



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 16, 2023 – 11:00 a.m.

Meeting was conducted In-person and via Webex Webinar

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B**

MEMBERS PRESENT:	Marilyn Kirkpatrick, Chair – Commissioner, Clark County (<i>in-person</i>) Scott Nielson, Vice-Chair – At-Large Member, Gaming (<i>via WebEx</i>) Frank Nemec, Secretary – At-Large Member, Physician (<i>via WebEx</i>) Scott Black – Mayor Pro Tempore, City of North Las Vegas (<i>in-person</i>) Bobbette Bond – At-Large Member, Regulated Business/Industry (<i>in-person</i>) Nancy Brune – Council Member, City of Las Vegas (<i>Call-in User 3</i>) Pattie Gallo – Council Member, City of Mesquite (<i>via WebEx</i>) Joseph Hardy – Council Member, City of Boulder City (<i>in-person</i>) Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (<i>in-person</i>) Jim Seebock – Council Member, City of Henderson (<i>in-person</i>) Tick Segerblom – Commissioner, Clark County (<i>in-person</i>)
ABSENT:	N/A
ALSO PRESENT: (In Audience)	Areli Alarcon, Linda Anderson, Kiran Gill, Maya Holmes, Cody Hoskins, Jason Klumb, Rachel Ormsby, Stacie Sasso, Susan Waschevski
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
EXECUTIVE SECRETARY:	Fermin Leguen, MD, MPH, District Health Officer
STAFF:	Adriana Alvarez, Jonna Arqueros, Jacqueline Ayala, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Cory Burgess, Dan Burns, Victoria Burris, Donna Buss, Andria Cordovez Mulet, Shea Crippen, Aaron DelCotto, Jason Frame, Monica Galaviz, Joe Ginty, Jacques Graham, Heather Hanoff, Maria Harris, Richard Hazeltine, Carmen Hua, Dan Isler, Jessica Johnson, Stacy Johnson, Theresa Ladd, Josie Llorico, Cassius Lockett, Randy Lockett, Sandy Lockett, Julie Maldonado, Jonas Maratita, Rosanna Minnich, Kimberly Monahan, Semilla Neal, Todd Nicolson, Kyle Parkson, Luann Province, Yin Jie Qin, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Daniele Staple, Rosanne Sugay, Will Thompson, Amy Tran, Michelle Veron, Jorge Viote, Scott Wagner, Donnie Whitaker, Teresa Wilcox, Michael Wright

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 11:02 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

IV. ADOPTION OF THE NOVEMBER 16, 2023 MEETING AGENDA *(for possible action)*

A motion was made by Member Black, seconded by Member Knudsen, and carried unanimously to approve the November 16, 2023 Agenda, as presented.

- V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** October 26, 2023 *(for possible action)*
- 2. PETITION #16-24: Approval of the Interlocal Agreement between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2023 to June 30, 2024; direct staff accordingly or take other action as deemed necessary *(for possible action)***
- 3. PETITION #17-24: Approve the amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2024; direct staff accordingly or take other action as deemed necessary *(for possible action)***

A motion was made by Member Hardy, seconded by Member Knudsen, and carried unanimously to approve the November 16, 2023 Consent Agenda, as presented.

- VI. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

There were no items heard.

VII. REPORT / DISCUSSION / ACTION

- 1. Review, Discuss, and Accept the Recommendations from the November 15, 2023 Finance Committee meeting regarding the Annual Comprehensive Financial Audit Report from FORVIS LLP;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Accept the Recommendations from the November 15, 2023 Finance Committee meeting regarding the Single Audit Report from FORVIS LLP;** direct staff accordingly or take action as deemed necessary *(for possible action)*

Rachel Ormsby, Audit Partner, of FORVIS LLP attended the meeting to present the Independent Auditor's Report and the Single Audit Report.

*Member Nemec joined the meeting at 11:07 a.m.
Member Segerblom joined the meeting at 11:08 a.m.*

Ms. Ormsby advised that they issued an unmodified audit opinion, with no findings. Ms. Ormsby outlined that the following six major federal programs were audited:

- 21.027 – COVID-19 – Coronavirus State and Local Fiscal Recovery Funds
- 93.069 – Public Health Emergency Preparedness
- 93.136 – Injury Prevention and Control Research and State and Community Based Programs
- 93.268 – Immunization Cooperative Agreements
- 93.323 – COVID-19 Epidemiology and & Lab Capacity for Infectious Diseases (ELC)
- 93.977 – Sexually Transmitted Diseases (STD) Prevention and Control Grants

Ms. Ormsby further outlined the required communications related to accounting policies, GASB 96 and accounting treatments, and noted that there were no issues. Ms. Ormsby reviewed the three prior year findings and advised that all findings had been resolved.

Chair Nielson, on behalf of the Committee, expressed his thanks to Ms. Whitaker and her team for their hard work and dedication.

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendations from the Finance Committee to accept the two agenda items of the Annual Comprehensive Financial Audit Report and the Single Audit Report, as presented.

- ## **VIII. BOARD REPORTS:**
- The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Knudsen requested a briefing on cybersecurity. Dr. Leguen advised that staff would bring a presentation at a future Board of Health meeting.

Chair Kirkpatrick requested a presentation on freestanding hospitals, urgent cares, regular hospitals, etc. to assist the Board members to educate their constituents on the differences. Further, there was also a request for a presentation on the EMS & transport systems, which includes where transports are going, transport protocols, and an update on Mike O'Callaghan Military Medical Center at Nellis Air Force Base as the newest trauma center.

IX. HEALTH OFFICER & STAFF REPORTS (*Information Only*)

- DHO Comments

In addition to his written report, Dr. Leguen advised that Dr. Cassius Lockett had been selected as the Deputy District Health Officer for Operations, effective November 20, 2023. Dr. Leguen outlined the structure of the two Deputy District Health Officers and their respective departments/programs.

Member Brune joined the meeting at 11:23 a.m.

Dr. Leguen recognized the Finance Department for their work on the recent audit. Dr. Leguen recalled the previous audit that was completed during a time of multiple vacancies in the department, including leadership role. Dr. Leguen advised that the Finance Department was fully staffed.

X. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Primary & Preventive Care Division Monthly Activity Report

XI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XII. ADJOURNMENT

The Chair adjourned the meeting at 11:29 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 16, 2023 – 11:00 A.M.

Meeting will be conducted In-person and via Webex

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m2e5af5e490e6f19121b94faabfaf1c2f>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2554 154 8236](https://snhd.webex.com/snhd/j.php?MTID=m2e5af5e490e6f19121b94faabfaf1c2f)

For other governmental agencies using video conferencing capability, the Video Address is:
25541548236@snhd.webex.com

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

- III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2554 154 8236. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE OCTOBER 26, 2023 AGENDA *(for possible action)*

- V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.
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- VII. **REPORT / DISCUSSION / ACTION**
1. **Review, Discuss, and Accept the Recommendations from the November 15, 2023 Finance Committee meeting regarding the Annual Comprehensive Financial Audit Report from FORVIS LLP;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 2. **Receive, Discuss and Accept the Recommendations from the November 15, 2023 Finance Committee meeting regarding the Single Audit Report from FORVIS LLP;** direct staff accordingly or take action as deemed necessary *(for possible action)*
- VIII. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*
- IX. **HEALTH OFFICER & STAFF REPORTS** *(Information Only)*
- DHO Comments
- X. **INFORMATIONAL ITEMS**
1. Administration Division Monthly Activity Report
 2. Community Health Division Monthly Activity Report
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- XI. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XII. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

October 26, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via WebEx*)
Frank Nemec, Secretary – At-Large Member, Physician (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Nancy Brune – Council Member, City of Las Vegas (*in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)

ABSENT:

Scott Black – Mayor Pro Tempore, City of North Las Vegas

ALSO PRESENT:

(In Audience)

Christopher Boyd, Georgi Collins, Harold Collins, Emily Duong, Kiran Gill, Katrina Gorospe, Maya Holmes, Cody Hoskins, Michelle Jackson, Max Lea, Bradley Mayer, Stephen Randolph, Frances Tibayan, Lucas Vu, Susan Waschevski, Cassidy Wilson, Minnie Wood

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer

STAFF:

Talibah Abdul-Wahid, Elizabeth Adelman, Maria Azzarelli, Tania Baldwin, Tawana Bellamy, Haley Blake, Amanda Brown, Cory Burgess, Dan Burns, Victoria Burris, Joe Cabanban, Christopher Castillo, Robert Cole, Katherine Constanza, Andria Cordovez Mulet, Fidel Cortes, Shea Crippen, Susan Crutchfield, Rebecca Cruz-Nanez, Jason Frame, Kimberly Franich, Joe Ginty, Cheri Gould, Jacques Graham, Maria Harris, Richard Hazeltine, Carmen Hua, Dan Isler, Jessica Johnson, Stacy Johnson, Theresa Ladd, Heidi Laird, Brittany Lewis, Josie Llorico, Cassius Lockett, Randy Luckett, Sandy Luckett, Cassandra Major, Deborah Moran, Christian Murua, Todd Nicolson, Brian Northam, Veralynn Orewyler, Kyle Parkson, Yin Jie Qin, Jeff Quinn, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Rosanne Sugay, Will Thompson, Rebecca Topol, Greg Tordjman, Tamera Travis, Donnie Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:04 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

Member Nielson joined the meeting at 9:06 a.m.

III. RECOGNITION

1. **Fermin Leguen, MD, MPH (District Health Officer); Cassius Lockett, PhD (Director of Disease Surveillance and Control); Jeff Quinn, MPH (Manager, Office of Public Health Preparedness)**
 - Published "*Inoculating Cities*" (Chapter addressing Southern Nevada's COVID-19 Response)

The Chair recognized Dr. Fermin Leguen, Dr. Cassius Lockett and Jeff Quinn who co-authored the chapter "Expanding workforce surge capacity and the multijurisdictional response to the COVID-19 pandemic in the Las Vegas metropolitan area" in the book entitled "*Inoculating Cities: Case Studies of the Urban Response of the COVID-19 Pandemic*". This book captured the experiences of municipalities around the world, particularly 9 countries and 3 US cities, in responding to the COVID-19 pandemic and documented several of the innovative ways in which cities responded to the pandemic. We continue to recognize the efforts of the Health District in response to the pandemic. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Dr. Leguen, Dr. Lockett and Mr. Quinn for this recognition.

3. **Misty Robinson (Public Health Preparedness Supervisor) (heard out of order)**
 - Co-authored the *Public Health Emergency Preparedness and Response After COVID-19* published in Health Security

The Chair recognized Misty Robinson who co-authored, with other local health department authors she worked with through the National Association of County and City Health Officials (NACCHO) Preparedness Policy Advisory Group (PPAG), the article "*Public Health Emergency Preparedness and Response After COVID-19*" published in Health Security. The article highlighted initial reflections on the public health emergency response and preparedness to inform discussions about improvements necessary to ensure we are better prepared for the next pandemic. The Health District continues to learn and develop the efforts of the Health District in response to COVID-19. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Ms. Robinson for this recognition.

2. **All Saints Sexual Health Clinic Team (heard out of order)**
 - CDC STD Prevention Success Stories – Health Care with Heart: Southern Nevada Health District Expands Community Access with Church Based STI Clinic

The Chair recognized the All Saints Sexual Health Clinic Team that was recently featured by the CDC in their STD Prevention Success Stories – entitled "Health Care with Heart: Southern Nevada Health District Expands Community Access with Church Based STI Clinic". Patients that visited the All Saints Sexual Health Clinic could access a full spectrum of STI treatment and prevention services in a welcoming, unexpected location – a local church, which was recognized as a more intuitive method of STI health care. The clinic averaged 115 patient visits per month. On behalf of the Southern Nevada Health District and the District Board of Health, the Chair congratulated the Team for this recognition.

4. **Southern Nevada District Board of Health**
 - COVID-19 Pandemic

Dr. Leguen recognized the Southern Nevada District Board of Health for their unwavering support to our community, agency, and staff through the COVID-19 pandemic. They advocated for resources so that the Health District could provide public health services when and where our residents needed them the most. All Board members at the time were instrumental in the Health District's efforts to ensure residents were informed as the pandemic evolved and new information became available — never saying "no" when asked to participate or assist in public, community, and outreach events. On behalf of the Southern Nevada Health District, Dr. Leguen presented a signed COVID-19 framed poster to Councilman Scott Black and Commissioner Marilyn Kirkpatrick, as the Chair and Vice-Chair, respectively, during the critical period of the pandemic.

Member Brune congratulated the individuals that received recognition and noted that there had been several staff members recently that were recognized for publishing articles. Member Brune

thanked the Health District Leadership for supporting staff to prepare the publications and recognized the commitment from staff in contributing to publications while continuing to fulfill their full-time duties.

- IV. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

- V. ADOPTION OF THE OCTOBER 26, 2023 MEETING AGENDA** *(for possible action)*

A motion was made by Member Hardy, seconded by Member Nemec, and carried unanimously to approve the amended October 26, 2023 Agenda, as presented.

- VI. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** September 28, 2023 *(for possible action)*

A motion was made by Member Knudsen, seconded by Member Hardy, and carried unanimously to approve the October 26, 2023 Consent Agenda, as presented.

- VII. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

- 1. MEMORANDUM #02-24: Approval of the Solid Waste Management Plan for Clark County, Nevada;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Brian Northam, Environmental Health Manager, presented the 2023 Solid Waste Management Plan and advised that the only items that were updated related to the financials and staffing.

The Chair opened for Public Comment. Seeing no one, the Chair closed the Public Comment period.

A motion was made by Member Hardy, seconded by Member Bond, and carried unanimously to approve the Southern Nevada Health District 2023 Solid Waste Management Plan, as presented.

- VIII. REPORT / DISCUSSION / ACTION**

- 1. Presentation on the Community Health Improvement Plan (CHIP) Update and the Community Health Assessment (CHA) Process;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Carmen Hua, Health Educator II, presented on the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) Process.

Chair Kirkpatrick requested an update on recent legislation regarding walkability in the community. Further, Chair Kirkpatrick requested information that the Health District would like the Board members to distribute to their constituents. Dr. Leguen advised that communications/information on Health District initiatives would be shared with Board members, after a standardized process has been developed. Dr. Leguen raised the Community Health Ranking, which was a nation-wide system that looks at several health indicators, that are not directly managed or controlled by the Health District, but jurisdictional partners. Dr. Leguen suggested that Board members could assist by encouraging jurisdictional partners to share information with the organization that populates the Community Health Ranking.

- IX. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

Chair Kirkpatrick requested that, due to scheduling and timing of other meetings, the agenda for the November Board of Health meeting be minimized to only items that require immediate attention.

X. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

In addition to his written report, Dr. Leguen advised that the latest COVID-19 vaccine was being provided through 'commercialization', which is through insurance programs. However, a federal program, called "The Bridge", is available for uninsured individuals. Dr. Leguen further advised that the Respiratory Syncytial Virus (RSV) vaccine has been made available for pregnant women and seniors 60 years and over, however, there is a limitation in the supply. Once the RSV vaccine is available, the Health District will advise the community.

- FY2024 Financial Report, from July 1 through August 31, 2023

Donnie (DJ) Whitaker, Chief Financial Officer, provided an overview of the FY2024 Financial Report, from July 1 to August 31, 2023.

Ms. Whitaker provided the Board with an update on the audit process, advising that the audit was on schedule and it was anticipated that the single audit report and financial audit report would be presented to the Board of Health at the November meeting.

- Special Events and Legionella Programs

Chris Saxton, Director of Environmental Health, provided an overview of the Special Events and Legionella Programs.

Further to an inquiry from Member Knudsen, Mr. Saxton advised that his team would provide contact information for the Legal Aid office related to landlord/tenant issues.

Member Nemec left the meeting at 10:27 a.m. and did not return.

Mr. Saxton advised that the first task force meeting related to sidewalk vending was held and confirmed that a representative from Southern Nevada was not included on the task force. Ms. Saxton advised that the task force requested a presentation from the Health District on their current processes related to sidewalk vending.

XI. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
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5. Environmental Health Division Monthly Activity Report
6. Primary & Preventive Care Division Monthly Activity Report

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:29 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE: November 16, 2023**

RE: *Approval of the Interlocal Agreement Between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District*

PETITION #16-24

That the Southern Nevada District Board of Health approve the attached Interlocal Agreement between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2023 to June 30, 2024.

PETITIONERS:

Susan Crutchfield, RN, BSN, Community Health Nurse Manager *SC*
Lourdes Yapjoco, MSH-PH, RN, CCM, Director of Primary & Preventive Care *SC for ML*
Fermin Leguen, MD, MPH, District Health Officer *FL*

DISCUSSION:

The Interlocal Agreement allows the Southern Nevada Health District to contact families and provide home visiting services to families with children ages zero to three years, who have been brought to the attention of the Department of Family Services, but do not meet the requirement of an investigation to prevent harm and neglect. Prevention services will be based on the Healthy Start model, using a Community Health Worker approach. The services and support provided will include information parents/caregivers can use to take care of themselves and their children such as parenting education, child growth and development education, nutrition and feeding education, healthy lifestyle choices; referrals to needed community resources for physical, mental, emotional, and financial stability. These services will be provided by a community health worker to ensure the safety of children ages zero to three years.

FUNDING:

The funding for this agreement of \$69,152 was made available to the Southern Nevada Health District from Clark County, Nevada on behalf of the Department of Family Services. This funding will cover the following: salaries and fringe benefits for a 1.0 FTE community health worker and the annual fee for the digital educational curriculum utilized with families.

CBE NO. 606840-23

INTERLOCAL AGREEMENT FOR THRIVE BY ZERO TO THREE PREVENTION SERVICES

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this _____ day of _____, 2023 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "SNHD" for THRIVE BY ZERO TO THREE PREVENTION SERVICES.

WITNESSETH:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, NRS 432B.290(2)(m) authorizes an organization that has entered into a written agreement with an agency that provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services;

WHEREAS, pursuant to NRS Chapter 439, SNHD is the public health authority for Clark County, Nevada, and has jurisdiction over all public health matters therein;

WHEREAS, the COUNTY, through its Clark County Department of Social Service, hereinafter referred to as COUNTY, desires to have the services of SNHD to assist COUNTY in preventing harm and neglect to children ages zero to three who have come to the attention of COUNTY, but do not meet the requirement of investigation; and

WHEREAS, SNHD has the expertise, qualifications, and resources available, and has agreed to provide the resources necessary to prevent and/or mitigate the effects of child neglect and abuse intervention services to children as required.

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth:

SNHD proposes to prevent harm and neglect to children ages zero to three who have come to the attention of the Clark County Department of Family Services (CCDFS), but do not meet the requirement of investigation, by providing prevention services and referrals to the necessary resources through its THRIVE BY ZERO TO THREE PREVENTION SERVICES Program, hereinafter referred to as "PROGRAM".

PROGRAM shall use objective needs assessment data, providing prevention services to prevent and/or mitigate the effects of child abuse and neglect of 20 families living in COUNTY and referred by CCDFS. PROGRAM will increase the percentage of children/infants enrolled who have a medical home to 85% to ensure continued growth/development and health monitoring and safety.

The services and support provided by SNHD include information parents/guardians can use to take care of themselves and their children such as Parenting education, using the research-informed home visiting curriculum, Partners for a Healthy Baby; Health and child growth and development education; Nutrition and feeding education; Healthy lifestyle choices; Home visits to assess needs and provide education, support and necessary community referrals; Referrals to other essential services such as mental or behavioral health care services, medical homes, job/vocation training, and transportation. Referrals will be made to community partners such as Women, Infants & Children (WIC), East Valley Family Services, Boys Town, Olive Crest, Positively Kids, Nevada Partners, etc.

PROGRAM shall measure family acceptance of preventative education and referrals; a secondary outcome will be to increase the percent of children/infants enrolled who have a medical home to 85%. Having a medical home helps ensure the provision of preventative health services through well and sick child visits in which growth/development, illness and injury can be assessed and addressed. Education regarding growth/development and child safety is also provided by medical homes.

PROGRAM funds shall be used to pay for the Community Health Worker who will provide the direct face-to-face education and client navigation services. The paid position will be assigned to an internal staff member of SNHD. The position will be responsible for educating, coordinating, linking services for enrolled families and their children, including assessment of client risk factors; addressing toxic stress and delivering trauma-informed care; focusing on prevention and health promotion by providing a standard curriculum and interventions such as safe sleep education and resources.

SNHD shall provide services during the AGREEMENT fiscal year 2023/2024, as outlined in Attachment 1, "Expenditures Eligible for Reimbursement".

SNHD shall provide all services, including personnel and materials, to operate and manage the PROGRAM in accordance with Attachment 2, "Scope of Services", attached hereto and incorporated herein as if fully set forth. Changes in the Scope of Services, as described in Attachment 2, must receive prior written approval of the COUNTY.

SNHD shall provide client usage records to the Social Service Department of COUNTY on a quarterly basis during the fiscal year beginning July 1, 2023 and ending June 30, 2024. These reports will contain, but are not limited to, the information contained in Attachment 3 "Quarterly Progress Report", to COUNTY, including any narrative report to delineate the benefit realized by COUNTY for PROGRAM Support.

ARTICLE II: TERM OF AGREEMENT

The term of this AGREEMENT shall be from July 1, 2023 through June 30, 2024.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving thirty (30) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or SNHD to appropriate monies shall not relieve the parties' obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

COUNTY will reimburse SNHD for eligible expenditures outlined in Attachment 1 – Expenditures Eligible for Reimbursement.

COUNTY will reimburse SNHD for all eligible costs of the PROGRAM up to the total amount of funds. Requests for reimbursement/invoices must be submitted monthly unless written approval is obtained by the assigned Grants Coordinator. Invoices must contain the Reimbursement Checklist, Transmittal Invoice with unique alpha-numeric invoice number that contains more than three and less than nine digits, budget spreadsheet outlining all requested reimbursement amounts and funds remaining, a Transaction Detail by Account/General Ledger/statement and Payroll Ledger listing the items that are cleared, source documentation to include detailed receipts to include date and method of payment, invoice pages listing the amount requested, and signed timesheets, to support expenses will be submitted by SNHD. Cancelled checks and/or complete bank statements may be submitted in lieu of General Ledger. Expenditures will be reviewed for consistency with the approved budget and scope of services. Clean invoices will be reviewed for approval in a timely manner. Upon approval, invoices will be processed with net 30 payment terms. SNHD shall pay all costs of the PROGRAM which exceed the total amount of funds provided by COUNTY under this AGREEMENT. SNHD must submit all requests for reimbursement/invoices as a single uploaded PDF in their ZoomGrants.com account. Information on how to submit requests for invoices will be provided upon AGREEMENT approval.

If COUNTY rejects an invoice as incomplete, SNHD will be notified within thirty (30) calendar days of receipt and SNHD will have thirty (30) days to correct the invoice and resubmit.

SNHD must notify COUNTY in writing of any changes to SNHD'S remit payment address or other pertinent information that may affect issuance of payment and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the parties shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

Amendment to AGREEMENT may be made only upon mutual consent in writing, by the parties hereto and executed with the same formality attending the original. Executed AGREEMENT, together with any attachments, contains the entire agreement between COUNTY and SNHD relating to the rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of agreement not expressly set forth in AGREEMENT are of no force or effect.

ARTICLE VI: SUBCONTRACTS

AGREEMENT is entered into to secure the services of SNHD. Services specified in this AGREEMENT shall not be subcontracted by SNHD without the written consent of COUNTY.

ARTICLE VII: ASSIGNMENTS

Neither party may assign or delegate all or any part of AGREEMENT without the written consent of both parties and executed with the same formality as attending this original.

ARTICLE VIII: NOTICES

Any notice required or permitted to be given hereunder shall be in writing and shall either be delivered personally to the party to whom such notice is given, or sent to it by United States registered or certified mail, postage prepaid and return receipt requested, addressed or delivered to such party at the address or addresses designated below (or such other address or addresses as may hereafter be designated by a party) by written notice to the other party:

To COUNTY:	Clark County Community Resource Management Attention: Karen Schneider 1600 Pinto Lane Las Vegas, Nevada 89106 Email: karen.schneider@clarkcountynv.gov
------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

To SNHD: Southern Nevada Health District
Attention: Contract Administrator, Legal Dept.
280 S. Decatur Blvd
Las Vegas, Nevada 89107
Email: contracts@snhd.org

With a copy to: Southern Nevada Health District
Attention: Susan Crutchfield
280 S. Decatur Blvd.
Las Vegas, Nevada 89107
Email: crutchfield@snhd.org

ARTICLE IX: POLICIES AND PROCEDURES

SNHD agrees to abide by all quality assurance, utilization review, peer review and consultation, standardized reporting, credentialing, and policies and procedures mutually established by COUNTY and SNHD.

ARTICLE X: INSURANCE

SNHD, at its own expense, agrees to obtain and maintain in full force and effect during the term of this AGREEMENT, insurance in commercially reasonable amounts calculated to protect itself and the COUNTY from any and all claims of any kind of nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed or facilitated by this AGREEMENT. Such insurance shall include medical malpractice coverage on SNHD's employees and officers as applicable.

ARTICLE XI: WAIVER AND SEVERABILITY

Any waiver of a breach of any provision of AGREEMENT shall not be deemed a waiver of any other breach of the same or different provision. In the event any provision of AGREEMENT is rendered invalid or unenforceable by any valid act of Congress or the Nevada State Legislature or declared null and void by any court of competent jurisdiction or is found to be in violation of State Statutes and/or regulations, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of AGREEMENT not in question shall remain in full force and effect.

ARTICLE XII: LAW OF VENUE

AGREEMENT shall be governed by the laws of the State of Nevada.

ARTICLE XIII: SUSPENSION AND TERMINATION

Suspension. COUNTY may suspend performance by SNHD under this AGREEMENT up to 90 calendar days as COUNTY, at its sole discretion, may prescribe by providing written notice to SNHD. SNHD shall not perform further work under this AGREEMENT as of the effective date of suspension. SNHD may not resume performance, unless and until, COUNTY issues written notice to resume performance.

Termination for Convenience. Either party has the right to terminate this AGREEMENT for convenience by giving the other party hereto thirty (30) calendar day's written notice of intent to terminate.

Termination for Cause. This AGREEMENT may be terminated for cause by either party in the event of substantial failure of the other party to fulfill its obligations under this AGREEMENT through no fault of the terminating party; but only after the other party is given not less than thirty (30) calendar days written notice of intent to terminate; and an opportunity for consultation with the terminating party prior to termination. Neither party shall be considered in default in the performance of its obligations hereunder, to

the extent that performance of such obligations is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of SNHD'S principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within SNHD'S control. If after termination for cause it is determined that SNHD has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.

Process. The rights and remedies of COUNTY and SNHD provided in this section are in addition to any other rights and remedies provided by law or under this AGREEMENT.

1. Upon receipt by SNHD of a suspension or termination notice, or delivery by SNHD of a termination notice, SNHD shall promptly discontinue all services affected (unless COUNTY'S notice directs otherwise) and deliver or otherwise make available to COUNTY, copies of all deliverables completed pursuant to the schedule set forth in Article I - Scope of Work and Attachment 2 – Scope of Services.
2. In the event this AGREEMENT is terminated by SNHD, SNHD acknowledges that its termination may affect COUNTY'S consideration of SNHD for future projects.
3. In the event of termination of this AGREEMENT, SNHD is eligible for compensation earned based on actual costs or the percentage of work completed, as fairness dictates, less all previous payments. COUNTY will pay SNHD for work performed up to and including the date on which SNHD discontinued or should have discontinued all services as determined by paragraph 1. No payment shall be allowed for anticipated profit on performed or unperformed services or other work. Any payment due to SNHD may be adjusted to the extent COUNTY incurs additional costs by reason of SNHD'S default. The final invoice for all work completed as of the date of termination, shall be received by COUNTY within sixty (60) calendar days after date of termination.
4. Upon termination, COUNTY may take over the work and prosecute the same to completion by contract with another party or otherwise.

IN WITNESS WHEREOF, the parties hereto have caused AGREEMENT to be signed and intend to be legally bound thereby.

COUNTY OF CLARK:

SOUTHERN NEVADA HEALTH DISTRICT:

BY: _____
JAMES B. GIBSON, CHAIR
Clark County Commissioners

BY: _____
FERMIN LEGUEN, MD, MPH
District Health Officer

ATTEST

Approved as to form:

This document is approved as to form.
Signature to be affixed after BOH
approval.

BY: _____
LYNN MARIE GOYA
County Clerk

BY: _____
HEATHER ANDERSON-FINTAK, ESQ.
General Counsel
Southern Nevada Health District

Approved as to form:
Steven Wolfson, District Attorney

BY: _____
JASON B. PATCHETT
Deputy District Attorney

ATTACHMENT 1
EXPENDITURES ELIGIBLE FOR REIMBURSEMENT
SOUTHERN NEVADA HEALTH DISTRICT
FOR THRIVE BY 0-3
Fiscal Year 2023/2024 County Outside Agency Grant Funds

The following items may be paid with the Clark County General Funds, not to exceed \$69,152:

General Administration/Operations	\$ <u>0</u>
Direct Services to County Residents	\$ <u>69,152</u>
TOTAL	\$ <u>69,152</u>

ATTACHMENT 2

SOUTHERN NEVADA HEALTH DISTRICT

THRIVE BY 0-3

SCOPE OF SERVICES

Program Year 2023/2024

1. The Objectives of the PROGRAM shall be to:
 - Serve 20 families with children 0-3 years identified by CCDFS, but do not meet the requirement of investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services.
 - Increase percent of children/infants enrolled who have a medical home to 85% to ensure continued growth/development and health monitoring and safety.
2. SNHD shall maintain client data demonstrating client eligibility for services provided and retain such client data as well as all financial records, supporting documents, statistical records, and all other records pertinent to this AGREEMENT for a period of four (4) years.
3. SNHD will provide to COUNTY written notice of any PROGRAM changes during the fiscal year for which COUNTY funds are allocated under the provisions of this AGREEMENT.
4. SNHD shall give priority attention to referrals for service for COUNTY-identified clients.

ATTACHMENT 3
PERFORMANCE MEASUREMENT
QUARTERLY REPORT TO CLARK COUNTY

Reflecting Months: Year:

AGENCY: SOUTHERN NEVADA HEALTH DISTRICT

PROGRAM: THRIVE BY 0-3

PROGRESS TOWARDS ACHIEVING OUTCOMES:

OUTCOMES	THIS QUARTER	YEAR TO DATE
Serve 20 families with children 0-3 years identified by CCDFS, but do not meet the requirement of investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services.	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served
Increase percent of children/infants enrolled who have a medical home to 85% to ensure continued growth/development and health monitoring and safety.	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served

NARRATIVE REPORT: (login to ZoomGrants at <https://www.zoomgrants.com/login/> to upload report as part of your Quarterly reports due: 10/10/2023; 01/10/2024; 04/10/2024; and 07/10/2024.)

Information on how to submit the Performance Measurement Quarterly Report can be found at <https://www.youtube.com/watch?v=JP6Ikj-YsJ8&feature=youtu.be> for a quick detailed tutorial or you can email Questions@ZoomGrants.com for assistance.





TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: November 16, 2023

RE: *Approve the amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2024. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners. (For possible action)*

PETITION # 17-24

That the Southern Nevada District Board of Health *Approve and authorize Chair to sign Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2024. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners. (For possible action)*

PETITIONERS:

Kim Saner, Deputy District Health Officer-Administration 
Fermin Leguen, MD, MPH, District Health Officer 

DISCUSSION:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO). The last premium increase of 2% for the PPO Plan and 1% for the EPO Plan was approved on August 16, 2022, for plan year 2023. A premium increase of 5% is being proposed for the PPO and EPO Plans for plan year 2024. This increase will impact active and early retirees, with no proposed increase for Medicare retirees.

Effective January 1, 2024, members of the Police Protective Association Civilian Employees ("PPACE") bargaining unit will be eligible to participate in the Plan. The Amendment to the Interlocal Agreement will allow PPACE members to participate as employees of the LVMPD.

FUNDING:

Self-Funded Group Insurance

ATTACHMENTS:

- Clark County Amendment to Interlocal Document

CLARK COUNTY BOARD OF COMMISSIONERS AGENDA ITEM

Petitioner: Les Lee Shell, Deputy County Manager
Jessica L. Colvin, Chief Financial Officer

Recommendation:

Approve and authorize the Chair to sign an amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2024. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners) (For possible action)

FISCAL IMPACT:

Fund #:	6520	Fund Name:	Self-Funded Group Insurance
Fund Center:	1020520000	Funded PGM/Grant:	N/A
Amount:	No Fiscal Impact		
Description:	Amendment to Interlocal Agreement		
Additional Comments:	N/A		

BACKGROUND:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. The last premium increase of 2% for the PPO plan and 1% for the EPO plan was approved on August 16, 2022, for plan year 2023. A premium increase of 5% is being proposed for the PPO and EPO plans for plan year 2024. This increase will impact actives and early retirees, with no proposed increase for Medicare retirees.

Effective January 1, 2024, members of the Police Protective Association Civilian Employees ("PPACE") bargaining unit will be eligible to participate in the Plan. The amendment to the Interlocal Agreement will allow PPACE members to participate as employees of the LVMPD.

APPROVED AS RECOMMENDED

Cleared for Agenda

09/19/2023

File ID#

23-1267

AMENDMENT TO INTERLOCAL AGREEMENT

WHEREAS, CLARK COUNTY, NEVADA; CLARK COUNTY WATER RECLAMATION DISTRICT; UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA; THE LAS VEGAS CONVENTION AND VISITORS AUTHORITY; THE LAS VEGAS VALLEY WATER DISTRICT; CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT; THE REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA; THE SOUTHERN NEVADA HEALTH DISTRICT; THE HENDERSON DISTRICT PUBLIC LIBRARIES; THE MOUNT CHARLESTON FIRE PROTECTION DISTRICT; THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT; THE MOAPA VALLEY FIRE PROTECTION DISTRICT; AND THE EIGHTH JUDICIAL DISTRICT COURT have jointly established a health, accident and life benefit program for their officers, employees, retirees and their dependents pursuant to an Interlocal Agreement, as amended, hereinafter referred to as the Agreement, and

WHEREAS, pursuant to the Agreement, the parties hereto subsequently adopted a self-funded group medical and dental preferred provider organization (PPO) plan and a self-funded group medical and dental exclusive provider organization (EPO) plan, hereinafter referred to as the Benefit Plans; and

WHEREAS, the rising cost of health care requires that, from time to time, the premiums paid by the parties be increased to maintain the Benefit Plans.

NOW, THEREFORE, it is agreed between the parties that the terms and conditions of the Agreement be amended to read as follows:

1. Each public agency will adopt and abide by specified Benefit Plan documents, which establish the terms and conditions of a self-funded medical and dental benefit program for enrolled employees, retirees and eligible dependents.
2. Clark County shall establish an internal service fund for the deposit of contributions and the payment of expenses for the operation of the benefit program.
3. On or before the 1st day of each month, beginning November 1, 1984, each public entity, which is a party to the Agreement, shall pay to Clark County its proportionate share of the monthly charges necessary to operate the Benefit Plans. In addition, each public entity shall budget, each year beginning July 1, 2001, an extra month (13th month) employer share in order to provide funds when, and if, the Executive Board determines, by majority vote of the members present, to remit additional funds, by the end of the fiscal year, in order to pay for unanticipated expenditures. The share of each public entity shall be calculated based on the number of employees, retirees and

dependents participating in the Benefit Plans. Effective January 1, 2014, the above referenced 13th month employer share premium payment will be replaced with a billing to each public entity for its portion of the underfunded retiree loss incurred the previous full calendar year. Each public entity's portion of the underfunded retiree loss will be based on each agency's proportionate share of the retirees enrolled in the Benefit Plans. The rates for the Benefit Plans shall be as set forth in the rate schedule attached hereto as Exhibit "A" and incorporated herein by this reference. The rates for continuation of coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, hereinafter referred to as "COBRA" P.L. 99-272, Title X, 10003, 100 Stat. 82, 232-237, shall be set forth in the rate schedule attached hereto as Exhibit "B" and incorporated herein by this reference.

4. A public agency, requesting participation in the Benefit Plans, shall pay an actuarially determined amount to fund their share of the Benefit Plans reserves and assets. The funding amount shall be paid on behalf of each participant who initially enrolls in the Benefit Plans.
5. The internal service fund, together with all interest or other accumulations, shall be used for the payment of expenses and charges necessary to provide the health, accident and life benefit program.
6. Clark County shall establish an Executive Board not to exceed seven members, which shall consist of representatives of management appointed from the governmental agencies participating in this agreement. The Executive Board shall meet periodically to review the financial performance of the program, evaluate and recommend contractors to the Board of County Commissioners, and negotiate plan changes with the Service Employees International Union subject to the approval of the governing bodies.
7. Clark County shall establish a seven-member committee, which shall consist of representatives from both labor and management appointed from the governmental agencies participating in the self-funded group medical and dental PPO plan. Effective January 1, 1991, the committee membership shall be increased to nine members. Effective December 1, 1994, the committee membership shall be increased to ten members through the addition of a labor representative. The committee shall meet periodically to resolve disputes and appeals from the claims administrator. Any disputes and appeals related to the self-funded group medical and dental EPO plan will be resolved by the claims administrator and shall not be discussed by the committee.
8. Each public agency may withdraw from this Agreement and participation in the benefit program by giving notice thereof sixty days prior to the anniversary date of the benefit program. Upon the public agency's withdrawal from the Benefit Plans the public agency may be eligible for a distribution of reserves and/or net assets to the extent that:

A. All claims and expenses attributable to the public agency have been paid;

- B. As required by NRS 354.6215, and as a result of the public agency's withdrawal from the Benefit Plans, the Board of County Commissioners has determined that an amount of the reserve or balance is no longer required, either in whole or in part; and
- C. The amount of such excess reserve or balance is a result of contributions or premiums paid directly attributable to the public agency.
9. The effective date of the Las Vegas Valley Water District's participation in this Agreement shall be January 1, 1991.
 10. The Regional Transportation Commission of Southern Nevada and the Clark County Regional Flood Control District, effective January 1, 2002, shall be recognized as separate participating members in this Agreement.
 11. The effective date of the Southern Nevada Health District's participation in this Agreement shall be August 1, 2009.
 12. The effective date of the Mount Charleston Fire Protection District's participation in this Agreement shall be May 19, 2015.
 13. The effective date of the Las Vegas Metropolitan Police Department's participation in this Agreement shall be January 1, 2016. Participation is limited to the employer's appointed staff and dependents, and effective July 1, 2019, Deputy Sheriffs, and effective January 1, 2024, Police Protective Association Civilian Employees.
 14. The effective date of the Chief of the Moapa Valley Fire Protection District's participation in this Agreement shall be July 27, 2020. Participation is limited to the Chief of the District and his or her covered dependents.
 15. The effective date of the Eighth Judicial District Court's participation in this Agreement shall be July 1, 2022.
 16. Effective January 1, 2014, any participating public agency's contemplated change in the employer/employee premium contribution calculation is subject to prior approval by the Plan Administrator, and may not be made absent Plan Administrator approval.
 17. Nothing in this Agreement shall be construed as limiting the ability of any party hereto to decline to participate in any individual health, life or accident program jointly adopted by the parties pursuant to this Agreement, nor does it preclude any party hereto from providing its employees with a health, life or accident program not jointly adopted under this Agreement. Any party choosing not to participate in such jointly adopted program shall notify, in writing, the Chief Financial Officer, or designee, not later than sixty days prior to the initial effective date of that program or, if already in place, sixty days prior to the anniversary date of that program.
 18. This Interlocal Agreement embodies all of the agreements of the parties hereto with respect to any matter covered or mentioned in this Interlocal Agreement. No prior agreements or understandings pertaining to such matters, whether written or oral, shall be effective for any purpose after the effective date of this Agreement. No provision of this

Interlocal Agreement shall be modified or added to except by an agreement in writing signed by the parties hereto.

