



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 28, 2024 – 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 (*in-person*)
Frank Nemece, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Mayor Pro Tempore, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*via WebEx*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*via WebEx*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*via WebEx*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
- ABSENT:** Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Harry Ben-Zvi, Georgi Collins, Forrest Darby, Jessika
(In Audience) Dragna, Bradley Mayer, Vincent Queano
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Malcolm Ahlo, Adriana Alvarez, Emily Anelli, Larry Armstrong, Jonna Arqueros, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Todd Bleak, Amanda Brown, Nicole Bungum, Dan Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Joe Cabanban, Jonathan Contreras, Andria Cordovez Mulet, Shea Crippen, Corey Cunningham, Rebecca Cruz-Nanez, Cherie Custodio, Gerard Custodio, Liliana Davalos, Aaron DelCotto, Brandon Delise, Jason Frame, Jacques Graham, Heather Hanoff, Jeremy Harper, Maria Harris, Richard Hazeltine, Summer Holloway, Carmen Hua, Dan Isler, Danielle Jamerson, Heidi Laird, Ignacio Leycegui, Josie Llorico, Cassius Lockett, Erick Lopez, Randy Lockett, Sandy Lockett, Cassandra Major, Jonas Maratita, Blanca Martinez, Lourdes Medina, Bernadette Meily, Gabriela Montaldo, Samantha Morales, Annette Nakhonwong, Samilla Neal, Linda Nguyen, Brian Northam, Erin O’Malley, James Park, Kyle Parkson, Neleida Pelaez, Luann Province, Katarina Pulver, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Betty Souza-Lui, Candice Stirling, Will Thompson, Greg Tordjman, Renee Trujillo, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:01 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.

Member Nielson joined the meeting at 9:03 a.m.

Forrest Darby indicated that he was requesting a waiver. The Chair advised that the First Public Comment period was devoted to items appearing on the agenda and requested that Mr. Darby make his comments to the Second Public Comment period.

The Chair closed the First Public Comment period.

Member Bond joined the meeting at 9:04 a.m.

IV. ADOPTION OF THE MARCH 28, 2024 MEETING AGENDA (for possible action)

A motion was made by Member Nemec, seconded by Member Nielson, and carried unanimously to approve the March 28, 2024 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:** February 22, 2024 *(for possible action)*
- 2. PETITION #29-24: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada for COVID-19 antigen test kit vending machines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #31-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada to provide services to support the Southern Nevada Health District Community Partnership**

to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health (REACH); direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Seebeck, and carried unanimously to approve the March 28, 2024 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.

- 1. Variance Request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with three conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

Further to an inquiry from the Chair, Mr. Isler advised that the system was functioning, in good working condition, and the only issue was the location.

After discussion, the following motion was made:

A motion was made by Member Nielson, seconded by Member Seebeck, and carried unanimously to approve the Variance Request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

3. *Permitting of the ISDS must be completed within one year of the date of approval of the variance. If the permit has not been approved within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioners or their successor(s) in interest.*

2. **Variance Request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with two conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line with the following conditions:

1. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

3. **Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with two conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Member Seebock, seconded by Member Black, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

VII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the proposed updates to the Clinical Master Fee Schedule. Ms. Whitaker was joined by Donna Buss, Revenue Cycle Manager.

Ms. Whitaker advised that the Billing Fee Schedule was reviewed annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedules. Ms. Whitaker outlined the review methodology and the proposed changes.

Member Nielson summarized the discussion from the Finance Committee meeting earlier in the week.

Further to an inquiry from Member Seebock, Ms. Whitaker advised that all the fees were moved to the 50th percentile mark.

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the Clinical Master Free Schedule Updates, as presented.

- 2. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January,

with 2024 seeing an increase of 4.1% to the Consumer Price Index (CPI) from 2022 and 2023. The guidelines were used to adjust the sliding fee schedules.

A motion was made by Member Black, seconded by Chair Kirkpatrick, and carried unanimously to accept the recommendation from the Finance Committee and accept the Update Federal Poverty Level Guidelines, as presented.

3. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith outlined the HRSA requirements related to billing and collections. Mr. Smith confirmed that patients are seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith outlined a new Point of Care Discount, which would provide a 50% discount on fees if payment was made at the time of a visit, for patients that had an income of 200% or greater than the federal poverty level, who did not qualify for the sliding fee discount. Mr. Smith further outlined a market study of fees for FQHCs in Nevada.

Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules and advised there were no changes from last year, except a recommendation to remove the follow-up visit category for the Sexual Health Clinic. This recommendation was due to the fact that the majority of follow-up visits are performed by nurses and would be covered by the nurse visit category.

Further to an inquiry from Member Nemeč, Mr. Smith advised that generally a self-attestation was completed for patients to declare and confirm their income.

A motion was made by Chair Kirkpatrick, seconded by Member Bond, and carried unanimously to accept the recommendation from the Finance Committee and approve the SNHD Clinical Sliding Fee Schedules, as presented.

4. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the FY2025 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY2025 Budget, which begins on July 1, 2024 and ends on June 30, 2025, with the following highlights:

Highlights

- Staffing is projected to increase to 866.5 FTE, compared to 865 FTE.
- General Fund revenues project at \$106.9M, an increase of \$5.4M from FY24 augmented budget.
- Special Revenue Fund (Grants) decrease to \$64.2M, a decrease of \$25.6M from FY24 augmented budget
 - SB118 funding is expected to start in FY25, total of \$10.95M; an estimated \$6.1M is anticipated to be utilized in FY25.

- Lab Expansion Project is currently underway is expected to continue in FY25 with \$4.1M carryover budget.

Ms. Whitaker advised that the presented budget did not include any salary, COLA, or merit increases.

Revenues – General & Grants Fund

- Property tax revenue is expected at \$36.6M, an increase of \$2.5M or 7.4% compared to FY2024.
- General Fund Revenue increased from \$101.5M to \$106.9M, a \$5.4M or 5.3% increase from FY2024.
- Special Revenue Funds decreased from \$89.8M to \$64.2M due to the conclusion of grants, examples, state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2025 total \$68.6M an increase of \$6.9M to 11% from FY2024. FY2025 budget includes a full year of expense for vacant positions that were partially accounted for in the FY2024 augmented budget.
- Additional personnel needed to support Environmental Health and the transition of positions back to General Fund from grant funding contributed to the increase in salaries and benefits along with conversion of Grant Funded FTEs to General Fund.
- Pharmacy Medical Supplies increase from \$17.6M to \$20.2M, an increase of \$2.6M or 15% which has a revenue offset account.

Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from \$96.8 M to \$69.6 M due to the conclusion of grants. Examples: state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.
- SB118 total new revenue is estimated at \$6.0 M in FY25. Anticipated FTE total is 13.5 positions (6 new) with estimated salaries and benefits of \$1.4M.
- PHI Grant estimated revenue total in FY25 is \$6.7M. Anticipated FTE total is 50 positions with estimated salaries & benefits of \$5.7M.

Ms. Whitaker further reviewed the:

- Expenditures and Revenues vs. Expenditures by Division
- Personnel by Division, comparing FY2023, FY2024 and FY2025
- Capital Fund
- General Fund – Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund, and Internal Service Fund

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the FY2025 Budget, as presented.

5. **Receive, Discuss and Approve Recommendations from the March 25, 2024 Finance Committee regard the Financial Report, as of December 31, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the Financial Report, as of December 31, 2023, related to the Combined Funds, General Fund and Special Revenue Fund.

Member Nielson advised that the financial report was information and there was no action required. Heather Anderson-Fintak, General Counsel, confirmed that the Finance Committee requested regular financial reports and no voting was required.

- 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**)

The Chair reminded the Board members that April was Public Health Week and encouraged Board members to recognize and highlight the work of the Health District staff.

The Chair requested that staff cease the use of waivers of lifeguards at facilities. The Chair further indicated that at many locations the technology was not working as thought and to pull back waivers as needed.

The Chair requested a meeting in April for the Free-standing Emergency Departments Working Group. Dr. Leguen advised that initially a meeting would be established with the Chair to obtain feedback on the information that staff had obtained, followed by a meeting of the working group.

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

- DHO Comments

In addition to his written report, Dr. Leguen advised that the first week in April was Public Health Week and a number of events were scheduled throughout the week for Health District staff.

Dr. Leguen further advised that March 24th was recognized as World TB Day. As Clark County had experienced several cases of TB in recent months in the school system, Dr. Leguen recognized the work by Health District staff and the strong collaboration with members of the Clark County School District (CCSD). Dr. Leguen advised that the Health District had spent over \$200,000 on the recent investigations.

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.

Member Black left the meeting at 10:28 p.m. and did not return.

Forrest Darby represented Tiburon Estates and advised that, last year, their community jacuzzi was closed due to an imminent health hazard. Mr. Darby further advised that replacement pool covers were purchased and installed; photographs of the replacement pool covers were provided to the Board. Mr. Darby indicated that a pool inspection was performed, and the inspector noted that the serial numbers on the pool covers were different. Mr. Darby indicated that the inspector advised that the community would no longer be grandfathered in and would require that the jacuzzi was re-plumbed. Mr. Darby requested that the community be placed under the self-regulation category as outlined in the Aquatic Facility Regulations.

Harry Ben-Zvi, of Tayor Association Management, spoke regarding Tiburon Estates III, which was a townhome community at Flamingo and Pecos. Mr. Ben-Zvi clarified that the community pool was not closed by the Health District, as the issue of the pool cover was discovered before the pool was opened. Mr. Ben-Zvi advised that the community has governing documents with a good track record of complying with the governing documents and operating their pools safely. Mr. Ben-Zvi indicated that the self-regulation category would be advantageous for the community as the homeowner association was funded solely by the owner. The self-regulation category would allow the community to maintain their pools safely, which currently costs the homeowners association approximately \$22,000 annually.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 10:35 a.m.

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

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 28, 2024 – 9:00 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=m99cc31d9bc7e5c8738e2c9ad4dd33165>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2556 231 7011](https://snhd.webex.com/snhd/j.php?MTID=m99cc31d9bc7e5c8738e2c9ad4dd33165)

For other governmental agencies using video conferencing capability, the Video Address is:

25562317011@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.

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 2556 231 7011. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE MARCH 28, 2024 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.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** February 22, 2024 *(for possible action)*
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- 3. PETITION #31-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health (REACH);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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VII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the FY2025 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Receive, Discuss and Approve Recommendations from the March 25, 2024 Finance Committee regard the Financial Report, as of December 31, 2023;** direct staff accordingly or take other 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 the Administration Office 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 the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

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Red Rock Trail Rooms A and B

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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 (*Call-in User 2*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*via WebEx*)
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
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- ALSO PRESENT:** Linda Anderson, Georgi Collins, Jessika Dragna, Allison Genco, Lexa Green,
(In Audience) Savanna Harper, Maya Holmes, Lisa Kelso, Jason Klumb, Dale Martin,
Bradley Mayer, Javie Rivera-Rojas, Shana Tello, Jennalyn Wong, Minnie Wood
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Elizabeth Adelman, Malcolm Ahlo, Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Julie Bingham, Haley Blake, Todd Bleak, Murphy Boudreaux, Amanda Brown, Lori Bryan, Nicole Bungum, Cory Burgess, Dan Burns, Victoria Burris, Donna Buss, Belen Campos-Garcia, Arcmiguel Cordial, Andria Cordovez Mulet, Susan Crutchfield, Cherie Custodio, Aaron DelCotto, Brandon Delise, Lisa Falkner, Brian Felgar, Jason Frame, Kimberly Franich, Jacques Graham, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Dan Isler, Jessica Johnson, Matthew Kappel, Theresa Ladd, Dann Limuel Lat, Josie Llorico, Cassius Lockett, Randy Luckett, Sandy Luckett, Hetal Luhar, Marisol Maciel, Jonas Maratita, Kimberly Monahan, Samantha Morales, Christian Murua, Brian Northam, Verallynn Orewyler, Kyle Parkson, Shannon Pickering, Luann Province, Katarina Pulver, Yin Jie Qin, Larry Rogers, Kim Saner, Aivelhyn Santos, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Rosanne Sugay, Ronique Tatum-Penegar, Will Thompson, Gabriela Villafuerte, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang, Ying Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 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. RECOGNITIONS

The Chair, on behalf of the Board of Health and the Health District, recognized Michael Johnson, PhD, who passed away earlier in the month. Dr. Johnson joined the Health District as the Director of Community Health in April 2016, and oversaw multiple public health programs during his tenure, and actively contributed to important public health initiatives such as:

- Tobacco Control and Youth Vaping Prevention
- Online renewals for Food Handler Cards
- Barber/Beauty Shop Health Outreach
- Expansion of the Public Health lab
- Incident Command System to the COVID-19 Response

Dr. Johnson always had a smile on his face to match his cheerful disposition. He was a champion for his staff and a strong advocate for the programs and initiatives he oversaw. A moment of silence was observed in memoriam.

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

1. Immunization Team, Sarah Lugo (Community Health Nurse Supervisor), Chris Elaine Mariano (Community Health Nurse Supervisor)

- Silver Syringe Award Outstanding Adolescent Immunization Partner (Chris Elaine Mariano) – Immunize Nevada
- Silver Syringe Award Outstanding Adult Immunization Partner (Sarah Lugo) – Immunize Nevada
- Silver Syringe Award Outstanding Champion (Sarah Lugo) – Immunize Nevada

The Chair recognized the Immunization Team for receiving several Silver Syringe Awards from Immunize Nevada. Specifically, Chris Elaine Mariano for receiving the award for Adolescent Immunization Partner and Sarah Lugo for receiving the awards for Adult Immunization Partner and Champion. The Silver Syringe Awards recognize outstanding individuals and organizations that have worked to increase immunization awareness, improve immunization rates, provide in-kind services and other activities to help promote immunizations across Nevada. On behalf of the Health District and Board of Health, the Chair congratulated the entire team for this well-deserved honor.

2. Southern Nevada Community Health Center

- 2023 Community Health Quality Recognition (CHQR) Badge – Addressing Social Risk Factors to Health and Advancing HIT for Quality – Health Resources & Services Administration (HRSA)

The Chair recognized the Southern Nevada Community Health Center for being awarded two Community Health Quality Recognition Badges by HRSA, (i) Addressing Social Risk Factors to Health, and (ii) Advancing Health Information Technology for Quality. The badges recognize Health Center Program awardees and look-alikes that have made notable quality improvement achievements in the areas of access, quality, health equity, health information technology, and COVID-19 public health emergency response for the most recent Uniform Data System (UDS) reporting period. All health center efforts are central to advancing a model of coordinated, comprehensive, and patient centered care serving over 30 million people every year. On behalf of the Health District and Board of Health, the Chair congratulated the entire team for this well-deserved honor.

3. Heather Anderson-Fintak (General Counsel)

- Published chapter on “*Finding Success in Public Health and as In-House Government Counsel*” in the publication “*Her Story: The Resilient Woman Lawyer’s Guide to Conquering Obstacles (Book 2)*”

The Chair recognized Heather Anderson-Fintak for her contribution to Book 2 of “Her Story: The Resilient Woman Lawyer’s Guide to Conquering Obstacles”. This was a collection of essays written by women lawyers as a form of virtual mentoring to build up the next generation of woman advocates so that they, too, may add their stories. Ms. Anderson-Fintak’s chapter on “Finding Success in Public Health and as In House Government Counsel” followed her journey from deciding to go to law school to becoming the Health District’s General Counsel. On behalf of the Health District and Board of Health, the Chair congratulated Ms. Anderson-Fintak for this well-deserved honor.

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 FEBRUARY 22, 2024 MEETING AGENDA *(for possible action)*

Item VI.6 was removed from the Consent Agenda.

A motion was made by Member Neilson, seconded by Member Nemec, and carried unanimously to approve the February 22, 2024 Agenda, as amended.

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:** January 24, 2024 *(for possible action)*
2. **PETITION #24-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the State Unintentional Drug Overdose Reporting System (SUDORS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #25-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of violent death data for entry into the National Violent Death Reporting System (NVDRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #26-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County School District to provide services to support the CCSD's Safe Routes to School Program;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #27-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and Clark County, Nevada to implement the HIV Status Neutral Rapid PREVENT Program;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. ~~**PETITION #28-24: Approval of a Construction Agreement between the Southern Nevada Health District and Fong Construction for the replacement of the front entrance doors at the Main Facility;**~~ direct staff accordingly or take other action as deemed necessary *(for possible action)*

Item VI.6 (Petition #28-24) was removed from the Consent Agenda.

A motion was made by Member Nielson, seconded by Member Seebeck, and carried unanimously to approve the February 22, 2024 Consent Agenda, as amended.

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. **Variance Request for an Application to Construct a Septic System located at 7237 W. Washburn Rd., Las Vegas, NV 89149, on an undersized lot;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an application to construct a septic system located at 7237 W. Washburn Rd., Las Vegas, NV 89149. Mr. Isler advised that the staff recommended approval of the variance request, with three conditions. Dale Martin, the representative for the applicant, was also present.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Member Seebock, seconded by Member Neilson, and carried unanimously to approve the Variance Request for an Application to Construct a Septic System located at 7237 W. Washburn Rd., Las Vegas, NV 89149 with the following conditions:

1. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
3. *Construction of the ISDS must commence within one (1) year of the date hereof. If the construction has not commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioner or Petitioner's successor(s) in interest.*

VIII. REPORT / DISCUSSION / ACTION

There were no items heard.

- 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**)

The Chair requested a sub-committee to address free standing emergency rooms to review the value that they bring to our community. The Chair, Member Bond, Member Brune and Member Nemecek requested to be members of this sub-committee. Member Bond requested that an understanding of the patient experience be added to the sub-committee.

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

- DHO Comments

In addition to his written report, Dr. Leguen raised the issues that there have been an increase in opioid overdose and death in Clark County. In 2020, there were 73 deaths and in 2023, it increased to 144 deaths associated with opioid overdose. Dr. Leguen advised that the Health District was working with community-based organizations, the state and federal governments. Dr. Leguen further advised that an important tool to combat this increase was Narcan. However, the number of doses available was still relatively small based on the demand. Narcan was available at the Health District and injectable Naloxone was available at seven public places in the community.

Member Nemecek suggested a broader distribution of Narcan by including them near AED machines. Dr. Leguen advised that staff would explore this suggestion and further advised that the challenge was the supply of Narcan. Brandon Delise, Senior Epidemiologist, advised that that Health District received a grant for \$500,000, all of which was used to purchase Narcan. The Chair suggested staff contact the Chamber of Commerce to assist in the distribution in the community. Mr. Delise further advised that the Health District provided organizations, on a quarterly basis, with training on Narcan and a supply to distribute to their staff and the community. Mr. Delise indicated that in 2023, 30,000 doses of Narcan were distributed in the community. The Chair suggested that a letter be sent to the state regarding available opioid funding.

- Overview of the 340B Program

Dr. Todd Bleak, Pharmacy Services Manager, provided an overview of the 340B Program.

Further to an inquiry from the Chair regarding the increase in pharmacy volume, Dr. Bleak advised that the majority of the increase related to chronic care medications for primary care. Dr. Bleak advised that the increase in dollar amounts were for Ryan White and sexual health medications. Dr. Bleak advised that some manufacturers have a patient assistance program for uninsured patients that provide medications for either free or at a discounted rate. The Health District would apply, on behalf of patients, for this program. Dr. Bleak advised that in the last 5-7 years, there has been a decrease in the reimbursement for the medications for 340B entities, which would result in the Health District absorbing any outstanding amount.

Further to an inquiry from Member Bond, Dr. Bleak advised that insurers were attempting to pay 340B providers less than non-340B providers for providing the same medications and services. Dr. Bleak advised that a benefit to the Health District was having its own pharmacies as it provides a convenience to patients and providers, with any savings going back into the Health District.

Further to an inquiry from Ms. Bond, Dr. Bleak advised that the original 340B legislation excluded vaccines from the 340 program.

- Overview of Cybersecurity

Jason Frame, Chief Information Officer, provided an overview of cyber resilience at the Health District.

Member Segerblom left the meeting at 10:22 a.m. and did not return.

- Addressing Surveillance Data from Public Health Perspective

Dr. Ying Zhang, Senior Scientist, and Brandon Delise, Senior Epidemiologist, provided a presentation on addressing surveillance data from a public health perspective. Mr. Delise outlined the Health District's data suppression rules that safeguard protected health information. Mr. Delise advised that a threshold of five was set for count data. Therefore, if any count data was less than five it would be removed from reporting.

The Chair, along with others on the Board, expressed concern on removing the count data when it was below the threshold and suggested a notation explaining the data suppression rules of data, along with a less than symbol (<5). This would avoid any confusion in the community on the representation of the data.

XI. INFORMATIONAL ITEMS

1. 2024-2027 Strategic Plan
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. 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 10:40 a.m.

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

/acm



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** March 28, 2024

RE: *Approval of Interlocal agreement Between the Southern Nevada Health District and the Regional Transportation Commission*

PETITION #29-24

That the Southern Nevada District Board of Health approve the attached interlocal agreement, C2400090, between Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada for COVID-19 antigen test kit vending machines.

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, District Deputy Health Officer-Operations *CL*
Victoria Burris, MPH, Acting Director of Disease Surveillance and Control *VB*
Kimberly Franich, MPH, Communicable Disease Manager *KF*

DISCUSSION:

This is an interlocal agreement for the Regional Transportation Commission to continue to host two vending machines at two locations supplying COVID-19 antigen test kits.

FUNDING:

This project was supported by the SNHD Covid Health Disparities grant directly funded by the CDC.

**INTERLOCAL AGREEMENT
BETWEEN
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
AND
SOUTHERN NEVADA HEALTH DISTRICT**

This Interlocal Agreement (“**Agreement**”) is made and entered into by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV (“**RTC**”) and the Southern Nevada Health District, a public health authority located in Clark County, Nevada, (“**Health District**”) and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Health District may be referred to individually as a “**Party**” or collectively as the “**Parties**”.

RECITALS

A. WHEREAS, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;

B. WHEREAS, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and

C. WHEREAS, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and

D. WHEREAS, the Health District is the public health authority organized pursuant to NRS Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada; and

F. WHEREAS, the Health District’s Acute Communicable Disease and Control Program (“ACDCP”) seeks to provide sustainable access to COVID-19 testing for underserved and rural populations in Clark County, and will place vending machines dispensing COVID-19 antigen test kits (“Test Kits”) at no cost to the public at strategic locations chosen to help reduce health disparities in populations most vulnerable to the impact of COVID-19; and

G. WHEREAS, in a collaborative effort to increase access to health services, RTC desires to permit and the Health District desires to place a Dispensing Machine at each of the Locations as defined in Section 2 of this Agreement; and

H. WHEREAS, with the execution of this Agreement, the Parties intend to set forth their respective responsibilities concerning the cooperative relationship.

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

AGREEMENT

1. TERM AND TERMINATION. This Agreement shall be effective from June 1, 2024 through June 30, 2025 (“**Term**”).
 - a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with thirty (30) days written notice, unless the Parties mutually agree in writing to terminate this agreement sooner.

2. SCOPE OF AGREEMENT.
 - a. RTC Agrees to:
 - i. Host one (1) vending machine at the South Strip Transit Terminal, located at 6675 Gillespie Street, Las Vegas, NV, 89101 (“Gillespie Location”), and one (1) vending machine at the Bonneville Transit Center, located at 101 E. Bonneville Avenue, Las Vegas, NV, 89101 (“Bonneville Location”) (each a “Location” and collectively “Locations”).
 - ii. Grant the Health District, its agents, contractors, or employees a non-exclusive temporary right for the following:
 1. Ingress and Egress to the Locations,
 2. Appropriate space for placement of each Dispensing Machine within its respective Location, allowing for easy access by the target populations.
 - iii. Promote Dispensing Machines to its clients and community.
 - b. Health District Agrees to:
 - i. Purchase Test Kits to stock Dispensing Machines.
 - ii. Place vending machines dispensing Test Kits at no charge to the public (“Dispensing Machine(s)”) at the Locations identified in Section 2(a)(1).
 - iii. Not interfere with operation of the RTC’s operations in any manner.
 - iv. Not encumber, assign, or transfer any rights under this Agreement, as security or otherwise or sublet the Dispensing Spaces or any part thereof.
 - v. At the end of any scheduled use period, surrender possession of Dispensing Spaces in the same condition as each Dispensing Space was in when Health District first occupied, excepting ordinary wear and tear.

3. CONTRACT DOCUMENTS. This Agreement makes up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.

4. STATUS OF PARTIES: INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance

of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

5. USE OF NAME AND LOGO. A Party may not use the other Party's name, mark, logo, design or other related symbol for any purpose without the other Party's prior written consent. Each Party agrees that other Party, in its sole discretion, may impose restrictions on the use of its own name and/or logo. Each Party retains the right to terminate, with or without cause, the other Party's right to use the respective Party's name and/or logo.
6. BREACH: REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.
7. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
8. LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
9. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.
10. INDEMNIFICATION.
 - a. Health District agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations,

actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Health District or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

- b. RTC agrees to protect, defend, indemnify and hold Health District, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- c. Neither Party waives any right or defense to indemnification that may exist in law or equity.

- 11. INSURANCE. The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.
- 12. NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.

13. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
14. PUBLIC RECORDS: CONFIDENTIALITY. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended, or personally identifiable information will be shared with RTC during the course of the Agreement. Accordingly, no Business Associate Agreement is required.
15. PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
16. STATEMENT OF ELIGIBILITY. Each Party acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither it nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
17. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
18. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
19. GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.
20. DISPUTE RESOLUTION. The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.

21. NO THIRD-PARTY BENEFICIARIES. The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.
22. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
Sabrina Glenn
600 S. Grand Central Parkway
Las Vegas, NV 89106
CC: Manager of Purchasing & Contracts

SOUTHERN NEVADA HEALTH DISTRICT
Legal Department
Contract Administrator
280 S. Decatur Blvd.
Las Vegas, NV 89107

[SIGNATURE PAGE FOLLOWS]

BY SIGNING BELOW, the Parties agree that they have read, understand, and agree to the conditions set forth herein and have caused their duly authorized representatives to execute this Agreement.

SOUTHERN NEVADA HEALTH DISTRICT
HEALTH DISTRICT

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
RTC

By: _____
Fermin Leguen, MD, MPH
District Health Officer

M.J. Maynard
Chief Executive Officer

Date: _____

Date: _____

APPROVED AS TO FORM:

APPROVED AS TO FORM:

**This document is approved as to form.
Signatures to be affixed after approval by
Southern Nevada District Board of Health.**

By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

RTC Legal Counsel



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: March 28, 2024

RE: *Approval of Interlocal Contract between Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada*

PETITION #31-24

That the Southern Nevada District Board of Health approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the Regional Transportation Commission of Southern Nevada (RTC) to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award # NU58DP007746). The CDC refers to this grant award as Racial and Ethnic Approaches to Community Health (REACH).

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*

Cassius Lockett, PhD., District Deputy Health Officer - Operations *CL*

Maria Azzarelli, EMHA, CHES, Manager of Chronic Disease Prevention & Health Promotion; *MA*
Acting Division Director – Community Health

Nicole Bungum, Supervisor of Chronic Disease Prevention & Health Promotion *NMB*

DISCUSSION:

In an effort to promote healthy eating and increase access to fruits and vegetables, the SNHD will work with the RTC to continue a program to offer low-cost fruits and vegetables at the RTC's Bonneville Transit Center.

FUNDING:

No funding is involved.

**INTERLOCAL AGREEMENT
BETWEEN
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
AND
SOUTHERN NEVADA HEALTH DISTRICT**

This Interlocal Agreement (“**Agreement**”) is made and entered into by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV (“**RTC**”) and the Southern Nevada Health District, a political subdivision of the State of Nevada, with offices at 280 S. Decatur Boulevard, Las Vegas, NV, (“**Agency**”) and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Agency may be referred to individually as a “**Party**” or collectively as the “**Parties**”.

RECITALS

A. WHEREAS, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;

B. WHEREAS, there is a need to expand access to fresh fruits and vegetables, especially in low-income areas and areas in and near food deserts; and

C. WHEREAS, transportation has been identified by stakeholders and community members as a barrier to accessing fresh fruits and vegetables; and

D. WHEREAS, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and

E. WHEREAS, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and

F. WHEREAS, the RTC owns and operates the Bonneville Transit Center, located at 101 E. Bonneville Avenue, Las Vegas, NV, which serves as the main transit hub for the region; and

G. WHEREAS, the AGENCY, as the public health authority organized pursuant to Nevada Revised Statutes (“NRS”) Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada, seeks to enhance access to low-cost fruits and vegetables for target populations in southern Nevada; and

H. WHEREAS, the AGENCY and RTC desire to enter into a written agreement to establish their respective rights and obligations in continuing a program to offer low-cost fruits and vegetables at the Bonneville Transit Center through pop-up events;

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

AGREEMENT

1. TERM AND TERMINATION. This Agreement shall be effective from the date of the last signature affixed hereto through December 31, 2024 ("**Term**").
 - a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with seven (7) days written notice.
2. SCOPE OF AGREEMENT. The scope of work and/or services required by the Parties under this Agreement shall be as set forth in **Exhibit A – Scope of Agreement**, attached hereto and incorporated by reference.
3. COMPENSATION. To the extent any compensation will be due a Party hereunder, such compensation shall be made according to the terms as set forth in **Exhibit B – Compensation**, attached hereto and incorporated by reference.
4. CONTRACT DOCUMENTS. This Agreement and its Exhibits make up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.
5. STATUS OF PARTIES: INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.
6. BREACH: REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.
7. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
8. LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
9. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of terror, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be

through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.

10. INDEMNIFICATION.

- a. To the extent permitted by law, Agency agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Agency or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- b. To the extent permitted by law, RTC agrees to protect, defend, indemnify and hold Agency, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- c. Neither Party waives any right or defense to indemnification that may exist in law or equity.

11. INSURANCE. The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.

12. NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title

VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.

13. STATEMENT OF ELIGIBILITY. The Parties each acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
14. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
15. PUBLIC RECORDS: CONFIDENTIALITY. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
16. PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
17. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
18. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
19. SURVIVAL. The terms and conditions of this Agreement regarding confidentiality, payment, liability and all others that by their sense and context are intended to survive the execution, delivery, performance, termination or expiration of this Agreement survive and continue in effect.
20. GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.
21. DISPUTE RESOLUTION. The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.
22. NO THIRD-PARTY BENEFICIARIES. The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.

23. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
Angela Castro
600 S. Grand Central Parkway
Las Vegas, NV 89106
CC: Manager of Purchasing & Contracts

SOUTHERN NEVADA HEALTH DISTRICT
Attn: Contract Administrator, Legal Dept.
280 S. Decatur Blvd.
Las Vegas, NV 89107

[SIGNATURE PAGE FOLLOWS]

BY SIGNING BELOW, the Parties agree that they have read, understand, and agree to the conditions set forth herein and have caused their duly authorized representatives to execute this Agreement.

**SOUTHERN NEVADA HEALTH DISTRICT
AGENCY**

Signature Redacted
Signature Redacted

Date: Mar 14, 2024

Fermin Leguen, MD, MPH
District Health Officer

APPROVED AS TO FORM:

Signature Redacted
Signature Redacted

Edward Wynder, Esq.
Associate General Counsel
Southern Nevada Health District

**REGIONAL TRANSPORTATION COMMISSION OF
SOUTHERN NEVADA
RTC**

APPROVED:

By: _____
M.J. Maynard
Chief Executive Officer

Date: _____

ATTEST:

By: _____
Ana Diaz
Executive Secretary

Date: _____

APPROVED AS TO FORM:

By: _____
David Clyde
RTC Legal Counsel

Date: _____

Exhibit A
Scope of Agreement

Agency Responsibilities:

1. The AGENCY shall be responsible for hosting twelve (12) pop-up events before December 31, 2024 at the Bonneville Transit Center during which low-cost fresh fruits and vegetables will be offered.
2. In addition to offering fresh fruits and vegetables, the AGENCY shall be responsible for ensuring additional community resources, including health literature and healthy recipe cards, are offered during the pop-up events.
3. The AGENCY shall be responsible for the procurement of fresh fruits and vegetables for the pop-up events from licensed food vendors/retailers and shall ensure that the fresh produce meets all applicable quality standards and is safe for public consumption.
4. The AGENCY shall be responsible for selecting a vendor(s), if any, to facilitate in part or in full, the pop-up events.
5. If a vendor(s) is utilized by AGENCY, the AGENCY shall ensure the vendor(s) is properly insured and that the RTC is added as an additional insured on vendors' insurance policies. The AGENCY will also ensure that any vendor(s) have the necessary permits, if applicable, for the pop-up events.
6. The AGENCY and its vendor(s) shall be responsible for any set-up and teardown required for the pop-up events. Event set-up will occur thirty (30) minutes prior to the start of each scheduled event.
7. The AGENCY and its vendor(s) shall be responsible for providing any furnishings and/or equipment – including tables, chairs, tenting, computers, etc. – needed to facilitate the pop-up events.
8. The AGENCY shall be responsible for ensuring that the site remains sanitary and free of waste and debris during and following each of the pop-up events.
9. The AGENCY and its vendors shall adhere to any and all applicable requirements and policies pertaining to COVID-19 established by the RTC, U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
10. The AGENCY shall be responsible for ensuring its representatives and the representatives of any of its vendors act in a safe and professional manner while on RTC property during the pop-up events.
11. The AGENCY shall be responsible for ensuring that any equipment and/or machinery is operated in a safe and professional manner by its representatives and representatives of any of its vendors while on RTC property during the pop-up events.
12. The AGENCY shall be responsible for promotion of the pop-up events. The AGENCY will receive RTC approval for any promotional material or collateral that references the RTC or the Bonneville Transit Center.

RTC Responsibilities:

1. The RTC permits the AGENCY use of space at the Bonneville Transit Center courtyard (see map below) for the purposes of offering low-cost, fresh produce and other public health and nutrition resources during pop-up events.



2. RTC staff will monitor and enforce all applicable COVID-19 requirements and policies established by the U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
3. The RTC shall be responsible for ensuring the courtyard at the Bonneville Transit Center is sanitary and free of debris prior to each of the pop-up events.
4. The RTC's security contractor will patrol the site of the pop-up events as part of its regular BTC site patrols.
5. The RTC shall assist the AGENCY with the promotional and marketing efforts pertaining to the pop-up events.

Exhibit B

Compensation

The RTC will receive no compensation from the AGENCY or its contractor(s), if applicable, for use of the Bonneville Transit Center for the pop-up events.



Memorandum

Date: March 28, 2024

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor* *DI*
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* *DB*
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* *CS*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, M.D., MPH, *District Health Officer* *FL*

Subject: Variance request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line

I. BACKGROUND:

Matthew and Meghan Golightly (“Petitioners”) are requesting a variance to obtain the approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* (“SNHD ISDS Regulations”) and to allow future building permits to be issued for the property located at Assessor’s Parcel Number 128-31-210-001, also known as 339 Alpine Way, Mt. Charleston, NV 89124 (“Subject Property”). SNHD has no record of a permit for the existing septic system.

Petitioners request a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a “Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations.” The existing septic system is currently in violation of Sections 2.1 and 5.1 of the SNHD ISDS Regulations.

Petitioners further request a variance from Section 5.1 of the SNHD ISDS Regulations, which states that “No septic tank or soil absorption system shall be located within ten feet (10’) of any property line.” The existing septic tank and leach field are approximately four feet from the property line. Petitioners would like to proceed with their Tenant Improvement approval request and allow the existing septic tank and leach field to remain encroaching on the property line.

Petitioners state the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the petitioner, and do not generally affect other persons subject to the regulation:

"This situation would require us to remove an existing septic system that was installed in the 1970's/ This entire situation arose do to a loss of our patio deck during the winter of 2023 storms. We were forced to pull a building permit to repair this deck. When we applied for a building permit for CCBD, we were told SNHD had no record of our septic system. We do not understand why this rule to bring septic system to current code is being applied years later. This property has been sold many times since 1970. Why are we being penalized and not the previous owners when they purchased the property previously?"

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

"Please see attached estimates from C A Builders LLC general contractor NV#0083711. This entire process would force a undo financial strain on our family."

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

"Septic has worked properly at current location with no issues or breach of system. In our opinion, there is no reason to uninstall a working system. We ask that we be allowed to leave septic at the current location."

The Subject Property is depicted in Attachment C as Lot 35 of Block 3 of the recorded subdivision known as Rainbow Canyon Unit #1, which was approved in 1960. The property has not been improved since the adoption of the current SNHD ISDS Regulations in 2009. The existing single-family residence on the Subject Property was constructed in 1965.

Examination of the Clark County Assessor's records and parcel genealogy show that Petitioners are the sixth owners of the septic system and obtained the Subject Property in November 2021. An analysis of the surrounding area shows that there are two public water system wells and 161 permitted septic systems within a square mile of the Subject Property.

II. RECOMMENDATION:

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommends APPROVAL of the variance. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioners and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.
3. Permitting of the ISDS must be completed within one year of the date of approval of the variance. If the permit has not been approved within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioners or their successor(s) in interest.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter Submitted by Petitioners
- C. Recorded Plat for Rainbow Canyon Unit #1
- D. Septic Plan Submitted by Petitioners
- E. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/Establishment: _____
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: _____
Address of Operator/Agent: _____
Contact Information of Operator/Agent:
Office Phone: _____ Cell Phone: _____
Fax Number: _____ Email Address: _____
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION

Name of Property Owner: Matt Golightly
Address of Property Owner: 339 Alpine Way Las Vegas, NV 89124
Contact Information of Property Owner:
Office Phone: 702-354-9763 Cell Phone: _____
Fax Number: _____ Email Address: _____

PROPERTY INFORMATION

Property Address: 339 Alpine Way Las Vegas, NV 89124
Assessor's Parcel Number (APN): 128-31-210-001
Describe location within larger facility (i.e. hotel/casino/resort, etc.):

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)
1) Requirements per NAC setbacks 2) Septic was installed in 1970's SNHD/County does not have record of the tank.

Please Note: Septic has been operational for 50 years . We are a requesting variance to leave as is . Septic removal and reinstall would create undo financial hardship and is not necessary.

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:

Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. **Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:**

This situation would require us to remove an existing septic system that was installed in the 1970's/
This entire situation arose do to a loss of our patio deck during the winter of 2023 storms.
We were forced to pull a building permit to repair this deck. When we applied for a building permit for CCBD,
we were told SNHD had no record of our septic system. We do not understand why this rule to bring
septic system to current code is being applied years later. This property has been sold many times since 1970 .
why are we being penalized and not the previous owners when they purchased the property previously ?

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. **Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would incurred by compliance):**

Please see attached estimates from C A Builders LLC general contractor NV#0083711

This entire process would force a undo financial strain on our family.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. **Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:**

Septic has worked properly at current location with no issues or breach of system.

In our opinion, their is no reason to uninstall a working system.

We ask that we be allowed to leave septic at the current location.

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - ① Are unique to the applicant;
 - ② Do not generally affect other persons subject to the regulation;
 - ③ Make compliance with the regulation unduly burdensome; and
 - ④ Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - ① Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
 - ② Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.
[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240 as shown at the top of this page. ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____

(Print Name of REHS)

Completed by: _____ Date: _____

(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____

(Owner/Operator/Agent)

Reviewed by: _____ Date: _____

(Signature of SNHD Manager)

Attachment B: Justification Letter Submitted by Petitioners (Page 1 of 2)

November 2, 2023

To Whom It May Concern,

We are the property owners of lot 339 Alpine Way. Recently we suffered the loss of our exterior deck to excessive snow fall from the winter of 2022-2023. As a result of this loss we had to remove the existing deck, and apply for a building permit (Which has been approved pending SNHD Hold Release) in order to replace our deck.

During this process, SNHD flagged the release of this permit, as they could not locate an approved septic permit for the existing septic system that was installed, we think in the 1980s. We had this tank inspected by a 3rd party prior to assuming ownership of the property in 2021. The results of which were found to be within operating requirements.

As a result of this HOLD placed by SNHD, we find ourselves in a hardship situation, as SNHD is now asking us to apply for a variance for the existing tank as the current layout does not meet the set-back requirements.

We are asking that a variance be granted to allow the current location to be approved. We really need to get our deck started.

These are the special circumstances that are causing a hardship related to this lot. We are not looking forward to living another winter without a deck on our home. We do not think we should be made to dig up the existing working septic system, just so we can build a replacement deck on our property.

Please consider our request.

Thanks,

A handwritten signature in black ink, appearing to read "Matt Golightly". The signature is fluid and cursive, with a large, sweeping initial "M".

Matt Golightly

Variance Request for 339 Alpine Way
Page 8
March 28, 2024

Attachment B: Justification Letter Submitted by Petitioners (Page 2 of 2)

Thanks for your time and for listening to our request given our hardship in this special set of circumstances.

Best,

Matt Golightly and Meghan Golightly

Attachment E: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, March 28, 2024 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Matthew and Meghan Golightly ("Petitioners"), to allow a reduced property line setback for the existing unpermitted septic system on the property located at 339 Alpine Way, Mt. Charleston, NV 89124, APN 128-31-210-001.

