

MEMORANDUM



Date: January 20, 2026

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *District Health Officer*

Subject: **District Health Officer and Division Accomplishments – CY2025**

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Executive Summary

Administration Division

In 2025, Administration advanced operational efficiency, financial integrity, workforce engagement, and organizational resilience. Finance delivered a balanced FY2025–26 budget, and earned an unmodified opinion on financial statements with no audit findings. Accounts Payable processed nearly 6,000 invoices, while Accounts Receivable managed over 18,000 Environmental Health billings. Grants administration supported 89 awards, implemented automated workflows, and enhanced reporting. HR conducted 375 interviews, issued 86 job offers, and maintained 96% retention. Training expanded leadership development and engagement through the Organizational Vital Signs Survey (71% participation). Informatics and IT modernized systems via EHR cloud migration, cybersecurity enhancements, and infrastructure upgrades, deploying 450 Windows 11 devices and 150 iPads. Communications managed 980 media inquiries, issued 66 releases, and executed campaigns like Beat the Heat and Back-to-School, while securing \$10.8M in state public health funding. Legal processed 1,422 public records requests, managed 300+ contracts, and strengthened compliance. The Public Health Infrastructure Grant provided \$28M to bolster workforce capacity, fund technology upgrades, and support accreditation readiness.

Community Health Division

Health Equity expanded outreach through pop-up clinics and youth engagement. Chronic Disease Prevention hosted 200+ screenings, expanded Double Up Food Bucks, and reached 75,000 students with vaping prevention. EMS & Trauma issued 2,700 licenses, conducted 1,800 exams, and completed 500+ vehicle inspections. Public Health Preparedness supported major events, maintained PPE reserves, and delivered advanced ICS training. The Southern Nevada Public Health Laboratory processed 15,000 Candida auris screens, 2,100 respiratory tests, and 2,700 mosquito pools, while securing \$10.5M for lab expansion. Vital Records registered 22,500 births, 20,000 deaths, and issued 135,000+ certificates, while Passport Services processed 8,400 applications.

Disease Surveillance & Control Division

The Office of Disease Surveillance distributed 209,082 naloxone doses, launched stigma-reduction campaigns, and expanded HIV/STI/Hepatitis testing. Investigations included 4,021 contacts, 85 clusters, and 3,498 reactors, plus targeted encampment testing. Acute Communicable Disease Control processed 32,628 faxed reports, 160,000+ ELRs, and conducted 20,000+ respiratory illness investigations, while leading outbreak responses and preparing for a Healthcare-Associated Infection program. Epidemiology maintained surveillance dashboards, advanced maternal-child health analytics, and supported data modernization. The Division delivered 140 trainings, published in MMWR, secured \$1.77M for naloxone, and earned multiple awards.

Environmental Health Division

Completed 4,492 aquatic health inspections, 2,157 plan reviews, and 1,189 special program inspections. Food Operations ensured compliance at major events like Formula 1 Grand Prix and EDC, advanced outbreak prevention, and launched a new Training Office. Solid Waste & Compliance conducted 3,500+ restricted waste inspections, responded to 800 illegal dumping cases, and tested 54,288 mosquitoes, detecting West Nile Virus in 14 pools with no human cases. Engineering improved water safety through PFAS testing, safe drinking water compliance, and subdivision reviews.

Public Health and Preventive Care Division

Delivered 67,405 vaccines to 27,782 patients, supported by Back-to-School and National Infant Immunization Week campaigns, and expanded outreach in underserved areas. SHOPP enrolled 80 clients, conducted 44 trainings, and completed 2,494 screenings, while launching Rapid PREVENT, Partners for Better Health, and Street Medicine (24 visits in first month). Maternal & Child Health served hundreds of families and introduced Embracing Fatherhood. TB Control treated 50 active cases and initiated therapy for 925 latent TB patients. Employee Health ensured readiness through vaccinations, OSHA clearances, and updated policies.

Southern Nevada Community Health Center (FQHC)

Served 15,093 patients and completed 48,834 encounters, with pharmacy services expanding to 7,560 patients and 34,948 prescriptions filled. Key achievements included onboarding new leadership, passing audits with no findings, launching a strategic plan, and expanding services to include substance use disorder, psychiatry, infectious disease, and nutrition. Financial performance exceeded expectations with \$46.5M in revenue, retroactive Medicaid reimbursements, and \$5.1M in grant funding. Partnerships with 30+ organizations advanced health equity and expanded resources.

Administration Division

Facilities Department

MAINTENANCE:

1. Resolved over 5,000 internal maintenance requests.
2. Expansion of vaccines storage and services available at Mesquite and Henderson clinics.
3. New autoclave installation at SNPHL BSL-3 Laboratory.
4. Upgraded air filters for SNPHL BSL-3 Laboratory
5. Remodel of environmental health department to increase staffing capacity of Decatur building.
6. Updates in SNPHL infrastructure including pumps, boilers, valves and other critical equipment.
7. Deconstruction and repurpose of the approximately 5,200 SF COVID-19 modular building.
8. Installed new video intercom system at entry gate of SNPHL.
9. Remodeled reception counter of Decatur building.
10. Installed digital self-check in tablets across several clinics.
11. Decommissioned COVID-19 outreach booth at the Boulevard Mall.
12. Installed health education monitors in Fremont lobby.
13. Upgraded access controls at Decatur facility.

SECURITY

1. Increased internal and external meetings to foster a collaborative relationship with staff and members of the public.
2. Procurement of new fleet vehicles in response to safety concerns to better serve the district and the community.
3. Restored and revitalized two mobile clinic vehicles to conduct various outreach events.
4. Modernization of department practices and operations.
5. Implemented new practice of regularly scheduled monthly meetings with Lab staff at the MLK location to address their unique security issues.
6. In collaboration with I.T. staff, developed and implemented a new vehicle reservation program for online use by staff.
7. Audited and expanded the emergency call buttons alert system at the district.
8. Assisted Facilities leadership with the planning for and the removal of the non-congregate shelters from COVID.

JANITORIAL

1. Regular preventative maintenance of hard floors including quarterly hard floor polishing and buffing.
2. Regular carpet extractions.
3. Responded to terminal cleaning requests for infection control measure.
4. Completed deep cleaning of clinical areas as requested by clinical leadership team.
5. Conducted regular inspections to ensure SNHD cleanliness standards are exceeded.

WAREHOUSE

1. Led a warehouse clean-up initiative of our approximately 7,500 SF offsite storage facility, identifying and disposing of outdated equipment and supplies.
2. 472 Stores Orders (pulled and delivered).
3. 145 POs were created for inventory.
4. 43,233 pieces of metered mail processed.
5. 819 pieces of certified mail processed.
6. 3,666 postage strips of requested postage processed.
7. Over 5,000 courier packages received and delivered across SNHD facilities.

Finance Department

FINANCE

1. FY 2025-26 budget completed and submitted timely to Clark County and Department of Taxation. Completed two budget augmentations in FY 2024-25 and received approval from Department of Taxation with no findings. Zero Based Budget Development sustained for all divisions. Updated Adopted Budget Book for FY2026. The first budget augmentation in FY2025-26 is currently in progress.
2. Forecasting models and dashboard reporting expanded to provide relevant and timely information to stakeholders. Medicaid and Medicare cost report process and UDS reporting was refined and reports filed timely.
3. Audited Financial Statements for June 30, 2025 received an unmodified opinion and were published. Single Audit is substantially complete and anticipated to be published by the statutory due date.

4. Reconciliations and Treasury reports were prepared and submitted in a timely manner to the county and other internal reconciliations were brought current for banking, fixed assets, financial transactions and aging activity.
5. Accounts Payable (AP) team has continued to bring the procurement card, vendor invoice payments, and unclaimed property current and processed timely. AP processed 5,968 invoices and 586 P-card statements for CY25. Two AP technicians also assisted Accountants with processing of Grant reimbursement requests.
6. Accounts Receivable (AR) team has continued to bring invoicing and cashier balancing activities current and processing timely. AR processed two annual billings for Environmental Health that included over 3,900 invoices for Solid Waste permits and over 14,000 invoices for Food permits in CY25. Two new staff members were hired and trained.
7. New or active renewal grant awards were managed by the Grants team and they continue to research new funding opportunities and are committed to retaining funding for existing programs. Total grants, amendments, revisions in CY2024 - 129 and CY2025 – 89.
8. Established the framework and automated workflow for a new process for reviewing grant opportunities, renewals and extensions. Completed the implementation of the new grant/contract review form on Approval Studio.
9. Fixed asset GASB entry and Reconciliation completed before the end of August. New compensated Absence guidance successfully implemented, started the process of quarterly reconciliation for Fixed Assets and Inventory.
10. Accountants successfully produced grant reimbursement requests and other deliverables in acceptable timeframes in a sustained level of grant activity.
11. Implemented first phase of the new Finance data reporting system to improve capabilities in financial reporting and data analytics and started on second and third phases of reporting system testing (in Contracts, Purchasing, Budgets, Fixed Assets, Inventory, and Grants).
12. Successfully reduced the number of new payroll system issues, worked with vendor support and HRIS to correct bugs and system issues. Completed the update of the payroll system employee and management training guides and provided employee and management access.
13. The payroll team has managed to process increasing payroll volume and manage other deliverables including implementing the new payroll system, developing and delivering system training and troubleshooting transition challenges. At FYE 24 there were 803 employees with paid activity, at FYE 25 there were 816 employees with paid activity. At the end of CY2025 (Through 12/15/2025), there were 791 employees with paid activity.
14. Through 12/15/2025, Purchasing responded to critical and time-sensitive purchasing activities, processing 2,184 Purchase Requests in CY 2025-26 (CY 2024-25 – 2,349). Combined activity processed including purchasing card and purchase orders in CY 2025-26 – 5,863 (CY 2024-25 – 6,498). New Vendor registrations in CY2025-2026 totaled 100 compared to 133 in CY2024-2025. Purchasing also updated the Procurement Manual, documented and/or updated procedures for required reporting and purchasing card processes.
15. The finance team has experienced turnover but currently has a full finance management team in place as well as having successful recruitment efforts for other team members during the calendar year.

BILLING

1. Managed the update of the Master Fee Schedule for Board approval after researching current fee benchmarks.
2. Completed 4 reviews and amendments of insurance payors and vendor contracts as needed.
3. Managed the preparation and submission of the Medicare and cost reports.

4. Ensured consistent submission of the monthly Wrap Report.
5. Contributed to the submission of the Uniform Data System report for FQHC.
6. Completed the implementation of a credentialing software to provide efficiencies and compliance.
7. Monitored, analyzed and resolved denial trends with 4 payers. Secured a payment resolution for denials with 1 payer and renegotiated the contract.
8. Achieved a payer agreement to remove referral barriers for services, due to SNHD being an FQHC and a Public Health District.
9. Managed efforts to establish new PPS rate.

HIGH LEVEL GOALS FOR 2026

1. Continue to focus on training and cross-training activities to ensure sustained knowledge levels and business continuity and coverage for critical processes.
2. Maintain regular meetings between Finance and other divisions to support ongoing communication for budget, financial processes/reporting, grant and payroll related information.
3. Provide divisional training on Purchasing processes using PowerPoint presentation.
4. Implement additional phases of the Finance data reporting system to improve capabilities in financial reporting and data analytics.
5. Complete with stabilization and optimization of the new payroll system.
6. Getting enhancements added to payroll system to increase efficiency.
7. Publish Adopted Budget Book for FY2026.
8. Continue to research new funding opportunities.
9. Provide our annual cross-divisional training on submissions into grant application portals, and best practices for grant compliance and management.
10. Update reporting provided to the Board of Health to include only grants/amendments that have a monetary impact on the Health District.
11. Update Grants Administration intranet page to provide a monthly dashboard with grant stats, templates, and grant related resources.
12. Support Implementation of billing/invoicing activity for new Environmental Health division system.
13. Implement interim reviews and backup for reconciliations of accounts receivable and accounts payable aging activity.
14. Maintain Medical AR over 180 days (net of self-pay) to optimize revenue collection.
15. Update the Master Fee Schedule for Board approval after researching current fee benchmarks.
16. Update the Immunizations Superbill to align with current fees.
17. Review and update Payor Contracts and fee schedules as needed.
18. Continue to use system functionality to accommodate efficiencies and reporting capabilities.
19. Participate in reporting improvement project with Informatics.
20. Monitor complete implementation of new PPS rate.

Health Cards

1. Maintained full Food Handler Safety Training Card testing services by appointment at all five locations and Body Art Card testing services by appointment at the three non-rural offices.
 - a. First-time food handler cards issued 1/1/25 – 12/31/25: 60,527
 - b. Renewals (In-person) of food handler cards 1/1/25 – 12/31/25: 20,781
 - c. New body art cards issued 1/1/25 – 12/31/25: 1,322

2. Continued a Food Handler Safety Training Card online renewal system that allows eligible cardholders to take the 10-question test at home and, after passing the test and paying all fees, receive a certificate that can be carried in printed or electronic form in place of the plastic card.
 - a. Renewals (Online) of food handler cards 1/1/25 – 12/31/25: 29,515
3. Offered a monthly Low-Risk Food Handler Card class for clients with special needs whose job responsibilities are limited and at a lower risk for causing foodborne illness. The class consists of basic food safety training and a handwashing demonstration. No written test is required.
 - a. New low-risk food handler cards issued: 10
4. Approved one additional entity to train their clients and students on food safety principles, test them on their knowledge, and issue a certificate of completion that can be submitted to the Health Cards office to obtain a Food Handler Safety Training Card. This brings the total to 13 agencies, organizations and high school culinary programs that have been approved to offer this service since Fall 2021.
5. Signed up 11 more employers, agencies and organizations to issue vouchers that pay for the food handler card fees for their employees and clients.
6. Petitioned the Board of Health in June 2025 to raise the fees for Food Handler Safety Training Card and Certified Food Safety Manager Card. The Board approved an increase from \$20 to \$25 effective January 1, 2026, with a further increase to \$30 effective January 1, 2028.
7. Continued participation in Environmental Health's quarterly Food Safety Partnership meetings to relay information regarding Health Cards to industry professionals.

Human Resources Department

STAFFING/RECRUITMENT/COMPENSATION

1. Interviews Conducted: 375
2. Job offers: 86
3. Key positions filled: Chief Facilities Officer, Public Health Informatics Scientist, and Director of Community Health
4. Posted Positions: 76
5. Attended nice job fairs:
 - a. 02.26.25 UNLV Career and Internship Fair
 - b. 03.07.25 – UNLV School of Nursing
 - c. 03.12.25 – Nevada State College
 - d. 03.26.25 – VA Hospital
 - e. 04-04.25 – UNLV counseling and Human Services Internship Fair
 - f. 08.28.25 - Clark County Job Fair
 - g. 09.10.25 - UNLV Fall Career and Internship Fair
 - h. 09.19.25 - UNLV School of Nursing
 - i. 11.06.25 - Arizona College
6. Reduced the times to fill and other qualitative recruitment numbers:

Median Calendar Days to Fill Position:	53
Minimum Calendar Days to Fill Position:	33
Maximum Calendar Days to Fill Position:	119
Maintained a high retention rate:	96.45%
7. Re-assignment of all staff that were affected by the loss of TANF funding.
8. Cross training of HR staff in the recruitment function.
9. Assisted in the creation of a recruitment for Youth Advisory Council in NEOGOV.
10. Assisted in the creation of a recruitment for Internships in NEOGOV.

11. Built and maintained job analysis dashboards in Excel and Economic Research Institute (ERI) job market pricing database to prepare for internal job evaluation and compensation analysis.
12. Automated the assignment and acknowledgment of SNHD job descriptions by new hires and existing employees for divisions 1, 3, 5, 6, and 9.
13. Conducted compensation analysis audit for non-represented classifications to ensure salary structures are competitive, equitable, and properly classified with FLSA criteria.
14. Reformatted job description template to support engagement through job analysis to provide deeper understanding of essential functions, develop more inclusive job descriptions, and create opportunities for employee growth.
15. SOPs for credentialing, hiring of interns and the recruitment process were created.
16. Updated the FQHC Credentialing Spreadsheet with FQ Lab Assistants, FQ Pharm Techs, FQ LPNs, FQ Licensed Mental Health Therapist, and FQ CHWs. This included getting each of these employees that hold the above job titles credentialing file completed and configuring and automating their Job Description acknowledgements process in NEOGOV.

ACADEMIC AFFAIRS

1. Coordinated internships and clinical rotations for 108 students, residents, and fellows for an approximate total of 6, 243 applied public health practice hours.
2. Submitted 13 new educational affiliation agreement requests.
3. Facilitated and coordinated 3 Health District After Dark (HDAD) events. The HDAD events on Brain Health, Medicalization of Consumer Health, and the State of the Public Health Safety Net. There was an average of 40 participants per event.
4. Obtained SNHD leadership approval for the Youth Advisory Council and led the recruitment efforts for 10 students for the inaugural Youth Advisory Council.
5. Coordinated and led the recruitment effort for the first CCSD youth cybersecurity summer apprenticeship with SNHD IT.
6. Served on the SNHD QI Council and Internal Research Council.
7. Participated in internship and career fairs at Nevada State University and UNLV.
8. Served on and attended the advisory board meetings for the Area Health Education Council, Arizona College of Nursing, CSN Health Professions School, Roseman University, and UNLV School of Public Health.
9. Spoke to UNR and UNLV undergraduate classes about SNHD and public health.
10. Facilitated and led informational tours for approximately 15 CSN RN-to-BSN students, 12 Valley Health Internal Medicine Residents, and 20 Leadership Las Vegas participants.
11. Presented at the 2025 Nevada Public Health Association Conference on *“Keeping the Party Going: The importance of maintaining sustainability of the Health District After Dark through collaboration on funding.”*
12. Led discussions on restarting the Academic Health Department (AHD) with UNLV.
13. Acknowledged for my role as an academic-public health partnership subject matter expert in a scholarly journal article in June.
14. Spoke to Durango High School Medical Society about internships, careers, and the Youth Advisory Council.

TRAINING

1. Successfully facilitated cross-functional presentations and reviews of HR job analysis for improved understanding of process and importance of job analysis and evaluation.

2. Present job description training to supervisors and managers to ensure accurate reflection of job roles, responsibilities, and establish processes and procedures for job description management.
3. Increase in Recognition Program Awareness (Removed related question from survey)
4. New Hire Onboarding (28): Launched NEOGOV Training Course Revamp (800+ enrolled), (Published Bullying in the Workplace/Anti-Harassment, Ethics, Heat Illness Program, HIPAA, Mandatory Child Abuse Reporting Laws, Bloodborne Pathogens).
5. DiSC Training for staff and continuing with newly promoted leaders – 78 individuals assessed and attended DiSC training this year which is almost 10% of the Health District.
6. Organizational Vital Signs: Created and implemented a new OVS Survey Planning Committee with Leadership Representation from each Division working with HR Training to foster collaboration and involvement in the survey creation, implementation and results reporting process.
7. Organizational Vital Signs: 71% Participation – Conducted multiple hybrid (in-person and virtual) Focus Group/Feedback Sessions for both employees and supervisors/managers to discuss the survey results and gain further information, communicated results and disseminated information within all levels of the organization. Updated divisional action plans and shared with leadership and the staff. OVS pulse survey completed and results showed increased rates of employee awareness/involvement with the entire process and an increase in employees stating they have seen positive changes in relation to the OVS action plans. Each division was assigned a Training Analyst to help provide any support through the action plan creation and implementation process with specific involvement depending on the needs of the division. Some divisions did largely utilize these support services.
8. Re-tooled Managers Toolbox and setup program for highly motivated general staff to apply to enroll. Understanding What Guides SNHD (27 participants), Mastering Time and Project Execution (24 participants), Empowering Through Feedback and Coaching (33 participants), and Managing and Leading with DiSC (27 participants).
9. Public Speaking Training Series (60 participants).
10. Blitz Annual Performance Training (1 participant).
11. Team Vital Signs was used with four teams of various sizes and areas with the Health District. This provides a way to target and assess engagement and climate within a given team environment. Debriefs with the teams on the results provide insights into how leaders and team members can help support their teams. Unique discussions and solutions were crafted for the specific teams. Involvement with some teams is still ongoing.
12. One team assessed and trained in LIFO, a 4-quadrant behavioral preference tool for helping with team building. Time was spent on program creation as to how to implement this group teambuilding experience. This will be used more in the upcoming year for multiple teams.
13. SNHD Leadership Cohort Development Program with four months of topic discussions, emotional intelligence and 360 assessments with debriefs, and four sessions of 1:1 external leadership coaching. Two cohorts comprising a total of 15 leaders were enrolled in the program throughout this year. We have also included senior level leaders in our most recent cohort.
14. Put all three HR Training Analysts through a six-month Cohort-based Leadership Development program (PeopleTek) to aid in our internal knowledge base and program creation. Three SNHD managers graduated from the same program this year with recommendations for others to take as it was beneficial. Will continue to enroll more next year.

15. HR Training Analyst became certified in Emotional Intelligence Performance Metrics and Assessment to equip team with tools to enhance individual, team, and organizational performance.
16. HR Training Analyst became certified in LIFO, a behavioral preference tool and instrument in ongoing teambuilding efforts.
17. Interview aid sessions provide 1:1 help with a training analyst for advice and mock interviews for those with upcoming interviews and has had great success for developing internal candidates interview skills.

RECOGNITION/SERVICES/OTHER PROJECTS:

1. Employee of the Month Recognition 24 (2 per month) winners per year and one employee of the year award.
2. Manager/Supervisor of the Quarter Program: 8 winners and one manager/supervisor of the year.
3. Employee Referral Award Program: 2 winners every month and one quarterly winner.
4. HR Newsletter: published monthly.
5. Intern Newsletter: restarted this program.
6. Volunteer Program: Community Outreach.
7. File Room Project: Scanned the entire storeroom of employee files.
8. Improved collaborations with Finance to resolve process issues. HR continually leads a bi-weekly collaborative meeting with the Finance team to discuss system and process issues. We also effectively communicate information from both our department leaders that will/could affect Payroll and HR processes.
9. Successfully lead the annual PERS audit. We have efficiently and effectively relayed all the information that the auditors requested for this year's audit. Through this audit, we have identified 1 audit finding that will be addressed by both HR and Finance teams, as it pertains to the correct reporting of our monthly wages and contributions into the PERS system.
10. Qualifying Life Events and Mass Open Enrollment. Annual open enrollment was processed through NEOGOV.
11. Completed the second Mangers Conference: Change Management, Connections and opportunity workshop.

HR ASSISTANT & ANALYST PROJECTS

1. Updated Driving Policy to include annual checks of DMV records.
2. Set up DMV Portal to begin the process reviewing DMV records for those positions required to drive on SNHD business. First audit completed in 4th quarter of 2025.
3. Completed I-9 audit to include digitalization of all paper I9s.
4. Implemented use of E-Verify.
5. Revised updated SOPs for Temporary Employees,
6. Created and updated 132 paper forms to automated e-forms in NEOGOV.
7. Changed background companies to receive a more quality report at a lower cost.
8. Currently working on transitioning all files into NEOGOV e-Forms module.
9. Enhanced Flex Reclass process to automate and decrease time from submission to application of new rate of pay for employee.
10. Automated Onboarding Step 2 in NEOGOV for internal movements via E-forms, eliminating reliance on email-based processes and ensuring consistency and efficiency.
11. Created and implemented a new process within NEOGOV to support Interns.
12. Created SOPs for hiring, intern and credentialing processes.

