



## CENTRAL NEVADA HEALTH DISTRICT

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Shannon Ernst, Administrator,  
Central Nevada Health District

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### \*\*\*\*NOTICE OF PUBLIC MEETING\*\*\*\*

## AGENDA

PLEASE POST

**PLACE OF MEETING:** This is a virtual meeting only via GoTo Meeting (see below)

**DATE & TIME:** March 4, 2026 at 3:00 PM

**TYPE OF MEETING:** Central Nevada Health District Board

### **JOIN GOTO MEETING:**

To Install GoTo Meeting: <https://meet.goto.com/install>

To Join Meeting: <https://meet.goto.com/501038885>

Access Code: 501-038-885

United States: [+1 \(872\) 240-3412](tel:+18722403412)

If you wish to make public comment, you may provide them in person at the meeting or via email, no later than 4:30 PM the day before the meeting, to:

[amber.edwards@centralnevadahd.org](mailto:amber.edwards@centralnevadahd.org).

### 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 Central Nevada Health District Board 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 Central Nevada Health District Board reserves the right to impose uniform time limits upon matters devoted to public comment of not more than three (3) minutes.*
- V. *Any statement made by a member of the Central Nevada Health District Board during*



**February, 2026, between the hours of 3:00 and 5:00 PM, at the following locations in Churchill County, Nevada:**

1. *Churchill County Administration Building, 155 N. Taylor St., Fallon, NV;*
2. *The Churchill County Website @ [www.churchillcountynv.gov](http://www.churchillcountynv.gov);*
3. *The State of Nevada Website @ <https://notice.nv.gov/>.*



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***Pamela D. Moore, Deputy Clerk to the Board***

***Pamela D. Moore, Deputy Clerk to the Board, who was subscribed and sworn to before me this 25th day of February, 2026.***



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***Tara Adams, Deputy 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, audiotape, 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](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](mailto:program.intake@usda.gov).

**Procedures:**

*\*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 Central Nevada Health District Board 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 Marena Works at 775-315-3136. During the meeting, there will be one copy available for public inspection. Additional copies are available by making the request from the Clerk. You are entitled to one copy of the supporting materials free of charge.*



# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 1.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Call to Order.

**Type of Action Requested:** Other

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_

**Aye:** \_\_\_\_\_

2) None \_\_\_\_\_

**Nay:** \_\_\_\_\_

\_\_\_\_\_

(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 2.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Pledge of Allegiance.

**Type of Action Requested:** Other

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_ **Aye:** \_\_\_\_\_  
2) None \_\_\_\_\_ **Nay:** \_\_\_\_\_

\_\_\_\_\_

(Vote Recorded By)

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# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 3.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director  
**Subject Title:** Verification of the Posting of the Agenda.

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** N/A

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_

**Aye:** \_\_\_\_\_

2) None \_\_\_\_\_

**Nay:** \_\_\_\_\_

\_\_\_\_\_

(Vote Recorded By)

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# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #: 4.**

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Roll Call.

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** N/A

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_ **Aye:** \_\_\_\_\_  
2) None \_\_\_\_\_ **Nay:** \_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

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# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 5.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Public Comment.

**Type of Action Requested:** Other

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** N/A

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

- |         |       |             |
|---------|-------|-------------|
| 1) None | _____ | <b>Aye:</b> |
| 2) None | _____ | <b>Nay:</b> |

\_\_\_\_\_  
(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 6.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Consideration and possible action re: Approval of Minutes of the meeting held on January 15th, 2026.

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to approve the minutes from the meeting held on January 15, 2026.

**Discussion:** Central Nevada Health District held a meeting on January 15, 2026. The minutes were created from that meeting and are waiting for approval from the Board.

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None

Aye:

2) None

Nay:

\_\_\_\_\_  
(Vote Recorded By)

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**5- Public Comment**

N/A

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: None; Informational Only

Chair Ken Tedford asked if there was any public comment, but there was none.

**6- Consideration and possible action re: Approval of the Agenda for January 15, 2026, as submitted or revised.**

The board will be asked to consider and adopt the Agenda as either submitted or revised.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Member Robert Erickson made a motion to approve the agenda for January 15, 2026, as submitted or revised. Member James Zubernis seconded the motion, which was carried by unanimous vote.**

**7- Consideration and possible action re: Approval of Minutes of the meeting held on November 13, 2025.**

Review and approval of the minutes from the November 13, 2025 meeting.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Member Denise Ferguson made a motion to approve Minutes of the meeting held on November 13, 2025. Member Dawn Whitten seconded the motion, which was carried by unanimous vote.**

**8- Consideration and possible action re: Acknowledgement of Commissioner Hyde's appointment to the Board on behalf of Churchill County.**

On January 6, 2026, Commissioner Matt Hyde was appointed to the Central Nevada Health District Board of Health by the Churchill County Board of Commissioners. He will replace Jim Barbee for one of the two positions for Churchill County. Matt Hyde was sworn in by Tara Adams.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

None; Informational Only

**9- Consideration and possible action re: Appointment of Chair for Central Nevada Board of Health for calendar year 2026 per approved Bylaws.**

Per the Bylaws, the Chair shall be elected each January.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Commissioner Matt Hyde made a motion to nominate and approve Mayor Ken Tedford as the Chair for the Central Nevada Board of Health for calendar year 2026 per approved Bylaws. Member Denise Ferguson seconded the motion, which was carried out by unanimous vote.**

**10- Consideration and possible action re: Appointment of Vice Chair for Central Nevada Board of Health for calendar year 2026 per approved Bylaws.**

Per the approved bylaws, the Vice-Chair shall be appointed each January.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Commissioner Matt Hyde made a motion to nominate and approve Dawn Whitten as Vice-Chair for the Central Nevada Board of Health for calendar year 2026, per approved Bylaws. Member Jeb Rowley seconded the motion, which was carried by unanimous vote.**

**11- Consideration and possible action re: Final reading an approval of the amended Bylaws for the Central Nevada Health District Board of Health.**

The Bylaws of the Central Nevada Health District Board of Health set forth the name, purpose, members, officers, meetings, powers and duties of the CNHD Board of Health. The Bylaws were adopted during the first meetings of the Board after CNHD was created. Article IX of the Bylaws provides that they "may be amended at any regular meeting of the District Board of Health by a two-thirds vote. Provided that the amendment has been submitted in writing at the previous, regular meeting." This agenda item is for final approval. The amended bylaws have been included in the agenda packet in red-line form to show what changes are being proposed. Some of the changes include the following: Section 4.3 removes the requirement for a committee to review applications for physician member of the Board; Section 4.5 changes the terms of members of the Board from one year to two years to comply with NRS and local ordinances; and Section 5.3 changes the term of elected officers of the Board from two years to one year to match Section 5.2 ( which calls for elections of officers each January).

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Member Robert Erickson made a motion to approve written submission of the amended Bylaws for Central Nevada Health District Board of Health. Commissioner Matt Hyde seconded the motion, which carried by unanimous vote.**

**12- Consideration and possible action re: Review and approval of the updated organizational chart, removing the Administrator/Doctor position.**

During the approval of the increased salary by the Churchill County Board of County Commissioners in November 2025, the board had overall concerns about the wage evaluation and structure and the item was tabled. The Interim Administrator met with the Chair and the concern was discussed. The Chair found it best for CNHD to remove the option of jail medical at this time from the organizational chart structure and bring forward the alternative structure to the January 2026 Board of Health meeting.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Member Denise Ferguson made a motion to approve the organizational chart removing the Administrator / Health Officer position. Member James Zubernis seconded the motion, which was carried by unanimous vote.**

**13- Consideration and possible action re: Discussion and approval of the hiring process for the Administrator position and authorization to negotiate and hire the top candidate up to step 10 based on qualifications.**

The Chair will provide recommendations for the overall process of hiring the Administrator. It is further requested that the Chair of the Board of Health be authorized to negotiate the salary up to step 10, based on qualifications.

FISCAL IMPACT: Up to a \$30,555.80 increase in salary

EXPLANATION OF IMPACT: Difference in Grade 77 and 85

FUNDING SOURCE: Varies grants and CNHD General Fund

ACTION REQUESTED: Accept

**Commissioner Matt Hyde made a motion to approve the hiring process outlined for the Administrator position and authorization to negotiate and hire the top candidate up to step 10 based on qualifications. Member Denise Ferguson seconded the motion, which carried by unanimous vote.**

**14- Consideration and possible action re: Approval of the Administrator Job Description and pay scale of 85.**

A review of the Administrator job description previously approved will be provided with an increased step of 85 to align with similar district positions.

FISCAL IMPACT: Estimated \$22,797 in salary at step 1 from Grade 77 to 85

EXPLANATION OF IMPACT: Increase from the previous grade of 77 to 85.

FUNDING SOURCE: Varies grants and CNHD general fund

ACTION REQUESTED: Accept

**Commissioner Matt Hyde made a motion to approve the current job description as previously presented with an increase in pay scale of 85. Member Robert Erickson seconded the motion, which was carried by unanimous vote.**

**15- Consideration and possible action re: Ratification of the Subaward grant between DHHS, Division of Public and Behavioral Health and the Central Nevada Health District**

**in the amount of \$10,400.00. For the funding of chronic disease prevention and management programs.**

CNHD was awarded \$10,400 for the Preventive Health and Health Services Block Grant (PHHS BG) to support the Central Nevada Health District (CNHD) in developing, implementing, and evaluating evidence-based chronic disease prevention and management programs in Nevada's rural counties. The award aims to reduce the prevalence of chronic disease risk factors<sup>2</sup>such as high blood pressure, elevated A1c, physical inactivity, and tobacco use<sup>2</sup>among high-risk and underserved populations. Through partnerships with local healthcare providers and community organizations, the award will enable CNHD to address health disparities, improve health outcomes, strengthen community capacity, and promote equitable access to preventive health services in these rural communities.

CNHD staff will implement education programs on cardiovascular and diabetes, as these are two of the higher risk factors across the district.

FISCAL IMPACT: \$10,400.00.

EXPLANATION OF IMPACT: Personnel \$8,259.00, \$1,196.00 other, \$945.00 indirect costs.

FUNDING SOURCE: Preventative Health and Health Services Block Grant

ACTION REQUESTED: Accept

**Member Robert Erickson made a motion to ratify the Subaward grant between DHHS, Division of Public and Behavioral Health and the Central Nevada Health District in the amount of \$10,400.00. For the funding of chronic disease prevention and management programs. Member Dawn Whitten seconded the motion, which was carried by unanimous vote.**

**16- Consideration and possible action re: Ratification of the Subaward grant between DHHS, Division of Public and Behavioral Health and Central Nevada Health District in the amount of \$43,006.00. To expand and maintain accurate abstinence and youth development in Mineral, Churchill, Eureka and Pershing Counties.**

The Sexual Risk Avoidance Education Program (SRAE) provides education to young people on both abstinence and contraceptive use. This project will provide evidence based, medically accurate safe sex education to youth ages 10-19 years old, with priority enrollment given to youth who are disproportionately impacted. The goal is to prevent teen pregnancy and exposure to sexually transmitted infections (STIs), including HIV/AIDS. This funding is to be used to implement an approved evidence-based program teaching young people abstinence and contraceptive use. In addition, SRAE projects will cover three adulthood preparation subjects: adolescent development, such as promotion of healthy attitudes and values about growth and development and body image; healthy relationships, such as positive self-esteem and relationship dynamics; and healthy life skills, such as goal setting, decision-making, negotiation, communication and interpersonal skills, and stress management.

CNHD has been awarded funds to support the program staffing and training in Mineral, Pershing, and Churchill with Eureka to align with the community coalition.

FISCAL IMPACT: \$43,006.00.

EXPLANATION OF IMPACT: Personnel \$19,812.00, Travel \$486.00, Operating \$10,195.00, Training \$4,929.00, Other \$1,973.00, indirect costs \$5,611.00.

FUNDING SOURCE: TITLE V STATE SEXUAL RISK AVOIDANCE EDUCATION PROGRAM

ACTION REQUESTED: Accept

**Member Denise Ferguson made a motion to ratify the Subaward grant between DHHS, Division of Public and Behavioral Health and Central Nevada Health District in the amount of \$43,006.00. To expand and maintain accurate abstinence and youth development in Mineral, Churchill, Eureka and Pershing Counties. Member James Zubernis seconded the motion, which was carried by unanimous vote.**

**17- Consideration and possible action re: Ratification of agreement with KPS3, to create a Health Dashboard in the amount of \$30,000.**

CNHD was awarded \$30,000 to create a health dashboard through H151 funding, which expires January 15, 2026. The dashboard will be completed and align with the new proposed website designs to be effective in the Summer of 2026.

FISCAL IMPACT: \$30,000

EXPLANATION OF IMPACT: Dashboard & Web Planning / Implementation

FUNDING SOURCE: H5N1 State funds

ACTION REQUESTED: Accept

**Member Jeb Rowley made a motion to ratify the agreement with KPS3, to create a Health Dashboard in the amount of \$30,000. Member Dawn Whitten seconded the motion, which was carried by unanimous vote.**

**18- Consideration and possible action re: Approval of contract with KPS3 in the amount of \$72,925 to redesign the CNHD website to increase accessibility and overall functionality and authorize the Interim Administrator to execute the same.**

CNHD has been awarded funding through PHP and Public Health funds to support the increased access of website education, consumer applications, and overall functionality of the district website.

The RFP was placed months ago and three quotes were received. It was found that KPS3 aligned with the goals requested and budget amount is available.

The interim Administrator is requesting approval to execute the contract and implement the redesign to launch late spring to early summer.

FISCAL IMPACT: KPS3 \$68,425.00 / \$4,500.00 mo., for a total of \$72,925.00

EXPLANATION OF IMPACT: Contracted amount

FUNDING SOURCE: Family Planning 40% - \$30,000.00, PHEP 54% - \$40,000.00, CNHD 4.1% - \$2,925.00

ACTION REQUESTED: Accept

**Member James Zubernis made a motion to approve of contract with KPS3 in the amount of \$72,925 to redesign the CNHD website to increase accessibility and overall functionality and authorize the Interim Administrator to execute the same. Commissioner Matt Hyde seconded the motion, which was carried out by unanimous vote.**

**19- Consideration and possible action re: Ratification of the Verkada security equipment purchases through Carahsoft. A State approved vendor, in the amount of \$59,307.24.**

CNHD has been awarded state SB118 funds to support the purchase of security equipment for the upgraded offices in Churchill County. The equipment contract is through Carahsoft, an approved State Vendor. Once the project is completed, the system will be evaluated to expand to all locations to increase security in all offices.

FISCAL IMPACT: \$59,307.24

EXPLANATION OF IMPACT: Equipment cost with licenses for 10 years

FUNDING SOURCE: SB118

ACTION REQUESTED: Accept

**Member Denise Ferguson made a motion to ratify the Verkada security equipment purchases through Carahsoft. A State approved vendor, in the amount of \$59,307.24. Member Dawn Whitten seconded the motion, which was carried by unanimous vote.**

**20- Consideration and possible action re: Ratification of Pool insurance application submittal for liability policies.**

The 2026 Pool insurance application is attached for review.

FISCAL IMPACT: Pending final evaluation for policies.

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Commissioner Matt Hyde made a motion to ratify the Pool insurance application submittal for liability policies. Member Jeb Rowley seconded the motion, which was carried by unanimous vote.**

**21- Consideration and possible action re: Review of Fiscal Year 2026 Revenue, Expenditures, and Grants to date.**

An overview of current grant, revenue and expenditure reports will be presented.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: Accept

**Member Jeb Rowley made a motion to approve the Review of Fiscal Year 2026 Revenue, Expenditures, and Grants to date. Member Robert Erickson seconded the motion, which was carried by unanimous vote.**

**22- Staff Reports:**

The Administrator, Environmental Health, PHP, Infectious Disease, and Clinical Services will provide staffing reports.

FISCAL IMPACT: N/A

EXPLANATION OF IMPACT: N/A

FUNDING SOURCE: N/A

ACTION REQUESTED: None; Informational Only

**23- Scheduling of next Board of Health Meeting**

It is proposed that the next board meeting be scheduled for March 19, 2026, at 1:30 pm or April 16, 2026.

FISCAL IMPACT: N/A  
EXPLANATION OF IMPACT: N/A  
FUNDING SOURCE: N/A  
ACTION REQUESTED: Accept  
None; Informational Only

**24- Public Comment.**

FISCAL IMPACT:  
EXPLANATION OF IMPACT:  
FUNDING SOURCE:  
ACTION REQUESTED:  
Chair Ken Tedford asked if there was any public comment, but there was none.

**25- Adjournment.**

FISCAL IMPACT:  
EXPLANATION OF IMPACT:  
FUNDING SOURCE:  
ACTION REQUESTED:  
The Board meeting was adjourned at 2:50pm.

Approved: \_\_\_\_\_

Ken Tedford, Chair

ATTEST:

\_\_\_\_\_  
Amber Edwards, Office Specialist



## Churchill County Agenda Report

**Date Submitted:** February 20, 2026

**Agenda Item #:** 7

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District

**From:** Mayor Ken Tedford, Chair

**Subject Title:** Consideration and possible action re: Ratification of Shannon Ernst's appointment as Administrator, effective March 20, 2026, at a Grade 85 Step 10 with additional terms to include appointment of a company vehicle and operational terms listed in the offer letter issued by the Chair on February 13, 2026.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to ratify Shannon Ernst's appointment as Administrator, effective March 20, 2026, at a Grade 85 Step 10 with additional terms to include appointment of a company vehicle and operational terms listed in the offer letter issued by the Chair on February 13, 2026.