The variance is requested to allow the Petitioners to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing unpermitted septic system to encroach on the property line.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by March 27, 2024 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

- S -

Chris Saxton, MPH-EH, REHS
Environmental Health Director

March 12, 2024
Date



Memorandum

Date: March 28, 2024

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor* *DI*
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* *DB*
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* *CS*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, M.D., MPH, *District Health Officer* *FL*

Subject: Variance request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl, Las Vegas, NV 89143 to allow the septic system to encroach on the property line

I. BACKGROUND:

Jeremy and Laura Tippetts (“Petitioners”) are requesting a variance to obtain final approval of a new septic system in accordance with Section 16.9 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* (“SNHD ISDS Regulations”) and to allow future building permits to be issued for the property located at Assessor’s Parcel Number 125-05-703-011, also known as 8520 Jakes Pl, Las Vegas, NV 89143 (“Subject Property”).

Petitioners request a variance from Section 5.1 of the SNHD ISDS Regulations, which states that “No septic tank or soil absorption system shall be located within ten feet (10’) of any property line.” The existing leach field is three feet from the property line. Petitioners would like to obtain final approval of their septic system and allow the leach field to remain encroaching on the property line, and ultimately to obtain the certificate of occupancy for their new single-family residence (SFR).

Petitioners state the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the petitioner, and do not generally affect other persons subject to the regulation:

“Due to misunderstanding of the location of the property line, the septic system was installed approximately three feet (3') from the property line and within the requested ten foot (10') set back.”

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

“The system is already fully installed and has passed all inspections with the SNHD and was approved to be backfilled. The cost to excavate the system and move it would be too great and would damage the system and require all new system parts to be purchased as well.”

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

“In its current location the septic system is still fully on our private property. The full system still easily meets the distance requirements from all other septic and well systems. This is a private residence and all surrounding properties are on at least 1 acre lots so the system has plenty of distance away from any other facilities.”

Petitioners are the original owners of the septic system, which was permitted on February 7, 2023, and inspected on February 7, 2024. Subsequent review of aerial photos revealed that the property line was not accurately marked at the time of inspection, and the leach field was installed approximately three feet from the south property line (see aerial photo taken February 3, 2024, included as Attachment G). By the time the property line encroachment was discovered, however, the system had been covered and could not be easily moved without significant cost and/or potential damage to the system.

An analysis of the surrounding area shows that there are 95 recorded well logs and 109 permitted septic systems within a square mile of the Subject Property. The Subject Property receives water service from a domestic well (see well driller's report included as Attachment E). The nearest available sewer point of connection is approximately 680' from the property line (see Attachment F).

II. RECOMMENDATION:

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommends APPROVAL of the variance due to the Subject Property's use of well water, distance to the nearest sewer connection point, and age the septic system. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioners and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter Submitted by Petitioners
- C. Approved Plot Plan for ON0033483
- D. Final Inspection Report for ON0033483
- E. Well Driller's Report (Well Log #137263)
- F. Nearest Sewer Point of Connection
- G. Aerial Photo of 8520 Jakes Place
- H. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/Establishment: JLT Holding Company Residence
Health Permit Number: ON0033483 Date of Inquiry: 3/7/2024
Name of Operator/Agent: JLT Holding Company / Jeremy Tippetts
Address of Operator/Agent: 8348 Jeremiahs Lodge Ave
Contact Information of Operator/Agent:
Office Phone: N/A Cell Phone: (702) 824-7137
Fax Number: N/A Email Address: tippettsjeremy@gmail.com
If corporation, the name/title of individual to sign for Variance document:
Name: Jeremy Tippetts
Title: Manager

OWNER INFORMATION

Name of Property Owner: Jeremy & Laura Tippetts
Address of Property Owner: 8348 Jeremiahs Lodge Ave
Contact Information of Property Owner: Jeremy Tippetts
Office Phone: N/A Cell Phone: (702) 824-7137
Fax Number: _____ Email Address: tippettsjeremy@gmail.com

PROPERTY INFORMATION

Property Address: 8520 Jakes Place Las Vegas, NV 89143
Assessor's Parcel Number (APN): 125-05-703-011
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Residential property

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Section 5.1: No septic tank or soil absorption system shall be located within ten feet (10') of any property line.
Septic system is installed approximately three feet (3') from property line.

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:

Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:

Due to misunderstanding of the location of the property line, the septic system was installed approximately three feet (3') from the property line and within the requested ten foot (10') set back.

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would incurred by compliance):

The system is already fully installed and has passed all inspections with the SNHD and was approved to be backfilled. The cost to excavate the system and move it would be too great and would damage the system and require all new system parts to be purchased as well.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

In its current location the septic system is still fully on our private property. The full system still easily meets the distance requirements from all other septic and well systems. This is a private residence and all surrounding properties are on at least 1 acre lots so the system has plenty of distance away from any other facilities.

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. ([NRS 439.150](#), [439.190](#), [439.200](#))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240 as shown at the top of this page. ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____
(Print Name of REHS)

Completed by: _____ Date: _____
(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____
(Owner/Operator/Agent)

Reviewed by: _____ Date: _____
(Signature of SNHD Manager)

Attachment B: Justification Letter (Page 1 of 2)

Justification/Hardship Letter

To: Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV. 89107

From: JLT Holding Company LLC

Re: Parcel # 125-05-703-011

Date: March 7, 2024

To whom this may concern:

I hereby make application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management Section 10 and Nevada Department of Environmental Protection Policy.

This variance request is made to permit construction of an ISDS on a lot with a setback of less than ten feet (10') from the property line as required in Section 5.1.

The legal description of said property is APN # 125-05-703-011, further described as 8520 Jakes Place Las Vegas, NV 89143.

I have owned the property since 2020 and I am completing construction of my primary residence. I have installed a new septic system on the property. I had the system inspected after excavation and once the system was ready to backfill and passed all inspections. Due to a misunderstanding on the location of

Attachment B: Justification Letter (Page 2 of 2)

the property line the system was installed approximately three feet (3') from the property line and within the ten foot (10') setback requested on the plans. Prior to realizing the issue we were given approval to back fill the septic system and that has been completed. The cost to excavate and move the system at this point would be cost prohibitive and would cause damage to the equipment which would also have to be replaced. In its current location the septic system is still well outside of all other required setbacks including distance from any septic or well systems. The location of the septic system is in a rural residential area where each lot is at least 1 acre in size so the septic system will not pose any risks to neighboring properties in its current location.

Thank you for your consideration,



JLT Holding Company LLC

Jeremy Tippetts, Manager

Attachment D: Final Inspection Report for ON0033483

SOUTHERN NEVADA HEALTH DISTRICT
 280 SOUTH DECATUR BLVD | PO BOX 3902 | LAS VEGAS, NV | 89127 | 702-759-0660 (DIRECT) | 702-759-1000 (24 HOURS)

Permit No. ON0033483	Property Owner JLT Holding Company, LLC	Address 8520 Jakes Pl				
APN 125-05-703-011	SERVICE DATE 2/5/2024		STATUS —	TIME IN	TIME OUT	Water Supply Domestic Well
Current Action 910	TRAVEL MINUTES	MILES	VIOLATIONS ALLEGED	VIOLATIONS ACTUAL	FUTURE ACTION	ACTION
						DATE 2/5/24

SEPTIC TANK		Total Capacity:		gallons		
Number of Compartments:	Type: Concrete		Polyethylene			
Outside Dimensions - Length:	17 feet	inches	Width:	5 feet	10 inches	Liquid Depth:
Distance from Well:	153 feet	Dir: E	Distance from Foundation:	27 feet	Dir: S	
Nearest Distance from Lot Line:	85 feet	Dir: S	Location:	Front	Side	Rear

SUBSOIL DISPOSAL		Effective Absorption Areas		square feet		
Distance from Well:	169 feet	Dir: E	Distance from Foundation:	25 feet	Dir: S	
Nearest Distance from Lot Line:	188 feet	Dir: N	Location:	Front	Side	Rear
System Type:	Chamber		No. Pipes/Chambers:	96	Length of Each Pipe:	
Distance Between Pipes:		Total Pipe Length:		Depth under Pipe:		
Filter Material:	Native		Depth over Pipe:			
Total Width/Diameter:	18 feet	inches	Total Length:	64 feet	inches	Total Depth:
				4 feet	9 inches	

COMMENTS AND/OR VIOLATIONS:

- Maximum allowed ft for leach field depth is 4 1/2 ft to the bottom of the chambers. Total depth currently is 4'9".
- Please submit photo evidence that final grade is no more than 4'6" from the bottom of the chambers to Septics@snhd.org.

Nearest Cross Streets:

NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE DISPOSAL SYSTEMS (ISDS) OR TREES WITHIN 10 FEET (10') OF ISDS. THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

Received Copy:	Environmental Health Specialist:	Reviewed By:
		DT

Brittany Lewis | 702-759-1545 | lewisb@snhd.org

Attachment E: Well Driller's Report (Well Log #137263)

**STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT**

OFFICE USE ONLY
 Log No. **137263**
 Permit No. _____
 Basin No. _____

PRINT OR TYPE IN BLACK INK ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 634.340

NOTICE OF INTENT NO. **S2019-573**
 WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME: **Wendy & Robert Paduano**
 MAILING ADDRESS: **26018 NE 45 St Redmond WA 98063**
 DETAILED ADDRESS AT WELL LOCATION: **NW Corner Jakes Place**
 County: **Clark**

2. PLS LOCATION: NE 1/4 SE 1/4 5 Sec 19S NB 80 E
 PERMIT/WAIVER NO.: **125-05-703-005**
 Latitude: **36.32743** UTM E Longitude: **-115.28168** UTM N
Issued by Water Resources Current Permit No.

3. WORKED PERFORMED
 New Well Deepen: Orig Well # _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor Auger Rotary RVC
 Mining / Dewater Com / Ind Stock Air Mud Sonic
 Test / Other Mun / GM Rec Other _____

5. WELL TYPE
 NAD 27 NAD 83/WGS 84

6. LITHOLOGIC LOG

Material Encountered	Lost Circ	Water Strata	From	To
SOIL			0	5
TAN CLAY			5	30
CALICHE			30	70
SILT CLAYS			70	130
CEMENTED GRAVELS			130	210
CALICHE			210	272
CLAY			272	304
CEMENTED GRAVELS			304	400

7. WATER QUALITIES
 Static water level: **130** Feet below land surface
 Artesian Flow: **no** G.P.M. P.S.I.
 Water Temperature: **70** * Fahrenheit
 Water Quality: **good**

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)	
Air lift	150+	unknown	4

9. WELL CONSTRUCTION
 Depth Drilled: **350** Feet
 HOLE DIAMETER (BIT SIZE)
 18 Inches 0 Feet 80 Feet
 10 Inches 60 Feet 400 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
10.75	32.75	.375	+2	60
6.9	12	SDR 17	0	400

ANNULAR MATERIALS
 Sanitary Seal Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout **0** to **60** Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack [+ 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [+ 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
 Type of perforation: **Factory Screen**
 Size of perforation: **0.032**
 From **300** Feet To **400** Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision. This report is true to the best of my knowledge.
 Name: **Budget Drilling LLC**
 Address: **1170 Darcy Ln Pahrump Nv 89060**
 Phone: **702-306-2138**
 Nevada contractor's license number as issued by the State Contractor's Board: **0077029**
 Nevada well driller's license number as issued by the Nevada Division of Water Resources (non-ally drilled): **2829**
 Signed: _____
 Date: **9/18/2020**

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27 36.3274642
 - 115.2808387

Attachment F: Nearest Sewer Point of Connection



Attachment G: Aerial Photo of 8520 Jakes Place



Attachment H: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, March 28, 2024 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Jeremy and Laura Tippetts ("Petitioners"), to allow a reduced property line setback for the existing septic system (SNHD Permit #ON0033483) on the property located at 8520 Jakes Pl, Las Vegas, NV 89143, APN 125-05-703-011.

The variance is requested to allow the Petitioners to obtain final approval for their recently installed septic system in accordance with Section 16.9 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing septic system to encroach on the property line.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by March 27, 2024 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

- S -

Chris Saxton, MPH-EH, REHS
Environmental Health Director

March 12, 2024
Date



Memorandum

Date: March 28, 2024

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Daniel Isler, PE, REHS, *Environmental Health Engineer/Supervisor* *DI*
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* *DB*
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* *CS*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, M.D., MPH, *District Health Officer* *FL*

Subject: Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr, Las Vegas, NV 89110 to remain encroaching on the property line

I. BACKGROUND:

Huma Fahim, Owner ("Petitioner"), is requesting a variance to obtain the approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 140-35-210-065, also known as 499 Sari Dr., Las Vegas, NV 89110 ("Subject Property"). The existing septic system was approved on October 7, 1977.

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Sections 5.1 and 11.26 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 5.1 which states that "no septic tank or soil absorption system shall be located within ten feet (10') of any property line." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing leach field to remain encroaching on the property line.

Petitioner states the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the petitioner, and do not generally affect other persons subject to the regulation:

[See attached Justification Letter].

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

[See attached Justification Letter].

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

[See attached Justification Letter].

II. RECOMMENDATION:

The Subject Property is depicted in Attachment E as Lot 11 of Block 19 of the recorded subdivision known as Hollywood Vegas Inc. Estates, which was approved in 1956. The existing subdivision was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations.

Examination of the Clark County Assessor's records and parcel genealogy show that Petitioner is the fifth owner of the septic system and obtained the Subject Property in September 2011. An analysis of the surrounding area shows that there are 10 wells and 161 permitted septic systems within a square mile of the Subject Property.

The existing ISDS is approximately six feet (6') from the west property line, but it is more than ten feet (10') from the wall that separates the Subject Property from the neighboring property. This situation arose because the wall was constructed about ten feet (10') to the west of the property line, rather than directly on it (see aerial photo included as Attachment G).

Staff are of the opinion that granting the variance would not endanger public health or safety. Staff recommends APPROVAL of the variance. If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the applicants' property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter Submitted by Petitioner
- C. Tenant Improvement Review Conducted by SNHD Staff (SR0048601)
- D. Final Inspection Report and Plot Plan for ON0014664
- E. Hollywood Vegas Inc. Estates Subdivision Map
- F. Leach Field Location Determined by Hardin & Sons
- G. Aerial Photo of 499 Sari Drive
- H. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/Establishment: _____
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: _____
Address of Operator/Agent: _____
Contact Information of Operator/Agent:
Office Phone: _____ Cell Phone: _____
Fax Number: _____ Email Address: _____
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION

Name of Property Owner: FAHIM HUMA REVOCABLE TRUST HUMA FAHIM TIRS
Address of Property Owner: 6479 AURORA DAWN DRIVE, LV, NV 89142
Contact Information of Property Owner:
Office Phone: _____ Cell Phone: 702-917-5892
Fax Number: _____ Email Address: Tangobravo250@gmail-com

PROPERTY INFORMATION

Property Address: 499 SARI DRIVE, LAS VEGAS, NV 89142
Assessor's Parcel Number (APN): 140-35-210-065
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
N/A

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Section 3.7 The Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations.

Section 11.26 ISDS must be constructed on and remain on the same parcel as the structure(s) it serves.

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:

Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:

I have been disabled after multitrauma, I also am Psychiatric Patient. I want to move into basement due to my limitations. I am divorced woman, I want my family member to occupy other portion of the house. Since I can't walk long, I also have neuropathy in all 4 limbs, and I get panic attacks and OCD often. I can't live in same setting with anyone - but I need help with daily life and medical meds. So my family could live separate, that would be one person to help me with daily routine, Dr's visits, future surgeries.

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

I have been disabled for last 3 years. I am low income. Last year I had made around 20,000 dollar all year. I can't afford much with this income. It's very limited, and I can't afford anyone to help me with daily chores, Dr's appointment, and other needs as I can't hire anyone to help me, as I don't have much to spend on even myself.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

I do not intend to have every bathroom, every faucet running at the same time. I never had any problem with my septic tank. I do not use much water. I had had the septic tank cleaned a few years ago. I will have probably one more person living with me on the property.

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240 as shown at the top of this page. ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____

(Print Name of REHS)

Completed by: _____ Date: _____

(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____

(Owner/Operator/Agent)

Reviewed by: _____ Date: _____

(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner (Page 1 of 2)

Hardship Letter

To the respected board members of SNHD,

My name is Huma Fahim, for variance of APN #140-35-210-065

I am a disabled divorced woman, Last year I have made only 20,000 dollars, tax papers attached, I have had a multi trauma accident at work in 2019. And since than I have gone through 4 surgeries and I have 5th one coming up. Last two years I have had right ankle surgery, right knee surgery, twice right shoulder rotator cuff surgery, I do have right hand fingers hand and carpel tunnel surgery coming up since I had right and left broken ankles, right and left damaged knees, right shoulder rotator cuff broken and muscles twisted, right hand was broken, neck and head injury, I have neuropathy on all of my 4 limbs, that makes me unstable and shake if I try to walk a little long, I have been on restrictions -I am attaching a recent disability certification by my attending doctor I am disabled and have not been working for several years. Last year I only made 20,000 dollars, I am attaching my tax return papers with this also so you guys can see.

I cant take care of myself, and I wanted to have myself in the basement with my own privacy, I have OCD and I am a psychiatric patient with paranoia , I cant live in a same setting with anyone, I get severe anxiety but I do need separate portion to take care and keep eye on me, I have been sleeping in a living room sofa for last 3 years, since I have been trying to get this portion approve, I have to wait and stay on a sofa until I get this approve.

Attachment B: Justification Letter from Petitioner (Page 2 of 2)

I don't have money to spend even on myself, I am not planning to use every bathroom or every faucet at the same time, it will be me and my brother, may be his wife and one kid.

The house sits on a sunrise mountain as you know, the house behind mine is way down on the slop, its more than 10 feet and there is no way that they have my septic system or the leachfield on their property!

The neighbor next to my house close to septic system I have spoken to and he has been the original owner of the house, he told me that he knows very well that he does not have leach field or any part of my septic system on his property ,he also said that there are walls around every property and he knows for a fact that he does not have part of my septic system on his property at all-

I would ask the board members to please look into my hardship, my income, my disabilities and please make an exception to get my variance approved, I will keep everyone of you in my prayer to be blessed and may God make your life be away from any problem like I have gone through-

May God bless you

Huma Fahim

Date : 10/31/2023



Attachment C: Tenant Improvement Review Conducted by SNHD Staff (SR0048601) (Page 1 of 2)

SOUTHERN NEVADA HEALTH DISTRICT
 280 SOUTH DECATUR BLVD • PO BOX 3902 • LAS VEGAS, NV • 89127 • 702-759-0660 (DIRECT)• 702-759-1000(24 HOURS)

REPORT AND/OR NOTICE OF INSPECTION

EHS 1173	PERMIT NUMBER ON0014664	FACILITY Fahim Revocable Living Trust and Hafim Huma TRS			ADDRESS 499 Sari DR Sunrise Manor, NV 89110		
DIST 32	CITY Sunrise Manor	APN # 140-35-210-065			SR # SR0048601	WATER SOURCE PWS - Community	
CURRENT ACTION 628	Service Date 03/07/2024	Status	Time In	Time Out	Result		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date

NOTIFIED OF THE FOLLOWING

Tenant Improvement to convert an existing basement to an accessory apartment is **CONDITIONALLY APPROVED**. The proposed accessory apartment will contain 14 fixture units consisting of 2 toilets @ 2 FU, 2 bathtubs @ 2 FU, 2 lavatory sinks @ 1 FU, 1 kitchen sink @ 2 FU, and 1 clothes washer @ 2 FU. The existing septic system appears to be adequate if the original toilets have been replaced by low-flow versions (1.6 gpf or less). For final approval, provide photo documentation that all toilets are low-flow to septics@snhd.org.

Additionally, the leach field is less than 10' from the rear (west) property line. Final approval of this Tenant Improvement is conditioned on approval of a pending variance application before the Southern Nevada District Board of Health.

The building permit for the proposed accessory apartment may be released, but **PLACE A HOLD ON THE FINAL INSPECTION** until the above conditions have been met.

Attachment D: Final Inspection Report and Plot Plan for ON0014664 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT
 625 SHADOW LANE ♦ LAS VEGAS, NEVADA 89106

#37

PERMIT NO.	ADDRESS	CITY - TOWN																																									
S7267	Sari Street	Clark County																																									
DATE SCH'D. ACT.	N A M E	TYPE ESTAB. CAPACITY DATE PREV. INSP. PREV. ACT. PREC. DIST.																																									
10/7/77	Fugit, Leon	080081																																									
APPLICANT NAME		INITL. REINS. SURVEY C.C. SAMPLE OTHER																																									
		ACTION ORDER ▶ 5																																									
▼ NOTIFIED OF THE FOLLOWING ▼		▼ FINDINGS ▼																																									
Requested Final Insp.		<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td>PV</td><td>1</td><td>PP</td><td>2</td><td>P</td><td>3</td><td>REV</td><td>4</td><td>WSP</td><td>5</td><td>TOW</td><td>6</td><td>CEU</td><td>7</td> </tr> <tr> <td>OR</td><td>8</td><td>VC</td><td>9</td><td>IPPP</td><td>10</td><td>UP</td><td>11</td><td>NA</td><td>12</td><td>RBI</td><td>13</td><td>SH</td><td>14</td> </tr> <tr> <td>WCC</td><td>15</td><td>BACE</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>DEM</td><td>21</td><td colspan="3"></td> </tr> </table>	PV	1	PP	2	P	3	REV	4	WSP	5	TOW	6	CEU	7	OR	8	VC	9	IPPP	10	UP	11	NA	12	RBI	13	SH	14	WCC	15	BACE	16	17	18	19	20	DEM	21			
PV	1	PP	2	P	3	REV	4	WSP	5	TOW	6	CEU	7																														
OR	8	VC	9	IPPP	10	UP	11	NA	12	RBI	13	SH	14																														
WCC	15	BACE	16	17	18	19	20	DEM	21																																		
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		10.7.77 14 34																																									
		▼ ACTION ▼																																									
		CODE DATE																																									
		2 10/7/77																																									
		▼ RECOMMENDED ▼																																									
RECEIVED COPY		YCW 1 NCA 2 SH 3 VPS 4 REIN 5 OTHER 6 SAMP 7																																									
PUBLIC HEALTH SANITARIAN [Signature]		REVISION BY [Signature] 10/7/77 PAGE 1979 OF																																									

REPORT AND NOTICE OF INSPECTION

SEPTIC TANK:

Number of Compartments _____ . Type of Material _____ .
 Inside Dimensions: Length _____ ft.; Width _____ ft.; Liquid Depth _____ .
 Total Liquid Capacity 1500 gals. Distance from Well _____ ft.

SUBSOIL DISPOSAL:

Distance from Well _____ ft. Distance from Foundation 15 ft.
 Distance from Nearest Lot Line _____ ft. at Front _____, Side 10, Rear 10.

Seepage Beds:

Width 24 ft.; Length 50 ft.; Total Depth 3 ft.
 Total effective absorption area in bottom of bed 1200 sq. ft.
 Number of Lines 4. Length of each line 45 ft.
 Distance between lines 6 ft. Total length of tile lines 180 ft.
 Type of filter material: Gravel , Broken Stones _____, Other _____ .
 Depth of filter material beneath tile 1.5 ft. Over tile 1.6 ft.

Absorption Trenches:

Total length of tile lines _____ ft. Number of lines _____ .
 Length of each line _____ ft. Distance between lines _____ ft.
 Trench width _____ ft. Total effective absorption area on sides of trenches _____ .
 Depth of filter material beneath tile _____ ft.; Over tile _____ ft.

Seepage Pits:

Number of pits _____ . Diameter _____ .
 Effective Depth _____ ft. Lining Material _____ .
 Total effective absorption area of side wall _____ .

DATE OF APPROVAL: 10.7.77, 19 ____ .
 [Signature] Sanitarian

NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER AVAILABLE.

Attachment D: Final Inspection Report and Plot Plan for ON0014664 (Page 2 of 2)

CLARK COUNTY HEALTH DISTRICT
 Las Vegas, Nevada

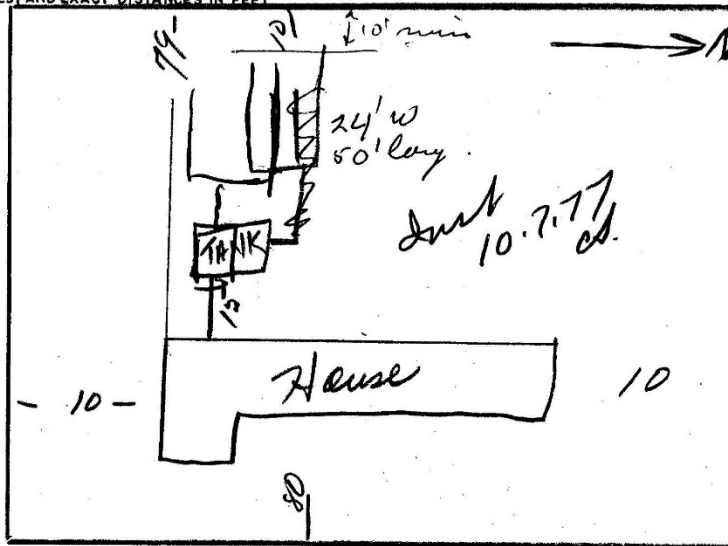
APPLICATION TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: 3130411
 7 2 6 7

DISTRICT: 2 TYPE CODE: 17 CATEGORY:
 BILLING CITY CODE: 09 TOTAL FIXTURE UNITS: 18 33
 PROPERTY OWNER NAME: Fugit, Leon SUBDIVISION:
 APPLICANT NAME: Same MINIMUM SEPTIC TANK SIZE: 19
 PROPERTY LEGAL DESCRIPTION: 20 1500 Gal.
 6 NW 1/4 Sec. 35 T 20 R 62 Hollywood Vegas Estates MINIMUM LEACH FIELD SIZE: 200 1165 Sq. Ft.
 STREET NO. FRACTION DIRECTION STREET NAME TYPE ROAD LAND AREA: 7 449 Sari Street 100 x 200 =
 CITY: Las Vegas ZIP CODE: 89104 TOTAL BEDROOMS/BATHS: 23 4 BDRMS 3 BATHS
 PHONE: PREFIX NUMBER EXTENSION AREA CODE: 9 731 4772 SEPTIC TANK CONTRACTOR: TYPE OWNER: 24
 WATER SUPPLIER: 10 Unknown WATER SUPPLY CONTROL NO. TYPE: 25
 SANITATION DISTRICT VERIFICATION: 11 LVVWD PARCEL NUMBER: 26
 APPLICANT/OWNER FREE FORM ADDRESS: 12 Terry PERMIT STATUS: EXPIRATION DATE: 27
 STREET NO. FRACTION DIRECTION STREET NAME TYPE ROAD: 13 14 2670 Van Patten PREPARED BY: Rec # 57250
 CITY: Las Vegas STATE: Nv ZIP CODE: 89104 APPROVED BY: C. Seward
 PHONE: AREA CODE PREFIX NUMBER EXTENSION: 15 30

IN THE SPACE PROVIDED BELOW DRAW A LAYOUT OF YOUR PROPOSED SEWAGE DISPOSAL SYSTEM. INCLUDE ALL PROPERTY LINES, WATER WELLS, BUILDINGS, SWIMMING POOLS, TREES, WATER LINES, AND EXACT DISTANCES IN FEET.

FIXTURE	UNITS	NO.	TOTAL
WATER CLOSETS	6 ⁰⁰	3	18
BATHTUBS	2 ⁰⁰	2	4
SHOWERS	2 ⁰⁰		
DOUBLE LAVATORIES	2 ⁰⁰	1	2
SINGLE LAVATORIES	1 ⁰⁰	2	2
KITCHEN SINK DISHWASHER	2 ⁰⁰	1	2
CLOTHES WASHER	2 ⁰⁰	1	2
OTHER: W/B	1 ⁰⁰		1
L/Tub	2 ⁰⁰	1	2



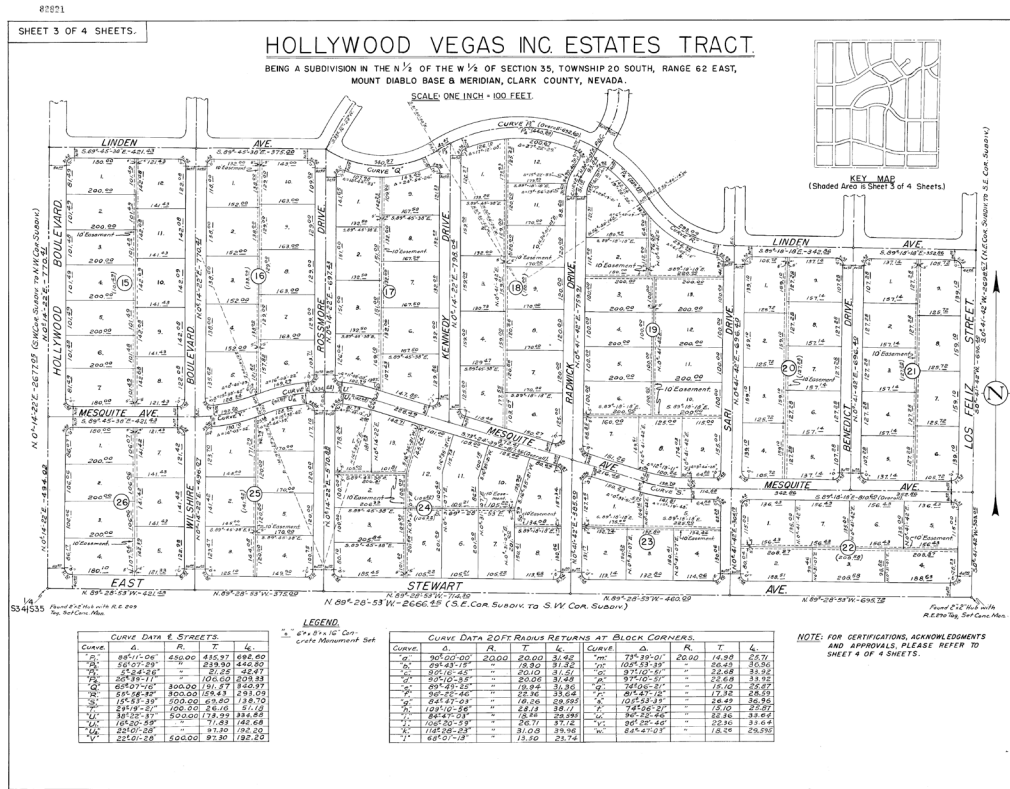
LOCATION OF ISDS APPROVED BASED ON PLAT MAP PRESENTED BY APPLICANT THIS DATE AND SUBJECT TO RELEASE OF EXISTING PATENT RIGHT OF ~~WATER~~ CLARK COUNTY.

SARI St.

Leon Fugit
 APPLICANTS SIGNATURE

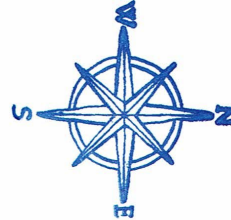
APPLICATION APPROVED BY: *[Signature]*

Attachment E: Hollywood Vegas Inc. Estates Subdivision Map

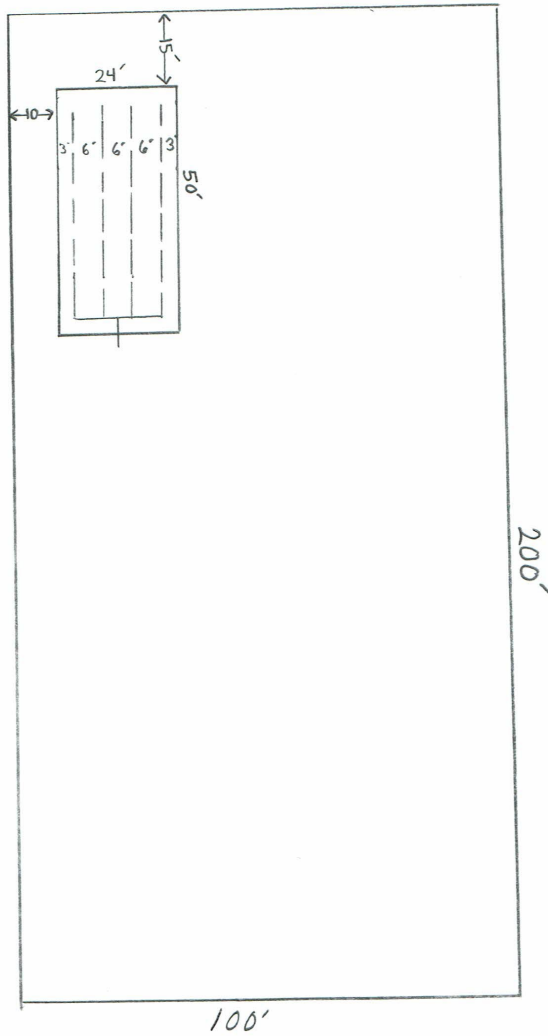


Attachment F: Leach Field Location Determined by Hardin & Sons

LEACHFIELD EXCAVATED TO VERIFY
ACTUAL LOCATION ON 1-30-2024.
(SEE ATTACHED PHOTOS)



SCALE
1" = 30'



499 SARI DR.

APN # 140-35-210-065

SNHD # 7267-H39-00
ON 0014664

SARI DRIVE

Attachment G: Aerial Photo of 499 Sari Drive



Attachment H: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, March 28, 2024 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Huma Fahim (“Petitioner”), to allow a reduced property line setback for the existing septic system (SNHD Permit #ON0014664) on the property located at 499 Sari Dr., Las Vegas, NV 89110, APN 140-35-210-065.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing septic system to encroach on the property line.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by March 27, 2024 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

- S -

Chris Saxton, MPH-EH, REHS
Environmental Health Director

March 12, 2024
Date



Updates to SNHD Clinical Master Fee Schedule

DONNIE (DJ) WHITAKER
CHIEF FINANCIAL OFFICER

MARCH 28, 2024

Clinical Master Fee Schedule Review

The billing fee schedule is reviewed annually to add new fees or adjust existing fees.

Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.

Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Clinical Master Fee Review Methodology

Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2024)

Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2024.

Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.

Proposed changes to individual fees are included in Exhibit A (133 fees). All other fees on the billing fee schedule remain the same.

REFERENCES

The complete SNHD billing fee schedule is included in the meeting materials.

The complete master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.

EXHIBIT A
2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPTCODE	CPT Code Description	Current Rate	Proposed New Fee
	Pathology & Laboratory		
80074	Acute Hepatitis Panel w/reflex	\$ 105.00	\$ 564.00
86480	Quantiferon	\$ 65.00	\$ 252.00
86705	HEP B CORE ANTIBODY- IGM	\$ 12.00	\$ 112.00
86706	Hepatitis B surface Ab- qualitative	\$ 18.00	\$ 89.00
86708	HEP A ANTIBODY- TOTAL	\$ 18.00	\$ 114.00
86709	HEP A ANTIBODY- IGM	\$ 12.00	\$ 82.00
86780	Syphilis IgG antibody (treponemal)	\$ 65.00	\$ 66.00
86803	Hep C- Rapid- Oraquick	\$ 32.00	\$ 135.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00	\$ 114.00
87522	HEPATITIS C- RNA- QUANT	\$ 43.00	\$ 568.00
87536	HIV-1- DNA- QUANT	\$ 95.00	\$ 450.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 53.00	\$ 114.00
80053	COMPREHEN METABOLIC PANEL	\$ 12.00	\$ 95.00
80061	LIPID PANEL	\$ 15.00	\$ 137.00
80076	Hepatic Function Panel (Liver Panel)	\$ 18.00	\$ 53.00
82465	Cholesterol - Clia	\$ 7.00	\$ 31.00
83036	Hemoglobin A1c - Clia	\$ 22.00	\$ 76.00
83718	ASSAY OF LIPOPROTEIN	\$ 9.00	\$ 38.00
84478	ASSAY OF TRIGLYCERIDES	\$ 6.00	\$ 40.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00	\$ 65.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 19.00	\$ 70.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$ 52.00	\$ 130.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 14.21	\$ 53.00
81002	UA Dipstick	\$ 18.00	\$ 21.00
81025	Urine Pregnancy Test	\$ 34.00	\$ 40.00
82044	Microalbumin	\$ 11.00	\$ 21.00
82270	Hemocult - Clia	\$ 8.00	\$ 21.00
83655	Lead - Clia	\$ 50.00	\$ 53.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 14.00	\$ 15.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 9.00	\$ 38.00
86308	Mononucleosis	\$ 12.00	\$ 26.00
86317	Hepatitis B surface Ab- quantitative	\$ 33.00	\$ 66.00
87390	HIV-1 AG- EIA	\$ 73.00	\$ 78.00
87624	HPV (AMP)	\$ 36.00	\$ 142.00
87905	Bacterial Vaginosis	\$ 17.00	\$ 39.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00	\$ 55.00

(continued)

	Immunizations/Vaccines		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 528.26
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 528.26
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$ 65.00	\$ 65.00
91319	SARSCV2 VAC 10MCG TRS-SUC I	\$ 85.00	\$ 85.00
91320	SARSCV2 VAC 30MCG TRS-SUC IM	\$ 130.00	\$ 130.00
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$ 145.00	\$ 145.00
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90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00	\$ 284.00
90632	Hepatitis A (Adult)	\$ 135.00	\$ 137.00
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00	\$ 53.00
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00	\$ 50.00
90678	Respiratory syncytial virus (RSV), vaccine, bivalent	\$ 321.26	\$ 374.00
90679	RSV Vaccine	\$ 301.84	\$ 380.00
90680	Rotavirus- Pentavalent	\$ 165.00	\$ 169.00
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00	\$ 53.00
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00	\$ 46.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00	\$ 42.00
90691	Typhoid- ViCPs	\$ 187.00	\$ 189.00
90723	DTaP-Hep B- IPV (Pedarix)	\$ 166.00	\$ 171.00
90734	Meningococcal (MCV4) Menveo	\$ 230.00	\$ 232.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 218.00	\$ 234.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00	\$ 52.00
90471	Admin Fee 1st Vaccine	\$ 23.00	\$ 50.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00	\$ 31.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00	\$ 48.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00	\$ 34.00
	Mental Health		
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 228.00	\$ 242.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 341.00	\$ 365.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 117.00	\$ 126.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 158.00	\$ 164.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 181.00	\$ 190.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 213.00	\$ 221.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 211.00	\$ 218.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00	\$ 99.00
90845	PSYCHOANALYSIS	\$ 167.00	\$ 183.00

MOTION

Motion to Accept the Recommendations from the Finance Committee and Approve the SNHD Clinical Master Fee Schedule, as presented.