13. Updated the credentialing process and assisted in the successful completion and response to the HRSA audit.

BENEFITS

1. Implemented 457 Plan Review Committee
2. Added Pawternity (Pet Bereavement)
3. Updated bereavement for an immediate family member to include the ability to have up to 80 hours of sick leave donated by co-workers
4. Added monthly financial and health educational classes.
5. Maintained low WC rating resulting in a decrease in premium for FY 2026.

EMPLOYEE/LABOR RELATIONS

1. Reduced probationary releases by 60%.
2. Completed Discipline SOP/Flow Chart which will be used in combination with online routing forms for each type of discipline.
3. Implementation of mileage MOU, saving over 100k.
4. Implementation of new Employee Handbook.
5. ER team attended over 100 department meetings and over 250 check-in meetings with management resulting in 13 Coaching and Counseling documents and 7 grievances with 0 involuntary terminations outside of probationary releases.

SAFETY

1. Updated and enhanced General Safety Plan.
2. Created Heat Safety Training.
3. Created Safety Committee Training Program.
4. Created unified incident reporting process with Informatics and IT.
5. Completed 2 comprehensive Environmental Health and 50 heat specific Job Hazard Analysis.
6. Completed 15 Ergonomic Assessments.
7. Implemented Hearing Protection Training.
8. Created the Heat Illness Prevention Policy.
9. Assumed oversight and Updated the Respiratory Protection Program.
10. Presented the Heat Illness Prevention Plan to the Board of Health.
11. Updated Incident Reporting Policy.
12. Trained New Safety Committee Co-chair.
13. Led a formal Role-delineation with the Employee Health and Safety Activities.
14. Provided guidance and answered over 500 safety inquiries and questions.
15. Conducted two evaluations and use of safer medical devices including sharps with engineered sharps injury protection.

MISCELLANEOUS

1. 2 HR Assistants and 1 Sr. HR Admin earned their PHR.
2. 1 HR Manager earned their SPHR.
3. 1 HR Assistant and 1 HR Analyst earned their B.S.
4. Sponsored annual Halloween event for all employees.
5. Lead project to have working announcement TVs at all remote locations.

Informatics

DISEASE SURVEILLANCE SYSTEM (EpiTrax/EMSA)

1. Maintenance and enhancement of the EpiTrax disease surveillance system.
2. Maintain and enhance data warehouse and BI tools to ensure timely data analysis and reporting.
3. Completed NV WebIZ integration with EpiTrax in collaboration with the Nevada State team, including Mirth Channel and FHIR server setup.
4. Migrate Opioid and Child Lead Poisoning Presentation Program Dashboards to Power BI platform.
5. Updated the list of reportable conditions authored within CDC's Reportable Conditions Knowledge Management System (RCKMS) for eCR reporting.
6. Develop Message Mapping Guides (MMGs) in collaboration with the State of Nevada and CDC, including submission of the TB/LTBI implementation spreadsheet and initiation of MMG mapping for Mumps, Pertussis, and Varicella.
7. Submitted the 2024 STD data reconciliation to the State of Nevada.
8. Enhanced the CSV export feature to include data from repeating fields.
9. Completed and updated multiple forms in EpiTrax, including Novel Influenza A Contact, NORS Outbreak, Case Management (added Mumps, Pertussis, TB fields), Measles (new PEP and risk questions), Mosquito Trapping Outcomes for Arboviral diseases, PrEP (fixed duplicate fields), Internet Notification (captured email addresses), removed outdated COVID-19 forms, and developed Foodborne Illness form (pending review).
10. Added new fields and functionality to support data capture, reporting, and MMG submissions, while removing outdated forms.
11. Updated Event Onset Date calculation logic in EpiTrax to incorporate additional lab result indicators.
12. Added Mycobacterium lepromatosis as an organism option for Hansen's Disease (Leprosy).
13. Developed and imported contact lists and survey responses into EpiTrax for outbreak investigations, including TB, Legionellosis, Norovirus, and Measles.
14. Addressed daylight saving time issues in date/time fields.
15. Continued improving OpenEMPI matching configuration to enhance person match accuracy, including adding new fields and system properties, automating person linkage in EpiTrax, and demonstrating the workflow for managing person links with ACDC and ODS.
16. Optimized ETL processes by reducing query runtimes, improving logging for issue tracking, and updating indices on large tables for better performance.
17. Enhanced data warehouse accuracy and usability by refining table logic, excluding deleted forms, updating disposition fields, adding new race categories, and improving age and case count calculations.
18. Performed table maintenance, including deduplicating form reference data and finalizing documentation for form question tables to support the Weekly Warehouse Usability Workgroup.
19. Continue to support EMSA2, including code mapping, logic development, and system integration, ensuring accurate and timely public health reporting.
20. Updated EMSA logic and mappings, including new LOINC, ICD-10-CM, and SNOMED codes, to support updating investigation guidelines.
21. Processed over 1,189,253 Electronic Lab Reports (ELRs) with ongoing performance and automation improvements.
22. Implemented system enhancements, including separate Mirth channels and updated server configurations, to handle high-volume eCR data efficiently.

23. Onboarded multiple healthcare partners for eCR submission, enabling formatted data viewing and streamlined integration including Optum Del Webb Satellite, Optum Care Mountain West Home Health, North Tenaya Southwest Medical Associates, and UHS/Centennial Clinic.
24. Conducted regular exception handling and resolved EMSA2 logic issues for TB, Hepatitis B, and Syphilis cases.

DATA MODERNIZATION INITIATIVE (DMI)

1. Completed HIE data extraction for the PILLARS project/grant.
2. Engaged in statewide and national public health data initiatives, including TEFCA/FHIR testing and eCR data exchange with NV HIE.
3. Collaborated with AWS on a pilot AI project to extract key data elements from eCR messages.

SYNDROMIC SURVEILLANCE

1. Continue to maintain and enhance the syndromic surveillance system to support onboarding of new providers and ensure future scalability.
2. Ongoing onboarding of four new Intermountain Healthcare clinics; risk management forms have been completed. The onboarding process is expected to be finalized by Fall 2025.
3. Continued efforts to explore ingestion of inpatient data from partner hospitals to expand surveillance coverage and enhance public health situational awareness.

SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

1. Continued work on SNPHL LIMS to interoperate with internal and external systems, including ongoing data exchange interface maintenance and support.
2. Maintained Orchard Outreach platform and onboarded 15 external partners (e.g., Clark County Coroner's Office, Sunrise Hospital Infection Prevention, Southern NV Veterans Home).
3. Maintained interfaces for Public Health Laboratory Interoperability Project (PHLIP) and National Respiratory and Enteric Virus Surveillance System (NREVSS) feeds.
4. Completed Laboratory Response Network – Biological Agents (LRN-B) interface and automated delivery feed, adding codes, testing split order rules, and validating messages per CDC guidelines.
5. Updated LIMS to accommodate new instruments and testing offered by the Public Health Laboratory. Developed new result template layouts for susceptibility testing and updated microbiology orderables. Completed LIS integration for UN, XN, and Alinity instrument bi-directional interfacing.
6. Added chain-of-custody questions for orders involving Bio-safety Level 3.
7. Modified LIMS orderables to integrate BioFire Torch instrument and interface with Harvest.
8. Completed LIMS database migration to a new Windows server.
9. Fine-tuned CBC, urinalysis, and other clinical testing, including implementation and testing of calculations such as eGFR and anion gap.
10. Standardized coding for Chemistry, Hematology, and Urinalysis tests across instrument interfaces.
11. Completed LIMS and laboratory preparation for Clinical Laboratory Improvement Amendments (CLIA) inspections.
12. Initiated buildout of Whole Genome Sequencing (WGS) reflexing rules.
13. Continued expanding QA reporting and data extract capabilities.
14. Launched Candida susceptibility testing into production.
15. Onboarded new GI and Respiratory panels for the Diasorin Torch instrument.

16. Implemented GISP/eGISP reporting template updates to align with the Combatting Antimicrobial Resistant Gonorrhea and other STIs (CARGOS) initiative.
17. Developed additional result template layouts for susceptibility testing and updated microbiology orderables.

ELECTRONIC HEALTH RECORD (EHR)

1. Worked with IT to maintain and support the Electronic Health Record (EHR) system, eClinicalWorks (eCW) Continue to improve charting, reporting efficiency and to accommodate new locations and services.
2. Completed migration of eCW to the cloud.
3. Assisted with various data reports/requests and extracts (eg. Ryan White Services Report, Clinical Quality Management, Tobacco Screening, Immunizations, TB/LTBI, etc.)
4. Submitted Family Planning Annual Report (FPAR) report for Family Planning.
5. Submitted Uniform Data System (UDS) reports to Health Resources & Services Administration (HRSA).
6. Modified Prenatal Care Documentation Template and OB History Walk-in template to better capture Obstetric History.
7. Updated Healthy Start configuration to comply with new federal directives.
8. Implemented interface and workflow for automated urinalysis testing using Clinitek instrument for Urinalysis.
9. Deployed the Behavioral Health module within the EHR system.
10. Implemented the Obstetrics Flowsheet to enhance prenatal care tracking.
11. Rolled out the Chronic Care Management / Principal Care Management (CCM/PCM) module.

CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER (CCOCME)

1. Maintained and updated Coroner and Medical Examiner system (CME).
2. Extracted and submitted data for National Violent Death Registry System (NVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS).
3. Updated address geocoding functionality to improve automation and accelerate CDC grant-related case processing.
4. Responded to data requests by providing reports to various local and federal government partners.
5. Participated in FHIR specification development with the Georgia Tech Research Institute (GTRI).

ACADEMIC COLLABORATIONS

1. Worked with UNLV to apply GIS technology and produce spatial analysis reports via hot spot analysis, disease mapping, and their associations with socioeconomics and other area risk factors relating to populations experiencing a disproportionate burden of COVID-19 infection.
2. Worked with UNLV to develop a base model to evaluate and assess disparity of COVID-19 hospitalization and mortality among populations experiencing a disproportionate burden of COVID-19 infection.

NATIONAL CONFERENCES AND WORKSHOPS ATTENDED

1. 2025 BCHC Data Governance/Legal Workshop
2. 2025 HIMSS Global Conference
3. 2025 CSTE eCR Summit
4. 2025 CSTE Annual Conference

WORKFORCE RECRUITMENT AND STAFF AWARDS

1. Hired 1 Public Health Scientist

ABSTRACTS, POSTERS OR PRESENTATIONS

1. Posters at the 2025 CSTE Annual Conference.
 - a. Enhancing Public Health Surveillance: Impact of Electronic Case Reporting Integration at the Southern Nevada Health District.
2. Oral presentation at the 2025 CSTE Annual Conference.
 - a. Transforming Local Public Health: A Panel Discussion on CDC-Funded Local Health Department Data Modernization Projects.
 - b. Leveraging US Census API and Automation to Enhance National Violent Death Reporting System (NVDRS) Data Collection.
 - c. Developing a System for Real-Time Weather Data Collection to Support Public Health in Clark County, NV.
 - d. DMI Workshop - Enhanced STD Surveillance using eCR via QHIN connection and AI.
3. Oral presentation at CSTE eCR Summit
 - a. Enhanced STD Surveillance using eCR via QHIN connection and AI.

JOURNAL PUBLICATIONS

1. Barber, C. A., Chien, L.-C., Labus, B., Crank, K., Papp, K., Gerrity, D., Collins, C., Oh, E. C., Zhang, L., & Mangla, A. T. (2025). Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada, USA. *Epidemiology & Infection*, 153, e68.
2. Chien, L.-C., Chen, L.-W. A., Cross, C. L., Gelaw, E., Collins, C., Zhang, L., & Lockett, C. (2025). Towards optimization of community vulnerability indices for COVID-19 prevalence. *BMC Public Health*, 25, 1583.
3. Chien, L.-C., Chen, L.-W. A., Cross, C. L., Gelaw, E., Collins, C., Zhang, L., Mangla, A. T., & Lockett, C. (2025). Unveiling community vulnerability to COVID-19 incidence: A population-based spatial analysis in Clark County, Nevada. *International Journal of Environmental Research and Public Health*, 22(3), 326.
4. Kim, Y., Flatt, J., López, E., Kim, J., Bhandari, N., Mangla, A., Zhang, L., Travis, T., Topol, R., Qiu-Shultz, Z., & Shen, J. (2025–2026). Identifying factors associated with vaccination status and mortality among older adults in Nevada during the COVID-19 pandemic. *Nevada Journal of Public Health*, 2025–2026

GRANT APPLICATIONS

1. Secured \$750,000 from ASTHO Data Modernization Implementation Center Program to support SNHD in modernizing data systems and adopting the latest health information technology standards.

Information Technology Department

IT PROGRAM SUMMARY

Beyond individual projects, the IT Department demonstrated strong leadership and value across the entire organization. The annual Business Vision and Value Scorecard showed an 90% satisfaction score and an 90% value score, both well above industry averages for healthcare and government agencies. Chief Information Officer Jason Frame was recognized with the 2024 Info-Tech CIO Award

for outstanding leadership and represented the department on numerous panels, webinars, and podcasts, further establishing the organization as a thought leader in the field.

APPLICATIONS SECTION

The Application Section's efforts reflect a strategic drive to modernize and streamline organizational processes, with a clear emphasis on improving operational efficiency and user experience. By integrating new platforms, automating workflows, and enhancing digital forms, the team has enabled faster, more reliable access to essential services for both staff and clients. Their work in data management and system upgrades demonstrates a commitment to safeguarding information and ensuring the resilience of critical infrastructure. These initiatives collectively foster a more agile and responsive environment, positioning the organization to adapt quickly to evolving needs and challenges.

Underlying these technical advancements is a strong intention to empower staff and clients through better tools and support. The team's focus on collaboration, training, and documentation during transitions to new systems highlights their dedication to minimizing disruption and maximizing adoption. By prioritizing solutions that enhance communication, scheduling, and quality improvement, the section aims to create a foundation for sustained growth and innovation. Their proactive approach to identifying needs and implementing targeted improvements underscores a broader vision of continuous progress and organizational excellence.

1. Made ongoing improvements to the Employee Events Calendar, enhancing tracking for Time Off requests from NeoGov and employee travel schedules.
2. Upgraded the Forms Admin API to include new search capabilities.
3. Implemented webhooks to connect Teams with Flic devices, enabling their use as panic buttons.
4. Designed and produced physical holders for Flic panic buttons.
5. Released several updates to mobile applications.
6. Assisted staff with documentation during the transition to Teams.
7. Completed research and selected Hubley as the new intranet platform.
8. Finished research and implemented a new DOT system for the TB Clinic (Scene).
9. Developed and launched new digital forms for EMS, streamlining Special Events and Trauma Center applications and renewals.
10. Added CyberSource payment processing to the new Formio platform.
11. Continued migrating and enhancing forms such as Vehicle Request, HAN Enrollment, HACCP Waiver, and HIPAA Compliance to the new Management Studio platform.
12. Improved the HACCP waiver process by creating a public portal for clients to upload revised documents directly to staff.
13. Supported GIS projects, including software and server upgrades, and adopted a new ESRI licensing structure.
14. Helped identify and select an Inventory Control System for ACDC.
15. Provided ongoing assistance for various Quality Improvement projects.
16. Created a new cybersecurity initiatives management form to track policy and procedure changes, manage projects, and publish quarterly newsletters for improved cybersecurity.
17. Developed a Mimecast delinquent checker to remind users to complete required security training.
18. Enhanced appointment scheduling processes across departments to improve client experiences.

19. Improved internal processes for faster data retrieval on Forms and updated or rewrote outdated packages and code.
20. Developed a mileage application with integrated approval workflows and reporting features.
21. Resolved numerous issues, processed workflow and configuration update requests, made report changes, and managed user access for the ERP system.
22. Delivered multiple bug fixes and enhancements to various in-house forms and applications.
23. Redesigned the audio testing logic to use Speech Synthesis instead of recorded audio.
24. Provided ongoing support for Envision Connect, ECR, annual billings, and price updates for EH.
25. Created an ECR Sync process to minimize EH downtime by notifying staff to synchronize Envision Connect when a threshold date is reached.
26. Continued participation and preparation for Accela system implementation.
27. Updated applications and databases for restaurant inspection searches to integrate with Accela data.
28. Improved the website to allow users to register for notifications about EH permit-related updates.
29. Upgraded to the new Televox system and managed monthly vaccine reminder files for both adults and children.
30. Upgraded MongoDB to version 7 for improved performance and reliability.
31. Implemented ServiceDesk Plus as the new ticketing system for Facilities, replacing the legacy Track-It system.
32. Upgraded both the GITIT and GITEPI systems to their latest versions for improved functionality and security.
33. Migrated web applications and databases to new servers (Webapp3 → Webapp6, Webapp1 & Webapp2 → Webapp7, Webapp5 → Webapp8, WebDB → WebDB1).
34. Migrated websites/applications from MySQL 5.3 to MySQL 8.
35. Updated MongoDB Driver for Forms1/Forms2.
36. Upgraded PHP to version 8; documented Forms2 and Jobrunner (Python).
37. Provided ongoing support for eClinicalWorks, addressing issues, making configuration changes, and implementing enhancements.
 - a. Added the CCM/PCM module to eClinicalWorks to improve Continuity of Care.
 - b. Integrated a Behavioral Health module into the system.
 - c. Implemented and began testing Sunoh.ai.
 - d. Managed and maintained Santovia knowledge documents.
 - e. Set up and distributed iPads equipped with eClinicalTouch Mobile for outreach teams.
38. Healow Product Updates and Enhancements for Clinics:
 - a. Introduced online check-in to streamline patient arrivals.
 - b. Enabled open access scheduling for appointments at various clinics and Back-to-School operations.
 - c. Updated patient questionnaires for clinics as needed.
 - d. Set up kiosk iPads at MAIN, Fremont, Bonanza, HN, Mesquite, and other locations for Back-to-School operations.

OPERATIONS SECTION

Throughout 2025, the Operations Section demonstrated a strong commitment to modernizing technology infrastructure and enhancing organizational resilience. Their efforts were directed toward streamlining systems, improving reliability, and future-proofing core services. By retiring outdated platforms and embracing virtualization, the team not only reduced operational risks but also positioned the organization to respond more flexibly to evolving business needs. These initiatives

reflect a clear intention to optimize resources, increase efficiency, and ensure that critical systems remain robust and scalable.

In addition to infrastructure upgrades, the Operations Section prioritized user experience and operational continuity. Their deployment of new tools and services—ranging from advanced backup solutions to enhanced network visibility—underscores a proactive approach to supporting daily operations and empowering staff. The rollout of modern devices, improved security measures, and tailored solutions for specific departments highlights their focus on enabling productivity and safeguarding organizational assets. Collectively, these accomplishments reveal a forward-thinking strategy aimed at delivering tangible benefits to both the organization and its stakeholders.

TECHNOLOGY MODERNIZATION

1. Completed migration to VMware Horizon for VDI, retiring the previous RDS VDI system.
2. Refreshed the Petroglyph Canyon training room and upgraded thin clients.
3. Virtualized the TORAH SQL cluster and decommissioned outdated LOCMAN and GERVIL servers.
4. Migrated the CASIO server to a virtual environment, removing the old physical server.
5. Retired obsolete Fiber Channel infrastructure and the ROLEX server.
6. Deployed Pure Storage at Decatur and Flexential datacenters, migrating VMs from VSAN and XtremeIO.
7. Transitioned to an on-premises GlobalProtect gateway from Prisma Cloud Access.
8. Decommissioned the OPIOID server.
9. Upgraded and reorganized domain controllers, adding IT-P-AD-02 and COLO-P-AD-01, and retiring METEORIS.
10. Implemented a high-availability DHCP cluster.
11. Upgraded WAN at SNPHL and Fremont, tripling network bandwidth at both sites.
12. Optimized internet routing at Decatur, doubling usable bandwidth to 4Gbps.
13. Refreshed and optimized Decatur datacenter power distribution, reducing power consumption by at least 25%.
14. Upgraded the EH Plotter.
15. Deployed SecureEdge infrastructure in Akamai, replacing legacy cloud web and database servers.
16. Retired the ESSENCE application and server cluster.
17. Decommissioned the old Facilities Track-It ticketing system.
18. Replaced Microsoft SCCM with ManageEngine Endpoint Central for endpoint, patch, and vulnerability management.
19. Refreshed the GOLD VMware vSphere virtualization cluster.
20. Updated the Horizon VDI virtualization cluster.
21. Upgraded the OneTouch enterprise fax server.
22. Refreshed AV equipment in the Las Vegas Wash conference room.

DAY TO DAY OPERATIONS

1. Implemented new backup and replication technology for daily datacenter replication to the colocation site using Veeam Backup and StoneFly appliances.
2. Rolled out SaplingAI as a Grammarly alternative for the Legal department.
3. Enabled MFA for eClinicalWorks and GlobalProtect through Entrust Identity adoption.
4. Deployed Language Line Interpreter on Wheels and rolled out the Language Line app for exam rooms, ODS, and Health Cards staff.

5. Provisioned an Amazon Web Services tenant for Informatics.
6. Completed the Behavioral Health Conference Room deployment.
7. Updated Kyocera printer drivers for SecurePrint.
8. Optimized Microsoft 365 licensing with group-based implementation, reducing costs significantly.
9. Managed the Decatur-EH move following floorspace reorganization.
10. Deployed ServiceDesk Plus ticketing system for Informatics.
11. Supported Back to School operations across all sites.
12. Implemented Arista CloudVision UNO for enhanced network visibility.
13. Enabled dual screens in the Cactus Wren conference room.
14. Deployed Arista Top-of-Rack switches in all Decatur Datacenter server racks.
15. Successfully simulated disaster recovery for the Finance Enterprise infrastructure.
16. Rolled out over 150 Apple iPads to EH for Accela use.
17. Deployed more than 450 Windows 11 computers, laptops, and VDI devices.

SUMMARY AND CONCLUSION

Throughout the year, the IT Department's unified approach has fostered a culture of innovation, adaptability, and continuous improvement. By embracing new technologies and refining internal processes, teams have not only enhanced service delivery but also strengthened the organization's ability to respond to emerging challenges. The collaborative spirit evident in cross-functional projects and knowledge sharing has empowered staff to leverage modern tools, resulting in more efficient workflows and improved experiences for both employees and clients. This collective momentum has positioned the department as a forward-thinking leader, committed to driving meaningful change and supporting the organization's strategic goals.

In conclusion, the department's achievements reflect a deep commitment to organizational excellence and resilience. The focus on proactive problem-solving, robust infrastructure, and user-centric solutions has ensured that critical systems remain secure, scalable, and responsive to evolving needs. By prioritizing growth, professional development, and stakeholder engagement, the department has laid a strong foundation for future success. These combined efforts underscore a shared vision—one that values progress, collaboration, and the ongoing pursuit of operational and technological advancement.

Office of Communications

1. In 2025, OOC of Communications (OOC) responded to more than 980 media inquiries from local and national newspapers, digital outlets, radio and television stations and podcasts. OOC facilitated requests for information and interviews on a wide range of public health topics, including heat-associated deaths, fentanyl, heart health, diabetes self-management, measles, HIV, Legionnaires' disease, pop-up produce stands, Fight the Bite, immunizations, nutrition, and more.
2. OOC distributed 66 news releases and media advisories on topics such as measles, COVID-19, childhood obesity, lead testing, smoking and vaping, substance misuse, West Nile virus, flu and vaccinations. Other releases highlighted health observances including World AIDS Day, American Diabetes Month, National Latino AIDS Awareness Day, National Black HIV/AIDS Awareness Day, National Minority Health Month, National Save a Life Day, and Hispanic Heritage Month.
3. More than 2,700 public health-related stories were tracked and shared with staff.