**Discussion:** The Administrator position was posted and held open for two weeks per the direction of the board. One application was received from Shannon Ernst. On February 12, 2026. The Chair provided an offer letter on February 13, 2026, email attached. Shannon Ernst accepted this offer, contingent on the Board's ratification, to be effective March 20, 2026.

If ratified, Shannon Ernst will begin work with CNHD on March 23, 2026, based on payroll schedules.

**Alternatives:**

**Fiscal Impact:** Grade 77 Step 10

**Explanation of Impact:** Approved grade by the Board of Health and offered to Shannon Ernst based on the candidates qualifications of Step 10

**Funding Source:** Varies grants and CNHD general funds.

**Prepared By:** Amber Edwards, Office Specialist

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# Churchill County Agenda Report

**Reviewed By:**

\_\_\_\_\_  
Shannon Ernst, Social Services Director

Date: February 25, 2026

\_\_\_\_\_  
Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

- |         |       |             |       |
|---------|-------|-------------|-------|
| 1) None | _____ | <b>Aye:</b> | _____ |
| 2) None | _____ | <b>Nay:</b> | _____ |

\_\_\_\_\_  
(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.

## Administrator Position



Ken Tedford <kentedford@gmail.com>

To: Shannon Ernst



Fri 2/13/2025 9:21 AM

You forwarded this message on 2/17/2025 9:33 AM.

**Caution:** This email originated from outside of the Churchill County organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. When in doubt, contact your IT Department.

Good morning, Shannon –

As you are aware, I was tasked by the Board of Health with conducting a review of the applications received for the Central Nevada Health District ("CNHD") Administrator position. CNHD received only one application for the position which was submitted by you. After having reviewed the application and having had an extensive interview with you, I offered you the position.

On behalf of the CNHD, I am pleased to extend this conditional offer of employment for the position of Administrator, subject to ratification by the Board of Health, the terms and conditions set forth below, and any additional terms imposed pursuant to the employment policies of Churchill County.

You will serve as Administrator, reporting to and under the general supervision of the CNHD Board of Health. Your duties and responsibilities will include those set forth in the job description, as well as such additional duties as may be assigned from time to time consistent with applicable law and policy. Pursuant to CNHD policies, you are considered an employee of Churchill County and, therefore, subject to Churchill County's employment policies and benefits programs.

Your starting compensation is at a Grade 85, Step 10, payable in accordance with Churchill County's regular payroll practices and subject to applicable withholdings. Compensation is subject to an annual increase of 2.5% with satisfactory or higher performance evaluations.

Your employment with CNHD will be at will, meaning that either you or CNHD may terminate the employment relationship at any time, with or without cause and with or without notice, subject only to applicable law. Nothing in this letter or in any policy, procedure, or statement shall be construed to create a contract for continued employment.

Further terms and conditions of this conditional offer include the approval to work remotely as needed, including up to each Friday as scheduling allows; the assignment of a CNHD vehicle for official use; and participation in Churchill County's early retirement plan which will be honored even if CNHD no longer considers you a Churchill County employee.

Pursuant to the direction given me by the Board of Health, I am prepared to recommend your hire on these terms to the Board. Accordingly, I am requesting that you provide notice of this decision to the Board members and schedule a virtual special meeting at the Board's earliest convenience for ratification.

Thank you for your interest in serving CNHD and our member communities, and I look forward to our continued collaboration on their behalf.

Ken Tedford, Chairman CNHD  
Mayor, City of Fallon

Sent from my iPhone



# Central Nevada Health District Agenda Report

**Date Submitted:** February 20, 2026

**Agenda Item #:** 8.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Administrator  
**Subject Title:** Consideration and possible action re: Review of the proposed revised CNHD Fee Schedule, and setting of the Public Hearing for adoption on April 16, 2026, at 1:30 pm.

**Type of Action Requested:** Set Public Hearing

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to release the updated CNHD Fee Schedule for a 30-day public review, and setting of the Public Hearing for adoption on April 16, 2026, at 1:30 pm.

**Discussion:** Through evaluation, it has been determined that the CNHD fee schedule was missing fees for activities staff complete related to Environmental Health and Clinical Services. Further, the new proposed schedule provides for an increase in general fees to align with the cost of service.

The fee schedule does not cover activities 100% at this time, but it is the goal of the staff to implement a rate increase over the next three years to align for full coverage.

It is requested that a Public Hearing be set for April 16, 2026, at 1:30 pm for adoption.

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Amber Edwards, Office Specialist

**Reviewed By:**

A handwritten signature in black ink that reads 'Shannon Ernst'.

\_\_\_\_\_  
Shannon Ernst, Social Services Director

Date: February 25, 2026

A handwritten signature in blue ink that reads 'Wade Carner'.

\_\_\_\_\_  
Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

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**Board Action Taken:**

**Motion:**

\_\_\_\_\_

1) None

Aye:

2) None

Nay:

*Amber Edwards*

\_\_\_\_\_

(Vote Recorded By)

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Column3	Column4	Column5	Column6	Column7	Column8	Column9	Column12	Column13
FEES ADJUSTED BY FEDERAL POVERTY LEVEL							Propose Fee Change	Not currently offered
COMMUNITY HEALTH NURSING	CPT CODE	100%	75%	50%	25%	0%		
		TIER 5	TIER 4	TIER 3	TIER 2	TIER 1		
<b>Office Visit</b>								
MINIMAL	99211	\$35.28	\$26.46	\$17.64	\$8.82	\$0.00		
NEW PROBLEM FOCUSED	99201	\$48.00	\$36.00	\$24.00	\$12.00	\$0.00		
EST. PROBLEM FOCUSED	99212	\$71.77	\$53.83	\$35.89	\$17.94	\$0.00		
NEW EXP PROBLEM FOCUSED	99202	\$122.54	\$91.91	\$61.27	\$30.64	\$0.00		
EST. EXP PROBLEM FOCUSED	99213	\$119.06	\$89.30	\$59.53	\$29.77	\$0.00		
NEW DETAILED	99203	\$176.01	\$132.01	\$88.01	\$44.00	\$0.00		
EST. DETAILED	99214	\$175.66	\$131.75	\$87.83	\$43.92	\$0.00		
NEW COMP	99205	\$236.75	\$177.56	\$118.38	\$59.19	\$0.00		
EST. COMP	99215	\$236.75	\$177.56	\$118.38	\$59.19	\$0.00		
<b>Wellness Visit</b>								
Wellness/Preventive visit, new, < 1	99381	\$180.98	\$135.74	\$90.49	\$45.25	\$0.00		
Wellness/Preventive visit, est., < 1	99391	\$162.47	\$121.85	\$81.24	\$40.62	\$0.00		
Wellness/Preventive visit, new, 1-4	99382	\$189.01	\$141.76	\$94.51	\$47.25	\$0.00		
Wellness/Preventive visit, est,1-4	99392	\$173.39	\$130.04	\$86.70	\$43.35	\$0.00		
Wellness/Preventive visit, new, 5-11	99383	\$196.52	\$147.39	\$98.26	\$49.13	\$0.00		
Wellness/Preventive visit, est,5-11	99393	\$172.81	\$129.61	\$86.41	\$43.20	\$0.00		
Wellness/Preventive visit, new, 12-17	99384	\$221.84	\$166.38	\$110.92	\$55.46	\$0.00		
Wellness/Preventive visit, est., 12-17	99394	\$189.51	\$142.13	\$94.76	\$47.38	\$0.00		
Wellness/Preventive visit, new, 18-39	99385	\$115.93	\$86.95	\$57.97	\$28.98	\$0.00		
Wellness/Preventive visit, est,18-39	99395	\$104.38	\$78.29	\$52.19	\$26.10	\$0.00		
Wellness/Preventive visit, new, 40-64	99386	\$134.54	\$100.91	\$67.27	\$33.64	\$0.00		
Wellness/Preventive visit, est., 40-64	99396	\$111.21	\$83.41	\$55.61	\$27.80	\$0.00		
Wellness/Preventive visit, new, 65+ yrs.	99387	\$270.29	\$202.72	\$135.15	\$67.57	\$0.00		
Wellness/Preventive visit, est., 65+ yrs.	99397	\$119.95	\$89.96	\$59.98	\$29.99	\$0.00		
<b>Laboratory</b>								
Venipuncture	36415	\$13.00	\$9.75	\$6.50	\$3.25			
Capillary Puncture	36416	\$15.00	\$11.25	\$7.50	\$3.75	\$0.00		
Hemoglobin	85018	\$12.00	\$9.00	\$6.00	\$3.00	\$0.00		
HIV-Rapid Test	87806	\$38.00	\$28.50	\$19.00	\$9.50	\$0.00		
HIV-1/2, 4th Gen (Lab)	87389	\$5.00	\$3.75	\$2.50	\$1.25	\$0.00		
Pregnancy Test-Urine	81025	\$12.00	\$9.00	\$6.00	\$3.00	\$0.00		
Blood Lead Screening	83655	\$23.85	\$17.89	\$11.93	\$5.96	\$0.00		
Pap Smear (Single)	88164	\$25.21	\$18.91	\$12.61	\$6.30	\$0.00		X
Thin Prep	88142	\$41.00	\$30.75	\$20.50	\$10.25	\$0.00	\$95.00	
PKU	84030	\$12.00	\$9.00	\$6.00	\$3.00	\$0.00		X
RPR	86592	\$10.02	\$7.52	\$5.01	\$2.51	\$0.00		
Urinalysis	81005	\$17.04	\$12.78	\$8.52	\$4.26	\$0.00		X
Wet Mount	87210	\$24.00	\$18.00	\$12.00	\$6.00	\$0.00		X
Chlamydia (Aptima)	87491	\$37.28	\$27.96	\$18.64	\$9.32	\$0.00		
Gonorrhea (Aptima)	87591	\$37.28	\$27.96	\$18.64	\$9.32	\$0.00		
Trich (Aptima)	87661	\$37.28	\$27.96	\$18.64	\$9.32	\$0.00		
Hepatitis A Total	86708	\$18.00	\$13.50	\$9.00	\$4.50	\$0.00		
Hepatitis A IGM	86709	\$18.00	\$13.50	\$9.00	\$4.50	\$0.00		
Hepatitis B (surface ag)	87340	\$10.97	\$8.23	\$5.49	\$2.74	\$0.00		
Hepatitis B (surface antib)	86706	\$11.41	\$8.56	\$5.71	\$2.85	\$0.00		
Hepatitis B Surface Antibody, Quantitative	86706						\$8.00	
Hepatitis B Immunity Screen	86706						\$8.00	
Hepatitis C	86803	\$18.00	\$13.50	\$9.00	\$4.50	\$0.00		
HPV Typing (High Risk-Reflex)	87625	\$120.00	\$90.00	\$60.00	\$30.00	\$0.00		
HPV Typing (Low Risk)	87623	\$100.00	\$75.00	\$50.00	\$25.00	\$0.00		X
Urine culture		\$0.00						
Genital Culture		\$0.00						
HIV/Syphilis - Rapid	86703/86780						\$20.00	X pending certi
FTA	86780						\$12.00	
TP-PA	86760						\$12.00	
<b>Office Procedures</b>								
Colocare	82270	\$6.99	\$5.24	\$3.50	\$1.75	\$0.00		X
Condyloma Treatment(Destruction, vulva lesion(s)) Female	56501	\$126.00	\$94.50	\$63.00	\$31.50	\$0.00		X
Trichloroacetic Acid	56515							X
Condyloma Treatment(Destruction, penis lesion(s)) Male	54050	\$126.00	\$94.50	\$63.00	\$31.50	\$0.00		X
Developmental Testing, Limited	96110	\$58.46	\$43.85	\$29.23	\$14.62	\$0.00		X
Injection IM/SC (Physician Ordered)	96372	\$20.00	\$15.00	\$10.00	\$5.00	\$0.00		
IUD INSERTION	58300	\$128.11	\$96.08	\$64.06	\$32.03	\$0.00		X
IUD REMOVAL	58301	\$70.00	\$52.50	\$35.00	\$17.50	\$0.00		
PPD (TB Test)	86580	\$31.00	\$23.25	\$15.50	\$7.75	\$0.00		
PD (TB Test) Read Only	86580NC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Quantiferon Gold (QFT)	866480	\$145.00	\$108.75	\$72.50	\$36.25	\$0.00		
<b>Medications</b>								
Aviane	AVIANE	\$1.91	\$1.43	\$0.96	\$0.48	\$0.00	Remove	
Azithromycin Tabs	Q0144	\$1.31	\$0.98	\$0.66	\$0.33	\$0.00		
Bicillin	J0561	\$113.90	\$85.43	\$56.95	\$28.48	\$0.00	Remove	
Cryselle	NDCCRY5	\$4.91	\$3.68	\$2.46	\$1.23	\$0.00	Remove	
Cyclafem	NDCCYC	\$6.00	\$4.50	\$3.00	\$1.50	\$0.00	Remove	
Depo-Provera	J1050	\$0.02	\$0.02	\$0.01	\$0.01	\$0.00	\$10.00	
Doxycycline	J8499	\$10.82	\$8.12	\$5.41	\$2.71	\$0.00		
Ella	S4993	\$35.99	\$26.99	\$18.00	\$9.00	\$0.00	\$45.00	
Ethambutol	NDCETH	\$2.68	\$2.01	\$1.34	\$0.67	\$0.00		
Fluconazole	J8499	\$1.00	\$0.75	\$0.50	\$0.25	\$0.00		
Fluoride Varnish - Hi Risk	99188	\$34.46	\$25.85	\$17.23	\$8.62	\$0.00		X
Isoniazide	NCINH	\$3.00	\$2.25	\$1.50	\$0.75	\$0.00	\$5.00	
Liletta	J7297	\$50.00	\$37.50	\$25.00	\$12.50	\$0.00		X
CONDOMS (each) Male	A4267	\$0.34	\$0.26	\$0.17	\$0.09	\$0.00		
Metronidazole	J8499	\$0.57	\$0.43	\$0.29	\$0.14	\$0.00		
Micronor (Ortho)	NDCMIC	\$3.17	\$2.38	\$1.59	\$0.79	\$0.00	Remove	
MIRENA IUD	J7302	\$300.00	\$225.00	\$150.00	\$75.00	\$0.00		X
Nexplanon	J7307	\$343.32	\$257.49	\$171.66	\$85.83	\$0.00		X
Nexplanon Insert	11981	\$126.03	\$94.52	\$63.02	\$31.51	\$0.00		X
Nexplanon Removal	11982	\$140.91	\$105.68	\$70.46	\$35.23	\$0.00		X
Nexplanon Removal and Insert	11983	\$202.92	\$152.19	\$101.46	\$50.73	\$0.00		X
NuvaRing	J7303	\$22.63	\$16.97	\$11.32	\$5.66	\$0.00		X
Orsythia	NDCORS	\$13.86	\$10.40	\$6.93	\$3.47	\$0.00	Remove	
IUD-ParaGard	J7300	\$124.00	\$93.00	\$62.00	\$31.00	\$0.00		X