For the purpose of interpretation, this Interlocal Agreement has been prepared by all the parties hereto.

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intend to be legally bound thereby.

DATE: September 19, 2023

ATTEST:
BY: *Lynn Marie Goya*
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: *Lynn Marie Goya*
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: *Lynn Marie Goya*
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: _____
ANTON NIKODEMUS, Vice Chair

ATTEST:
BY: _____
JOHN ENTSMINGER

ATTEST:
BY: _____
DEANNA HUGHES

ATTEST:
BY: _____
ANA DIAZ

COUNTY OF CLARK
BY: *James B. Gibson*
JAMES B. GIBSON, Chair
Board of County Commissioners

CLARK COUNTY WATER RECLAMATION DISTRICT
BY: *Tick Segerblom*
TICK SEGERBLOM, Chair
Board of Trustees

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
BY: *William McCurdy II*
WILLIAM MCCURDY II, Chair
Board of Trustees

LAS VEGAS CONVENTION AND VISITORS AUTHORITY
BY: _____
JAMES B. GIBSON, Chair
Board of Directors

LAS VEGAS VALLEY WATER DISTRICT
BY: _____
MARILYN KIRKPATRICK, President
Board of Directors

CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT
BY: _____
JUSTIN JONES, Chair
Board of Directors

REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
BY: _____
JUSTIN JONES, Chair
Board of Commissioners

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intend to be legally bound thereby.

DATE: _____

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
ANTON NIKODEMUS, Vice Chair

ATTEST:

BY: _____
JOHN ENTSMINGER

ATTEST:

BY:  _____
FOR DEANNA HUGHES

ATTEST:

BY: _____
ANA DIAZ

COUNTY OF CLARK

BY: _____
JAMES B. GIBSON, Chair
Board of County Commissioners

CLARK COUNTY WATER RECLAMATION DISTRICT

BY: _____
TICK SEGERBLOM, Chair
Board of Trustees

UNIVERSITY MEDICAL CENTER OF SOUTHERN
NEVADA

BY: _____
WILLIAM MCCURDY II, Chair
Board of Trustees

LAS VEGAS CONVENTION AND VISITORS
AUTHORITY

BY: _____
JAMES B. GIBSON, Chair
Board of Directors

LAS VEGAS VALLEY WATER DISTRICT

BY: _____
MARILYN KIRKPATRICK, President
Board of Directors

CLARK COUNTY REGIONAL FLOOD CONTROL
DISTRICT

BY: JUSTIN JONES
JUSTIN JONES (Oct 12, 2023 10:30 PDT)
JUSTIN JONES, Chair
Board of Directors

REGIONAL TRANSPORTATION COMMISSION
OF SOUTHERN NEVADA

BY: _____
JUSTIN JONES, Chair
Board of Commissioners

ATTEST:

BY:

FERMIN LEGUEN, M.D.
District Health Officer or Designee

ATTEST:

BY:

TRUDY CASEY

ATTEST:

BY:

LYNN MARIE GOYA, County Clerk

ATTEST:

BY:

TANAKA WILSON

ATTEST:

BY:

LYNN MARIE GOYA, County Clerk

ATTEST:


BY:

LAUREN PENA

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

BY:


LISA LOGSDON
County Counsel

SOUTHERN NEVADA HEALTH DISTRICT

BY:

MARILYN KIRKPATRICK, Chair
Board of Health

HENDERSON DISTRICT PUBLIC LIBRARIES

BY:

DAVID ORTLIPP, Chair
Board of Trustees

MOUNT CHARLESTON FIRE PROTECTION DISTRICT

BY:

ROSS MILLER, Chair
Board of Fire Commissioners

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

BY:

SHERIFF KEVIN MCMAHILL

MOAPA VALLEY FIRE PROTECTION DISTRICT

BY:

MARILYN KIRKPATRICK, Chair
Board of Fire Commissioners

EIGHTH JUDICIAL DISTRICT COURT

BY:


STEVEN GRIERSON
Court Executive Officer

10/26/2023

SOUTHERN NEVADA HEALTH DISTRICT

ATTEST:

BY: _____
MARILYN KIRKPATRICK, Chair
Board of Health

BY: _____
FERMIN LEGUEN, M.D.
District Health Officer or Designee

HENDERSON DISTRICT PUBLIC LIBRARIES

ATTEST:

BY: _____
DAVID ORTLIPP, Chair
Board of Trustees

BY: _____
TRUDY CASEY

MOUNT CHARLESTON FIRE PROTECTION DISTRICT

ATTEST:

BY: _____
ROSS MILLER, Chair
Board of Fire Commissioners

BY: 
LYNN MARIE GOYA, County Clerk

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

ATTEST:

BY: Kevin C. McMahon
SHERIFF KEVIN MCMAHILL

BY: _____
TANAKA WILSON

Kevin McMahon

MOAPA VALLEY FIRE PROTECTION DISTRICT

ATTEST:

BY: 
MARILYN KIRKPATRICK, Chair
Board of Fire Commissioners

BY: 
LYNN MARIE GOYA, County Clerk

EIGHTH JUDICIAL DISTRICT COURT

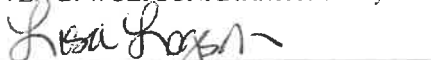
ATTEST:

BY: _____
STEVEN GRIERSON
Court Executive Officer

BY: _____
LAUREN PENA

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

BY: 
LISA LOGSDON
County Counsel

RATES EFFECTIVE 01/01/24

**CLARK COUNTY, NEVADA
AND AFFILIATES
MONTHLY COBRA RATES FOR CONTINUATION COVERAGE
UNDER THE SELF-FUNDED GROUP MEDICAL AND DENTAL BENEFITS PLANS
EXHIBIT B**

**PREFERRED PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES**

	<u>RATES</u>
Member Only	\$581.08
Member & Spouse	\$1,086.17
Member & Child	\$1,062.88
Member & Family	\$1,518.87

**EXCLUSIVE PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES**

	<u>RATES</u>
Member Only	\$667.25
Member & Spouse	\$1,249.22
Member & Child	\$1,221.80
Member & Family	\$1,757.74

The above rates for continuation of coverage represent 102 percent of the applicable premium for similarly situated beneficiaries of the Plans with respect to whom a qualifying event has not occurred pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), P.L. 99-272, Title X, Section 10003, 100 Stat. 82, 232-237. Clark County Risk Management will collect the entire continuation of coverage rate from the individual who has requested continued coverage.

Signature:

Email: dhughes@regionalflood.org

Signature: *Lauren A. Peña*

Email: penal@clarkcountycourts.us

Signature:

Tanaka Wilson
Tanaka Wilson (Oct 23, 2023 09:34 PDT)

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Signature:

Linda Bubel

Email: bubel@snhd.org

Signature:

Email: lopezl@snhd.org

Signature:

Ana Diaz
Ana Diaz (Oct 25, 2023 08:48 PDT)

Email: diaza@rtcsnv.com

Signature:

Email: melissa.trammell@lvvwd.com

RATES EFFECTIVE 01/01/24

**CLARK COUNTY, NEVADA
AND AFFILIATES
MONTHLY COBRA RATES FOR CONTINUATION COVERAGE
UNDER THE SELF-FUNDED GROUP MEDICAL AND DENTAL BENEFITS PLANS
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Signature: Kevin McMahonill
Kevin McMahonill (Oct 25, 2023 09:39 PDT)

Email: k3948m@lvmpd.com

Signature:

Email: a12924m@lvmpd.com

RATES EFFECTIVE 01/01/24

**CLARK COUNTY, NEVADA
AND AFFILIATES
RATES EXHIBIT A**

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

ACTIVE EMPLOYEE RATES & EMPLOYEES WHO RETIRED BEFORE 12/31/02

Employee	\$565.59
Spouse	\$492.78
Children	\$469.80
Spouse/Children	\$913.23
Retiree Medicare	\$361.98
Spouse Medicare	\$454.29

RETIREE RATES FOR EMPLOYEES WHO RETIRED 01/01/03 & AFTER

	<u>0-5 Years of Service</u>	<u>6-9 Years of Service</u>	<u>10 or More Years of Service</u>
Retiree	\$678.70	\$622.16	\$565.59
Spouse	\$591.33	\$542.05	\$492.78
Children	\$564.65	\$516.80	\$469.80
Spouse/Children	\$1,095.87	\$1,004.57	\$913.23
Retiree Medicare	\$434.36	\$398.17	\$361.98
Spouse Medicare	\$545.15	\$499.73	\$454.29

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL**RATES FOR RETIREES WITH PART B MEDICARE ONLY**

	<u>0-5 Years of Service</u>	<u>6-9 Years of Service</u>	<u>10 or More Years of Service</u>
Member Only	\$591.22	\$537.37	\$483.51
Member & Spouse both Medicare Part B	\$1,099.24	\$998.47	\$897.66
Member & Spouse one Medicare Part B	\$1,182.55	\$1,079.42	\$976.29
Member & Child	\$1,155.87	\$1,054.17	\$953.31
Member & Family both Medicare Part B	\$1,579.76	\$1,438.95	\$1,298.10
Member & Family one Medicare Part B	\$1,687.09	\$1,541.94	\$1,396.74

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.

Effective January 1, 2008, premiums will be rounded down by one half of one cent for employees that are working less than 40 hours per week and are responsible for a prorated share of their health benefit cost.

EXCLUSIVE PROVIDER ORGANIZATION MEDICAL/DENTAL/VISION**ACTIVE EMPLOYEE RATES & RETIREE RATES**

Employee	\$654.17
Spouse	\$570.56
Children	\$543.67
Spouse/Children	\$1,069.10
Retiree Medicare	\$623.02
Spouse Medicare	\$543.39
Surviving Spouse Medicare	\$623.02

FORVISTM

Southern Nevada Health District

FY2023 Audit Presentation



Introductions



Rachel Ormsby, CPA

Partner

Lead Audit Engagement Executive

Rachel.Ormsby@forvis.com



Josh Findlay, CPA

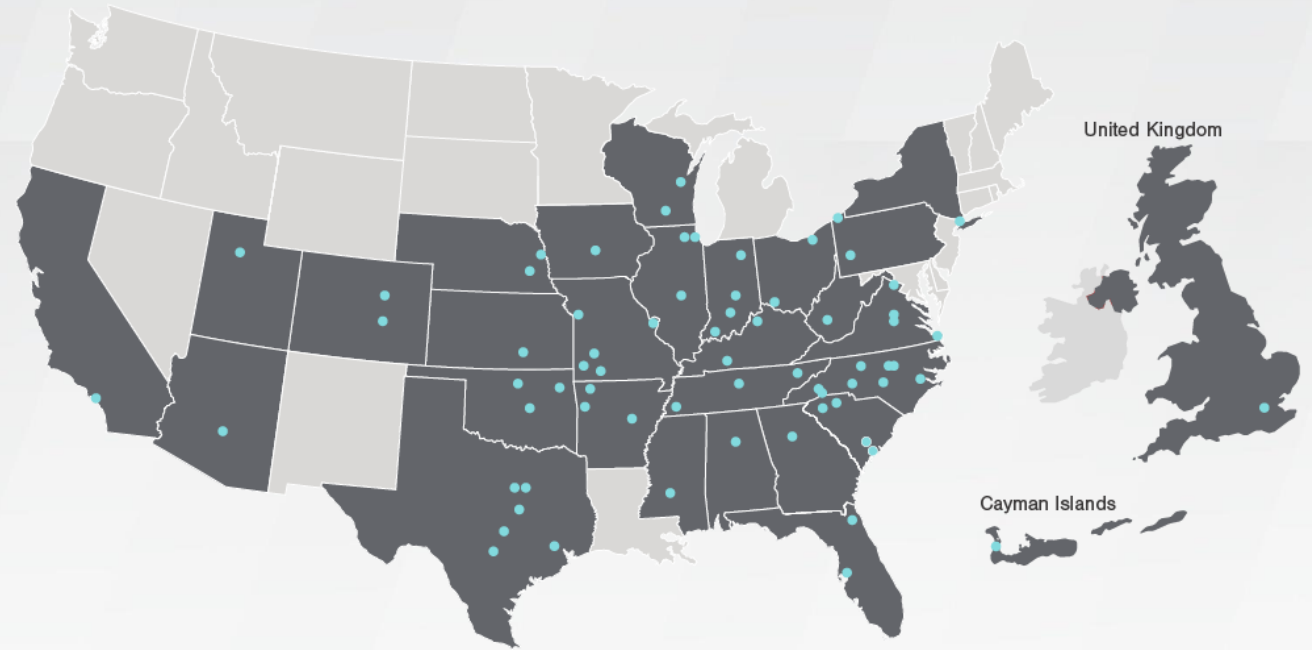
Senior Manager

Audit Engagement Executive

Josh.Findlay@forvis.com

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Largest
U.S. Firm*

530+

Partners &
Principals

28

States + U.K. &
Cayman Islands**

10+

Industries

5,700+

Team Members

72

Markets

Agenda



Audit Scope and Results



Prior Year Audit Findings



Future Pronouncements and Other Matters



Questions

Audit Scope and Results

FORV/S

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Audit Scope and Results

REPORT	RESULTS
Financial Statement Opinions	Unmodified “Clean” Opinions, Emphasis of Matter (Adoption of GASB 96, <i>Subscription Based Information Technology Arrangements</i>)
Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> – Independent Auditor’s Report	No reportable findings
Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance	No reportable findings

Audit Scope and Results (cont.)

- Single Audit
 - Major Federal Programs for FY2023

Major Program	Federal Assistance Listing Number	Expenditures
COVID-19 - Coronavirus State and Local Fiscal Recovery Funds	21.027	\$4,423,196
Public Health Emergency Preparedness	93.069	\$2,679,777
Injury Prevention and Control Research and State and Community Based Programs	93.136	\$3,087,878
Immunization Cooperative Agreements (including COVID-19 funds)	93.268	\$5,441,286
Epidemiology and Laboratory Capacity for Infectious Diseases (including COVID-19 funds)	93.323	\$24,481,010
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	\$2,101,976

Audit Scope and Results (cont.)

- Qualitative Aspects of Significant Accounting Policies and Practices
 - Significant Accounting Policies
 - The District's significant accounting policies are described in *Note 1* of the audited financial statements.
 - Implementation of GASB 96, *Subscription Based Information Technology Arrangements (SBITAs)*
 - Alternative Accounting Treatments
 - No matters are reportable

Audit Scope and Results (cont.)

- Qualitative Aspects of Significant Accounting Policies and Practices (continued)
 - Management Judgments and Accounting Estimates
 - Accounts receivable and related allowance for uncollectible amounts
 - Net other postemployment benefits (OPEB) liability and related deferred inflows and outflows of resources
 - Net pension liability and related deferred inflows and outflows of resources
 - Key estimates related to leases and SBITAs – discount rate, term, and payments
 - Financial Statement Disclosures
 - Net pension liability
 - Net OPEB liability
 - Leases & SBITAs

Audit Scope and Results (cont.)

- Audit Adjustments
 - Proposed audit adjustments recorded:
 - None
 - Proposed audit adjustments not recorded:
 - Passed adjustment for the government-wide statement of net position being out of balance in the prior year issued annual financial report.

Audit Scope and Results (cont.)

- Auditor's Judgments About the Quality of the District's Accounting Principles
 - No matters are reportable.
- Significant Issues Discussed with Management During the Audit Process
 - Implementation of GASB Statement No. 96, *Subscription Based Information Technology Arrangements*
- Disagreements with Management
 - No matters are reportable.

Prior Year Audit Findings

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Summary of Prior Year Audit Findings

Finding	Status of Prior Finding:
2022-001 - Material Weakness in Financial Close and Reporting Controls	Resolved
2022-002 - Material Weakness in Financial Close and Reporting Controls – IT Accounting System	Resolved
2022-003 – Material Noncompliance - Material Weakness in Internal Control Over Compliance - Noncompliance with Nevada Revised Statutes Budget Requirements	Resolved

Future Pronouncements and Other Matters

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Accounting Updates - GASB Statement No. 100, *Accounting Changes and Error Corrections*

Summary

- Updates accounting and financial reporting requirements for accounting changes and error corrections to address current diversity in practice
- Defines accounting changes as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes.
- GASB 100 is effective for the District's 2024 fiscal year. Earlier application is encouraged.

Potential Impact

- For each type of accounting change and error correction, GASB 100 addresses accounting and reporting requirements, display, including display in the financial statements, note disclosures, and impact on required supplementary information (RSI) and supplementary information (SI).

Accounting Updates - GASB Statement No. 101, *Compensated Absences*

Summary

- Updates the recognition and measurement guidance for compensated absences under a unified model.
- Defines compensated absences and requires that liabilities be recognized in financial statements prepared using the economic resources measurement focus for leave that has not been used and leave that has been used but not yet paid or settled.
- Liability for compensated absences should be accounted for and reported on a basis consistent with governmental fund accounting principles for financial statements prepared using the current financial resources measurement focus.
- GASB 101 is effective for the District's 2025 fiscal year. Earlier application is encouraged.

Potential Impact

- GASB 101 amends the existing requirement to disclose the gross increases and decreases in a liability for compensated absences to allow governments to disclose only the net change in the liability (as long as they identify it as a net change).
- No longer required to disclose which governmental funds typically have been used to liquidate the liability for compensated absences.
- The changes adopted at transition to conform to the provisions of GASB 101, should be reported as a change in accounting principle in accordance with GASB 100, including the related display and disclosure requirements

Other Matters

- Meeting the Increasing Challenges of Cybersecurity
 - Cybersecurity Risk Assessment
 - Identifies possible threats to organizations and can help determine how well the organization can prevent, detect and respond to cyber-attacks
 - Addresses cybersecurity risk in the context of business risk and uses generally accepted frameworks

Questions?

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The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by FORVIS or the author(s) as to any individual situation as situations are fact specific. The reader should perform its own analysis and form its own conclusions regarding any specific situation. Further, the author(s) conclusions may be revised without notice with or without changes in industry information and legal authorities. FORVIS has been registered in the U.S. Patent and Trademark Office, which registration is pending.

FORV/S

Assurance / Tax / Advisory

Thank you!

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The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by FORVIS or the author(s) as to any individual situation as situations are fact specific. The reader should perform its own analysis and form its own conclusions regarding any specific situation. Further, the author(s) conclusions may be revised without notice with or without changes in industry information and legal authorities. FORVIS has been registered in the U.S. Patent and Trademark Office, which registration is pending.

FORV/S

Assurance / Tax / Advisory

Southern Nevada Health District

Financial Statements

June 30, 2023

Southern Nevada Health District
Table of Contents
June 30, 2023

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Southern Nevada Health District
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June 30, 2023

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Financial Section

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the Health District) as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Health District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Adoption of New Accounting Standard

As discussed in *Note 1* to the financial statements, in fiscal year 2023, the Health District adopted Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements*. Our opinions are not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparisons, and pension and other postemployment benefit information as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's basic financial statements. The supplementary information including the budgetary comparisons as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the budgetary comparisons are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2023, on our consideration of the Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.

Dallas, Texas
November 16, 2023

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2023.

Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by \$30,634,575. Unrestricted net position could be used to meet the government's on-going obligations to citizens and creditors, if it were a positive number.

The Health District's total net position (deficit) improved by \$2,048,318, primarily due to an increase in property tax revenue and charges for services offset somewhat with an increase in related expenditures as well a decrease in pandemic related grants.

The Health District's total revenue decreased by \$1,424,351. This was primarily driven by a decrease in pandemic related grants. Expenses increased by \$3,455,793, primarily due to increase in personnel costs including both salaries and benefits.

As discussed in *Note 1*, as of July 1, 2022, the Health District adopted GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Southern Nevada Health District's basic financial statements. The Health District's basic financial statements consist of three components:

- Government-wide financial statements
- Fund financial statements
- Notes to financial statements

This report also includes supplementary information intended to furnish additional detail to support the basic financial statements themselves.

Government-wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2023. The governmental activities of the Health District are comprised of the following functions:

Clinical Services. Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, sexual health program, and other clinical programs.

Environmental Health. Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

Community Health. Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, food handler education, laboratory services, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

Administration. Includes programs for general administration, financial services, legal services, public information, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 13 of this report.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

- Governmental funds
- Proprietary funds
- Fiduciary funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains four individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, both of which are considered to be major funds.

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Management Discussion and Analysis
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The Health District adopts an annual appropriated budget for its governmental funds. A budgetary comparison statement has been provided for both to demonstrate compliance with each budget in either required supplementary information or supplementary information.

The basic governmental fund financial statements can be found beginning on page 15 of this report.

Proprietary Fund

As of June 30, 2023, the Health District only maintains an internal service fund:

An *internal service fund* is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005, after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005 and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015. The internal service fund has been included within the governmental activities in the government-wide financial statements.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 19 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.

Notes to the Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to the financial statements can be found beginning on page 24 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 48 of this report.

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

Government-wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2023	2022*
Current and other assets	\$ 60,530,149	\$ 57,564,795
Net capital, lease and subscription assets	37,198,950	36,662,219
Total assets	97,729,099	94,227,014
Deferred outflows of resources	72,757,630	51,546,231
Liabilities		
Short-term liabilities	9,321,870	22,070,057
Long-term liabilities	170,186,395	99,265,947
Total liabilities	179,508,265	121,336,004
Deferred inflows of resources	21,613,039	57,120,134
Net position:		
Net investment in capital assets	29,711,221	28,057,002
Restricted	1,197,063	368,975
Unrestricted	(61,542,859)	(61,108,870)
Total net position	\$ (30,634,575)	\$ (32,682,893)

* Fiscal year 2022 has not been restated for GASB 96.

Total unrestricted net position represents negative 201% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital, lease and subscription assets (e.g., land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position (deficit) improved by \$2,048,318 primarily due to increased charges for services and property tax received.

The increases for charges for services was due to an overall increase in vital records, immunizations, and other medical services. The increase in regulatory services was due to increased number of patients during 2023.

The property tax increase was due to a growing local economy and increases in property values.

The decrease in operating grants was mainly due to the COVID-19 related grants winding down during 2023.

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

Summary Statement of Changes in Net Position

	Governmental Activities	
	2023	2022*
Revenues:		
Program revenues:		
Charges for services	\$ 55,059,446	\$ 49,760,082
Operating grants and contributions	70,797,117	85,129,449
General revenues:		
Property tax allocation	31,630,078	28,258,566
Other income	3,306,203	1,061,273
Unrestricted investment income (loss)	609,763	(1,382,412)
Total revenues	<u>161,402,607</u>	<u>162,826,958</u>
Expenses:		
Public health		
Clinical services	50,799,463	54,952,932
Environmental health	25,591,459	18,398,395
Community health	72,627,208	82,704,063
Administration	10,038,282	(156,894)
Interest	297,877	-
Total expenses	<u>159,354,289</u>	<u>155,898,496</u>
Change in net position	2,048,318	6,928,462
Net position, beginning	<u>(32,682,893)</u>	<u>(39,611,355)</u>
Net position, ending	<u>\$ (30,634,575)</u>	<u>\$ (32,682,893)</u>

* Fiscal year 2022 has not been restated for GASB 96.

Governmental Activities

During the current fiscal year, net position for governmental activities improved \$2,048,318 from the 2022 fiscal year to an ending balance of negative \$30,634,575.

Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

At June 30, 2023, the Health District's governmental funds reported combined fund balances of \$51,626,842, an increase of \$9,800,061 in comparison with the prior year. Approximately 84%, or \$43,224,648 of this amount constitutes unassigned fund balance, which is available for spending at Health District's discretion.

**Southern Nevada Health District
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The remainder of governmental fund balance is classified as follows: \$2,294,715 is non-spendable; restricted funds of \$1,197,063 is Grant-related; \$4,429,569 is assigned to capital project improvements; \$480,847 is assigned to administrative projects. The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$44,561,313, while the total fund balance is \$47,091,967. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

Unassigned fund balance represents approximately 28.4% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 33.8% of the total governmental expenditures and transfers. The Health District's general fund balance increased by \$10,205,860 during the current fiscal year, attributable to increased revenue and property tax allocation.

Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund) and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a non-spendable and restricted fund balance of \$1,441,971. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and Capital Funds have an assigned fund balance of \$4,429,569 at the end of the current fiscal year, which decrease by \$453,483 as compared to the prior fiscal year. This is not a significant decrease from the prior year.

Fund Revenues by Source:

	2023		2022		Increase (Decrease)	
	Amount	Percent	Amount	Percent		
<u>General Fund Revenues</u>						
Charges for services						
Fees for service	\$ 28,940,004	32.48%	\$ 25,661,858	33.34%	\$ 3,278,146	4.26%
Regulatory revenue	23,557,537	26.44%	21,579,715	28.04%	1,977,822	2.57%
Title XIX & other	2,561,635	2.88%	2,524,093	3.28%	37,542	0.05%
Total charges for services	55,059,176	61.80%	49,765,666	64.66%	5,293,510	6.88%
Intergovernmental revenues						
Property tax	31,630,078	35.50%	28,258,566	36.71%	3,371,512	4.38%
General receipts						
Contributions and donations	6,725	0.01%	9,136	0.01%	(2,411)	0.00%
Interest income	554,290	0.62%	(1,270,116)	-1.65%	1,824,406	2.37%
Other	1,842,739	2.07%	205,013	0.27%	1,637,726	2.13%
Total general fund revenues	89,093,008	100.00%	76,968,265	100.00%	12,124,743	15.75%
<u>Special Revenue Fund Revenues</u>						
Intergovernmental revenues						
Direct federal grants	20,771,681	28.75%	14,769,382	17.19%	6,002,299	6.99%
Indirect federal grants	48,965,055	67.77%	69,327,432	80.69%	(20,362,377)	-23.70%
State funding	1,053,926	1.46%	1,017,915	1.18%	36,011	0.04%
Total intergovernmental revenues	70,790,662	97.97%	85,114,729	99.06%	(14,324,067)	-16.67%
Program Contract Services	1,463,464	2.03%	808,427	0.94%	655,037	0.76%
Total special fund revenues	72,254,126	100.00%	85,923,156	100%	(13,669,030)	-15.91%
Combined Special Revenue and General Funds	\$ 161,347,134		\$ 162,891,421		\$ (1,544,287)	-0.16%

Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023

The increase in fees for service, including vital records, immunizations, and other medical services and regulatory services, is due to increased number of patients.

The increase in the property tax allocation of \$3,371,512 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for all property in the State of Nevada.

The increase in interest income was due to increased fair market value compared to book value at year end from investments.

	2023		2022		Increase (Decrease)	
	<u>Amount</u>	<u>Percent</u>	<u>Amount</u>	<u>Percent</u>		
<u>General Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 28,764,659	43.82%	\$ 26,320,630	58.83%	\$ 2,444,029	9.29%
Environmental health	16,566,156	25.24%	18,614,553	41.94%	(2,048,397)	-11.00%
Community health services	13,289,964	20.24%	12,810,174	28.87%	479,790	3.75%
Administration	3,614,059	5.51%	(2,580,264)	-32.11%	6,194,323	-240.07%
Debt service						
Principal	1,438,576	2.19%	974,668	1.72%	463,908	47.60%
Interest	297,877	0.45%	85,611	0.14%	212,266	247.94%
Capital outlay						
Public health	1,676,006	2.55%	344,319	0.61%	1,331,687	386.76%
Total general fund expenditures	<u>\$ 65,647,297</u>	<u>100.00%</u>	<u>\$ 56,569,691</u>	<u>100.00%</u>	<u>\$ 9,077,606</u>	<u>444.26%</u>
<u>Special Revenue Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 17,263,902	19.92%	\$ 28,821,673	27.54%	\$ (11,557,771)	-11.04%
Environmental health	6,356,418	7.34%	1,184,048	1.13%	5,172,370	4.94%
Community health services	58,134,661	67.09%	70,180,202	67.05%	(12,045,541)	-11.51%
Administration	2,931,204	3.38%	2,577,654	2.46%	353,550	0.34%
Capital outlay						
Public health	1,965,708	2.27%	1,900,587	1.82%	65,121	0.06%
Total special revenue fund expenditures	<u>\$ 86,651,893</u>	<u>100.00%</u>	<u>104,664,164</u>	<u>100%</u>	<u>\$ (18,012,271)</u>	<u>-17.21%</u>
Combined Special Revenue and General Funds	<u>\$ 152,299,190</u>		<u>161,233,855</u>		<u>(8,934,665)</u>	<u>427.05%</u>

The increase in general fund expenditures was primarily due to an increase in services provided to patients in relation to the increase in fees for service and an increase in administrative cost.

The decrease in special revenue fund expenditures were primarily due to a decrease in grants received and expended in clinical services and community health services areas, offsetting in additional grants received and expended in the environmental health area.

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

General Fund Budget Highlights

Final Budget Compared to Actual Results

Current budget procedure allows funds to be moved within programs and departments. Revenues exceeded budgeted amounts by \$1,065,672. This is attributable to increase in regulatory revenue from business growth post pandemic recovery.

Expenditures fell short of budgeted amounts by \$942,863, primarily due to a reduction of services and supplies for standard operations as well as grant funded operations.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures are included in the Supplementary Information on page 48 of the Financial Report.

CAPITAL, LEASE AND SUBSCRIPTION ASSETS

As of June 30, 2023, the Health District's net investment in capital, lease and subscription assets for its governmental activities was \$37,198,950. This investment in capital assets includes land, buildings and improvements, vehicles and equipment. The net decrease in capital assets for the current fiscal year was approximately \$144,149 or 1%, driven by furniture, fixtures, and equipment retired and depreciation and amortization on existing assets.

	Balance June 30, 2022	Increases	Decreases	Transfers	Balance June 30, 2023
Governmental activities					
Total governmental activities	37,343,099	3,877,626	(4,021,775)	-	37,198,950

The Health District disposed capital assets by \$138,676. This was primarily due to obsolete office and information technology equipment.

Additional detailed information on the Health District's capital assets can be found in *Note 4* of this report.

Long-term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities and subscription liabilities.

Economic Factors and Next Year's Budgets and Rates

The Health District has an improved financial position even with the continued impact of the COVID-19 pandemic during fiscal year 2022-2023. To properly respond to and manage the pandemic, additional resources were required which included personnel, supplies, services, and equipment. The national public health emergency put in place at the start of the COVID-19 pandemic expired on May 11, 2023. Grant revenue provided for the COVID-19 response is expected to expire as remaining projects and deliverables for the existing grants are completed.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and relies on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds are awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to public health

**Southern Nevada Health District
Management Discussion and Analysis
June 30, 2023**

emergencies. The Board of Health continued its previous approval of \$1,000,000 of fund balance to be used if needed for that purpose.

The Health District is confronted with inflationary factors affecting the cost of equipment; clinical, laboratory and pharmaceutical supplies; and other services. The Consumer Price Index has increased 3.9% over the past 12 months as an average annual percentage indicating these cost may continue to grow in the immediate future. Impending bargaining unit negotiations scheduled in budget year 2023-2024 have the potential to result in increased labor costs going forward. In addition, benefit costs will be higher due to increased retirement contributions and group insurance costs in budget year 2023-2024.

The Health District will continue to pursue not only proportional allocation of Federal pass-through dollars through the State, but also direct funding from the Federal government. Clark County has 70.2% of Nevada's population and is 4.3 times the population of Washoe County in Northern Nevada. The additional Federal support will enable the Health District to better address the needs of residents requiring services.

Property tax revenue is anticipated to increase by approximately 7% for the 2023-2024 budget year. Charges for services for clinical services continue to grow as services expand to additional locations and environmental health licenses and permit revenues are anticipated to increase as regulated activities with national and international venues occur in the community. The increase for the 2023-2024 budget year is anticipated to be approximately 20% for Charges for services, licenses and permits.

At present, the Health District has the financial resources and capacity to maintain current service levels. Though the Health District has a surplus of revenue over expenditures, it must be noted that the driver for that position in recent years has resulted from Pandemic Relief funding with support from increased regulatory and clinical services activity. As Pandemic Relief funding expires, the Health District will need to ensure operational viability by closely monitoring revenues and expenditures in addition to making operational adjustments and pursuing additional funding sources.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District
Attention: Chief Financial Officer
280 S. Decatur Blvd.
P.O. Box 3902
Las Vegas, Nevada, 89127

This entire report is available online at: <http://www.southernnevadahealthdistrict.org>.

Basic Financial Statements

Southern Nevada Health District
Statement of Net Position
June 30, 2023

	Primary Government Governmental Activities
ASSETS	
Cash, cash equivalents and investments	\$ 35,278,411
Grants receivable	20,166,944
Accounts receivable, net	2,852,313
Interest receivable	131,660
Other receivables	311,219
Prepaid items	342,312
Inventories	1,447,290
Capital assets, not depreciated	
Land	3,447,236
Construction in progress	1,952,654
Capital, lease and subscription assets, net of accumulated depreciation and amortization	
Buildings	15,704,364
Improvements other than buildings	2,429,628
Furniture, fixtures, and equipment	5,460,492
Lease assets	7,047,143
Subscription assets	863,438
Vehicles	293,995
Total assets	97,729,099
DEFERRED OUTFLOWS OF RESOURCES	
Deferred amounts related to pensions	58,441,221
Deferred amounts related to OPEB	14,316,409
Total deferred outflows of resources	72,757,630
LIABILITIES	
Accounts payable	6,717,840
Accrued expenses	1,650,762
Workers compensation self-insurance claims	20,000
Unearned revenue	933,268
Long-term liabilities, due within one year	
Compensated absences	6,058,468
Lease liabilities	797,966
Subscription liabilities	122,616
Long-term liabilities, due in more than one year	
Compensated absences	3,929,677
Lease liabilities	6,458,687
Subscription liabilities	108,460
Net pension liability	125,727,302
Total OPEB liability	26,983,219
Total liabilities	179,508,265
DEFERRED INFLOWS OF RESOURCES	
Deferred amounts related to pensions	189,400
Deferred amounts related to OPEB	21,423,639
Total deferred inflows of resources	21,613,039
NET POSITION (DEFICIT)	
Net investment in capital assets	29,711,221
Restricted	1,197,063
Unrestricted (deficit)	(61,542,859)
Total net position (deficit)	\$ (30,634,575)

Southern Nevada Health District
Statement of Activities
For the Fiscal Year Ended June 30, 2023

DRAFT

Functions/Programs	Expenses	Program Revenues		Net (Expenses) Revenues and Changes in Net Position Primary Government
		Charges for Services	Operating Grants and Contributions	Governmental Activities
Primary government:				
Governmental activities:				
Public health				
Clinical services	\$ 50,799,463	\$ 23,150,991	\$ 13,802,292	\$ (13,846,180)
Environmental health	25,591,459	23,179,604	5,465,066	3,053,211
Community health	72,627,208	8,728,851	49,025,688	(14,872,669)
Administration	10,038,282	-	2,504,071	(7,534,211)
Interest	297,877			(297,877)
Total governmental activities	159,354,289	55,059,446	70,797,117	(33,497,726)
Total function/program	159,354,289	55,059,446	70,797,117	(33,497,726)
General Revenues				
Property tax allocation				31,630,078
Other income				3,306,203
Unrestricted investment income				609,763
Total general revenues and transfers				35,546,044
Change in Net Position (Deficit)				2,048,318
Net Position (Deficit), Beginning of Year				(32,682,893)
Net Position (Deficit), End of Year				\$ (30,634,575)

Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2023

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
ASSETS				
Cash, cash equivalents and investments	\$ 31,064,021	\$ -	\$ 4,054,364	\$ 35,118,385
Grant receivable	1	20,166,943	-	20,166,944
Accounts receivable, net	2,852,313	-	-	2,852,313
Other receivables	310,455	-	-	310,455
Interest receivables	116,351	-	15,045	131,396
Due from other funds	17,039,673	-	366,580	17,406,253
Inventories	1,447,290	-	-	1,447,290
Prepaid items	602,517	244,908	-	847,425
Total assets	<u>\$ 53,432,621</u>	<u>\$ 20,411,851</u>	<u>\$ 4,435,989</u>	<u>\$ 78,280,461</u>
LIABILITIES				
Accounts payable	4,176,345	2,535,075	6,420	6,717,840
Accrued expenses	1,635,463	15,299	-	1,650,762
Unearned revenue	528,846	404,422	-	933,268
Due to other funds	-	17,351,749	-	17,351,749
Total liabilities	<u>6,340,654</u>	<u>20,306,545</u>	<u>6,420</u>	<u>26,653,619</u>
FUND BALANCES				
Nonspendable:				
Inventories	1,447,290	-	-	1,447,290
Prepaid items	602,517	244,908	-	847,425
Restricted for:				
Grants	-	1,197,063	-	1,197,063
Assigned for:				
Capital improvements	-	-	4,429,569	4,429,569
Administration	480,847	-	-	480,847
Unassigned	44,561,313	(1,336,665)	-	43,224,648
Total fund balances	<u>47,091,967</u>	<u>105,306</u>	<u>4,429,569</u>	<u>51,626,842</u>
Total liabilities and fund balances	<u>\$ 53,432,621</u>	<u>\$ 20,411,851</u>	<u>\$ 4,435,989</u>	<u>\$ 78,280,461</u>

**Southern Nevada Health District
Reconciliation of the Balance Sheet –
Governmental Funds to the Statement of Net Position – Governmental Activities
June 30, 2023**

Total fund balance – governmental funds \$ 51,626,842

Amounts reported for governmental activities in the Statement of Net Position

Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of \$505,113 of prepaid subscription assets already reported in the governmental funds

Capital, lease, and subscription assets, net of accumulated depreciation and amortization 36,693,837

Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items are as follows:

Postemployment benefits other than pensions	(26,983,219)
Deferred outflows related to postemployment benefits other than pensions	14,316,409
Deferred inflows related to postemployment benefits other than pensions	(21,423,639)
Compensated absences	(9,988,145)
Lease liability	(7,256,653)
Subscription liability	(231,076)
Net pension liability	(125,727,302)
Deferred outflows related to pensions	58,441,221
Deferred inflows related to pensions	(189,400)

Internal service funds are used by management to charge the costs of certain activities to individual funds:

Internal service fund assets and liabilities included in governmental activities in the statement of net position	86,550
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Net position of governmental activities	<u>\$ (30,634,575)</u>
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Southern Nevada Health District
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances
For the Fiscal Year Ended June 30, 2023

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Revenues				
Charges for services				
Fees for service	\$ 28,940,004	\$ -	\$ -	\$ 28,940,004
Regulatory revenue	23,557,537	-	-	23,557,537
Title XIX & other	2,561,635	-	-	2,561,635
Intergovernmental revenues				
Property tax	31,630,078	-	-	31,630,078
Direct federal grants	-	20,771,681	-	20,771,681
Indirect federal grants	-	48,965,055	-	48,965,055
State grant funds	-	1,053,926	-	1,053,926
General receipts				
Contributions and donations	6,725	-	-	6,725
Interest income	554,290	-	54,470	608,760
Other	1,842,739	1,463,464	-	3,306,203
Total revenues	89,093,008	72,254,126	54,470	161,401,604
Expenditures				
Current:				
Public health				
Clinical & nursing services	28,764,659	17,263,902	-	46,028,561
Environmental health	16,566,156	6,356,418	-	22,922,574
Community health	13,289,964	58,134,661	-	71,424,625
Administration	3,614,059	2,931,204	225,924	6,771,187
Total current	62,234,838	84,686,185	225,924	147,146,947
Debt service:				
Principal	1,438,576	-	-	1,438,576
Interest	297,877	-	-	297,877
Capital outlay	1,676,006	1,965,708	282,029	3,923,743
Total other expenditures	3,412,459	1,965,708	282,029	5,660,196
Total expenditures	65,647,297	86,651,893	507,953	152,807,143
Excess (Deficiency) of Revenues Over (Under) Expenditures	23,445,711	(14,397,767)	(453,483)	8,594,461
Other Financing Sources (Uses)				
Transfers in	-	14,445,451	-	14,445,451
Transfers out	(14,445,451)	-	-	(14,445,451)
Leases issued	564,309	-	-	564,309
Subscriptions	641,291	-	-	641,291
Total other financing sources and uses	(13,239,851)	14,445,451	-	1,205,600
Net Change in Fund Balances	10,205,860	47,684	(453,483)	9,800,061
Fund Balances, Beginning of Year	36,886,107	57,622	4,883,052	41,826,781
Fund Balances, Ending of Year	\$ 47,091,967	\$ 105,306	\$ 4,429,569	\$ 51,626,842

Southern Nevada Health District
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances –
Governmental Funds to the Statement of Activities – Governmental Activities
For the Fiscal Year Ended June 30, 2023

Net change in fund balances - total governmental funds \$ 9,800,061

Amounts reported for governmental activities in the Statement of Activities are different

Governmental funds report capital outlays as expenditures. However, in the Statement of Activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation or amortization. This is the amount of capital outlay recorded in the current period.