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(continued)

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90845	PSYCHOANALYSIS	\$ 167.00	\$ 183.00

2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

	Medical Nutrition Therapy		
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00	\$ 68.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00	\$ 58.00
97804	MEDICAL NUTRITION- GROUP	\$ 18.00	\$ 50.00
	Office Visits & Preventive Care		
99204	E&M New Outpatient Comprehensive Problem	\$ 357.00	\$ 358.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 469.00	\$ 472.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00	\$ 107.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 159.00	\$ 162.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 230.00	\$ 237.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 330.00	\$ 346.00
99242	Office Consultation Level 2	\$ 289.00	\$ 293.00
99243	Office Consultation Level 3	\$ 375.00	\$ 389.00
99244	Office Consultation Level 4	\$ 536.00	\$ 545.00
99245	Office Consultation Level 5	\$ 689.00	\$ 708.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 202.00	\$ 209.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 206.00	\$ 218.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 211.00	\$ 221.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 234.00	\$ 246.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 264.00	\$ 278.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00	\$ 306.00
99387	Preventive Medicine- New patient- 65+ Years Old	\$ 301.00	\$ 310.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 181.00	\$ 190.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 192.00	\$ 200.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 189.00	\$ 199.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 203.00	\$ 212.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 229.00	\$ 237.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 243.00	\$ 251.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 253.00	\$ 260.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 78.00	\$ 79.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 117.00	\$ 128.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 163.00	\$ 321.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 160.00	\$ 168.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 47.00	\$ 90.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 142.00	\$ 153.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 157.00	\$ 213.00
10060	I&D Abscess	\$ 267.00	\$ 332.00
10120	Foreign Body- SKIN- Simple	\$ 340.00	\$ 471.00
36415	Collection of Venous Blood	\$ 23.00	\$ 24.00
36416	Collection of Capillary Blood	\$ 22.00	\$ 23.00
57410	PELVIC EXAMINATION	\$ 112.31	\$ 259.00
58300	IUD Insertion	\$ 207.00	\$ 254.00

2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

58301	IUD Removal	\$ 211.00	\$ 252.00
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 33.33	\$ 131.00
92551	Audiometry/screening test- pure tone- air only	\$ 34.00	\$ 35.00
92567	TYMPANOMETRY	\$ 18.00	\$ 52.00
93000	ECG w/interpretation	\$ 34.00	\$ 78.00
94640	Nebulizer/Inhalation Treatment	\$ 51.00	\$ 55.00
94664	Nebulizer - demo/eval of pt use	\$ 70.00	\$ 126.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 6.00	\$ 19.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 18.34	\$ 64.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 8.82	\$ 62.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 6.44	\$ 44.00
99341	HOME V- NP FOCUSED	\$ 122.00	\$ 122.00
99342	HOME V- NP EXPANDED	\$ 313.00	\$ 313.00
99344	HOME V- NP COMREH	\$ 339.00	\$ 339.00
99345	HOME V- NP HI COMP	\$ 391.00	\$ 391.00
99347	HOME V- EP FOCUSED	\$ 107.00	\$ 107.00
99348	HOME V- EP EXPANDED	\$ 306.00	\$ 306.00
99349	HOME V- EP DETAILED	\$ 267.00	\$ 267.00
99350	HOME V- EP COMPREHEN	\$ 370.00	\$ 370.00
99606	Medications Management Therapy	\$ 41.00	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00	\$ 41.00
99608	Medications Management Therapy	\$ 41.00	\$ 41.00
Fees Based on comparison to the 50th percentile of local healthcare community billing rates			
	New Codes for 2024		

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
10060	I&D Abscess	\$267.00
10120	Foreign Body- SKIN- Simple	\$340.00
11750	REMOVAL OF NAIL BED	\$161.39
11981	Implant - Insertion	\$304.00
11982	Implant - Removal	\$320.00
11983	Implant Removal and Reinsertion	\$497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$551.00
16000	Burn Care- Initial	\$306.00
36415	Collection of Venous Blood	\$23.00
36416	Collection of Capillary Blood	\$22.00
41899	DENTAL SURGERY PROCEDURE	\$286.00
57410	PELVIC EXAMINATION	\$112.31
58300	IUD Insertion	\$207.00
58301	IUD Removal	\$211.00
69209	Cerumen removal w/o instrument	\$49.00
69210	Cerumen removal w/ instrument	\$137.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$33.33
72040	X-RAY EXAM OF NECK SPINE	\$38.74
80053	COMPREHEN METABOLIC PANEL	\$12.00
80061	LIPID PANEL	\$15.00
80074	Acute Hepatitis Panel w/reflex	\$105.00
80076	Hepatic Function Panel (Liver Panel)	\$18.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$14.21
81002	UA Dipstick	\$18.00
81025	Urine Pregnancy Test	\$34.00
82044	Microalbumin	\$11.00
82270	Hemocult - Clia	\$8.00
82465	Cholesterol - Clia	\$7.00
82947	Blood glucose- monitoring device	\$22.00
83036	Hemoglobin A1c - Clia	\$22.00
83655	Lead - Clia	\$50.00
83718	ASSAY OF LIPOPROTEIN	\$9.00
83986	ASSAY OF BODY FLUID ACIDITY	\$14.00
84478	ASSAY OF TRIGLYCERIDES	\$6.00
85018	Hemoglobin - Clia	\$23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.00
86308	Mononucleosis	\$12.00
86317	Hepatitis B surface Ab- quantitative	\$33.00
86403	Strep A	\$39.00
86480	Quantiferon	\$65.00
86580	Tuberculosis Skin Testing	\$32.00
86592	RPR- non treponemal qualitative	\$42.00
86593	RPR titer- non-treponemal quantitative	\$50.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
86701	HIV-1 antibody (Multispot)	\$220.00
86702	HIV-2 antibody (Multispot)	\$117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$37.00
86704	HEP B CORE ANTIBODY- TOTAL	\$101.00
86705	HEP B CORE ANTIBODY- IGM	\$12.00
86706	Hepatitis B surface Ab- qualitative	\$18.00
86708	HEP A ANTIBODY- TOTAL	\$18.00
86709	HEP A ANTIBODY- IGM	\$12.00
86780	Syphilis IgG antibody (treponemal)	\$65.00
86803	Hep C- Rapid- Oraquick	\$32.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$151.00
87210	Smear- Wet Mount for Inf Agents	\$23.00
87340	HEPATITIS B SURFACE AG- EIA	\$19.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$126.00
87390	HIV-1 AG- EIA	\$73.00
87490	CHYLM D TRACH- DNA- DIR PROBE	\$91.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$53.00
87521	HEPATITIS C- RNA- AMP PROBE	\$487.00
87522	HEPATITIS C- RNA- QUANT	\$43.00
87536	HIV-1- DNA- QUANT	\$95.00
87563	M. GENITALIUM AMP PROBE	\$139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$53.00
87624	HPV (AMP)	\$36.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$100.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$135.00
87804	Influenza - Clia	\$43.00
87806	HIV - 1/2	\$80.00
87807	RSV - Clia	\$43.00
87808	Trichomonas Vaginalis - Clia	\$48.00
87905	Bacterial Vaginosis	\$17.00
88150	Pap Smear	\$56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$48.00
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$528.26
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$528.26
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$23.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$17.00
90471	Admin Fee 1st Vaccine	\$23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$15.00
90480	ADMN SARSCOV2 VACC 1 DOSE	\$40.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
90619	Meningococcal MenACWY MenQuadfi	\$270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$280.00
90622	Influenza- High Dose Seasonal	\$87.00
90625	Cholera- live oral	\$431.00
90632	Hepatitis A (Adult)	\$135.00
90633	Hepatitis A (Child) VAQTA	\$79.00
90636	Hepatitis A & B (Twinrix)	\$203.00
90644	Meningococcal C/Y-HIB PRP	\$11.00
90647	Hib PRP-OMP	\$60.00
90648	Hib PRP-T	\$57.00
90649	HPV- quadrivalent	\$275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$274.00
90651	HPV9- Gardasil	\$465.00
90670	Pneumococcal (Prevnar 13)	\$420.00
90671	PCV15 (Vaxneuvance)	\$420.00
90672	Influenza-live- intranasal- quadrivalent	\$45.00
90674	Flu- MDCK- Pfree Quad - PFS (2023-2024)	\$45.00
90675	Rabies	\$570.00
90677	PCV20 (Prevnar 20)	\$472.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$321.26
90679	RSV Vaccine	\$301.84
90680	Rotavirus- Pentavalent	\$165.00
90681	Rotavirus- Monovalent (Rotarix)	\$240.00
90685	Infl.- Quad- Adjuvanted Afluria	\$35.00
90686	Inf. Quad.- .50P Free Fluarix (2023-2024)	\$35.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$35.00
90691	Typhoid- ViCPS	\$187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$105.00
90696	DTaP-IPV - Quadracel	\$116.00
90697	DTaP-IPV-HepB-Hib - PFS	\$245.00
90698	DTaP- Hib- IPV (Pentacel)	\$195.00
90700	DTaP - Daptacel	\$62.00
90702	DT	\$120.00
90707	MMR	\$160.00
90710	MMRV	\$450.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
90713	IPV (Polio)	\$70.00
90714	Td (Tenivac) Preserve Free	\$65.00
90715	Tdap	\$89.00
90716	Varicella (chicken pox)	\$275.00
90717	Yellow Fever	\$325.00
90723	DTaP-Hep B- IPV (Pediarix)	\$166.00
90732	Pneumococcal (Pneumovax 23)	\$215.00
90734	Meningococcal (MCV4) Menveo	\$230.00
90738	Japanese encephalitis IM	\$520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$218.00
90744	Hepatitis B (Child)	\$70.00
90746	Hepatitis B (Adult) PFS	\$141.00
90750	Zoster- recombinant (Shingrix)	\$325.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$48.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$341.00
90832	PSYTX PT&/FAMILY 30 MINUTES EST	\$117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$213.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$90.00
90845	PSYCHOANALYSIS	\$167.00
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$65.00
91319	SARSCV2 VAC 10MCG TRS-SUC I	\$85.00
91320	SARSCV2 VAC 30MCG TRS-SUC IM	\$130.00
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$145.00
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	\$145.00
92551	Audiometry/screening test- pure tone- air only	\$39.00
92567	TYMPANOMETRY	\$18.00
93000	ECG w/interpretation	\$34.00
93040	ECG- Rhythm Strip	\$76.00
94010	SPIROMETRY	\$135.00
94060	Spirometry- Pre and Post	\$233.00
94640	Nebulizer/Inhalation Treatment	\$51.00
94664	Nebulizer - demo/eval of pt use	\$70.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$6.00
96110	ASQ (developmental screening)	\$59.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$22.00
96372	Therapeutic IM/SC Injection	\$65.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
97802	MEDICAL NUTRITION- INDIV- IN	\$67.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$35.00
97804	MEDICAL NUTRITION- GROUP	\$18.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$18.34
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$8.82
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$6.44
99000	Collection of Other Lab Spec	\$22.00
99070	Vandazole Vaginal Gel TUBE	\$135.43
99080	SPECIAL REPORTS	\$10.00
99173	Vision screen- Bilateral	\$28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$28.00
99188	Fluoride Varnish Administered (Medical)	\$45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$160.00
99203	New Patient Detailed Problem Focused	\$234.00
99204	E&M New Outpatient Comprehensive Problem	\$357.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$469.00
99211	E&M Established Outpatient - RN Only	\$60.00
99212	E&M Established Outpatient - Problem Focused	\$105.00
99213	E&M Established Outpatient Expanded Problem Focused	\$159.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$330.00
99242	Office Consultation Level 2	\$289.00
99243	Office Consultation Level 3	\$375.00
99244	Office Consultation Level 4	\$536.00
99245	Office Consultation Level 5	\$689.00
99341	HOME V- NP FOCUSED	\$122.00
99342	HOME V- NP EXPANDED	\$313.00
99344	HOME V- NP COMREH	\$339.00
99345	HOME V- NP HI COMP	\$391.00
99347	HOME V- EP FOCUSED	\$107.00
99348	HOME V- EP EXPANDED	\$306.00
99349	HOME V- EP DETAILED	\$267.00
99350	HOME V- EP COMPREHEN	\$370.00
99381	Preventive Medicine- New patient- <1 Year Old	\$202.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$206.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$211.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$234.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$264.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$294.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
99387	Preventive Medicine- New patient- 65 Years Old	\$301.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$181.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$192.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$189.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$203.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$229.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$243.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$253.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$78.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$117.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$163.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$160.00
99406	Tobacco counseling/3-10 min	\$32.00
99407	Tobacco counseling></div>10 min	\$62.00
99421	OL DIG E/M SVC 5-10 MIN	\$93.02
99422	OL DIG E/M SVC 11-20 MIN	\$93.02
99423	OL DIG E/M SVC 21+ MIN	\$107.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$47.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$142.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$157.00
99606	Medications Management Therapy	\$41.00
99607	Medications Management Therapy Addl 15min	\$41.00
99608	Medications Management Therapy	\$41.00
A4266	Diaphragm Device	\$109.00
A4267	Condoms (Male) (1 pk = 12)	\$0.50
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$0.09
A6250	Silver Sulfadiazine 1% cream	\$0.26
D0120	PERIODIC ORAL EXAMINATION	\$44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$52.00
D0190	Screening of Patient	\$41.00
D0191	ASSESSMENT OF A PATIENT	\$44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$15.00
D0270	BITEWING - SINGLE FILM	\$12.00
D0272	BITEWINGS - TWO FILMS	\$28.00
D0273	BITEWINGS - THREE FILMS	\$41.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
D0274	BITEWINGS - FOUR FILMS	\$45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$5.00
D1110	PROPHYLAXIS - ADULT	\$75.00
D1120	PROPHYLAXIS - CHILD	\$75.00
D1206	TOPICAL FLUORIDE VARNISH	\$53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$1.00
D1351	Dental Sealant - per tooth	\$37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$11.00
D1353	SEALANT REPAIR - PER TOOTH	\$25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$328.00
D3110	PULP CAP - DIRECT	\$53.00
D3120	PULP CAP - INDIRECT	\$56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$138.00
D4341	Periodontal scaling & root	\$155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$277.00
D4355	Full mouth debridement	\$112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$105.00
D4910	Periodontal maint procedures	\$103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$1,175.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$266.00
D5820	INTERIM PARTIAL DENTURE	\$205.00
D5821	INTERIM PARTIAL DENTURE	\$205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$201.00
D9311	Consultation with a Medical Health Care Professional	\$95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$15.00
D9992	Dental Case Management - Care Coordination	\$31.00
D9993	Dental Case Management - Motivational Interviewing	\$15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$35.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$35.00
G0010	ADMN HEP B VAC NO FEE SCHED SAME DAY	\$35.00
G0071	Comm svcs by rhc/fqhc 5 min	\$24.31
G0101	CA Screen/Breast Exam	\$58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$18.00
G0344	Welcome to Medicare Exam	\$275.00
G0366	ECG w/ Welcome to Medicare exam	\$29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$176.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$60.00
G0466	FQHC VISIT NEW PATIENT	\$244.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$244.00
G0468	FQHC VISIT IPPE/AWV	\$244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$240.00

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
G2010	Remot image submit by pt	\$14.00
G2012	Brief check in by md/qhp	\$16.00
G2025	Telehealth	\$92.03
G8598	Aspirin 325mg (ASA)	\$0.02
H0002	Alcohol and/or drug screenin	\$35.00
H0033	Other Preventive Medicine- Directly Observed Therapy	\$6.00
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$0.32
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$0.43
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$160.50
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$128.85
J0561	Bicillin 1.2 mil Long Acting	\$13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$13.80
J0696	Ceftriaxone 250mg/mL- IM	\$12.68
J0696	Ceftriaxone 500mg/mL- IM	\$14.17
J1030	Methylprednisolone 40mg INJ	\$8.94
J1040	Methylprednisolone 80mg INJ	\$14.69
J1050	Medroxyprogesterone 150mg/ml IM	\$57.80
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$38.25
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$12.49
J1200	Diphenhydramine HCl 50mg/mL Inj	\$0.84
J1324	Nevirapine 50mg/5mL	\$0.79
J1580	Gentamicin 80mg/mL 2ML	\$1.14
J1741	Ibuprofen 200mg CAP	\$0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$1.80
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$2.96
J2001	Lidocaine 2% Viscous SOLN	\$0.11
J2001	Xylocaine-Mpf 1% VIAL	\$6.96
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$0.48
J2405	Ondansetron ODT 4mg TAB	\$19.07
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$30.57
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$7.48
J3490	Capastat Injectable (1gr = 10ml)	\$221.31
J3490	Clotrimazole vag Cream 1%	\$8.84
J3490	Metronidazole Vaginal Gel TUBE	\$23.28
J3490	Paser 4gm	\$6.85
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$117.18

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
J3490	Tivicay 50mg (30 tabs)	\$56.76
J3490	Triumeq 600/50/300mg (30 tabs)	\$96.05
J7296	Kyleena- 19.5 mg	\$1,180.00
J7297	IUD Device - Liletta	\$200.00
J7298	IUD Device - Mirena	\$753.00
J7300	IUD Device - Paragard	\$568.00
J7301	IUD Device - Skyla	\$550.00
J7307	Implant Device - Nexplanon	\$825.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$0.41
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$1.14
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$1.97
J7620	Ipratropium BR 0.02% SOLN	\$1.51
J7626	Budesonide 0.5mg/2mL INH SUSP	\$9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$19.76
J8499	Acyclovir 400mg	\$1.61
J8499	Acyclovir 800mg	\$3.14
J8499	Avelox 400mg	\$31.27
J8499	Azithromycin 500mg	\$13.33
J8499	Bactrim DS 800/160mg	\$0.99
J8499	Cefixime 400mg	\$23.83
J8499	Cephalexin 500mg	\$1.14
J8499	Cycloserine 250mg	\$66.88
J8499	Dapsone 100mg	\$2.59
J8499	Descovy 200mg/25mg (30 tabs)	\$57.38
J8499	Diflucan 100mg	\$7.54
J8499	Diphenhydramine 12.5mg/5ml LQ	\$0.02
J8499	Doxycycline 100mg	\$0.20
J8499	Erythromycin 500mg	\$73.52
J8499	Ethambutol 100mg	\$8.20
J8499	Ethambutol 400 mg	\$1.13
J8499	Ethionamide 250 mg	\$5.67
J8499	Fluconazole 100mg	\$7.54
J8499	Fluconazole 150mg	\$15.87
J8499	Genvoya 150-200-10	\$100.86
J8499	Hurricane Gyno-Gel	\$7.40
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$0.03
J8499	Isoniazid 100mg	\$0.13
J8499	Isoniazid 300mg	\$0.43
J8499	Levaquin 250mg	\$14.39
J8499	Levaquin 500mg	\$17.20

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
J8499	Levaquin 750mg	\$30.88
J8499	Linezolid 600mg Tab	\$146.94
J8499	Metronidazole 250 mg	\$0.41
J8499	Metronidazole 500 mg	\$5.55
J8499	Moxifloxacin 400 mg Tab	\$26.76
J8499	Mycobutin 150mg	\$14.98
J8499	Mylanta	\$0.09
J8499	Odefsey 200-25-25	\$91.79
J8499	Penicillin VK 500mg	\$0.67
J8499	Prezcobix 800/150mg	\$61.86
J8499	Prezista 800mg	\$54.12
J8499	Priftin 150mg	\$3.90
J8499	Pyrazinamide 500mg	\$2.45
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$60.83
J8499	Rifampin 150mg	\$16.95
J8499	Rifampin 300mg	\$14.03
J8499	Rifapentine 150mg	\$3.90
J8499	Streptomycin 1 gram VIAL	\$80.00
J8499	Tindamax 500mg	\$14.66
J8499	Tivicay 50mg	\$56.76
J8499	Triumeq 600/50/300mg	\$96.05
J8499	Truvada 200-300mg	\$57.38
J8499	Vitamin B-6 50mg	\$0.02
J8499	Zidovud Syrp 50mg/5mL 240mL	\$0.20
J8499	Zyvox 600mg	\$10.97
PHYEX	SNHD General Physical	\$91.00
Q0091	Pap Smear	\$74.00
Q0144	Azithromycin 500mg	\$13.33
Q0144	Azithromycin 600mg	\$15.99
Q0144	Azithromycin Powder 1gm	\$15.99
Q0144	Zithromax 1 gm powder	\$123.50
Q0163	Diphenhydramine 25mg CAP	\$0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$2,100.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$5.00
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$29.41
S4993	Birth Control Pills - Aviane (28 tabs)	\$33.13
S4993	Birth Control Pills - Micronor (28 tabs)	\$56.12
S4993	Birth Control Pills - Nora - B (28 tabs)	\$34.54
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$51.30

2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$51.30
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$33.68
S4993	Birth Control Pills - Sprintec (28 tabs)	\$30.78
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$122.35
S4993	Birth Control Pills - Trinessa (28 tabs)	\$27.90
S4993	Emergency Birth Control - Plan B	\$31.20
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$31.94
T1013	Sign Lang/Oral Interpreter	\$23.00
TBCB1	TBCB1 CHARGE	\$100.00
TBCB2	TBCB2 CHARGE	\$200.00
U0002	Covid-19 lab test non-cdc	\$100.00

Proposed fee changes for 2024



UPDATE TO FEDERAL POVERTY LEVEL

RANDY SMITH
CHIEF EXECUTIVE OFFICER - FQHC
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 28, 2024

Tied to Federal Poverty Guidelines

The Federal Poverty Guidelines are published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

2024 Rates reflects the 4.1% increase to the CPI-U from Calendar Year 2022 and 2023

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 17, 2024

After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

Federal Poverty Levels 2024

% of Federal Poverty Level (FPL)	0-100%		101% to 150%		151% to 175%		176% to 199%		Primary Care/SHC 200% +
Program Code	P-0		P-1		P- 2		P-3		P-4
**Family Size	Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Above
1	0	\$ 15,060	\$ 15,061	\$22,590	\$ 22,591	\$ 26,355	\$ 26,356	\$ 30,119	\$ 30,120
2	0	\$ 20,440	\$ 20,441	\$30,660	\$ 30,661	\$ 35,770	\$ 35,771	\$ 40,879	\$ 40,880
3	0	\$ 25,820	\$ 25,821	\$38,730	\$ 38,731	\$ 45,185	\$ 45,186	\$ 51,639	\$ 51,640
4	0	\$ 31,200	\$ 31,201	\$46,800	\$ 46,801	\$ 54,600	\$ 54,601	\$ 62,399	\$ 62,400
5	0	\$ 36,580	\$ 36,581	\$54,870	\$ 54,871	\$ 64,015	\$ 64,016	\$ 73,159	\$ 73,160
6	0	\$ 41,960	\$ 41,961	\$62,940	\$ 62,941	\$ 73,430	\$ 73,431	\$ 83,919	\$ 83,920
7	0	\$ 47,340	\$ 47,341	\$71,010	\$ 71,011	\$ 82,845	\$ 82,846	\$ 94,679	\$ 94,680
8	0	\$ 52,720	\$ 52,721	\$79,080	\$ 79,081	\$ 92,260	\$ 92,261	\$ 105,439	\$ 105,440

Federal Poverty Levels 2024

% of Federal Poverty Level (FPL)	Sexual Health Clinic Follow Up Visits 200% +	Family Planning - 200%+			Ryan White - 200%+				
Program Code	P-4	P-4: 200% to 250%		P-5: 251% +	P-4: 200% to 300%		P-5: 301% - 399%		P-6: 400%+
**Family Size	Equal to or Above	Equal to or Between		Equal to or Above	Equal to or Between		Equal to or Between		Equal to or Above
1	\$ 30,120	\$ 30,120	\$ 37,650	\$ 37,651	\$ 30,120	\$ 45,330	\$ 45,331	\$ 60,239	\$ 60,240
2	\$ 40,880	\$ 40,880	\$ 51,100	\$ 51,101	\$ 40,880	\$ 61,523	\$ 61,524	\$ 81,759	\$ 81,760
3	\$ 51,640	\$ 51,640	\$ 64,550	\$ 64,551	\$ 51,640	\$ 77,717	\$ 77,718	\$ 103,279	\$ 103,280
4	\$ 62,400	\$ 62,400	\$ 78,000	\$ 78,001	\$ 62,400	\$ 93,911	\$ 93,912	\$ 124,799	\$ 124,800
5	\$ 73,160	\$ 73,160	\$ 91,450	\$ 91,451	\$ 73,160	\$ 110,105	\$ 110,106	\$ 146,319	\$ 146,320
6	\$ 83,920	\$ 83,920	\$ 104,900	\$ 104,901	\$ 83,920	\$ 126,299	\$ 126,300	\$ 167,839	\$ 167,840
7	\$ 94,680	\$ 94,680	\$ 118,350	\$ 118,351	\$ 94,680	\$ 142,492	\$ 142,493	\$ 189,359	\$ 189,360
8	\$ 105,440	\$ 105,440	\$ 131,800	\$ 131,801	\$ 105,440	\$ 158,686	\$ 158,687	\$ 210,879	\$ 210,880

MOTION

Motion to Accept the Recommendations from the Finance Committee and Accept the Updated Federal Poverty Levels Guidelines, as presented.



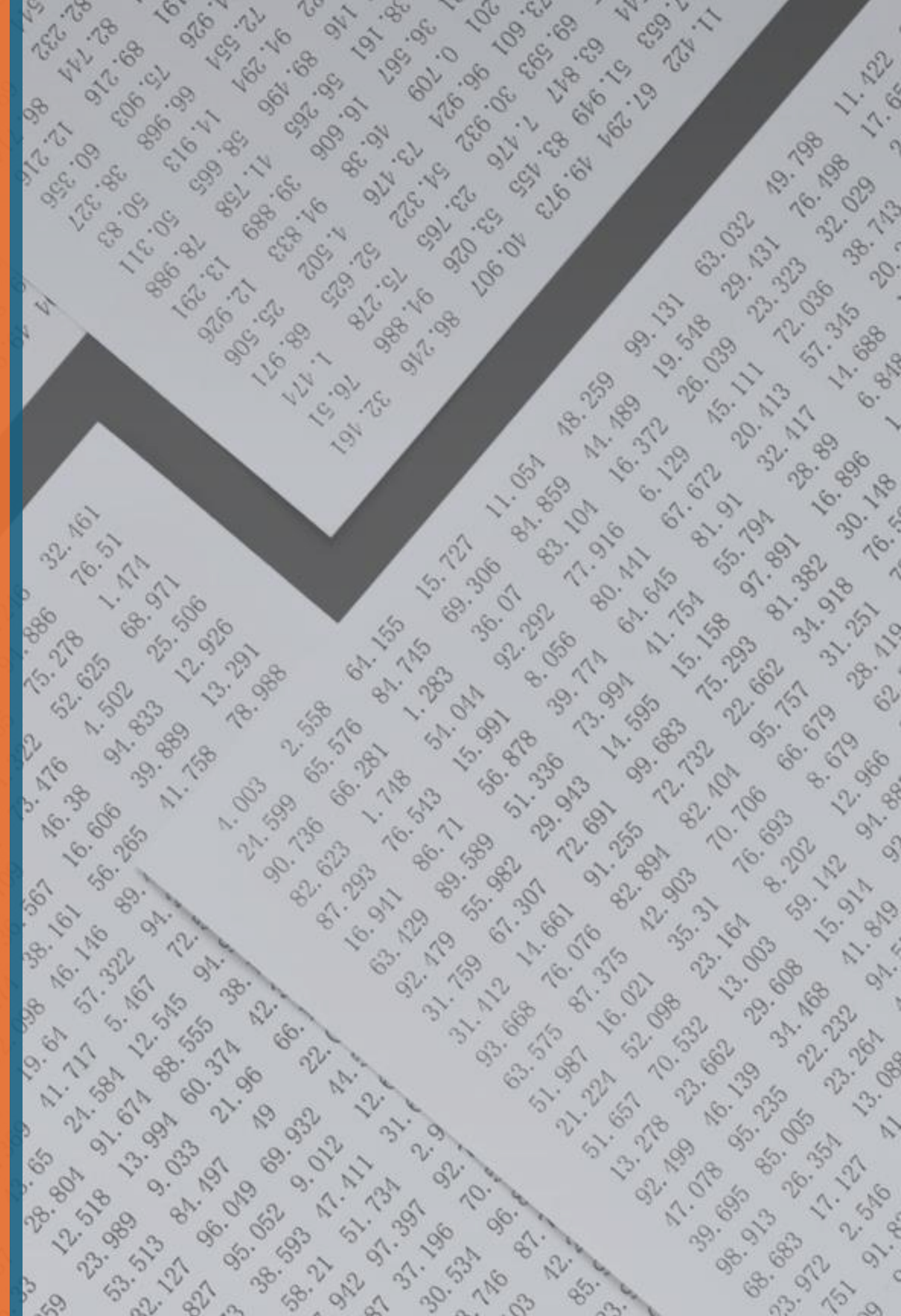


Questions?

CLINICAL SLIDING FEE SCHEDULE

RANDY SMITH
CHIEF EXECUTIVE OFFICER - FQHC
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 28, 2024



Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement



HEALTH AND HUMAN
SERVICES (HHS)



HEALTH RESOURCES
AND SERVICES
ADMINISTRATION
(HRSA)



OTHER PASS-THROUGH
GRANTS

HRSA Sliding Fee Program Requirements

Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**
- The health center must **prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)]** to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.

HRSA Sliding Fee Program Requirements

Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

- The health center must establish systems for [sliding fee] eligibility determination. [\(SNCHC: FPG, Family Size and Annual Income\)](#)
- The health center's schedule of discounts must provide for:
 - A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals;** and
 - No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].

HRSA Billing & Collection Requirements

Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)

- The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts
 - Sending of Patient Statements initiated in December 2023
 - Approximately \$17,700 collected from past due balances

Sliding Fee Program in Action

- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- Patients are asked to make a payment;
- Patient either make a full payment, partial payment or no payment;
- **ALL patients are seen regardless of their ability to pay;**
- Patients with outstanding payment balances are sent a billing statement with a request to pay;
- Any outstanding payment balances after 12 months are written off as bad debt;
- Patients are **NOT** sent to collections to recover outstanding payments.
- Patients receive assistance for the health center's Eligibility Workers to screen for eligibility and assistance with submitting applications to enroll in Medicaid.

Support to Patients Who Do Not Qualify for the SFDS

- New recommended discount
- Point of Care Discount of 50% to patients who do not qualify for the SFDS and are charged the full fee and make their payment at the time of their visit.
 - Primary Care and Sexual Health patients with incomes greater than 200% of the FPL
 - Family Planning patients with incomes at or above 251% of the FLP
 - Ryan White patients with incomes at or above 400% of the FLP
- Intent:
 - Remove access barriers for patients who may forgo receiving care based on the communicated full charges.
 - Increase participation among uninsured patients paying for their services.
- Complements the Sliding Fee Discount schedule.

Sliding Fee Discount Schedule Analysis

Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.

- Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs

Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.

- Patient surveys
- Participation rate of making payments on Nominal fees among SNCHC patients seen in calendar year 2023 (CY23)



Market Study of Fees for FQHCs in Nevada

Seven (7) Health Centers queried in March 2024. They include:

- All for Health, Health for All
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- Southern Nevada Community Health Center
- Canyonlands Healthcare

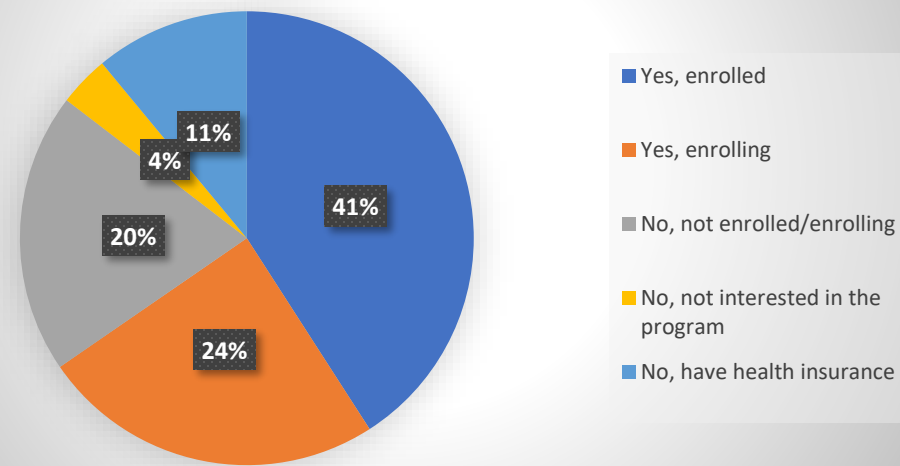
Market Study of Fees for FQHCs in Nevada

FQHC	*SNCHC	A	B	C	D	E	F
Lowest Slide Scale Fee	\$0/\$20	\$20	\$0	\$35	\$40	\$35	\$0
Highest Slide Scale Fee	\$55	\$100	Must come in to discover rate	\$75	\$70	Must come in to discover rate	\$50
Full Price Fee	\$200	\$200	\$120	\$100	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit

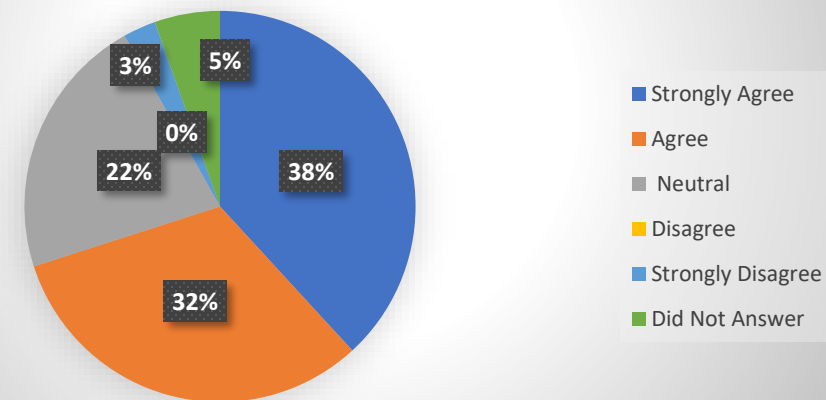
* Charges include office visit and basic labs

Sliding Fee Program Survey Results

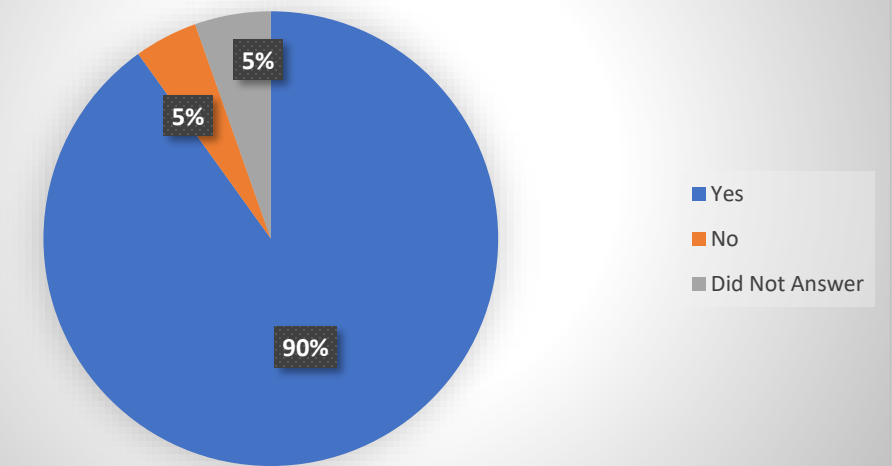
Q1: Are you enrolled or enrolling in the Sliding Fee Discount Program?



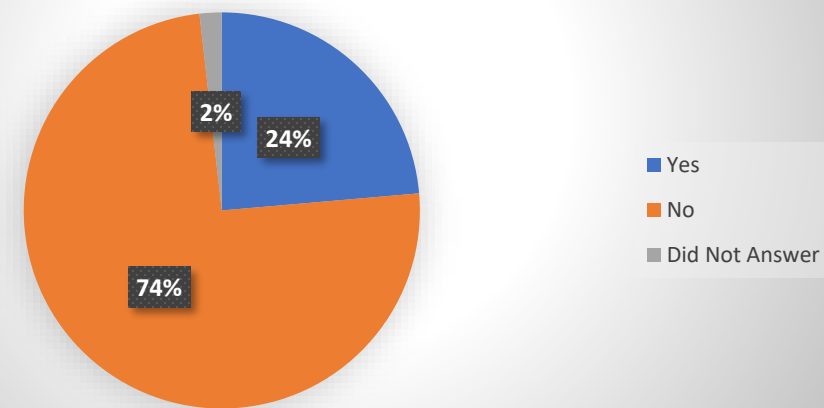
Q2: If so, do you think the fees are reasonable for the services provided by SNCHC?



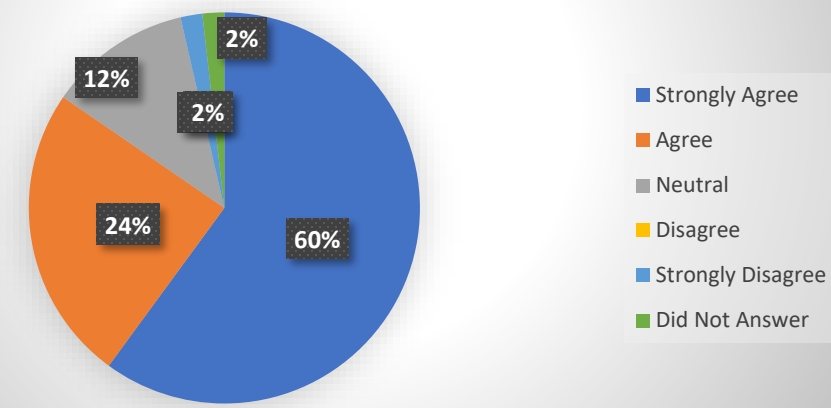
Q3: Does the sliding fee make it easier to access services at the Health Center?



Q4: Have you ever canceled an appointment due to lack of funds to pay the discounted fee?



Q5: Would you refer others to the Health Center knowing we have a Sliding Fee Discount Program available?



Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

Sexual Health Clinic Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
SHC Follow Up Fees	\$11	\$18	\$24	\$29	\$105
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

Family Planning Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	70%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$60	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$12	\$40

Family Planning Contraception

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	100%	82.5%	77.5%	72.5%	50%	0%
Implant	\$0	\$95	\$122	\$149	\$272	\$545
IUD	\$0	\$56	\$72	\$88	\$161	\$323
Depo Shot	\$0	\$5	\$6	\$8	\$15	\$30

Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-300%	301-399% +	400% +
Program Code	P0	P1	P2	P3	P4		
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%	0%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$200	\$200	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$40	\$40	\$40
No charges beyond ___% of pt.'s gross annual income	0%	5%	5%	5%	7%	10%	N/A

Pharmacy Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Medications (up to 30-day supply)	\$7	\$12	\$17	\$22	Full cost/\$22
Insulin (vial/pen)	\$10	\$10	\$10	\$10	\$10
Diabetic supplies	\$10	\$10	\$10	\$10	\$10
Glucose Meter	\$20	\$20	\$20	\$20	\$20

MOTION

Motion to Accept the Recommendations from the Finance Committee and Approve the SNHD Clinical Sliding Fee Schedule, as presented.





THANK YOU
QUESTIONS?



FY 2024-2025 Budget Presentation

(July 1, 2024 to June 30, 2025)

Southern Nevada District Board of Health Meeting

March 28, 2024



BUDGET PURPOSE

NRS 354.472

Purposes of Local Government Budget and Finance Act.

- (a) To establish standard methods and procedures for the preparation, presentation, adoption and administration of budgets of all local governments.
- (b) To enable local governments to make financial plans for programs of both current and capital expenditures and to formulate fiscal policies to accomplish these programs.
- (c) To provide for estimation and determination of revenues, expenditures and tax levies.
- (d) To provide for the control of revenues, expenditures and expenses in order to promote prudence and efficiency in the expenditure of public money.
- (e) To provide specific methods enabling the public, taxpayers and investors to be apprised of the financial preparations, plans, policies and administration of all local governments.

OVERVIEW

Staffing:

Staffing for **FY25** is projected to be **866.5** FTE compared to FY 2024 Augmented budget of 865 FTE.

Revenues:

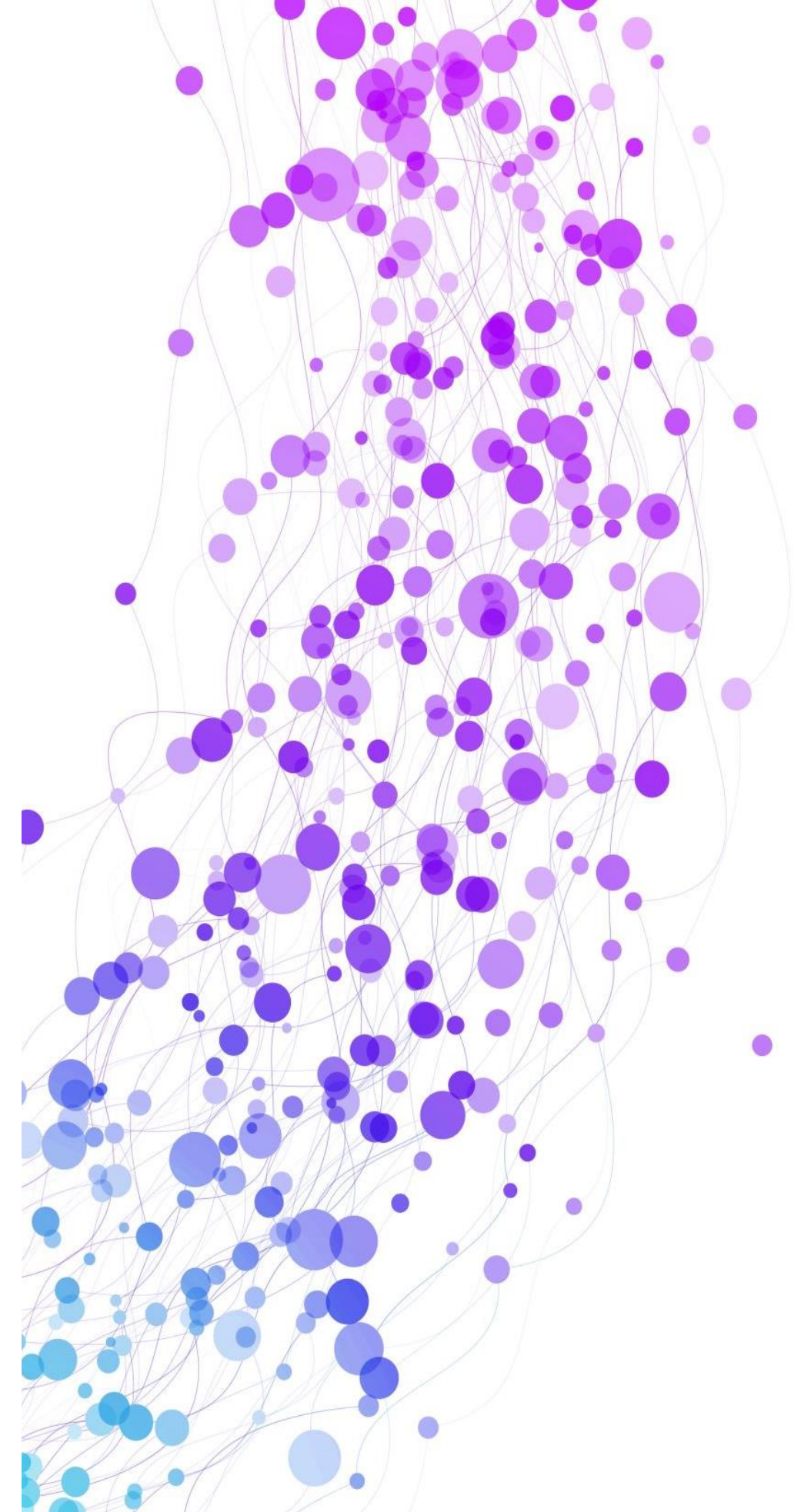
General Fund revenues is projected at **\$106.9M** in **FY25** an increase of \$5.4M from FY24 augmented budget.

Special Revenue Fund (Grants) decrease to **\$64.2M** in **FY25** a decrease of \$25.6M from FY24 augmented budget.