4. Expanded behavioral health services were featured at a January 2025 open house marking the growth of the Southern Nevada Community Health Center's Decatur clinic. OOC planned and supported the event, which showcased new therapy, psychiatric, and substance use counseling services.
5. In February 2025, OOC collaborated with Facilities and the Southern Nevada Public Health Laboratory on a groundbreaking event for the lab's expansion. Attendees included board members, elected officials, media, community partners, and staff. Guests toured the existing lab to learn about its role in communicable disease surveillance, high-complexity testing, and emergency response.
6. To prepare residents for extreme summer temperatures, OOC joined Clark County, the National Weather Service, and community partners in May 2025 to launch the annual Beat the Heat Southern Nevada campaign. Public service announcements, bilingual fact sheets, and digital media outreach promoted cooling centers, tree distribution, and community programs that protect vulnerable populations.
7. In August 2025, OOC supported the Southern Nevada Community Health Center's National Health Center Week activities, including client giveaways. A back-to-school booster seat distribution with media availability was held at the Fremont Public Health Center. The event raised awareness of Nevada's booster seat law and was supported by the Healthy Living Institute at UMC, Car Seats for Christy, and Safe Kids Clark County.
8. During the 2025 Nevada Legislative Session, OOC tracked more than 200 bills, worked with program staff to analyze impacts, and collaborated with the Health District's contract lobbyist to support public health priorities. OOC prepared fact sheets, letters, and testimony for committee hearings.
 - a. A key accomplishment was securing state funding through AB591, which established \$15 million in non-categorical, per capita funding for statewide distribution. The Health District will receive \$10,786,480 for the biennium, split between fiscal years 2026 and 2027.

In August 2025, the Board of Examiners approved State Public Health Funding for the Health District to support priorities related to the implementation of the Healthcare-Associated Infection HAI Prevention and Control Program, which oversees infection prevention and control activities in health care settings in Clark County. These funds were also approved for maintaining epidemiology and laboratory capacity previously established under the Epidemiology and Laboratory Capacity (ELC) grant.
 - b. OOC collaborated with staff and the lobbyist to draft testimony and engage with legislators on public health legislation, contributing to improvements in several measures. Key bills included AB360 (syphilis testing requirements), AB50 (mass casualty database), AB394 (opioid emergency response plans in higher education), AB331 (expansion of the Youth Risk Behavior Survey), and AB269 (student loan repayment for workforce recruitment).
 - c. Close collaboration with Environmental Health staff focused on SB295, legislation related to mobile food vendors, which was ultimately vetoed.
9. In February 2025, OOC participated in Community Health Center Day at the Legislature in Carson City, joining the Nevada Primary Care Association and partner health centers in advocacy activities. Meetings with legislators highlighted the role of Federally Qualified Health Centers in providing integrated care and the importance of protecting 340B contract pharmacies.
10. In April 2025, OOC supported the School of Public Health Day at the Legislature. Staff tabled at the event, distributed materials, and met directly with legislators to discuss public health

priorities. The event gave students, faculty, staff, and partners the opportunity to engage with policymakers and raise awareness of public health.

11. Letters developed with program staff were sent to the Nevada congressional delegation regarding tobacco prevention funding, Healthy Start funding, and Title X. OOC also drafted and submitted federal public comment on proposed changes to the Public Benefits/PRWORA rule. OOC conducted outreach to arrange meetings for the District Health Officer to meet with members of Congress.
12. Led the development and submission of the FY2024-2025 Senate Bill 118 Public Health Report, coordinating program summaries, financial reporting and narrative development, and ensuring compliance with statutory requirements. Compiles all required program and fiscal information and submitted the final report to the Legislative Counsel Bureau in September 2025.
13. Tracked public health issues during the November 2025 special legislative session, including updates to vaccine administration rules for pharmacists and school zone traffic safety.
14. OOC received more than 930 project requests, including graphic design, website content development, advertising and marketing materials, and translation services. Content was also updated across SNHD.info, SNCHC.org, and GetHealthyClarkCounty.org.
15. OOC developed and launched the annual “Beat the Heat” and “Fight the Bite” campaigns across print, digital and outdoor platforms.
16. OOC partnered with the ODS team to design and launch a dedicated microsite for the SUID (Sudden Unexpected Infant Death) campaign. Over a three-month period, the landing page generated 39,000+ page views from 32,000 active users.
17. OOC developed and launched the annual “Back to School” campaign, with a focus on immunizations and vital records. The campaign ran across print, digital, and outdoor channels.
18. OOC formed a dedicated Website Committee comprised of liaisons from each department represented on the site. The committee formally rolled out sitewide in February 2025, meeting biannually to assess navigation, content accuracy, and design improvements. This structure has allowed us to ensure that updates are both strategic and department informed. One major outcome from this process was the development of a large Outbreak Prevention and Response microsite. This ongoing project includes restructuring and simplifying content, revising the site map for easier navigation, and updating graphics to better communicate public health information.
19. OOC increased the agency’s digital footprint diving further into display and other digital advertising, increasing click-through conversion by 761.5%.
20. Established updated brand/editorial guidelines, including imagery, fonts, colors and tone.
21. OOC refreshed the “Your Shot” campaign with updated materials and resources to promote flu, RSV and COVID-19 vaccines. The updated campaign generated more than 600,000 views, with a 2.43 click-through rate—exceeding industry benchmarks for similar campaigns. Staff actively promoted the campaign at local outreach events, including Haunted Harvest at Springs Preserve, where over four nights an estimated 10,000 attendees received informational materials.
22. In partnership with the Office of Informatics and Epidemiology, OOC reviewed, formatted and designed the Community Health Assessment (CHA). The comprehensive report highlights key health indicators, social determinants and community priorities that will guide future public health planning across Southern Nevada.
23. In partnership with Three Square Food Bank, the Health District hosted four emergency food distribution events at its main location and the Fremont Public Health Center, serving more than 1,400 people.

24. On May 29, 2025, an Adult Immunization Outreach Event was hosted, providing services to 28 clients. In addition, 383 participants completed an adult vaccination survey. Attendees also had access to blood pressure screenings, harm reduction kits, and information about Southern Nevada Health District programs and services.
25. Partnered with the Mexican and El Salvador consulates through the REACH program to promote adult immunizations among Latino communities in Southern Nevada. The initiative reached 7,693 individuals through in-person outreach. Additional activities included distributing 10,000 flyers, 2,500 educational tote bags, and participating in four health events and five mobile unit sessions. Digital engagement further expanded the campaign's outreach, with 3,590 viewers participating in Facebook Live and Instagram sessions. Additionally, 3,507 individuals received direct referrals to vaccination sites.
26. During National Public Health Week in April 2025, OOC organized the Annual Walk Around Nevada Challenge. A total of 166 staff members participated, collectively walking approximately 32,042 miles.
27. OOC organized several giveaways, distributing 300 collateral bags filled with Boosty Bears, toothbrushes, and Jenga toys for National Infant Immunization Week, and 500 backpacks stocked with school supplies for back-to-school students.
28. OOC collaborated with the Community Health Center to promote STI testing at the Fremont Sexual Health Clinic. A transit and digital campaign, which ran for 12 weeks in spring 2025, reached more than 50 million viewers.
29. OOC worked with program staff to develop branding for a new fatherhood support program, including the name and logo (Embracing Fatherhood of Southern Nevada), brochures, flyers, and a website. The program launched in spring 2025.
30. OOC supported Healthy Start initiatives by creating materials for the Mama Bear, Papa Bear Clinic (during National Infant Immunization Week) and a community Baby Shower. Materials provided families with information on prenatal care, parenting resources, and local services.
31. Four editions of the external newsletter, Public Health Perspective, were published with topics ranging from back-to-school vaccinations to holiday food safety tips, and pedestrian safety. Each edition averaged a 25 percent open rate, above the industry average of 17–28 percent.
32. OOC established a Website Committee with liaisons from each department. Launched in February 2025, the committee meets biannually to assess navigation, content accuracy, and design improvements. One major outcome was development of a large Outbreak Prevention and Response microsite with simplified content, an improved site map, and updated graphics.
33. In partnership with the Department of Welfare & Supportive Services (DWSS) and Three Square Food Bank, OOE supported outreach at the Main and Fremont Public Health Centers. In 2025, DWSS representatives assisted 2,278 clients, and Three Square helped 158 clients with SNAP, Medicaid, and Low-Income Energy Assistance Program applications.
34. Community volunteers contributed 3,975 hours of service.
35. OOC responded to more than 1991 inquiries submitted to the public information email address. Questions included vaccine clinic requests, health fair invitations, media inquiries, client feedback, and general program and service information.

Legal Department

LEGAL DEPARTMENT PROGRAMS AND PROGRAM METRICS

- a. Administrative Hearings

The Legal Department's Associate General Counsel represents the Health District in the prosecution of administrative compliance cases. On a monthly basis, the Solid Waste and

Compliance program of the Environmental Health Division holds hearings enforcing illegal dumping laws and violations of the Solid Waste regulations. On an as needed basis, the Associate General Counsel prosecutes other Environmental Health programs compliance issues, as well as the Office of Emergency Medical Services and Trauma System's cases regarding violations of permit and licenses.

This past year, 36 Solid Waste cases were brought to hearings.

b. Public Record Requests

The Legal Department manages the Public Records Program and oversees Health District compliance with the Nevada's public records law consistent with NRS Chapter 239.

Public Record Requests for 1/1/2025 – 12/10/2025: 1,422

This represents a slight increase for the same time period the prior year.

c. Medical Record Requests

In January 2023, the oversight of the medical records request program transferred from the Legal Department to clinical partners (FQHC & PPC). The transition started in November. In doing so, Legal staff trained more than 14 employees in HIPAA compliance for requests, updated policies, procedures and forms, worked with IT to create new points of contact, and continued to be an advisor to staff for processing requests. This transition did not include epidemiology requests; the Legal Department continues to process epidemiology medical records requests.

Epidemiology Medical Record Requests for 1/1/2025 – 12/10/2025: 27

d. Subpoenas

The Legal Department manages all subpoenas requesting Health District business records and coordinates responses with the applicable Health District Division and all demands for employee depositions in non-party litigated matters. There were 38 subpoenas for 1/1/2025 to 12/10/2025, which is an increase from last fiscal year.

For matters wherein the Health District is not a party and one of the party's seek District staff to attend depositions, the Associate General Counsel attends and ensures the Health District's interests are represented. This past year, two depositions required attendance.

e. Records Information Management

The Legal Department is responsible for facilitating and maintaining the correct records management policies and procedures and integration of the records management program into the Health District's operational systems. This year, the Legal Department focused on training Liaisons on the importance of electronic destruction of records, and as a result multiple programs have put systems in place and are destroying electronic records in accordance with ADM-111, RIM Disposition and Destruction Policy. The Legal Department advises RIM Liaisons, providing guidance regarding the life cycle of their programs' documents, and advises Liaisons regarding reviewing, updating and maintaining their programs' retentions schedules. Legal staff worked with an analyst at the State of Nevada State Library, Archives & Public Records Division providing feedback and commentary regarding the restructuring of the State's local government records retention schedule.

f. Contracts

Contracts welcomed a new Contract Administrator in September of 2025, supplementing and enhancing the existing Contracts team, which consists of our incumbent Contract Administrator, and our Sr. Contract Administrator. Additionally, the Legal Department's Legal Secretary ensures that fully executed contracts are brought home for further processing in as timely a manner as is humanly possible. Each team member serves both specific and general functions in the contracts process, and team members are either cross-trained in day-to-day operations of the Contracts team; or are in the process of completing such cross-training.

Contracts staff continued to work with programmatic staff to ensure the Health District's contractual needs were met on a day-to-day basis. In CY2025, more than 300 contract requests were received, with approximately 64% of those requests being expedited by their sponsoring program(s) with the expectation that development of an expedited contract document would be completed within four to six weeks or sooner.

The Legal Department recognizes that supporting the Health District in review, development, and amendment of contract documents is more than just a numbers game. For example, a construction contract and a simple amendment to extend the term of a contract are not on the same level in terms of complexity, but each type of contract is assigned a metric of one (1). Additionally, the difficulty of putting a contract into place varies greatly depending on many factors, including but not limited to the completeness and accuracy of information provided by the sponsoring program, and the responsiveness of the sponsoring program and the contractor. As such, reporting numbers alone do not tell the complete story of the work performed by the Health District's Contracts program.

Contracts staff continued to work one-on-one with Agiloft contract lifecycle management platform users to troubleshoot technical issues and identify fixes and/or reasonable workarounds, thereby keeping contract requests moving smoothly through the approval and development process. Furthermore, the Contracts program managed hundreds of Finance Enterprise contract expiration notifications, in addition to assisting Financial Services to ensure the Federal Funding Accountability and Transparency Act reporting concerning federal grant subrecipients was kept current.

Additionally, the Contracts program was integral in identifying issues with contract-related factors including funding sources and scopes of work as submitted and approved in Agiloft by various programs, thereby protecting the Health District from unintentional misappropriation of funding and cost overruns. Finally, Contracts continued to branch out to provide enhanced support services to its internal clients. Examples include, but are not limited to:

- Working closely with Facilities and Finance during CY2025 to help ensure the lab expansion project moves forward.
- Working extensively with PPC in CY2025 to put a doula program in place to support deliverables for the Healthy Start grant. The doula program is groundbreaking, and as such has many moving parts to resolve.
- Working extensively with PPC, and closely with Risk Management, to help ensure that PPC's "Community Baby Shower" took place in CY2025.

- A Contracts team representative joined PPC's Street Medicine Team early on in the program development process to facilitate getting necessary contracts into place smoothly and efficiently.

g. Risk Management Program

In addition to managing the insurance products for the Health District, the RMP identifies, evaluates, and measures the different types of risks that can impact the Health District and the Community Health Center. Culminating in an annual risk management report. The Health District continues to experience the financial benefits of utilizing private market insurance in the second fiscal year of the change from the governmental insurance pool coverage.

RMP consistently strives to develop proactive measures for recommendation by following up with staff and relevant entities after an incident. This helps identify actions that could be implemented to reduce or prevent the likelihood of similar incidents happening in the future. Additionally, RMP tracks and maintains Certificates of Insurance for contracted employees, vendors, and contractors to ensure the Health District is continuously protected by avoiding any lapses in insurance coverage. RMP collaborates closely with our Broker on every claim filed for the Health District. Additionally, RMP handles and processes insurance claims to completion with other carriers when the Health District is not at fault.

h. Compliance Program

The Compliance Program works diligently with the covered entity to ensure HIPAA and privacy concerns are addressed. The Compliance Officer is responsible for completing these tasks. The compliance program hosts a quarterly compliance committee. In the committee, the members are informed of areas of concern for the Health District and briefed on any ethical complaints that have been investigated. To build a culture of compliance, all new employees are introduced to the Code of Conduct by the Compliance Officer during orientation.

Clinical inspections were completed this year for the Decatur, Fremont, and Mesquite locations. During these inspections, the Compliance Officer inspects the sites for any HIPAA or privacy concerns. The inspections identified items that were able to be addressed through work orders. The Compliance Officer addressed other deficiencies by speaking with supervisors and meeting with staff to educate them on the identified violations.

The Compliance Officer created a new HIPAA risk assessment electronic form. Compliance sent the new electronic risk assessment to all departments and divisions within the Health District. The annual assessment allows each department/division to look at its processes and make any changes that they identify to ensure compliance with Health District policy. Each department/division is encouraged to review the assessment with their staff to identify any known issues. The Compliance Officer provides follow up, feedback, and support to the programs.

The Legal Department utilizes EthicsPoint, an incident management software, which allows staff to anonymously report ethical and HIPAA violations. In the past fiscal year, 8 incidents have been reported and either referred or investigated, as appropriate.



Issue	Count (%)
Conflict of Interest	4 (50%)
Other	3 (37.5%)
Theft	1 (12.5%)
Total	8

i. Policy Committee

The Legal Department provides direction to the Policy Committee (with the General Counsel and Associate General Counsel as co-chairs). Prior to Committee review, one or both in-house counsel reviews each policy for content, accuracy, and compliance.

There are 63 effective district wide policies. During 2025, 23 district wide policies were either introduced or reviewed, published, and acknowledged by Workforce members.

As part of the Public Health Infrastructure grant, Human Resources purchased the full suite of NEOGOV, which includes PowerDMS to manage documentation review and eForms to manage Workforce member compliance. Both platforms were implemented September 1, 2023. The Legal Secretary manages the day-to-day activities of PowerDMS to ensure proper communications regarding policies between the Policy Committee, the Joint Labor Management Committee (JLMC), and leadership.

LEGAL DEPARTMENT TRAINING COMMITMENT

To ensure the best services to the Health District, the Legal Department staff attend a variety of training courses throughout the year.

General Counsel attended the State of Nevada Bar Annual Meeting in Washington, DC on a scholarship from the Bar, as well as webinars in Nevada Public Records Act and Tort Litigation and The Duties and Ethical Responsibilities of Government Lawyers.

Associate General Counsel completed courses covering insurance law, discrimination law, representation of government clients and government employees, labor law, employment law, and use of artificial intelligence in the practice of law.

The Sr. Contract Administrator completed a State of Nevada Certified Contract Manager course in January, 2025. The Sr. Contract Administrator participated in Project Management Professional training in CY2025 and will continue such training in CY2026. Additionally, the Sr. Contract Administrator attended a “Rethinking IT Contracts” panel discussion in December 2025.

The incumbent Contract Administrator completed an Effective Email & Memo Writing for Paralegals course in March 2025. Additionally, she completed a Grant Management Bootcamp Course as presented by MyFedTraining in August 2025.

The Contract Administrator, hired in September of 2025, completed a series of advanced Microsoft Word trainings through Fred Pryor to strengthen his technical proficiency and improved efficiency in formatting complex contract documents. Additionally, he has completed his on boarding training and is participating in additional trainings to support his work in Agiloft and in FE.

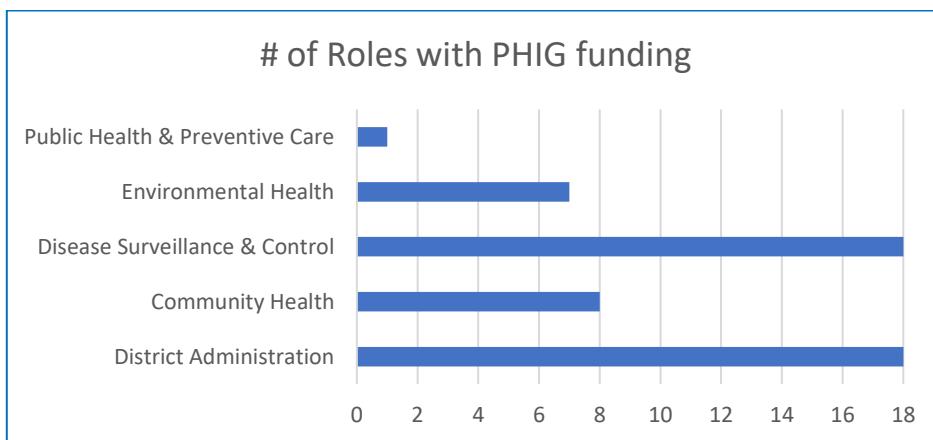
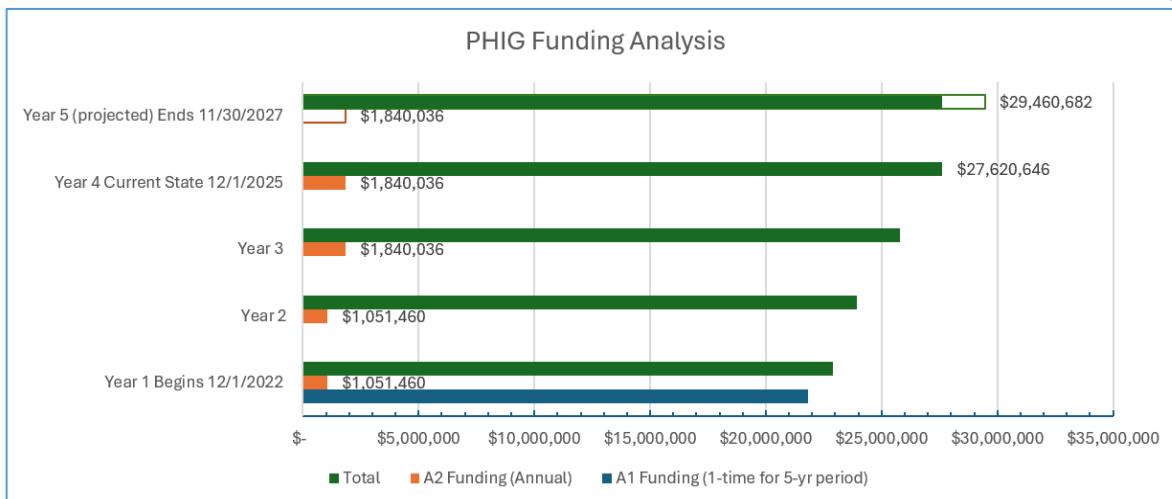
The Compliance Officer successfully completed a three-day virtual training course with the Health Ethics Trust, which culminated in the recertification as a Certified Compliance Professional (CCP). The training provided a thorough understanding of ethical standards, regulatory compliance, and best practices within the healthcare industry. Key topics covered included risk management, legal frameworks, compliance program development, and strategies for addressing complex ethical issues in healthcare. This recertification ensures that the Compliance Officer is fully up-to-date with the latest industry standards and is equipped with the necessary tools to foster a culture of compliance within healthcare organizations.

The Legal Secretary attended two NEOGOV sponsored webinars to learn the recent updates to the PowerDMS and NEOGOV platforms.

The Paralegal attended the following training courses in 2025: NBI Training Ethical Dos & Don'ts of Texts, Emails & Internal Communication; Hot Topics in Cyber Insurance; How Adjusters Investigate and Evaluate Personal Injury Claims; Director and Officer Liability: Indemnification, Insurance, and Loss Prevention; Insurance Law Back to Basics; Insurance Coverage Litigation: What Insurance Companies Don't Want You to Find.

Workforce Director (Public Health Infrastructure Grant)

The Public Health Infrastructure Grant (PHIG) provides funding to support the mission of Public Health. The PHIG for the Southern Nevada Health District provides CDC grant funds for two strategies. The PHIG Strategy A1 (Workforce) provides over \$22 Million Dollars in funding to support forty-five (45) employees with the organization. The PHIG Strategy A2 (Foundational Capabilities) has provided over \$5 Million Dollars in funding to support nine (9) employees. The over \$28 Million Dollars for both PHIG strategies cover personnel costs but also projects with community partners, upgrading systems, hardware, and equipment to assist in the duties of the organization to support the Southern Nevada Health District's mission in southern Nevada. PHIG also supports training opportunities to support the District Health Officer's community mission of Street & Field Medicine, Public Health Accreditation Board (PHAB) reaccreditation efforts, retaining employees, grow workforce alignment with PHIG Strategy A2, and Empowerment of People.



