

## Webinar Registration City of Reno - Reno City Council Meeting - 7/31/24

City Clerk <no-reply@zoom.us>

Wed 7/31/2024 8:12 AM

To:Public Comment - CC <PublicComment@reno.gov>

Hi City Clerk,

Dora Uchel-Martinez (doraleemartinez1@gmail.com) has registered for "City of Reno - Reno City Council Meeting - 7/31/24" on: Jul 31, 2024 10:00 AM Pacific Time (US and Canada)

First Name: Dora

Last Name: Uchel-Martinez

Email: doraleemartinez1@gmail.com

Address: 10640 North McCarran Blvd.

City: Reno

Zip/Postal Code: 89503

State/Province: NV

Phone: 775-501-4653

Organization: American Council of the blind

Job Title: Activist

Questions & Comments: Hello I want to take the opportunity to thank the city of Reno firefighters for preventing the fire last Friday from spreading thank you

If you answered "Yes" to the previous question, please provide your public comment in the Question & Comments box below.:

Do you wish to provide public comment for this City Council Meeting?: Yes

Are you attending the meeting as a: City of Reno staff member

Which Ward you live in?: Ward 5

Webinar Detail Link: <https://us06web.zoom.us/webinar/89688388434>

Thank you!



# COMMUNITY HEALTH ALLIANCE

Ensuring Health Equity in Northern Nevada

## NELL J. REDFIELD HEALTH CENTER ON NEIL ROAD

3915 Neil Road, Reno, NV 89502

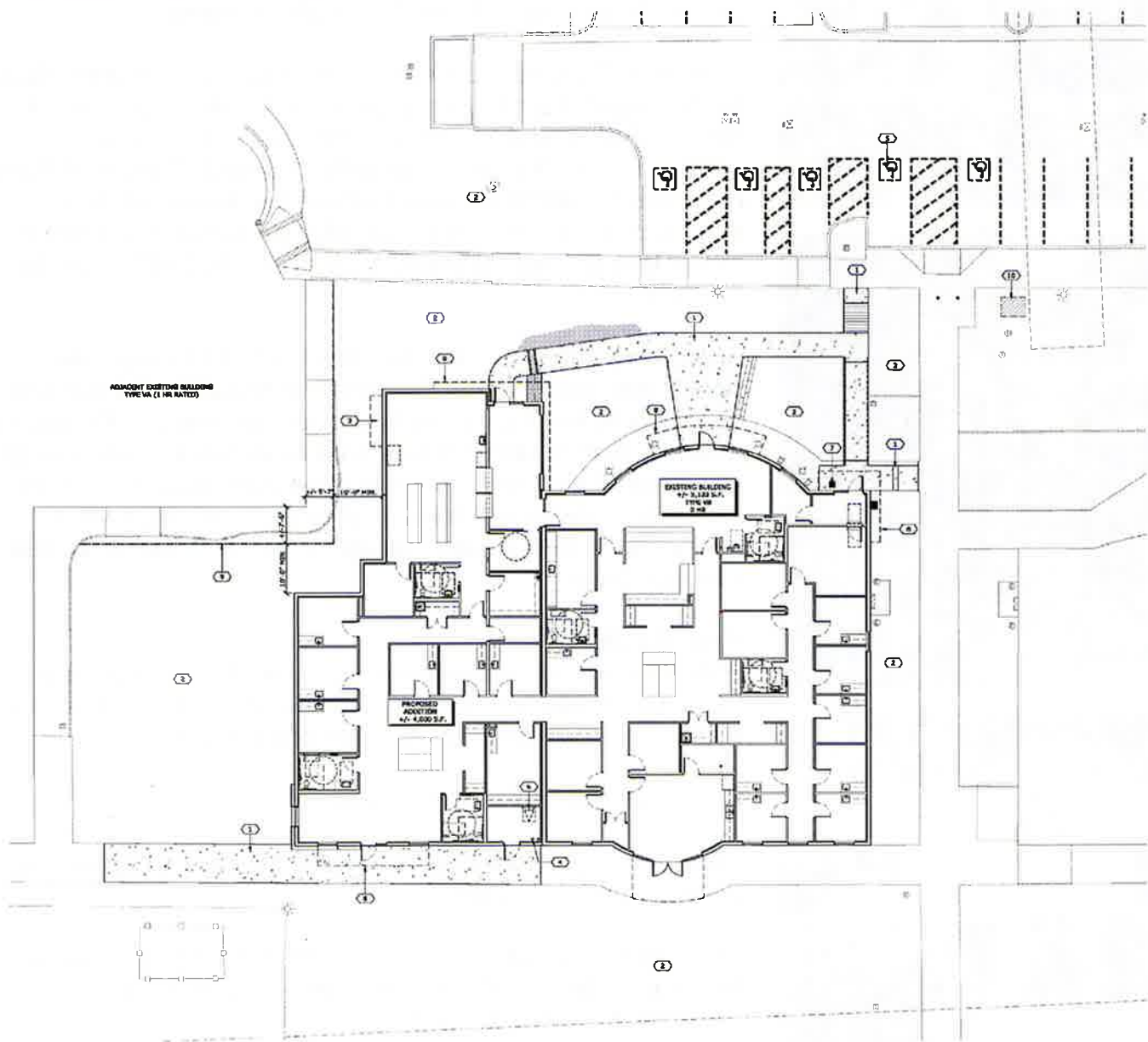


# PROPOSED FLOOR PLAN

## Key Statistics and Features

- 14 medical exam rooms  
Increase of 4 medical exam rooms
- 6 medical providers  
Increase of 2 medical providers
- 2 behavioral health providers
- On-site pharmacy, including clinical pharmacy services
- On-site prescription food pantry
- Serving 7,600 patients annually  
Increase of approximately 4,000 patients

BY: TECTONICS DESIGN GROUP



ARCHITECTURAL SITE PLAN  
SCALE: 1" = 40'





# CONSTRUCTION + FURNITURE, FIXTURES, AND EQUIPMENT BUDGET



In addition to the expected \$6.2 million in construction costs, we estimate that it will cost approximately \$900,000.00 to furnish and outfit the Nell J. Redfield Health Center on Neil Road.

