS]. (2021, November 15). COVID-19 Statistics Dashboard.

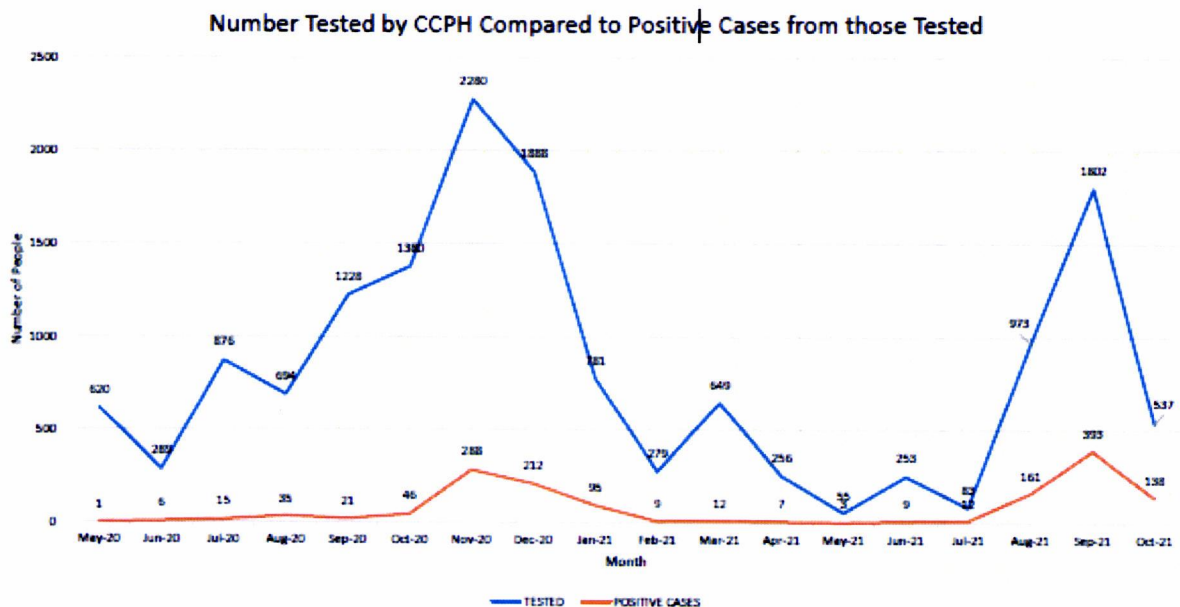
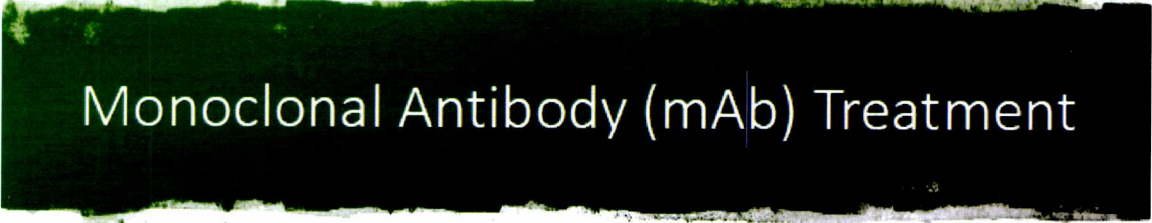


Figure 8. Number of people who tested with Churchill County Public Health compared to the positive cases from those tested between May 2020 to October 2021.

COVID-19 Positive Case Overview As of November 15, 2021

4086 Total County Positives
3924 Total Recovered
88 Active
74 Deaths

218 Long Term Care Facilities
230 NAS Fallon
298 Fallon Tribal



Monoclonal Antibody (mAb) Treatment

Updated November 16, 2021

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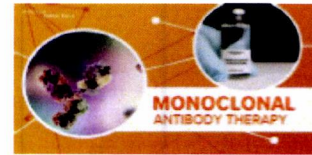
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COVID-19 mAb Treatment

Treatment began on November 5, 2021



- 9 mAb treatments performed
- Scripting education provided to those doing tracing
- mAb provider ordering process provided to Banner, Narag Fallon Family Clinic, Northern Nevada Medical Center and posted on National websites
- Treatment consists of 4 subcutaneous injections followed by 1 hour of patient monitoring
- Dr. Heath participated in first referral/treatment at Miners Rd
- 75 doses on hand. More doses available through state pharmacy

Sheriff Richard Hickox said, regarding the vital records that are being reviewed, are they notifying the original signatory on that record? Director Ernst said I will reach out to Jenny Harbor, who runs that process, and I will find out for you.