PUBLIC HEALTH INFRASTRUCTURE GRANT (PHIG)

KEY ACCOMPLISHMENTS

1. \$1,840,036 awarded December 2, 2025, by the Centers for Disease Control and Prevention supporting Chronic Disease Prevention and Health Promotions, Finance, Health Equity, Informatics.
2. 668 staff members attended the All-Hands Recognition and Training Retreat with more than 81% of survey respondents indicating a Good or Excellent experience.
3. Sponsored robust employee engagement and team development initiative(s): 24 Employees of the Month, 4 annual Supervisor recognitions, 30 Spot awards, 3 Outstanding Employee awards, and 6+ team-level emotional intelligence interventions annually to enhance performance and communication.
4. Funded 22 Lean Six Sigma certifications including one Black Belt increasing measured quality and evidence-based decision making; Funded 3 Certified Nurse Case Management, 2 Symposium for Advanced Wound Care Certificates, 3 Community Health Worker Certification renewals, and 2 Emotional Intelligence Certified Human Resources Staff.
5. Year 3 Organizational Vital Signs Survey completed with >70% participation, delivered action plans to all divisions (each including at least one long-term and one short-term goal), conducted focus groups with 10% organizational representation, and hosted staff centered meeting attended by 50% of staff to drive transparency and alignment.
6. Evaluation Advisory Group Member: Driving national progress by evaluating PHIG-funded strategies that strengthen cross-sector partnerships while mobilizing community-driven

solutions to optimize local public health infrastructure, enhance efficiency, and build an evidence base for sustainable impact.

7. Enabled comparative workforce insights by securing PH WINS access to evaluate Engagement & Satisfaction results against 2024 Organizational Vital Signs benchmarks—advancing evidence-based strategies to strengthen organizational culture and public health workforce resilience.
8. 9 SNHD Impact Stories submitted for national visibility on the PHIG Partners platform and 4 Quick Wins to the CDC, highlighting programmatic impact, robust data, evaluation outcomes, and sustainability strategies that position our initiatives as exemplars of public health infrastructure.
9. Professional Development: Completed Management Essentials Training program (NACCHO), Public Health Essentials Certificate (Cornell University); Public Health Leadership Academy, (University of Nevada, Reno)
10. CredibleMind subscription funded and promoted throughout Clark County as an online, free, behavioral health resource.

INCREASED STAFF CAPACITY SUPPORTED

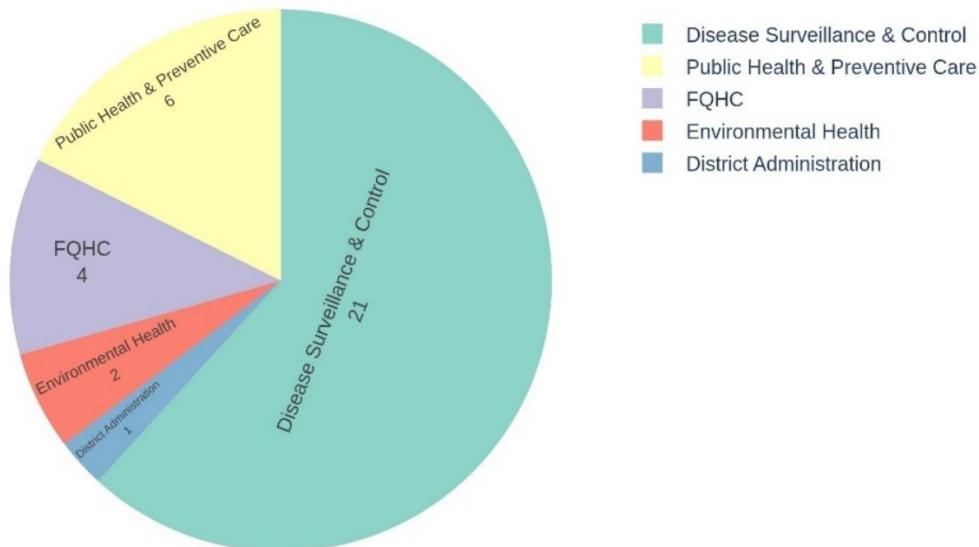
1. Community Status Assessment (CSA) resulted in an 8.7x increase in responses compared to previous Community Health Assessment cycles.
2. Environmental Health Complaint Response time improved from 3.5 days to <1 day in 2025.
3. SPARK Youth Advisory Council drives youth engagement by creating safe, collaborative spaces, connecting youth with public health professionals and real-world issues, and integrating hands-on activities to amplify voices and strengthen community partnerships
4. Surpassed naloxone saturation target by 58%, ensuring availability at 80% of witnessed overdoses and achieving Clark County's four-year saturation goal.

PERFORMANCE MANAGEMENT: STRATEGIC PLANNING / QUALITY IMPROVEMENT / PHAB ACCREDITATION

KEY ACCOMPLISHMENTS

1. Added 34 QI and “Just Did It” projects to the new Project Storehouse used by all staff to share learnings from their work.

QI Projects by Division



2. Piloted the first Gemba Walk for HEC members—engaging executives across all divisions during high-volume immunization events, generating 40+ observations that drove seven completed countermeasures and 12 additional improvements scheduled for implementation by July 2026."
3. Delivered "Just Did It" project training to 335 staff across PPC, DSC Strike Team, Disease Surveillance & Control, and FQHC divisions—achieving an 87% satisfaction rate and strengthening district-wide capacity for process improvement. (mentioned above)
4. Initiated QI project with Healthy Start to improve lead conversion and program utilization resulting in double the number of families enrolled in the past 6 months vs. the prior 6-month period.
5. SNHD QI "Just Did It" project template adopted by Nevada Dept. of Public & Behavioral Health (NVDPBH) and some Tribal Nations to fuel QI mindset by allowing small and frequent improvements to be documented.
6. Strategic Planning & Performance Management (PM): Drove district-wide adoption of the VMSG Dashboard as the first unified system for tracking 5-year Strategic Plan progress—analyzing 253 activities, completing eight objectives, and delivering 69 supporting actions to advance organizational performance. Managed inputs and tracking of over 40 contributors.
7. PHAB Reaccreditation
 - a. Produced an internal communication plan for dissemination in ASTHO's Accreditation Sustainability Learning Community—SNHD was selected as one of 5 departments nationwide to collaborate on updates to the updated Guide for Sustainable Public Health Accreditation.
 - b. Assembled over 85% of PHAB Reaccreditation paperwork for multiple reviews over the next 12 months before final submission for the next 5-year Accreditation period in early 2027

PRESENTATIONS

1. Presented at the ARC on a session titled, "Strengthening Local Public Health Capacity: Stories of Impact from the Public Health Infrastructure Grant," and "The Impact of the Public Health Infrastructure Grant in Southern Nevada."
2. Presented at the Region 9 PHIG Hub Convening conference, "The Impact of the Public Health Infrastructure Grant in Southern Nevada."
3. Recorded presentation titled "Sexual Health Outreach and Prevention Program" detailing the impact of PHIG with an increase in patient engagement and decrease in patient backlog. Presented Behavioral Health Project at the QI Advocates group chaired by Nevada Department of Public and Behavioral Health (NVDPBH) with agencies across Nevada.
4. Presented "Sustaining Public Health Accreditation" in a national webinar facilitated by Association of State & Territorial Health Officials (ASTHO)
5. Recorded Healthy Start Improvement video testimonial on PHIG impact for National Network of Public Health Institutes (NNPHI) for national distribution.
6. Submitted Abstract for 2026 National Network of Public Health Institutes (NNPHI) titled *Empowering the Next Generation: Upgrading Leadership in Public Health through Emotional Intelligence & Collaboration*

GRANTOR REQUIRED REPORTS

1. Hiring Plan (January -December)
2. Targeted Evaluation Project (February & August)

3. Performance Measures (February & August)
4. Non-Compete Continuation Application (August)

Community Health Division

Health Equity

KEY ACCOMPLISHMENTS

1. Created communication and education strategies to inform and educate community stakeholders on health equity and other health related topics.
2. Conducted capacity building workshops for SNHD and community-based organizations.
3. Established, cultivated and implemented the Youth Advisory Council (YAC), Students Promoting Awareness, Responsibility and Knowledge (SPARK).
4. Provided technical assistance and provided resources for other SNHD programs.
5. Developed the Health Equity strategy to guide the organizations' efforts and increase organizational capacity to address public health emergencies.
6. Carried out community convening meetings to address brain health and developed a community action plan to reduce the risk of dementia.
7. Applied and awarded funding for the Brain Health Initiative Road Map Strategist cohort program.
8. Participated in coalitions and cross sectors workgroups.
9. Planned, coordinated and carried out the Brain Health is Public Health, Health District After Dark Pannel discussion.
10. Continuing relationship with NV Hands that allowed for participation in outreach events such as their senior wellness and back to school events that take place in all their communities.
11. Partnered with two (2) community partners to implement health equity strategies to provide and or expand services to individuals within specific racial, age, income, geographic or literacy level under the Centers for Disease Control and Prevention's finding to strengthen public health infrastructure in the U.S. Expanded areas of services include:
 - a. Providing medical and culturally competent nutrition education, to groups experiencing barriers to healthy nutrition, due to environmental factors such as food deserts and lack of access to good quality food and produce.
12. Participated in activities to support the renewal of Public Health Accreditation Board Certification.

HIGH LEVEL GOALS FOR 2026

1. Provide technical assistance and capacity building resources and services to SNHD programs, partners and community-based organizations.
2. Continue to provide and expand community outreach activities and strengthen community knowledge and connections to SNHD programs and services.
3. Broaden community partnerships and relationships to sustain and expand Brain Health initiatives as they relate to reducing the risk of dementia within high-need groups in our community.
4. Sustain support for grant partners implementing health strategies and interventions to communities and groups disproportionately impacted by negative health outcomes.

Office of Chronic Disease Prevention and Health Promotion

OVERALL HIGHLIGHTS:

1. Worked with Three Square Regional Food Bank to develop a nutrition standards policy for the food bank that aligns with the Healthy Eating Research (HER) guidelines and supports efforts at over 150 partner agencies.

2. Campaigned with two (2) faith-based pantries to implement the Supporting Wellness at Pantries (SWAP) program and develop nutrition standards policies in alignment with the HER guidelines. These pantries serve over 900 people each month.
3. Collaborated with Together We Can (TWC), to expand the Double Up Food Bucks (DUFB) program, a fruit and vegetable nutrition incentive program for people with SNAP benefits, to two (2) new locations, the Obodo Green Grocer and the Just One Project Mobile Market and implement strategies to increase the uptake and utilization of the DUFB program at the other DUFB implementation sites.
4. Hosted twelve (12) Pop-Up Produce Stands in partnership with the RTC and Prevail Marketplace to connect people experiencing transportation and/or financial barriers with fresh produce. The 2025 Pop-Ups sold over 1,113 pounds on produce with 44% of all transactions being SNAP/EBT transactions.
5. Facilitated 206 blood pressure and prediabetes screening events in barber and beauty shops participating in the Barber and Beauty Shop Health Outreach Program (BSHOP/BeSHOP) screening over 950 people and referring over 750 people to healthcare resources.
6. Expanded the BSHOP initiative to include the first Hispanic-owned barber shop and launched the Pressure Point Challenge which increased screening participation rates by over 14%.
7. Provided 20 Diabetes Self-Management, Education & Support (DSMES) classes. Classes were provided in English, Spanish, in-person and virtually. Two (2) of the classes were held off-site at low-income housing properties. In total, 210 people attended at least one (1) of the classes.
8. Worked with Promotoras Las Vegas (PLV) to expand blood pressure and prediabetes screenings in the Hispanic community. Over 144 people at eleven (11) community and faith-based locations participated in blood pressure and/or prediabetes screenings. Nearly 70% of people screened were referred to local resources.
9. Partnered with ten (10) members of the PHN coalition to raise awareness of the 5210 guidelines during Childhood Obesity Awareness Month in September. Partners distributed 5210 Healthy Habits Every Day materials and education at over fifteen (15) community events, programs, and activities during September. Communication toolkits in English and Spanish were shared with all coalition partners, and a paid social media campaign ran in English and Spanish to raise awareness.
10. Implemented the annual Slam Dunk Health program in partnership with the Las Vegas Aces and the Clark County School District, to encourage physical activity and healthy eating among elementary school aged children. This year, 523 CCSD classrooms in 104 elementary schools signed up for the program, reaching over 12,200 students. Representatives from the Las Vegas Aces visited the grand prize-winning classroom in April.
11. Worked with the Regional Transportation Commission (RTC) to collect feedback from the community on future bike share locations that align with the All Access Mobility Plan. As part of this project, SNHD supported the expansion of the bike share network with six (6) new bike share locations. Each of the new bike share locations also features art by local artists that reflects the culture and diversity of the neighborhood in which they are located. SNHD continues to sponsor the reduced-fare bike share pass, allowing people with SNAP benefits to use the bike share at a discount.
12. Partnered with the City of Las Vegas (CLV) to implement safety enhancements at five (5) local parks as part of their Safe Routes to Parks Plan. Enhancements included speed-feedback signage to alert drivers to slow down. The Safe Routes to Parks Plan is an appendix in the CLV Vision Zero Plan.
13. Led and supported development, adoption, and implementation of a gold standard comprehensive tobacco and smoke-free campus policy at Nevada State University.

14. Launched awareness campaigns and Initiated partnerships with the Nevada State Apartment Association and Nevada HAND to promote smoke-free living and expanded the multi-unit housing directory by over 170 new smoke-free buildings and over 3,985 smoke-free units.
15. Hosted the Tobacco-Free Living Summit which focused on tobacco-related issues facing the African American community. Experts shared data on the disproportionate impact of tobacco use, barriers to cessation, harm reduction strategies, the dangers of flavored tobacco, and tobacco control policies. Over 120 people attended the summit.
16. Hosted the 4th annual INSPIRE youth cultural and educational summit at University of Nevada, Las Vegas (UNLV) and Faiss Middle School. Over 225 teens between the ages of 13-18 attended the 5-day summit that included health topics like vaping education, healthy eating, diabetes, physical activity, positive decision making as well as cultural classes like hula, Tahitian, Samoan, Maori and more. During the finale night, over 900 friends, family and community members came out to support the youth in their showcase.
17. Oversaw the completion of over 600 tobacco retailer compliance surveys in Southern Nevada.
18. Conducted 63 youth vaping prevention events in communities and schools reaching over 75,600 students and launched new initiatives on social media to increase awareness about the dangers of tobacco, e-cigarettes, and other emerging tobacco products.
19. Developed and implemented 25 multi-component media campaigns in English and Spanish that raised awareness of chronic disease prevention and self-management and helped connect people to available resources.
20. Participated in fifteen (15) large scale community events reaching over 3,500 people. Chronic disease prevention and self-management materials were provided to attendees.
21. SNHD's Office of Chronic Disease Prevention & Health Promotion was recognized with the 2025 Circle of Care Award at the Nevada Breastfeeding Coalition's Breastfeeding Symposium.
22. SNHD's Tobacco Prevention Program was recognized with a Certificate of Appreciation at the Nevada State University's (NSU) Breathe with Ease event for their work in supporting the development, adoption, and implementation of NSU's tobacco-free campus policy.

NUTRITION:

1. Partnered with the Obodo Collective to support the opening of the Obodo Green Grocer in the Historic West Side, a small produce store that also accepts SNAP/EBT. This will increase access to healthy foods for those in the Historic West Side.
2. Led three (3) grocery store tours at Marketon to provide guidance on how to read food labels and shop healthily on a budget. The tours were provided in Spanish by our bilingual Health Educator/Registered Dietitian.
3. Sponsored Breastfeeding Awareness Month Activities in August including the Human Milk Donor Drive on August 30, 2025. Over 30 people participated in the Milk Donor Drive and over 2,453 oz of milk was collected. SNHD also promoted Breastfeeding Awareness Month on social media and shared a Breastfeeding Awareness Month Communication Toolkit with partners.
4. Promoted the 2025 Nevada Breastfeeding Coalition's (NBC) Breastfeeding Symposium on October 11, 2025, featuring Melissa Cole as the keynote speaker. Approximately 42 people attended and CEUs were provided.
5. Facilitated a Faithful Families 4-week class in Spanish at the Iglesia Salem Tierra De Paz church. Sixteen (16) participants participated in the class and learned about food resource management, nutrition, and physical activity.
6. Partnered with CCSD Food Service to promote their Universal School Meals Program for the third consecutive year. The campaign includes paid social media and website banners in

English and Spanish developed in partnership with CCSD Food Service and developed with messages and themes identified from a focus group of CCSD students and parents. This year's rates increased slightly over last year's rates. Since the annual campaign began, school breakfast and lunch participation rates have steadily increased from 26% to 28.2% for breakfast and from 48% to 54.4% for lunch.

7. Partnered with the RTC and local jurisdictions to conduct a Transportation Assessment at three (3) DUFB locations to identify opportunities and barriers to accessing these DUFB locations by foot, bicycle, or public transportation. A report of short and long-term recommendations was provided to each jurisdiction that participated.

HEART AND STROKE:

1. Planned and implemented activities to commemorate Heart Month including:
 - a. Heart of the Community Block Party: This event included collaboration with 27 community partners. Activities included health screenings including a women's mobile health clinic, a 'Talk with a Doc' panel, physical activities, free haircuts from BSHOP partners, and activities for children. Over 100 people attended the event.
 - b. Blood Pressure Screenings at Barber Shop Health Outreach Program (BSHOP) and Beauty Shop Health Outreach Program (BeSHOP) locations with a special Go Red for Women screening at a BeSHOP partner.
 - c. An appearance on the Healthier Tomorrow radio program to discuss heart disease and paid and earned social media to promote heart disease awareness, prevention, and self-management.
2. Partnered with the YMCA to offer a free, community Blood Pressure Self-Monitoring (BPSM) Class. The 12-week class wrapped up in May with eleven (11) of sixteen (16) participants completing the program. 50% of the participants decreased their blood pressure from an elevated or higher level to normal or a stage lower than where they were at the start of the class.
3. Hosted Salon Talk: Don't Put Your Health on Pause on May 18th during National Women's Health Week at Ego Tripp Salon. Councilwoman Summers Armstrong and Senator Dina Neal both participated. Other panelists spoke on topics including perimenopause, menopause, mental health and their impact on cardiovascular health. Blood pressure screening, education, and referral were provided. Over 40 people attended the event.
4. Partnered with Mountain Top Faith Ministries conducted a 6-week, With Every Heartbeat is Life (WEHIL) cardiovascular education class at Mountain Top Faith Ministries. Of the fifteen (15) people who registered, twelve (12) completed the class (80%). The average blood pressure reading of participants dropped from 138/81 mmHG to 123/81 mmHG from pre-to-post and nine (9) of the twelve (12) class participants lowered their blood pressure to a normal stage by the end of class.
5. Hosted the annual BSHOP/BeSHOP partner appreciation and training. Sixteen (16) BSHOP/BeSHOPS participated. The meeting featured opening remarks from our District Health Officer, impactful presentations on the power of barber and stylist engagement, and an inspiring testimonial from a Shop Talk participant. Winners of the Pressure Point Challenge were recognized.
6. Hosted our annual Shop Talk as part of the BSHOP program to address men's health issues that are particularly relevant in the African American community. This year's Shop Talk was open to father-son and mentees and focused on building generational health. Congressman Steven Horsford shared opening remarks about his personal cardiovascular health journey and

other panelists discussed tobacco use and mental health's relationship to cardiovascular health.

7. Launched a Social Determinants of Health (SDoH) screening in three (3) participating BSHOP/BeSHOP locations to support clients who need resources related to food, transportation, and healthcare. Referrals are made to community resources and/or the Roseman GENESIS program for follow up.

DIABETES:

1. CDPP staff submitted the Annual Status Report to the American Diabetes Association (ADA). This report is required to maintain ADA recognition for our Diabetes Self-Management & Education (DSMES) classes. Our report, which documented a 94% customer satisfaction rating, was approved by the ADA in January.
2. Partnered with AAA Healthcare to offer a free Diabetes Prevention Program class to the community. The class was held at Nevada Partners. Twenty people began the year-long class and seven (7) completed the course. 40% of the participants lost at least 5-7% of their weight, which significantly lowers their risk of developing type 2 diabetes.
3. Selected as one (1) of 25 awardees to receive a mini grant from The American Diabetes Association (ADA) to support ongoing DSMES classes and connect class participants with the ADA Diabetes Support Forum. To date, we have recruited 28 past DSMES class participants to participate in ADA's Diabetes Support forum.
4. Partnered with Comagine Health to recruit and host two (2), focus groups of people with type 2 diabetes. Ten (10) people participated in the focus groups which were held in English and Spanish. Participants provided feedback on community resources needed and available to support people with diabetes.
5. Planned an initiative to commemorate Diabetes Month in November to raise awareness of prevention and self-management resources for diabetes. Activities included social media posts, an SNHD-all email, and a press release.
6. Updated the online Diabetes Prevention Program in English to include four (4) newly developed modules that are interactive and user friendly. The program will launch in 2026 and will eventually be translated into Spanish.
7. Presented on a Project ECHO webinar to share data on our physical activity quality improvement measure for the American Diabetes Association (ADA) Recognition Program.

OBESITY:

1. Created a 5210 Shop Page on our Get Healthy website where healthcare and community champions can order free 5210 Healthy Habits Every Day materials to use with clients, students, and patients. To date, we've supported over 20 healthcare and community champions with materials and technical assistance. New 5210 Healthy Habits Every Day materials were created and added to the 5210 Shop Page inventory.
2. Provided a presentation on the 5210 Healthy Habits Every Day initiative and available resources to 27 SNHD FQHC healthcare providers. 5210 materials were distributed.
3. Sponsored and participated in three (3) outreach events to promote the 5210 Healthy Habits Every Day initiative. Over 1,000 people participated in the First 5, Healthy Kids Day, and Cinco de Mayo events. 5210 Healthy Habits Every Day materials including flyers, stickers, magnets and other obesity prevention resources were distributed.
4. Planned and hosted two (2) Partners for a Healthy Nevada (PHN) coalition meetings with over 40 people attending each meeting. PHN celebrated its 20-year anniversary this year. Presentations, updates, and obesity-related resources provided at each meeting.

PHYSICAL ACTIVITY:

1. CDPP worked with Greater Youth Sports Association (GYSA) and Girls on the Run (GOTR) to provide opportunities for youth at three (3) elementary schools in the Pathways from Poverty area to participate in sports during the 2024-2025 school year. GYSA had 78 students participate in three (3) sports: basketball, soccer, and track. GYSA provides coaching, equipment, uniforms, and mentoring to youth participants and over 95% of the participants qualified for Free/Reduced Lunch. GOTR served an additional fifteen (15) youth of which 88% reported an increase in physical activity and social-emotional skills.
2. Partnered with CCSD Safe Routes to School (SRTS) program to increase the number of schools who reach Achievement Level Program (ALP) status. Schools who reach ALP status have committed to participating in a variety of SRTS programs, activities and initiatives across the six (6) E's of SRTS (Engagement, Equity, Engineering, Encouragement, Education, and Evaluation). At the end of the 2024-2025 school year, 53 schools received ALP recognition status surpassing the goal of 48 schools. This included eleven (11) schools who met the Platinum level (highest level), seven (7) schools who met the Gold level, ten (10) schools who met the Silver level, and 25 schools who met the Bronze level.
3. The 2025 Move Your Way Summer initiative wrapped up in September. Over the course of the summer, eighteen (18) community events at local pools or recreation centers were held reaching 4,400 people. Separately, program partners also participated in fourteen (14) events and activities in the Hispanic community reaching an additional 5,150 people. The Move Your Way initiative provides education and free access to local pools and water activities to increase opportunities for physical activity during the summer months.