Budget Line Item	City of Reno Investment	CHA Investment	Total
Project Development, Architectural Plans, and Construction	\$5,000,000.00	\$1,200,000.00	\$6,200,000.00
Furniture, Fixtures, and Equipment (FF&E)	\$0.00	\$900,000.00	\$900,000.00
<b>Total Project Costs</b>	<b>\$5,000,000.00</b>	<b>\$2,100,000.00</b>	<b>\$7,100,000.00</b>



"I have been coming to Community Health Alliance for many years. I have used prenatal services, the WIC program, and received diabetic care. This excellent health center also provided fresh food and, of course, can't forget the medical services here. I don't need to go to any other place because the doctors and staff that provide these services are all exceptional. I wouldn't change them for anything or anyone, and wouldn't go to any other place. Within walking distance, they will be there to assist us with everything we need. Excellent professionals, they always have a smile, they see what you need and how they can help you. Community Health Alliance has changed my life for the better."

**- Reyna Reyes, Community Health Alliance Patient at Neil Road**

# reno gazette journal

**OPINION** *This piece expresses the views of its author(s), separate from those of this publication.*

## Reno City Council's \$5M investment in Neil Road center a step forward in community health

**Travis Walker and Stephanie Wolfe Gstettenbauer** Reno Gazette Journal

Published 10:00 a.m. PT July 29, 2024 | Updated 10:00 a.m. PT July 29, 2024

In an era where mental health concerns are increasingly at the forefront of public health discourse, the Reno City Council's decision to allocate \$5 million in American Rescue Plan Act (ARPA) funds to expand Community Health Alliance's Nell J. Redfield Health Center on Neil Road marks a significant and commendable commitment to the well-being of our community.