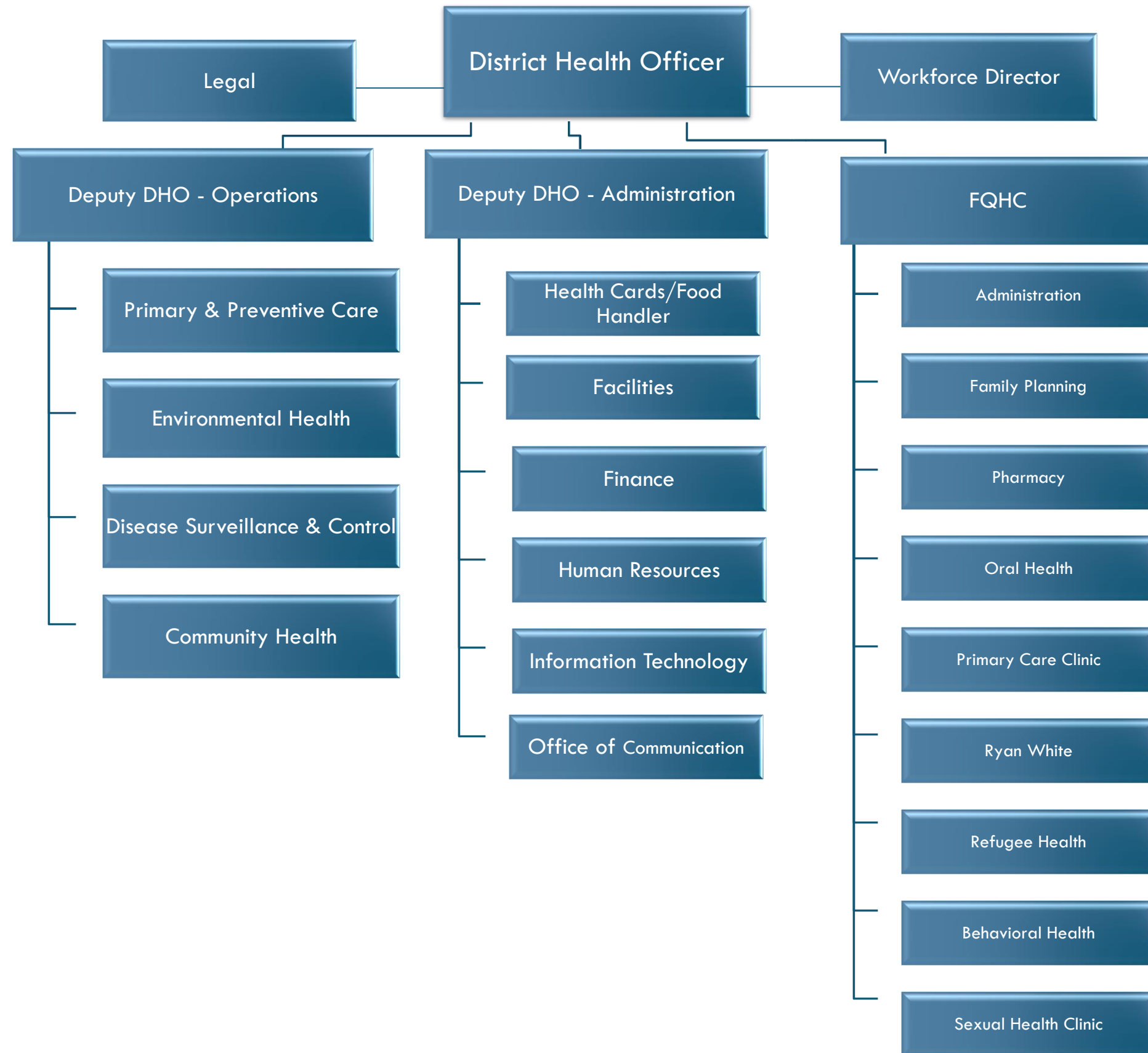
❖ *SB118 funding is expected to start in FY25, total of **\$10.95M**. An estimated **\$6.1M** is anticipated to be utilized in FY25.*

Capital:

Lab Expansion project is currently underway in FY24 and is expected to continue in FY25 with **\$4.1M** carryover budget.



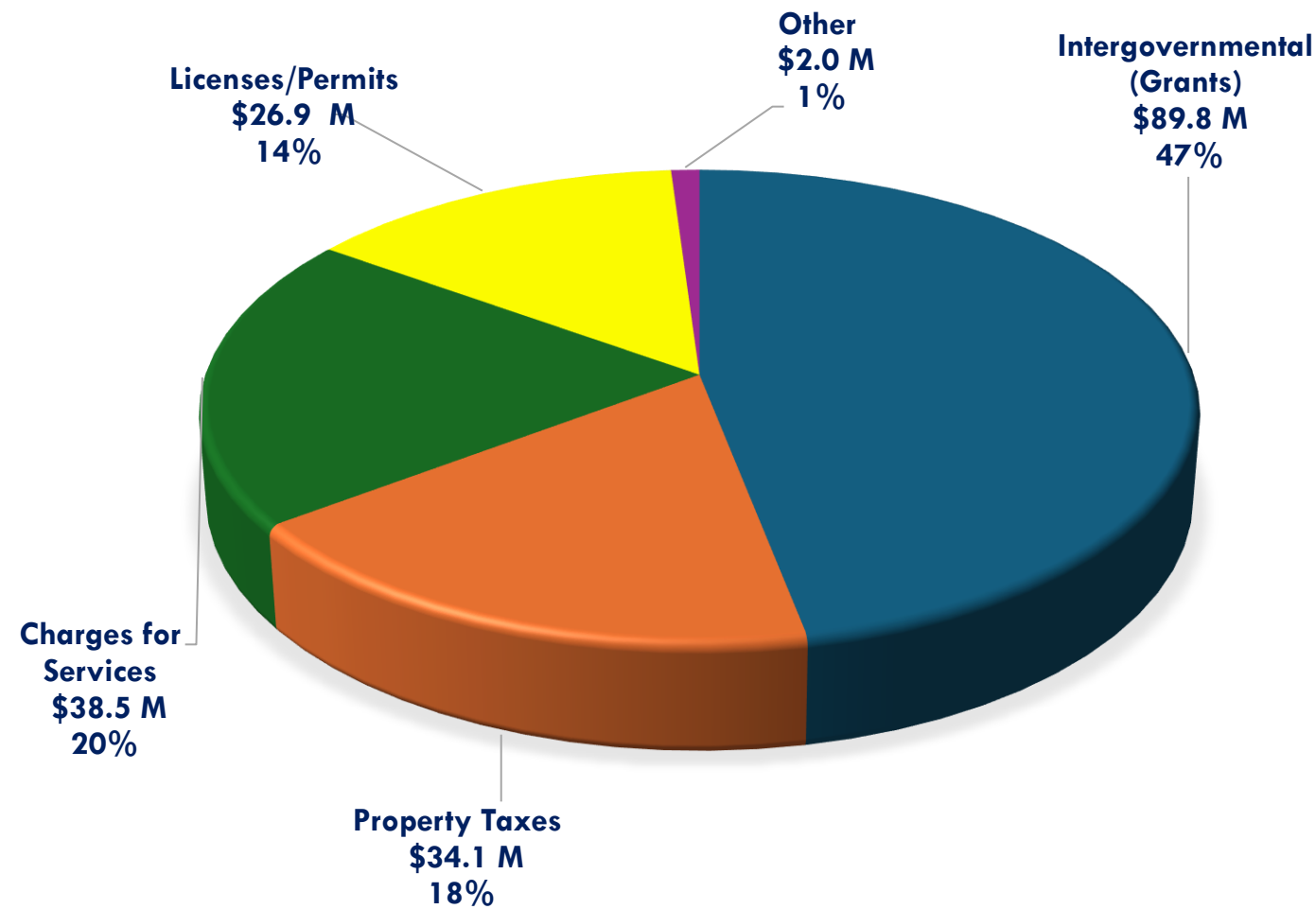
SNHD ORGANIZATION CHART



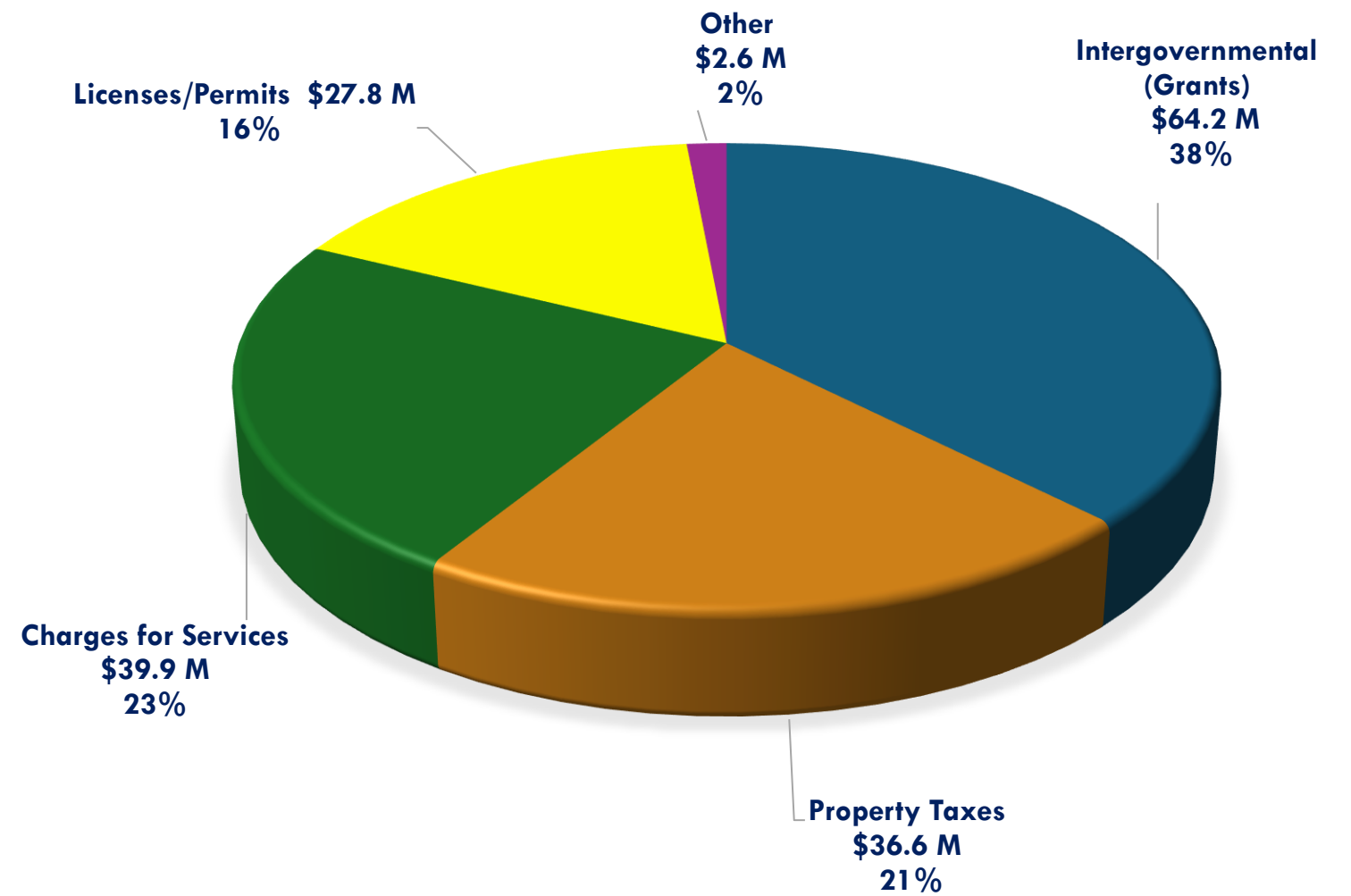
REVENUES

COMBINED GF & SRF REVENUES BY SOURCE – comparison

**FY2024 Augmented Budget
Revenue
\$191.3 M**



**FY2025 Annual Budget
Revenue
\$171.1 M**



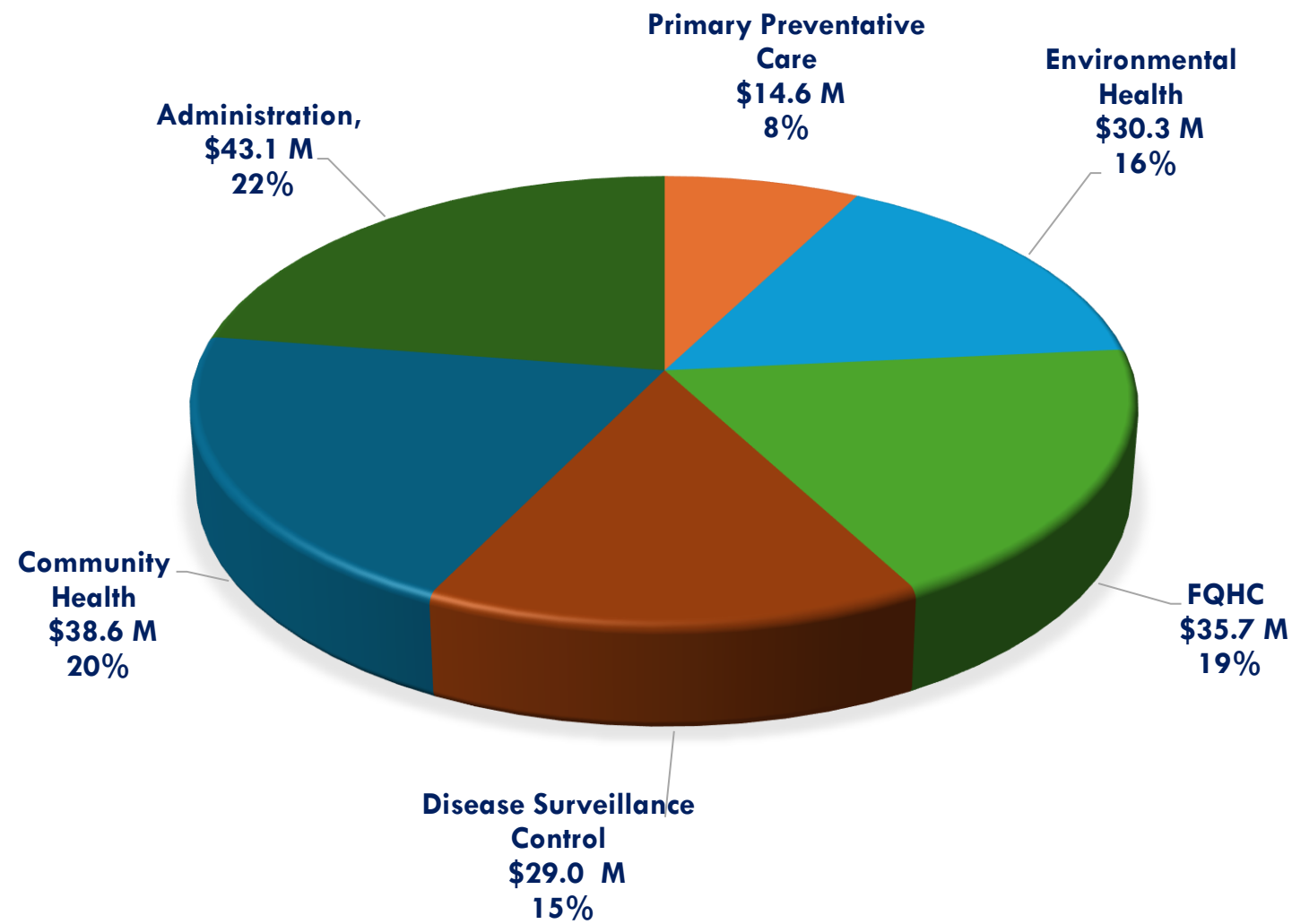
% Percentages are based on total revenue.

**Does not include Transfers In

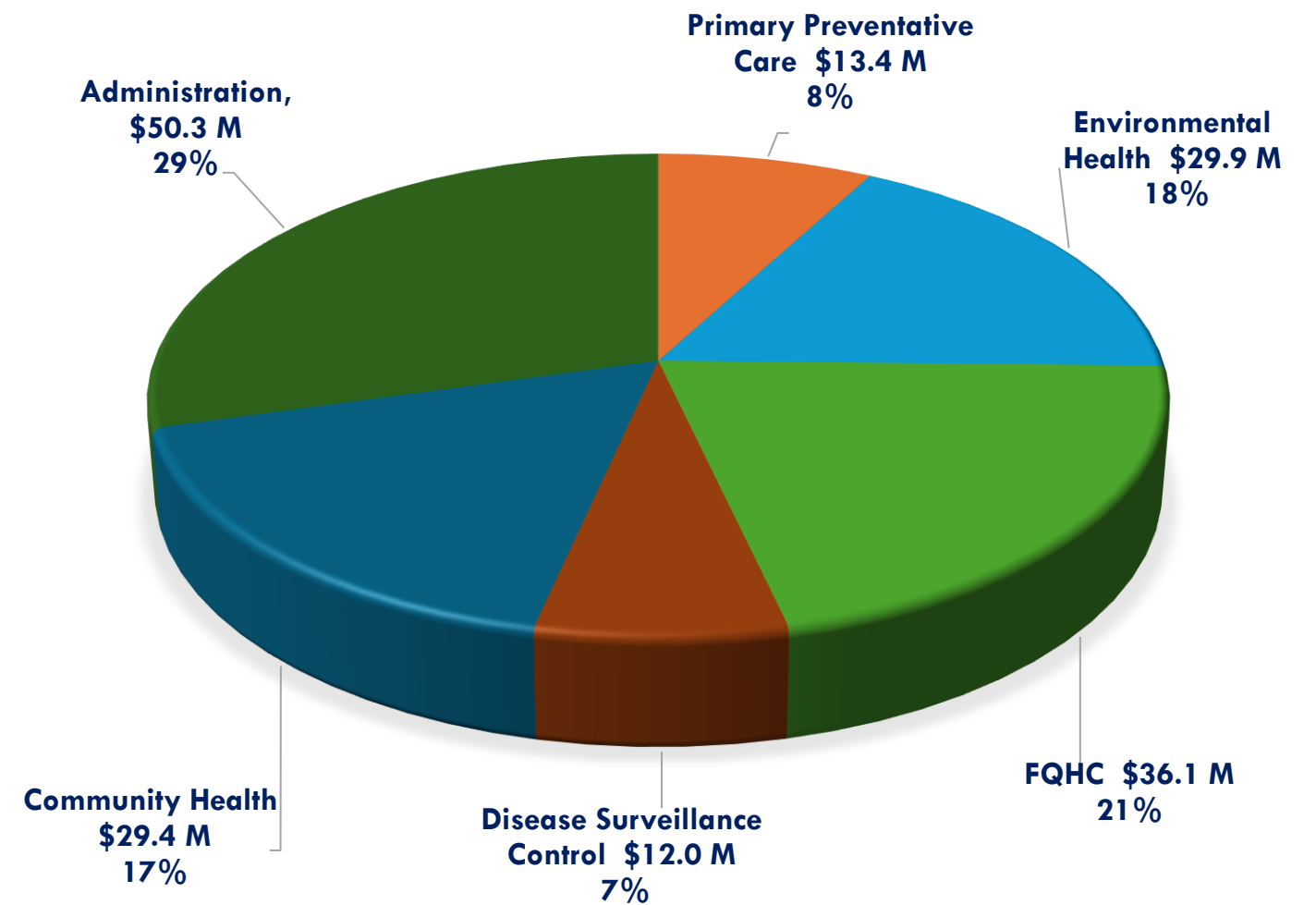
REVENUES

COMBINED REVENUES BY DIVISION – comparison

FY2024 Augmentation Budget
Revenues
\$191.3 M



FY2025 Annual Budget
Revenue
\$171.1 M



% Percentages are based on total revenue.

**Does not include Transfers In

REVENUES

GENERAL & GRANTS FUND

FY 2025 Clark County Property Tax revenue is expected at \$36.6M an increase of \$2.5M or 7.4% compared to \$34.1M from FY 2024. Pharmacy revenue also increased \$2.9M or 11.6%

General Funds Revenue increased from \$101.5 M to \$106.9 M, a \$5.4 M or 5.3% increase from FY 2024 to FY 2025.

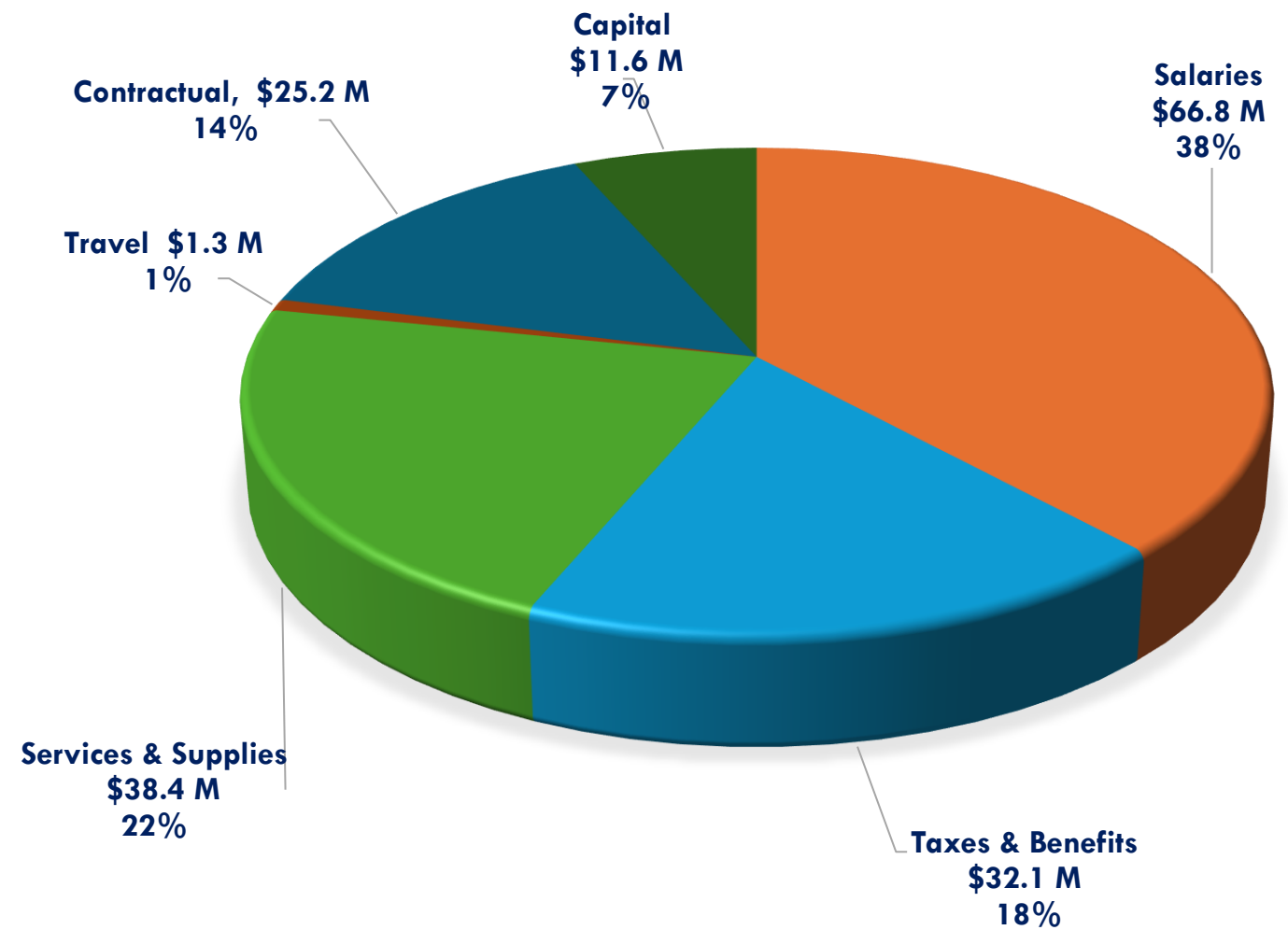
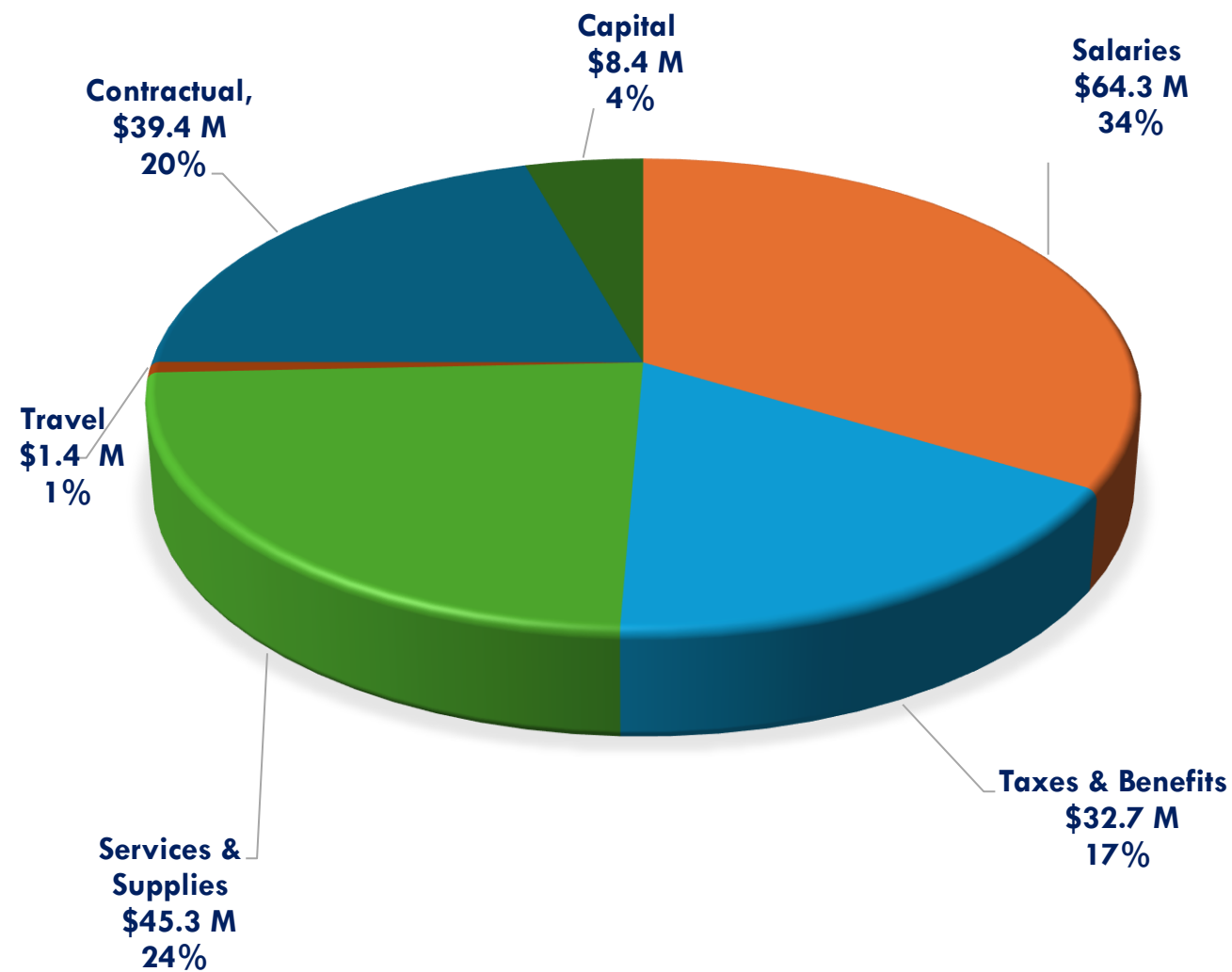
Special Revenue Funds decreased from \$89.8 M to \$64.2 M due to the conclusion of grants. Examples: Environmental Health Increase, Covid Disaster Relief, and Covid Vaccine.

EXPENDITURES

COMBINED EXPENSES BY SOURCE – comparison

**FY2024 Augmented Budget
Expense
\$191.5 M**

**FY2025 Annual Budget
Expense
\$175.4 M**



\$ Amounts are based on total expense.

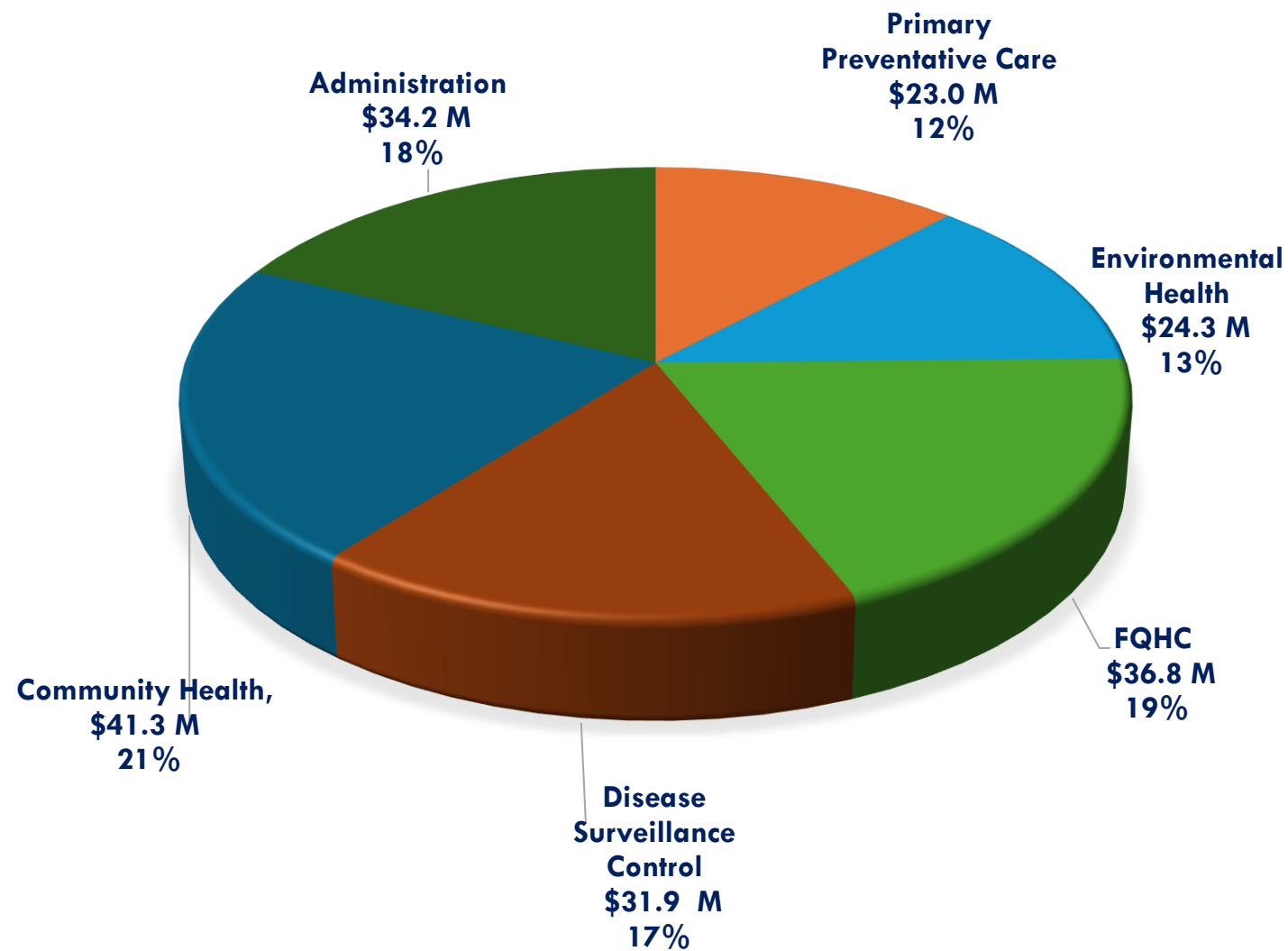
**Does not include Transfers between GF and SRF .

**Does not include Transfers Out to Capital of \$1M.

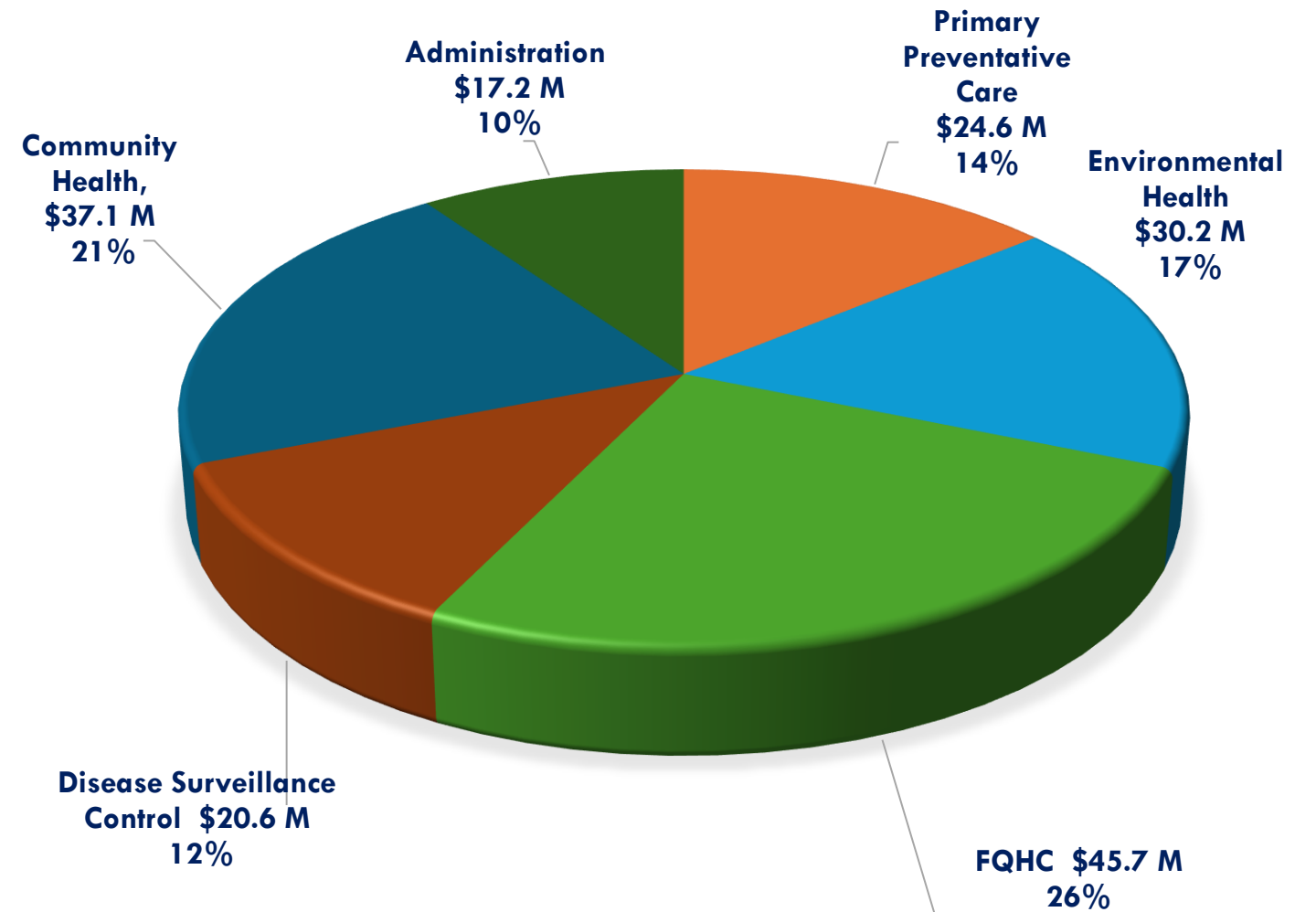
EXPENDITURES

COMBINED EXPENSES BY DIVISION – comparison

**FY2024 Augmented Budget
Expense
\$191.5 M**



**FY2025 Annual Budget
Expense
\$175.4 M**



\$ Amounts are based on total expense.

**Does not include Transfers between GF and SRF.

**Does not include Transfers Out to Capital of \$1M.

EXPENDITURES

GENERAL FUND HIGHLIGHTS



General Fund employee salaries and benefits for FY 2025 total **\$68.6 M** an increase of \$6.9 M or 11% from FY 2024. FY 2025 budget includes a full year of expense for vacant positions that were partially accounted for in the FY 2024 Augmented budget.



*Additional personnel needed to support Environmental Health and the transition of positions back to General Fund from grant funding contributed to the increase in salaries & benefits along with conversion of Grant funded FTEs to General fund.



General Fund Pharmacy Medical supplies increased from \$17.6 M to **\$20.2 M** an increase of **\$2.6 M** or 15% which has a revenue offset account.

EXPENDITURES

GRANTS FUND HIGHLIGHTS



Special Revenue Funds expenses decreased from \$96.8 M to **\$69.6 M** due to the conclusion of grants. Examples: Environmental Health Increase, Covid Disaster Relief, and Covid Vaccine.



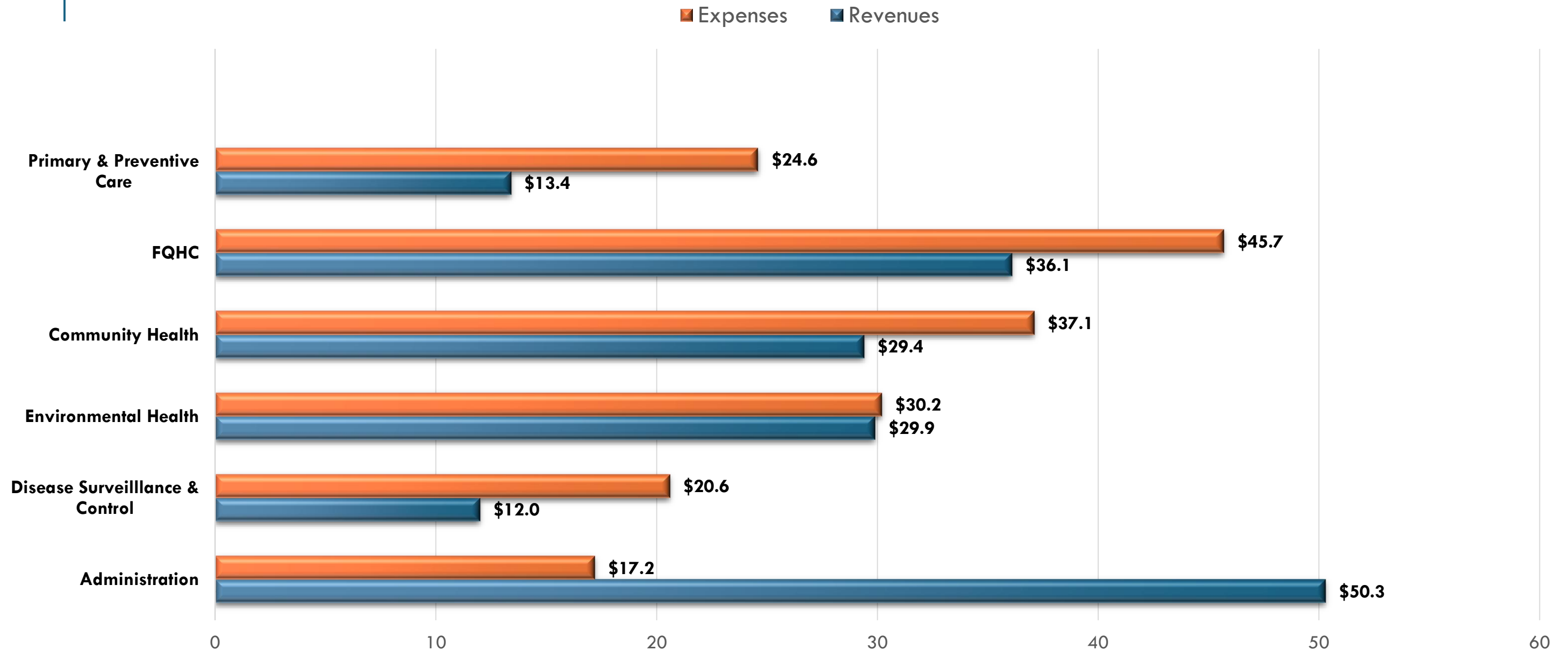
SB118 total new revenue is estimated at **\$6.0 M in FY25**. Anticipated FTE total is 13.5 positions (6 New) with estimated salaries & benefits of \$1.4M.



PHI Grant estimated revenue total in FY25 is **\$6.7M**. Anticipated FTE total is **50** positions with estimated salaries & benefits of \$5.7M.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION



PERSONNEL

Southern Nevada Health District FY25 FTE Count

Division	2022/2023 ACTUAL	2023/2024 ADOPTED	2023/2024 AMENDED	2024/2025 PROPOSED	FTE Change FY24 AM v FY25
Primary & Preventive Care ⁽¹⁾	138.15	110.00	125.00	123.50	-1.50
Environmental Health ⁽²⁾	189.75	194.00	196.00	203.00	7.00
FQHC ⁽³⁾	86.90	123.30	118.00	121.00	3.00
Disease Surveillance & Control ⁽¹⁾	170.65	155.25	135.00	125.00	-10.00
Community Health ⁽⁴⁾	108.70	126.00	126.00	104.00	-22.00
Administration ⁽⁴⁾	164.50	164.50	165.00	190.00	25.00
Total:	858.65	873.05	865.00	866.50	1.50

(1) Due to the conclusion of the grants, Covid Disaster Relief and Covid Vaccine.