Chairman McDonald said, on Monday, I had a chance to work with Raylene Stiehl on a couple of patients coming in and the process is nice. It is really accessible to the patients for a provider to look at what is necessary to be done and is smooth and understandable. I believe once folks know about this, we will meet your goal of 50. Director Ernst said it is really making sure that we can maintain the staffing. As soon as it hit social media, the response has been great. The text messages started coming in. I had someone from September that still has symptoms but is past that time. It won't hurt you; it just won't do anything. The website for access is a good point in time for everyone to see this. The website has that big red sign at the top and we have added to it as we add services. All your forms that you need for everything is here and can be emailed or faxed directly to us. We do the patient history and the order and it has information that you can provide to the patient right then. We want to make sure that if this happens in the ER at Banner in the middle of the night, they can access the forms that they need and we can have those as soon as they come in and get them scheduled immediately. This is a process that is constantly changing. We did not have a patient history form because they are not our patient, but we did create that and will continue to change it as needed. This is one that we really thought was out of our realm. We didn't think we would go into treatment, but we found that it does work quite well.

Chairman 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.

Update on Health District Development:

A- Consideration and possible action re: Update on the development of a Health District.

Development Staff will provide an update on the development of a Health District. As of October 5, 2021:

1. Contract executed with Eureka County to provide testing, tracing, and treatment support.

2. Approval requested from the Board of County Commissioners to enter into a Contract with Mineral County for testing, tracing, vaccine, and treatment support.
3. Meeting scheduled with the Pershing County Board of Health to review the project and outline the process.
4. Lab software identified, contract reviewed, pending funding.
5. Health Software identified, pending Contract details, funding allocated by grants.
6. NRS review related to health districts, pending meeting with UNR, Strategies 365, and District Attorney's Office.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: None; Informational Only

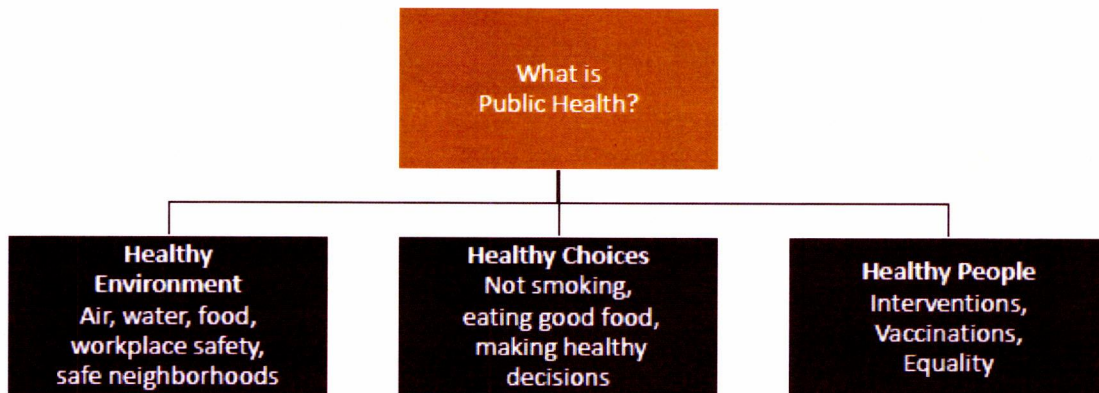
Director Ernst said I want to introduce Marena Works with the UNR School of Medicine. Marena Works had a PowerPoint Presentation as follows:

Objectives	Background
	Problem
	Solution
	Definition of Plan
	Measurement
	Partners
	Financial Resources
	Implementation

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Public Health is YOUR Health!

Public Health Agencies

- International health agencies
 - WHO (World Health Organization)
- Federal agencies
 - HHS
 - CDC; FDA; CMS; IHS
- State Health Departments
- Local Health Departments
- Volunteer organizations (non-governmental)
 - American Lung Association; March of Dimes;

The image displays several logos for public health agencies. At the top right is the Department of Health & Human Services USA logo, featuring an eagle. Below it are the CMS (Centers for Medicare and Medicaid Services) and CDC (Centers for Disease Control and Prevention) logos. To the left of the CDC logo is the World Health Organization logo. At the bottom left is the March of Dimes logo. At the bottom right is the U.S. Public Health Service logo, featuring an eagle and the text 'U.S. PUBLIC HEALTH SERVICE 1798'.

Public Health vs. Clinical Medicine

Population vs. Individual

Prevention vs. Treatment

- Primary Prevention
- Secondary Prevention
- Tertiary Prevention



Primary Prevention

Goal is to PREVENT the disease or health condition from developing in the first place

Focus is on eliminating the exposure or eliminating the harmful effects of an exposure

- Immunizations
- Education
- Controlling potentially hazardous substances in the home or at work
- Removing exposures (e.g., no smoking in public places)

Secondary Prevention

Goal is to identify people with whom a disease has already begun, but who have not yet developed clinical signs

Focus is detecting a disease or treating an injury as soon as possible so that the least amount of damage is done

Examples:

- Cancer screening
- Newborn screening

Tertiary Prevention

Goal is to minimize or soften the impact of an illness, injury, etc. that has long term or lasting effects

Focus is on long-term management and care to reduce complications and comorbidities in those who are already symptomatic

Examples:

- Support groups
- Long-term rehabilitation facilities
- Physical therapy
- Monoclonal Antibody Therapy

Marena Works said the whole idea of public health is the prevention to stop the hole in the bridge, which is causing people to be unhealthy and are having to do medical care when things could have been prevented or treated before there was so much damage.

