



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

February 26, 2026 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas (*in-person*)  
Frank Nemeec, Vice-Chair – At-Large Member, Physician (*in-person*)  
Joseph Hardy, Secretary – Mayor, City of Boulder City (*in-person*)  
April Becker – Commissioner, Clark County (*in-person*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Nancy Brune – Council Member, City of Las Vegas (*in-person*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)  
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)  
Monica Larson – Council Member, City of Henderson (*via Teams*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)
- ABSENT:** Scott Nielson – At-Large Member, Gaming
- ALSO PRESENT:** David Anderson, Elva Anderson, Toluwanimi Babarinde, Eugene Belin, Greg  
(In Audience) Borgel, Kathleen Boyd Jones, John Brown, Ann Casey, David Cherry, Judy  
Clark, Mike Curts, Anna Draper, David Harrison, Jill Hart, Judy Heath, Diane  
Henry, Ryan Hutchinson, Kurt Jaspersen, Edwin Kaehler, Gary Kantor, Keith  
Kennedy, KSNV, KTNV, Laura McSwain, Bradley Mayer, CJ Mortensen, Cheryl  
Pastore, Jessica Perez Vidrio, Edward Peters, Mary Peters, Cameron Pfand,  
Russell Pushard, John Recicar, Carol Reynolds, Lori Roberts, Christian  
Salmon, Jay Samuels, Neal Samuels, Larry Seely, Sharon Seely, Thomas  
Trenholm, Andre Vickers, David White, Harold White
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- STAFF:** Kevin Abbott, Adriana Alvarez, Kristen Anderson, Emily Anelli, Maria Azzarelli,  
Tawana Bellamy, Haley Blake, Todd Bleak, Danielle Bohannan, Lori Bryan,  
Nicole Bungum, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria  
Burriss, Donna Buss, Belen Campos-Garcia, Arcmiguel Cordial, Andria  
Cordovez Mulet, Rebecca Cruz-Nanez, Cherie Custodio, Gerard Custodio, Jeff  
Dawson, Jessica Donnell, Rayleen Earney, Lisa Falkner, Kimberly Franich, Tina  
Gilliam, Xavier Gonzales, Jacques Graham, Heather Hanoff, Maria Harris,  
Amineh Harvey, Raychel Holbert, Donna Houston, Carmen Hua, Tabitha  
Johnson, David Kahananui, Bob Kingston, Theresa Ladd, Dann Limuel Lat,  
Annie Lin, Josie Llorico, Carol Luna, Anil Mangla, Jonas Maratita, Blanca  
Martinez, Bernadette Meily, Kim Monahan, Corey Morrison, Brian Northam,  
Veralynn Orewyler, Laura Palmer, Kyle Parkson, Luann Province, Yin Jie Qin,  
Nancy Raleigh, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexis Romero,

Chris Saxton, Karla Shoup, Rosanna Silva-Minnich, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Candice Stirling, Will Thompson, Justin Tully, Renee Trujillo, Jorge Viote, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang

## I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

## II. **PLEDGE OF ALLEGIANCE**

The Chair thanked all attendees who participated in the community outreach session on February 24, acknowledging their patience amid room-capacity limitations and technical difficulties with the remote broadcast. The Chair expressed appreciation on behalf of the entire Board of Health and the Health District team for the community's engagement, interest, and willingness to share feedback. The Chair also noted that some audience members were present regarding the ISDS regulation proposals and stated that a Health District press release on the topic was issued the previous day, which was read into the record.

*Member Brune joined the meeting at 9:05 a.m.*

## III. **RECOGNITIONS**

### 1. **Vivek Raman (Environmental Health Division)**

- Co-authored the published article "*The expansion of the yellow fever mosquito (Aedes aegypti) and evidence of its establishment in the Las Vegas metropolitan area, Nevada*" in the Oxford University Press on behalf of the Entomological Society of America

The Chair recognized Vivek Raman for co-authoring the published article "*The expansion of the yellow fever mosquito (Aedes aegypti) and evidence of its establishment in the Las Vegas metropolitan area, Nevada*" in the Oxford University Press on behalf of the Entomological Society of America. The study highlighted the need for effective vector control measures and public health strategies to mitigate the growing risk of vector-borne diseases in Las Vegas and other urban areas experiencing similar introductions of *Aedes aegypti*. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Mr. Raman on this publication.

### 2. **Tawana Bellamy, Dr. Todd Bleak, Dr. Robin Carter, Tabitha Johnson, David Kahananui, Bernadette Meily, Randy Smith, and Merylyn Yegon**

- Southern Nevada Community Health Center 2025 HRSA Operational Site Visit Badge

The Chair recognized the Southern Nevada Committee Health Center Leadership Team (Tawana Bellamy, Dr. Todd Bleak, Dr. Robin Carter, Tabitha Johnson, David Kahananui, Bernadette Meily, Randy Smith, and Merylyn Yegon) for being awarded the 2025 Operational Site Visit Badge from HRSA. Following the completion of the recent Operational Site Visit, it was determined that the Health Center demonstrated full compliance with all Health Center

Program requirements. This achievement reflected a dedication to excellence, operational integrity, and continued service to our patients and community. This distinction honored the steadfast commitment to compliance, quality, and the mission of the Health Center Program. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

### **3. Southern Nevada Health District – February Employees of the Month**

- Stephanie Romano and Kris Schamaun

The Chair recognized the February Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

- 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.

Laura McSwain, from the Water Fairness Coalition, commented on Item XI, Informational Item #5, referring to the Environmental Health Monthly Report. She raised concerns about water safety oversight after residents in Zone 2035 reported nearly two hours without water during the December 16, 2024 Washington Tank Return to Service event, which was administratively classified as a pressure reduction. She noted that loss of pressure can present contamination risks under EPA guidance and stated that no boil-water notice, bacteriological sampling, or public communication occurred. She also indicated that documents provided did not show that the Health District was notified of the event. Ms. McSwain emphasized the importance of precaution in a high-growth, high-construction community and asked the Board what role the Health District plays when a public utility experiences pressure failures affecting neighborhoods. She requested clarification on whether such events are reported to the Health District, how they are evaluated from a public health perspective, and whether reliance is placed solely on the Nevada Department of Environmental Protection. She concluded by noting that if schools must notify the Health District of water outages, similar precautions should apply system-wide. Ms. McSwain submitted her written comments for the record.

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

### **V. ADOPTION OF THE FEBRUARY 26, 2026 MEETING AGENDA *(for possible action)***

*A motion was made by Member Brune, seconded by Member Bond, and carried unanimously to approve the February 26, 2026 Agenda, as presented.*

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** January 22, 2026 *(for possible action)*
2. **PETITION #19-26: Approval of the Interlocal Agreement (CBE NO. 607772-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on RYAN WHITE Part A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #25-26: Approval of the Interlocal Agreement for 55 Civic Way, Suites 111, 112, and 120, Laughlin, NV 89029 (APN #264-12-801-008) between the Southern Nevada Health District and Clark County Department of Real Property Management;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #26-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #28-26: Approval of an Interlocal Contract between the Southern Nevada District Board of Health and the City of Las Vegas to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 3 grant awarded to 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);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*A motion was made by Member Brune, seconded by Member Kirkpatrick, and carried unanimously to approve the February 26, 2026 Consent Agenda, as presented.*

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

1. **MEMORANDUM #06-26: Request for Approval of Renewal of Authorization of Mike O'Callaghan Military Medical Center as a Level III Trauma Center;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Stacy Johnson, Regional Trauma Coordinator, presented the Renewal of Authorization of Mike O'Callaghan Military Medical Center as a Level III Trauma Center. Ms. Johnson confirmed that Mike O'Callaghan Military Medical Center complied with regulations, was in good standing with the Health District, and continued to provide all the requirements based on its

designation. Ms. Johnson further advised that the Regional Trauma Advisory Board and staff recommended that the Board of Health approve the renewal application.

Member Summers-Armstrong reported attending a veterans' event where a representative from Mike O'Callaghan Military Medical Center informed attendees that they were a designated trauma-level facility offering services specifically for service members, and could request transport to the trauma center, even if they were no longer on active duty. She noted that this option provides a familiar and supportive environment for veterans and was valuable information for the veteran community.

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

*A motion was made by Member Summers-Armstrong, seconded by Member Brune, and carried unanimously to approve the Renewal of Authorization of Mike O'Callaghan Military Medical Center as a Level III Trauma Center, as presented.*

**2. Variance Request for an existing septic system located at 2510 and 2520 S. Rainbow Blvd., Las Vegas, NV 89149 to remain split across two parcels; direct staff accordingly or take other action as deemed necessary (for possible action)**

Daniel Burns, Environmental Health Engineer/Manager, outlined that the variance request was a requirement by the current regulations. Mr. Burns advised that the proposed regulations include an administrative waiver process that would allow staff to decide on variance requests, such as the one being presented.

Daniel Isler, Environmental Health Engineer/Supervisor presented the variance request for an existing septic system located at 2510 and 2520 S. Rainbow Blvd., Las Vegas, NV 89149 (collectively the "Subject Property") to remain split across two parcels. Mr. Isler advised that the variance stemmed from a tenant improvement request to allow future building permits to be issued for the properties located at Assessor's Parcel Numbers (APN) 163-11-101-001 (northern parcel) and 163-11-101-002 (southern parcel), the Subject Property. The existing septic system serves a single commercial building that is entirely on the northern parcel. The entire leach field and most of the septic tank were constructed on the southern parcel, with a small portion of the septic tank located on the northern parcel. Mr. Isler confirmed that staff was recommending denial of the variance, as per the regulations, as sewer was available within 400 feet of the Subject Property. Mr. Isler did note that was the only reason for the denial, and that staff did not have any other issues approving the variance request. Mr. Isler indicated that should the Board approve the variance, staff recommended four conditions.

Greg Borgel, representative for the petitioner, stated that tunneling under Rainbow Blvd. would be required and expressed that they could not agree to Condition #1. Mr. Borgel noted uncertainty regarding the timing and nature of future development on the Subject Property, including when sewer service might become available. Mr. Borgel requested that Condition #1 not be approved. Additionally, he raised concern about being required to combine the two parcels, as future development could require the parcel merger to be reversed, causing unnecessary delays to the overall project.

The Chair opened for Public Comment.

Christian Salmon expressed concern about the need for community members to attend and speak at meetings, stating that it was disheartening to examine issues in such detail. He emphasized that a wide range of matters, including those related to health, can arise in government and wanted to highlight this point.

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

Chair Black explained that at the outreach session at the YMCA many attendees asked why updates to the ISDS regulations were being proposed. He noted that after 17 years, changes in technology and best practices make it necessary to review and modernize the regulations. He emphasized Mr. Burns' key point that the updated regulations would include an administrative process to streamline approvals. This would reduce the need for variances, saving staff and applicants time and money, and improving overall efficiency. Chair Black highlighted that this improvement was a significant benefit of the proposed changes and reflects government working more effectively for the public.

Member Kirkpatrick stated that the conditions were reasonable and would not support the variance request without the conditions.

Further to an inquiries from Member Summers-Armstrong, Mr. Borgel reiterated the concerns of having to dig under Rainbow Blvd. and the uncertainty about the future development of the subject property and that they did not want to consent to the combining of the two parcels.

Further to an inquiry from Member Kirkpatrick, Mr. Isler advised that approximately 40% of the parcel contained the septic system and nothing could be built over the septic or leachfield.

Further to an inquiry from Chair Black, Mike Curts, VP of Construction for Pink Box Donuts, advised that they had received three estimates to connect sewer that were upwards of \$150,000.

*A motion was made by Member Kirkpatrick, seconded by Member Bond, and carried unanimously to approve the Variance Request for an existing septic system located at 2510 and 2520 S. Rainbow Blvd., Las Vegas, NV 89146, with the following conditions:*

- 1. Petitioner shall combine the two parcels, APNs 163-11-101-001 and 163-11-101-002, into a single new parcel, and record the parcel map within one year of the date this variance is approved.*
- 2. 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 within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 3. Petitioner and their successor(s) will install and maintain a grease interceptor in accordance with the requirements of the most current SNHD Food Regulations and the Uniform Plumbing Code.*
- 4. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*

## VIII. REPORT / DISCUSSION / ACTION

### 1. PETITION #27-26: Approval of Augmentation to the Southern Nevada Health District FY2026 Budget; direct staff accordingly or take other action as deemed necessary (for possible action)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the resolutions regarding the budget augmentation, as follows:

- Resolution #01-26 – Increasing the General Fund Budget by \$4,856,172, from \$117,309,423 to \$122,165,595
  - The decrease in total revenue sources (FY2026) in the General Fund budget is 1,566,700 will reduce resources to the FY2026 SNHD General Fund Budget.
- Resolution #02-26 – Decreasing the Grant Fund (Special Revenue) by \$8,363,702, from \$70,661,216 to \$62,297,514
  - With the increase of FY2025 end fund balance to the Grant Fund (Special Revenue) was \$39,372, from adopted \$82,081 to actual \$121,453. The FY2026 total adopted budget revenue is \$61,881,567 and has decreased to \$56,495,488, a difference of \$5,386,079 to align with year-to-date actual amounts.
- Resolution #03-26 – Increasing the Capital Fund by \$493,191, from \$2,811,000 to \$3,304,191
  - With the increase in FY2025 end fund balance to the Capital Fund is \$570,882, from adopted \$2,999,600 to actual \$3,570,482. The FY2026 total adopted budget revenue is \$109,559 and contains no change.

The Board requested information regarding federally funded grants that have been withdrawn, augmented and/or cancelled.

*A motion was made by Member Summers-Armstrong, seconded by Member Brune, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #27-26 related to the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #01-26), (ii) Special Revenue Fund (Resolution #02-26), and (iii) Capital Fund (Resolution #03-26) Budget for the Fiscal Year Ending June 30, 2026, as presented, to meet the mandatory financial requirements of NRS 354.598005.*

## 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)**

Member Brune requested a presentation on the potential fiscal implications on the loss of Ryan White grants.

Member Kirkpatrick requested an update on Joint Interim Standing Committee on Health and Human Services and legislative priorities in advance of the September deadline for bill drops.

Chair Black inquired as to the first public comment regarding water pressure testing and reporting procedures.

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

- DHO Comments

In addition to his written report, Dr. Lockett addressed public health funding, specifically the reduction to the Epidemiology Laboratory Capacity Enhancing Detection grant the Ryan White grant of approximately \$5.4 million. Dr. Lockett noted that the Health District did receive Senate Bill 118 and State Public Health Funds. Further, Dr. Lockett noted that some states experienced reductions to the Public Health Infrastructure grant, HIV Surveillance grant, HIV Prevention grant, and STD Prevention grant. Dr. Lockett advised that the Health District was monitoring the potential impact.

Member Kirkpatrick suggested that the Finance Committee review the contingency fund for a possible increase to \$5 million.

Member Summers-Armstrong suggested that the Health District increase the effort and be more proactive to make the community aware of the role and importance of public health and the services available. The Chair noted that April was Public Health Month and there was an opportunity to increase visibility during the State of Public Health.

Member Hardy recognized the Health District's Baby Shower event earlier in the month, and commended staff on a successful event.

## **XI. 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. Public Health & 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.

Ann Casey, residing at 7460 Helena Ave, raised concerns about the press release regarding proposed septic regulations. She questioned the claim that the regulations would not impact water rights, noting that draft language appears to change permanent lifetime permits to temporary, revocable ones. She requested clarification or correction. She also asked for clearer definitions of what constitutes a system "failure" and when sewer infrastructure is considered "available," noting that these terms were undefined and may lead to significant financial impacts for homeowners. Ms. Casey emphasized the need for direct notification to all septic system owners, stating that attendance at recent meetings shows strong public interest and that the agency should have accurate address records if it intends to regulate or bill system owners. She suggested including both supportive and opposing viewpoints in future informational materials so residents can better understand potential impacts of the proposed regulations.

Chair Black clarified that the Health District was currently in an active process of revising septic system regulations. The regulations circulating in the community are only proposed drafts, and the press release provides a summary of those proposals. Chair Black emphasized that public comments, including those shared by Ms. Casey, were valuable for refining the regulations and ensuring clear communication throughout the process.

Cheryl Pastore, residing at 1330 Rosanna St., shared observations from a neighbor's recent connection to the sewer system to highlight potential impacts on homeowners. She reported that the process required the residents to vacate their home for approximately two weeks due to contractor liability policies, creating added costs for temporary housing. She described significant property disturbance from heavy equipment used for trenching and installation, noting that materials and machinery were stored on the property throughout the work. Ms. Pastore stated that even in cases with minimal impact the costs were substantial. She emphasized that other properties with more complex layouts, limited access, or structures near septic locations could face additional expenses for repairs to walls, driveways, or landscaping. She expressed concern that these combined factors could create a severe hardship for many homeowners, particularly those with health issues or limited resources.

Sharon Seely, residing at 6475 Darby Ave., urged the adoption of a "Septic Owner's Bill of Rights." She noted that her home was built 49 years ago and her septic permit has no renewal or expiration requirement. She stated that her system was professionally installed and properly maintained, and she believes decisions about repairs or replacement should remain with the homeowner without added regulatory burden. Ms. Seely expressed that being required to connect to sewer would create significant financial hardship.

*Member Summers-Armstrong left the meeting at 10:35 a.m.*

Harold White, residing at 9470 W. Regina Ave., expressed concerns about jurisdictional inconsistencies related to septic regulations. He urged the Board to coordinate with all local jurisdictions so that homeowners across Clark County are subject to consistent rules. He described a situation in which a new nearby development placed his property within 400 feet of city sewer, raising the possibility that he could be annexed into the city and required to connect, despite county assurances that septic permits would not be revoked. Mr. White stated this creates conflicting directives between city and county authorities. He also referenced the "Septic Owner's Bill of Rights" and encouraged the Board to review it to better understand homeowners' concerns.

*Member Summers-Armstrong returned to the meeting at 10:38 a.m.*

Hi Board, uh Chair, uh my name is Christian Salmon. Under NRS 241.035(1)(d), I respectfully, I request that the minutes reflect the substance of my remarks and I'm submitting uh my prepared remarks, so my words are preserved uh in verbatim word for word as part of the public record. Uh, today I am placing a uh homeowner first platform into the workshop or not the workshop but the uh this is for the other night, uhm record uh the Septic Owners Bill of Rights. I would like to read the headings only, but I will be giving you the full text so you can look at it. I'm uhm start off here. Number one, keep a lawful septic, no permission to occupy. Two, repair replace must not trigger forced sewer. Three, no proximity ambush and that's currently in the language, and I don't think that's fair either. Uh 400 feet uh accessible words like served, available, etcetera. Uh voluntary uh voluntary sewer connection only unless you're going to come and pay for the whole thing like restoration, like lodging like has already been discussed. Uh clear and objective rules. No vague

traps. This is littered with them. Uhm things like uh define altered so that normal maintenance isn't punished. Uh define commercial use so homeowners aren't relabeled. Uh eight real notice and direct outreach via mail, e-mail, text and proof that that's been done. Nine, no open-ended discretion, any other conditions or any other information quote unquote that is in this this wording. Due process plus appeals. People can actually use, uh such as giving them 90 days to respond, not the traditional 30 that's used normally. Uh eleven, homeowner favorable interpretation. So that no interpretation traps uh hook us when we're in the midst of what we saw today. Uh there should be no discrimination and no segregation. That's a common theme in our society. But yet we have rural versus residential versus uh uh commercial. Uh, thirteen build, rebuild or renovate without a sewer connection coercion. Uh, fourteen transparency plus we want to face the authors. I have Dr. Lockett here and I know that they're facing you, but you know what, they should face us. We want to hear what what the decision makers that are drafting all this or have to say. They are always facing the other way and I don't think that's appropriate. The gravity of what we're talking about is serious and uhm we want to face everybody in all these meetings. Uhm, also, just something else. Water is not lost. The water goes in the earth and we're going to pull it back up with my well. It's not going anywhere. We're talking about credits for the Colorado River. It's not lost. I'm going to pull it back up later, maybe years, but it's going in there. It's not going anywhere. So you're fighting us over something that's not logical. This whole thing is littered with illogical premises and it's not fair. Uhm, so if this is a one thing I'd like to ask is I asked for records release. Now I've told this to the Board and I've asked for records. This is a public policy. Why can't I get the records? Why can't we all know it? Everything should be disclosed. They told me administrative uh, deliberative law. That means what they're talking about behind the scenes. Shouldn't that be disclosed? Isn't that what this is all about? I mean, come on. I got denied up into Dr. Lockett. I appealed to him even though I didn't have to. The next step is I have to go to court. Do I have to pay for an attorney to get public records? I mean, this is totally ridiculous. Is this the United States or are we in a third world country? You know. Just makes me mad because this is not what America's supposed to be. This is totally ridiculous. Totally. And this is a one-way conversation. I hear. I see you guys looking at me. Now I've got your attention. We got your attention the other night, but you're still steamrolling forward. You're not listening. This Board should look at the premise that is being proposed and see if it's worth pursuing. I'm asking the Board right now even those that are not in attendance that are virtually, I'm asking you to please put this up for a vote that we have a time for a hearing, not that to approve it, but to see if it would even continue because this is a cart before the horse. And I'm gonna hand my documents to you.

David White, residing at 3202 Monecito Drive, requested adoption of the “Septic Owner’s Bill of Rights.” He asked whether routine maintenance or normal repairs to an existing septic system or leach field could trigger requirements to upgrade the system to current codes or to replace the system entirely, referencing language in the press release regarding repairs to distribution or leach field components. He requested that maintenance and standard repairs be exempt from new regulatory requirements if they trigger upgrades. Mr. White also asked whether a property transfer would preserve the grandfathered status of an existing septic system.

Edward Peters, residing at 7175 W. Linberg, stated that he reviewed the draft regulations and expressed concern that they appear to require Health District approval for constructing new buildings or sheds on his property, even if they have no plumbing. He questioned why such structures would fall under septic-related regulation rather than standard building permitting. Mr. Peters said homeowners maintain their septic systems responsibly and argued that additional regulation is unnecessary. He urged the board not to impose new requirements on functioning systems.

Judy Clark, residing at 3425 Maverick St., thanked staff for their professionalism at a prior meeting and expressed support for adopting a “Septic Owner’s Bill of Rights.” She noted that she may need to sell her property and was now concerned that septic-related regulations could negatively affect its marketability. Ms. Clark questioned the need for new septic regulations, stating she has not seen evidence of septic systems posing health issues in Nevada. She expressed concern about perceived federal involvement and urged the Health District to avoid unnecessary regulation. Ms. Clark further stated that if sewer connections were required, the financial responsibility should fall on the city or county rather than homeowners.

*Member Bond left the meeting at 10:48 a.m. and did not return.*

Diane Henry thanked the Health District for revisions made to the proposed septic regulations but stated that some language remained vague and could negatively affect several groups of homeowners, including those with new construction and those needing system alterations. She urged postponing new requirements until a funding mechanism is in place. She noted that new construction already requires an SNWA septic waiver and a \$20,000 fee, along with additional restrictions such as obligations to install future sewer infrastructure even when sewer access may be decades away. She requested clarification on how “rural areas” were defined, particularly for neighborhoods designated as Rural Neighborhood Preservation areas that lack sewer access. Ms. Henry also expressed concern about how the regulations define “altered systems.” She stated that many repairs appeared to trigger permit revocation, temporary permits, and additional reviews, even when the system can be restored to proper function. She pointed to proposed decommissioning language stating that replacement of major components requires system shutdown and asked the Health District to reconsider how altered systems were defined and regulated.

Keith Kennedy explained that he currently owned a home on septic and also has a separate property he hoped to develop for retirement. He stated that new requirements, such as the \$20,000 SNWA septic waiver, higher permit fees, mandatory soil and perc testing, and five-year permit renewals, have significantly increased costs compared to when he installed his original system in the 1990s. He also noted that installation costs for septic systems have risen substantially. Mr. Kennedy expressed concern that changes in sewer-distance requirements (from 400 feet to 600 feet) could obligate property owners to pay for costly sewer extensions, citing per-foot cost estimates from the City of Henderson that could total more than \$100,000. He stated that these expenses could make his property financially impractical to develop and could also reduce its resale value. He emphasized that many rural preservation areas were far from sewer infrastructure and were unlikely to see development that would extend service.

*Member Larson left the meeting at 10:57 a.m. and did not return.*

Carol Reynolds referenced a statement from the previous Board meeting in which private septic owners were described as “stakeholders.” She expressed concern that the term was often used politically without genuine inclusion of affected residents. Ms. Reynolds stated she hoped septic owners would be meaningfully recognized and treated as true stakeholders in the regulatory process.

Elva Anderson, residing at 2672 Barberdale Circle, stated that she recalled years ago properties with a cesspool but now have a modern, compliant septic systems. She expressed strong support for the “Septic Owner’s Bill of Rights” and asked the Board to review it carefully, noting the emotional impact the issue has on septic owners.

David Anderson, residing at 6217 O'Bannon Drive, thanked the Board for their professionalism and communication during the previous outreach meeting, noting they handled the large crowd effectively. He expressed a desire to avoid additional charges for septic system owners. He further encouraged broader public education on HIV-related health issues, stating he believed many people no longer understood the seriousness of the problem.

Laura McSwain, from the Water Fairness Coalition, commented on the proposed updates to the septic regulations. She noted that while the stated goal was to simplify language and protect public health, the red-lined revisions removed existing intent and scope language and restructure regulatory authority. She acknowledged that earlier drafts contained more aggressive provisions that were scaled back in response to public input but stated that the remaining proposal still expands enforcement mechanisms, maintains discretionary authority for compelled sewer connections, and does not assign funding responsibility to the entities that would benefit from increased recycled water supply. Ms. McSwain stated that if the regulations addressed documented public health failures, those should be clearly demonstrated and narrowly targeted. If the goal was to increase return-flow water, she argued that such policy should be handled within water resource planning and funded accordingly, rather than shifting costs to homeowners. She concluded that describing the revisions as merely "simplifying and clarifying" asked the public to overlook substantive changes. Ms. McSwain submitted written comments for the record.

Gary Kantor, residing at 2816 Vista del Sol, thanked the Health District for revisions in the most recent draft of the proposed septic regulations. He noted the large public turnout at the outreach meeting as an indication of widespread concern. He stated that homeowners in established residential areas without sewer access should be allowed to install septic systems, explaining that otherwise vacant lots could become unusable or financially burdensome. Mr. Kantor questioned why the Health District was regulating septic systems, stating that in his experience and review of medical literature, he has found no documented health or environmental issues caused by properly functioning septic systems. He submitted written documents for the record.

Thomas Trenholm, residing at 2834 S. Torrey Pines Drive, commended the Las Vegas Valley Water District for its prior program that covered up to 85% of sewer-connection costs, noting it successfully helped some residents convert from septic to sewer. He expressed concern about the high cost of sewer connections, estimated at approximately \$400 per foot, which could place significant financial burdens on homeowners, especially those far from existing sewer lines. Mr. Trenholm stated that mandates requiring homeowners to connect due to system failure or property transfer could greatly devalue properties and expose sellers to legal risks. He urged that no mandatory sewer connections be imposed at homeowners' expense and suggested alternative approaches, such as providing cost-sharing programs, offering better information to septic owners, and considering caps on homeowner expenses based on the cost of septic repair or replacement.

Ms. Cordovez Mulet advised that written comments were received, in advance of the meeting, that would be included with the meeting minutes.

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

Chair Black reiterated appreciation for public participation, noting they have been present at every meeting on this topic since October. Responding to earlier comments about the term

“stakeholder,” Chair Black clarified that stakeholders include both the Board and community members, as all share a mutual interest in how regulations affect the community. He emphasized that the regulatory process was ongoing, public input was part of the official record, and revisions would continue with the goal of meeting the Health District’s intent while ensuring fairness to residents. Chair Black thanked participants for their engagement and reaffirmed that the community was an essential partner in the process.

### **XIII. ADJOURNMENT**

The Chair adjourned the meeting at 11:13 a.m.

Cassius Lockett, PhD, MS  
District Health Officer/Executive Secretary  
/acm



February 26, 2026

**SNHD Board of Health** – Public Comment 02-25-2026

**Re:** XI. Informational Items #5 – Water safety

I am here to speak about the Environmental Health Division Monthly Report, specifically the notation that Indian Springs Elementary School was reminded to notify the Health District whenever there is a water outage or other event affecting the public health and safety of students.

That statement raises an important question about water safety oversight.

On December 16, 2024, during the Washington Tank return-to-service event, residents in Zone 2035 reported a loss of water. While the event was categorized administratively as a “pressure reduction,” multiple residents in the affected area reported that they experienced no water service for approximately two hours.

That discrepancy raises a simple question:

When resident experience differs from administrative classification, is there an independent public health review?

Loss of pressure in a distribution system is not merely a service inconvenience. It is recognized in EPA guidance as a contamination-risk condition due to potential back-siphonage and intrusion. When pressure drops significantly (to below 20 PSI), and especially if it reaches zero, that risk increases.

No boil water notice was issued.

No immediate bacteriological sampling in Zone 2035 occurred.

The event was not publicly communicated.

Based on the investigative documents that have been provided, I do not see documentation indicating that the Southern Nevada Health District was contacted during this event.

If that is correct, I would like clarification as to why.

In addition, it has been widely reported in national media that a residence in that same neighborhood was the subject of a Metro and FBI raid involving hazardous biological materials.

I am not alleging contamination occurred.

However, this underscores why pressure failures must be treated with precaution because utilities do not always know what environmental hazards may exist within a distribution zone at any given time.

Our community is also in a high-growth, high-construction environment. Line breaks, valve closures, and pressure fluctuations are foreseeable in that context. If pressure disruptions are occurring with any regularity due to construction or operational activities, consistent and transparent safeguards become even more critical.

So my question to the Board is this:

If schools are reminded to notify the Health District when there is a water outage affecting students, what is the Health District's independent role when a public water utility experiences a pressure failure affecting an entire neighborhood?

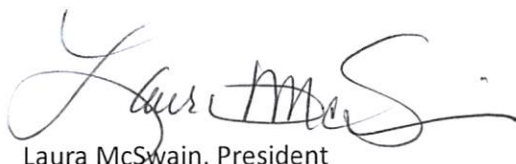
Does SNHD receive reporting of such events?  
Are they evaluated from a public health perspective?  
Or does the Health District defer entirely to NDEP?

Public health protection should not depend on how an event is labeled, but on what physically occurred in the distribution system.

If the standard for schools is precaution and notification, shouldn't the same precaution apply system-wide?

Respectfully,

WATER FAIRNESS COALITION, INC

A handwritten signature in black ink, appearing to read "Laura McSwain". The signature is fluid and cursive, with a large initial "L" and "M".

Laura McSwain, President



## AGENDA

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

February 26, 2026 – 9:00 A.M.

Meeting will be conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Conference Room

## NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/f776c73b-812a-4345-b6bd-b78b9ecbc107@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 999 084 512#

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#### NOTE:

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

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#### I. CALL TO ORDER AND ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

#### III. RECOGNITIONS

##### 1. Vivek Raman (Environmental Health Division)

- Co-authored the published article “*The expansion of the yellow fever mosquito (Aedes aegypti) and evidence of its establishment in the Las Vegas metropolitan area, Nevada*” in the Oxford University Press on behalf of the Entomological Society of America

##### 2. Tawana Bellamy, Dr. Todd Bleak, Dr. Robin Carter, Tabitha Johnson, David Kahananui, Bernadette Meily, Randy Smith, and Merylyn Yegon

- Southern Nevada Community Health Center 2025 HRSA Operational Site Visit Badge

##### 3. Southern Nevada Health District – February Employees of the Month

- Stephanie Romano and Kris Schamaun

#### 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 and spell your 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 Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 999 084 512#. Press \*5 to raise your hand. When called upon, press \*6 on your phone keypad to unmute yourself.
- **By email:** [public-comment@snhd.org](mailto: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.

**V. ADOPTION OF THE FEBRUARY 26, 2026 AGENDA** *(for possible action)*

**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 22, 2026 *(for possible action)*
2. **PETITION #19-26: Approval of the Interlocal Agreement (CBE NO. 607772-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on RYAN WHITE Part A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #25-26: Approval of the Interlocal Agreement for 55 Civic Way, Suites 111, 112, and 120, Laughlin, NV 89029 (APN #264-12-801-008) between the Southern Nevada Health District and Clark County Department of Real Property Management;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #26-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) to increase access to fruits and vegetables;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #28-26: Approval of an Interlocal Contract between the Southern Nevada District Board of Health and the City of Las Vegas to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 3 grant awarded to 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);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

the group to address the Board on behalf of the group. Once the public hearing is closed no additional public comment will be accepted.

1. **MEMORANDUM #06-26: Request for Approval of Renewal of Authorization of Mike O’Callaghan Military Medical Center as a Level III Trauma Center;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Variance Request for an existing septic system located at 2510 and 2520 S. Rainbow Blvd., Las Vegas, NV 89149 to remain split across two parcels;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

#### VIII. REPORT / DISCUSSION / ACTION

1. **PETITION #27-26: Approval of Augmentation to the Southern Nevada Health District FY2026 Budget;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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*)

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

- DHO Comments

XI. **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. Public Health & 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. **See above for instructions for submitting public comment.**

#### XIII. 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

January 22, 2026 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas (*in-person*)  
Frank Nemeec, Vice-Chair – At-Large Member, Physician (*in-person*)  
Joseph Hardy, Secretary – Mayor, City of Boulder City (*in-person*)  
April Becker – Commissioner, Clark County (*in-person*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Nancy Brune – Council Member, City of Las Vegas (*in-person*)  
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)  
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)  
Monica Larson – Council Member, City of Henderson (*in-person*)  
Scott Nielson – At-Large Member, Gaming (*in-person*)  
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)

**ABSENT:** N/A

**ALSO PRESENT:**  
(In Audience) Allon Adar-Burla, Saul Alvarez, David Anderson, Elva Anderson, Linda Anderson, Azucena Ayala, Toluwanimi Babarinde, Amanda Bowen-Trujillo, Scott Carlsen, Elisa Carothers, Ethan Charles, Renee Charles, Dawn Christensen, Greg Cole, Rick Davis, Lorraine DeBusk, Jessica Donnell, Maria Elliott, Andrew Farrell, Cynde Farrell, Tanascon Fowler, Irene Garcia, Mark Gilmour, Mark Goldstein, Carmen Gomide, Camilla Grantinutti, Lon Grasmick, David Harrison, Judy Heath, Rodney Heiselman, Diane Henry, Laurie Howard-Malm, Larry Ish, Edwin Kaehler, Demetria Kalfas-Gordon, Gary Kantor, Keith Kennedy, Jed Kimma, Barry King, Joyce Kotnik, Deborah Kuhls, Elaine Lane, Pamela Littleton, Tom Lobeck, Michael Lyle, Laura McSwain, Bradley Mayer, Mark Medina, Myra Medina, Ed Mikula, Connie Miles, Edwin Miller, Michael Mitchell, Brandon Monette, Tammy Moore, Dan Mooney, Tammy Moore, Dennis Neuhausel, Trent Nguyen, Cheryl Pastore, Mary Peters, Laurie Priest, Thomas Regenhard, Carol Reynolds, Cindy Romo, Dennis Romo, Christian Salmon, Jay Samuels, C. Thomas Sangretoro, Stacie Sasso, Angelia Schneider, Larry Seely, Sharon Seely, Karen Sevy, Michael Shapiro, Richard Shinnick, Cheri Sidhu, Steve Sidhu, Cindy Snow, Brigitte Solvie, Laurie Sutton, William Takohashi, Shana Tello, Michelle Van Geel, Charles Walker

**EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**STAFF:** Kevin Abbott, Adriana Alvarez, Emily Anelli, Tonia Atencio, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Belen Campos-Garcia,

Andria Cordovez Mulet, Shea Crippen, Gerard Custodio, Liliana Davalos, Jeff Dawson, Christian DeHaan, Aaron DelCotto, Yvonne Emry, Lisa Falkner, Kimberly Franich, Joe Ginty, Xavier Gonzales, Jacques Graham, Nancy Hall, Victoria Harding, Maria Harris, Richard Hazeltine, Raychel Holbert, Donna Houston, Carmen Hua, Jessica Johnson, Theresa Ladd, Josie Llorico, Julie Maldonado, Anil Mangla, Jonas Maratita, Blanca Martinez, Bernadette Meily, Marco Mendez, Kim Monahan, Deborah Moran, Todd Nicolson, Brian Northam, Brennen O’Toole, Rona Ordon, Verallynn Orewyler, Kyle Parkson, Shannon Pickering, Luann Province, Yin Jie Qin, Davin Raman, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Ronny Soy, Rosanne Sugay, Candyce Taylor, William Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Jorge Viote, Brenda Welch, Ashley Wheeler, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang, Ying Zhang, Susan Zannis

**I. CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

**II. PLEDGE OF ALLEGIANCE**

The Chair acknowledged attendees present in relation to the proposed septic system regulations, expressing appreciation for their engagement. The Chair advised that as there was no posted agenda item related to the proposed septic system regulations, attendees were invited to share comments during the Second Public Comment period.

*Member Brune joined the meeting at 9:02 a.m.  
Member Bond joined the meeting at 9:02 a.m.*

**III. RECOGNITIONS**

**1. Las Vegas TGA Part A HIV/AIDS Program – Clark County – Certificate of Quality Improvement Leadership**

- Ronny Soy and Brennen O’Toole

The Chair recognized Ronny Soy, Senior Community Health Nurse, and Brennen O’Toole, Health Educator, for receiving a Certificate from Clark County Office of HIV, Las Vegas TGA Part A HIV/AIDS Program for exemplary leadership in applying quality improvement tools, interpreting data, and driving meaningful, collaborative improvement within the Clinical Quality Management Program. Their consistency and willingness to engage in meaningful quarterly trainings and monthly meetings have elevated the overall CQM program. On behalf of the Southern Nevada Health District and the District Board of Health, the Chair congratulated the employees on this recognition.

*Member Larson joined the meeting at 9:03 a.m.*

**2. Southern Nevada Health District – December and January Employees of the Month**

- Victoria Harding and Nancy Hall
- Jonas Maratita and Rona Ordon

The Chair recognized the December and January Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

**3. Southern Nevada Health District – 2025 Employee of the Year**

- Sarah Humphreys

**4. Southern Nevada Health District – 2025 Manager of the Year**

- Bernie Meily

The Chair recognized the 2025 Employee and Manager of the Year. The two individuals were selected from all the winners this past year that went above and beyond for the Health District and our community, and that best represent the C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated these exceptional employees.

**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.

Laura McSwain, from the Water Fairness Coalition, spoke regarding Item XI.3, the Community Health Monthly Activity Report, specifically the Health District's tobacco and vaping prevention efforts in school athletic settings. She raised concerns about student injuries associated with artificial turf, citing an August 2024 incident involving second-degree burns to student athletes, and characterized such injuries as a public health prevention and surveillance issue. Ms. McSwain also drew parallels between inhalation risks from vaping and potential respiratory exposures related to artificial turf particulates during athletic activity. She noted that Clark County School District has received expert testimony on artificial turf impacts but continues field conversions. Ms. McSwain requested clarification on whether and how the Health District was tracking and addressing artificial turf-related health risk. Ms. McSwain submitted supporting materials for the record.

Good morning, Chair Black and members of the Board. My name is Christian Salmon, spelled S-A-L-M-O-N. Under NRS 241.035(1)(d) I respectfully request the minutes reflect the substance of my remarks uh verbatim. Regarding the approval of the November 20, 2025 Board of Health Minutes on SNHD's quote audio and video recordings page, that meeting is labeled as a time of two hours 8 minutes 57 seconds, but the posted file stops at one hour, 10 minutes and 57 seconds. Two hours on the label, one hour and 10 minutes in reality. If the public can't access the complete recording, how can the public verify the accuracy of the minutes for what happened after one hour, 10 minutes and 57 seconds. And in the case specifically, my case specifically, the draft minutes preserve my public comment wording because I requested now and then that my

remarks be captured verbatim through my through through the NRS that I requested, as I did here. If the online recording is incomplete, what source was used to confirm the quoted words are correct? The video, the full video and a separate audio recording, staff notes, or something else. Please advise. So before you approve those minutes, I'm asking for three things. Please state on the record whether the SNHD had the full audio and or video for the November 20<sup>th</sup> meeting and what the official record recording of the record is. Two, if the full recording exists, please direct staff to post the complete file and confirm where it can be accessed. Three, if the full recording does not exist or cannot be produced then please do not approve the minutes that cannot be verified against a complete meeting recording. At minimum, the minutes should clearly disclose that limitation. Because these items are now raised, I res, I respectively ask the Board to pull the November 20<sup>th</sup> minutes from the consent agenda today so that this can be addressed in open session before any vote. Thank you.

Victoria Harding, an SNHD employee of 19 years and former Chief Steward, spoke in support of Dr. Cassius Lockett. She described the Health District's growth over time and the challenges that accompanied leadership and organizational changes. Ms. Harding stated that over the past year, employee engagement and communication have significantly improved, noting a renewed sense of unity, value, and shared purpose across the Health District under Dr. Lockett's leadership. She expressed strong support for Dr. Lockett's performance, contract extension, and compensation, emphasizing the importance of investing in leadership that prioritizes employee input, collaboration, and community impact.

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

**V. ADOPTION OF THE JANUARY 22, 2026 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to approve the January 22, 2026 Agenda, as presented.*

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

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 20, 2025 *(for possible action)*
- 2. PETITION #18-26: Approval of the Interlocal Agreement (CBE NO. 607816-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on Ryan White Part A Jurisdictional Clinical Quality Management;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #20-26: Approval of the 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 sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #21-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the collection of violent death data into the National Violent Death Reporting System (NVDRS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #22-26: Approval of the 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 National Violent Death Reporting System (NVDRS) through State Unintentional Drug Overdose Reporting System (SUDORS);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #23-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Washoe County Regional Medical Examiner's Office (WCRMEO) to collaborate on the registry and prevention of sudden unexpected infant death (SUID) and sudden death in the young (SDY);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **PETITION #24-26: Approval of the Interlocal Agreement Number 142467-A between the Southern Nevada Health District and the Las Vegas Valley Water District for potable water utility service for the Southern Nevada Health District BSL-3 Lab Expansion Project;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to an inquiry from Chair regarding any legal concerns in proceeding with the approval of the Consent Agenda, Ms. Anderson-Fintak advised that Nevada Open Meeting Law required minutes that substantially reflected a meeting. She noted that the Health District exceeds this requirement by also providing a full video and audio recording of the meeting. While minor technical issues such as buffering or early start times may occur with the video, the complete meeting recording is available online and meets or exceeds legal standards for public access. Ms. Anderson-Fintak confirmed that the Board was in compliance with the Nevada Open Meeting Law with the minutes contained in the Consent Agenda.

*A motion was made by Member Brune, seconded by Member Larson, and carried unanimously to approve the January 22, 2026 Consent Agenda, as presented.*

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

1. **MEMORANDUM #05-26: Review and Approve the Proposed 2025 Public Accommodation Facilities Regulations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
  - a. Attachment A: Business Impact Statement (BIS)

- b. Attachment B: Public Comment/Written Correspondence
- c. Attachment C: Summary of Major Changes
- d. Attachment D: Proposed 2025 PA Regulations
- e. Attachment E: Proposed 2025 PA Regulations – Red Line
- f. Attachment F: Regulations Workshop Notifications
- g. Attachment G: Posting Verifications
- h. Attachment H: Workshops
- i. Attachment I: BOH Presentation

Vivek Raman, Environmental Health Supervisor, and Christian DeHaan, Senior Environmental Health Specialist, presented the Proposed 2025 Public Accommodation Facilities Regulations.

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

Member Kirkpatrick thanked staff for accommodating the Board's request to delay action during the legislative session in order to receive more complete feedback. She noted that regulatory changes are often approached deliberately to ensure accuracy and clarity, as they are infrequent and require thorough consideration. She stated that the process helped address questions and potential miscommunications and commended staff for their work, noting that similar regulatory efforts in the past have taken significantly longer to complete.

Member Bond inquired whether the Culinary Union was contacted to provide comment on the draft regulations, specifically related to room cleaning requirements on housekeepers. Mr. Raman could not confirm that the Culinary Union received public notice for the draft regulation. Further, Mr. Raman advised that the minimum requirement for room cleaning was always part of the regulations.

Further to an inquiry from Member Summers-Armstrong regarding the waterproof barrier on mattresses, Mr. Raman advised that initially the draft regulations required a waterproof encasement for a mattress, however, the requirement was adjusted to a waterproof barrier.

Further to an inquiry from Member Nielson, Mr. DaHaan provided information on short-term rentals, confirming that local jurisdictions currently had oversight through code enforcement for short-term rentals. Mr. DaHaan advised that the Health District's website contained information related to short-term rentals.

*Member Larson left the meeting at 9:37 a.m.*

*Member Larson returned to the meeting at 9:39 a.m.*

The Board requested that the Health District's involvement and/or oversight of short-term rentals be revisited.

*A motion was made by Member Larson, seconded by Member Brune, and carried unanimously to approve the Proposed 2025 Public Accommodation Facilities Regulations, with the following revisions:*

1. *Using the more stringent option ambient room temperature of 68°F and 80°F (Section 3.9.3).*

2. *Not issue updated regulatory requirement violations on existing facilities until January 1, 2028.*
3. *Update from 2025 to 2026 Public Accommodation Regulations.*

## VIII. REPORT / DISCUSSION / ACTION

### 1. **Review, Discuss, and Accept the Single Audit, as of June 30, 2025, from FORVIS MAZARS LLP;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

DJ Whitaker, Chief Financial Officer, reported that the Single Audit reflected the same results as the draft presented by Josh Findlay of FORVIS MAZARS LLP at the November Board meeting. The final OMB Compliance Supplement was issued with no changes to the previously presented draft. Ms. Whitaker advised that the Single Audit received an unmodified opinion with no findings. Ms. Whitaker outlined that the following four major federal programs were audited:

- 93.788 – Opioid STR
- 93.889 – National Bioterrorism Hospital Preparedness Program
- 93.940 – HIV Prevention Activities Health Department Based
- 93.967 – Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

*A motion was made by Member Nielson, seconded by Member Summers-Armstrong, and carried unanimously to accept the Single Audit, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.*

### 2. **Receive, Discuss and Approve the Recommendations from the DHO Annual Review Committee meeting on January 20, 2026 regarding the District Health Officer Annual Review;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Chair Black provided an overview of the DHO Annual Review Committee meeting on January 20, 2026.

In addition to the written report on the District Health Officer and Division Accomplishments for Calendar Year 2025, Dr. Lockett briefly highlighted:

- SNHD Workforce, including the decrease in employee turnover
- Operational Strategic Plans
- Finance and Funding
- Programmatic and division accomplishments
- Youth Advisory Council
- Vaccination Efforts
- Harm Reduction Efforts
- Street Medicine

Dr. Lockett highlighted the following goals/next steps:

- Implement Healthcare Acquired Infections program
- Expand contractual partnerships for Street Medicine
- Expand pediatric service line in FQHC

- Obtain Patient-Centered Medical Home designation
- Expand data modernization efforts
- Explore MAC/MAA for outreach
- Apply for Reaccreditation in early 2027: 89% documentation completed (133 measures)
- Oversee pharmacy strategy, operations and compliance (e.g. formulary management, 340B, and cost-containment measures)
- Public Health Laboratory expansion plan (\$10 million investment)

The Board members expressed appreciation for Dr. Lockett’s leadership and noted improved organizational stability, positive staff feedback, and a renewed focus on community-centered public health priorities. Several members highlighted Dr. Lockett’s clear communication, openness to questions, and support for Board members without medical backgrounds. Concerns were also raised regarding the need for continued investment in technology and equipment, particularly related to electronic health records and data security. Board members commended staff efforts, community engagement, and recent presentations, and voiced strong support for Dr. Lockett and the Health District’s direction.

Chair Black advised that the DHO Annual Review Committee was recommending a two-year extension to Dr. Lockett’s employment agreement, a 2.5% salary increase, and 5% one-time bonus.

*A motion was made by Member Summers-Armstrong, seconded by Member Kirkpatrick, and carried unanimously to (1) accept the District Health Officer and Division Accomplishments, (2) approve a two-year extension to the District Health Officer Employment Agreement, (3) approve a 2.5% salary increase, and (4) approve a 5% one-time bonus.*

*Member Nielson left the meeting at 10:31 a.m.*

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

Chair Black once again thanked public attendees for attending the meeting. Chair Black noted that earlier in the meeting outlined the multi-step process related to updates to the Public Accommodations Facilities regulations. The process included an initial proposal followed by community engagement, workshops, and public feedback, which resulted in significant revisions to the original proposal. The final outcome was described as balancing the Health District’s public health mission with practical considerations and stakeholder input. Chair Black recapped that the proposed septic regulations were postponed to allow additional time for public input on potential impacts to Clark County residents. Outreach efforts included a resident survey, a dedicated email inbox, postcard mailers with a QR code sent to all residential septic system owners, and email notifications to septic owners and prior commenters. Based on feedback received, staff are revisiting provisions related to operating permits and fees, sewer connection requirements, and property transfers. Staff anticipate sharing information on upcoming outreach sessions by the end of the month. Outreach session details will be distributed via postcard, email, and the septic regulations webpage.

*Member Nielson returned to the meeting at 10:34 a.m.*

Member Kirkpatrick requested an update on the lab expansion project at a future meeting.

Member Nemec reported that Southern Nevada continues to face challenges recruiting and retaining physicians. While the state and Southern Nevada have invested significant funding to expand graduate medical education (GME), retention of trained physicians remains low at approximately 46 percent. The School of Medicine is proposing a study to better understand the causes of low retention and has requested collaboration from the Health District. Member Nemec requested further discussion on this topic. Member Summers-Armstrong emphasized the need for the proposed study to examine a broad range of factors affecting retention, including residency access, cost of living, education systems, community welcoming practices, and cultural competency. Member Kirkpatrick stated she serves on the Patient Protection Board and offered to help coordinate efforts. She noted that residencies are administered through the medical school rather than UMC and highlighted that many physicians leave Nevada due to the lack of certain specialty residency programs. Member Larson noted that the Governor has prioritized physician recruitment and retention.

*Member Summers-Armstrong left the meeting at 10:44 a.m.*

*Member Nemec left the meeting at 10:44 a.m.*

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

- DHO Comments

Dr. Lockett submitted his written report.

- Update on Seasonal Respiratory Diseases

Dr. Rosanne Sugay, Medical Epidemiologist, presented an update on seasonal respiratory diseases in the community.

*Member Nemec returned to the meeting at 10:47 a.m.*

*Member Summers-Armstrong returned to the meeting at 10:48 a.m.*

Further to an inquiry from Member Summers-Armstrong, Dr. Sugay advised that the Health District increased community outreach, vaccination efforts and education early in the respiratory season that may have contributed to low cases.

Further to an inquiry from Member Hardy, Dr. Sugay advised that it was not too late to receive a vaccine to provide oneself and the community.

- Update on Immunization Rates and Outreach

Shannon Pickering, Community Health Nurse Manager, provided an update on immunization rates and outreach.

Member Hardy raised a question regarding the hepatitis B vaccine for newborns. Ms. Pickering explained that the Health District's perinatal program identifies pregnant individuals

who are hepatitis B surface antigen-positive and provides education early in pregnancy when possible. Infants born to hepatitis B-positive mothers continue to receive hepatitis B immune globulin (HBIG) and the first hepatitis B vaccine dose at birth, consistent with current guidance. Member Nemeč noted that the primary concern involved infants born to mothers with unknown hepatitis B status who may be at risk of missed exposure. Ms. Pickering confirmed that when maternal status is unknown, infants should still receive HBIG and the hepatitis B vaccine within the first day of hospitalization. She added that the Epidemiology Department is notified of all positive cases and works collaboratively to ensure appropriate follow-up and prevention measures.

**XI. INFORMATIONAL ITEMS**

1. CY2025 District Health Officer and Division Accomplishments
2. Administration Division Monthly Activity Report (Nov 2025 / Dec 2025)
3. Community Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
4. Community Health Center (FQHC) Division Monthly Report (Nov 2025 / Dec 2025)
5. Disease Surveillance and Control Division Monthly Activity Report (Nov 2025 / Dec 2025)
6. Environmental Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
7. Public Health & Preventive Care Division Monthly Activity Report (Nov 2025 / Dec 2025)
8. Contracts Report – Up to \$100,000

- 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.

*Member Hardy left the meeting at 11:11 a.m.*

*Member Larson left the meeting at 11:12 a.m. and did not return.*

Laura McSwain spoke regarding the proposed changes to septic system regulations, stating she represented members of the septic community who were unable to attend. She expressed concerns about the regulatory process and public notice, asserting that affected homeowners were not adequately or consistently notified and that recent survey outreach did not reach all impacted residents. Ms. McSwain argued that the proposed changes could impose administrative burdens, create uncertainty for property owners, and negatively affect property values, particularly where sewer connections are not reasonably available. She raised concerns that the proposed regulations are driven by water policy objectives rather than public health needs and stated that financial assistance pathways described in prior legislation are limited or unavailable. Ms. McSwain requested that the Board abandon the proposed rules and submitted written materials for the record.

*Member Hardy returned to the meeting at 11:16 a.m.*

*Member Bond left the meeting at 11:16 a.m.*

Cheryl Pastore provided comments on proposed septic regulations and mosquito control. Regarding septic regulations, she expressed concerns about the clarity and fairness of the process, stating that notification and survey questions were unclear and inconsistently distributed to residents. She also objected to the proposed regulatory changes, asserting that long-standing septic issues should not result in new financial burdens on residents.

Ms. Pastore also commented on mosquito control, referencing Dr. Lockett's report and expressing appreciation for his leadership. She raised concerns about mosquito breeding in poorly maintained swimming pools at rental properties, noting that tenants may shut off pool equipment and restrict access for maintenance, leading to unsanitary conditions and increased mosquito activity. She suggested that rental and property management agreements require proper pool operation and maintenance access to address public health concerns, reduce water waste, and mitigate mosquito issues. Further to an inquiry, Ms. Pastore advised that she resided on Rosana Street.

*Member Bond returned to the meeting at 11:20 a.m.  
Member Brune left the meeting at 11:23 a.m. and did not return.*

Diane Henry spoke in support of prior public comments regarding proposed septic system regulations. She raised concerns about the completeness and accessibility of the video and audio recording from the November 20 meeting, stating that public comments related to septic issues were missing or not fully available online. Ms. Henry opposed replacing existing septic permits with temporary or revocable permits and expressed concerns about additional fees, enforcement requirements, and potential financial hardship for septic owners. She advocated for focusing on fully funded, voluntary septic conversion programs rather than regulatory mandates and stated that current funding options are limited. Ms. Henry also expressed concerns about public outreach efforts, survey design, and transparency, and requested greater direct Board involvement in workshops and the posting of recordings for public review.

Carol Reynolds spoke in opposition to the proposed septic regulations, stating that she has lived in Las Vegas for over five decades, including many years in a home with a septic system, without experiencing septic-related public health emergencies. She asserted that septic regulations should focus on protecting public health rather than imposing financial or administrative burdens on homeowners. Ms. Reynolds characterized the proposed regulations as unnecessary and urged the Board to reject them.