FEES ADJUSTED BY FEDERAL POVERTY LEVEL							Propose Fee Change	Not currently offered
COMMUNITY HEALTH NURSING	CPT CODE	100%	75%	50%	25%	0%		
Plan B Emergency	S4993	\$7.09	\$5.32	\$3.55	\$1.77	\$0.00		
Prenatal Vitamins (30 Days)	S0197	\$4.43	\$3.32	\$2.22	\$1.11	\$0.00		X
Priftin	NDCPRIF	\$24.24	\$18.18	\$12.12	\$6.06	\$0.00		X
Pyridoxine Vit B6	NDCPYR	\$2.00	\$1.50	\$1.00	\$0.50	\$0.00		X
Pyrazinamide (PZA)	NDCPZA	\$30.00	\$22.50	\$15.00	\$7.50	\$0.00		
Rifampin	NDCRIF	\$8.02	\$6.02	\$4.01	\$2.01	\$0.00		
Rocephin 250 mg	J0696	\$2.00	\$1.50	\$1.00	\$0.50	\$0.00		
Skyla	J7301	\$500.00	\$375.00	\$250.00	\$125.00	\$0.00		X
Sprintec	NDCSPR	\$16.68	\$12.51	\$8.34	\$4.17	\$0.00		
Terazol Cream	NDCTERC	\$5.94	\$4.46	\$2.97	\$1.49	\$0.00		X
Xulane	NDCXUL	\$60.72	\$45.54	\$30.36	\$15.18	\$0.00		X
Oral Birth Control (Contraceptive Pills for BC)	S4993	\$10.00	\$7.50	\$5.00	\$2.50	\$0.00		
<b>Vaccines</b>								
DTaP	90700	\$74.67	\$56.00	\$37.34	\$18.67	\$0.00		
Pediarix (DTap-Hep B-IPV)	90723	\$238.69	\$179.02	\$119.35	\$59.67	\$0.00		private not offered
Pentacel (Dtap-Hib-IPV)	90698	\$147.72	\$110.79	\$73.86	\$36.93	\$0.00		private not offered
Kinrix (Dtap-IPV)	90696	\$157.48	\$118.11	\$78.74	\$39.37	\$0.00		private not offered
Flu w/o preservatives (<3 yrs)	90685	\$13.00	\$9.75	\$6.50	\$3.25	\$0.00		X
Flu w/o preservatives (>3 yrs)	90686	\$50.77	\$38.08	\$25.39	\$12.69	\$0.00		
Fluarix 6 Months and Older	90686GSK	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Flu w/preservatives (<3 yrs)	90687	\$10.00	\$7.50	\$5.00	\$2.50	\$0.00		X
Flu, High Dose	90662	\$147.39	\$110.54	\$73.70	\$36.85	\$0.00		X
Hep A/Adult:	90632	\$102.21	\$76.66	\$51.11	\$25.55	\$0.00		private not offered
Hep A Ped./Adol, 2 dose	90633	\$98.98	\$74.24	\$49.49	\$24.75	\$0.00		private not offered
Hep B Adult	90746	\$263.72	\$197.79	\$131.86	\$65.93	\$0.00		private not offered
Hep B Ped./Adol 3 Dose	90744	\$42.76	\$32.07	\$21.38	\$10.69	\$0.00		private not offered
Twinrix (Hep A-Hep B)	90636	\$154.12	\$115.59	\$77.06	\$38.53	\$0.00		private not offered
Hib	90648	\$25.61	\$19.21	\$12.81	\$6.40	\$0.00		private not offered
Gardasil (HPV 9)	90649	\$164.67	\$123.50	\$82.34	\$41.17	\$0.00		private not offered
IPV	90713	\$102.00	\$76.50	\$51.00	\$25.50	\$0.00		private not offered
Menactra (MCV4)	90734	\$371.11	\$278.33	\$185.56	\$92.78	\$0.00		x
Menveo (MCV4)	90734	\$371.11	\$278.33	\$185.56	\$92.78	\$0.00		
MENB	90621	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$225.00	private not offered
MMR	90707	\$113.15	\$84.86	\$56.58	\$28.29	\$0.00		private not offered
MMRV	90710	\$322.94	\$242.21	\$161.47	\$80.74	\$0.00		private not offered
PCV-13 (Prevnar)	90670	\$20.00	\$15.00	\$10.00	\$5.00	\$0.00		X
PedvaxHIN to age 5	90670	\$307.36	\$230.52	\$153.68	\$76.84	\$0.00		X
PPSV23	90732	\$82.51	\$61.88	\$41.26	\$20.63	\$0.00		private not offered
Rotarix (Rotavirus 2-dose)	90681	\$183.80	\$137.85	\$91.90	\$45.95	\$0.00		X
RotaTeq (Rotavirus 3-dose)	90680	\$66.12	\$49.59	\$33.06	\$16.53	\$0.00		private not offered
TD (>7 yrs)	90714	\$41.16	\$30.87	\$20.58	\$10.29	\$0.00		private not offered
Tdap	90715	\$49.40	\$37.05	\$24.70	\$12.35	\$0.00		
Varicella	90716	\$194.69	\$146.02	\$97.35	\$48.67	\$0.00		private not offered
PCV20	90677						\$325.00	private not offered
<b>Immunization Administration</b>								
Immunization Administration, one VFC/317	90471	\$33.67	\$25.25	\$16.84	\$8.42	\$0.00	remove-duplicate	
Additional Immunization Administration	90472	\$20.84	\$15.63	\$10.42	\$5.21	\$0.00	remove-duplicate	
Oral/Nasal Subsequent Administration(s)	90474	\$20.84	\$15.63	\$10.42	\$5.21	\$0.00	remove-duplicate	
Immunization Administration, one VFC/317	90471	\$22.57	\$16.93	\$11.29	\$5.64	\$0.00		
Immunization Administration, Each Additional VFC/317	90472	\$22.57	\$16.93	\$11.29	\$5.64	\$0.00		
Immunization Administration, Nasal/Oral, VFC/317	90474	\$22.57	\$16.93	\$11.29	\$5.64	\$0.00		
Flu Injectable (Medicare) Administration	G0008	\$33.67	\$25.25	\$16.84	\$8.42	\$0.00		
Medicare-Pneumococcal Administration	G0009	\$25.00	\$18.75	\$12.50	\$6.25	\$0.00		
Oral/Nasal Administration	90473	\$33.67	\$25.25	\$16.84	\$8.42	\$0.00		

**CNHD Proposed Fee Schedule FY27**

**ESTABLISHMENT PERMIT CATEGORIES - FY 27**

Category	Qty	Current Base	FY27 Base (20.75% rounded)	Current Total	FY27 Total
Bar	61	\$200.00	\$242.00	\$12,200.00	\$14,762.00
Camping/RV Park	14	\$166.00	\$200.00	\$2,324.00	\$2,800.00
Catering	18	\$125.00	\$151.00	\$2,250.00	\$2,718.00
Concession	8	\$200.00	\$242.00	\$1,600.00	\$1,936.00
Correctional Facility Kitchen	3	\$166.00	\$200.00	\$498.00	\$600.00
Cottage Food Operation	113	—	—	—	—
County Jail	4	—	—	—	—
Food Processor	1	\$166.00	\$200.00	\$166.00	\$200.00
Individual Sewage Disposal	21	—	—	—	—
Invasive Body Decoration	9	\$290.00	\$350.00	\$2,610.00	\$3,150.00
Juvenile Detention	1	—	—	—	—
Market Bakery	4	\$166.00	\$200.00	\$664.00	\$800.00
Market Deli	7	\$166.00	\$200.00	\$1,162.00	\$1,400.00
Market Meat	9	\$166.00	\$200.00	\$1,494.00	\$1,800.00
Market Pkg Food	56	\$166.00	\$200.00	\$9,296.00	\$11,200.00
Mobile Food Units	26	\$166.00	\$200.00	\$4,316.00	\$5,200.00
Pools	14	\$402.00	\$485.00	\$5,628.00	\$6,790.00
Public Accommodation	23	—	—	—	—
Restaurant w/ DU	88	\$200.00	\$242.00	\$17,600.00	\$21,296.00
Restaurant w/o DU	20	\$200.00	\$242.00	\$4,000.00	\$4,840.00
Retail Warehouse	1	\$166.00	\$200.00	\$166.00	\$200.00
School Concession	2	\$150.00	\$181.00	\$300.00	\$362.00
School Institution	22	—	—	—	—
School Kitchen	16	\$150.00	\$181.00	\$2,400.00	\$2,896.00
Septic Pump	6	\$332.00	\$401.00	\$1,992.00	\$2,406.00
Service Depot	3	\$166.00	\$200.00	\$498.00	\$600.00
Snack Bar	33	\$200.00	\$242.00	\$6,600.00	\$7,986.00
Spa	3	\$332.00	\$401.00	\$996.00	\$1,203.00
Support BBQ	2	\$110.00	\$133.00	\$220.00	\$266.00
Support Kitchen	2	\$115.00	\$139.00	\$230.00	\$278.00
Support Portable Bar	1	\$85.00	\$103.00	\$85.00	\$103.00
<b>Total</b>	<b>591</b>			<b>\$79,295.00</b>	<b>\$95,792.00</b>

**Temporary Event Health Permit Fees - FY 27**

Item	Qty	Current Fee	FY27 Base (20.75% rounded)	Current Total	FY27 Total
Temporary Event Health Permit	100	\$50.00	\$60.00	\$5,000.00	\$6,000.00
<b>Total</b>				<b>\$5,000.00</b>	<b>\$6,000.00</b>

**Temporary Mass Gathering Fees - FY 27**

Item	Qty	Current Fee	FY27 Base (20.75% rounded)	FY27 Total	FY27 Total
NAC 444 Temporary Mass Gathering Fees / day					
500 to 1,000 persons	12	\$500	\$604.00	\$6,000.00	\$7,248.00

1,001 to 5,000 persons	5	\$750	<b>\$906.00</b>	\$3,750.00	<b>\$4,530.00</b>
5,001 to 10,000 persons	1	\$1,000.00	<b>\$1,208.00</b>	\$1,000.00	<b>\$1,208.00</b>
10,001 or more persons	12	\$2,644.00	<b>\$3,193.00</b>	\$31,728.00	<b>\$38,316.00</b>
Mass Gathering Vendor / Participant Permit	<b>400</b>	\$50.00	<b>\$60.00</b>	\$20,000.00	<b>\$24,000.00</b>
<b>Total</b>				<b>\$62,478.00</b>	<b>\$75,302.00</b>

### Construction Fees - FY 27

Fee Type	Current Fee	FY 27 Fee 20.75% (\$FY27 Base (20.75% rounded)	FY27 Total	FY27 Total
Camping Spaces & RV Parks Plan Review	1 \$ 498.00	\$ 598.00	\$ 498.00	\$ 598.00
Food Establishment Plan Review	1 \$ 332.00	\$ 401.00	\$ 332.00	\$ 401.00
Food Establishment Plan Review - Mobile Food Unit	1 \$ 165.00	\$ 199.00	\$ 165.00	\$ 199.00
Food Establishment Remodel Plan Review	1 \$ 370.00	\$ 447.00	\$ 370.00	\$ 447.00
Invasive Body Decoration Plan Review	1 \$ 262.50	\$ 317.00	\$ 262.50	\$ 318.00
Public Bathing Facility Plan Review - Pool	1 \$ 402.00	\$ 485.00	\$ 402.00	\$ 485.00
Public Bathing Facility Plan Review - Spa	1 \$ 166.00	\$ 200.00	\$ 166.00	\$ 200.00
Public Bathing Facility Remodel Plan Review - Spa	1 \$ 166.00	\$ 200.00	\$ 166.00	\$ 200.00
<b>Total</b>			<b>\$ 2,361.50</b>	<b>\$ 2,848.00</b>

### New Fees - FY 27

Fee Type	FY27 Base (20.75% rounded)	FY27 Total
Annual Temporary Event Health Permit	1 \$ 200.00	\$ 200.00
Cottage Food Operation	1 \$ 60.00	\$ 60.00
Hourly Billing Fee	1 \$ 60.00	\$ 60.00
Individual Sewage Disposal Inspection - Final Inspection	1 \$ 100.00	\$ 100.00
Individual Sewage Disposal Inspection - Open Trench Inspection	1 \$ 100.00	\$ 100.00
Individual Sewage Disposal Inspection - Percolation Test Inspection	1 \$ 100.00	\$ 100.00
Individual Sewage Disposal Inspection - Repair and/or Abandonment	1 \$ 100.00	\$ 100.00
Individual Sewage Disposal Inspection Fee	1 \$ 100.00	\$ 100.00
Late Fees	1 \$ 60.00	\$ 60.00
Vending Machine Health Permit	1 \$ 139.00	\$ 139.00
<b>Total</b>		<b>\$1,019.00</b>



# Central Nevada Health District Agenda Report

**Date Submitted:** February 20, 2026

**Agenda Item #:** 9.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Administrator  
**Subject Title:** Consideration and possible action re: Ratification of the contract with VillageReach, in the amount of \$71,403, for completion of the Community Health Assessment.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to ratify of the contract with VillageReach, in the amount of \$71,403, for completion of the Community Health Assessment.

**Discussion:** CNHD released the Request for Proposals on December 9, 2025, and closed on January 12, 2026. There were 26 submittals. The Interim Administrator, Fiscal and Grants Specialist, and Amy Hynes-Southerland, with NACO, ranked the top five candidates based on the following:

1. Cost
2. Experience completing a Community Health Needs Assessment
3. Demonstration of presence that will be provided in the community and knowledge of rural Nevada

Based on the evaluation, the evaluation group selected VillageReach. The team kicked off a meeting to start the scope of work. Due to contract development delays, the final contract timeline will be realigned to ensure the full scope is completed.

**Alternatives:**

**Fiscal Impact:** \$71,403.

**Explanation of Impact:** Contract amount to fulfill the scope.

**Funding Source:** Varies grants.

**Prepared By:** Amber Edwards, Office Specialist

**Reviewed By:**

A handwritten signature in black ink that reads 'Shannon Ernst'.

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Shannon Ernst, Social Services Director

Date: February 25, 2026

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None

Aye:

2) None

Nay:

\_\_\_\_\_  
(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



## REQUEST FOR PROPOSALS (RFP)

Comprehensive Community Health Needs Assessment (CHNA)  
Central Nevada Health District (CNHD)  
<https://www.centralnevadahd.org>

### 1. Introduction & Purpose

The Central Nevada Health District (CNHD) is soliciting proposals from qualified contractors to design, conduct, and deliver a comprehensive Community Health Needs Assessment (CHNA) for its service area, in compliance with the Public Health Accreditation Board (PHAB) Standards and Measures (Version 1.5 and subsequent guidance).

The CHNA will serve as the foundation for CNHD's Community Health Improvement Plan (CHIP), policy development, and strategic resource allocation. It will be developed using a collaborative and participatory approach, consistent with PHAB Standard 1.1, and will address the full CNHD jurisdiction.

### 2. Scope of Work

#### Phase 1 – Project Planning & Partnership Engagement

- Establish a multi-sector advisory group including representatives from local government, service-area hospitals, business, education, housing, law enforcement, healthcare providers, community-based organizations, underserved populations, and Tribal partners where applicable.
- Develop a detailed work plan with CNHD leadership.
- Ensure inclusion of at least two populations at higher health risk or with poorer health outcomes in alignment with PHAB requirements.

#### Phase 2 – Data Collection & Analysis

- Collect quantitative and qualitative primary data from diverse population groups, using surveys, focus groups, key informant interviews, community forums, and/or other appropriate methods.

- Gather and analyze secondary data from public health, hospital, state, Tribal, and federal sources, including demographic, socioeconomic, morbidity, mortality, and behavioral risk data.
- Identify health disparities and inequities by population group and geography, incorporating social determinants of health.
- Map community assets and resources.

### **Phase 3 – Collaborative Assessment Development**

- Facilitate regular meetings with the advisory group to review data, identify health priorities, and discuss assets and resources.
- Use a recognized CHNA framework (e.g., MAPP, NACCHO Toolkit, ACHI Toolkit, County Health Rankings Action Center) or a clearly defined custom methodology consistent with PHAB guidance.

### **Phase 4 – Public Review & Feedback**

- Share findings with the public, partners, and stakeholders via public meetings or community-based forums.
- Develop process to document all feedback received for review and consideration in future assessment and planning efforts.

### **Phase 5 – Final Report & Dissemination**

- Deliver a final CHNA report including executive summary, data and methods, demographics, priority health issues, contributing factors, health inequities, community assets/resources, and recommendations.
- Provide at least two documented methods of informing partners and the public of the CHNA's availability.
- Present findings to CNHD Board, advisory group, and community stakeholders.

## **3. Deliverables**

1. Work plan and engagement strategy
2. Summary of partner and community engagement activities
3. Comprehensive CHNA report (digital and print-ready PDF)
4. Public presentation slide deck
5. Data files and documentation

## **4. Proposal Requirements**

Please ensure all the following items are included in proposal submission. Failure to include all requested information may result in disqualification from consideration.

1. Organizational Overview – Description of firm/individual qualifications and relevant experience.

2. PHAB Experience – Describe experience (if any) conducting CHNA/CHAs to PHAB standards. This is not a requirement, but this experience is preferred.
3. Methodology – Description of data collection, analysis, community engagement, and prioritization methods.
4. Work Plan & Timeline – Including milestones and deliverable dates.
5. Staffing Plan – Names, roles, and qualifications of key project personnel.
6. Budget – Detailed cost proposal with breakdown by task and deliverable.
7. References – At least two references from similar projects.

## 5. Timeline

RFP Release Date: December 9, 2025

Proposals Due: January 12, 2026 by 5pm

Selection Notification: January 16, 2026

Project Start: January 27, 2026

CHNA Completion: June 30, 2026

## 6. Submission Instructions

Submit proposals electronically in PDF format to:

Central Nevada Health District

Shannon Ernst, Interim Administrator  
[shannon.ernst@churchillcountynv.gov](mailto:shannon.ernst@churchillcountynv.gov)  
(775)428-0211

AND

Shasta Garrison, Grant and Fiscal Specialist  
[shasta.garrison@centralnevadahd.org](mailto:shasta.garrison@centralnevadahd.org)  
(775)867-8181

Late submissions will not be considered.

## 7. Terms & Conditions

- CNHD reserves the right to reject any or all proposals.
- All materials developed will become property of CNHD.
- Contractor must comply with applicable federal, state, and local laws, including HIPAA and data privacy standards.

## **AGREEMENT FOR PROFESSIONAL SERVICES**

THIS AGREEMENT is entered into between Central Nevada Health District, a political subdivision of the State of Nevada (“CNHD”) and **VillageReach**, collectively (the “Parties”).