TOBACCO CONTROL PROGRAM (TCP):

Collaborated with Clark County Medical Society (CCMS) and reached over 750 healthcare providers with information on tobacco cessation, brief interventions, and tobacco prevention resources. Over 150 businesses voluntarily expanded their tobacco policy including limiting smoking/vaping indoors and near entrances and exits. A campaign to promote minimum distance policies was developed and signage was provided to support the new policies. Maintained four (4) distinct, population-focused initiatives to reduce tobacco use among priority populations: Because We Matter (BWM) – African American-focused; BreakDown (BD) – Youth-focused; Por Mi Por Ti Por Nosotros (PMPT) – Hispanic-focused; and Island eNVy (IE) – Native-Hawaiian/Pacific Islander-focused. Major activities, initiatives, and events included:

1. BMW
 - Participated in Black History Month events at the Springs Preserve and distributed resources and information to over 3,000 people.
 - Implemented the 4th annual No Menthol May initiative to raise awareness of the dangers of menthol tobacco use and the impacts of targeted marketing to the African American community. A total of 82 events were coordinated including a paid social marketing campaign and participation at the Historic Westside Drive-In Movie night, Jazz in the Park, Coffee & Conversations, Run-It-Back Game Night, Faith Based activities in fourteen (14) places of faith, Juneteenth, and the Black Music Appreciation event.
2. BD/Youth
 - Distributed tobacco prevention educational materials to decision-makers and the public including 150 attendees at the Veterans Community Roundtable events on the issue of flavored tobacco products, cessation, and policy restrictions.

- Partnered with the Nevada Association of Student Councils for their annual Zone Conference, reaching over 1,100 students to promote vape-free lifestyles.
- Partnered with the Nevada Interscholastic Athletic Association for their annual Athletic Director Conference to promote the importance of tobacco-free lifestyles for youth. Developed a social media package with key youth from local high schools to share vaping prevention messages on social media accounts.
- Provided training for Communities in Schools coordinators on vaping prevention and how to address the use of e-cigarettes and other tobacco products among middle school and high school students. Vaping prevention materials were distributed to 30 middle and high schools.

3. PMPT

- Participated in multiple smoke-free community events to promote tobacco prevention and cessation resources in the Hispanic community including Dia de Los Reyes, Eggstravaganza, Dia del Niño, Cinco de Mayo, Mother's Day Brunch, ¡Celebrando Nuestra Cultura! festival and the Día de los Muertos event reaching over 12,000 people with culturally and linguistically relevant tobacco prevention and cessation materials.
- Established a partnership with the Clark County School District (CCSD) Family Engagement Center to encourage tobacco-free lifestyles and participated in educational workshops and family wellness nights including the Fall into Healthy Fun event.
- Partnered with Mater Academy to provide educational presentations on “Raising Smoke-Free Kids” during their open house to over 100 parents and guardians.

4. IE

- Established a partnership with Papa Ola Lokahi; a Hawaii based non-profit organization whose mission is to improve the health status and wellbeing of Native Hawaiians to provide technical assistance for Island eNVy materials and outreach to ensure cultural correctness as well as provide additional resources to increase reach of the IE initiative.

HEALTHY COMMUNICATIONS:

1. Increased followers on all four (4) social media platforms by at least 20%:
 - a. Get Healthy Facebook: 6,083 followers (20% increase)
 - b. Get Healthy Instagram: 342 followers (30% increase)
 - c. Viva Saludable Facebook: 702 followers (20% increase)
 - d. Viva Saludable Instagram: 241 followers (25% increase)
2. Wrote and posted twelve (12) blogs in English and Spanish. On average, over 150 people read the blogs each month.
3. Supported and coordinated twelve (12) Healthier Tomorrow Radio Program shows. Shows air monthly on KCEP 88.1 FM. Guests include SNHD employees and community partners sharing information on topics of importance to the African American community.
4. Developed and sent twelve (12) Tobacco Control Program newsletters and two (2) Healthy Headlines community newsletters. The Tobacco Control Program newsletter is sent to over 378 people with an open rate of 61%. The Healthy Headlines newsletters are sent to over 7,200 people and have a 41% open rate.
5. Developed two (2) Communication Toolkits in English and Spanish for Childhood Obesity/5210 and Healthy Brains/Alzheimer's Disease. Toolkits include sample social media posts and graphics as well as sample newsletter and blog content.

COMMUNITY OUTREACH/ENGAGEMENT:

1. Received and processed over 513 E.H.R. referrals for hypertension, diabetes, and prediabetes and sent out over 213 E.H.R. educational packets to clients with tailored information and community resources for hypertension, diabetes, and prediabetes.

HIGH LEVEL GOALS FOR 2026

OCDPHP uses a strategic and collaborative planning process to develop goals, objectives, and identify evidence-based strategies. From there, we develop a comprehensive workplan that includes specific activities in each topic area. The workplan also includes baselines and timelines so that we can measure, assess and evaluate our work. The workplan, goals, objectives and strategies are revisited and updated annually as needed to ensure that our work is focused on meeting stated goals and objectives. A data dashboard on the Healthy Southern Nevada website has been created to display chronic disease indicator data. Where possible, data is displayed for our geographic region and by gender, income level, race and ethnicity where possible. This dashboard allows us to track the progress of our efforts to reduce chronic disease. The data is also publicly available for partners to review and utilize. Below are the high-level goals identified in our departmental strategic plan.

1. Issue Reduce initiation and use of tobacco, vapor and related products among youth and young adults.
2. Eliminate exposure to secondhand smoke and electronic smoking device emissions.
3. Adopt or strengthen commercial tobacco prevention and control policies.
4. Promote tobacco cessation.
5. Stimulate physical activity rates of people in Southern Nevada.
6. Increase health equity by reducing and eliminating physical activity-related health disparities in populations at greater risk.
7. Promote fruit and vegetable consumption among people in Southern Nevada.
8. Reduce soda and sugar sweetened beverage consumption among people in Southern Nevada.
9. Enlarge health equity by reducing and eliminating nutrition-related health disparities in populations at greater risk.
10. Strengthen obesity prevention efforts and spread and scale family healthy weight and treatment programs and strategies.
11. Boost the number of people with diabetes or pre-diabetes who have participated in self-management education and support programs and activities.
12. Multiply the number of people at risk for heart disease who have participated in blood pressure screenings and self-management programs and activities.
13. Build health equity by reducing and eliminating chronic disease-related health disparities in priority populations.
14. Develop and implement outreach and communication efforts that promote healthy behaviors and connect people to existing programs and resources.
15. Ensure Effective Delivery of Chronic Disease Prevention and Management Programs in Southern Nevada.

Office of Emergency Medical Services & Trauma System**KEY SERVICE ACCOMPLISHMENTS**

1. Licenses Issued
 - Full Licenses 2,667
 - Provisional Licenses 47

2. Licensure Exams Provided
 - EMT 994
 - AEMT 454
 - Paramedic 331
3. Certification Exams Provided
 - Onsite 91
 - Offsite 0
4. Response Vehicle Inspections
 - Air Ambulance 15
 - Ground EMS Response Vehicle 530
5. Agency Audit
 - EMS 17
 - Training Center 13
 - Class/Course Audit 5
6. Investigations
 - Complaints 13
 - Protocol Deviation 136
7. Meetings
 - Public 21
 - Closed 9

OPERATIONAL ACHIEVEMENTS

1. Facilitated and ensured regular continuance of the Regional Trauma Advisory Board (RTAB) Meeting which has 23 board members that oversee, disseminate information to and govern over 300 trauma services within the Southern Nevada Region.
2. Facilitated and ensured regular continuance of the Medical Advisory Board (MAB) Meeting that has 25 board members that oversee, disseminate information to and govern over 17 different medical providers in the Southern Nevada Region.
3. Ensured public safety through active facilitation of public meetings to review and amend clinical care guidelines to provide the best clinical care possible to Southern Nevada residents and visitors.
4. Reviewed and updated training practices for EMS agency preceptors. Created new performance tools for paramedic students completing field internships.
5. Continued assessment of trauma services mapping based on zip codes.
6. Conducted multiple Stop The Bleed courses in conjunction with local stakeholders.

HIGH LEVEL GOALS FOR 2026

1. Issue RFP for new license management software as service.
2. Streamline workflows post potential changes in personnel.
3. Creation of acceptable definitions of need for trauma services that address upgrades building upon current regulations and NACs. The RTAB will be the committee tasked with this development.

Office of Public Health Preparedness

KEY ACCOMPLISHMENTS

1. Incident Command System (ICS) COVID19 Response Activities

- a. Supported the coordination of community-based planning and response activities for targeted outreach and vulnerable population events. OPHP leveraged grants assistance and integration with community response partners to address challenges with emerging and re-emerging infectious diseases and maintained alliance with both partner agencies and the community in information sharing and resource coordination.
- b. Supported the SNHD Incident Command to plan for and conduct operations during the Las Vegas Grand Prix, November 20-23, 2025.

2. Grant Support Activities

- a. Maintained agency 6-week supply of N-95 Mask Inventory to ensure agency 24/7/365 response readiness including ensuring staff have PPE available when responding to public health emergencies.
- b. Held a seminar on extreme heat in September to continue the discussion on the health impacts of extreme heat in Clark County. Bus passes were purchased using previous fiscal year grant funds and distributed to cooling centers to overcome mobility barriers of vulnerable populations so they may access cooling stations during summer and warming stations in winter 2025.
- c. Concluded activities working with State and Federal Partners to ensure level or increased funding for Public Health, educating legislators and federal oversight governing bodies.
- d. Engaged with other SNHD programs to fund staff on grants for grant supported activities.
- e. Aided Southern Nevada Healthcare Preparedness Coalition with staff and resources from HPP funding sources. OPHP completed over \$153,000 of equipment and personal protective equipment reimbursements to SNHPC member agencies. These contribution supports emergency preparedness and response for the entire Southern Nevada Healthcare system including activations of the Medical Surge Support Team to address threats experienced in southern Nevada.
- f. Planners continue to offer support for technical assistance to community partners and healthcare facilities, as well as through liaison activities with the Southern Nevada Counter-Terrorism Center.
- g. Secured and fulfilled multiple training courses for SNHD staff and community partners including advanced Incident Command System and Hospital Decontamination team training.
- h. Continued proactive information sharing with local, state, tribal, and federal partners.
- i. Supported hazard specific training to strengthen the public health workforce to respond to public health emergencies:
 - i. Continued to fit test appropriate employees.
 - ii. Continued to provide CPR BLS training to employees and volunteers.
 - iii. Continued to provide ICS 300 and 400 courses to appropriate staff and supported community-based ICS 300 and 400 courses.
 - iv. Healthcare coalition and SNHD workforce completed training:
 1. MGT 452 Physical and Cyber Security for Critical Infrastructure, July 2025.
 2. L1301 Continuity of Operations Program Management, September 2025.
 3. L1302 Continuity of Operations Program Management, September 2025.
 4. PER 320 Personal Protective Measures for Biological Events, September 2025.
 5. G 197 Integrating Access & Functional Needs, October 2025
- j. Continued to work with public health partners within the state to implement the statewide strategic plan for public health preparedness.

OPERATIONAL ACCOMPLISHMENTS

1. Grant Support Activities
 - a. Employed federal cooperative agreements through developed scopes of work and budgets to minimize the impact on the agency. Funding supports sustainment of responder safety and health capabilities for respirator fit testing and annual CPR recertification for MRC Volunteers.
 - b. Redirected carryover and grant funding to support agency operational and community preparedness needs.
2. Morale building in Division/Offices
 - a. Perpetual engagement with employees to support agency life-work balance initiatives.
 - b. Continued to provide an open-door policy and one-on-one meetings to allow staff to participate in activities related to job duties, but that also build individual professional development skills. Professional growth has occurred in public health responses as staff take on leadership roles. These opportunities have led to continued professional development. Education is also attained through attendance at grant-supported professional conferences.
 - c. Engaged all staff with resuming activities supporting grant deliverables to ensure team building and foster collective community engagement.
 - d. Constant service and active participation in multiple federal, state, and local working groups multiple federal, state, and local working groups.
3. Secured New Funding Opportunities
 - a. Worked with community partners including the Clark County Office of Emergency Management, the Resiliency and Justice Center, the Clark County Office of the Coroner and Medical Examiner, Las Vegas Metropolitan Police Department Victim Services, and hospitals to draft a State Assembly Bill (AB50) to establish a mechanism for hospitals to share patient information from a mass casualty incident to ensure patient identification and family reunification. This bill passed in the most recent legislative session.
 - b. Interacted with SNCTC and situational awareness to emerging public health threats and ongoing response activities.

HIGH LEVEL GOALS FOR 2026

1. Grant Supported Activities
 - a. Constant to work with the state on the state-wide strategic plan for public health preparedness.
 - b. Maintained workforce access to key training and respirator fit-testing for District staff to assist in their ability to respond during a public health emergency.
 - c. Provision of technical assistance to community and healthcare partners on public health preparedness issues.
 - d. Perpetuate conduct exercises to test and develop preparedness plans.
 - e. Continuous review and revision SNHD preparedness plans
2. Partnership Building
 - a. Collaboration with community and hospital partners on the development of the Impacted Persons Database, collaborative training workforce on utilization.
 - b. Planning for Las Vegas Grand Prix, New Year's Eve, and other large-scale special events with the community.
3. Morale Building within the Program
 - a. Continue to conduct one-on-ones with staff monthly and conduct monthly staff meetings.
 - b. Recognition of exemplary work of OPHP team members.

Southern Nevada Public Health Laboratory

KEY ACCOMPLISHMENTS

1. Using Hologic Panther Fusion high throughput instrument, with the Quad Plex assay for SC2/FLUA/FLUB/RSV, SNPHL tested 2,106 samples from January 1, 2025, to December 1, 2025.
2. Performed a total of 280 SARS-CoV-2 whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the Terra state database. Performed a total of 249 PulseNet whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the Terra state database and CDC. Performed a total of 154 Legionella whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the NCBI database. We retained a Bioinformatic Scientist to perform the data analysis and report the lineage information weekly.
3. Continued to receive environmental samples for Legionella testing. Maintained Legionella ELITE testing status for environmental samples January 1, 2025, to December 1, 2025 with a 100% passing grade. SNPHL received 397 samples for Legionella testing January 1, 2025, to December 1, 2025.
4. Tested over 2,716 pools of mosquitos for Arbovirus targets from January 1, 2025, to December 1, 2025. Reported over fourteen (14) West Nile Virus positive for the testing season. SNPHL also continues to test Dengue virus mosquito pool samples this year. All pools tested for Dengue virus surveillance remain Negative.
5. SNPHL performed a total number of 15,060 Candida auris PCR colonization screens from January 1, 2025, to December 1, 2025. SNPHL is conducting a community outreach plan to increase local site submission of Candida auris to SNPHL.
6. Packaged and shipped potential C. botulinum cases.
7. Performed the sentinel laboratory rule-outs. Coordinated shipment of samples relating to outbreak investigations including Botulism cases, Norovirus, and participated in public Health Investigations including Bacillus, Brucella, Burkholderia rule-outs, Legionella, and Candida auris.
8. Continues to perform the Biofire Global Fever panel for Malaria and Dengue. We are the only PHL in Nevada with Biofire Warrior panel testing capability.
9. A total number of the reportable diseases' tests from January 1, 2024, to December 1, 2025, listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4	7	7	2	51
	Campy Screen	12	8	4	3	6	10	8	6	8	10	7	82
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35	33	12	14	338
	Gram Stain/WBC	0	5	0	0	0	5	0	0	5	0	0	15
	Neisseria ID	2	0	0	0	0	0	0	0	2	0	0	4
Haemophilus Influenzae	Haemophilus ID	0	0	0	0	1	0	0	0	0	0	0	1
Unknown ID	Bacterial ID	6	0	8	0	2	0	14	0	0	0	0	30
Enteric pathogens	WGS (PulseNet)	14	12	20	14	26	25	33	21	24	35	25	249
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14	14	18	21	142

	Salmonella Serotype	3	7	13	13	9	8	17	10	14	14	18	126
Shigella	Shigella Screen	2	5	3	6	4	0	4	3	7	4	4	42
	Shigella Serotype	2	4	3	0	1	1	3	3	4	3	1	25
STEC	STEC Screen	0	3	3	1	5	4	3	4	4	1	1	29
	STEC Serotype	0	0	1	0	1	1	2	3	4	3	1	16
Unknown	Stool Culture	1	5	1	4	5	5	0	1	7	0	2	31
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0	0	0	0	4
	Vibrio Screen	1	0	0	3	0	5	1	1	1	1	0	13
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0	1	0	0	7

10. Continue to see increased number of TB outbreak sample tests related to community events, with QFT tests performed from January 1, 2025, to December 1, 2025.
11. Observed a consistent decrease in COVID samples starting January 2023. There has been no spike or rapid increase of the test number as the pattern in the past three years.
12. Continued participation in Influenza Surveillance 2025. SNPHL is part of the Influenza surveillance team with CDC where we will collect flu specimens from the hospital and perform influenza-SC2 multiplex panel to ensure there is no co-infection before performing subtyping and genotyping of the influenza specimens and upon confirmation, the VTM is shipped to CDC surveillance team.
13. Began testing FQHC samples in the new Clinical Chemistry laboratory.

OPERATIONAL ACCOMPLISHMENTS

1. Purchased and implemented Clinitek analyzers in FQHC.
2. Recognized by the Board of Health for the publication of Nature Communications (2025)16: 6272.
3. Achieved 100% LPX proficiency for select agent testing.
4. The laboratory expansion plan received a total of \$10.5 million in funding support from Clark County and local city governments. The new laboratory will include an upgraded and improved BSL-3 laboratory.
5. Supervisors and Senior Laboratory Technologists undergoing continuous leadership training and mentoring with the HR department.
6. Resumption of bimonthly SNPHL All Staff department meetings.
7. Meetings with laboratory leadership (director, manager, and supervisors) occur every two (2) weeks.
8. Maintains roster of BT Response staff with an after-hours and on-call schedule for laboratory BT response staff.
9. Coordinated with Nevada state epidemiologists to grow the CDC NREVSS program in Southern Nevada. Discussion is ongoing to improve data collection and transmission for respiratory virus surveillance between Southern Nevada and state departments.
10. SNPHL Administrators continue to use the Agiloft contract software to upload our contract requests.
11. Continual bi-monthly cross departments meeting between Disease Surveillance and Control and SNPHL to review current issues related to data communication, creating programs and testing etc.
12. Completed the project of Installing a new double doors autoclave in BSL-3 laboratory using PHEP funding and complete sent the invoice to AP before end of fiscal year.

13. Expanded using the Sensititre method for *Candida auris* susceptibility testing for local hospital samples. This decreases the turnaround time of this test significantly from send out to Washington Public Health Laboratory.
14. Continued implementation and onboarding of clients to the Orchard Outreach portal for ordering and result delivery.
15. Retained ELITE certification by passing two (2) WSLH challenge panels in 2025 with a 100% passing grade.
16. Training and Competencies completed successfully for all tests.
17. Perpetuated successful CAP Surveys and Linearities for all tests.
18. Extended partnership with area sentinel laboratories, such as Sunrise Hospital and Vale Health Systems.
19. Improved Influenza Surveillance for 2025. Performed H5 testing for local sites per Nevada State testing mandate.
20. Maintained Preventative Maintenance (PM) for over a dozen instruments designated for Molecular and COVID testing, with no lapses in service or testing schedules.
21. Performed verification on all instruments after PM and operation quality (OQ) and performance qualification (PQ) with documentation and approval from QA staff.
22. Ensured all staff members' competencies were current and reflected a flexible testing model since COVID volumes decreased.
23. Passed all external PT challenges (CAP) from all laboratories.
24. Staff cross-training and scheduling in BSL3 and other departments to ensure efficiency of laboratory operations, teamwork, and resources remain available even if COVID testing numbers remain low.
25. Addition of a second Diasorin Liaison instrument to perform QFT testing for outbreaks and support Immunology workload of existing instrument.
26. Procured additional grant funds including SHARP 1 and SHARP 2, Influenza H5 Preparedness, and ELC Legionella funding.
27. Applied for APHL Legionella Molecular methods RFP.

HIGH-LEVEL GOALS FOR 2026

1. Will continue to diversify our test menu in conjunction with projects and directives from the SNHD main office. This includes any HAI testing, additional clinical chemistry tests, and Vaccine Preventable Diseases (VPD) such as Measles.
2. Search for additional grant projects and funding opportunities in conjunction with the SNHD grants department.
3. Complete the Orchard Outreach LIMS project.
4. Establish relationships with other FQHC and local clinics, to provide high-quality, reduced or no-cost testing with the best possible turn-around time.
5. Finalize upgrade to second floor ventilation system. Seek other bids and offers from outside contractors regarding the monthly ventilation checks and maintenance of our ventilation system.
6. Continuous planning and preparation for annex construction and possible disruption to normal laboratory operations and staff parking. This includes purchase of essential "owner furnished" equipment that must be in place before June of 2026
7. Perpetual meetings with other internal SNHD departments, especially ACDC and Epidemiology, to establish continuous communication and make any improvements to client investigations.

8. Preparation for implementation of a Wastewater testing program at SNPHL in conjunction with SNHD Epidemiology team.
9. Continuing to identify instrumentation that can be taken offline to reduce service agreement fees and operate more efficiently. This includes the Eppendorf, Kingfisher Flex, and any pipettes that are currently under service that could be retired.

Vital Records & Passport Services

VITAL RECORDS

KEY SERVICE ACCOMPLISHMENTS

1. Registration, Issuance and Processing – January 1, 2025 to November 30, 2025.
 - Registered 22,597 births; issued 46,882 birth certificates.
 - Issued 525 birth certificates, at no charge, to homeless adults and youth. (NRS 440.175).
 - Issued four birth certificates to inmates, at no charge, who were released within 90 days (NRS 440.175).
 - Issued 13 birth certificates at no charge, to assist OEDS Jail Project.
 - Witnessed 365 Declaration of Paternities, to add fathers to their child's birth certificate.
 - Registered 20,294 deaths; issued 88,814 death certificates.
 - Registered 195 fetal deaths.

OPERATIONAL ACHIEVEMENTS

1. Cross training staff.
2. Installed lockboxes to improve workflow for funeral homes.
3. Initiated and participated in our first back-to-school campaign to promote birth certificate access.
4. Working with the state to implement fetal death to be fully electronic and, meet NRS required standards.
5. Partnered with the Nevada Office of Vital Records to improve forms.
6. Obtained access from Nevada Office of Vital Records to begin backfilling records from 1973-2006.
7. Working with IT to migrate FormsAdmin system to a new platform. Working on improving forms.
8. Maintained and managed Vital Records messaging and communications; worked on call handler to reduce call volume.
9. Began meeting with hospital birth clerks for quality improvement.
10. Providing training for physicians regarding death certification.
11. Working with VR Epidemiologist and OEDS to monitor and register COVID-19 deaths.

HIGH LEVEL GOALS FOR 2026

1. Reorganizing operations, and defining roles for clarity and transparency.
2. Working with the state to begin backfilling all birth and death records into Nevada Vital Records System (NVRS) to centralize data and improve efficiency and workflow.
3. Work on improving hospital birth timeliness and compliance with NRS 440; Implement hospital site visits, training and quarterly meetings.
4. Work with the State of Nevada on fetal death forms.
5. Perpetual work with SNHD IT on migration project.