Public Health focuses on the health of the population as a whole. Public Health is ultimately local. Public Health is not about the local Health Department but rather how we link toward a community-wide strategic plan for health improvement.

Federal Power

At the Federal level, the ability of the government to act and regulate to protect the public's health is derived from Article 1 § 8 which grants power to regulate commerce and the power to collect taxes and provide for general welfare (Deville, 2011).

Federal governments' role in public health is primarily to provide financial and technical support (Kahn, 2009).

DeVillie, Kenneth. *Public Health Law*. Journal of Public Health Management & Practice; May/June 2011; vol. 17, Num. 3
Kahn, Laura. *Who's in Charge? Leadership during epidemics, bioterrorism attacks and other public health crises*. 2009. Praeger Security International.

During the Presidency of FDR, as part of the New Deal:

- Federal grants to develop state and local public health services

Public Health Service Act of 1944

- Driving force was WWII.
- Brought streamlining of the Nation's public health law and activities.
- Commissioning of nurses, sanitarians, scientists and veterinarians.
- Commissioned personnel in wartime had the same benefits and privileges of officers of the Army and Navy.
- Provides legal authority for HHS to respond to public health emergencies and to assist states in their response.

Changes in the 1960's

The advent of civil rights jurisprudence.

- The Warren Court.
- Strengthened positions on issues of equality and civil liberties.
- Remade the basic tenets of police power.

The rise of patient autonomy and rapid expansion of state personal health services expenditures (Medicaid & Medicare)

- Mandatory immunizations, such as was done with smallpox no longer acceptable.
- Forced isolation.
- With Medicaid, funds were diverted from public health to personal health (reprioritization of federal funds).

Federal encroachment on state authority.

Federal funds moved from public health to personal healthcare and were never intended to fully fund public health in individual states as public health is a state responsibility. At a local level, tax money goes into indigent accident funds and there is no provision for public health.

State Power

Traditionally in the United States public health was a state and local responsibility and not Federal

Broad Power

“Police Power” The authority conferred upon the states by the [Tenth Amendment](#) to the U.S. Constitution and which the states delegate to their political subdivisions to enact measures to preserve and protect the safety, health, [Welfare](#), and morals of the community.

Nevada has a 7-member, governor appointed State Board of Health consisting of 2 physicians, 1 RN, 1 Veterinarian, 1 dentist, 1 Engineering or Building Contractor and 1 general public person.

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Local Administration

County Board of Health

County commissioners, sheriff, county health officer

District Board of Health Less than 700,000

2 members from each county, city or town which participated in establishing the district, appointed by the governing body of the county, city or town

Physician licensed to practice in the state

The County Board of Health shall be subject to the supervision of the Health Division as the State Board of Health may require.

Local Administration: Nevada's Newest Health Department Carson City Example

Carson City formally met as a
Board of Health
November 13, 2003

This decision placed public health
programs in the hands of local
government

Carson City had the unique
option of forming a City or
County BOH

Opted for the County BOH

County BOH Powers

The county board of health may:

1. Abate nuisances in accordance with law.
2. Establish and maintain an isolation hospital or quarantine station when necessary for the isolation or quarantine of a person or a group of persons.
3. Restrain, quarantine and disinfect any person or group of persons sick with or exposed to any contagious or infectious disease that is dangerous to the public health.

District Board of Health

Currently 2 types in Nevada

- Counties whose population is less than 700,000
- Counties whose population is 700,000 or more (affects Clark County only)

NRS 439.369

- By affirmative vote of:
 - Boards of county commissioners of 2 or more adjacent counties governing bodies of 2 or more cities or towns within any county, or,
 - The board of county commissioners and governing body or bodies of any incorporated city or cities, town or towns, in such county, AND
- Approval of the state BOH there may be created a health district with a health department consisting of a district health officer and a district BOH

District BOH Composition

NRS 439.390: A district BOH must consist of **2 members from each county, city or town** which participated in establishing the district...plus an additional member that must be a physician

Also specify that:

- Appoint a **health officer** (not required to be a physician) who has full authority as a county health officer in the district
- Clinical programs which requires medical assessment must be carried out under the direction of a physician

County BOH: Supervision by Health Division

The county board of health shall be subject to the supervision of the Health Division and shall make such reports to the Health Division as the State Board of Health may require.