### **WITNESSETH:**

WHEREAS, CNHD desires to engage VillageReach to render certain services in support of Comprehensive Community Health Needs Assessment (the “Project”); and

WHEREAS, CNHD requires certain professional services in connection with the project, as described in Exhibit “A”, Scope of Services (the “Services”); and

WHEREAS, VillageReach represents that it is duly qualified, ready, willing and able to provide the Services by virtue of its education, training and experience; and

NOW, THEREFORE, in consideration of the mutual promises contained herein, the Parties agree as follows:

#### **ARTICLE 1 - EFFECTIVE DATE/TIME OF PERFORMANCE**

The effective date of this Agreement shall be at date of executed.

VILLAGEREACH shall begin performance of services as provided herein upon notice to proceed and shall complete all Services identified in Exhibit A, Scope of Work in accordance with the Standard of Care as set forth in Article 5 herein no later than identified in Exhibit B – Schedule, unless this Agreement is terminated sooner in accordance with its terms, or the schedule is amended pursuant to Article 11 of this Agreement.

#### **ARTICLE 2 - SERVICES TO BE PERFORMED BY VILLAGEREACH AND CNHD**

VillageReach agrees to perform the services identified on Exhibit A – Scope of Services. VillageReach agrees to furnish all equipment and personnel required for its work.

CNHD agrees to provide prompt information and support to VillageReach in coordination with completion of the Scope of Services identified in Exhibit A. Further, CNHD agrees to provide payment pursuant to the terms of this agreement.

#### **ARTICLE 3 - COMPENSATION**

##### **3.1 Compensation for Services**

- a. CNHD agrees to pay VillageReach the sum of \$71,403.00 for the provision of the services described in this agreement. Said price includes all materials, labor, permits, certifications, subcontracts, taxes, and any other amount necessary for completion of the work. Payment shall be made no later than thirty days of completing the work. Progress payments may be made during construction as authorized by the Director of CNHD.

#### **ARTICLE 4 - TIME SCHEDULE FOR COMPLETION**

The time for completion of the services identified in this agreement shall be completed pursuant to the schedule outlined in Exhibit B – Schedule unless that schedule is amended under Article 11 of this Agreement.

Should VillageReach be delayed by reason of CNHD's responsibility, VillageReach shall be granted an extension to account for such delay. In no event shall VillageReach have a claim of damages or extra compensation on account of such delay.

ARTICLE 5 - INDEPENDENT CONTRACTOR

VillageReach undertakes performance of the Services as an independent Contractor, is not entitled to benefits provided to employees of CNHD, is solely responsible for federal taxes and social security payments applicable to money received for services herein provided and understands CNHD will file an IRS Form 1099 for all payments made to VillageReach. VillageReach shall be wholly responsible for the methods of performance. CNHD shall have no right to supervise the methods used by VillageReach. CNHD shall have the right to observe such performance. VillageReach shall work closely with CNHD in performing Services under this Agreement.

Notwithstanding the foregoing, VillageReach shall cause each of its suppliers and subcontractors, and their employees and agents, to comply with all terms and conditions of this Agreement. All acts, and omissions to act, of said suppliers and subcontractor, their employees and agents, shall be deemed to be the acts and omissions of VillageReach.

ARTICLE 6 - PERMITS AND LICENSES

VillageReach shall, if necessary and with the reasonable assistance of CNHD, secure all certificates and permits that may be required for the proper execution and completion of the work. The costs of all said approvals, certificates and permits are the responsibility of VillageReach.

ARTICLE 7 - TERMINATION OR EXTENSION OF CONTRACT

This Agreement may be terminated prior to expiration with the written consent of all parties. Either party may terminate this Agreement immediately for the other party's failure to perform any material obligation under this Agreement.

ARTICLE 8 - NOTICE

Any notice, demand, or request required by or made pursuant to this Agreement shall be deemed properly made if personally delivered in writing on the date of delivery, or, if deposited in the United States mail, postage prepaid, to the address specified below, three days after the date of mailing:

To CNHD:

Shannon Ernst, Interim Director  
CNHD  
270 S. Maine Street  
Fallon, NV 89406

To VillageReach:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nothing contained in this Article shall be construed to restrict the transmission of routine communications between representatives of VillageReach and CNHD.

## ARTICLE 9 - GOVERNING LAW-VENUE

Nevada law governs this Agreement and all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by VillageReach. Venue for all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by VillageReach shall be in state district court in Churchill CNHD, Nevada.

## ARTICLE 10 - MISCELLANEOUS

### 17.1 Nonwaiver

A waiver by either CNHD or VillageReach of any breach of this Agreement shall not be binding upon the waiving Party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach.

### 17.2 Severability

If any provision of this Agreement is determined to be illegal, invalid, or unenforceable, the provision shall be deleted and the parties shall, if possible, agree on a legal, valid, and enforceable substitute provision that is as similar in effect to the deleted provision as possible. The remaining portion of the Agreement not determined to be illegal, invalid, or unenforceable shall, in any event, remain valid and effective for the term remaining unless the provision found illegal, invalid, or unenforceable goes to the essence of this Agreement.

## ARTICLE 11 - INTEGRATION AND MODIFICATION

This Agreement represents the entire and integrated agreement between the Parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended only by a written instrument signed by each of the Parties. Unless otherwise specified in writing, if there is any inconsistency between the terms of this Agreement and any other agreement between the Parties, the terms of this Agreement shall control.

## ARTICLE 12 - SUCCESSORS AND ASSIGNS

CNHD and VillageReach each binds itself and its directors, officers, partners, successors, executors, administrators, assigns and legal representatives to the other party to this Agreement and to the partners, successors, executors, administrators, assigns, and legal representatives of such other party, in respect to all covenants, agreements, and obligations of this Agreement.

## ARTICLE 13 - ASSIGNMENT

Neither CNHD nor VillageReach shall assign, sublet, or transfer any rights under or interest in (including, but without limitation, monies that may become due or monies that are due) this Agreement without the written consent of the other, except to the extent that the effect of this limitation may be restricted by law. Unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement. Nothing contained in this paragraph shall prevent VillageReach from employing such independent contractors, associates, and subcontractors, as it may deem appropriate to assist in the performance of the Services hereunder.

#### ARTICLE 14 - THIRD PARTY RIGHTS

Nothing herein shall be construed to give any rights or benefits to anyone other than CNHD and VillageReach.

#### ARTICLE 15 – LIMITED LIABILITY

CNHD will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes. Contract liability of both parties shall not be subject to punitive damages. Actual damages for CNHD’s breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.

VillageReach agrees to indemnify, hold harmless and defend CNHD and the employees, officers and agents of CNHD from any liabilities, damages, losses, claims, actions or proceedings, including, without limitation, reasonable attorneys’ fees and costs, to the extent that such liabilities, damages, losses, claims, actions or proceedings are caused by the negligence, errors, omissions, recklessness or intentional misconduct of VillageReach or the employees or agents of the VillageReach (1) in the performance of the contract, or (2) which are, or are not, based upon or arising out of the professional services of VillageReach, to the full extent allowed by law.

#### ARTICLE 16 – INSURANCE

VillageReach shall provide to Owner, prior to commencement of work, a certificate of insurance indicating all insurance policies in place during completion of the work described herein including, but not limited to: general liability insurance, excess insurance, workers compensation insurance, and auto insurance in an amount agreeable to owner.

The remainder of this page intentionally left blank.

ARTICLE 17 - NON-DISCRIMINATION

VillageReach agrees not to discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation, gender identity or expression, or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship. VillageReach further agrees to insert this provision in all subcontracts hereunder, except subcontracts for standard commercial supplies or raw materials.

IN WITNESS WHEREOF, the parties have executed this Agreement.

CNHD:

VILLAGEREACH:

Dated this \_\_\_ day of \_\_\_\_\_, 2026

Dated this \_\_\_ day of \_\_\_\_\_, 2026

By \_\_\_\_\_  
Shannon Ernst, Interim Director  
CNHD

By \_\_\_\_\_  
[NAME, TITLE]

## Exhibit A – Scope of Services

Expense Category	Description	Unit Cost	Hours	Subtotal	Total
<b>Phase 1</b>					<b>\$6,765</b>
<b>Personnel</b>		<i>(hourly rates)</i>			<b>\$6,765</b>
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
<b>Phase 2</b>					<b>\$33,148</b>
<b>Personnel</b>		<i>(hourly rates)</i>			<b>\$25,946</b>
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	87	\$6,250	
Guerette, Julia	Senior Manager, Data Analytics & Service Delivery	\$ 104	69	\$7,236	
Reynolds, Katherine	Senior Manager, Research, Evidence & Learning	\$ 109	52	\$5,689	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	52	\$6,264	
<b>Travel</b>					<b>\$4,060</b>
	Travel (ground)			\$1,823	
	M&IE			\$2,237	
<b>ODC</b>					<b>\$3,142</b>
	Incentives for Focus Groups Participants			\$3,142	
<b>Phase 3</b>					<b>\$7,299</b>
<b>Personnel</b>		<i>(hourly rates)</i>			<b>\$5,728</b>
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	43	\$5,220	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
<b>ODC</b>					<b>\$1,571</b>
	Honorariums for Advisory Group Members			\$1,571	
<b>Phase 4</b>					<b>\$15,863</b>
<b>Personnel</b>		<i>(hourly rates)</i>			<b>\$8,661</b>
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Reynolds, Katherine	Senior Manager, Research, Evidence & Learning	\$ 109	17	\$1,896	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
<b>Travel</b>					<b>\$4,060</b>
	Travel (ground)			\$1,823	
	M&IE			\$2,237	
<b>ODC</b>					<b>\$3,142</b>
	Printing & Supplies for Data Walks			\$3,142	
<b>Phase 5</b>					<b>\$6,765</b>
<b>Personnel</b>		<i>(hourly rates)</i>			<b>\$6,765</b>
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
<b>Project Management Software</b>				1,564	
<b>Total</b>				<b>\$</b>	<b>71,403</b>

## Exhibit B – Project Schedule

Activity	Months					
	Jan	Feb	Mar	Apr	May	Jun
<b>Phase 1 – Project Planning &amp; Partnership Engagement</b>						
Project kickoff meeting with CNHD						
Review existing partnerships, advisory structures and prior assessments						
Identify and confirm advisory group membership						
Schedule advisory group meetings for subsequent phases						
<b>Deliverable: Work plan and Engagement Strategy</b>						
<b>Phase 2 – Data Collection &amp; Analysis</b>						
Review existing district-, county-, and state- level assessments and data sources						
Compile and analyze secondary data						
Advisory group input on priority topics and indicator selection						
Design and conduct primary data collection						
Preliminary synthesis of quantitative and qualitative findings						
<b>Deliverable: Data files and documentation</b>						
<b>Phase 3 – Collaborative Assessment Development</b>						
Facilitate structured advisory group meetings to review Phase 2 findings						
Identify priority health issues, contributing factors, and inequities						
Map community assets and resources						
Draft preliminary CHNA content for review						
<b>Deliverable: Summary of partner and community engagement activities</b>						
<b>Phase 4 – Public Review &amp; Feedback</b>						
Prepare data walk materials						
Conduct data walks						
Collect and synthesize public feedback to inform refinement of findings						
<b>Deliverable: PDF packet of data walk visuals and content</b>						
<b>Phase 5 – Final Report &amp; Dissemination</b>						
Finalize CHNA findings						
Prepare final CHNA report (digital and print-ready PDF)						
Develop public presentation slide deck						
Present findings to CNHD Board, advisory group, and community stakeholders						
<b>Deliverable: Comprehensive CHNA report (digital and print-ready PDF) and public presentation slide deck</b>						

VILLAGEREACH BID

# Comprehensive Community Health Needs Assessment Services

JANUARY 2026

**VillageReach Contact:**

Emily Lawrence

Director – Research, Evidence & Learning

E-mail: [emily.lawrence@villagereach.org](mailto:emily.lawrence@villagereach.org)



# Cover Letter

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To the Central Nevada Health District,

VillageReach is pleased to submit a proposal in response to the request for a comprehensive community health needs assessment. VillageReach is a public health 501(c)(3) non-profit focused on improving access to essential health and social services in the United States and globally. For more than 25 years, we have partnered with local and regional governments to design, strengthen and sustain responsive public health systems that better serve communities, particularly those facing barriers to accessing quality care.

VillageReach has supported numerous health departments in community health assessments, evaluations, data systems, strategic planning, and workforce development. We bring deep expertise in public health, environmental health, and access to services, informed by years of work with public-sector partners serving rural communities. VillageReach has staff located across the United States. The lead for this scope of work is based in Truckee, California and has extensive lived and professional experience in the region.

VillageReach has extensive experience partnering with rural and multi-county health jurisdictions to develop comprehensive and participatory Community Health Needs Assessments (CHNAs) that meet Public Health Accreditation Board (PHAB) standards, utilize the Mobilizing for Action through Planning and Partnership (MAPP 2.0) framework, and support actionable community health improvement planning. Our approach reflects a clear understanding of the unique challenges and opportunities in rural contexts and multi-county health jurisdictions.

The cost to conduct a comprehensive community health needs assessment is \$71,403. The work will be completed no later than June 30, 2026.

We look forward to discussing our potential partnership with you.

Thank you for your consideration,



Emily Lawrence  
VillageReach  
Director – Research, Evidence and Learning

# Organizational Overview

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## VILLAGEREACH OVERVIEW:

VillageReach is a public health 501(c)(3) non-profit focused on improving access to essential health and social services in the United States and globally. We partner with local and regional governments to design and strengthen systems to deliver services where and when they're needed—especially for communities facing persistent barriers. We support local public health agencies to ensure systems are:

- **AVAILABLE:** Services and resources are available when and where they are needed.
- **ADAPTIVE:** Agencies can adapt to changes and function well through shocks and stresses.
- **RESPONSIVE:** Agencies respond to the needs and preferences of communities.

Since launching our [U.S. portfolio](#) in 2020, VillageReach has supported numerous health departments in community health needs assessments. We also work with health jurisdictions to design and implement evaluations, improve and modernize data systems, facilitate strategic planning, and provide training and workforce development. We bring deep expertise in public health, environmental health, and access to services, informed by years of work with public-sector partners serving rural communities.

VillageReach's headquarters are in Seattle, WA and we have staff located across the United States. The lead for this scope of work is based in Truckee, California and has extensive lived and professional experience in the region.

## COMMUNITY HEALTH NEEDS ASSESSMENT EXPERIENCE:

VillageReach has a strong track record partnering with rural and multi-county health departments to develop comprehensive Community Health Needs Assessments (CHNAs) that meet accreditation standards and support practical community health improvement planning. Our work reflects a deep understanding of the unique contexts of rural and multi-county health jurisdictions.

We are trained in the Mobilizing for Action through Planning and Partnership (MAPP 2.0) framework and use it as a guiding structure for all our assessments. We also align our work with the Public Health Accreditation Board (PHAB) standards to guide best practices. While grounded in these established frameworks and standards, we tailor each assessment to the specific context, timelines, and resources of the health jurisdictions we support. We have worked with health districts to utilize existing coalitions and advisory boards to inform work and/or create new advisory bodies when needed. These have included partners from public health, other government sectors such as schools, emergency response, law enforcement and emergency management, elected officials, community-based organizations, and community members, including those with lived experience with health disparities.

Our approach integrates robust secondary data analysis with inclusive primary data collection. We conduct comprehensive reviews of quantitative data from sources such as the Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey, U.S. Census, and other relevant state- and county-specific datasets. To complement these data, we lead primary data collection efforts through focus groups, key informant interviews, and community listening sessions. To ensure participation is accessible, we offer multiple engagement modalities, including in-person and remote options, and provide materials and facilitation in English, Spanish, and other languages as appropriate to the region. This flexibility supports participation from populations that are often underrepresented in traditional assessment processes.

VillageReach works predominantly in rural areas and has extensive experience partnering with multi-county health jurisdictions that span geographically dispersed communities. We recognize that rural communities possess unique strengths, including strong social ties, a deep sense of place and pride, and close connections to nature and the outdoor spaces that support community well-being. At the same time, we understand the structural challenges that shape health in rural areas. These include limited access to primary and specialty healthcare, shortages in mental and behavioral health services, and barriers to essential resources that influence social determinants of health, such as employment opportunities, affordable housing, reliable transportation, and childcare. Workforce shortages, geographic isolation, aging populations, and limited broadband connectivity often compound these challenges, affecting access to care, telehealth, education, and employment. We have experience working with multi-county health jurisdictions to analyze trends across all their service areas, identify community-specific needs, and surface shared regional priorities.

In central Nevada and similar rural areas, environmental and climate-related factors add further complexity. Agriculture, ranching, and mining are vital to local economies and community identity, and increasing exposure to extreme heat, wildfire, drought and severe weather events has direct implications for health, safety, and livelihoods. We have supported jurisdictions in expanding their assessments to incorporate an environmental health lens, including indicators related to air and water quality, climate resilience, and agricultural impacts.

VillageReach's approach ensures that the assessment process sets health districts, their partners and their communities up for a participatory and evidence-based community health improvement planning.

## EXAMPLES OF OUR WORK

VillageReach brings proven experience conducting Community Health Needs Assessments (CHNAs) and related analyses in rural, multi-county contexts. Examples include:

### JEFFERSON COUNTY PUBLIC HEALTH

VillageReach partnered with Jefferson County Public Health, a rural county, to conduct targeted community and environmental health assessments in two rural communities where the health department had limited connections and knew residents were under-reached. The assessment aimed to identify practical, community-informed solutions to challenges with healthcare access, immunization, and environmental risks.