Hi, my name is Christian Salmon, S-A-L-M-O-N. Under NRS 241.035(1)(d) I respectfully request that the minutes reflect the substance of my remarks. I'd like to thank Diane Henry for playing that so we could see it on the record. Uh, this is the second time that I've interacted with the SNHD with, no the third time now, with an attorney that has not the the attorney at this meeting should have tabled that vote, gone and checked and then come back and reported on that. An officer of the court did not verify what they were supposed to do and is uh uh and it's like it's coming from, you know, God's mouth. I don't think that's appropriate. That's why we're upset. We keep seeing things done like this and that this is supposed to be about law and order and we don't feel that. We don't see that and it's very upsetting and that we're having a meeting and it's and it's not true. This is not a true meeting. If that, if those minutes were ignored, that is a part of what we're doing. What else are we missing here? You know, so I'm here to follow up the concerns raised on November, uh November 20<sup>th</sup>, 2025 and repeatedly actually before that regarding the this regulation. First, the basic question that still remains is we have not seen a public health emergency declared. Is there one? If so, what exactly is it? Where is it uh declared? And what study supports it? And if there is no declaration declared emergency, why are we being treated as if there is an urgent crisis that we have that justifies sweeping new burdens on law-abiding homeowners? Second, process and accountability. Who initiated this overhaul and why? What agency or individuals pushed it forward? And what and what problem statement and data drove this decision? Oh, uh, A package this large should not feel like it is it was started in a back office and arrived at the public microphone as a finished product. Because here's what it feels like from

the public side. Staff at agencies get an unlimited runway. Presentations, internal discussions, months uh months of momentum and homeowners get a 5 minute window with no dialogue. This is a structurally one sided and it's not how a trust is built. And it's not just about feelings, it's about transparency. Many of us, including myself via attorney Edward Wynder over here try to uh you know I we tried this path of getting information instead of uh clarity. What we've experienced is resistance, delays, denials and heavy withdraw a heavy withholding. I'm asking the Board to recognize when an agency proposes new rules that could affect more than 18,000 properties, secrecy or even the appearance of secrecy is unacceptable. This isn't a covert, clandestine CIA mission. It's health policy. It should be open for the public to review from day one. Do we have to petition the court to obtain records why somebody wants my toilet water so bad. Now to the bottom line. The public has overwhelmingly objected to these proposed uh regulations, so I am not here to ask for a better version of the same premise. I'm asking to have you reject the proposal as a whole and not to start treating and to start treating homeowners like we're supposed to accept regulatory package quote for just uh first and learn the consequences later. I think we've heard that before as if it were love it and you'll and once it passes, we will not. And I want to add a second question or request that matters to many homeowners right now. Rollback the current triggers and interpretations that push uh homeowners towards sewer conversion or deep regulatory entanglement simply because a system needs a repair. A homeowner should not be should should be able to repair or replace their own system responsibly, especially when the septic system is legally built and permitted. My gosh, this has been around since Rome without being forced into a new escalating permission structure for ordinary maintenance. We are not wrongdoers. We are not criminals. We do not deserve to be treated like a problem that needs to be managed. Finally, fairness and public reporting on municipal water. The public has been uh has seen detailed top water user quote un-quote disclosures including names of street addresses released and circulated widely. Yet when when homeowners ask for core public policy records, such as myself, that explain how and why this regulatory overhaul was uh was pursued. We hit a wall that looks like a double standard. Information flows freely in some areas.

*Member Gallo left the meeting at 11:31 a.m. and did not return.*

Edwin Kaehler spoke in support of comments made by Diane Henry regarding the proposed septic regulations. He thanked staff for posting FAQ materials on the website but raised concerns about their accuracy and completeness. Mr. Kaehler questioned whether documented public health emergencies related to septic systems exist and requested that data on septic-related health interventions be made public. He expressed disagreement with the rationale for five-year permit reviews, stating that early inspections may not be practical or cost-effective for septic systems, aside from routine pumping requirements already in place. Mr. Kaehler also raised concerns about potential permit renewal questionnaires, system age considerations, and requirements such as installing risers, which he stated could affect many existing systems. He noted that his septic permit, issued in 1978, does not include an expiration date.

Sharon Seeley, residing at 6475 Darby Avenue, spoke in opposition to the proposed 2025 septic regulations. She stated that the proposed changes are burdensome, unnecessary, and pose financial risk to her household. Ms. Seeley noted that her home was built approximately 49 years ago with a permitted septic system that has no expiration or renewal requirement and has been properly maintained. She asserted that decisions regarding repair or replacement of her septic system should remain with the homeowner and expressed concern that mandatory sewer connections would create significant financial hardship.

Mary Peters stated that she and her neighbors were unaware of the proposed septic regulations until learning about them through news and social media, noting that postcard notifications did not clearly convey the issue or prompt earlier participation. She reported living in her home for 25 years and stated that her septic system and well have been properly maintained at the homeowners' expense. Ms. Peters expressed concern that the proposed regulations would create financial hardship for her household, particularly as a retired family with a disabled veteran, and raised concerns about affordability and impacts on future property sales. She asserted that if new requirements are imposed, funding assistance should be provided, as homeowners did not request the changes. Further to an inquiry, Ms. Peters advised that she resided on Landberg, at Blue Diamond and Rainbow.

Elisa Carothers provided historical context on her family's long-standing residence in Las Vegas and stated that she and her neighborhood have relied on septic systems for decades without public health issues. She noted that septic use has been common in her area for over 50 years and that routine maintenance, such as pumping, has been sufficient. Ms. Carothers expressed opposition to proposed septic regulations, stating that community resources should instead focus on other local priorities. She requested that existing septic arrangements be left unchanged, citing the absence of documented problems in her neighborhood. Further to an inquiry, Ms. Carothers advised that she resided in LaMirada on Kamiasu Lane.

Lori Sutton, residing at 5274 Stacy Avenue, spoke in opposition to the proposed septic regulations. She stated that she has owned her home for 34 years and has worked to pay it off in preparation for retirement. Ms. Sutton expressed concern that the proposed changes are unnecessary and could create significant financial risk for her household and others in similar situations. She requested that the Board not move forward with the proposed regulations and thanked the Board for the opportunity to comment.

Dr. Gary Kantor provided public comment opposing the proposed septic regulations. He summarized his medical background and decades of experience practicing critical care medicine in Southern Nevada and stated that, in his professional experience, he has not encountered health or environmental medical issues attributable to septic systems. He questioned the public health basis for the proposed regulations and characterized them as unrelated to documented health risks. Dr. Kantor also raised concerns regarding the adequacy and timing of public notice, stating that initial notification provided limited time to review extensive proposed changes. He expressed opposition to forced sewer conversion, permit renewal requirements, and inspection provisions, citing potential impacts on property values, marketability, and homeowners' financial security. He requested that the proposed regulatory changes be withdrawn and emphasized the importance of transparency and meaningful public engagement in regulatory development.

Cindy Snow described her experience attempting to build a retirement home on property purchased eight years ago, stating that she proceeded with the understanding that a septic system would be permitted, as is common in her neighborhood. She reported that despite multiple attempts over several years, she was unable to obtain a septic permit and was instead required to pursue a sewer connection, with an estimated cost of approximately \$156,000, including design fees. Ms. Snow stated that she applied for a waiver based on distance and cost but did not receive clarification on what constitutes an "exorbitant" expense. She further noted that her homeowners' association had issued fines for failing to build, which were recently paused. Ms. Snow requested that the Board consider regulatory relief or clarification for property owners in developed areas who are unable to obtain septic permits or afford required sewer connections. Further to an inquiry, Ms. Snow advised that she resided at 3141 Montecito Drive.

Allon Adar-Burla, residing at 2955 S Tenaya, spoke in opposition to proposed septic regulations, stating that he has lived in homes with septic systems for more than 30 years without issues. He expressed concern that many residents in his neighborhood are retirees and that requiring sewer connections at significant personal expense would create financial hardship. Mr. Adar-Burla asserted that if sewer connections are required, associated costs should not be borne solely by homeowners. He suggested that existing septic system owners be grandfathered under any new regulations and that any future requirements apply only prospectively. He emphasized support for clean water goals but objected to retroactive mandates affecting long-standing, functioning septic systems.

*Member Kirkpatrick left the meeting at 11:52 a.m. and did not return.*

Rodney Heiselman addressed the Board regarding proposed septic regulations, stating that he was not directly notified and learned of the issue through others. He spoke in support of other community members, particularly retirees and individuals on fixed or limited incomes, who may be disproportionately impacted by the proposed changes. Mr. Heiselman described his personal circumstances, including maintaining his septic system in good condition, employment challenges, and family health concerns, and expressed that additional regulatory or financial burdens would create hardship. He urged the Board to consider the financial and personal impacts on affected residents and requested that compassion and fairness be considered in the decision-making process. Further to an inquiry, Mr. Heiselman advised that he resided at 910 Baker Avenue.

Michael Shapiro, a resident of the Sierra Vista Ranchos area, spoke in opposition to the proposed septic regulations. He stated that his home, built in 1968, has a septic system with a lifetime permit, which was a key factor in his decision to purchase the property. Mr. Shapiro noted that many residents in his neighborhood, including retirees, were unaware of the proposed changes until recently. He reported assisting neighbors with completing the public survey and expressed strong opposition to the proposal, concurring with prior speakers. Mr. Shapiro thanked the Board for its service and encouraged members to consider community feedback and apply common sense in their decision-making.

Ms. Cordovez Mulet advised that six written comments were received and will be included with the meeting minutes.

Eugene Belin, a Henderson resident, stated that while his primary residence is connected to sewer, he owns multiple properties that rely on septic systems as well as undeveloped parcels. He expressed concern that owners of undeveloped land were not adequately notified of the proposed septic regulations and may be unaware of potential impacts on their ability to develop property due to the high cost of sewer connections. Mr. Belen noted that many additional property owners could be affected and may not yet be aware of the proposed changes, and he concurred with concerns raised by other speakers.

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

The Chair thanked attendees for their participation and acknowledged the significant concerns raised, noting that the proposed septic regulations are at the beginning of a process rather than a final decision. The Chair emphasized that public engagement is essential and encouraged residents to ensure their contact information is current with the Health District and to inform

neighbors who may be affected. The Chair announced that community outreach, including in-person and virtual engagement opportunities, will begin in February. The Chair expressed confidence that through continued public input, Board deliberation, and staff expertise, the process will result in balanced and reasonable regulations that uphold public health while respecting the concerns of affected residents.

### **XIII. ADJOURNMENT**

The Chair adjourned the meeting at 12:01 p.m.

Cassius Lockett, PhD, MS  
District Health Officer/Executive Secretary  
/acm

DRAFT



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 26 , 2026



**RE:** *Approval of the Interlocal Agreement between the Southern Nevada Health District and Clark County, Nevada*

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**PETITION #19-26**

**That the Southern Nevada District Board of Health** *approves the Interlocal Agreement (CBE NO. 607772-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on RYAN WHITE Part A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT.*

**PETITIONERS:**

**Cassius Lockett, PhD, District Health Officer**   
**Lei Zhang, MS, Public Health Informatics Manager** 

**DISCUSSION:**

This is an agreement to support the cost of providing Clinical Quality Management (CQM) services for the Clark County area, in alignment with this scope of work and HRSA Policy Clarification Notice 15-02. Work completed will support the Las Vegas TGA's Clinical Quality Management Plan and related quality improvement projects.

**FUNDING:**

This agreement will provide funding to the SNHD for their collaboration in the CQM project. This is pass through funding from the Clark County supported by federal grant dollars for program period of March 1, 2026 through February 28, 2028, and is contingent upon receipt of grant funds awarded by HRSA to Clark County Social Service through the HIV Emergency Relief Project Grants award, number H89HA06900.



CBE NO. 607772-25

## INTERLOCAL AGREEMENT FOR RYAN WHITE PART A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT

togetherforbetter

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "SNHD" for RYAN WHITE PART A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT.

### **WITNESSETH:**

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

NOW, THEREFORE, the parties mutually agree as follows:

### **ARTICLE I: SCOPE OF WORK**

AGREEMENT sets forth:

#### **1.0 Overview**

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources for managing their HIV. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. Funds are provided by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Treatment Extension Act of 2009 known as the Ryan White HIV/AIDS Program (RWHAP). The HIV Emergency Relief Grant Program Part A: Eligible Metropolitan Areas/Transitional Grant Areas HRSA Announcement No: HRSA-17-030 Catalog of Federal Domestic Assistance (CFDA) No. 93.914.

#### **2.0 Scope of Project**

COUNTY will provide Federal funds to SNHD to support the cost of providing Clinical Quality Management (CQM) services for the Clark County area, in alignment with this AGREEMENT and HRSA [Policy Clarification Notice 15-02](#). Work completed will support the [Las Vegas TGA's Clinical Quality Management Plan](#) and related quality improvement projects.

Federal funds are provided by U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA). Funds for program years March 1, 2026 through February 28, 2027 are contingent upon receipt of grant funds awarded by HRSA to Clark County Social Service through the HIV Emergency Relief Project Grants award, number H89HA06900.

#### **3.0 Definitions and Common Abbreviations**

**Acquired Immune Deficiency Syndrome (AIDS)** is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. In the U.S., most people with HIV do not develop AIDS because taking HIV medicine every day as prescribed stops the progression of the disease. A person with HIV is considered to have progressed to AIDS when the number of their CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm<sup>3</sup>) or they develop one or more opportunistic infections regardless of their CD4 count. (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm<sup>3</sup>).

**Clinical Quality Management (CQM)** is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. All Ryan White HIV/AIDS Program recipients are required to establish clinical quality management programs to assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

**Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB):** The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers The Ryan White Program.

**Human Immunodeficiency Virus (HIV)** is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS.

**Out of Care** references a client who doesn't have at least two HIV-related medical visits or laboratory tests (e.g., CD4 count or viral load), separated by at least 90 days, within a 12-month measurement period.

**People With HIV (PWH)** refers to infants, children, adolescents, and adults who have HIV.

**Recipient** (formerly referred to as the grantee) refers to COUNTY, specifically the Office of HIV at Clark County Social Service, to which grant funds from HRSA are directly awarded.

**The Ryan White HIV/AIDS Treatment Modernization Act of 2009:** The Ryan White CARE Act, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009", or "Ryan White Program" is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts: Part A (formerly Title I) funds eligible metropolitan areas and transitional grant areas, 75 percent of grant funds must be spent for core services; Part B (formerly Title II) funds States/Territories, 75 percent must be spent for core services; Part C (formerly Title III) funds early intervention services, 75 percent must be spent for core services; Part D (formerly Title IV) grants support services for women, infants, children & youth and Part F comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

#### 4.0 Deliverables

SNHD shall be responsible for completing the following:

1. Attendance and active participation in all Las Vegas TGA Clinical Quality Management meetings, lab data days and other CQM meetings and activities.
2. Monthly Out-of-Care reports that will support the Las Vegas TGA's Clinical Quality Management program's goal of increasing retention in care and viral suppression. The information provided in these reports will be utilized to re-engage people with HIV in medical care and supportive services.
  - On a monthly basis, COUNTY will share CAREWare data with SNHD to check against public health records to determine which clients meet the out-of-care definition.
  - Within 30 calendar days, SNHD will then send a report back to COUNTY with a list of all people with their medical care status (In care or out of care).
  - Data shall be transmitted securely between COUNTY and SNHD in MS Excel, CSV or similar format to ensure the COUNTY is able to identify people with HIV who are out of care.

Note: CQM activities **do not** include development of Service Standards; chart audits/reviews; monitoring site visits, if not to assess or monitor the CQM Program; extracting data for reporting to internal and external stakeholders (i.e. Ryan White Services Report (RSR); or electronic health records interface with other providers. These activities are considered administrative in nature and cannot be supported with CQM funds.

Allowable CQM activities **DO** include performance measurement prioritization and alignment with other RWHPAP Parts in the service area; data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data); monitoring site visits, if to assess or monitor the CQM Program; and CQM committee for planning for quality improvement projects. Data collected as part of administrative/quality assurance processes should feed back into the CQM program to ensure improvement in patient care, health outcomes, and patient satisfaction.

## 5.0 Responsibilities of SNHD

The purpose of this section is to provide a description of how SNHD is expected to utilize the allocated funding to provide the highest quality of service based on HRSA HAB guidelines and monitoring standards set forth to meet the necessary service provisions of the grant.

### A. *Program Administration, Development and Operations* - SNHD shall:

- Ensure that, at minimum, the following personnel participate in Provider Orientation and subsequent refreshers provided by COUNTY: fiscal staff and program leadership.
- Ensure the PROGRAM is operated in accordance with:
  - [Ryan White HIV/AIDS Program legislation](#).
  - [HIV AIDS Bureau \(HAB\) Policy Clarification Notices \(PCNs\)](#) and [Program Letters](#).
  - Applicable [Service Standards and Policies and Procedures](#) of the Las Vegas Transitional Grant Area.
  - [HAB National Monitoring Standards](#)
  - Conditions of Award (COA) set forth by HRSA.
  - Terms and conditions set forth by HRSA in the applicable Notice of Funding Opportunity (NOFO).
  - Applicable Nevada Revised Statutes and Nevada Administrative Code.
  - All other applicable federal, state and local regulations.
- Ensure that SNHD, its officers, and employees are not debarred or suspended from doing business with the Federal Government.
- Employ personnel with sufficient technical knowledge, skill, and expertise necessary to complete the deliverables described in this AGREEMENT.
- Implement Administrative Safeguards and internal controls to prevent use or disclosure of protected Health Information as defined in the HIPAA Rules to protect and secure the confidentiality, integrity and availability of Electronic Protected Health Information. (45 CFR 164.308, 164.210 and 364312) in accordance with 45 CFR 164.316.
- Notify COUNTY of any attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system as is defined in SNHD's Security Incident Management Plan and this paragraph ("Security Incident") within 24 hours of discovery of the incident. Incidents that can be characterized as a "single series of unwanted or unexpected information security events that have a significant probability of compromising business operations and threatening information security" will be subject to such notification.
- Build organizational and personnel capacity by using and cultivating understanding of program requirements through web-based resources, modules, manuals, materials and videos available on the Las Vegas TGA website's [Learning Portal](#) and "Sub Award Resources" section.
- Request support and technical assistance from COUNTY as needed.

### B. *Fiscal* - SNHD shall:

- Submit to COUNTY'S authorized representative a monthly Request for Reimbursement by the 15<sup>th</sup> calendar day of each month for the previous month's services.
- Establish such fiscal and accounting procedures necessary to ensure:
  - The proper disbursal of, and account for grant funds in order to ensure that all financial transactions are conducted.

- Maintain financial records pertaining to all matters relative to this AGREEMENT in accordance with standard accounting principles and procedures and retain all records and supporting documentation applicable for a period of five (5) years upon completion or termination of this AGREEMENT, whichever comes first.
- Delineate how multiple funding sources for services are allocated appropriate for its designated intended service. All such records relating to any analysis or audit performed relative to this AGREEMENT shall be retained for five (5) years after such analysis or audit has been performed and any findings have been resolved.
- In the event that SNHD no longer operates within the Las Vegas Transitional Grant Area (Clark County, NV; Nye County, NV or Mohave County, AZ), it shall be required to deliver a copy of all records relating to this AGREEMENT with COUNTY to be retained by COUNTY and SNHD.

## 6.0 Responsibilities of COUNTY:

COUNTY shall ensure that all clients participating in programs offered by its Office of HIV at Clark County Social Service under Ryan White Part A programs funded by HRSA complete a Universal Eligibility Application, a blank copy of which is attached hereto as Exhibit A, and which in relevant part, will authorize SNHD to share sensitive information concerning COUNTY clients with COUNTY as is required under this AGREEMENT.

## 7.0 References

- **HRSA Ryan White HIV/AIDS Program**  
<https://hab.hrsa.gov/>
- **Las Vegas TGA, Ryan White Service Standards and Policies & Procedures**  
<https://lasvegastga.com/standards/>; <https://lasvegastga.com/quality-management-2/>
- **Clinical Quality Management Policy Notification Notice 15-02**  
<https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf>
- **Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds**  
[https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

## 8.0 Attribution

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,551,492.00 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

### **ARTICLE II: TERM OF AGREEMENT**

The initial term of AGREEMENT shall be from March 1, 2026 through February 28, 2028.

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

### **ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE**

COUNTY will reimburse SNHD for goods and/or services provided as outlined in Article I – Scope of Work.

Remuneration will remain on a reimbursement basis unless specifically waived by COUNTY. Reimbursement will be paid after eligible expenses have been incurred and expended in conformance to Article I - Scope of Work.

The table below reflects the budget that corresponds to Article I - Scope of Work for FY26 and FY27 grant years:

<b>Description</b>	<b>Total</b>
Jurisdictional Clinical Quality Management 3/1/26-2/28/27	\$45,000.00
Jurisdictional Clinical Quality Management 3/1/27-2/29/28	\$50,000.00
<b>TOTAL</b>	<b>\$95,000.00</b>

COUNTY'S obligation to pay SNHD cannot exceed this amount. It shall be the SNHD'S responsibility to ensure the hours and tasks are properly budgeted, so the entire program is completed for the said fixed fee. SNHD shall submit to COUNTY a monthly invoice and summary of services in a format provided by COUNTY.

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

Invoices shall be submitted via email at: [CCHIVFiscal@ClarkCountyNV.gov](mailto:CCHIVFiscal@ClarkCountyNV.gov)

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

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

#### **ARTICLE IV: FISCAL FUNDING OUT CLAUSE**

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

#### **ARTICLE V: AMENDMENT / ENTIRE AGREEMENT**

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

#### **ARTICLE VI: SUBCONTRACTS**

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

#### **ARTICLE VII: ASSIGNMENTS**

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

**ARTICLE VIII: NOTICES**

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

To COUNTY:	Attention: Heather Shoop Clark County Social Service – Office of HIV 1600 Pinto Lane Las Vegas, Nevada 89106	
To SNHD:	Attention: Sr. Contract Administrator, Legal Dep Southern Nevada Health District 280 S. Decatur Blvd Las Vegas, Nevada 89107	<u>With a copy to:</u> Attention: Lei Zhang Southern Nevada Health District Office of Informatics 280 S. Decatur Blvd. Las Vegas, Nevada 89107

**ARTICLE IX: POLICIES AND PROCEDURES**

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

**ARTICLE X: INSURANCE**

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

**ARTICLE XI: WAIVER AND SEVERABILITY**

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

**ARTICLE XII: LAW OF VENUE**

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

**ARTICLE XIII: SUSPENSION AND TERMINATION**

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

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

**Termination for Cause.** This AGREEMENT may be terminated for cause by either party in the event of substantial failure of the other party to fulfill its obligations under this AGREEMENT through no fault of the terminating party; but only after the other party is given not less than thirty (30) calendar days written notice of intent to terminate; and an opportunity for consultation with the terminating party prior to termination. Neither party shall be considered in default in the performance of its obligations hereunder, to the extent that performance of such obligations is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of SNHD'S principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within SNHD'S control. If after termination for cause it is determined that SNHD has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.

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

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

(Left Blank Intentionally and Signatures on Next Page)

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

COUNTY OF CLARK:

SOUTHERN NEVADA HEALTH DISTRICT:

BY: \_\_\_\_\_  
JESSICA COLVIN  
Chief Executive Officer

BY: \_\_\_\_\_  
CASSIUS LOCKETT, PHD  
District Health Officer

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST:

BY: \_\_\_\_\_  
LYNN MARIE GOYA  
County Clerk

DATE: \_\_\_\_\_

APPROVED AS TO FORM:  
Steven Wolfson, District Attorney

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: \_\_\_\_\_  
SARAH SCHAERRER  
Deputy District Attorney

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

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



# EXBIHIT A

## Nevada Ryan White All Parts Common Guidance Document 18-04A Universal Eligibility Application

Application Date: \_\_\_\_\_

Initial Application

Annual Recertification

<b>For Administrative Use Only:</b>		
New Ryan White Eligibility:	Start Date: _____	End Date: _____
Case Manager/ Eligibility Specialist Name: _____		
Subrecipient Agency: _____		

### CONTACT INFORMATION

Legal Last Name:		Legal First Name:		Middle Name:
*Birth Date:		Preferred Name or AKA and Pronouns:		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		SSN or TIN (Optional)		
In Need of a Translator: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Home Address:		City:	State:	Zip:
Mailing Address (if different than home):		City:	State:	Zip:
1. Phone – include area code:	Type:	May we contact you by phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Phone – include area code:	Type:	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail Address:	May we E-Mail you? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Should mail be confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECONDARY CONTACT

Name:	Phone – include area code:	Relation to the Client?		
Address:	City:	State:	Zip:	
Notes/Comments:	Is the Secondary Contact Aware of client's status? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### DEMOGRAPHICS

<b>*What sex were you assigned at birth, such as your original birth certificate? (Mark One Answer)</b>	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
<b>*Race/Ethnicity:</b>	<b>*Race/Ethnicity:</b>
<input type="checkbox"/> White	<input type="checkbox"/> Non-Hispanic/Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino, (if checked, choose an option below)
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Mexican, Mexican American, Chicano/a
<input type="checkbox"/> Native Hawaiian/Pacific Islander (if checked, choose an option below)	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Cuban
<input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> Other Hispanic: _____
<input type="checkbox"/> Asian (if checked, choose an option below)	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> North African
<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____	<input type="checkbox"/> Other: _____
<b>Relationship Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROOF OF DIAGNOSIS (COMPLETED ONLY DURING INITIAL APPLICATION)**

All clients must provide upon **initial enrollment only** one (1) medical/legal document from the list below indicating HIV infection. **Documentation must contain the client's full name.** Please select *one* option from the list below and **attach a copy** to this application

Proof of Diagnosis Documents
<input type="checkbox"/> Western Blot <input type="checkbox"/> Letter on physician's letterhead, with signature of doctor, indicating that the applicant is HIV positive with diagnosis date. <input type="checkbox"/> Electronic medical record from physician's office, with electronic signature of doctor, indicating that the applicant is HIV positive. <input type="checkbox"/> Positive HIV test (immunoassay) and detectable viral load (HIV RNA) <input type="checkbox"/> Two positive HIV tests (immunoassays- should be different assays based on different antigens or different principles) <input type="checkbox"/> Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)

**HIV/AIDS STATUS/DIAGNOSIS INFORMATION/RISK FACTORS (COMPLETED ONLY DURING INITIAL APPLICATION)**

<b>*HIV/AIDS Status:</b> <input type="checkbox"/> HIV Positive (not AIDS) <input type="checkbox"/> HIV Positive (AIDS status unknown) <input type="checkbox"/> CDC Defined AIDS <input type="checkbox"/> HIV Negative (Affected) <input type="checkbox"/> HIV Indeterminate (infants <2 years old)											
<b>*Date of First HIV+ Diagnosis:</b>	<input type="checkbox"/> Estimated?	<b>*Date of First AIDS Diagnosis:</b>	<input type="checkbox"/> Estimated?								
<b>How do you believe you acquired HIV?</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Male to Male sexual contact</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Recipient of transfusion of blood, blood components, or tissue</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Injection Drug Use</td> <td style="border: none;"><input type="checkbox"/> Perinatal Transmission</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Male to Female Sexual Contact</td> <td style="border: none;"><input type="checkbox"/> Undetermined/Unknown, risk not reported or identified</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hemophilia/Coagulation Disorder</td> <td style="border: none;"><input type="checkbox"/> Other, please specify: _____</td> </tr> </table>				<input type="checkbox"/> Male to Male sexual contact	<input type="checkbox"/> Recipient of transfusion of blood, blood components, or tissue	<input type="checkbox"/> Injection Drug Use	<input type="checkbox"/> Perinatal Transmission	<input type="checkbox"/> Male to Female Sexual Contact	<input type="checkbox"/> Undetermined/Unknown, risk not reported or identified	<input type="checkbox"/> Hemophilia/Coagulation Disorder	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Male to Male sexual contact	<input type="checkbox"/> Recipient of transfusion of blood, blood components, or tissue										
<input type="checkbox"/> Injection Drug Use	<input type="checkbox"/> Perinatal Transmission										
<input type="checkbox"/> Male to Female Sexual Contact	<input type="checkbox"/> Undetermined/Unknown, risk not reported or identified										
<input type="checkbox"/> Hemophilia/Coagulation Disorder	<input type="checkbox"/> Other, please specify: _____										

**BASIC MEDICAL**

<b>How do you obtain primary HIV medical care?</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Publicly funded clinic or health district</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Hospital Outpatient Center</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Private Practice</td> <td style="border: none;"><input type="checkbox"/> No primary source of care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Emergency Room</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Publicly funded clinic or health district	<input type="checkbox"/> Hospital Outpatient Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> No primary source of care	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Publicly funded clinic or health district	<input type="checkbox"/> Hospital Outpatient Center						
<input type="checkbox"/> Private Practice	<input type="checkbox"/> No primary source of care						
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other: _____						
<b>Primary Care Physician Name:</b>	<b>HIV Specialist Name:</b>						

**RESIDENCY**

<b>*What is your current housing status?</b> <input type="checkbox"/> I live in stable housing (includes HOPWA): <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> I live in temporary housing: <input type="checkbox"/> Friends/Family (including couch-surfing) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Transitional Housing or Treatment Center <input type="checkbox"/> I live in unstable housing: <input type="checkbox"/> Homeless/Emergency Shelter <input type="checkbox"/> Jail/Prison/Detention Facility
---

All clients must provide one (1) residency document from the list below indicating Nevada residency.

- Please select *one* option from the list below and **attach a copy** to this application
- **If your address changes at any time, please contact an Eligibility Specialist or Case Manager to update your address**

Residency Documentation																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Current Lease/Rental Agreement</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Current Nevada Driver's License or State ID Card</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rent/Mortgage Receipt (dated within the past 30 days)</td> <td style="border: none;"><input type="checkbox"/> Consulate Identification Card</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Any Bill, Invoice, or Correspondence (dated within the past 30 days)</td> <td style="border: none;"><input type="checkbox"/> Resident Alien Card</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Paycheck Stubs with Your Address</td> <td style="border: none;"><input type="checkbox"/> Proof of Property Taxes Paid</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Letter from a Government Agency</td> <td style="border: none;"><input type="checkbox"/> Voter Registration/Vehicle Registration</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other Verifiable Government-Issued ID with Address</td> <td style="border: none;"><input type="checkbox"/> Prison Release Papers</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dependent Support Form (CGD 15-48) or a Letter: <i>See below</i></td> <td style="border: none;"><input type="checkbox"/> I am Homeless: <i>Complete the Attestation of Homelessness Below</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Verification of Residence (CGD 15-50) or a Letter from Landlord</td> <td></td> </tr> </table>	<input type="checkbox"/> Current Lease/Rental Agreement	<input type="checkbox"/> Current Nevada Driver's License or State ID Card	<input type="checkbox"/> Rent/Mortgage Receipt (dated within the past 30 days)	<input type="checkbox"/> Consulate Identification Card	<input type="checkbox"/> Any Bill, Invoice, or Correspondence (dated within the past 30 days)	<input type="checkbox"/> Resident Alien Card	<input type="checkbox"/> Paycheck Stubs with Your Address	<input type="checkbox"/> Proof of Property Taxes Paid	<input type="checkbox"/> Letter from a Government Agency	<input type="checkbox"/> Voter Registration/Vehicle Registration	<input type="checkbox"/> Other Verifiable Government-Issued ID with Address	<input type="checkbox"/> Prison Release Papers	<input type="checkbox"/> Dependent Support Form (CGD 15-48) or a Letter: <i>See below</i>	<input type="checkbox"/> I am Homeless: <i>Complete the Attestation of Homelessness Below</i>	<input type="checkbox"/> Verification of Residence (CGD 15-50) or a Letter from Landlord	
<input type="checkbox"/> Current Lease/Rental Agreement	<input type="checkbox"/> Current Nevada Driver's License or State ID Card															
<input type="checkbox"/> Rent/Mortgage Receipt (dated within the past 30 days)	<input type="checkbox"/> Consulate Identification Card															
<input type="checkbox"/> Any Bill, Invoice, or Correspondence (dated within the past 30 days)	<input type="checkbox"/> Resident Alien Card															
<input type="checkbox"/> Paycheck Stubs with Your Address	<input type="checkbox"/> Proof of Property Taxes Paid															
<input type="checkbox"/> Letter from a Government Agency	<input type="checkbox"/> Voter Registration/Vehicle Registration															
<input type="checkbox"/> Other Verifiable Government-Issued ID with Address	<input type="checkbox"/> Prison Release Papers															
<input type="checkbox"/> Dependent Support Form (CGD 15-48) or a Letter: <i>See below</i>	<input type="checkbox"/> I am Homeless: <i>Complete the Attestation of Homelessness Below</i>															
<input type="checkbox"/> Verification of Residence (CGD 15-50) or a Letter from Landlord																

*If you cannot provide residency proof in your own name, please complete the Dependent Support Form (CGD 15-48) or submit a letter with your current address and a signature of person(s) providing support.*

Attestation of Homelessness
I attest that I am homeless or living in a shelter with no verifiable residence. I agree that if my residency status changes, I must immediately notify the Ryan White Part All Parts (ABCD) eligibility agency and provide documentation of residency.
Client Signature: _____ Date: _____

**HOUSEHOLD SIZE**

List members of your household, such as a legal spouse and children who live with you, **and** anyone you will claim as a dependent on your taxes. Please list yourself first.

Client or Family Member Name	Relationship to Client	Does this person have Taxable Income?	Over age 18?	Claimed on Taxes?
	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Household Size: \_\_\_\_\_

**INCOME**

Proof of household income is based on Modified Adjusted Gross Income (MAGI). Household income includes all income of anyone the client claims on their taxes or the income of someone who claims the client as a dependent on their taxes.

All clients and household members listed above must provide proof of income documentation from the list below, if applicable.

- **If your income changes at any time, please contact an Eligibility Specialist or Case Manager to update your income.**

Income Source Documentation
<p>Please select <i>all</i> income options that apply to your household from the list(s) below.</p> <p><input type="checkbox"/> Paycheck Stubs or Employment Statement for the last month (<i>most recent</i>)</p> <p><input type="checkbox"/> Annual Award Letter: Social Security, Supplemental Social Security (SSI), Social Security Disability Income (SSDI), Veterans Benefits, Annual Pension, Retirement, etc.</p> <p><input type="checkbox"/> Other Award Letter: Temporary Assistance for Needy Families (TANF), Unemployment, Child support/alimony etc.</p> <p><input type="checkbox"/> One (1) Month of Bank Statements (<i>only if pay stubs or annual statements cannot be provided</i>)</p> <p><input type="checkbox"/> Pre-Paid Debit Card Statements</p> <p><input type="checkbox"/> Profit and Loss Statement from Self-Employment (CGD 16-04)</p> <p><input type="checkbox"/> Other Source of Income: _____</p> <p><input type="checkbox"/> No Income: <i>Complete the Attestation of No Income Below</i></p>

Non-Taxable Income Sources
<p><b>Do you, or anyone in your household, have any types of non-taxable income sources?</b></p> <p><input type="checkbox"/> No, I nor anyone in my household has non-taxable income sources.</p> <p><input type="checkbox"/> Yes, I or someone in my household has non-taxable income sources (<i>check all that apply - documentation must be provided</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplement Social Security Income (SSI)</li> <li><input type="checkbox"/> Workers Compensation</li> <li><input type="checkbox"/> Child Support (Received)</li> <li><input type="checkbox"/> Veteran’s Disability Income</li> <li><input type="checkbox"/> Proceeds from Loans (Student/Bank Loans)</li> <li><input type="checkbox"/> SNAP (Food Stamps)</li> <li><input type="checkbox"/> WIC (Women, Infants and Childrens Program)</li> <li><input type="checkbox"/> Housing Subsidies (e.g. Section 8 Vouchers, HUD Housing, HOPWA)</li> <li><input type="checkbox"/> Utility or Energy Assistance</li> <li><input type="checkbox"/> Child Care Assistance/Subsidies</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Monthly Self \$</b> _____      <b>Monthly Spouse/Household \$</b> _____</p>

### Taxable Income Sources

Do you, or anyone in your household, have any of the following types of taxable income sources?

- No, I nor anyone in my household has taxable income sources
- Yes, I or someone in my household has a taxable income source (*check all that apply – documentation must be provided*)
- |  |   |
|--|---|
| <input type="checkbox"/> Wages, Salary, & Tips (Gross- before taxes) | <input type="checkbox"/> Capital Gains  |
| <input type="checkbox"/> Social Security Retirement Income           | <input type="checkbox"/> Rental Income (Net)  |
| <input type="checkbox"/> Social Security Disability Income           | <input type="checkbox"/> Unemployment Compensation                                    |
| <input type="checkbox"/> Business / Self Employment Income           | <input type="checkbox"/> Taxable amount from Pensions & IRAs Distributions            |
| <input type="checkbox"/> Taxable Interest and Dividends              | <input type="checkbox"/> Other income not exempted (Jury Duty Pay, Gambling Winnings) |

Monthly Self (before taxes) \$ \_\_\_\_\_ Monthly Spouse/Household (before taxes) \$ \_\_\_\_\_

How often are you or your spouse/household member paid?

- |   |                               |   |
|---|-------------------------------|---|
| Every Week:   | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/Household |
| Every Two Weeks:                                      | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/Household |
| Semi Monthly- <i>The 15th and 30th of the Month</i> : | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/Household |
| Monthly:  | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/Household |
| Unstable Income:                                      | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/Household |

### Deductions

Do you, or anyone in your household, have any of the following types of deductions?

- No, I nor anyone in my household has deductions.
- Yes, I or someone in my household has deductions (*check all that apply – documentation must be provided*)
- |  |   |
|--|---|
| <input type="checkbox"/> Health Savings Account Deductions               | <input type="checkbox"/> Workplace Retirement Plan: 401K  |
| <input type="checkbox"/> Self-Employment Health Insurance Costs          | <input type="checkbox"/> Workplace Retirement Plan: 403B  |
| <input type="checkbox"/> Health Costs (Insurance Premiums- Paid by Self) | <input type="checkbox"/> Traditional IRA (not a Roth IRA) |

Monthly Self (before taxes) \$ \_\_\_\_\_ Monthly Spouse/Household (before taxes) \$ \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

**Monthly MAGI Income Formula: Monthly Taxable Income Sources minus (-) Monthly Deductions**

For taxable income, follow these instructions to calculate monthly MAGI income:

- If the individual is Paid Every Week, Every Two Weeks, or has Unstable Income: 1) Add the individual's checks together for the 30-day period, 2) Divide that by the number of checks to calculate an average, 3) Multiply the average by, 4.3 if paid weekly, or 2.15 if paid every two weeks. Repeat for each applicable individual (spouse or household member)
- If the individual is Paid Semi-Monthly: Add the two amounts together. Repeat for each applicable individual (spouse or household member).
- If the individual is Paid Monthly: No calculation is needed.

Monthly MAGI Income: Self \$ \_\_\_\_\_ Spouse/Household \$ \_\_\_\_\_ Note: (Non-Taxable Income is not included in MAGI)

Annual MAGI Income: \$ \_\_\_\_\_

### Attestation of No Income

I attest that I have no verifiable income. I agree that if my financial status changes, I must immediately notify the Ryan White Part All Parts (ABCD) eligibility agency and provide documentation of income.

I am receiving financial assistance with food, water, and basic needs from: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH INSURANCE

**Do you need assistance enrolling in insurance, paying your health insurance premiums, and/or medications?**  Yes  No

**Select all of the health insurance types you have, then complete all of the sections below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Veterans' Health Administration (VA), TRICARE, CHAMPVA |
| <input type="checkbox"/> Medicare Parts A/B/C/D/Supplement                         | <input type="checkbox"/> Indian Health Service (IHS)                            |
| <input type="checkbox"/> Private- Individual (Direct Purchase/ Marketplace/ COBRA) | <input type="checkbox"/> Other Health Insurance: _____                          |
| <input type="checkbox"/> Private- Employer   | <input type="checkbox"/> <b>No Health Insurance</b>                             |

### Medicaid

**Are you enrolled in Medicaid?**

- Yes, I am enrolled in Medicaid      Plan Name: \_\_\_\_\_
- I applied, but I was denied. Reason: \_\_\_\_\_
- I applied, but I am awaiting a decision.
- No, I am not enrolled because:
- I have other health insurance.
  - I am not eligible; my income and assets exceed Medicaid eligibility requirements.
  - I need a referral to Medicaid.
  - My income is below 138% of the Federal Poverty Level (FPL), but I am declining a referral to Medicaid

### Medicare

**Are you enrolled in Medicare?**

- Yes, I am enrolled in Medicare (*check all that apply*)
- Part A
  - Part B
  - Part C/ Medicare Advantage Plan/ Health Plan      Plan Name: \_\_\_\_\_
  - Part D/ Drug Plan      Plan Name: \_\_\_\_\_
  - Medicare Supplement or Retirement Plan      Plan Name: \_\_\_\_\_
- No, I am not enrolled in Medicare.
- If you are enrolled in Medicare, do you receive Extra Help/ Low-Income Subsidy for your prescription drug costs?       Yes  No

### Marketplace/ Nevada Health Link

**Are you enrolled in a Marketplace Plan/ Nevada Health Link?**

- Yes, I am enrolled in a Marketplace Plan/ Nevada Health Link      Plan Name: \_\_\_\_\_
- I applied, but I was denied. Reason: \_\_\_\_\_
- I applied, but I am awaiting a decision.
- No, I am not enrolled because:
- I have other health insurance.
  - I am waiting for the open-enrollment period.
  - I need a referral to an insurance specialist for enrollment into a Marketplace Plan
  - My income is between 139% and 400% of the Federal Poverty Level (FPL), but I am declining a referral to the Marketplace

### Private or Employer Health Insurance

**Are you enrolled in a private or employer-based health insurance plan?**

- Yes, I am enrolled \*check all that apply      Plan Name: \_\_\_\_\_
- Employer Plan
  - COBRA
  - Spouse/ Domestic Partner/ Parent
  - Private- Individual Plan (not Marketplace)
- No, I am not enrolled because:
- I have other insurance.
  - I am waiting for my employer's open-enrollment period.
  - I am not employed.
- No, I am not enrolled, but I may be able to get insurance through:       Employer       Spouse/ Domestic Partner/ Parent       COBRA

*If you or your spouse are employed and you are requesting premium or prescription assistance, you will be contacted by ADAP staff to complete the Employer Benefit Verification Form.*

**RYAN WHITE AND OTHER SERVICE NEEDS**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you consistently taking your medications as prescribed?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need counseling or education about your medications?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need counseling or education about Risk Reduction?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have issues with stress and/or depression in your life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Which Ryan White Services do you need?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assistance with Food and Meals                   | <input type="checkbox"/> Legal Services                         | <input type="checkbox"/> Psychosocial Support/ Support Groups |
| <input type="checkbox"/> Case Management                                  | <input type="checkbox"/> Medical Copayment Financial Assistance | <input type="checkbox"/> Substance Use Therapy                |
| <input type="checkbox"/> Dental Care                                      | <input type="checkbox"/> Medical Nutrition Therapy (Dietician)  | <input type="checkbox"/> Transportation Assistance            |
| <input type="checkbox"/> Emergency Financial Assistance (Utilities, Rent) | <input type="checkbox"/> Medication Assistance                  | <input type="checkbox"/> Treatment Adherence                  |
| <input type="checkbox"/> Health Education/Risk Reduction                  | <input type="checkbox"/> Mental Health Therapy                  | <input type="checkbox"/> Vision Care                          |
| <input type="checkbox"/> Health Insurance Premium Assistance              | <input type="checkbox"/> Prenatal Care                          | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Housing Assistance                               | <input type="checkbox"/> Primary or Specialty Medical Care      | <input type="checkbox"/> Other: _____                         |

## RIGHTS AND RESPONSIBILITIES

The following statements reflect your rights and responsibilities as an individual seeking medical and support services from Ryan White All Parts (ABCD) Programs in the State of Nevada.

### Client Rights

- 1. Respect, Courtesy, and Privacy:** *You have the right to be treated at all times with respect and courtesy within a setting which provides you with the highest degree of privacy possible.*
- 2. Freedom from Discrimination:** *You have the right to freedom from discrimination because of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, veteran's status, or national origin.*
- 3. Access to HIV/AIDS Service Information:** *You have the right to be informed by your health care and/or social service provider about the full range of available HIV/AIDS treatments and about related available social and support services. You have the right to be advised of the risks and to discuss the benefits of any proposed treatments/services. You have the right to give your informed consent to any treatments/services or services before they are provided.*
- 4. Identity and Provider Credentials:** *You have the right to know the names, titles, specialties, and affiliations of all health and social service providers, and anyone else involved in your care. You have the right to know about the health or social service organization's policies and procedures.*
- 5. Culturally Sensitive Sharing of Information:** *You have the right to have information shared with you in a respectful manner that is easy to understand and takes into account the differences in each person's background, culture, and preferences.*
- 6. Consent and the Care Plan:** *You have the right to be involved in the development of an individualized plan of care prior to and during the course of treatment. You have the right to disagree, change your mind, or request a medical second opinion without affecting the ongoing availability of treatment/services.*
- 7. Choice and Access to Service:** *You have the right to be informed of all available services upon intake. You have the right to choose and receive all treatments/services for which you qualify.*
- 8. Declining Service:** *You have the right to decline treatments/services without pressure from your healthcare or social service provider. You have the right to refuse to participate in any research studies or experiments that the provider may recommend. You have the right to change your mind after refusing or consenting to treatment, clinical trials, counseling, or any other service without affecting ongoing care.*
- 9. Naming an Advocate:** *You have the right to choose an advocate. You may have more than one advocate (such as a family member or another person) to give you support and represent your rights.*
- 10. An Advanced Directive for Care:** *You have the right to have advance directives, such as a Living Will, Healthcare Proxy, or Durable Power of Attorney for health and social services.*
- 11. Access to Financial Information:** *You have the right to ask questions about and see all of your health care bills. You have the right to get referrals and help with any payment problems.*
- 12. Confidentiality and Access to Records:** *You have the right to have all of your records kept strictly confidential, and not released without your permission. You have the right to access all of your records, unless the information is expressly excluded as outlined in HIPAA (Health Insurance Portability and Accountability Act), and to have copies of these at a fair copying cost.*
- 13. Transferred and Continuity of Care:** *You have the right to uninterrupted treatments/services. If possible, your requests to leave one provider and be seen by another should be honored and happen as soon as possible. You may NOT be transferred to another provider or facility without an explanation for the transfer. You must be informed of other options that are available.*
- 14. A Client Grievance Procedure:** *You have the right to voice complaints, to suggest changes, and to be informed about how to file a grievance (a formal written complaint). You have the right to do this without harassment, interference or pressure. You have the right to request a copy of an agency's grievance policy and procedures. You have the right to contact the Ryan White Recipient Offices to appeal an agency's decision about your grievance or at any point should you feel that the agency is not responsive to your grievance.*

Initials: \_\_\_\_\_

### Client Responsibilities

- 1. Respect, Courtesy, and Confidentiality:** *Health and social service providers have the right to be treated with respect and courtesy at all times.*
- 2. Giving Correct and Complete Information:** *You are responsible for giving your provider accurate and complete information; you must give this information to the best of your ability. You are responsible for giving accurate and complete information about third party payers (such as insurance companies, Medicaid, Medicare) to your providers and their facilities*
- 3. Seeking Facts About Your Case:** *You are responsible for asking questions about the care you are receiving if you do not completely understand*
- 4. Following Treatment Plans:** *You are responsible for following treatment plans that you and your providers have agreed upon. You have the responsibility to tell your provider right away if you decide to stop your treatment or go against your provider's advice.*
- 5. Scheduled Appointments:** *You are responsible for keeping appointments that you and your provider have scheduled. If you have to cancel, you are responsible for notifying your provider.*
- 6. Rules and Regulations of Service Provider Organizations:** *You are responsible for following the rules and regulations of your providers and their agencies/facilities.*
- 7. Voicing Complaints and Grievances:** *You are responsible for voicing complaints and presenting grievances in a courteous, appropriate, and timely manner. You should do this by following the provider's grievance policy and procedure, and you may ask for help in doing this if you need it. You are responsible to appeal an agency's decision about your grievance to the Ryan White Recipient Offices or to contact the Recipient Offices if you feel the agency is not responsive to your grievance.*

Initials: \_\_\_\_\_

**RELEASE OF CONFIDENTIAL INFORMATION**

I hereby authorize any of the agencies listed below who participate in the community-based Ryan White All Parts (ABCD) Programs and HOPWA Programs in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my diagnosis and treatment. The following agencies/programs authorized are:

- ❖ ACCEPT
  - ❖ Access to Healthcare Network
  - ❖ Aid for AIDS of Nevada
  - ❖ AIDS Healthcare Foundation
  - ❖ Asian Community Resource Coalition of Las Vegas
  - ❖ Carson City Health and Human Services
  - ❖ CAN Community Health
  - ❖ Chicanos Por La Causa Nevada, Inc.
  - ❖ Community Health Alliance
  - ❖ Central Nevada Health District
  - ❖ City of Las Vegas- HOPWA
  - ❖ Clark County Social Service
  - ❖ Community Counseling Center
  - ❖ Community Outreach Medical Center
  - ❖ Dignity Health
  - ❖ Division of Public and Behavioral Health HIV Surveillance
  - ❖ Golden Rainbow of Nevada, Inc
  - ❖ Kirk Kerkorian School of Medicine / UNLV Health
  - ❖ Maternal Child Wellness Program
  - ❖ Ramsell Corp– Pharmacy Benefits Manager
  - ❖ Medicare
  - ❖ Nevada Division of Welfare and Supportive Services
  - ❖ Nevada Health Authority
  - ❖ Nevada Legal Services
  - ❖ North Country Healthcare
  - ❖ Northern Nevada HOPES
  - ❖ Northern Nevada Public Health
  - ❖ Nye County Health & Human Services
  - ❖ REACH
  - ❖ Southern Nevada Health District
  - ❖ The Gay & Lesbian Center of Southern Nevada
  - ❖ The Just One Project
  - ❖ University Medical Center
  - ❖ Vegas Stronger
  - ❖ Women’s Development Center
- ❖ Your Health Insurance Company: \_\_\_\_\_
- ❖ Your Physician: \_\_\_\_\_
- ❖ Partner/Spouse/Other: \_\_\_\_\_

Information may be released between the above listed agencies throughout the duration of my active enrollment in the Ryan White All Parts (ABCD) program. Only agencies at which I have sought or will seek services will have access to my shared information. I understand that my records are protected under federal HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent in writing any time, except to the extent that any action has been taken or services were rendered while it was or is still in force. I understand that by choosing to withdraw and I am no longer seeking services from Ryan White All Parts (ABCD) program. This consent expires automatically one (1) year from registration or previously signed consent.

**ACKNOWLEDGEMENT**

I fully understand that by applying for this program, I am divulging personal information that will be used to assist me with benefits associated with the Nevada Ryan White Parts A, B, C, D Programs. I understand this information will be kept confidential but will be used by staff to review my eligibility for this program. Also, by signing this form, I understand that the information contained within may be used to verify all application information provided. By applying for this program, I understand that this does not mean that my application will be accepted, as funds are limited, and eligibility requirements must be met.

**I fully acknowledge:**

1. **It is my responsibility to renew my eligibility every 6 months on or before my birth month and 6 months following (half-birth month).**
2. **It is my responsibility to report any changes to my household income, my address, my contact information, my health insurance, or any other information that may affect my eligibility or services.**
3. **If I fail to recertify, my eligibility and benefits will be suspended.**

I certify that the information provided in this application is true and accurate as of the date below and acknowledge that any intentional or negligent misrepresentation of the information may result in nullification of this application and a termination of benefits.

<b>Client Printed Name</b>	<b>Client Signature</b>	<b>Date</b>
<b>Printed Name of Representative</b>	<b>Signature of Representative</b>	<b>Date</b>



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 26, 2026

**RE:** *Approval of the Interlocal Lease Agreement for 55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008) between the Southern Nevada Health District and the Clark County Department of Real Property Management.*

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**PETITION #25-26**

**That the Southern Nevada District Board of Health** *approve the Interlocal Lease Agreement for 55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008) between the Southern Nevada Health District and the Clark County Department of Real Property Management.*

**PETITIONERS:**

**Cassius Lockett, PhD, District Health Officer** *[Signature]*  
**Jason Frame, Interim Deputy District Health Officer - Administration** *[Signature]*  
**Bob Kingston, PE, CHFM, Chief Facilities Officer** *[Signature]*

**DISCUSSION:**

Staff recommends approval of this no cost lease to commence April 1, 2026 with an initial term of five (5) years with five (5) one (1) year options to renew. The Southern Nevada Health District needs this space for issuing health cards, meeting with patients, providing health inspectors with a check-in location and providing the Laughlin, Nevada community with health-related services.

**FUNDING:**

There is no funding need associated with this Interlocal Lease Agreement.

**INTERLOCAL LEASE AGREEMENT  
BETWEEN PUBLIC AGENCIES**

THIS INTERLOCAL LEASE AGREEMENT (“Lease”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ (“Effective Date”), by and between CLARK COUNTY, a political subdivision of the State of Nevada, (hereinafter referred to as “LESSOR” or “COUNTY”), and the SOUTHERN NEVADA HEALTH DISTRICT (hereinafter referred to as “LESSEE” or “SNHD”), individually a “Party” and collectively referred to as the “Parties”.

**RECITALS**

**WHEREAS, COUNTY** is the owner of property with a commonly known address of 55 Civic Way, Laughlin, NV 89029 known as the Laughlin Community Resource Center (hereinafter referred to as “Property”) located on a portion of Assessor’s Parcel Number 264-12-801-008, as depicted in Exhibit “A”.

**WHEREAS, the COUNTY** may lease real property to another governmental entity pursuant to the authority of NRS 244.281(1)(e)(2) and 277.050 on terms authorized by the Board of County Commissioners (“Board”) without conducting a public auction as otherwise required by NRS 244.283 if the real property is used for a public use and the Board adopts a resolution declaring its intent to lease it, describing the real property to be leased, specifying the lease terms, finding that the lease will be in the best interest of the county, and setting a time for a public hearing at which objections to the Lease may be made heard (“Resolution”); and

**WHEREAS, the Parties** entered into an Interlocal Lease Agreement on December 15, 2015 for +/- 324 square feet of space at the Property (the “CRC Lease”), which expires March 31, 2026;

**WHEREAS, SNHD** desires to continue leasing the Premises (as defined below);

**WHEREAS, it is deemed** that the lease of real property hereinafter set forth for public benefit dedicated to public health services is in the best interest of the county and its inhabitants; and

**NOW, THEREFORE,** in consideration of the aforesaid promises, the Parties mutually agree as follows:

**1. DESCRIPTION OF PREMISES.**

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

**COUNTY** hereby leases to **LESSEE** suites 111, 112 & 120 at the Property containing +/- 303 square feet of office space and existing space sufficient for the Kiosk, as shown on Exhibit "B" attached hereto and incorporated herein by reference, (the "Premises"). The **COUNTY** reserves the right to exclude the Kiosk from the Premises in its sole discretion. **LESSEE** shall be required to remove the Kiosk and restore the immediate area including and surrounding the former location of the Kiosk to its original condition within sixty (60) days of notice from the **COUNTY**.

**2. TERM.**

2.1 The initial term of this Lease shall commence on April 1, 2026 with an initial term of five (5) years with five (5) one (1) year options to renew, to be exercised by giving at least a sixty (60) day written notice to the **COUNTY** before the end of such term or option.