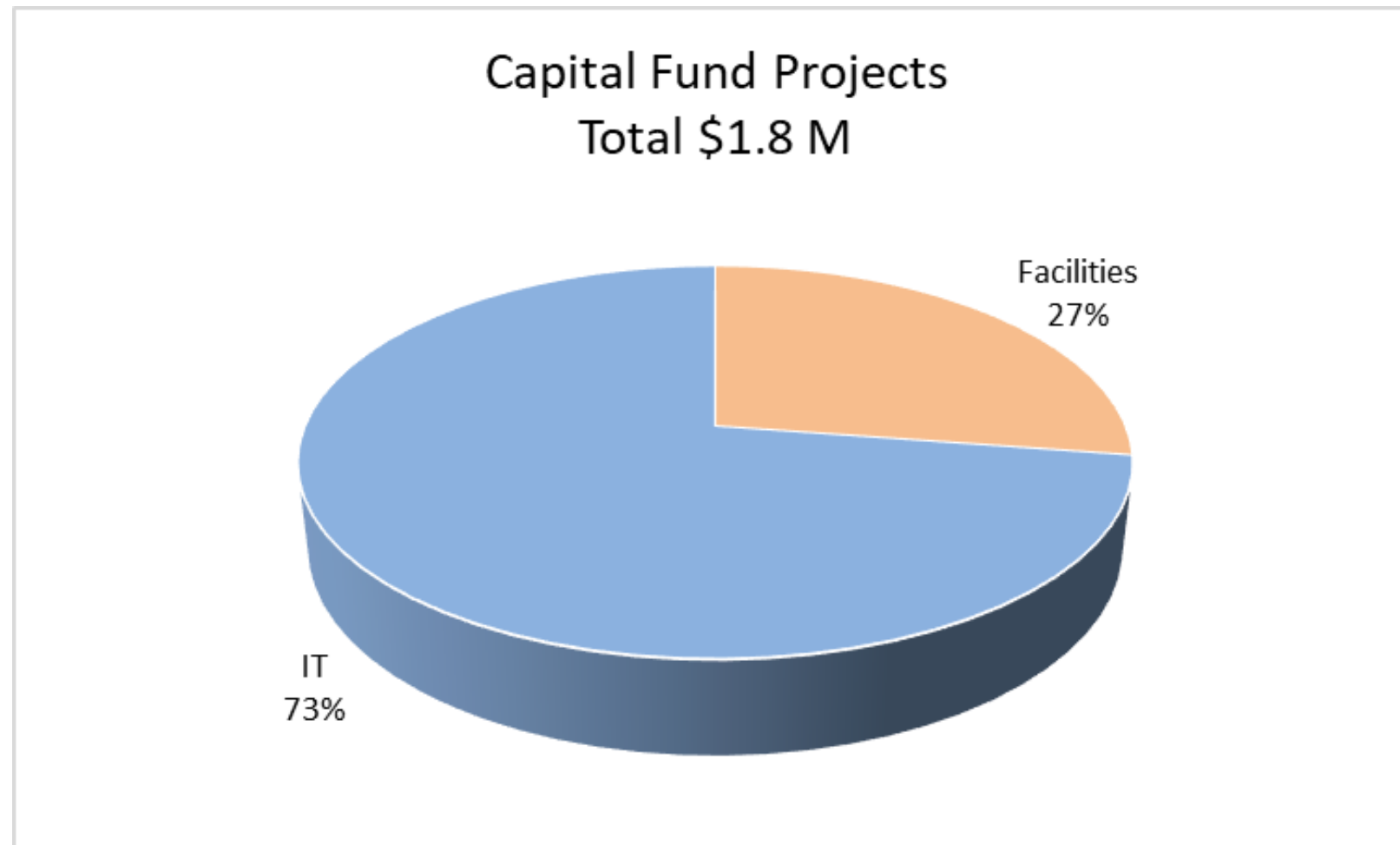
(2) Additional positions approved by position justification process to fit the needs of the division.

(3) SB118 addition of FTE for Oral Health department.

(4) Conversion of Food Handler department from Community Health to Administration.

CAPITAL FUND

FY 2025 Capital Improvement Projects



Facilities

Improvements	111,000
Equipment	350,000
Vehicles	32,000
Total:	493,000

IT

Computer Hardware	616,800
Equipment	487,000
Professional Services	203,775
Total:	1,307,575

GENERAL FUND

Three Fiscal Year Activity

General Fund	FY23 Actual	FY24 Amended	FY 25 Proposed
Beginning Fund Balance	36,886,107	47,091,967	45,827,732
Revenues	90,298,608	101,538,121	106,900,005
Expenditures	80,092,748	102,802,356	112,316,686
Change in Fund Balance	10,205,860	(1,264,235)	(5,416,681)
Ending Fund Balance	47,091,967	45,827,732	40,411,051

SPECIAL REVENUE FUND

Three Fiscal Year Activity

Special Revenue	FY23 Actual	FY24 Amended	FY 25 Proposed
Beginning Fund Balance	57,622	105,306	105,306
Revenues	86,699,577	96,721,598	69,578,255
Expenditures	86,651,893	96,721,598	69,578,255
Change in Fund Balance	47,684	-	-
Ending Fund Balance	105,306	105,306	105,306

BOND RESERVE FUND

Three Fiscal Year Activity

Bond Reserve Fund	FY23 Actual	FY24 Amended	FY 25 Proposed
Beginning Fund Balance	3,008,500	3,024,524	3,044,524
Revenues	16,024	20,000	30,000
Expenditures	-	-	-
Change in Fund Balance	16,024	20,000	30,000
Ending Fund Balance	3,024,524	3,044,524	3,074,524

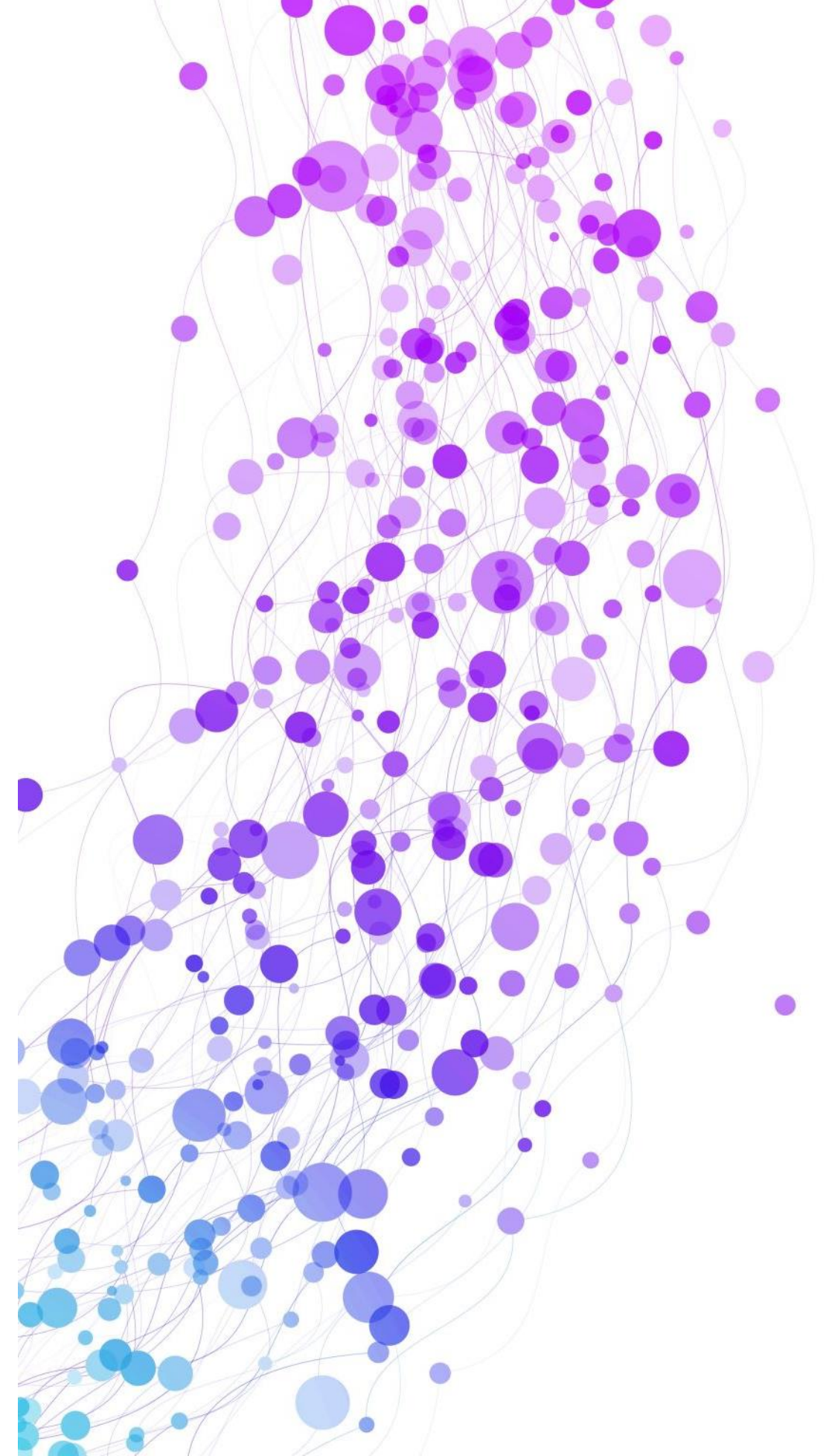
INTERNAL SERVICE FUND

Three Fiscal Year Activity

Internal Service Fund	FY23 Actual	FY24 Amended	FY 25 Proposed
Beginning Fund Balance	86,122	86,550	88,550
Revenues	1,003	5,000	1,500
Expenditures	575	3,000	500
Change in Fund Balance	428	2,000	1,000
Ending Fund Balance	86,550	88,550	89,550

RECOMMENDATION

- Approval of the FY 2025 budget as presented.
- To be submitted to Clark County on or before April 1, 2024 pending further instructions.





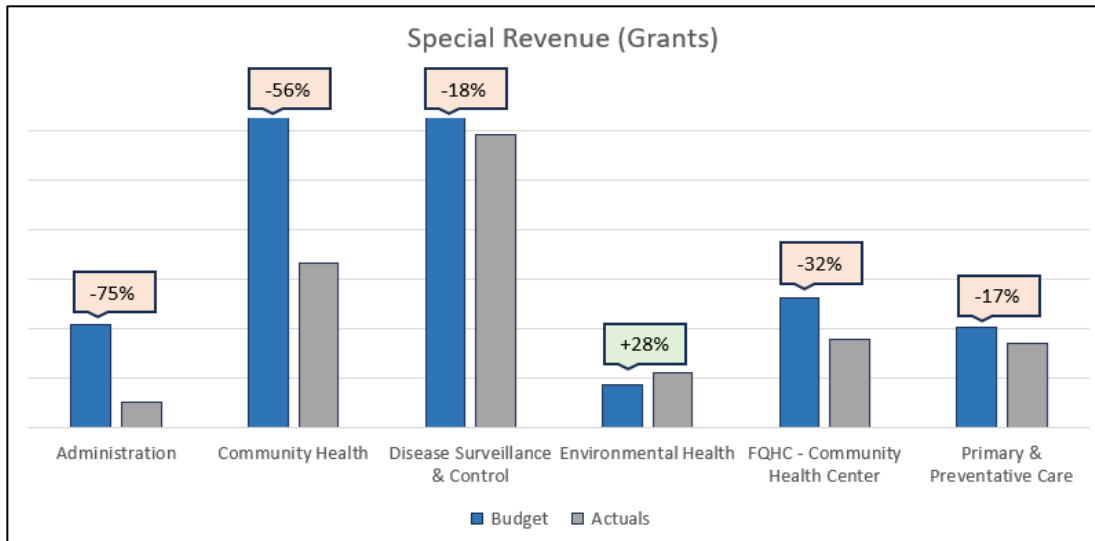
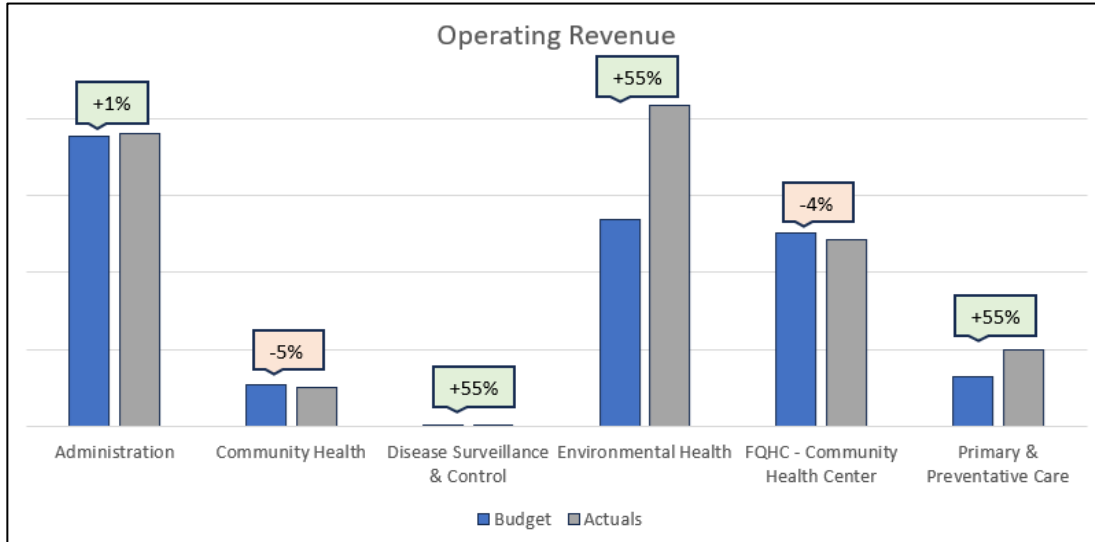
QUESTION AND ANSWER



SNHD INCOME STATEMENT

December 2023

REVENUES



Division	Budget as of December 2023	Actual as of December 2023	Difference	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 18,813,250	\$ 18,967,173	\$ 153,923	1%
Community Health	2,728,513	2,580,030	(148,483)	-5%
Disease Surveillance & Control	7,500	11,600	4,100	55%
Environmental Health	13,406,225	20,823,220	7,416,996	55%
FQHC - Community Health Center	12,581,827	12,117,979	(463,848)	-4%
Primary & Preventative Care	3,231,747	5,022,906	1,791,159	55%
SUBTOTAL	\$ 50,769,061	\$ 59,522,907	\$ 8,753,847	17%
Special Revenue (Grants)				
Administration	\$ 4,155,178	\$ 1,049,725	\$ (3,105,453)	-75%
Community Health	15,186,923	6,666,293	(8,520,630)	-56%
Disease Surveillance & Control	14,499,596	11,837,749	(2,661,848)	-18%
Environmental Health	1,720,015	2,198,791	478,775	28%
FQHC - Community Health Center	5,257,107	3,549,583	(1,707,524)	-32%
Primary & Preventative Care	4,073,634	3,387,591	(686,043)	-17%
SUBTOTAL	\$ 44,892,454	\$ 28,689,732	\$(16,202,722)	-36%
TOTAL REVENUE	\$ 95,661,515	\$ 88,212,639	\$ (7,448,875)	-8%

NOTES:

- 1) ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST FOR ENTIRE FISCAL YEAR (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH).
- 2) SEASONAL REVENUE FROM BACK-TO-SCHOOL IMMUNIZATIONS IN JULY/AUGUST ACCOUNTS FOR APPROXIMATELY 40% OF REVENUE THROUGH QUARTER 2 ANNUALLY.
- 3) BUDGETED GRANT SPENDING FOR LAB EXPANSION ESTIMATED TO BEGIN IN JUNE 2024.
- 4) DUE TO REDUCTION IN COVID-RELATED TESTING, REDUCTION IN RESTOCKING REAGENTS AND LAB SUPPLIES RESULTED IN THE DECREASE IN GRANT REVENUE.
- 5) APPROVED CONTRACTS PENDING AS OF DECEMBER 2023.
- 6) GRANT REVENUE AND PERSONNEL ALLOCATION BUDGET UNDER REVIEW.

Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Primary & Preventative Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 122,908	\$ -	\$ 20,650,585	\$ -	\$ -	\$ 20,773,493
<i>Property Taxes</i>	17,044,281	-	-	-	-	-	17,044,281
<i>Charges for Services</i>	1,177,625	2,456,455	10,000	-	11,631,654	4,757,257	20,032,990
<i>Intergovernmental</i>	1,049,725	6,666,293	11,837,749	2,198,791	3,549,583	3,387,591	28,689,732
<i>Investment Earnings</i>	730,855	-	-	-	-	-	730,855
<i>Other</i>	14,412	667	1,600	172,635	486,165	265,649	941,127
<i>Contributions</i>	-	-	-	-	160	-	160
TOTALS BY DEPT	\$ 20,016,898	\$ 9,246,323	\$ 11,849,349	\$ 23,022,011	\$ 15,667,562	\$ 8,410,497	\$ 88,212,639

Revenue Categorization

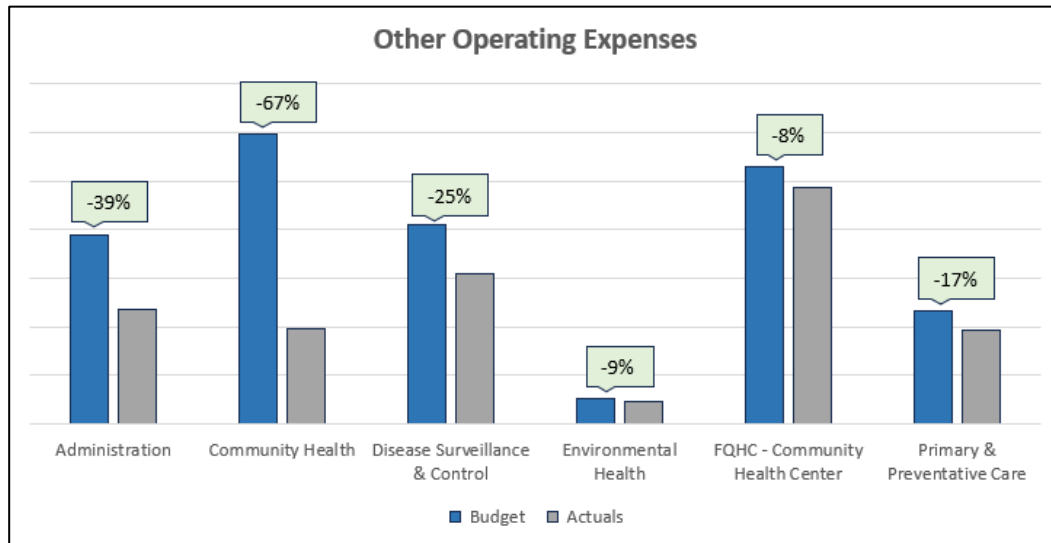
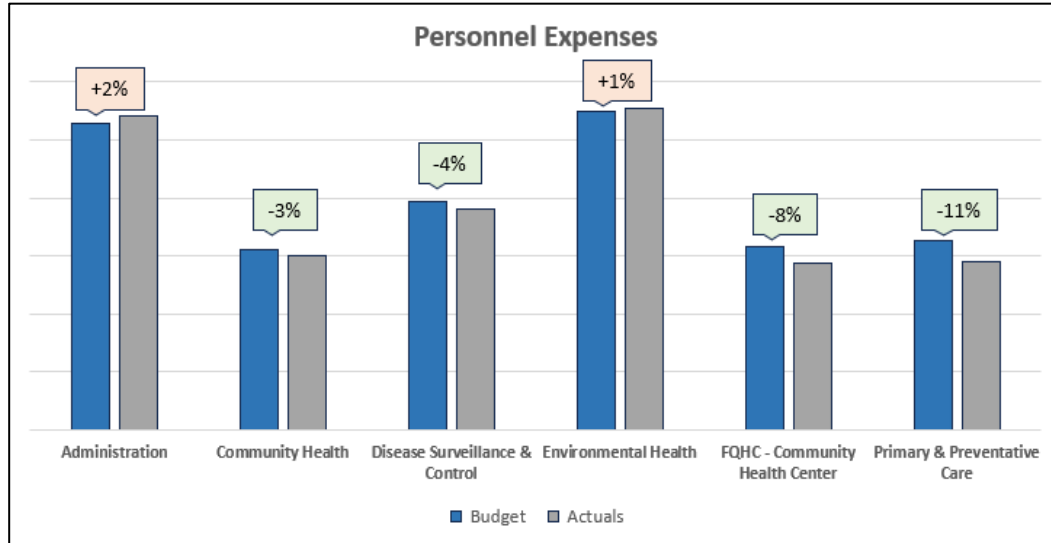
General Fund

- *Property tax* – includes revenue from Clark County property tax.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue* – includes revenues from Admin Fees, Investment Interest, Misc. Income, etc.

Special Revenue Fund

- *Federal Revenue* – includes federal grant revenue from U.S. Dept. of Health and Human Services, U.S. Dept. of Agriculture, and U.S. Dept. of Homeland Security
- *Pass-Thru Revenue* – includes revenue from NV Dept. of Health and Human Services, UNLV, and Clark County
- *State-Revenue* – includes state revenue for FQHC-related grants
- *Other Revenue* – includes revenue from Clark County grants

EXPENSES



Division	Budget as of December 2023	Actual as of December 2023	Difference	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 10,585,633	\$ 10,835,951	\$ 250,318	2%
Community Health	6,222,151	6,020,567	(201,584)	-3%
Disease Surveillance & Control	7,883,652	7,598,240	(285,412)	-4%
Environmental Health	10,977,282	11,106,003	128,721	1%
FQHC - Community Health Center	6,296,923	5,769,475	(527,447)	-8%
Primary & Preventative Care	6,526,457	5,794,687	(731,770)	-11%
SUBTOTAL	\$ 48,492,098	\$ 47,124,924	\$ (1,367,174)	-3%
Other (Supplies, Contractual, Capital)				
Administration	\$ 7,773,642	\$ 4,721,801	\$ (3,051,842)	-39%
Community Health	11,947,582	3,912,741	(8,034,841)	-67%
Disease Surveillance & Control	8,196,761	6,164,262	(2,032,500)	-25%
Environmental Health	1,017,080	930,371	(86,709)	-9%
FQHC - Community Health Center	10,583,346	9,752,601	(830,745)	-8%
Primary & Preventative Care	4,658,611	3,872,082	(786,529)	-17%
SUBTOTAL	\$ 44,177,022	\$ 29,353,857	\$ (14,823,164)	-34%
Total Operating Expenses	\$ 92,669,120	\$ 76,478,781	\$ (16,190,339)	-17%
Indirect Costs/Cost Allocations	\$ 2,624,512	\$ 0	\$ 2,624,512	100%
Transfers IN	(3,482,383)	(2,257,240)	(1,225,143)	35%
Transfers OUT	3,482,383	2,257,240	1,225,143	35%
Total Transfers & Allocations	\$ 2,624,513	\$ -	\$ (2,624,513)	-100%
TOTAL EXPENSES	\$ 95,293,632	\$ 76,478,781	\$ (18,814,851)	-20%

NOTES:

- 1) LABORATORY EXPANSION 100% GRANT FUNDED PROJECT NOW ESTIMATED TO START JUNE 2024.
- 2) DUE TO REDUCTION IN COVID-RELATED TESTING, THE DEMAND FOR REAGENTS AND LAB SUPPLIES DECREASED THEREFORE REDUCING NEED FOR BUDGETED RESTOCKING THROUGH DECEMBER 2023.
- 3) PENDING SUBSCRIPTION EXPENSES MOVED TO FY25 VIA NO COST EXTENSION.

Expenses by Category

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Primary & Preventative Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 7,763,729	\$ 4,172,871	\$ 5,246,254	\$ 7,728,193	\$ 4,001,334	\$ 4,066,449	\$ 32,978,832
<i>Taxes & Benefits</i>	3,072,222	1,847,695	2,351,986	3,377,810	1,768,141	1,728,237	14,146,092
<i>Contractual</i>	4,094,564	2,455,840	4,160,388	397,058	549,010	864,796	12,521,656
<i>Indirect/Cost Allocation</i>	(8,721,788)	1,444,432	1,826,233	1,751,240	2,325,255	1,374,629	-
<i>Supplies</i>	359,479	1,219,513	1,542,441	61,720	9,121,915	2,947,834	15,252,903
<i>Property</i>	205,426	200,465	359,077	272,695	34,399	-	1,072,063
<i>Travel & Training</i>	62,331	36,923	102,356	198,898	47,276	59,452	507,236
TOTALS BY DEPT	\$ 6,835,963	\$ 11,377,740	\$ 15,588,735	\$ 13,787,614	\$ 17,847,331	\$ 11,041,398	\$ 76,478,781

Expense Categorization

Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 15.60%. Indirect costs associated with special revenue funds are claimed at a 10% de minimis rate. Cost Allocations make up the remaining 5.60%.
- *Transfers In* – funds transferred into special revenue fund from a program's general fund
- *Transfers Out* – funds transferred out of a program's general fund into special revenue fund

Balance Sheet – Assets and Liabilities

Southern Nevada Health District Governmental Funds - Balance Sheet 12/31/2023 (unaudited)				
	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Assets				
Cash, cash equivalents, and investments	\$ 39,333,593	\$ 5,440,786	\$ 4,302,598	\$ 49,076,976
Grants receivable	0	14,165,047	0	14,165,047
Accounts receivable, net	5,123,337	0	0	5,123,337
Other receivables	39,643	13,598	0	53,241
Interest receivable	0	0	0	0
Due from other funds	17,039,673	0	366,580	17,406,253 *
Inventories	3,004,735	0	0	3,004,735
Prepaid items	1,350,180	2,028	0	1,352,207
Total assets	<u>\$ 65,891,160</u>	<u>\$ 19,621,458</u>	<u>\$ 4,669,178</u>	<u>\$ 90,181,796</u>
Liabilities				
Accounts payable	3,993,685	1,835,693	(330)	5,829,047
Accrued expenses	1,445,088	1,413,074	0	2,858,162
Unearned revenue	5,149	537,046	0	542,195
Due to other funds	0	17,351,747	0	17,351,747 *
Total liabilities	<u>\$ 5,443,922</u>	<u>\$ 21,137,559</u>	<u>\$ (330)</u>	<u>\$ 26,581,151</u>
Fund Balances				
Total fund balances	<u>\$ 60,447,238</u>	<u>\$ (1,516,101)</u>	<u>\$ 4,669,508</u>	<u>\$ 63,600,646</u>
Total liabilities and fund balances	<u>\$ 65,891,160</u>	<u>\$ 19,621,458</u>	<u>\$ 4,669,178</u>	<u>\$ 90,181,796</u>
* <i>Difference due to Workers' Compensation fund.</i>				
<i>GENERAL NOTE: See reconciliation to net position of governmental activity including long-term liabilities and related transactions.</i>				

Balance Sheet - Fund Balance

Southern Nevada Health District Governmental Funds - Balance Sheet 12/31/2023 (unaudited)				
	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Fund Balances				
Nonspendable				
Inventories	\$ 3,004,735	\$ -	\$ -	\$ 3,004,735
Prepaid items	\$ 1,350,180	\$ 2,028	\$ -	\$ 1,352,207
Restricted for	\$ -	\$ -	\$ -	\$ -
Grants	\$ -	\$ 4,854,974	\$ -	\$ 4,854,974
Assigned to	\$ -	\$ -	\$ -	\$ -
Capital improvements	\$ -	\$ -	\$ 4,669,508	\$ 4,669,508
Administration	\$ 2,704,398	\$ -	\$ -	\$ 2,704,398
Unassigned	\$ 53,387,926	\$ (6,373,102)	\$ -	\$ 47,014,823
Total fund balances	<u>\$ 60,447,238</u>	<u>\$ (1,516,101)</u>	<u>\$ 4,669,508</u>	<u>\$ 63,600,646</u>
Total liabilities and fund balances	<u>\$ 65,891,160</u>	<u>\$ 19,621,458</u>	<u>\$ 4,669,178</u>	<u>\$ 90,181,796</u>

Reconciliation to Balance Sheet

Southern Nevada Health District Reconciliation of the Balance Sheet – Governmental Funds to the Statement of Net Position – Governmental Activities 12/31/2023 (unaudited)	
Total fund balance – governmental funds	\$ 63,600,646
<p>* Amounts reported for governmental activities in the Statement of Net Position are different because:</p> <p>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.</p> <p>Capital, lease, and subscription assets, net of accumulated depreciation and amortization</p>	
	36,693,837
<p>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:</p> <p>Postemployment benefits other than pensions</p>	
	(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)
<p>Internal service funds are used by management to charge the costs of certain activities to individual funds:</p> <p>Internal service fund assets and liabilities included in governmental activities in the statement of net position</p>	
	86,550
Net position of governmental activities	<u>\$ (18,660,771)</u>
<p>* Reconciling items reflect 06/30/23 balances as pensions, compensated absences, leases, subscriptions and post-employment benefits are only updated annually.</p>	



QUESTIONS?



DATE: March 28, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

World TB Day

The Southern Nevada Health District called attention to the global impact of tuberculosis as it commemorated World TB Day on Sunday, March 24. Across the globe, 1.6 million people died of TB and another 10.6 million became ill with the disease in 2021. While global efforts to combat TB have saved an estimated 74 million lives, the COVID-19 pandemic and other factors have reversed years of progress.

The United States has one of the lowest TB disease case rates in the world, but data indicate the number of TB disease cases nationwide grew 5% in 2022, to 8,300 cases. Nevada has reached a 10-year high in TB disease cases, with a 40% increase in TB disease incidence from 2022 to 2023.

In Clark County, the Health District investigated 76 active cases of TB in 2023, up from 54 in 2022, and reported six TB-associated deaths. The Health District tested 1,656 people for the disease, nearly triple the 584 tested in 2022.

Given the Health District's recent large-scale TB investigations, World TB Day's focus on the ongoing epidemic and highlight of the need to detect and treat those with TB is a timely reminder that too many people still unnecessarily suffer from the disease.

TB is caused by the *Mycobacterium tuberculosis* bacterium, which can be spread through the air when infected individuals cough or speak. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the brain, spine or kidney.

Not everyone infected with TB bacteria becomes sick. In fact, most people will develop latent TB infection (LTBI), a condition in which the bacteria can live in the body without ever making a person sick. However, in other people, especially those with weak immune systems, the bacteria can cause active TB disease, which can be deadly if not identified and treated appropriately.

As the leading provider of TB services in Southern Nevada, the Health District's [Tuberculosis Treatment and Control Clinic](#) offers comprehensive care to ensure that people with active TB disease or LTBI are treated and that those exposed to someone with active TB disease are properly evaluated.

For more information about World TB Day, visit <https://www.cdc.gov/tb/worldtbdays/>.

National Women and Girls HIV/AIDS Awareness Day

National Women and Girls HIV/AIDS Awareness Day, a day to support women and girls who are living with HIV while encouraging others to be tested for HIV, was commemorated on Sunday, March 10 this year. Locally, an observance of the day, in collaboration with the Southern Nevada Health Consortium, was held on Monday, March 11, at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. During “It’s Tea Time,” attendees had access to information and resources about women and HIV pre-exposure prophylaxis (PrEP). In addition, there were discussions about the following topics:

- Women and PrEP.
- Sex, Pleasure, and Hygiene.
- Personal experiences of living with HIV and being on PrEP.

In Clark County, 77 women and girls had new HIV diagnoses in 2022, compared to 57 in 2021. This reflects a rate of 6.5 new diagnoses per 100,000 in 2022, which was a slight increase from the rate of 4.8 new diagnoses per 100,000 in 2021. On a national level, the Centers for Disease Control and Prevention (CDC) reports that women accounted for 19 percent (6,999) of the 36,801 new HIV diagnoses in the United States in 2019. Women ages 25 to 34 had the highest number of new HIV diagnoses, and Black/African American women continued to be disproportionately impacted by HIV.

HIV testing gives women and girls an opportunity to learn their status so they can take steps to protect their health and help prevent infection in others. Routine testing is recommended for women who are at a high risk of infection. Free HIV testing is available in the Arlene Cooper Clinic at The Center, Monday through Thursday from 1 – 6 p.m. and on Fridays and Saturdays from 9 a.m. – 2 p.m. Appointments are preferred, but walk-ins are accepted.

Additionally, Express HIV Testing is available Monday through Thursday from 7:30 a.m. – 4 p.m. at the Southern Nevada Community Health Center Sexual Health Clinic, 280 S. Decatur Blvd., Las Vegas, NV 89107. Appointments are not required, but clients must be asymptomatic. Additional testing can be done for syphilis, gonorrhea and chlamydia. Visit the Sexual Health Clinic page on the SNHD website for more information.

The Health District also offers free, at-home HIV tests through its Collect2Protect program. At-home tests for chlamydia and gonorrhea are available for a fee. The kits are available on the Health District’s Collect2Protect page and provide a convenient and private testing option.

Early diagnosis is critical for people with HIV so that they can benefit from antiretroviral therapy (ART). ART reduces HIV levels in the bloodstream, reduces HIV-related illnesses, and lowers the risk of transmitting HIV to intimate partners. With ART, HIV-positive people can remain healthy for many years.

According to the CDC, only 10 percent of women who could benefit from PrEP were prescribed the medication in 2019. PrEP is a medication that can be provided to people who do not have HIV but are at a high risk of infection. When taken as prescribed, PrEP is highly effective for preventing HIV. For more information about women and PrEP, visit the CDC’s Let’s Stop HIV Together web page. For additional information about National Women and Girls HIV/AIDS Awareness Day, visit the CDC’s website at National Women and Girls HIV/AIDS Awareness Day | Awareness Days | Resource Library | HIV/AIDS | CDC.

Diabetes Resources

The Health District is calling attention to the seriousness of diabetes while urging people to get tested for the disease and learn about free, self-management programs. 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.

An estimated 269,783 people in Nevada, or nearly 11 percent of the adult population, have been diagnosed with diabetes, and an additional 70,000 people have the disease but don't know it. An estimated 18,749 Nevada residents are newly diagnosed with diabetes every year. The prevalence of diabetes among adults in Clark County is currently 9.8%, equivalent to 234,342 residents. This marks a 15.4% increase in adults with diabetes since 2011.

Throughout the year, the Health District's Office of Chronic Disease Prevention and Health Promotion offers free diabetes self-management, education and support classes. Classes, taught in English and Spanish, are available in person or online. People wishing to participate can fill out the [diabetes self-management workshop form](#) to be placed on a waiting list for future diabetes workshops.

Other [programs and resources](#) include the Road to Diabetes Prevention, the Health District's online diabetes prevention program, which is available in English and Spanish at no cost on the Get Healthy Clark County and Viva Saludable websites or by calling (702) 759-1270. Additionally, the Nevada Diabetes Directory, which provides information about classes, prevention, low-cost clinics, specialists and support groups is available in [English](#) and [Spanish](#) on the Get Healthy Clark County website.

The Health District also offers organized tours of a grocery store to learn about food labels, healthy dietary choices and meal planning. Guided by a registered dietitian, the tours (available only in Spanish) are designed around key departments where shoppers can boost their intake of healthy foods such as fruits and vegetables, dairy, whole grains and more. Upcoming tours are scheduled for April 22 at 10 a.m. and May 21 at 5:30 p.m. at Marketon Supermarket, 840 N. Decatur Blvd., Las Vegas, NV 89107. Space is limited and registration is required. Call (702) 759-1270 or email vivasaludable@snhd.org.

The Health District urges people to take the diabetes risk test at [60-Second Risk Test for Type 2 Diabetes | ADA](#) to find out if they are at risk for developing type 2 diabetes. For more information on diabetes, including risk factors, visit the Centers for Disease Control and Prevention website at [Diabetes Basics | CDC](#).

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 March 2, 2024, there have been 949 influenza-associated hospitalizations and 72 deaths reported. The percentage of emergency department visits and urgent care clinic visits for influenza-like illness (ILI) decreased from 4.2% in week 8 to 3.9% in week 9. Influenza A has been the dominant type circulating. Of the patients reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 4.1% were due to respiratory illness that included ILI. This percentage was above the national baseline of 2.9%. Among 55 states and jurisdictions, the respiratory illness activity level in the state of Nevada is low.

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 the Health District's website.

Community Meetings

Week ending 03/03:

Quarterly:

- Participated in the State Board of Health meeting

Professional Development/Conferences:

- Attended the Big Cities Health Coalition (BCHC) Winter Meeting

Week ending 02/25:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Scott Nielson, Mayor Pro Tempore Brian Knudsen, Mayor Hardy, Mayor Pro Tempore Scott Black Councilman Jim Seebeck, Councilwoman Pattie Gallo
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Clark County Medical Society (CCMS) Board of Trustees meeting
- Participated in the Southern Nevada District Board of Health meeting

Media/Interviews/Panelist/Presenter/Events:

- Participated in the Las Vegas Review-Journal Diversity Sources Committee Panel Discussion for Black History Month

Professional Development/Conferences:

- Attended the "February Nile: Overcoming challenges, Achieving Success: Vaccination Efforts in Black America" webinar

Ad-hoc Meetings:

- Attended a meeting with Julia Peek, Deputy Administrator, DHHS

Week ending 02/18:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Kirkpatrick and Commissioner Segerblom

Annually:

- Facilitated the New Board of Health Member Orientation for Mayor Joe Hardy and Councilman Jim Seebeck

Professional Development/Conferences:

- Attended the "Addressing HIV Provider Burnout: Strategies for Well-Being and Resilience Workshop" facilitated by the Pacific AIDS Education and Training Center-Nevada
- Attended the State of the Public Health Union" webinar facilitated by the American Public Health Association

- Attended the “Introduction to Qualtrics Part 1: Survey Design” facilitated by UNLV School of Medicine

Ad-hoc Meetings:

- Attended the Joint Interim Standing Committee on Health and Human Services meeting

Week ending 02/11:

Monthly:

- Attended the Big Cities Health Coalition (BCHC) Monthly Member Call

Bi-monthly (every two months):

- Participated in the Medical Advisory Board meeting

Professional Development/Conferences:

- Attended the “HCV Elimination: Can the US be Free of HCV” webinar

Ad-hoc Meetings:

- Attended the Reviewer Rating to review applicants for the Class of 2028 at the Kirk Kerkorian School of Medicine

Week ending 02/04:

N/A

MEMORANDUM



Date: March 28, 2024

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 – February 2024**

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Executive Summary

The Office of Communications issued four News Release and provided support related to a Congenital Syphilis awareness campaign, smoking cessation and nutrition, along with several articles and layout for the employee newsletter, District Dish. Staff replied to 150 public information email inquiries and completed 75 project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services. Facilities staff completed the move of the Finance and OPHP Departments to the Buffalo location, which included a build-out to add 55 workspaces and a lactation room. Health Cards served a total of 9,500 clients, which included 638 clients renewing online for an average 22 “passing and paying” online renewal clients per day. As of March 1, 2024, the Health District had 805 active employees. Human Resources arranged 68 interviews, extended 18 job offers (two offers declined) and onboarded five new hires. There were four terminations, three promotions, six flex-reclasses, one transfer and four demotions. There were 12 employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Southern Nevada Health District and community partners aim to reduce risks during American Heart Month
- Health District observes National Black HIV/AIDS Awareness Day
- Health District calls attention to health risks of combining stimulants and fentanyl
- TB Investigation Update

Press:

- Bed bugs at Strip hotels
- Tuberculosis investigation at CCSD schools
- American Heart Month
- National Black HIV/AIDS Awareness Day
- Dangers of stimulants mixed with fentanyl
- Flu-related deaths

Eight hundred and thirty-four news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in February. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available [20240202-PI-report.pdf \(southernnevadahealthdistrict.org\)](#).

Advertisements, Projects Completed and Social Media Summary:

In February, staff developed creative advertising concepts for a Congenital Syphilis awareness campaign with the Office of Disease Surveillance and developed creative advertising concepts for a general vaccine awareness campaign. Staff worked on several articles and the layout for the employee newsletter, District Dish. Staff completed a Mental Health Journal for the Living Well series of client education booklets for the Ryan White program. Staff continue to provide ongoing support for the Office of Chronic Disease Prevention and Health Promotion initiatives, including smoking cessation, nutrition and staff photography. Staff developed digital content and performed ongoing updates on the Health District websites including SNHD.info, COVID.SNHD.info and GetHealthyClarkCounty.org. Staff replied to 150 public information email inquiries and completed 75 project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services.

On social media, staff focused on promoting our Stop the Bleed training course, American Heart Month, Passport Fair, Board of Health Recognitions, Winter Policy Summit, Leap Day, COVID-19 testing site closures, Three Square Appreciation Breakfast, Remembering Hydeia Broadbent, Presidents' Day, Heart Healthy Valentine, Boosty's Big Game, National Black HIV/AIDS Awareness Day, Community Health Fair, Wear Red Day, and Max Your Vax (mpox).