PASSPORT SERVICES

KEY SERVICE ACCOMPLISHMENTS

1. Passport services processed 8,707 applications, an increase of 10.5% from FY24.
2. Conducted a successful Passport Fair with Congressman Steven Horsford's office, February 2024. Received a Certificate of Special Congressional Recognition from Congressman Horsford's office.

OPERATIONAL ACHIEVEMENTS

1. Completed Acceptance Facility Annual Certificate, November 2023.
2. Facilitated and maintained mechanisms for messaging regarding SNHD Passport services.

HIGH LEVEL GOALS FOR 2026

1. Harmonized with SNHD's Communications to develop additional advertising for Passport Services.
2. Increase Passport Service application intake by 10% (8,664 applications).

Disease Surveillance and Control Division

The Disease Surveillance & Control Division collaborates in partnership with the community to promote health and quality of life for residents and visitors and to protect the public from the spread of acute and chronic communicable diseases. To accomplish these objectives the Division conducts routine disease surveillance, monitors health status, uses statistics to come to inferences about disease causation, manages system information, delivers indirect and direct services, provides training, educational materials, program planning and technical assistance. Further, the Division provides both stationary and mobile screening and prevention services that engages people who use substances and those who have STI/HIV/HCV testing services who may not access traditional healthcare options. This Division also responds to public health emergencies. Offices and programs in the Division include but may not be limited to the Office of Disease Surveillance, the Acute Communicable Disease Control program, and the Office of Epidemiology.

Acute Communicable Disease Control

KEY ACCOMPLISHMENTS:

1. New Funding:

- ACDC received a portion of the state public health funding in FY2025. This funding supports two separate public health priorities included in ACDC. The first priority is the implementation of Healthcare Acquired Infection Prevention and Control (HAI) activities in Clark County. The second priority is the maintenance of epidemiology and laboratory capacity established under the Epidemiology and Laboratory Capacity (ELC) grant.
- SHARP (Strengthening HAI/AR Program Capacity)-ACDC will utilize funding from these awards in FY2025 to support training for the newly implemented HAI team.

2. Disease Investigations:

- ACDC oversees and conducts disease surveillance and investigations for more than 75 disease and conditions, including but not limited to Vaccine Preventable Diseases, Enteric Illnesses, and Respiratory Diseases.
- In calendar year 2025 (through 12/18/2025), ACDC conducted 2,215 Enteric Illness investigations, 872 Vaccine Preventable Disease Investigations, and received, processed and/or investigated more than 20, 000 reports of respiratory illness to include COVID-19, RSV, and influenza.

Respiratory Disease Type CY2025	Estimated Number of reports and/or investigations
Influenza	6,588
Influenza-associated death in a person under 18	3
Invasive Pneumococcal Disease	326
Novel Coronavirus	1,083
RSV	2,784
Grand Total	20,535

3. COVID-19 Vending machine project distributed 8,179 kits have been for CY25.

- Successfully expanded the items in the Mesa View Hospital machine in Mesquite, NV to utilize machines for other public health products including Narcan and drug testing strips.

4. Partnered with 65 Community Based Organizations to distribute COVID-19 antigen home kits to underserved populations and populations with higher risk for COVID-19 distributing 64,800 kits for FY25. This program was discontinued in April 2025.
5. As of December 1, 2025, ACDC staff processed and initiated surveillance entry and/or investigations on 32,628 faxed reports of communicable disease from medical providers and laboratories, over 160,000 electronic laboratory reports and more than 4,000 online morbidity reports.
6. Outbreak Investigations:
 - In the first quarter of calendar year 2025, 7 outbreak investigations were initiated. All seven were gastrointestinal in nature. The causative agent was identified in 3 of the outbreaks. One outbreak was a multistate outbreak of resistant strains of Campylobacter linked to puppies. All others were local investigations in Clark County schools. Pathogen identification is determined through investigative sampling and testing by our ACDC team (DIIS or DDCS II) or investigative work by obtaining medical charts and commercial laboratory results.
 - In the second quarter of calendar year 2025, ACDC initiated 7 outbreak investigations bringing the total for the first and second quarter to 14. Two of the outbreaks were multistate Salmonella investigations linked to egg consumption. Two were Norovirus outbreaks; one at a hotel and the other involving raw oysters from various restaurants. The remaining three were large scale Legionellosis outbreaks associated with resort hotels. The causative agent was determined in all quarter 2 outbreaks. This was not the case in quarter one as all “gastroenteritis, unspecified” cases belonged to that quarter.
 - In Q3 of calendar year 2025, ACDC initiated 1 outbreak investigation bringing the total for the first three quarters to 15. This was a Norovirus outbreak associated with a local sushi restaurant. ACDC worked closely with EH for restaurant inspection and was able to dispense 3 stool kits for testing. This investigation resulted in 1 confirmed and 6 probable cases.
 - In Q4 of calendar year 2025, ACDC initiated 6 outbreak investigations. Three investigations were local gastrointestinal investigations. One was a Monkeypox outbreak, One Norovirus, and one small COVID 19 cluster.
7. Continued partnership with UNLV to implement wastewater surveillance for SARS-CoV-2. This effort ended in March 2025.
8. Enhanced foodborne illness complaint response by adding 3 staff to the foodborne illness response team and increasing outbreak detection in Clark County. All online submissions of complaints are now called back to verify information, complete missing information, and provide education as needed.
9. Continued to collaborate on a QI project with Informatics, Epidemiology, Environmental Health to develop a new foodborne illness complaint system integrated within the existing EpiTrax surveillance system. This project is expected to go-live in 2026.
10. Continued enhanced Respiratory Illness Surveillance for 2024-2025 respiratory season to collect, obtain and analyze hospitalization data for COVID-19, RSV, and Influenza consistently. Modifications to the enhanced protocols were made for the 2025-2026 respiratory season but enhanced surveillance continues.
11. Continued a partnership with the family resource center HopeLink to refer clients impacted by COVID –19 or other communicable diseases to needed services such as housing assistance, utility assistance, and food assistance. In 2025, staff referred 80 clients for 121 services with a monthly linkage success rate of 26%-73%. This project ended in March 2025.

12. Continued to work with SNPHL to incorporate WGS findings as an early cluster identification mechanism and potential early outbreak identification for several enteric illnesses.
13. Staff presentations, committees, and accomplishments
 - Communicable Disease Supervisor serves on NACCHO's Infectious Disease Prevention and Control Subject Matter Expert Workgroup.
 - Communicable Disease Supervisor presented the HopeLink project at the Nevada Public Health Association meeting.
 - Communicable Disease Supervisor services on National Board of Public Health Examiners Disease Intervention Specialist Job Task Analysis Committee and served as a Disease Intervention Specialist Item Writer.
 - One Communicable Disease Supervisor was Certified in Infection Control (CIC).
 - "Equitable COVID-19 Testing Access for Underserved Communities: The Success of Vending Machines" published in the American Journal of Public Health.
 - On Communicable Disease Supervisor served on the National Board of Public Health Examiners (NBPHE) CDI Standard Setting Committee meeting.
 - Communicable Disease Supervisor selected to serve a three-year term on the Certification Board of Infection Control and Epidemiology, Inc (CBIC) Test Committee.
14. ACDC continues to collaborate with Informatics to enhance electronic case reporting, EMSA and EpiTrax functionally, and electronic message mapping guides. Ongoing meetings occur weekly.
15. ACDC completed a pilot project for in-office provider education with a special focus on utilizing the online morbidity reporting portal. The number of offices doubled between the initial and follow-up site visits.
16. ACDC monitors and identifies challenges and gaps in laboratory reporting completeness and accuracy and continues to work with informatics to onboard electronic laboratory reporting through HL7, and data modernization projects.
17. ACDC provides ongoing medical provider outreach and education to improve the quality and accuracy of communicable disease reporting to surveillance.
18. ACDC continues to work with Informatics on query connector and TEFCA projects, as well as SNHD internal EMSA/EpiTrax functions and master patient index project.

UPCOMING ACDC PROJECTS:

1. Develop and implement a Healthcare Associated Infection and Prevention and Control (HAI) Program. This program is part of the transition from state oversight and jurisdiction of these investigations to SNHD jurisdiction in Clark County facilities and takes effect 01/01/2026. Goals include:
 - Prevent the emergence of and control the spread of HAIs and related AR threats.
 - Advance the detection, response and containment of antimicrobial resistance (AR) within healthcare settings.
 - Promote antibiotic stewardship (AS), the practice of measuring and improving how providers prescribe antibiotics and patients use them.
 - Protect patients and healthcare personnel.
 - Improve healthcare safety and quality
2. Establish an ongoing outreach process to provide assessments for healthcare facilities utilizing the Infection Control Assessment and Response (ICAR) tool to support and improve infection prevention practices in Clark County.
3. Response to multi-drug resistance organisms (MDRO's) and control the spread of MDRO's.

4. Collaborate with SNHD informatics program to implement new ELR and ECR logic to consume reports of HAI into our Epitrix disease surveillance system.
5. Support training and CIC certification for the HAI team.
6. Develop collaborative public health responses with EH, SNPHL, and Epi teams.
7. Collaborate with SNHD Public Health and Preventive Care Division to further assist clients with exposure to rabies susceptible animals.
8. Deploy enhanced training for DDCS team responsible for disease surveillance and record searches to include onboarding of clinics with SNHD's online morbidity reporting system.
9. Enhance our ACDC foodborne illness response by Implementing the new Foodborne Illness Database and complaint system within our disease surveillance system and sunsetting the expired and outdated access database in collaboration with informatics, EH and Epi.

Office of Disease Surveillance

KEY ACCOMPLISHMENTS:

1. New Funding
 - State Opioid Response (SOR) funding received for period 1/1/2025-9/29/2025- SOR funds support expanded access to harm reduction supplies and linkage to care for persons with substance use disorder, reduce stigma in healthcare, and substance use prevention in youth. This new funding supports 3 FTE to implement and evaluate the work.
2. Publications
 - **Pulver, K., Johnson, J., & Mendez, M.** (2025). Substance Use: Working with Victims and Survivors of Gender-Based Violence. In Clements, P.T. et al. (Eds.), *The Expanding Continuum of Gender-Based Violence: Trauma-Informed Care, Volume 2*. STM Learning, Inc.
 - **Morales, S.** “Using Effective Media Campaigns to Raise Awareness about Syphilis,” April 2025. NACCHO. https://www.naccho.org/uploads/downloadable-resources/Syphilis_Awareness_Media_Campaigns_Report.pdf
 - Bryant, R.Q., Reich, K., **Johnson, J.A. Delise, B, Zhang Y, Lockett, C**, Allen, S. Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021–2023. *Harm Reduction J* 22, 52 (2025).
<https://doi.org/10.1186/s12954-025-01207-x>
 - Penney JA, **Stachnik A, Radeloff C, Eddleman, T, Laird, H, Zhang, Y, Lockett, C.** “Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022.” *MMWR Morb Mortal Wkly Rep* 2025; 74:350–354. DOI: <http://dx.doi.org/10.15585/mmwr.mm7420a3>
 - Goyal, R., Wells, A., **Burris, V., Stachnik, A.**, Tang, P., Collins, L., Mehta, S.R., Dufresne, J., Little S.J. Individual- and Neighborhood-Level Predictors of HIV Care Continuum Progression: Clark County, Nevada, *Open Forum Infectious Diseases*, Volume 12, Issue 8, August 2025, ofaf409, <https://doi.org/10.1093/ofid/ofaf409>
3. Southern Nevada Post Overdose Response Team (SPORT)- ODS continues to respond to community partner reports of overdose by providing in near real time response upon receiving notification. ODS established an MOU with The Las Vegas Metropolitan Police Department (LVMPD) to work with area commands to receive referrals from their patrolling officers. In additional we receive alerts from LVMPD's High Intensity Drug Trafficking Agency (HIDTA). ODS is also working with PACT Coalition to develop a referral process with their peer navigation team. We are also working to obtain a DUA with the state to receive morbidity reports of overdose in Clark County.

4. CHA report completed in April 2025 Community Health Assessment Report – Media Release and Publication available at HealthySouthernNevada.org.
5. Launched Safe Sleep media campaign to provide awareness on AAP guidelines and educate on findings from the Child Death Review. This included launching the landing page: <https://www.southernnevadahealthdistrict.org/suid/>. over 30 safe sleep campaign graphics in collaboration with 11 social media influencers. SNHD's safe sleep digital advertising reports 40 million impressions and 34k clicks thus for advertising.
6. CredibleMind Platform utilized by 8,123 users; reports 9,251 sessions and had 262 users registered for an account. There were 19 presentations to 330 people in the community sharing the CredibleMind platform. The platform is actively being promoted by 52 agencies in Clark County. <https://clarkcountythrive.crediblemind.com/>.
7. Completed translation of “Saber Es Poder” a cultural and linguistic adaptation of Nevada’s Empower Change HIV Testing and Counseling Program. Training to launch Spring 2026.
8. Provided subject matter expert education and information on two legislative bills during the 2025 Nevada Legislative Session – AB360 (syphilis testing for pregnant women in emergency departments) and AB394 (emergency response plans for opioid overdoses on college/university campuses).
9. In collaboration with SNPHL and PPC, ODS worked to add CHEMBIO to our laboratory license with HCQC. Implementation began in June 2025.
10. In collaboration with TBC-streamlined TB cohort to focus on specific cases of interest to address unique treatment challenges and lessons learned. Successfully executed 5/2025 and 10/2025 TB Cohort reviews.
11. ODS held first HIV cluster tabletop event on 04/09/25. To support syndemic efforts, the mock scenario highlighted the potential cross over between populations at risk for HIV and people who inject drugs. Community partners invited were from various sectors including public safety, social services, SSP staff, LGBTQ Center staff, HIV consortium members, HIV service providers, and community partners who provide support to people who are unhoused.
12. Distributed 294,162 condoms to over 48 unique agencies in Clark County serving high risk populations.
13. Educated all major hospital labor and delivery units on perinatal HIV prevention and congenital syphilis.
14. Overdose Prevention Efforts
 - The ODS team distributed 209,082 doses of naloxone throughout Clark County. This meets the naloxone saturation goal, identified by the State of Nevada for Clark County, for the first time. Since January 2025, ODS has partnered with 72 new community agencies for naloxone distribution.
 - The ODS Team reclaimed 2,325 doses of soon-to-expire naloxone and redistributed them to reduce waste. This is approximate savings of over \$36,000. (Based on \$31 per 2-dose kit)
 - The ODS team distributed 89,600 Fentanyl Test Strips and 69,200 Xylazine Test Strips.
 - Launched mail-based test strip services in English and Spanish (“The Strip Club”) in
 - September 2024. We have distributed 1,802 test strips by mail to date. We also added naloxone distribution (the “Bring ‘em Back Pack”) in September 2025.
 - Launched a door-to-door canvassing campaign in partnership with Foundation for Recovery to expand naloxone, test strip, and educational material distribution in neighborhoods with high overdose burden. Since launching in July 2025, FFR canvassers have knocked on 41,353 doors across 29 census tracts in Clark County. A total of 11,508 doses of naloxone were distributed by canvassers, along with 15,730 each of fentanyl and xylazine testing strips, and 6,077 individuals received overdose response training.

- Partnership with PACT Coalition to deliver polysubstance use prevention program to youth. Partnership with Las Vegas-Clark County Library District to install a naloxone distribution kiosk at the main Clark County Library to allow after-hours access to naloxone as needed by community members. Following deployment of the kiosk in October 2025, a total of 188 doses of naloxone have been distributed to the community.
- Planned and executed the 2025 Southern Nevada Substance Misuse and Overdose Summit with over 250 attendees in Clark County community.
- Completed overdose prevention stigma reduction campaign with influencers in fall 2025 in partnership with Rescue Agency.
- Linkage to Action (L2A) completed 51 harm reduction outreaches around Clark County encampments and neighborhoods with a focus on people facing homelessness.
- ODS launched a pilot program to distribute low barrier self-collection HIV kits to individuals and organizations that serve people who are not likely to seek traditional screening in November 2025.
- On Dec 4th, 2025 ODS held our first TB Death Review internal meeting. This gave our internal team a chance to review missed opportunities for earlier TB intervention by providers and hospitals. Our goal is to use these reviews to help identify areas where we can do focused outreach in order to increase the likelihood of earlier diagnosis, prevention, and intervention in the TB disease process.

15. MOUs/interlocals to expand HIV/STI/HEP testing or overdose prevention efforts in Clark County

- High Intensity Drug Trafficking Agency (HIDTA) for data sharing and referrals
- CAN Community Health-HIV and Hepatitis testing and data collection
- Community Counseling Center-HIV testing and data collection
- Sagebrush Health-HIV testing and data collection
- The Center-Hepatitis C testing and data collection
- The HPV Center Las Vegas-HIV and Hepatitis C testing and data collection
- Vegas Stronger for outreach collaboration and referrals
- UMC Quick Cares HIV testing and data collection

16. Linkage to care efforts within correctional facilities:

- HIV and STI testing, linkages and referrals for SUD and HIV

Jail Linkage service type	# offered	# achieved
Evidence Based SUD treatment	49	29
Medically Assisted Therapy	15	11
Peer Support Services	97	86
Supportive Services (SSI, food stamps, ID, mental health, etc)	60	46
HIV Medical Care	101	67
Naloxone	469	379

17. Disease Investigation Efforts

DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters¹	Reactors/ Symptomatic/ Xray	OOJ/ FUP
Chlamydia	198	2	413	2
Gonorrhea	77	0	196	1
Syphilis	174	32	1,651	3

HIV/AIDS (New to Care/Returning to Care)	272	51	1,131	2
Tuberculosis	3,300	0	107	10
TOTAL	4,021	85	3,498	18

1. Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

- Conducted large scale TB contact investigations in the following settings: hotels/casinos, healthcare facilities, homeless shelter, and correctional facilities.
- ODS conducted a total of 2,938 STI and HIV and 239 TB (including suspects which turned out not to be TB) investigations.

18. Outreach/Testing Efforts

Prevention - SNHD HIV Testing	
Outreach/Targeted Testing	14,448
Clinic Screening (SHC/FPC/TB)	5,596
Outreach Screening (Jails, SAPTA)	1,476
Collect2 Protect	72
TOTAL	19,592
Outreach/Targeted Testing POSITIVE	36
Clinic Screening (SHC/FPC/TB) POSITIVE	5
Outreach Screening (Jails, SAPTA) POSITIVE	7
Collect2 Protect POSITIVE	0
TOTAL POSITIVES	48

- Several encampments where individuals who are unhoused reside were identified during routine investigations where possible disease transmission was occurring. Based on information provided to our disease investigators several locations were identified as areas we should conduct additional testing. Our Mobile Testing Unit was deployed to conduct HIV, Syphilis, and Hepatitis C testing as part of clustering and contact investigation efforts. ODS worked with the HATS team to coordinate treatment, linkage to care and referrals to additional resources as appropriate. This resulted in the following:

Test	#tests	#positives
HIV	80	1
Syphilis	80	5
HCV	56	10*
CT/GC	2	1

*All HCV cases with viremia at time of investigation are included (6 are new cases, 4 are old cases with no proof of treatment).

19. Marketing Efforts

- Optimized ReThink HIV campaign to include ads in English and Spanish. In addition to promoting the ReThink HIV, ReThink Safe Sex and the She's Well (PrEP) campaigns on Facebook and Instagram, The ReThink HIV and She's Well campaign ads were placed on public buses and 115 transit shelters around Clark County. The Rethink HIV campaign had 56,601,233 total impressions, 303,075 video completions, 139,891 exploratory engagements, 272 active engagements, and 20,099 web sessions. The Rethink Safe Sex campaign had 3,580,380 total impressions, 510,415 video completions, 599,956 exploratory engagements, 834 active engagements, and 15,413 web sessions.
- SNHD Social media platforms posted over 30 safe sleep campaign graphics on their feed from June-July 2025. They also collaborated with 11 social media influencers, including

one father figure, to post content about safe sleep and direct followers back to the SNHD safe sleep landing page. Influencer analytics report 23 media posted, a reach of 2.1 million, 501k impressions and 8,437 engagements. Additionally, SNHD collaborated on 2 Instagram posts with vetted influencers and reached over 39k landing page views from May-September 2025. SNHD's safe sleep digital advertising reports 36 million impressions and 18k clicks for web banners, and 4 million impressions and 16k clicks for desktop and mobile native advertising.

- Podcast Interviews:
 - Hua, C. Podcast Interview regarding the Community Status Assessment survey with “A Healthier Tomorrow” hosted by Will Rucker. July 2025.
 - Laird, H. Podcast Interview regarding the launch of CredibleMind platform with “A Healthier Tomorrow” hosted by Will Rucker. July 2025.
 - Pulver, K. Podcast Interview regarding Harm Reduction on CASAT Nevada Opioid Center for Excellence (NOCE) Dose: Opioid Crisis Unplugged podcast. September 2024.
 - Johnson, J. Podcast Interview on UNLV Student Podcast Las Vegas, Nevada Campus regarding public health, overdose prevention, and prescription drug monitoring program. March 2025.
 - Pulver, K. Podcast Interview regarding overdose prevention with “A Healthier Tomorrow” hosted by Will Rucker. August 2025.
 - Johnson, J. Podcast Interview regarding public health and overdose prevention with “EMPOWERED Voices: Recovery to Resiliency” co-hosted by Farzad Kamyar, MD and Amani Wilson, EMPOWERED’s program coordinator. October 2025.
 - Radeoff, C. & Holbert, R. Podcast Interview on World AIDS Day with “A Healthier Tomorrow” hosted by Will Rucker. December 2025.

20. Health Education Efforts

Health Education Efforts	TOTAL
Total number of educational trainings facilitated:	140
Total number of trainees from educational trainings:	2,970
Total number of presentations to state or national agencies:	38
Total number of media interviews:	10
Total number of BOH/PHAB presentations:	3
Total number of coalition meetings attended:	243
Total number of memberships on state and community coalitions:	25

UPCOMING ODS PROJECTS:

1. ODS will transition ODS DIIS staff to work on Mpox investigation in January 2026.
2. Evaluate ChemBio rapid HIV/Syphilis test in the field, at outreach and in Express Testing- will evaluate this test to see if it meets the needs for active surveillance process.
3. Complete Community Health Improvement plan- report expected in Spring 2026.
4. Contingency Management training for Clark County providers- UNR was selected through an RFP process and training is in development to educate Clark County providers on contingency management.
5. Conduct first Saber Es Poder training in Spanish for non-clinical community testing efforts
6. Finalize and distribute naloxone distribution guide for emergency departments.

7. Evaluate provider education on universal HIV testing to build county-wide capacity for prescribing PrEP.
8. Implement provider referral portal for people not in HIV care- “Return to Care” or “R2C”: Providers will be able to access an on-line portal and refer people living with HIV who meet certain criteria for locating and re-engagement to care services.
9. Expand naloxone access through kiosks leveraging partnership with Las Vegas-Clark County Library District to install additional kiosks at more locations. We hope to work with the library in Mesquite and/or Indian Springs.
10. Educate community providers on the importance of screening for TB utilizing “Think, Test, Treat TB” campaign.