Expenditures for capital assets	3,877,626
Less current year depreciation and amortization	(3,883,099)
Disposal of capital assets	(138,676)

The issuance of long-term debt (e.g. lease liabilities) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds.

Principal payments on lease and subscription liabilities	1,438,576
Leases issued	(564,309)
Subscriptions	(641,291)

Some expenses reported in the statement of activities (do)/do not require the use of current financial resources, and therefore, (are)/are not reported as expenditures in governmental funds:

Change in postemployment benefits other than pensions	3,116,899
Change in deferred outflows related to postemployment benefits other than pensions	9,999,877
Change in deferred inflows related to postemployment benefits other than pensions	(13,204,212)
Change in compensated absences	(709,195)
Change in deferred outflows related to pensions	11,211,522
Change in deferred inflows related to pensions	48,711,307
Change in net pension liability	(66,967,196)

Internal service funds are used by management to charge the costs of certain activities to individual funds:

Internal service fund change in net position included in governmental activities in the statement of activities	428
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Change in net position of governmental activities	<u>\$ 2,048,318</u>
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**Southern Nevada Health District
Statement of Net Position – Proprietary Funds
For Fiscal Year Ended June 30, 2023**

	Governmental Activities Insurance Liability Reserve
ASSETS	
Current Assets	
Cash and cash equivalents	\$ 71,026
Restricted cash	89,000
Interest receivable	<u>264</u>
Total current assets	<u>160,290</u>
LIABILITIES	
Current Liabilities	
Due to other funds	53,740
Workers compensation self-insurance claims	<u>20,000</u>
Total current liabilities	<u>73,740</u>
NET POSITION	
Restricted	89,000
Unrestricted	<u>(2,450)</u>
Total net position	<u>\$ 86,550</u>

**Southern Nevada Health District
Statement of Revenues, Expenses and Changes in Net Position – Proprietary Funds
For Fiscal Year Ended June 30, 2023**

	<u>Governmental Activities Insurance Liability Reserve</u>
Expenditures	
Administration	<u>\$ 575</u>
Nonoperating Revenues	
Investment income	<u>1,003</u>
Total expenditures and nonoperating revenues	<u>428</u>
Income Before Transfers	<u>428</u>
Change in Net Position	428
Net Position, Beginning of Year	<u>86,122</u>
Net Position, End of Year	<u><u>\$ 86,550</u></u>

Southern Nevada Health District
Statement of Cash Flows – Proprietary Funds
For Fiscal Year Ended June 30, 2023

	Governmental Activities
	Insurance
	Liability
	Reserve
Cash Flows from Operating Activities	
Payments to employees	\$ (575)
Payments to suppliers	<u>(53,221)</u>
Net cash used in operating activities	<u>(53,796)</u>
Noncapital and Related Financing Activities	
Advances from other funds	<u>53,747</u>
Net cash provided by noncapital financing activities	<u>53,747</u>
Cash Flows from Investing Activities	
Investment income	<u>864</u>
Net cash provided by investing activities	<u>864</u>
Change in Cash and Cash Equivalents	815
Cash, Restricted Cash and Cash Equivalents, Beginning of Year	<u>159,211</u>
Cash, Restricted Cash, and Cash Equivalents, End of Year	<u><u>\$ 160,026</u></u>
Reconciliation of Cash Balances of End of Year:	
Unrestricted	71,026
Restricted	<u>89,000</u>
	<u><u>\$ 160,026</u></u>
Reconciliation of Net Operating Income (Loss) to Net Cash Provided by Operating Activities	
Changes in	\$ (575)
Accounts payable	<u>(53,221)</u>
Net cash used in operating activities	<u><u>\$ (53,796)</u></u>

Southern Nevada Health District
Statement of Fiduciary Net Position
June 30, 2023

	Custodial Fund
ASSETS	
Cash and cash equivalents	<u>\$ 11,439</u>
Total assets	<u>11,439</u>
LIABILITIES	
Due to other funds	<u>764</u>
Total liabilities	<u>764</u>
NET POSITION	
Restricted for individuals and organizations	<u>10,675</u>
Total net position	<u><u>\$ 10,675</u></u>

Southern Nevada Health District
Statement of Changes in Fiduciary Net Position
June 30, 2023

	Custodial Fund
Additions	
Contributions	\$ 11,854
Total additions	11,854
Deductions	
Services and supplies	15,907
Total deductions	15,907
Net Decrease in Fiduciary Net Position	(4,053)
Net Position, Beginning of Year	14,728
Net Position, Ending of Year	\$ 10,675

Note 1: Summary of Significant Accounting Policies

The Reporting Entity

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (the Health District). The Health District is governed by a 11-member policymaking board (the Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Basic Financial Statements

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

Government-wide Financial Statements

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

Fund Financial Statements

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, deferred outflows of resources, liabilities, deferred inflows of resources, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

The presentation emphasis in the fund financial statements is on major funds. All governmental funds are considered major funds and are reported as separate columns in the fund financial statements. All remaining governmental funds are aggregated and reported as other governmental funds in a separate column.

The Health District reports the following major governmental funds:

General Fund. Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

Special Revenue Fund. Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

The Health District reports the following internal service fund:

The Insurance Liability Reserve Fund. Accounts for the costs associated with the self-funded workers compensation insurance.

Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide, proprietary and fiduciary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered "measurable" when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter (within 60 days) to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual as well as other revenue sources. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

Cash and Cash Equivalents

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District's cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Accounts Receivable

Accounts receivable from patients for services rendered are reduced by the amount of such billings deemed by management to be ultimately uncollectable. The Health District utilizes historical experience for determining the estimated allowance for uncollectible accounts. Under this methodology, historical data is utilized to determine the historical bad debt percentages and applied prospectively to new billings.

Interfund Receivables and Payables

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund, are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

Inventories

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (the State) for use in the Health District's clinics, which are not included in the Health District's inventory since these vaccines remain the property of the State until they are administered. At June 30, 2023, the estimated value of such vaccines in the Health District's possession was \$1,512,223.

Prepaid Items

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

Capital, Lease and Subscription Assets

Capital, lease and subscription assets, which include property, plant and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their acquisition value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives are not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right of use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right of use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to please the lease asset into service. Right of use leased assets are amortized over the shorter of the lease term or useful lives of the underlying asset using the straight-line method.

Subscription assets are initially recorded at the initial measurement of the subscription liability, plus subscription payments made at or before the commencement of the subscription-based information technology arrangement (SBITA) term, less any SBITA vendor incentives received from the SBITA vendor at or before the commencement of the SBITA term, plus capitalizable initial implementation costs. Subscription assets are amortized on a straight-

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

line basis over the shorter of the SBITA term or the useful life of the underlying IT asset.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

Capital Assets Class	Years
Buildings	50
Improvements other than buildings	5 - 25
Furniture, fixtures, and equipment	5 - 20
Vehicles	6

Compensated Absences

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

Years of Service	Vacation Benefits (Days)
Less than one	10
One to eight	15
Eight to Thirteen	18
More than thirteen	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year, but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated. Upon termination, an employee with at least three years of service will receive 100% of the sick pay benefits accrual for accrued days up to 100 days, 50% of the accrued days between 101 and 200 days, and 25% of the accrued days greater than 200 days. Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

All vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

Lease Liabilities

The Health District is a lessee for noncancellable leases for office, clinical, and warehouse space. The Health District recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the government-wide financial statements. The Health District recognizes lease liabilities with an initial, individual value of \$5,000 or more.

At the commencement of a lease, the Health District initially measures the lease liability at the present value of

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made.

The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life or term of lease, whichever is shorter.

Key estimates and judgments related to leases include how the Health District determines (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Health District uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Health District generally uses its estimated incremental borrowing rate as the discount rate for leases.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the Health District is reasonably certain to exercise.

The Health District monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease assets are reported with other capital assets and lease liabilities are reported with long-term liabilities on the statement of net position.

Postemployment Benefits Other Than Pensions (OPEB)

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

For the purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense have been determined on the same basis as they are reported by PEPB and RHPP. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Deferred Inflows and Outflows of Resources

Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense / expenditure) until then. Deferred outflows for the changes in proportion and differences between actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for the net difference between projected and actual earnings on pension plan investments are deferred and amortized over five years. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience and changes in assumptions in the total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits. Deferred outflows for OPEB contributions made by the Health District subsequent to the OPEB plan's actuarial measurement date are deferred for one year.

Deferred inflows of resources represent an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports 1) the differences between expected and actual pension plan experience and changes in proportion, which are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits, 2) difference between actual and expected experience and changes in assumptions to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Fund Balance and Net Position Classifications

In the government-wide statements, equity is classified as net position and displayed in three components:

Net Investment in Capital Assets. This is the component of net position that represents capital assets net of accumulated depreciation and amortization.

Restricted. This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

Unrestricted. All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

Nonspendable. Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

Restricted. Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments; or are imposed by law (through constitutional provisions or enabling legislation).

Committed. Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

Assigned. Includes amounts that are constrained by the Health District's intent to be used for specific purposes, but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the Health District's Director of Administration. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Unassigned. This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), or unforeseen declines in revenue and/or large, unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

Government Grants

Support funded by grants is recognized as the Health District meets the conditions prescribed by the grant agreement, performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Use of Estimates

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

Implementation of New GASB Statement

As of July 1, 2022, the Health District adopted GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*. The implementation of this standard establishes a model for subscription-based information technology arrangements (SBITAs) accounting based on the foundational principle that SBITAs are financings of the right to use an underlying information technology software asset. The standard requires recognition of certain right-to-use subscription assets and subscription liabilities. As a result of implementing this standard the Health District recognized a right-to-use subscription asset and subscription liability of \$680,880 (includes \$505,113 reclassified from prepaid assets) and \$192,871 as of July 1, 2022, respectively. As a result of these adjustments there was no effect on beginning net position. The additional disclosures required by this standard are included in *Notes 4 and 6*.

**Southern Nevada Health District
Notes to Financial Statements
June 30, 2023**

Note 2: Stewardship and Accountability

Budgets and Budgetary Accounting

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2023, were as prescribed by law.

The budget approval process is summarized as follows:

At the March Board of Health meeting, management of the Health District submits a final budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the final budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, and function classifications and the transfers are recorded in the official Board of Health minutes.

At June 30, 2023, indirect cost amounts between the clinical and nursing services, environmental health, and community health programs and the administration program in the general fund have been eliminated in accordance with accounting principles generally accepted in the United States.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Note 3: Cash and Cash Equivalents

Deposits

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value and are maintained with insured banks in Nevada. At June 30, 2023, the carrying amount of the Health District's deposits was \$0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

Clark County Investment Pool

The Health District participates in Clark County's investment pool. At June 30, 2023, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.

Negotiable certificates of deposit issued by commercial banks or insured savings and loan associations (those over \$100,000 must be fully collateralized) not to exceed 1 year maturity from date of purchase with minimum ratings by at least two rating services of "B" by Thomson Bank Watch or "A-1" by Standard & Poor's or "P-1" by Moody's.

Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase the obligations must have a remaining term to maturity of no more than 5 years, are rated by a nationally recognized rating service as "A" or its equivalent, or better and cannot exceed 20% of the investment portfolio.

Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days maturity and does not exceed 20% of the portfolio.

Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.

Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days maturity. Securities used for collateral must meet the criteria listed above.

Money Market Mutual Funds which are rated "AAA" or its equivalent and invest only in securities issued by the Federal Government, U.S. agencies or repurchase agreements fully collateralized by such securities not to exceed 5 years maturity and does not exceed 20% of the portfolio.

Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.

Investment contracts for bond proceeds only, issuance for \$10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.

The State of Nevada's Local Government Investment Pool.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions, Clark County's public deposits are in participating depositories of the Nevada Collateral Pool (the Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income's cash flows and is used to estimate the sensitivity of a security's price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2023, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.170, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2023, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was \$35,194,584.

Combined Cash and Cash Equivalents

At June 30, 2023, the Health District's cash and cash equivalents were as follows:

Cash on hand	\$ 6,266
Restricted cash	89,000
Clark County Investment Pool	<u>35,194,584</u>
Total cash and cash equivalents	<u>\$ 35,289,850</u>

At June 30, 2023, the Health District's cash and cash equivalents were presented in the District's financial statements as follows:

Governmental funds	\$ 35,118,385
Proprietary fund	160,026
Custodial funds	<u>11,439</u>
Total cash and cash equivalents	<u>\$ 35,289,850</u>

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Note 4: Capital, Lease, and Subscription Assets

Changes in capital, lease, and subscription assets for the year ended June 30, 2023, were as follows:

	Balance June 30, 2022	Additions	Retirements	Transfers	Balance June 30, 2023
Governmental Activities					
Capital assets not being depreciated/amortized:					
Construction in progress	\$ 2,517,121	\$ 70,445	\$ -	\$ (634,912)	\$ 1,952,654
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	5,964,357	70,445	-	(634,912)	5,399,890
Capital, leased, and subscription assets being depreciated/amortized:					
Buildings	21,027,013	-	-	-	21,027,013
Improvements other than buildings	5,252,849	336,831	(11,750)	514,769	6,092,699
Furniture, fixtures, and equipment	17,500,949	2,255,250	(2,041,577)	120,143	17,834,765
Right-to-use leased building	7,893,495	564,309	(959,347)	-	7,498,457
Right-to-use leased equipment	760,227	-	-	-	760,227
Subscription IT asset	680,880	641,291	-	-	1,322,171
Vehicles	1,348,698	9,500	-	-	1,358,198
Totals capital, lease, and subscription assets being depreciated/amortized	54,464,111	3,807,181	(3,012,674)	634,912	55,893,530
Accumulated depreciation/amortization for:					
Buildings	(4,614,587)	(708,062)	-	-	(5,322,649)
Improvements other than buildings	(3,369,026)	(301,408)	7,363	-	(3,663,071)
Furniture, fixtures, and equipment	(13,026,254)	(1,255,307)	1,907,288	-	(12,374,273)
Right-to-use leased building	(750,741)	(1,042,250)	959,347	-	(833,644)
Right-to-use leased equipment	(377,897)	-	-	-	(377,897)
Subscription IT asset	-	(458,733)	-	-	(458,733)
Vehicles	(946,864)	(117,339)	-	-	(1,064,203)
Total accumulated depreciation/amortization	(23,085,369)	(3,883,099)	2,873,998	-	(24,094,470)
Total capital, leased, and subscription assets, being depreciated/amortized, net	31,378,742	(75,918)	(138,676)	634,912	31,799,060
Total Governmental Activities	\$ 37,343,099	\$ (5,473)	\$ (138,676)	\$ -	\$ 37,198,950

For the year ended June 30, 2023, depreciation and amortization expense was charged to the following functions and programs:

Governmental activities:	
Clinical services	\$ 132,929
Environmental health	31,446
Community health	814,810
Administration	2,903,914
Total depreciation and amortization expense – governmental activities	<u>\$ 3,883,099</u>

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Note 5: Interfund Balances and Transfers

Interfund balances at June 30, 2023 are as follows:

<u>Receivable Fund</u>	<u>Payable Fund</u>	<u>Amount</u>
General Fund	Special Revenue Fund	\$ 17,039,673
Other governmental funds	Special Revenue Fund	312,076
Other governmental funds	Insurance Reserve	53,740
Other governmental funds	Fiduciary fund	764
		<u>\$ 17,406,253</u>

These balances result from the time lag between the dates that (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system and (3) payments between funds are made.

Interfund transfers for the year ended June 30, 2023, consisted of the following:

<u>Transfers Out of Fund</u>	<u>Transfers In to Fund</u>	<u>Amount</u>
General Fund	Special Revenue Fund	\$ 14,445,451
		<u>\$ 14,445,451</u>

Transfers from were used to (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in special revenue fund, and finance the administrative cost allocation to special revenue fund, in accordance budgetary authorization.

Southern Nevada Health District
Notes to Financial Statements
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Note 6: Changes in Long-Term Liabilities

Long-term liabilities activity for the year ended June 30, 2023, was as follows:

	Balance June 30, 2022	Increases	Decreases	Balance June 30, 2023	Due Within One Year
Governmental Activities					
Compensated absences	\$ 9,278,950	\$ 9,695,654	\$ (8,986,459)	\$ 9,988,145	\$ 6,058,468
Lease liability	7,544,938	564,309	(852,594)	7,256,653	797,966
Subscription liability	192,871	624,187	(585,982)	231,076	122,616
Total long-term liabilities	<u>\$ 17,016,759</u>	<u>\$ 10,884,150</u>	<u>\$ (10,425,035)</u>	<u>\$ 17,475,874</u>	<u>\$ 6,979,050</u>

Compensated absences, lease and subscription liabilities typically have been liquidated by the fund where employees earned and accrued the amounts.

Lessee Activities

The Health District has entered into multiple leases for office, clinical, warehouse space, medical and office equipment. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring through March 2037. The lease liability was valued using discount rates between 3.25% and 8.00%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

Remaining principal and interest payments on leases are as follows:

<u>For the Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2024	\$ 797,966	\$ 252,667
2025	647,622	223,043
2026	657,666	197,880
2027	605,373	172,685
2028	422,554	152,591
2029 - 2033	2,135,524	548,546
2034 - 2037	1,989,948	139,870
	<u>\$ 7,256,653</u>	<u>\$ 1,687,282</u>

Southern Nevada Health District
Notes to Financial Statements
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Subscription Liabilities

The Health District has various subscription-based information technology arrangements (SBITAs), the terms of which expire in various years through 2026. The subscription liability was valued using discount rates between 3.25% and 8.25%. This rate was determined using the US Prime Rates applicable for each subscription agreement based on the subscription period and date of initiation.

Remaining principal and interest payments on subscription liabilities are as follows:

<u>For the Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2024	\$ 122,616	\$ 10,185
2025	80,725	4,272
2026	<u>27,735</u>	<u>837</u>
	<u>\$ 231,076</u>	<u>\$ 15,294</u>

Note 7: Risk Management

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to be a part of a pool under the Nevada Interlocal Cooperation Act. The Nevada Public Agency Pool Insurance (Pool) is a public entity risk pool currently operating as a common risk management and insurance program for its members.

The Health District pays an annual premium and specific deductibles, as necessary, to the Pool for its general insurance coverage. The Pool is considered a self-sustaining risk pool that will provide coverage for its members for up to \$10,000,000 per insured event with a \$10,000,000 annual aggregate per member. Additionally, coverage includes data security events up to a maximum of \$1,000,000 per event. Property, crime and equipment breakdown coverage is provided to its members up to \$100,000,000 per loss with various sub-limits established for earthquake, flood, equipment breakdown, and money and securities.

The Public Agency Compensation Trust (PACT) was formed to provide workers compensation coverage. POOL/PACT members include counties, cities, school districts, special districts, law enforcement, and towns. The Health District pays premiums based on payroll costs to the PACT for its workers compensation insurance coverage. The PACT is considered a self-sustaining risk pool that will provide coverage for its members based on established statutory limits. The PACT obtains independent coverage for insured events in excess of the aforementioned limits.

The Health District carries medical professional liability insurance. There were no claims for medical malpractice in the past three fiscal year. In addition, the Health District continues to carry other commercial insurance for other risks of loss not covered by the Pool, including employee health and accident insurance. Amounts in excess of insurance coverage for settled claims resulting from these risks were minimal over the past three fiscal years.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Litigation

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District's legal counsel, there was no outstanding matter at this time, and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather, records such as period costs when the services are rendered.

Note 8: Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (the PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010, and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

- 1) 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary and 5% per year following the fourteenth anniversary, or
- 2) The average percentage increase in the Consumer Price Index (or other PERS Board approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board approved index) for the period between retirement and the date of increase.

Southern Nevada Health District
Notes to Financial Statements
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For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with 5 years of service, at age 60 with 10 years of service, or at any age with 30 years of service. Regular members entering PERS on or after January 1, 2010, are eligible for retirement at age 65 with 5 years of service, or age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015, are eligible for retirement at age 65 with 5 years of service, or at age 62 with 10 years of service or at age 55 with 30 years of service or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985, is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983, have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

For the year ended June 30, 2022, the required contribution rates for regular members was 15.50% and 29.25% for employer/employee matching and EPC, respectively. The Health District's portion of contributions was \$7,659,900 for the year ended June 30, 2023.

PERS collective net pension liability was measured as of June 30, 2022, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

Southern Nevada Health District
Notes to Financial Statements
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The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an experience Study covering the period from July 1, 2016 - June 30, 2020), applied to all periods included in the measurement:

Inflation	2.50%
Productivity pay increase	0.05%
Investment Rate of Return	7.25%
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2022 funding actuarial valuation

Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Table (separate tables for males and females) with rates increased by 30% for males and 15% for females, projected generationally with the two-dimensional monthly improvement scale MP-2020.

The mortality tables listed in the actuary report only provide rates for ages 50 and older. To develop mortality rates for ages 40 through 50, we have smoothed the difference between the rates at age 40 from the Pub-2010 General Employee Amount-Weighted Above-Median Mortality Tables and the rates at age 50 from the Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Tables.

To develop the mortality rates before age 40, we have used the Pub-2010 General Employee Amount-Weighted Above-Median Mortality Tables rates. This methodology for developing an extended annuitant mortality table is similar to the method used by the IRS to develop the base mortality table for determining minimum funding standards for single-employer defined benefit pension plans under Internal Revenue Code Section 430. While Section 430 is not applicable to the System, we believe this is a reasonable method for developing annuitant mortality rates at earlier ages.

PERS's policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the Board adopted policy target asset allocation as of June 30, 2022:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return (Arithmetic)
U.S. stocks	42%	5.50%
International stocks	18%	5.50%
U.S. bonds	28%	0.75%
Private markets	12%	6.65%
Total	100%	

Southern Nevada Health District
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* These geometric return rates are combined to produce the long-term expected rate of return by adding the long-term expected inflation rate of 2.50%

The discount rate used to measure the total pension liability was 7.25% as of June 30, 2022. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS's fiduciary net position at June 30, 2022, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2022.

At June 30, 2023, the Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher:

	1% Decrease (6.25%)	Current Discount Rate (7.25%)	1% Increase (8.25%)
Net Pension liability (asset)	\$ 193,032,173	\$ 125,727,302	\$ 70,190,252

Detailed information about PERS fiduciary net position is available in the PERS ACFR, which is available on the PERS website, www.nvpers.org under publications.

The Health District's proportionate share of the collective net pension liability was \$125,727,302, which represents 0.69636% of the collective net pension liability, which is an increase from the previous year's proportionate share of 0.64435%. Contributions for employer pay dates within the fiscal year ending June 30, 2022, were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2023, the Health District's pension expense was \$15,571,940 and its reported deferred outflows and inflows of resources related to pensions as of June 30, 2023, were as follows:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$16,279,609	\$ 89,816
Net difference between projected and actual earnings on investments	1,533,951	-
Changes in proportion and differences between actual contributions and proportionate share of contributions	15,947,705	99,584
Change in assumptions	16,150,548	-
Contributions subsequent to the measurement date	8,529,408	-
Total	<u>\$58,441,221</u>	<u>\$ 189,400</u>

Average expected remaining service life is 6.14 years.

Southern Nevada Health District
Notes to Financial Statements
June 30, 2023

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling \$8,529,408 will be recognized as a reduction of the net pension liability in the year ending June 30, 2024. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>For the Year ending June 30,</u>	
2024	\$ 5,196,279
2025	4,931,583
2026	4,403,085
2027	17,036,658
2028	2,306,624
Thereafter	<u>15,848,184</u>
Total	<u>\$ 49,722,413</u>

Note 9: Postemployment Benefits Other than Pensions

General Information about the Other Post Employment Benefit Plans

Plan Description: The Health District subsidizes eligible retirees' contributions to the Public Employees' Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees, however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee's Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at www.pebp.state.nv.us/informed/financial.htm.

Plan Description: The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and an Exclusive Provider Organization (EPO) plan.

Benefits Provided

PEBP plan provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer.

As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

Southern Nevada Health District
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Employees Covered by Benefit Terms

At June 30, 2022, the following employees were covered by the benefit terms:

	<u>PEBP</u>	<u>RHPP</u>	<u>Total all Plans</u>
Inactive employees or beneficiaries currently receiving benefits	70	64	134
Active members	<u>-</u>	<u>701</u>	<u>701</u>
Total	<u>70</u>	<u>765</u>	<u>835</u>

Total OPEB Liability

The Health District's total OPEB liability of \$26,983,219 was measured as of June 30, 2022, and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs: The total OPEB liability for all plans as of June 30, 2023 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	3.54%
Pre-Medicare Trend Rate	Select: 6.5%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 5.5%, Ultimate 4.0%
Mortality	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2021, applied on a gender-specific and job class basis (teacher, safety, or general, as applicable)
Termination Tables	2022 NPERS Actuarial Valuation
Health care cost trend rates	2022 NPERS Actuarial Valuation

Southern Nevada Health District
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Changes in the Total OPEB Liability

	<u>PEBP</u>	<u>RHPP</u>	<u>Total OPEB Liability</u>
Balance at June 30, 2022	\$ 4,784,400	\$25,315,718	\$30,100,118
Changes for the year:			
Service cost	-	2,053,521	2,053,521
Interest	101,093	590,543	691,636
Differences between expected and actual experience	(719,219)	11,098,817	10,379,598
Changes of assumptions	(575,624)	(15,399,138)	(15,974,762)
Benefit payments	(208,349)	(58,543)	(266,892)
Net changes	<u>(1,402,099)</u>	<u>(1,714,800)</u>	<u>(3,116,899)</u>
Balance at June 30, 2023	<u>\$ 3,382,301</u>	<u>\$23,600,918</u>	<u>\$26,983,219</u>

Changes in Assumptions and Experience:

Certain key assumptions were changed as part of the actuary's updated study. Those changed are summarized below.

- Updated census information, and
- Current plan cost information, including retiree premiums and contributions. The per capita cost assumptions based on recent claims experience came in higher than expected from the prior valuation. Retiree premiums remained flat which further contributes to the experience loss.
- The discount rate was updated from 2.16%, as of June 30, 2021, to 3.54%, as of June 30, 2022 (the actuarial measurement date).
- The Nevada PERS retirement and termination rates were updated to the rates from the 2021 Experience Study and Review of Actuarial Assumptions.
- The mortality projection scale was updated from MP-2020 to MP-2021 to reflect the Society of Actuaries' recent mortality study.

Southern Nevada Health District
Notes to Financial Statements
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Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.54 percent) or 1-percentage point higher (4.54 percent) than the current discount rate:

	<u>1% Decrease Rate (2.54%)</u>	<u>Discount Rate (3.54%)</u>	<u>1% Increase Rate (4.54%)</u>
PEBP	\$ 3,797,000	\$ 3,382,000	\$ 3,036,000
RHPP	<u>28,401,000</u>	<u>23,601,000</u>	<u>19,850,000</u>
Total OPEB Liability	<u>\$ 32,198,000</u>	<u>\$ 26,983,000</u>	<u>\$ 22,886,000</u>

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

	<u>1% Decrease</u>	<u>Trend Rates</u>	<u>1% Increase</u>
PEBP	\$ 3,051,000	\$ 3,382,000	\$ 3,713,000
RHPP	<u>19,591,000</u>	<u>23,601,000</u>	<u>28,843,000</u>
Total OPEB Liability	<u>\$ 22,642,000</u>	<u>\$ 26,983,000</u>	<u>\$ 32,556,000</u>

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2023, the Health District recognized OPEB expense of \$380,059. The breakdown by plan is as follows:

	<u>PEBP</u>	<u>RHPP</u>	<u>Total All Plans</u>
OPEB Expense	\$ (1,193,750)	\$ 1,573,809	\$ 380,059

Southern Nevada Health District
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At June 30, 2023, the Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
PEBP		
Contributions made in fiscal year ending 2023 after July 1, 2022 measurement date	\$ 207,049	\$ -
Total PEBP	<u>207,049</u>	<u>-</u>
RHPP		
Differences between expected and actual experience	12,258,673	5,189,665
Changes of assumptions or other inputs	1,498,299	16,233,974
Contributions made in fiscal year ending 2023 after July 1, 2022 measurement date	<u>352,388</u>	<u>-</u>
Total RHPP	<u>14,109,360</u>	<u>21,423,639</u>
Total All Plans		
Differences between expected and actual economic experience	12,258,673	5,189,665
Changes in actuarial assumptions	1,498,299	16,233,974
Contributions made in fiscal year ending 2023 after July 1, 2022 measurement date	<u>559,437</u>	<u>-</u>
Total All Plans	<u>\$14,316,409</u>	<u>\$21,423,639</u>

The amount of \$559,437 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2024. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

<u>For the Year ending June 30,</u>	<u>RHPP</u>
2024	\$ (1,070,255)
2025	(1,070,255)
2026	(795,218)
2027	(712,556)
2028	(697,613)
Thereafter	<u>(3,320,770)</u>
Total	<u>\$ (7,666,667)</u>

Southern Nevada Health District
Notes to Financial Statements
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Note 10: Encumbrances

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year end. Open encumbrances at fiscal yearend are included in restricted, committed or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	<u>Assigned Fund Balance</u>
General Fund	<u>\$ 480,847</u>

General Fund

\$155,642 of the total encumbrance balance was assigned to purchase clinical health services. \$779 of the total encumbrance balance was assigned to purchase community health services. \$314,426 of the total encumbrance balance was assigned to purchase administrative services. \$10,000 of the total encumbrance balance was assigned to environmental health services.

Required Supplementary Information

**Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – General Fund
For the Fiscal Year Ended June 30, 2023**

	Budgeted Amounts			Variance with Final Budget - Increase (Decrease)
	Original	Final	Actual	
Revenues				
Fees for service	\$26,329,659	\$29,491,810	\$28,940,004	\$ (551,806)
General receipts	930,579	1,947,543	1,849,464	(98,079)
Property tax	29,671,494	31,630,078	31,630,078	-
Regulatory revenue	18,911,491	22,188,663	23,557,537	1,368,874
Title XIX & other	567,015	2,091,315	2,561,635	470,320
Investment earnings	327,927	677,927	554,290	(123,637)
Total revenues	76,738,165	88,027,336	89,093,008	1,065,672
Expenditures				
Public Health:				
Clinical & nursing services				
Salaries and wages	9,416,812	8,749,876	8,305,834	444,042
Employee benefits	4,002,146	3,815,800	3,292,010	523,790
Services and supplies	24,354,228	26,979,483	27,038,203	(58,720)
Principal	-	-	4,727	(4,727)
Interest	-	-	810	(810)
Capital outlay	10,000	5,500	-	5,500
Total clinical & nursing services	37,783,186	39,550,659	38,641,584	909,075
Environmental health				
Salaries and wages	13,857,705	11,794,368	11,552,941	241,427
Employee benefits	5,894,131	4,967,309	4,509,310	457,999
Services and supplies	6,332,414	6,576,314	4,960,411	1,615,903
Total environmental health	26,084,250	23,337,991	21,022,662	2,315,329
Community health				
Salaries and wages	7,795,371	7,290,560	6,775,876	514,684
Employee benefits	3,313,033	3,060,594	2,776,054	284,540
Services and supplies	7,599,116	7,555,693	7,154,800	400,893
Principal	-	-	271,552	(271,552)
Interest	-	-	8,062	(8,062)
Capital outlay	146,421	575,071	363,725	211,346
Total community health	18,853,941	18,481,918	17,350,069	1,131,849
Administration				
Salaries and wages	10,018,424	10,862,751	10,776,613	86,138
Employee benefits	4,263,530	4,641,480	4,636,989	4,491
Services and supplies	(37,932,777)	(30,361,139)	(28,835,651)	(1,525,488)
Principal	-	-	469,963	(469,963)
Interest	-	-	272,787	(272,787)
Capital outlay	76,500	76,500	1,312,281	(1,235,781)
Total administration	(23,574,323)	(14,780,408)	(11,367,018)	(3,413,390)
Total public health	59,147,054	66,590,160	65,647,297	942,863
Total expenditures	59,147,054	66,590,160	65,647,297	942,863
Excess of Revenue Over Expenditures	17,591,111	21,437,176	23,445,711	2,008,535
Other Financing Sources (Uses)				
Transfers out	(19,591,111)	(16,465,398)	(14,445,451)	2,019,947
Leases issued	-	-	564,309	564,309
Subscriptions	-	-	641,291	641,291
Total other financing sources (uses)	(19,591,111)	(16,465,398)	(13,239,851)	3,225,547
Net Change in Fund Balances	(2,000,000)	4,971,778	10,205,860	5,234,082
Fund Balances, Beginning of Year	36,886,107	36,886,107	36,886,107	-
Fund Balances, Ending of Year	\$34,886,107	\$41,857,885	\$47,091,967	\$ 5,234,082

See Notes to Required Supplementary Information

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – Special Revenue Fund
For the Fiscal Year Ended June 30, 2023

	Budgeted Amounts			Variance with Final Budget - Increase (Decrease)
	Original	Final	Actual	
Revenues				
Direct federal grants	\$ 21,169,121	\$ 19,700,847	\$ 20,771,681	\$ 1,070,834
Indirect federal grants	81,071,587	56,966,580	48,965,055	(8,001,525)
State grant funds	874,990	1,259,764	1,053,926	(205,838)
Other grant funds	847,838	1,086,164	1,463,464	377,300
Total revenues	103,963,536	79,013,355	72,254,126	(6,759,229)
Expenditures				
Public Health				
Clinical & nursing services				
Salaries and wages	7,432,331	6,511,561	6,598,987	(87,426)
Employee benefits	3,159,811	2,826,727	2,628,168	198,559
Services and supplies	9,416,118	7,755,753	8,036,761	(281,008)
Capital outlay	73,455	158,455	77,703	80,752
Total clinical & nursing services	20,081,715	17,252,496	17,341,619	(89,123)
Environmental health				
Salaries and wages	546,764	4,101,562	3,362,442	739,120
Employee benefits	232,374	1,708,041	1,350,937	357,104
Services and supplies	398,293	2,229,336	1,643,039	586,297
Total environmental health	1,177,431	8,038,939	6,356,418	1,682,521
Community health				
Salaries and wages	13,771,273	13,253,909	12,765,215	488,694
Employee benefits	5,852,787	5,231,689	5,284,704	(53,015)
Services and supplies	77,599,911	47,075,059	39,968,427	7,106,632
Principal	-	-	106,352	(106,352)
Interest	-	-	9,937	(9,937)
Capital outlay	3,168,003	2,196,482	1,726,437	470,045
Total community health	100,391,974	67,757,139	59,861,072	7,896,067
Administration				
Salaries and wages	7,793	99,669	143,153	(43,484)
Employee benefits	3,312	38,619	52,655	(14,036)
Services and supplies	1,892,422	2,130,311	2,735,396	(605,085)
Capital outlay	-	161,580	161,580	-
Total administration expenditures	1,903,527	2,430,179	3,092,784	(662,605)
Total expenditures	123,554,647	95,478,753	86,651,893	8,826,860
Excess (Deficiency) of Revenue Over (Under) Expenditures	(19,591,111)	(16,465,398)	(14,397,767)	2,067,631
Other Financing Sources (Uses)				
Transfers in	19,591,111	16,465,398	14,445,451	(2,019,947)
Transfers out	-	-	-	-
Total other financing sources (uses)	19,591,111	16,465,398	14,445,451	(2,019,947)
Net Change in Fund Balances	-	-	47,684	47,684
Fund Balances, Beginning of Year	57,622	57,622	57,622	-
Fund Balances, Ending of Year	\$ 57,622	\$ 57,622	\$ 105,306	\$ 47,684

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios¹
For the Fiscal Year Ended June 30, 2023

PEBP Plan	2018	2019	2020	2021	2022	2023
A. Total OPEB liability						
Interest (on the total OPEB liability)	136,641	158,929	142,210	132,809	104,479	101,093
Changes in benefit terms	-	-	-	-	-	-
Difference between expected and actual experience	(2,407)	(935)	-	240,495	-	(719,219)
Changes of assumptions	(408,034)	(582,796)	196,172	770,760	51,775	(575,624)
Benefit payments	<u>(201,454)</u>	<u>(210,183)</u>	<u>(213,733)</u>	<u>(223,274)</u>	<u>(198,836)</u>	<u>(208,349)</u>
Net change in total OPEB liability	(475,254)	(634,985)	124,649	920,790	(42,582)	(1,402,099)
Total OPEB liability - beginning	<u>4,891,782</u>	<u>4,416,528</u>	<u>3,781,543</u>	<u>3,906,192</u>	<u>4,826,982</u>	<u>4,784,400</u>
Total OPEB liability - ending (a)	<u>\$ 4,416,528</u>	<u>\$ 3,781,543</u>	<u>\$ 3,906,192</u>	<u>\$ 4,826,982</u>	<u>\$ 4,784,400</u>	<u>\$ 3,382,301</u>
Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A

¹ Fiscal year 2018 is the first year of implementation, therefore only six years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District
Schedule of Changes in the total OPEB Liability and Related Ratios²
For the Fiscal Year Ended June 30, 2023

RHPP	2018	2019	2020	2021	2022	2023
A. Total OPEB liability						
Service cost	2,037,506	1,984,184	865,693	1,035,479	1,570,297	2,053,521
Interest (on the total OPEB liability)	753,304	922,521	675,421	696,006	546,330	590,543
Changes in benefit terms	-	-	-	-	-	-
Difference between expected and actual experience	26,065	(8,138,337)	-	2,485,316	-	11,098,817
Changes of assumptions	(3,119,749)	(1,686,349)	1,204,893	577,780	221,432	(15,399,138)
Benefit payments	<u>(339,476)</u>	<u>(236,966)</u>	<u>(322,093)</u>	<u>(643,182)</u>	<u>(345,742)</u>	<u>(58,543)</u>
Net change in total OPEB liability	(642,350)	(7,154,947)	2,423,914	4,151,399	1,992,317	(1,714,800)
Total OPEB liability - beginning	<u>24,545,385</u>	<u>23,903,035</u>	<u>16,748,088</u>	<u>19,172,002</u>	<u>23,323,401</u>	<u>25,315,718</u>
Total OPEB liability - ending (a)	<u>\$23,903,035</u>	<u>\$16,748,088</u>	<u>\$19,172,002</u>	<u>\$23,323,401</u>	<u>\$ 25,315,718</u>	<u>\$ 23,600,918</u>
Covered Payroll	\$34,126,701	\$34,918,861	\$34,918,861	\$40,103,356	\$ 49,853,806	\$ 47,400,387
Total OPEB Liability as a Percentage of Covered Payroll	70.04%	47.96%	54.90%	58.16%	50.78%	49.79%

² Fiscal year 2018 is the first year of implementation, therefore only six years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

**Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information³
For the Fiscal Year Ended June 30, 2023**

<u>For the Year Ended June 30</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Covered Payroll</u>	<u>Proportion of the Collective Pension Liability as a Percentage of Covered Payroll</u>	<u>PERS Fiduciary Net Position as a Percentage of Total Pension Liability</u>
2014	0.54090 %	\$ 61,643,357	\$ 34,707,255	177.60943%	75.30000%
2015	0.54090 %	\$ 61,984,011	\$ 32,508,190	190.67198%	75.13000%
2016	0.52151 %	\$ 70,180,332	\$ 32,917,342	213.20170%	72.20000%
2017	0.50906 %	\$ 67,704,469	\$ 33,079,430	204.67242%	74.40000%
2018	0.50995 %	\$ 69,546,020	\$ 33,744,349	206.09679%	75.20000%
2019	0.54171 %	\$ 73,866,832	\$ 37,250,362	198.29829%	76.50000%
2020	0.56339 %	\$ 78,470,784	\$ 38,532,689	203.64731%	77.04000%
2021	0.64435 %	\$ 58,760,106	\$ 44,284,315	132.68830%	86.51000%
2022	0.69634 %	\$ 125,727,302	\$ 49,627,892	253.34000%	75.12000%

³ Information for the multiple employer cost sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2014. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

**Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
For the Fiscal Year Ended June 30, 2023 and Last Seven Fiscal Years⁴**

<u>For the Year Ended June 30</u>	<u>Actuarially Determined Contributions</u>	<u>Contributions in relation to the Actuarially Determined Contributions</u>	<u>Contribution Deficiency (Excess)</u>	<u>Covered Payroll</u>	<u>Contributions as a Percentage of Covered Payroll</u>
2015	\$ 4,174,514	\$ 4,174,514	\$ -	\$ 32,508,190	12.84%
2016	\$ 4,421,639	\$ 4,421,639	\$ -	\$ 32,917,342	13.43%
2017	\$ 4,565,587	\$ 4,565,587	\$ -	\$ 33,079,430	13.80%
2018	\$ 4,724,209	\$ 4,724,209	\$ -	\$ 33,744,349	14.00%
2019	\$ 5,215,051	\$ 5,215,051	\$ -	\$ 37,250,362	14.00%
2020	\$ 5,876,235	\$ 5,876,235	\$ -	\$ 38,532,689	15.25%
2021	\$ 6,753,358	\$ 6,753,358	\$ -	\$ 44,284,315	15.25%
2022	\$ 6,744,173	\$ 6,744,173	\$ -	\$ 44,224,085	15.25%
2023	\$ 7,659,900	\$ 7,659,900	\$ -	\$ 47,873,373	16.00%

⁴ Information for the multiple-employer cost-sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2015. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

**Southern Nevada Health District
Notes to Required Supplementary Information
For the Fiscal Year Ended June 30, 2023**

Note 1. Postemployment Benefits Other Than Pensions

There are no assets accumulated in a trust to pay related benefits.