2.2 In the event **COUNTY's** future development of the Premises affects **LESSEE's** use described herein as determined solely by **COUNTY**, **LESSEE** will relocate at its own expense, but not earlier than after the notice period specified below in Section 11 unless mutually agreed upon otherwise by the Parties in writing.

**3. RENT.**

3.1 **COUNTY** agrees to lease the Premises to **LESSEE** without requiring the payment of any rent.

**4. COUNTY'S BUDGETARY LIMITS AND FISCAL FUND OUT.**

4.1 The **COUNTY**, as a local governmental entity, is subject to the requirements of NRS 244.230 and NRS 354.626, which require **COUNTY** to budget annually for its expenses, and which prohibit **COUNTY** from obligating itself to expend money or incur liability in excess of the amounts appropriated for a particular function or purpose. All **COUNTY'S** financial obligations under this Lease are subject to those statutory requirements and sections 4.2 and 4.3 below (hereinafter "Fund Out Clause").

4.2 Notwithstanding the monetary obligations of this Lease, the total amount of **COUNTY's** payment obligations hereunder for any fiscal year shall not exceed the amounts that **COUNTY** has appropriated for maintenance of the building and for related liabilities for the **COUNTY**. **COUNTY** represents that as of the date this Lease is executed sufficient funds have been appropriated to cover **COUNTY's** obligations hereunder through the expiration of the **COUNTY's** Fiscal Year

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

4.3 Notwithstanding the monetary obligations of this Lease, this Lease shall terminate, and **COUNTY**'s liability and payment obligations hereunder shall be extinguished at the end of the fiscal year (June 30) in which the **LESSEE**'s governing body fails to appropriate monies for the ensuing fiscal year for the payment of all amounts which will then become due. **COUNTY**'s staff shall take all appropriate actions and act in good faith to obtain funding for the **COUNTY**'s liabilities hereunder accordingly.

## **5. USE OF THE PREMISES.**

5.1 **LESSEE** shall use the Premises only for issuing health cards, meeting with patients, providing health inspectors with a check-in location and providing the community with health-related services. No other use of the Premises shall be allowed unless prior written consent is obtained from the Director of Real Property Management (hereinafter referred to as "Director"), or their designee, at their sole discretion.

5.2 **LESSEE** shall observe and enforce all established rules and regulations of **COUNTY** in connection with **LESSEE**'S use of the Property and Premises. **LESSEE** shall not use or occupy the Property and Premises in violation of any law, covenant, condition, restriction, rule, or regulation or otherwise use or occupy the Property and Premises in a way which will negatively risk or affect the Property or Premises. Upon notice from **COUNTY**, **LESSEE** shall immediately discontinue any use of the Property and Premises which is declared by any governmental authority having jurisdiction to be a violation of a law, covenant, condition or restriction, rule, or regulation.

5.3 **LESSEE** shall not knowingly do or permit anything to be done which will increase the risk of fire or create a hazard on or about the Property and Premises, and shall comply with all rules, orders, regulations, requirements and recommendations of **COUNTY**'S risk manager, or any other person or organization performing a similar function.

5.4 **LESSEE** shall not do or permit anything to be done in or about the Property and Premises which will in any way obstruct or interfere with the rights of other leases or occupants of the building, or injure or annoy them, or use or allow the Property and Premises to be used for any unlawful purposes.

5.5 **LESSEE** shall not cause, maintain, or permit any nuisance or waste in, on or about the Property and Premises.

5.6 **LESSEE** shall at all times meet the standards and guidelines established by the Clark County Health Department.

## **6. REPAIRS, MAINTENANCE AND ACCESS.**

6.1 **LESSEE** shall maintain the Premises, including all improvements, fixtures and furnishings therein, in good order, condition and repair at all times during the Lease term, provided however, that, at **COUNTY'S** option, or if **LESSEE** fails to make such repairs, **COUNTY** may, but need not, make such repairs and replacements, and **LESSEE** shall pay **COUNTY'S** cost or expenses, including **COUNTY'S** overhead, arising from **COUNTY'S** involvement with such repairs and replacements forthwith upon being billed for same. **LESSEE** hereby waives and releases its right to make repairs at **COUNTY'S** expense.

6.2 **COUNTY** shall, at its sole cost and expense, repair and maintain the Property, its structural or building systems (mechanical (HVAC) sub-surface or cement embedded, electrical, plumbing, and low voltage systems, exterior walls, and exterior roof) serving the Property and Premises, sidewalks, driveways, landscaping and parking lots, fixtures in common areas, and appurtenances furnished in common areas by **COUNTY** under this Lease, in good repair and tenantable condition, except that **LESSEE** shall reimburse **COUNTY**, for any costs incurred by **COUNTY** in repair and maintenance of damage to said portions caused by the intentional or negligent acts of **LESSEE**, its officers, agents or employees. **LESSEE'S** failure to repair and maintain the Premises to **COUNTY'S** satisfaction gives **COUNTY** the right to terminate this Lease in accordance with Section 11.

6.3 **COUNTY** shall service any fire extinguishers serving the Premises and provide for any inspections or repairs of the fire extinguishers, fire sprinklers, fire alarms or specialty fire suppression systems including kitchen hood suppression systems. **LESSEE** must make the Premises available for these services to be performed. **COUNTY** will provide a schedule for non-emergency services.

6.4 **LESSEE** shall also be responsible for any repairs which arise out of (a) **LESSEE'S** use or occupancy of the Property and Premises; (b) the installation, removal, use or operation of **LESSEE'S** property; (c) the moving of **LESSEE'S** property into or out of the Premises; or (d) the act, omission, misuse or negligence of **LESSEE**, its officers, agents, employees, or invitees. If **LESSEE** fails to repair any damage to the Premises within thirty (30) days of written notice, **COUNTY** may at its option terminate this Lease.

6.5 Upon the expiration or earlier termination of this Lease, **LESSEE** shall return the Premises to **COUNTY** in the same condition as on the date **LESSEE** took possession, except for normal and ordinary wear and tear. Any damage to the Premises or

Property, including any damage resulting from **LESSEE'S** use of the Property and Premises or resulting from the removal of **LESSEE'S** property from the Premises shall be repaired by **LESSEE** at its sole expense. If **LESSEE** fails to repair any damage to the Premises before vacating the Premises, **LESSEE** agrees to pay for such repairs performed by **COUNTY** or its contractor within thirty (30) days of receipt of **COUNTY** invoice.

6.6 **LESSEE** shall comply with all applicable Nevada laws, ordinances and rules of any public authority relating to its use and occupancy of the Property and Premises.

## 7. SERVICES AND UTILITIES.

7.1 **COUNTY** shall provide, at no additional cost, to **LESSEE** the following utilities and services:

Electricity  Basic Trash Service  Sewer  Gas  Water  Phone  Internet   
Interior Pest Control  Exterior Pest Control  Landscaping  Premises Janitorial   
Alarm Monitoring  Security

7.2 **LESSEE** shall be responsible to pay for installation and charges for telephone and data and any other service or utility necessary for its use that is not outlined above. **LESSEE** shall be responsible for staffing the Premises and shall be responsible for any and all administrative and overhead cost associated with its operations on the Premises. **LESSEE** shall provide and pay the cost of all supplies and equipment required for its use of the Premises.

## 8. ALTERATIONS AND IMPROVEMENTS.

8.1 **LESSEE** shall have the right, at its expense, to make any non-structural improvements to the Premises, provided (a) **LESSEE** requests permission, in writing, to make such improvements, and provided (b) Director, in their sole discretion, gives written approval of the requested non-structural improvements, and (c) all necessary permits and approvals have been obtained by **LESSEE**.

8.2 Upon the termination of this Lease, **LESSEE** shall have the right, at its sole expense, to remove any personal property or fixtures which **LESSEE** has installed or placed on the Premises. **LESSEE** shall completely repair, at its sole expense, any and all damage resulting from such removal as provided above in Section 6.

8.3 All fixtures or other improvements remaining upon relocation, expiration or termination of this Lease shall be deemed to be the property of **COUNTY**.

**9. INDEMNIFICATION.** Subject to the limitations of Nevada Revised Statutes Chapter 41, each Party shall remain liable for its own negligence in accordance with general law of the State of Nevada. **LESSEE** shall indemnify **LESSOR** for all claims, causes of action and lawsuits which arise out of **LESSEE**'s use of the Property and Premises. **LESSEE** agrees to hold harmless, indemnify and defend **LESSOR** and its agents, officers and employees against any and all claims or liability of any kind, including liability for attorneys' fees and other litigation costs and expenses, for any injury, death, damage, or loss to any person or property whatsoever, including employees and property of **LESSOR**, occurring in, on or about the Property or Premises, adjacent streets or sidewalks or any part thereof, due to the negligence, fault, act or omission of **LESSEE**, its agents, officers employees and invitees or due to the breach or default by **LESSEE** under this Lease.

**10. INSURANCE.** **LESSEE**, at its expense, will maintain the following insurance coverage or the self-insured equivalent during the initial and any extended terms of this Lease and will name **COUNTY** as an additional insured:

10.1 Workers compensation in accordance with Nevada law.

10.2 Commercial general liability with a combined single limit for bodily injury and property damage of not less than Two Million Dollars (\$2,000,000) per occurrence to protect the **COUNTY**, **LESSEE** and **LESSEE'S** contractors and agents against claims for bodily injury or death and damage to the property of others.

10.3 During the term of this Lease the **LESSEE** shall provide fire and extended coverage insurance for \$150,000 for the Premises.

**11. TERMINATION.** For any reason other than breach of this Lease as provided for in Section 11 herein, either Party may terminate this Lease upon sixty (60) days written notice to the other Party.

**12. BREACH.** In the event of **LESSEE**'s default or breach of this Lease, **COUNTY** shall give **LESSEE** written notice of the breach, **LESSEE** shall have thirty (30) days after receipt of said Notice of Breach to cure the breach or vacate the Premises. **LESSEE'S** failure to cure the breach or vacate the Premises within such thirty (30) day period, gives **COUNTY** the right to immediately retake possession of the Premises in compliance with Nevada law.

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

**13. NOTICES.** All notices, approvals and demands allowed or required to be given under this Lease shall be in writing and deemed duly served or given if personally delivered or sent by certified or registered U.S. mail, postage prepaid and addressed as follows:

**To COUNTY:**

Clark County Department of Real Property Management  
Attention: Director of Real Property Management  
500 S. Grand Central Parkway, 4<sup>th</sup> Floor  
Las Vegas, NV 89155

**To LESSEE:**

Southern Nevada Health District  
Attn: Sr. Contract Administrator, Legal Department  
280 S. Decatur Blvd.  
Las Vegas, NV 89129

With Copy To:  
Southern Nevada Health District  
Attention: Chief Facilities Officer – Bob Kingston, MSEE, PE, CHFM  
PO Box 3902  
Las Vegas, NV 89127

**14. WAIVER. COUNTY'S** failure to enforce or delay in the enforcement of any provision hereof or enforcement of any right hereunder shall not be construed as a waiver of such provision or right. **LESSEE'S** exercise of any right hereunder shall not preclude or prejudice the exercise thereafter of the same or any other right. This Paragraph 13 may not be waived.

**15. MISCELLANEOUS.**

15.1 Relationship of Parties. Nothing contained in this Lease shall be deemed or construed by the Parties hereto or by any third party to create the relationship of principal and agent or of partnership or of joint venture or of any other association between **LESSOR** and **LESSEE**. No provisions of this Lease, nor any acts of the Parties hereto, shall be deemed to create any relationship between **LESSOR** and **LESSEE** other than as set forth in this Lease.

15.2 Remedies Cumulative. The various rights, options, elections, and

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

remedies of **LESSOR** contained in this Lease shall be cumulative, and no one of them shall be construed as exclusive of any other, or of any right, priority or remedy allowed or provided by law and not expressly waived in this Lease.

15.3 Governing Law. The laws of the State of Nevada shall govern the validity, construction, performance, and effect of this Lease.

15.4 Entire Agreement. This Lease sets forth the entire understanding and agreement between the Parties hereto and supersedes all previous communications, negotiations, and agreements, whether oral or written, with respect to the subject matter hereof. No addition to or modification of this Lease shall be binding on either Party unless reduced to writing and duly executed by or on behalf of the Parties hereto. No representation or statement not expressly contained in this Lease or in any written, properly executed amendment to this Lease shall be binding upon **LESSOR** or **LESSEE** as a warranty or otherwise.

15.5 Assignment and Sublease. Any attempt by **LESSEE** to assign any rights, delegate any duties arising from this Lease, or to sublease the Premises without the written consent of **LESSOR** shall be void.

15.6 Third Party Beneficiary. This Lease is not intended to create any rights, powers, or interest in any third party and this Lease is entered into for the exclusive benefit of the undersigned Parties.

15.7 Non-discrimination. **LESSEE** shall not unlawfully discriminate against any person in the use of the Premises.

**16. COUNTERPARTS**. This Lease may be signed in any number of counterparts, each of which shall be deemed to be original and all of which together shall be deemed to be one and the same Lease. Delivery of this Lease may be accomplished by electronic transmission of this Lease. In such an event, the Parties hereto shall promptly thereafter deliver to each other executed counterpart originals of this Lease.

**IN WITNESS WHEREOF**, we have executed this Lease the day and year first written above.

*(Signatures to follow on the next page)*

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

**CLARK COUNTY**

**SNHD**

By \_\_\_\_\_  
Shauna Bradley, Director  
Real Property Management

By \_\_\_\_\_  
Cassius Lockett, PhD  
District Health Officer  
Southern Nevada Health District

Approved as to form:

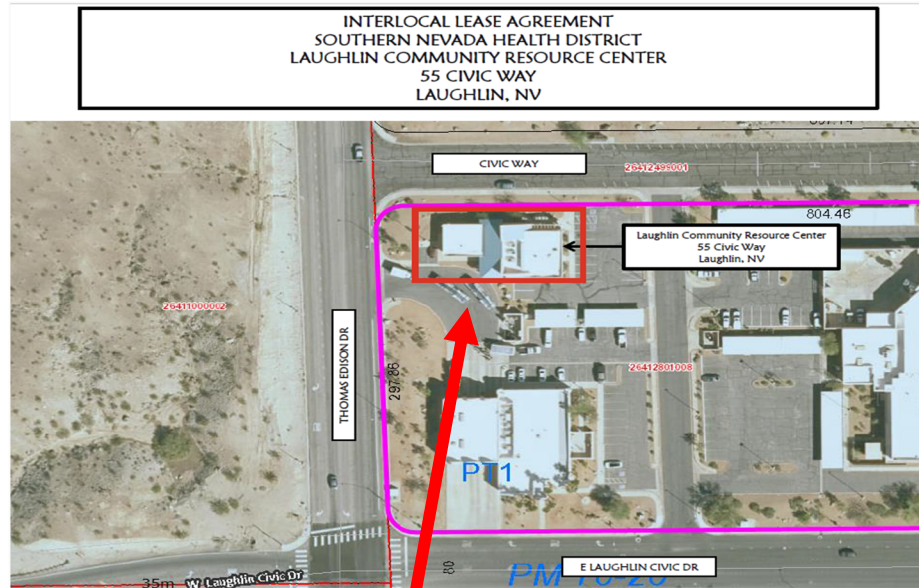
Approved as to form:

By \_\_\_\_\_  
Nichole Kazimirovicz  
Deputy District Attorney

**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

Interlocal Lease Agreement Between Clark County and SNHD  
55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

**EXHIBIT "A"**  
Property



264-12-801-X  
Advanced Search

Property Information

Parcel: 26412801008

Owner Name(s):  
COUNTY OF CLARK (ADMINISTRATIVE)

Site Address: 1555 S CASINO DR

Jurisdiction: CC Laughlin - 89029

Sale Date: Not Available  
Sale Price: Not Available  
Estimated Lot Size: 39.47  
Construction Year: 1991  
Recorded Doc Number: 00002231 02190367  
Aerial Flight Date: 2024-06-10

Zoning and Planned Land Use

Legal Description

Ownership

Appraisal

Flood Zone

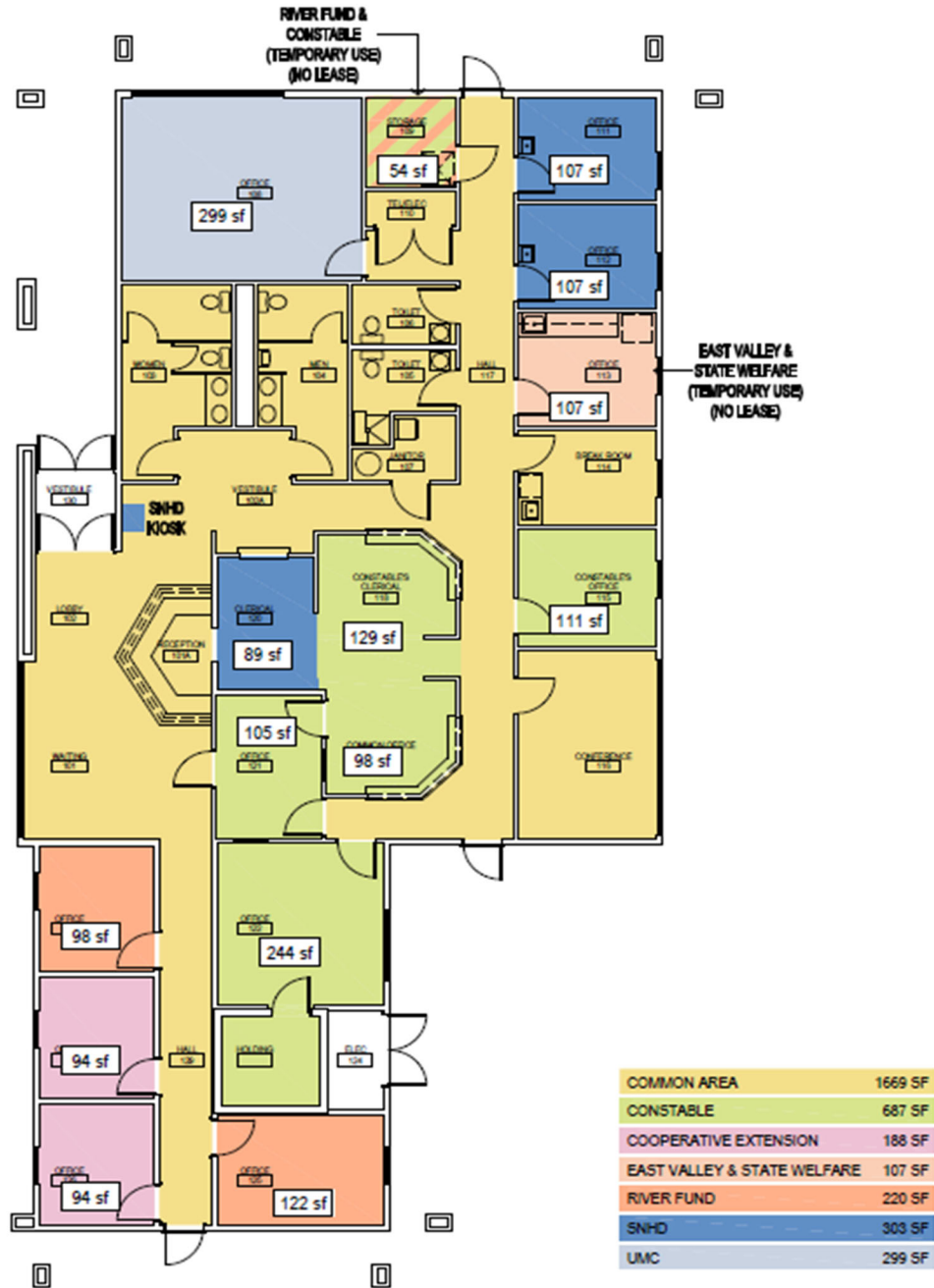
Elected Officials

Commissioner: A - Michael Naft (D)



Interlocal Lease Agreement Between Clark County and SNHD  
 55 Civic Way, Suites 111, 112 and 120, Laughlin, NV 89029 (APN # 264-12-801-008)

**EXHIBIT "B"**  
 Premises



**LAUGHLIN COMMUNITY RESOURCE CENTER**

55 CIVIC WAY, LAUGHLIN 89029

NOT TO SCALE  
 12/17/2025





**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 26, 2026





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

---

**PETITION #26-26**

**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 increase access to fruits and vegetables.*

**PETITIONERS:**

**Cassius Lockett, PhD.,** *District Health Officer*   
**Xavier F. Gonzales, PhD., MSPH, CHWI,** *Director of Community Health*   
**Maria Azzarelli, EMHA, CHES,** *Manager of Chronic Disease Prevention & Health Promotion*   
**Nicole Bungum, MS, CHES,** *Supervisor of Chronic Disease Prevention & Health Promotion* 

**DISCUSSION:**

To promote healthy eating and increase access to fruits and vegetables, the SNHD will work with the RTC to continue to offer seasonal Pop-Up Produce Stands at the RTC's Bonneville Transit Center, which provide access to low-cost fruits and vegetables.

**FUNDING:**

No funding is attached to this agreement.

**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;
- C. WHEREAS**, transportation has been identified by stakeholders and community members as a barrier to accessing fresh fruits and vegetables;
- D. WHEREAS**, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170;
- E. WHEREAS**, the RTC does operate a public mass transit system to assist with the transportation needs of the community;
- 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;
- 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, TERMINATION, AND RENEWAL. This Agreement shall be effective from the date of the last signature affixed hereto through December 31, 2026 (“**Term**”).
  - a. Termination. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with seven (7) days written notice.
  - b. Renewal. The Term of this Agreement may be extended for one (1) year by the Parties’ mutual written agreement on or before the end of the Term.
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: Sr. 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**

By: \_\_\_\_\_  
Cassius Lockett, PhD  
District Health Officer

Date: \_\_\_\_\_

APPROVED AS TO FORM:

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

By: \_\_\_\_\_  
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, 2026 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. Such vendor(s) may include a government agency or nonprofit organization to share community resource information for services such as SNAP, EBT, housing assistance, and other community support services.
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. The RTC may decide, in their sole discretion, to provide tables and chairs for the AGENCY and its vendor(s) as 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.

DRAFT



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 26, 2026

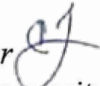
**RE:** *Approval of Interlocal Contract between Southern Nevada Health District and the City of Las Vegas*

---


**PETITION #28-26**


**That the Southern Nevada District Board of Health** approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the City of Las Vegas (CLV) to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 3 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:**

**Cassius Lockett, PhD.,** District Health Officer 

**Xavier F. Gonzales, PhD., MSPH, CHWI,** Director of Community Health 

**Maria Azzarelli, EMHA, CHES,** Manager of Chronic Disease Prevention & Health Promotion  M.A.

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

**DISCUSSION:**

To support activity-friendly routes to everyday destinations, the CLV will implement strategies from their Vision Zero Action Plan including strategies from the safe routes to parks guidelines to help increase safe bicycling and pedestrian access to and from local parks.

**FUNDING:**

The Year 3 REACH grant project funding allocated to the CLV totals \$50,000. The associated scope of work will be completed by September 29, 2026.



**INTERLOCAL  
PROFESSIONAL SERVICES AGREEMENT  
BETWEEN  
SOUTHERN NEVADA HEALTH DISTRICT  
AND  
CITY OF LAS VEGAS  
C2600074**

THIS INTERLOCAL PROFESSIONAL SERVICES AGREEMENT (“Agreement”), is made and entered into by and between the Southern Nevada Health District (“Health District”) and the City of Las Vegas (“Contractor”) (individually “Party” and collectively “Parties”).

**RECITALS**

WHEREAS, NRS 277.180 authorizes the one or more public agencies to contract with each other or with any one or more public agencies for performance of any governmental services, activity or undertaking which the public agencies are authorized by law to perform;

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes (“NRS”), Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, Contractor oversees public parks within its jurisdiction and is able to implement improvements and/or enhancements to make travel to and from its parks safer for all road users, utilizing, in part, Contractor’s Vision Zero Plan, which is designed to eliminate all traffic fatalities and severe injuries, while increasing safe, healthy, and equitable mobility for all in Las Vegas;

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number NU58DP007746, CFDA Number 93.304, Program entitled Racial and Ethnic Approaches to Community Health, awarded September 2, 2025, with a total amount awarded to Health District of \$1,899,332 (the “Grant”);

WHEREAS, as part of the CDC’s Racial and Ethnic Approaches to Community Health (“REACH”) project, Health District will develop partnerships with community stakeholders to reduce racial and ethnic health disparities through culturally tailored interventions to address preventable risk behavior including tobacco use, poor nutrition and physical inactivity; and

WHEREAS, as a sub-recipient receiving payment made with Grant funds, Contractor represents it has the expertise, qualifications and resources available to support the above services as required.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective from September 30, 2025 through September 29, 2026, unless sooner terminated by either Party as set forth in this Agreement.
  - 1.01 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
  - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in the above Subsection 1.01.
  - 1.03 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice, but has not been paid.
  - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
  - 1.05 This Agreement may only be amended, modified, or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration, therefore, are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK AND PAYMENT  
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. Contractor will be reimbursed for expenses incurred as provided in Attachment A: Scope of Work and Payment. The total not-to-exceed amount of this Agreement is \$50,000, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. Contractor will provide Services to Health District under this Agreement as an independent contractor. Nothing in this Agreement or the relationship between Health District and Contractor will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, or to create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, and during Contractor's regular business hours, conduct a fiscal monitoring of Contractor at any time during the term of the Agreement. Contractor will be notified in writing at least two (2) weeks prior to the visit, outlining documents that must

be available prior to Health District's visit. In the event a regulatory body requests access to Contractor records for fiscal monitoring, Health District will provide as much advance written notice to Contractor as is reasonably possible. Health District shall notify Contractor in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. Contractor will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the Contractor in writing.

6) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT.

6.01 Contractor must comply with all applicable federal and state grant requirements including The Single Audit Act Amendments of 1996; 2 CFR Part 200 as amended; and any other applicable law or regulation, and any amendment to such other applicable law or regulation that may be enacted or promulgated by the federal government.

6.02 If Contractor is a local government or non-profit organization that expends \$1,000,000 or more in federal awards during its fiscal year, the Contractor is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR §200.501.

6.03 If Contractor expends total federal awards of less than the threshold established by 2 CFR §200.501, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, pass-through entity, and Government Accountability Office ("GAO").

6.04 Contractor must send a copy of the confirmation from the Federal Audit Clearinghouse to [procurement@snhd.org](mailto:procurement@snhd.org) the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

6.05 Contractor is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.

6.06 Audit documentation and audit reports must be retained by the Contractor's auditor for a minimum of five years from the date of issuance of the audit report, unless the Contractor's auditor is notified in writing by the Health District, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.

7) BOOKS AND RECORDS.

7.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Schedule, or for a minimum of five (5) years from the date of termination of this Agreement; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

7.02 Health District shall, at all reasonable times, have access to Contractor's records, calculations, presentations and reports for inspection and reproduction.

8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:

Southern Nevada Health District	City of Las Vegas
Sr. Contract Administrator	495 S. Main Street
Legal Department	Las Vegas, NV 89101
280 S. Decatur Blvd	
Las Vegas, NV 89107	

9) CONFIDENTIALITY. Each Party will use the same degree of care that it uses to protect the confidentiality of its own information of like kind (but in no event less than reasonable care) not to disclose or use any information deemed confidential for any purpose outside the scope of this Agreement, unless compelled by law to do so and having given prior notice of such compelled disclosure to the other Party.

10) MUTUAL COOPERATION. Each Party shall fully cooperate with the other in the furtherance of this Agreement, and will provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

10.01 The Parties shall take additional actions or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

11) 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.

12) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the 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.

13) GENERAL PROVISIONS.

13.01 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 non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

13.02 ASSIGNMENT. Contractor shall not assign, transfer, or delegate any rights, obligations or duties under this Agreement without the Health District's prior written consent.

13.03 USE OF NAME AND LOGO. Neither Party may use the other Party's name, mark, logo, design or other symbol for any purpose without the other Party's prior written consent. The Parties agree that either Party, in its sole discretion, may impose restrictions on the use of its name and/or logo. The Parties retain the right to terminate, with or without cause, the other Party's use of its name and/or logo.

13.04 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, sexual orientation or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.

13.05 STATEMENT OF ELIGIBILITY. The Parties 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). If Contractor status changes at any time pursuant to this 13.05a), Contractor agrees to immediately notify Health District in writing, and Health District may terminate this Agreement for cause as described in the above Section 1.

13.06 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.

13.07 COMPLIANCE WITH LEGAL OBLIGATIONS. Contractor shall perform the Services in

compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation, orders and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200.

- 13.08 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.
- 13.09 NON-EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. Contractor may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 13.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual Agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 13.11 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, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 13.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 13.13 PUBLIC RECORDS. The Parties are public entities subject to Nevada's Public Records Act pursuant to NRS Chapter 239. Accordingly, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 13.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 13.15 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air

Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Contractor acknowledges violations must be promptly reported to the Health District, the CDC, and the Regional Office of the Environmental Protection Agency (“EPA”).

- 13.16 **PROCUREMENT OF RECOVERED MATERIALS.** Contractor and its contractors will comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, as applicable. The requirements of Section 6002 include procuring only items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
- 13.17 **CODE OF CONDUCT.** By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District’s Code of Conduct, which is available online at:  
  
<https://media.southernnevadahealthdistrict.org/download/fqhc/code-of-conduct.pdf>
- 13.18 **COUNTERPARTS.** This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

*[SIGNATURE PAGE TO FOLLOW]*

IN WITNESS THEREOF, the Parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

**SOUTHERN NEVADA HEALTH DISTRICT**  
Health District UEI Number: ND67WQ2LD8BA

By: \_\_\_\_\_  
Cassius Lockett, PhD  
District Health Officer

Date: \_\_\_\_\_

**CITY OF LAS VEGAS**  
Contractor UEI Number: HJS3TZHWWJX5

By: \_\_\_\_\_  
Shelley Berkley  
Mayor

Date of City Council Approval Below:

\_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
LuAnn D. Holmes, MMC, City Clerk

APPROVED AS TO CONTENT:

By: \_\_\_\_\_  
Ravi Seera  
City Traffic Engineer

Date: \_\_\_\_\_

APPROVED AS TO FORM:

By: \_\_\_\_\_  
Deputy City Attorney

Date: \_\_\_\_\_

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

**ATTACHMENT A**  
**Scope of Work and Payment**

**Performance Period September 30, 2025 through September 29, 2026**

The Health District will work with the Contractor to implement local level policies, plans, and activities to connect pedestrian, bicycle, or transit networks to everyday destinations including parks.

A. Contractor will:

- A.1 Continue facilitation of Contractor's Vision Zero Technical Advisory Committee to guide implementation of the Contractor's Vision Zero Action Plan.
- A.2 Include the Safe Routes to Parks Guiding Principles document developed in Year 2 as an appendix to the Vision Zero Plan when the plan is updated in 2026.
- A.3 Identify and prioritize at least five (5) parks in the City of Las Vegas serving REACH priority populations
  - (a) Implement Safe Routes to Parks improvements/enhancements in at least three (3) of the five (5) identified parks that support safe, activity-friendly connections between parks, neighborhoods, and other everyday destinations. Contractor will install and maintain all enhancements/improvements.
- A.4 Submit monthly progress reports to Health District on the scope of work activities above, using a template to be provided by Health District.
- A.5 Participate in grant-related meetings as requested by Health District.
- A.6 Work closely with Health District staff to ensure proper close-out of Grant related obligations.

B. Payments to Contractor for Services actually performed during Budget Period September 30, 2025 through September 29, 2026 are not-to-exceed \$50,000.

- B.1 Agreement-related items eligible for reimbursement during this Budget Period include the following:
  - (a) Allowable reimbursement expenses may include supplies/materials including but not limited to:
    - Enhancements: Crosswalk and bike lane marking supplies, landscape materials, reflective tape markings, bike racks, benches, supplies for sidewalk repairs, speed humps and curb ramps (asphalt and gravel), materials to separate bike lanes or enhance crosswalks including temporary bollards and solar lighting
    - Measuring: Signage

- Contractual/Consultants
  - Printing
  - Community engagement support
  - Other direct costs if pre-approved in writing by the Health District Project Manager
- B.2 Grant funds **may not** be used for lobbying, purchasing food, construction, concrete, permanent lighting, or flashing beacons.
- B.3 Contractor may not bill more often than monthly for actual work completed, and will bill within 15 days after the month in which such work is completed.
- B.4 Services provided by Contractor outside of the Budget Period date range will not be eligible for payment.
- B.5 Contractor will submit invoices to [AP@snhd.org](mailto:AP@snhd.org), and will reference agreement number C2600074 on each invoice submitted. Contractor is responsible for ensuring Health District receives timely invoices.
- B.6 Payments shall be based on approved Contractor invoices submitted in accordance with this Agreement. No payments will be made in excess of the total not-to-exceed amount of this Agreement.
- (a) Each invoice will itemize specific costs incurred for each allowable Expense item as agreed upon by the Parties as identified in the Agreement.
  - (b) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required and shall be maintained by the Contractor in accordance with cost principles applicable to this Agreement.
  - (c) All Contractor invoices shall be signed by the Contractor's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
  - (d) All Invoices are subject to approval by Health District project and fiscal staff.
  - (e) Contractor acknowledges that the end of Health District's fiscal year is June 30 of any given year. In observance of the close of Health District's fiscal year, Contractor acknowledges its RFR for month ending June 30 must include all reimbursable expenses incurred to-date but not previously billed; and must be submitted to Health District no later than July 7. Failure to remit this RFR inclusive of all previously unbilled reimbursable expenses by July 7 may result in a delay in payment and/or in an adjustment to the amount deemed eligible for reimbursement.
  - (f) Contractor must submit its final Request for Reimbursement billing to Health

District no later than October 15, 2026.

- (g) Contractor is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, Health District may terminate this Agreement for cause as described in Section 1. of the Agreement, and may withhold payment to Contractor, and/or require that Contractor return some or all payments made with Grant funds to Health District.
  - (h) Excepting any exclusions listed in Attachment C, Additional Grant Information and Requirements and Subsection B.2 of this Agreement, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable Expenses costs.
- B.7 Health District will not be liable for interest charges on late payments.
- B.8 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

**ATTACHMENT C**  
**ADDITIONAL GRANT INFORMATION AND REQUIREMENTS**

- A. As a subrecipient of Grant funds, Contractor agrees to ensure its compliance as is applicable with the following requirements:
- A.1 Grant funds will not be used to supplant existing financial support for Contractor programs.
- A.2 Prior to October 1, 2025, Grant funds are subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, Grant funds are subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, Contractor agrees by accepting Grant funds that continued Grant funding is contingent upon the availability of appropriated funds, Contractor's satisfactory performance, compliance with the terms and conditions of Grant and this Agreement, and a decision by the federal funding agency that the Grant funds continue to effectuate program goals or agency priorities.
- Starting October 1, 2025, the Grant may be terminated in part or entirety as follows pursuant to 2 CFR § 200.340
    - By the federal funding agency ("CDC") or pass-through entity ("Health District") if Contractor fails to comply with the terms and conditions of the Grant;
    - By the CDC through the Health District with the consent of Contractor, in which case the Health District and Contractor must agree upon the termination conditions. These conditions include the effective date and, in the case of partial termination, the portion to be terminated;
    - By the Contractor upon sending Health District a written notification of the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the CDC or Health District determines that the remaining portion of the Grant will not accomplish the purposes for which the Grant was made, the CDC or Health District may terminate the Grant in its entirety; or
    - By the CDC or Health District pursuant to the terms and conditions of the Grant, including, to the extent authorized by law, if the Grant no longer effectuates the program goals or agency priorities.
  - (a) By accepting Grant funds, Contractor acknowledges and accepts the provisions of 2 CFR § 200.340 in their entirety, including but not limited to the above. Should Contractor let sub-contracts using Grant funds with Health District's prior written approval, Contractor agrees to include the provisions of 2 CFR § 200.340 in each Grant funded sub-contract.

- A.3 Consistent with 2 CFR 200.113, subrecipients must disclose, in a timely manner in writing to Health District, the CDC, and the HHS Office of the Inspector General, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations. Disclosures must be sent in writing to Health District, the CDC, and to HHS OIG at the following addresses:

Southern Nevada Health District  
Legal Department, Attention: Compliance Officer  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

AND

CDC, Office of Grants Services  
Joëlle Cadet, Grants Management Specialist  
Chenega Enterprise Systems and Solutions (CHESS)  
Office of Grant Services (OGS) Branch 5  
Centers for Disease Control and Prevention (CDC)  
Email: [grx2@cdc.gov](mailto:grx2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
FAX: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

**Subrecipients must include this mandatory disclosure requirement in all subawards and contracts made under this Grant.**

Failure to make required disclosures can result in any of the remedies described in 2 CFR 200.339. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

- B. In addition to federal laws, regulations and policies, Contractor agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research awards located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf>, and the CDC hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP-23-00014, located at <https://www.grants.gov/search-results-detail/342940>, as may be amended, both of which are hereby made a part of this Non-research award subrecipient agreement.

- B.1 Effective April 4, 2022, potential Grant subrecipients must have a Unique Entity Identifier (“UEI”) prior to receiving a Grant subaward. The EUI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and/or Grants.gov.

Additional information is available at:

<https://sam.gov/content/home>; and  
<https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-within-grants-gov/>.

- (a) SAM.gov is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a subrecipient. Contractor must register with SAM, and be assigned a UEI number. All information relevant to the UEI number must be current at all times until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at *www.SAM.gov*.

- B.2 Contractor must comply with the administrative and public policy requirements outlined in 2 CFR Part 200 and the HHS Grants Policy Statement, as appropriate. Brief descriptions of relevant provisions are available at <https://www.cdc.gov/grants/additional-requirements/index.html>.

- (a) The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements, 2 CFR Part 200, can be found at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

- B.3 Notice of Funding Opportunity Restrictions and Limitations.

- Subrecipients may not use funds for research
- Subrecipients may not use funds for clinical care
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in Contractor’s budget as approved by Health District and the CDC
- Reimbursement of pre-award costs generally is not allowed
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- The salary or expenses of any grant or contract subrecipient, or agent acting for subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC subrecipients.
- C. HHS SPECIFIC REQUIREMENTS. Contractor agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 2 CFR Part 200. Contractor further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf>.
- D. COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS. Contractor agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.
  - D.1 2 CFR §200.322, DOMESTIC PREFERENCES FOR PROCUREMENTS. As is appropriate and to the extent consistent with law, Contractor should, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States.
- E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200—Contract Provisions for Non-Federal Entities, Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
  - E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
  - E.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
  - E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR

part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

- E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.
- E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal

award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

- E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
- E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
  - (a) Furthermore, each of Contractor’s vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal

contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

- E.11 **PROCUREMENT OF RECOVERED MATERIALS.** A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
- F. Contractor will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of “Build America, Buy America (BABA) requirements across government. OMB’s proposed action, dated February 9, 2023, can be reviewed online at <https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements>. Public Law 117-58 may be reviewed online at <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>.
- G. **PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.** Contractor certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and Contractor has not and will not use federal funds to:
- (1) Procure or obtain;
  - (2) Extend or renew a contract to procure or obtain; or
  - (3) Enter into a contract to procure or obtain;
    - (i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary

or affiliate of such entities).

(ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

(iii) Telecommunications or video surveillance services provided by such entities or using such equipment.

(iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

G.1 See Public Law 115—232, section 889 for additional information.

G.2 See also 2 CFR §§200.216 and 200.471, as may be amended from time to time.




## Memorandum #06-26


**Date:** January, 22, 2026

**To:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

**From:** Stacy Johnson, MSN, RN, *Regional Trauma Coordinator* 

John Hammond, BS, Paramedic, EMS & Trauma System Manager 

Xavier Gonzales, PhD, MSPH, CHWI, *Director of Community Health* 

Cassius Lockett, PhD, *District Health Officer* 

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**Subject:** Request for Approval of Renewal of Authorization of Mike O'Callaghan Military Medical Center as a Level III Trauma Center

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### I. BACKGROUND:

In accordance with Clark County Trauma Regulation 300.200 any hospital that desires renewal of designation as a center for the treatment of trauma in Clark County shall first request renewal of authorization from the Board. The hospital must show that it continues to meet the requirements of the Trauma Regulations, as well as demonstrate its capacity, capability and commitment to provide trauma services and to contribute to the current and future needs of the trauma system.

### II. RECOMMENDATION:

Upon receipt and review of the application for renewal of authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve Mike O'Callaghan Military Medical Center's request as a Level III Trauma Center based on their demonstrated willingness to submit trauma data to SNHD and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board and EMS/Trauma Performance Improvement activities; to provide standard financial information to assist in the assessment of the financial stability of the trauma system; and to comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

### III. CONDITIONS:

The attached application for renewal of authorization as a Level III Center for the Treatment of Trauma has been unanimously approved by the Regional Trauma Advisory Board (RTAB). The RTAB and staff recommend Board approval of the renewal of authorization under the condition that Mike O'Callaghan Military Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

JH:sj

Attachments:

- A. Mike O'Callaghan Military Medical Center's Application for Renewal of Authorization as a Level III Trauma Center

# Application for renewal of authorization as a center for the treatment of trauma

Name of Institution

Mike O'Callaghan Military Medical Center (MOMMC) / 99th Medical Group \_

Street Address

4700 Las Vegas Blvd North Bldg 1300

City

Nellis Air Force Base

State

Nevada

Zip Code

89191

Telephone

(705) 653-2000

Fax

( ) -

Email

usaf.nellis.99-mdg.mbx.99-m

Hospital Administrator/Director

Colonel Eric Phillips

Contact Person for Application Processing

John Recicar

Telephone

(501) 310-0012

Fax

( ) -

Email

john.f.recicar.civ@health.m

Level of Center for the Treatment of Trauma renewal being sought

Level I  Level II  Level III  Pediatric Level I  Pediatric Level II

Date of original designation

2023-08-24

Date of last renewal of designation

2023-08-24

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period

None

Briefly describe any changes in the hospital's capabilities to provide trauma services in the community during the past designation period

None

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period

None

Additional information the applicant would like to provide in support of their request:

None

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry

Yes  No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes  No

3. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

Yes  No

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Hospital Administrator or Owner



Sign above

Signature of Hospital Owner (PDF or Image)

File Name	Size
99 MDG Trauma Center Renewal.pdf	133.93 kB

Only submit file if not able to obtain signature

Printed Name of Hospital Administrator or Owner

Colonel Eric Phillips

Title of Person signing the Application

Commander 99th Medical Group

Log Entries

Log Time	Log User	Log Message
Nov 06, 2025 13:16	snhdphpuser@snhd.org	Form submitted



# Memorandum

**Date:** February 26, 2026

**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, *Director of Environmental Health* *CS*  
Cassius Lockett, PhD, *District Health Officer* *CL*

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**Subject:** Variance request for an existing septic system located at 2510 and 2520 S. Rainbow Blvd., Las Vegas, NV 89146 to remain split across two parcels

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## I. BACKGROUND:

Rainbow PB Holdings, LLC ("Petitioner") is requesting a variance 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* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the properties located at Assessor's Parcel Numbers (APN) 163-11-101-001 and 163-11-101-002, also known as 2510 S. Rainbow Blvd., Las Vegas, NV 89146 and 2520 S. Rainbow Blvd., Las Vegas, NV 89146, respectively (collectively the "Subject Property").

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 11.26 of the SNHD ISDS Regulations, which states that an "ISDS must be constructed on and remain on the same parcel as the structure(s) it serves." The ISDS serves a single commercial building that is entirely on parcel 163-11-101-001 of the Subject Property. The entire leach field and most of the septic tank were constructed on the southern parcel (APN 163-11-101-002), with a small portion of the septic tank located on the northern parcel (APN 163-11-101-001).

Petitioner further requests 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 ISDS system is within ten feet of the shared property line between the two parcels.

Petitioner states the following with regards to these requirements:

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

*"Our parcel located at the SWC of Sahara & Rainbow is currently service only by an existing septic system. The nearest public sewer connections are located well over 400 FT to the south. Neighboring properties have much better access and proximity to public sewer service."*

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):

*"To make a connection to the public sewer system, a major sewer main extension project is required. Such a project would more than likely be done the ROW of Rainbow at size, distance and cost far exceeding the economic benefit to a single, small isolated parcel."*

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:

*"The proposed Pinkbox Doughnut Shop will be retail only. It will not product Doughnuts nor food. The former 7-11 operated with the existing septic system and we intend to continue that septic system's use."*

The Subject Property is depicted in Attachment D as Lots 1 and 2 of the recorded parcel map, which was approved in 1991. The property has not been improved since the adoption of the current SNHD ISDS Regulations in 2009.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the third owner of the ISDS and obtained the Subject Property in May 2025. An analysis of the surrounding area shows that there are 319 permitted septic systems and zero domestic or quasi-municipal wells within a square mile of the Subject Property.

## **II. RECOMMENDATION:**

The Subject Property consists of two parcels with one commercial building on the northern parcel

(APN 163-11-101-001) and the septic system on the southern parcel (APN 163-11-101-002). The two parcels have the same owner, and the commercial building will be occupied by a single tenant. The building and septic tank were constructed on a single parcel (APN 310-590-056) in 1978, but the original leach field failed and was replaced in 1994. The ISDS appears to be functioning adequately and is in compliance with all other regulations.

Staff are of the opinion that granting the variance would not endanger public health or safety. However, Section 19.4.1 of the SNHD ISDS Regulations states that "Staff will not recommend variance approval for septic systems on lots where municipal sewer is gravity accessible within four hundred feet (400') from the nearest property line." The nearest connection point to City of Las Vegas sewer is directly in front of the property in S. Rainbow Boulevard. The Petitioner wishes to continue using the ISDS because of the cost and time required to connect to the sewer system.

Based on the proximity to City of Las Vegas sewer, staff recommend DENIAL of the variance as requested by the Petitioner. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

### **III. CONDITIONS:**

1. Petitioner shall combine the two parcels, APNs 163-11-101-001 and 163-11-101-002, into a single new parcel, and record the parcel map within one year of the date this variance is approved.
2. 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 within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
3. Petitioner and their successor(s) will install and maintain a grease interceptor in accordance with the requirements of the most current SNHD Food Regulations and the Uniform Plumbing Code.
4. 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. Variance Narrative
- C. Justification Letter from the Petitioner
- D. Recorded Parcel Map
- E. Final Inspection Report and Plot Plan for ON0016316
- F. Tenant Improvement Review by SNHD Staff (SR0058113)
- G. Excavation Cost Estimate by R&R Backhoe

Variance Request for 2510 S. Rainbow Blvd.

February 26, 2026

Page **4** of **23**

H. Plumbing Estimates by Catalina & Son Plumbing, LLC

I. Public Notice

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



**VARIANCE CANDIDATE WORKSHEET**

**PART I:**

**ESTABLISHMENT INFORMATION**

Name of Facility/Establishment: Pinkbox Doughnuts, LLC  
Health Permit Number: \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_  
Name of Operator/ Agent: Michael Kurcz  
Address of Operator/ Agent: 3790 Paradise Road, Suite 250, Las Vegas, NV 89169  
Contact Information of Operator/ Agent:  
Office Phone: 702-947-8330 Cell Phone: 864-316-8951  
Fax Number: \_\_\_\_\_ Email Address: mkurcz@siegelcompanies.com  
If corporation, the name/title of individual to sign for Variance document:  
Name: Sean Thueson  
Title: General Counsel

**OWNER INFORMATION**

Name of Property Owner: Rainbow PB Holdings, LLC  
Address of Property Owner: 3790 Paradise Road, Suite 250, Las Vegas, NV 89169  
Contact Information of Property Owner: Sean Thueson  
Office Phone: 702-947-8330 Cell Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: legal@siegelcompanies.com

**PROPERTY INFORMATION**

Property Address: 2510 South Rainbow Blvd, Las Vegas, NV 89146  
Assessor's Parcel Number (APN): 163-11-101-001 & 163-11-101-002  
Describe location within larger facility (i.e. hotel/casino/resort, etc.):  
not applicable  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Section 2.7.2: "Permission to construct shall be denied if a public or community sewerage system is available within four hundred feet (400') of the nearest property line and can be accessed by a gravity flow line, and is accessible per the sewer authority of jurisdiction." The existing public sewer connection point is well over 400 FT from our property and would force a major public sewer extension project.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

Our parcel located at the SWC of Sahara & Rainbow is currently service only by an existing septic system. The nearest public sewer connection is located well over 400 FT to the south. Neighboring properties have much better access and proximity to public sewer service.

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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):**

To make a connection to the public sewer system, a major sewer main extension project is required. Such a project would more than likely be done the ROW of Rainbow at size, distance and cost far exceeding the economic benefit to a single, small isolated parcel.

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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:**

The proposed Pinkbox Doughnut Shop will be retail only. It will not produce Doughnuts nor food. The former 7-11 operated with the existing septic system and we intend to continue that septic system's use.

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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: Variance Narrative (Page 1 of 2)



**Southern Nevada Health District**  
**INV 0404098**

**JAN 06, 2026**

**APN 163-11-101-001**  
**APN 163-11-101-002**

**Property Owner: Rainbow PB Holdings LLC**  
**Property Address: 2510 South Rainbow Boulevard**  
**Las Vegas, NV 89146**  
**Owner Contact: Scott Cervenak**  
[scervenak@siegelcompanies.com](mailto:scervenak@siegelcompanies.com)  
**503.333.5280**

**Variance Request Applicant: Gabriela J. Perez with Civil Works**

**Variance Request Narrative:**

Please consider this narrative to describe the hardship conditions that warrant a variance providing relief from the requirement to combine 2 parcels into 1 in order to allow a Septic System to be used versus connecting to the Public Sanitary Sewer System.

The subject commercial property is located at the SWC of Rainbow & Sahara in Clark County, NV. The property is currently comprised of two parcels that total approximately 0.46 acres. The current structure on the property was a 7-11 convenience store that was operating with a septic system.

The proposed new Pinkbox Doughnut Shop will not produce any food products on site other than beverages. All doughnuts will be made elsewhere and delivered via truck each day.

There are two possible points of connection to the Public Sanitary Sewer System. One is approximately 150' due west of our property across Rainbow BLVD. The other is also approximately 150' due north of our property across Sahara Avenue. In both cases, the cost and risk to bore underneath major streets poses time, cost and success risks that a project of our size cannot sustain. There will be traffic control requirements, potential lane closures, risk of conflict with other existing utilities, new manholes and tremendous cost. Our subcontractor base estimates a cost of approximately \$1,250 PLF regardless of which POC is best. The cost of the total effort is likely to be close to \$200,000. Several estimates are attached as exhibits.

Although we can combine our parcels into 1 single parcel to alleviate the need for a variance, the variance process also takes time, costs money and may require further improvements to our property that are not

Attachment B: Variance Narrative (Page 2 of 2)



warranted. We expect that a parcel combination will take at least 6 months if not a year given the number of department reviews. This property is in great need of a vibrant new tenant to activate this retail corner. Pinkbox is a home-grown Las Vegas company. We would like to make an impact here in 2026. Furthermore, we expect to be ready to start construction in MAR of 2026 and open no later than JUN of 2026. The variance process would likely push out opening easily into 2027.

Sincerely,

*Scott Cervenak*

**Scott Cervenak**  
**Chief Development Officer**  
**The Siegel Group**

Attachment C: Justification Letter from the Petitioner



3790 Paradise Rd STE 250  
Las Vegas, NV 89169  
(702) 947-8330

Tuesday, December 23, 2025

## Justification/Hardship Letter

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

From: Rainbow PB Holdings LLC  
3790 Paradise Road  
Suite 250  
Las Vegas, NV 89169

Re: Parcel # 163-11-101-001 & 163-11-101-002

Date: 12/23/2025

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 a new Pinkbox Doughnut Shop utilizing the existing on-site septic system. The Pinkbox Doughnut Shop will be retail only. Doughnuts nor food of any kind will be produced on site. The former 7-11 convenience store operated on the existing septic system. Public sanitary sewer is available well over 400 FT to the south. It is impractical and inefficient for a single tenant to undergo the time, cost and effort to install what would likely be a sanitary main extension of that complexity.