Office of Epidemiology

KEY ACCOMPLISHMENTS:

1. Building partnerships, applying for new grants, and maintaining existing grant deliverables.
2. Deployed and maintained SNHD’s Respiratory Virus dashboard since Fall 2025.
3. Led the efforts to maintain SNHD’s Institutional Review Committee (IRC).
4. Implemented enhanced gonorrhea surveillance.
5. Through the FR-CARA project, led by OEPHI, SNHD distributed 209,754 doses of naloxone in FY 2025.
6. Assisted with revamp of TB Cohort Review - procedures, indicators, and coding (ongoing).
7. Transitioned SNHD Weekly Influenza Report from SAS to RStudio
8. Created Annual Influenza Summary Report
9. Assisted with English to Spanish and English to Chinese translation checks for various surveys (e.g., COVID-19 surveys).
10. Met with EH division Food Operations staff and other jurisdictions to meet FDA FBI standards, 2025
11. Collaborated with the Clark County Office of the Coroner/Medical Examiner on a FHIR project to produce flat files supporting grant data submissions (e.g., NVDRS and SUDORS).
12. Collaborated with Clinical Services to develop and evaluate various reminder recall initiatives for COVID-19, MPOX and HPV vaccines.
13. Continue to collaborate with the American Cancer Society and SNHD clinical services on quality improvement initiatives to increase childhood vaccination rates for HPV and enhance staff education on age 9 recommendations for the vaccine.
14. Monitored heat related deaths and ED visits.
15. Monitored arbovirus activity.
16. Support drug overdose prevention efforts through the OD2A grant.
17. Support the EMS and traumatic injury surveillance and prevention.
18. Maintain childhood lead poisoning surveillance to support Nevada Childhood Lead Poisoning Prevention program.
19. Maintain and support PHEP grant activities.
20. Substance use dashboard maintenance consisting of drug overdose morbidity and mortality data, and drug checking data.
21. Offer educational opportunities in public health for graduate medical education residents and fellows.
22. Delivered epidemiology overview presentations to physicians, physician assistants, and nursing students.

23. Established and maintained a stillbirth surveillance system through the Pregnant People-Infant Linked Longitudinal Surveillance (PILLARS) grant
24. Launched a Perinatal Periods of Risk (PPOR) study to enrich epidemiological research in maternal and child health.
25. Continued in-depth data analysis of congenital syphilis risk factors and associated cost.
26. Expanded coccidioidomycosis epidemiology profile and risk factor analysis.
27. Supported the Community Health Assessment with survey development and evaluation of responses.
28. Maintained provider outreach, communication, and education via health alerts (Public Health Alerts, Advisories, Seasonal Influenza Reports – 55 HANs distributed).
29. Released Phase 1 of the Health and Equity Dashboard
30. Worked with ACDC to establish SNHD HAI team.
31. Collaborated with OCDPHP and OOC to develop data-driven press releases using the most current health data.
32. Conceptualized and developed public-facing infographics with BSHOP/BESHOP and OOC to translate complex health data into accessible visuals.
33. Reviewed and updated childhood lead poisoning prevention webpages on SNHD website with NvCLPPP and OOC
34. Reviewed and updated mosquito and arbovirus surveillance webpages on SNHD website with Environmental Health and OOC.

OUTBREAK AND OTHER INVESTIGATIONS:

1. Multiple large scale TB investigations.
2. Three Legionella investigations.
3. Five norovirus outbreak investigations.
4. Three gastrointestinal diseases (GI) outbreak investigations with no pathogen identified.

PARTICIPATE IN COMMITTEES AND PROVIDE EPIDEMIOLOGY TECHNICAL SUPPORT:

1. CSTE Injury Epidemiology and Surveillance Subcommittee.
2. CSTE Substance Use and Mental Health Subcommittee.
3. CSTE HIV Subcommittee.
4. CSTE STD Subcommittee.
5. CSTE VPD Subcommittee.
6. CSTE/CDC Forecasting Workgroup.
7. CSTE Surveillance Practice and Implementation Subcommittee.
8. CSTE eCR workgroup.
9. CSTE Data Modernization Initiative (DMI) Learning Community.
10. CSTE Workforce Steering Committee (Vice Chair).
11. CSTE Disaster Epidemiology Subcommittee Call.
12. Biosurveillance Advisory Committee (BioWatch).
13. NACCHO Academy of Science Board.
14. National Cluster Detection and Response Implementation Learning Collaborative.
15. NV Congenital Syphilis Steering Committee.
16. NV Pathogen Science Team.
17. NV Child Death Review Team.
18. Nevada Statewide Respiratory Epidemiology Meeting.
19. Nevada Childhood Lead Poisoning Prevention Program Advisory Board.
20. NV Advanced Child Death Review.

21. Statewide Epidemiology Organization Workgroup (SEOW) Committee.
22. Southern Nevada Opioid Advisory Council (SNOAC).
23. Southern Nevada Infectious Disease Society.
24. SNHD Health Equity Workgroup.
25. CSTE Forecasting & Modeling Peer-to-Peer Program.
26. CSTE Data Science Team Training (DSTT) Program.
27. CSTE Leading Epidemiologists, Advancing Data (LEAD) Program.
28. SNHD Academic Affairs Committee.
29. Scientific Advisory Board for the National Institutes of Health-funded Engaging Communities of Hispanics for Aging Research (ECHAR) to Address Disparities in Alzheimer's and Other Dementias.
30. Technical support for the Clark County Office the Coroner/Medical Examiner's FHIR project – NVDRS.
32. Technical support for the Clark County Office of the Coroner/Medical Examiner's FHIR project – SUDORS.
34. Technical support for SNHD intake forms QI on language accessibility.

EPIDEMIOLOGICAL AND PROGRAM REPORTS:

1. 2021 Clark County Antibiogram.
2. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
4. Weekly/Monthly Arbovirus Report (May-Oct).
5. Weekly Wastewater Report (April – Present)
6. Monthly - BOH report.
7. Annual - Trauma Needs Assessment Review.
8. Annual Health Equity Report.
9. Annual Influenza Summary Report
10. Submitted quarterly reports to ODS for HCV state grant.
11. Weekly MPOX case and vaccination report.
12. Quarterly CDC lead testing data submission.
13. Quarterly CLPPP lead testing data submission.
14. Biannual PILLARS data submission.
15. Annual PILLARS reports.
16. Quarterly SUDORS reports.
17. Quarterly NVDRS reports.
18. Annual CLPPP reports
19. Annual pediatric drowning/submersion report.
20. Annual leading causes of death report.
21. Weekly Hepatitis CQA report.
22. Weekly Perinatal Hepatitis B report.
23. Weekly influenza surveillance report (Oct-May).
24. Daily CLPPP referral line list report.
25. Daily legionella investigation line list report
26. Ryan White Reports (9).
27. MPOX reports.
28. Immunization Reports (7).
29. Semi-Annual EHE report for CDC submission.
30. EHE Report for University of Washington.

31. Trichomonas reports in eCW.
32. UCSD study Global Alert report.
33. UW Learning Collaborative – Metric reports.
34. Clark County Coroner's office reports (24).
35. Monthly (External) and Weekly Internal) Heat Related Death and ED Visit report (April – Oct).
36. Monthly and quarterly disease statistics reports.

CONFERENCES ATTENDED:

1. Overdose Response Strategy HIDTA conference.
2. 2025 CSTE Annual Conference.
3. 2025 IACME Annual Training Symposium.
4. 2025 Substance Misuse and Overdose Prevention Summit.
5. Global Health Corps Fellowship- Leadership Accelerator Conference.
6. ECHO Symposium: Translating Science to Action.
7. Western States Modeling Symposium.
8. Pacific AIDS Education and Training Center STI Update Spring 2025.
9. 2025 NASTAD National Cluster HIV Detection & Response Implementation Learning Collaborative.
10. 2025 American Conference for the Treatment of HIV.
11. 2025 International Association of Corner and Medical Examiners Annual Training Symposium.
12. Academy of Science National Conference 2025.
13. Attended CADCA 24th Annual Mid-Year Training Institute.
14. Big Cities 7-1-7 Workshop, September 2025.
15. APIC Southern Nevada 2nd Annual Microbe Monster Mash Conference.
16. SNHD Legionella Prevention and Response in Healthcare and Hospitality Settings seminar.

WORKFORCE RECRUITMENT AND DEVELOPMENT:

1. Hired one Wastewater Surveillance Epidemiologist.
2. Participated as a mentee in CSTE Peer-to-Peer Technical Assistance Program for VPD Surveillance.
3. Epidemiology staff member accepted to sixth cohort of CSTE LEAD Program.
4. Staff member provided mentorship to Immunization Outreach Intern Project.
5. Staff attended the following training opportunities:
 - Geospatial Analysis Workshop hosted by UNLV
 - SNHD Human Resources ABC's of Career Development: Boosting your Professional Skills- 2 - Session 1, July
 - Introduction to Radiology/Nuclear WMD Operation, November 2025
 - Leveraging Machine Learning to Analyze Electronic Health Records, UNLV School of Public Health & Southern Nevada Health District, March 2025
 - Client Conversations Webinar: Introducing Bivariate Maps in Stories, Conduent HCI, April 2025
 - Building AI Readiness in Public Health (Two-Part Webinar Series), National Association of County and City Health Officials (NACCHO), May 2025
 - Building AI Readiness in Public Health (Two-Part Webinar Series), NACCHO, June 2025
 - Using the Census API with the American Community Survey, U.S. Census Bureau, July 2025
 - Client Conversations Webinar: Showing Platform Value Through Site Metrics, Conduent HCI, July 2025

- DSC “Just Did It” trainings
- DiSC Assessment Training, July 2025
- Clark County National Center for Fatality Review and Prevention Child Death Review Training, August

ABSTRACTS, POSTERS OR PRESENTATIONS AT CONFERENCES:

1. Submitted more than 20 abstracts for the 2026 CSTE Annual Conference.
2. Posters at the 2025 CSTE Annual Conference.
 - Prut Udomwattawee, BS, Matthew Kappel, MPH, CIC, Angel Stachnik, MPH, CIC, Greg Lang, BS, Haley Blake, MPH, CPH, CIC, Sony Varghese, MSHI, MSA, MLS, Anthony Asay, BS, Xurong Liu, MS and Lei Zhang, MS (June 2025). *Enhancing Public Health Surveillance: Impact of Electronic Case Reporting Integration at the Southern Nevada Health District.* [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Matthew Kappel, MPH, CIC, Angel Stachnik, MPH, CIC, Prut Udomwattawee, BS, Laura Cicani, MS, Anilkumar Mangla, PhD, MPH, FRIPH and Cassius Lockett, PhD (June 2025). *Examining HIV, Substance Use, and Racial/Ethnic Disparities in Unintentional Overdose Deaths in Clark County, Nevada, 2019–2023.* [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Sfurti Rathi, MPH, M.B.B.S, Marco Mendez, MPH, Anthony Asay, BS, Guillermo Ramirez, Ying Zhang, PhD, MPH, CPH and Cassius Lockett, PhD. *The Weight of Equity: Exploring Individual and Community Risk Factors for Preterm Births and Low Birth Weight in Clark County, Nevada from 2019 to 2023.* [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Brandon Delise, MPH, Marco G. Mendez, MPH, Lizbeth Vasquez, MPH, and Ying Zhang, PhD. (June 2025). *8 Steps to Success: Developing a Substance Use Dashboard Using the Software Development Lifecycle Framework.* [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Brandon Delise, MPH, Rebecca Topol, SM, Lei Zhang, MS, Geoff Melly, MPH, Eric Matesen, MPH, Gabriela Bran, MPH, Rosanne Sugay, MPH, Edwin Oh, PhD, Van Vo, MPH, Cassius Lockett, PhD, and Anil T. Mangla, PhD, MPH, FRIPH. (June 2025). *Health Under the Vegas Neon Lights: A Surveillance Framework for Major Events.* [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
3. Oral presentation at the 2025 CSTE Annual Conference
 - Kim, Y., Flatt, J., Kim, J., Bhandari, N., López, E. B, Mangla, A. T., Shen, J. J., Travis, T., Qiu-Shultz, Z., Topol, R., & Zhang, L. (2025, June). *Determinants of COVID-19 vaccination status and mortality among older adults hospitalized with COVID-19 in Southern Nevada.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Xurong Liu, MS, Matthew Kappel, MPH, CIC, Josh Norris, BS, Sony Varghese, MSHI, MSA, MLS, Prut Udomwattawee, BS and Lei Zhang, MS (June 2025). *Developing a System for Real-Time Weather Data Collection to Support Public Health in Clark County, NV.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
 - Angel Stachnik, MPH, CIC, Cheryl Radloff, PhD, Tabby Eddleman, MPH, Anilkumar Mangla, PhD, MPH, FRIPH and Cassius Lockett, PhD. (June 2025). *Missing Part of the Equation: Paternal Role in Congenital Syphilis in Clark County, Nevada, 2022-2023.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.

presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.

- Tamera Travis, MSc, Jessica Johnson, MPH, CHES, CPS, and Carmen Hua, MPH, CHES. *In Community Health Assessments: New Approaches and Improved Outcomes of Reaching Underserved Populations of Clark County, Nevada.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
- Alexis Brignola, MPH, Rebecca Topol, SM, Lei Zhang, MS, Dr. Anikumar Mangla, PhD, MPH, FRIPH, and Dr. Cassius Lockett, PhD. *Heat and Mortality: Identifying Critical Temperature Thresholds for Preventing Heat-Associated Deaths in Clark County, NV.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
- Benjamin J. Ashraf, PhD, CHES, Yuan Xu, MPH, Tamera Travis, MSc, Christian Murua, MPH, and Matthew Kappel, MPH. *Demographic Disparities in RSV Cases and Vaccinations Among Adults Aged 60 Years and Above in Clark County, Nevada.* [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.

4. Poster at the National Immunization Conference
 - COVID-19 vaccine barriers, motivational factors, and informational sources among populations with low uptake rates within Clark County, NV
5. Oral presentations at 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit:
 - Surveillance of the local illicit drug supply
 - Examining HIV, Substance Use, and Racial/Ethnic Disparities in Overdose Death, 2019-2023
 - The Intersection of Extreme Heat and Overdose Mortality
6. Syphilis in Primary Care ECHO (lecture series faculty)
 - 4/8/25: State of Syphilis in Nevada
 - 4/22/25: Complications of Syphilis: Signs & Symptoms Across All Stages
 - 5/6/25: Maternal Screening & Treatment for Congenital Syphilis Prevention
7. UNLV Kirk Kerkorian School of Medicine Grand Rounds Oral Presentations
 - 5/15/25: TB or not TB? A public health approach to latent tuberculosis infection (LTBI) screening and treatment
8. Oral presentation at the spring STI Update of the Pacific AIDS Education and Training Center, NV
 - Epidemiologic profile of sexually transmitted infections and HIV in Clark County, NV
 - PEP, PrEP, and DoxyPEP
9. Hepatitis B, C, and HIV Care
10. Valentino, L., Radeloff, C., López, E. B., & Mangla, A. T. (2025, April). *Keeping the party going: The importance of maintaining sustainability of the Health District After Dark through collaboration and funding* [Oral presentation]. Nevada Public Health Association Annual Meeting, Las Vegas, NV
11. Oral Presentation for the 26th Annual Autumn Update: Networking for HIV Care, University of Nevada, Reno
 - Not Throwing Away Our Shot: Vaccinations for Persons with HIV
12. Recorded CME presentation for Clark County Medical Society “Building Trust in Vaccines: Navigating Hesitancy in Clinical Practice”

13. Oral Presentation on SUDORS in Las Vegas, NV at the 2025 International Association of Coroners & Medical Examiners (IACME) Annual Training Symposium

OTHER PRESENTATIONS:

1. Staff were Featured on Healthier Tomorrow radio show for the Community Status Assessment.
2. Staff were Featured on State of Nevada radio show to discuss Respiratory Disease Dashboard.
3. Staff presented regarding Introduction to Wastewater Surveillance at West Career Technical Academy – One Health Day.
4. Syphilis Burden in Nevada at the Quarterly Congenital Syphilis Review Board meetings.
5. Presented Epi 101 to Valley Health System professionals.
6. Presented Epi 101 to CSN nursing students.
7. Advancing Health Equity Quarterly Collaboration.
8. Health District After Dark: Health Equity in Sin City.
9. Monthly Public Community Status Assessment update meetings.
10. 2025 Community Health Assessment Steering Committee.
11. Presentation on Community Status Assessment to SNHD FQHC.
12. Presented at the Center for National Asian & Pacific Islander HIV Awareness Day on 05/19/2025.
13. Presented at the Center for the World Hepatitis Day on 7/28/2025.
14. López, E. B., & Delise, B. (2025, March). *New tools for change: Introducing SNHD's Health and Equity & Substance Use Dashboards* [Invited presentation]. Part of the County Health Rankings Release, Southern Nevada Health District, Las Vegas, NV.
15. Travis, T. (Author) & López, E. B. (Presenter), (2025, April). *Improving data transparency to advance health equity: Implementation of the Health Equity Status Report in Clark County, NV*. [Oral presentation]. Presented at the Southern Nevada Health District Public Health Advisory Board Meeting, Las Vegas, NV.
16. EMPOWERED Voices podcast titled “The State of Substance Use”.
17. Presented antibiogram to the SNHD HAI team.

JOURNAL PUBLICATIONS:

1. Penney JA, Stachnik A, Radeloff C, et al. Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022. MMWR Morb Mortal Wkly Rep 2025;74:350–354. DOI: <http://dx.doi.org/10.15585/mmwr.mm7420a3>.
2. Bryant RQ, Reich K, Johnson JA, Delise B, Zhang Y, Lockett C, Allen ST. Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021–2023. Harm Reduct J. 2025 Apr 12;22(1):52. doi: 10.1186/s12954-025-01207-x. PMID: 40221778; PMCID: PMC11992778.
3. Marquez, E., Haboush-Deloye, A., Kim, J., López, E. B., Mangla, A. T., Adhikari, B., & Shen, J. J. (2025). Factors Associated with Hospital Length of Stay and Intensive Care Utilization Among Pediatric COVID-19 Patients in Southern Nevada: A Multivariate Analysis. *Children*, 12(3), 332.
4. Kim, Y., Flatt, J., López, E. B., Kim, J., Bhandari, N., Mangla, A. T., Zhang, L., Travis, T., Topol, R., Qiu-Shultz, Z., & Shen, J. (2025). Identifying factors associated with vaccination status and mortality among older adults in Nevada during the COVID-19 pandemic. *Nevada Journal of Public Health*, 22(1), 1–10.
5. Goyal R, Wells A, Burris V, et al. Individual- and Neighborhood- Level Predictors of HIV Care Continuum Progression: Clark County, Nevada. *Open Forum Infectious Diseases*. Published online July 10, 2025. doi:<https://doi.org/10.1093/ofid/ofaf409>.

6. Pharr JR, Bhandari N, Shen J, López EB, Topol R, Zhang L, Mangla AT. Examining disparities in COVID-19 hospitalization outcomes in Southern Nevada by vaccination status. *Nevada Journal of Public Health*. 2025;22:18-32.

GRANT APPLICATIONS:

1. Applied for \$58,000 of supplemental funds that's part of SNHD's FR-CARA grant.
2. Received two subawards from NV DPBH to purchase naloxone, totaling \$1,768,412.

AWARDS:

1. Three Epidemiologists received On the Spot Awards for their work.
2. One Epidemiologist was recognized as SNHD Employee of the Month.

Environmental Health Division

Consumer Health

AQUATIC HEALTH OPERATIONS (AHOps)

1. The AHOps team conducted 4,492 routine inspections, 332 complaint investigations, and responded to 42 drowning/diving incidents.
2. Staff was awarded the Dr. R. Neil Lowry grant in the sum of \$5,000 in recognition of their risk factor survey program, which is currently in progress.
3. Staff conducted one public outreach meeting to educate stakeholders about the responsibilities of lifeguard supervisors and permit holders. Staff also discussed when pools should be management closed for maintenance issues.

AQUATIC HEALTH PLAN REVIEW (AHPR):

1. The AHPR team received 1,596 applications, a 26% increase in submissions over 2024.
2. Staff continue to spearhead review and revision of the 2018 Aquatic Facilities Regulations. This project is ongoing.
3. Staff conducted one public outreach meeting to educate stakeholders about the plan review process and counterfeit drain covers.

PLAN REVIEW (PR):

1. The PR team received 2,157 applications, a 3% increase over 2024.
2. PR staff fully implemented its Quality Assurance Program to ensure staff are adhering to program standards.

SPECIAL PROGRAMS:

1. Special Programs staff conducted 1,189 routine inspections for body art establishments, childcare facilities, schools, and institutions. Staff also conducted 104 complaint investigations.
2. Two inspectors completed training for and received their Certified Playground Safety Inspector certifications.

Engineering

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) PROGRAM:

1. Staff continue conducting outreach and water testing events in the Las Vegas Valley as part of grant activities that include groundwater and Legionella sampling for residential properties. Staff continue to survey participants to evaluate the effectiveness of the program.
2. Staff have received a subgrant from NDEP to begin testing private wells for per- and polyfluoroalkyl substances (PFAS).
3. The ISDS Regulations are being updated, with the objective of completing the process in 2026. The Business Impact Statement portion of the process was completed in July, and public workshops were conducted in September. Public outreach is ongoing and additional workshops are planned in 2026.

PUBLIC ACCOMMODATIONS PLAN REVIEW:

1. Staff continue working with jurisdictional building/permitting agencies so that new public accommodation permit applicants are instructed to contact SNHD prior to starting construction.

SAFE DRINKING WATER (SDW) PROGRAM:

1. Staff continue working to address SDW compliance issues in Trout Canyon.
2. Staff continue to work with the Elkhorn/Monte Cristo, Desert Sunrise, and other unpermitted public water systems. Staff conducted additional outreach to the unpermitted water system teams that have not yet engaged with SDW or NDEP staff.
3. Staff initiated discussions with event coordinators and contractors to ensure that potable water is provided to all handwashing stations at special events and temporary mass gatherings.
4. Staff drafted a new policy for monitoring water quality at temporary events.

SUBDIVISION PLAN REVIEW:

1. Staff continue to collaborate with local water and sewer agencies to resolve required review comments that are acceptable by the jurisdictions.
2. Staff revised the submittal and review process to improve customer service.
3. Staff began training with NDEP to evaluate incorporating the review of distribution piping water projects into SNHD's current subdivision improvement plan review process.

SOLID WASTE PLAN REVIEW:

1. Plan Review staff are working with Operations staff to revise the categories of solid waste materials to account for increasing requests to recycle non-traditional and manufactured materials such as metal oxides, solar panels, and rare earth metals.
2. Staff continue to hold joint meetings to increase cooperation between the programs.
3. Plan Review and Operations staff have met with NDEP representatives to discuss a possible elevated temperature landfill reaction at the Apex landfill.

Food Operations - Inspections

1. Staff presented at the National Environmental Health Association (NEHA) and Nevada Environmental Health Association (NvEHA) Conferences.
2. Staff hosted quarterly Food Safety Partnership (FSP) meetings to maintain industry outreach, communication, and education.
3. Staff successfully coordinated, organized, and inspected the third annual Formula 1 Grand Prix event on the Las Vegas Strip.
4. Staff successfully coordinated, organized, and inspected the Electric Daisy Carnival at the Las Vegas Motor Speedway.
5. Environmental Health (EH) leadership coordinated meetings and discussions with the American Kratom Association regarding the legalities of kratom in Clark County.
6. Staff developed an industry handout for unapproved additives (kava, kratom, charcoal, and Cannabidiol).
7. Staff developed a Food Safety Training Log for industry.
8. Staff participated in the Conference for Food Protection (CFP) committee on cold brew coffee.
9. Staff assisted with revisions for all Food Operations' comments and standard language for the EH inspection software program.