Community Health Alliance, the largest federally qualified health center in Northern Nevada, has long provided primary medical services to nearly 4,000 patients annually at its location on Neil Road. Many of these patients are uninsured, underinsured, and/or low-income. However, the facility on Neil Road, which is owned by the City of Reno, is currently at capacity. While Community Health Alliance has been able to add integrated mental health services at most of its other locations, there's simply not enough space to do so at Neil Road. The City of Reno's \$5 million investment into the expansion of its own building will enable Community Health Alliance to begin providing integrated mental health care to hundreds of people in the Neil Road neighborhood each year.

Integrated mental health care is essential for several reasons. It provides a holistic approach to health, recognizing the connection between physical and mental well-being. When mental health care is integrated with primary care, patients receive more coordinated and comprehensive treatment. This can lead to improved health outcomes, as both physical and mental health issues are addressed in tandem. For instance, a patient with diabetes and depression will benefit from a treatment plan that simultaneously manages both conditions, leading to better overall health.

Furthermore, health centers like Community Health Alliance, which practice integrated care, facilitate early detection and intervention. Primary care providers, who often serve as the first point of contact in the health care system, can screen for mental health conditions and refer

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NAME: Oscar Delgado  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

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DO YOU WISH TO SPEAK? YES ☐ NO ☐

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NAME: KYAN QUINLAN  
ADDRESS: 4999 GOLDEN SPRINGS DR.  
CONTACT PHONE: (775) 560-7179  
E-MAIL: KPSQUINLAN@GMAIL.COM

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COMMUNITY HEALTH ALLIANCE

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NAME: Cathy Trachok  
ADDRESS: 8500 Dieringer Ln., Reno 89511  
CONTACT PHONE: (775) 338-9726  
E-MAIL: ctrachok@mac.com

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NAME: Dr. Stephanie Gstreinbauer

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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NAME: Travis Walker  
ADDRESS: 1008 Tremolite Ct  
CONTACT PHONE: 775-721-1940  
E-MAIL: \_\_\_\_\_

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NAME: Reyna Reyes  
ADDRESS: 3870 Neil Rd Apt 225  
CONTACT PHONE: 1775-5373014  
E-MAIL: \_\_\_\_\_

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NAME: Jacqueline Maloney  
ADDRESS: 3809 Tagus Ct Sparks, NV 89436  
CONTACT PHONE: 775-742-7619  
E-MAIL: Maloney@Chanevada.org

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NAME: Laren Bryan  
ADDRESS: 4415 Bitterroot Rd  
CONTACT PHONE: 775-843-758  
E-MAIL: klbryan45@gmail.com

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NAME: Michael Johnson  
ADDRESS: 5485 Fenno Way  
CONTACT PHONE: 775 250-8993  
E-MAIL: m.johnson8993@gmail.com

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NAME: Nathan Dupree  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
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NAME: Dosvaldo Jimenez

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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NAME: Karla Rodriguez

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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NAME: Jennifer Cordova  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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NAME: Annalissa Santoemma

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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NAME: Jenn Wheeler  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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NAME: Holly Long  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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NAME: Naheli Rico  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Yolanda Rangel  
ADDRESS: 1710 Watterhorn Blvd  
CONTACT PHONE: 775 2335735  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Michelle Davenport  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Carlos Aros

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1      ☐ WARD 2      ☒ WARD 3      ☐ WARD 4      ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR      ☐ IN OPPOSITION      ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: Bonnie Daugherty  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

\_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Celina Rico

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1

☐ WARD 2

☒ WARD 3

☐ WARD 4

☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM DB

☒ IN FAVOR

☐ IN OPPOSITION

☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: TRACY LOPEZ  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM DB

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Lizbeth Alamil'a

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D5

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Andrea Mejia

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Cindy Garcia-Olivares  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

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☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Jenni Stammet

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM: D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Tonya Irick

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Molly Winkler  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Mark Thornton

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Nancy Herrera  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

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NAME: Laura Popko  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

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NAME: Jennifer Carrillo Pena

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM P3

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NAME: Negan Duggan  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

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NAME: Erica Murich

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
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DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

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NAME: Matt Thornton  
ADDRESS: 3588 Hemlock Way, Reno, NV 89508  
CONTACT PHONE: 510-410-9192  
E-MAIL: mattthornton18@gmail.com

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D3

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