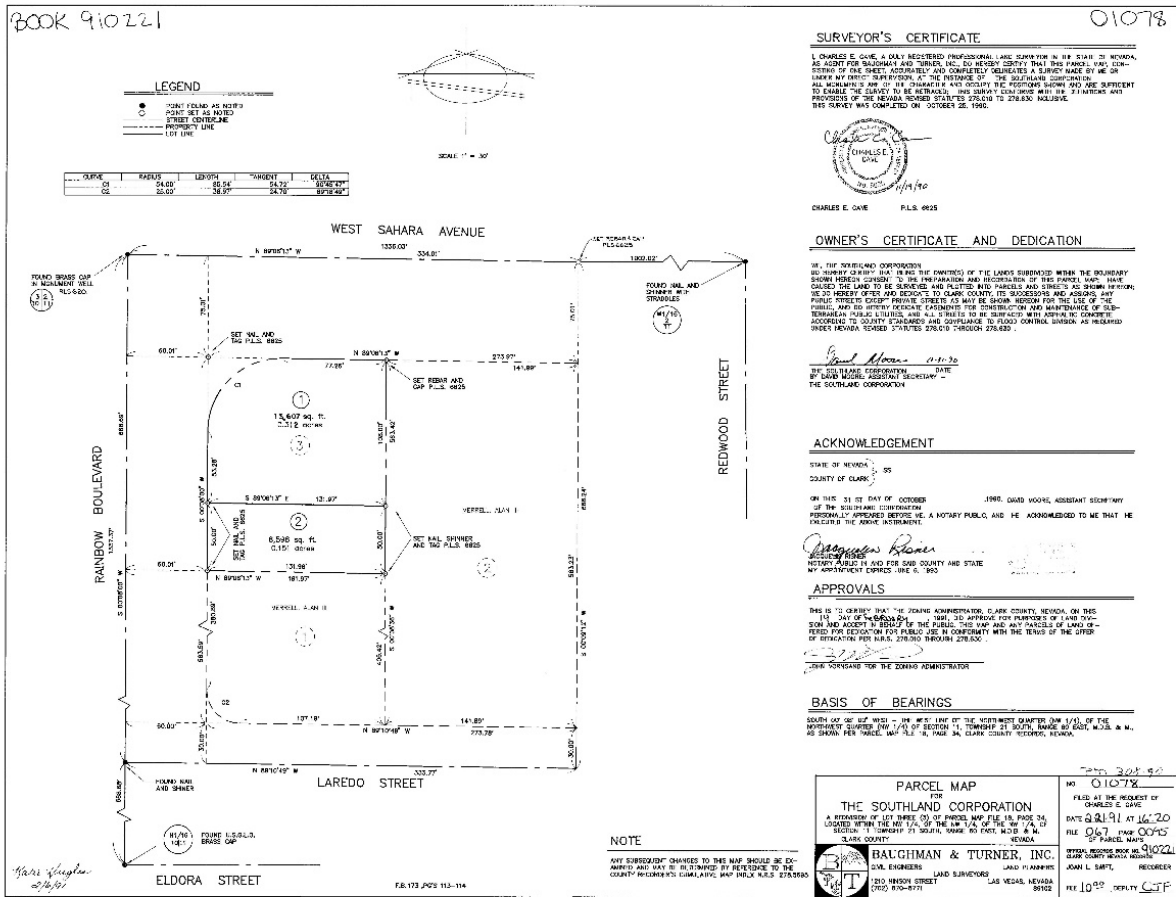
The legal description of said property is APN # 163-11-101-001 & 163-11-101-002, further described as *THAT PORTION OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 11, TOWNSHIP 21 SOUTH, RANGE 60 EAST, M.D.B. & M., ACCORDING TO THE OFFICIAL PLAT OF SAID LAND ON FILE IN THE OFFICE OF THE BUREAU OF LAND MANAGEMENT, CLARK COUNTY, NEVADA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: LOTS ONE (1) AND TWO (2), AS SHOWN BY MAP THEREOF ON FILE IN FILE 67, OF PARCEL MAPS, PAGE 95, IN THE OFFICE OF THE COUNTY RECORDER OF CLARK COUNTY, NEVADA.*

Thank you for your consideration,

*Scott Cervenak*

Scott Cervenak  
Chief Development Officer  
The Siegel Group

Attachment D: Recorded Parcel Map



FILE 067 PAGE 0045

Attachment E: Final Inspection Report and Plot Plan for ON0016316 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT  
 625 Shadow Lane • Las Vegas, Nevada  
 Telephone 383-1271 (Direct) • 385-1291 (24 Hours)

SAN	CONTROL NO.	ESTABLISHMENT	ADDRESS
32	38430		2510 S RAINBOW BLVD
DIST	3GK-01	SOUTHLAND CORPORATION	LAS VEGAS NV 89102
CITY	163-11-101-001 20 60 11 NW NW	20 MPR	PERSON INTERVIEWED
09	MC308	20 MPR	MPR GARY GANNON
	5411-086	1000	TELEPHONE (702) 385-7565
	TYPE AND CATEGORY	CAPACITY	ABSORB   LOT SZ   FIX   ASSESSOR #   WATER #
			1200   15264   16   NEW FIELD
PREVIOUS ACTION	SAN C	ACTION	DATE
	49	6*	04/22/94
CURRENT ACTION	SAN C	ACTION	DATE
	17	SA	4/25/94
	15	13	

**SEPTIC TANK:** Total Capacity 1000 gallons  
 NUMBER COMPARTMENTS 2 TYPE Material C  
 Inside Dimensions: Length 10 ft in Width 5 ft in Liquid Depth 3 ft 2 in  
 Distance From Well:      ft. Dir      Distance from Foundation 20 ft Dir       
 Distance From Lot Line: Nearest 10 ft Dir      Front/Side/Rear S

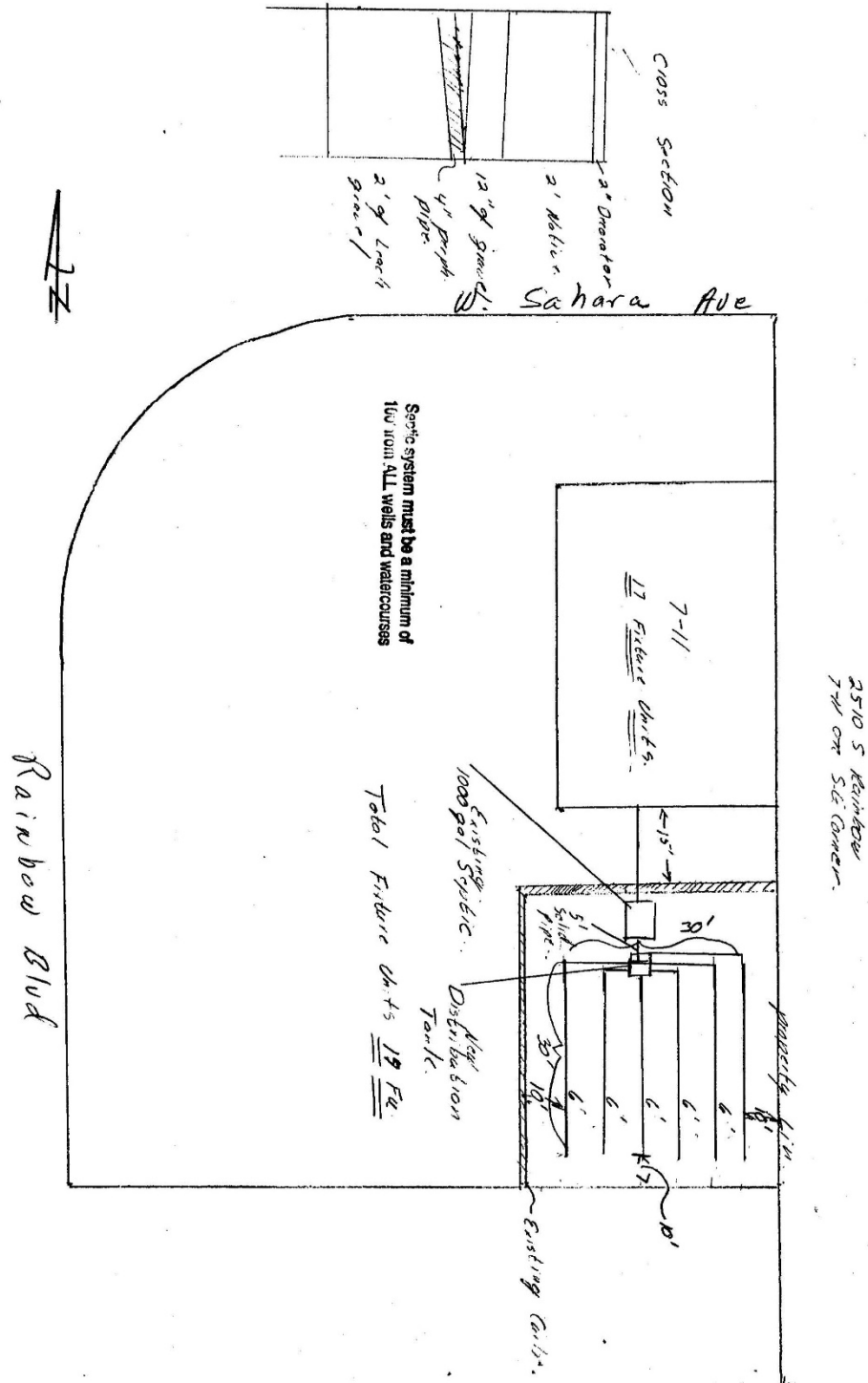
**SUBSOIL DISPOSAL:** Effective absorption areas 1200 sq. ft.  
 Distance From Well:      ft Dir      Distance From Foundation      ft Dir       
 Distance From Lot Line: Nearest      ft Dir      Front/Side/Rear       
 Type Disposal B Number Lines/Pits 6 Length of each Line 35 ft  
 Distance between lines 6 ft Total Length of Lines 210 ft in  
 Filter Material S Depth beneath Tile 4 ft 0 in Depth over Tile      ft 2 in  
 Total Width/Diameter 30 ft in Total Length 40 ft in Total Depth 7 ft in

COMMENTS  
Cont Approved OK to Backfill

NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE DISPOSAL SYSTEM. THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

RECEIVED COPY: [Signature] SANITARIAN REVIEWED BY: [Signature] 4-26-94

Attachment E: Final Inspection Report and Plot Plan for ON0016316 (Page 2 of 2)



Attachment F: Tenant Improvement Review by SNHD Staff (SR0058113) (Page 1 of 3)

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 <b>2174</b>	PERMIT NUMBER ON0016315	FACILITY RAINBOW P B HOLDINGS L L C			ADDRESS 2510 S Rainbow BLVD Las Vegas, NV 89146-5145		
DIST 36	CITY Las Vegas	APN # 163-11-101-001		SR # SR0058113	WATER SOURCE Public Water System		
CURRENT ACTION <b>628</b>	Service Date 12/15/2025	Status	Time In 9:00	Time Out 10:20	Result 34		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action 76	Action	Date

NOTIFIED OF THE FOLLOWING

The tenant improvement for the interior remodel of the 7-11 into a Pinkbox is REJECTED.

The interior remodel from a 7-11 to a Pinkbox will have a total of 16 fixture units (fu) consisting of 3 wash basins @ 1 fu, 1 bar sink @ 2 fu, 1 mop sink @ 3 fu, 1 indirect waste receptor @ 3 fu, and 1 toilet @ 5 fu.

The 1000-gallon septic system can accommodate up to 20 fixture units. The septic system appears adequate.

However, a compliance issue was observed.

The septic system is under two different parcels.

In order to re-evaluate the tenant improvement application, one of the following must be done:

- 1) Combine the two parcels into one parcel.
- 2) Apply for a variance to allow the septic system to be under two parcels.
- 3) Abandon the septic system and connect to the nearest sewer managed by the Clark County Water Reclamation District.

RECEIVED BY:

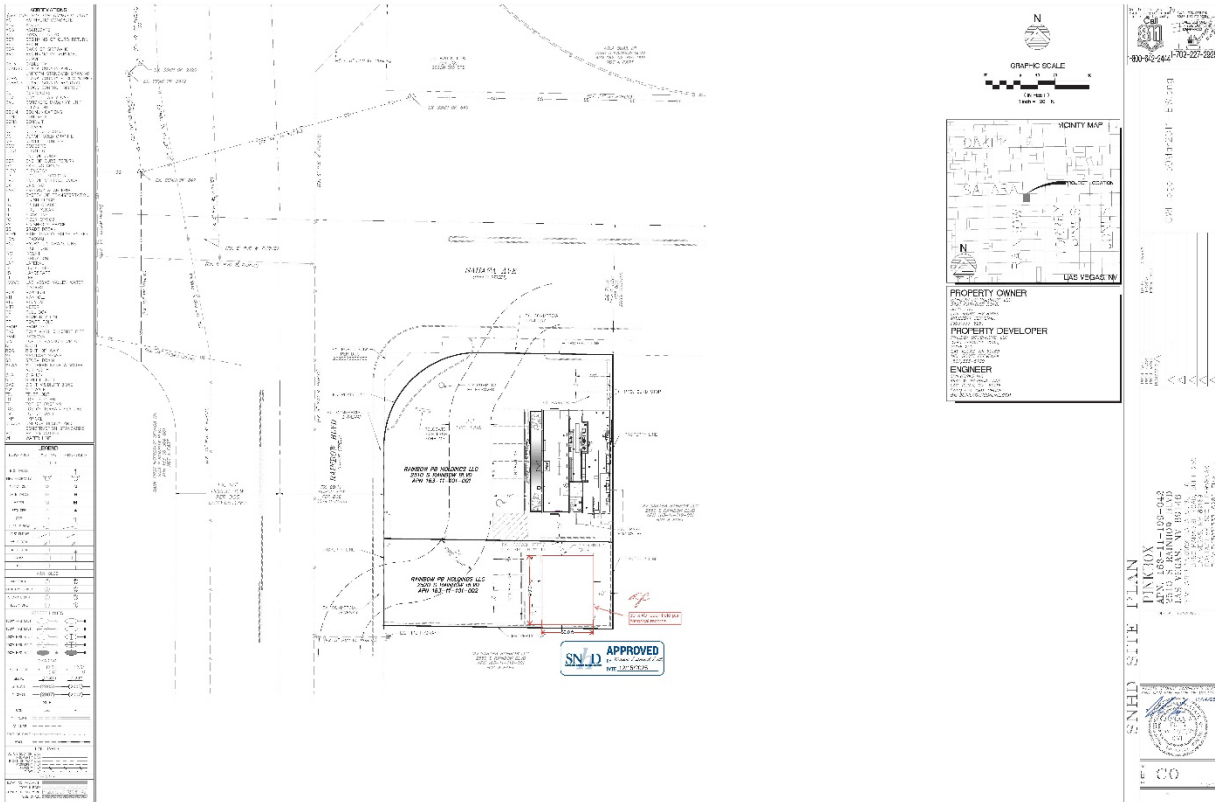
ENVIRONMENTAL HEALTH SPECIALIST:

Gabriela J. Perez (gjp@civilworksonline.com)

Arcmiguel Cordial

*Dann Limuel Lat*  
 Digitally signed by  
 Dann Limuel Lat  
 Date: 2025.12.15  
 11:34:03 -08'00'

Attachment F: Tenant Improvement Review by SNHD Staff (SR0058113) (Page 2 of 3)





Attachment G: Excavation Cost Estimate by R&R Backhoe (Page 1 of 3)



Phone: 702-454-3339  
rrbackhoe@gmail.com

License No. 46169A  
Bid limit \$3,100,000  
Over 30 years of experience  
**Proposal**  
January 6, 2026

**Company: Siegel Companies**  
**Job: 2510 S Rainbow Blvd**  
**Rainbow & Sahara**  
**Based on preliminary drawing dated 4/23/2025**

**Fire**

- Includes: Excavation, installation of approximately 260 L.F. of 6-inch SDR 35
- Boring of approximately 150 L.F. across Rainbow Blvd
- Installation of 3 manholes
- Asphalt sawcutting & removal
- Spoil haul off
- After hours dumping fees
- Traffic Control
- Barricades
- Trench plates & rotor grading
- Temporary asphalt patching
- Shoring
- Concrete collars
- 3 Utility crossings
- Night work
- Light towers
- Overtime inspection fees for Water Reclamation
- Overtime inspection fees for Public Works
- Permanent asphalt patching at sewer manhole tie-in
- Open grade paving
- After hours patching/pave
- After hours dots & striping
- Remove and replace sidewalk section

**Total            \$186,782.00**

**PROPOSAL EXCLUDES:** dust permit & sign, concrete flat work, curbing & concrete pads, storm drain concrete work, weekend work, holiday work, electrical hookups, trench drain, sump pump, surveying, plans, permits, compaction tests, all third party testing, coring, camera videoing for piping, pipe encasements, increase in materials due to increases of fuel or materials if project is not started within 15 days of proposal; landscaping and site clean-up, unmarked utilities, abnormal digging, ground water, epoxy coating required for valves (will be developer's expense) or any unforeseen circumstances, including job delays. Caliche is excluded, except as indicated. Proposal is based on plans provided & specified. Anything not specified above is excluded. Excludes equipment downtime in excess of three work days (M-F); additional downtime will be billed at a daily rate. If proposal is provided based on any unapproved plans or no plans, price is subject to increase, or decrease, based on unforeseen changes to signed and approved plans. A Change Order will be submitted for any additional work. By signing proposal, Customer acknowledges and agrees. Engineering is excluded, unless otherwise specified. Not responsible for construction water. Water samples & testing excluded. Prevailing wage. Not responsible for tenant notifications. Per grading work, paving limits are per plan. Actual limits to be determined by field inspector. Change order to incur if inspector mandates additional work and/or

Attachment G: Excavation Cost Estimate by R&R Backhoe (Page 2 of 3)

**extended patch limits. Excludes traffic control for any and all work outside of R & R Backhoe's scope of work. Excludes flaggers. Excludes bonds, s.w.p. installation and/or maintenance, excavation of footings, court yard grades, theater excavation, pad depressions, vapor barriers, grading for stairs, screening or crushing, type II for concrete, backfill of walls, installation of walls, shoring or bracing unless otherwise specified, finish grade for concrete, dewatering, mud work, fissure or fault over excavation and/or work, sweeping, cleaning, UTACS paving, signs and striping, speed bumps, headers and bumper blocks, head walls or cut-off walls, termite control, weed killer herbicide, soil sterilant, slurry seal, cold milling, rip rap, driveways unless otherwise specified. Any and all changes mandated by a field inspector are excluded and subject to a Change Order, including but not limited to: plans, materials, upgrades, re-routes, removals, etc.**

PLEASE BE AWARE! THE PROPOSED CHINA TARIFF (SECTION 301, LIST 3) MAY AFFECT PRODUCTS OFFERED IN THIS QUOTATION. IF THE TARIFF IS IMPLEMENTED, THE ACTUAL INCREASE IN PRICING WILL BE PASSED ON.

Terms: A deposit of 35% is required for mobilization to occur. All invoices shall be paid within 15 days of receipt by owner via email to the Owner's email address as noted above. Retention, as well as R & R Backhoe's final invoice, is due within 30 days after completion of R & R Backhoe's scope of work. To the extent that R & R Backhoe's invoices are not timely made, the Customer understands and agrees that interest will accrue at the rate of 18.5% per month on any unpaid balance, and, that R & R Backhoe will utilize the services of an attorney to collect any unpaid balance. Customer agrees to pay all attorneys fees of R & R Backhoe in the collection of any unpaid balance.

Furthermore, Customer understands that R & R Backhoe has a right to place a Mechanic's Lien on Customer's property, under Nevada Revised Statutes 108, et al. Customer agrees that this Proposal may be withdrawn by R & R Backhoe if not signed by Customer within 15 days from the date said Proposal is received by Customer. Due to the fluctuations in the cost of labor, equipment, fuel and materials, if the Customer's project is not started within 30 days of execution of this Proposal, such Proposal shall be withdrawn by R & R Backhoe and this Proposal shall be null and void. **Any and all materials delivered to job site become property of the developer and must be reasonably protected by the developer from damage or theft. Warranties go into full effect once inspections of all work provided by R&R Backhoe have been finalized. If R & R Backhoe cannot obtain a Final Inspection due to unforeseen circumstantial delays, or other contractors on the project, R&R Backhoe reserves the right to void all warranties and collect payment in full, including retention, within 30 days of final billing. Signing of this proposal makes this a legal and binding contract. This subcontract agreement supersedes any General Contractor agreement or contract. If a General Contractor's signed contract references this subcontract, it is understood that this subcontract will be considered signed and enforceable with all inclusions, exclusions, terms, etc. This job will not be placed on our work schedule until we receive this signed contract to our office. If umbrella policy is required additional \$4500 will be added to the job bid. Scope of work and terms of this contract shall be as per NRS.624. This is subject to change in the event plans change, elevations are not correct, or any additional requirements are recommended by an inspector so that the contractor will be in compliance. Mobilization: One included per work phase in bid, other move-ins at \$6,500.00 RESIDENTIAL RECOVERY FUND, PLEASE SEE PAGE 3 OF THIS AGREEMENT.**



Ray Marx, For R & R Backhoe

1/6/2026

Date

Accepted by Customer

Date

Attachment G: Excavation Cost Estimate by R&R Backhoe (Page 3 of 3)

**RESIDENTIAL CONSTRUCTION RECOVERY FUND**

Payment may be available from the Recovery Fund if you are damaged financially by a project performed on your residence pursuant to a contract, including construction, remodeling, repair or other improvements, and the damage resulted from certain specified violations of Nevada law by a contractor licensed in this State. To obtain information relating to the Recovery Fund and filing a claim for recovery from the Recovery Fund, you may contact the State Contractors' Board at the following locations:

State Contractors Board 5390 Kietzke Lane, Suite 102 Reno, NV 89511

Telephone number: (775) 688-1141

State Contractors Board 2310 Corporate Circle, Suite 200 Henderson, NV 89074

Telephone number: (702) 486-1100

\_\_\_\_\_  
Customer Initials

\_\_\_\_\_  
Date

Attachment H: Plumbing Estimates by Catalina & Son Plumbing, LLC. (Page 1 of 3)

**Catania & Son Plumbing LLC**  
1490 Rancho Ridge Drive  
Henderson, NV 89012  
+17025395943  
cataniaplumbing@hotmail.com  
www.cataniaplumbing.com



Estimate

**ADDRESS**  
Rainbow PB Holdings, LLC  
2510 South Rainbow Blvd  
Las Vegas, NV 89146

**ESTIMATE #** 010726-2  
**DATE** 01/07/2026

WORK ORDER #	SERVICE ADDRESS	CUSTOMER INFO
verbal	same	same

DATE	DESCRIPTION	AMOUNT
01/07/2026	<b>ESTIMATE</b> Estimate #2 of 3 for Rainbow PB Holdings LLC	69,400.00

Jack and bore under asphalt to required depth for installation of new 6" sanitary sewer on Rainbow Boulevard 150 feet.

Shore up for stability at worksite and cover.

Work will be overnight / 2 to 3 weeks / all traffic control for street closings and overtime included.

Estimate includes all materials, labor, permits, etc.  
All work will be done by licensed contractors and all necessary permits will be applied for.

We take Zelle, Apple Pay, Checks, Credit Cards & ACH payments. Please contact office for card payments as a processing fee will need to be added to the invoice. Please mail checks to address on invoice. Thank You!	<b>SUBTOTAL</b>	69,400.00
	<b>TAX</b>	0.00
	<b>TOTAL</b>	<b>\$69,400.00</b>

Accepted By

Accepted Date

Attachment H: Plumbing Estimates by Catalina & Son Plumbing, LLC. (Page 2 of 3)

**Catania & Son Plumbing LLC**  
 1490 Rancho Ridge Drive  
 Henderson, NV 89012  
 +17025395943  
 cataniaplumbing@hotmail.com  
 www.cataniaplumbing.com



*Estimate*

**ADDRESS**  
 Rainbow PB Holdings, LLC  
 2510 South Rainbow Blvd  
 Las Vegas, NV 89146

**ESTIMATE #** 010726-1  
**DATE** 01/07/2026

<b>WORK ORDER #</b>	<b>SERVICE ADDRESS</b>	<b>CUSTOMER INFO</b>
verbal	same	same

<i>DATE</i>		<i>AMOUNT</i>
01/07/2026	<b>ESTIMATE</b>	63,700.00

Estimate #1 of 3 for Rainbow PB Holdings LLC  
 Project  
 Install 150 feet of 6 inch cast iron sewer line to be tied into the city sewer line underground.  
 Install 2 x 30 inch steel manhole covers at both ends for future service.  
 Install 1 x concrete inground grease interceptor as required by code.

Work will be overnight / 2 to 3 weeks / all traffic control for street closings and overtime included.

Estimate includes all materials, labor, permits, etc.  
 All work will be done by licensed contractors and all necessary permits will be applied for.

We take Zelle, Apple Pay, Checks, Credit Cards & ACH payments.	<b>SUBTOTAL</b>	63,700.00
Please contact office for card payments as a processing fee will need to be added to the invoice. Please mail checks to address on invoice.	<b>TAX</b>	0.00
Thank You!	<b>TOTAL</b>	<b>\$63,700.00</b>

Accepted By

Accepted Date

Attachment H: Plumbing Estimates by Catalina & Son Plumbing, LLC. (Page 3 of 3)

**Catania & Son Plumbing LLC**  
 1490 Rancho Ridge Drive  
 Henderson, NV 89012  
 +17025395943  
 cataniaplumbing@hotmail.com  
 www.cataniaplumbing.com



Estimate

**ADDRESS**  
 Rainbow PB Holdings, LLC  
 2510 South Rainbow Blvd  
 Las Vegas, NV 89146

**ESTIMATE #** 010726-3  
**DATE** 01/07/2026

WORK ORDER #	SERVICE ADDRESS	CUSTOMER INFO
verbal	same	same

DATE	DESCRIPTION	AMOUNT
01/07/2026	<b>ESTIMATE</b> Estimate #3 of 3 for Rainbow PB Holdings LLC	34,400.00

Backfill and replace asphalt for excavated area under Rainbow for work as listed in Estimate #1 and #2.

Work will be overnight / 2 to 3 weeks / all traffic control for street closings and overtime included.

Estimate includes all materials, labor, permits, etc.  
 All work will be done by licensed contractors and all necessary permits will be applied for.

We take Zelle, Apple Pay, Checks, Credit Cards & ACH payments. Please contact office for card payments as a processing fee will need to be added to the invoice. Please mail checks to address on invoice. Thank You!	<b>SUBTOTAL</b>	34,400.00
	<b>TAX</b>	0.00
	<b>TOTAL</b>	<b>\$34,400.00</b>

Accepted By

Accepted Date

Attachment I: Public Notice



**PUBLIC NOTICE**

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, February 26, 2026 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 Rainbow PB Holdings, LLC (“Petitioner”), to allow an existing individual sewage disposal system to remain serving two properties located at 2510-2520 S Rainbow Blvd, Las Vegas, NV 89146, APNs 163-11-101-001 and -002.

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 remain split across two parcels.

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 February 25, 2026 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  
Director of Environmental Health

February 10, 2026  
Date



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 26, 2026

**RE:** Approval of the budget augmentation for Southern Nevada Health District for the fiscal year ending June 30, 2026.

---

**PETITION #27-26**

**That the Southern Nevada District Board of Health** *approve the budget augmentation for the fiscal year ending June 30, 2026 to meet the financial requirements of NRS 354.598005.*

**PETITIONERS:**

**Cassius Lockett, PhD, District Health Officer** *CL*  
**Jason Frame, Interim Deputy District Health Officer-Administration** *JF*  
**Donnie Whitaker, CPA, Chief Financial Officer** *DW*

**DISCUSSION:**

The augmentation procedure as prescribed by NRS 354.598005 defines when to perform an augmentation for a fund.

The increase in June 30, 2025 (FY2025) General Fund ending fund balance of \$17,928,860 (from adopted \$47,199,705 to actual is \$65,128,565) will provide additional available resources to the FY2025-2026 SNHD General Fund Budget.

The decrease in total revenue sources (FY2026) in the General Fund budget of \$1,566,700 will reduce resources to the FY2025-2026 SNHD General Fund Budget. FY2025-2026 appropriations increased by \$4,856,172 from \$117,309,423 to \$122,165,595.

The increase in June 30, 2025 (FY2025) year end fund balance to the Grant Fund (Special Revenue) is \$39,372 (from adopted \$82,081 to actual \$121,453). The FY2026 total adopted budget revenue is \$61,881,567 and has decreased to \$56,495,488, a decrease of \$5,386,079 to align with year-to-date actual amounts. FY2025-2026 appropriations decrease from \$70,661,216 to \$62,297,514 to align with year-to-date actual amounts.



The increase in June 30, 2025 (FY2026) year end fund balance to the Capital Fund is \$570,882 (from adopted \$2,999,600 to actual \$3,570,482). The FY2026 total adopted budget revenue is \$109,559 and contains no change. FY2025-2026 appropriations increase from \$2,811,000 to \$3,304,191 to align with year-to-date actual amounts.

To complete the augmentation process, the attached Resolutions to Augment #01-26 for Southern Nevada Health District General Fund Budget, #02-26 for Southern Nevada Health District Grant Fund (Special Revenue), and #03-26 for Southern Nevada Health District Capital Fund for Fiscal Year Ending June 30, 2026 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is completed.

**FUNDING:**

Please see attached Resolutions #01-26 for Southern Nevada Health District General Fund Budget, #02-26 for Southern Nevada Health District Grant (Special Revenue), and #03-26 for Southern Nevada Health District Capital Fund Budget for Fiscal Year Ending June 30, 2026.



**RESOLUTION #01-26**

RESOLUTION TO AUGMENT THE 2025-2026 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the Southern Nevada Health District (General) Fund, Southern Nevada Health District were budgeted to be \$171,458,473 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$187,820,633.

WHEREAS, said additional unanticipated resources are as follows:

<b><u>Southern Nevada Health District (General) Fund</u></b>		
Ending Fund as of 6/30/2025	Increased	\$17,928,860
Total Revenues Sources	(Decreased)	\$(1,566,700)
Total		<u>\$16,362,160</u>

WHEREAS, there is a need to apply these excess proceeds in the Southern Nevada Health District (General) Fund.

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its 2025-2026 budget by appropriating \$4,856,172 for use in the Southern Nevada Health District (General) Fund, thereby increasing its appropriations from \$117,309,423 to \$122,165,595. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the Southern Nevada Health District shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 26<sup>th</sup> of February 2026.

**AYES:**  
April Becker, Scott Black, Bobbette Bond,  
Nancy Brune, Pattie Gallo, Joe Hardy,  
Marilyn Kirkpatrick, Monica Larson,  
Frank Nemec, Shondra Summers-Armstrong

**NAYS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Absent:**  
Scott Nielson

**By:** Scott Black, Chair  
 Southern Nevada District Board of Health

**ATTEST:** 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Licenses & Permits			
Business Licenses & Permits			
Business Licenses	29,908,723	(824,908)	29,083,815
Intergovernmental Revenues			
State Shared Revenues			
Other	41,508,419	-	41,508,419
Charges for Services			
Health			
Other	48,356,635	(775,244)	47,581,391
Miscellaneous			
Interest Earnings		-	
Other	4,484,991	33,452	4,518,443
SUBTOTAL REVENUE ALL SOURCES	124,258,768	(1,566,700)	122,692,068
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
SUBTOTAL OTHER FINANCING SOURCES			
BEGINNING FUND BALANCE	47,199,705	17,928,860	65,128,565
TOTAL BEGINNING FUND BALANCE	47,199,705	17,928,860	65,128,565
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	171,458,473	16,362,160	187,820,633
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	52,682,295	640,829	53,323,124
Employee Benefits	26,149,735	(602,873)	25,546,862
Services & Supplies	37,772,813	4,732,712	42,505,525
Capital Outlay	704,580	85,504	790,084
SUBTOTAL EXPENDITURES	117,309,423	4,856,172	122,165,595
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			3,000,000
Operating Transfers			
To Fund 7060	3,000,000	-	3,000,000
To Fund 7090	8,779,649	(2,977,623)	5,802,026
SUBTOTAL OTHER USES	11,779,649	(2,977,623)	8,802,026
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	42,369,401	14,483,611	53,853,012
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	171,458,473	16,362,160	187,820,633

(Local Government)  
Schedule B - 7050 Fund



**RESOLUTION #02-26**

RESOLUTION TO AUGMENT THE 2025-2026 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the Southern Nevada Health District Grant (Special Revenue) Fund, Southern Nevada Health District were budgeted to be \$70,743,297 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$62,418,967.

WHEREAS, said additional unanticipated resources are as follows:

**Southern Nevada Health District Grant (Special Revenue) Fund**

Ending Fund as of 6/30/2024 (Increased)	\$39,372
Total Revenues Sources (Decreased)	\$(8,363,702)

Total (\$8,324,330)

WHEREAS, there is a need to apply these excess proceeds in the Southern Nevada Health District Grant (Special Revenue) Fund.

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its 2025-2026 budget by appropriating (\$8,363,702) for use in the Southern Nevada Health District Grant (Special Revenue) Fund, thereby decreasing its appropriations from \$70,661,216 to \$62,297,514. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the Southern Nevada Health District shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 26<sup>th</sup> of February 2026.

**AYES:**

April Becker, Scott Black, Bobbette Bond,  
Nancy Brune, Pattie Gallo, Joe Hardy,  
Marilyn Kirkpatrick, Monica Larson,  
Frank Nemec, Shondra Summers-Armstrong

**NAYS:**

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

**Absent:**

Scott Nielson

By: Scott Black, Chair  
Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Intergovernmental Revenues			
Federal Grants			
Department of Agriculture	-	-	-
Department of Health & Human Services	46,624,478	(12,046,732)	34,577,746
Department of Homeland Security	556,947	(466,605)	90,341
Department of Justice	508,045	78,718	586,763
Department of Treasury	1,148,554	657	1,149,211
Environmental Protection Agency	160,832	(16,704)	144,128
State Grants			
Department of Health & Human Services	7,180,937	7,568,023	14,748,960
Other Grants			
Clark County	4,427,760	(144,582)	4,283,178
City of Las Vegas	146,726	(25,000)	121,726
Other	1,127,288	(333,853)	793,435
SUBTOTAL REVENUE ALL SOURCES	61,881,567	(5,386,079)	56,495,488
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	8,779,649	(2,977,623)	5,802,026
SUBTOTAL OTHER FINANCING SOURCES	8,779,649	(2,977,623)	5,802,026
BEGINNING FUND BALANCE	82,081	39,372	121,453
TOTAL BEGINNING FUND BALANCE	82,081	39,372	121,453
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	70,743,297	(8,324,330)	62,418,967
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	21,764,330	(2,297,255)	19,467,075
Employee Benefits	10,894,846	(1,645,622)	9,249,224
Services & Supplies	28,332,977	(5,298,235)	23,034,742
Capital Outlay	9,669,063	877,410	10,546,473
SUBTOTAL EXPENDITURES	70,661,216	(8,363,702)	62,297,514
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES			
ENDING FUND BALANCE	82,081	39,372	121,453
TOTAL ENDING FUND BALANCE	82,081	39,372	121,453
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	70,743,297	(8,324,330)	62,418,967

(Local Government)  
Schedule B - 7090 Fund



**RESOLUTION #03-26**

RESOLUTION TO AUGMENT THE 2025-2026 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the Southern Nevada Health District Capital Fund, Southern Nevada Health District were budgeted to be \$6,109,159 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$6,680,041.

WHEREAS, said additional unanticipated resources are as follows:

**Southern Nevada Health District Capital Fund**

Ending Fund as of 6/30/2025 (Increased)	\$570,882
Total Revenues Sources (Increased)	\$0

Total \$570,882

WHEREAS, there is a need to apply these excess proceeds in the Southern Nevada Health District Capital Fund.

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its 2025-2026 budget by appropriating \$493,191 for use in the Southern Nevada Health District Capital Fund, thereby increasing its appropriations from \$2,811,000 to \$3,304,191. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the Southern Nevada Health District shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 26<sup>th</sup> of February 2026.

**AYES:**

April Becker, Scott Black, Bobbette Bond,

Nancy Brune, Pattie Gallo, Joe Hardy,

Marilyn Kirkpatrick, Monica Larson,

Frank Nemec, Shondra Summers-Armstrong

**Absent:**

Scott Nielson

**NAYS:**

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

By: Scott Black, Chair  
Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Miscellaneous			
Interest Earnings	109,559	-	109,559
SUBTOTAL REVENUE ALL SOURCES	109,559	-	109,559
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	3,000,000	-	3,000,000
SUBTOTAL OTHER FINANCING SOURCES	3,000,000	-	3,000,000
BEGINNING FUND BALANCE			
Reserved			
Unreserved			
TOTAL BEGINNING FUND BALANCE	2,999,600	570,882	3,570,482
TOTAL AVAILABLE RESOURCES	6,109,159	570,882	6,680,041
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Services & Supplies	219,000	-	219,000
Capital Outlay	2,592,000	493,191	3,085,191
SUBTOTAL EXPENDITURES	2,811,000	493,191	3,304,191
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES	-		
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	3,298,159	77,691	3,375,850
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	6,109,159	570,882	6,680,041

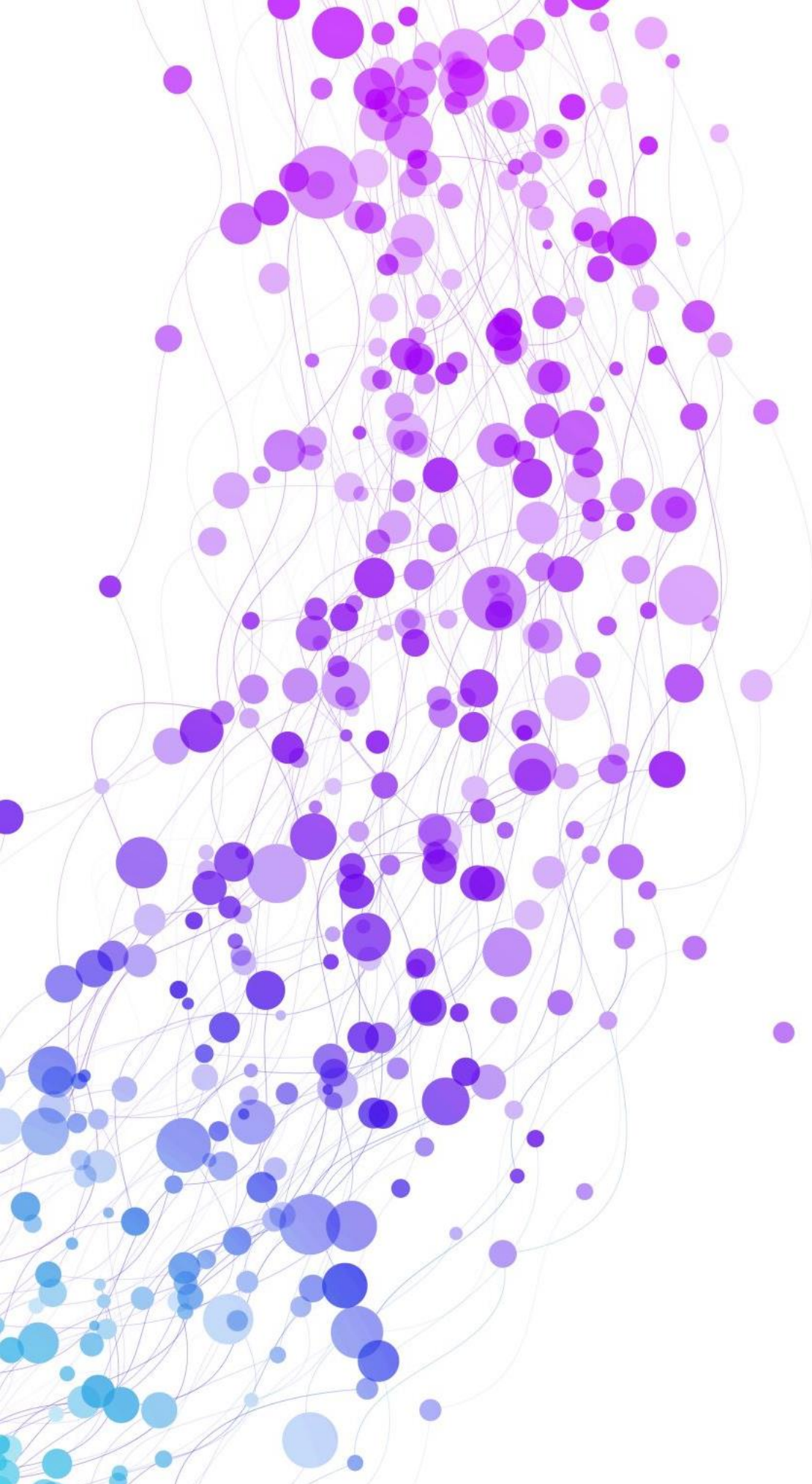
(Local Government)  
Schedule B - 7060 Fund



FY 2025-2026 February Budget Augmentation

Board of Health Meeting

February 26, 2026

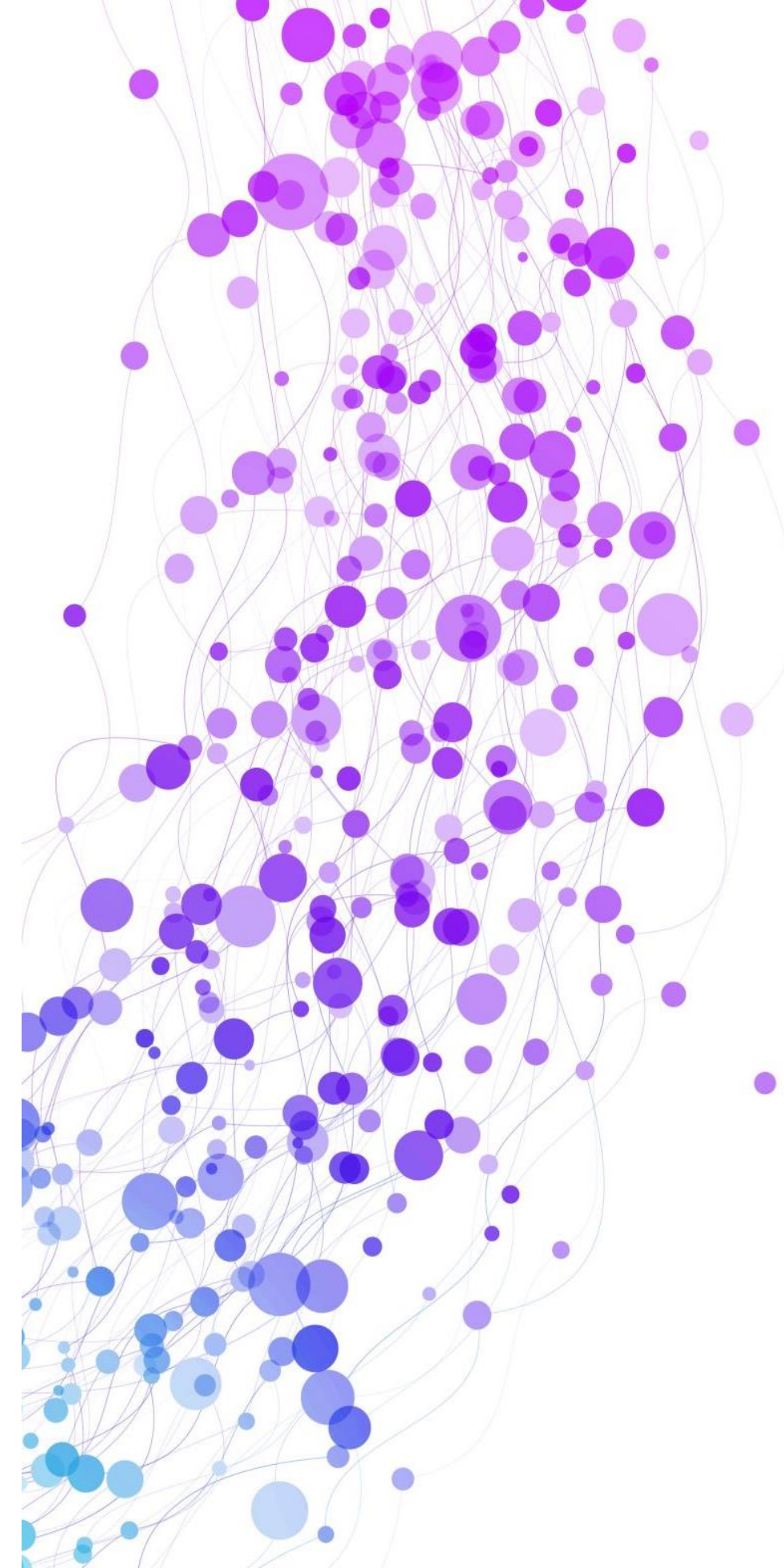


## Definition

A “**Budget augmentation**” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

# Nevada Revised Statute (NRS) 354.626

Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department, or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”



# OVERVIEW

## Staffing:

Staffing for **FY26** is projected to be **871.35** FTE compared to FY2026 adopted budget of 872.50 FTE.

## Revenues:

General Fund revenues is projected at **\$122.7M** in **FY26** an increase of \$1.1M from FY26 adopted budget.

Special Revenue Fund (Grants) are projected at **\$56.5M** in **FY26**, a decrease of \$5.4M from FY26 adopted budget.

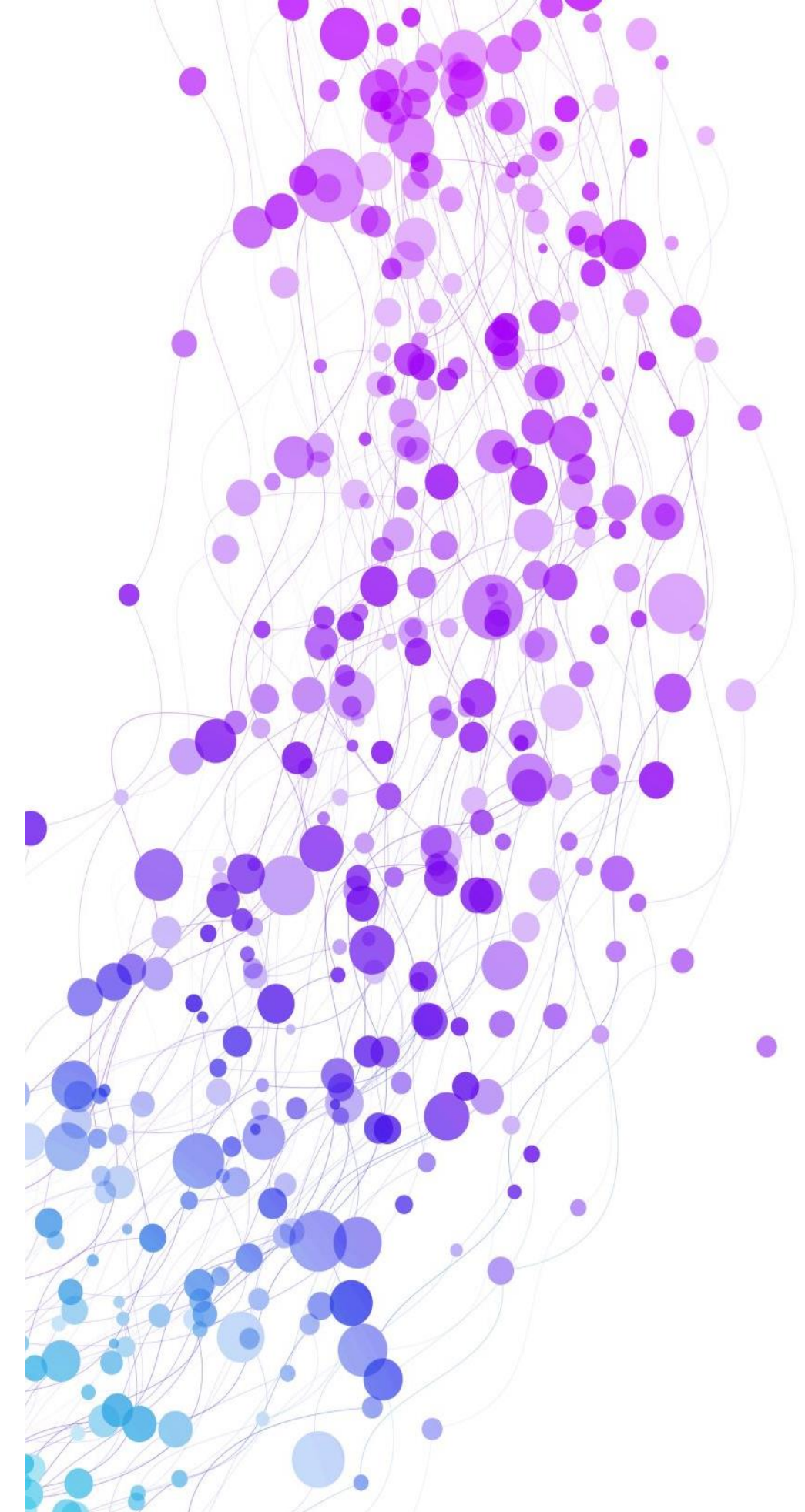
## Expenditures:

General Fund expenditures are projected at **\$122.2M** in **FY26**, an increase of \$4.9M from FY26 adopted budget

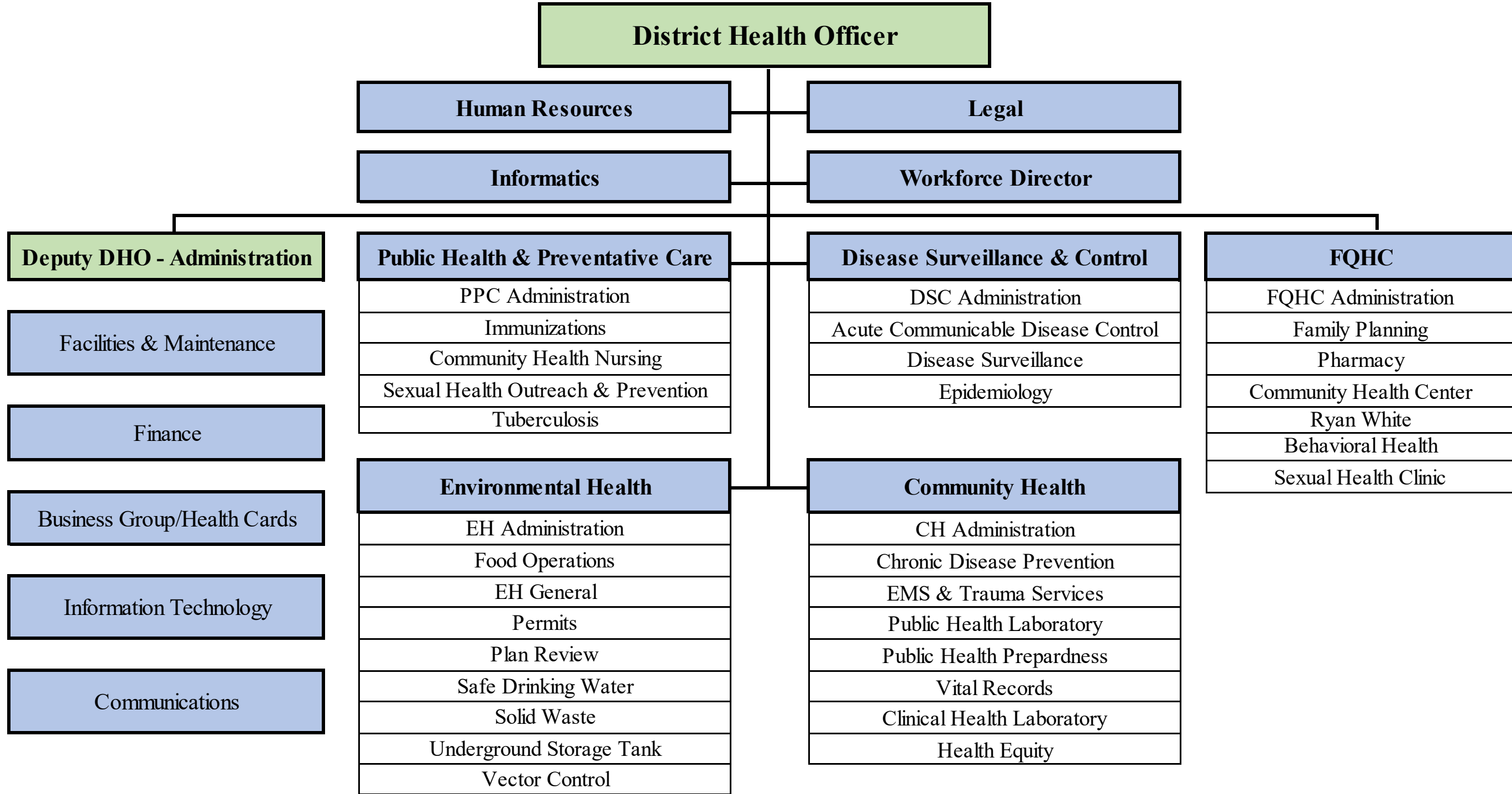
Special Revenue Fund expenditures are projected at **\$62.3M** in **FY26**, a decrease of \$8.4M from FY26 adopted budget

## Capital:

Facility expenses is projected at **\$2.0M** for **FY26**, an increase of \$493K from FY26 adopted budget



# SNHD ORGANIZATION CHART



**District Health Officer**

**Human Resources**

**Legal**

**Informatics**

**Workforce Director**

**Deputy DHO - Administration**

**Public Health & Preventative Care**

**Disease Surveillance & Control**

**FQHC**

Facilities & Maintenance

- PPC Administration
- Immunizations
- Community Health Nursing
- Sexual Health Outreach & Prevention
- Tuberculosis

- DSC Administration
- Acute Communicable Disease Control
- Disease Surveillance
- Epidemiology

- FQHC Administration
- Family Planning
- Pharmacy
- Community Health Center
- Ryan White
- Behavioral Health
- Sexual Health Clinic

Finance

**Environmental Health**

**Community Health**

Business Group/Health Cards

- EH Administration
- Food Operations
- EH General
- Permits
- Plan Review
- Safe Drinking Water
- Solid Waste
- Underground Storage Tank
- Vector Control

- CH Administration
- Chronic Disease Prevention
- EMS & Trauma Services
- Public Health Laboratory
- Public Health Preparedness
- Vital Records
- Clinical Health Laboratory
- Health Equity

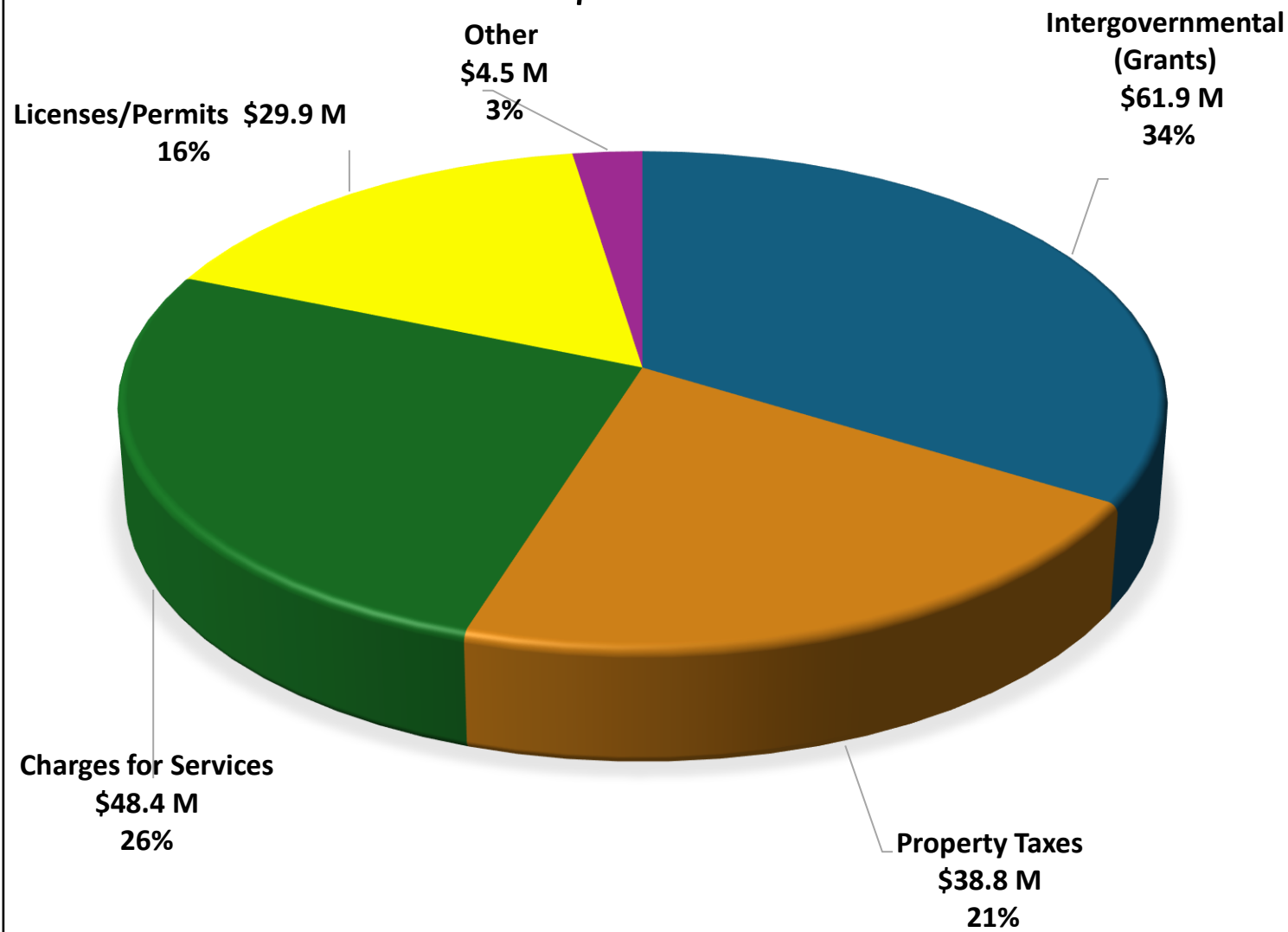
Information Technology

Communications

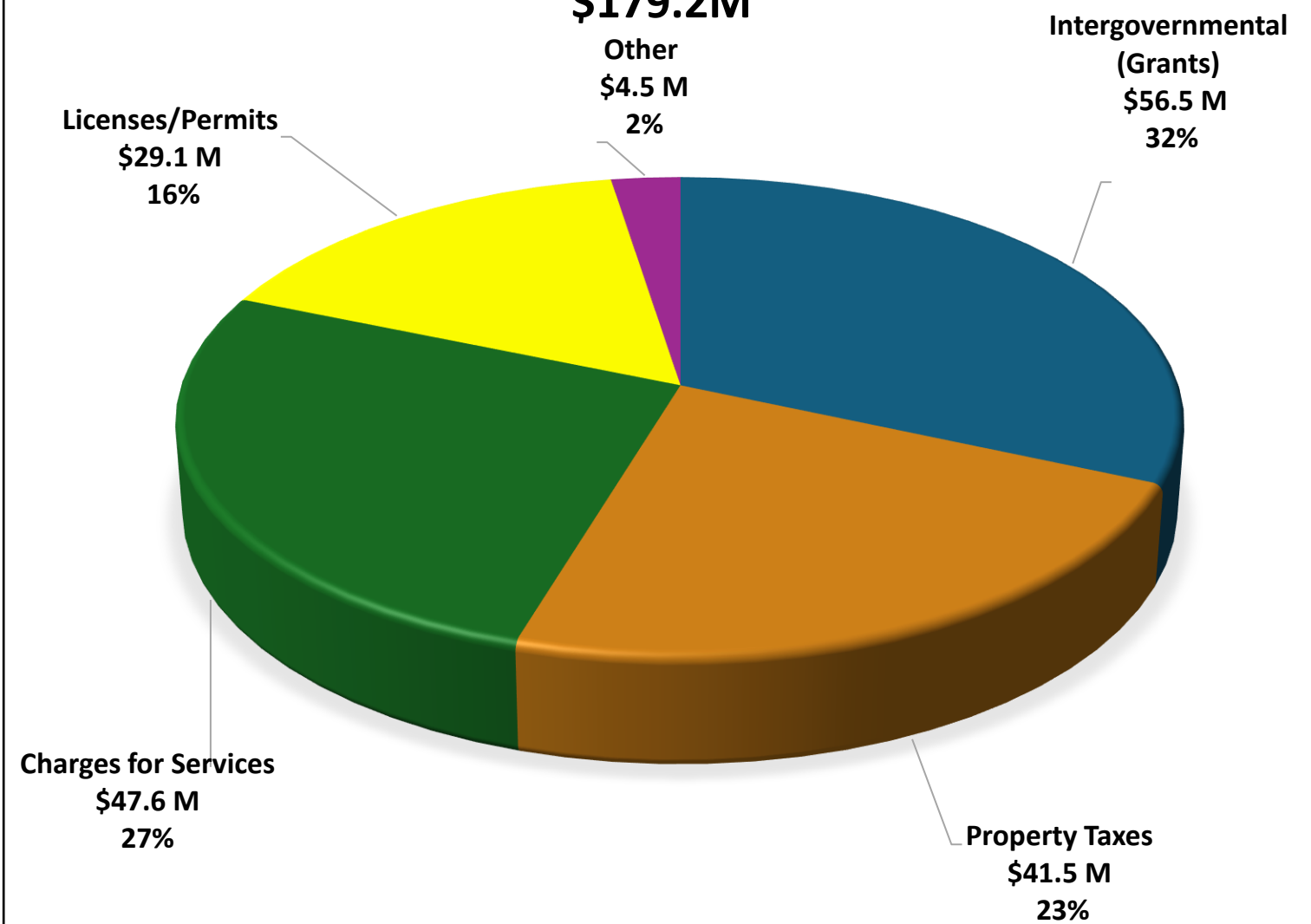
# REVENUES

## COMBINED GF & SRF REVENUES BY SOURCE – comparison

**FY2026 ADOPTED BUDGET  
REVENUE  
\$183.5M**



**FY2026 FEBRUARY BUDGET  
AUGMENTATION REVENUE  
\$179.2M**



% Percentages are based on total revenue.