Reports are given at every State BOH meeting (by the Health Department Director or Health Officer) and include updates of events and significant happenings at the health department.

Powers of a District Board of Health

NRS 439.410

- Have powers of a county BOH
- Have jurisdiction over all PH matters in the District, except in matters concerning EMS
- May adopt regulations consistent with law, which must take effect immediately on their approval by the state BOH to:
 - Prevent and control nuisances; NRS 439.490: abatement or removal of any nuisance detrimental to the public health in accordance with the laws related to such matters
 - ***Regulate sanitation and sanitary practices in the interests of public health**
 - ***Provide for the sanitary protection of water and food supplies**
 - ***Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health department**
 - ***NRS 439.473: A district health officer has authority for abatement of mosquitoes, flies other insects and rats**

***= powers granted to a district board of health; not valid for a county health department**

Early Public Health Struggles

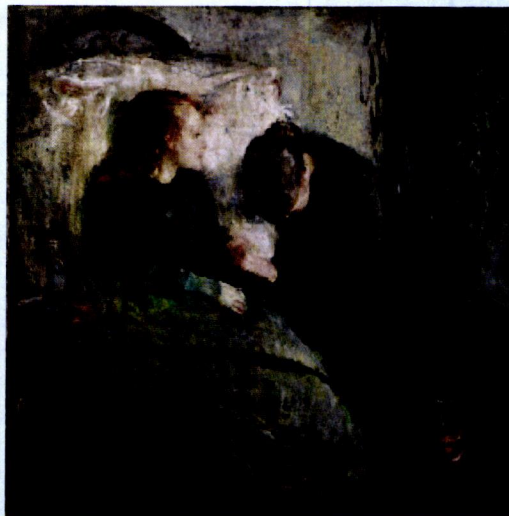
Infectious disease

Success

-In 1900 the leading causes of death were from influenza, pneumonia, diphtheria, TB and intestinal infections which took the life of 800/100,000 Americans.

Today only 30 people per 100,000 die from these diseases

Since Covid-19 an additional 67 per 100,000 die from infectious disease



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Early Public Health: Nuisance Abatement

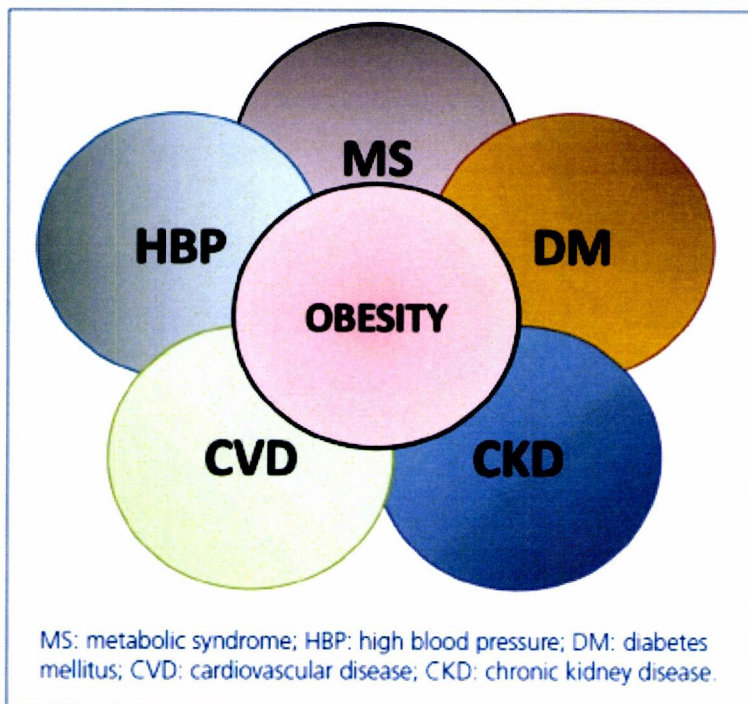
Nuisances are defined as any act or condition that interferes with the well-being of others

(Kahn, 2009)

Activities that harm the community

Activities that affect common resources

- Noise
- Clean air
- Water
- Garbage



Modern Struggles

Chronic Disease has increased by more than 25%

- Heart disease
- Cancer
- Stroke

New Diseases

- Zika Virus
- H1N1 (2009)
- COVID-19

20th Century Achievements in Public Health

Vaccination

Motor vehicle safety

Control of infectious diseases

Decline of deaths from CHD and stroke

Healthier mothers and babies

Safer and healthier foods

Safer workplaces

Family planning

Fluoridation of drinking water

Recognition of tobacco use as a health hazard

Problem: Lack of health districts in Nevada

Ensuring the health of the largest number of people means resources must be used to their best advantage.

Creating a health district maximizes the use of everyone's assets.

Highlights of a health district include:

- Improve capacity of existing agencies to address a wider scope of public health problems including communicable disease control
- Increase community input in the development and delivery of public health services
- Improve public health preparedness and response through enhanced coordination of services in the area
- Develop additional services provided by larger health departments in Nevada

Create a multi-county health district to improve availability of less fragmented services.