Changes of Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 2.16%, as of June 30, 2021, to 3.54%, as of June 30, 2022.
- The Pre-Medicare Select Trend Rate was decreased from 6.75% to 6.50% in 2022.
- The Post-Medicare Select Trend Rate was increased from 5.75% to 5.50% in 2022.

Note 2. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

For the year ended June 30, 2023, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated June 30, 2022.

The actuarial valuation reports became available beginning June 30, 2015. As additional actuarial valuations are obtained these schedules will ultimately present information from the ten most recent valuations.

Additional pension plan information can be found at *Note 10* to the basic financial statements.

Note 3. Budget Information

The accompanying required supplementary schedules of revenues, expenditures, and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in *Note 2* to the basic financial statements.

Other Supplementary Information

Nonmajor Governmental Funds

**Southern Nevada Health District
Nonmajor Capital Projects Funds
For the Fiscal Year Ended June 30, 2023**

Capital project funds are used to account for financial resources that are restricted, committed, or assigned to the improvement, acquisition, or construction of capital assets.

Bond Reserve

Accounts for resources that have been committed or assigned to the future acquisition of a new administration building.

Capital Projects

Accounts for resources committed or assigned to the acquisition or construction of capital assets other than a new administration building.

Southern Nevada Health District
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual –
Bond Reserve Fund
For the Fiscal Year Ended June 30, 2023

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<u>Variance with Final Budget - Increase (Decrease)</u>
Revenues				
Interest income	<u>\$ 55,000</u>	<u>\$ 55,000</u>	<u>\$ 16,024</u>	<u>\$ (38,976)</u>
Total revenues	<u>55,000</u>	<u>55,000</u>	<u>16,024</u>	<u>(38,976)</u>
Expenditures				
Public health				
Services and supplies	<u>3,045,479</u>	<u>3,045,479</u>	<u>-</u>	<u>3,045,479</u>
Total expenditures	<u>3,045,479</u>	<u>3,045,479</u>	<u>-</u>	<u>3,045,479</u>
Change in Fund Balance	<u>(2,990,479)</u>	<u>(2,990,479)</u>	<u>16,024</u>	<u>3,006,503</u>
Fund Balance, Beginning of Year	<u>3,008,500</u>	<u>3,008,500</u>	<u>3,008,500</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ 18,021</u>	<u>\$ 18,021</u>	<u>\$ 3,024,524</u>	<u>\$ 3,006,503</u>

Southern Nevada Health District
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual –
Capital Projects Funds
For the Fiscal Year Ended June 30, 2023

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<u>Variance with Final Budget - Increase (Decrease)</u>
Revenues				
Interest income	<u>\$ 80,000</u>	<u>\$ 80,000</u>	<u>\$ 38,446</u>	<u>\$ (41,554)</u>
Total revenues	<u>80,000</u>	<u>80,000</u>	<u>38,446</u>	<u>(41,554)</u>
Expenditures				
Public health				
Capital outlay	<u>2,282,433</u>	<u>2,282,433</u>	<u>507,953</u>	<u>1,774,480</u>
Total expenditures	<u>2,282,433</u>	<u>2,282,433</u>	<u>507,953</u>	<u>1,774,480</u>
Change in Fund Balance	(2,202,433)	(2,202,433)	(469,507)	1,732,926
Fund Balance, Beginning of Year	<u>1,874,552</u>	<u>1,874,552</u>	<u>1,874,552</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ (327,881)</u>	<u>\$ (327,881)</u>	<u>\$1,405,045</u>	<u>\$ 1,732,926</u>

Internal Service Funds

Southern Nevada Health District
Statement of Revenues, Expenditures and Changes in Fund Balance – Budget to Actual –
Insurance Liability Reserve Fund
For the Fiscal Year Ended June 30, 2023

	<u>Original</u>	<u>Final</u>	<u>Actual</u>	<u>Variance with Final Budget - Increase (Decrease)</u>
Revenues				
Other operating income	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total revenues	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Expenditures				
Claims and settlements	<u>8,000</u>	<u>8,000</u>	<u>575</u>	<u>7,425</u>
Total expenditures	<u>8,000</u>	<u>8,000</u>	<u>575</u>	<u>7,425</u>
Nonoperating Revenues				
Interest income	<u>10,100</u>	<u>10,100</u>	<u>1,003</u>	<u>(9,097)</u>
Change in Net Position	<u>2,100</u>	<u>2,100</u>	<u>428</u>	<u>(1,672)</u>
Net Position, Beginning of Year			<u>86,122</u>	
Net Position, End of Year			<u>\$ 86,550</u>	

Compliance Section

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2023**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Department of Agriculture				
Passed through from:				
State of Nevada Department of Health and Human Services				
<i>SNAP Cluster</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	7NV430NV5	\$ -	\$ 90,133
<i>Total SNAP Cluster</i>			-	90,133
Total Department of Agriculture			-	90,133
Department of Justice				
Passed through from:				
Nevada Attorney General's Office				
Comprehensive Opioid, Stimulant, and other Substances Use Program	16.838	2019-ODMAP-0029	-	25,340
Total Department of Justice			-	25,340
Department of the Treasury				
Passed through from:				
Nevada Department of Health and Human Services				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	23LRHA01	-	4,423,196
Total Department of the Treasury			-	4,423,196
Environmental Protection Agency				
Passed through from:				
Nevada Department of Conservation & Natural Resources				
State Public Water System Supervision	66.432	F-00910522-2	-	38,355
<i>Drinking Water State Revolving Fund Cluster</i>				
Capitalization Grants for Drinking Water State Revolving Funds	66.468	FS99996020, FS99996021, FS99996022	-	111,645
<i>Total Drinking Water State Revolving Fund Cluster</i>			-	111,645
Underground Storage Tank (UST) Prevention, Detection, and Compliance Program	66.804	L 99T86701-3	-	212,500
Total Environmental Protection Agency			-	362,500
Department of Health and Human Services				
Passed through from:				
Nevada Department of Health and Human Services				
Public Health Emergency Preparedness	93.069	NU90TP922047-03, NU90TP922047-04, NU90TP922047-02	-	2,679,777
Direct Program:				
Environmental Public Health and Emergency Response	93.070		-	248,039
Passed through from:				
National Environmental Health Association				
Food and Drug Administration Research	93.103	U2FFD007358	-	100,967
Passed through from:				
Nevada Department of Health and Human Services				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	NU52PS910224-01, 6 NU552PS910224-03-04, 5 NU52PS910224-04	-	444,911
Direct Program:				
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,588,464	2,730,390
Passed through from:				
Nevada Department of Health and Human Services				
Injury Prevention and Control Research and State and Community Based Programs	93.136	NU17CE010040-01, NU17CE01022-01-00, NU17CE925001-03, NU17CE925001-03-02	70,817	357,488
<i>Total Injury Prevention and Control Research and State and Community Based Programs</i>			1,659,281	3,087,878

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2023**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Passed through from: University of Nevada, Las Vegas Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	NUE2EH001462-01	-	39,043
Direct Programs: Family Planning Services	93.217		-	1,905,507
<i>Health Center Program Cluster</i>				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	977,016
COVID-19 — Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,060,908
Grants for New and Expanded Services under the Health Center Program	93.527		-	109,882
<i>Total Health Center Program Cluster</i>			-	2,147,806
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		-	280,040
Passed through from: Nevada Department of Health and Human Services Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	5H79SP080994-04, 5H79SP080994-05	-	122,985
<i>Total Substance Abuse and Mental Health Services Projects of Regional and National Significance</i>			-	403,025
Immunization Cooperative Agreements	93.268	6 NH23IP922609-01, 6 NH23IP922609-02-05, 6 NH23IP922609-02-06, NH23IP922609-03, NH23IP922609-04	-	738,362
COVID-19 — Immunization Cooperative Agreements	93.268	6 NH23IP922609-01, 6 NH23IP922609-02-05, 6 NH23IP922609-02-06, NH23IP922609-03, NH23IP922609-04	-	4,702,924
<i>Total Immunization Cooperative Agreements</i>			-	5,441,286
Viral Hepatitis Prevention and Control	93.270	NU51PS005157-02, NU51PS005157-03	-	15,776
CSELS Partnership: Strengthening Public Health Laboratories	93.322	NU60OE000104	-	245
Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	NU50CK000560-01, NU50CK000560-02, NU50CK000560-03, NU50CK000560-04	-	1,524,738
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	NU50CK000560-01, NU50CK000560-02	2,539	22,956,272
<i>Total Epidemiology and Laboratory Capacity for Infectious Diseases</i>			2,539	24,481,010
COVID-19 — Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	NU90TP922191-01	-	266,062
National and State Tobacco Control Program	93.387	NU58DP006783-03, 5NU58DP006783-04	19,993	609,702
Direct Program: COVID-19 — Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391		5,059,083	8,948,075

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2023**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Passed through from: Nevada Department of Health and Human Services				
COVID-19 — Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391	NH75OT000057-01	-	303,026
<i>Total Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises</i>			5,059,083	9,251,101
COVID-19 — Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	NU38OT000289-03	-	116,748
The National Cardiovascular Health Program	93.426	NU58DP006538-04, NU58DP006538-05	-	108,816
The Innovative Cardiovascular Health Program	93.435	NU58DP006624-04, NU58DP006624-05	-	86,838
Passed through from: Catholic Charities Homeless Shelter Las Vegas Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	2202NVRCMA	-	163,245
Direct Program: <i>CCDF Cluster</i> Child Care and Development Block Grant	93.575		-	679,380
<i>Total CCDF Cluster</i>			-	679,380
Passed through from: Nevada Department of Health and Human Services				
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	93.686	6 UT8HA33925-03-00, 6 UT8HA33925-04-01, UT8HA33925-02	-	248,769
Direct Program: PPHF: Racial and Ethnic Approaches to Community Health Program financed solely by Public Prevention and Health Funds	93.738		345,145	1,279,072
Passed through from: University of Nevada, Reno Opioid STR	93.788	H79TI083310	-	299,929
Passed through from: University of California San Diego				
Allergy and Infectious Diseases Research	93.855	5 P30 AI036214-28, 2P30AI036214-29, 1 R21 AL 167889-02	-	157,703
Passed through from: Nevada Department of Health and Human Services				
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	X10MC33594-01, 1 X10MC46877-01-00	-	330,482
COVID-19 — Maternal, Infant and Early Childhood Home Visiting Grant	93.870	X11MC41943-01, 6 X11MC45301-01-04	-	18,469
<i>Total Maternal, Infant and Early Childhood Home Visiting Grant</i>			-	348,951
National Bioterrorism Hospital Preparedness Program	93.889	U3REP190613-03, U3REP190613-04	88,116	1,102,139
HIV Emergency Relief Project Grants	93.914	H89HA06900-16, 6 H89HA06900-17, 6 H89HA06900-18-02	-	1,091,646
HIV Care Formula Grants	93.917	5 X07HA00001-33-00, X07HA00001-32-00	-	450,925

**Southern Nevada Health District
Schedule of Expenditures of Federal Awards (Continued)
Year Ended June 30, 2023**

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
Direct Program: Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		-	67,181
Passed through from: YALE Special Projects of National Significance	93.928	U90HA39341-02	-	25,100
Direct Program: HIV Prevention Activities Health Department Based	93.940		1,470,825	2,486,701
Passed through from: Nevada Department of Health and Human Services				
HIV Prevention Activities Health Department Based	93.940	NU62PS924579-05, 6 NU62PS924579-05-02	304,790	1,906,832
<i>Total HIV Prevention Activities Health Department Based</i>			1,775,615	4,393,533
Block Grants for Prevention and Treatment of Substance Abuse	93.959	B08TI083433-01, B08TI083130-01	-	45,530
Direct Program: Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967		-	673,287
Passed through from: Nevada Department of Health and Human Services				
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	NH25PS005179-04, 5 NH25PS005179-05, 6NH25PS005179-03,	-	2,101,976
Sexually Transmitted Diseases (STD) Provider Education Grants	93.978	NU62PS924588-03	-	58,858
Preventive Health and Health Services Block Grant	93.991	NB01OT009412-01, 1NB01OT009495-01	-	58,600
Total Department of Health and Human Services			8,949,772	64,680,361
Department of Homeland Security				
Passed through from: Nevada Division of Emergency Management, Homeland Security				
Homeland Security Grant Program	97.067	EMW-2020-SS-00056, EMW-2021-SS-00046-S01, EMW-2022-SS-0019-S01	-	111,237
Passed through from: University of Nevada, Las Vegas Homeland Security Biowatch Program	97.091	13 OHBIO000025-10-00	-	19,500
Total Department of Homeland Security			-	130,737
Total Federal Awards Expended			\$ 8,949,772	\$ 69,712,267

**Southern Nevada Health District
Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2023**

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal award activity of the Southern Nevada Health District (Health District) under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position/fund balance or cash flows of the Health District.

Note 2. Summary of Significant Accounting Policies

The Health District's summary of significant accounting policies is presented in *Note 1* to the Health District's basic financial statements for the year ended June 30, 2023.

Expenditures reported on the Schedule are reported on the modified accrual basis when they become a demand on current available federal resources and eligibility requirements are met, except for subrecipient expenditures, which are recorded on the cash basis.

Such expenditures are recognized following the cost principles contained in the Uniform Guidance or other regulatory requirements, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts, if any, shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3. Indirect Cost Rate

The Health District has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

**Report on Internal Control over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements Performed in
Accordance with *Government Auditing Standards***

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District
Las Vegas, Nevada

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (Health District), as of and for the year ended June 30, 2023, and the related notes to the financial statements, which comprise collectively the Health District's basic financial statements, and have issued our report thereon dated **November __, 2023**, which contained an emphasis of matter paragraph regarding a change in accounting principle.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dallas, Texas

November __, 2023

Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance

Independent Auditor's Report

Board of Health and Director of Administration
Southern Nevada Health District
Las Vegas, Nevada

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Southern Nevada Health District's (Health District) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health District's major federal programs for the year ended June 30, 2023. The Health District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the "Auditor's Responsibilities for the Audit of Compliance" section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dallas, Texas

November __, 2023

**Southern Nevada Health District
Schedule of Findings and Questioned Costs
Year Ended June 30, 2023**

Section I - Summary of Auditor's Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:
☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer
2. Internal control over financial reporting:
 Significant deficiency(ies) identified? ☐ Yes ☒ None reported
 Material weakness(es) identified? ☐ Yes ☒ No
3. Noncompliance material to the financial statements noted?
☐ Yes ☒ No

Federal Awards

4. Internal control over compliance for major federal programs:
 Significant deficiency(ies) identified? ☐ Yes ☒ None reported
 Material weakness(es) identified? ☐ Yes ☒ No
5. Type of auditor's report issued on compliance for major federal programs:
☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer
6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)?
☐ Yes ☒ No

Southern Nevada Health District
Schedule of Findings and Questioned Costs (Continued)
Year Ended June 30, 2023

7. Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
21.027	COVID-19 — Coronavirus State and Local Fiscal Recovery Funds
93.069	Public Health Emergency Preparedness
93.136	Injury Prevention and Control Research and State and Community Based Programs
93.268	Immunization Cooperative Agreements
93.323	COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.977	Sexually Transmitted Diseases (STD) Prevention and Control Grants

8. Dollar threshold used to distinguish between Type A and Type B programs: \$2,091,368.

9. Auditee qualified as a low-risk auditee?

☐ Yes

☒ No

**Southern Nevada Health District
Schedule of Findings and Questioned Costs (Continued)
Year Ended June 30, 2023**

Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable.

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable.

**Southern Nevada Health District
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2023**

Reference Number	Summary of Finding	Status
2022-001	<p>Finding: Material Weakness in Financial Close and Reporting Controls</p> <p>Criteria: The internal control structure should include procedures to ensure management is able to identify and perform material reconciliations, accruals, and adjustments in a timely manner as part of financial close.</p> <p>Condition and Effect: During the course of performing audit procedures, multiple year-end account reconciliations, accruals, and adjustments that had not been completed prior to the start of the audit were identified. A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.</p> <p>Recommendation: New management team should augment existing documentation of year end reconciliation processes to be more specific regarding the exact reports, processes, and activities required to close out and balance all accounts. Further, the Health District should identify ways to improve management and staff retention in order to improve continuity within the controls process.</p>	<p>Resolved. See separate auditee document for detail of corrective action taken.</p>
2022-002	<p>Finding: Material Weakness in Financial Close and Reporting Controls – IT Accounting System</p> <p>Criteria: The internal control structure should include an accounting system that is capable of recording transactions and journal entries without error, and with sufficient controls to prevent errors.</p> <p>Condition and Effect: During the course of performing audit procedures, multiple funds were identified as out of balance due to the accounting system recording one-sided entries across multiple funds. A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.</p> <p>Recommendation: The Health District should review the accounting systems processes and controls, communicate with their vendor, and implement safeguards to ensure that this issue does not recur.</p>	<p>Resolved. See separate auditee document for detail of corrective action taken.</p>

**Southern Nevada Health District
Summary Schedule of Prior Audit Findings (Continued)
Year Ended June 30, 2023**

Reference Number	Summary of Finding	Status
2022-003	<p>Finding: Noncompliance with Nevada Revised Statutes Budget Requirements Material Noncompliance Material Weakness in Internal Control Over Compliance</p> <p>Criteria: Nevada Revised Statute (NRS) 354.626, Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that "No governing body or member thereof, officer, office, department or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law."</p> <p>NRS 354.598005, Procedures and requirements for augmenting or amending budget, allows for the transfer of budget appropriations between functions and/or funds if such a transfer does not increase the total appropriation for any fiscal year and is not in conflict with other statutory provisions. Budget appropriations may be transferred in the following manner:</p> <p>(a) The person designated to administer the budget for a local government may transfer appropriations within any function.</p> <p>(b) The person designated to administer the budget may transfer appropriations between functions or programs within a fund, if:</p> <p>(1) The governing body is advised of the action at the next regular meeting; and</p> <p>(2) The action is recorded in the official minutes of the meeting.</p> <p>(c) Upon recommendation of the person designated to administer the budget, the governing body may authorize the transfer of appropriations between funds or from the contingency account, if:</p> <p>(1) The governing body announces the transfer of appropriations at a regularly scheduled meeting and sets forth the exact amounts to be transferred and the accounts, functions, programs and funds affected;</p> <p>(2) The governing body sets forth its reasons for the transfer; and</p> <p>(3) The action is recorded in the official minutes of the meeting.</p> <p>Condition and Effect: The Health District made transfers in excess of budget of \$1,740,568 from the General Fund to the Special Revenue Fund without obtaining Board approval. Additionally, the Health District's Special Revenue Fund expenditures exceeded the available budget appropriations by \$1,697,446. The Health District is not in compliance with the NRS budget requirements identified above.</p> <p>Recommendation: Management should revisit the Health District's process for establishing, monitoring, amending, and augmenting its final budget.</p>	<p>Resolved. See separate auditee document for detail of corrective action taken.</p>



DATE: October 26, 2023

TO: Southern Nevada District Board of Health Members

FROM: Fermin Leguen, MD, MPH, District Health Officer

A handwritten signature in blue ink, appearing to be 'FL', is located to the right of the 'FROM' line.

SUBJECT: District Health Officer Report

Mpox Update

The Southern Nevada Health District received reports of seven new cases of mpox in Clark County residents during October. The Health District last reported a case of mpox at the end of August, and reports had been significantly declining at that time.

The first case of mpox, formerly known as monkeypox, was reported in Clark County in June 2022. As of November 7, 2023, the total number of cases reported by the Health District is 304.

The Health District is strongly encouraging mpox vaccinations for people who are eligible, including those who have had contact with someone who has mpox. The readily available two-dose series vaccine is safe and effective at lowering the risk of getting mpox as well as the severity of symptoms if people do get sick. The vaccine can also help prevent mpox if given within 14 days after exposure. Those eligible to get the vaccine include:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
 - A new diagnosis of one or more sexually transmitted diseases.
 - More than one sex partner.
 - Sex at a commercial sex venue.
 - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
- Sexual partners of people with the risks described above.
- People who anticipate experiencing any of the above.
- People who had close physical contact with someone known or suspected of having mpox in the last 14 days (could include a sexual partner or someone in the household).
- People who have been informed by the Health District that they are a close contact of someone with mpox.

In Clark County, a total of 11,322 mpox vaccines have been administered. Those who have received their first dose of the vaccine should get their second dose 28 days later or as soon as possible if it is past 28 days to receive the maximum protection the vaccine can provide. Health District and community clinic location information is available at www.snhd.info/monkeypox.

The mpox virus is spread through close physical contact with a person who is sick. Although it is less likely, mpox can also be spread by touching objects that have been used by someone with mpox and not disinfected, such as clothing or bedding. In Clark County, the mpox outbreak has mostly impacted the LGBTQ+ community; however, anyone can get mpox. Infections with the virus can cause a rash that may be painful or itchy. Other symptoms can include fever, chills, swollen lymph nodes, exhaustion, muscle aches, headache and respiratory symptoms. A person with mpox may experience all of these or only a few symptoms. More information about mpox is available on the Centers for Disease Control and Prevention website at [CDC|Mpx](https://www.cdc.gov/mpox/).

Public Health Investigation Update

In September, the Southern Nevada Health District identified that a local supplement manufacturer, Harmonic Innerprizes, sold products made with ingredients that were not food grade and with ingredients from unapproved sources. Subsequent testing of products from the facility found lead at levels that could be a health concern in three products.

Based on testing results, the products sold under the labels Etherium Gold Focused Brain Powder and Etherium Black Re-action Neutralizer Powder were not safe for persons who are pregnant or able to become pregnant. The product sold under the label Etherium Red Decision Powder may be a health concern for children ages 6 and younger.

Most cases of lead poisoning occur in people who experience increasing exposure to lead. Sources of lead can be environmental or occupational, as well as from contaminated food, water or supplements. Symptoms of lead poisoning in adults can vary and include fatigue, headaches, cognitive impairment, high blood pressure, nerve damage, abdominal pain, muscle pain, mood disorders and anemia. These symptoms can be caused by a wide range of health issues, and people who have had a known exposure should consult with a health care provider for assessment and testing if appropriate. Adults, with the exception of those in certain occupations, are not regularly screened for lead. Lead toxicity during pregnancy can increase the risk of adverse outcomes for the pregnancy. In children, increased lead levels can have serious adverse effects on their health and development. Screening for children ages 12 months to 6 years is part of most routine pediatric care.

The facility currently has a suspended health permit. The Health District's Environmental Health Division has placed conditions for reopening the facility, including a requirement of additional training, the hiring of a food safety consultant, ongoing testing and enhanced record keeping and documentation.

More information about lead poisoning is available at the Centers for Disease Control and Prevention's website at [Lead | ToxFAQs™ | ATSDR \(cdc.gov\)](https://www.cdc.gov/lead/) and [Lead FAQs | Lead | CDC](https://www.cdc.gov/lead/).

Influenza Season

Influenza surveillance in Clark County includes data collected from local acute care hospitals and other health care providers. In Clark County, as of October 28, 2023, there have been 22 influenza-associated hospitalizations and no deaths reported. The percentage of emergency department visits and urgent care clinic visits for influenza-like illness (ILI) remains at 3.6% in week 43. Influenza A has been the dominant type circulating. Of the patients reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 2.7% were due to respiratory illness that included ILI. This percentage was below the national baseline of 2.9%. Among 55 states and jurisdictions, the respiratory illness activity level in the state of Nevada remains minimal.

In keeping with CDC guidelines, the Health District strongly recommends everyone 6 months of age and older get the vaccine. It is especially important for those at higher risk of developing serious complications from the flu, including people 65 years of age and older, as well as those with underlying medical conditions. It is also important to protect people more likely to be exposed to both flu and COVID-19, including health care workers.

Flu surveillance in Clark County for the 2023-2024 influenza season begins October 1 and runs through May 18. The weekly Influenza Surveillance Snapshot and Influenza Report by Age Group is available on SNHD's [website](#).

American Diabetes Month

In observance of American Diabetes Month in November, the Southern Nevada Health District is calling attention to one of the most prevalent diseases in the United States. More than 37 million Americans have diabetes, the eighth leading cause of death in the U.S. and the primary cause of kidney failure, lower limb amputations and blindness. People with diabetes also face a higher risk of developing serious complications from flu and COVID-19.

Approximately 269,783 people in Nevada, or nearly 11 percent of the adult population, have been diagnosed with diabetes. An additional 70,000 people have the disease but don't know it, thus increasing their health risks. An estimated 18,749 Nevada residents are diagnosed with diabetes every year.

The following people should be screened for prediabetes and diabetes:

- Anyone with a body mass index (BMI) higher than 25 (23 for Asian Americans), regardless of age, who has additional risk factors. To calculate BMI, visit the [Get Healthy Clark County|Obesity](#) website.
- Anyone older than age 35.
- People aged 35 to 70 who are overweight or have obesity. Go to www.cdc.gov/diabetes/resources-publications/research-summaries/screening-eligibility.html for more information.
- Women who have had gestational diabetes are advised to be screened for diabetes every three years.
- Anyone who has been diagnosed with prediabetes.

A blood sugar test can determine if a person has prediabetes or type 1, type 2, or gestational diabetes. Testing is simple, and results are usually available quickly. For more information on screening, visit [Diabetes Tests|CDC](#).

Approximately 816,000 people in Nevada have prediabetes with blood glucose levels that are higher than normal, but not yet high enough to be diagnosed as diabetes. Prediabetes puts people at increased risk of developing type 2 diabetes, heart disease and stroke.

In addition to health concerns, diabetes also carries a significant financial burden. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. An estimated \$704 million was spent on indirect costs from lost productivity due to diabetes.

The Health District's Office of Chronic Disease Prevention and Health Promotion offers free diabetes self-management education and support classes for people who have diabetes, and a free online program for people who have prediabetes. Classes, online programs and resources, available in English and Spanish, can be accessed on the [Get Healthy Clark County](#) and [Via Saludable|Diabetes](#) websites or by calling (702) 759-1270. To be placed on the waiting list for self-management classes, complete the online [Get Healthy Clark County Diabetes Workshop Interest Form](#) or visit the [Viva Saludable](#) website.

For more information about American Diabetes Month, visit the American Diabetes Association website at [American Diabetes Month|ADA](#).

Community Meetings

Week ending 10/01:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Commissioner Kirkpatrick, Councilwoman Gallo, Councilman Knudsen, MPT Black, Scott Nielson, Bobbette Bond, Mayor Hardy, Commissioner Segerblom
- Participated in the Southern Nevada District Board of Health meeting

Quarterly:

- Attended the FQHC Quarterly meeting

Annually:

- Attended the Big Cities Health Coalition (BCHC) Fall meeting

Professional Development/Conferences:

- Attended the "Pain in the Nation 2023: The Epidemics of Alcohol, Drug, and Suicide Deaths" webinar facilitated by the Trust for America's Health (TFAH)
- Attended the "Creative Strategies to Improve Health Disparities in U.S./Mexico Border Communities" webinar

Ad-hoc Meetings:

- Introductory meeting with representatives from FORVIS LLP

Week ending 10/08:

Quarterly:

- Attended the Medical Advisory Board meeting

Annually:

- Attended the Southern Nevada Community Health Center Nominations Committee meeting

Media/Interviews/Panelist/Presenter:

- Welcome message at the Southern Nevada Health District All Hands meeting

Professional Development/Conferences:

- Attended the “CDC Briefing on Fall & Winter Virus Season” webinar facilitated by the CDC Director
- Attended the “Substance Use Disorder: Initiating Buprenorphine in the Fentanyl Era and Other Treatment Considerations in Patients With Opioid Use Disorder and HIV” webinar facilitated by International Antiviral Society (IAS-USA)

Ad-hoc Meetings:

- Meeting with Commissioner Kirkpatrick

Week ending 10/15:

Bi-weekly (every two weeks):

- Attended the Mpox Briefing facilitated by the HHS Office of Intergovernmental and External Affairs (IEA)

Quarterly:

- Attended the Public Health Advisory Board meeting
- Attended the Southern Nevada Community Health Center Quality, Credentialing and Risk Management Committee meeting

Annually:

- Attended the Southern Nevada Community Health Center Executive Director Annual Review Committee meeting

Ad-hoc Meetings:

- Meeting and Tour of Department of Family Services Child Haven
- Attended the Reviewer Rating to review applicants for the Class of 2028 at the Kirk Kerkorian School of Medicine
- Attended the Strategic Planning/Final Output Session

Week ending 10/22:

Monthly:

- Participated in the Southern Nevada Community Health Center Finance & Audit Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Clark County Medical Society Board of Trustees meeting

Professional Development/Conferences:

- Attended the “HIV Summit Bridge 2 Health Conference” facilitated by The Center
- Attended the “Fall Managed Care Forum 2023” facilitated by the National Association of Managed Care Physicians

Ad-hoc Meetings:

- Attended the HIV Summit Bridge 2 Health at The Center
- Attended the Strategic Planning Working Session

Week ending 10/29:Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Commissioner Segerblom, Councilwoman Gallo, Commissioner Kirkpatrick, Scott Nielson, Councilman Seebeck, Mayor Hardy
- Participated in the Southern Nevada District Board of Health meeting

Quarterly:

- Participated in the Southern Nevada District Board of Health Finance Committee meeting

Media/Interviews/Panelist/Presenter:

- Recorded an interview with Tashina Lazcano for the Public Good Podcast on the services offered by the Southern Nevada Health District

Professional Development/Conferences:

- Attended the “Addressing the Opioid Epidemic: Collaborating Across the Continuum of Care Summit” facilitated by the Nevada Department of Health and Human Services in collaboration with the Nevada Public Health Foundation
- Attended the “Minor Consent and Confidentiality for Sexual Health Services in California” webinar facilitated by the University of Nevada, Reno School of Medicine
- Attended the “Transition of COVID-19 Medical Countermeasures (MCM) to the Commercial Marketplace” webinar

Ad-hoc Meetings:

- Participated in a tour of the SNCHC (FQHC) Clinic with representatives from the National Association of Community Health Centers (NACHC)
- Attended the Research, Education and Access to Community Health (R.E.A.C.H.) Community Health Center Grand Opening

MEMORANDUM



Date: November 16, 2023
To: Southern Nevada District Board of Health
From: Kim Saner, SPHR, *Deputy District Health Officer-Administration* *KS*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Subject: Administration Division Monthly Report – October 2023

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Executive Summary

The Office of Communications issued five News Releases and provided support on initiatives related to the fall vaccination advertising campaign, Office of Public Health Preparedness 2024 Emergency Preparedness calendar, updates to 23 language versions of the Food Handler Safety Training Guide, smoking cessation, weekly Arm in Arm Radio interviews on 98.1, and ongoing updates and maintenance on the Health District website and GetHealthyClarkCounty.org. As of October 27, 2023, the Health District had 798 active employees, with a total number of open positions of 33 FTEs. The Human Resources Department arranged 25 interviews, extended 18 job offers (two offers declined) and successfully onboarded 21 new hires. There were 8 terminations, 8 promotions, and no flex-reclasses, transfers or demotions. There were 16 recruitments posted. On October 5, 2023, the Health District held an All-Hands Retreat, wherein all Health District locations were closed from 8:00 a.m. to 12:00 noon. This was a successful event with 718 employees in attendance. With the theme of “Revitalize, Reenergize, Reinvigorate!”, employees were provided with helpful tips on self-care and wellness

building. This was also an opportunity to recognize some employees that received Exemplary Service Awards and introduce a new Employee of the Month initiative. On October 20, 2023, the OneSolution system that was used for procurement, budget and grant management was upgraded to the Financial Enterprise web-based system. Many staff, from Finance and Information Technology, worked tirelessly on the development, testing and roll-out of this upgrade.

Academic Affairs Program

There was a total of 22 interns and 512 applied public health practice hours in October 2023.

Interns and Clinical Rotations	October 2023	YTD
Total Number of Interns ¹	22	33
Internship Hours ²	512	1,479

¹ Total number of students, residents, and fellows

² Approximate hours students, residents, and fellows worked in applied public health practice

Office of Communications

News Releases Disseminated:

- Reminder: Next Pop-Up Produce Stand set for October 3 in Las Vegas
- Reminder – Health District Closure Notice
- Health District observes National Coming Out Day on October 11
- Health District observes National Latinx AIDS Awareness Day
- November is American Diabetes Month

Press:

During October, public health topics in the media included:

- Bed bugs
- Pop-Up Produce Stands
- Mosquito surveillance
- Street food vendors
- National Coming Out Day
- HIV testing
- Pool closure at Planet Hollywood

Six hundred and seventy-one news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in October. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202310-PI-Report.pdf \(southernnevadahealthdistrict.org\)](#).

Advertisements, Projects Completed and Social Media Summary:

In October, staff worked on the creative development, media planning and production of a multi-channel advertising campaign promoting fall vaccinations (flu, COVID-19 and RSV). Staff worked on the Office of Public Health Preparedness 2024 Emergency Preparedness calendar and completed updates to

twenty-three language versions of the Food Handler Safety Training Guide. Staff provided ongoing support for the Office of Chronic Disease Prevention and Health Promotion initiatives including smoking cessation, nutrition, and staff photography. Staff organized weekly Arm in Arm Radio interviews on 98.1 to promote health district programs and services. Staff performed ongoing updates and maintenance on the Health District websites including SNHD.org, SNHD.info/covid and GetHealthyClarkCounty.org.