\*\*Does not include Transfers In

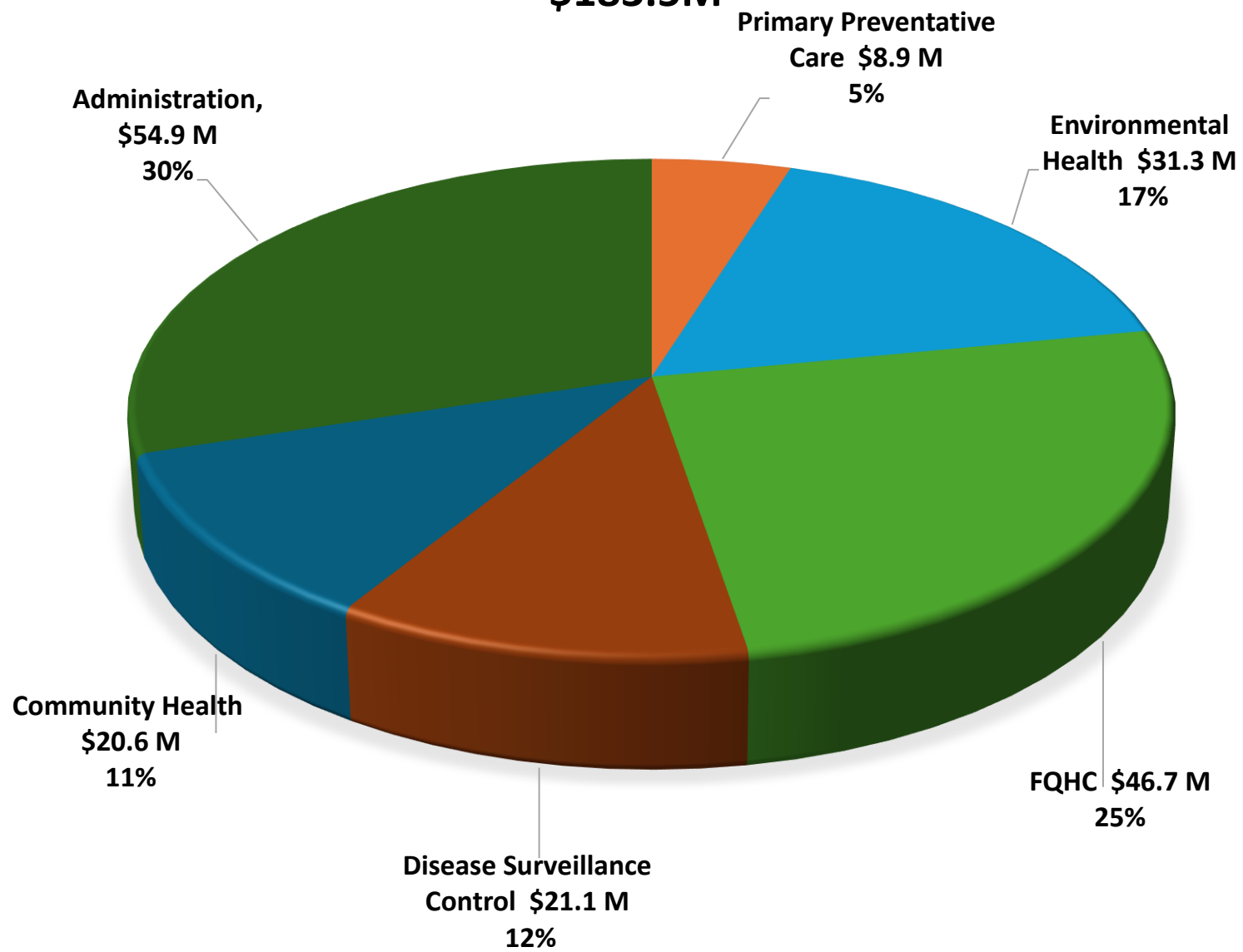
\*\*Adjusted Property Tax revenue was approved in June 2025

# REVENUES

## COMBINED REVENUES BY DIVISION – comparison

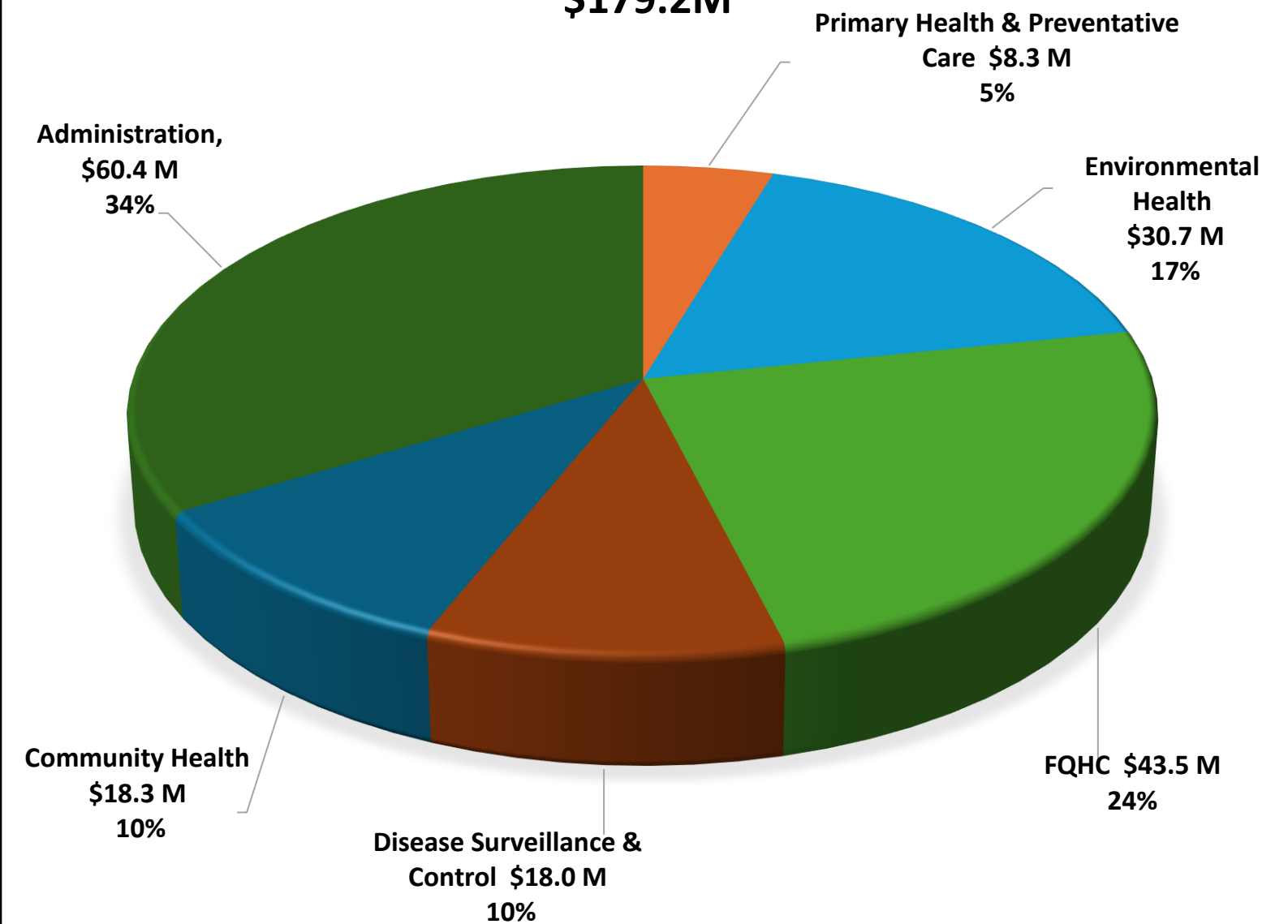
**FY2026 ADOPTED BUDGET**

**REVENUE**  
**\$183.5M**



**FY2026 FEBRUARY BUDGET**

**AUGMENTATION REVENUE**  
**\$179.2M**



*% Percentages are based on total revenue.*

*\*\*Does not include Transfers In*

*\*\*Adjusted Property Tax revenue was approved in June 2025*

# REVENUES

## GENERAL & GRANTS FUND HIGHLIGHTS

Special Revenue (Grants) decreased by **\$5.4M** due to the removal of several grants (ELC/Enhanced Detection \$13.2M, Ryan White \$1.4M) and offset by the addition/increase of various grants/sources (Senate Bill 118 \$2.7M, State Public Health Fund \$5.4M, and State Opioid Response \$2M)

FY 2026 Clark County Property Tax revenue is **\$2.7M** higher than the original approved budget (accepted June 2025).

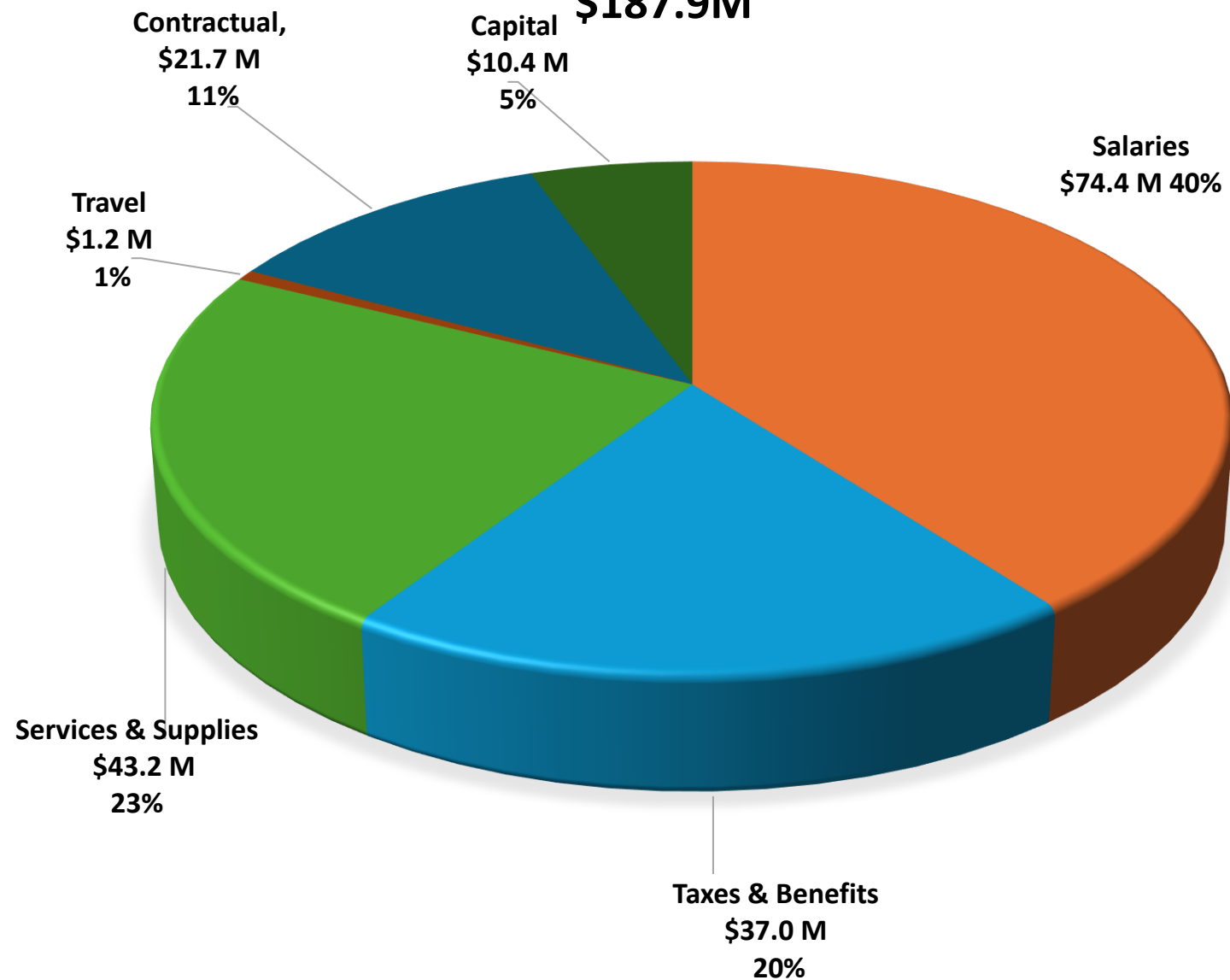
Pharmacy revenue (FQHC Gen Fund), a major component of charges for services is **\$35.2M**.

# EXPENDITURES

## COMBINED EXPENSES BY SOURCE – comparison

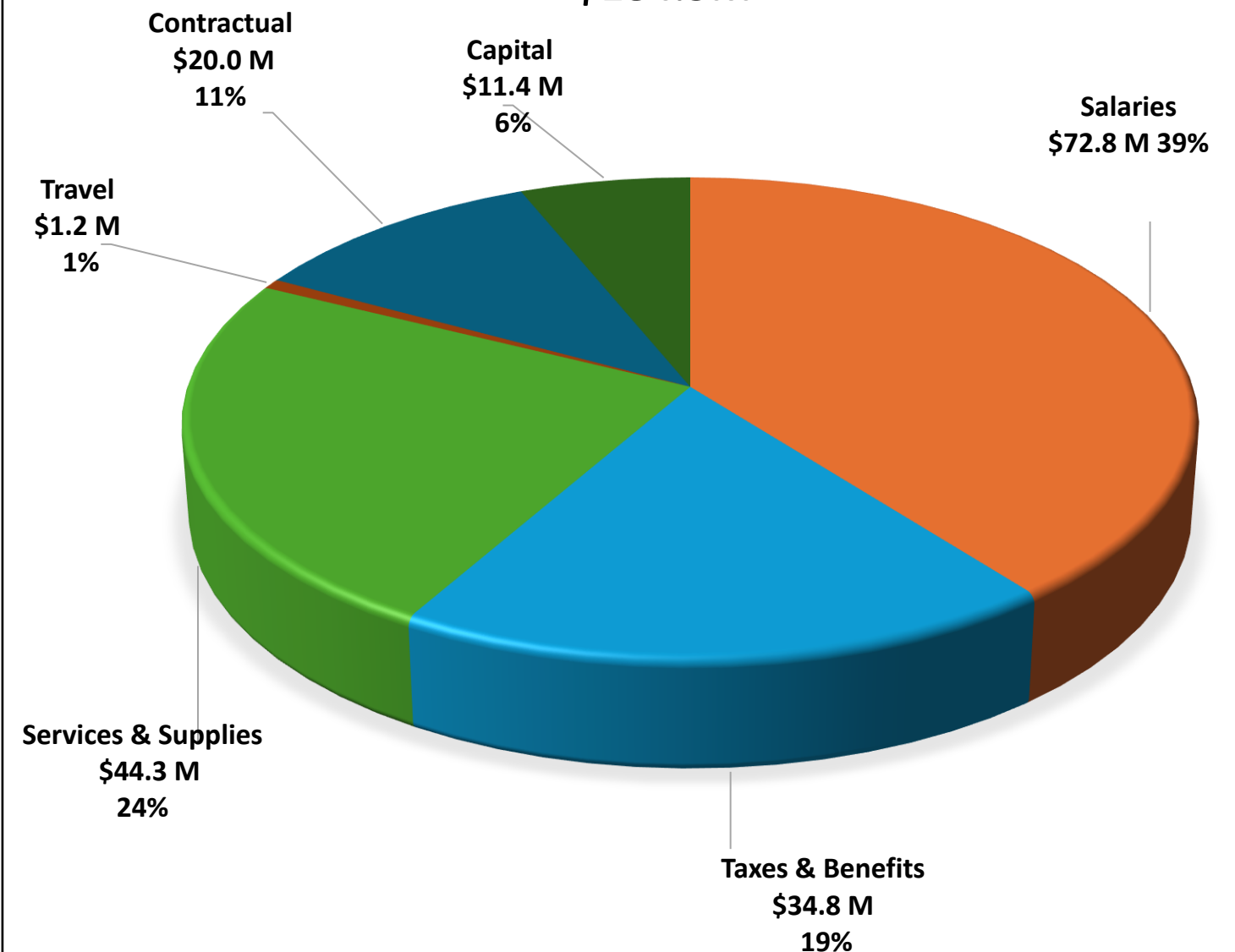
**FY2026 ADOPTED BUDGET  
EXPENDITURES**

**\$187.9M**



**FY2026 FEBRUARY BUDGET  
AUGMENTATION EXPENDITURES**

**\$184.5M**



\$ Amounts are based on total expense.

\*\*Does not include Transfers Out and Cost Allocations

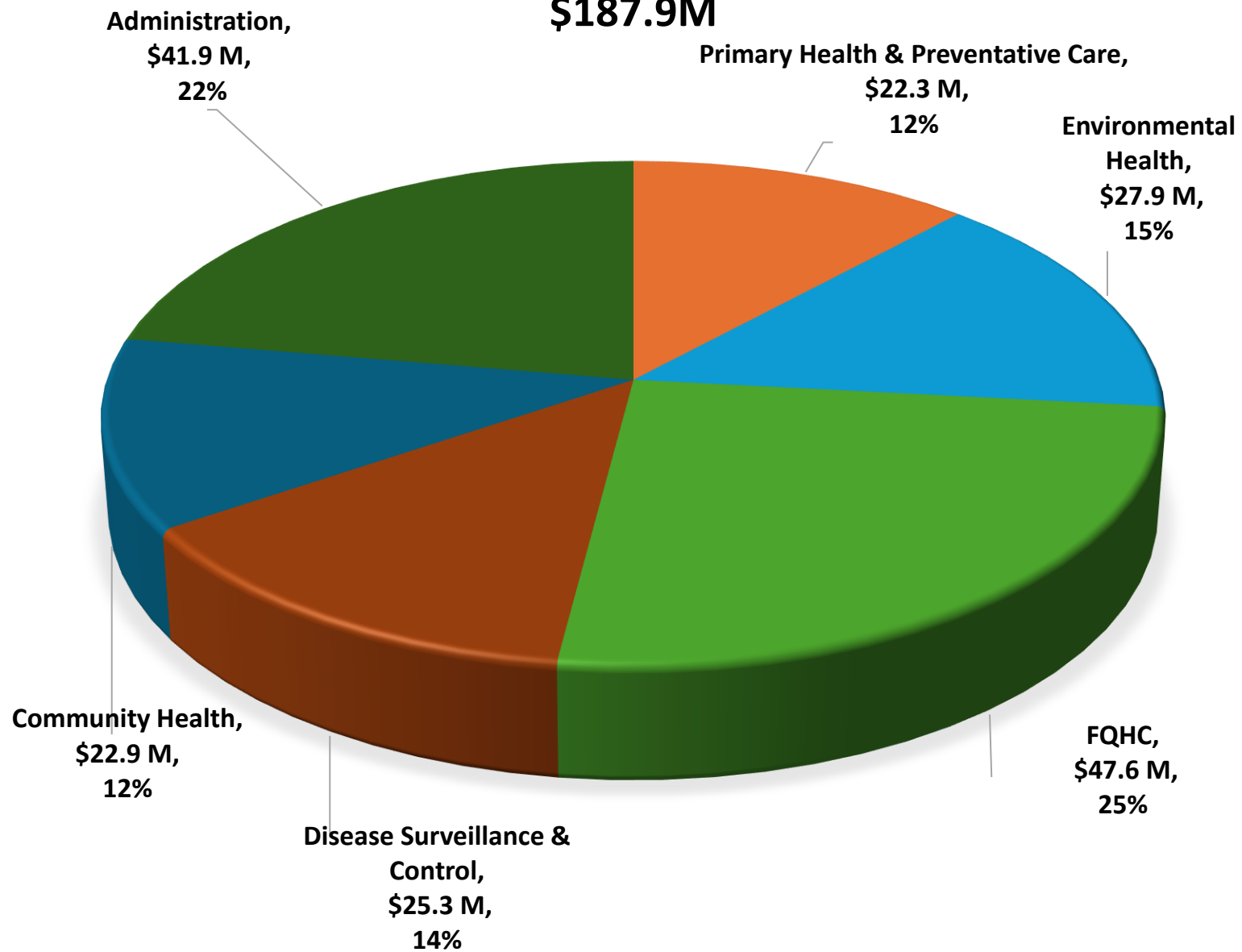
\*\*Does not include Transfers Out to Capital of \$3M

# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – comparison

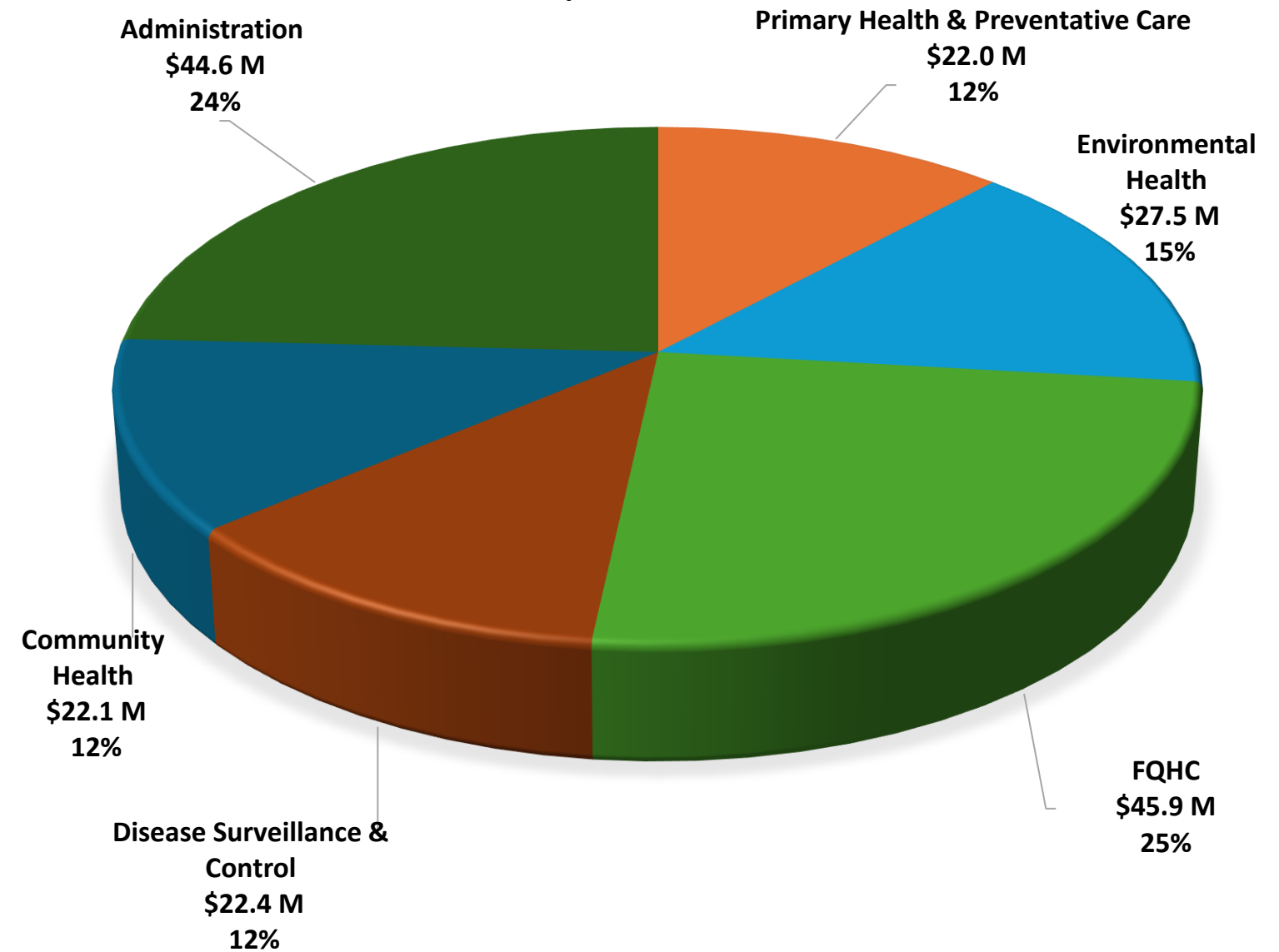
**FY2026 ADOPTED BUDGET  
EXPENDITURES**

**\$187.9M**



**FY2026 FEBRUARY BUDGET  
AUGMENTATION EXPENDITURES**

**\$184.5M**



\$ Amounts are based on total expense.

\*\*Does not include Transfers Out and Cost Allocations

\*\*Does not include Transfers Out to Capital of \$3M

# EXPENDITURES

## General & Grants Fund HIGHLIGHTS

General Fund and Special Revenue expenditures total augmented budget is at **\$184.5M** compared to **\$187.9M** original budget, a total decrease of **\$3.4M**.

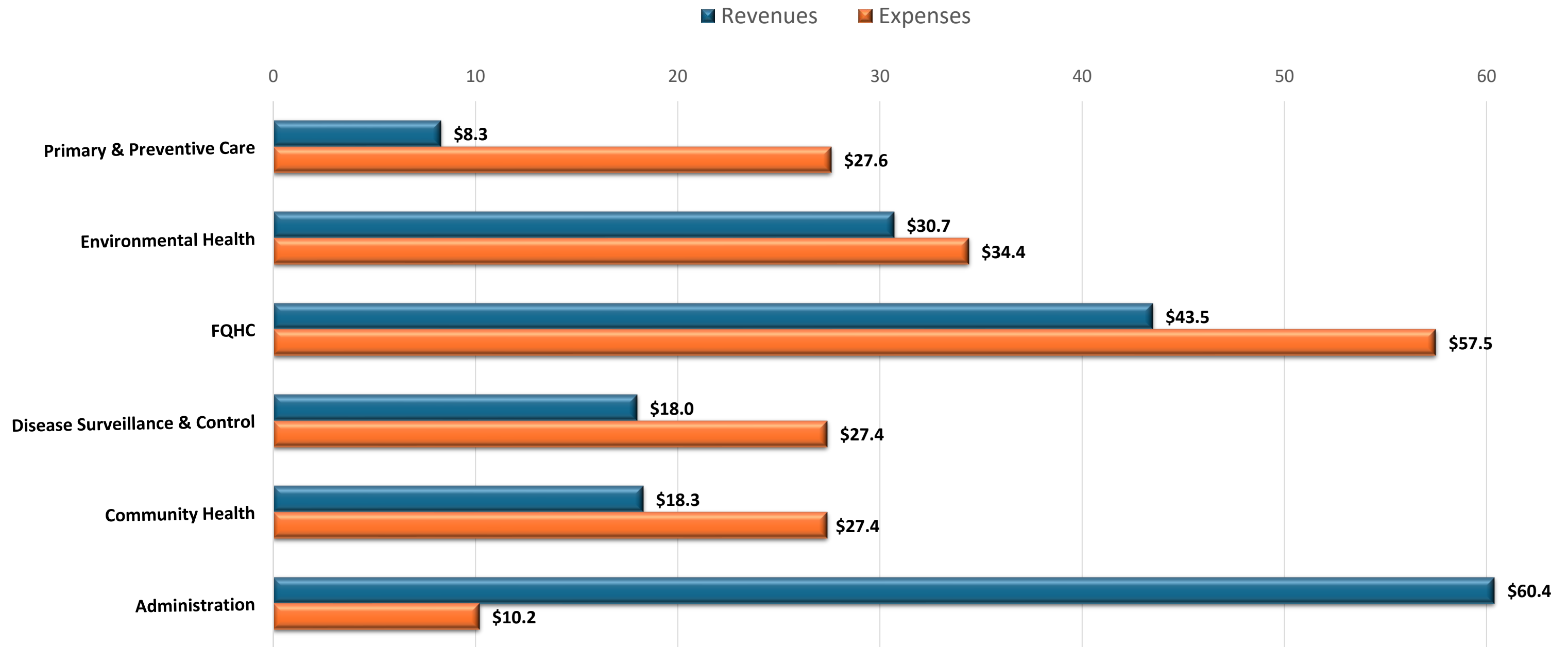
Special Revenue (Grants) expenditures decreased **\$5.4M** is due to the removal of grants such as ELC/Enhanced Detection, Ryan White and offset by the addition/increase of various grants/sources (Senate Bill 118, State Public Health Fund, State Opioid Response).

General Fund expenditures increased **\$1.8M** due to the transfer of lab supplies and equipment with the removal of ELC funding.

Total salaries and benefits for General & Grants Fund is **\$107.6M** a decrease of **\$3.8M** from the adopted budget of **\$111.4M**. This is primarily due to approximately 70 vacant positions with savings of **\$3.5M** for 6 months of the fiscal year. These positions are included in the expenses for the remainder of the fiscal year.

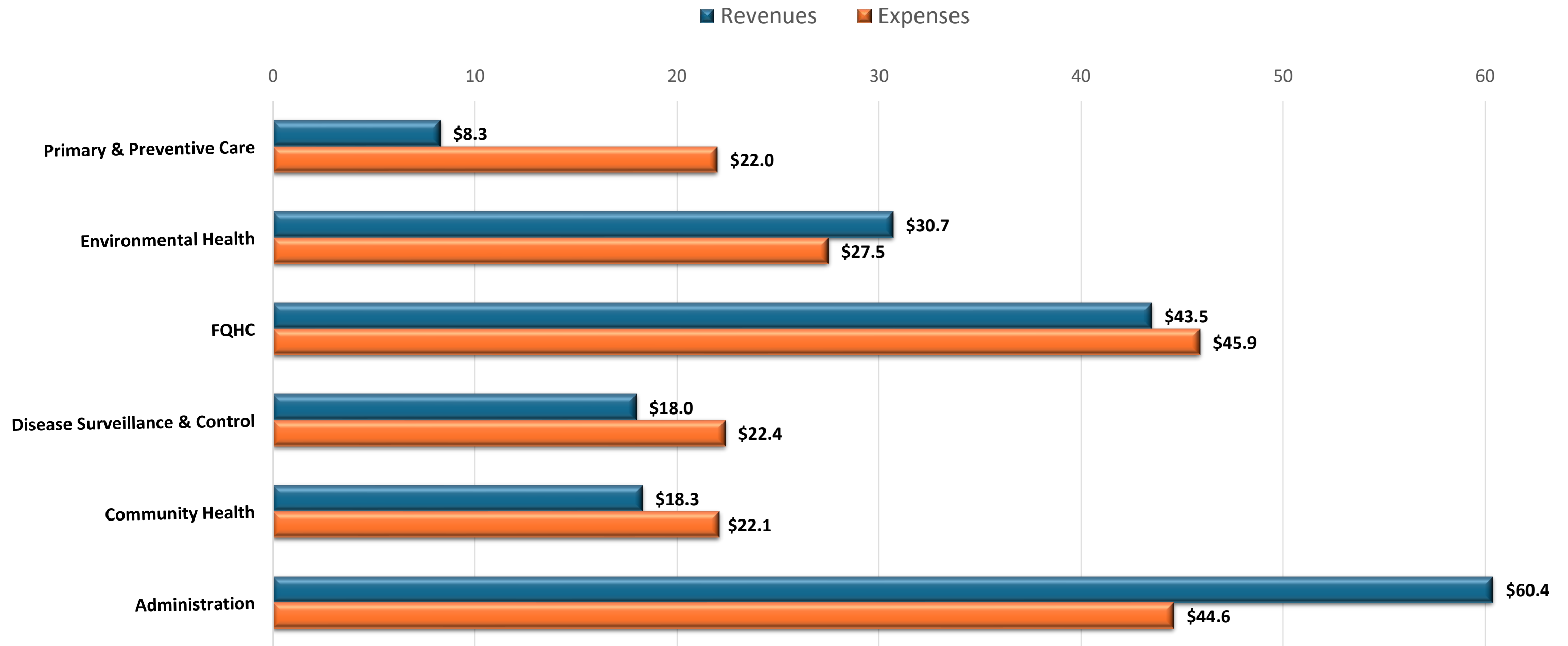
# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DIVISION



# REVENUES VS. EXPENDITURES

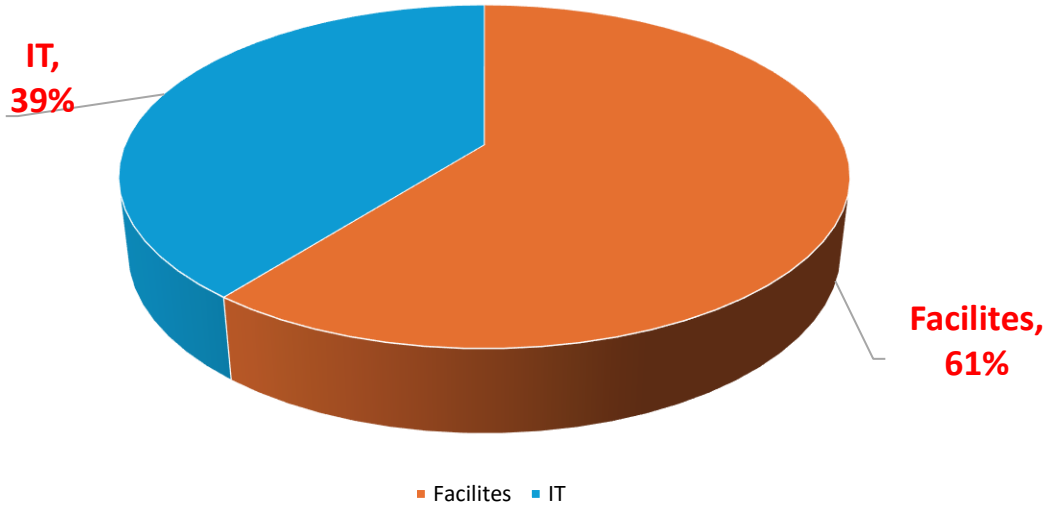
## COMBINED FUNDS BY DIVISION



# CAPITAL FUND

## FY 2026 Capital Projects

**Capital Fund Projects  
Total \$3.3M**



Capital Improvement Projects			
Facilities	FY26 Adopted Budget	FY26 Augmentation	Change
Improvements	1,475,000	1,986,831	511,831
Equipment	35,000	16,360	(18,640)
Vehicles	-	-	-
<b>Total</b>	<b>1,510,000</b>	<b>2,003,191</b>	<b>493,191</b>
IT	FY26 Adopted Budget	FY26 Augmentation	Change
Computer Hardware/Software	1,082,000	1,082,000	-
Equipment	187,000	187,000	-
Professional Services	32,000	32,000	-
<b>Total</b>	<b>1,301,000</b>	<b>1,301,000</b>	<b>-</b>
<b>Total Capital Improvement Projects</b>	<b>2,811,000</b>	<b>3,304,191</b>	<b>493,191</b>

# PERSONNEL

Division	2025/2026 ADOPTED	FTE Change	2025/2026 AMENDED	% FTE CHANGE Adopted v Estimated
Public Health & Preventive Care (1)	114.00	6.10	120.10	5.4%
Environmental Health	205.00	0.00	205.00	0.0%
FQHC (2)	126.50	-7.00	119.50	-5.5%
Disease Surveillance & Control (3)	132.00	3.00	135.00	2.3%
Community Health (4)	103.00	-4.00	99.00	-3.9%
Administration	192.00	0.75	192.75	0.4%
<b>Total:</b>	<b>872.50</b>	<b>-1.15</b>	<b>871.35</b>	<b>-0.4%</b>

- 1 - Addition of new positions for Street Medicine Program
- 2 - Reduced FTE in Ryan White; Added Pharamacist
- 3 - Addition of positions for HAI program
- 4 - Reduced staff due to loss of ELC funding

Division	FY 2026 Adopted		FY 2026 Augmentation		Change	
	General Fund	Special Revenue Fund	General Fund	Special Revenue Fund	General Fund	Special Revenue Fund
Public Health & Preventive Care	75.12	38.88	78.21	41.89	3.09	3.01
Environmental Health	196.27	8.74	194.10	10.90	-2.17	2.17
FQHC	79.69	46.81	87.00	32.50	7.31	-14.31
Disease Surveillance & Control	48.35	83.65	48.85	86.15	0.50	2.50
Community Health	46.79	56.21	47.15	51.85	0.36	-4.36
Administration	170.64	21.36	173.39	19.36	2.75	-2.00
<b>Grand Total</b>	<b>616.86</b>	<b>255.64</b>	<b>628.70</b>	<b>242.65</b>	<b>11.84</b>	<b>-12.99</b>

# Fund Balance - General Fund

<b>General Fund</b>	<b>FY25 Actual</b>	<b>FY 26 Adopted</b>	<b>FY 26 Estimated</b>
<b>Beginning Fund Balance</b>	<b>54,872,828</b>	<b>47,199,705</b>	<b>65,128,565</b>
Revenues	122,837,881	121,574,325	122,692,068
Expenditures/Other Uses	112,582,144	129,089,073	133,967,621
Change in Fund Balance	10,255,737	(7,514,748)	(11,275,553)
<b>Ending Fund Balance</b>	<b>65,128,565</b>	<b>39,684,957</b>	<b>53,853,012</b>
<i>Includes \$3M contingency, cost allocation and transfers out to Special Revenue and Capital Project funds for FY2026</i>			
<i>Additional property tax approved in June 2025 included in FY26 Estimated</i>			

# Fund Balance - Special Revenue Fund

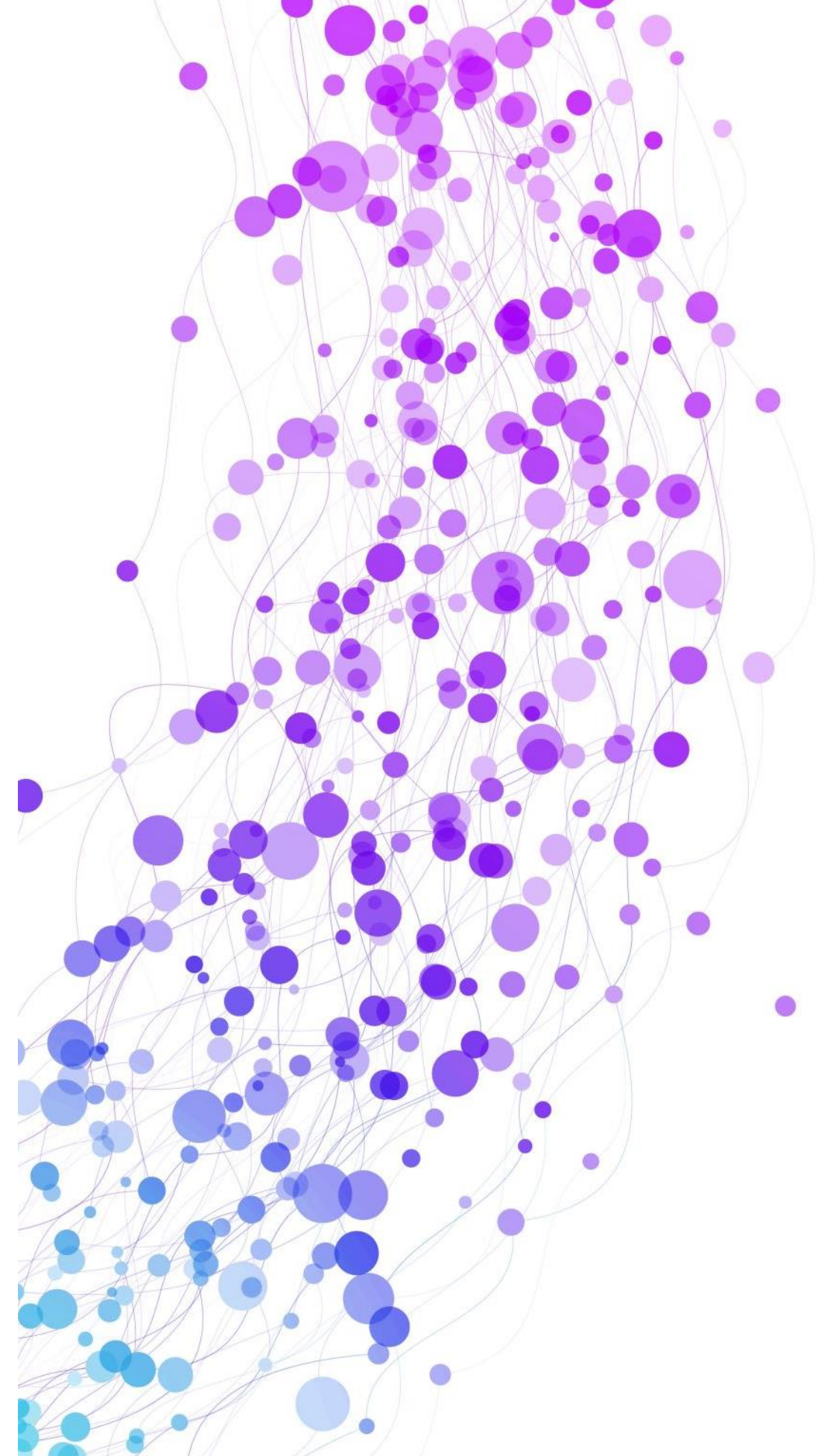
<b>Special Revenue</b>	<b>FY25 Actual</b>	<b>FY 26 Adopted</b>	<b>FY 26 Estimated</b>
<b>Beginning Fund Balance</b>	<b>82,081</b>	<b>82,081</b>	<b>121,453</b>
Revenue/Other	50,358,044	70,661,216	62,297,514
Expenditures/Other Uses	50,318,672	70,661,216	62,297,514
Change in Fund Balance	39,372	-	-
<b>Ending Fund Balance</b>	<b>121,453</b>	<b>82,081</b>	<b>121,453</b>
<i>Includes cost allocation and transfers in from General Fund</i>			
<i>Cost allocations and transfers-in lower than adopted due to decrease in grant expenditures</i>			

# Fund Balance – Capital Projects Fund

<b>Capital Projects</b>	<b>FY25 Actual</b>	<b>FY 26 Adopted</b>	<b>FY 26 Estimated</b>
<b>Beginning Fund Balance</b>	<b>2,730,175</b>	<b>2,999,600</b>	<b>3,570,482</b>
Revenue/Other	2,202,104	3,109,559	3,109,559
Expenditures/Other Uses	1,361,797	2,811,000	3,304,191
Change in Fund Balance	840,307	298,559	(194,631)
<b>Ending Fund Balance</b>	<b>3,570,482</b>	<b>3,298,159</b>	<b>3,375,851</b>
<i>Includes transfers from General Fund</i>			

# RECOMMENDATION

- Approval of the FY 2026 February budget augmentation as presented.
  - ❖ Petition #27-26
    1. Resolution #01-26 – General Fund
    2. Resolution #02-26 – Special Revenue Fund
    3. Resolution #03-26 – Capital Fund
  
- Copies to be submitted to Clark County and State of Nevada, pending further instructions.






QUESTION AND ANSWER



**DATE:** February 26, 2026

**TO:** Southern Nevada District Board of Health Members

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

**SUBJECT:** District Health Officer Report

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**National Black HIV/AIDS Awareness Day**

In observance of National Black HIV/AIDS Awareness Day on Saturday, Feb. 7, the Southern Nevada Health District joined community partners to provide additional health services to the community.

National Black HIV/AIDS Awareness Day highlights efforts to reduce HIV and other sexually transmitted infections while addressing HIV-related stigma in Black/African American communities. Black/African American people continue to be disproportionately affected by HIV in the United States. According to the Centers for Disease Control and Prevention (CDC), Black/African American individuals, who make up about 12% of the U.S. population, accounted for roughly 38% of the approximately 39,000 new HIV diagnoses in 2023. In Clark County, there were 140 new HIV diagnoses among Black people in 2024, compared to 106 new diagnoses among white people.

The Health District and the CDC recommend that everyone between the ages of 13 and 64 get tested for HIV at least once. People with ongoing risk should be tested at least annually and as often as every three months for those at higher risk.

The observance included a variety of activities over a two-day period:

**Friday, February 6**

- The Health District offered free HIV testing at Sunny Market, 600 W. Lake Mead Blvd., North Las Vegas, NV 89030. Safe sex kits and education about pre- and post-exposure prophylaxis (PrEP, PEP) were also available.
- The National Black HIV/AIDS Awareness Day Dinner was held at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. With the theme “A Brand New Day,” the evening of food, family and community also included free HIV testing.

**Saturday, February 7**

- The Center’s mobile testing unit was available for rapid HIV and Hepatitis C screening at the Southern Nevada Health Consortium’s Health Fair, held at the new West Las Vegas Library, 1861 N. MLK Blvd., Las Vegas, NV 89106.
- Free HIV testing was offered at McDonald’s, 3010 Las Vegas Blvd. N., North Las Vegas, NV 89030.

**Additional year-round testing opportunities**

Free HIV testing is also available at the following Health District locations:

- Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107, Monday–Thursday, 8 a.m. to 5:30 p.m. (closed noon to 1 p.m.)

The Health District's Sexual Health Outreach and Prevention Program offers no-cost HIV/STI screenings year-round through its Sexually Transmitted Infection Express Testing program. No appointments are needed, but clients must be without symptoms. Additional testing for syphilis, gonorrhea and chlamydia is also available at the following locations:

- Main Public Health Center, 280 S. Decatur, Las Vegas, NV 89107; Monday–Thursday, 7:30 a.m. to 4:30 p.m.
- Fremont Public Health Center, 2830 E. Fremont St., Las Vegas, NV 89104; Friday, 7:30 a.m. to 4:30 p.m.
- Henderson Public Health Center, 220 E. Horizon Dr., Suites A & C, Henderson, NV 89015; 9 a.m. to 2 p.m.
- Mesquite Public Health Center, 150 N. Yucca St., Suite 5, Mesquite, NV 89027; 4<sup>th</sup> Monday of every month, 9 a.m. to 2 p.m.

Same-day HIV testing and treatment services are also available at the Southern Nevada Community Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107, and at the Fremont Public Health Center. HIV services include testing, medical, behavioral health, nutrition, case management, pharmacy services and education. PEP and PrEP services are available for those who test negative for HIV. Services are offered for insured and uninsured patients. Sliding fee scale discounts are available to eligible self-pay patients. For clinic hours and additional information, go to [SNCHC.org](https://SNCHC.org). Free at-home HIV test kits also are available through the Health District's [Collect2Protect](#) program.

Early diagnosis allows people with HIV to benefit from antiretroviral therapy (ART), which reduces HIV-related illnesses, lowers the amount of virus in the blood, and decreases the risk of transmission to partners. With treatment, people living with HIV can remain healthy for many years.

Despite national progress in HIV prevention and treatment, about 13% of the more than 1.2 million people living with HIV in the U.S. are unaware of their status and need testing and care. Black individuals also have lower access to key prevention tools. The latest available data show that Black individuals represented around 15% of PrEP users in 2024, despite accounting for more than one-third of new HIV diagnoses, highlighting ongoing gaps in the equitable uptake of PrEP compared with white and Hispanic/Latino populations.

For more information on National Black HIV/AIDS Awareness Day, visit [HIV Awareness Days](#).

### **3rd Annual Tobacco Free Living Summit**

The Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion hosted the 3rd Annual Tobacco-Free Living Summit through its Tobacco Control Program. The summit addressed the detrimental effects of tobacco use within the Black community. To help reduce this burden, the Tobacco Control Program created Because We Matter LV, an African American-focused tobacco initiative, which guides the program's efforts and served as the foundation for this year's event.

The summit brought together community members, advocates and experts on February 19, at the Dr. William Pearson Community Center, 1625 W. Carey Ave., North Las Vegas, NV 89032. This free, public event focused on urgent issues shaping public health today, including the youth vaping epidemic, flavored tobacco products, tobacco control policies, and proven cessation resources. Held during Black History Month, the summit also explored the disproportionate impact of tobacco use on Black communities and highlighted actionable strategies to promote healthier, tobacco-free lives.

Smoking is a leading risk factor for chronic and life-threatening conditions, including chronic obstructive pulmonary disease (COPD), stroke, heart attack and lung cancer. In Clark County, Black adults experience a disproportionate burden of these smoking-related conditions. In 2023, Black adults in Clark County had the second-highest smoking prevalence among racial and ethnic groups at 15.2%, according to the Behavioral Risk Factor Surveillance System. Only residents categorized as other race reported a higher prevalence, at 16.3%. That same year, 10.9% of Black adults in Clark County reported having COPD, emphysema or chronic bronchitis—the highest prevalence among all racial and ethnic groups in the county. Black adults also had the highest prevalence of stroke in 2023, at 4.4%.

The impact of smoking is also evident in mortality data. Between 2018 and 2022, Black adults in Clark County experienced one of the highest age-adjusted lung cancer death rates, at 33.4 deaths per 100,000 population, according to the National Cancer Institute. In 2022, Black adults also had the highest age-adjusted death rate from heart attack – 43.5 per 100,000 – based on data from the National Environmental Public Health Tracking Network.

The summit featured a variety of tobacco-related topics and speakers:

- **Onjewel Smith**, echo, LLC and American Nonsmokers' Rights Foundation  
*Menthol tobacco and cultural exploitation*
- **Kayla Ramsey**, Nevada Cancer Coalition  
*Lung cancer screening matters*
- **Dr. Karen Beard**, Amplify! African American Statewide Coordinating Center  
*Moving beyond cessation*
- **DJ Yearwood**, 2023 Campaign for Tobacco-Free Kids Youth Advocate of the Year  
*Protecting Black youth from vaping*
- **Tracy Truran**, Health Plan of Nevada and Richard Davis, Dignity Health  
*Rapid-fire session: Nevada cessation programs and resources*

Because We Matter LV is a smoking and vaping prevention initiative for African Americans in Clark County and is part of the Health District's Tobacco Control Program. The initiative works to raise awareness, provide culturally relevant education, connect individuals to cessation resources and encourage healthier, smoke- and vape-free lives throughout the community. Learn more about Because We Matter LV at [becausewematterlv.org](https://becausewematterlv.org).

### **American Heart Month**

The Health District is recognizing American Heart Month in February by offering free blood pressure screenings and educational events at barbershops, beauty salons and faith-based organizations across Clark County.

Heart disease is the leading cause of death in the United States, and stroke remains a leading cause. Nationwide, someone dies of cardiovascular disease about every 34 seconds, and someone dies of stroke about every 3 minutes and 14 seconds. The U.S. Preventive Services Task Force provides its strongest recommendation for routine blood pressure screening, recognizing hypertension as a major, preventable risk factor for heart disease, stroke and heart attack. Identifying and addressing high blood pressure early can significantly reduce the risk of serious cardiovascular events.

Local data highlight persistent disparities in heart health outcomes. In Clark County, Black adults experience a disproportionate burden of cardiovascular disease. In 2023, Black adults had the highest prevalence of hypertension at 40.4% and stroke at 4.4%, and among the highest prevalence of coronary heart disease at 3.3% among racial and ethnic groups in the county, according to the Behavioral Risk Factor Surveillance System. In 2022, Black adults in Clark County also had the highest age-adjusted death

rate due to heart attack, at 43.5 per 100,000, based on the National Environmental Public Health Tracking Network.

American Heart Month events, which were open to the public included:

### **Salon Talk**

A free, educational discussion focused on heart health and its connection to brain health, lifestyle choices and prevention was held on Friday, February 6 at Expertise Cosmetology Institute, 1911 Stella Lake St., Las Vegas, NV 89106.

### **Free blood pressure screening events were offered at:**

- **Expertise Cosmetology Institute**  
1911 Stella Lake St., Las Vegas, NV 89106
- **Heat City Fades**  
270 S. Decatur Blvd., Las Vegas, NV 89107
- **Executive Cuts**  
921 W. Owens Ave., Las Vegas, NV 89106
- **Masterpiece Barbershop**  
2300 N. Rainbow Blvd., Las Vegas, NV 89108
- **5 Star Barbershop**  
2696 W. Ann Rd., North Las Vegas, NV 89031
- **Master Barbering Galo**  
8090 Blue Diamond Rd., Las Vegas, NV 89178
- **Ego Tripp**  
205 W. Centennial Pkwy, North Las Vegas, NV 89084
- **Mountaintop Faith Ministries**  
2845 S. Lindell Rd., Las Vegas, NV 89146
- **Nehemiah Ministries**  
3606 N. Rancho Dr., Las Vegas, NV 89130

The Health District encouraged the public to take advantage of these free events to learn their blood pressure numbers and connect with heart health resources available in the community. More information about heart disease and stroke prevention is available at [Get Healthy Clark County | Million Hearts](#).