- **Methods:** We utilized a phased approach informed by the MAPP 2.0 framework, including a landscape analysis, qualitative interviews, windshield surveys, and observations of mobile vaccination sessions. We complemented these with secondary data analysis including interactive mapping of immunization coverage and social vulnerability indicators.
- **Impact:** Findings informed the health department's strategies for improving access to care and immunization in the two highlighted communities. In addition, the process fostered trust and strengthened relationships within the communities, while enabling the health department to identify and establish partnerships with other local organizations.
- **Environmental Health Spotlight:** VillageReach supported the health department's first integration of climate and environmental health into its community health needs assessment, identifying priority threats, assessing interventions, and developing a public-facing dashboard to track risks and resources. This included an extensive review of existing local, state and national data along with primary data collection with residents including people with low incomes, geographically isolated residents, individuals with pre-existing health conditions, and those working in high-exposure occupations such as agriculture and outdoor labor..

## NE TRI COUNTY HEALTH DISTRICT

VillageReach supports the Northeast Tri County Health District (NETCHD), a three-county, highly rural health district, in the automation of its health data across all programs. In a context where staff capacity is limited and data sources are sometimes fragmented across the three counties in NETCHD's service area, these automated processes reduce manual data handling and make routinely collected data easier to access, share, and interpret through publicly available dashboards. Between Community Health Needs Assessment cycles, this approach enables ongoing monitoring of priority issues and supports more responsive day-to-day decision making. Importantly, these same data processes also strengthen the CHNA itself when it is conducted. By maintaining cleaner, better documented, and more readily accessible routine data over time, the health district enters the community health assessment process with a stronger baseline of trend data, clearer cross-county comparisons, and less time spent on ad hoc data compilation. Rather than replacing the community health needs assessment, automated data systems both extend its value between cycles and make the assessment process more efficient, grounded, and actionable when it occurs.

## OKANOGAN COUNTY PUBLIC HEALTH

VillageReach partnered with Okanogan County Public Health District (OCPHD) to conduct a CHNA with a unique focus: emergency preparedness among older adults in a rural setting. Rather than a traditional CHA, OCPHD wanted to use this process to address a high-priority issue—how well residents aged 65 and older were prepared for emergencies and disasters—and to identify actionable solutions. This deep dive aimed to uncover barriers, understand community needs, and strengthen resilience in a region where geographic isolation, limited resources and a high rate of older residents amplify risks

The assessment combined evidence-based research with participatory methods. Our approach included surveys with organizations involved in emergency preparedness and senior services, interviews with older adults to capture lived experiences, and solution design workshops where stakeholders collaborated to generate practical strategies. Throughout the process, we met biweekly with the health department and county emergency management representatives to ensure local expertise shaped the assessment and that findings were relevant and actionable. VillageReach synthesized the data and delivered a final report in an accessible format for community stakeholders, equipping the health department with insights to guide preparedness planning and collective action.

## CHELAN DOUGLAS HEALTH DISTRICT AND OLYMPIC COMMUNITY OF HEALTH

VillageReach was engaged separately by two agencies to support regional efforts in synthesizing and summarizing community health needs assessments.

- **Chelan-Douglas Health District:** On behalf of the Chelan-Douglas Health District, which represents two counties, we collaborated with three additional health departments in their rural region and the Accountable Community of Health to review and consolidate all assessments conducted in the region over the past several years. Our goal was to identify what data had been collected, which secondary sources were used, methodological best practices and areas for improvement, and key findings of these assessments. This process helped highlight opportunities for stronger multi-jurisdictional collaboration and more efficient use of resources.
- **Olympic Community of Health:** Olympic Community of Health contracted us to summarize CHNAs across a three-county region to identify both county-specific and regional trends to provide the data they needed without repeating data collection that had already been done by other entities. By leveraging existing data, we enabled a faster, more strategic approach to planning and decision-making.

These projects have provided valuable insights into CHNA best practices, particularly how to maximize existing data and focus new data collection on gaps rather than duplicating efforts.

## PHAB Experience

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VillageReach uses the Public Health Accreditation Board (PHAB) standards and measures as best practices across all the work we do, including community health needs assessments. We have worked with health jurisdictions that are accredited and must follow standards to maintain accreditation, health jurisdictions that want to follow standards to pursue accreditation in the future and those who are not pursuing accreditation but want to use the standards as best practices.

For CNHD's CHNA we will use the 2022 PHAB standards from Domain 1.1. While the next version of PHAB standards will not be available until late Spring 2026, we can work with CNHD to see which of the draft changes (available now) they would like to incorporate into the process.

VillageReach will align every phase of the CHNA process with PHAB standards while leveraging our experience in rural health assessments and participatory methods. Here's how:

### PHASE 1 – PROJECT PLANNING & PARTNERSHIP ENGAGEMENT

During Phase 1, we will work to understand your motivation for using PHAB guidelines (e.g. initial accreditation, re-accreditation or best practice guidance) and form methods that meet your needs. We will also review potential upcoming 2026 changes to the PHAB standards to ensure we use the most up-to-date guidance that best meets your needs.

### PHASE 2 – DATA COLLECTION & ANALYSIS

VillageReach will ensure data collection meets PHAB requirements and reflects local realities:

- **Secondary Data Review:** Incorporates at least two credible data sources and all data included is within the last five years
- **Primary Data Collection:** Engages diverse groups, including those disproportionately impacted by health inequities
- **Geographic Specificity:** Data will be specific to the four counties and city served by CNHD
- **Demographic Detail:** We include race/ethnicity, languages spoken and other relevant factors for at least four demographic variables (and likely many more).
- **Health Challenges & Inequities:** We will describe health challenges and inequities and contributing factors, including a description of at least 2 health disparities
- **Community Assets:** We will identify resources and strengths beyond healthcare and the health department that can be mobilized to address challenges.

### PHASE 3 – COLLABORATIVE ASSESSMENT DEVELOPMENT

We will establish an advisory group that:

- **Includes diverse representation:** At least two organizations from sectors outside governmental public health and at least two community members or organizations representing populations disproportionately impacted by conditions that lead to poorer health.
- **Operates with clarity and transparency:** Clear, documented terms of reference, decision-making processes and participating partners.

## PHASE 4 – PUBLIC REVIEW & FEEDBACK

We will ensure that local community members from all four counties and Fallon have opportunity to review and contribute to the assessment.

## PHASE 5 – FINAL REPORT & DISSEMINATION

The final report will:

- Be presented and discussed with a diverse group of stakeholders, including CNHD’s board, partners beyond those in the advisory group, and the public.
- Use plain language and visuals designed for public understanding.
- Clearly identify all data sources and publish data collection instruments.
- Provide actionable public health conclusions and potential policies, processes, programs, or interventions tailored to CNHD’s service area.

# Methods

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In addition to PHAB standards, we will use NACCHO’s MAPP 2.0 to guide our approach. Although the full MAPP approach can take up to two years, we are trained in how to adapt MAPP 2.0 to the scope, timeline, priorities of our clients. We are practiced at working with agencies to articulate their goals, resources, and timeline for their CHNA, and then partnering to leverage the set of MAPP 2.0 best practices that allow a CHNA to be conducted efficiently *and* yield a high-quality, actionable report.

## PHASE 1: PROJECT PLANNING & PARTNERSHIP ENGAGEMENT

### DEVELOPING A DETAILED WORK PLAN WITH CNHD LEADERSHIP

We will kick off the work with discussions between CNHD leadership and the VillageReach project team. The first meeting provides an opportunity for CNHD to share more about their priorities and preferences for the CHNA process, and for VillageReach to provide an orientation to lessons learned from our previous CHNAs to inform planning. To ensure expectations are aligned from the start, VillageReach will present options for ongoing coordination between CNHD leadership and VillageReach (e.g. cadence of check-in meetings, who attends, when an in-person meeting may be valuable, etc.).

Based on collaborative discussions, VillageReach will produce a detailed work plan and engagement strategy for CNHD’s review and feedback. The final work plan will guide subsequent phases and will include the following key components:

- **Roles, responsibilities, and decision points** for the scope of work and agreed upon **communication norms** for how VillageReach and CNHD will collaborate throughout the project.
- Final **advisory group structure and composition**, including at least two non-government public health sector organizations and at least two individuals or organizations representing groups that experience health disparities, as required by PHAB.
- **Stakeholder engagement approach** that details how the array of stakeholders will be initially engaged, as well as how to maintain strong stakeholder engagement throughout the process and through dissemination.
- **Activities timeline** aligned with CNHD priorities and PHAB requirements.

## **ESTABLISHING A MULTI-SECTOR ADVISORY GROUP**

In alignment with PHAB Standards and the MAPP 2.0 framework, VillageReach will work with CNHD to establish a multi-sector advisory group that includes both key organizational partners involved in local health decision-making and community members whose perspectives are essential to understanding health needs and inequities across the service area spanning a city and four counties.

To avoid duplication and reduce burden on partners, we will begin by reviewing existing partnerships, coalitions, and advisory structures currently engaged by CNHD and its partners that could be leveraged for the CHNA. From this starting point, we can leverage MAPP 2.0's "power and interest grid" to categorize partners. This process will illuminate "High power / High interest" stakeholders who should be closely engaged in decision-making, as well as the "Low power / High interest" stakeholders whose lived experience and community insight are essential but often underrepresented. This structured approach also aligns with PHAB expectations for inclusive and well-documented engagement processes.

Through this process we will ensure that the final advisory group includes at least two populations at higher health risk or experiencing poorer health outcomes. This might include those experiencing health inequities related to geography, income, age, disability, race/ethnicity, or other factors, and we will work with CNHD and key stakeholders to determine what is most relevant for this geographic area.

We also highly recommend Tribal engagement. In engaging the Paiute, Shoshone & Washoe Tribal Nations, we recognize that meaningful Tribal engagement must be guided by Tribal sovereignty and existing relationships. VillageReach will work closely with CNHD to determine appropriate and respectful pathways for Tribal participation, which may include advisory involvement, consultation with Tribal health representatives, and/or use of existing Tribal data sources, depending on community preference and feasibility.

As individuals and groups are identified for possible participation on the advisory group, CNHD or VillageReach will follow up to confirm interest and use proven engagement strategies—such as phone orientations or introductions through trusted partners—to ensure clarity and comfort with the role. For those who choose to join, we will reduce barriers to participation by providing a monthly honorarium in recognition of their time and expertise, particularly for those contributing outside their regular work hours or job responsibilities. All honorariums will be distributed in alignment with CNHD policies, preferences, and precedent.

### **PHASE 1 DELIVERABLES**

- Work plan and engagement strategy

## **PHASE 2: DATA COLLECTION & ANALYSIS**

### **OVERALL APPROACH**

At the onset of Phase 2, VillageReach will work with CNHD to review any existing or prior assessments relevant to the service area, including district-level efforts (if available), county-level assessments, and the Nevada State Community Health Assessment. Where prior assessments exist, we will discuss with CNHD what worked well, what was less useful, and what they would want to approach differently in this CHNA effort.

VillageReach will also share our lessons learned from supporting and collating a multitude of CHNAs and can advise on various options to right-size MAPP 2.0 approaches to the unique community and setting.

We will compile and **analyze secondary data** from local, state, Tribal (where available), and federal sources to establish a baseline understanding of population health across the region. This will include data on:

- Demographics and population characteristics
- Socioeconomic conditions and social determinants of health
- Morbidity and mortality
- Behavioral risk factors
- Healthcare access and system capacity, including geographic access to care and workforce availability

In addition to reviewing existing data sources, we will **collect primary data** to capture community perspectives on health concerns, barriers to care, and local assets. We believe that CNHD and the advisory board know best what approaches make sense for their community—our job will be to suggest an array of data collection methods that may work well to capture qualitative and quantitative insights from communities directly, and then to work with CNHD and the advisory group to determine which methods are best for the local context and their specific goals for the CHNA.

We will work with CNHD and the advisory board to determine the most appropriate sequencing for reviewing existing data, collecting new data, and interfacing with the advisory group. In some contexts, secondary data can be used first to identify potential priority areas for further exploration with community members; in other instances, it may be more useful for early qualitative insights into community concerns to shape which indicators to prioritize in a review of existing data sets. VillageReach will present the advantages and limitations of each approach and support CNHD and the advisory board in selecting a sequencing strategy that best fits local priorities, capacity, and timeline. This approach helps balance public health expertise with community input, reducing the risk of overlooking important health issues while ensuring that identified priorities reflect local experience.

## **SPECIFIC DATA METHODS**

Common data sources for the secondary review may include, as appropriate: the U.S. Census and American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey data, Nevada state health data (for example the 2025 Nevada Rural and Frontier Health Data Book), hospital and public health data, and other relevant public datasets. Where possible, data will be examined by population group and geography to identify where groups or geographic pockets of the CNHD service area may be facing heightened health risks and/or experiencing poorer health outcomes.

When it comes to collecting qualitative and quantitative data across populations, we have employed a variety of methods, including both standard and more unique approaches. We work with health districts to determine the fit-for-purpose methods for their specific project, and will likewise partner with CNHD and the advisory group to arrive at a mix of methods that feels most appropriate for community members’ preferences, the project timeline, and constraints related to having small populations dispersed over a large geographic area.

Here are examples of options we can present to CNHD and the advisory board:

<b>METHOD</b>	<b>KEY CONSIDERATIONS</b>
<b>Community Surveys</b>	A relatively quick way to gather input from a broad cross-section of the community. Surveys can be administered online, on paper, or in person; online formats can be efficient, but using multiple modes helps ensure participation from residents with different access needs and preferences.

<b>Listening Sessions/ Town Halls</b>	Open, community-wide forums that create space for residents to share priorities, concerns, and lived experiences. These sessions can build transparency and trust. Attendance can be influenced by timing and location, making it helpful to pair listening sessions with other engagement methods to broaden input.
<b>Focus Groups</b>	Small, facilitated discussions that allow for deeper exploration of specific topics or perspectives, particularly among priority populations. Focus groups generate rich qualitative insights but require additional time for recruitment, facilitation, and synthesis.
<b>Key Informant Interviews</b>	One-on-one conversations with individuals who have in-depth knowledge of local systems, services, and community conditions. Interviews are a flexible way to surface contextual insights, identify service gaps and assets, and inform interpretation of broader quantitative and qualitative findings.
<b>Windshield Surveys</b>	A structured observational method in which partners drive through communities together to see the community through residents' eyes, gaining first-hand perspective on local assets, everyday life, and health access conditions. Windshield surveys can reveal how people experience service availability, transportation patterns, community hubs, and other contextual factors that might not emerge in other data sources. Because this method involves direct observation across geographic areas, it is most effective when coordinated with other engagement activities.
<b>Photovoice</b>	A participatory method in which community members use photographs to document strengths and challenges affecting health. Photovoice can elevate community voice and produce compelling qualitative data, though it requires careful facilitation, participant support, and additional time for synthesis.

Once we finalize the methods, we will collect data from a variety of population groups, including those experiencing disproportionate health burdens, and ensuring that community members from the city and each of the four counties are included.

**PHASE 2 DELIVERABLE:**

- Data files and documentation compiled

**PHASE 3: COLLABORATIVE ASSESSMENT DEVELOPMENT**

Drawing on the MAPP 2.0 in-person training we have received from NACCHO, we will apply the step-by-step guidance in a way that works best for CNHD's goals, priorities, and timeline.

VillageReach will facilitate a series of structured advisory group meetings to review findings from Phase 2, identify priority health issues, and discuss community assets and resources. Using the MAPP 2.0 framework, meetings will be organized around clear agendas and decision points, with data summaries presented in accessible formats to support discussion of local relevance and any surprising findings, disparities, etc. Creative facilitation techniques will be used to yield balanced participation from across sectors and geographic areas, and to make sure that community members and underserved groups have opportunities to share their valuable insights.

In addition to identifying needs, consistent with MAPP 2.0 we will map community assets and resources, including existing programs, services, and informal supports. Asset mapping will be informed by both secondary data and community input and will help ensure the CHNA supports actionable, strength-based recommendations and sets the stage for a robust Community Health Improvement Plan (CHIP).

Through this consultative process we will document the discussions, articulate health priorities, capture community assets, and draft a CHNA that reflects the lived reality and priorities in the CNHD region.

### **REFINING THE FOCUS OF THE CHNA**

One major role of the advisory group will be to help refine the focus of the CHNA and support the interpretation of data to identify priorities. Recognizing that there are many possible health indicators that can be included and that indicator selection directly shapes identified priorities, we will use a structured, collaborative process to determine which issues warrant deeper analysis and emphasis.

An iterative, collaborative approach ensures that the CHNA remains comprehensive while focusing on issues most relevant for local decision-making and future action. This process will draw on:

- Review of secondary data trends
- Input, review, and feedback from the advisory group
- Community perspectives gathered through primary data collection
- CNHD staff expertise and local public health knowledge

Through analysis we will examine both shared themes and meaningful differences that may arise across the CNHD service area, recognizing that health needs and assets may vary by geography. Below are examples of potential focus areas; the focus areas for this assessment would be determined through consultation with the advisory group.