On social media, staff focused on promoting the Pop-Up Produce Stand, Max Your Vax (mpox), VaxFacts, Board of Health recognitions, Affordable Connectivity Program, All-Hands Meeting closure, Fight the Bite, National Coming Out Day, free at-home COVID-19 tests, BOO-sty says boo to the flu, Latinx AIDS Awareness Day Health Fair, SIDS Awareness Month, Breast Cancer Awareness Month, National Lead Poisoning Prevention Week, Spirit Week, Fiesta 98.1 FM, Nevada Day closure, Career Talks and Halloween.

Community Outreach:

- October 24, 2023: Health Equity/Clark County employee health fair

Meetings and Events of Note:

- October 4, 2023: CDC Briefing on Fall & Winter Virus Season
- October 5, 2023: All Hands meeting
- October 10, 2023: Formula 1/Super Bowl Planning meeting
- October 12, 2023: Spores Bowl Exercise
- October 16, 2023: SNHD/DHHS COVID-19 Disparity Grant Quarterly Collaboration meeting
- October 19, 2023: November Public Health Association Advocacy and Policy Committee Monthly call
- October 19, 2023: CDC/SNHD COVID-19 Disparity Grant Monthly call
- October 24, 2023: Formula 1/Super Bowl Planning meeting
- October 30, 2023: Media training

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
October 1-31, 2023	18	11	61%	19

Employee Health Program

The October reporting will be submitted in next month's report.

Facilities

Monthly Work Orders	Oct 2022	Oct 2023		YTD FY23	YTD FY24	
Maintenance Responses	171	180	↑	626	796	↑
Electrical Work Orders	7	12	↑	33	35	↑
HVAC Work Orders	5	21	↑	32	110	↑
Plumbing Work Orders	5	15	↑	21	30	↑
Preventive Maintenance	18	30	↑	82	88	↑
Security Responses	2,028	2,311	↑	7,092	10,026	↑

Current Projects

Southern Nevada Public Health Lab Location

- Installed new security cameras

Finance

Total Monthly Work Orders by Department	Oct 2022	Oct 2023		YTD FY23	YTD FY24	
Purchase Orders Issued	458	486	↑	2019	1991	↓
Grants Pending – Pre-Award	4	3	↓	11	16	↑
Grants in Progress – Post-Award	9	10	↑	36	42	↑

* Grant applications created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – October 2023

Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
The NEHA-FDA Retail Flex Fund, Training Grant (rftrn_23)	P-NEHA	10/31/2023	\$7,474	End of project period	0.00	New application in process

Grants Awarded – October 2023

Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Bureau of Behavioral Health Wellness and Prevention, Fatal Drug Overdoses Report Project, Year 1 of 1 (sudors24)	P-CDC	10/2/2023	9/1/2023	8/31/2024	\$251,054	FY2024 renewal	1.40

Grants Awarded – October 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Preventative Health and Health Services, Year 2 of 2 (phhsbg24)	P-CDC	10/5/2023	10/1/2023	9/30/2024	\$54,714	FY2024 renewal	0.25
State of Nevada, Nevada Home Visiting Program TANF, Year 2 of 2 (nfptf_24)	P-ACF	10/6/2023	7/1/2023	6/30/2024	\$813,000	FY2024 renewal	6.00
State of Nevada, Tuberculosis Program, Amendment #2 (tb_23)	P-CDC	10/9/2023	1/1/2023	12/31/2023	\$3,000	Addition of funds	0.00
State of Nevada, Epidemiology and Laboratory Capacity Office of Public Health Investigations and Epidemiology, Amendment #1(ecvhom23)	P-CDC	10/10/2023	10/25/2022	7/31/2024	\$225,998	Addition of funds and extension of end date	0.80
State of Nevada, Tobacco Control Program, Year 4 of 5, Amendment #1 (tob_23)	P-CDC	10/11/2023	4/29/2023	4/28/2024	\$172,000	Addition of funds	0.00
State of Nevada, Grants Management Unit, Federally Qualified Health Centers Incubator Project, Behavioral Health (hcincu24)	State NV	10/11/2023	7/1/2023	6/30/2024	\$150,000	New effort	1.80
State of Nevada, Substance Abuse M. tuberculosis Prevention Program, Year 2 of 2 (saptb_24)	P-SAMHSA	10/17/2023	10/1/2023	9/30/2024	\$40,440	FY2024 renewal	0.26
State of Nevada, Epidemiology and Laboratory Capacity Program (elcont24)	P-CDC	10/17/2023	8/1/2023	7/31/2024	\$511,902	New effort	2.94

Contracts Awarded – October 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Ryan White HIV/AIDS Part A Transitional Grant Area, Medical, Core and Support Services for HIV/AIDS Infected and Affected Clients (rwa_23)	ILA	9/26/2023	3/1/2023	2/29/2024	\$1,157,932	New Contract - Year 2 of 3	9.71
Ryan White HIV/AIDS Part A Transitional Grant Area, Linguistic Services (rwalin23)	ILA	9/13/2023	3/1/2023	2/29/2024	\$4,000	New Contract - Year 2 of 3	0.00
Ryan White HIV/AIDS Part A Transitional Grant Area, Clinical Quality Management (rwa2qm23)	ILA	10/5/2023	3/1/2023	2/29/2024	\$30,000	New Contract - Year 2 of 3	0.19

Health Cards

- Same-day appointments for food handler cards continue to be a success. Each weekday morning, appointments open for scheduling at 5 a.m., with additional afternoon appointments opened for scheduling later in the morning. A limited number of advance appointments were also re-introduced starting in late October. These open every weekday at noon for times in that day in the following week.
- For the month of October, we averaged 28 “passing and paying” online renewal clients per day, with a total of 883 clients renewing online.
- Edits have been made to the test content and training materials to reflect changes in the 2023 Food Regulations. Further edits to the test questions and answers are currently being made to clarify confusing phrases.
- The IT department is developing a version of the food handler card that can be saved within a client’s mobile wallet. This optional free offering is in addition to the plastic card and the online renewal certificate.

<u>CLIENTS SERVED</u>	October 2023	September 2023	August 2023	July 2023	June 2023	May 2023
FH Cards – New	5,640	5,382	6,794	5,615	5,118	4,705
FH Cards – Renewals	626	724	932	820	2,232	2,605
FH Cards – Online Renewals	883	758	974	1,168	1,185	1,398
Duplicates	433	366	393	301	328	312
CFSM (Manager) Cards	283	253	331	301	293	271
Re-Tests	1,193	1,143	1,474	1,244	1,232	1,165
Body Art Cards	118	115	129	121	102	117
TOTALS	9,176	8,741	11,027	9,570	10,490	10,573

Human Resources (HR)

Employment/Recruitment:

- 6 New job titles for October
- 798 active employees as of October 27, 2023
- 21 New Hires, including 0 rehires and 0 reinstatements
- 8 Terminations, including 0 retirements
- 8 Promotion, 0 Flex-reclasses
- 0 Transfers
- 0 Demotions
- 42 Annual Increases
- 36 Evaluations received and recorded in Financial Enterprise
- Total number of open positions: 33 FTEs
- 25 Interviews
- 18 Offers extended (2 offers declined)
- 16 Recruitments posted
- Turn Over Rates
 - Administration: 1.27%
 - Community Health: 0.85%
 - Disease Surveillance & Control: 1.59%
 - Environmental Health: 0.55%
 - Primary & Preventive Care: 0.00%
 - FQHC: 1.96%

Temporary Employees

- 27 Temporary Staff
 - 18 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
 - 5 temporary staff from Maxim with 0 pending positions open
 - 2 temporary staff from Robert Half with 0 pending positions
 - 0 temporary employee from RPHontheGO with 2 pending positions

Employee/Labor Relations

- 2 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 1 Final Written Warnings, 0 Termination, 2 Probationary Releases

- 5 Grievances
- 20 hours of Labor Meetings (with Union)
- 50 hours investigatory meetings
- 5 Investigation
- 10 Complaints & Concerns
- 60 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Information Technology (IT)

Service Requests	Oct 2022	Oct 2023		YTD FY23	YTD FY24	
Service Requests Completed	1,090	1,072	↓	4,308	4,502	↑
Service Requests Opened	1,096	1,207	↑	4,321	5,037	↑
Information Services System Availability 24/7						
Total System	99.38	97.91	↓	99.46	98.15	↑
*Total Monthly Work Orders by Department						
Administration	313	301	↓	1363	1,094	↓
Community Health	230	108	↓	929	467	↓
Environmental Health	138	199	↑	579	835	↑
**Primary & Preventive Care		257			1,054	
**Disease Surveillance & Control		200			575	
**FQHC		148			713	
Other		19			62	
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,096	1,207	↑	4,321	5,037	↑

*The section has been updated to reflect the more current Department Organizational Structure.

**No historical info from previous years to report, YTD beginning Feb 2023

Workforce Team – Public Health Infrastructure Grant (PHIG)

- Workforce engagements
 - Human Resources – continuous collaboration
- Targeted Evaluation Plan (TEP)
 - Worked on TEP led by Program Evaluation Coordinator
 - Provided guidance on final product due to CDC by November 15, 2023
 - TEP focus – increase employee survey responses from neutral to engaged 3-5% annually
- Annual All-Hands Retreat
 - Walk-thru of Venue scheduled for October 4, 2023
 - All-Hands Retreat – October 5, 2023 from 0800 – 1200 with services reopening at 1:30 p.m.
 - Final Attendance Number – 718
 - Theme: Revitalize, Reenergize, Reinvigorate!
- Performance Management

- SNHD 3-year Strategic Plan
 - Supported the vendor for leader training
 - Facilitated the Working Group to define and propose SNHD values
 - Proposal is based on the CARES acronym
- Began training on Dashboarding software to allow the District Health Officer (DHO) to monitor execution against the strategic plan goals, accreditation, and eventually QI projects and efforts
 - The system will allow better tracking of goals internally and provides a simple platform to share real time graphical updates with partners and the public as practical
 - Live and asynchronous training for approx. 50 staff members is scheduled for December 2023
- Quality Improvement (QI)
 - Launched Q1 Maturity survey to set a baseline of QI adoption level and determine best steps to drive more QI projects and sustain continuous improvement
 - University of Nevada, Reno instructional design of A3 System Training is underway for launch in January 2024
 - Monitoring progress of course design and financing through PHIG
 - Designed, launched and reported upon the All Hands Retreat
 - Over 32% of staff responded to the survey
 - QI Council continued its work to develop a QI mindset across the agency
 - Invested 13 hours in webinars and journal review to broaden perspective and consider best practices from public health and healthcare to assimilate into SNHD
- Public Health Accreditation Board (PHAB) Reaccreditation
 - On target for final submission of materials in March of 2027
 - Partnering with Northern NV Public Health (NNPH) agency to commission a survey of community partners to demonstrate a new required measure: “Engage with partners in the health care system to assess and improve health service availability”
 - In discussion with University of Nevada, Reno for work on a secondary data analysis to satisfy the standard
 - Will benefit SNHD, NNPH, and NV DPBH working with PHAB for accreditation and reaccreditation

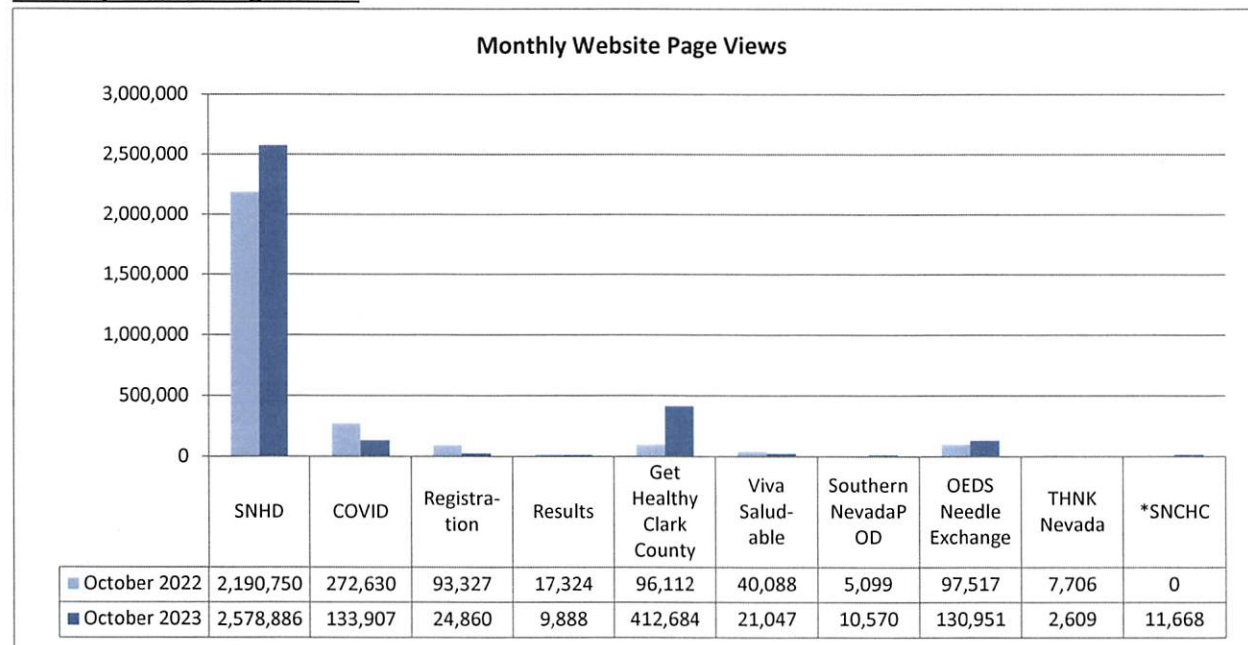
Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

	Oct 2022	Oct 2023		YTD FY23	YTD FY24
Media – Digital/Print Articles	44	30	↓	512	183
Media - Broadcast stories	87	77	↓	870	471
Collateral - Advertising/Marketing Products	32	45	↑	198	93
Community Outreach - Total Volunteers ¹	7	10	↑		
Community Outreach - Volunteer Hours	452	620	↑	1,993	2,654

¹Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



*SNCHC website views not captured in 2022.

Social Media Services		Oct 2022	Oct 2023		YTD FY23	YTD FY24
*Facebook SNHD	Likes/Followers	13,118	13,323	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6,117	6,146	↑	N/A	N/A
*Facebook SHC	Likes/Followers	1,684	1,711	↑	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5,475	5,377	↓	N/A	N/A
*Facebook SNHD THNK Project	Likes/Followers	46	45	↓	N/A	N/A
*Facebook Food Safety	Likes/Followers	121	98	↓	N/A	N/A
*Instagram SNHD	Followers	4,013	4,349	↑	N/A	N/A
*Instagram Food Safety	Followers	525	527	↑	N/A	N/A
*Twitter EZ2Stop	Followers	435	433	↓	N/A	N/A
*Twitter SNHDflu	Followers	1,912	1,851	↓	N/A	N/A
*Twitter Food Safety	Followers	97	99	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	0	113	↑	N/A	N/A
*Twitter SNHDinfo	Followers	10,488	10,385	↓	N/A	N/A
*Twitter TuSNHD	Followers	343	344	↑	N/A	N/A
*Twitter THNK/ Use Condom Sense	Followers	710	690	↓	N/A	N/A
*Twitter SoNVTraumaSyst	Followers	134	128	↓	N/A	N/A
**Threads SNHD	Followers	0	536	↑	N/A	N/A

*Facebook, Instagram and Twitter numbers are not cumulative.
*Due to a recent change to Twitter, GetHealthyCC deleted their account in June. They've created an Instagram account to supplement.
**Meta (Facebook) has created a platform Threads to compete with Twitter on July 5, 2023. SNHD has joined this platform and will start tracking our follower count.

Appendix B – Finance – Payroll Earnings Summary – September 30, 2023 to October 13, 2023

PAYROLL EARNINGS SUMMARY September 30, 2023 to October 13, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 309,203.95	\$ 7,170,206.94	\$ 2,583,087.56	\$ 8,657,996.00	30%	
ENVIRONMENTAL HEALTH	\$ 578,404.66	\$ 12,125,982.14	\$ 4,558,555.53	\$ 15,850,582.00	29%	
COMMUNITY HEALTH	\$ 353,015.57	\$ 7,381,133.53	\$ 2,819,176.95	\$ 9,914,422.00	28%	
DISEASE SURVEILLANCE & CONTROL	\$ 380,442.82	\$ 8,350,757.05	\$ 3,094,788.17	\$ 12,244,275.00	25%	
FQHC	\$ 293,669.11	\$ 5,393,484.09	\$ 2,397,290.83	\$ 9,488,158.00	25%	
ADMINISTRATION W/O ICS-COVID	\$ 439,629.91	\$ 10,208,142.48	\$ 4,704,195.71	\$ 12,236,771.00	38%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,354,366.02	\$ 50,629,706.23	\$ 20,157,094.75	\$ 68,392,204.00	29%	31%

FTE 795

Regular Pay	\$ 2,107,031.39	\$ 40,767,011.74	\$ 16,027,487.11
Training	\$ 3,996.45	\$ 247,914.36	\$ 91,274.42
Final Payouts	\$ 2,112.80	\$ 785,746.13	\$ 172,423.56
OT Pay	\$ 30,295.31	\$ 483,663.67	\$ 186,393.57
Leave Pay	\$ 189,935.49	\$ 6,607,570.77	\$ 2,318,192.80
Other Earnings	\$ 20,994.58	\$ 1,737,799.56	\$ 1,361,323.29
TOTAL	\$ 2,354,366.02	\$ 50,629,706.23	\$ 20,157,094.75

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT September 30, 2023 to October 13, 2023

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION					
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours Value
AGUILAR GONZALEZ, MARIA M		4.00	127.04		
BEACH, DYLAN		4.00	117.77		
BROWN, DOMINIQUE		4.00	117.77		
DEW, DARNITA		17.50	515.22		
GARCIA, MARTHA		4.00	117.77		
INES, HEINRICH		10.00	294.41		
MASTERS, CHRISTOPHER		20.75	625.06		
URENA, MAITE		8.50	250.25		
ARRIAGA, JOCELYN		2.00	72.22		
BRATCHER, KEVIN J		3.00	185.11		
GALAVIZ, MONICA		0.75	46.28		
GONZALES, FABIANA	PH1FN_23	1.00	36.11		
UBANDO, MARJORIE K		10.00	478.00		
WRIGHT, MICHAEL		8.00	402.42		
NOCHES, KIMBERLY		1.00	43.22		
Total Administration		98.50	3428.65		0.00 0.00

COMMUNITY HEALTH SERVICES					
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours Value
MUNFORD, ELIZABETH		2.50	122.72	THOMAS, PAMELA S	0.38 11.07
GIL, ERIC	HPP_24	5.00	194.81		
IMPERIAL, IAN	CRI_24	5.00	216.11		
Total Community Health Services		12.50	533.64		0.38 11.07

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
SERVANDO, MARIA CRISTINA	FP_23	3.50	239.20			
ANDERSON, RENITA	HCNAP_23	0.50	20.00			
DEL ROSARIO, EDNA		0.50	21.61			
SEDANO, ALBERT	FP_23	7.00	302.55			
Total FQHC-Community Health Clinic		11.50	583.36		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BERNABE, XANDEE S		8.00	568.51	CARPENTER, LESLIE M	0.38	15.84
CARCAMO, MONICA A	IMMSPF24	6.75	276.81	HODGE, VICTORIA	0.38	11.95
CONTRERAS ARAIZA, ALONDRA	IMMSPF24	7.50	512.57	D'COSTA, TERESA K	1.13	49.99
HAMILTON, ISABEL		1.25	67.88	VILLANUEVA, MICHELLE	1.50	66.66
JOHNSON, JESSICA L		6.75	449.95			
MCTIER, CHIKA	IMMSPF24	8.00	520.06			
O'TOOLE, DENISE	IMMEQ_22	6.5	240.55			
O'TOOLE, DENISE	IMMSPF24	7	259.04			
ROBLES, CYNTHIA I	IMMEQ_22	5.50	243.64			
YOUNG, MAITA WEBB	IMMSPF24	8.00	506.84			
RODRIGUEZ, SANDY	IMMEQ_22	7.50	250.49			
AGBAYANI, ANGELINE	IMMEQ_22	6.75	396.13			
ARQUETTE, JOCELYN M	IMMEQ_22	21.75	1,606.81			
BATACLAN, MARIA	IMMEQ_22	24.00	783.00			
BINGHAM, JULIE	IMMEQ_22	10.50	665.23			
HENRIQUEZ, SERGIO	IMMEQ_22	32.50	1,032.23			
JEFFERSON, MARKIA	IMMEQ_22	11.00	463.10			
LUONG, STEPHEN	IMMEQ_22	6.50	411.81			
MACIEL PEREZ, MARISOL	IMMEQ_22	24.50	1,142.51			
NAGAI, SAGE	IMMEQ_22	15.25	940.96			
POLINTAN, MICHAEL S	IMMEQ_22	28.00	1,240.36			
SPARLIN, AUTUM	IMMEQ_22	6.75	449.95			
WALKER, AMBER	IMMCD_22	3.00	108.34			
WONG, MICHELLE	IMMEQ_22	6.75	396.13			
YUEN, TEARRA	IMMEQ_22	5.00	185.03			
ZAVALA, ISAAC	IMMEQ_22	8.25	472.15			
ENZENAUER, LIZETTE	IMMEQ_22	13.25	684.18			
Total Primary & Preventative Care		296.50	14874.26		3.38	144.44

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
EWING, TABITHA L	HIVPRV23	2.50	146.71			
O'CONNOR, KELLY J	HIVPRV23	2.50	146.71			
Total Disease Surveillance & Control		5.00	293.42		0.00	0.00
Combined Total		637.00	30295.31		73.50	2364.88

ENVIRONMENTAL HEALTH						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
AHMED, MARYAM		2.75	115.78	BLACKARD, BRITTANIE	4.88	159.54
BIDINGER, JOY		0.50	20.50	CALZADO, NEIL	9.75	280.94
BROWN, TEVIN		8.75	378.19	CHARFAUROS, ADAIR	2.63	73.68
BUCHER, BRADON		2.00	88.60	DIAZ-ONTIVEROS, LUZ	6.38	198.19
COHEN, VALERIE NICOLE S		5.00	333.30	NAJERA, LUISA	14.25	399.95
CUMMINS, VERONICA J		3.00	154.91	NORTHAM, KORIE	5.25	239.20
DARANG, CHASE		5.00	221.49	RAMAKRISHNAN, VEENA	3.75	139.29
DIAZ-ONTIVEROS, LUZ		3.50	163.22	SABANDITH, VETAHYA	4.50	129.67
JONES, MALLORY		3.25	140.47	VALADEZ, ALEXIS	5.63	174.87
JUFAR, LYDIA		6.00	252.60	WARD, JESSICA Y	3.75	119.50
LETT, KENDRA A		20.50	1,203.05	WILLS, JERRY A	9.00	294.53
LIZON, ANDREW		4.00	172.89			
MICHEL, GUILLERMO		4.00	172.89			
MORENO, KRISTINA N		12.75	692.38			
NAJERA, LUISA		5.25	221.03			
ORTIZ RIVERA, VANESSA		9.00	528.17			
PARANGAN, CHRISTOPHER D		0.75	39.72			
PIAR, DIANE M		3.00	180.65			
RAKITA, DANIEL		6.00	259.33			
REYES, ABEGAIL		7.25	346.55			
RICH, VICTORIA		8.00	445.71			
ROSS, ALYSSA		1.00	42.10			
SABOUR, ISABELLA		22.00	926.20			
SHEFFER, THANH V		20.00	1,204.34			
SRIPRAMONG, JACQUELINE		20.50	863.05			
TAYLOR JR, GEORGE E		4.00	253.42			
THEIN, KELSEY		2.50	108.06			
VALADEZ, ALEXIS		2.00	93.27			
WADE, CYNTHIA		5.50	231.55			
WELLS, JORDAN		7.00	302.55			
GONZALEZ, KIMBERLY		2.50	102.52			
GUZMAN, MICHELLE D		0.50	34.17			
SAKAMURA LOW, MIKI K		3.00	190.06			
HOLLAND, MYLES		1.25	52.63			
COTTAM, CAROL S	PH1EH_23	1.00	46.63			
Total Environmental Health		213.00	10581.98		69.75	2209.36



Memorandum

Date: November 16, 2023

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, *Director of Community Health*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – October 2023

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

Congratulations to our Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP) who received the Nevada Public Health Association's (NPHA) Public Health 2023 Program of the Year Award at the NPHA annual conference in Reno. CDPP staff were presented with the award at the SNHD Board of Health meeting in September.

Our CDPP partnered with 15 Partners for a Healthy Nevada (PHN) members and other community partners to promote the 5-2-1-0 Healthy Habits Everyday initiative during Childhood Obesity Awareness month in September. Sponsored activities included a pop-up produce stand, youth sports league scholarships, a community walk/run, a virtual cooking class, distribution of 5-2-1-0 materials at community events, and sponsorship of, and participation in, the Healthy Kids Festival. Other components of the month-long awareness campaign included a paid media campaign and several earned media opportunities. Communication toolkits in English and Spanish, free downloadable videos, flyers, and posters to promote 5-2-1-0 were also shared with partners and are available for download on our websites in English and Spanish.

CDPP worked with City of Henderson (COH) to increase access to healthy foods among low-income seniors by increasing utilization of their downtown farmer's market. In addition to providing free transportation for seniors from two (2) downtown area Senior Centers to a farmers' market, COH with CDPP support, relocated the downtown farmers market to Army Street, adjacent to one (1) of the downtown senior centers. COH provided \$5 vouchers to use at the market and the market also accepted SNAP and Senior Farmers Market Nutrition Program (SFMNP) coupons. As a result of the collaboration, the voucher redemption rate among seniors

increased from 14% to 96%. COH agreed to permanently relocate the market to Army Street and has committed to continue providing vouchers throughout 2024. The project successfully enabled low-income seniors to access high-quality produce and better utilize their SNAP and SFMNP benefits.

With Every Heartbeat is Life (WEHIL) training was provided to six (6) CHWs from the Nevada Faith and Health Coalition who work in three (3) places of faith serving the African American community, by our CDPP staff. WEHIL is a cardiovascular health program developed for use in the African American community. CHWs who attended the training received a WEHIL Instructor Manual. CDPP maintains a WEHIL Lending Library with all materials and supplies needed to teach the WEHIL class. CDPP will continue to provide support to CHWs as they schedule and organize WEHIL classes at their places of faith.

Diabetes Self-Management, Education & Support (DSMES) classes were provided by our CDPP staff in September, to 46 participants including one (1) virtual class with nine (9) participants and one (1) in-person class with three (3) participants in English. As part of Hispanic Heritage Month, two (2) in-person DSMES classes were provided in Spanish. 34 people participated in one (1) of the Spanish DSMES classes.

Maintaining partnership with the RTC and Prevail Marketplace, our CDPP staff hosted the September Pop-Up Produce Stand at the RTC Bonneville Transit Center. Fall Pop-Up Stands will run monthly through December and offer low-cost fresh produce. Pop-Up Stands accept SNAP. The September Pop-Up Stand sold over 280lbs of produce. 35% of all sales were SNAP/EBT transactions.

At the September Southern Nevada Breastfeeding Coalition (SNBFC) meeting, CDPP staff participated and coordinated the guest speaker: Dr. Yabo - CDC Advisor. Dr. Yabo spoke about the importance of flu vaccine for pregnant and lactating people as well as families with young children. 15 people attended the presentation. CDPP also supported the 'Nursing Nook' hosted by SNBFC at the Las Vegas Baby Expo in September. The Nursing Nook provided a safe, secure, and comfortable place for lactating parents to nurse or express breast milk. Breastfeeding resources were also provided.

B. Tobacco Control Program (TCP)

Communication continued with TCP staff & the leadership of Nevada State University to offer technical assistance for the adoption of a tobacco-free campus policy. This policy is on track to be announced in Spring 2024 and implemented Fall 2024. Announcement and implementation dates are now being determined. SNHD staff developed a media engagement plan for Nevada State, including designs and mock-ups, and an online policy guide.

Our team collaborated with the Mexican Patriotic Committee to promote a tobacco-free lifestyle at the annual Fiestas Patrias celebration held at the Sammy Davis Jr. Festival Plaza at Lorenzi Park. Culturally appropriate tobacco cessation resource flyers were distributed at the event entrance. The event was smoke and vape-free. No smoking and no vaping signage was posted throughout event grounds as friendly reminders to the public. Announcements promoting the Nevada Tobacco Quitline were supplied in English and Spanish throughout the duration of the event. Over 1,000 people attended the event. Staff also promoted tobacco-free

lifestyles and distributed culturally appropriate tobacco cessation materials at the El Grito event at the East Las Vegas Community Center and at the Container Park Las Vegas Latino Festival reaching over total of 2,000 participants.

A new toolkit was developed for parents to support vape-free lifestyles among teens in Southern Nevada, which is now available in Spanish. This toolkit will be distributed to middle and high schools in the Clark County School District throughout the school year.

The TCP team created a new media campaign to highlight the recent increase in e-cigarette sales in Nevada. These social media posts are now being shared across all Get Healthy Clark County platforms to raise awareness among the public and community stakeholders.

We hosted an 8-week in-person tobacco cessation program in Spanish. Participants can develop a personalized plan to help them quit, while obtaining professional support and free nicotine replacement therapy. The group sessions are taking place at the East Las Vegas Community Center. The first group session was held on September 27th. This is being offered to increase access to cessation options for those individuals who may not be comfortable with seeking telephonic cessation assistance.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. During September:

1. Fifteen (15) community health workers were trained. To date, 369 community-level spokespersons have been trained through this effort.
2. Three (3) community events to distribute information and promote vaccination occurred reaching 2,300 individuals. To date 102 events have reached over 51,000 individuals.
3. 12 new pop-up vaccine clinics were offered with 82 people receiving a COVID vaccine and 184 people receiving a flu vaccine. A total of 6,397 vaccines have been provided to date through these efforts.
4. A new media campaign highlighting changes that will occur as a result of the end of the public health emergency declaration and to encourage vaccination among priority populations, began airing in May and ran through September. To date this campaign has reached 1.8 million people. This project concluded on September 29, 2023. A final programmatic report is currently being developed.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals. This Committee discussed the education component for the Paramedic Mentorship/Internship Program, and the Trauma Field Triage Criteria and Adult Cardiac Arrest protocols.

B. Drug /Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals. The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the District Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The MAB members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the Southern Nevada Health District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member. The Board heard reports from the sub-committees.

D. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care. The Board reviewed the 2nd Quarter 2023 trauma transport data, announced additions to the Trauma website, and reviewed the updated TFTC national guidelines, which will go into effect on January 1, 2024.

E. OEMSTS – October 2022 / 2023 Data

September EMS Statistics	September 2022	September 2023	
Total certificates issued	69	84	↑
New licenses issued	59	71	↑
Renewal licenses issued (recert only)	2	0	↓
Driver Only	28	37	↑
Active Certifications: EMT	794	912	↑
Active Certifications: Advanced EMT	1638	1872	↑
Active Certifications: Paramedic	1829	1967	↑
Active Certifications: RN	65	60	↓

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Persistence to draft the Shelter Support Annex and Administrative Preparedness Annex.
2. Planners continue to review and revise the Excessive Heat, CHEMPACK, Nuclear and Radiation, Administrative Preparedness, and Mass Care Support plans.
3. The Emergency Notification Annex was approved by leadership.
4. The Excessive Heat Plan was submitted to leadership for review.
5. Submitted the Invasive Aedes Response Annex for review to leadership.
6. 37 SNHD employees were FIT tested for personal protective equipment.

B. Training, Exercises and Public Health Workforce Development:

1. The Spores Bowl Full Scale Exercise was successfully conducted October 12th – 14th. This exercise comprised of a bioterrorism scenario, Laboratory, Bio Watch, Epi, and healthcare response was held Thursday, October 12, 2023, to include: four (4) Federal, four (4) State, two (2) County, and three (3) City Agencies, three (3) hospitals, one (1) local law enforcement and one (1) resort.
2. On October 14th, an SNHD Point of Dispensing (POD) exercise was conducted to test plans for mass dispensing of medication to the public and those with handicap, disability, and limited access to functional needs. 160 SNHD employees and 25 volunteers were trained in POD operations.
3. OPHP Trainers continue to develop Position Specific Task Books and related training curricula, revised PHP New Hire Orientation & Annual ICS/Planning P/Forms training and perpetual updates to POD training for October FSE.

4. OPHP Planners provided POD Training to the Cities of Las Vegas and North Las Vegas.
5. Trainers and our Clinical Advisor provided ICS 400 training on Oct. 25th – 26th.
6. Our Clinical Advisor attended a Sports and Special Event Risk Management training provided by TEEEX on Oct. 10th.
7. The Clinical Advisor attended an Emergency Management Seminar with the Office of Foreign Ministries and local Consulates, hosted by Las Vegas Metropolitan Police Department, City of Las Vegas Office of Emergency Management and Clark County Office of Emergency Management on Oct 5th.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. The SNHPC Clinical Advisor and Readiness and Response Coordinator planned and completed the review of two (2) hospital emergency operations plans.
2. Our SNHPC Clinical Advisor provided support to ongoing planning for Formula 1 and Superbowl 2024 response.
3. The SNHPC Sub-committee established for HVA 2024 update, meetings scheduled for November.

D. Fusion Center Public Health Analyst:

1. Special Event Assessments for: Shriners Childrens Open PGA; Fall NASCAR Weekend South Point 400, When We Were Young, TwitchCon; National Business Aviation Association-Business Aviation Convention & Exhibition; LV Aces Championship Parade; and SEMA Show.
2. Collaborated for Formula 1 and Super Bowl planning.

E. Grants and Administration:

1. Our OPHP team received the subgrant awards for budget period 5 for the Public Health Emergency Preparedness Program, the Cities Readiness Initiative, and the Hospital Preparedness Program from the state. These have been signed by SNHD and are awaiting signatures from the state.
2. We are preparing budgets for budget period 4 (2022-2023) carryover grants for all subawards.

F. Medical Reserve Corps (MRC) of Southern Nevada:

1. One (1) MRC Volunteer supported the SNHD Immunization Clinic in October, assisting patients checking in.
2. Fifteen volunteers trained and exercised POD plans at the Spores Bowl POD exercise.
3. The MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.

4. Our MRC Coordinator attended monthly NACCHO MRC and PPAG Workgroup meetings, as well as SNHPC.

MRC Volunteer Hours FY2024 Q2

(Economic impact rates updated August 2023):

Activity	October	November	December
Preparedness Exercise	81		
Community Event/BP	0		
SNHD Clinic	4.5		
Total Hours	85.5		
Economic impact	\$2,718.90		

IV. VITAL RECORDS

- A. October 2023 is currently showing a 10% decrease in birth certificate sales in comparison to October 2022. Death certificate sales currently showing an 4.6% decrease in comparison to October 2022. SNHD received revenues of \$27,276 for birth registrations, \$20,995 for death registrations; and an additional \$6,737 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data

Vital Statistics Services	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Births Registered	2,148	1,541	↓	8,315	6,911	↓
Deaths Registered	1,433	1,150	↓	6,642	6,014	↓
Fetal Deaths Registered	18	22	↑	68	65	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data

Vital Statistics Services	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Birth Certificates Sold (walk-in)	60	43	↓	181	190	↑
Birth Certificates Mail	118	120	↑	475	551	↑
Birth Certificates Online Orders	3,237	2,901	↓	15,079	14,779	↓
Birth Certificates Billed	121	114	↓	451	420	↓
Birth Certificates Number of Total Sales	3,536	3,178	↓	16,186	15,940	↓
Death Certificates Sold (walk-in)	8	23	↑	48	80	↑
Death Certificates Mail	178	164	↓	613	683	↑
Death Certificates Online Orders	7,435	7,105	↓	31,044	28,191	↓

Death Certificates Billed	55	30	↓	141	142	↑
Death Certificates Number of Total Sales	7,676	7,322	↓	31,836	29,096	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data

Vital Statistics Sales by Source	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Birth Certificates Sold Valley View (walk-in)	1.7%	1.4%	↓	1.1%	1.2%	↑
Birth Certificates Mail	3.3%	3.8%	↑	2.9%	3.5%	↑
Birth Certificates Online Orders	91.5%	91.3%	↓	93.2%	92.7%	↓
Birth Certificates Billed	3.4%	3.6%	↓	2.8%	2.6%	↓
Death Certificates Sold Valley View (walk-in)	.1%	.3%	↑	.2%	.3%	↑
Death Certificates Mail	2.3%	2.2%	↓	1.9%	2.3%	↑
Death Certificates Online Orders	96.9%	97%	↑	97.5%	96.9%	↓
Death Certificates Billed	.7%	.4%	↓	.4%	.5%	↑

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data

Revenue	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Birth Certificates (\$25)	\$88,400	\$79,450	↓	\$404,650	\$398,500	↓
Death Certificates (\$25)	\$191,900	\$183,050	↓	\$796,150	\$727,400	↓
Births Registrations (\$13)	\$32,435	\$27,274	↓	\$150,202	\$136,890	↓
Deaths Registrations (\$13)	\$22,035	\$20,995	↓	\$90,324	\$83,941	↓
Convenience Fee (\$2)	\$6,990	\$6,228	↓	\$32,324	\$30,216	↓
Miscellaneous Admin	\$551	\$509	↓	\$2,277	\$2,204	↓
Total Vital Records Revenue	\$324,311	\$317,506	↓	\$1,475,927	\$1,379,151	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only. Passport photos remain suspended.

Applications	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Passport Applications	788	585	↓	2,989	2,646	↓
Revenue	Oct 2022	Oct 2023		FY 22-23 (Oct)	FY 23-24 (Oct)	
Passport Execution/Acceptance fee (\$35)	\$27,580	\$20,475	↓	\$104,615	\$92,610	↓

V. HEALTH EQUITY

- A. The Health Equity program received a No Cost Extension from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID prevention and control among populations that are at higher risk and underserved.
1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
1. On October 23rd, the Health Equity team and grant partners: Puentes & Clark County Law Foundation, provided interviews to local radio station 98.1. During these interviews, information on available services resources were provided to Spanish speaking residents of Las Vegas.
 2. On October 24th, the Health Equity team participated in the Clark County Health Fair, providing resources and service information to 300 participants.
 3. During the month of October, the Health Equity team facilitated four (4) workshops for SNHD leadership and staff.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
2. SNHD STD department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits isolates to a reference laboratory for the determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	79	68
NAAT NG/CT	1122	1106
Syphilis	938	963
RPR/RPR Titers	189/92	192/94

Hepatitis Total	1210	958
HIV/differentiated	689/26	644
HIV RNA	93	75

4. COVID testing:

- SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
- SNPHL is to maintain the capacity of 2000 tests/day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For October, the average daily testing was 16 and the average turnaround time was 31 hours for PCR testing from the collection date to the release of the test report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Molecular laboratory will add Tecan instrument after installing the updated script for the SARS-CoV-2 WGS procedure. The field person from Tecan will come to install the script in October.