### **Influenza Update**

As of January 24, 583 influenza-associated hospitalizations and 19 deaths have been reported in Clark County. The percentage of emergency department and urgent care visits for influenza-like illness (ILI—defined as a fever of 100°F or greater and a cough and/or sore throat) increased from 2.8% in week 2 to 3.1% in week 3.

Influenza A has been the predominant influenza type detected among hospitalized cases in Clark County. During week 3, 4.7% of outpatient visits reported nationally through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness, including ILI. This percentage is above the national baseline of 3.1%.

The Health District's Influenza Snapshot and Influenza Report by Age Group are available weekly at [www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/](http://www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/).

## **Community Meetings**

### **Week ending 02/01:**

#### **Biweekly:**

- Facilitated one-on-one meetings with direct reports (Gonzales, Melly, Trujillo, Yapjoco)
- Participated in the Healthcare Associated Infections (HAI) Update meeting

#### **Monthly:**

- Participated in the 2nd BCHC Monthly Member meeting

#### **Media/Interviews/Panelist/Presenter/Events:**

- Opening Remarks at the Health District After Dark

#### **Ad-hoc Meetings:**

- Participated in a meeting regarding the SNHD fleet vehicles
- Participated in a meeting regarding the Health District After Dark
- Participated in a meeting with the Pharmacy and Finance Departments
- Participated in a meeting regarding the lab expansion

### **Week ending 01/25:**

#### **Biweekly:**

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with direct reports (Anderson-Fintak, Saxton, Trujillo, Zhang)
- Participated in the EIS Bi-weekly Check-in meeting
- Attended the SNHD/Accela Executive Touchpoint call

#### **Monthly:**

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Brune, Mayor Pro Tem Gallo, Commissioner Becker, Bobbette Bond, Councilwoman Larson, Scott Nielson, Mayor Hardy
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health meeting

#### **Annually:**

- Participated in the DHO Annual Review Committee meeting

#### **Media/Interviews/Panelist/Presenter/Events:**

- Attended the Innovation Infrastructure as a Community & Workforce Asset at the City of Las Vegas

### **Week ending 01/18:**

#### **Biweekly:**

- Attended the CDC Response All-STLT Update call
- Facilitated one-on-one meetings with direct reports (Carter, Gonzales, Mangla, Trujillo)

#### **Monthly:**

- Participated in the NWSS CoE Regional Call
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black

#### **Bi-monthly:**

- Participated in a meeting regarding Public Health Policy Strategy

#### **Quarterly:**

- Participated in the Public Health Advisory Board meeting

Professional Development/Conferences:

- Attended the “Right Sizing Your Wastewater Surveillance Program” webinar facilitated by the University of Denver

Ad-hoc Meetings:

- Participated in an internal meeting regarding street medicine billing and reimbursement
- Participated in an internal meeting regarding the Public Accommodation Regulations

**Week ending 01/11:**

**Biweekly:**

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with direct reports (Saxton, Zhang)
- Participated in the EIS Bi-weekly Check-in meeting
- Attended the SNHD/Accela Executive Touchpoint call

**Monthly:**

- Participated in the Monthly Leadership Finance meeting
- Participated in the BCHC Monthly Member meeting

**Bi-monthly:**

- Participated in the Leadership/Managers Meeting

**Annually:**



- Participated in the SNHD Service Award Ceremony

**Ad-hoc Meetings:**

- Attended the New Hire Orientation
- Attended the SNHD/Accela Go-live Checkpoint call
- Participated in a meeting with Dr. Saloman Amar (Touro University) and Dina Babsky (City of Las Vegas) regarding wastewater surveillance
- Participated in a meeting with Peter Kaufmann and Merrill Landers (UNLV School of Integrated Health Sciences) regarding rural health initiatives

# MEMORANDUM



**Date:** February 26, 2026  
**To:** Southern Nevada District Board of Health  
**From:** Jason Frame, *Acting Deputy District Health Officer-Administration*   
Cassius Lockett, PhD,MS, *District Health Officer*   
**Subject:** **Administration Division Monthly Report – January 2026**

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## Executive Summary

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The Office of Communications issued one News Release and released a commercial promoting services offered at the Southern Nevada Community Health Center (SNCHC) on streaming services, which has, as of January 29, garnered 1.3 million impressions. Additionally, Google Ads were placed supporting the Your Shot campaign. Health Cards served 13,261 total clients, including 3,450 clients renewing online. The \$5 increase on first-time and renewed Food Handler Safety Training Cards and Certified Food Safety Manager Cards went into effect January 1. As of January 30, 2026, the Health District had 794 active employees. Human Resources posted 8 employment opportunities, held 52 interviews, extended 15 job offers, and onboarded seven new hires.

## Office of Communications

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### **News Releases Disseminated:**

- Health District offers free diabetes classes in English and Spanish

### **Press:**

- Proposed septic tank regulations
- Legionnaires' disease cases at Harrah's Laughlin
- Respiratory illnesses
- Bed bugs at Basic Academy
- Diabetes self-management classes

Five hundred seven news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in January. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202601-PI-Report.pdf>.

### **Advertisements, Projects Completed and Social Media Summary:**

In January, a commercial was placed promoting services offered at the Southern Nevada Community Health Center (SNCHC) on streaming services. As of January 29, the ad has garnered 1.3 million impressions. Additionally, Google Ads were placed supporting the Your Shot campaign and Office of Communications staff members collaborated with the Health Equity team to promote the SPARK Youth Advisory Council and assisted the Office of Public Health Preparedness to design and rebrand the Southern Nevada Point of Dispensing website. The Office of Communications also prepared collateral for the Street Medicine program and worked with the Environmental Health division to design postcard mailers for the proposed Individual Sewage Disposal System (ISDS) regulations outreach meeting.

The Office of Communications responded to 148 public information inquiries in January related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 82 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. Staff continued regular updates to Health District websites, including SNHD.info and SNCHC.org.

On social media, staff promoted Three Square food distributions, New Year messaging, Healthy Holidays for Get Healthy Clark County, holiday closures, Your Shot campaign, Strip Club (fentanyl and xylazine test strips), a video on free diabetes classes, CredibleMind, partial SNCHC closures, Cervical Cancer Awareness Month, PrEP services, and Board of Health recognitions.

### **Community Outreach and Other:**

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 14
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 3255
- January 30: Three Square food distribution

**Government Affairs Update:**

- Compiled and submitted quarterly State Public Health Funds progress reports

**Meetings and Events of Note:**

- January 2: Public Health Study Discussion
- January 6: Accreditation review
- January 6: Meeting of the Joint Interim Standing Committee on Health and Human Services
- January 6: FQHC Tour and Meeting with Ryan Hampton
- January 9: Big Cities Health Coalition PIO/Communications Call
- January 12: Public Health Study Planning Meeting
- January 13: Southern Nevada School Traffic Safety Working Group Meeting
- January 14: Southern Nevada School Traffic Safety Policy Sub-working Group Meeting
- January 14: Public Health Policy Strategy Meeting
- January 15: Lean Six Sigma Yellow Belt Certification
- January 20: Behavioral Health Association of Nevada Policy Forum
- January 20: Public Workshop to consider amendments to Nevada Administrative Code (NAC Chapter 441A)
- January 21: 2026 – The Year Ahead for PCAs and CHCs webinar
- January 29: Public Health Communications Collaborative Webinar: Ask Us Anything: Communicating About Immunization
- Meetings for Nevada Tobacco Control and Smoke-free Coalition
- Meetings for CHIP Public Health Funding Workgroup
- Meetings related to State Public Health Funds and SB118
- Meetings to plan for State of Public Health event

Please see Appendix A for the following:

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

## Facilities

<b>Monthly Work Orders</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Maintenance Responses	484	626	↑	2,832	2,783	↓
Electrical Work Orders	51	69	↑	249	288	↑
HVAC Work Orders	17	157	↑	413	565	↑
Plumbing Work Orders	23	19	↓	137	106	↓
Preventive Maintenance	60	19	↓	247	150	↓
Security Responses	2,803	1,819	↓	17,898	13,632	↓

**Current Projects**

Decatur Location

- Installed TVs and ran data cables in the FQHC.
- Ran data cables in the clinical lab.
- Relocated HR employee.

- Remodeled HR office.

SNPHL Location

- Repaired 2<sup>nd</sup> floor drain.

## Finance

<b>Total Monthly Work Orders</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Purchase Orders Issued*	530	413	↓	6,498	3,334	↓
Grants Pending – Pre-Award**	5	3	↓	30	18	↓
Grants in Progress – Post-Award***	6	9	↑	72	57	↓

\*Includes purchase requests and p-card transactions.

\*\*Grant applications and NCCs created and submitted to agency

\*\*\*Subgrants routed for signature and grant amendments submitted

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

<b>Grants Expired – January 2026</b>						
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>						
<b>Project Name</b>	<b>Grantor</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>	<b>Comments</b>
5 H80CS33641-06, Health Center Service Area Competition, Year 2 of 3, (hcsac_25)	F-HRSA	1/31/2026	\$1,023,114	End of budget period	4.57	FY26 was awarded

<b>Grants Awarded – January 2026</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
State of Nevada, Ryan White Part B Non Medical Case Management, Amendment 1 (hcrwnb25)	P-HRSA	1/13/2026	4/1/2025	3/31/2026	\$459,369	Additional funds awarded	0.00
State of Nevada, Ryan White Part B Medical Case Management, Amendment 1 (hcrwbm25)	P-HRSA	1/13/2026	4/1/2025	3/31/2026	\$257,288	Additional funds awarded	0.00
State of Nevada, Ryan White Part B Eligibility, Amendment 1 (hcrwbe25)	P-HRSA	1/13/2026	4/1/2025	3/31/2026	\$101,638	Additional funds awarded	0.00

<b>Grants Awarded – January 2026</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
PACT Coalition, Year 2 of 5 (pfs_26)	P-PACT	1/15/2026	9/30/2025	9/29/2026	\$72,717	FY2026 renewal reinstated 1/15	0.55
State of Nevada, State Opioid Response (sor_26)	P-SAMHSA	1/22/2026	9/30/2025	9/29/2026	\$1,165,256	FY2026 renewal	3.00
State of Nevada, Tobacco Control Program (tob_25)	P-CDC	1/20/2026	7/1/2025	4/28/2026	\$374,664	FY2026 renewal	0.95
SAMHSA First Responders-Comprehensive Addiction and Recovery Act Grants FR-CARA Yr4 of 4 NCC (frcar_26)	F-SAMHSA	1/15/2026	9/30/2025	9/29/2026	\$500,000	FY2026 renewal reinstated 1/15	1.85
State of Nevada, National Cardiovascular Health Program, Year 4 of 4 (hds04_25)	P-CDC	1/6/2026	7/1/2025	6/29/2026	\$118,649	FY2026 renewal	0.55
5 H80CS33641-06, Health Center Service Area Competition, Year 3 of 3(hcsac_26)	F-HRSA	1/15/2026	2/1/2026	1/31/2027	\$1,023,114	FY2026 renewal	3.70

<b>Contracts Awarded – January 2026</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
Catholic Charities of Southern Nevada, Refugee Health Program (hcrhp_26)	Contract	1/7/2026	10/1/2025	9/30/2026	\$17,577	FY2026 renewal	0.05

<b>Contracts Awarded – January 2026</b>							
<b>KEY: P=Pass-through, F=Federal, S=State, O=Other</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
Clark County, Ryan White HIV/AIDS Part A, Transitional Grant Area, Medical, Core and Support Services (rwa_25)	Contract	1/21/2026	3/1/2025	2/8/2026	\$132,516	FY26 additional funds	0.00
Alzheimer's Association, National Healthy Brain Initiative (hbi_26)	Contract	1/27/2026	9/30/2025	9/29/2026	\$50,000	New effort	0.00
Clark County, Ryan White Clinical Quality Management-ILA YR 1 of 3 (rqacqm26)	Contract	1/28/2026	9/1/2025	2/28/2026	\$25,000	FY2026 renewal	0.13

## Health Cards

- Appointments continue to be required for food handler card testing and open as follows:
  - Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
  - Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
  - Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
- For the month of January, we averaged 111 “passing and paying” online renewal clients per day, with a total of 3,450 clients renewing online.
- A \$5 increase on first-time and renewed Food Handler Safety Training Cards and Certified Food Safety Manager Cards went into effect January 1. Clients have been very understanding about the increase, which is our first in 25 years.

<b>CLIENTS SERVED</b>	<b>Jan 2026</b>	<b>Dec 2025</b>	<b>Nov 2025</b>	<b>Oct 2025</b>	<b>Sept 2025</b>	<b>Aug 2025</b>
FH Cards – New	4,205	3,795	3,390	4,110	4,647	4,635
FH Cards – Renewals	3,303	2,521	2,107	2,420	2,476	2,550
FH Cards – Online Renewals	3,450	2,331	2,389	2,497	2,323	2,482

<b>CLIENTS SERVED</b>	<b>Jan 2026</b>	<b>Dec 2025</b>	<b>Nov 2025</b>	<b>Oct 2025</b>	<b>Sept 2025</b>	<b>Aug 2025</b>
Duplicates	649	444	353	530	504	529
CFSM (Manager) Cards	240	189	175	192	257	221
Re-Tests	1,304	950	859	1,100	1,175	1,309
Body Art Cards	110	90	81	109	121	120
<b>TOTALS</b>	<b>13,261</b>	<b>10,320</b>	<b>9,354</b>	<b>10,958</b>	<b>11,503</b>	<b>11,846</b>

## Human Resources (HR)

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### **Employment/Recruitment:**

- 0 New job title for January
- 794 active employees as of January 30, 2026
- 7 New Hire, including 1 rehire and 0 reinstatements
- 3 Terminations, including 0 retirements
- 2 Promotions, 4 Flex-reclasses
- 2 Transfers, 0 Lateral Transfer
- 1 Demotion
- 39 Annual Increases
- 52 Interviews
- 15 Offers extended (0 offers declined)
- 8 Recruitments posted
- Turn Over Rates
  - District Administration: 0.005%
  - Community Health: 0.0106%
  - Disease Surveillance & Control: 0.000%
  - Environmental Health: 0.000%
  - Public Health & Preventive Care: 0.010%
  - FQHC: 0.000%

### **Temporary Employees**

- 6 Temporary Staff

### **Safety**

- To be included in next month's report

### **Employee/Labor Relations**

- 2 Coaching and Counseling, 2 Verbal Warning, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Termination, 0 Probationary Releases
- 8 Grievances
- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings
- 5 Investigations
- 9 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees

- Number of EEOC/NERC and EMRB cases: 4

**Interns**

There were a total of 17 interns providing 465 applied public health practice hours in January 2026.

<b>Interns and Clinical Rotations</b>	<b>Jan 2026</b>	<b>YTD</b>
Total Number of Interns <sup>1</sup>	17	62
Internship Hours <sup>2</sup>	465	3,808

<sup>1</sup>Total number of students, residents, and fellows

<sup>2</sup> Approximate hours students, residents, and fellows worked in applied public health practice

**Training (In-Person and Online)**

- January 15, 2026 – Leadership Development Graduation (11 participants)
- January 21, 2026 – Team Vital Signs Debrief (13 participants)
- January 22, 2026 – OVS Committee Meeting (19 participants)

**New Hire Orientation**

- January 5, 2026: 3 New Hires
- January 12, 2026: 1 New Hire
- January 20, 2026: 3 New Hires

**Informatics**

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**A. EpiTrax**

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and resolve issues, and provide ongoing user account support.
2. Completed the second batch of facility de-duplication within EpiTrax and EMSA, merging more than 3,000 facilities. Continued working on facility deduplication.
3. Completed adding new MPOX Clade, intimate contact and related fields to the MPOX form, Multidrug-Resistant Organism (MDRO)-related forms to HAI conditions, updated measles & measles Exposure forms.
4. Continue to clean up immunization & vaccination form questions, adding more questions to case management form for new Referral 2 Care program.
5. Updated the outbreak numbering logic to reset the outbreak counter to 1 at the start of each calendar year.
6. Added an “Attachments” section to the Facilities module.
7. Resolved an issue where encounter dates were not sorted correctly on outbreak events.
8. Added sorting functionality to outbreak attachments.
9. Enabled automatic insertion of slashes ( / ) in date fields as users’ type.
10. Updated the form builder validation logic to allow previously inactive questions to be added to different sections.
11. Prepared the integration process for Accela establishments to be incorporated into EpiTrax.
12. Reviewed the Immunization Information System (IIS) and EpiTrax vaccine import processes with the Epi and ACDC team.
13. Assisted ODS with importing TB contacts from multiple outbreaks into EpiTrax.
14. Added Substance Use Disorder as a relevant comorbidity to all STI conditions.

15. Automatically closed Candida auris cases prior to 2026 and removed associated queues due to delays in lab processing.
16. Set up ODBC access to EpiTrax live data, enabling Epi staff to copy queries from the export module and run real time data analysis.
17. EpiTrax User Requests:

<b>EpiTrax Requests</b>	<b>July 2025</b>	<b>Aug 2025</b>	<b>Sept 2025</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2026</b>
EpiTrax Requests Completed	9	12	12	11	13	16	15
EpiTrax Requests Opened	66	61	51	53	55	57	53
EpiTrax New Requests	6	6	2	13	11	18	11

**B. Electronic Message Staging Area (EMSA)**

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, susceptibility panel result and reviewing logic for exceptions and errors.
2. Onboarded four new facilities for Electronic Case Reporting (eCR).
3. Updated most HAI conditions to automatically close cases when results are positive that match with investigation grid.
4. ACDC provided a training session in EMSA2 to review the current ACDC workflow for consideration in the OpenEMPI integration.
5. Resolved a Mirth ELR processing issue that was preventing extraction of organisms tested in susceptibility panels.
6. ELRs and eCRs Volume:

<b>ELRs</b>	<b>July 2025</b>	<b>Aug 2025</b>	<b>Sept 2025</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2026</b>
Total Received	120,348	115,517	218,838	122,462	118,343	135,111	132,370
Total Processed	121,033	115,884	224,642	122,260	117,087	135,038	152,490
Under Review	725	1,461	809	752	1,039	1,421	2,420
Event Updated	19,075	16,595	53,047	17,971	15,949	19,496	22,630
Event Created	8,481	9,409	46,345	8,441	7,206	8,516	9,472

<b>eCRs</b>	<b>July 2025</b>	<b>Aug 2025</b>	<b>Sept 2025</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2026</b>
Total Received	85,864	139,146	103,838	99,140	49,580	52,372	49,968
Total Processed	233,966	52,141	35,319	165,472	100,899	49,846	45,993
Under Review	1,158,275	1,241,940	1,303,566	113,708	84,776	87,028	90,631
Event Updated	3,389	3,560	2,551	15,688	9,733	4,190	3,467
Event Created	629	1,017	648	1,601	784	599	428

**C. Data Warehouse**

1. Resolved duplicate repeating form questions issue.
2. Updated logic for Congenital Syphilis cases to include cases where the child is out-of-jurisdiction, but the parent is in-jurisdiction.
3. Performed QA on case searches by workflow step where case status is not set.

**D. Pentaho Report**

<b>Pentaho Reports</b>	<b>July 2025</b>	<b>August 2025</b>	<b>Sept 2025</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2026</b>
Updated	4	3	1	2	2	2	1
Created	1	1	0	0	0	0	1

**E. Dashboard**

1. Completed Power BI eCW finance billing dashboard: updated report filter criteria.
2. Completed initial design and scoping for the Wastewater Dashboard.
3. Implemented enhancements and conducted studies for the Respiratory Dashboard.

**F. Southern Nevada Public Health Laboratory (SNPHL)**

1. Ongoing support and maintenance of the Laboratory Information Management System (LIMS) for SNPHL operations.
2. Continued support for Orchard Outreach and added UMC and Sunrise hospitals to the Outreach system.
3. Ongoing monthly QA reports.
4. Added orders to Outreach for Decatur lab.
5. Updated drivers for ScanToPDF software to enable requisition scanning.
6. Fixed malaria resulting and prefilled comments.
7. Fixed reflex issue with Shiga toxin producing E. coli (STEC) positive results.
8. Added Low Density Lipoprotein (LDL) calculation using Martin Hopkins equation.
9. Installed the Orchard Harvest test server upgrade for the upcoming version release with additional features.
10. SNPHL Requestes:

<b>SNPHL Requests</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2026</b>
Requests Completed	43	50	56	58
Requests Opened	44	48	67	56

**G. Electronic Health Record (EHR) System**

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Submitted Q4 2025 data for Healthy Start and Title X reports for 2025.
3. Resolved Clinitek instrument connectivity issues.
4. Built new structured data (question/answer) for Congenital Syphilis Management.
5. Sofia instruments went live with full integration with the EHR.
6. Leadcare instrument installed at the Decatur Lab.
7. Built new respiratory onsite testing orders in the EHR.
8. EHR Requests and Reports.

<b>EHR Requests</b>	<b>July 2025</b>	<b>Aug 2025</b>	<b>Sept 2025</b>	<b>Oct 2025</b>	<b>Nov 2025</b>	<b>Dec 2025</b>	<b>Jan 2025</b>
Requests Completed	18	49	29	22	22	27	29
Requests Opened	20	71	18	25	23	20	26

eCW Reports	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026
FQHC	9	5	8	12	5	3	18
PPC	6	6	1	1	2	4	2

**H. Clark County Coroner’s Office (CCCO)**

1. Development in progress for electronic infectious disease test ordering. Tentative deployment date of 3/17/26.
2. Finalized Power BI public facing dashboard. Went live on 1/5/26 with no issues reported.

**I. Data Modernization Initiative (DMI)**

1. Edited and resubmitted TB MMG test messages.
2. Updated Candida auris logic for generic MMG reporting.
3. Prepared and mapped Mpox EpiTrax and MMG data variables for Epidemiology team to review.

**J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)**

1. Maintain and enhance syndromic surveillance system for new providers and future support.
2. Communication with HCA about switching their syndromic feed to the new SFTP server.
3. Ongoing implementation of adding inpatient data from all the data partners to their syndromic feeds.

**K. Other Projects**

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Continue reviewing Concentric AI results for data dictionary capabilities after initial database scan.
3. Implemented the Electronic Incident Report Form, currently in the testing phase.
4. Resolved the Query Connector issue with the UMC FHIR test server.
5. Updated automatic airflow warehouse checks and performed troubleshooting for patient deduplication.
6. Included additional form questions in the Varicella NV state data exports.
7. Removed contact events from communicable disease CSV extract and completed review for NV state.
8. Reuploaded 2023 and 2024 NETSS files requested by the NV state.

**L. National and State Meetings/Workshops**

1. Statewide Syndromic Surveillance Monthly Workgroup.
2. SNHD Sync meeting with EpiTrax NV Team.
3. PHAST Consortium Technical, Weekly Collaboration and Learning, and Manager Meetings.
4. PubHealthAI Collaborative Network.
5. eCR Consensus Criteria Workgroup.
6. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.
7. CSTE/CDC Frontline Tools Year 2 Workgroup.
8. BCHC Data Modernization Workgroup.

**M. Grants**

1. Awarded the 2025-2026 RWACQM grant from Clark County Social Services.

## Information Technology (IT)

<b>Service Requests</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Service Requests Completed	1,057	827	↓	7,455	5,581	↓
Service Requests Opened	1,192	917	↓	8,419	6,237	↓

<b>Information Services System Availability 24/7</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Total System	97.17	91.57	↓	97.36	90.47	↓

<b>Total Monthly Work Orders by Department</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Administration	278	260	↓	1,935	1,557	↓
Community Health	101	87	↓	723	621	↓
Environmental Health	133	143	↑	1,182	965	↓
Primary & Preventive Care	160	126	↓	1,601	1,065	↓
Disease Surveillance & Control	126	134	↑	962	840	↓
FQHC	228	144	↓	1,541	896	↓
Other	31	8	↓	126	90	↓

<b>First Call Resolution &amp; Lock-Out Calls</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>	
Total number of calls received	1,192	917	↓	8,419	6,237	↓

## Workforce Team – Public Health Infrastructure Grant (PHIG)

**Workforce Team**

- Workforce engagements:
  - Monthly Position Review Committee cancelled for January 2026.
  - Prepared the January 2026 Hiring Plan for submission to CDC.
  - Met with accountant of the PHIG A2 strategy to work budget revision for Year 4 funding.
  - Participated in the Evaluator Advisory Group Workgroup; This was an invited position for the Workforce Director.
  - Participated in the Webinar: Is your Organization Prepared to Navigate Interconnected Threats in 2026.
  - Provided funding support through PHIG for Lean Six Sigma training, participated in the Lean Six Sigma Yellow Belt Certification, and became a certified LSS Yellow Belt.
  - PHIG team all have a LSS certification – Two (2) Yellow Belts and One (1) Black Belt.

- Met with the Director, DSC re: upgrading two positions from DDCS to DIIS – based on CDC guidance, submission of the Grant Note, DSC Director given approval to change/upgrade of positions with salary/fringe as IN-KIND.
- Participated in the Finance meeting with all the Administration Divisions reviewing the budget.
- Participated in the SNHD Board of Health meeting on January 22, 2026.
- Shared PHIG Accomplishments for CY2025 with other Principal Investigators looking to complete the same document.
- PHIG Budget Period 4 Progress Reporting and Reporting Period 6 Performance Measure.
- ASTHO's Public Health Review Morning Edition – [1062: Meeting Youth Where They Are: Expanding Mental Health Access and Youth Voice with PHI](#)

### **CDC Requirements**

- Monthly CDC Project Officer meeting TBD as the Region 9 Project Officer is no longer with the CDC.
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC
- Working on Amendment/Revision for the NOA for the PHIG Strategy A2 with budget updates, project list, and narrative as the amounts provided by CDC did not match the required SF424A to accept the new amount.
- Participated in the PHIG Strategic Partnership Working Group Kickoff Meeting.
- CDC Project Officer returned to work; later, term-contract was terminated; No plan from CDC for P.O. in the future; Questions submitted to PHIG Infrastructure email address.
- Participated in the PHIG Primary Investigator Peer Network Monthly Call.
- Submitted Food Request form to CDC supporting the Enhanced Public Health Week events across the organization.

### **Performance Management**

- Two hours in preparation and presentation of strategic plan status as Senior Leadership meeting.
- Three hours spent planning and presenting for Design Thinking workshop intended to drive innovation.
- One hour on QI compliance webinar presented by CMS.
- One and a half hours in research and communicating with potential vendors to deliver change management training to the Health Executive Council (HEC).
- One hour meeting with Community Health Director on strategic plan entries and quality.

### **Quality Improvement**

- Fifteen hours spent in preparation, participant management, and facilitation of LSS Yellow Belt certification course for HEC plus other Health District leaders.
- Two hours spent meeting with Immunization team and Facilities to follow up on plans for improving Back to School performance in August 2026.
- One hour collaborating on QI advocate meeting chaired by NVDPBH.
- Five hours in planning and collaborating for Gemba Walk by the HEC in Vital Records.
- One hour webinar from Mid-Atlantic Region PHTC re: Continuous Quality Improvement.
- One and a half hour meeting to plan a Kaizen event as a result of Yellow Belt certification and inspiration for quality improvement in DSC division.
- Two hours research and planning FQHC Appointment Utilization project through Care Team Huddles.

**PHAB Reaccreditation**

- Three hours of research, preparation, and call with PHAB representative re: the Virtual Site Visit to bolster preparedness for submission of Reaccreditation material in early 2027.
- Four hours in preparation and meetings with CHIP funding workgroup including external partners.
- Two hours in audit and communication with strategic plan contributors for upgrades in objectives and goal descriptions for PHAB compliance.
- Four hours in research and planning for PHAB Annual Report due March 31.
- Four hours admin time creating a compliant PO for new vendor to design and deliver Design Thinking workshop.

**PHIG**

- Two hours admin time reconciling purchasing card.
- One hour admin time registering team for annual NNPHI conference.
- Five hours spent writing and editing team Calendar Year accomplishments for the DHO Review.
- One hour PHIG webinar covering Promising Practices.
- One hour PHIG webinar kickoff for Period 4 of 5.

## Appendix A – Office of Communications

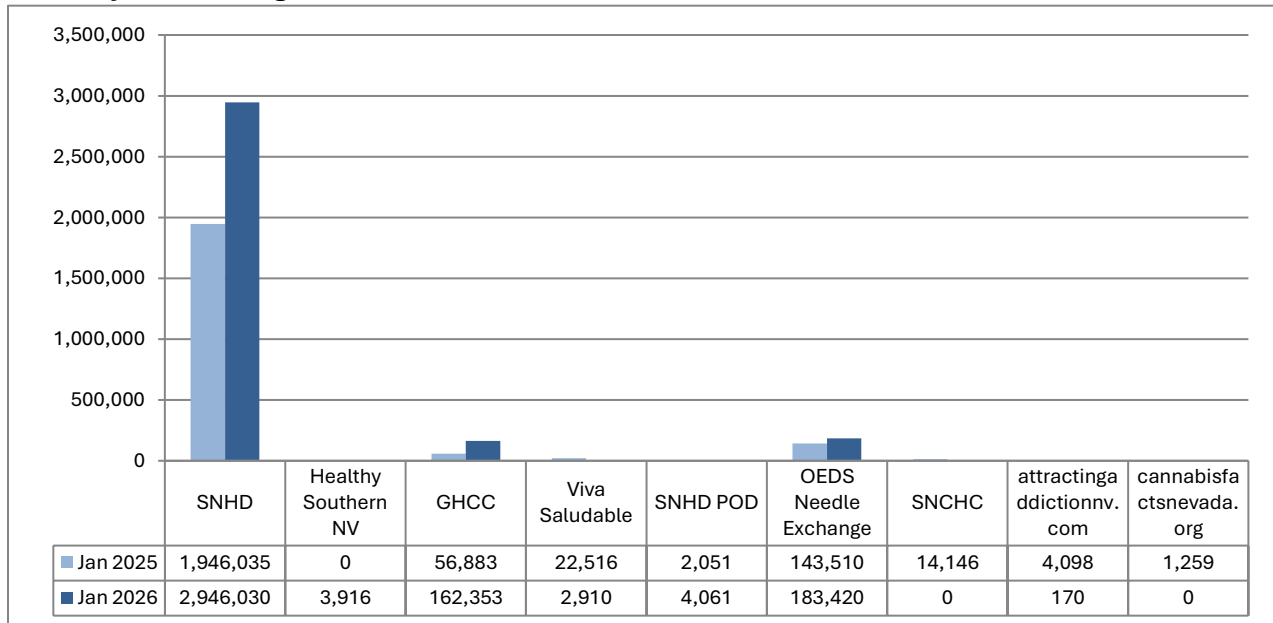
### Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles  
Media - Broadcast stories  
Collateral - Advertising/Marketing Products  
Community Outreach - Total Volunteers<sup>1</sup>  
Community Outreach - Volunteer Hours

	Jan 2025	Jan 2026		YTD FY25	YTD FY26	
Media – Digital/Print Articles	13	14	↑	241	188	↓
Media - Broadcast stories	41	66	↑	698	631	↓
Collateral - Advertising/Marketing Products	13	20	↑	166	110	↓
Community Outreach - Total Volunteers <sup>1</sup>	10	9	↓			
Community Outreach - Volunteer Hours	504	960	↑	4,558	1,570	↓

<sup>1</sup>Total volunteer numbers fluctuate from month to month and are not cumulative.

### Monthly Website Page Views:



-Began reporting Health Southern Nevada monthly views in April 2025.

-The SNCHC and Cannabisfactsnevada.org page views for January 2026 are temporarily inaccessible while it is moved to Cloudflare.

Social Media Services		Jan 2025	Jan 2026		YTD FY25	YTD FY26
Facebook SNHD	Followers	13,507	13,717	↑	N/A	N/A
Facebook GHCC	Followers	6,108	6,086	↓	N/A	N/A
Facebook SHC	Followers	1,639	1,609	↓	N/A	N/A
Facebook Food Safety	Followers	173	177	↑	N/A	N/A
Instagram SNHD	Followers	5,019	5,613	↑	N/A	N/A
Instagram Food Safety	Followers	535	534	↑	N/A	N/A
Instagram GetHealthyCC	Followers	265	352	↑	N/A	N/A
Instagram @Ez2stop	Followers	150	152	-	N/A	N/A
X (Twitter) EZ2Stop	Followers	428	409	↑	N/A	N/A
X (Twitter) SNHDflu	Followers	1,785	1,012	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	100	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,059	9,913	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	358	338	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	121	120	↓	N/A	N/A
Threads SNHD	Followers	934	1,012	↑	N/A	N/A
TikTok @Ez2stop	Views	38	52	↑	N/A	N/A

<b>Social Media Services</b>		<b>Jan 2025</b>	<b>Jan 2026</b>		<b>YTD FY25</b>	<b>YTD FY26</b>
TikTok SNHD	Views	150	390	↑	N/A	N/A
YouTube SNHD	Views	202,419	340,506	↑	1,345,120	1,905,481
Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.						

# Appendix B – Finance – Payroll Earnings Summary – December 6, 2025 to December 19, 2025

**PAYROLL EARNINGS SUMMARY**  
**December 6, 2025 to December 19, 2025**

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 311,600.02	\$ 8,389,204.32	\$ 4,226,725.28	\$ 9,195,237.18	46%	
ENVIRONMENTAL HEALTH	\$ 651,839.92	\$ 17,244,902.21	\$ 8,710,295.42	\$ 17,951,295.42	49%	
COMMUNITY HEALTH	\$ 302,951.81	\$ 8,343,045.16	\$ 4,243,748.78	\$ 9,910,529.22	43%	
DISEASE SURVEILLANCE & CONTROL	\$ 327,574.84	\$ 10,007,405.68	\$ 4,955,566.93	\$ 10,671,639.69	46%	
FQHC	\$ 340,216.97	\$ 9,294,154.46	\$ 4,557,269.14	\$ 11,060,800.45	41%	
ADMINISTRATION W/O ICS-COVID	\$ 647,528.40	\$ 16,447,450.64	\$ 8,413,181.84	\$ 15,657,123.65	54%	
<b>TOTAL</b>	<b>\$ 2,581,711.96</b>	<b>\$ 69,726,162.47</b>	<b>\$ 35,106,787.39</b>	<b>\$ 74,446,625.61</b>	<b>47%</b>	<b>50%</b>

FTE	794					
Regular Pay	\$ 2,238,537.29	\$ 56,238,697.88	\$ 28,558,888.09			
Training	\$ 3,451.87	\$ 119,897.81	\$ 69,435.24			
Final Payouts	\$ -	\$ 713,308.70	\$ 426,209.11			
OT Pay	\$ 17,541.96	\$ 430,877.86	\$ 270,981.37			
Leave Pay	\$ 296,592.07	\$ 10,401,606.85	\$ 4,814,820.79			
Other Earnings	\$ 25,588.77	\$ 1,821,773.37	\$ 966,452.79			
<b>TOTAL</b>	<b>\$ 2,581,711.96</b>	<b>\$ 69,726,162.47</b>	<b>\$ 35,106,787.39</b>			

**BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT**  
**December 6, 2025 to December 19, 2025**

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>
Viote, Jorge		5.50	374.33	Duque Armando	1.50	61.48
Chamberlain, Robert (Bob)		4.00	171.92	Anguiano Cristina	0.95	23.93
Masters, Christopher		5.75	196.19			
Urena, Maite		5.25	174.59			
Kuahiwinui-McGuire, Brandon		3.00	99.77			
Ines, Heinrich		1.50	49.88			
Garcia, Guadalupe		4.00	133.02			
Thompson, Christopher		5.00	161.80			
Murphy, Melissa		3.00	119.27			
Sanabria, Luis		4.75	153.71			
Sterling, Nathan		4.00	126.51			
Herrera Ortiz, Maria		4.50	170.03			
Thompson, Anna		10.00	429.79			
Total Administration		60.25	2360.81		2.45	85.41

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>
Total Community Health Services		0.00	0.00		0.00	0.00

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>
Avalos, Mayra	FP_25 NO MILEA	0.50	34.92	Bingham Julie	0.38	17.90
Medina, Mirelly		0.75	32.23	Diaz Michelle	0.50	14.68
Valdes-Ayala, Beatriz		0.50	21.49			
Bingham, Julie		-0.38	-26.85			
Bingham, Julie	FP_25 NO MILEA	0.38	26.85			
Total FQHC-Community Health Clinic		1.75	88.64		0.88	32.59

PUBLIC HEALTH & 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>
Robles, Cynthia		8.50	436.47	Hodge Victoria	0.38	13.51
Panganiban, Sheila		0.25	17.90			
Mercado, Yarem		8.50	374.46			
Stockwell, Paul		8.50	365.32			
Ramirez Cofer, Andrea		7.75	271.62			
Landini, Karleena		0.75	53.70			
Total Public Health & Preventative Care		34.25	1519.47		0.38	13.51

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>
Hall, Nancy		18.75	1413.23	Erickson Sarah	3.38	104.47
Bober, Belinda		1.75	131.90	Hernandez Abel	1.50	45.23
Billings, Jacob		14.00	1055.20	Hernandez Lillian	4.50	139.29
Sheffer, Thanh		10.50	714.63	Robinson Gary	3.00	136.12
Piar, Diane		10.00	680.59	Sabandith Vetahya	9.00	316.41
Ortiz-Rivera, Vanessa		8.25	561.49	Valadez Alexis	3.00	105.47
Moreno, Kristina		2.00	122.96	Wade Cynthia	4.13	141.21
Cummins, Veronica		1.25	72.92	Schuler Emalee	3.38	101.76
Wills, Jerry		18.50	1026.21	Kuehn Jennifer	3.75	135.09
Darang, Chase		6.00	316.41			
Rakita, Daniel		11.00	564.85			
Diaz-Ontiveros, Luz		10.25	540.52			
Michel, Guillermo		7.00	369.14			
Calzado, Neil		9.25	474.98			
Jones, Mallory		9.50	494.40			
Sripramong, Jacqueline		6.25	320.93			
Ross, Alyssa		5.00	237.94			
Bidinger, Joy		0.50	25.67			
Edmonds, Alexis		4.00	200.38			
Hall, Alyssa		5.50	268.45			
Gonzalez, Kimberly		6.75	329.46			
Vinh, Jonathan		0.50	23.22			
Herrera, Carlos		17.50	812.56			
Jones, Jalen		5.00	232.16			
Roberts, Jamie		6.25	282.66			
Nwaonumah, Nosa		3.33	150.60			
Hernandez, Abel		6.00	271.36			
Thompson, Deshawn		6.50	301.81			
Total Environmental Health		211.08	11996.63		35.63	1225.05

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Ewing, Tabitha		5.00	331.42	McNee Nicol	6.75	178.89
Ewing, Tabitha	HV2PRV25	5.00	331.42			
Montgomery, Joshua	HV2PRV25	6.00	419.01			
McIntyre, Eric		1.50	94.56			
Valencia, Marissa		2.50	138.68			
McNee, Nicol		-6.75	-268.34			
McNee, Nicol	HV2PRV25	6.75	268.34			
Alvarez, Jeffrey	HV2PRV25	5.50	218.65			
DiGoregorio, Amanda	HV2PRV25	0.75	42.67			
Total Disease Surveillance & Control		26.25	1576.41		6.75	178.89

<b>Combined Total</b>		<b>333.58</b>	<b>17541.96</b>		<b>46.08</b>	<b>1535.45</b>
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# Appendix C – Finance – Payroll Earnings Summary – December 20, 2025 to January 2, 2026

**PAYROLL EARNINGS SUMMARY**  
**December 20, 2025 to January 02, 2026**

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 310,884.23	\$ 313,468.73	\$ 4,540,194.01	\$ 9,195,237.18	49%	
ENVIRONMENTAL HEALTH	\$ 643,405.80	\$ 658,185.24	\$ 9,368,480.66	\$ 17,951,295.42	52%	
COMMUNITY HEALTH	\$ 309,667.87	\$ 309,667.87	\$ 4,553,416.65	\$ 9,910,529.22	46%	
DISEASE SURVEILLANCE & CONTROL	\$ 327,967.35	\$ 327,967.35	\$ 5,283,534.28	\$ 10,671,639.69	50%	
FQHC	\$ 343,610.91	\$ 347,184.76	\$ 4,904,453.90	\$ 11,060,800.45	44%	
ADMINISTRATION W/O ICS-COVID	\$ 653,977.55	\$ 653,977.55	\$ 9,067,159.39	\$ 15,657,123.65	58%	
<b>TOTAL</b>	<b>\$ 2,589,513.71</b>	<b>\$ 2,610,451.50</b>	<b>\$ 37,717,238.89</b>	<b>\$ 74,446,625.61</b>	<b>51%</b>	<b>54%</b>

FTE	794					
Regular Pay	\$ 1,222,796.75	\$ 1,225,619.66	\$ 29,784,507.75			
Training	\$ -	\$ -	\$ 69,435.24			
Final Payouts	\$ -	\$ 14,931.08	\$ 441,140.19			
OT Pay	\$ 10,161.98	\$ 10,161.98	\$ 281,143.35			
Leave Pay	\$ 1,324,281.84	\$ 1,327,207.89	\$ 6,142,028.68			
Other Earnings	\$ 32,273.14	\$ 32,530.89	\$ 998,983.68			
<b>TOTAL</b>	<b>\$ 2,589,513.71</b>	<b>\$ 2,610,451.50</b>	<b>\$ 37,717,238.89</b>			

**BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT**  
**December 20, 2025 to January 02, 2026**

**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>
Chamberlain, Robert (Bob)		3.50	150.43	Duque Armando	6.75	276.66
Masters, Christopher		1.50	51.18	Anguiano Cristina	1.25	31.49
Kuahiwinui-McGuire, Brandon		3.00	99.76			
Murphy, Melissa		7.50	298.15			
Sterling, Nathan		4.50	142.32			
Herrera Ortiz, Maria		0.75	28.34			
<b>Total Administration</b>		<b>20.75</b>	<b>770.18</b>		<b>8.00</b>	<b>308.15</b>

**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>
Young, Angela	PHEPLB26	0.75	59.52			
<b>Total Community Health Services</b>		<b>0.75</b>	<b>59.52</b>		<b>0.00</b>	<b>0.00</b>

**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>
Anderson, Renita		0.25	11.61			
<b>Total FQHC-Community Health Clinic</b>		<b>0.25</b>	<b>11.61</b>		<b>0.00</b>	<b>0.00</b>

**PUBLIC HEALTH & 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>
Enzenauer, Lizette		0.75	44.89	Carbajal-Mazon Wendy	13.13	298.54
Robles, Cynthia		5.50	282.42			
Sprance-Grogan, Carolyn		10.00	583.37			
Stockwell, Paul		5.75	247.13			
Wong, Michelle		5.75	391.34			
Landini, Karleena		0.75	53.70			
<b>Total Public Health &amp; Preventative Care</b>		<b>28.50</b>	<b>1602.85</b>		<b>13.13</b>	<b>298.54</b>

**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>
Hall, Nancy		5.00	376.86	Edmonds Alexis	10.13	338.31
Sakamura-Low, Miki		2.00	146.83			
Billings, Jacob		2.00	150.74			
Edwards, Tara		5.00	376.86			
Santiago, Anthony		2.25	153.13			
Robinson, Gary		8.25	561.49			
Sheffer, Thanh		13.50	918.80			
Cummins, Veronica		0.75	43.75			
Wills, Jerry		7.00	388.30			
Kuehn, Jennifer		1.50	81.06			
Rakita, Daniel		6.00	308.09			
Michel, Guillermo		0.50	26.37			
Calzado, Neil		3.00	158.20			
Jones, Mallory		10.75	566.90			
Wells, Jordan		12.25	645.99			
Craig, Jill		4.50	231.08			
Ross, Alyssa		2.75	130.87			
Ahmed, Maryam		5.25	263.00			
Herrera, Carlos		4.50	208.94			
Roberts, Jamie		15.00	678.40			
Hernandez, Abel		9.50	429.65			
Total Environmental Health		<b>121.25</b>	<b>6845.31</b>		<b>10.13</b>	<b>338.31</b>

**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>
Shingu, Michele	COSSUP26	2.00	136.12	Raman Devin	1.88	94.21
Ewing, Tabitha		3.25	215.42			
Ewing, Tabitha	COSSUP26	0.50	33.14			
Reyes, Rebecca		4.00	272.24			
Eddleman, Tabby		3.25	201.37			
DiGoregorio, Amanda		0.25	14.22			
Total Disease Surveillance & Control		<b>13.25</b>	<b>872.51</b>		<b>1.88</b>	<b>94.21</b>
<b>Combined Total</b>		<b>184.75</b>	<b>10161.98</b>		<b>33.13</b>	<b>1039.22</b>

# Appendix D – Finance – Payroll Earnings Summary – January 3, 2026 to January 16, 2026

**PAYROLL EARNINGS SUMMARY**  
**January 03, 2026 to January 16, 2026**

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 308,517.56	\$ 621,986.29	\$ 4,848,711.57	\$ 9,195,237.18	53%	
ENVIRONMENTAL HEALTH	\$ 648,151.65	\$ 1,306,336.89	\$ 10,016,632.31	\$ 17,951,295.42	56%	
COMMUNITY HEALTH	\$ 302,812.59	\$ 617,221.70	\$ 4,860,970.48	\$ 9,910,529.22	49%	
DISEASE SURVEILLANCE & CONTROL	\$ 331,232.04	\$ 659,199.39	\$ 5,614,766.32	\$ 10,671,639.69	53%	
FQHC	\$ 345,001.10	\$ 692,185.86	\$ 5,249,455.00	\$ 11,060,800.45	47%	
ADMINISTRATION W/O ICS-COVID	\$ 655,021.20	\$ 1,308,998.75	\$ 9,722,180.59	\$ 15,657,123.65	62%	
<b>TOTAL</b>	<b>\$ 2,590,736.14</b>	<b>\$ 5,205,928.88</b>	<b>\$ 40,312,716.27</b>	<b>\$ 74,446,625.61</b>	<b>54%</b>	<b>58%</b>

FTE

792

Regular Pay	\$ 2,305,275.42	\$ 3,532,230.96	\$ 32,091,119.05
Training	\$ 3,186.25	\$ 3,186.25	\$ 72,621.49
Final Payouts	\$ -	\$ 17,161.68	\$ 443,370.79
OT Pay	\$ 7,568.80	\$ 17,730.78	\$ 288,712.15
Leave Pay	\$ 249,181.73	\$ 1,577,564.38	\$ 6,392,385.17
Other Earnings	\$ 25,523.94	\$ 58,054.83	\$ 1,024,507.62
<b>TOTAL</b>	<b>\$ 2,590,736.14</b>	<b>\$ 5,205,928.88</b>	<b>\$ 40,312,716.27</b>

**BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT**  
**January 03, 2026 to January 16, 2026**

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Chamberlain, Robert (Bob)		3.50	150.43	Duque Armando	0.75	30.74
Thede, Stacy		4.00	136.48	Huerta Fatima	7.50	158.14
Masters, Christopher		5.00	170.60	Anguiano Cristina	1.73	43.45
Kuahiwinui-McGuire, Brandon		1.00	33.26			
Murphy, Melissa		3.50	139.14			
Sanabria, Luis		0.10	3.24			
Sterling, Nathan		1.50	47.44			
Herrera Ortiz, Maria		10.00	377.83			
Total Administration		28.60	1058.42		9.98	232.33

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Englis, Terence	SHFC3526 NO M	10.00	440.54			
Total Community Health Services		10.00	440.54		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Medina, Mirelly		0.50	21.49	Avalos Mayra	0.75	34.92
Petersen, Desiree	FP_25 NO MILEA	0.50	23.79	Valdes-Ayala Beatriz	3.76	107.59
Total FQHC-Community Health Clinic		1.00	45.28		4.51	142.51

PUBLIC HEALTH & PREVENTATIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				Zarret Mariam	0.75	34.92
Total Public Health & Preventative Care		0.00	0.00		0.75	34.92

**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>
Hall, Nancy		10.00	753.73	Cavin Erin	4.50	204.18
Billings, Jacob		5.00	376.86	Sripamong Jacqueline	6.75	231.07
Sheffer, Thanh		10.00	680.60	Constanza Katherine	3.75	125.24
Ortiz-Rivera, Vanessa		3.50	238.21	Erickson Sarah	0.38	11.61
Ortiz-Rivera, Vanessa	FDILL_25	2.50	170.15	Herrera Carlos	0.75	23.22
Cummins, Veronica		2.00	116.67			
Michel, Guillermo		4.50	237.31			
Jones, Mallory		5.00	263.67			
Craig, Jill		7.25	372.28			
Jufar, Lydia		2.00	102.70			
Ahmed, Maryam		9.75	488.44			
Vinh, Jonathan		4.50	208.94			
Hernandez, Lillian		2.50	116.08			
Ryan, Erica		1.00	50.10			
Herrera, Carlos		9.00	417.89			
Hernandez, Abel		6.50	293.97			
Total Environmental Health		<b>85.00</b>	<b>4887.60</b>		<b>16.13</b>	<b>595.32</b>

**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>
Johnson, Monique	COSSUP26	2.00	126.09	Raman Devin	1.88	94.21
Rossi Boudreaux-Thibodeaux, Dustin (T)	HV2PRV25	5.00	340.30			
Herrera, Reyna	HV2PRV25	5.50	338.14			
Alvarez, Jeffrey	HV2PRV25	5.50	218.65			
DiGoregorio, Amanda		2.00	113.78			
Total Disease Surveillance & Control		<b>20.00</b>	<b>1136.96</b>		<b>1.88</b>	<b>94.21</b>
<b>Combined Total</b>		<b>144.60</b>	<b>7568.80</b>		<b>33.23</b>	<b>1099.28</b>

# Appendix E – Finance – Payroll Earnings Summary – January 17, 2026 to January 30, 2026

**PAYROLL EARNINGS SUMMARY**  
**January 17, 2026 to January 30, 2026**

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 310,202.61	\$ 932,188.90	\$ 5,158,914.18	\$ 9,195,237.18	56%	
ENVIRONMENTAL HEALTH	\$ 654,768.88	\$ 1,961,105.77	\$ 10,671,401.19	\$ 17,951,295.42	59%	
COMMUNITY HEALTH	\$ 308,193.00	\$ 925,414.70	\$ 5,169,163.48	\$ 9,910,529.22	52%	
DISEASE SURVEILLANCE & CONTROL	\$ 335,315.55	\$ 994,514.94	\$ 5,950,081.87	\$ 10,671,639.69	56%	
FQHC	\$ 344,743.24	\$ 1,036,929.10	\$ 5,594,198.24	\$ 11,060,800.45	51%	
ADMINISTRATION W/O ICS-COVID	\$ 677,795.38	\$ 1,990,198.54	\$ 10,403,380.38	\$ 15,657,123.65	66%	
<b>TOTAL</b>	<b>\$ 2,631,018.66</b>	<b>\$ 7,840,351.95</b>	<b>\$ 42,947,139.34</b>	<b>\$ 74,446,625.61</b>	<b>58%</b>	<b>62%</b>

FTE	794					
Regular Pay	\$ 2,108,921.95	\$ 5,642,062.75	\$ 34,200,950.84			
Training	\$ 1,103.19	\$ 4,289.44	\$ 73,724.68			
Final Payouts	\$ -	\$ 18,973.87	\$ 445,182.98			
OT Pay	\$ 11,760.82	\$ 29,491.60	\$ 300,472.97			
Leave Pay	\$ 457,658.18	\$ 2,035,904.94	\$ 6,850,725.73			
Other Earnings	\$ 51,574.52	\$ 109,629.35	\$ 1,076,082.14			
<b>TOTAL</b>	<b>\$ 2,631,018.66</b>	<b>\$ 7,840,351.95</b>	<b>\$ 42,947,139.34</b>			

**BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT**  
**January 17, 2026 to January 30, 2026**

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Viote, Jorge		4.00	272.24	Gaines Kevin	9.00	257.87
Cortes-Sernas, Fidel		6.00	264.32	Duque Armando	2.25	92.22
Thede, Stacy		2.50	87.39	Huerta Fatima	15.00	316.28
Urena, Maite		5.00	170.60	Arcuri Steven	0.75	27.74
Kuahiwinui-McGuire, Brandon		4.00	133.02	Anguiano Cristina	3.00	75.57
Ines, Heinrich		6.50	216.17			
Thompson, Christopher		4.75	153.71			
Murphy, Melissa		5.00	198.77			
Sanabria, Luis		4.50	145.62			
Herrera Ortiz, Maria		10.50	396.72			
Total Administration		52.75	2038.56		30.00	769.67

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Alford, Camille		0.50	24.40			
Total Community Health Services		0.50	24.40		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Avalos, Mayra		-2.25	-157.14	Avalos Mayra	2.25	104.75
Avalos, Mayra	FP_25 NO MILEAGE	2.75	192.06	Diaz Michelle	0.38	11.01
Medina, Mirelly		0.50	21.49	Valdes-Ayala Beatriz	1.50	42.98
Total FQHC-Community Health Clinic		1.00	56.41		4.13	158.74

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Total Public Health & Preventative Care		0.00	0.00		0.00	0.00

**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>
Hall, Nancy		11.00	829.09	Johnson Rabea	4.13	182.28
Billings, Jacob		8.50	640.66	Kuehn Jennifer	4.00	144.10
Edwards, Tara		1.50	113.06	Sabandith Vetahya	1.50	52.73
Sheffer, Thanh		10.50	714.63	Ahmed Maryam	13.13	438.34
Ortiz-Rivera, Vanessa		8.75	595.52	Hall Alyssa	9.00	292.86
Wills, Jerry		2.50	138.68	Erickson Sarah	6.38	197.33
Rakita, Daniel		4.50	231.07	Herrera Carlos	2.25	69.65
Michel, Guillermo		5.00	263.67	Hernandez Abel	0.75	23.22
Jones, Mallory		8.75	461.42			
Najera, Luisa		1.25	64.19			
Bidinger, Joy		8.75	449.31			
Hall, Alyssa		2.75	134.23			
Dunne, Rebecca		2.00	97.61			
Vinh, Jonathan		1.25	58.04			
Hernandez, Lilian		6.00	278.59			
Ryan, Erica		3.00	150.29			
Herrera, Carlos		21.25	986.67			
Roberts, Jamie		9.75	452.71			
Nwaonumah, Nosa		9.00	417.88			
Hernandez, Abel		10.25	475.92			
Gonzalez, Jorge		9.25	418.34			
Total Environmental Health		<b>145.50</b>	<b>7971.58</b>		<b>41.13</b>	<b>1400.51</b>

**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>
Johnson, Monique	HV2PRV25	6.50	409.78	McNee Nicol	9.38	248.46
Rossi Boudreaux-Thibodeaux, Dustin (T)	HV2PRV25	13.00	884.78			
Donnell, Jessica		1.00	66.28			
McIntyre, Eric		0.25	16.17			
Barnnett, Sarie	HV2PRV25	6.00	292.86			
Total Disease Surveillance & Control		<b>26.75</b>	<b>1669.87</b>		<b>9.38</b>	<b>248.46</b>
<b>Combined Total</b>		<b>226.50</b>	<b>11760.82</b>		<b>84.63</b>	<b>2577.38</b>



# Memorandum

**Date:** February 26, 2026

**To:** Southern Nevada District Board of Health

**From:** **Xavier Gonzales, PhD**, *Community Health Director*  
**Cassius Lockett, PhD**, *District Health Officer*

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**Subject:** Community Health Division Monthly Activity Report – January 2026

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

### **A. Chronic Disease Prevention Program (CDPP)**

CDPP staff facilitated a **Faithful Families** 4-week class along with Promotoras Las Vegas. The class was held in Spanish at the Iglesia Salem Tierra De Paz church. Sixteen participants participated in the class and learned about food resource management, nutrition, and physical activity.