Address a wider scope of public health services.

Prepare for natural disasters, infectious disease outbreaks and bioterrorism.

Leverage financial and human resources.

District health departments have more power granted from the state board of health than an individual county or city health department would have.

Solution

Environmental Health

Environmental health services enforce regulations of the following:

- Restaurants
- Bars
- Pools
- Septic systems
- Schools
- Jails
- Hotels/motels
- RV parks
- Childcare
- Invasive body decoration and permanent make-up

Public Health Preparedness & Communicable Disease Investigation

Follow the 15 capabilities that the CDC established

Capability 1: Community Preparedness

Capability 2: Community Recovery

Capability 3: Emergency Operations Coordinator

Capability 4: Emergency Public Information and Warning

Capability 5: Fatality Management

Capability 6: Information Sharing

Capability 7: Mass Care

Capability 8: Medical Countermeasure Dispensing and Administration

Capability 9: Medical Material Management and Distribution

Capability 10: Medical Surge

Capability 11: Non-Pharmaceutical Interventions

Capability 12; Public Health Laboratory Testing

Capability 13: Public Health Surveillance and Epidemiological Investigation

Capability 14: Responder Safety Health

Capability 15: Volunteer Management

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Health Promotion & Disease Prevention

Work with the communities to reduce the incidence of chronic disease within a community by:

Infant health: prevent premature births; support breastfeeding and safe home environments.

Child and Adolescent Health: improve nutrition and physical activity, prevent initiation of tobacco use; promote oral health.

Adult Health: tobacco cessation, increase access to healthy foods, physical activity opportunities.

Older Health: help those with dementia to stay active; early disease detection such as hypertension & diabetes; promote adult vaccines

Measurement Examples

County Health Rankings

Community Health Needs Assessments – hospital based; coalitions

Set Health Goals (examples only):

- Reduce new diagnosis of STD infections by June 30, 2023
- Reduce the rate of smoking to $\leq 16\%$ of adults by June 30, 2023 (NV 16%; Churchill 18.1%; Pershing 18%; Mineral 21.5%; Eureka 17.1%).
- Reduce heart disease mortality by 5% by June 30, 2023 (Number per 100,000 2014-2018: Churchill 207.6; Pershing 201; Mineral 108.6; Eureka 76.6).
- Increase access to immunizations

Specific Measures

Calculate STD rates per county and further break down by age and gender every month

Adult smoking rates collected annually

Heart disease rates collected annually

Immunization rates collected quarterly

Why Life Expectancy



A good way to initially assess the health of a community

Begins with pre-natal care

Should always be a focus on Maternal-child health

Everything that goes into “life” from there adds to expectancy

Are We Where We Should Be?

U.S. ranks 46th in the world for life expectancy at birth: average of **80.43 years** (est. CIA World Fact Book)

There are almost 4 dozen countries better than us!

#1 Monaco 89.4

#10 Israel 83.15

#15 S. Korea 82.78

#40 Greece 81.28

#227 (worst) Afghanistan 53.25

Nevada is 36th in the Nation at 77.9 years (2018); infant mortality went up in Nevada in the years before the pandemic by 18%

[Life expectancy at birth - The World Factbook \(cia.gov\)](#)

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Factors that Contribute to Pre-mature Death

5% Environmental Exposures

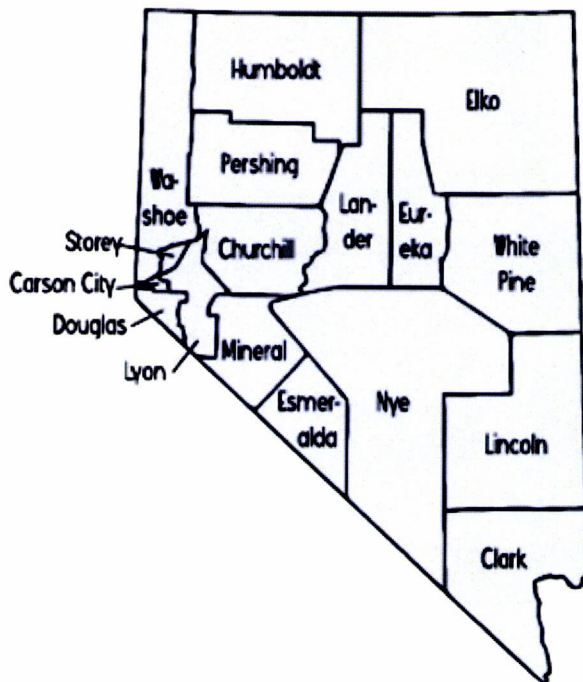
10% Health Care

15% Social Circumstances

30% Genetics

40% Behavioral Factors

*We are not near the health status we
think we should be*



County Health Rankings

In February 2010, these were released for every county in the U.S. Latest update 2021.