A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	8775/722	July	1216/85
February	6614/542	August	527/198
March	6676/497	September	555/139
April	5174/4335	October	487/178
May	4544/244	November	
June	2103/136	December	

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.
- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	
Campylobacter	Campy ID	3	7	2	7	7	10	9	2	7	11			
	Campy Screen	7	10	6	10	11	12	13	5	10	23			
Neisseria species	Gonorrhoeae Culture	70	66	34	56	71	75	61	101	72	79			
	Gram Stain/WBC	0	0	0	5	0	0	0	5	0	0			
	Neisseria ID	0	0	0	0	0	5	0	0	2	0			
	Haemophilus ID	0	0	8	2	3	0	1	1	1	5			
Unknown ID	Bacterial ID	0	0	0	3	0	0	0	0	3	0			
	WGS (PulseNet)	24	21	24	33	36	37	34	29	27	36			
Salmonella	Salmonella Screen	16	14	13	17	25	26	26	25	17	26			
	Salmonella Serotype	15	10	12	17	25	21	21	24	16	20			
Shigella	Shigella Screen	4	7	10	10	4	6	3	8	5	11			
	Shigella Serotype	4	5	12	3	3	3	2	3	3	4			
STEC	STEC Screen	4	0	7	8	1	5	7	3	1	8			
	STEC Serotype	4	0	1	2	1	3	2	0	3	0			
Unknown	Stool Culture	3	14	2	4	5	0	0	0	0	0			
Vibrio	Vibrio ID	0	1	0	0	0	3	0	0	4	1			
	Vibrio Screen	0	0	1	1	0	6	0	0	6	6			
Yersinia	Yersinia Culture/ID	0	0	1	0	2	0	0	3	0	1			

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in October.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In October, SNPHL performed 30 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL's additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2023	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	2	2	1	0	1	2	4	0		

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 36 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in October 2023.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.

7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of October 2023, SNPHL has sequenced 178 SARS-CoV-2-positive RNA extracts.
8. SNPHL is clinically validated for the identification of *Campylobacter* species (select species), pathogenic *Escherichia coli*, and *Salmonella* species. SNPHL is also validated for the determination of *Salmonella* serotypes and STEC (Shiga toxin-producing *E. coli*) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for *Legionella* surveillance. As of August 2023, SNPHL conducts *Legionella* water testing for certain *Legionella* cases reported to ACDC and EH.

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	7	1	24	8	0	8	8	20	36	30		

10. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team. In October, we tested a total of 1317 mosquito pool samples. Twelve positive WNV mosquito pool samples were identified in October. Environmental Health released the test result to the public after we informed the test result to them.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in September, a total of 79 clinical isolates, *Neisseria gonorrhoeae* 18 isolates and *Neisseria meningitidis* four (4) isolates, were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or *N. gonorrhoeae* samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

D. All-Hazards Preparedness:

1. SNPHL provides / assists testing for SNHD COVID Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID Biosafety Training/Guidelines to Non-Traditional testing sites.

3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVD online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVD Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. October 2023 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD collection kits.
2. Passed LRN Challenge Panel with a 100% grade.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. Currently, the validation for both instruments has begun.
4. The new senior lab technician in the Microbiology Laboratory has continued training and onboarding in SNPHL protocols.
5. Our Emergency Response laboratory started to validate the warrior panel and verification process with CDC.
6. According to the WGS and genomic data analysis, the Omicron variant XBB.1.5 EG.5, and XBB.1.16, lineages are domain lineages, 4%, 22%, and 22% respectively, in October, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
7. Identified Monkeypox positive test results, for the first time since November of 2022. SNHD PIO issued a news release on 11/2/2023 relating to these findings and cases. The Whole Genome sequencing of October Monkeypox Positive samples is pending.
8. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtypes of influenza and the percentage of ratio between two subtypes are 80% and 20%, respectively.
9. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping in order to rule out avian influenza.
10. SNHD Facilities completed the roof repair project and the upgraded camera installation project in October.

11. The builder/Architect for the SNPHL Lab expansion project has met facility team and laboratory staff to discuss the laboratory design. The builder/Architect had on-site visits and had lab tours. We all agreed to have weekly meeting to review and update the lab design on October 12, 2023.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

October SNPHL Services	2022	2023	
Clinical Testing Services ¹	4,817	5,357	↑
Epidemiology Services ²	534	1,173	↑
State Branch Public Health Laboratory Services ³	7,110	339	↓
All-Hazards Preparedness Services ⁴	7	7	-
Environmental Health Services ⁵	41	1,347	↑

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID Ab immunologic tests.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

³ Includes COVID PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: November 21, 2023

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Community Health Center FQHC Operations Officer Report – October 2023

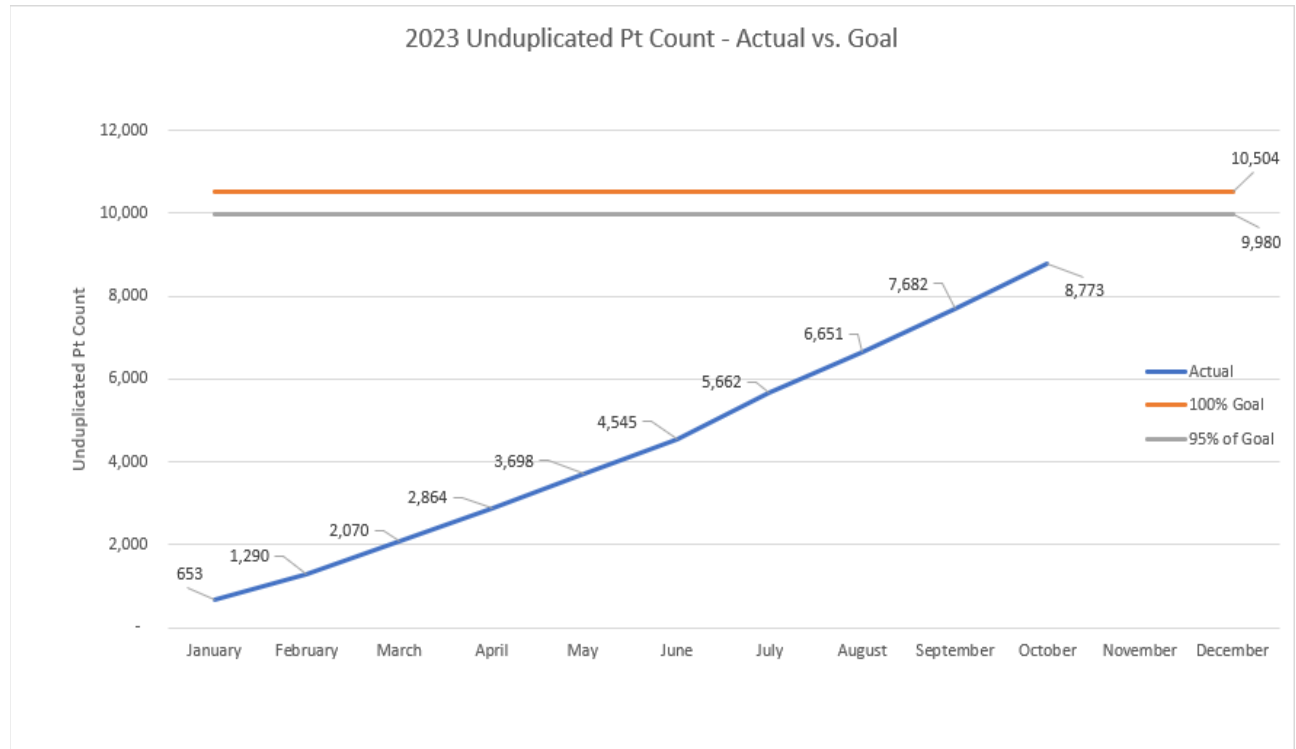
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

October 2023 Highlights

Administrative

- Two Community Health Center Quality Recognition Badges awarded by HRSA:
- Advancing HIT for Quality: Awarded to health centers who:
 - Adopted an electronic health record (EHR) system.
 - Offers telehealth services.
 - Exchanges clinical information electronically with key providers health care settings.
 - Engages patients through health IT.
 - Collects data on patient social risk factors.
- Addressing Social Risk Factors: Awarded to health centers who:
 - collect data on patient social risk factors and increased the percentage of patients who received enabling services between the last two UDS reporting years.
- Federal Tort Claim Act (FTCA) deeming application approved by HRSA. Coverage extends from 11.2.23 – 12.31.24
- Ryan White Part B on-site program audit on 10.25.23 successfully completed.
- The new APRN for the Fremont location begins on 11.13.23.
- The new Medical Director begins on 12.4.23.
- Recruitment for a behavioral health professional is ongoing.
- A new Behavioral Health Manager position has been approved.
- Electronic health record (EHR) upgrade and migration to the cloud scheduled for 11.10.23.

Access



Facility	Program	OCT '23	OCT '22	OCT YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
Decatur	Behavioral Health	139	162	-14%	504	530	-5%
Decatur	Ryan White	211	150	41%	908	669	36%
Decatur	Family Health	402	193	108%	1,488	1,170	27%
Fremont	Family Health	66	133	-50%	574	291	97%
Total	Family Health	468	326	44%	2,062	1,461	41%
Fremont	Family Planning	32	247	-87%	537	366	47%
Decatur	Family Planning	127	116	9%	343	1,038	-67%
Total	Family Planning	159	363	-56%	880	1,404	-37%
ASEC	Sexual Health	128	113	13%	511	375	36%
Decatur	Sexual Health	596	623	-4%	2,247	2,395	-6%
Total	Sexual Health	724	736	-2%	2,758	2,770	-0.4%
Grand Total		1,701	1,737	-2%	7,112	6,834	4%

Pharmacy Services

	Oct-22	Oct-23		FY23	FY24		% Change YTD
Client Encounters (Pharmacy)	1,160	1,433	↑	4,693	5,355	↑	14.1%
Prescriptions Filled	1,560	2,037	↑	6,211	7,478	↑	20.4%
Client Clinic Encounters (Pharmacist)	32	40	↑	210	136	↓	-35.2%
Financial Assistance Provided	4	17	↑	28	70	↑	150.0%
Insurance Assistance Provided	-	10	↑	5	18	↑	260.0%

- A. Dispensed 2,037 prescriptions for 1,433 clients.
- B. Pharmacist completed 40 client clinic encounters.
- C. Assisted 17 clients to obtain medication financial assistance.
- D. Assisted 10 clients with insurance approvals.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 61 referrals between October 1st and October 31st. There were three (3) pediatric clients referred to the MCM (Medical Case management) program in October and the program received four (4) referrals for pregnant women living with HIV during this time.
- B. There were 775 total service encounters in the month of October provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinator, Nurse Case Managers, Community Health Workers, and Health Educator). There were 341 unduplicated clients served under these programs in October.
- C. The Ryan White ambulatory clinic had a total of 416 visits in the month of October: 39 initial provider visits, 190 established provider visits, 11 tele-visits (established clients). There were 17 nurse visits and 170 lab visits. There were 23 Ryan White clients seen in Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of October.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 14 patients enrolled and seen under the Rapid stART program in October.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 943 unique services to 735 unduplicated patients for the month of October. There were 136 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently 113 patients receiving injectable treatment for HIV prevention (PrEP).

- B. The FQHC- SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The SHC leadership team is attending weekly Azara training. This training focuses on using metrics to optimize service provision in SHC. A SHC CHN completed the Mental Health First Aid Training. The CHN Supervisor participated in the quarterly CSRB meeting.
- D. The SHC staff continues to see patients for Mpox evaluation. SHC is collaborating with Immunizations to offer Mpox vaccine onsite for SHC clients.
- E. Two CHN nurses, one Medical Assistant, and one administrative assistant successfully completed orientation in FQHC-SHC. One CHN has begun orientation in SHC. A Patient Services Representative (PSR) position was approved in SHC and is in the process of recruitment.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of October 2023.

Client required medical follow- up for Communicable Diseases	
Referrals for TB issues	15
Referrals for Chronic Hep B	1
Referrals for STD	3
Pediatric Refugee Exams	17
Clients encounter by program (adults)	62
Refugee Health screening for October 2023	62
Total for FY23-24	218

Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers submitted a total of 81 applications for the month.


Applications	Status
40	Approved
10	Denied
31	Pending

Patient Satisfaction: See attached survey results.

The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English) October 2023

Response Counts


 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

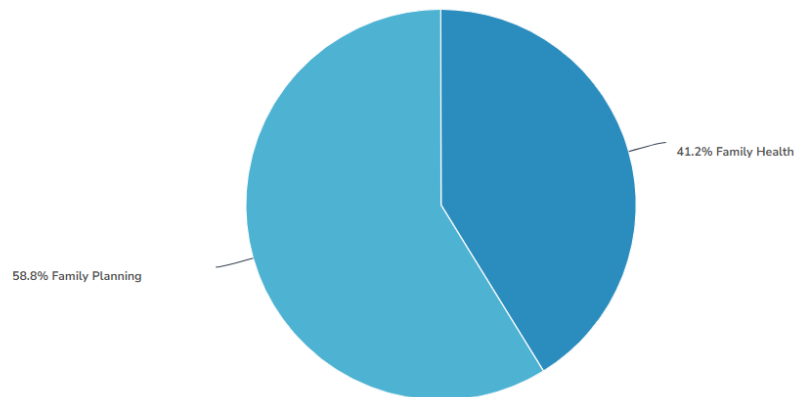
Completion Rate: 100% 

Complete  51

Totals: 51


1. Service received during your visit

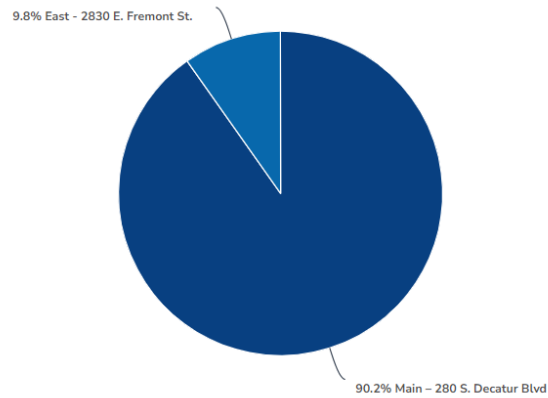
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent	Responses
Family Health	41.2%	21
Family Planning	58.8%	30
Totals: 51		


2. Southern Nevada Health District (SNHD) location

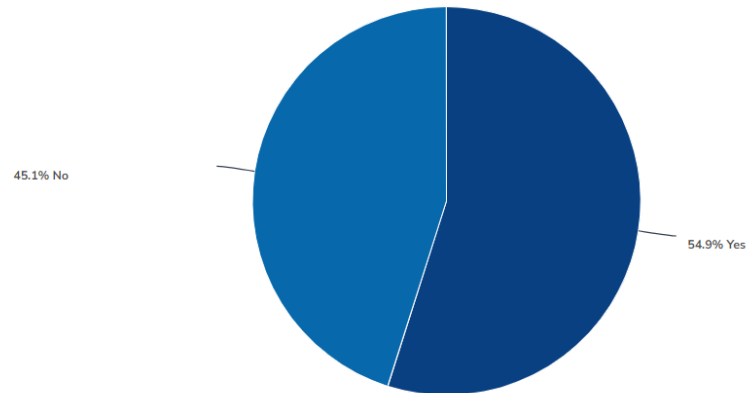
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent	Responses
Main - 280 S. Decatur Blvd	90.2%	46
East - 2830 E. Fremont St.	9.8%	5
Totals: 51		


3. Do you have health insurance?

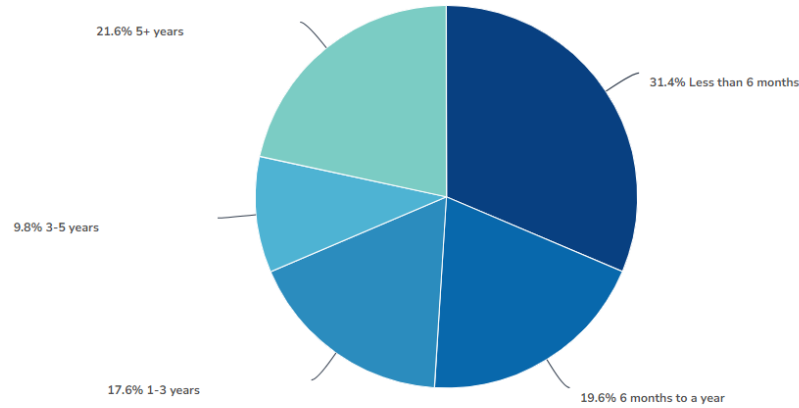
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent	Responses
Yes	54.9%	28
No	45.1%	23
Totals: 51		


4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?

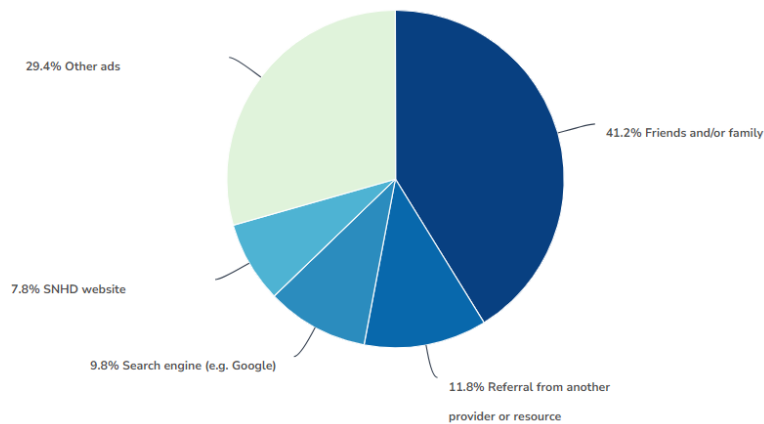
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Less than 6 months	31.4%	<div><div></div></div>	16
6 months to a year	19.6%	<div><div></div></div>	10
1-3 years	17.6%	<div><div></div></div>	9
3-5 years	9.8%	<div><div></div></div>	5
5+ years	21.6%	<div><div></div></div>	11
Totals: 51			

5. How did you hear about us?

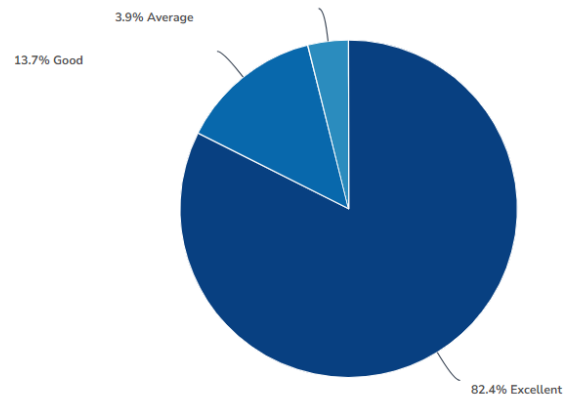
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Friends and/or family	41.2%	<div><div></div></div>	21
Referral from another provider or resource	11.8%	<div><div></div></div>	6
Search engine (e.g. Google)	9.8%	<div><div></div></div>	5
SNHD website	7.8%	<div><div></div></div>	4
Other ads	29.4%	<div><div></div></div>	15
Totals: 51			

6. Ease of scheduling an appointment

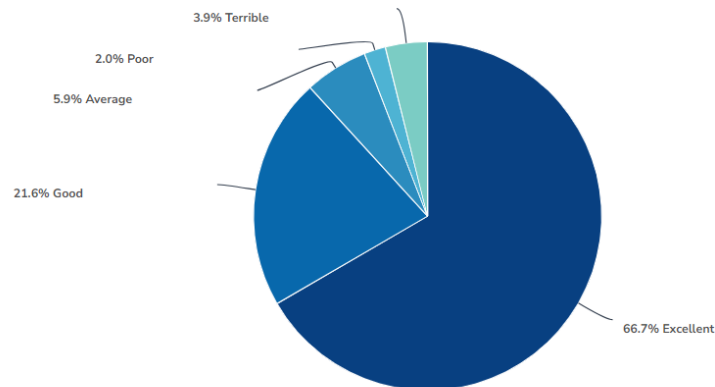
Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Totals: 51


7. Wait time to see provider

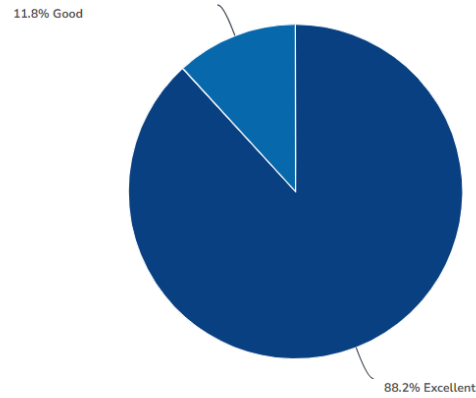
Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Totals: 51

8. Care received from providers and staff


 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

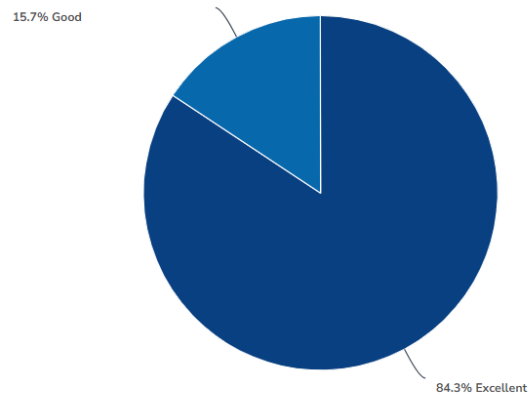


Value	Percent	Responses
Excellent	88.2%	45
Good	11.8%	6

Totals: 51

9. Understanding of health care instructions following your visit

 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

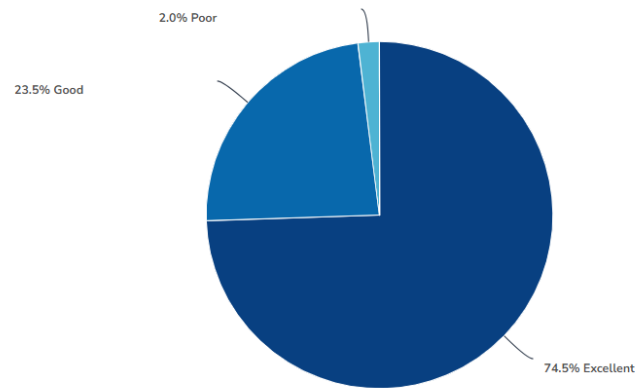


Value	Percent	Responses
Excellent	84.3%	43
Good	15.7%	8

Totals: 51

10. Hours of operation

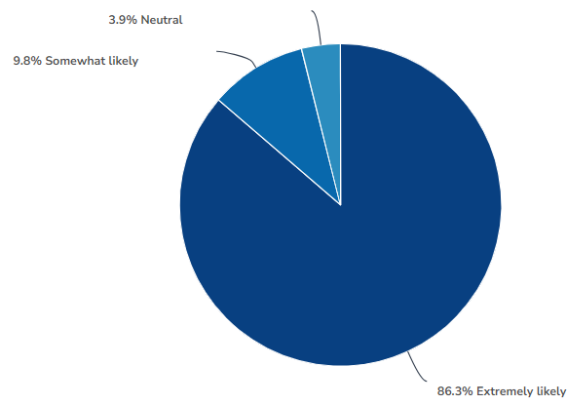
Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Excellent	74.5%	<div><div></div></div>	38
Good	23.5%	<div><div></div></div>	12
Poor	2.0%	<div><div></div></div>	1
Totals: 51			

11. Recommendation of our health center to friends and family

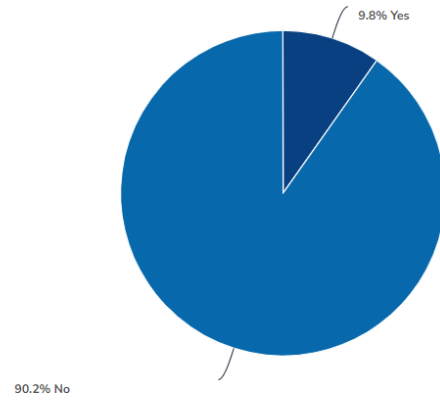
Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Extremely likely	86.3%	<div><div></div></div>	44
Somewhat likely	9.8%	<div><div></div></div>	5
Neutral	3.9%	<div><div></div></div>	2
Totals: 51			

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?

Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

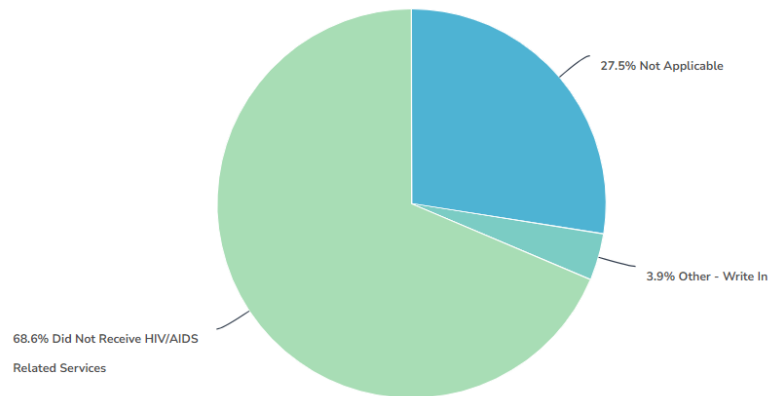


Value	Percent	Responses
Yes	9.8%	5
No	90.2%	46

Totals: 51

13. Based on your HIV status, at any moment during your visit, did you feel...


Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

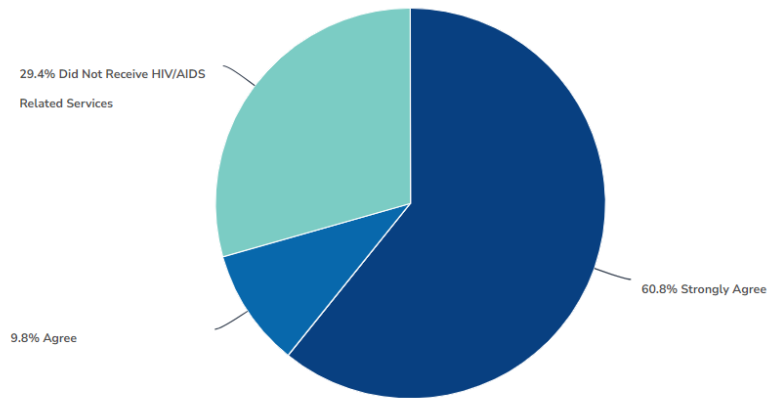


Value	Percent	Responses
Not Applicable	27.5%	14
Other - Write In (click to view)	3.9%	2
Did Not Receive HIV/AIDS Related Services	68.6%	35

Totals: 51


14. During your visit, did you feel that staff members treated you with care?

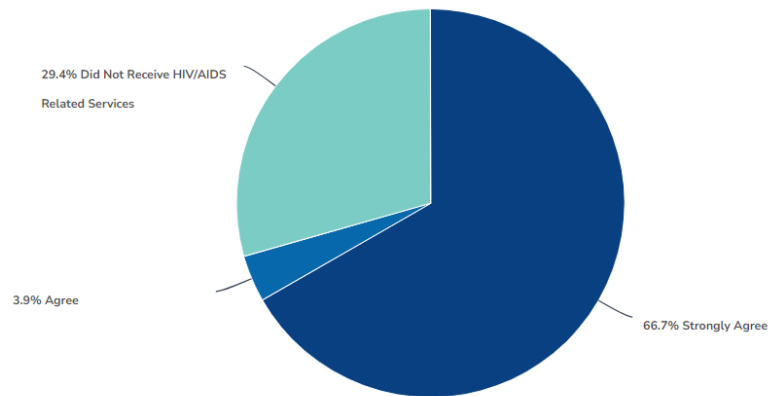
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Strongly Agree	60.8%	<div><div style="width: 60.8%;"></div></div>	31
Agree	9.8%	<div><div style="width: 9.8%;"></div></div>	5
Did Not Receive HIV/AIDS Related Services	29.4%	<div><div style="width: 29.4%;"></div></div>	15
Totals: 51			


15. During your visit, did you feel that staff members treated you with respect

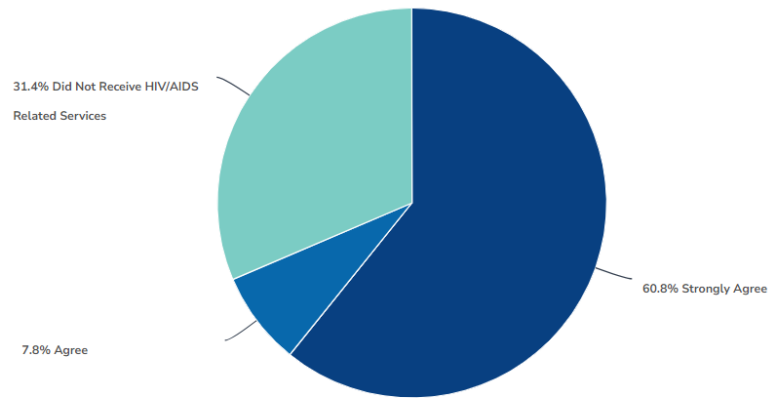
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Strongly Agree	66.7%	<div><div style="width: 66.7%;"></div></div>	34
Agree	3.9%	<div><div style="width: 3.9%;"></div></div>	2
Did Not Receive HIV/AIDS Related Services	29.4%	<div><div style="width: 29.4%;"></div></div>	15
Totals: 51			


16. During your visit, did you feel that staff members were supportive?

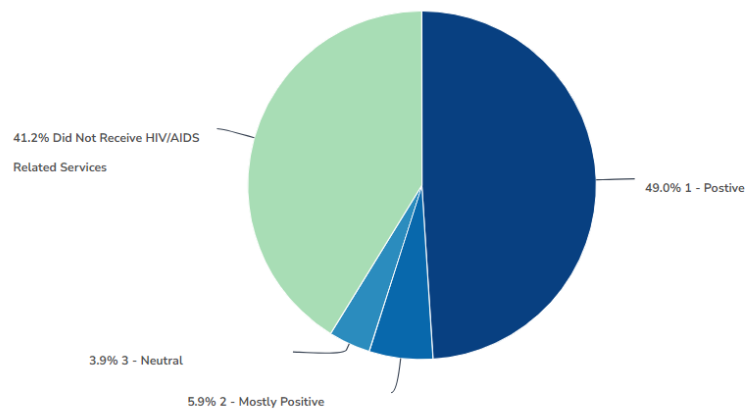
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Totals: 51


17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?

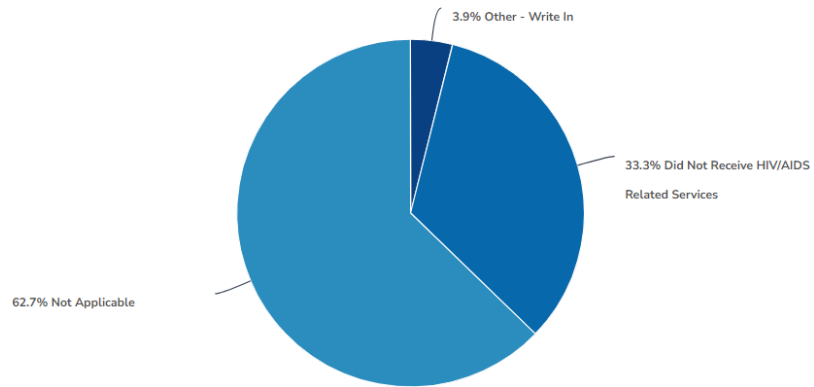
 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Totals: 51

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.

 Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey



Value	Percent		Responses
Other - Write In (click to view)	3.9%	<div><div></div></div>	2
Did Not Receive HIV/AIDS Related Services	33.3%	<div><div></div></div>	17
Not Applicable	62.7%	<div><div></div></div>	32
Totals: 51			

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish) October 2023

Response Counts

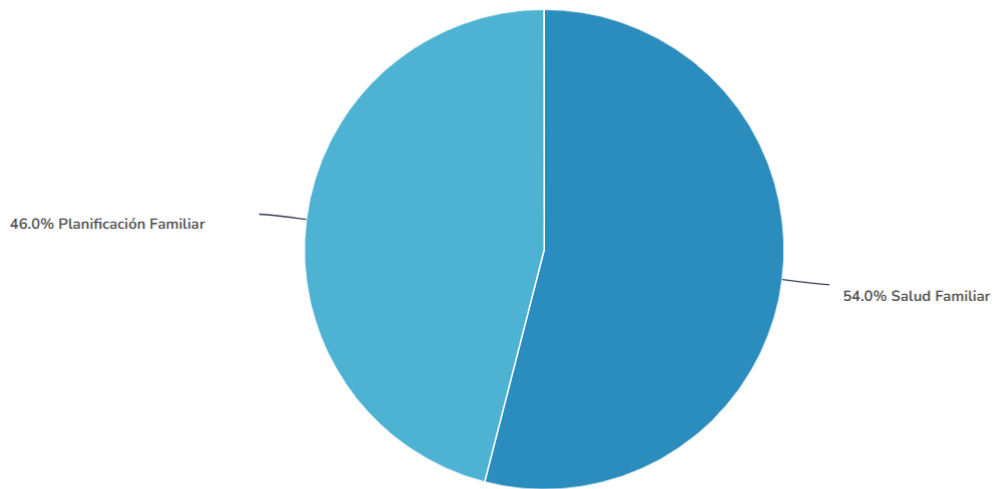
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 54

1. Marque los servicios recibidos durante su visita


Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

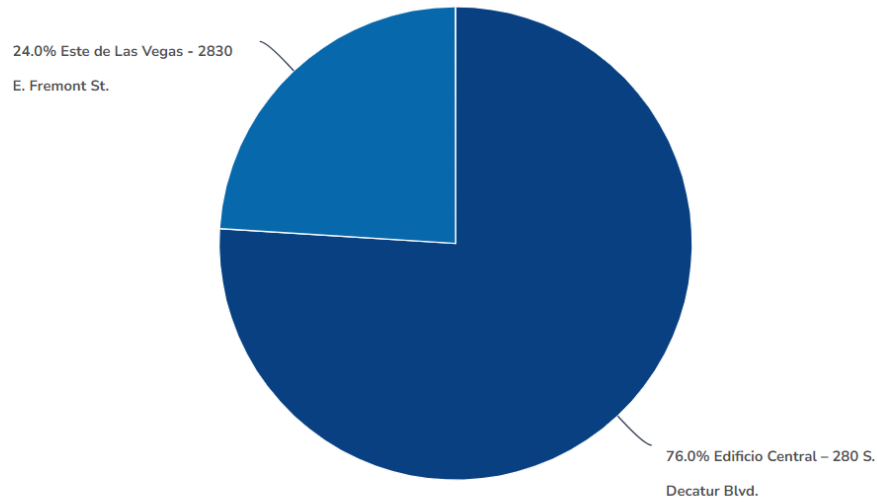


Value	Percent	Responses
Salud Familiar	54.0%	27
Planificación Familiar	46.0%	23


Totals: 50

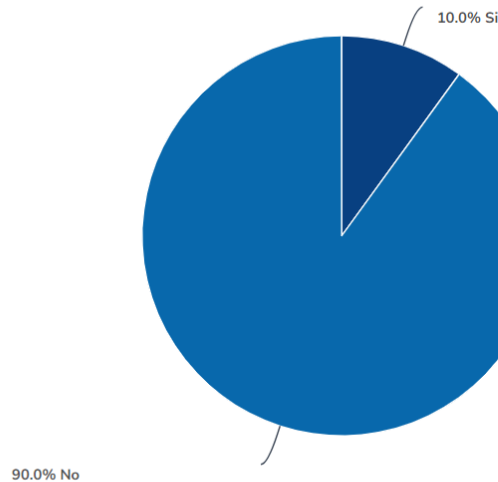
2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?

 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



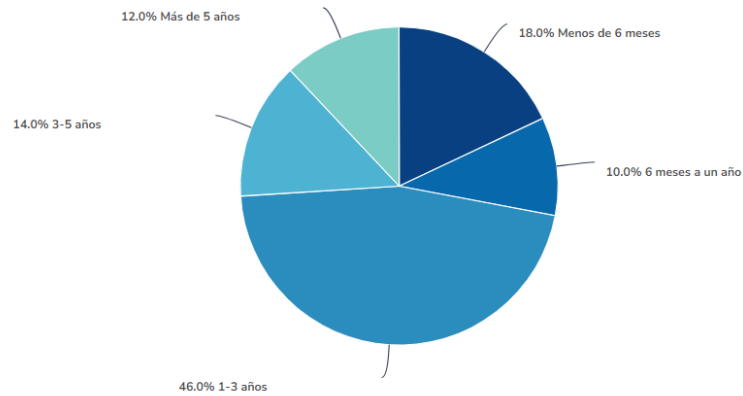
3. ¿Tiene seguro médico?

 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?

Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

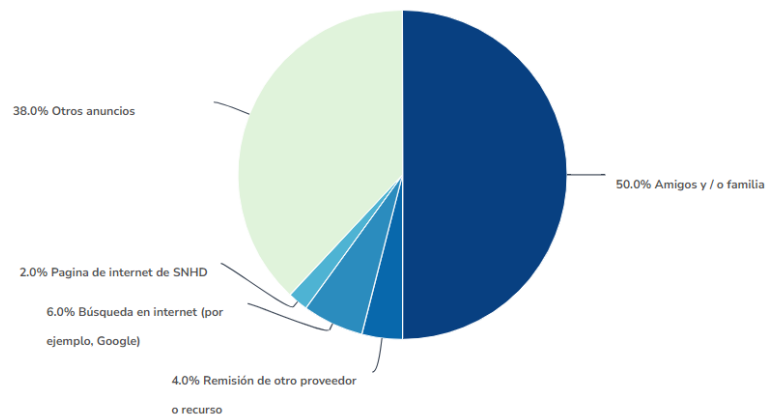


Value	Percent	Responses
Menos de 6 meses	18.0%	9
6 meses a un año	10.0%	5
1-3 años	46.0%	23
3-5 años	14.0%	7
Más de 5 años	12.0%	6

Totals: 50

5. ¿Como usted supo de nosotros?

Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

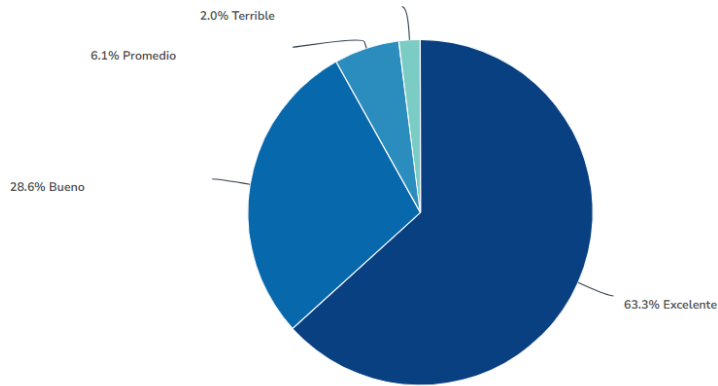


Value	Percent	Responses
Amigos y / o familia	50.0%	25
Remisión de otro proveedor o recurso	4.0%	2
Búsqueda en internet (por ejemplo, Google)	6.0%	3
Pagina de internet de SNHD	2.0%	1
Otros anuncios	38.0%	19

Totals: 50

6. Facilidad para programar una cita

Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

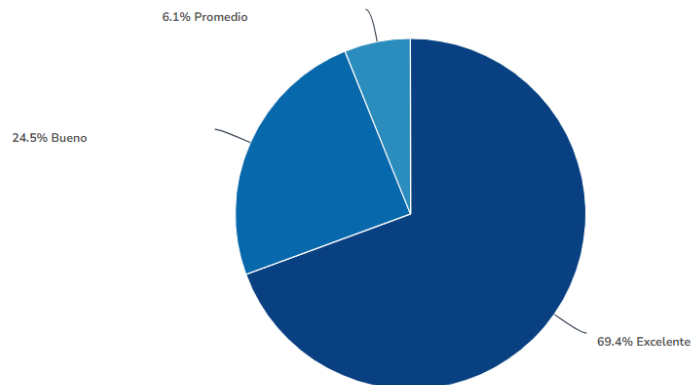


Value	Percent		Responses
Excelente	63.3%	<div><div></div></div>	31
Bueno	28.6%	<div><div></div></div>	14
Promedio	6.1%	<div><div></div></div>	3
Terrible	2.0%	<div><div></div></div>	1

Totals: 49

7. Tiempo de espera para ver a un proveedor de salud


Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

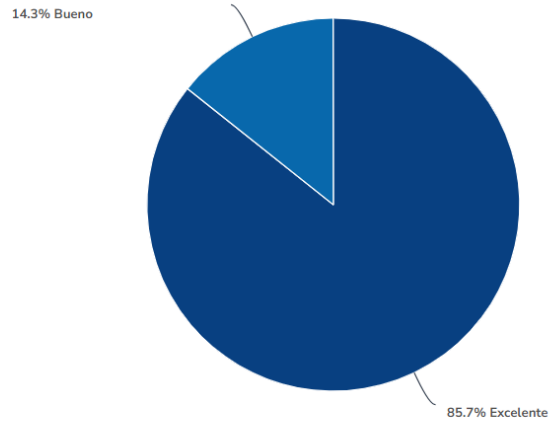


Value	Percent		Responses
Excelente	69.4%	<div><div></div></div>	34
Bueno	24.5%	<div><div></div></div>	12
Promedio	6.1%	<div><div></div></div>	3

Totals: 49

8. Atención recibida de los proveedores y personal


 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

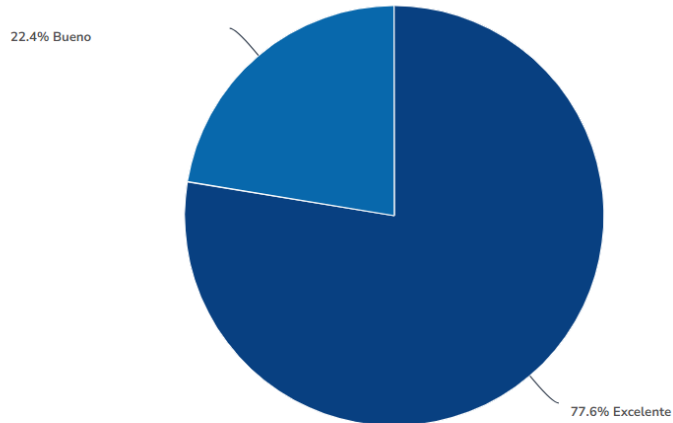


Value	Percent		Responses
Excelente	85.7%	<div><div></div></div>	42
Bueno	14.3%	<div><div></div></div>	7

Totals: 49

9. Comprensión de las instrucciones del cuidado de salud después de su visita

 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

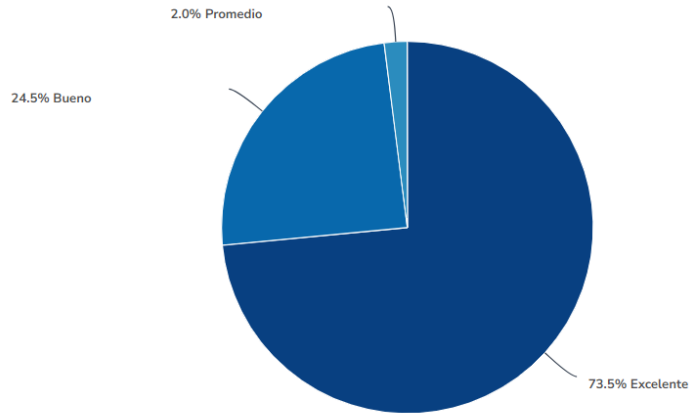


Value	Percent		Responses
Excelente	77.6%	<div><div></div></div>	38
Bueno	22.4%	<div><div></div></div>	11

Totals: 49

10. Horarios de operación

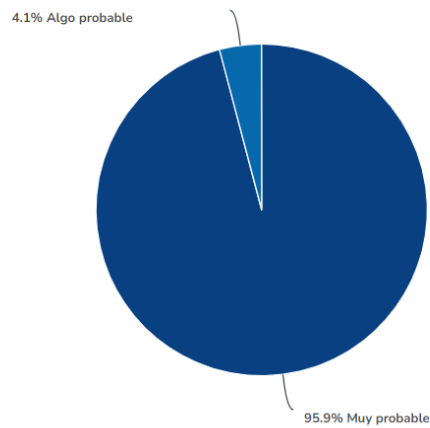
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 49

11. Recomendaría nuestro centro de salud a amigos y familiares

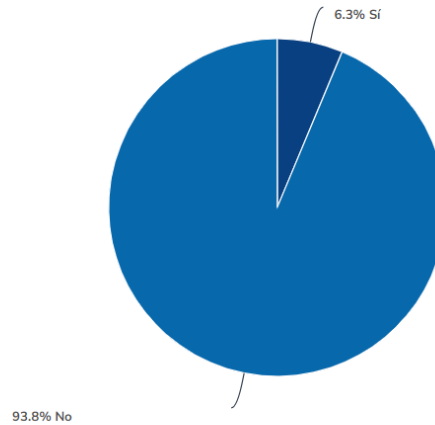
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 49

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?

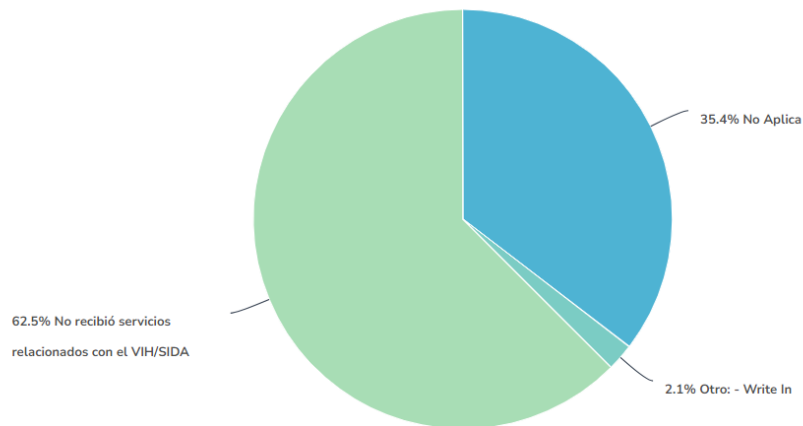
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 48


13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...

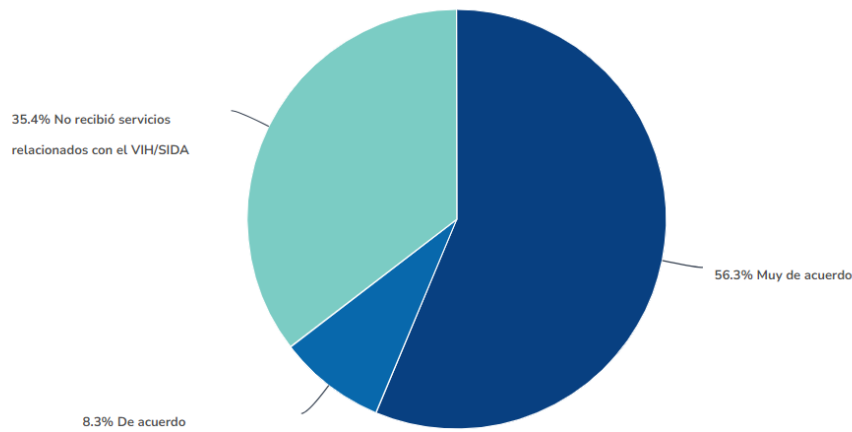
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 48


14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?

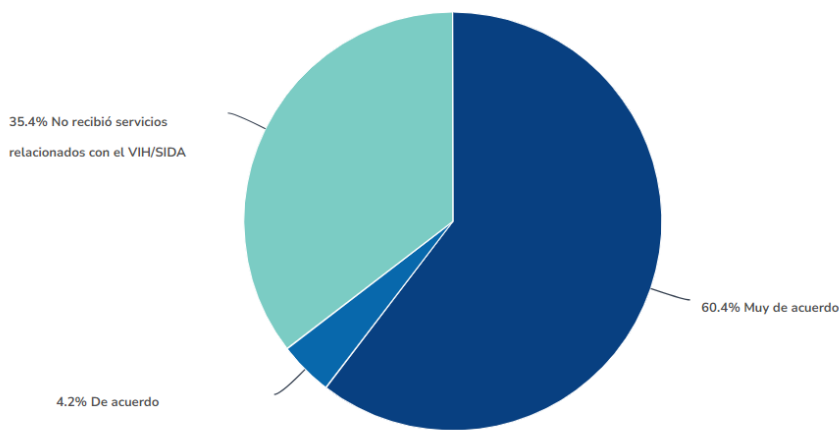
 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Value	Percent	Responses
Muy de acuerdo	56.3%	27
De acuerdo	8.3%	4
No recibió servicios relacionados con el VIH/SIDA	35.4%	17
Totals: 48		

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?

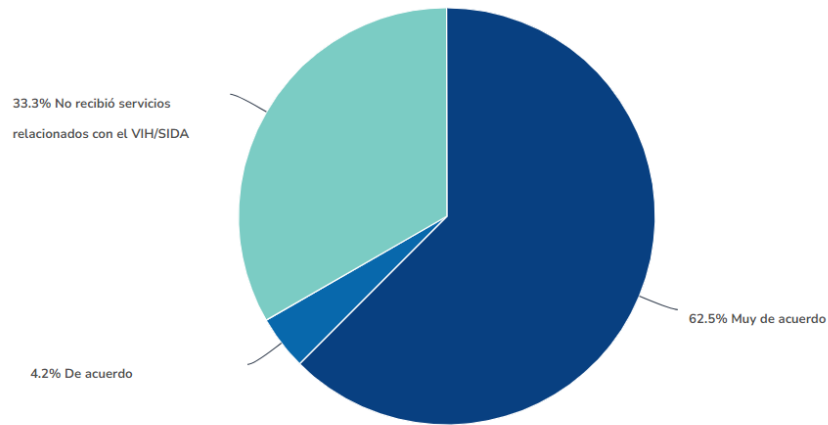
 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Value	Percent	Responses
Muy de acuerdo	60.4%	29
De acuerdo	4.2%	2
No recibió servicios relacionados con el VIH/SIDA	35.4%	17
Totals: 48		

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?

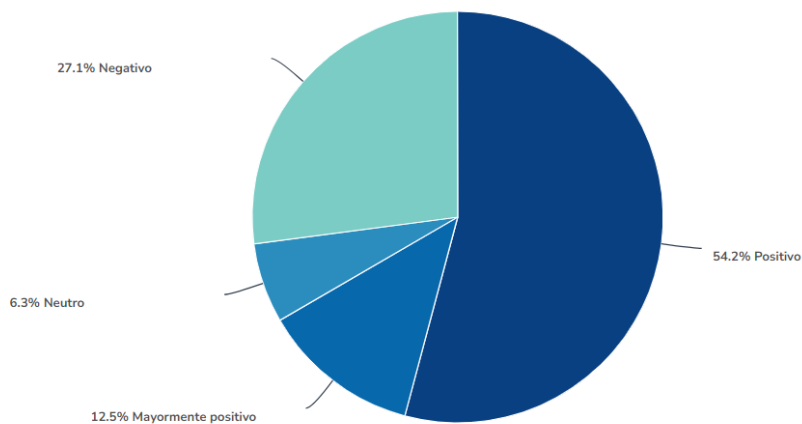
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 48


17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?

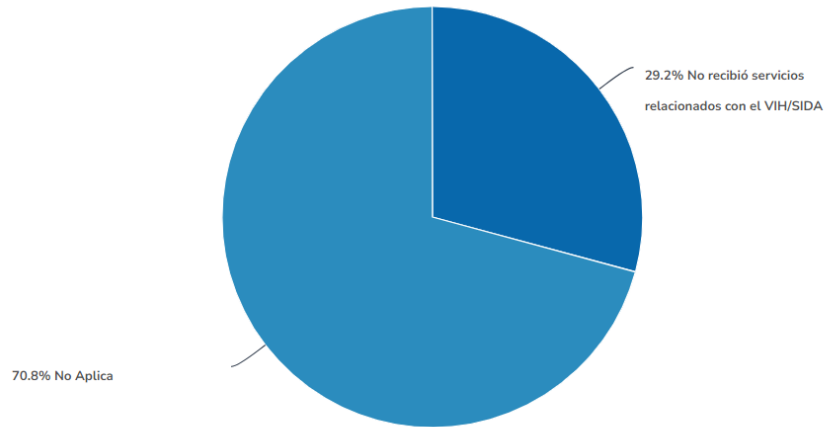
Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)



Totals: 48

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.

 Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)





Value	Percent		Responses
No recibió servicios relacionados con el VIH/SIDA	29.2%	<div><div></div></div>	14
No Aplica	70.8%	<div><div></div></div>	34
Totals: 48			

Memorandum

Date: November 6, 2023

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *Director of Disease Surveillance & Control* 
 Fermin Leguen, MD, MPH, *District Health Officer* 

Subject: Disease Surveillance & Control Division Monthly Activity Report – October 2023

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	Oct 2022	Oct 2023		YTD 22	YTD 23	
Sexually Transmitted						
Chlamydia	1023	1077	↑	9591	9573	↓
Gonorrhea	503	463	↓	4777	4298	↓
Primary Syphilis	31	22	↓	220	181	↓
Secondary Syphilis	35	25	↓	336	261	↓
Early Non-Primary, Non-Secondary ¹	56	40	↓	491	467	↓
Syphilis Unknown Duration or Late ²	103	134	↑	1126	1116	↓
Congenital Syphilis (presumptive)	1	6	↑	36	43	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	2	1	↓	24	23	↓
Syphilis Pregnant Cases	14	25	↑	179	247	↑
Perinatally Exposed to HIV	2	1	↓	16	17	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
	Oct 2022	Oct 2023		YTD 22	YTD 23	
Vaccine Preventable						
Haemophilus influenzae, invasive disease	3	1	↓	18	26	↑
Hepatitis A	0	0	→	6	6	→
Hepatitis B, acute	0	0	→	18	21	↑
Influenza	20	27	↑	496	241	↓
Pertussis	7	0	↓	70	25	↓

	Oct 2022	Oct 2023		YTD 22	YTD 23	
Enteric Illness						
Campylobacteriosis	18	16	↓	112	158	↑
Cryptosporidiosis	1	1	→	13	11	↓
Giardiasis	2	3	↑	38	54	↑
Rotavirus	2	1	↓	128	97	↓
Salmonellosis	13	13	→	135	171	↑
Shiga toxin-producing Escherichia coli (STEC)	4	3	↓	58	44	↓
Shigellosis	10	6	↓	64	66	↑
Other						
Candida auris	39	32	↓	345	482	↑
Coccidioidomycosis	14	11	↓	122	213	↑
Hepatitis C, acute	1	2	↑	3	5	↑
Invasive Pneumococcal Disease	13	13	→	139	162	↑
Lead Poisoning	17	27	↑	114	152	↑
Legionellosis	1	1	→	23	29	↑
Meningitis, aseptic	5	3	↓	30	27	↓
Meningitis, Bacterial Other	2	1	↓	8	9	↑
Streptococcal Toxic Shock Syndrome (STSS)	1	3	↑	6	29	↑
New Active TB Cases Counted (<15 yo)	0	0	→	1	2	↑
New Active TB Cases Counted (>= 15 yo)	5	5	→	42	52	↑

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	18	0	31	0
Gonorrhea	2	0	15	0
Syphilis	31	4	256	0
HIV/AIDS (New to Care/Returning to Care)	32	0	98	0
Tuberculosis	14	0	8	1
TOTAL	97	4	408	1
¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) ² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms ³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters Fup= Investigations initiated to follow up on previous reactors, partners, or clusters				

3. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 19
 - 1. Lead CTs – 4

2. Contact Tracers; investigators and outreach – 15

- b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (2 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii. Strike teams for testing are deployed for outbreak and clusters identified as necessary
 - iii. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - iv. Coordinating Covid Antigen test kit Distribution through CBO partnerships
- c. Contact Tracing/Outreach/Outbreak Investigations
 - i. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but not limited to, detention centers, homeless shelters, daycares, and congregate settings.

4. Disease and Outbreak Investigations

- a. **2019 Novel Coronavirus (COVID-19):** In October 2023, Clark County had 1377 CONFIRMED cases; 0 cases of MIS-C (Multisystem Inflammatory Syndrome in Children) reported; 20 deaths (registered as of Nov 6). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and offering referrals for resources in need. ACDC continues to provide public health recommendations for mitigation measures to prevent the spread of Covid-19. SNHD continues to monitor trends, investigate cases, provide guidance, and maintain community testing sites. This is an ongoing response effort.
- b. **Monkeypox:** As of October 31, 2023, Clark County had 302 cases of monkeypox.
- c. **Local cluster of Salmonella enteritidis:** ACDC has been investigating a local cluster of 15 Salmonella cases with matching WGS patterns since June 2023. DIIS staff have been completing a hypothesis generating questionnaires with cases to try and identify any commonalities. At this time, no risk factor or source has been identified. ACDC and OIE will continue to review new cases for possible sources. This investigation is ongoing.
- d. **Influenza:** SNHD started the influenza surveillance for the 2023-2024 season on October 7, 2023, and will continue through May 18, 2024. Weekly surveillance reports will be distributed throughout this period containing information on influenza cases provided by local hospitals and health care providers to SNHD. As of 10/28/23, in Clark County, there were 22 influenza-associated hospitalizations and zero deaths associated with influenza were reported for the 2023-2024 influenza season.

5. Non-communicable Reports and Updates

- a. Naloxone Training: SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone through SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant which began on September 30, 2022. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of October:

Naloxone Distribution	Agency	# of Naloxone doses distributed
10/5/2023	CCSDPD	300
10/5/2023	Las Vegas Comprehensive Treatment Center	50
10/5/2023	Clark County Detention Center	200
10/5/2023	Nevada Transportation Authority	60
10/5/2023	Nevada Highway Patrol - Southern Command	250
10/5/2023	Moapa Tribal Police Dept.	400
10/5/2023	Arkos Health	200
10/12/2023	Bartender Supply	40
10/18/2023	Community Ambulance	76
10/18/2023	HIDTA	8
10/19/2023	SNHD - Pharmacy	60
10/30/2023	Shine a Light	1800
10/30/2023	Henderson Comprehensive Treatment Center	600
10/30/2023	Dr. Miriam and Sheldon G. Adelson Drug Abuse Clinic	300
10/30/2023	The Center	700
10/30/2023	Huntridge Family Clinic	1000
10/30/2023	Trac - B	480
10/30/2023	NDOC - High Desert	40
10/30/2023	MGM Resorts	20
10/30/2023	Nevada Army National Guard	200
10/31/2023	Foundation for Recovery	400
10/31/2023	Henderson PD	300
10/31/2023	Crossroads	1000
10/31/2023	The Cupcake Girls	350
10/31/2023	Las Vegas Detention Center	40
10/31/2023	Sahara	40
10/31/2023	NDOC - Southern Desert	200
10/31/2023	Landmark Recovery	240
	Total	9354

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of October:

10/05/2023	UNLV Student Health Center (1000 Strips)
10/23/2023	SNHD Office of Disease Surveillance (400 Strips)
10/25/2023	Happy Camper Overdose Response (1000 Strips)
10/26/2023	Adelson Clinic (300 Strips)
10/31/2023	CrossRoads (1000 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

- b. ODS has teamed with community partners to participate at outreach events. This month we attended National Night Out hosted by LVMPD at The Doolittle Complex (non-testing event) and National Latinx AIDS Awareness Day (NLAAD) at the Chuck Minker Sports Complex. To mark National Coming Out Day on October 14th, staff was onsite at the SNHD Fremont Campus to offer free testing and education services. At these sites, HIV rapid and syphilis testing are offered along with information on PrEP/PEP, condoms, and resources for additional services. Our collaboration and presence at events in the community like these is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. The ODS MTU is currently out for repair, so outreaches have been facilitated without it.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Oct -22	Oct-23		YTD 22	YTD 23	
Outreach/Targeted Testing	1039	451	↓	6763	8705	↑
Clinic Screening (SHC/FPC/TB)	383	409	↑	2947	2966	↑
Outreach Screening (Jails, SAPTA)	135	237	↑	1348	2508	↑
Collect2 Protect	14	2	↓	244	128	↓
TOTAL	1571	1099	↓	11302	14307	↑
Outreach/Targeted Testing POSITIVE	6	0	↓	77	48	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	10	9	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	4	9	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	7	1	↓	91	66	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 10/03/2023 - 10/05/2023: "HIV Navigation Services Training" facilitated by the Centers for Disease Control and Prevention; 15 people in attendance; 1 ODS Health Educator attendee.
- 10/04/2023: Nevada Commission of Minority Affairs Community Partner meeting to discuss Community Health Improvement Plan (CHIP) Initiatives; 3 people in attendance; 1 ODS Health Educator attendee.
- 10/04/2023: Facilitated Naloxone Training - Davis Funeral Home; 7 people in attendance; 1 ODS Health Educator attendee.
- 10/05/2023: Virtually Attended Nevada Integrated HIV Prevention and Care Plan Review with HRSA and CDC; ~12 people in attendance from CDC, NDPBH, NNHD, UNR, and Ryan White Part A Las Vegas TGA; 2 ODS Health Educator attendees.
- 10/06/2023: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~25 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
- 10/09/2023: Presented Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) Updates to Public Health Advisory Board (PHAB); 40 people in attendance; 3 ODS Health Educator attendees.
- 10/10/2023: Attended Nevada 211 Quarterly meeting as SNHD representative; 40 people in attendance; 1 ODS Health Educator attendee.
- 10/10/2023: "Mental Health in Corrections Training" facilitated by ODS Health Educator Staff; 5 people in attendance; 5 SNHD ODS staff attendees.
- 10/10/2023: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 6 people in attendance; 1 SNHD ODS staff attendees.
- 10/10/2023: Presented "Ending the HIV Epidemic: Nevada Laws and Policies" for the monthly FQHC meeting; 50 people in attendance; 2 ODS Health Educator attendees.
- 10/11/2023: Facilitated Naloxone Training - SNHD Staff; 21 people in attendance; 1 ODS Health Educator attendee.

12. 10/11/2023: Attended Southern Nevada Human Trafficking Task Force Quarterly Collaborative as SNHD Representative; 20 people in attendance; 1 ODS Health Educator attendee.
13. 10/12/2023: Facilitated Naloxone Training - Bartender Supply; 11 people in attendance; 1 ODS Health Educator attendee.
14. 10/12/2023: 2023 HIDTA Prevention Summit attended by ODS Health Educator Staff; ~500 people in attendance; 1 SNHD ODS staff attendee.
15. 10/12/2023: Latinx Steering Committee meeting attended by ODS Health Educator as a representative; 18 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
16. 10/16/2023: Attended the Center's Building Bridges to Health: HIV Summit; 50 people in attendance; 2 ODS Health Educator attendees.
17. 10/18/2023-10/19/2023: Facilitated Empower Change: Rapid HIV Testing and Counseling Training; 14 people in attendance; 2 ODS Health Educator attendees.
18. 10/19/2023: Meeting with My Place Health and PACE to discuss Community Health Improvement Plan (CHIP) initiatives and plans; 2 people in attendance; 1 ODS Health Educator attendee.
19. 10/19/2023: Attended Nevada Congenital Syphilis Case Review Team meeting; 8 people in attendance; 1 ODS Health Educator attendee.
20. 10/20/2023: Public Health Vending Machine 1:1 Meeting with Alabama; 3 people in attendance; 1 ODS Health Educator attendee.
21. 10/23/2023: "Suicide Awareness and Mental Health in Latino Communities" radio interview (98.1 Fiesta) in Spanish facilitated by 2 ODS Health Educators; 3 people in attendance; 2 SNHD ODS staff attendees.
22. 10/24/2023: "HIV Stigma Training" facilitated by the SNHD Stigma Reduction Team; 10 people in attendance; 1 ODS Health Educator attendee.
23. 10/24/2023: Presented and tabled at Addressing the Opioid Epidemic Conference; 250 people in attendance; 3 ODS Health Educator attendees.
24. 10/24/2023: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness October Workgroup meeting as SNHD Representative; 12 people in attendance; 1 ODS Health Educator attendance.
25. 10/25/2023: Facilitated Naloxone Training - Las Vegas Fire and Rescue; 8 people in attendance; 1 ODS Health Educator attendee.
26. 10/25/2023: "Perinatal HIV Presentation" facilitated by SNHD ODS; 10 people in attendance; 2 ODS Health Educator attendees.
27. 10/25/2023: Co-Presented for "Perinatal HIV" for Project Echo; 20 people in attendance; 2 ODS Health Educator attendees.
28. 10/26/2023: Presented Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) update to the SNHD Board of Health; 50 people in attendance; 1 ODS Health Educator presented.
29. 10/30/2023: Chaired SURG Prevention Subcommittee Meeting; 23 people in attendance; 1 ODS Health Educator attendee.

D. Other

1. Communicable Disease Statistics: September 2023 and Quarter 3 2023 disease statistics are attached (see Table 1).

2. Four staff received Certification in Infection Control (CIC) through the Certification Board of Infection Control and Epidemiology.

MONTHLY REPORT – October 2023

OFFICE OF INFORMATICS AND EPIDEMIOLOGY (OIE)

A. EpiTrax and Data Warehouse

- a. Work with Epi and Surveillance teams to monitor system and applications, and investigate, review, troubleshoot, and resolve issues. Continuous user account support and form updates.
- b. Continue to update and enhance Data Warehouse- standardize schemas and coded values, update facilities and hospital data, and standardize event_type column values in all tables.
- c. Pentaho report updates: investigate and correct reported discrepancies to ensure data correctness.
- d. Continue migrating scheduled tasks to Airflow server.
- e. Perform daily task/issue review with Informatics team and weekly review with Epi teams, Surveillance teams and end users. Continuing management of Teams tasks to resolve issues. 274 tasks have been completed.
- f. Continue working on migrating internal processes from Trisano to EpiTrax. Completed Migration of Online Morbidity process, setting up Airflow process to upload attachments files to EpiTrax events from the online morbidity.
- g. Created a process to auto close EpiTrax COVID cases in EpiTrax. Started processing cases.
- h. Maintain QA dictionary with updates and modifications, to include question text.
- i. Implemented new SOGI questions into EpiTrax as core questions.
- j. Analysis of Person Deduplication in EpiTrax
- k. Investigating COVID intubation information storage.

B. Electronic Message Staging Area (EMSA)

- a. Maintain and enhance systems and provide support to staff.
- b. Continue to work on EMSA2: mapping new codes, incoming labs, data processing and logic review for exceptions and errors.
- c. Testing new Electronic Laboratory Reports (ELR) from United Health Services.
- d. Message exception review sessions.
- e. Onboarding eICRs from UMC
- f. Onboarded 3 new providers.

C. Southern Nevada Public Health Laboratory (SNPHL)

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Interoperate with other internal and external systems. Ongoing interface upkeep with full data clean-up, security updates, and server maintenance. Has been set as a priority as requested by Harvest.
- c. Continue working on Laboratory Response Network- Biological Agents (LRN-B) automated delivery feed. Interface to CDC. Continue meetings with CDC and LRN staff to complete this project. Sending HL7 messages to CDC for validation.
- d. Continue SNPHL data warehouse cleanup and maintenance.
- e. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Implementing combined testing for SNPHL of Covid/Flu for certain testing locations. Modifications will be needed for the current automated processes to support this change. A temporary result delivery system for providers was created based on NPI number and location. System is ready for implementation.
- f. Continue exploring the acquisition and implementation of the Outreach Module for Orchard to make specimen ordering and result delivery from/to partners more efficient and timelier. Due June 2024.

- g. Implemented ETOR (Outreach) web portal.
- h. Preparations and quotes for three new interfaces for clinical instruments. Received documentation for two Sysmex machines, setting up orderable.

D. Electronic Health Record (EHR) System

- i. Maintain the system for COVID test ordering and COVID vaccination. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
- ii. Continue data transfer to Wellpartner on prescription notification from eClinicalWorks (eCW).
- iii. New Strategic Account Manager with (eCW). Discussion on prioritizing projects and tickets.
- iv. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR).
- v. Continue evaluating, preparing, and testing to migrate eCW to the Cloud version. eCW Cloud move scheduled for November. Setting up the test environment.
- vi. Continue adoption of Azara, the data warehouse/analytics platform.
- vii. New configurations built for Primary and Preventive Sexual Health Outreach and Prevention Program (PPC-SHOPP), e.g., POC Tests, Resources, and Facilities.
- viii. HPV Survey Patient Consent build.
- ix. Actively engaged in cloud migration of the Electronic Health Record.

E. Clark County Coroner's Office (CCCO)

- a. Continue to provide support to CCCO on new CME implementation, testing, data requests, and reports. Providing post go-live support.
- b. Fulfill internal and external data requests using aggregated death data.
- c. Provide reports and media requests for various agencies.

F. COVID19 Support

- a. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
- b. Provide support by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- c. Maintain and update COVID19 dashboard to include COVID19 reinfections, COVID19 maps, lab testing, ED admission trend analysis and other urgent data requests. Continue process of redesigning the dashboard.
- d. Maintain and enhance COVID19 lab results portal.
- e. Attend bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- f. Bi-weekly upload of State COVID vaccine files.
- g. Maintenance of data pipeline from Nevada Hospital Association for occupied beds.

G. API Server

- i. Continue new API server testing for internal processes and 3rd party app.
- ii. Development of data import form OCR project into EpiTrax using API. Attending ongoing meetings.
- iii. Implemented attachment upload/retrieval into EpiTrax API.

H. Data Modernization Initiative (DMI)

- a. Continue to work with the State on DMI project. Mirth channel set up, mapping EMSA codes, successful test of full data flow into EMSA/EpiTrax.
- b. eCR onboarding and RCKMS training.
- c. EpiTrax NMI module configured. Continue setting up and troubleshooting NMI process to be able to generate HL7 for mapped conditions.
- d. Continue working on OCR project pipeline into EpiTrax using Mongo and web services.
- e. State GENV2 Generic MMG excel document comparison.

- f. MMG mapping for Generic conditions completed.
- g. Collaboration with State on matching data formats for submission to CDC.
- I. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
 - a. Continue to maintain and enhance syndromic system for new providers and future support.
 - b. Working with Dignity Health) on their transition from Cerner's HealthSentry platform to Public Health Surveillance platform.
 - c. Planning meeting for upcoming Formula 1(F1) and Superbowl events. Setting up Food Borne Illness complaint form, adding new data point for the F1 event.
- J. Grant Updates
 - a. Conference on Retroviruses and Opportunistic Infections (CROI) abstract completed.
 - b. Submitted amended budget for PILLARS grant.
- K. Reports
 - i. The following FQHC/Clinical reports were completed and submitted:
 - Reports for Chronic Disease Prevention & Health Promotion
 - PrEP Data and reporting in eCW for EHE
 - Data reporting, STD Clinic EHE Learning Community Working Group
 - FOCUS reports for September
 - EPI data request RW
 - RSR Completeness Report and annual report for RW Part B
 - DRVS HIV Module + Ryan White Reporting
 - FPNV quarterly report
 - MPOX Immunization All Facility Report revision
 - PrEP reason report for Disease Surveillance
 - FQHC Annual Comparison Reports
 - New FP Provider Report
 - FQHC Financial Reporting
 - RN visits reports
 - Weekly Patient Age Group Count report for Office of Preparedness
 - EpiTrax warehouse access
 - SBIRT report for ODTA grant
 - ii. Epidemiology Reports:
 - COVID-19 trend reports (public and internal versions)
 - Weekly COVID Variants Report updated to include variant data from wastewater surveillance.
 - Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
 - Monthly - Drug Overdose Report – Internal
 - Monthly - BOH report
 - Annual - Trauma Needs Assessment Review
 - Ran daily, biweekly, bimonthly, and monthly COVID reports.
 - Submitted quarterly reports to ODS for HCV state grant.
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports.
 - Quarterly FOCUS HIV Reports
 - Influenza report weekly.

- Wrap up closeout reports for ODTA, Prepare ODTA 2.0 work plan and evaluation planning for Component B.
- iii. Other report updates:
 - Working on Sunrise ELR reporting issue; since the data cannot be sent in the ELR feed, they are working on sending a file with the backlog from 2/1/2023 through 7/1/2023 to see if we can utilize this data as sent.
 - Daily, weekly, and monthly SNPHL reports and upkeep.
 - State NETSS weekly/YTD report
 - Working on the Health Southern Nevada, Chronic Disease Dashboard.
 - CSTE/CDC Forecasting Workgroup calls

L. Training

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - EPI OCR working meetings.
 - Annual eCW National Conference
 - Attended DMI workshop.
 - Attended Power BI demo.
 - Employee engagement survey review
 - Epitrax consortium meetings
 - Release manager meeting
 - Technical discussion
 - User collaboration
 - EIS Officer attended the Nevada Public Health Association (NPHA) annual conference: <https://npha.wildapricot.org/NPHA-Annual-Conference>
 - 2 Epidemiology staff attended Media Training from the Office of Communications.
 - 1 staff attended the 2023 Administrative Professionals Conference
 - Attending weekly EMSA learning meetings with Utah.

M. Contracts

- i. Working on interlocal agreements with Clark County Coroner's Office for NRVDRS SUDORS and SUDI/SDY Registry Grants
- ii. Working on interlocal agreement with Clark County for RWCQM grant.
- iii. Completed new contract with HIE.
- iv. Renewed contract with Smarty for Geocoding services.

N. Other Projects

- i. Continue to maintain and enhance iCircle web application for OEDS. Continuous user account support, site maintenance, data corrections and updates.
- ii. Continue to meet and work on UNLV Base model project.
- iii. UNLV Wastewater training planning.
- iv. Informatics Service Requests completed.
- v. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- vi. Support online sign-up application for Syringe Vending (harm reduction) for Trac-B.
- vii. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation. Processing Chlamydia results via ELR.

- viii. Maintenance of the NHA Data Webservice Script.
- ix. OD2A phase 2 kick-off meeting. Began Component B workplan documentation, dashboard planning and L2A and Trac-B data exports.
- x. Mpox/Alchemer vaccine reminder campaigns completed.
- xi. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- xii. NVCLPPP lead portal data review and quarterly advisory board meeting.
- xiii. Utah eCR setup review.
- xiv. Assist with planning enhanced surveillance for the Formula 1 event in November 2023 and Superbowl in February 2024.
- xv. Began Health Disparities dashboard platform discussions.
- xvi. Successful TB Cohort help Oct 10
- xvii. Staff attended the SNHD All Hands meeting on October 5.
- xviii. Refreshed Vital Records database.
- xix. Working on Healthy Start Project.
- xx. Update State vaccine data for Monkeypox and COVID.
- xxi. Poison Control data feed restored, and missing data has been updated.



September 2023: Clark County Disease Statistics*

Disease	2021		2022		2023	
	September	YTD	September	YTD	September	YTD
VACCINE PREVENTABLE						
COVID-19	15,120	135,235	2,641	190,637	1,348	14,884
Haemophilus influenzae, invasive	2	9	2	15	4	25
Hepatitis A	0	1	0	6	0	6
Hepatitis B, acute	1	13	1	17	2	20
Hepatitis B, chronic	42	451	80	604	153	1,035
Influenza	3	47	4	476	12	206
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	2	2
Pertussis	1	13	13	63	7	24
RSV	343	695	156	1,151	52	761
SEXUALLY TRANSMITTED						
Chlamydia	970	9,951	1,023	9,591	1,077	9,573
Gonorrhea	565	5,532	503	4,777	463	4,298
HIV	41	353	51	360	43	367
Stage 3 HIV (AIDS)	16	146	25	141	12	115
Syphilis (Early non-primary, non-secondary)	66	515	56	491	38	466
Syphilis (Primary & Secondary)	48	562	66	556	46	440
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	3	0	0	0	1
Congenital Syphilis	3	24	1	36	6	42
ENTERICS						
Amebiasis	0	2	0	1	2	4
Campylobacteriosis	4	106	11	94	13	141
Cryptosporidiosis	2	13	0	12	4	10
Giardiasis	6	31	4	36	3	48
Rotavirus	0	22	1	126	7	96
Salmonellosis	11	117	16	122	18	157
Shiga toxin-producing <i>E. coli</i> (STEC)	5	49	3	54	4	41
Shigellosis	3	56	6	54	9	59
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	2	0	5	1	4
Yersiniosis	0	8	0	6	0	11
OTHER						
Brucellosis	0	0	0	1	0	0
Coccidioidomycosis	13	126	15	108	24	202
Exposure, Chemical or Biological	0	2	0	9	0	1
Hepatitis C, acute	0	2	0	2	0	3
Hepatitis C, chronic	280	2,560	239	2,336	134	2,048
Invasive Pneumococcal Disease	7	81	10	126	9	149
Lead Poisoning	8	79	7	97	8	125
Legionellosis	2	16	3	22	4	28
Listeriosis	0	0	0	3	0	0
Lyme Disease	0	10	1	6	1	7
Malaria	0	1	1	7	0	7
Meningitis, Aseptic	3	26	7	25	5	24
Meningitis, Bacterial Other	1	8	0	6	3	8
Meningitis, Fungal	0	4	2	5	0	0
Q Fever, acute	0	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	30	203	20	250	23	263
Spotted Fever Rickettsiosis	0	1	0	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	0	17	0	5	1	26
Tuberculosis (Active)	3	38	5	44	7	54

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

--Diseases not reported in the past two years or during the current reporting period are not included in this report.

---Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

----Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

---- Please note that COVID-19 disease statistics include CONFIRMED cases only.



Quarter 3, 2023: Clark County Disease Statistics*

Disease	2021		2022		2023		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2018-2022 aggregated)	Qtr 3 (2023)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	7	9	7	15	6	25	0.12	.	↑
Hepatitis A	0	1	3	6	3	6	0.22	.	↓
Hepatitis B, acute	4	13	3	17	8	20	0.10	.	↑
Hepatitis B, chronic	159	451	214	604	421	1035	4.77	5.80	↑X
Influenza	10	47	23	476	50	206	0.38	0.69	↑X
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	2	2	.	.	↑
Mumps	0	0	1	1	0	0	.	.	↓
Pertussis	7	13	19	63	13	24	0.23	0.18	↑
SEXUALLY TRANSMITTED									
Chlamydia	3171	9950	3288	9591	3309	9573	93.07	45.58	↓X
Gonorrhea	1855	5531	1575	4777	1456	4298	42.50	20.06	↓X
HIV	121	348	131	335	120	367	2.76	1.65	↑
Stage 3 HIV (AIDS)	50	145	38	115	42	115	0.97	0.58	↑
Syphilis (Early non-primary, non-secondary)	184	515	190	491	161	466	3.60	2.22	↑
Syphilis (Primary, Secondary)	174	562	207	556	151	440	4.63	2.08	↓X
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	1	3	0	0	0	1	.	.	↓
Congenital Syphilis	7	24	7	36	12	42	0.245912	0.1653	↑
ENTERICS									
Amebiasis	0	2	0	1	3	4	.	.	↑
Campylobacteriosis	26	106	41	94	45	141	1.01	0.62	↑
Cryptosporidiosis	8	13	3	12	5	10	0.14	.	↓
Giardiasis	13	31	16	36	16	48	0.37	0.22	↑
Rotavirus	8	22	5	126	33	96	0.18	0.45	↑X
Salmonellosis	33	117	43	122	60	157	1.38	0.83	↑
Shiga toxin-producing <i>E. coli</i> (STEC)	22	49	10	54	18	41	0.29	0.25	↑
Shigellosis	15	56	27	54	22	59	0.53	0.30	↑
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	2	5	5	2	4	0.06	.	↓
Yersiniosis	1	8	3	6	3	11	.	.	↑
OTHER									
Coccidioidomycosis	34	126	42	108	64	202	0.94	0.88	↑
Encephalitis	1	1	6	13	0	0	.	.	↓
Exposure, Chemical or Biological	1	2	8	9	0	1	0.06	.	↓
Hepatitis C, acute	0	2	0	2	2	3	0.07	.	↓
Hepatitis C, chronic	872	2560	756	2336	434	2048	24.43	5.98	↓X
Invasive Pneumococcal Disease	25	81	23	126	25	149	0.58	0.34	↑
Lead Poisoning	25	79	25	97	35	125	0.69	0.48	↑
Legionellosis	7	16	7	22	10	28	0.16	.	↑
Listeriosis	0	0	0	3	0	0	.	.	↓
Lyme Disease	5	10	3	6	7	7	0.07	.	↑
Malaria	1	1	4	7	0	7	0.07	.	↓
Meningitis, Aseptic	6	26	17	25	15	24	0.42	0.21	↓X
Meningitis, Bacterial Other	3	8	3	6	6	8	0.12	.	↑
Meningitis, Fungal	0	4	5	5	0	0	.	.	↓
RSV	633	695	273	1151	98	761	5.01	1.35	↓X
Spotted Fever Rickettsiosis	0	1	0	0	0	0	.	.	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	17	2	5	9	26	0.09	.	↑
Tuberculosis, Active	8	38	15	44	16	54	0.33	0.22	↑

*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

~Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.



Memorandum

Date: November 16, 2023

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
Fermin Leguen, MD, MPH, *District Health Officer* FL

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Routine Inspections	1,897	1,607	↓	8,615	7,942	↓
Reinspections	145	128	↓	801	642	↓
Downgrades	128	108	↓	725	582	↓
Closures	11	11	→	62	54	↓
Special Events	148	104	↓	358	289	↓
Temporary Food Establishments & Tasting Event Booths	1,381	1,199	↓	2,604	2,237	↓
TOTALS	3,710	3,157	↓	13,165	11,746	↓

1. Enforcement Actions and Investigations:

- A. **All Seasons Cafe, 4215 Spring Mountain Dr.:** On October 2, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 30 demerits. The facility was reinspected and reopened with nine demerits on October 9.
- B. **7-Eleven #29667 Snack Bar, 30 W. Wyoming Ave.:** On October 4, the facility was closed for an IHH, no hot water. The inspector documented 13 demerits. The facility was reinspected and reopened with five demerits on October 5.
- C. **The Fish and Chip Shop, 2025 E. Sahara Ave.:** On October 6, the facility was closed for multiple IHHs, no water and sewage or liquid waste not disposed of in an approved manner. The inspector documented 18 demerits. The facility was reinspected and reopened with zero demerits on October 13.

- D. **Mariscos El Viejon Portable Unit for the Service of Food (PUSF), 2610 E. Lake Mead Blvd.:** On October 10, the unit was closed for an IHH, no water. Other violations included: in-use utensils stored improperly; containers of employee food intermingled with customer food; no chlorine sanitizer; only hand sink not stocked with soap and paper towels; and Person-in-Charge (PIC) unable to demonstrate adequate knowledge of employee health policy, foodborne illness prevention, application of food safety principles, or requirements of SNHD Regulations. The inspector documented 20 demerits. The unit was reinspected and reopened with zero demerits on October 11.
- E. **El Menudazo Restaurant, 3100 E. Lake Mead Blvd.:** On October 13, the facility was closed when an unpermitted change of ownership was identified. The inspector documented 35 demerits. The facility remains closed at this time.
- F. **Elotes Y Tacos "El Chino", 1935 Fremont St.:** On October 19, the unit was closed due to receiving more than 40 demerits on a routine inspection. Violations included: facility operating outside the bounds of the permit; operating in a dirt lot without access to a plumbed restroom for longer than 30 minutes; not reporting to commissary or servicing depot daily; food handler not properly washing hands when required; no cold water available at the only hand sink which made the water too hot to wash hands; food spoiled, adulterated, or not wholesome; multiple time/temperature control for safety (TCS) foods in the temperature danger zone; no current certification tag on the automatic fire suppression system; hood turned off or not operational while cooking; non-functioning steam table; scoop handles touching ready-to-eat products; food located in the splash zone of a sink; several large watermelons and a pumpkin stored on the floor; sanitizer concentration too high in the sanitizer buckets; exterior openings into a food preparation area not protected from entry of pests; numerous flies; and no stem thermometer available. The inspector documented 43 demerits. The unit remains closed at this time.
- G. **Itoy Sariling Atin Fast Food, 2620 S. Maryland Pkwy.:** On October 24, the facility was closed for an IHH, pest infestation. The inspector documented 17 demerits. The facility was reinspected and reopened with zero demerits on October 29.
- H. **Las Divinas Restaurant and Bar, 320 N. Nellis Blvd.:** On October 24, the facility was closed for an IHH, pest infestation. The inspector observed live and dead cockroaches of varying generations below the make table and near clean kitchenware. Other violations included improper use of time as a control and not covering food while in storage. The inspector documented 14 demerits. The facility remains closed at this time.
- I. **Angelina's Pizzeria, 5025 S. Eastern Ave.:** On October 26, the facility was closed when an unpermitted change of ownership was identified. Violations included expired food; foods held in the temperature danger zone; and walk-in cooler not holding temperature. The inspector documented 22 demerits. The facility remains closed at this time.
- J. **Off The Vine Food at 4D#2, 6250 McLeod Dr.:** On October 26, the facility was closed due to nonpayment of past due fees. The facility remains closed at this time.
- K. Staff closed three unpermitted food vending complaint investigations.
- 2. **Food Safety Assessment Meetings (FSAMs):**
 - A. An FSAM was held with the following facility: La Morenita LV, 439 Rock Quarry Way.
- 3. **Foodborne Illness Investigations:**
 - A. **Wynn Buffet American Grill, 3131 S. Las Vegas Blvd.:** On October 16, staff responded to a lab-confirmed report of foodborne illness. The investigation resulted in an A grade.

- B. McDonald's, 1501 W. Lake Mead Blvd.:** On October 26, staff responded to a lab-confirmed report of foodborne illness. The investigation resulted in an A downgrade.
- C. La Mojarra Loca, 3210 E. Lake Mead Blvd.:** On October 26, staff responded to multiple complaints of foodborne illness. Staff observed risk factors that can cause illness including food in the temperature danger zone and improper ware washing. The investigation resulted in a B downgrade. A reinspection is still pending.

II. SOLID WASTE AND COMPLIANCE

ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Notices of Violations (New & Remails)	5	0	↓	19	14	↓
Adjudicated Hearing Cases	7	5	↓	14	22	↑
Total Cases Received	67	46	↓	318	283	↓
Total Cases Referred to Other Agencies	18	18	→	81	86	↑
Hearing Penalties Assessed	\$15,000	\$4,000	↓	\$31,500	\$25,750	↓

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Inspections	274	168	↓	982	958	↓

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Compliance Inspections	70	31	↓	307	176	↓
Final Installation/Upgrade/Repair Inspections	3	4	↑	11	11	→
Closure Inspections	2	1	↓	2	3	↑
Spill Report Investigations	1	1	→	4	6	↑

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Inspections	24	16	↓	85	57	↓
Reinspections	1	1	→	13	6	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
West Nile Virus Surveillance Traps Set	92	332	↑	1,715	1,687	↓
West Nile Virus Surveillance Mosquitoes Tested	3,301	11,284	↑	27,892	50,833	↑
West Nile Virus Surveillance Submission Pools Tested	133	593	↑	2,096	2,688	↑
West Nile Virus Surveillance Positive Mosquitoes	0	60	↑	0	987	↑
West Nile Virus Surveillance Positive Submission Pools	0	2	↑	0	23	↑
Mosquito Activity Complaints	26	202	↑	73	674	↑
Elevated Blood Level Home Investigations	1	0	↓	1	2	↑
Legionella Residential Investigations	0	3	↑	8	8	→
Legionella Travel Associated Investigations	0	3	↑	3	12	↑
Public Accommodations Inspections	74	3	↓	113	56	↓
Public Accommodations Complaints	10	23	↑	49	102	↑
Mobile Home/Recreational Vehicle Park Inspections	9	10	↑	13	15	↑
Mobile Home/Recreational Vehicle Park Complaints	1	1	→	10	6	↓

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Pipe Maintenance Service, Inc., and Ev Terra
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (3); Waste Grease (2); Materials Recovery (2); Waste Tire Management (1), and Landfill (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in November:** None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Asbestos Permits Issued	75	93	↑	364	238	↓
Revised Asbestos Permits Issued	13	1	↓	52	16	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Tentative Maps-Received	6	7	↑	61	60	↓
Tentative Maps-Lot Count	160	423	↑	4,067	1,810	↓
Final Maps-Received	14	22	↑	86	94	↑
Final Maps-Lot Count	464	671	↑	4,829	3,640	↓
Final Maps-Signed	13	22	↑	97	83	↓
Final Maps (Signed)-Lot Count	749	1,105	↑	4,696	4,422	↓
Improvement Plans-Received	11	19	↑	82	76	↓
Improvement Plans-Lot Count	791	609	↓	5,114	2,930	↓
Expedited Improvement Plans-Received	0	0	→	0	0	→
Expedited Improvement Plans-Lot Count	0	0	→	0	0	→

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Residential ISDS Permits	7	2	↓	27	22	↓
Commercial ISDS Permits	0	1	↑	0	1	↑
Commercial Holding Tank Permits	5	6	↑	20	18	↓
Residential Tenant Improvements	17	17	→	133	84	↓
Residential Certifications	0	1	↑	0	2	↑
Compliance Issues	5	8	↑	48	34	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Public Water System Sanitary Surveys	4	7	↑	18	20	↑
Public Water System Violations Issued	3	0	↓	7	29	↑

2. Safe Drinking Water Activity:

- A. Eight *coliform*-present results were reported from routine monitoring events: Cold Creek Canyon Homeowners (no repeat positive results); North Las Vegas Utilities (no

repeat positive results); Shetland Water District (no repeat positive results); and Torrey Pines Tina Lane Water Association (three total positive results, Level 1 Assessment triggered).

- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Spring Mountain Youth Camp; Cowboy Trail Rides; and Spring Mountain Youth Camp.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
School Food Facility Inspections	76	71	↓	316	248	↓
School Food Facility Complaints	0	1	↑	1	2	↑
School Facility Inspections	113	104	↓	392	314	↓
School Facility Complaints	4	5	↑	13	13	→
Summer Food Service Surveys	4	2	↓	54	4	↓
Child Care Facility Inspections	27	38	↑	100	86	↓
Child Care Facility Complaints	1	4	↑	8	12	↑
Body Art Facility Inspections	19	43	↑	127	219	↑
Body Art Facility Complaints	4	2	↓	21	18	↓
Body Art Artist Special Event Inspections	155	12	↓	168	26	↓
Total Program Services Completed	427	282	↓	1,200	942	↓

1. Schools:

- A. **Teach LV, 4660 N. Rancho Dr.:** During a reinspection, staff found that the operator had not applied for a remodel that was identified during the previous inspection. The remodel included the expansion of the facility into adjacent buildings. The facility subsequently submitted the remodel application and approval is still pending.

2. Child Care:

- A. **La Petite Academy, 1640 Patrick Ln.:** Staff investigated a complaint alleging that sick children and staff were not being sent home and that parents of well children were not being notified. Facility administrators reported that employees who are sick do not report to work. If an employee becomes ill while at work, then classes will be combined, and the employee will be sent home. Facility administrators also reported that children are sent home when they have or develop a symptom that meets the criteria outlined in the SNHD Regulations. Criteria for excluding ill children is reviewed with employees. Staff received another complaint alleging that a child with bumps and rashes was not sent home. The facility administrator said that a child with a rash was in the diapering area. That child had a doctor's note indicating that the illness was not contagious, and the information was shared with the teacher. The complaints were unsubstantiated at the time of the investigations.

3. Body Art:

- A. **Xpressions Salon and Day Spa, 1371 W. Warm Springs Rd.:** Staff investigated a complaint alleging that a person was providing permanent makeup services without a health permit or body art card. Staff met with the owner of the salon who stated

that the alleged person had vacated a space and left the salon prior to the investigation. The salon owner reported that the person offered eyelash extensions and waxing services. Staff surveyed the room and found it was being used to store equipment that was not related to the practice of body art. The complaint was unsubstantiated at the time of the investigation.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Food Safety Assessment Meetings	0	0	→	2	1	↓
Total Pre-Permitting Services	1,304	1,348	↑	5,432	5,708	↑
New Project Submissions	227	206	↓	1,170	1,248	↑
Released Projects	219	392	↑	1,123	1,464	↑
Total Service Requests Currently in Pre-Permitting	1,455	1,502	↑			

1. Enforcement Actions and Investigations:

- A. **Primo's Pizza, 240 N. Jones Blvd.:** A change of permit holder (CPH) inspection resulted in closure. The inspector documented 20 demerits and SNHD Regulations only allow up to 15 demerits to pass a CPH inspection. Violations included unwholesome foods; food not protected from contamination; personal food intermingled with customer food; hand sinks not properly stocked; and menu missing consumer advisory for undercooked hamburgers. The facility was deep cleaned, and violations were corrected. The facility was reinspected, and the health permit was approved.
- B. **The Assembly at Uncommons, 8460 Rozita Lee Ave.:** During a pre-permitting progress check, staff noted that a hand sink had not been installed according to previously approved plans. A hand sink is required in all open food handling areas and there was no easily accessible hand sink. Following installation of the hand sink, the health permit was approved at the final permitting inspection.
- C. **Cardenas, 4015 S. Buffalo Dr.:** During a pre-permitting progress check for a new market, deviations from approved plans were found relating to equipment location, built-out fixtures, and finishes of floors, walls, and ceilings. SNHD Regulations require all changes to approved plans to be resubmitted to SNHD for additional review and approval. The contractor has provided the revised as-built plans, and the health permits are pending final inspections.
- D. **The Good Life Chef, 6121 W. Lake Mead Blvd.:** During a final inspection, two refrigeration units were operating at unsafe temperatures. One unit had an internal temperature of 51°F and the other unit was at 44°F. SNHD Regulations require refrigeration to maintain foods at 41°F or below. A two-compartment preparation sink was also directly plumbed to the sewer and not yet plumbed to water. SNHD Regulations require food preparation sinks to be permanently plumbed to water and to drain indirectly to floor sinks. Staff removed the two refrigerators from service and must verify that they are operating properly before they can be approved for use. The health permit was approved, stipulating that all corrections be made within ten days.

- E. **Wynn Mizumi Sushi Bar, 3131 S. Las Vegas Blvd.:** Staff arrived at a scheduled remodel inspection for the conversion of the sushi bar into a drinking establishment. The project was not complete at the time of the inspection; active construction was in progress and equipment was missing. Once construction was completed and all equipment was installed, a second final inspection was approved.
- F. **Cosmopolitan Service Bar #4, 3708 S. Las Vegas Blvd.:** During a final remodel inspection, staff found unsealed penetrations under the bar top, unwrapped soda lines, and inadequate lighting. SNHD Regulations require holes and penetrations to be sealed to prevent pest harborage and allow for easy cleaning, soda lines be wrapped and cleanable, and fifty foot-candles of light provided in food handling areas. The remodel was approved with stipulations and follow-up will be conducted during a routine inspection to ensure corrections are completed.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Total Operation Inspections	668	666	↓	2,635	2,903	↑
Complaint Investigations	14	20	↑	123	168	↑
Inactive Body of Water Surveys	11	5	↓	41	37	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	5	1	↓	26	14	↓
Total Program Services Completed	698	692	↓	2,825	3,122	↑

1. Aquatic Health Operations

- A. **Residence Inn by Marriott, 370 Hughes Center Dr.:** A routine inspection at the spa resulted in an IHH closure due to no detectable chlorine. Water that is not disinfected exposes bathers to pathogens that can make them sick. The spa was reinspected the same day and approved to reopen.
- B. **Coral Palms Condominiums, 3318 N. Decatur Blvd.:** A routine inspection conducted at the pool resulted in an IHH closure due to a broken drain cover. A broken drain cover presents entrapment and drowning risks to bathers. The pool was reinspected and approved to reopen.
- C. **South Point, 9777 S. Las Vegas Blvd.:** A routine inspection at the men's hot spa resulted in an IHH closure due to high chlorine. High disinfectant levels can irritate eyes, skin, and lungs and/or cause nausea, vomiting, and dizziness. The spa was reinspected the same day and approved to reopen.
- D. **The English Hotel, 921 S. Main St.:** A routine inspection at the pool resulted in an IHH closure due to an entry gate not self-closing. Gates that do not self-close and self-latch pose a drowning risk by allowing unattended children to enter the pool area. A reinspection was conducted the same day, and the pool was approved to reopen.
- E. **Village of Santo Domingo, 8530 W. Sahara Ave.:** A routine inspection at the pool resulted in an IHH closure due to high chlorine and cyanuric acid. High cyanuric acid inhibits the action of chlorine. The pool was reinspected and approved to reopen.
- F. **Thunderbird Hotel, 1215 S. Las Vegas Blvd.:** A routine inspection at the pool resulted in closure due to multiple IHHs. Two entry gates did not self-close or self-

latch, and the chlorine and cyanuric acid levels were high. A reinspection is still pending.

- G. **EVO Apartments, 8760 W. Patrick Ln.:** Routine inspections at two pools resulted in IHH closures due to multiple violations. One pool had high cyanuric acid, the second pool had a broken drain cover, and both pools had high chlorine. One of the pools was reinspected and approved to reopen. A reinspection is still pending for the second pool.
- H. **Timothy B. Soder Physical Therapy, 2779 W. Horizon Ridge Pkwy.:** A routine inspection at the pool resulted in an IHH closure due to high chlorine. The pool was reinspected and approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Total Pre-Permitting Services	451	409	↓	1,907	1,840	↓
New Project Submissions	72	30	↓	272	254	↓
Released Projects	55	72	↑	352	422	↑
Total Projects Currently in Plan Review	392	393	↑			

2. Aquatic Health Plan Review:

- A. **Millenium Apartments, 3580 E. Alexander Rd.:** A plumbing inspection was conducted for the installation of suction outlet fitting assemblies (SOFAs) at the pool. The sump configuration was compliant, but the vertical depth markers were incorrect. The plumbing inspection was approved, and the applicant is required to correct the depth marker issue prior to scheduling the final remodel inspection.
- B. **Brookstone Apartments, 1401 N. Lamb Blvd.:** A final remodel inspection was conducted on the pool for installation of a sand filter. The pool was non-operational due to a leak causing the pool to lose water below the skimmer. The pool was required to stay closed until corrections were made. A reinspection is still pending.
- C. **Ascent at Silverado, 10175 Spencer St.:** A final remodel inspection for the after-the-fact installation of a disinfection feeder system was conducted. The chlorine and acid feed lines were not properly installed. Improper installation of the chlorine and acid feeder lines can create a chemical safety hazard. The contractor provided follow-up photo documentation of properly installed lines and the remodel was approved.
- D. **Sunrise Gardens, 3601 El Conlon Ave.:** A final remodel reinspection was conducted on the pool for replacement of the SOFAs and replastering of the pool interior. The SOFAs and interior were approved, but the system did not meet flow requirements. The operator was required to submit an operational plan detailing the methods to maintain an acceptable range of flow within 30 days. Submission of the plan is still pending.
- E. **Fontainebleau Las Vegas, 2777 S. Las Vegas Blvd.:** Pre-plaster inspections were not approved for seven aquatic venues inside the Health Club. Construction was still ongoing, and facility features like the enclosure, flooring, walls, doors, and hygiene facilities were incomplete. A reinspection is still pending.
- F. **Las Vegas RV Resort, 3890 S. Nellis Blvd.:** A pre-plaster inspection of the spa resulted in failure due to the area lighting not being compliant. Failure to maintain

adequate area lighting around a body of water may result in a drowning hazard for bathers. A reinspection is still pending.

- G. Allegro La Entrada, 951 Las Palmas Entrada Ave.:** A final remodel inspection resulted in a closure because the SOFAs had been replaced without SNHD approval and they were undersized for the circulation system. The maximum flow rating for the SOFAs must be greater than the system flow of the pump to mitigate risk of a suction entrapment that can result in severe injury or death. The applicant was required to submit an updated application for review and approval. The application was submitted and reviewed, and the associated inspections were approved.

VIII. REGULATORY SUPPORT

1. Staff participated in or performed the following activities and participated in the following external meetings: Council for Food Protection (CFP) Council and New Path meetings; Retail Flexible Funding Model (RFFM) Mentorship individual and full team meetings; SNHD Leads training; Association of Food and Drug Officials (AFDO) Healthy People 2030 Norovirus discussion groups; Human Resources new hire Buddies Program; SNHD All Hands meeting; Food Safety Partnership meeting; Cooling Intervention Strategy meeting; Office of Public Health Preparedness (OPHP) Exercises "Spores Bowl" and the Mega POD; grant project-conversion of trainings to a digital format; NeoGov eForms builder training; Information Technology (IT) meeting on development of Food Operations SharePoint; Food and Drug Administration (FDA) Southwest States Retail Program Standards meeting; Violation Standards Document updates; and Food Establishment Inspection Report Form and canned comments for Envision Connect updates.
2. Staff welcomed four new Food Operations Environmental Health Specialist (EHS) trainees: Jonathan Vinh, Natalya Decicco, Lauren Weber, and Sarah Erikson.
3. Special Processes staff attended the RFFM End-of-Year Grant meeting in Washington, D.C. on October 10-11.
4. Regulatory Support Office staff facilitated and presented at the Food Operations General Staff meeting on October 25.
5. Staff presented at the National Environmental Health Association (NEHA) Smorgasbord webinar on October 31.
6. Special Processes staff met with various operators in a virtual setting, via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently six cook chill/sous vide plans, seven 2-barrier plans, 25 other HACCP plans, nine waivers, one operational plan, and one HACCP exemption in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Facility Label Review Submissions	21	16	↓	79	80	↑
Facility Label Review Releases	23	17	↓	85	83	↓
Number of Labels Approved	280	342	↑	1,017	1,143	↑

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Cook Chill/Sous Vide Submissions	0	0	→	2	2	→
Cook Chill/Sous Vide Releases	2	0	↓	3	4	↑
2-Barrier ROP Submissions	1	0	↓	4	2	↓
2-Barrier ROP Releases	0	0	→	6	1	↓
Other HACCP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	1	0	↓	3	3	→
Other Special Processes Releases	0	5	↑	0	5	↑

ENVIRONMENTAL HEALTH Special Processes Waivers & Operational Plans Review - Fiscal Year Data

Waivers & Operational Plans Review	Oct. 2022	Oct. 2023		FY 22-23	FY 23-24	
Waiver Review Submissions	1	2	↑	6	3	↓
Waiver Review Releases	1	2	↑	2	5	↑
Operational Plan Submissions	0	0	→	1	0	↓
Operational Plan Releases	1	0	↓	1	2	↑

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	July 2022	July 2023		FY 22-23	FY 23-24	
Registrations Approved Without Voluntary Label Review	0	19	↑	0	60	↑

Memorandum



Date: November 16, 2023

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Primary & Preventive Care **SC** on behalf of **FL**
Fermin Leguen, MD, MPH, District Health Officer **FL**

RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – October 2023

I. Immunization Program

A. Immunization Program Activities

1. There continues to be a large population of US immigrants requiring vaccinations.
2. The 2023-2024 Flu Vaccine continues in all four Public Health Centers.
3. The 2023-2024 COVID-19 Vaccine continues in all four Public Health Centers. COVID-19 vaccines have been commercialized and SNHD is participating in CDC's Bridge Access Program to continue access to vaccines for insured and underinsured populations.
4. For the month of October, there were 2,750 clients seen with 8,076 vaccines administered at the immunization clinic at Decatur, East Las Vegas, Henderson, and Mesquite locations.
5. There were 179 immunization records reviewed with copies provided for clients who came to the immunization clinic and did not need any vaccinations.

B. Immunization Outreach Activities

1. A total of 9 outreach clinics were conducted in partnership with local organizations. The outreach clinics were held at the CCSD Support Center and selected CCSD schools, Help of Southern Nevada, and Catholic Charities. A total of 472 clients received 1328 vaccines. Childhood and adult vaccinations were administered to uninsured and underinsured clients at no cost.
2. Admins and nurses are scheduled on a rotation basis to support Main immunizations clinic.

II. COVID-19 Vaccine Campaign

A. Community COVID-19 Vaccine Static Clinics and Pop-Up Sites

1. There were 1133 COVID-19, and 829 flu vaccines administered through 92 pop-up, community partners, and static sites. These activities include clinics focused on the following population groups: 11-18 years old, individuals 65 and older, historically underserved communities, people experiencing homelessness, and individuals eligible for in-home vaccination services.
2. The COVID-19 Vaccination program continues to utilize both contract companies, and community partners to assist with vaccination sites. COVID-19 static vaccine sites include:
 - El Mercado in the Boulevard Mall, Tues-Sat, 1100-1700
 - Fremont Public Health Clinic, Tues-Fri, 0800-1700
 - SNHD Main Express at Decatur, Mon-Thurs, 0800-1700
3. Community partnerships and collaborations included PRIDE Las Vegas, Sunrise Senior Center, Hope Christian, The Center, Catholic Charities, Shenker Academy,

Community Lutheran Church, Crossroads Rehabilitation, Nathan Adelson, Touro University, UNLV/CSUN Childcare, Clark County School District, and City of Las Vegas Metropolitan Police Department.

4. There were 47 COVID vaccines provided through the In-Home COVID-19 Vaccination Program. This program continues to be offered to people who need medical equipment to leave home, are at increased health risk if they leave their home, have cognitive special needs, or are bedridden. Appointments can be made through the COVID-19 Call Center at (702) 759-INFO.
5. The Long-Term Care Facilities Program conducted a total of 43 site visits to skilled nurse facilities for the month of September through October. There were 15 facilities that requested COVID-19 vaccine enrollment or a clinic. Four long-term care facilities were scheduled to receive vaccine on-site through SNHD and five vaccine clinics were coordinated with the local pharmacy partner.

B. MPOX vaccinations

1. A total of 45 vaccines were administered through 4 static sites.
2. Mpx vaccination continues to be administered at 4 static sites:
 - o El Mercado in the Boulevard Mall, Tues- Sat, 1100-1700
 - o SNHD Fremont Public Health Center, Tues-Fri, 0800-1700
 - o SNHD Sexual Health Clinic, Monday, and Thursday, 0900-1500
 - o SNHD Main Express, Mon-Thurs, 0800-1700
3. Ongoing community partner calls are conducted monthly for updates and activity coordination. Community partners include Las Vegas PRIDE, Immunize Nevada, AIDS Healthcare Foundation, Henderson Equality Center, and Department of Behavioral Health and Human Services.
4. There were 1600 second dose reminders sent via SMS and email.

C. Additional projects

1. The Healthcare Provider GET IT. GIVE IT. COVID-19 Vaccine Initiative is focused on educating healthcare providers on the new COVID recommendations and commercialization. All enrolled healthcare providers received educational information regarding the updated COVID vaccine. On-site training was provided for Nathan Adelson Hospice.

III. Community Health Nursing

A. Maternal Child Health

There were two new lead cases for the month of October. There were no new referrals from the Newborn Screening Program that required follow up by the field nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) has 172 active families. Forty-Three are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-one are participating through the Temporary Assistance for Needy Families (TANF) funding. Grants from the Nevada Division of Public and Behavioral Health make these programs possible.

Teams maintain their partnership and collaboration with various community partners such as WIC, pregnancy testing clinics, Division of Welfare and Supportive Services (DWSS), and others to reach and enroll eligible participants. Families in the program get their own free personal nurse who provides education, support, and resources.

- C. Embracing Healthy Baby
The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with support from the program Community Health Nurse. Telephone and home visits continue with enrolled families. The program provides services primarily through home visits. Education and referrals to needed services continue to be provided to families.

IV. Sexual Health Outreach and Prevention Program

- A. Express Testing provided screening encounters to 192 clients.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. Related to the continued Bicillin LA shortage and clients being referred to outside clinics for treatment, CSCMP staff are providing more off-site visits to continue face to face education and offer case management services. Three clients were provided transportation to their provider visits for treatment.
- C. Sexual Health Outreach Prevention Program (SHOPP) is participating in a Learning Collaborative under the Ending the HIV Epidemic efforts: STD Specialty Clinic Learning Community through the University of Washington's Prevention Training Center with the goal of scaling up HIV preventive services in STD specialty clinics. SHOPP is participating in a Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. SHOPP manager and CHW attended the FOCUS Summit in Foster City, CA October 3rd-5th. The manager presented on Comprehensive Prevention Services.
- D. Nurses from CSCMP team attended meeting with University Medical Center Wellness Clinic related to coordination of patients needing linkage to complex STI treatment. SHOPP Express Testing outreach and Congenital Syphilis education was provided at All Saints Episcopal Church at their monthly Food Pantry Event.

V. Tuberculosis (TB) Clinic

- A. 8 new active adult TB cases were reported by the TB Clinic in the month of October 2023. There was one pediatric active TB case reported.

VI. Project Program Coordinator

- A. The coordinator continues to implement quality assurance measures on e-Clinical Works documentation across different departments. Immunization documentation has significantly improved since the clinic/program transitioned to e-Clinical Works at the beginning of this year.
- B. The Division is working with Finance on e-Clinical Works optimization to improve data entry, billing, and reporting functionality.
- C. The Division continues to work on Vaccine Inventory Management creating processes and implementations.
- D. The Division is working with IT on testing a new version of e-Clinical Works, for the migration in November.

SC on behalf of LY: If

Attachments: October 2023 Statistical Report

**PRIMARY AND PREVENTIVE CARE
MONTHLY REPORT
October 2023**

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	**Other BTS Clinic	TOTAL
Immunization	1,500	801	325	124	0	0	19	131	322	3,222
Immunization Records Issued	138	37	4	0						179
Newborn Metabolic Screening	0	0	0	0						0
Sexual Health Outreach & Prev (SHOPP)	194									194
TB Treatment & Control	1,569									1,569
SAPTA Services								27		27
TOTAL	3,401	838	329	124	0	0	19	158	322	0

**COVID Team started coadministering back-to-school adolescent vaccines this season

Client Encounters by Program

Program	October 2022	October 2023		FY 22-23	FY 23-24	
Immunizations**	3,550	3,222	↓	17,507	16,705	↓
Immunization Records Issued	329	179	↓	2,338	1,539	↓
COVID-19 Vaccine Given*	1391	1133	↓	5,517	1,768	↓
Newborn Met. Screening	0	0	→	1	2	↑
SHOPP***	0	194	↑	0	748	↑
TB Treatment & Control	1,132	1,569	↑	2,282	6,454	↑
SAPTA Services	51	27	↓	209	112	↓
TOTAL	6453	6,324	↓	27854	27,328	↓

*Funded by COVID Grant Funds-Data Collection started January 2022

**Includes BTS encounters by clinic, outreach, and COVID teams

***New program/department as of 7/1/2023

Immunization Program

Immunizations	October 2022	October 2023		FY 22-23	FY 23-24	
Flu Vaccine Given	1,845	1,389	↓	2,845	2,018	↓
Gratis	173	33	↓	1,289	580	↓
COVID Vaccine*	329	592	↑	1,873	1,388	↓

*Given by Immunization Clinics

Vaccines for Children (VFC)*	October 2022	October 2023		FY 22-23	FY 23-24	
Number of VFC Compliance Visits	15	9	↓	30	21	↓
Number of IQIP Visits*	4	5	↑	22	8	↓
Number of Follow Up Contacts	44	41	↓	135	101	↓
Number of Annual Provider Training	6	4	↓	16	17	↑
Number of State Requested Visits	112	74	↓	325	190	↓

Perinatal Hepatitis B	October 2022	October 2023		FY 22-23	FY 23-24	
# of Expectant Women (average)	21	15	↓	20	15	↓
# of Infants (average)	75	75	→	80	71	↓
Total # of Infants Delivered	1	3	↑	10	12	↑
New Cases	3	15	↑	16	20	↑
Closed Cases	7	6	↓	17	9	↓

Childcare Program	October 2022	October 2023		FY 22-23	FY 23-24	
Childcare Audits	8	19	↑	14	24	↑
Baseline Immunization Rate	61%	80%	↑	69%	81%	↑
# of Final Audits	10	19	↑	13	24	↑
Final Immunization Rate	94%	94%	→	96%	93%	↓
# of Records Reviewed	494	1732	↑	933	2306	↑

Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	October 2022	October 2023		FY 22-23*	FY 23-24	
# of COVID-19 Vaccines administered	1391	1133	↓	5,517	1,768	↓
# of Monkeypox Vaccine administered*	295	45	↓	295	122	↓
# of Influenza Vaccine administered**	387	829	↑	387	925	↑
# of Healthcare Provider Compliance Visits	1	1	→	7	4	↓
# of Newly Enrolled Healthcare Provider Education Sessions	2	2	→	32	15	↓
# of Potential Healthcare Provider Recruitment Sessions	9	1	↓	20	23	↑
# of Healthcare Provider Contacts	67	50	↓	313	666	↑

* Vaccine administration started October 2022

**Flu not in season as of 06/30/2023

Community Health Program

Nursing Field Services	October 2022	October 2023		FY 22-23	FY 23-24	
MCH Team Home Visit Encounters	13	20	↑	39	44	↑

Nurse Family Partnership NFP (Team 1)	October 2022	October 2023		FY 22-23	FY 23-24	
Referrals	11	14	↑	44	72	↑
Enrolled	9	13	↑	29	35	↑
Active	128	111	↓			

Nurse Family Partnership NFP (Team 2)	October 2022	October 2023		FY 22-23	FY 23-24	
Referrals	3	1	↓	11	14	↑
Enrolled	1	1	→	5	18	↑
Active	9	61	↑			

Maternal Child Health (MCH)	October 2022	October 2023		FY 22-23	FY 23-24	
# of Referrals Received**	4	8	↑	15	17	↑
# from CPS*	2	6	↑	11	12	↑
# of Lead Referrals	0	2	↑	2	4	↑
# of Total Admissions	2	3	↑	10	5	↓

Embracing Healthy Baby (EHB)	October 2022	October 2023		FY 22-23	FY 23-24	
Referrals	9	3	↓	24	12	↓
Enrolled	5	1	↓	14	13	↓
Active	51	34	↓			

Thrive by 0 - 3	October 2022	October 2023		FY 22-23	FY 23-24	
Referrals	50	50	↓	285	219	↓
One-Time Home Visits	7	12	↓	15	33	↑
Enrolled	1	4	↑	12	8	↓
Active	17	13	↓			

Tuberculosis Program

Tuberculosis	Oct 2022	Oct 2023		FY 22-23	FY 23-24	
Number of Case Management Activities*	152	201	↑	908	911	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	25	40	↑	175	111	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	25	30	↑	98	105	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	1	5	↑	27	21	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	815	1,232	↑	3,792	5,692	↑

*New EMR system- Counting only successful activities

Substance Abuse Prevention & Treatment Agency (SAPTA)	Oct 2022	Oct 2023		FY 22-23	FY 23-24	
# of Site Visits	4	1	↓	4	6	↑
# of Clients Screened	51	27	↓	56	112	↑
# of TB Tests	43	22	↓	52	94	↑
# of Assessments only	8	5	↓	4	18	↑

Sexual Health Outreach and Prevention Program

Sexual Health Outreach and Prevention Program (SHOPP) - Express Testing**	Oct 2022	Oct 2023		FY 22-23	FY 23-24	
# of screening encounters	0	194	↑	0	748	↑
# of clients screened	0	192	↑	0	742	↑
# of clients with positive STI identified	0	17	↑	0	73	↑

Sexual Health Outreach and Prevention Program (SHOPP)- Linkage **	Oct 2022	Oct 2023		FY 22-23	FY 23-24	
# of clients referred to Linkage	0	10	↑	0	43	↑
# of clients linked to care	0	8	↑	0	32	↑

Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP **	Oct 2022	Oct 2023		FY 22-23*	FY 23-24	
# of referrals (pregnant, post-partum, infants)	0	8	↑	0	53	↑
# of clients enrolled in CM	0	4	↑	0	29	↑
# of active pregnant clients	0	20	↑	0		→
# of infants being followed	0	9	↑	0		→
# of provider/community trainings	0	2	↑	0	4	↑

**New program/ department as of 7/1/2023

**Non-cumulative