Meetings and Events of Note:

- February 1: AIM/National Public Health Information Coalition (NPHIC) Webinar: Navigating State Legislative Sessions
- February 5: National Public Health week planning meeting
- February 8: Nevada Public Health Association Advocacy and Policy Committee meeting
- February 8: National Public Health week/staff breakfast meeting w/Leticias
- February 9: Big Cities Health Coalition/PIO Communications Monthly call
- February 12: Springs Preserve Photo Shoot/WAN challenge

- February 16: Joint Interim Standing Committee on Health and Human Services
- February 21: NPHIC/CDC Monthly Communication Call
- February 22: Volunteer Orientation
- February 23: Three Square Partner Appreciation Breakfast
- February 29: Children’s Advocacy Alliance Winter Policy Summit

Other:

Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 235

Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families Program: 23

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
February 1-29, 2024	29	18	62%	25

Facilities

Monthly Work Orders	Feb 2023	Feb 2024		YTD FY23	YTD FY24	
Maintenance Responses	160	205	↑	1,338	1,510	↑
Electrical Work Orders	5	6	↑	75	77	↑
HVAC Work Orders	3	18	↑	45	169	↑
Plumbing Work Orders	5	9	↑	61	71	↑
Preventive Maintenance	16	28	↑	169	213	↑
Security Responses	2,416	2,519	↑	16,285	20,905	↑

Current Projects

Decatur Location

- Reconfigured HR for additional workspaces

Fremont Location

- Completed Behavioral Health Offices
- Completed exam rooms
- Added a lactation room

Buffalo Location

- Completed move of Finance and OPHP Departments
- Completed build-out – adding 55 workspaces for employees
- Added lactation room

Finance

Total Monthly Work Orders by Department	Feb 2023	Feb 2024		YTD FY23	YTD FY24	
Purchase Orders Issued	478	526	↑	3,693	3,861	↑
Grants Pending – Pre-Award	5	1	↓	27	35	↑
Grants in Progress – Post-Award	4	6	↑	87	92	↑

* Grant applications created and submitted to agency
** Subgrants routed for signature and grant amendments submitted

Grants Expired – February 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Ending the HIV Epidemic, Southern Nevada Health District Rapid Start Program, Year 3 of 5 (eherpd24)	P-HRSA	2/29/2024	\$260,540	End of budget period	2.96	Contract will be extended for another three months due to federal budget. Expected to be funded for a year.
Ryan White HIV/AIDS Part A Transitional Grant Area, Medical, Core and Support Services for HIV/AIDS Infected and Affected Clients, Year 2 of 3 (rwa_23)	P-HRSA	2/29/2024	\$1,139,997	End of budget period	9.71	Contract will be extended for another three months due to federal budget. Expected to be funded for a year.
Ryan White HIV/AIDS Part A Transitional Grant Area, Clinical Quality Management, Year 2 of 3 (rwa2qm23)	P-HRSA	2/29/2024	\$30,000	End of contract period	0.19	Currently with Clark County for Board of County Commissioner approval.
Ryan White HIV/AIDS Part A Transitional Grant Area, Linguistic Services, Year 2 of 3 (rwalin23)	P-HRSA	2/29/2024	\$4,000	End of budget period	0.00	Contract will be extended for another three months due to federal budget. Expected to be funded for a year.

Grants Expired – February 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
P06HA47302-01-02, Ryan White Title III HIV Capacity Development and Planning Grants (rwcap_23)	F-HRSA	2/29/2024	\$150,000	End of project	2.20	Grant ended, not renewing.

Grants Awarded – February 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Opportunities for HIV PrEP Engagement UCSD, Amendment #3 (shucsd23)	P-NIH	2/2/2024	4/19/2022	3/31/2024	\$28,072	Addition of funds	0.50
H80CS33641-05-01 Community Health Centers, Year 1 of 3, Amendment #1 (hcsac_24)	F-HRSA	2/2/2024	2/1/2024	1/31/2025	\$80,500	Release of funds	0.00
Comagine Health, Integrated Maternal Health Services, Year 1 of 5 (comag_24)	O-Comagine Health	2/5/2024	9/30/2023	9/29/2024	\$11,876	New effort	0.10
State of Nevada, Epidemiology and Laboratory Capacity Program, Amendment #2 (elcont24)	P-CDC	2/20/2024	8/1/2023	7/31/2024	\$1,493	Addition of funds	0.00

Contracts Awarded – February 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
National Association of County and City Health Officials, Using Effective Media Campaigns to Raise Awareness about Syphilis Project (symed_24)	CONTRACT	2/14/2024	1/1/2024	7/31/2024	\$31,999	New effort	0.00

Contracts Awarded – February 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.6 C1900067, HIV, HCV, and/or HBV Screening and Linkage to Care, Amendment #1 (focus_24)	CONTRACT	2/22/2024	1/1/2024	12/31/2024	\$1,839	Addition of funds	0.00

Health Cards

- Our methodology for opening testing appointments at the Decatur, Fremont and Henderson offices changed as follows:
 - Advance appointments open each weekday morning at 6 a.m. for that day in the following week.
 - Walk-in clients are accepted throughout the day as capacity allows.
- For the month of February, we averaged 22 “passing and paying” online renewal clients per day, with a total of 638 clients renewing online.

CLIENTS SERVED	Feb 2024	Jan 2024	Dec 2023	Nov 2023	Oct 2023	Sept 2023
FH Cards – New	6,181	6,932	4,946	5,314	5,640	5,382
FH Cards – Renewals	458	485	356	479	626	724
FH Cards – Online Renewals	638	712	459	668	883	758
Duplicates	537	521	324	420	433	366
CFSM (Manager) Cards	241	290	160	228	283	253
Re-Tests	1,333	1,443	1,109	1,039	1,193	1,143
Body Art Cards	112	128	77	106	118	115
TOTALS	9,500	10,511	7,431	8,254	9,176	8,741

Human Resources (HR)

Employment/Recruitment:

- 5 New job titles for February
- 805 active employees as of March 1, 2024
- 6 New Hires, including 0 rehires and 0 reinstatements
- 4 Termination, including 1 retirement
- 3 Promotions, 6 Flex-reclass
- 1 Transfer
- 4 Demotions

- 28 Annual Increases
- 16 Evaluations received and recorded in Financial Enterprise
- 68 Interviews
- 18 Offers extended (2 offers declined)
- 12 Recruitments posted
- Turn Over Rates
 - Administration: 0.00%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.81%
 - Environmental Health: 1.05%
 - Primary & Preventive Care: 0.96%
 - FQHC: 0.00%

Temporary Employees

- 28 Temporary Staff
- 0 New Agency Temporary Staff Member
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

- 2 Coaching and Counseling, 2 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 2 Grievances
- 2 Arbitrations
- 40 Hours of Labor Meetings (with Union)
- 30 hours investigatory meetings
- 2 Investigation
- 11 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 2

Academic Affairs Program

There was a total of 23 interns and 796 applied public health practice hours in February 2024.

Interns and Clinical Rotations	Feb 2024	YTD
Total Number of Interns ¹	23	68
Internship Hours ²	796	3,026

¹Total number of students, residents, and fellows

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

Information Technology (IT)

	Feb 2023	Feb 2024		YTD FY23	YTD FY24	
Service Requests						
Service Requests Completed	1,074	1,014	↓	8,566	8,453	↓
Service Requests Opened	1,167	1,147	↓	8,633	9,465	↑
Information Services System Availability 24/7						
Total System	98.95	98.98	↑	99.08	98.97	↓
*Total Monthly Work Orders by Department						
Administration	292	319	↑	2,538	227	↓
Community Health	149	112	↓	1,921	943	↓
Environmental Health	111	161	↑	1,226	1,479	↑
**Primary & Preventive Care	235	200	↓	235	1,803	↑
**Disease Surveillance & Control	131	145	↑	131	1,183	↑
**FQHC	143	150	↑	143	1,330	↑
Other	13	8	↓	13	110	↑
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,167	1,147	↑	8,633	9,465	↑

*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
 - Meetings with following Divisions/Departments
 - Human Resources
 - Continuous meetings
 - Providing guidance on Performance Measures data points
 - Health Equity Coordinator
 - Continuous meetings
 - Discussion on contracts to support Health Equity in the community
 - Finance
 - Continuous meetings with Grants Team and PHIG Accountant to update/revise PHIG A2 (Foundational Capabilities) budget due to CDC January 31, 2024
 - Attended Payroll training via NEOGOV
 - Submitted budget amendment for A1 (Workforce) on A2 (Foundational Capabilities) to the CDC
 - PHIG Meetings
 - ASTHO meeting on the website Public Health Careers and how to post a no-cost job posting
- Performance Management

- Scheduled, attended, and facilitated VMSG Dashboard Training for 40 staff members
 - Provided additional assistance to 8 team members
 - This tool will allow tracking of process on goals from the recent Strategic Plan and other department initiatives
- Completed the Performance Management / Quality Improvement Plan
 - First plan since before COVID-19
 - Establishes roles and duties of an oversight team for Performance Management (including Strategic Plan goals) and QI project work
 - Describes roles of new QI Strike Team members who will receive additional training to support QI within their division
- Quality Improvement (QI)
 - Continued work with ASTHO re: building a QI culture at SNHD for high performance and exceeding PHAB Reaccreditation standards
 - Direction for on-site training and workshops will be the next step
 - ASTHO is searching for technical resources to implement QI project tracking through SharePoint
 - Connected by ASTHO/BCHC to peers at San Antonio Metro Health District to confer around boosting QI activity post-COVID
 - Attended 7-hour seminar by Region 9 around education for requesting TA (Technical Assistance) regarding the PHIG grant. TA providers have received million
- Public Health Accreditation Board (PHAB) Reaccreditation
 - On target for final submission of materials in March of 2027
 - Preparing Annual Report 2024
 - Will submit a narrative on Innovation per PHAB standards. The Public Health Vending Machines project was chosen. It illustrates the ability of the Health District to widen the scope of services without new resources. It also shows the impact of pivoting from harm prevention with these vending machines to harm reduction
 - Began quarterly check-ins with PHAB Domain owners
 - Met for a 4th time with the state and local workgroup for PHAB Domain 7 Access to Care standard
 - PHAB requires a community assessment beyond the CHA exploring access to primary and behavioral care
 - Initial research review is complete
 - Next steps involve surveying providers across the state before final review and recommendations are formed to satisfy PHAB standards and providing potential direction for SNHD to reach more patients, partners, and stakeholders
- Central Safety Committee
 - Held a meeting of Co-chairs with Safety Officer to recap employee security measures at all SNHD locations

Appendix A – Office of Communications

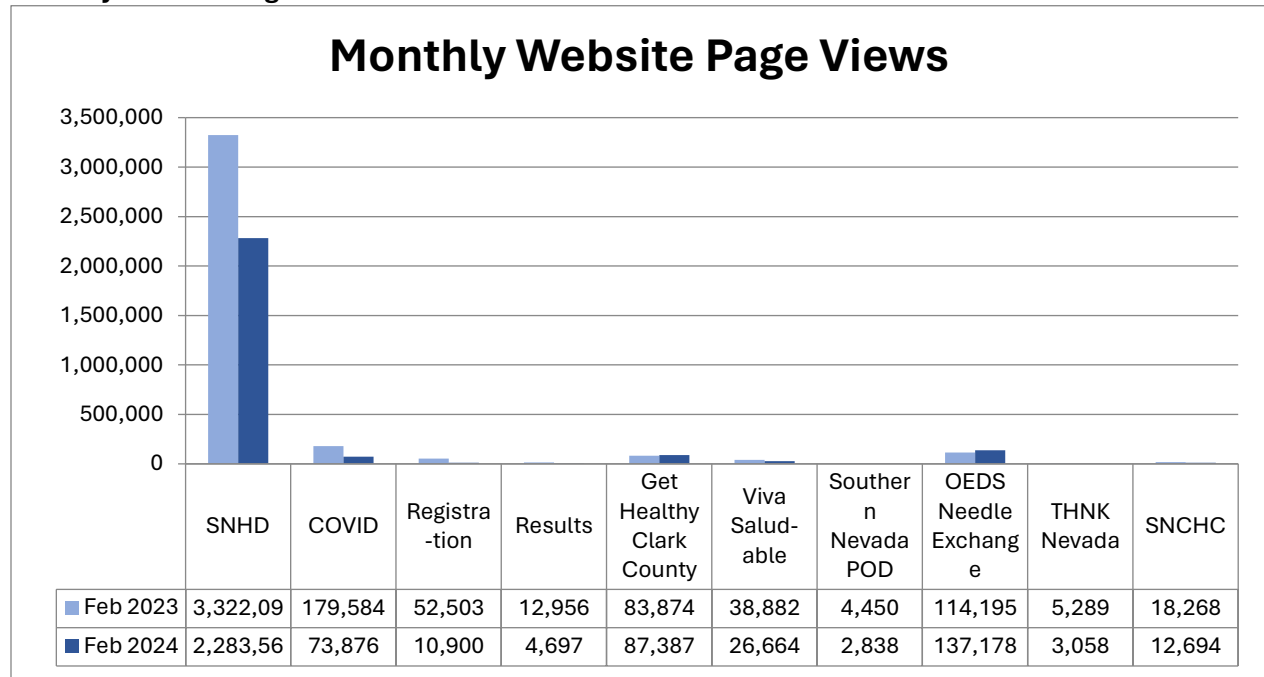
Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles
Media - Broadcast stories
Collateral - Advertising/Marketing Products
Community Outreach - Total Volunteers¹
Community Outreach - Volunteer Hours

	Feb 2023	Feb 2024		YTD FY23	YTD FY24	
Media – Digital/Print Articles	20	47	↑	609	292	↓
Media - Broadcast stories	76	110	↑	1,270	880	↓
Collateral - Advertising/Marketing Products	51	18	↓	372	166	↓
Community Outreach - Total Volunteers ¹	8	8	↑			
Community Outreach - Volunteer Hours	570	576	↑	3,832	4,910	↑

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

Monthly Website Page Views:



Social Media Services		Feb 2023	Feb 2024		YTD FY23	YTD FY24
Facebook SNHD	Likes/Followers	13,226	13,359	↑	N/A	N/A
Facebook GHCC	Likes/Followers	6,111	6,134	↑	N/A	N/A
Facebook SHC	Likes/Followers	1,638	1,649	↑	N/A	N/A
Facebook THNK/UseCondomSense	Likes/Followers	5,428	5,347	↓	N/A	N/A
Facebook SNHD THNK Project	Likes/Followers	45	45	=	N/A	N/A
Facebook Food Safety	Likes/Followers	130	158	↓	N/A	N/A
*Instagram GetHealthyCC	Followers	4,119	4,443	↑	N/A	N/A
Instagram SNHD	Followers	524	528	↑	N/A	N/A
Instagram Food Safety	Followers	0	160	↑	N/A	N/A
**X (Twitter) EZ2Stop	Followers	434	430	↓	N/A	N/A
**X (Twitter) SNHDflu	Followers	1,878	1,847	↓	N/A	N/A
**X (Twitter) Food Safety	Followers	98	101	↑	N/A	N/A
**X (Twitter) SNHDinfo	Followers	10,533	10,355	↓	N/A	N/A
** X (Twitter) TuSNHD	Followers	343	342	↓	N/A	N/A

Social Media Services		Feb 2023	Feb 2024		YTD FY23	YTD FY24
** X (Twitter) THINK/ Use Condom Sense	Followers	702	694	↓	N/A	N/A
** X (Twitter) SoNVTraumaSyst	Followers	131	127	↓	N/A	N/A
***Threads	Followers	0	688	↑	N/A	N/A
YouTube SNHD	Views	165,421	228,318	↑	784,956	1,611,988
YouTube THINK / UseCondomSense	Views	424	519	↑	2,440	2,595
<p>Note: Facebook, Instagram and X (Twitter) numbers are not cumulative. *Due to a recent change to X (Twitter), GetHealthyCC deleted their account in June 2023. An Instagram account for the program is now available. **Currently, analytics for all SNHD accounts on X (Twitter) are unavailable, and the reported data may not be current. ***Meta (Facebook) has created a platform Threads to compete with X (Twitter) on July 5, 2023. SNHD has joined this platform and will start tracking our follower count.</p>						

Appendix B – Finance – Payroll Earnings Summary – January 20, 2024 to February 2, 2024

PAYROLL EARNINGS SUMMARY
January 20, 2024 to February 2, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 294,603.37	\$ 909,705.16	\$ 5,031,322.23	\$ 8,657,996.00	58%	
ENVIRONMENTAL HEALTH	\$ 592,614.01	\$ 1,782,345.61	\$ 9,412,913.01	\$ 15,850,582.00	59%	
COMMUNITY HEALTH	\$ 326,738.18	\$ 1,118,616.71	\$ 5,859,491.90	\$ 9,914,422.00	59%	
DISEASE SURVEILLANCE & CONTROL	\$ 442,901.16	\$ 1,244,505.88	\$ 6,423,102.65	\$ 12,244,275.00	52%	
FQHC	\$ 319,921.25	\$ 950,730.36	\$ 4,887,186.65	\$ 9,488,158.00	52%	
ADMINISTRATION W/O ICS-COVID	\$ 481,507.90	\$ 1,404,462.06	\$ 8,451,925.15	\$ 12,236,771.00	69%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,458,285.87	\$ 7,410,365.78	\$ 40,065,941.59	\$ 68,392,204.00	59%	62%
FTE	806					
Regular Pay	\$ 2,169,176.34	\$ 5,364,022.31	\$ 31,324,849.00			
Training	\$ 8,429.92	\$ 12,751.51	\$ 149,814.29			
Final Payouts	\$ 9,502.45	\$ 118,840.02	\$ 400,662.86			
OT Pay	\$ 40,353.08	\$ 56,723.63	\$ 358,173.66			
Leave Pay	\$ 168,520.47	\$ 1,744,826.09	\$ 6,018,892.65			
Other Earnings	\$ 62,303.61	\$ 113,202.22	\$ 1,813,549.13			
TOTAL	\$ 2,458,285.87	\$ 7,410,365.78	\$ 40,065,941.59			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
January 20, 2024 to February 2, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
DEW, DARNITA		7.00	206.09			
INES, HEINRICH		0.25	7.36			
KUAHIWINUI-MCGUIRE, BRANDON		10.00	294.41			
MASTERS, CHRISTOPHER		18.50	557.29			
THEDE, STACY		7.50	232.18			
THOMPSON, CHRISTOPHER		0.25	7.15			
ARRIAGA, JOCELYN		18.25	675.37			
GALAVIZ, MONICA		7.00	443.48			
KEEGAN, DAHLIA J		6.00	294.53			
MALDONADO, JULIE		2.25	119.15			
MURPHY, MELISSA		1.00	35.17			
TAITANO, KYOMI		2.50	90.28			
UBANDO, MARJORIE K		16.00	764.81			
Total Administration		96.50	3727.27		0.00	0.00

COMMUNITY HEALTH SERVICES

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
MUNFORD, ELIZABETH		3.00	147.27	BARRY, NANCY	0.38	12.27
AGUINALDO, ADRIAN		5.00	175.86			
MEDINA, LOURDES J		5.00	185.03			
POUNCY-BEECHER, TAMIKO		12.25	420.27			
WILSON III, JULES		12.25	420.27			
BROWN, DANIEL R		3.00	221.63			
MAPOTE, CRISNAN		4.00	144.45			
Total Community Health Services		44.50	1714.78		0.38	12.27

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>
				VILLALOBOS, YOLANDA	0.75	18.50
Total FQHC-Community Health Clinic		0.00	0.00		0.75	18.50

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>
ARQUETTE, JOCELYN M		0.25	16.66	D'COSTA, TERESA K	3.75	170.86
AUCALLA, GENNESIS	IMMSPF24	4.50	146.81			
BERNABE, XANDEE S		14.50	1,043.51			
CONTRERAS ARAIZA, ALONDRA		16.00	1,093.48			
JOHNSON, JESSICA L	IMMSPF24	10.50	699.93			
MARTINEZ, AZALIA	IMMSPF24	0.25	8.79			
MCTIER, CHIKA	IMMSPF24	11.25	731.33			
PURUGGANAN, GRACE		0.50	31.68			
ROSSI BOUDREAU THIB, LESTER A		6.50	287.94			
YOUNG, MAITA WEBB		16.50	1,045.36			
CHASTAIN, DELANEY		13.25	839.45			
GOSS, DEYANIRA		13.75	964.73			
SHIN, JENNIFER		12.75	807.78			
ZARRET, MARIAM		15.25	894.95			
OROZCO, CARISSA		13.00	762.91			
CRUZ, STACY		0.50	19.01			
DREW, REBECCA M	IMMEQ_22	5.00	185.03			
HENRIQUEZ, SERGIO	IMMEQ_22	5.00	158.80			
LUONG, STEPHEN	IMMEQ_22	6.00	380.13			
NAGAI, SAGE	IMMEQ_22	5.00	316.77			
POLINTAN, MICHAEL S	IMMEQ_22	5.00	221.49			
WONG, MICHELLE	IMMEQ_22	5.00	301.08			
ENZENAUER, LIZETTE		17.25	913.47			
Total Primary & Preventative Care		197.50	11871.09		3.75	170.86

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		3.25	136.83	AHMED, MARYAM	6.00	168.40
BIDINGER, JOY		8.00	363.48	BLACKARD, BRITTANIE	2.25	73.63
BLACKARD, BRITTANIE		6.75	331.35	BROUNSTEIN, JODI	1.50	63.35
DIAZ-ONTIVEROS, LUZ		0.25	11.66	CHARFAUROS, ADAIR	11.25	324.17
HALL, ALYSSA		2.00	82.02	DIAZ-ONTIVEROS, LUZ	13.88	431.36
JONES, MALLORY		7.50	349.75	ERICKSON, SARAH	3.00	82.02
KAPLAN, KRISTOPHER		7.50	397.16	GONZALEZ, KIMBERLY	1.50	42.10
LETT, KENDRA A	FDILL_24	6.25	366.78	HALL, ALYSSA	10.50	294.70
LIZON, ANDREW		3.25	140.47	LIZON, ANDREW	12.38	356.58
MCCANN, ALEXANDRA		7.25	338.09	SRIPRAMONG, JACQUELINE	9.38	270.14
MICHEL, GUILLERMO		5.00	233.17	GHAMSSARI, NADEREH	2.25	95.03
MORENO, KRISTINA N		7.75	420.86	SMITH, JESS W	8.25	291.25
ORTIZ RIVERA, VANESSA		7.75	466.68			
PARANGAN, CHRISTOPHER D		6.75	357.45			
PIAR, DIANE M		7.25	436.57			
RAKITA, DANIEL		2.00	88.60			
RICH, VICTORIA		0.25	13.93			
SABANDITH, VETAHYA	FDILL_24	10.50	489.65			
SABOUR, ISABELLA		8.50	357.85			
SHEFFER, THANH V		4.50	270.98			
SRIPRAMONG, JACQUELINE		7.00	302.55			
THEIN, KELSEY		7.25	338.09			
WADE, CYNTHIA		7.00	294.70			
WELLS, JORDAN		7.50	349.75			
DECICCO, NATALYA		1.50	61.51			
DIPRETE, LAUREN K	FDILL_24	0.50	35.08			
NAVARRETE, GEORGE		1.25	87.70			
VINH, JONATHAN		1.75	71.77			
WEBER, LAUREN		7.25	297.31			
SAKAMURA LOW, MIKI K		2.00	126.71			
Total Environmental Health		155.25	7618.50		82.13	2492.73

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>
BUSTINZA, JONATHAN N		17.25	672.09	MCNEE, NICOL	2.25	52.76
CABINTE, SERAFINO		15.50	603.91			
DHILLON, KARNJIT S		17.25	707.40			
FROIO, PETER L		15.75	645.89			
GORDON, SANDRA		3.25	126.63			
JONES, BRIA S		12.00	456.26			
ALLAN-RIVERA, BRIANNA L		1.75	75.64			
BALTAZAR, JOSEPHINE G		15.00	615.13			
BARNNETT, SARIE N		4.25	174.29			
BRAVO ROSAS, JAZMIN O		0.75	27.75			
BROER, WILLIAM		11.50	497.05			
BURGESS, GLENN J		15.50	704.25			
CADDELL, TONJA		1.50	61.51			
CASTRO, JANET V		14.00	669.21			
CONSTANTIN, MELISSA		2.00	136.69			
CRAVER, MARKEISHA		2.00	82.02			
DIGOREGORIO, AMANDA L		1.50	71.70			
DONNELL, JESSICA M		19.50	1,144.37			
EDDLEMAN, TABATHA M		4.50	250.71			
EWING, TABITHA L		12.00	704.23			
HERRERA, REYNA A		15.50	841.72			
KING, MICAH N		1.00	65.01			
MCINTYRE, ERIC		4.50	257.54			
MONTGOMERY, JOSHUA M		18.25	1,098.96			
O'CONNOR, KELLI J		9.50	572.06			
PENSON, MONTEARA		11.50	471.60			
REYES, REBECCA		5.50	331.19			
ROSSI BOUDREAU THIB, DUSTIN M		16.00	1,013.68			
THOMAS, TAYLOR		14.00	652.86			
VALENCIA, MARISSA Y		17.25	867.71			
VIOTE, ANGELES		15.75	613.65			
WARD, DESTINY N		5.25	208.73			
Total Disease Surveillance & Control		320.75	15421.44		2.25	52.76
Combined Total		814.50	40353.08		89.25	2747.12

Appendix C – Finance – Payroll Earnings Summary – February 3 to 16, 2024

PAYROLL EARNINGS SUMMARY
February 3, 2024 to February 16, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 298,179.56	\$ 1,207,884.72	\$ 5,329,501.79	\$ 8,657,996.00	62%	
ENVIRONMENTAL HEALTH	\$ 599,497.84	\$ 2,381,843.45	\$ 10,012,410.85	\$ 15,850,582.00	63%	
COMMUNITY HEALTH	\$ 344,696.83	\$ 1,463,313.54	\$ 6,204,188.73	\$ 9,914,422.00	63%	
DISEASE SURVIELLANCE & CONTROL	\$ 395,927.49	\$ 1,640,433.37	\$ 6,819,030.14	\$ 12,244,275.00	56%	
FQHC	\$ 319,087.64	\$ 1,269,818.00	\$ 5,206,274.29	\$ 9,488,158.00	55%	
ADMINISTRATION W/O ICS-COVID	\$ 442,474.88	\$ 1,846,936.94	\$ 8,894,400.03	\$ 12,236,771.00	73%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,399,864.24	\$ 9,810,230.02	\$ 42,465,805.83	\$ 68,392,204.00	62%	65%

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Regular Pay	\$ 2,160,342.93	\$ 7,524,365.24	\$ 33,485,191.93
Training	\$ 2,230.07	\$ 14,981.58	\$ 152,044.36
Final Payouts	\$ -	\$ 118,840.02	\$ 400,662.86
OT Pay	\$ 24,570.22	\$ 81,293.85	\$ 382,743.88
Leave Pay	\$ 188,489.99	\$ 1,933,316.08	\$ 6,207,382.64
Other Earnings	\$ 24,231.03	\$ 137,433.25	\$ 1,837,780.16
TOTAL	\$ 2,399,864.24	\$ 9,810,230.02	\$ 42,465,805.83

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
February 3, 2024 to February 16, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
KUAHWINU-MCGUIRE, BRANDON		2.00	58.88			
MASTERS, CHRISTOPHER		20.25	610.00			
THEDE, STACY		2.00	61.91			
ARRIAGA, JOCELYN		11.75	434.82			
MALDONADO, JULIE		4.00	211.82			
MURPHY, MELISSA		2.50	87.93			
TAITANO, KYOMI		2.00	72.22			
UBANDO, MARJORIE K		4.75	227.05			
VERON, MICHELLE		4.50	232.36			
Total Administration		53.75	1996.99		0.00	0.00

COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
POUNCY-BEECHER, TAMIKO		3.00	102.92	PRICE, KERI A	6.75	220.90
WILSON III, JULES		2.00	68.62	RAMAN, DEVIN C	0.38	17.54
ENGLIS, TERENCE		2.00	72.22			
MAPOTE, CRISNAN		2.00	72.22			
Total Community Health Services		9.00	315.98		7.13	238.44

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>
DELARMENTE, JOANNAH	FP_23	0.25	16.25			
MANALOTO, XCELZA	FP_23	0.25	15.84			
PETERSEN, DESIREE R		0.50	21.05			
GONZALEZ, AZENA		0.50	18.50			
Total FQHC-Community Health Clinic		1.50	71.64		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>
ARQUETTE, JOCELYN M		10.00	666.60	D'COSTA, TERESA K	3.00	136.69
MCTIER, CHIKA		0.25	16.66			
ZARRET, MARIAM		-1.00	-58.69			
AGBAYANI, ANGELINE	IMMEQ_22	4.75	286.03			
HENRIQUEZ, SERGIO	IMMEQ_22	4.50	142.92			
LUONG, STEPHEN	IMMEQ_22	6.00	380.13			
POLINTAN, MICHAEL S	IMMEQ_22	5.50	243.64			
WALKER, AMBER	IMMCD_22	1.00	36.11			
ZAVALA, ISAAC	IMMEQ_22	6.00	352.11			
Total Primary & Preventative Care		37.00	2065.51		3.00	136.69

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>
BIDINGER, JOY		10.25	465.71	BROUNSTEIN, JODI	4.13	174.23
BILLINGS, JACOB T		3.75	256.29	CALZADO, NEIL	7.88	244.82
BLACKARD, BRITTANIE		9.75	478.62	CAVIN, ERIN M	4.88	205.90
COHEN, VALERIE NICOLE S		7.00	466.62	CHARFAUROS, ADAIR	2.63	75.64
CUMMINS, VERONICA J		18.00	929.45	DASPIT, THERESA J	3.75	158.39
DARANG, CHASE		6.50	287.94	DIAZ-ONTIVEROS, LUZ	3.00	93.27
DIAZ-ONTIVEROS, LUZ		5.50	256.48	ERICKSON, SARAH	4.50	123.03
GONZALEZ, KIMBERLY		1.50	63.15	GALVEZ, ALEXUS	8.63	261.25
HALL, ALYSSA		5.75	242.08	GONZALEZ, KIMBERLY	1.88	52.63
JONES, MALLORY		21.00	979.30	HALL, ALYSSA	0.38	10.53
JUFAR, LYDIA		1.50	63.15	KADERLIK, PATRICIA A	2.25	95.03
KAPLAN, KRISTOPHER		13.00	688.41	MCCANN, ALEXANDRA	3.00	93.27
LETT, KENDRA A		9.25	542.84	ROSS, ALYSSA	6.00	168.40
MCCANN, ALEXANDRA		7.75	361.41	SANDERS, JENNIFER C	9.38	298.75
MORENO, KRISTINA N		11.00	597.35	VALADEZ, ALEXIS	14.63	454.67
NAJERA, LUISA		12.25	529.47	WHITING, WILLANDRA C	10.50	410.80
ORTIZ RIVERA, VANESSA		18.00	1,083.90	WILLS, JERRY A	6.00	196.36
PARANGAN, CHRISTOPHER D		18.25	966.43	SMITH, JESS W	4.88	172.10
RAKITA, DANIEL		18.50	819.52			
REYES, ABEGAIL		6.50	319.08			
RICH, VICTORIA		20.25	1,128.21			
ROSS, ALYSSA		7.00	294.70			
SABOUR, ISABELLA		22.75	957.78			
SHEFFER, THANH V		18.50	1,114.01			
SRIPRAMONG, JACQUELINE		12.00	518.66			
TAYLOR JR, GEORGE E		4.00	253.42			
THEIN, KELSEY		6.25	291.46			
VALADEZ, ALEXIS		2.00	93.27			
WELLS, JORDAN		6.00	279.80			
WILLS, JERRY A		7.00	343.62			
DECICCO, NATALYA		3.00	123.03			
DIPRETE, LAUREN K	FDLL_24	0.50	35.08			
HERNANDEZ, STEPHANIE		6.50	344.21			
NAVARRETE, GEORGE		0.50	35.08			
NORTHAM, KORIE		1.00	70.16			
SHARIF, RABEA		0.50	29.34			
PARK, JAMES B		1.75	90.36			
CLARKE, MICHELLE		5.00	316.77			

DEOCAMPO, CATHERINE N	9.00	464.72
DUNNE, REBECCA	13.50	553.62
KAMM, SABINE	2.00	65.25
MARTENS II, GARY G	2.25	113.18
SMITH, JESS W	3.00	158.86
SUMERA, ERIK J	10.50	600.92

Total Environmental Health	369.75	18672.71	98.25	3289.06
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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>
BUSTINZA, JONATHAN N		0.75	29.22	MCNEE, NICOL	9.75	228.62
DHILLON, KARNJIT S		0.75	30.76			
BRYAN, LORI	COSSUP24	6.50	273.65			
BURGESS, GLENN J		1.00	45.44			
CADDELL, TONJA		0.50	20.50			
DONNELL, JESSICA M		1.25	73.36			
EDDLEMAN, TABATHA M		0.50	27.86			
EWING, TABITHA L		0.50	29.34			
MCINTYRE, ERIC		1.00	57.23			
MONTGOMERY, JOSHUA M		1.00	60.22			
O'CONNOR, KELLI J		1.00	60.22			
PULVER, KATARINA L	ODTAA_24	6.50	319.08			
SHINGU, MICHELE	COSSUP24	6.00	370.21			
VALENCIA, MARISSA Y		1.00	50.30			

Total Disease Surveillance & Control	28.25	1447.39	9.75	228.62
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Combined Total	499.25	24570.22	118.13	3892.80
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Memorandum

Date: March 28, 2024

To: Southern Nevada District Board of Health

From: **Maria Azzarelli**, *Acting Director of Community Health* *MA*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – February 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP provided a training to four (4) healthcare providers from the Southern Nevada Community Health Center in January on chronic disease resources for providers. Jump drives with clinician toolkits for diabetes, prediabetes, stroke, hypertension, and obesity were also provided.

CDPP staff participated in the Dia de Reyes event at the Clark County Government Center. CDPP staff provided chronic disease education, class, and resource information at the event. Over 1,000 people attended the event.

Our CDPP staff submitted the American Diabetes Association (ADA) Annual Status Report on January 12, 2024. This report is required to maintain our ADA recognition status for our Diabetes Self-Management, Education, and Support (DSMES) classes. The report was approved in January.

In January, CDPP staff began offering monthly DSMES classes. A quarterly class schedule was developed. Classes are offered in person, virtually, and in English and Spanish. Classes will also be offered at community sites. In January, CDPP staff offered two (2) make up classes in Spanish at Access to Healthcare Network, one (1) new Spanish class, and one (1) new English class both offered at SNHD. All classes in January were offered in person. In total, 14 people participated in a DSMES class in January.

B. Tobacco Control Program (TCP)

Our TCP staff educated 1,115 youth at the Student Council Zone Conference hosted at Foothill High School. To date, 4,518 youth leaders have been trained. Additionally, TCP staff participated in 15 events at local high schools to promote vape-free lifestyles. To date, 40 youth-focused branding counter marketing events have occurred in schools and community venues.

TCP staff continued working on a new educational campaign, “Don’t Gamble on Your Patient’s Health,” that targets healthcare providers (OBGYNs, Dental, Pediatric, Behavioral Health & General) to promote tobacco cessation and the Tobacco Use Brief Intervention process (Ask. Advise. Assist). Educational materials will be distributed to providers within the Southern Nevada region.

The TCP staff hosted the first annual Because We Matter Tobacco-Free Living Summit. Through several local and national speakers, the summit addressed the harmful impact of tobacco within the African American community and covered topics including targeted marketing of menthol and flavored tobacco products to African Americans, the correlation between tobacco use and genetics, nicotine addiction, mental health, the intersection of tobacco and cannabis, and broader social justice implications. The overall goal of the summit was to increase awareness, prevent the initiation of tobacco use, promote the Because We Matter brand and Nevada Quitline cessation services. Over 50 community members and partner organizations participated. Resources including the Nevada Tobacco Quitline were promoted for those seeking assistance with quitting tobacco use.

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.

The Committee approved EMS education for specific protocols in their ongoing effort to standardize protocols across the Las Vegas valley.

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 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 members include: 1) One (1) medical director of each firefighting/franchised agency; 2) One (1) operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

D. OEMSTS – February 2023 / 2024 Data

EMS Statistics	February 2023	February 2024	
Total certificates issued	65	64	↓
New licenses issued	61	58	↓
Renewal licenses issued (recert only)	5	0	↓
Driver Only	32	39	↑
Active Certifications: EMT	859	971	↑
Active Certifications: Advanced EMT	1653	1886	↑
Active Certifications: Paramedic	1930	2068	↑
Active Certifications: RN	70	74	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Continuance of drafting the Shelter Support Annex and Administrative Preparedness Annex.
2. Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans. Met with Human Resources to discuss staffing and activation triggers for preparedness annex.
3. Planner updates to Threat Response Guides for Anthrax, Plague, and Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF). The VHF TRG was sent to subject matter experts within the District for review.
4. Reviewed and revisions of COVID AAR according to SWOT analysis and interviews completed by contractor and interns.
5. Conducted Closed POD Seminar on February 20th. There were approximately 65 attendees.

6. Processed Closed POD applications for the Red Cross and began updates of interlocal agreements with municipalities in Clark County.
7. Senior PHP Planner and PHP Planner I continue transition closed POD program management to the Planner I. Coordinating the setup of the Closed POD Working Group with the LVCVA and Boyd Gaming as Co-Chairs.
8. Twenty SNHD employees were fit tested for personal protective equipment.
9. OPHP staff are participating in the various working groups to develop the state DPBH Strategic Plan.
10. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).

B. Training, Exercises and Public Health Workforce Development:

1. OPHP Trainers continue to develop Position Specific Task Books and related training curricula. Planning Section Chief Position Specific Training completed on February 29th for seven (7) SNHD staff, including the Senior PHP Planner and PHP Planner I. Invites sent for Operations Section Chief Training on March 27th.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in February.
3. OPHP Trainers confirmed ICS 300 course offering at Decatur campus April 16th – 18th for recent SNHD staff identified on the Emergency Personnel List. The course is listed on the state training website.
4. Five (5) SNHD employees participated in CPR Training.
5. Assist where needed in current ICS for TB outbreak.
6. Planning efforts are being coordinated for the upcoming recovery workshop.
7. OPHP Trainers provided ICS 400 training to community partners at the City of Las Vegas Office of Emergency Management on February 28th and 29th.
8. OPHP Planner participated in FEMA Exercise Evaluation and Improvement Planning training.
9. Staff attended the Nevada Preparedness Summit Feb 28th – 29th. The PHP Supervisor spoke as part of a panel on the county-wide Impacted Persons Database that is being developed as a corrective action from the October 1, 2017 shooting.
10. Senior PHP Planner and PHP Planner I coordinated with EH, SNPHL, and EPA on exercise development for the EPA WLA AP full scale exercise.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. No SNHPC meeting held in February. Next meeting is scheduled for March 7th.
2. Pediatric Surge Annex approval voting scheduled for March 7th.
3. The SNHPC Clinical Advisor and Senior PHP Planner served in the Medical Surge Support Team for the LVIII Super Bowl 2024 response.
4. SNHPC Clinical Advisor and OPHP Planner continued planning for March 13th Pediatric Surge tabletop with pediatric hospitals.

5. SNHPC Clinical Advisor and OPHP Planner continued planning for April 18th Pediatric Surge tabletop and medical response surge exercise for all hospitals.
6. Pediatric Surge Tabletop final planning meeting was held on February 21st.
7. OPHP Trainer is coordinating First Receiver Decontamination training with Mtn View Tenaya and UMC Hospitals for Summer 2024.
8. OPHP Trainer continues to promote and manage upcoming TEEX Pediatric Disaster Response & Emergency Preparedness course May 7th - 8th.
9. OPHP Trainer coordinating bringing back the following courses to Las Vegas; TEEX Medical Preparedness & Response to Bombing Incidents, TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel.

D. Fusion Center Public Health Analyst:

1. Currently recruiting for new Public Health Analyst.

E. Grants and Administration:

1. OPHP is awaiting carryover subawards for PHEP and CRI grants and an amendment to the current CRI budget.
2. OPHP interviewed and selected a Senior Administrative Assistant who will start in March.
3. OPHP is recruiting a Public Health Fusion Center Analyst.

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

1. MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers.
2. MRC Coordinator attended monthly NACCHO MRC Workgroup meeting.
3. Packed and relocated office to Buffalo annex.

MRC Volunteer Hours FY2024 Q3

(Economic impact rates updated August 2023):

Activity	January	February	March
Preparedness Exercise	27	0	0
Community Event/BP	0	0	0
SNHD Clinic	4.5	0	0
Total Hours	27	0	0
Economic impact	\$858.60	0	0

IV. VITAL RECORDS

A. February 2024 is currently showing a 9% increase in birth certificate sales in comparison to February 2023. Death certificate sales currently showing a 4% decrease in comparison to February 2023. SNHD received revenues of \$35,542 for birth registrations, \$24,570 for death registrations; and an additional \$8,354 in miscellaneous fees.