A collection of 50 reports reflecting the overall health of every county to give a snapshot of how healthy their residents are

Helps to show where we are doing well and areas of improvement

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2021 County Health Rankings: Health Outcomes: Length of Life & Quality of Life

- | | |
|---------------------------------------|---|
| 1. Lincoln | 10. White Pine |
| 2. Douglas | 11. Churchill (9 th in 2020) |
| 3. Pershing (6 th in 2020) | 12. Lyon |
| 4. Washoe | 13. Carson City |
| 5. Storey | 14. Lander |
| 6. Clark | 15. Nye |
| 7. Elko | 16. Mineral (15 th in 2020) |
| 8. Humboldt | 17. Esmeralda (not ranked) |
| 9. Eureka (not ranked 2020) | |

2021 County Health Rankings: Health Factors: Health Behaviors; Clinical Care; Social and Economic Factors; Physical Environment

-
- | | |
|---|----------------------------|
| 1. Douglas | 10. Lincoln |
| 2. Washoe | 11. Clark |
| 3. Eureka (NR in 2020) | 12. Humboldt |
| 4. Storey | 13. Lyon |
| 5. Elko | 14. Pershing |
| 6. White Pine | 15. Mineral |
| 7. Carson City | 16. Nye |
| 8. Churchill (10 th in 2020) | 17. Esmeralda (not ranked) |
| 9. Lander | |
-

Partners

Health Departments do not operate in a silo and are dependent on the relationship with community partners to ensure the needs of the community are met.

Coalitions

School District

Hospitals and Long-Term Care

Senior Center

College

Cooperative Extension

Financial Resources

Start up funds from Department of Public and Behavioral Health:

- COVID ELC: \$483,044
- COVID ELC School Testing: \$445,720
- Immunization Grant: \$193,736
- COVID ELC: \$59,490
- CDC Workforce Grant: \$2,031,395
- Total: \$3,213, 385

Financial Stability



On-going state grants including CDC pass through grants



Permit Fees



Insurance Billing



Partner Contributions

Implementation

Obtain	Obtain non-binding letters of intent from interested counties
Engage	Engage stakeholders
Assess	Assess steps in developing a new health district and operationalize the plan into step-by-step actions
Develop	Develop a budget that includes anticipated revenue from services currently being provided by the DPBH
Draft	Draft any code additions needed for the new health district
Draft	Draft policies and procedures
Track	Track progress and report on a regular basis to the participating BCC's

Social Services Director Ernst said Marena Works has also provided a one-page fact sheet, so this is kind of the kick-off. We are not sure if we are going to Lovelock today, but we will go to Mineral County on Monday and then we will be making a trip to Eureka. It is engaging the partners in the education process of what this looks like and getting those commitments. As we move forward, it feels like the cart is before the horse as we are already providing some services in these communities. We are helping our partners respond to a need they have. We are building a huge relationship and learning what works and what does not. I think it will help us overall in the end. I want to thank Marena. She is taking a huge lift for this and we are excited to have her. Sheriff Hickox said thank you, that was very educational.

Chairman 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.

B- Consideration and possible action re: Update and approval of partner contracting to provide identified services per State of Nevada, Department of Health and Human Services, CDC Workforce Project.

Churchill County has received funding totaling \$1,000,000 annually until October 2023 to not only develop the Health District but to partner with potential Health District Counties to create and implement services in response to COVID-19, i.e. tracing, testing, and vaccine. The goal is to assist partnering communities to fill gaps and develop relationships for future partners.

1. The Board of County Commissioners and Eureka County Commissioners have approved the Interlocal Agreement for the project to be implemented in Eureka County. It is requested that the board authorize the County Health Officer, Tedd McDonald, M.D., to sign the said Agreement.
2. Churchill County Social Services has negotiated an Interlocal Agreement with Mineral County for the same project. It is requested that the board authorize the County Health Officer to execute the proposed Agreement, if approved during the November 17, 2021 Board of County Commissioners meeting.
3. A meeting was scheduled with the Pershing County Board of Health on November 18, 2021 to review the project and outline the process. This is a potential 3rd and final contract for the project.

FISCAL IMPACT: 1.5 FTE per county and equipment purchases funded by the State of Nevada, CDC Workforce Development Grant.

EXPLANATION OF IMPACT: 1.5 FTE per county and equipment purchases funded by the State of Nevada CDC Workforce Development Grant.

FUNDING SOURCE: State of Nevada, CDC Workforce Development Grant.

ACTION REQUESTED: Accept

Director Ernst made the presentation as outlined above.

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

Commissioner Justin Heath made a motion to authorize the Churchill County Health Officer to execute Agreements as presented. Sheriff Richard Hickox seconded the motion, which carried by

unanimous vote.