- Access to care and healthcare workforce availability
- Impacts of rural healthcare system changes
- Environmental and occupational health considerations (e.g., mining, agriculture or infrastructure-related impacts)
- Health needs of older adults and veteran populations

### **PHASE 3 DELIVERABLE:**

- Summary of Partner and Community Engagement Activities

### **PHASE 4: PUBLIC REVIEW & FEEDBACK**

VillageReach will coordinate with CNHD to facilitate public review and feedback activities that share CHNA findings with community members, partners, and stakeholders before finalizing the report. These activities will create accessible opportunities for participants to review findings, ask questions, and provide input across the service area.

We recommend that **data walks** serve as the primary method for public feedback. This participatory approach presents key findings from secondary data analysis, primary data collection, and stakeholder input in a clear, visual, and interactive format. Data Walks invite participants to engage with the data, ask questions, rank priorities, leave comments, and add topics or perspectives we may have missed - elevating perspectives that might otherwise be overlooked.

We recommend including community members, community-based organizations, advisory group members, and other interested stakeholders, with outreach strategies developed collaboratively with CNHD to encourage broad participation across the district’s large and rural geography. Data Walks will be held in each county and in Fallon. VillageReach will capture and synthesize feedback from these sessions to refine the CHNA and inform future assessments and planning efforts.

**PHASE 4 DELIVERABLE:**

- A PDF packet of Data Walk visuals and content for continued reference and use
- Summary of partner and community engagement activities

*Photo: Teams participating in a Data Walk, reviewing and providing feedback on key findings through interactive visual displays.*



**PHASE 5 – FINAL REPORT & DISSEMINATION**

VillageReach will finalize and disseminate the CHNA, ensuring findings are clearly documented, accessible, and usable by CNHD, partners, and the broader community. VillageReach will deliver a comprehensive final CHNA report, incorporating findings from all prior phases and reflecting input received during public review. The report will be designed for both technical use and public accessibility and provided as a digital and print-ready PDF.

The final CHNA report will include all components specified in the RFP and required by PHAB, including an executive summary, data sources and methods, demographic and population characteristics, priority health issues and contributing factors, health disparities and inequities, community assets and resources, synthesis of quantitative and qualitative findings, and action-oriented recommendations to inform future assessment, planning, and implementation efforts.

VillageReach will work with CNHD to ensure the CHNA is broadly available to partners and the public. We recommend a varied, creative approach to circulating the CHNA, which will include at least two documented dissemination methods. These may include:

- Public posting and distribution through CNHD communication channels (e.g., website, newsletters, or email lists)
- Direct sharing with advisory group members, partner organizations, and community stakeholders
- Identifying opportunities to present key CHNA findings to groups that already convene (senior centers, school events, etc.)

Dissemination approaches will be finalized in coordination with CNHD to align with local communication practices and capacity.

VillageReach is practiced at presenting our work to local and county leadership, including Boards of Health, governing bodies and community advisory groups. We look forward to sharing the CNHD CHNA findings to key audiences, including:

- CNHD leadership and Board
- Advisory group members
- Community partners and stakeholders

#### **PHASE 5 DELIVERABLES**

- Comprehensive CHNA report (digital and print-ready PDF)
- Public presentation slide deck

## Workplan and Timeline

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### **WORK PLAN SCHEDULE**

We have drafted a 5-month schedule aligned with CNHD’s timeline that will culminate in a comprehensive Community Health Needs Assessment by the end of June 2026. All key personnel will be available for the entire contract period. Throughout the project, we will hold regular meetings with CNHD’s appointees to provide progress updates, solicit input, and ensure alignment as we progress throughout the CHNA process. A table of milestones and deliverables is included on the next page:

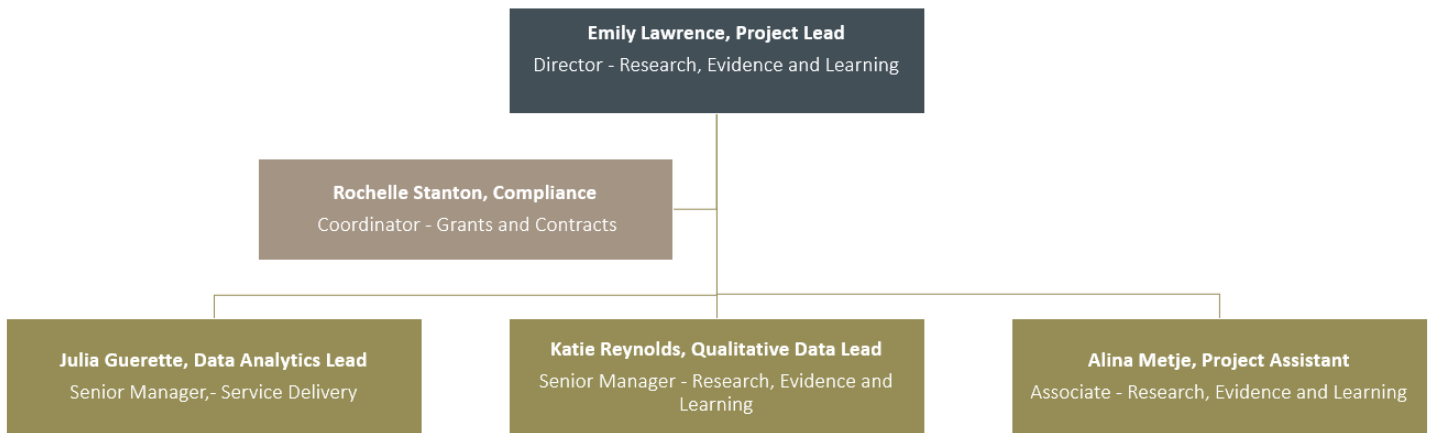
Activity	Months					
	Jan	Feb	Mar	Apr	May	Jun
<b>Phase 1 – Project Planning &amp; Partnership Engagement</b>						
Project kickoff meeting with CNHD						
Review existing partnerships, advisory structures and prior assessments						
Identify and confirm advisory group membership						
Schedule advisory group meetings for subsequent phases						
<b>Deliverable: Work plan and Engagement Strategy</b>						
<b>Phase 2 – Data Collection &amp; Analysis</b>						
Review existing district-, county-, and state- level assessments and data sources						
Compile and analyze secondary data						
Advisory group input on priority topics and indicator selection						
Design and conduct primary data collection						
Preliminary synthesis of quantitative and qualitative findings						
<b>Deliverable: Data files and documentation</b>						
<b>Phase 3 – Collaborative Assessment Development</b>						
Facilitate structured advisory group meetings to review Phase 2 findings						
Identify priority health issues, contributing factors, and inequities						
Map community assets and resources						
Draft preliminary CHNA content for review						
<b>Deliverable: Summary of partner and community engagement activities</b>						
<b>Phase 4 – Public Review &amp; Feedback</b>						
Prepare data walk materials						
Conduct data walks						
Collect and synthesize public feedback to inform refinement of findings						
<b>Deliverable: PDF packet of data walk visuals and content</b>						
<b>Phase 5 – Final Report &amp; Dissemination</b>						
Finalize CHNA findings						
Prepare final CHNA report (digital and print-ready PDF)						
Develop public presentation slide deck						
Present findings to CNHD Board, advisory group, and community stakeholders						
<b>Deliverable: Comprehensive CHNA report (digital and print-ready PDF) and public presentation slide deck</b>						

## Staffing Plan

### PROJECT TEAM:

Our project team includes four public health experts and one grants and contracts professional. **Emily Lawrence – Director of Research, Evidence and Learning** will serve as the primary CNHD contact and oversee all aspects of the project, including in-person data collection, presentations, stakeholder engagement, and ensuring the rigor and quality of methods and deliverables.

Figure: Organizational Chart for Project Team



## BIOGRAPHIES OF KEY TEAM MEMBERS:

### **EMILY LAWRENCE, MPH, DIRECTOR, RESEARCH, EVIDENCE AND LEARNING**

Emily is based in Truckee, CA and brings over 14 years of experience supporting participatory research, and program improvement in rural and resource-limited communities across the United States and internationally. She brings strong rural health systems experience from National Institutes of Health funded work with the Veterans Health Administration, where she led multi-state research to improve care transitions for rural Veterans. Currently, as a Director on VillageReach’s Research, Evidence, and Learning Team, Emily leads applied research, evaluation, and learning efforts that combine community input with quantitative and qualitative data to help health departments and government partners better understand local needs, assess what is working, and make informed decisions about programs and resource use. Her work focuses on **participatory methods**, stakeholder coordination, and translating findings into realistic, actionable recommendations that support measurable results. She is fluent in Spanish, enabling effective communication with Spanish-speaking residents and stakeholders. **Emily will serve as the primary CNHD contact and oversee all aspects of the project, including in-person data collection, presentations, stakeholder engagement, and ensuring the rigor and quality of methods and deliverables.**

### **KATIE REYNOLDS, MPH, SENIOR RESEARCH, EVIDENCE AND LEARNING MANAGER**

Katie Reynolds is a Senior Manager on the Research, Evidence and Learning team at VillageReach, where she brings nearly 15 years of experience in program management, research, and data-driven decision-making. She has led both targeted research initiatives and large-scale program implementations, applying a rigorous and collaborative approach to each. Katie specializes in community health assessments and recently completed in-person training on MAPP 2.0 through NACCHO, which she uses in her work with health departments. She is skilled in aligning stakeholder priorities with best-practice frameworks such as MAPP 2.0 and PHAB, facilitating multi-sector engagement, and integrating qualitative and quantitative data to inform strategic health improvement planning. Katie holds a Bachelor’s degree in Psychology from Colgate University and an MPH with a certificate in Global Health of Women, Adolescents, and Children from the University of Washington. **Katie will lead qualitative aspects of the assessment, including primary data collection methods.**

### **JULIA GUERETTE, MPH, SENIOR DATA ANALYTICS AND SERVICE DELIVERY MANAGER**

Julia is a Senior Manager on VillageReach’s Service Delivery team with expertise in quantitative analysis, data visualization, and data use practices that support community health assessment and planning. She has supported Community Health Assessments for local and regional health jurisdictions, contributing quantitative analysis, indicator development, and synthesis of findings to inform priority setting and planning. Julia brings strong technical expertise in Power BI, ArcGIS, and RStudio for data cleaning, management, analysis, visualization, and spatial analysis. She has experience working with large public health datasets, including the U.S. Census and American Community Survey, Behavioral Risk Factor Surveillance System, and Healthy Youth Survey. She works closely with health departments to translate data into clear, actionable insights on geographic variation in health outcomes, service access, and community needs, supporting data-informed outreach, planning, and service delivery. Julia holds a Master of Public Health from the University of Washington, with a certificate in Statistical Analysis with R Programming. **Julia will lead the data analytics components of the CHNA, including secondary data review and visualization.**

### **ALINA METJE, MD/MPH, RESEARCH, EVIDENCE AND LEARNING ASSOCIATE**

Alina is an Associate on the Research, Evidence, and Learning team at VillageReach, where she leverages her expertise as a physician and public health practitioner. After working as a psychiatrist, she transitioned to public health and research, utilizing qualitative and human-centered design methods to implement, evaluate, and scale interventions that promote equitable outcomes for under-served communities. Alina has extensive experience conducting focus groups, conducting one-on-one interviews and facilitating groups. Alina holds a Master’s of Public Health (MPH) from the University of Washington and a Doctor of Medicine (MD) from the University of Muenster, Germany. **Alina will provide cross-cutting support across all project activities, including data collection, synthesis, and reporting.**

## **RESUMES OF KEY TEAM MEMBERS**

Resumes of key team members are included in the appendix.

# BUDGET

## DETAILED BUDGET

Expense Category	Description	Unit Cost	Hours	Subtotal	Total
<b>Phase 1</b>					<b>\$6,765</b>
<b>Personnel</b>					<b>\$6,765</b>
		<i>(hourly rates)</i>			
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
<b>Phase 2</b>					<b>\$33,148</b>
<b>Personnel</b>					<b>\$25,946</b>
		<i>(hourly rates)</i>			
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	87	\$6,250	
Guerette, Julia	Senior Manager, Data Analytics & Service Delivery	\$ 104	69	\$7,236	
Reynolds, Katherine	Senior Manager, Research, Evidence & Learning	\$ 109	52	\$5,689	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	52	\$6,264	
<b>Travel</b>					<b>\$4,060</b>
	Travel (ground)			\$1,823	
	M&IE			\$2,237	
<b>ODC</b>					<b>\$3,142</b>
	Incentives for Focus Groups Participants			\$3,142	
<b>Phase 3</b>					<b>\$7,299</b>
<b>Personnel</b>					<b>\$5,728</b>
		<i>(hourly rates)</i>			
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	43	\$5,220	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
<b>ODC</b>					<b>\$1,571</b>
	Honorariums for Advisory Group Members			\$1,571	
<b>Phase 4</b>					<b>\$15,863</b>
<b>Personnel</b>					<b>\$8,661</b>
		<i>(hourly rates)</i>			
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Reynolds, Katherine	Senior Manager, Research, Evidence & Learning	\$ 109	17	\$1,896	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
<b>Travel</b>					<b>\$4,060</b>
	Travel (ground)			\$1,823	
	M&IE			\$2,237	
<b>ODC</b>					<b>\$3,142</b>
	Printing & Supplies for Data Walks			\$3,142	
<b>Phase 5</b>					<b>\$6,765</b>
<b>Personnel</b>					<b>\$6,765</b>
		<i>(hourly rates)</i>			
Metje, Alina	Associate, Research, Evidence & Learning	\$ 72	43	\$3,125	
Stanton, Rochelle	Coordinator, Global Grants and Contracts	\$ 59	9	\$508	
Lawrence, Emily	Director, Research, Evidence & Learning	\$ 120	26	\$3,132	
<b>Total</b>					<b>\$ 71,403</b>

## BUDGET NARRATIVE

### PERSONNEL COSTS:

The table above details the personnel cost per staff member, totaling \$53,864 across the four project phases. Emily Lawrence (Director, Research, Evidence & Learning) will serve as the project lead and primary CNHD contact. She will oversee in-person data collection, presentations, stakeholder engagement, and ensure the rigor and quality of all methods and deliverables. Julia Guerette will lead the quantitative components of the CHNA, and Katie Reynolds will lead the qualitative aspects. Alina Metje will provide assistance across all project activities and deliverables. Rochelle Stanton will ensure contract compliance and effective budget management.

## TRAVEL COSTS

We have budgeted \$8,120 for travel costs. This allocation covers the team lead’s travel from Truckee to each community twice—once during the data collection phase and again for the data walks and community feedback sessions. Travel estimates are based on United States General Services Administration (GSA) per diem and lodging rates, and mileage costs are calculated using the Internal Revenue Service (IRS) 2026 mileage rates.

## OTHER DIRECT COSTS (ODC)

We have budgeted for other direct costs to support project implementation. This includes a partial subscription fee for a software management tool for the duration of the agreement. We have also allocated funds for participant incentives during qualitative data collection and honorariums for advisory board members. For the data walks, we have budgeted for printing visual materials and providing supplies to facilitate participant feedback.

## REFERENCES

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The following references have experience working with VillageReach on community health assessments:

Local Health Jurisdiction	Reference	Email Address
Jefferson County Public Health*	<b>Barbara Jones</b> Community Health Improvement Plan Manager	<a href="mailto:jonesresearch.barb@gmail.com">jonesresearch.barb@gmail.com</a>  *Barb has recently switched organizations and we have included her current email address.
Northeast Tri County Health District	<b>Matt Schanz</b> , Health Administrator	<a href="mailto:mschanz@netchd.org">mschanz@netchd.org</a>
Okanogan County Public Health District	<b>Lauri Jones</b> , Health Administrator	<a href="mailto:Ljones@co.okanogan.wa.us">Ljones@co.okanogan.wa.us</a>
Olympic Community of Health	<b>Celeste Schoenthaler</b> , Executive Director	<a href="mailto:celeste@olympicch.org">celeste@olympicch.org</a>

# Appendix A: Resumes of Key Staff

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## EMILY LAWRENCE, MPH

Truckee, CA | 530-388-8825 | emily.lawrence@villagereach.org | [LinkedIn](#) | [Peer-Reviewed Publications](#)

### PROFESSIONAL SUMMARY

Public health leader with 14+ of experience designing, implementing, and evaluating population health, community engagement and health systems—strengthening initiatives across the U.S. and globally. Expert in translating community insight and data into action, building partnerships and driving measurable improvements in equity and access. Committed to advancing the health, access and well-being of underserved communities through collaborative data-informed leadership.

### AREAS OF EXPERTISE

Strategic Planning & Evaluation Design | Adaptive Management & Program Learning | Leadership Development & Team Management | Quantitative & Qualitative Research | Partnership Building | Care Coordination & Health Access | Program Management | Monitoring Systems Design Management | Cross-Cultural Collaboration | Community Engagement

### PROFESSIONAL EXPERIENCE

#### VILLAGEREACH, REMOTE FROM TRUCKEE

##### **Director, Research, Evidence and Learning, Apr 2024 - Present**

Provide strategic leadership for the Community Insights to Action (CITA) initiative, integrating community-informed data into the design and delivery of public and primary health programs. Partner with the executive team to grow a program portfolio integrating CITA across the United States, Malawi, Mozambique and Democratic Republic of Congo (DRC).