Food Operations – Regulatory Support

OUTBREAK RESPONSE OFFICE:

1. Staff planned and hosted a free Legionella Prevention Seminar for industry professionals.
2. Staff presented foodborne outbreak prevention information at the Integrated Foodborne Outbreak Response Management conference, the Centers for Disease Control and Prevention (CDC) National Environmental Assessment Reporting System meeting, and the NvEHA Annual Education Conference (AEC).
3. Staff gave a presentation on Legionella investigations at the NEHA AEC.
4. An investigation into norovirus associated with oysters led to an international recall.
5. Staff supported the state on a significant Legionella investigation at a local hospital.
6. Staff developed a tool to evaluate facility water management programs during investigations.
7. Multiple staff earned the Certified in Infection Control (CIC) credential in anticipation of assuming responsibility for hospital acquired infections investigations.

SPECIALIZED FOODS OFFICE:

1. Staff conducted two public “town hall” meetings, in conjunction with other government agencies, regarding unpermitted food vendors.
2. Staff met with Senator Donate and other Nevada public health agency representatives to discuss the sidewalk vendor bill, Senate Bill (SB) 295.
3. Staff attended the legislative hearing for SB295 and gave testimony in opposition to SB295 but worked closely with the bill sponsor to address agreed upon issues.
4. Staff met with certified builders and sidewalk vendors to discuss requirements for cart design in response to public comments at SB295 hearings.
5. Staff coordinated multiple enforcement actions with other government agencies, such as City of Las Vegas Business License, Clark County Business License, Clark County Code Enforcement, City of Las Vegas Code Enforcement, Las Vegas Metropolitan Police Department, City of North Las Vegas Police Department, City of Mesquite Code Enforcement, etc. regarding unpermitted food vending.
6. Staff presented information regarding unpermitted food vending and SB295 at the NvEHA AEC.
7. Staff presented information about unpermitted food vending in 2023, 2024, and 2025 for the SNHD Public Health Advisory Board.
8. Staff represented SNHD on the Southern Nevada Food Council, Nevada Human Trafficking Task Force, and at the CFP as a voting member of Council III.
9. Staff presented information and had an educational booth at the 2025 Food Truck Owners Expo conference.
10. Staff conducted meetings with the Virginia Department of Health to discuss the SNHD mobile vendor program, including permitting, plan reviews, and routine inspections.

REGULATORY SUPPORT OFFICE:

1. Staff participated in National Voluntary Retail Food Regulatory Program Standards and conducted a full self-assessment of all nine standards resulting in meeting Standards 1 (Regulatory Foundation), 2 (Trained Regulatory Staff), 4 (Uniform Inspection Program), 5 (Foodborne Illness and Food Defense Preparedness and Response), 7 (Industry and Community Relations), 8 (Program Support and Resources), and 9 (Program Assessment).
2. Staff created a Beer Line Cleaning Educational Handout for industry, trained staff on the associated hazards, and collected preliminary data on industry cleaning practices.
3. Staff presented at the Association of Food and Drug Officials (AFDO) Advanced Inspector Bootcamp, NEHA AEC, and NvEHA AEC.

4. Staff responded to legislation activities on Assembly Bill (AB) 352, SB295, and SB466 relating to cottage food, cottage cosmetics, and other vendor and agency changes associated with Nevada's 2025 legislative session.
5. Staff participated in various food safety national committees, including CFP Program Standards, NEHA Food Safety Program, Integrated Food Safety System, Regulatory Laboratory Training System steering committees, and the National Curriculum Standards Basic Core Competency Review.
6. Staff participated in and attended the CFP 2025 meeting in a leadership role as the Executive Board Chair, including attending pre-conference workshops.
7. In response to inquiries from kratom advocacy groups, staff researched and prepared a response for a request to vary from the food regulations based on the most recent medical and legal information available.

TRAINING OFFICE:

1. A new office (Training Office) was created in the EH Division to provide additional support to train staff and improve inspection skills.
2. Staff presented on Enhanced Digital Training at the NEHA conference.
3. Staff completed revisions for all Food Operations' comments and standard language within the EH inspection software.
4. Staff completed updates to the SNHD Training Manual to align with updated guidance from the
5. Food and Drug Administration.

Solid Waste & Compliance

ILLEGAL DUMPING / RESTRICTED WASTE MANAGEMENT (RWM) PROGRAMS:

1. Staff continue to work with Business License agencies (Clark County, City of Las Vegas, City of Henderson, and City of North Las Vegas) regarding the referral process for noncompliant Restricted Waste facilities.
2. Staff completed over 3,500 annual Restricted Waste inspections and conducted approximately 800 Illegal Dumping responses.
3. Staff continue to participate in multi-agency responses with Clark County, City of Las Vegas, Henderson, and North Las Vegas.

MOSQUITO DISEASE:

1. Staff set 3,184 mosquito traps and submitted over 2,296 mosquito submission pools, representing 54,288 mosquitoes, to the Southern Nevada Public Health Laboratory for disease analysis. West Nile Virus (WNV) was identified in 14 submission pools, representing 545 mosquitoes, with zero human cases reported; no St. Louis Encephalitis was identified.
2. Staff responded to 322 citizen mosquito activity complaints.

PERMITTED DISPOSAL FACILITIES (PDF) PROGRAM:

1. Staff continued to coordinate/host the Southern Nevada Environmental Task Force meetings as an avenue to increase communication with partner agencies.
2. Staff have completed 225 Permitted Disposal Facility inspections. Each facility is inspected either quarterly or semi-annually.
3. Biannual meetings have been scheduled with Solid Waste Plan Review staff to coordinate smoother program interactions.

4. Staff have developed procedural documents for the Waste Tire Hauler program, the Permitted Disposal Facility program, permitted facility closures, and leachate analytical data review.

PUBLIC ACCOMMODATION PROGRAM (HOTEL/MOTEL/MOBILE HOME/RV PARKS):

1. Staff have drafted a revision of the 2006 Public Accommodation Regulations and are proceeding with the approval process.
2. Staff conducted 274 routine inspections at hotel/motel facilities and investigated 155 guest complaints.
3. Staff completed 155 routine inspections of Mobile Home and Recreational Vehicle Parks and investigated 20 residents' complaints.
4. Staff conducted one Temporary Mass Gathering permit inspection for the Electric Daisy Carnival.

UNDERGROUND STORAGE TANK (UST) PROGRAM:

1. Staff completed 677 routine inspections and 8 facility closures. Staff performed 34 final inspections for new facilities.
2. Staff are working with the SNHD Safety Officer to create a Job Hazard Analysis for the UST program. During this process, staff have identified hazards and proposed corrective actions or engineering measures to reduce hazards met in the field.
3. Staff have coordinated with the Nevada Division of Environmental Protection (NDEP) and renewed the interlocal contract under which they perform UST inspections in Clark County, Nevada from July 1, 2025, through June 30, 2029.
4. Staff attended the 2025 National Tanks Conference in Spokane, Washington to further develop staff's knowledge of the UST field.

Public Health and Preventive Care Division

Community Health Nursing Program

1. The Maternal Child Health (MCH) programs consist of two home visiting nurses. One nurse works directly with Child Protective Services (CPS) and the second nurse provides lead case management services and follows up on newborn screening referrals received by the state. The MCH program served 52 referrals, enrolled 37 families, and completed 141 home visits.
2. The Thrive 0-3 program is in collaboration with the Department of Family Services. Community Health Workers provided home visiting services to families referred. The program received 538 referrals, enrolled 37 new families, and completed 37 one-time home visits.
3. Nurse Family Partnership (NFP) provided home visiting services to 246 families. The specially trained nurses enrolled 105 new pregnant mothers and graduated 21 families from the program.
4. Healthy Start received provided home visiting services to 140 families, including 89 new enrollments. Seven families have graduated from the program. In addition, the Community Consortium continues to meet quarterly and has increased the number of community partner participants. The program partnered with Anthen Blue Cross Blue Shield Medicaid to host a holiday educational event offering pictures with Santa. Molina Healthcare held their diaper bank during the Mama and Papa Bear clinic offering free diapers to families who attended in April 2025, and the program partnered with HPN to host a community baby shower in May 2025.
5. Embracing Fatherhood of Southern Nevada started promoting the program in the community in January 2025. The first father enrolled into the program in February. Since its inception, the program has received 25 referrals and enrolled 16 new fathers. The goal of the program is to support fathers to strengthen families and improve child health outcomes.

Employee Health Program

1. Assisted with the onboarding of 29 new hires.
2. Administered 350 vaccinations.
3. Completed 132 OSHA Medical Clearance forms.
4. Completed 270 employee TB assessments.
5. 41 employees assisted with COVID-19 related issues including monitoring others on home isolation and updated respiratory illness guidance.
6. Assisted in surge capacity in clinics, including during back to school and outbreak investigations, as needed.
7. Hosted Annual Flu Clinic with 182 employees vaccinated.
8. Updated the Exposure Control Plan.
9. Initiated Blood Borne Pathogen (BBP) SOP which is in progress.
10. Updated the TB Testing for Workforce Members Policy which is in progress.
11. Updated TB Education for SNHD which is in progress.
12. Implemented Skills Fair attended by 62 Workforce members
13. Served as resource to Workforce members by providing basic nursing assessment, guidance, and referral to appropriate level of care when needed

Immunization Clinic

1. The Immunization Clinic delivers essential vaccination services through four Public Health Centers (PHCs): Main, East Las Vegas, Henderson, and Mesquite. From January 1 through December 31, 2025, these locations served 27,782 patients and administered 67,405 immunizations.
2. Through this program, the Southern Nevada Health District supports disease prevention by maintaining community access to vaccines. Immunizations offered include protection against influenza, measles, mumps, rubella, hepatitis, and other vaccine-preventable diseases, helping reduce the spread of infectious illness and safeguard public health across Southern Nevada.
3. National Infant Immunization Week (NIIW) was observed April 21–28, 2025. During this annual event, the Immunization Team collaborated with community partners and other Southern Nevada Health District (SNHD) programs to promote the protection of infants and young children from vaccine-preventable diseases and to reinforce completion of the recommended vaccination series. The clinic focused on immunizations for children ages 0–3 across the four PHC's for this event. The Community Health Nursing Program partnered with Immunizations clinic to conduct a Mama Bear and Papa Bear clinic on April 23, 2025.
4. The Back-to-School (BTS) Immunization Campaign for the 2025–2026 school year launched in July 2025 and concluded in late August. Immunization services for school-age children remain available year-round at all Public Health Centers. The campaign encouraged families to “Don’t Wait to Vaccinate,” emphasizing timely immunizations before the start of the school year. Campaign objectives included supporting student compliance with school requirements, increasing vaccination coverage, and improving patient experience and clinic efficiency by reducing wait times.

In the month of August 2025 alone, 3,985 children were served. Below is the breakdown of patients by age groups.

Age	# of Patients
< 1	17
1	19
2	13
3-4	201
5-6	325
7-10	235
11-12	1,073
13-18	2,102
19-24	90
25-44	1,281
45+	448
Total	5,804

5. The Southern Nevada Health District offers vaccinations to protect against respiratory diseases, including influenza (Flu), respiratory syncytial virus (RSV), COVID-19, and pneumonia.
 - The Flu vaccination campaign begins in late September and runs through the end of the flu season in June 2026.
 - The COVID-19 vaccine is available year-round, with updates to the vaccine provided each season to ensure continued protection.

- The RSV vaccine is offered to various groups during specific timeframes:
 - Infants: October through March
 - Pregnant women (during weeks 32-36 of pregnancy): September through January
 - Adults aged 50-74 who are at increased risk of severe RSV: Available year-round
 - Everyone aged 75 and older: Available year-round, with late summer to early fall being the optimal time for vaccination.

These vaccines are essential in protecting our community from serious respiratory illnesses. Individuals are encouraged to get vaccinated according to the recommended schedules.

Immunization Outreach Program

1. The Immunization Outreach team provided walk-in immunization clinics at the Clark County Family Support Center and select elementary, middle, and high schools in Clark County. The Team administered 5,062 vaccines to 2,033 clients from January 1, 2025 to December 31, 2025.
2. The Immunization Outreach team has strong collaborative relationships with community partners to expand access to vaccines in underserved areas. A total of 772 vaccines were administered to 405 patients. Partnerships include:
 - Nevada Homeless Alliance
 - Help of Southern Nevada
 - Mexican Consulate
 - Boulder City Library
 - The Office of Disease Surveillance to administer vaccines in underserved areas.
 - Childcare facilities through the School Located vaccine grant
3. The Immunization Outreach team conducted immunization education sessions in the community through and educational grant funded by the Nevada State. Childhood and adult immunization schedules on vaccine preventable diseases were distributed in outreach events.
4. The School Located Vaccine and educational grants ended on June 30, 2025.

Sexual Health Outreach and Prevention Program (SHOPP)

The Sexual Health Outreach and Prevention Program (SHOPP) consists of multiple programs and interventions including:

1. Congenital Syphilis Case Management Program (CSCMP) pairs specially trained nurses with pregnant and postpartum individuals diagnosed with syphilis to provide care and support that reduce the risk of mother-to-child (vertical) transmission.
2. Complex STI Nurse Navigator program (through funding from SB 118) provides individualized nursing support for patients diagnosed with STIs who require enhanced coordination of care, including cases such as neurosyphilis requiring emergency room navigation and STIs diagnosed during pregnancy, through warm handoffs and focused clinical navigation. CSCMP and Complex STI Nurse Navigation program work hand-in-hand and collectively enrolled 80 clients and conducted 44 provider/community trainings.
3. Express Testing (ET) clinic provides rapid, streamlined STI screening for asymptomatic individuals without the need for a provider visit. It offers convenient, low-barrier testing in clinic and community settings, helping to identify infections early and link clients to timely care. (ET) clinics completed 2,494 screenings among asymptomatic clients, with an overall positivity rate of 11%. ET partnered with the SNHD Harm Reduction and SURE Program teams to expand

testing to homeless outreach settings and offered services at the Henderson and Mesquite Public Health Centers, as well as through a community partner, the UNLV Student Health Center.

4. Partners for Better Health (PBH) completed its design year and moved into program implementation in the beginning of 2025. The program has 39 active clients.
5. Rapid PREVENT program completed its design year and moved into program implementation in the beginning of 2025. It has 21 enrolled clients.
6. Serving Unhoused through Resources and Engagement (SURE).Community Health Workers provided services at 75 unhoused community events.

Overall, SHOPP team members collaborate internally and externally with community partners to conduct testing, provide treatment, and connect patients to available resources, ensuring seamless coordination and continuity of care. SHOPP interventions utilized across different programs include:

1. Home-administered STI Treatment (HATS). HATS is an intervention by Community Health Nurses (CHN's) to strengthen public health efforts through timely, clinically guided care provided directly into the community- in the field. By reducing barriers such as transportation, cost, stigma, and limited resources, HATS expands access for people who might not otherwise receive care. This approach supports earlier treatment, advances health equity, and helps reduce ongoing STI transmission.
2. Neurosyphilis Emergent Onsite Navigation (NEON). NEON is an intervention which aims to assist patients suspected of neurosyphilis by having nurse navigators guide them through emergency department care, ensuring timely evaluation and diagnosis, and initiation of appropriate treatment. Its success is driven by strong collaboration among program nurses, diagnosing providers at SNHD and in the community, and UMC ER nurse navigators, which helps minimize patients being lost within the healthcare system.

Shared performance and outcomes among multiple SHOPP programs include:

1. Over 400 clients linked to needed resources by SHOPP nurses and Community Health Workers.
2. CSCMP nurse case managers and Complex STI Nurse Navigators enrolled 80 clients and conducted 44 health provider/community trainings.
3. CSCMP and Complex STI Nurse Navigators provided navigation services to 37 clients suspected of having neurosyphilis and conducted 74 HATS visits, helping to ensure individual health, prevent further transmission to others, and connect clients to timely diagnosis, treatment, and follow-up care.

Street Medicine (SM) Program

1. Program Launch: The new Street Medicine program was launched to deliver essential primary care directly to unhoused individuals, meeting them where they are and centering their needs.
2. Care Team:
 - An APRN and a Senior Community Health Nurse provide primary care visits.
 - Two Community Health Workers (CHWs) will join in January 2026 to assist with resources and linkages to care.
3. Approach: The program uses a harm-reduction and trauma-informed care model, focusing on:
 - Building trust through consistent outreach
 - Nonjudgmental engagement
 - Meeting patients where they are with accountability

4. Community Partnerships: SM collaborates with local organizations including HELP of Southern Nevada and Shine a Light, and is developing partnerships with the Cities of North Las Vegas and Henderson street outreach teams.
5. Impact: The program began seeing patients in the first week of November 2025 and completed 24 primary care visits in just a little over a month.

This model emphasizes accessibility, trust, and collaboration to improve health outcomes for unhoused individuals.

Tuberculosis Control and Prevention

1. The TB Clinic provides testing, treatment, and education for all individuals in Southern Nevada to prevent and manage tuberculosis.
2. Active TB Treatment: 50 patients received treatment for active TB.
3. Latent TB Treatment: 925 of 1,454 referred patients received treatment for latent tuberculosis infection (LTBI).
4. Improving Treatment Completion for latent TB: Monthly quality reviews track patients who are late picking up medications. Phone reminders are made, and if barriers like transportation or work arise, a registered nurse conducts a field visit to assess and deliver medication.
5. Staffing Updates: One new pediatric provider and one new adult provider joined the TB Clinic team.
6. Collaboration & Education: The clinic works with multiple providers across Southern Nevada to offer guidance, education, and treatment recommendations for active and latent TB.

TB Clinic emphasizes accessibility, follow-up, and community collaboration to improve TB prevention and care outcomes.

Southern Nevada Community Health Center (FQHC)

1. As of December 2025, 15,093 unduplicated patients served.
 - 7.5% year-over-year increase
2. As of December 2025, 48,834 unique encounters conducted.
 - 7% year-over-year increase
 - Licensed Independent Providers (medical & behavioral health) visits: 29,747
 - Nurse visits: 9,394
 - Lab visits: 5,944
 - Case Management visits: 2,713
 - Community Health Worker visits: 1,036
3. As of December 2025, 7,560 unique patients served in the pharmacy.
 - 30.5% year-over-year increase
4. As of December 2025, 34,948 prescriptions were filled.
 - 35% year-over-year increase

Administration, Operations, and Finances

1. Recruited and onboarded three new board members.
2. Hired and onboarded a new Medical Director.
3. Ongoing participation of the FQHC CEO on the Nevada Primary Care Association Board of Directors.
 - Member of the Finance and Policy Committees
4. Ongoing participation in a Health Center Controlled Network.
5. Successfully received Federal Tort Claims Act (FTCA) redeeming.
6. Successfully completed the Health Resources and Services Administration (HRSA) Operational Site Visit audit with no findings.
7. Successfully completed Ryan White part A program audits with no findings.
8. Successfully completed Nevada Family Planning program audit with no findings.
9. Successfully completed a CLIA Laboratory audit.
10. Created and implemented a new health center wide three-year strategic plan.
11. Revised the health center's mission and vision statements.
12. Formally added substance use disorder, psychiatry, infectious disease, and nutrition services to the health center's scope of work.
13. Opened a new Behavioral Health clinic at Decatur.
14. New intern opportunities provided in behavioral health and administration.
15. Employee fundraising program established by the Employee Engagement Committee.
16. Significant year-over-year employee engagement improvement realized through the Organization Vital Survey.
17. Revised the health center wide annual training program and tracking process.
18. Updated credentialing and privileging requirements and processes for clinical staff.
19. Revised quarterly risk assessment reporting processes and documentation.
20. Restructured leadership meetings and implemented new standard KPIs.
21. Established a plan and commenced work for achieving Patient Centered Medical Home (PCMH) accreditation.
22. Optimized sexual health access through the closure of an under performing site.
23. Expanded access to care through the implementation of stagger lunches and midday patient appointments.

24. Increased access to care through the standardization appointment templates.
25. Implemented cross training of providers in multi specialties.
26. Implemented new workflows to mitigate revenue loss resulting from changes to the Gilead assistance program.
27. Multiple quality improvement projects completed (BH, FP, & RW).
28. Purchased and commenced training on the eCW CCM module.
29. New clinical care gaps workflows established.
30. Redesigned clinical space at the Decatur and Fremont health centers.
31. Created and implemented patient education videos.
32. Completed provider specific coding training.
33. Launched a new behavioral health led Ryan White support group.
34. New integrated behavioral health workflows created and implemented.
35. Started a pharmacist led PREP service at Fremont.
36. Implemented minor office procedures.
37. Enhanced linkage to care for Hep-C patients.
38. Cultivated relationships with other SNHD divisions for referrals and coordination of care for mutual patients.
39. Designed and implemented a new PREP clinic workflows.
40. Implemented new workflows and tracking for in reach and outreach activities.
41. Created and implemented a new patient welcome packet.
42. New Same Day Clinics established.
43. New electronic patient registrations workflows established.
44. Created a new Medicaid Dashboard.
45. Refined the revenue calculation model for improved budgeting.
46. Increased the number of empaneled Medicaid patients by 149% (920 to 2,295).
47. Established new relationships and meeting cadences with payer provider relations departments.
48. Lowered lab expenses by negotiating better rates with Quest Diagnostic.
49. Finalized the Prospective Payment System rates for medical and behavioral health services.
50. Received \$1.9 million in retroactive Medicaid reimbursement.
51. Awarded a new grant budget period for the Health Center program.
52. Improved financial stability by increasing revenue and reducing expenditures, resulting in exceeding financial performance compared to the original FFY25 budget.
 - *Revenues are up 5% year-over-year at \$46.5 million.*
53. Implemented a new Sliding Fee Discount schedule.
 - *Total sliding fee adjustments for 2025 equal \$6.6 million, an increase of 36% year-over-year.*

Community Partnerships

1. University of Las Vegas, Nevada (UNLV)
2. Mexican Consulate
3. El Salvador Consulate
4. Racial and Ethnic Approaches to Community Health (REACH)
5. Health Center Controlled Networks (HCCN)
6. Arizona Association of Community Health Centers (AACHC)
7. Nevada Primary Care Association (NVPCA)
8. Catholic Charities

9. Las Vegas Promotoras
10. Three Square
11. Dept of Welfare and Social Services. (DWSS)
12. Local Federally Qualified Health Centers
13. Center for HOPE/Huntsman Cancer Institute
14. The Center
15. Nevada HAND
16. University Medical Center
17. Health Plan of Nevada
18. Molina Healthcare
19. Silver Summit Healthplan
20. Anthem
21. SafeNest
22. Dignity Health
23. Just One Project
24. Chicanos Por La Causa (CPLC)
25. Women's Development Center
26. Puentes
27. Vegas Stronger
28. Local Ryan White Agencies
29. Volunteers in Medicine of Southern Nevada
30. Nathan Adelson Hospice

Grants Received

Health Center Program	\$1,023,114
Ryan White Part A	\$1,177,934
Ryan White Part B	\$905,933
HIV Epidemic – Rapid start	\$260,540
Title X Family Planning	\$1,400,000
Family Planning of Nevada	\$400,500