Reports/Notification of Items Received:

A- Consideration and possible action re: Update from community partners related to COVID-19.

Community partners will provide reports regarding updated efforts related to COVID-19.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: None; Informational Only

Director Ernst said this is an item for our partners to have an opportunity to provide an update related to COVID-19 or things in their organization. I want to make sure that we are clear on this item. It is not for our partners for our strategies. Those are our program reports, which is the next item.

Stephanie Utz, Chief School Nurse for the Churchill County School District (CCSD), said we continue to do contact tracing of students, which takes up most of my nursing staff's time. With the exception of the high school, we are still recommending masks. The high school is still considered in outbreak status by the Department of Behavioral Health, so we still have a mask mandate there until the mandate is lifted. We got really close and then we had another uptick.

Random testing is pretty slow right now. We have the athletic testing, which is going well and we are going to improve our testing plan including the potential testing of all of our unvaccinated staff as part of the OSHA plan. We are waiting to see how some of the lawsuits across the country do on that. We are planning to test symptomatic students and are working with Raylene Stiehl, who has been fantastic to help us and get us all in the color system, and then our plan is to offer testing to the parents of students who are symptomatic and, hopefully, they will not be off every time for 10 days at a time for a cold and non-COVID related illnesses since the list of symptoms is so similar. We are just waiting to get everybody registered. I am hoping by mid-December we will be able to offer that service.

We are looking forward to the community health worker that the Coalition will be providing us, which will be great because we are going to put that person in to do the contact tracing for our nursing staff. We have not hardly been able to do any health screening this year or care plans and all the things we do to help kids with chronic and severe health problems. It will be a big relief for our staff.

We will be updating our in-person learning planning in December with any new information we get from the state.

Our numbers for this year for COVID, so far, we have excluded 916 people for primary exposure, 478 students have been sent home with symptoms. We had 730 parents call their students in with symptoms. 668 that we know of have been tested for COVID-19 and 286 were positive. We have a total exclusion for a minimum of 10 days and 20 days, if it is a household exposure, of 2,410 students this year. Many of those are repeats.

As for staff, we have excluded 65 members, 19 with symptoms, 59 were tested with 39 positives. We

have also excluded 10 for primary contact. We realize these numbers are low because we put in a new system for self-reporting and we are still working out the kinks in that.

This item was presented for informational purposes only and no action was taken.

B- Consideration and possible action re: FY22 First Quarter Program Reports for projects funded to support Board of Health and community priorities

Churchill County Board of Health approved the following partners for funding:

ALLOCATION RECOMMENDATIONS - BOH 6/23/2021 APPROVED 6/23/2021

AGENCY	REQ	REC'D	APPR	APPROVED SS MENTAL HEALTH - INDIGENT	AGENCY TOTALS
NFTC	\$6,472	\$6,472	\$6,472		\$6,472
CCC Mental Health Project	\$3,100	\$0	\$0	\$3,100	\$22,600
CCC Too Good for Drugs	\$20,500	\$4,528	\$4,528	\$14,972	
RLs- County Match	\$76,000	\$66,728	\$66,728	\$0	\$66,728
CCSD Mental Health	\$25,200	\$10,272	\$10,272	\$14,928	\$25,200
TOTAL	\$131,272	\$88,000	\$88,000	\$33,000	\$121,00

As part of the funding agreements executed with each agency, a quarterly program/expenditure report is required to be submitted by the 10th day of the month after the quarter-end.

The reports are submitted for review.

FISCAL IMPACT: \$88,000 allocated to partnering agencies from marijuana tax revenue; \$33,000 allocated from Churchill County Social Services mental health budget.

EXPLANATION OF IMPACT: Funding allocated by the Board of County Commissioners to partner with agencies and funders to increase outcomes pertaining to identified health priorities.

FUNDING SOURCE: \$88,000 allocated to partnering agencies from marijuana tax revenue; \$33,000 allocated from Churchill County Social Services mental health budget - Indigent tax revenue.

ACTION REQUESTED: Accept

Kadie Zeller, Churchill Community Coalition, said regarding our 'Too Good For Drugs' and "Mindfulness' Programs, those have really taken off. We are in E.C. Best, Numa, CCMS and CCHS and that program is going very well. We are also in the high school and middle school Special Education Programs, as well, but what is really exciting about that is we are really seeing a response from those kids. That teacher really expressed how much more grounded she is finding some of her students are. We are really excited to be in those classrooms.

We are moving along with our murals. We have 4 high school students who are painting mobile murals. There will be 2 students at the middle school that we have artwork installed and 2 at the high school and the idea is to spread the mental health messages and trying to lighten up the campus. There has been a significant impact on the students and we are also handing out stickers to all community members. It seems menial but for whatever reason, humans really love stickers and, when they say something that boosts their day, it is even better.