- Lead a team of two managers (with dotted-line oversight of six staff), fostering a collaborative, data-driven culture that embeds community feedback in program planning and performance improvement.
- Secured \$700K+ in start-up funding and built strategic partnerships with academic, technology and multilateral partners including World Health Organization (WHO), UNICEF, and the Gates Foundation.
- Advise executive leadership on organizational learning strategy, health equity metrics, and continuous quality improvement \
- Institutionalize innovative methods that systematically integrate community voice into program design and policy, now a cornerstone of the organization’s global strategy.

##### **Senior Manager, Sep 2021 - Apr 2024**

Led the design of CITA, a key strategic initiative within the organization's 2024-2030 strategy. Built and sustained partnerships with funders, governments, and multilateral agencies to drive growth and long-term impact. Supervised two managers and provided dotted-line leadership to six global staff.

- Developed a new organizational service line in community-based participatory research (CBPR) and human-centered design (HCD), expanding from a \$300K pilot to a \$4M+ research portfolio across four countries.
- Directed a \$1M multi-country study that produced two community-based interventions, scaling from 11 to 52 health facilities and demonstrating measurable gains in routine immunization coverage.
- Co-developed global tools with the WHO to assess immunization demand and access barriers
- Implemented adaptive monitoring and evaluation approaches that increased daily vaccinations tenfold in the DRC and Côte d’Ivoire through tailored demand and access strategies.

##### **Manager, May 2018 - Sep 2021**

Designed and executed monitoring and evaluation (M&E) strategies across a six-country portfolio spanning supply chain, digital health and community engagement programs. Advised senior leadership on strategic decisions informed by real-time performance data and evaluation findings. Built and managed academic and data partnerships to enhance program quality and learning systems.

- Developed organizational consulting tools and guidelines enabling non-profits and governments to transition and scale public health interventions—later adopted as part of a new healthcare consulting service line.
- Established and led a global M&E Community of Practice, expanding to 30 members across 3 countries, standardizing quality systems, methods, and shared learning across 11+ programs.
- Led M&E for an \$8M U.S. Government-funded supply chain program in Mozambique, guiding a team of four analysts and supporting scale-up from one district to nationwide implementation.

## **Veterans Health Administration, Seattle, WA**

### **Health Systems Specialist, Aug 2015 - Apr 2018**

Served as Project Manager and Lead Qualitative Analyst on multiple **NIH-funded implementation research studies** focused on improving transitions of care for rural Veterans from acute hospitalization to post-acute or home-based settings.

- Led evaluation design, site management, and data analysis across multi-state research teams, producing seven peer-reviewed publications and actionable recommendations for care coordination.
- Served as Evaluation Lead for a \$14M implementation research grant spanning 11 VA hospitals, overseeing qualitative design, execution, and analysis that informed national care-transition models.
- Mentored and trained junior analysts, strengthening team capacity in qualitative and implementation science methods.

## **EmBOLDen Alliances, Golden, CO**

### **Monitoring and Evaluation Consultant (Part-time Contractor), Jun 2015 - Apr 2018**

Created and executed project management and evaluation strategies to enhance program accountability for partner organizations such as the University of Colorado Denver and small community-based organizations based in Nepal. Assisted with editing grants and marketing materials and identifying new partners.

- Developed a M&E workbook for internal use and external partner engagement.
- Authored articles published on LinkedIn and in Oxford Public Health Magazine, showcasing expertise and thought leadership in evaluation, disaster relief and humanitarian efforts.

## **HELEN KELLER INTERNATIONAL, KATHMANDU, BAGMATI, NEPAL**

### **Research Intern, May 2014 - Aug 2014**

Recruited to conduct a program assessment that involved traveling to Nepal and managing a team of three interviewers to conduct field research, informant interviews, focus group discussions, and household mapping.

- Presented results at American Public Health Association (APHA) Annual Meeting.
- Recommended effective preventative public health intervention programs implemented by management.

## **CLINICA FAMILY HEALTH SERVICES, DENVER, CO**

### **Bilingual (Spanish) Case Manager, Apr 2012 - Aug 2013**

Collaborated with medical providers to deliver holistic and comprehensive patient care.

- Decreased nurse triage workload and enhanced access to nutrition information by establishing and managing a Healthy Hearts class to improve patient engagement for those with hypertension and hyperlipidemia.
- Conducted solution focused counseling for up to 14 patients each day, providing service referrals and patient engagement on topics spanning nutrition, family planning & contraception, pregnancy and early child development.

## **PEACE CORPS, TORNABE, HONDURAS**

### **Health Volunteer, Feb 2010-Feb 2012**

- Collaborated with the local primary health care facility and People Living with HIV/AIDS support group to provide comprehensive health education and HIV prevention services.
- Led a three-day international conference on Nutrition for People Living with HIV/AIDS for 15+ peer support group leaders. Participation in the conference resulted in increased knowledge and improved facilitation skills.

## EDUCATION

- **Boston University School Of Public Health, Boston, Ma:** Master of Public Health
- **University Of San Diego, San Diego, Ca:** Bachelor of Arts in International Relations

## PROFESSIONAL DEVELOPMENT & CERTIFICATIONS:

- Implementation Science in Global Health, University of Washington

## SKILLS

- **Software:** ATLAS.ti, Microsoft Office Suite, Coda, and Miro.
- **Language:** High proficiency in Spanish and beginner in Portuguese

# KATIE REYNOLDS, MPH

SENIOR MANAGER, RESEARCH, EVIDENCE AND LEARNING

katie.reynolds@villagereach.org

## SUMMARY

- Demonstrated success in leading strategic planning, implementation, and evaluation of public health and social service programs
- Advanced qualitative and quantitative research expertise applied to inform strategic priorities, policy decisions, and program design
- skilled in designing and executing process and impact evaluations that drive continuous improvement and accountability.
- Extensive experience partnering with U.S. government agencies to support strategic planning, program development, performance measurement, and applied research.

## PROFESSIONAL EXPERIENCE

### **VILLAGEREACH, SEATTLE, WA (2016-PRESENT)**

Senior Manager, Research, Evidence and Learning (2019 to present)

- Collaborate with government agencies in achieving their programmatic and research objectives, offering technical assistance across a suite of skills (research design, facilitation, strategic planning, project management)
- Responsible for monitoring and evaluating projects across our portfolio, ensuring that teams have the information they need to make programmatic decisions and share evidence with internal and external stakeholders

Manager, Research, Evidence and Learning (2016 to 2019)

- Managed the successful transition of a program from VillageReach to a Malawi-based NGO, with close attention to administrative, programmatic, and staff wellbeing considerations.
- Designed the methods, survey instruments, overall study protocol, and led the ethics review application for studies and evaluations

### **BIG BROTHERS BIG SISTERS OF PUGET SOUND, SEATTLE, WA (2008—2015)**

Program Manager

- Managed team of 10 direct reports towards achieving monthly quantity and quality indicators
- Responsible for ongoing monitoring of team performance indicators and creating responsive action plans
- Oversaw agency participation in funded randomized control trials, requiring close supervision of staff progress and adherence to study design, managing of external relationships, and meeting deadlines
- Employed strong writing skills to design materials that clearly communicated agency mission and accomplishments to a variety of stakeholders
- Managed performance and reporting for the Seattle Youth Violence Prevention Initiative grant
- Executed two significant reorganizations of the program department, requiring efficient training and close attention to staff morale
- Balanced competing priorities in project management, staff supervision, and quality improvement
- Designed curriculum and facilitated trainings for mentors and staff

## EDUCATION

- Masters of Public Health; Certificate of Global Women, Adolescent, and Children's Health Candidate – UNIVERSITY OF WASHINGTON, USA
- Bachelor of Arts in Psychology – COLGATE UNIVERSITY, USA

# JULIA GUERETTE, MPH

julia.guerette@villagereach.org  
Seattle, WA | 206.992.5000

## CAREER SUMMARY

Public health professional with 7 years of experience supporting local and regional health departments to strengthen community health assessment, planning, and data-informed decision-making. Skilled in applying quantitative analysis, data visualization, and spatial mapping to identify priority populations, understand disparities in access and outcomes, and inform community health improvement strategies. Technical expertise includes analysis of large public health datasets, indicator development, performance monitoring, and translation of complex data into actionable insights for public-sector use. Experienced in partnering with health departments and community stakeholders to co-develop people-centered, place-based approaches that address barriers to care, support rural and under-resourced communities, and strengthen public health systems.

## EDUCATION

### STATISTICAL ANALYSIS WITH R PROGRAMMING CERTIFICATE PROGRAM

University of Washington Professional and Continuing Education, Seattle, WA (2021)

### MASTER OF PUBLIC HEALTH, GLOBAL HEALTH GENERAL TRACK

University of Washington, Seattle, WA (2017- 2019)

### BACHELOR OF SCIENCE, HEALTH POLICY AND MANAGEMENT (HONORS PROGRAM); MINOR IN SPANISH

Providence College, Providence, RI (2012- 2016)

## PROFESSIONAL EXPERIENCE

### VILLAGEREACH, SEATTLE, WA, MARCH 2018-PRESENT

#### Service Delivery Senior Manager, 2025-Present

- Oversaw analysis of quantitative data and synthesis of findings for a regional community health assessment, supporting alignment across jurisdictions while identifying both region-wide trends and community-specific needs.
- Collaborate with public health agencies and community partners to design and implement vaccination and service delivery strategies that expand access, improve user experience, and address barriers for priority populations.
- Design and facilitate participatory workshops and key informant interviews with public health and service delivery stakeholders to co-develop practical solutions that strengthen system reliability and reduce disruptions to service delivery.

#### Data Analytics Manager, 2021-2024

- Developed and executed analytic work plans in partnership with county health departments, translating assessment and planning questions into concrete data products such as indicators, maps, and dashboards used in routine decision-making.
- Led applied quantitative and spatial analyses to surface geographic patterns in health outcomes, service access, and social vulnerability, directly informing prioritization, outreach strategies, and allocation of public health resources.
- Developed and facilitated trainings on data use, analytics, and data storytelling to build staff and partner capacity to apply evidence in decision-making, strengthening the effectiveness and accessibility of public health services.

#### Data Analytics Associate, 2019-2021

- Applied RStudio and Excel to support monitoring and evaluation activities, analyzing program and service delivery data to assess improvements in availability, reliability, and operational efficiency.
- Gathered reporting and stakeholder requirements and developed data visualizations and dashboards to track performance and communicate program impact across multiple geographies.

# ALINA METJE, MD, MPH

## ASSOCIATE, RESEARCH, EVIDENCE AND LEARNING

### SUMMARY

- Physician and public health practitioner with expertise in qualitative and mixed-methods research, community engagement, and program evaluation
- Experienced in collaborating with government agencies and academic partners to advance equitable health outcomes
- Dedicated to integrating community perspectives into evaluation and program design to promote health equity and sustainability

### PROFESSIONAL EXPERIENCE

#### **VillageReach**, Seattle, WA

##### Associate, Research, Evidence and Learning (October 2023 to present)

- Support the US Program, partnering with government agencies on projects related to immunization, Permanent Supportive Housing, and emergency preparedness
- Conduct qualitative data collection and analysis using participatory and human-centered design methods
- Facilitate strategic planning with government agencies

#### **University of Washington**, Seattle, WA

##### AI Task Force, School of Public Health (April 2023- October 2023)

- Conducted formative qualitative research to inform AI ethics and governance policies within the School of Public Health
- Synthesized findings to guide institutional decision-making on equitable and responsible use of AI tools

##### Global Health Justice Team, Department of Global Health (June 2022- Present)

- Creating and publishing relevant content for the University of Washington Global Health Justice website to highlight research and perspectives on global health equity and decolonization

##### Supervising Research Assistant, Center for Child & Family Well-Being (February 2018- February 2020)

- Supervised data collection for a longitudinal mindfulness study with low-income first-time mothers
- Trained research assistants
- Maintained quality control of assessment procedures
- Co- authored peer- reviewed publications

#### **Kaiser Permanente Washington Health Research Institute**, Seattle, WA

##### Graduate Research Intern (June 2022- December 2022)

- Conducted research on the role of online patient portals in supporting adolescent sexual and reproductive health
- Led literature reviews, qualitative analysis, and manuscript development for peer-reviewed publication

#### **ONE Campaign**, Seattle, WA

##### Advocacy and Outreach Lead (August 2014- September 2015)

- Connected audiences to humanitarian causes through effective projects and campaigns
- Supported advocacy initiatives to pass the Electrify Africa Act

### EDUCATION

- Master of Public Health | Global Health, University of Washington, USA
- Doctorate, Institute for Forensic Medicine, University of Muenster, Germany
- Doctor of Medicine, University of Muenster, Germany



# Central Nevada Health District Agenda Report

**Date Submitted:** February 20, 2026

**Agenda Item #:** 10.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District

**From:** Shannon Ernst, Interim Administrator and Shasta Garrison, Grants and Fiscal Specialist

**Subject Title:** Consideration and possible action re: Review and approval of draft Fiscal Year 2027 Budget.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to approve the draft Fiscal Year 2027 Budget.

**Discussion:** In February 2026, the Interim Administrator presented the proposed draft to the Churchill County Board of County Commissioners. This is required to align with the county's process. This is just a draft budget, as many grants and other expenditures are being evaluated. The goal is to have a balanced budget at this time. Revisions will be able to be made before submittal to the Board of Taxation in June 2026.

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Amber Edwards, Office Specialist

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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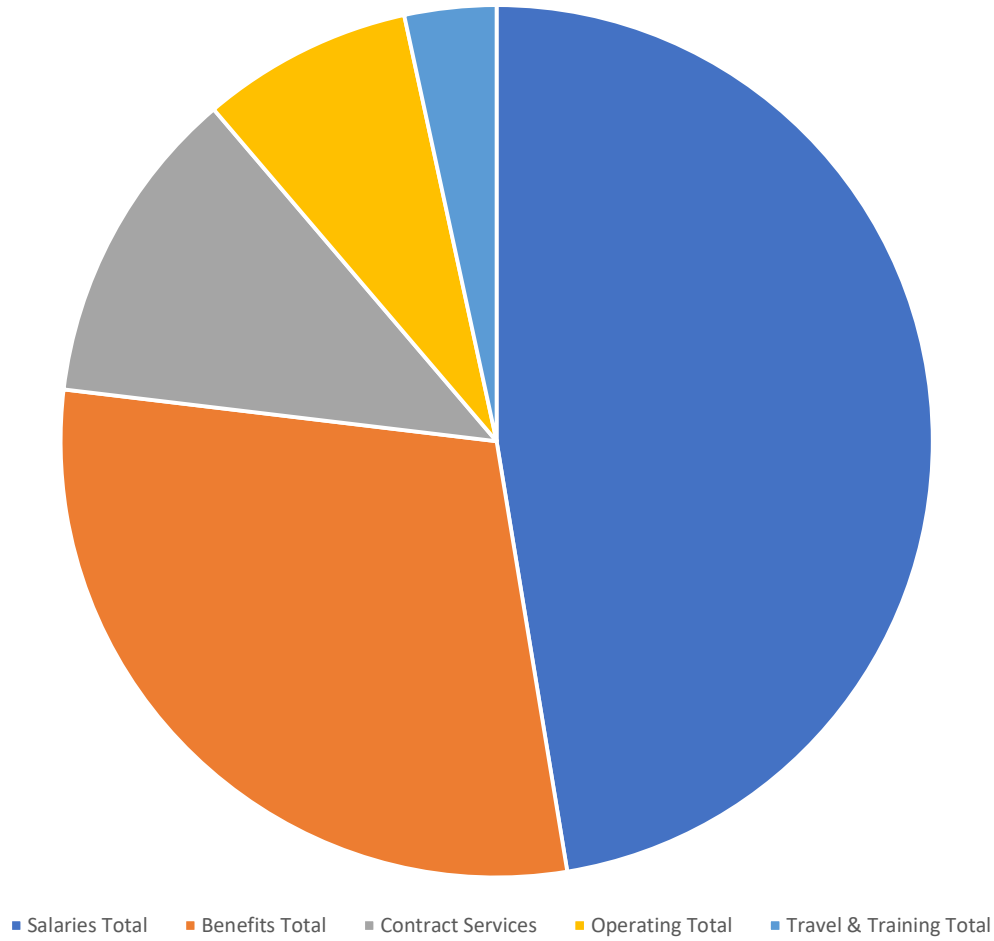
## Board Action Taken:

**Motion:** \_\_\_\_\_ 1) None \_\_\_\_\_ **Aye:** \_\_\_\_\_

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



Column1	Column2
Salaries Total	\$ 1,187,171.35
Benefits Total	\$ 738,419.38
Contract Services	\$ 297,308.00
Operating Total	\$ 196,096.00
Travel & Training Total	\$ 85,225.50







# Central Nevada Health District Agenda Report

**Date Submitted:** February 20, 2026

**Agenda Item #:** 11.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Administrator  
**Subject Title:** Consideration and possible action re: Proposal to contract with Churchill County Juvenile Detention for medical services and medical oversight in the amount of \$187.50 / hour for MD and \$80.90 / hour for RN. March 9, 2026–June 30, 2026.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to approve a contract with Churchill County Juvenile Detention for medical services and medical oversight in the amount of \$187.50 / hour for MD and \$80.90 / hour for RN. March 9, 2026 - June 30, 2026, and authorize the Interim Administrator to complete the contract process.