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

Vital Statistics Services	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Births Registered	1,806	2,279	↑	16,646	15,995	↓
Deaths Registered	1,703	2,032	↑	14,201	14,066	↓
Fetal Deaths Registered	14	19	↑	130	148	↑

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

Vital Statistics Services	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates Sold (walk-in)	2	30	↑	318	460	↑
Birth Certificates Mail	93	136	↑	914	1,028	↑
Birth Certificates Online Orders	3,549	3,801	↑	28,743	28,127	↓
Birth Certificates Billed	112	122	↑	884	903	↑
Birth Certificates Number of Total Sales	3,756	4,089	↑	30,859	30,518	↓
Death Certificates Sold (walk-in)	5	33	↑	126	282	↑
Death Certificates Mail	180	148	↓	1,247	1,209	↓
Death Certificates Online Orders	8,352	7,960	↓	65,155	60,317	↓
Death Certificates Billed	26	48	↑	264	293	↑
Death Certificates Number of Total Sales	8,563	8,189	↓	66,792	62,101	↓

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

Vital Statistics Sales by Source	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates Sold Valley View (walk-in)	.1%	.7%	↑	1%	1.5%	↑
Birth Certificates Mail	2.5%	3.3%	↑	3%	3.4%	↑
Birth Certificates Online Orders	95.5%	93%	↓	93.1%	92.2%	↓
Birth Certificates Billed	3%	3%		2.9%	3%	↑
Death Certificates Sold Valley View (walk-in)	.1%	.4%	↑	.2%	.5%	↑
Death Certificates Mail	2.1%	1.8%	↓	1.9%	1.9%	
Death Certificates Online Orders	97.5%	97.2%	↓	97.5%	97.1%	↓
Death Certificates Billed	.3%	.6%	↑	.4%	.5%	↑

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

Revenue	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates (\$25)	\$93,900	\$102,225	↑	\$771,475	\$762,950	↓
Death Certificates (\$25)	\$214,075	\$204,725	↓	\$1,669,800	\$1,552,525	↓
Births Registrations (\$13)	\$35,581	\$35,542	↓	\$287,196	\$262,951	↓
Deaths Registrations (\$13)	\$22,997	\$24,570	↑	\$185,497	\$179,270	↓
Convenience Fee (\$2)	\$7,840	\$7,854	↑	\$61,874	\$57,526	↓
Miscellaneous Admin	\$761	\$500	↓	\$5,008	\$5,413	↑
Total Vital Records Revenue	\$375,154	\$375,416	↑	\$2,980,850	\$2,820,635	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Passport Applications	726	735	↑	5,918	5,108	↓

Revenue	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Passport Execution/Acceptance fee (\$35)	\$25,410	\$25,725	↑	\$207,130	\$178,780	↓

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.
- 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.
- On February 29th, 2024, the Health Equity team participated in the Senior Resource Fair hosted by Henderson City Councilman Jim Seebeck.
 - During the month of February 2024, the Health Equity team, conducted five (5) Health Equity workshops for SNHD and community-based organizations.
- C.** The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.

1. Two (2) community-based organizations were identified to partner with the goal of increasing community capacity to address health disparities. These organizations are Al-Maun, and Golden Rainbow.

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	85	67
NAAT NG/CT	1146	1193
Syphilis	892	899
RPR/RPR Titers	163/84	150/80
Hepatitis Total	1195	1110
HIV/differentiated	650/25	650/21
HIV RNA	105	98

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 February, the average daily testing was 61 and the average turnaround time was 43 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.

Unknown ID	Bacterial ID	0	0											0
	WGS (PulseNet)	27	24											51
Salmonella	Salmonella Screen	14	10											24
	Salmonella Serotype	13	10											23
Shigella	Shigella Screen	10	10											20
	Shigella Serotype	7	10											17
STEC	STEC Screen	10	2											12
	STEC Serotype	1	1											2
Unknown	Stool Culture	5	6											11
Vibrio	Vibrio ID	0	0											0
	Vibrio Screen	0	0											0
Yersinia	Yersinia Culture/ID	1	2											3

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was one (1) case for GI outbreak investigation in February.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In February, 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.

- 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.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0										

- 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.
- SNPHL performed 24 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in February 2024.
- 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.
- SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
- 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 February 2024, SNPHL has sequenced 29 SARS-CoV-2-positive RNA extracts.
- 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.

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	29	6										

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 February, we tested a total of zero mosquito pool samples. There was no positive WNV mosquito pool samples identified in February. 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 February, a total of 85 clinical isolates, Neisseria gonorrhoeae 21 isolates and Neisseria meningitidis five (5) 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 COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. February 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the CAP MVP, CAP Infectious Disease, Resp, Biofire Respiratory Virus panel, CAP SARS-CoV-2, CAP MEGN proficiency test in February 2024.
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. Our Emergency Response laboratory started to validate the warrior panel and verification process with CDC.
5. According to the WGS and genomic data analysis, the Omicron variant JN.1*, BA.2.*, EG.5.* lineages are domain lineages, 78% respectively, in February, 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.
6. Identified zero Monkeypox positive test result in February 2024. The Whole Genome sequencing of February Monkeypox Positive samples has been completed. The clade for this case is IIb and the lineage is B.1.20 for three (3) sequencing data analyses.
7. 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 three (3) subtypes are 57%, 20%, and 23%, respectively.
8. 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.
9. 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 meetings to review and update the lab design on Thursdays at 9am.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

February SNPHL Services	2023	2024	
Clinical Testing Services ¹	4,300	5,339	↑
Epidemiology Services ²	1,765	1,609	↑
State Branch Public Health Laboratory Services ³	4,795	98	↓
All-Hazards Preparedness Services ⁴	8	6	↓
Environmental Health Services ⁵	0	6	↑

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: March 19, 2024

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC ^{RS}
Fermin Leguen, MD, MPH, District Health Officer ^{FL}

Subject: Community Health Center FQHC Operations Officer Report – February 2024

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.

February 2024 Highlights

Administrative

- Medical Director recruitment underway
- SAC-AA grant application – DUE March 20th
 - Approximately \$1.8 million annual grant
 - A portion must be allocated to services for the homeless
 - Highly competitive
 - Addition full time site required.
 - Would expand the service area to Pahrump.
- Behavioral health build out at Decatur in progress.
- Dental clinic build out at Fremont
 - Dental vendors and community partners engaged
- HRSA Title X Family Planning program: FPAR report – calendar year 2023 (CY23)
- HRSA – Health Center program: UDS report – **calendar year 2023 (CY23)**
 - Unduplicated patients = 9,863 / CY19 = 9,134 & CY22 = 6,343
 - Encounters = 23,351 (1,501 virtual) / 15,859 (783)
 - FTEs = 81.72 / CY22 = 57.18 (providers & clinical & non-clinical support staff)

Access – Provider Visits

Facility	Program	FEB '24	FEB '23	FEB YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
Decatur	Behavioral Health	145	109	33%	1,028	1,028	0%
Decatur	Ryan White	224	176	27%	1,749	1,355	29%
Decatur	Family Health	465	141	230%	3,168	1,691	87%
Fremont	Family Health	343	179	92%	1,429	984	45%
Total	Family Health	808	320	153%	4,597	2,675	72%
Decatur	Family Planning	122	198	-38%	1,132	1,890	-40%
Fremont	Family Planning	89	118	-25%	600	788	-24%
Total	Family Planning	211	316	-33%	1,732	2,678	-35%
ASEC	Sexual Health	124	113	10%	999	824	21%
Decatur	Sexual Health	633	519	22%	4,608	4,641	-1%
Total	Sexual Health	757	632	20%	5,607	5,465	3%
Grand Total		2,145	1,553	38%	14,713	13,201	11%

Pharmacy Services

	Feb-23	Feb-24		FY23	FY24		% Change YTD
Client Encounters (Pharmacy)	1,097	1,358	↑	9,194	10,832	↑	17.8%
Prescriptions Filled	1,469	2,018	↑	12,279	15,213	↑	23.9%
Client Clinic Encounters (Pharmacist)	60	28	↓	388	242	↓	-37.6%
Financial Assistance Provided	16	14	↓	61	135	↑	121.3%
Insurance Assistance Provided	6	2	↓	17	46	↑	170.6%

- A. Dispensed 2,018 prescriptions for 1,358 clients.
- B. Pharmacist completed 28 client clinic encounters.
- C. Assisted 14 clients to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 64 referrals between February 1st and February 29th. There were two (2) pediatric clients referred to the Medical Case Management program in February and the program received four (4) referrals for pregnant women living with HIV during the month.
- B. There were 838 total service encounters in the month of February provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 368 unduplicated clients served under these programs in February.

- C. The Ryan White ambulatory clinic had a total of 454 visits in the month of February, including: 24 initial provider visits, 173 established provider visits and 14 tele-health visits (established clients). There were 18 nurse visits and 237 lab visits. There were 33 Ryan White clients seen in Behavioral Health by the Licensed Clinical Social Worker and the Psychiatric APRN during the month of February. There were 20 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services.
- 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 13 patients enrolled and seen under the Rapid stART program in February.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,196 unique services to 808 unduplicated patients for the month of February. There were 113 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently 122 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. One SHC provider, the Community Health Nurse (CHN) supervisor and the SHC PrEP navigator presented and participated in the California Prevention Training Center Injectable PrEP Update on February 21, 2024. In addition to the SNHD SHC team, program leaders, and navigators from the Oakland LGBTQ Center, Children's Hospital of Los Angeles, CARE Center, Dignity/St. Mary, Long Beach, and the University of Miami, Miller School of Medicine, shared about their efforts to provide injectable PrEP (CAB-LA) to their patients and clients, as well as successes and challenges in access, retention, and equity. Rupa R. Patel, MD MPH FIDSA, Clinical Biomedical Prevention Activity Lead, HIV Research Branch, Division of HIV Prevention, NCHHSTP, Centers for Disease Control and Prevention, reached out to acknowledge the SHC team for the success of our HIV injectable PrEP program.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. One (CHN) is continuing orientation in FQHC-SHC. An offer was accepted for one vacant Patient Services Representative (PSR) position. Recruitment has begun to fill one vacant Medical Assistant (MA) position.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of February 2024.

Client required medical follow-up for Communicable Diseases	-
Referrals for TB issues	12
Referrals for Chronic Hep B	3
Referrals for STD	5
Pediatric Refugee Exams	20
Clients encounter by program (adults)	80
Refugee Health screening for February 2024	80
Total for FY23-24	443

Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers (EW) submitted a total of 33 applications for the month.

Applications	Status
45	Approved
11	Denied
20	Pending

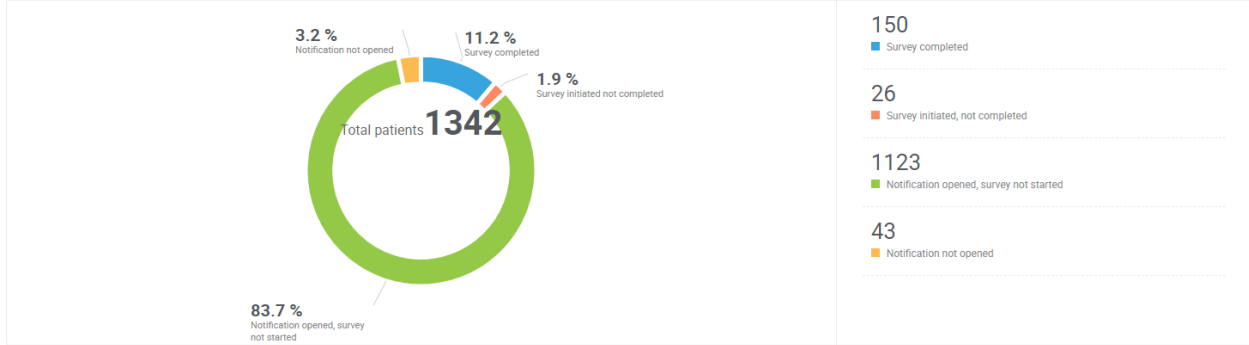
Only one EW working directly with DWSS for Eligibility application support overflow. Training for Community Health Workers (CHWs) to begin tentatively in April to support Eligibility work.

Patient Satisfaction: See attached survey results.

SNCHC 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.

Southern Nevada Community Health Center Patient Satisfaction Survey February 2024

Overview



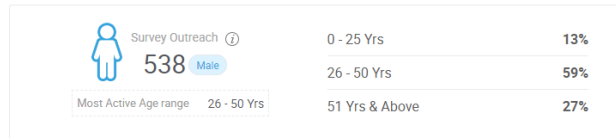
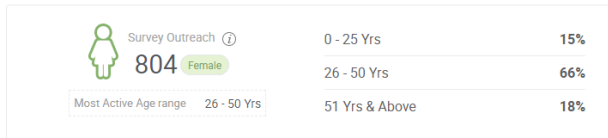
150
■ Survey completed

26
■ Survey initiated, not completed

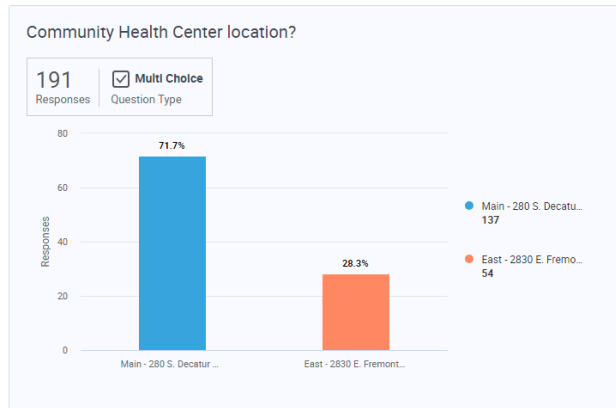
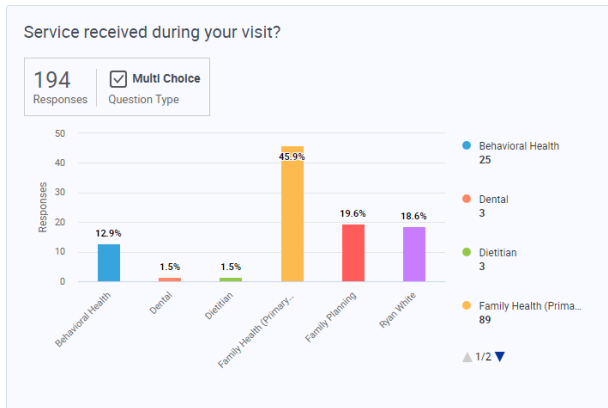
1123
■ Notification opened, survey not started

43
■ Notification not opened

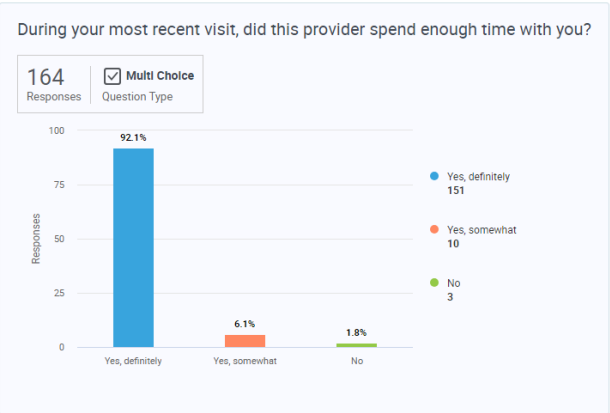
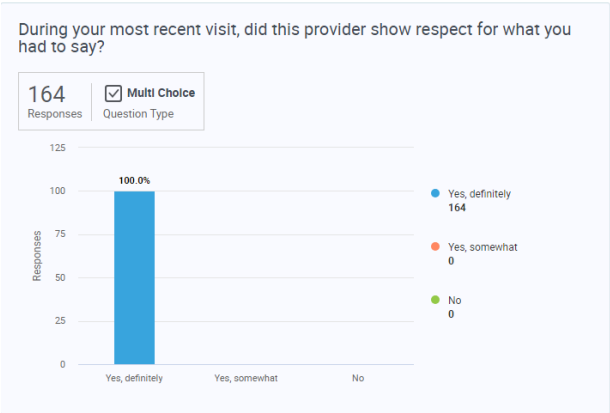
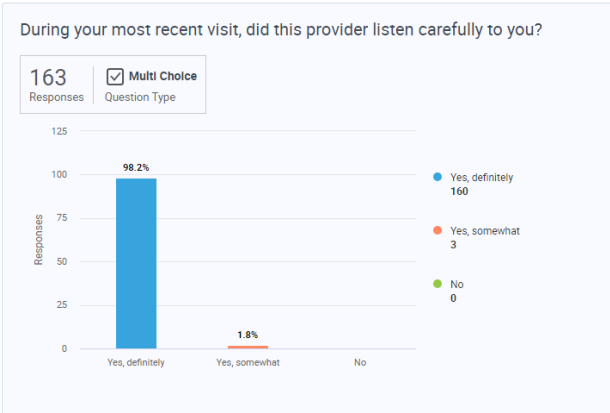
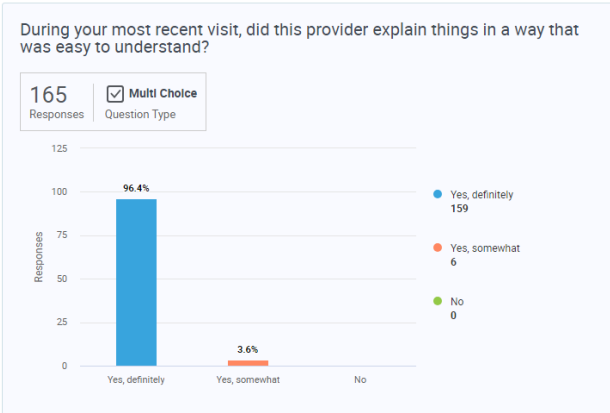
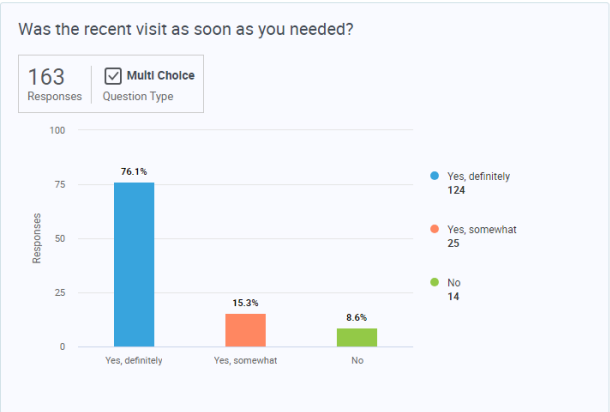
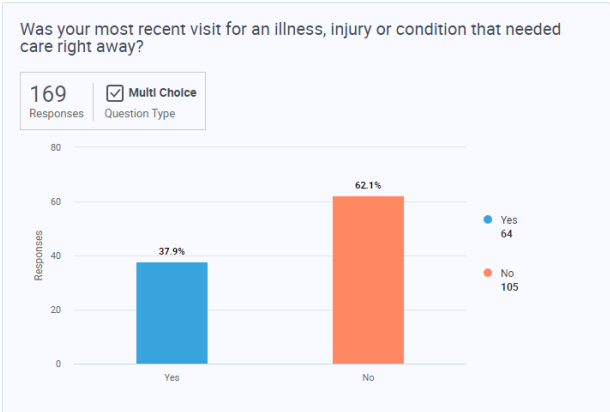
Gender



Service and Location



Provider, Staff and Facility

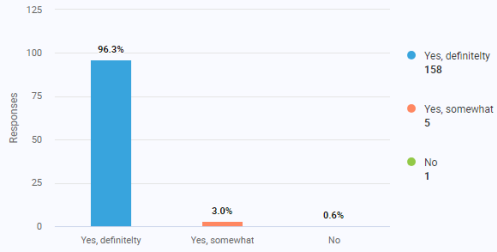


Thinking about your most recent visit, were the staff as helpful as you thought they should be?

164

Responses

Multi Choice
Question Type

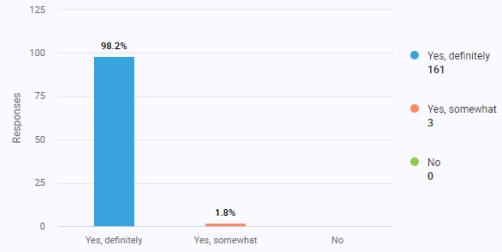


Thinking about your most recent visit, did the staff treat you with courtesy and respect?

164

Responses

Multi Choice
Question Type

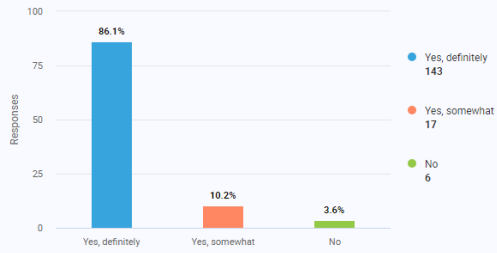


Thinking about your recent visit, was it easy to schedule an appointment?

166

Responses

Multi Choice
Question Type



Thinking about the facility, how was the overall cleanliness and appearance?

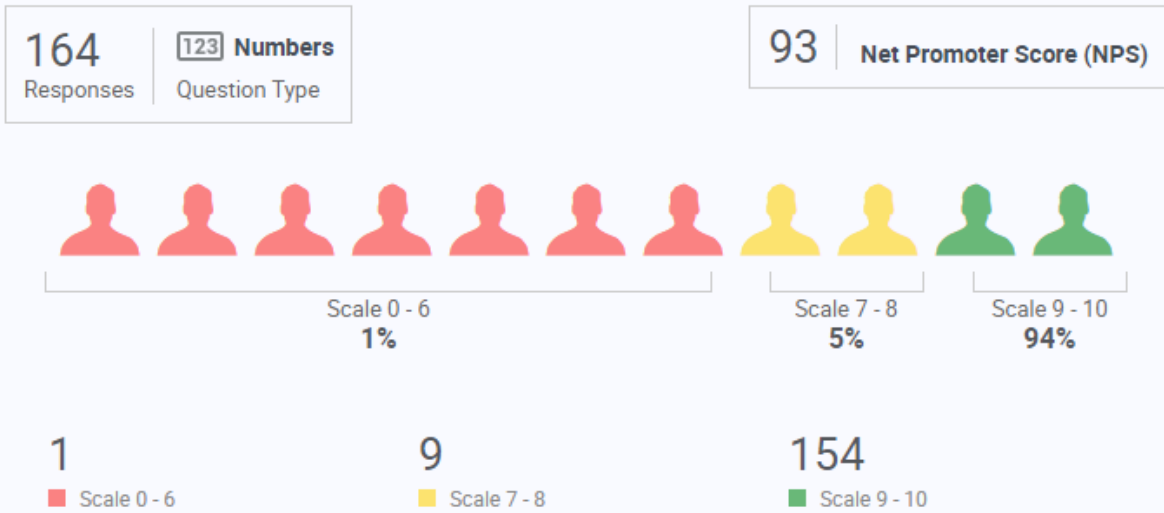
165

Responses

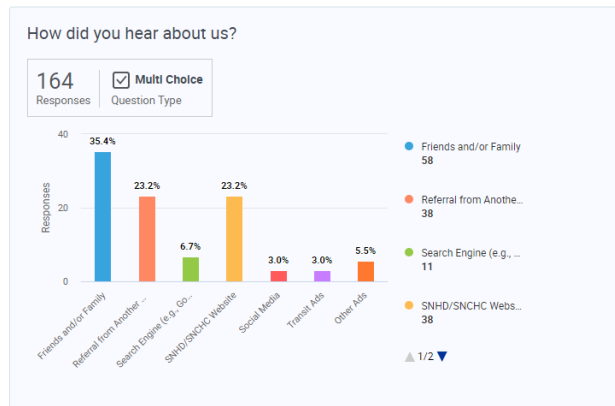
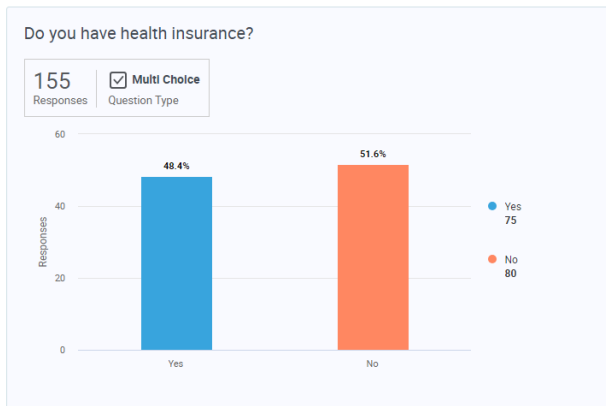
Multi Choice
Question Type



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?



General Information





Memorandum

Date: March 28, 2024

To: Southern Nevada District Board of Health

From: **Victoria Burris, MPH, Acting Director of Disease Surveillance & Control** *VB*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – February 2024

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.

	Feb 2023	Feb 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	972	990	↑	2027	2050	↑
Gonorrhea	480	494	↑	953	970	↑
Primary Syphilis	18	9	↓	41	22	↓
Secondary Syphilis	32	11	↓	60	29	↓
Early Non-Primary, Non-Secondary¹	46	28	↓	108	65	↓
Syphilis Unknown Duration or Late²	114	72	↓	217	161	↓
Congenital Syphilis (presumptive)	8	2	↓	19	4	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	1	1	→	5	5	→
Syphilis Pregnant Cases	12	9	↓	22	18	↓
Perinatally Exposed to HIV	0	0	→	0	4	↑
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						
Vaccine Preventable	Feb 2023	Feb 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	6	4	↓	12	12	→
Hepatitis B, acute	2	1	↓	2	3	↑
Influenza	25	97	↑	80	413	↑
Pertussis	2	3	↑	6	15	↑

	Feb 2023	Feb 2024		YTD 23	YTD 24	
Enteric Illness						
Campylobacteriosis	11	7	↓	28	26	↓
Cryptosporidiosis	1	4	↑	2	7	↑
Giardiasis	8	4	↓	12	7	↓
Rotavirus	3	6	↑	5	7	↑
Salmonellosis	13	3	↓	27	14	↓
Shiga toxin-producing Escherichia coli (STEC)	2	3	↑	7	11	↑
Shigellosis	3	6	↑	8	24	↑
Yersiniosis	1	4	↑	1	6	↑
Other						
Candida auris	49	104	↑	105	182	↑
Coccidioidomycosis	28	11	↓	49	28	↓
Hepatitis C, acute	1	0	↓	1	0	↓
Invasive Pneumococcal Disease	25	23	↓	54	62	↑
Lead Poisoning	13	7	↓	25	23	↓
Legionellosis	3	1	↓	5	1	↓
Meningitis, aseptic	1	0	↓	2	3	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	5	↑	7	7	→
New Active TB Cases Counted (<15 yo)	0	0	→	0	1	↑
New Active TB Cases Counted (>= 15 yo)	7	4	↓	9	12	↑

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	11	1	17	0
Gonorrhea	11	0	10	0
Syphilis	33	3	223	0
HIV/AIDS (New to Care/Returning to Care)	46	1	64	1
Tuberculosis	7	0	4	1
TOTAL	108	5	318	2
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: 16
 - 1. Lead CTs – 3
 - 2. Contact Tracers; investigators and outreach – 13

- 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. **Monkeypox:** As of February 28, 2024, Clark County had 311 cases of monkeypox.
 - b. **Influenza:** SNHD started the influenza surveillance for the 2023-2024 season on October 7, 2023. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity remains elevated with increases in some parts of the country. Statewide, the outpatient respiratory illness activity in Nevada has been moderate. Locally, as of 2/24/2024, for the 2023 - 2024 influenza season, 935 influenza-associated hospitalizations and 71 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/18/2024.
 - c. **Shigella Sonnei Cluster:** ACDC and OIE staff are conducting an ongoing investigation into a local cluster of Shigella Sonnei. Approximately 13 persons have this serotype with closely matching whole genome sequencing, which is a significant portion of the Shigella cases reported to SNHD this year. DIIS have reached out to administer hypothesis generating questionnaires to the affected parties in an attempt to better identify the common source of illness. Investigation is ongoing.
 - d. **Large Scale TB Contact Investigation:** ODS received reports of two Active TB cases in November and December 2023 that involved exposures within the Clark County School District. One of the cases had been ill for over one year before receiving their diagnosis. ODS coordinated with the school district to conduct onsite testing at the schools impacted, that began January 3rd and 4th, and January 30th through February 2nd. These efforts resulted in over 700 contacts being tested during these events. ODS is continuing to coordinate testing for the remaining contacts who were unable to test at these site locations.

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. SNHD is also distributing naloxone through the CDC’s Overdose Data to Action (OD2A) funding. 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 February:

Naloxone Distribution	Agency	# Trained	# of Naloxone doses distributed
2/1/2024	Fremont St Experience	0	20
2/1/2024	Intermountain Health	0	72
2/6/2024	Signs of Hope	0	400
2/6/2024	CrossRoads of Southern Nevada	0	480
2/6/2024	Nevada Transportation Authority	0	8
2/6/2024	Black HIV Awareness Community Fair	0	22
2/8/2024	Venetian/Palazzo	15	60
2/8/2024	Moapa Band of Paiutes	5	80
2/14/2024	Recuperative Care Center		100
2/15/2024	UNLV - The Practice	20	0
2/15/2024	Clark County Juvenile Justice	20	174
2/20/2024	Clients	0	6
2/21/2024	Outreach	0	32
2/21/2024	Sierra Sage Recovery Center	6	24
2/22/2024	Clients	0	2
2/22/2024	Erica Cooper Community Outreach		300
Total		66	1780

- 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 February:

- 02/07/2024 Volunteers in Community (2400 Strips)
- 02/14/2024 Hope Christian Health Center (300 Strips)
- 02/20/2024 SNHD Office of Disease Surveillance (300 Strips)
- 02/29/2024 Valley View Community Cares (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. To mark National Black HIV/AIDS Awareness Day on February 7, 2024, staff offered rapid HIV and syphilis testing at SNHD-Fremont campus. Additionally, staff were onsite for the Southern Nevada Health Consortium event held at Mario’s Westside Market to also mark this important awareness day. Mario’s Westside Market is located at 1425 W. Lake Mead Blvd in the Historic Westside neighborhood. Our collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.

c. TB Surveillance developed a laminated flyer titled “Is it TB?” The content includes messaging that encourages providers to “think TB” when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: <https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

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	Feb-23	Feb-24		YTD 23	YTD 24	
Outreach/Targeted Testing	822	458	↓	1724	1510	↓

Clinic Screening (SHC/FPC/TB)	467	309	↓	911	621	↓
Outreach Screening (Jails, SAPTA)	88	241	↑	201	497	↑
Collect2 Protect	16	4	↓	36	14	↓
TOTAL	1393	1012	↓	2872	2642	↓
Outreach/Targeted Testing POSITIVE	7	0	↓	13	1	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	1	0	→
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	0	0	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	0	↓	13	1	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 02/01/2024: Attended Planning Committee meeting for Recon Recovery Event; 9 people in attendance; 1 SNHD ODS attendee.
2. 02/02/2024: Facilitated Public Health Vending Machine (PHVM) Technical Assistance call with California Dept of Corrections; 2 people in attendance; 1 SNHD ODS staff attendee.
3. 02/02/2024: Chaired the Clark County Children's Mental Health Consortium (CCCMHC) meeting; ~49 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
4. 02/07/2024: Provided education at the "National Black HIV/AIDS Awareness Day Community Health Fair" facilitated by the Southern Nevada Health Consortium; 100 people in attendance; 3 SNHD ODS attendees.
5. 02/08/2024: Participated in the US Consumer Product Safety Commission state designee meeting as SNHD representative; 28 people in attendance; 2 SNHD ODS attendees.
6. 02/08/2024: Attended the Southern Nevada Opioid Advisory Council (SNOAC) General Meeting facilitated by SNHD and PACT; ~80 people in attendance; 6 ODS Staff Attendees.
7. 02/12/2024: Facilitated Xylazine Test Strip Training for SNHD ODS Staff; ~20 people in attendance; 20 SNHD ODS attendees.
8. 02/13/2024: Co-Facilitated Crisis Call Training with the Office of Suicide Prevention; 14 people in attendance; 3 ODS SNHD staff in attendance.
9. 02/13/2024: Presented "HIV and STIs in Nevada" for the Center's Community Advocacy Network (CAN); 20 people in attendance; 1 ODS Health Educator attendee.
10. 02/13/2024: Participated in a Media Interview with Las Vegas Weekly on Narcan and Fentanyl Laced Drugs; 2 people in attendance; 1 SNHD ODS interviewee.
11. 02/14/2024: Facilitated 2025 Community Health Assessment Meeting Steering Committee - Goals, Values, and Vision Statement; 32 people in attendance; 3 SNHD ODS attendees.
12. 02/15/2024: Essentials for Childhood - Strategic Planning Evaluation Committee Meeting attended as SNHD representative; 12 people in attendance; 1 SNHD ODS attendee.
13. 02/20/2024: Facilitated National PHVM Round Table; ~75 people in attendance, 1 SNHD ODS Staff attendee.
14. 02/20/2024: Attended as SNHD representative for Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 22 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
15. 02/20/2024: Attended Clark County Child Death Review Team Meeting as SNHD representative; 19 people in attendance; 3 SNHD ODS attendees.

16. 02/20/2024: Attended Nevada Goes Fall Free Coalition bi-monthly meeting attended by ODS Health Educators as representatives; 11 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
17. 02/20/2024: Attended Children's Mental Health Action Coalition-State Level Leadership Committee as a representative; 20 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
18. 02/21/2024: Attended Southern Nevada Breastfeeding Coalition Meeting; 12 people in attendance; 1 SNHD ODS attendee.
19. 02/21/2024: Presented "Nevada Laws and Policies" for the CDC/EHE site visit; 5 people in attendance; 3 ODS Health Educator attendees.
20. 02/26/2024: Attended as SNHD representative to Nevada Coalition for Suicide Prevention (NCSP) monthly meeting; 14 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
21. 02/27/2024: Facilitated Harm Reduction 101 training with ODS Health Educator; 20 people in attendance; 4 SNHD ODS attendees.
22. 02/27/2024: Facilitated "Listening Session for Syphilis Media Grant at WESTCARE" facilitated by ODS; 40 people in attendance; 2 SNHD ODS attendees.
23. 02/28/2024: Attended the "Las Vegas Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council Meeting" facilitated by the Las Vegas RWHAP Planning Council; 25 people in attendance; 2 SNHD ODS attendees.
24. 02/29/2024: Facilitated Community Xylazine Test Strip Training; 7 people in attendance; 3 SNHD ODS attendees.

D. Other

1. Communicable Disease Statistics: Quarter 4 2023 and January 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – February 2024

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. Ongoing user account support and form updates: Monkeypox form, HIV Linkage form, and Hepatitis A.
- b. Continue to update and enhance Data Warehouse - EpiTrax STD Co-infections identification Pentaho report updates: TB Contact Results, Active TB by Status 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. 308 tasks have been completed.
- c. EpiTrax NORS form implementation planning and implementation underway.

B. Electronic Message Staging Area (EMSA)

- a. Continue to 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. Message exception review sessions.
- d. EMSA2 condition logic updated.
- e. UMC reporter exception mapping for ECR.

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. This has been set as a priority as requested by Harvest.
- c. Continue SNPHL data warehouse cleanup and maintenance.
- d. 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.
- e. Continue implementation of the Outreach Module for Orchard to make specimen ordering and result delivery from/to partners more efficient and timelier. Project go-live May 2024.
- f. Continue making modifications to the LRN-B interface for CDC requested changes.
- g. Discussions to implement an electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results.

D. Electronic Health Record (EHR) System

- i. Maintain the system for patient care and documentation. 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. Discussion on prioritizing projects and tickets with Strategic Account Manager.
- iv. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE on eCR and FHIR implementation.
- v. Completed UNLV COVID-19 Geospatial Disparity project.
- 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. Initial data submission for Uniform Data System (UDS) and Family Planning Annual Report (FPAR) complete.
- ix. Configuration Modifications for the Healthy Start Program (Maternal Child Health)
- x. Configuration Modifications for Diagnostic Imaging for certain providers.
- xi. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- xii. New Quest lab test build
- xiii. Preparing for version 12 upgrade

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. Completed redesign of COVID19 dashboard to match CDC's COVID dashboard layout and data metrics. Updated vaccination data up to December 2023.
- 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 enhancing API server to extend functionality for internal processes and 3rd party app.

H. Data Modernization Initiative (DMI)

- a. Continue to work with the State on DMI project.
- b. eCR project: UMC reporter onboarding in progress, with full implementation in production projected for Feb 2024.
- c. Internal OCR workflow saved and documented.
- d. Evaluation of new OCR vendor underway.
- e. State GENV2 Generic MMG excel document comparison.
- f. Continue collaboration with the State on matching data formats for submission to CDC.
- g. Implementation of all CDC required data fields in EpiTrax custom forms.

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. Superbowl event surveillance support.

J. Grant Updates

- a. ELC EDX extension budget submitted to the state.
- b. COVID health disparity grant extension approved by CDC.
- c. FY25 OIE office budget

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
 - EPI data request RW
 - RSR Completeness Report and annual report for RW Part B
 - DRVS HIV Module + Ryan White Reporting
 - MPOX Immunization All Facility Report revision
 - PrEP reason report for Disease Surveillance
 - 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
 - Ran daily, biweekly, bimonthly, and monthly COVID reports.
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports.

- Influenza report weekly.
- Outreach site HIV testing stats-weekly
- EPT report- weekly

iii. Other report updates:

- Daily, weekly, and monthly SNPHL reports and upkeep.
- State NETSS weekly/YTD report
- Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard.
- CSTE/CDC Forecasting Workgroup calls
- Continue DIIS performance report discussion with ODS
- SNHD Health Equity Report is completed pending final approval by Dr. Lockett and then Dr. Leguen

L. Training

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
- Attending EPI OCR working meetings.
 - Attending weekly EMSA learning meetings with Utah.
 - 2 Epi staff presented at the Ending the HIV Epidemic CDC site visit.
 - Several Epi staff attended the Epi ready foodborne illness training on Feb 14-15.
 - Several Epi and Informatics staff attended a Geospatial Analysis Training Webinar provided by UNLV.
 - Southern NV Foodborne Outbreak Training
 - HR employee profile training
 - Leadership Journey Training.

M. Contracts

- i. Completed contract for Open Enterprise Master Person Index (OpenEMPI)

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. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- iv. Support online sign-up application for Syringe Vending (harm reduction) for Trac-B.
- v. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation. Processing Gonorrhea/Chlamydia results via ELR.
- vi. Maintenance of the NHA Data Webservice Script.
- vii. OD2A phase 2, Component B. Data import process completed. Dashboard layout planning is underway.
- viii. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- ix. NVCLPPP lead portal data review and quarterly advisory board meeting.
- x. Continue working on Healthy Start Project.
- xi. Enhanced Surveillance conducted during Superbowl week with no concerning events reported.
- xii. 2 Epi staff presented at the Ending the HIV Epidemic CDC site visit.
- xiii. Several Epi staff attended the Epi ready foodborne illness training on Feb 14-15.