Director Ernst said New Frontier also provided their report about 'Mindfulness' which is conducted at the Fallon Youth Club. They completed 358 classes with students 0-17 years old and spent a total of \$800 in the first quarter.

The next one is for the Churchill County School District (CCSD) for the UNR School of Medicine social work intern program. They don't have numbers for the first quarter because school was just getting started. They should have a second quarter report.

The last one is from the Community Health Nurse. This gives you an overview of the services being provided. We do not have a Community Health Nurse appointed at this time. We lost Pam Krause because she moved out of state. We have 2 rotating nurses. One is here on Monday and one on Wednesday. One comes from Yerington and one from Fernley. During COVID-19, their office had shut down a lot of the Family Planning but they are trying to revamp that within those 2 days. We have taken on all the flu vaccines for the state and also the COVID-19 vaccine and testing. Chairman McDonald asked if there was any public comment but there was none.

Commissioner Justin Heath made a motion to approved reports as submitted. Sheriff Richard Hickox seconded the motion, which carried by unanimous vote.

C- Consideration and possible action re: Behavioral Health Task Force update

Churchill County held a Behavioral Health Task Force meeting on 10/21/2021 to discuss member priorities, designation of sub-committees, and development of the ongoing plan.

The next meeting will be scheduled for 12/16/2021 at 8:00 AM at the WNP Life Center - Discussion of the committee's recommendations:

Adult Committee	11/16/2021 - 1:30 pm Churchill County Annex Conference Room
Lead: Jackee Stewart	Priorities: MOST, Legal 2000 transportation, Mental Health
Evaluations, Parenting Classes, 988	

Youth Committee

11/17/2021 - 9:30 am Churchill Community Coalition

Lead: Churchill Community Coalition Priorities: Mental Health Court, Schools, Handle w/ Care, and Parent Engagement

Education Committee

11/16/2021 - 8:30 am Churchill County Annex Conference Room

Lead: Shannon Ernst

Priorities: Crisis Intervention Training, Resource Directory, and

Mental Health Awareness Month - May

FISCAL IMPACT: None.

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

Director Ernst made the presentation as outlined above.

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

Commissioner Justin Heath made a motion to approve an update as presented. Sheriff Richard Hickox seconded the motion, which carried by unanimous vote.

D- Consideration and possible action re: Review and approval of media approved and released in regarding to COVID-19 and other County Board of Health related priorities.

Provided to the board are all media releases for the period of September 22, 2021 to November 9, 2021 related to COVID-19 on behalf of the County Board of Health. The press releases have the county's logo on them and the web stories do not. The releases include the following:

- Vaccine, Testing Schedule for October.
- County's Vaccine, Testing Schedule for November.
- County Offering Monoclonal Antibody Treatment for COVID-19.

For current information on the number of cases, please go to the county's website:

www.churchillcountynv.gov/covid-19. On this page, the county posts all COVID-19 related information, including releases, stories, test numbers, and health resources (links to CDC, NVHealthResponse websites, etc.).

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

Director Ernst made the presentation as outlined above.

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

Commissioner Justin Heath made a motion to approve the submitted media releases on behalf of the Board of Health as related to COVID-19. Sheriff Richard Hickox seconded the motion, which carried by unanimous vote.

Consent Items:

There were no consent items presented and this item was withdrawn from the Agenda prior to the meeting.

Consideration of Future Agenda Items:

The following future Agenda items were suggested:

Director Ernst said we would like to go back to our previous schedule and if we have something urgent come up, we will ask for an emergency meeting. That would set our next meeting for Feb. 14, 2022 @ 9:00 AM, unless you would like to make it sooner than that.

Consider and schedule future meeting date and location:

Feb. 14, 2022 @ 9:00 AM, in the Chambers.

Public Comment:

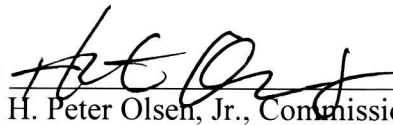
Chairman McDonald asked if there was any public comment but there was none.

Adjournment:

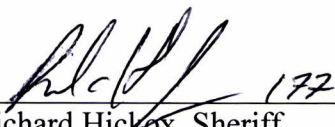
The meeting was adjourned at 10:07 AM.

APPROVED: 
Dr. Tedd McDonald, Chair

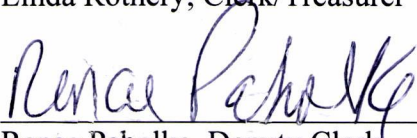
APPROVED: 
Dr. Gregory Koenig, Commissioner

APPROVED: 
H. Peter Olsen, Jr., Commissioner

APPROVED: 
Dr. Justin Heath, Commissioner

APPROVED:  172
Richard Hickox, Sheriff

ATTEST:
Linda Rothery, Clerk/Treasurer


Renae Paholke, Deputy Clerk