**Discussion:** Churchill County Juvenile Detention has had a gap in medical oversight. As you know, Churchill County is working to develop a full medical program for correctional facilities, but it has not been implemented. It has been requested by the County Manager and Chief Motulalo to provide temporary support for medical review and medication review for the Juvenile Detention Center.

The contract would be an hourly rate as follows:

MD \$187.50

RN \$80.90

These hourly rates include a 25% Administrative rate for contract oversight, insurance, and billing.

The proposed oversight at kick-off would be one hour per week by the MD and 1 hour per week by the RN. The MD would be on call for the needs of the staff and billed at actual hourly rates. Should additional staff time be needed, it will be based on the billable rate above.

**Alternatives:**

**Fiscal Impact:** Rates

\$187.50 MD

\$ 80.90 RN

**Explanation of Impact:** Actual hourly rates plus 25% administrative.

**Funding Source:** Contract with Churchill County

**Prepared By:** Amber Edwards, Office Specialist

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None

Aye:

2) None

Nay:

\_\_\_\_\_  
(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

**Date Submitted:** February 23, 2026

**Agenda Item #:** 12.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District

**From:** Shasta Garrison, Grants and Fiscal Specialist.

**Subject Title:** Consideration and possible action re: Fiscal Update as of February 23, 2026.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to approve the fiscal as presented.

**Discussion:** The Grants and Fiscal Specialist will provide a financial update.

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Shannon Ernst, Social Services Director

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_

**Aye:** \_\_\_\_\_

2) None \_\_\_\_\_

**Nay:** \_\_\_\_\_

\_\_\_\_\_

(Vote Recorded By)

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.

## Central Nevada Health District FY26 Revenue Report

Account	Budget	Paid	Pending	Received (Comptroller)	Reallocated	Balance
13400 Prepaid	\$ -	\$ -	\$ 200.00	\$ 200.00	\$ -	\$ (200.00)
31870 Inspection Fees	\$ 102,000.00	\$ 62,934.00	\$ 5,270.00	\$ 68,204.00	\$ -	\$ 33,796.00
32145 Public Health Fund		\$ -	\$ -	\$ -	\$ -	\$ -
32732 Fund for Healthy Nevada	\$ 333,333.00	\$ 99,082.57	\$ 19,495.37	\$ 118,577.94	\$ -	\$ 214,755.06
32738 DPBH - Immunization Grant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32765 CDC Workforce	\$ 352,117.00	\$ -	\$ -	\$ -	\$ -	\$ 352,117.00
32770 NEHA	\$ -	\$ 3,400.53	\$ -	\$ 3,400.53	\$ -	\$ (3,400.53)
32772 DHHS-Public & Behavioral Health	\$ 195,000.00	\$ 96,044.00	\$ -	\$ 96,044.00	\$ -	\$ 98,956.00
32773 Immunization for Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32774 SRAE	\$ 62,230.00	\$ 26,979.68	\$ 3,539.77	\$ 30,519.45	\$ 1,140.56	\$ 31,710.55
32775 Vaccines for Children - CORE	\$ 66,179.00	\$ 21,255.07	\$ -	\$ 21,255.07	\$ -	\$ 44,923.93
32777 SAPT TB (Office of Epi)	\$ -	\$ 6,562.23	\$ 2,385.08	\$ 8,947.31	\$ -	\$ (8,947.31)
32778 CDC - Preventative Health	\$ 45,000.00	\$ 15,558.46	\$ 461.70	\$ 16,020.16	\$ -	\$ 28,979.84
32779 Flu - Immunizations for Children	\$ 52,359.00	\$ -	\$ -	\$ -	\$ -	\$ 52,359.00
32780 FPS	\$ 411,375.00	\$ -	\$ -	\$ -	\$ -	\$ 411,375.00
32781 CDC PHEP	\$ 225,001.00	\$ 27,198.87	\$ -	\$ 27,198.87	\$ -	\$ 197,802.13
32782 UNLV Lead	\$ 87,484.00	\$ -	\$ -	\$ -	\$ -	\$ 87,484.00
32783 NACCHO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32784 HIV Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32786 Epidemiology and Lab	\$ -	\$ 1,416.56	\$ -	\$ 1,416.56	\$ -	\$ (1,416.56)
33112 Community Events (Burning Man)	\$ -	\$ 61,053.00	\$ -	\$ 61,053.00	\$ -	\$ (61,053.00)
33170 Admin Assmt - Facility Fee	\$ 699,910.00	\$ 628,718.75	\$ -	\$ 628,718.75	\$ -	\$ 71,191.25
33175 Community Health Nurse Fees	\$ 5,000.00	\$ 9,251.70	\$ 4.38	\$ 9,256.08	\$ -	\$ (4,256.08)
33176 Interlocal Agreements	\$ 7,000.00	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00
35100 Interest Earned - Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35150 Property Sales - Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35160 Miscellaneous Sales	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35320 Gifts & Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35550 Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35880 Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS</b>	<b>\$ 2,643,988.00</b>	<b>\$ 1,059,455.42</b>	<b>\$ 31,356.30</b>	<b>\$ 1,090,811.72</b>	<b>\$ 1,140.56</b>	<b>\$ 1,553,176.28</b>

41.26%

**Central Nevada Health District  
FY26 Expenditure Report**

Account	Budget	Paid	Pending	Expended (Comptroller)	Reallocated	Balance	Expended (per Grant)
399-399-13400 Prepaid		\$ -	\$ 2,919.49	\$ 2,919.49	\$ -	\$ (2,919.49)	\$ 2,919.49
399-399-40100 Salaries - Dept Head	\$ 127,013.00	\$ -	\$ -	\$ -	\$ -	\$ 127,013.00	\$ -
399-399-40200 Other Sal & Wages - Reg	\$ 854,073.00	\$ 426,269.95	\$ -	\$ 426,269.95	\$ -	\$ 427,803.05	\$ 426,269.95
399-399-40250 Sal & Wages - Part-Time		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-40270 Part-Time Pers Sal & Wage		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-40300 Other Sal & Wages OT		\$ 2,177.30	\$ -	\$ 2,177.30	\$ -	\$ (2,177.30)	\$ 2,177.30
399-399-40333 Holiday OT	\$ -	\$ 72.00	\$ -	\$ 72.00	\$ -	\$ (72.00)	\$ 72.00
399-399-40360 Other Wages: Stipend		\$ 13,400.00	\$ -	\$ 13,400.00	\$ -	\$ (13,400.00)	\$ 13,400.00
399-399-45100 Retirement	\$ 360,549.00	\$ 157,700.33	\$ -	\$ 157,700.33	\$ -	\$ 202,848.67	\$ 157,700.33
399-399-45150 Social Security		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-45200 PACT (Industrial Ins)	\$ 23,400.00	\$ 5,887.74	\$ -	\$ 5,887.74	\$ -	\$ 17,512.26	\$ 5,887.74
399-399-45400 Group Insurance	\$ 157,532.00	\$ 81,480.68	\$ -	\$ 81,480.68	\$ -	\$ 76,051.32	\$ 81,480.68
399-399-45444 HSA Health Savings	\$ 9,173.00	\$ 5,664.00	\$ -	\$ 5,664.00	\$ -	\$ 3,509.00	\$ 5,664.00
399-399-45500 Medicare	\$ 14,226.00	\$ 6,192.39	\$ -	\$ 6,192.39	\$ -	\$ 8,033.61	\$ 6,192.39
399-399-45700 Compensated Absences	\$ 12,264.00	\$ -	\$ -	\$ -	\$ -	\$ 12,264.00	\$ -
399-399-52400 Contracted Services	\$ 178,774.00	\$ 171,524.66	\$ 12,161.77	\$ 183,686.43	\$ 147.00	\$ (4,912.43)	\$ 183,833.43
399-399-52732 Fund for Healthy Nevada	\$ 290,772.00	\$ 17,120.43	\$ 599.77	\$ 17,720.20	\$ -	\$ 273,051.80	\$ 17,720.20
399-399-52765 CDC Workforce	\$ -	\$ 5,609.88	\$ -	\$ 5,609.88	\$ -	\$ (5,609.88)	\$ 5,609.88
399-399-52770 NEHA	\$ 8,500.00	\$ 3,420.07	\$ 135.00	\$ 3,555.07	\$ -	\$ 4,944.93	\$ 3,555.07
399-399-52773 Immunization for Children		\$ 773.71	\$ -	\$ 773.71	\$ -	\$ (773.71)	\$ 773.71
399-399-52774 SRAE		\$ 23,370.86	\$ 3,000.00	\$ 26,370.86	\$ -	\$ (26,370.86)	\$ 26,370.86
399-399-52775 Vaccines for Children - CORE	\$ 62,871.00	\$ 965.54	\$ 99.83	\$ 1,065.37	\$ -	\$ 61,805.63	\$ 1,065.37
399-399-52777 SAPT TB (Office of Epi)		\$ 246.02	\$ 268.16	\$ 514.18	\$ -	\$ (514.18)	\$ 514.18
399-399-52778 CDC - Preventative Health		\$ 3,600.00	\$ -	\$ 3,600.00	\$ -	\$ (3,600.00)	\$ 3,600.00
399-399-52779 Flu - Immunizations for Children		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-52780 FPS		\$ 16,897.58	\$ 2,309.40	\$ 19,206.98	\$ -	\$ (19,206.98)	\$ 19,206.98
399-399-52781 CDC PHEP		\$ 56,886.05	\$ 1,423.88	\$ 58,309.93	\$ -	\$ (58,309.93)	\$ 58,309.93
399-399-52782 UNLV Lead		\$ 3,256.59	\$ -	\$ 3,256.59	\$ -	\$ (3,256.59)	\$ 3,256.59
399-399-52783 NACCCHO		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-52784 HIV Prevention		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-52786 Epidemiology and Lab		\$ 391.50	\$ 20.00	\$ 411.50	\$ -	\$ (411.50)	\$ 411.50
399-399-53112 Community Events (Burning Man)		\$ 31,182.81	\$ -	\$ 31,182.81	\$ -	\$ (31,182.81)	\$ 31,182.81
399-399-53176 Interlocal Agreements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-55400 Memberships	\$ 1,500.00	\$ 250.00	\$ 179.00	\$ 429.00	\$ -	\$ 1,071.00	\$ 429.00
399-399-55600 Miscellaneous	\$ 8,000.00	\$ 4,415.05	\$ 694.88	\$ 5,109.93	\$ -	\$ 2,890.07	\$ 5,109.93
399-399-55800 Operating Supplies	\$ 35,000.00	\$ 3,004.07	\$ -	\$ 3,004.07	\$ 79.92	\$ 31,995.93	\$ 3,083.99
399-399-57600 Repairs/Maintenance - Equip	\$ 3,524.00	\$ 438.60	\$ 647.25	\$ 1,085.85	\$ -	\$ 2,438.15	\$ 1,085.85
399-399-58400 Telephone	\$ 10,000.00	\$ 4,831.28	\$ 724.05	\$ 5,555.33	\$ 377.85	\$ 4,444.67	\$ 5,933.18
399-399-58600 Travel and Subsistence	\$ 10,076.00	\$ 617.78	\$ 74.19	\$ 691.97	\$ -	\$ 9,384.03	\$ 691.97
399-399-58700 Training	\$ -	\$ 1,488.50	\$ -	\$ 1,488.50	\$ -	\$ (1,488.50)	\$ 1,488.50
399-399-59200 Utilities - Elec/Water/Sewer	\$ 18,000.00	\$ 2,770.57	\$ 494.48	\$ 3,265.05	\$ -	\$ 14,734.95	\$ 3,265.05
399-399-59400 Utilities - Gas	\$ 5,400.00	\$ 5,266.62	\$ -	\$ 5,266.62	\$ -	\$ 133.38	\$ 5,266.62
399-399-59750 Computers & Printers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
399-399-59760 Computer Software	\$ -	\$ -	\$ 19.99	\$ 19.99	\$ -	\$ (19.99)	\$ 19.99
399-399-59770 Furniture & Fixtures	\$ -	\$ 318.37	\$ -	\$ 318.37	\$ -	\$ (318.37)	\$ 318.37
399-399-75100 Capital Outlay - Equipment	\$ 289,477.00	\$ 59,307.24	\$ -	\$ 59,307.24	\$ -	\$ 230,169.76	\$ 59,307.24
<b>TOTALS</b>	<b>\$ 2,480,124.00</b>	<b>\$ 1,116,798.17</b>	<b>\$ 25,771.14</b>	<b>\$ 1,142,569.31</b>	<b>\$ 604.77</b>	<b>\$ 1,337,554.69</b>	

46.07%





# Central Nevada Health District Agenda Report

**Date Submitted:** February 23, 2026

**Agenda Item #:** 13.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Consideration and possible action re: Expanded contract with Dr. McDonald to provide Family Planning and Clinical Services in the amount of \$1,200 per clinical day served and \$150 for specialized projects such as Juvenile Probation medical oversight.

**Type of Action Requested:** Accept

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** motion to Authorize the Interim Administrator to expand the contract with Dr. McDonald to provide Family Planning and Clinical Services in the amount of \$1,200 per clinical day served and \$150 for specialized projects such as Juvenile Probation medical oversight.

**Discussion:** In February 2026, Kathleen Patterson, APRN / Clinical Manager, resigned from her position. In the interim of hiring the new team member for this position, Dr. McDonald has agreed to provide Family Planning activities in the community. This would be approved through an extended contract of duties. The negotiated rate is \$1,200 per clinic. For special projects such as Juvenile Detention, it would be provided at \$150 / hour.

It is requested that the board approve this request and authorize the Interim Administrator to complete the extended contract.

**Alternatives:**

**Fiscal Impact:** \$1200/ family planning clinic  
\$150 / hour for special projects

**Explanation of Impact:** Direct cost for contract.

**Funding Source:** Family planning / Fund for Healthy Nevada  
Direct cost billing plus administrative fees for special projects.

**Prepared By:** Shannon Ernst, Social Services Director

**Reviewed By:**

A handwritten signature in black ink that reads 'Shannon Ernst'.

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Shannon Ernst, Social Services Director

Date: February 25, 2026

The submission of this agenda report by county officials is not intended, necessarily, to reflect agreement as to a particular course of action to be taken by the board; rather, the submission hereof is intended, merely, to signify completion of all appropriate review processes in readiness of the matter for consideration and action by the board.



# Central Nevada Health District Agenda Report

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None

Aye:

2) None

Nay:

\_\_\_\_\_

(Vote Recorded By)

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Tedd McDonald M.D.  
4200 Santa Fe Drive  
Fallon, Nv., 89406  
775-217-3095  
Health Officer, Central Nevada Health District (CNHD)

February 20,2026

To: Shannon Ernst, Executive Administrator CNHD

Shannon, thank you for your time and the opportunity to meet with and shadow CNHD's APRN that will be leaving our team. I believe that I can be of service to the CNHD during the time that a new provider can be recruited, hired, and onboarded.

I understand that current requirements include four (4) clinical days per month to clinically and administratively support the Women's Health program. I will be scheduled at each of CNHD's clinics in Fallon, Lovelock, Eureka County, and [Hawthorne](#). I understand that this would be in addition to my duties as District Health Officer.

I am requesting 1,200.00 dollars per clinical day (4,800.00/month) compensation for added clinical and administrative duties.

After a new provider is hired I am flexible in relinquishing my interim duties. Once a candidate is onboarded and I have met any requirements to transition/mentor the new provider (and CNHD is satisfied with the provider) I will return to my current position.

Thank you for asking me to help support the CNHD. I am dedicated to creating a program that meets our communities' needs.

Respectfully,

***Tedd McDonald M.D.***



# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 14.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Administrator  
**Subject Title:** Staff Reports:

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** None; informational only.

**Discussion:** Staff will provide updates that pertain to the service delivery of CNHD.

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_

**Aye:** \_\_\_\_\_

2) None \_\_\_\_\_

**Nay:** \_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

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# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 15.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Public Comment.

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** N/A

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

- |         |       |             |
|---------|-------|-------------|
| 1) None | _____ | <b>Aye:</b> |
| 2) None | _____ | <b>Nay:</b> |

\_\_\_\_\_  
(Vote Recorded By)

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# Central Nevada Health District Agenda Report

**Date Submitted:** February 19, 2026

**Agenda Item #:** 16.

**Meeting Date Requested:** March 4, 2026

**To:** Central Nevada Health District  
**From:** Shannon Ernst, Interim Director.  
**Subject Title:** Adjournment.

**Type of Action Requested:** None; Informational Only

**Does this action require a Business Impact Statement?** No

**Recommend Board Action:** N/A

**Discussion:** N/A

**Alternatives:**

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Prepared By:** Pam Moore, Deputy Clerk to the Board

**Reviewed By:**

Shannon Ernst, Social Services Director

Date: February 25, 2026

Wade Carner, Chief Civil Deputy District Attorney

Date: February 25, 2026

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**Board Action Taken:**

**Motion:** \_\_\_\_\_

1) None \_\_\_\_\_

**Aye:** \_\_\_\_\_

2) None \_\_\_\_\_

**Nay:** \_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

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