The CDPP sponsored the **2025 Breastfeeding Symposium** featuring Melissa Cole as the keynote speaker. Approximately 42 people attended and CEUs were provided. SNHD's Office of Chronic Disease Prevention & Health Promotion was recognized with the 2025 Circle of Care Award for our ongoing support of the NBC.

Our CDPP staff have partnered with **CCSD Food Service since 2023 to promote their Universal School Meals Program**. This year's campaign began at the start of the school year and continued into the fall. The campaign included paid social media and website banners in English and Spanish developed in partnership with CCSD Food Service and using messages and themes identified from a focus group of CCSD students and parents conducted in 2023. This year's rates increased slightly over last year's rates. Since the annual campaign began, school breakfast and lunch participation rates have steadily increased from 26% to 28.2% for breakfast and from 48% to 54.4% for school lunch.

Team CDPP established a partnership with **UNLV School of Medicine's Walk with a Doc** program to host pop-up walking events in support of the Walk Around Nevada (WAN) challenge at three BSHOP/BeSHOP partner schools.

**B. Tobacco Control Program (TCP) Update**

Our Staff conducted an educational presentation to **Communities in Schools** coordinators on the importance of vaping prevention among middle and high school students and the available youth cessation resources. Materials were also distributed to 17 middle and high schools. Additionally, staff updated the Educator/Administrator presentation that is available on the program's website.

Tobacco prevention educational materials were distributed to decision-makers and the public on the issue of flavored tobacco products, cessation, and policy restrictions. Materials were distributed to a total of 150 attendees at the Veterans Community Roundtable events held at three (3) locations throughout southern Nevada.

As part of the **Por Mi Por Ti Por Nosotros Spanish language tobacco initiative**, collaboration with the Family Engagement Department, the Tobacco Control Program participated in the Fall into Healthy Fun event to promote tobacco-free lifestyles among families. Through this outreach, families engaged in hands-on activities that emphasized the importance of maintaining a healthy, tobacco-free lifestyle. The smoke-free event provided an opportunity for staff to connect with parents and youth, share information about the dangers of vaping and tobacco use, and encourage healthy, tobacco-free choices throughout the community. More than 700 families were part of this event.

TCP Staff participated in the **¡Celebrando Nuestra Cultura! festival** at the Clark County Government Center Amphitheater. The Por Mi Por Ti Por Nosotros initiative was highlighted and staff distributed linguistically and culturally relevant tobacco cessation resources to community members. Attendees engaged with educational materials and learned about the importance of tobacco- and vape-free living in a family-friendly setting. The event featured live music and activities for all ages, and staff reached over 300 community members.

Team TCP has developed new **media materials to support the Minimum Distance campaign**, aimed at encouraging bar and business owners to expand their smoke-free policies. As part of this effort, a targeted mailer was created to highlight the benefits of adopting smoke-free environments for both employees and patrons.

**Clark County Medical Society (CCMS)** distributed the SNHD informational mailer focused on Brief Tobacco Use Intervention (BI) to their membership (750 health care providers).

**Three (3) businesses expanded their tobacco-policy.** This includes limiting smoking/vaping indoors in locations excluded from State smoking laws and limiting tobacco use near entrances and exits to businesses.

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

**A. Regional Trauma Advisory Board (RTAB)**

The RTAB is an advisory board with the primary purpose of supporting the Health Officer’s role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care. This Board elected Dr. Deborah Kuhls as the Chair, and Dr. Sean Dort as the Vice Chair to serve a two-year term beginning January 2026. The Board also approved the reauthorization application for Michael O’Callaghan Medical Center as a Level III Trauma Center. They discussed the upcoming non-standing member seats that will be up for re-election, with nomination applications due February 28, 2026. Lastly, the Board reviewed data regarding E-bike/E-scooter incidences along with the 2025 Q3 trauma transport data.

**B. OEMSTS – January 2026 / 2026 Data**

January EMS Statistics	Jan 2025	Jan 2026		Mo. Fiscal Average 2025-2026
Total certificates issued	116	75	↓	233
New licenses issued	69	44	↓	75
Renewal licenses issued (recert only)	16	20	↑	135
Driver Only	39	63	↑	56
Active Certifications: EMT	957	1158	↑	954
Active Certifications: Advanced EMT	1876	1887	↑	1734
Active Certifications: Paramedic	2064	2335	↑	2050
Active Certifications: RN	73	87	↑	77

**III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**A. Planning and Preparedness**

***Ongoing/Continuing Activities***  
**(Emergency Planning & Preparedness)**

1. Continued review and revision of:
  - a) Nuclear and Radiation
  - b) Community Reception Center
  - c) Administrative Preparedness
  - d) SNHD Basic EOP and Direction and Control Annexes

- e) BioWatch
  - f) Recovery Annex
  - g) Medical Countermeasures Annex
  - h) Tularemia Threat Response Guide
  - i) SNHD Continuity of Operations Plan – Essential Records/Resources
2. SNHD Continuity of Operations Plan
- a) A COOP working group and IT met in January to begin the review of each office's comprehensive list of Essential Records/Resources. Over the course of the next several months each office will review and update this section prioritizing each record and resource.
  - b) Planners met with IT Manager to begin planning for Essential Record COOP Update.
  - c) The BioWatch Plan is under review considering elimination in federal funding to support local operations and local impacts to future emergency management and preparedness operations.
  - d) OPHP planners are continuing development of a Recovery Annex based on lessons learned from real world events and exercises.
  - e) The Pediatric and Vulnerable Populations appendix has been drafted and is currently under review.
  - f) The Tularemia Threat Response Guide has been updated and is currently under review before being finalized.
  - g) Senior Planner finished draft of the Basic EOP and it is currently under review.
  - h) Planners are working on eliminating the Emergency Notification Annex and incorporating it as an Appendix to the EOP along with an SOP on using Regroup.
3. State and Local Community Working Group meetings and OPHP Participation
- a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
    - i. Resources & Supply Chain Work Group
    - ii. Health Equity Work Group
4. OPHP Planner has completed serving as panel evaluator for RTC Extreme Heat Resilience Improvement Plan.
5. Monthly SNHD Meetings
- a) Central Safety Committee
  - b) Joint Labor Management Committee
  - c) Policy Committee (Manager)
  - d) Institutional Review Committee
  - e) Community Health Improvement Plan Steering Committee
    - i. Funding and Access to Care Working Group
  - f) Resort Emergency Management Working Group

## **B. Training, Exercises, and Public Health Workforce Development**

### ***Ongoing/Continuing Activities***

1. OPHP continues to support the City of Las Vegas with provision of ICS 300/400 training schedule. ICS 300 was provided on January 12<sup>th</sup> – 14<sup>th</sup> and ICS 400 provided January 15<sup>th</sup> – 16<sup>th</sup> for 16 students.
2. A CPR course and skills training was provided January 7<sup>th</sup> for three (3) SNHD staff at the SNHD Decatur location.
3. The next New Hire Orientation was provided January 21<sup>st</sup>, for seven (7) new staff.
4. Our trainer supported development of Safety POD cast with SNHD Safety Officer and HR Training Analyst.

### ***Upcoming Training and Exercise Events***

1. Incident Command Awareness Training (Position Specific) confirmed for February 25 at SNHD Decatur.
2. Upcoming ALERRT Civilian Response Active Shooter Events (CRASE) briefing confirmed for EH Solid Waste on March 5<sup>th</sup>.
3. Trainers continue to update training calendar for 2026 course offerings to include Introduction to Radiological/Nuclear WMD Operations AWR-140, ALERRT Civilian Response to Active Assailant, Response to Bombing Incidents and ICS Position Specific Training.
4. Planners held the Radiation Workshop Mid-Term Planning meeting on January 21<sup>st</sup>, the Final Planning Meeting is scheduled for February 4<sup>th</sup>.
5. Our planners continue efforts for the SNHD Radiation Game.
6. OPHP Planners scheduled meetings to begin Bio Functional Exercise in BP3.
7. SNHD has a new call down system called Regroup. PHP staff met with IT to go over any concerns related to the new system. PHP staff will provide education to SNHD employees on use and operation of new call down system.

## **C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)**

### ***Ongoing/Continuing Activities***

1. SNHPC held its monthly meeting. Supervisor, Senior Planners, and Planners attended.
2. Our Trainer, Clinical Advisor, Senior Planner and Planner HVA Committee followed up with local SMEs and provided edits for draft.
3. The Planners attended the Emergency Management Committee meetings for UMC and Dignity Health St. Rose Siena and De Lima Hospitals.
4. OPHP Staff conducted the POETE review with the State of Nevada on January 29<sup>th</sup>.
5. Senior Planners, Planners, Clinical Advisor, and Trainer will begin reviewing and updating the SNHPC COOP, Cybersecurity Assessment, Extended Downtime Health Care Delivery Impact Assessment, Information Sharing Plan, Med Surge Support Plan, Recovery Plan, and Resource Management Plan.
6. Our Senior Planner developed Cybersecurity questionnaire for distribution to SNHPC membership to inform the Cybersecurity Assessment.

7. Based on the AAR from Hospital Area Command exercises, OPHP obtained supplies to assemble MCI bags for the EDs to support MCI surge.
8. The Hospital Area Command exercises identified field triage as an area for improvement. OPHP obtained a START Triage Tabletop Training Kit. We will begin Triage Training with the EDs in Fall 2026.

***New/Upcoming Activities***

1. Senior Planner and Clinical Advisor will provide a presentation on Hospital Area Command at Utah State EM February 12<sup>th</sup>.
2. Ongoing coordination for the 2026 TEEX trainings:
  - a) Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events PER-211 August 26<sup>th</sup> – 27<sup>th</sup>, hosted by City of North Las Vegas (NLV City Hall).
  - b) Pediatric Disaster Response and Emergency Management MGT-439 October 7<sup>th</sup> – 8<sup>th</sup>, 2026, hosted by Dignity Health Siena Campus.
3. Continued planning and coordination for HERT course at UMC on March 25<sup>th</sup> - 26<sup>th</sup>.
4. Trainers confirmed instructional support to DEM Basic Academy March 2<sup>nd</sup> – 6<sup>th</sup>, at Station 18.
5. Trainers confirmed instructional support to Basic Academy for March 2-6, 2026, at Station 18.
6. Trainer planning for evacuation training at West Henderson Hospital.
7. Trainer coordinating and planning with SNHC Office of Communications for Public Information Officer training at upcoming SNHPC meeting, TBD.

**D. PHP Technician and N-95 Fit Testing**

1. Twenty-two SNHD Employees were FIT tested for personal protective equipment during the month of January.

**E. Fusion Center Public Health Analyst**

***Ongoing/Continuing Activities***

1. Disseminated public health Information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC) in January.
2. Provided public health input for threat assessments on special events of local significance including religious festivals and New Year's Eve including religious festivals and New Year's Eve.
3. Monthly Analyst continues to provide weekly verbal public health briefings during SNCTC collaboration meetings.
4. Analysts continue to participate in weekly Counter Terrorism Analytic Group (CTAG) meetings.
5. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern for production of monthly joint public health bulletins.

**F. Grants and Administration**

***Ongoing/Continuing Activities***

1. The manager continues to monitor grant deliverables and budgets for FY 2026 with the State of Nevada Division of Public and Behavioral Health.
2. Our manager continues to represent Community Health Division management on various SNHD working group committees and initiatives.
3. The OPHP Manager and Supervisor completed FTE worksheets and budgets for FY2027.
4. OPHP Manager continues to reduce physical inventory of miscellaneous stockpiled preparedness resources and transfer of excess grant purchased surplus property to community partners for use.
5. Manager, Supervisor and Senior Planners attended the Partners’ Meeting.

**G. Medical Reserve Corps (MRC) of Southern Nevada**

1. MRC Coordinator attended the SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. Volunteers attended a training session from LVMPD titled: See Something, Say Something. This was excellent awareness training.
3. Volunteers participated in a text-based drill to test the ability to contact volunteering through our SERV-NV system. Considering that most volunteers had not yet consented to text messages from our new platform at the time of the drill, we had a very good response rate of 45%. We hope to increase that number.

**MRC Volunteer Hours FY2026 Q2**

(Economic impact rates updated April 2025):

<b>Activity</b>	<b>January</b>	<b>February</b>	<b>March</b>
<b>Training</b>	38		
<b>Community Event</b>			
<b>SNHD Clinic</b>			
<b>Emergency Deployment</b>			
<b>Total Hours</b>	<b>38</b>		
<b>Economic Impact</b>	<b>\$1,322.02</b>		
<b>FY2025 Total Hours</b>	<b>36</b>		
<b>FY2025 Economic Impact</b>	<b>\$1,205.64</b>		

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year. Current amount is \$34.79. <https://independentsector.org/research/value-of-volunteer-time/>(Economic impact rates updated April 2025):

**IV. VITAL RECORDS**

A. January is currently showing an **11% decrease in birth certificate** sales in comparison to January 2026. **Death certificate** sales are currently showing a **16% increase** in comparison to January 2026. SNHD received revenues of \$31,291 for birth registrations, \$22,971 for death registrations; and an additional \$7,587 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

Vital Statistics Services	Jan 2025	Jan 2026		Yr Average 01/2025-01/2026
<b>Births Registered</b>	2,335	2,514	↑	2,031
<b>Deaths Registered</b>	2,175	2,243	↑	1,810
<b>Fetal Deaths Registered</b>	30	11	↓	17

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

Vital Statistics Services	Jan 2025	Jan 2026		Yr Average 01/2025-01/2026
Birth Certificates Sold (walk-in)	8	5	↓	11
Birth Certificates Mail	97	114	↑	113
Birth Certificates Online Orders	4,001	3,492	↓	3,993
Birth Certificates Billed	89	104	↑	106
<b>Birth Certificates Number of Total Sales</b>	<b>4,195</b>	<b>3,715</b>	<b>↓</b>	<b>4,224</b>
Death Certificates Sold (walk-in)	62	15	↓	20
Death Certificates Mail	125	103	↓	158
Death Certificates Online Orders	9,761	8,216	↓	7,937
Death Certificates Billed	49	37	↓	46
<b>Death Certificates Number of Total Sales</b>	<b>9,997</b>	<b>8,371</b>	<b>↓</b>	<b>8,161</b>

Revenue	Jan 2025	Jan 2026		Yr Average 01/2025-01/2026
<b>Birth Certificates (\$25)</b>	\$105,475	\$92,875	↓	\$105,601
<b>Death Certificates (\$25)</b>	\$250,175	\$209,275	↓	\$204,025
<b>Births Registrations (\$13)</b>	\$36,777	\$31,291	↓	\$35,036
<b>Deaths Registrations (\$13)</b>	\$28,444	\$22,971	↓	\$23,100
<b>Convenience Fee (\$2)</b>	\$8,250	\$7,088	↓	\$8,073
<b>Miscellaneous Admin</b>	\$558	\$499	↓	\$618
<b>Total Vital Records Revenue</b>	<b>\$429,679</b>	<b>\$363,999</b>	<b>↓</b>	<b>\$376,453</b>

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**B. PASSPORT SERVICES** – Passport Services is appointment only.

<b>Applications</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>Yr Average 01/2025- 01/2026</b>
Passport Applications	1,006	731	↓	740

<b>Revenue</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>Yr Average 01/2025- 01/2026</b>
Passport Execution/Acceptance fee (\$35)	\$35,210	\$25,585	↓	\$25,913

**V. HEALTH EQUITY**

**Health Equity Program – January Highlights**

The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

**Key Activities in January:**

**1. Youth Advisory Council (YAC - SPARK)**

- A. On January 7<sup>th</sup>, SNHD’s Youth Advisory Council SPARK (Students Promoting Awareness, Responsibility & Knowledge) completed their seventh meeting. The focus of this in-person meeting included a workshop on health literacy and a presentation on the functions of the Office of Communications. During this meeting members also selected the advisory boards’ group project. The selected project is the CSN "The Time is Now!": A photo project advocating for a 100% tobacco-free College of Southern Nevada (CSN) campus. This project is led by the smoking cessation program under the Office of Chronic Disease Prevention and Health Promotion (OCDPHP).
- B. January 27<sup>th</sup>, the Health Equity Coordinator participated in ASTHO's Public Health Review Morning Edition Interview, where the Youth Advisory Council Students Promoting Awareness Responsibility & Knowledge (S.P.A.R.K.) were highlighted as a success story under the Public Health Infrastructure Grant funding.

**VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

**A. Clinical Testing: Key Updates**

**1. SNHD Nursing Division Support**

SNPHL provides laboratory services to the SNHD Nursing Division, including:

- a) Molecular and microbiological culture testing
- b) Sexually Transmitted Disease (STD) diagnostics

**2. STD Surveillance and Testing**

SNPHL collaborates with the SNHD STD Department in the following activities:

- a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced GISP (eGISP).
- b) Performing NAAT (Nucleic Acid Amplification Test) and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility testing.
- c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates.
- d) A detailed breakdown of monthly sample volumes provided on the accompanying table (RPR - Rapid Plasma Reagin):

Test Name	January 2026 Count	Avg Year to Date
GC Cultures	24	24
NAAT NG/CT	1548	1548
Syphilis	665	665
RPR/RPR Titers*	135/57	135/57
Hepatitis Total	2335	2335
HIV/differentiated	617/18	617/18
HIV RNA	118	118

\*= RPR / RPR Titers refer to tests used to screen for and monitor syphilis; RPR = Rapid Plasma Reagin

**3. COVID-19 Testing Operations**

- a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform exclusively.
- b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours.





**1. Reportable Disease Isolate Testing and Confirmation**

SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.

**2. Whole Genome Sequencing (WGS) Validation**

SNPHL is clinically validated to use 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.

**3. PulseNet Surveillance**

In January 2026, SNPHL performed 14 Whole Genome Sequencing tests (WGS) as part of the PulseNet Foodborne Outbreak Surveillance program.

**4. Bacterial Isolate Screening**

Using the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total identified 147 bacterial organisms in January.

**5. SARS-CoV-2 Sequencing**

SNPHL is validated for sequencing SARS-CoV-2 and variants of concern, through the identification of lineages and clades.

- a) Current capacity: up to 96 SARS-CoV-2-positive RNA extracts per week
- b) January 2026: 8 SARS-CoV-2-positive RNA extracts sequenced.

**6. Legionella Surveillance**

SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2026 are as follows:

2026	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	39											

**7. Vector-Borne Disease Testing**

SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

- a) No mosquito pool samples were tested in January.
- b) In January no WNV-positive mosquito pool was identified.
- c) Results were communicated to Environmental Health and subsequently released to the public.

**8. Gonococcal Isolation Surveillance Program (GISP/eGISP)**

In January, SNPHL collected 27 clinical isolates:

- a) *Neisseria gonorrhoeae*: nine (9) isolates
  - b) *Neisseria meningitidis*: fifteen (15) isolates
- These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs (NAAT - Nucleic Acid Amplification Test) or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

9. **C. auris PCR Screening**

SNPHL performed 1,829 Real-Time PCR screenings for *Candida auris* in January 2026.

D. **All-Hazards Preparedness:**

1. **Coordination with First Responder Training**

SNPHL collaborates on training and exercises with first responder agencies including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.

2. **Laboratory Packaging and Shipping Guidance**

SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.

3. **Onsite Training for Long-Term Care Facilities**

SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.

4. **Monkeypox Biosafety Guidance**

Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.

5. **Vaccination Support for Laboratory Staff**

SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.

6. **Ongoing Biosafety Training for SNPHL Staff**

The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.

7. **Training After Equipment Upgrade**

SNPHL will provide training for all BSL-3 staff after installing the double door autoclave and fixing the leaking problem in January 2026.

E. **January 2026 SNPHL Activity Highlights:**

1. **COVID-19 Testing Supplies and Reagent Forecast**

SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding.

2. **Proficiency Testing Performance**

SNPHL achieved 100% proficiency across a wide range of tests, including:

- a) CAP GH-5-C Hemoglobin A1c
- b) MGEN-B 2026 M. genitalium

**3. Facility Infrastructure and Equipment Calibration**

Phoenix Controls completed system integration adjustments for the installation of the onsite monitor computer and network connection on the 2<sup>nd</sup> floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.

**4. Genomic Surveillance – SARS-CoV-2**

WGS and genomic data analysis indicate that the Omicron variant XFG lineage was the dominant strain among samples received in January. SNPHL will continue sequencing close-contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).

**5. Influenza Surveillance**

Early data from the new influenza season show that A/H3 and B/Victoria are the predominant subtypes of influenza.

**6. Avian Influenza Surveillance**

SNPHL participates in the CDC’s Avian Influenza Surveillance Project by distributing testing guidance and specimen collection procedures to local hospitals via the Health Alert Network (HAN). Any ICU patients testing positive for Influenza A are required to submit specimens for subtyping to rule out avian influenza. No suspect avian flu samples were received in January.

**7. Facility Expansion Planning**

Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the 2<sup>nd</sup> floor, with a semi-shell layout planned for the 1<sup>st</sup> floor.

**8. Expanded Clinical Testing Services**

New test offerings in clinical chemistry, hematology, and urinalysis have formally opened for service for FQHC and DPP division. The SNPHL website of test menu has been updated and added those new additional tests.

**9. BSL-3 Equipment Services**

SNPHL commenced collaboration with the Facilities team to acquire laboratory equipment and IT accessories for the new laboratory building, utilizing State Public Health funding. The construction contract for the building will include the purchasing and installation of a double door autoclave and pass-through windows.

**F. COMMUNITY HEALTH – SNPHL – Calendar Year Data**

January SNPHL Services	2025	2026	
Clinical Testing Services <sup>1</sup>	5,574	6,029	↑
Epidemiology Services <sup>2</sup>	491	346	↓
State Branch Public Health Laboratory Services <sup>3</sup>	0	0	=
All-Hazards Preparedness Services <sup>4</sup>	4	4	=
Environmental Health Services <sup>5</sup>	69	39	↑

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

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

<sup>3</sup> 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.

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing.

## MEMORANDUM

**Date:** February 17, 2026

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, MPA, Chief Executive Officer, FQHC <sup>RS</sup>

Cassius Lockett, PhD, District Health Officer <sup>CL</sup>

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**Subject: Community Health Center FQHC Chief Executive Officer Report – January 2026**

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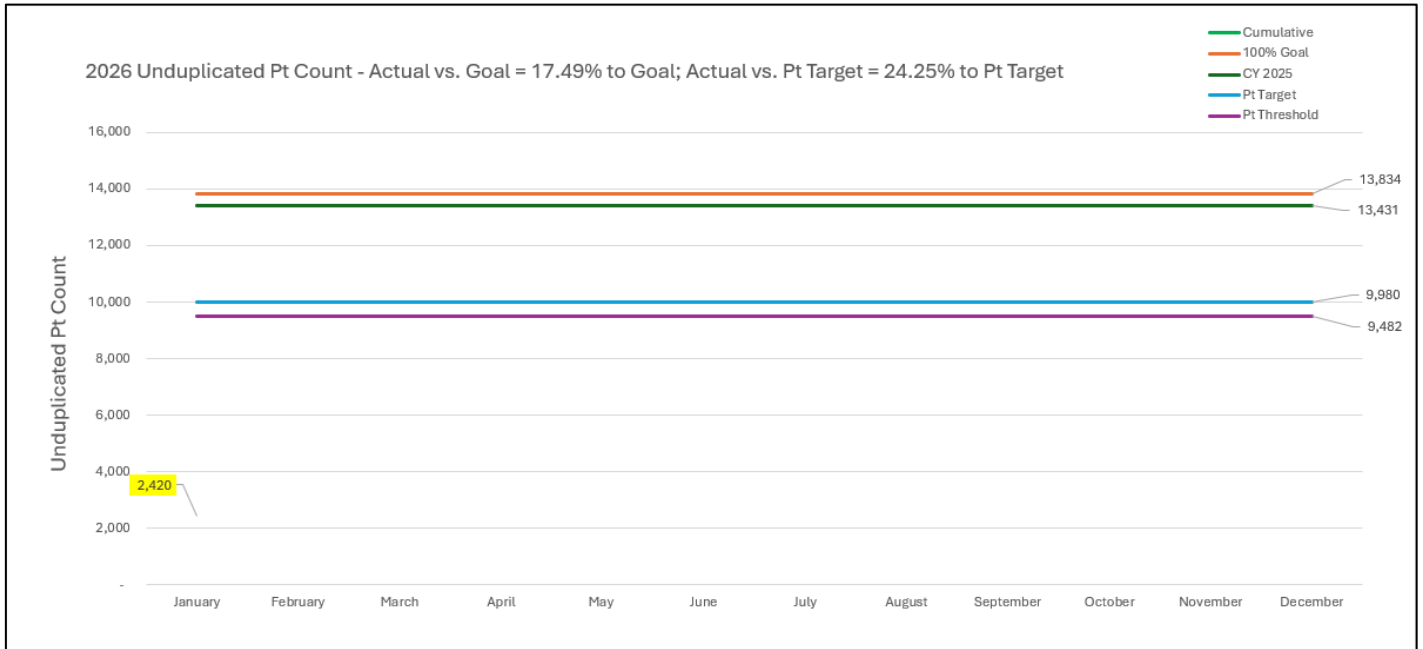
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

### January Highlights - Administrative

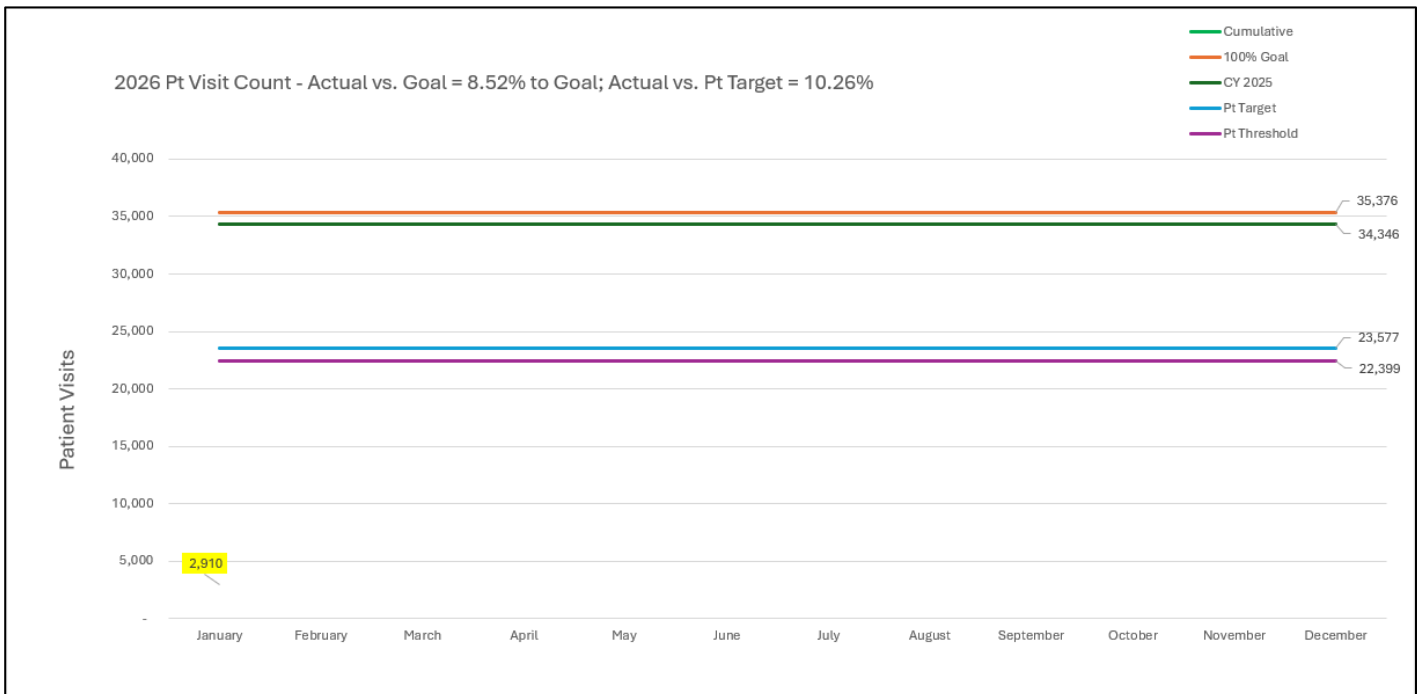
- Behavioral health access up 27% year-over-year.
- Primary care access up 26% year-over-year.
- Pharmacy encounters up 21% year-over-year.
- 2,538 empaneled Medicaid members; most members ever assigned to SNHD/SNCHC.
- Current Title X funding expires on 3/31/26. Awaiting guidance and notification of new funding period.
- Patient Center Medical Home (PCMH) transformation activities ongoing.
- Title X CY25 Family Planning Annual Report submitted.
- CY25 Uniform Data Systems (UDS) report ongoing.
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- One Community Health Worker in the Ryan White program awarded SNHD's January 2026 Employee of the Month.

## Access

### Unduplicated Patients – January 2026



### Patient Visits Count – January 2026



**Provider Visits by Program and Site – January 2026**

Facility	Program	JAN			FY26 YTD	FY25 YTD	FY YTD YoY%
		JAN '26	JAN '25	YoY %			
Decatur	Family Health	729	608	17%	5,476	4,152	24%
Fremont	Family Health	541	419	23%	3,370	2,404	29%
<b>Total</b>	<b>Family Health</b>	<b>1,270</b>	<b>1,027</b>	<b>19%</b>	<b>8,846</b>	<b>6,556</b>	<b>26%</b>
Decatur	Family Planning	147	177	-20%	925	1,113	-20%
Fremont	Family Planning	128	172	-34%	1,152	909	21%
<b>Total</b>	<b>Family Planning</b>	<b>275</b>	<b>349</b>	<b>-27%</b>	<b>2,077</b>	<b>2,022</b>	<b>3%</b>
Decatur	Sexual Health	578	532	8%	3,797	3,532	7%
Fremont	Sexual Health	139	170	-22%	795	889	
ASEC	Sexual Health				0	113	
<b>Total</b>	<b>Sexual Health</b>	<b>717</b>	<b>702</b>	<b>2%</b>	<b>4,592</b>	<b>4,534</b>	<b>1%</b>
Decatur	Behavioral Health	159	133	16%	1,225	836	32%
Fremont	Behavioral Health	160	101	37%	998	797	
<b>Total</b>	<b>Behavioral Health</b>	<b>319</b>	<b>234</b>	<b>27%</b>	<b>2,223</b>	<b>1,633</b>	<b>27%</b>
Decatur	Ryan White	225	253	-12%	1,633	1,576	3%
Fremont	Ryan White	35	31	11%	185	174	
<b>Total</b>	<b>Ryan White</b>	<b>260</b>	<b>284</b>	<b>-9%</b>	<b>1,818</b>	<b>1,750</b>	<b>4%</b>
<b>FQHC Total</b>		<b>2,841</b>	<b>2,596</b>	<b>9%</b>	<b>19,556</b>	<b>16,495</b>	<b>16%</b>

**Pharmacy Services**

	26-Jan	25-Jan		FY26 YTD	FY25 YTD		% Change YOY
<b>Client Encounters (Pharmacy)</b>	1,738	1,392	↑	11,889	9,809	↑	<b>21.2%</b>
<b>Prescriptions Filled</b>	3,247	2,438	↑	22,066	16,304	↑	<b>35.3%</b>
<b>Client Clinic Encounters (Pharmacist)</b>	40	67	↓	394	411	↓	<b>-4.1%</b>
<b>Financial Assistance Provided</b>	26	24	↑	100	224	↓	<b>-55.4%</b>
<b>Insurance Assistance Provided</b>	42	10	↑	101	68	↑	<b>48.5%</b>

- A. Dispensed 3,247 prescriptions for 1,738 patients.
- B. Pharmacists completed 40 patient clinic encounters.
- C. Assisted 26 patients with obtaining medication financial assistance.
- D. Assisted 42 patients with receiving insurance approvals.

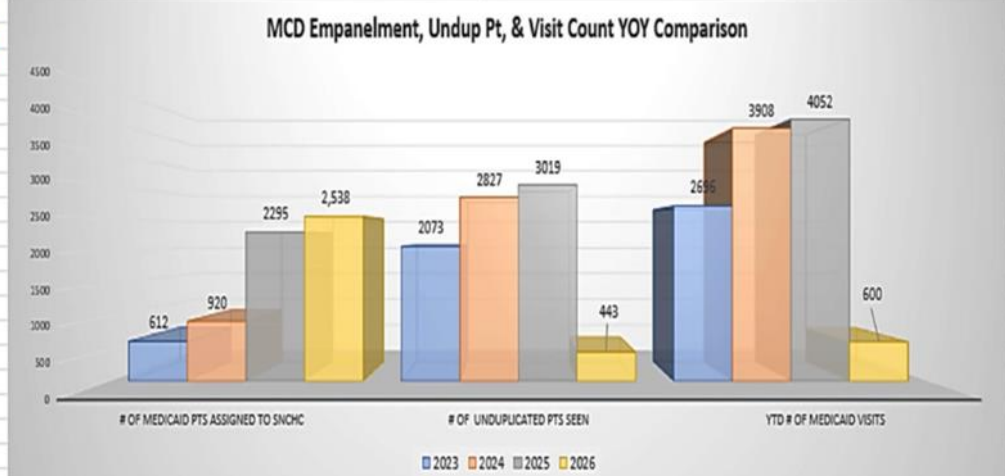
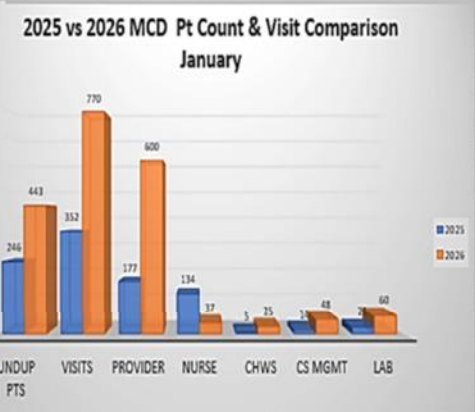
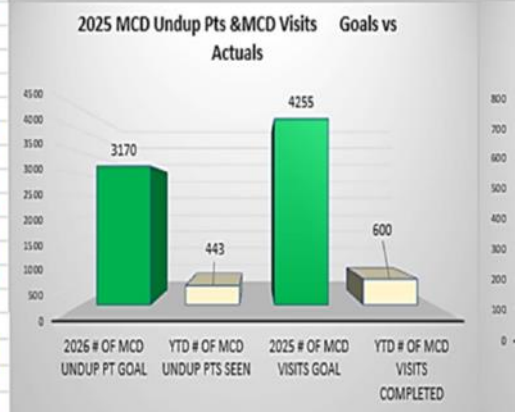
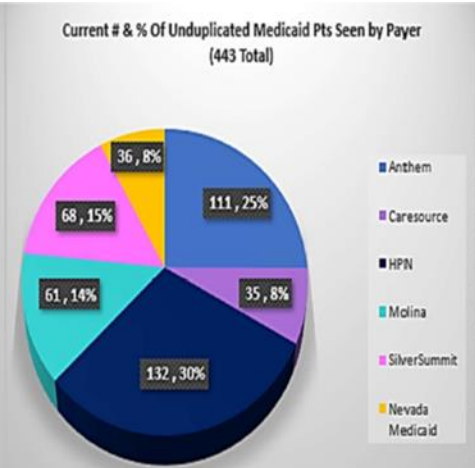
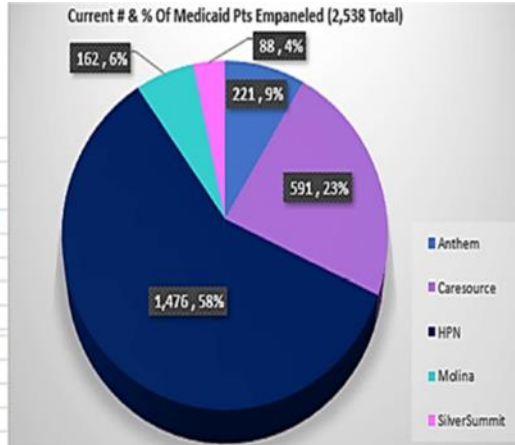
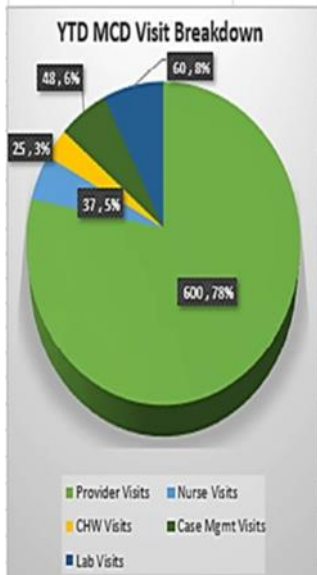
## Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # of Medicaid Pts Empaneled
Anthem	221
Caresource	591
HPN	1,476
Molina	162
SilverSummit	88
<b>Total</b>	<b>2,538</b>

Empanelment Growth YoY - 2025 v 2026	11%
2026 # of MCD Undup Pt Goal	3170
YTD # of MCD Undup Pts Seen	443
% of Unduplicated Pts to Goal	13.97%
# of Medicaid Pts Assigned to SNCHC	2,538
2025 # of MCD Visits Goal	4255
YTD # of MCD Visits Completed	600
% of Medicaid Pts Visits to Goal	14.10%
Average # of Medicaid visits per undup pt	1.35

Unduplicated MCD Pts Seen YTD	
Anthem	111
Caresource	35
HPN	132
Molina	61
SilverSummit	68
Nevada Medicaid	36
<b>Total</b>	<b>443</b>

YTD MCD Visit Breakdown	
Provider Visits	600
Nurse Visits	37
CHW Visits	25
Case Mgmt Visits	48
Lab Visits	60
<b>Total Visits</b>	<b>770</b>



Calendar Year	2023	2024	2025	2026
# of Medicaid Pts Assigned to SNCHC	612	920	2295	2,538
# of Unduplicated Pts Seen	2073	2827	3019	443
Goal of Medicaid Visits	2831	4104	4255	
YTD # of Medicaid Visits	2696	3908	4052	600
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%	13.97%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34	1.35

January	2025	2026	Change	Change %
MCD Undup Pts	246	443	197	80.08%
MCD Visits	352	770	418	118.75%
MCD Provider	177	600	423	238.98%
MCD Nurse	134	37	-97	-72.39%
MCD CHWs	5	25	20	400.00%
MCD CS Mgmt	14	48	34	242.86%
MCD Lab	22	60	38	172.73%

## **Behavioral Health Services**

- A. The Behavioral Health Psychiatric Nurse Practitioner celebrated their five-year anniversary with the Health District and was recognized in the presence of their colleagues.
- B. The Behavioral Health Team completed coding training facilitated by a coding expert.
- C. The Behavioral Health Team received training on the Chronic Care Management (CCM) module and has initiated patient enrollment.

## **Family Planning Services**

- A. Current Title X budget period concludes on March 31, 2026. Awaiting instructions from the Office of Population Affairs on the submission of a non-competing continuous grant application.
- B. Family Planning program access was down 27% in January and is up 3% year-over-year. Program team administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care. This project is ongoing.
- C. The Title X CY25 Family Planning Annual Report was submitted to the Office of Population Affairs.

## **HIV / Ryan White Care Program Services**

- A. The Ryan White program received 63 referrals between January 1<sup>st</sup> and January 31<sup>st</sup>. There were two (2) pediatric clients referred to the Medical Case Management in January, and the program received two (2) referrals for a pregnant women living with HIV during this time.
- B. There were 786 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 415 unique clients served under these programs in January.
- C. The Ryan White ambulatory clinic provided a total of 467 visits in the month of January, including 26 initial provider visits, 197 established provider visits including three (3) tele-visits to established patients. Additionally, there were 26 nursing visits and 221 lab visits provided. There were 52 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of January. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in January.
- D. The Ryan White clinic provides Rapid StART services, with 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 eight (8) patients seen under the Rapid StART Program in January.

## **FQHC-Sexual Health Clinic (SHC)**

- A. The Sexual Health Clinic (SHC) clinic provided 614 unique services to 571 unduplicated patients for the month of January.
- B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. The 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) on 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. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

## Refugee Health Program (RHP)

Refugee Health Program for the month of January.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	3
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	5
Clients encounter by program (adults)	11
<b>Refugee Health Screening for January 2026</b>	<b>16</b>
<b>Total for FY25-FY26</b>	<b>28</b>

## Outreach/In Reach Activity

There was no outreach events reported in January 2026.

Number of events	0 – Outreach 0 – In reach
Number of people reached	0
Number of people linked to the clinic	0
Number of hours dedicated to outreach	0

## Eligibility and Insurance Enrollment Assistance

Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

## Patient Satisfaction: See attached survey results.

SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting 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.



# Memorandum

**Date:** February 6, 2025

**To:** Southern Nevada District Board of Health

**From:** **Anilkumar Mangla, MS, PhD, MPH, FRIPH, Director of Disease Surveillance & Control**  
**Cassius Lockett, PhD, District Health Officer**

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – January 2026

**A. Division of Disease Surveillance and Control**

**1. Number of Confirmed and Probable Cases of Selective Illnesses Reported**

	January 2025	January 2026		YTD 25	YTD 26	
<b>Sexually Transmitted</b>						
<b>Chlamydia</b>	1053	972	↓	1053	972	↓
<b>Gonorrhea</b>	403	380	↓	403	380	↓
<b>Primary Syphilis</b>	8	1	↓	8	1	↓
<b>Secondary Syphilis</b>	11	5	↓	11	5	↓
<b>Early Non-Primary, Non-Secondary<sup>1</sup></b>	26	11	↓	26	11	↓
<b>Syphilis Unknown Duration or Late<sup>2</sup></b>	113	36	↓	113	36	↓
<b>Congenital Syphilis (presumptive)</b>	7	1	↓	7	1	↓
<b>Moms and Babies Surveillance<sup>3</sup></b>						
<b>Pregnant Persons Living with HIV<sup>4</sup></b>	6	3	↓	6	3	↓
<b>Pregnant Syphilis Cases</b>	11	22	↓	11	22	↓
<b>Perinatally Exposed to HIV</b>	4	2	↓	4	2	↓

<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

<sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

<sup>3</sup> Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

<sup>4</sup> The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.

	January 2025	January 2026		YTD 25	YTD 26	
<b>Vaccine Preventable</b>						
Haemophilus influenzae, invasive disease	7	10	↑	7	10	↑
Hepatitis B, acute	4	0	↓	4	0	↓
Influenza Hospitalizations and Deaths	628	288	↓	628	288	↓
Mpox	0	1	↑	0	1	↑
Covid-19 Hospitalizations and Deaths	137	43	↓	137	43	↓
Pertussis	4	10	↑	4	10	↑
RSV	1015	368	↓	1015	368	↓
<b>Enteric Illness</b>						
Amebiasis	1	0	↓	1	0	↓
Campylobacteriosis	22	8	↓	22	8	↓
Cryptosporidiosis	1	2	↑	1	2	↑
Giardiasis	6	1	↓	6	1	↓
Rotavirus	13	4	↓	13	4	↓
Salmonellosis	4	5	↑	4	5	↑
Shiga toxin-producing Escherichia coli (STEC)	3	2	↓	3	2	↓
Shigellosis	3	3	→	3	3	→
Yersiniosis	3	3	→	3	3	→
<b>Other</b>						
Coccidioidomycosis	31	6	↓	31	6	↓
Dengue	1	0	↓	1	0	↓
Hepatitis C, acute	1	0	↓	1	0	↓
Invasive Pneumococcal Disease	38	22	↓	38	22	↓
Lead Poisoning	20	12	↓	20	12	↓
Legionellosis	1	1	→	1	1	→
Malaria	1	0	↓	1	0	↓
Meningitis, aseptic	1	1	→	1	1	→
Meningitis, Bacterial Other	1	1	→	1	1	→
Exposure to a rabies susceptible animal	34	86	↑	34	86	↑
Streptococcal Toxic Shock Syndrome (STSS)	5	2	↓	5	2	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	3	8	↑	3	8	↑

**2. Number of Cases Investigated by ODS**

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
<b>Chlamydia</b>	15	8	30	0
<b>Gonorrhea</b>	8	8	21	0
<b>Syphilis</b>	8	0	183	1
<b>HIV/AIDS (New to Care/Returning to Care)</b>	18	14	62	0
<b>Tuberculosis</b>	367	0	9	0
<b>TOTAL</b>	416	30	305	1
<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) <sup>2</sup> Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms <sup>3</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters Fup= Investigations initiated to follow up on previous reactors, partners, or clusters				

**3. Disease and Outbreak Investigations**

- a. **Mpox:** As of February 2, 2026, Clark County had 335 cases of mpox since the first reported case in 2022.
- b. **Mpox Outbreak:** In the last 4 months there were 16 mpox cases (12 confirmed, 3 probable and 1 suspect). This is considered to be an outbreak. ODS, in collaboration with PPC, conducted outreach at venues associated with the cases to offer education and vaccines. Six out of the sixteen cases were received in the past 4 weeks.
- c. **Influenza:** SNHD started the influenza surveillance for the 2025-2026 season on September 28, 2025. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, Seasonal influenza activity remains elevated. Statewide, outpatient respiratory illness activity in Nevada is low. Locally, as of 01/24/2026, during the 2025 - 2026 influenza season, 583 influenza-associated hospitalizations and 19 deaths have been reported and processed. The total number of cases presented in this report is subject to change due to potential delays in reporting and data processing. Influenza surveillance will continue through 5/23/2026.
- d. **Legionella:** A fifth case of confirmed Legionnaires' Disease associated with Harrah's Laughlin was reported to ACDC. The outbreak from earlier in 2025 was reopened. The property is cooperating with EH and DSC staff in the investigation. Notification letters were provided to the facility to send to staff and guests. Case finding is in progress.
- e. **Influenza/Respiratory Illness:** Two elementary schools reported a large number of students and some staff with respiratory symptoms absent from school starting late January. Some students tested positive for Influenza. Line lists were received, and surveys are being conducted with staff and the parents of ill students.
- f. **COVID-19:** A respiratory illness outbreak associated with COVID-19 in a long-term care facility was investigated by our HAI team in collaboration with EH. An Infection Control Assessment and Response (ICAR) was conducted in January, and this investigation has now been closed.

**4. 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. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. 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 distributions took place in the month of January:

<b>Naloxone Distribution</b>	<b>Agency</b>	<b># of Naloxone doses distributed</b>
1/6/2026	City of North Las Vegas	1008
1/6/2026	Vegas Stronger	240
1/6/2026	Young People in Recovery	384
1/6/2026	SNHD - FQHC	-6 (Returned to SNHD)
1/6/2026	SNHD - Pharmacy Fremont	4
1/6/2026	SNHD - L2A	2
1/7/2026	HELP of Southern Nevada	1008
1/7/2026	Hope Christian Health Center	2400
1/7/2026	Street Dogz	96
1/7/2026	Golden Nugget	72
1/7/2026	Golden Nugget	-55 (Returned to SNHD)
1/7/2026	SNHD - L2A	55
1/7/2026	Crossroads	312
1/8/2026	Southern Nevada Anthropomorphic Events	48
1/8/2026	Wynn	48
1/8/2026	Wynn	-103 (Returned to SNHD)
1/8/2026	SNHD - L2A	103
1/8/2026	NDOC - High Desert	216
1/8/2026	Mesquite Police Dept	168
1/8/2026	NV Dept of Public Safety - Capitol Police	168
1/8/2026	The Center	1440
1/8/2026	The Promise	168
1/9/2026	Henderson Comprehensive Treatment Center	336
1/9/2026	Roseman University Empowered	216
1/12/2026	SNHD - Pharmacy Decatur	180
1/13/2026	Toni's House	1440
1/13/2026	Holy Smoke Misfit Missionaries	-20 (Returned to SNHD)
1/13/2026	Holy Smoke Misfit Missionaries	96
1/13/2026	SNHD - L2A	20
1/13/2026	NV Dept of Child and Family Services	48

1/13/2026	Rio Hotel and Casino	24
1/13/2026	Spring Valley Hospital	360
1/14/2026	Las Vegas Clark County Library District	2880
1/14/2026	LVMPD	552
1/14/2026	Fusion Community Inc	312
1/14/2026	DEA	72
1/16/2026	Foundation For Recovery	4800
1/20/2026	NAMI	72
1/20/2026	UNLV Student Wellness Center	192
1/20/2026	Lake Mead Christian Academy	-41 (Returned to SNHD)
1/20/2026	SNHD - L2A	41
1/20/2026	Lake Mead Christian Academy	48
1/20/2026	Southern Nevada Health Consortium	600
1/21/2026	Partida Corona Medical Center	192
1/21/2026	Caridad	48
1/22/2026	Henderson Equality Center	48
1/22/2026	NDOC - Florence McClure Women's Correctional Center	24
1/22/2026	UNLV - Fraternity and Sorority Life	48
1/22/2026	SNHD - Pharmacy	16
1/23/2026	The Vinny Nolo Project	24
1/28/2026	The Cupcake Girls	-16 (Returned to SNHD)
<b>Total</b>		<b>20,388</b>

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of December:

DATE	AGENCY	FTS	XTS	QTY
01/07/2026	SNHD Office of Disease Surveillance	100	100	200
01/07/2026	SNHD ODS Health Education	100	100	200
01/08/2026	SNHD Office of Disease Surveillance	100	100	200
01/21/2026	Signs of Hope	0	200	200
01/21/2026	Toni's House	500	500	1,000
<b>TOTALS:</b>		<b>800</b>	<b>1000</b>	<b>1800</b>

**5. 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, Sagebrush Health, 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 continues to collaborate with community partners to participate at various outreach events. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. On January 14th, ODS returned to Adonis Health Club. Adonis is located at 2225 E. Flamingo Rd, Building 2 and is primarily a men’s gym/bathhouse focused on serving the LGBTQ community. Additionally, on January 17<sup>th</sup> we participated in the Martin Luther King "Taste the Dream" Festival at the Historic Westside School located at 330 W. Washington Blvd., Las Vegas, NV 89107. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. We provided our full service offering of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, and educational/informational navigation.
- c. Distribution is ongoing. 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**

- 1. 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	Jan-25	Jan-26		YTD 25	YTD 26	
Outreach/Targeted Testing	1277	514	↓	1277	514	↓
Clinic Screening (SHC/FPC/TB)	595	183	↓	595	183	↓
Outreach Screening (Jails)	224	79	↓	224	79	↓
Collect2 Protect	8	2	↓	8	2	↓
<b>TOTAL</b>	<b>2104</b>	<b>778</b>	<b>↓</b>	<b>2104</b>	<b>778</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE	5	2	↓	5	2	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	0	0	→
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	0	0	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	<b>5</b>	<b>2</b>	<b>↓</b>	<b>5</b>	<b>2</b>	<b>↓</b>

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

### **C. Staff Facilitated/Attended the following Trainings/Presentations**

1. 01/06/2026: Facilitated Perinatal HIV Prevention Education at Summerlin Hospital with SNHD Nurse Case Management for Ante Partum, Labor and Delivery, NICU and Peds/Adult ED; 59 people in attendance; 6 SNHD staff in attendance.
2. 01/07/2026: Facilitated PrEP Educational Visit - WHASN Summerlin; 9 people in attendance; 1 Health Educator in attendance.
3. 01/07/2026: Facilitated Risk Reduction in Action Training for Signs of Hope; 9 people in attendance; 1 ODS staff in attendance.
4. 01/08/2026: Facilitated the SNOAC Executive Committee Meeting; 13 people in attendance; 3 ODS staff in attendance.
5. 01/10/2026: Facilitated a CredibleMind Wellness Session for the Clark County Teach for America's Mid-Year Conference; 5 people in attendance; 1 SNHD ODS staff in attendance.
6. 01/12/2026: Attended the Nevada EFC Strategic Planning/Evaluation Workgroup as SNHD Representative; 6 people in attendance; 2 ODS Health Educator in attendance.
7. 01/14/2026: Facilitated PrEP Education Visit at First Med Health and Wellness; 6 people in attendance; 1 Health Educator in attendance.
8. 01/14/2026: Facilitated Access to Care Community Health Improvement Plan Workgroup Meeting; 7 people in attendance; 1 ODS Health Educator in attendance.
9. 01/15/2026: Facilitated 2026 Southern Nevada Substance Misuse and Overdose Prevention Summit Planning Meeting; 9 people in attendance; 2 ODS staff attendees.
10. 01/21/2026: Facilitated Congenital Syphilis Educational Visit - WHASN Summerlin; 7 people in attendance; 3 SNHD staff in attendance.
11. 01/21/2026: Facilitated Southern Nevada HIV Prevention Planning Group Meeting; 27 people in attendance; 5 SNHD staff in attendance.
12. 01/22/2026: Presented at the Southern Nevada Health Consortium Providers Meeting on the Nevada Congenital and Perinatal Testing and Reporting Law Resource; 32 people in attendance; 6 ODS staff in attendance.
13. 01/22/2026: Facilitated Overdose Response Training at SNHD; 10 SNHD staff attendees; 1 ODS staff in attendance.
14. 01/27/2026: Facilitated Risk Reduction in Action Training for WestCare; 12 people in attendance; 1 ODS staff in attendance.
15. 01/27/2026: Interviewed by the ASTHO PHIG Impact Report Podcast about CredibleMind; 2 people in attendance; 1 SNHD ODS staff in attendance.
16. 01/27/2026: Facilitated In-Person Community Health Improvement Plan Steering Committee Meeting; 34 people in attendance; 3 ODS Health Educator in attendance.
17. 01/29/2026: Facilitated PrEP Education Visit to Craig Medical Center; 3 people in attendance; 1 Health Educator in attendance.
18. 01/29/2026: Facilitated Health District After Dark: Conversations about Immunizations; 87 people in attendance; 20 SNHD staff in attendance.

**D. Office of Epidemiology**

**1. Epidemiology Reports**

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables
- b. Monthly and quarterly disease statistics
- c. Weekly mpox case and vaccination report
- d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- e. Monthly NVDRS, SUDORS and NCLPP reports
- f. Outreach site HIV testing stats-weekly
- g. EPT report- weekly
- h. Weekly Arbovirus update
- i. Weekly Wastewater Surveillance Report.