January 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	January	YTD	January	YTD	January	YTD
VACCINE PREVENTABLE						
COVID-19	110,540	110,540	3,082	3,082	1,966	1,966
Haemophilus influenzae, invasive	2	2	6	6	8	8
Hepatitis A	1	1	0	0	0	0
Hepatitis B, acute	3	3	0	0	2	2
Hepatitis B, chronic	68	68	62	62	96	96
Influenza	16	16	55	55	316	316
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	1	1
Pertussis	5	5	4	4	12	12
RSV	384	384	407	407	1,117	1,117
SEXUALLY TRANSMITTED						
Chlamydia	929	929	1,055	1,055	1,061	1,061
Gonorrhea	501	501	473	473	476	476
HIV	38	38	40	40	20	20
Stage 3 HIV (AIDS)	9	9	20	20	10	10
Syphilis (Early non-primary, non-secondary)	48	48	62	62	38	38
Syphilis (Primary & Secondary)	55	55	51	51	31	31
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	1	1
Congenital Syphilis	5	5	11	11	2	2
ENTERICS						
Campylobacteriosis	6	6	17	17	19	19
Cryptosporidiosis	1	1	1	1	3	3
Giardiasis	7	7	4	4	3	3
Rotavirus	2	2	2	2	1	1
Salmonellosis	6	6	14	14	11	11
Shiga toxin-producing <i>E. coli</i> (STEC)	8	8	5	5	8	8
Shigellosis	4	4	5	5	18	18
Yersiniosis	0	0	0	0	2	2
OTHER						
Coccidioidomycosis	14	14	21	21	17	17
Exposure, Chemical or Biological	0	0	1	1	0	0
Hepatitis C, acute	1	1	0	0	0	0
Hepatitis C, chronic	221	221	198	198	125	125
Invasive Pneumococcal Disease	35	35	29	29	39	39
Lead Poisoning	15	15	12	12	16	16
Legionellosis	4	4	2	2	0	0
Listeriosis	1	1	0	0	0	0
Malaria	1	1	1	1	0	0
Meningitis, Aseptic	1	1	1	1	3	3
Meningitis, Bacterial Other	1	1	0	0	0	0
Meningitis, Fungal	0	0	0	0	1	1
Rabies, exposure to a rabies susceptible animal	33	33	29	29	37	37
Streptococcal Toxic Shock Syndrome (STSS)	1	1	4	4	2	2
Tuberculosis (Active)	4	4	3	3	7	7

*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 4, 2023: Clark County Disease Statistics*

Disease	2021		2022		2023		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 4	YTD	Qtr 4	YTD	Qtr 4	YTD	Qtr 4 (2018-2022 aggregated)	Qtr 4 (2023)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	4	13	9	24	6	31	0.20	-	-
Hepatitis A	2	3	1	7	2	8	0.12	-	-
Hepatitis B, acute	4	17	3	20	7	29	0.09	-	-
Hepatitis B, chronic	156	621	187	798	368	1,402	4.03	5.07	↑X
Influenza	26	73	786	1,263	808	1,025	8.91	11.13	↑X
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	2	-	-	-
Mumps	0	0	0	1	0	0	-	-	-
Pertussis	11	24	17	80	31	58	0.27	0.43	↑
RSV	1,992	2,687	5,019	6,170	2,453	3,215	42.52	33.79	↓X
SEXUALLY TRANSMITTED									
Chlamydia	3,082	13,032	3,238	12,829	3,075	12,656	87.46	42.36	↓X
Gonorrhea	1,659	7,190	1,635	6,412	1,514	5,813	41.87	20.86	↓X
HIV	73	421	106	441	109	488	2.19	1.50	↓X
Stage 3 HIV (AIDS)	29	174	35	150	50	169	0.90	0.69	↓
Syphilis (Early non-primary, non-secondary)	147	662	239	730	147	618	3.88	2.02	↓X
Syphilis (Primary, Secondary)	171	733	159	715	104	548	4.22	1.43	↓X
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	3	6	0	0	0	1	-	-	-
Congenital Syphilis	11	35	14	50	8	51	45.18	-	-
ENTERICS									
Amebiasis	0	2	0	1	0	4	-	-	-
Campylobacteriosis	20	126	37	131	47	192	0.88	0.65	↓
Cryptosporidiosis	4	17	6	18	2	12	0.10	-	-
Giardiasis	13	44	10	46	17	71	0.29	0.23	↓
Rotavirus	7	29	7	133	8	104	0.18	-	-
Salmonellosis	33	150	35	157	45	203	0.80	0.62	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	5	54	18	72	15	57	0.26	0.21	↓
Shigellosis	17	73	21	75	26	86	0.53	0.36	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	4	2	7	2	6	-	-	-
Yersiniosis	3	11	2	8	3	14	-	-	-
OTHER									
Coccidioidomycosis	47	173	52	160	70	272	1.07	0.96	↓
Encephalitis	0	1	2	15	0	0	-	-	-
Exposure, Chemical or Biological	1	3	0	9	2	3	-	-	-
Hepatitis C, acute	0	2	2	4	2	5	0.09	-	-
Hepatitis C, chronic	758	3,302	626	2,948	386	2,377	21.96	5.32	↓X
Invasive Pneumococcal Disease	49	130	94	220	75	225	1.65	1.03	↓X
Lead Poisoning	18	97	41	138	40	165	0.71	0.55	↓
Legionellosis	6	22	5	27	2	30	0.16	-	-
Listeriosis	2	2	1	4	1	1	-	-	-
Lyme Disease	3	13	3	9	2	9	-	-	-
Malaria	1	2	0	7	0	7	-	-	-
Meningitis, Aseptic	7	33	8	33	6	31	0.28	-	-
Meningitis, Bacterial Other	4	12	4	10	4	12	0.19	-	-
Meningitis, Fungal	0	4	0	5	0	0	-	-	-
Spotted Fever Rickettsiosis	0	1	1	1	0	0	-	-	-
Streptococcal Toxic Shock Syndrome (STSS)	0	17	5	10	10	36	0.09	-	-
Tuberculosis, Active	17	56	7	51	21	76	0.33	0.29	↓
West Nile Virus neuroinvasive disease	0	0	0	0	1	2	-	-	-

*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.

0--Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'



Memorandum

Date: March 28, 2024

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
 Cassius Lockett, PhD, *Deputy District Health Officer-Operations* CL
 Fermin Leguen, MD, MPH, *District Health Officer*

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Routine Inspections	2,238	2,494	↑	15,747	16,376	↑
Reinspections	197	186	↓	1,384	1,202	↓
Downgrades	181	176	↓	1,318	1,152	↓
Closures	12	8	↓	100	96	↓
Special Events	95	110	↑	695	564	↓
Temporary Food Establishments & Tasting Event Booths	299	963	↑	5,101	5,673	↑
TOTALS	3,022	3,937	↑	24,345	25,063	↑

1. Enforcement Actions and Investigations:

- A. Multi-agency responses for unpermitted food vending complaints were conducted on February 4, 24, and 25, with City of Las Vegas Business License and Las Vegas Metropolitan Police Department representatives.
- B. **Laos Asia Market Kitchen, 3050 W. Desert Inn Rd.:** On February 6, the facility was closed for an Imminent Health Hazard (IHH), lack of adequate handwashing sinks. The facility was also operating during construction in the kitchen. The inspector documented 26 demerits. The owner has applied for a remodel with Plan Review, but the facility remains closed at this time.
- C. **Street Tacos Al Vapor Portable Unit for the Service of Food (PUSF), 330 W. Centennial Pkwy.:** On February 6, the unit was closed for an IHH, no potable water

or hot water. Other violations included: food handler not properly washing hands when required; time/temperature control for safety (TCS) food in the temperature danger zone; automatic fire suppression system not tested or failed test; food products double stacked without a barrier; handwash sink blocked by several buckets and dishes inside the basin of the hand sink; food handler working without a valid food handler card; and TCS food not properly labeled. The inspector documented 30 demerits. The unit was reinspected and reopened with zero demerits on February 9.

- D. Habit Burger Grill at Fashion Show Mall, 3200 S. Las Vegas Blvd.:** On February 7, staff found a singular drain backing up but not overflowing the rim. Inspectors documented eight demerits and issued a compliance schedule for repairing the drain. On February 8, the drain was properly functioning; however, the facility was closed for an IHH, no hot water. The facility was reinspected and reopened with three demerits on February 9.
- E. Taquizas La Bonita, 1935 Fremont St.:** On February 8, the unit was closed for two IHHs, no hot water and liquid waste not disposed of in an approved manner. The inspector documented 44 demerits. Violations included: facility operating outside the bounds of the approved permit; sewage backing up out of floor sinks or drains; hand sink not supplied with hot and cold water; multiple TCS foods in the temperature danger zone; unapproved scoop in a ready-to-eat food product; food products double stacked without a barrier; employee food stored with customer food; no sanitizer solution during active food preparation; hand sink blocked; hand sink not fully stocked with soap, paper towels, and a lined trash can; exterior doors not tightly fitted and weather proof or left open allowing pest entry; non-food grade plastic grocery or garbage bags used for direct food storage; food handler working without a valid food handler card; and the Person-in-Charge (PIC) did not demonstrate adequate knowledge of employee health policy, foodborne illness prevention, application of food safety principles, or requirements of the Food Regulations. The unit remains closed at this time.
- F. Avatar Foods, Inc. - Avatar Food Bakery and Finishing, 1301 S. Boulder Hwy.:** On February 8, the facility was closed for an IHH, no hot water. The inspector documented eight demerits. The hand sink also drained slowly which inhibited handwashing. The facility was reinspected and reopened with zero demerits on February 9.
- G. A1 Mobile Catering #7, 439 Rock Quarry Way:** On February 13, the unit was closed for an IHH, liquid waste not disposed of in an approved manner. Violations included: wastewater leaking from mobile unit during operation; waste tank with visible signs of disrepair including large cracks; large water spots covering waste tank near cracks; active leaking when sinks were in use, causing increased velocity of leaks; pooling of water on ground near waste tank; sanitizer concentration too high during ware washing and in sanitizer buckets or spray bottles; hand sink not fully stocked with soap, paper towels, and a lined trash can; and food handler working without a valid food handler card. The inspector documented 20 demerits. The unit was reinspected and reopened with zero demerits on February 9.
- H. Mora Iced Creamery, 1980 Festival Plaza Rd.:** On February 15, the facility was closed for an IHH, no hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on February 16.
- I. Three Sisters Kimchi, 6370 W. Flamingo Rd.:** On February 21, the facility was closed when found operating without a valid health permit. The facility remains closed at this time.

- J. **Komol Restaurant, 953 E. Sahara Ave.:** On February 21, the facility was closed for an IHH, pest infestation. The inspector documented 36 demerits. The facility was reinspected and reopened with zero demerits on February 27.
- K. **Krazy Buffet, 8095 W. Sahara Ave.:** On February 22, the facility was closed for an IHH, pest infestation. The inspectors documented 14 demerits on the restaurant permit, 15 demerits on the prep permit, and 11 demerits on the buffet permit. On February 26, the facility was reinspected and reopened with three demerits on restaurant permit, five demerits on prep permit, and three demerits on buffet permit.
- L. Staff closed 27 unpermitted food vending complaint investigations.
- 2. **Foodborne Illness Investigations:**
 - A. **Panda Express, 5881 W. Craig Rd.:** On February 7, staff responded to several reports of lab-confirmed foodborne illness. No risk factors were observed. During the investigation, the restaurant self-closed due to a roof leak.
- 3. **Onsite Intervention Training:**
 - A. Onsite Intervention Training was held with the following facilities: Havana Heat Mobile Vendor, 1935 Fremont St.; and Don Tortaco Mexican Grill #1, 4604 W. Sahara Ave.
- 4. **Community Outreach:**
 - A. On February 28, a Special Events presentation was provided to students and staff of the UNLVino class at the University of Nevada Las Vegas Hospitality College.

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	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Notices of Violations (New & Remails)	0	8	↑	39	46	↑
Adjudicated Hearing Cases	6	12	↑	29	43	↑
Total Cases Received	47	155	↑	579	642	↑
Total Cases Referred to Other Agencies	24	18	↓	158	175	↑
Hearing Penalties Assessed	\$8,750	\$36,500	↑	\$57,500	\$103,250	↑

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Inspections	280	412	↑	1,888	2,002	↑

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Compliance Inspections	104	70	↓	607	417	↓
Final Installation/Upgrade/Repair Inspections	0	5	↑	16	26	↑
Closure Inspections	0	1	↑	6	8	↑
Spill Report Investigations	0	1	↑	5	11	↑

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Inspections	11	19	↑	164	158	↓
Reinspections	2	2	→	21	15	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
West Nile Virus Surveillance Traps Set	0	0	→	1,707	1,732	↑
West Nile Virus Surveillance Mosquitoes Tested	0	0	→	27,895	52,408	↑
West Nile Virus Surveillance Submission Pools Tested	0	0	→	2,097	2,420	↑
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	0	1,007	↑
West Nile Virus Surveillance Positive Submission Pools	0	0	→	0	27	↑
Mosquito Activity Complaints	0	0	→	73	687	↑
Elevated Blood Level Home Investigations	0	0	→	2	4	↑
Legionella Residential Investigations	0	0	→	11	8	↓
Legionella Travel Associated Investigations	3	0	↓	16	16	→
Public Accommodations Inspections	46	72	↑	299	346	↑
Public Accommodations Complaints	7	24	↑	86	209	↑
Mobile Home/Recreational Vehicle Park Inspections	45	69	↑	129	173	↑
Mobile Home/Recreational Vehicle Park Complaints	0	1	↑	12	15	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. Permits Issued – None**
- 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 (7); Waste Grease (2); Materials Recovery (2); Waste Tire Management (2); and Waste to Energy (2)**
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in March: None**

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Asbestos Permits Issued	86	93	↑	697	559	↓
Revised Asbestos Permits Issued	8	4	↓	88	46	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Tentative Maps-Received	11	8	↓	121	92	↓
Tentative Maps-Lot Count	861	590	↓	7,914	3,725	↓
Final Maps-Received	20	24	↑	173	166	↓
Final Maps-Lot Count	778	864	↑	7,868	6,056	↓
Final Maps-Signed	18	23	↑	166	169	↑
Final Maps (Signed)-Lot Count	655	826	↑	7,799	7,512	↓
Improvement Plans-Received	19	26	↑	165	152	↓
Improvement Plans-Lot Count	752	794	↑	8,290	5,320	↓
Expedited Improvement Plans-Received	1	0	↓	1	0	↓
Expedited Improvement Plans-Lot Count	15	0	↓	15	0	↓

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Residential ISDS Permits	7	4	↓	46	52	↑
Commercial ISDS Permits	0	0	→	2	1	↓
Commercial Holding Tank Permits	1	0	↓	21	19	↓
Residential Tenant Improvements	19	14	↓	188	181	↓
Residential Certifications	0	0	→	2	3	↑
Compliance Issues	8	5	↓	70	67	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Public Water System Sanitary Surveys	0	0	→	33	47	↑
Public Water System Violations Issued	5	3	↓	29	88	↑

2. Safe Drinking Water Activity:

- A. Eight *coliform*-present results were reported from routine monitoring events: Las Vegas Valley Water District (no repeat positive results); MGM Grand Hotel and Casino (no repeat positive results); Shetland Water District (one initial positive and four repeat positives - triggered a treatment technique assessment); and Venetian Palazzo (no repeat positive results).
- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
School Food Facility Inspections	87	98	↑	608	627	↑
School Food Facility Complaints	1	0	↓	5	4	↓
School Facility Inspections	104	119	↑	723	743	↑
School Facility Complaints	9	3	↓	30	30	→
Summer Food Service Surveys	1	6	↑	58	12	↓
Child Care Facility Inspections	14	26	↑	161	183	↑
Child Care Facility Complaints	0	1	↑	17	16	↓
Body Art Facility Inspections	12	42	↑	252	402	↑
Body Art Facility Complaints	2	1	↓	37	31	↓
Body Art Artist Special Event Inspections	9	3	↓	180	35	↓
Total Program Services Completed	239	299	↑	2,071	2,083	↑

1. Schools:

- A. **Young Women Leadership Academy, 3415 S. Mojave Rd.:** During a routine inspection of the kitchen, staff observed violations that resulted in a B downgrade. Violations included: no hot water at the hand sink; hand sink not stocked with paper towels and a trash can; food handler without a valid food handler card; and an unlabeled bottle being used to store a chemical. The operator was required to correct the hot water issue within 48 hours. A reinspection was completed, and all violations were corrected. The kitchen returned to an A grade.
- B. **Coral Academy of Science Las Vegas Eastgate Campus, 7777 Eastgate Dr.:** Staff responded to a complaint that students had been getting hurt on the playground by wood chips, rock, and turf. The operator had removed the rock landscaping in the areas near the edge of the outdoor play yard to install turf. Landscaping work was

ongoing at the time of the investigation with small areas of the play yard still containing woodchips and landscaping rocks. These areas will be replaced with turf later. No hazards were observed in the play yard at the time of the investigation.

C. Teach Las Vegas Public Charter School, 4660 N. Rancho Dr.: Staff met with facility representatives for a supervisory conference regarding the ongoing issues of using an unpermitted building for student activities, broken playground equipment not being adequately repaired, and unsanitary conditions noted during inspections not being corrected. After the conference, staff conducted a follow-up inspection and observed improvements in the conditions throughout the school and the playground equipment had been repaired. An application for Plan Review for the unpermitted building was also submitted. Staff will ensure that the operator completes the permitting process.

D. Theron Swainston Middle School, 3500 W. Gilmore Ave.: Staff conducted a follow-up survey of the school to review progress in eradicating a previously documented pest infestation. Staff found that the infestation was still present but did not affect food service. The School District Administration was required to submit a written plan detailing the steps that will be taken to remove the infestation. Staff will continue to monitor the situation.

2. Body Art:

A. Rockin' Ink Tattoo at the Westgate Hotel, 3000 Paradise Rd.: During a routine inspection, staff observed violations that required the suspension of the facility's piercing permit. Violations included: piercing procedures being done while having a sterilizer that did not have a current spore test; no required sterilization log; spore test records not being maintained onsite; and adequate indicators were not being used inside each sterilized pack. Staff will follow-up later with a scheduled reinspection to ensure compliance in correcting the conditions and to release the permit suspension.

VI. PLAN REVIEW PROGRAM

**ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year
Data**

Food Pre-Permitting Services	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Food Safety Assessment Meetings	0	0	→	6	2	↓
Total Pre-Permitting Services	1,260	1,123	↓	9,967	11,027	↑
New Project Submissions	275	252	↓	2,201	2,241	↑
Released Projects	244	241	↓	2,039	2,685	↑
Total Service Requests Currently in Pre-Permitting	1,575	1,281	↓			

1. Enforcement Actions and Investigations:

A. Springhill Suites Las Vegas Convention Center, 2989 Paradise Rd.: During a change of permit holder (CPH) inspection, the glass washer in the bar was not operating at the minimum required temperature and was not sanitizing, the dish machine in the restaurant was leaking with water pooling on the floor, and there were holes in the wall in the storage room. SNHD Regulations require ware washing equipment to operate as designed to properly clean and sanitize dishes and walls

must be maintained in good repair. A three-compartment sink was available for ware washing while the machines were repaired. The new permit holder was directed to make repairs within ten days and staff will verify repairs at the first unannounced inspection. The health permits were approved with stipulations.

- B. World Famous Stoney's Rockin Country, 6611 S. Las Vegas Blvd.:** Upon arrival at a final permitting inspection, staff found the area stocked with food and in operation. Nevada Revised Statutes and SNHD Regulations require that food facilities obtain health permit approvals before stocking and operating. The operator was re-educated on the permitting process for future projects, the final permitting inspection was conducted, and the health permit was approved.
- C. Foxtail Coffee, 9490 W. Russell Rd.:** A final permitting inspection resulted in failure due to incomplete construction and cabinetry repairs. Multiple pieces of equipment on the approved plans had not been installed. To pass a final inspection, all equipment must be installed, construction complete, and the facility must be clean and ready to accept food and customers. Once construction was complete, the facility was reinspected, and the health permits were approved.
- D. Felipitos Mexican Restaurant, 5095 S. Decatur Blvd.:** During a routine inspection, staff assessed an exterior trash collection area and found an excessive accumulation of garbage, grease, and black bins labeled "Waste Liquid Pending Analysis" stored within a shared, semi-enclosed area on the property. Improper storage or disposal of unknown substances may cause health issues for the public and create harborage conditions that could attract pests and cause potential issues for surrounding facilities. The routine inspection resulted in an A grade; however, staff notified the SNHD Solid Waste section about the trash collection area. Their site visit resulted in a Notice of Violation for proper disposal and cleaning. A reinspection by Solid Waste staff is still pending.
- E. Auntee M's Market, 4300 W. Tropicana Ave.:** During the final permitting inspection, staff found an inoperable walk-in freezer. The condenser was malfunctioning, and the unit was operating at 74°F. All equipment must operate as designed during the final inspection and freezers must operate at temperatures capable of keeping all foods frozen. The market health permit was approved with a follow-up inspection required to approve the freezer.
- F. Napoli Pizzeria Craig, 3131 W. Craig Rd.:** A CPH inspection resulted in closure after staff found that the restaurant was in full operation with wastewater overflowing from the floor sinks and pooling on the floors in the front and back preparation areas. Sewer backing up in a food facility is an IHH and SNHD Regulations require the facility to self-close, stop all food activities, and notify SNHD. During repairs, the operator found the backup was caused by towels in the floor sink drain lines. The towels were removed, and the affected areas were cleaned and sanitized. The health permit was approved at the reinspection.
- G. Thai Cuisine, 601 N. Nellis Blvd.:** During a CPH inspection, staff found a large meat slicer labeled for household use only, and the walls in the kitchen had numerous holes. SNHD Regulations require all food equipment to be sanitation certified for commercial use and all restaurant finishes must be maintained in good repair, smooth, and easily cleanable. The PIC was instructed to remove the unapproved food equipment and repair the walls. The health permit was approved.
- H. Chaska, 7686 S. Las Vegas Blvd.:** Staff surveyed the facility after the owner notified the assigned operations inspector of his intent to begin operating a hookah lounge at the restaurant. Hookah that contains tobacco is restricted by the Nevada Clean Indoor Air Act (NCIAA). Staff evaluated the proposed location of the hookah lounge, and it met the intent of NCIAA requirements. The owner must complete all SNHD

permitting procedures and obtain approval from all other public agencies to proceed with the addition of the hookah lounge.

- I. **Johnny Mac’s, 824 S. Boulder Hwy.:** An after-the-fact final permitting inspection was completed for a bar that was built without SNHD approval. Food Operations staff issued a Cease-and-Desist Order for the unapproved bar in the newly expanded area of the restaurant during a routine inspection and referred the permit holder to Plan Review for approval. Following application, plan review, and final inspection, the health permit for the bar was approved.
- J. **Captain Sam’s Fish and Chicken, 6700 W. Charleston Blvd.:** A final permitting inspection resulted in failure for no hot water and inadequate refrigeration. The refrigeration units were not plugged in and could not be evaluated for proper operation. The hand sinks and three-compartment sink were in disrepair and leaking. The maximum water temperature at the three-compartment sink was 53°F. The facility was not clean or in good structural condition. Structural deficiencies included the cove base installed incorrectly at the floor wall junctures, missing ceiling tiles, and exposed insulation. The PIC was not able to answer questions about food safety. SNHD Regulations require refrigeration to be operational and capable of holding foods at 41°F or below. Adequate hot water must be provided at a minimum of 100°F at hand sinks and 110°F at the three-compartment sink. The PIC must be knowledgeable about food safety and sanitation. The operator resolved the issues by repairing the deficiencies and retraining on food safety. The facility was reinspected, and the health permit was approved.

VII. AQUATIC HEALTH PROGRAM

**ENVIRONMENTAL HEALTH Aquatic Health Operations Program
- Fiscal Year Data**

Aquatic Health Operations	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Total Operation Inspections	410	613	↑	4,449	5,801	↑
Complaint Investigations	8	18	↑	166	201	↑
Inactive Body of Water Surveys	3	3	→	62	58	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	0	→	26	15	↓
Total Program Services Completed	421	634	↑	4,703	6,075	↑

1. Aquatic Health Operations

- A. **Colton Apartments, 320 Conestoga Way:** Routine inspections at the pool and spa resulted in closure due to multiple IHHs. A gate was propped open and left unattended, another gate was not self-closing, and the pool and spa had low chlorine and high pH. An unsecure and improperly working gate can allow unauthorized access to the enclosure and increases the drowning risk for children. High pH reduces the effectiveness of chlorine. The pool and spa remain closed at this time.
- B. **Ely at Buffalo, 2660 N. Buffalo Dr.:** A routine inspection conducted at the spa resulted in closure due to multiple IHHs. The spa had no detectable chlorine and no rescue safety equipment. Water that is not disinfected exposes bathers to pathogens that can make them sick. Failure to provide rescue equipment presents an increased

drowning risk to bathers. The spa was reinspected the same day and approved to reopen.

- C. Diamondhead Apartments, 1799 N. Decatur Blvd.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gap greater than seven inches in the fence. A breach in the enclosure increases the drowning risk for children. The pool was reinspected the same day and approved to reopen.
- D. Extended Stay Hotel, 1550 E. Flamingo Rd.:** A routine inspection conducted at the pool resulted in closure due to multiple IHHs. One entry gate was propped open and left unattended, another gate was not properly self-latching, there were multiple broken drain covers, and the pool had high cyanuric acid. Broken drain covers pose entrapment and/or entanglement risk, which could result in drowning. The pool remains closed at this time.
- E. Arium Emerald Springs Apartments, 451 N. Nellis Blvd.:** Routine inspections of a seasonally closed South Pool and Spa resulted in a written compliance schedule before reopening. Broken glass was within the pool area. Sharp glass in the pool area can result in lacerations for bathers walking barefoot. The pool and spa remain closed at this time.
- F. Green Leaf Lotus, 3463 Procyon St.:** A routine inspection conducted at the South Pool resulted in an IHH closure due to high cyanuric acid. The pool was reinspected and approved to reopen.
- G. Turtle Bay Apartments, 6265 W. Levi Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to high chlorine. High chlorine concentration can cause eye, skin, and lung irritation. The spa was reinspected the same day and approved to reopen.
- H. Palms Casino Resort, 4321 W. Flamingo Rd.:** A routine inspection conducted at the spa resulted in IHH closure due to condensation dripping into the spa. Condensation exposes bather to unknown contaminants. The spa was reinspected and approved to reopen.
- I. El Conlon Senior Center, 2651 Clark Towers Ct.:** A routine inspection conducted at the spa resulted in an IHH closure due to low chlorine. A reinspection was conducted the same day, and the spa was approved to reopen.
- J. TownePlace Suites Las Vegas North, 4360 Nexus Way:** Routine inspections conducted at the pool and spa resulted in closure due to multiple IHHs. One gate was not self-closing, the pool and spa had high chlorine, and the spa had high pH. The pool and spa were reinspected the same day and approved to reopen.
- K. Carnegie Heights of Henderson, 525 Carnegie St.:** A routine inspection conducted at the spa resulted in closure due to multiple IHHs. The spa had high cyanuric acid and low chlorine. The spa was reinspected and approved to reopen.

**ENVIRONMENTAL HEALTH Aquatic Health Plan Review
Program - Fiscal Year Data**

Aquatic Health Plan Review	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Total Pre-Permitting Services	460	526	↑	3,602	3,767	↑
New Project Submissions	81	110	↑	622	624	↑
Released Projects	75	90	↑	613	644	↑
Total Projects Currently in Plan Review	495	450	↓			

2. **Aquatic Health Plan Review:**

- A. Lakeside at Sunrise Villas, 2724 ½ Cape Hope Way:** A final remodel inspection was conducted on the spa for installation of a sand filter and filtration pump. Spacing between the suction outlets was not at least three feet apart as required. When suction outlets are less than three feet apart, the system is required to have a suction vacuum release system (SVRS) installed to prevent suction entrapment hazards. Staff required the contractor to install an SVRS within 30 days. Verification of the correction has been received from the contractor.
- B. MGM Grand Hotel and Casino, 3799 S. Las Vegas Blvd.:** A final remodel inspection was conducted for the resurfacing of the perimeter deck around the Live Lucky Pool. The coping exceeded the maximum allowable handhold thickness of 3.5 inches. The inspection was approved with a compliance schedule issued to correct the handholds.
- C. The Lake Club, 210 Grand Mediterra Blvd.:** During a CPH inspection, staff found that the water fill line backflow prevention device had not been inspected. This could lead to a potential backflow of contaminated water into the water supply if the device is not working appropriately. Facility representatives were instructed to provide documentation of a passed backflow test within 30 days. The appropriate documentation has been received by SNHD.
- D. Bellagio Resort and Casino, 3600 S. Las Vegas Blvd.:** A plumbing inspection was conducted on the pool for an interior finish remodel. The water feature suction plumbing diameter was indicated on the plans to be four inches but was found to immediately reduce to two inches. The suction outlet fitting assembly (SOFA) manufacturer requires at least 16 inches of pipe before any reduction to prevent potential suction entrapment. The contractor has since installed the required length of pipe and a final remodel inspection is still pending.
- E. Acadia Ridge, 267 Gandara St.:** A survey conducted on the pool resulted in a compliance schedule due to hand/foot holds located on the enclosure gates, as well as incorrect installation of emergency phones outside of the fencing. Failure to maintain the enclosure without hand/foot holds may permit unauthorized access to the aquatic facility, and emergency phones are required to be installed inside the enclosure for rapid access. A reinspection is still pending.
- F. Orange Grove Apartments, 4770 E. Owens Ave.:** A remodel application for an enclosure replacement was not approved as the submitted plans did not meet the six-foot height requirement for aquatic venues. In addition, the application did not contain information needed to determine compliance of the entrance gate. The review is on hold pending a revised submission.
- G. Fontainebleau Las Vegas, 2777 S. Las Vegas Blvd.:** Final permitting inspections for the new construction of the Grand Pool and Day Club were not approved. Both enclosures contain a total of twelve pools and spas. Violations from the previous pre-plaster inspections were not addressed and corrected prior to the final permitting inspections. In addition, there was ongoing construction within the Day Club enclosure. Two days later, expedited reinspections were conducted and the permits 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) leadership meetings; 2024 Mentorship Planning meetings; National Environmental Health Association (NEHA) Food Safety Program committee meeting; Healthy People 2030 Norovirus Advisory Group meeting; grant project meetings-conversion of trainings to a digital format; and

- Quality Assurance Audits.
2. Regulatory Support Office (RSO) staff provided Backflow Training to Environmental Health staff on February 1.
 3. On February 9, staff provided basic food safety training to approximately 40 volunteers of the Salvation Army located at 35 W. Owens Ave.
 4. Special Processes staff attended the 2024 Virtual Self-Assessment and Verification Audit Workshop on February 20-23.
 5. Special Processes staff assisted Food Operations staff with Super Bowl Temporary Food Establishment inspections on February 9 and 11.
 6. Special Processes staff gave a presentation on Hazard and Critical Control Point (HACCP) verification at the 2024 Association of Food and Drug Officials (AFDO) Advanced Inspectors Bootcamp on February 21.
 7. 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 HACCP plans. There are currently six cook chill/sous vide plans, seven 2-barrier plans, 17 other HACCP plans, two waivers, one operational plan, and one HACCP exemption in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Facility Label Review Submissions	22	43	↑	172	149	↓
Facility Label Review Releases	16	17	↑	169	119	↓
Number of Labels Approved	279	194	↓	2,282	1,752	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Cook Chill/Sous Vide Submissions	0	0	→	3	2	↓
Cook Chill/Sous Vide Releases	1	0	↓	4	4	→
2-Barrier ROP Submissions	0	0	→	5	2	↓
2-Barrier ROP Releases	0	0	→	9	1	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	1	1	→	4	6	↑
Other Special Processes Releases	1	1	→	3	16	↑

ENVIRONMENTAL HEALTH Special Processes Waivers & Operational Plans Review - Fiscal Year Data

Waivers & Operational Plans Review	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Waiver Review Submissions	0	1	↑	8	5	↓
Waiver Review Releases	1	4	↑	7	15	↑
Operational Plan Submissions	0	0	→	1	3	↑
Operational Plan Releases	0	0	→	4	4	→

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	Feb. 2023	Feb. 2024		FY 22-23	FY 23-24	
Registrations Approved Without Voluntary Label Review	0	16	↑	0	113	↑

CDS/hh

Memorandum



Date: March 28, 2024

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Primary & Preventive Care *LY*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – February 2024

I. Immunization Program

A. Immunization Program Activities

1. The 2023-2024 Flu and COVID-19 Vaccine continues in all four Public Health Centers. A total of 683 Flu vaccines were administered in the four Public Health Centers. A total of 650 COVID-19 vaccines were administered in the four Public Health Centers.
2. For the month of February, there were 2,232 clients seen with 6536 vaccines administered at the immunization clinic at Decatur, East Las Vegas, Henderson, and Mesquite locations.
3. There were 210 immunization records reviewed with copies provided for clients who came to the immunization clinic and did not need any vaccinations.
4. Preparation for National Infant Immunization Week is in process which is scheduled for 04/22/2024 to 04/29/2024 in collaboration with Immunize Nevada and the Office of Communications.
5. Back-to-School Planning has continued and is in process for the 2024-2025 school year.
6. The collaboration with the American Cancer Association and the HPV Learning Collaborative is continuing in Year 2.

B. Immunization Outreach Activities

1. A total of 7 outreach clinics were conducted in partnership with local organizations. The outreach clinics were held at CCSD Family Support Center, REACH, Harm Reduction, and Help of Southern Nevada. A total of 303 clients received 870 vaccines. Childhood and adult vaccinations were administered to uninsured and underinsured clients at no cost.
2. Nurses assisted during the TB contact investigation on February 2 and 5, 2024.

II. COVID-19 Vaccine Campaign

A. Community COVID-19 Vaccine Static Clinics and Pop-Up Sites

1. There were 387 COVID-19 and 285 flu vaccines administered through 82 pop-up, community partners, and static sites. These activities include clinics focused on the following population groups: seniors, high-risk population groups, historically underserved communities, adolescents, and people experiencing homelessness.
2. The COVID-19 Vaccination program continues to operate the following static vaccine sites:
 - 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 Southern Nevada Health Consortium, Clark County School District, Delta Academy, Nevada Homeless Alliance, Healthy Asian and Pacific Islander Medical Center, Martin Luther King Senior Center, Heritage Senior Park, Puentes, REACH, and The Center.
4. There were 11 COVID and 4 flu 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, have an 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) 759-1910.
5. There were 29 long-term care residential care home visits conducted to provide vaccine education and coordinate on-site vaccine clinics with community partners. Long-term care facility operations for skilled nursing facilities for vaccine administration continues to be on hold, however vaccine education and support continue to be provided as requested.

B. MPOX vaccinations

1. A total of 31 vaccines were administered through 5 static and pop-up 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-Thurs, 0900-1500
 - o SNHD Main Express, Mon-Thurs, 0800-1700
3. A community partnership with The Center continues to be conducted to administer and educate about protection against mpox through vaccination.
4. A collaboration with SNHD Sexual Health continues to provide a community health nurse for in-room education and mpox vaccine administration for eligible clients.
5. Ongoing community partner calls are conducted monthly for updates and activity coordination. Community partners include AIDS Healthcare Foundation, Touro University, Immunize Nevada, Henderson Equality Center.

C. Additional projects

1. A survey tool has been finalized for vaccine hesitancy and interventions to overcome barriers in health equity areas and is scheduled to be implemented in March 2024

III. Community Health Nursing

A. Maternal Child Health

There were no new referrals for elevated blood lead level for the month of February 2024. 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 167 active families. Forty-eight (48) are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-two (62) 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. The teams continue to partner and collaborate with various community service providers like Women, Infant, and Children (WIC), pregnancy testing agency, Division of Welfare and Supportive Services (DWSS), and Medicaid HMO for program referrals and for the families to obtain essential services identified by their personal nurse during in-person home visits.

C. Healthy Start Initiative

SNHD's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The program enrolled its first family in February 2024.

The program onboarded the Senior Community Health Nurse and a second Community Health Worker. Program outreach involved a presentation during the Southern Nevada Maternal Child Health Coalition and attendance during the National Black HIV Aids Awareness Day event at Mario's Westside Market.

IV. Sexual Health Outreach and Prevention Program

- A. Express Testing provided screening encounters to 152 clients.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. Although the Bicillin LA shortage continues nationally, the supply has increased at SNHD, and pregnant women no longer need to be referred outside to outside clinics. Six clients were provided transportation to their provider visits for treatment. Two clients were referred to CSCM for Neurosyphilis navigation services.
- C. First of two CHW's working with Nevada Homeless Alliance sub grant continued orientation working directly with Nevada Homeless Alliance this month. Second CHW scheduled to Onboard withdrew from hire. Will continue to recruitment.
- D. SHOPP Team attended 4 POP Up Homeless events, the National Black HIV Aids Awareness Day, as well as providing Express Testing every Tuesday at Fremont site.

V. Tuberculosis (TB) Clinic

- A. Three (3) new active adult TB active cases were reported by the TB Clinic in the month of February 2024. There were zero (0) pediatric active TB cases reported for a total of three (3) cases for the month of February 2024.

VI. Employee Health Nursing

- A. There were eight (8) SNHD employees who tested for COVID-19 in February 2024, zero (0) PCR tests conducted at CSN Charleston/North Las Vegas locations. Eight (8) tests from outside entities. Seven (7) employees tested positive for COVID in February 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of February 2024. Annual catch-up TB testing is ongoing. Forty-seven (47) Tuberculosis tests were completed in February 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of February 2024. Eight (8) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure cases for the month of February 2024.
- E. There are no new employee TB exposure cases for the month of February 2024.
- F. Vaccine Clinics
 - February 1 – February 29, 2024
 - Employees Total: 0 employees
 - 0 COVID – 0 Updated booster.
 - 0 Influenza Vaccine
 - 0 Monkeypox Vaccine
 - 0 other vaccines
 - Total vaccines given: 0
- G. Policies and procedures continue to be reviewed and updated.

PRIMARY AND PREVENTIVE CARE

MONTHLY REPORT

February 2024

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	1,205	744	242	41	0	0	5	19	269	2,525
Immunization Records Issued	162	42	5	1						210
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	186						14	2		202
TB Treatment & Control	1,529									1,529
SAPTA Services								38		
TOTAL	3,082	786	247	42	0	0	19	59	269	4,466

Client Encounters by Program

Program	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
Immunizations**	4,714	2,525	↓	30,227	26,443	↓
Immunization Records Issued	112	210	↑	4,282	2,387	↓
COVID-19 Vaccine Given*	449	387	↓	9,051	916	↓
Newborn Met. Screening	0	0	→	0	0	→
SHOPP***	N/A	202	↓	N/A	1,536	↓
TB Treatment & Control	1077	1,529	↑	9,378	11,258	↑
SAPTA Services	28	38	↑	375	199	↓
TOTAL	6380	4,891	↓	53,313	42,739	↓

*Funded by COVID Grant Funds-Data Collection started January 2022

**Includes BTS encounters by clinic, outreach, and COVID teams

***New program/ department as of 07/01/23

Immunization Program						
	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
Immunizations						
Flu Vaccine Given	586	683	↑	6,963	5,325	↓
Gratis	48	83	↑	1,913	1,169	↓
COVID Vaccine*	181	650	↑	1,729	3,154	↑
*Given by Immunization Clinics						
Vaccines for Children (VFC)*						
Number of VFC Compliance Visits	0	5	↑	42	45	↑
Number of IQIP Visits*	22	5	↓	60	23	↓
Number of Follow Up Contacts	16	55	↑	220	244	↑
Number of Annual Provider Training	3	4	↑	30	39	↑
Number of State Requested Visits	63	9	↓	691	298	↓
Perinatal Hepatitis B						
# of Expectant Women	24	24	→	20	16	↓
# of Infants	88	67	↓	80	70	↓
Total # of Infants Delivered	3	2	↓	26	23	↓
New Cases	1	4	↑	35	34	↓
Closed Cases	0	0	→	28	31	↑
Childcare Program						
Childcare Audits	8	12	↑	51	77	↑
Baseline Immunization Rate	75%	76%	↑	71%	79%	↑
# of Final Audits	8	12	↑	50	77	↑
Final Immunization Rate	88%	95%	↓	93%	95%	↑
# of Records Reviewed	489	917	↑	3506	7092	↑
Covid-19 Vaccine Campaign						
COVID-19 Vaccine Campaign						
# of COVID-19 Vaccines administered	449	387	↓	9,051	916	↓
# of Monkeypox Vaccine administered**	16	31	↑	524	56	↓
# of Influenza Vaccine administered**	56	285	↑	977	614	↓
# of Healthcare Provider Compliance Visits	5	0	↓	23	0	↓
# of Newly Enrolled Healthcare Provider Education Sessions	0	0	→	47	0	↓
# of Potential Healthcare Provider Recruitment Sessions*	3	0	↓	33	0	↓
# of Healthcare Provider Contacts	40	0	↓	420	5	↓
*Data collection started January 2022						
** Vaccine administration started October 2022						

Community Health Program

	Feb 2022	Feb 2024		FY 22-23	FY 23-24	
Nursing Field Services						
MCH Team Home Visit Encounters	8	11	↑	55	75	↑

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
NFP (Team 1)						
Referrals	9	13	↑	72	112	↑
Enrolled	5	8	↑	47	61	↑
Active	120	105	↓			

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
NFP (Expansion Team)						
Referrals	8	6	↓	75	40	↓
Enrolled	11	7	↓	43	30	↓
Active	44	62	↑			

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
MCH						
# of Referrals Received**	6	2	↓	31	27	↓
# from CPS*	3	2	↓	20	19	↓
# of Lead Referrals	0	0	→	3	6	↑
# of Total Admissions	1	2	↑	17	12	↓

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
EHB						
Referrals	6	0	↓	55	15	↓
Enrolled	7	0	↓	41	16	↓
Active	62	25	↓			

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
Thrive by 0 - 3						
Referrals	53	70	↓	522	441	↓
One-Time Home Visits	0	6	↓	27	72	↑
Enrolled	2	1	↓	21	15	↓
Active	16	14	↓			

	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
Healthy Start**						
Referrals	N/A	6	↓	N/A	9	↓
Enrolled	N/A	1	↓	N/A	1	↓
Active	N/A	1	↓			

**New program as of 01/01/2024

Tuberculosis Program

Tuberculosis	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
Number of Case Management Activities*	218	234	↑	1,726	1,615	↓
Number of Monthly Pulmonary Specialist Clinic Clients Seen	32	36	↑	277	214	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	21	75	↑	170	279	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	6	↑	41	195	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	859	1,305	↑	7,246	9,925	↑

*New EMR system- Counting only successful activities

Substance Abuse Prevention & Treatment Agency (SAPTA)	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
# of Site Visits	3	2	↓	29	11	↓
# of Clients Screened	28	38	↑	375	199	↓
# of TB Tests	27	37	↑	321	171	↓
# of Assessments only	1	1	→	54	28	↓

Sexual Health Outreach and Prevention Program**

Sexual Health Outreach and Prevention Program (SHOPP) - Express Testing**	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
# of screening encounters		152	↑	N/A	1,369	↓
# of clients screened		152	↑	N/A	1,361	↓
# of clients with positive STI identified		11	↑	N/A	138	↓

Sexual Health Outreach and Prevention Program (SHOPP)- Linkage **	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
# of clients referred to Linkage		14	↑	N/A	104	↓
# of clients linked to care		10	↑	N/A	75	↓

Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP **	Feb 2023	Feb 2024		FY 22-23	FY 23-24	
# of referrals (pregnant, post-partum, infants)		15	↑	N/A	98	↓
# of clients enrolled in CM		10	↑	N/A	66	↓
# of active pregnant clients		25	↑			→
# of infants being followed		18	↑			→
# of provider/community trainings		0	→	N/A	6	↓

**New program/ department as of 07/01/2023

Non-cumulative