**2. Other Project Updates**

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard

**3. Disease Statistics**

- a. Communicable Disease Statistics: December 2025 and Quarter 4 2025 disease statistics are below. Please note that these data are retrieved as of February 5, 2026. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (December 2025)

**December 2025: Clark County Disease Statistics\***

Data as of 2/05/2026

Disease	2023		2024		2025	
	December	YTD	December	YTD	December	YTD
<b>VACCINE PREVENTABLE</b>						
COVID-19	3,633	32,438	1,120	18,783	485	10,278
Haemophilus influenzae, invasive	4	31	2	43	4	36
Hepatitis A	2	8	1	10	0	2
Hepatitis B, acute	5	33	0	39	2	26
Hepatitis B, chronic	113	1,534	100	1,301	68	1,082
Influenza	607	1,040	642	1,574	290	1,598
Measles (rubeola)	0	0	0	0	0	1
Meningococcal disease ( <i>N. meningitidis</i> )	0	2	0	2	0	1
MPOX	1	17	1	12	2	13
Mumps	0	0	0	3	0	3
Pertussis	14	59	4	57	10	83
RSV	1,596	3,222	1,306	3,707	258	2,656
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	934	12,953	876	12,579	917	11,994
Gonorrhea	433	5,865	380	5,250	381	4,951
HIV	53	513	38	550	12	425
Stage 3 HIV (AIDS)	14	175	14	186	13	168
Syphilis (Early non-primary, non-secondary)	45	629	31	568	22	363
Syphilis (Primary & Secondary)	33	555	21	371	5	191
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	1	0	3	0	1
Congenital Syphilis	4	55	6	36	3	41
<b>ENTERICS</b>						
Amebiasis	0	4	1	8	0	9
Campylobacteriosis	9	193	15	211	25	273
Cryptosporidiosis	0	12	3	35	6	34
Giardiasis	5	75	7	65	2	50
Rotavirus	2	109	6	132	7	239
Salmonellosis	11	211	22	182	11	224
Shiga toxin-producing <i>E. coli</i> (STEC)	3	59	8	95	13	105
Shigellosis	5	88	7	140	4	82
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	6	0	13	0	11
Yersiniosis	0	16	4	43	2	48
<b>OTHER</b>						
Coccidioidomycosis	30	285	22	284	12	220
Exposure, Chemical or Biological	1	2	0	4	0	2
Hepatitis C, acute	0	5	0	12	0	7
Hepatitis C, chronic	119	2,343	166	1,749	111	2,132
Invasive Pneumococcal Disease	39	225	41	255	19	243
Lead Poisoning	3	170	15	194	9	173
Legionellosis	3	32	4	35	1	42
Listeriosis	1	2	0	5	0	3
Lyme Disease	0	9	0	8	1	6
Malaria	0	7	1	8	0	3
Meningitis, Aseptic	0	32	2	32	0	22
Meningitis, Bacterial Other	2	14	0	4	0	6
Meningitis, Fungal	0	0	0	3	0	2
Q Fever, acute	0	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	28	354	46	370	68	874
Spotted Fever Rickettsiosis	0	0	0	2	0	0
Streptococcal Toxic Shock Syndrome (STSS)	3	37	3	34	6	29
Tuberculosis (Active)	5	76	2	67	4	63
West Nile virus neuroinvasive disease	0	2	0	14	0	0

\*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.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~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.

**Quarter 4 2025: Clark County Disease Statistics\***

Data as of 02/05/2026

Disease	2023		2024		2025		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 4	YTD	Qtr 4	YTD	Qtr 4	YTD	Qtr 4 (2020-2024 aggregated)	Qtr 4 (2025)	Change b/t current & past 5-year?
<b>VACCINE PREVENTABLE</b>									
COVID-19	8,783	32,438	3,159	18,783	1,466	10,278	797.72	20.13	↓X
Haemophilus influenzae, invasive	6	31	7	43	11	36	0.10	.	-
Hepatitis A	2	8	2	10	1	2	.	.	-
Hepatitis B, acute	9	33	7	39	5	26	0.09	.	-
Hepatitis B, chronic	362	1,534	292	1,301	215	1,082	3.95	2.95	↓X
Influenza	823	1,040	838	1,574	359	1,598	8.66	4.93	↓X
Influenza-associated pediatric mortality	0	0	0	2	0	2	.	.	-
Measles (rubeola)	0	0	0	0	1	1	.	.	-
Meningococcal disease ( <i>N. meningitidis</i> )	0	2	0	2	0	1	.	.	-
MPOX	13	17	4	12	11	13	0.16	.	-
Mumps	0	0	0	3	2	3	.	.	-
Pertussis	32	59	13	57	30	83	0.25	0.41	↑
RSV	2,462	3,222	1,740	3,707	394	2,656	38.97	5.41	↓X
<b>SEXUALLY TRANSMITTED</b>									
Chlamydia	3,077	12,953	2,908	12,579	2,883	11,994	53.07	39.59	↓X
Gonorrhea	1,512	5,865	1,213	5,250	1,205	4,951	26.63	16.55	↓X
HIV	109	488	90	525	76	425	1.51	1.04	↓X
Stage 3 HIV (AIDS)	50	169	34	135	31	168	0.58	0.43	↓
Syphilis (Early non-primary, non-secondary)	157	629	117	568	83	363	2.66	1.14	↓X
Syphilis (Primary, Secondary)	107	555	56	371	35	191	2.21	0.48	↓X
<b>CONGENITAL CONDITIONS</b>									
Hepatitis C, Perinatal Infection	0	1	0	3	0	1	.	.	-
Congenital Syphilis	12	55	8	36	0	0	66.59	.	-
<b>ENTERICS</b>									
Amebiasis	0	4	3	8	1	9	.	.	-
Campylobacteriosis	48	193	40	211	78	273	0.63	1.07	↑X
Cryptosporidiosis	2	12	13	35	9	34	0.09	.	-
Giardiasis	18	75	14	65	10	50	0.22	.	-
Rotavirus	8	109	13	132	14	239	0.14	0.19	↑
Salmonellosis	51	211	50	182	60	224	0.65	0.82	↑
Shiga toxin-producing <i>E. coli</i> (STEC)	17	59	21	95	30	105	0.24	0.41	↑
Shigellosis	27	88	24	140	22	82	0.35	0.30	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	6	0	13	1	11	.	.	-
Yersiniosis	4	16	14	43	7	48	0.09	.	-
<b>OTHER</b>									
Coccidioidomycosis	83	285	88	284	37	220	1.11	0.51	↓X
Exposure, Chemical or Biological	1	2	0	4	0	2	.	.	-
Hepatitis C, acute	2	5	1	12	0	7	.	.	-
Hepatitis C, chronic	366	2,343	492	1,749	367	2,132	10.16	5.04	↓X
Invasive Pneumococcal Disease	75	225	74	255	61	243	1.12	0.84	↓
Lead Poisoning	40	170	56	194	41	173	0.62	0.56	↓
Legionellosis	4	32	9	35	3	42	0.10	.	-
Listeriosis	2	2	0	5	2	3	.	.	-
Lyme Disease	2	9	0	8	2	6	.	.	-
Malaria	0	7	4	8	0	3	.	.	-
Meningitis, Aseptic	7	32	7	32	5	22	0.14	.	-
Meningitis, Bacterial Other	6	14	0	4	1	6	0.08	.	-
Meningitis, Fungal	0	0	0	3	1	2	.	.	-
Spotted Fever Rickettsiosis	0	0	1	2	0	0	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	11	37	6	34	8	29	0.09	.	-
Tuberculosis, Active	20	76	14	67	13	63	0.24	0.18	↓
West Nile Virus neuroinvasive disease	1	2	0	14	0	0	.	.	-

\*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.



--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:** February 26, 2026

**To:** Southern Nevada District Board of Health

**From:** Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health*   
 Cassius Lockett, PhD, *District Health Officer* 

**Subject:** Environmental Health Division Monthly Report

## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
<b>Routine Inspections</b>	2,669	2,388	↓	14,496	14,637	↑
<b>Reinspections</b>	156	134	↓	1,127	1,205	↑
<b>Downgrades</b>	178	166	↓	1,042	1,167	↑
<b>Closures</b>	24	14	↓	86	95	↑
<b>Special Events</b>	29	38	↑	502	547	↑
<b>Temporary Food Establishments &amp; Tasting Event Booths</b>	1,092	444	↓	5,164	4,680	↓
<b>TOTALS</b>	<b>4,148</b>	<b>3,184</b>	<b>↓</b>	<b>22,417</b>	<b>22,331</b>	<b>↓</b>

↑ (Up Arrow) - Indicates an increase compared to the previous period.  
 ↓ (Down Arrow) - Indicates a decrease compared to the previous period.  
 → (Right Arrow) - Indicates no significant change compared to the previous period.

#### 1. Enforcement Actions and Investigations:

- A. **Don Tortaco Mexican Grill #1, 450 Fremont St.:** On January 8, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on January 12.
- B. **Pollos Mexico Portable Unit for the Service of Food (PUSF), 2945 S. Nellis Blvd.:** On January 8, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 21 demerits. The

unit was reinspected and reopened with zero demerits on January 8. Due to a pattern of non-compliance as evidenced by consecutive downgrades during routine inspections, the operator will be entered into the Administrative Process.

- C. **Aloha Specialties Restaurant, 12 E. Ogden Ave.:** On January 13, the facility was closed for an IHH, pest infestation. The inspector documented 31 demerits. The facility was reinspected and reopened with three demerits on January 20.
  - D. **A1 Mobile Catering #6, 439 Rock Quarry Way:** On January 22, the unit was closed for an IHH, no potable or hot water. The inspector documented 13 demerits. The facility was reinspected and reopened with zero demerits on January 22.
  - E. **Blaze Fast-Fired Pizza, 1620 E. Craig Rd.:** On January 22, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 26 demerits. The facility was reinspected and reopened with eight demerits on January 23.
  - F. **Boulder City Supper Club, 1129 Arizona St.:** During a complaint investigation on January 22, the facility was closed for an IHH, no potable or hot water. The facility was reinspected and reopened with eight demerits on January 23.
  - G. **Taqueria Carlos and Chulitas – BBQ and Mobile Vendor Permits, 1935 Fremont St.:** On January 23, the BBQ area and mobile vendor unit were closed for an IHH, lack of adequate handwashing facilities. The inspector documented 25 demerits for the BBQ permit and 33 demerits for the mobile vendor permit. The unit remains closed at this time. This operator has a documented history of downgrades. Due to ongoing issues of non-compliance, including operating with a suspended health permit, the operator will be entered into the Administrative Process.
  - H. **Anthony's Donuts, 609 N. Nellis Blvd.:** On January 27, the facility was closed for an IHH, pest infestation. The inspector documented 14 demerits. The facility was reinspected and reopened with zero demerits on January 29.
  - I. **La Michoacana Fresa, 1923 N. Decatur Blvd.:** On January 28, the facility was closed for multiple IHHs, no potable water or hot water and pest infestation. The inspector documented 33 demerits. The facility was reinspected and reopened with eight demerits on January 30.
  - J. **LAS Airport McCarran I Candy D5, 5757 Wayne Newton Blvd.:** On January 29, the permitted area was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The floor sink for the area's only hand sink and 3-compartment sink were overflowing. The area was reinspected and reopened with zero demerits on January 30.
  - K. Staff conducted unpermitted food vending complaint investigations with Clark County Business License and the Las Vegas Metropolitan Police Department throughout the month.
  - L. Staff closed 10 unpermitted food vending complaint investigations.
4. **Community Outreach:**
- A. Staff from the Paradise Office participated in a Career Day event at Somerset Academy. Staff provided food safety education and demonstrations.

**ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data**

Outbreak Response	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Foodborne Illness Investigations	7	3	↓	55	53	↓
Childhood Elevated Blood Lead Levels	0	0	→	6	9	↑
Legionella Travel Associated Investigations	2	1	↓	14	8	↓
Legionella Residential Investigations	4	2	↓	13	18	↑
Healthcare Associated Infection Joint ICAR Responses	0	2	↑	0	2	↑

**2. Legionella Response:**

- A. Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.
- B. Travel-associated Legionella investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.

**3. Foodborne Illness Response:**

- A. **Uno Mas, 2535 S. Las Vegas Blvd.:** On January 7, staff responded to multiple confirmed cases of illness. Staff observed risk factors that could lead to illness, including food held at improper temperatures and refrigerating equipment in disrepair. The inspection resulted in an A grade.
- B. **Tacos El Panzon, 2720 N. Las Vegas Blvd.:** On January 13, staff responded to a confirmed case of Shigella. Staff observed risk factors that could lead to illness, including improper handwashing practices. A graded inspection was not performed during this investigation due to working with Plan Review staff on a change of permit holder (CPH). The facility currently maintains an A grade.
- C. **Capriotti's, 1200 N. Town Center Dr.:** On January 26, staff responded to a confirmed case of Campylobacter. Staff observed risk factors that could lead to illness, including improper handwashing practices and inadequate sanitizer concentrations used on food contact surfaces. The inspection resulted in an A grade.

**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	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	8	9	↑	31	32	↑
Adjudicated Hearing Cases	3	6	↑	25	19	↓
Total Cases Received	67	60	↓	572	453	↓
Total Cases Referred to Other Agencies	9	12	↑	105	84	↓
Hearing Penalties Assessed	\$5,000	\$4,000	↓	\$37,500	\$15,108	↓

*Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.*

**ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data**

Restricted Waste Management	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Inspections	314	372	↑	1,570	1,616	↑

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

Underground Storage Tanks	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Compliance Inspections	88	20	↓	468	263	↓
Final Installation/Upgrade/Repair Inspections	4	3	↓	18	15	↓
Closure Inspections	0	0	→	7	6	↓
Spill Report Investigations	1	0	↓	13	17	↑

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

Permitted Disposal Facilities	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Inspections	22	11	↓	146	130	↓
Reinspections	1	1	→	6	3	↓

### III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	0	0	→	1,965	1,712	↓
West Nile Virus Surveillance Mosquitoes Tested	0	0	→	20,539	27,082	↑
West Nile Virus Surveillance Submission Pools Tested	0	0	→	1,669	1,662	↓
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	1,237	545	↓
West Nile Virus Surveillance Positive Submission Pools	0	0	→	42	14	↓
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	0	0	→	141	226	↑
Public Accommodations Inspections	62	36	↓	150	207	↑
Public Accommodations Complaints	11	16	↑	136	102	↓
Mobile Home/Recreational Vehicle Park Inspections	54	66	↑	96	89	↓
Mobile Home/Recreational Vehicle Park Complaints	1	1	→	14	10	↓

*A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.*

### 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 (2)**
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in February: None**

#### ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Asbestos Permits Issued	70	46	↓	483	370	↓
Revised Asbestos Permits Issued	7	4	↓	52	24	↓

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

Subdivision Plan Review	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Tentative Maps-Received	14	6	↓	90	88	↓
Tentative Maps-Lot Count	1,257	419	↓	6,049	5,392	↓
Final Maps-Received	21	14	↓	115	140	↑
Final Maps-Lot Count	734	696	↓	4,500	5,172	↑
Final Maps-Signed	13	19	↑	112	129	↑
Final Maps (Signed)-Lot Count	595	742	↑	5,273	4,483	↓
Improvement Plans-Received	19	13	↓	106	140	↑
Improvement Plans-Lot Count	928	697	↓	4,545	5,131	↑
Expedited Improvement Plans-Received	0	0	→	0	1	↑
Expedited Improvement Plans-Lot Count	0	0	→	0	1	↑

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

Individual Sewage Disposal Systems	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Residential ISDS Permits	2	3	↑	35	31	↓
Commercial ISDS Permits	1	2	↑	3	3	→
Commercial Holding Tank Permits	2	1	↓	18	13	↓
Residential Tenant Improvements	18	15	↓	125	134	↑
Residential Certifications	0	0	→	0	2	↑
Compliance Issues	5	8	↑	55	57	↑

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

Safe Drinking Water Program	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	0	1	↑	52	57	↑
Public Water System Violations Issued	29	0	↓	88	86	↓

**2. Safe Drinking Water Activity:**

A. Eight *coliform*-positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:

- **Las Vegas Valley Water District:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-absent.
- **Roark Estates Water Assoc.:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-absent.
- **North Las Vegas Utilities:** Three routine samples were *coliform*-positive. The repeat samples were *coliform*-absent.

- **Sandy Valley High School Clark County School District (CCSD):** Two routine samples were *coliform*-positive and *E. coli*-positive. Eight repeat samples were collected. One sample was *coliform*-positive and the remaining seven were *coliform*-absent. Overall, the water system triggered a Level 2 Assessment. That assessment level requires CCSD's close coordination with SNHD staff in order to resolve operational processes. Until further notice, the location must operate under a precautionary Tier 1 "Boil Water Order."
- 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 the Coyote Springs Golf Course.

**V. SPECIAL PROGRAMS**

**ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data**

Special Programs	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
School Facility Kitchen Inspections	99	102	↑	534	558	↑
School Facility Kitchen Complaints	0	0	→	3	5	↑
School Facility Inspections	105	120	↑	524	636	↑
School Facility Complaints	9	5	↓	26	17	↓
Summer Food Service Surveys	0	0	→	39	13	↓
Child Care Facility Inspections	22	17	↓	205	209	↑
Child Care Facility Complaints	2	1	↓	18	15	↓
Body Art Facility Inspections	58	12	↓	382	322	↓
Body Art Facility Complaints	5	2	↓	33	14	↓
Body Art Artist Special Event Inspections	3	1	↓	264	148	↓
<b>Total Program Services Completed</b>	<b>303</b>	<b>260</b>	<b>↓</b>	<b>2,028</b>	<b>1,937</b>	<b>↓</b>

**1. Schools:**

**A. Coral Academy of Science Las Vegas – Eastgate Campus, 7777 Eastgate Dr.:**

Staff investigated a complaint alleging that the school experienced a power outage on January 6 and school administration failed to report it to SNHD as required by the regulations. Staff confirmed that the school lost power for two hours at the time of student dismissal. The outage was caused by a larger area-wide power disruption. School staff were on campus when the power was restored and verified that all kitchen refrigeration units restarted and were functioning properly. Staff instructed school administration to notify SNHD if power is lost. During the concurrent routine inspection, staff observed a new playground structure and surfacing that had been installed over winter break without prior approval from SNHD. Nevada Administrative Code requires that all playground equipment and surfacing plans be reviewed and approved prior to installation. The structure was taken out of use until the required plans and the installation were approved. After a review of the plans, the playground structure and surfacing were inspected and approved for use.

**B. Basic High School, 400 Palo Verde Dr.:** Staff responded to a complaint alleging an ongoing bed bug issue at the school. School administration reported that they were aware of the situation and had identified the sources. They also reported that the

facilities are inspected by a licensed pest control company each day, and that no infestations had been identified at the school. Bed bugs were introduced at the school by bugs falling off as individuals moved throughout the campus, and the pest control company treated the affected areas. Additionally, custodial staff increased the frequency that the carpets were steam cleaned. The school is no longer providing loaner physical education clothes, and costumes for an upcoming theater production will be assigned to individual students and stored separately. All costumes will be washed and dried prior to issuance to another student. School administration continues to actively collaborate with the licensed pest control company and Clark County School District administration. During the campus inspection by SNHD staff, no infestations of bedbugs were observed. During the concurrent routine inspection, SNHD staff observed a gym concession offering time/temperature control for safety (TCS) foods without a health permit. Concession stands must have health permits and the proper infrastructure to sell TCS foods. A Cease-and-Desist Order was issued. School administration was provided with a copy of the Food Service Policy for Schools for additional guidance regarding foods permitted to be sold at school concession stands.

- C. SLA Management at Coral Academy Science of Las Vegas - Nellis Air Force Base, 107 Stafford Ave.:** A routine inspection resulted in closure of the school kitchen due to a sewage spill. Food service staff were actively preparing foods as liquid waste backed up from a floor sink. SNHD staff suspended all food preparation and service, and kitchen staff discarded all open foods and implemented a contingency plan to serve students. Students were served prepackaged ready-to-eat foods out of the multi-purpose room until repairs were completed. The kitchen was reinspected and reopened ten days later.
- D. Indian Springs Elementary School, 400 Sky Rd.:** Staff investigated a complaint alleging that the restrooms for pre-kindergarten students were not operational. School administration reported that construction in the school parking lot resulted in a break to the water supply of the affected restrooms. During the outage, the nearest restrooms available were in a different building, within the maximum distance allowed. At the time of the investigation, the plumbing line had been repaired and the restrooms were functioning. School administration was reminded to notify the Health District whenever there is a water outage or other event that affects the public health and safety of the students.

2. **Body Art:**

- A. Capos Skin Art Tattoo Shop, 16 W. Pacific Ave.:** Staff and City of Henderson Business License representatives responded to a complaint about an unpermitted tattoo shop. Staff found a body art facility that was operating without proper permits or licenses. At the time of the investigation, patrons were present with the artist preparing to perform body art services. The artist stated that they were not the owner and the owner was not present. SNHD staff issued a Cease-and-Desist Order for all body art activities. The owner must apply for a body art permit and cannot resume operations until a valid health permit is approved, and the facility complies with local ordinances. The owner has not yet submitted plans to SNHD.
- B. Crown Electric Tattoo, 2470 E. Tropicana Ave.:** Staff investigated a complaint alleging that artists were smoking marijuana outside the facility, causing odors that were affecting neighboring businesses. During the investigation, the artist onsite reported that no smoking or vaping of any substances occurs inside the facility, and that body art services are not performed while artists or patrons are under the influence of intoxicating substances. Staff did not observe any individuals smoking inside or outside the facility. Review of consent forms confirmed that patrons are

required to disclose whether they are under the influence of drugs or alcohol prior to receiving a tattoo. The complaint was not substantiated at the time of the investigation. During the concurrent routine inspection, the facility could not provide a current sterilizer spore test. The most recent test available for review was dated August 2025, though regulations require monthly spore testing, with spore test records maintained onsite for a minimum of two years. The owner stated that spore testing is conducted monthly but that the records could not be located. SNHD staff removed the sterilizer from use until the missing spore test records were located and/or a new spore test was completed with passing results. Once the owner provided an adequate spore test, the unit was approved for use.

**VI. PLAN REVIEW PROGRAM**

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

Food Pre-Permitting Services	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
<b>Food Safety Assessment Meetings</b>	0	0	→	2	1	↓
<b>Total Pre-Permitting Services</b>	1,010	712	↓	7,166	6,379	↓
<b>New Project Submissions</b>	221	205	↓	1,593	1,686	↑
<b>Completed Projects</b>	226	248	↑	1,684	1,797	↑
<b>Total Service Requests Currently in Pre-Permitting</b>	1,254	1,174	↓			

**1. Enforcement Actions and Investigations:**

- A. Fogo De Chao at Venetian, 3377 S. Las Vegas Blvd.:** During a final permitting inspection, staff found unfinished food shields, exposed wood and laminate under bar tops, insufficient lighting in front service/cook areas, and unapproved finishes in bussing rooms including carpet and wood baseboards. Food shields are required to meet National Sanitation Foundation (NSF) standards for proper protection. Wood, laminate, and carpet are not allowed in wet areas due to the potential for water damage. Adequate lighting must be provided in food preparation areas. The health permits were approved with stipulations.
- B. Diamond Pho, 9270 S. Rainbow Blvd.:** Plans for a full-service restaurant with an extensive menu could not be approved due to inadequate refrigeration and lack of dry storage shelving indicated on the plans. SNHD Regulations require sufficient refrigeration space and dry storage areas that can support the planned operations and menu. Plan approval is pending the submittal of revised plans.
- C. Transylvania Bar and Bistro, 6160 W. Tropicana Ave.:** During a CPH inspection, the dish machine was removed from service due to inadequate drainboards and damage to the adjacent wall. Dish machines must be equipped with adequate drainboards to prevent water from spilling onto the floor and to allow for proper air-drying of kitchenware. Adjacent wall surfaces must be smooth and easily cleanable. The CPH was approved and a follow-up survey will be conducted once the required repairs have been completed.
- D. JW Marriott Cascade Banquet Prep, 221 N. Rampart Blvd.:** Plans were not approved due to inadequate hand sink coverage and lack of plumbing details. The plans did not indicate a hand sink within the food handling area and the floor sinks were not indicated on the plans. Plans must indicate minimum plumbing

requirements for approval. Revised plans including the hand sink and floor sink locations were approved and a final inspection is scheduled for the end of February.

- E. Sunset Water Store, 1004 W. Sunset Rd.:** During a CPH inspection, staff found the tile flooring in the food preparation area had been removed with portions of base cove missing. The floors were not leveled or sealed. Floors must be smooth and easily cleanable with coving provided at the floor wall junction. The permit holder agreed to replace the flooring under a compliance schedule. The CPH was approved with stipulations.
- F. Los Compadres Meat Market Dry Storage, 4377 E. Stewart Ave.:** During a final permitting inspection, staff noticed gaps under and between the entrance doors; broken floor tiles were observed at the store entrance and in the warehouse; the floor wall junctions were not coved; and there was no mop sink. SNHD Regulations require floors, walls, and ceiling finishes to be maintained in good repair. The person-in-charge (PIC) was instructed to replace all broken floor tiles, install cove base, replace damaged ceiling tiles, and install a mop sink within 10 days. The health permit was approved with stipulations.
- G. Henderson Christian Academy, 2750 Robindale Rd.:** During a CPH inspection of the childcare, staff saw that the toilet height in a preschool restroom was too high at 15 inches. SNHD Regulations require toilet height to be no more than 11 inches in preschool restrooms. The CPH was approved with stipulations. A follow-up inspection will be scheduled after corrections are completed.
- H. Just Boba at 99 Ranch, 820 S. Rampart Blvd.:** During a final permitting inspection, staff observed small holes in the walls and under sinks, base coving and grout in disrepair, and inadequate lighting levels in food preparation and storage areas. The health permit was approved with stipulations. All items listed in the report must be corrected within 10 business days.
- I. Electric Mushroom, 518 Fremont St.:** A final inspection of a portable bar failed due to an inoperable portable hand sink. The hand sink was also an unapproved design. SNHD Regulations require hand sinks to meet American National Standards Institute (ANSI)/NSF sanitation requirements and to provide hot water. A reinspection is still pending.

## VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
<b>Total Operation Inspections</b>	609	408	↓	4,469	3,971	↓
<b>Complaint Investigations</b>	13	5	↓	167	194	↑
<b>Inactive Body of Water Surveys</b>	11	4	↓	56	66	↑
<b>Drowning/Near Drowning/Accident Investigations at Permitted Facilities</b>	1	0	↓	33	19	↓
<b>Total Program Services Completed</b>	634	417	↓	4,725	4,250	↓

#### 1. Aquatic Health Operations

- A. Park at Spring Valley Apartments, 98 S. Martin Luther King Blvd.:** A routine inspection at the pool resulted in an IHH closure due to high cyanuric acid and a

broken main drain cover. High cyanuric acid reduces the effectiveness of chlorine, and a broken drain cover poses an entrapment hazard and increases the risk of drowning. A reinspection is still pending.

- B. Tierra Villas Apartments, 3540 N. Hualapai Way:** A routine inspection at the spa resulted in an IHH closure due to high chlorine. High chlorine concentrations can cause skin, eye, and lung irritation. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- C. Green Valley Ranch, 2300 Paseo Verde Pkwy.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. Inadequate disinfection exposes bathers to pathogens that can make them sick. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- D. Wellness Sauna and Cryotherapy, 2950 E. Flamingo Rd.:** A complaint alleging that the operator had cold plunges for public use without health permits was investigated and verified. Five cold plunges were in operation without health permits. The facility will be allowed to operate the cold plunges until required permits are obtained, with the condition that the units be drained and refilled with fresh water between each customer. Once plans are reviewed and permits are approved, they may be allowed to resume recirculation and disinfection of the water.
- E. Fairfield Inn and Suites Las Vegas South, 5775 Dean Martin Dr.:** A routine inspection at the pool resulted in an IHH closure due to a gate that was unable to self-latch. An improperly functioning gate poses a drowning risk by allowing unattended children access to the pool area. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
- F. Hampton Inn by Hilton Las Vegas Strip South, 7850 Giles St.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. A reinspection is still pending.
- G. Gateway Villas Apartments, 3200 McLeod Dr.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- H. Springhill Suites by Marriott, 6590 S. Decatur Blvd.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- I. Jardin Gardens Apartments, 125 E. Regena Ave.:** A routine inspection of the spa resulted in an IHH closure due to low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- J. Valley View Senior Apartments, 1600 S. Valley View Blvd.:** A routine inspection at the spa resulted in an IHH closure due to a broken equalizer drain cover. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- K. Encore Hotel and Casino, 3121 S. Las Vegas Blvd.:** A routine inspection at the spa resulted in an IHH closure due to broken equalizer drain covers. A reinspection is still pending.
- L. Copper Creek Homeowner's Association (HOA), 5601 Broadbent Blvd.:** A routine inspection at the spa resulted in an IHH closure due to broken main drain covers. A reinspection is still pending.

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

Aquatic Health Plan Review	Jan. 2025	Jan. 2026		FY 24-25	FY 25-26	
<b>Total Pre-Permitting Services</b>	603	418	↓	3,282	2,744	↓
<b>New Project Submissions</b>	199	143	↓	816	954	↑
<b>Completed Projects</b>	143	110	↓	1,639	1,732	↑
<b>Total Projects Currently in Plan Review</b>	623	608	↓			

**2. Aquatic Health Plan Review:**

- A. Worldmark, 8601 S. Las Vegas Blvd.:** A plumbing inspection was conducted for the suction outlet fitting assembly (SOFA) updates on the Lazy River. During the inspection, staff saw that additional SOFAs had been changed without approval. SNHD Regulations require that all changes to SOFAs be reviewed prior to construction to prevent suction entrapments. The Lazy River remains closed until appropriate documentation has been received.
- B. Park MGM Hotel and Casino, 3770 S. Las Vegas Blvd.:** A field survey for the installation of an enclosure between the three pools was conducted. The height of the fence was below the minimum required height, which poses a drowning risk by allowing unsupervised access to the pool areas. The permit holder is in the process of updating the security plan to ensure adequate supervision of the aquatic venues.
- C. Decatur and Rome Senior Apartments, 4850 W. Rome Blvd.:** A final permitting inspection found that the depth markers on the spa did not match the actual depth of the spa, which could lead to bathers not knowing the water depth before they enter. Verification of corrections to the depth markers is still pending.
- D. Plaza Hotel, 1 S. Main St.:** An application for a SOFA remodel for the pool was not approved as the sump depths and pipe sizes listed did not correlate to an approved flow rating. Submission of a revised application is still pending.

**VIII. TRAINING OFFICE**

- 1. Training Office staff provided onsite intervention training to: Pupuseria La Salvadorena, 4911 Vegas Dr.; Express Hibachi, 4001 S. Decatur Blvd.; Fofana Imports Processing, 3913 W. Charleston Blvd.; Pollos Mexico, 2945 S. Nellis Blvd.; and Aloha Specialties Restaurant, 12 E. Ogden Ave.

**IX. REGULATORY SUPPORT**

- 1. Staff participated in or performed the following activities and participated in the following external meetings: Association of Food and Drug Officials (AFDO) Food Protection Education Resource Collection Committee and Local Retail Training Focus Group; National Environmental Health Association (NEHA) Food Safety Program Committee; NEHA Environmental Health Leadership Academy mentor meetings; Conference for Food Protection (CFP) Food Safety Culture at Retail Committee meeting; Western States Program Standards Network quarterly meeting; CFP Program Standards Committee meetings; assisted with Accela User Acceptance Testing reviews; Retail Flexible Funding Model (RFFM) Mentorship meeting; wrote grant applications and created budgets for the RFFM training and mentorship grants; worked on 2026 Crumline Award application; attended 8-hour Hazwoper Refresher training; and analyzed draft beer line data collection survey results and created a draft report.
- 2. Special Process staff coordinated and attended the Retail Specialized Processes

- Mentoring Program Quarterly Call on January 9.
3. Special Process staff participated in the Retail Program Standards Symposium Content and Education planning meeting on January 26.
  4. Special Process staff presented at the AFDO Advanced Inspector Boot Camp.
  5. Special Process and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point plans.
  6. Special Process staff received three new submissions and released seven special process files affecting seven facilities. There are currently 19 files in review.
  7. Label Review staff received 12 new submissions and released five label files consisting of 82 labels. There are currently 22 active files in review.
  8. Cottage Food Operations staff completed 38 new registrations and 88 new inquiries, frequently with multiple follow-up inquiries per individual.

CDS/hh

# Memorandum



**Date:** February 26, 2026

**To:** Southern Nevada District Board of Health

**From:** Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care *ly*  
Cassius Lockett, PhD, District Health Officer *cl*

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**RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – January 2026**

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The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential health resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

## I. Immunization Program

### A. Immunization Program Activities

1. Updates to childhood vaccination recommendations have been issued by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). The Southern Nevada Health District will continue to align with and incorporate these changes while adhering to Nevada Revised Statutes (NRS) governing immunization requirements for school-aged children and childcare settings.

Under the accepted recommendations, as updated by the Centers for Disease Control and Prevention (CDC) on January 5, 2026, the CDC will continue to organize the childhood immunization schedule into three distinct categories, all of which require coverage by insurance providers without cost-sharing. These categories include: (1) immunizations recommended for all children; (2) immunizations recommended for children in certain high-risk groups or populations; and (3) immunizations recommended based on shared clinical decision-making.

In addition, changes issued by the American Academy of Pediatrics (AAP) on January 26, 2026, are incorporated into this framework. The AAP's recommendations are based on a well-established, evidence-based evaluation process that includes review of vaccine safety data, assessment of the epidemiology of vaccine-preventable diseases in the United States, consideration of disease burden and impact, and analysis of the effectiveness of vaccines in preventing disease and related complications.

2. During the reporting period, a total of 1,272 clients were seen across the four public health centers. In total, 2,776 vaccines were administered to individuals in the Southern Nevada community.
3. The four public health centers have successfully maintained the capacity to accommodate same-day appointments. A total of 277 same-day appointments were provided across the centers during this reporting period.

### B. Immunization Outreach Activities

1. Immunization outreach clinics in January 2026 - 7 clinics, 232 vaccines were administered to 98 clients. The clinics were held at CCSD Family Support Center, Torah Academy, CCDC, Mexican Consulate, Help of Southern Nevada, and Boulder City Library.

## II. Community Health Nursing

### A. Maternal Child Health

The Maternal Child Health (MCH) nurse received one referral for elevated blood lead level and no newborn screening referral for the month of January. There are 7 active clients enrolled in the lead program.

### B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) is an evidence-based community health nursing program that provides services to pregnant first-time mothers. Currently there are 125 pregnant and new parents participating in the program. Fifty-seven families are enrolled in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant from the Nevada Division of Public and Behavioral Health. In January, the team completed 139 in-person home visits. Two families completed and graduated the program when their child reached the age of two. Seven new first-time mothers were enrolled and are currently receiving education, support, and resources from their own person nurse during each visit to improve pregnancy outcomes, growth and development of children and economic self-sufficiency of the families.

### C. Healthy Start Initiative- Enhanced

The Southern Nevada Health District'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). There were 80 families served in January 2026. In-person program outreach was conducted at various Department of Welfare and Supportive Services (DWSS) locations. A group-based education 3-part series was initiated in partnership with SafeNest to offer parenting education to the families who are residing at SafeNest.

### D. Embracing Fatherhood

Embracing Fatherhood of Southern Nevada (EFSN) continues to support fathers and father figures with expecting fathers and fathers with children ages 0-3 in the community. Home visits include education, community resources, and screenings. Currently there are a total of 12 active families enrolled in the Embracing Fatherhood program. The program received one referral in January. Embracing Fatherhood's CHW received an *Outstanding Service Recognition* in the month of January from a family that is currently receiving EF home visiting services.

### E. Nursing Education

There was 1 nursing CEU course that was offered through SNHD in the month of January.

## III. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET provided 235 screening encounters for the month of January.

B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team is currently serving 49 active clients and completed 2 educational community events.

C. SHOPP houses Complex STI navigation services, including Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis and HATS (Home Administered Treatment for STI's). There were five new referrals for complex STI services. In collaboration with SNHD Office of Disease Surveillance (ODS) team members, multiple clients were evaluated and successfully treated by the SHOPP HATS team during the month of January.

D. The SHOPP *Rapid PREVENT* program has a total of 22 enrolled clients. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources.

- E. SHOPP's Pathways to Better Health (PBH) program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program now has a total of 43 active clients.

## **V. Street Medicine (SM) – Introduction of New Program**

- A. Program Launch & Staffing  
The Street and Medicine program continues to deliver essential primary care services directly to unhoused individuals- meeting them where they are, in line with the recognized philosophy of street medicine: going to the people and centering their needs. The APRN and Senior Community Health Nurses conduct primary care visits. The program receives support from a Nurse supervisor. Two CHW's began orientation with the SM team to allow more focus on linkage to a medical home and psychosocial services.
- B. Community Engagement & Collaboration  
The Street Medicine team in collaboration with Help of Southern Nevada, Shine A Light and the Henderson Homeless Response Team provided primary care to clients at multiple outreach events for the unhoused. In addition, the Street Medicine team provided services in Boulder City.
- C. Approach & Intent  
This primary care initiative embraces a harm-reduction and trauma-informed care model—focused on building trust through consistent outreach, nonjudgmental engagement, and accountability in meeting patients where they are. Community partnerships will play an instrumental role in both piloting and scaling the program effectively.
- D. Street Medicine completed 20 primary care visits in January.

## **VI. Tuberculosis (TB) Clinic**

TB clinic has seven (7) new adult TB active cases and zero (0) pediatric cases for the month of January 2026.

## **VII. Employee Health Nursing – January 2026**

- A. There were zero (0) SNHD employees who tested positive for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Twenty-six (26) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Sixteen (16) medical clearances were completed.
- D. Vaccine Clinics
  - 1. January 1 – January 31, 2026
  - 2. Employees Total: 7
    - a) 2 COVID-19 Updated booster.
    - b) 1 Influenza Vaccine
    - c) 2 other vaccines
    - d) 2 Hepatitis B vaccines- Immz Policy
  - 3. Total Vaccines Given: 7

- E. New Hire/Onboarding: Seven (7) new hires were onboarded.
- F. Employee Health Nurse Accomplishments:
  - 1. Initiated Bloodborne Pathogen (BBP) Training SOP.
  - 2. Updated TB training module for SNHD workforce members.
- G. Policies and procedures continue to be reviewed and updated.

Client Encounters by Locations											
Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Clinic	TOTAL
Immunization Clinics and Outreach	732	336	170	34	0		2	35	61		1,370
Immunization Records Issued and Transcription	97	47	21	5	0						170
SHOPP Express Testing (ET)	150		0	1	22	29	2	31			235
TB Treatment & Control	958										958
CHN Home Visits ^	284										284
<b>TOTAL</b>	<b>2,221</b>	<b>383</b>	<b>191</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>66</b>	<b>61</b>		<b>3,017</b>

^ Data reporting began 7/1/2025

Client Encounters by Program						
Program	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,531	1,370	↓	21,409	16,522	↓
Immunization Records Issued and Transcription	204	170	↓	2,796	2,187	↓
SHOPP Express Testing	241	235	↓	1,730	1,262	↓
TB Treatment & Control	1,395	958	↓	10,492		↓
CHN Home Visits^		284	↑		1,820	↑
<b>TOTAL</b>	<b>4,371</b>	<b>3,017</b>	<b>↓</b>	<b>36,427</b>	<b>21,791</b>	<b>↓</b>

^ Data reporting began 7/1/2025

Total Client Immunizations Administered by Locations											
Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL
Total Immunizations Administered ***	1,571	858	301	46	0		4	64	164		3,008
*Includes Family centers, School clinics, and Immunization Outreach BTS clinics											
**Includes BTS encounters by clinic, outreach, and COVID teams											
*** New category added 07/01/2024											

Total Client Immunizations Administered by Locations						
Program	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
Total Immunizations Administered ***	8,517	3,008	↓	51,986	35,814	↓

## Immunization Clinic and Outreach Programs

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Immunizations</b>						
Flu Vaccine Given	1,701	395	↓	7,066	2,458	↓
COVID Vaccine Given	729	57	↓	2,837	591	↓
TB Skin Test *		16	↑		66	↑
Newborn Screening	0	1	↑	0	5	↑
Immunization Record Review and Release Only*		142	↑		2,000	↑
Transcription of Immunization Records Only*		28	↑		187	↑
Same Day Appts *		277	↑		3,930	↑
Referred to Civil Surgeon for Medical Assessment*		1	↑		27	↑
Vaccine Counseled **		51	↑		378	↑

\*Started data collection 07/01/2025

\*\*Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Vaccines for Children (VFC)</b>						
Number of VFC Compliance Visits	5	7	↑	39	41	↑
Number of IQIP Visits	9	13	↑	9	16	↑
Number of Follow Up Contacts	69	56	↓	230	232	↑
Number of Annual Provider Training	5	7	↑	44	39	↓
Number of State Requested Visits	8	19	↑	113	89	↓

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Perinatal Hepatitis B</b>						
# of Expectant Women	12	14	↑	13	11	↓
# of Infants	68	47	↓	66	52	↓
Total # of Infants Delivered	1	1	→	21	18	↓
New Cases	2	3	↑	25	26	↑
Closed Cases	7	6	↓	48	32	↓

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Childcare Program</b>						
Childcare Audits	13	9	↓	44	50	↑
Baseline Immunization Rate	72%	77%	↑	79%	82%	↑
# of Final Audits	13	9	↓	44	50	↑
Final Immunization Rate	90%	97%	↑	93%	96%	↑
# of Records Reviewed	879	873	↓	3870	3811	↓

**Community Health Program**

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Nursing Field Services</b>						
MCH Team Home Visit Encounters	17	27	↑	99	105	↑

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>NFP (Team 1)</b>						
Referrals	26	18	↓	113	94	↓
Enrolled	13	7	↓	51	50	↓
Active	119	125	↑			

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>NFP (Expansion Team)**</b>						
Referrals	0	0	→	22	0	↓
Enrolled	0	0	→	13	0	↓
Active	27	0	↓			

\*\*Staff recruitment in process 2026\*\*

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>MCH</b>						
# of Referrals Received	5	2	↓	32	34	↑
# from CPS	5	1	↓	24	23	↓
# of Lead Referrals	0	1	↑	6	7	↑
# of Total Admissions	4	2	↓	28	24	↓

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Thrive by 0 - 3</b>						
Referrals	35	22	↓	251	311	↑
One-Time Home Visits	2	4	↑	26	43	↑
Enrolled	3	5	↑	21	18	↓
Active	22	14	↓			

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Healthy Start</b>						
Referrals	52	24	↓	140	201	↑
Enrolled	7	4	↓	42	45	↑
Active	46	80	↑			

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>Embracing Fatherhood</b>						
Referrals	0	1	↑	0	10	↑
Enrolled	0	0	→	0	6	↑
Active	0	12	↑			

<b>Tuberculosis Program</b>						
<b>Tuberculosis</b>	<b>Jan 2025</b>	<b>Jan 2026</b>		<b>FY 24-25</b>	<b>FY 25-26</b>	
<b>Number of Case Manager Encounters^</b>		81	↑		600	↑
<b>Number of Unduplicated Clients Seen by a Provider^</b>		24	↑		370	↑
<b>Number of Clients encounters by TB Clinic Nurse^(duplicated patients)</b>		305	↑		2785	↑
<b>Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)</b>	77	71	↓	485	518	↑
<b>New Active Clients^</b>		7	↑		27	↑
<b>Number of Clients Receiving LTBI Treatment^</b>		271	↑		1918	↑
<b>Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.</b>	9	6	↓	53	46	↓
<b>Directly Observed Therapy (DOT) Field, clinic and televideo encounters</b>	1,052	898	↓	8,873	8,817	↓
^ No data available; data reporting started 7/1/2025						

## Sexual Health Outreach and Prevention Program (SHOPP)

	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
<b>SHOPP - Express Testing (Asymptomatic Patients)</b>						
# of Screening encounters	228	235	↑	1,528	1,262	↓
# of Clients Screened	228	233	↑	1,553	1,258	↓
# of Clients with positive STI identified	18	29	↑	138	146	↑
STI Positivity Rate %*		12	↑		12	↑
<b>SHOPP All CHW Linkages</b>						
# of clients referred to Linkage	4	26	↑	125	125	→
# of clients linked to care	4	26	↑	121	125	↑
<b>SHOPP- Congenital Syphilis Case Management Program (CSCMP)</b>						
# of Referrals (pregnant, post-partum, infants)	4	13	↑	55	58	↑
# of Clients enrolled in CM caseload)	2	6	↑	36	34	↓
# of Infants being followed	39	32	↓			
# of Provider/ Community trainings	18	17	↓			
# of Provider/ Community trainings	1	2	↑	20	25	↑
<b>SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)</b>						
# of Outreach events	5	2	↓	35	42	↑
<b>SHOPP- Complex STI Navigation</b>						
# of Clients referred	3	5	↑	30	40	↑
# of Clients navigated	3	2	↓	29	30	↑
# of Home administered treatment of STI (HATS)*	0	22	↑	13	31	↑
<b>*No data available; data reporting started 7-1-2025</b>						
<b>Non- cumulative</b>						







## Street Medicine Program

Street Medicine	Jan 2025	Jan 2026		FY 24-25	FY 25-26	
Number of Clients Engaged^		22	↑		22	↑
Number of Primary Care Initial Visits^		16	↑		16	↑
Number of Primary Care Follow Up Visits^		6	↑		6	↑
Number of Referrals / Linkage to Resources^		4	↑		4	↑

^ No data available; data reporting started 1/1/2026

# SEPTIC OWNERS BILL OF RIGHTS (HOMEOWNER-FIRST PLATFORM)

 *Clear rules. Real protections. No backdoor mandates.*

- 1. Keep Lawful Septic — No “Permission to Occupy”**   
Septic rules must not turn basic home occupancy into a renewable permission slip.  
**Citation:** Revised Draft §2-2.01(A)
- 2. Repair/Replace Must NOT Trigger Forced Sewer**   
Repairs, maintenance, and like-for-like replacement must remain allowed — and must never be treated as a conversion event that ends septic by mandate.  
**Citation:** Current Regulations §2.6; Revised Draft (operating permit framework + “legally required” concepts)
- 3. No Proximity Ambush: “400 Feet / Accessible / Served / Available”**   
No distance threshold or proximity language may be used to force conversion directly or indirectly — and these terms must be defined narrowly, in writing.  
**Citation:** Current Regulations §2.7.2; Revised Draft §2-1.01(F)(2)
- 4. Voluntary Sewer Only — Unless Fully Funded + Fully Restored**   
If any entity mandates sewer conversion, that entity must pay 100% of: design, permits, trenching, connection fees, and full restoration (walls, landscaping, hardscape, irrigation, driveways, etc.).  
**Citation:** Homeowner protection plank (cost-shift deterrence; prevents unfunded mandates)
- 5. Clear, Objective Rules — No Vague Traps**   
Regulations must use clear, specific, objective, enforceable standards — not elastic phrases that can be weaponized later (examples: “legally required,” “served,” “available,” “accessible,” “other conditions as required,” “any applicable law,” etc.).  
**Citation:** Revised Draft (multiple undefined leverage terms); Current Regulations (legacy leverage terms)
- 6. Define “ALTERED” So Normal Maintenance Isn’t Punished**   
“Altered/expanded” must not be used to reclassify normal repairs into stricter rules, new permits, or conversion pressure.  
**Citation:** Revised Draft §2-2.03(B)

7. **Define “COMMERCIAL USE” So Homeowners Aren’t Re-Labeled** 🏠  
 Home-based or incidental activity must not be used to impose commercial conditions or extra burdens.  
**Citation:** Revised Draft (commercial triggers must be explicit and narrow)
8. **Real Notice + Direct Outreach (Mail + Email/Text + Proof)** 📧  
 Notice must be effective and provable — not “we posted it somewhere.” Septic owners should receive mailed notice, plus email/text options, and proof of what was sent, when, and to whom.  
**Citation:** NRS 439.410(4)(c); NRS 241.020(3)
9. **No Open-Ended Discretion (“Any other conditions / any other information”)** ☐  
 Remove blank-check language that lets requirements expand later without public review.  
**Citation:** Revised Draft (discretion hooks must be closed and objective)
10. **Due Process + Appeals People Can Actually Use (90 Days)** ⚖️ ☐  
 Every denial, suspension, or enforcement action must include written reasons, cure periods, and meaningful appeal rights — with at least **90 days** at each appeal level so families can realistically respond.  
**Citation:** NRS 233B.130 (baseline judicial review framework); homeowner protection demand = 90-day minimum
11. **Homeowner-Favorable Interpretation (No “Interpretation Traps”)** ☐ ☐  
 When rule language is unclear or conflicting, ambiguity must be resolved in favor of the property owner — not expanded agency discretion.  
**Citation:** Homeowner protection plank (anti-ambiguity safeguard)
12. **No Discrimination / No Segmentation (Any Category)** ☐  
 No selective enforcement or discrimination — including (but not limited to) residential vs commercial, urban vs rural, or any other classification. A true public health emergency cannot logically exist for one category but not another; it must be science-based and applied consistently.  
**Citation:** NRS 439.410(2)–(3)(d)
13. **Build / Rebuild / Renovate Without Sewer Coercion** 🏠 ☐  
 Owners have the right to build, add on, renovate, or rebuild without being forced into sewer solely because sewer lines exist nearby or because of broad, vague triggers.  
**Citation:** Revised Draft (construction/alteration triggers); Current Regulations (proximity concepts)
14. **Transparency + Face the Authors (No Shadows)** 🔑  
 The public has the right to know who wrote these rules, why, and who influenced them — and to see drafts, redlines, and the justification trail.  
**Citation:** NRS 239.010; NRS 439.410(4)–(5)



February 24, 2026

*SNHD 2/26/26 Board of Health Public Comment*  
Community Outreach Meeting – Proposed 2025 Septic System and Liquid Waste Regulations

**Public Comment:**

On the Health District's website, under "Proposed Updates: Septic System and Liquid Waste Regulations," it states:

"The Southern Nevada Health District is proposing updates... The goal is to simplify and clarify existing language and make other necessary updates to protect public health."

And the first line of the current regulations under "Intent" reads:

"The purpose of these Regulations is to protect and promote the public health, safety, and environment..."

Those two statements are consistent and appropriate for a health agency.

Yet in a significant shift, the redline of the current regulations strikes the existing intent and scope language entirely and restructures authority while expanding enforcement mechanisms.

I do want to acknowledge the history here.

The original proposal contained far more aggressive elements that have been scaled back. Some of the more immediate pressure points were softened. I appreciate that revisions were made in response to public input.

However, removing the most dramatic components does not resolve the underlying issue.

What remains is still a substantial restructuring of regulatory authority. It still preserves broad discretionary language. It still keeps the pathway for compelled connection intact. And it still creates no funding responsibility for the entity that ultimately benefits from increased recycled water yield.

It is extremely difficult to craft sound public policy when the motivating objective does not align with the core mission and statutory responsibilities of the agency implementing it.

If this were truly about correcting documented, widespread public health failures, they would be clearly identified and narrowly addressed.

If the objective is increased wastewater return flow, then it belongs squarely within water resource and infrastructure policy.

In Nevada, when a water authority acquires water resources, it pays for them. It does not shift the acquisition cost onto private homeowners under the banner of public health protection.

Yet here, the financial burden remains on residents while the regional system gains the supply benefit.

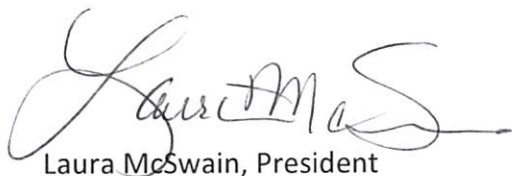
If this is truly about protecting public health, then demonstrate the specific hazard and tailor the remedy accordingly.

If this is about increasing regional recycled water supply, then pursue it transparently and fund it appropriately.

But striking out the existing intent language, expanding enforcement structure, and shifting financial responsibility while describing it merely as “simplifying and clarifying language” asks the public to ignore what is plainly in front of them.

Respectfully submitted,

WATER FAIRNESS COALITION, INC



Laura McSwain, President

Chapter 2 – ISDS Permits

2-1 ISDS Construction Permits

2-1.01 General Provisions

- (A) A PERSON must not construct, alter, repair, replace, or expand an ISDS without a valid ISDS Construction Permit issued by the HEALTH AUTHORITY, except for emergency repairs that meet the following conditions:
  - (1) The repairs are necessary to prevent an imminent HEALTH HAZARD;
  - (2) The repairs are limited to restoring the ISDS to its most recently permitted state, or in the case of unpermitted ISDS, to a condition necessary to prevent a HEALTH HAZARD until the ISDS can be permitted or decommissioned in accordance with **Chapter 9** of these Regulations; and
  - (3) The property owner or the property owner’s representative notifies the HEALTH AUTHORITY within 48 hours of commencing repair activities.
- (B) The following activities do not require an ISDS Construction Permit:
  - (1) Adding a riser to a SEPTIC TANK lid;
  - (2) Cleaning or replacing subcomponents such as switches, valves, pumps, or filters;
  - (3) Inspecting or pumping a SEPTIC TANK; or
  - (4) Locating a SEPTIC TANK for inspection or pumping.
- (C) An ISDS Construction Permit will become invalid if the proposed construction, alteration, repair, replacement, or expansion of the ISDS is not started within 12 months of the date of issuance, and completed within 12 months after it has started.
- (D) If an ISDS Construction Permit has expired or become invalid, installation must not be commenced or completed until a new ISDS Construction Permit is obtained.
- (E) A Commercial ISDS Construction Permit is required for the construction, alteration, repair, replacement, or expansion of an ISDS that serves or will serve a COMMERCIAL FACILITY and is within the jurisdiction of the HEALTH AUTHORITY in accordance with the most current Memorandum of Agreement between the HEALTH AUTHORITY and NDEP.
- (F) An ISDS Construction Permit shall be denied when:
  - (1) The HEALTH AUTHORITY determines that the proposed ISDS will not comply with these Regulations;
  - (2) ~~The parcel on which the ISDS will be installed uses or will use the waters of the Colorado River distributed by the Southern Nevada Water Authority or one of the member agencies of the Southern Nevada Water Authority, except that an ISDS Construction Permit may be issued for the repair of an existing ISDS when the repair does not increase the capacity of the ISDS;~~ **directly accessible**
  - (2) A COMMUNITY SEWERAGE SYSTEM is available within 400 feet of the nearest property line, can be accessed by a gravity flow line, and is accessible per the sewer authority of jurisdiction;
    - (a) This provision does not apply to a property that receives its potable water from a well.
    - (b) This provision does not apply in rural communities without access to a COMMUNITY SEWERAGE SYSTEM.
  - (3) The proposed ISDS will be located within a Nitrogen Restricted Area, as designated by NDEP pursuant to NAC 445A.9606; or
  - (c) This provision does not apply if the 400 feet are not entirely accessible.**

- (E) COMMERCIAL FACILITIES that are subject to other regulations adopted or enforced by the HEALTH AUTHORITY may be required to obtain additional approval from the HEALTH AUTHORITY before issuance of a Commercial ISDS Construction Permit.
- (F) All computations related to the design of the ISDS must be available for review by the HEALTH AUTHORITY upon request.

#### 2-1.04 ISDS Inspection Requirements

- (A) Any activity that requires an ISDS Construction Permit in accordance with **Subsection 2-1.01** must be inspected and approved by the HEALTH AUTHORITY before any system components are covered or placed into service unless the HEALTH AUTHORITY expressly waives the inspection requirement in writing.
- (B) All inspections required under this Subsection must be performed by the HEALTH AUTHORITY, ~~unless~~ **within 14 days of request.**
  - ~~(1) The HEALTH AUTHORITY expressly delegates its right to inspect to a third-party in writing; and~~
  - ~~(2) The third-party inspector is certified in accordance with **Subsection 2-4.01.**~~
- (C) The HEALTH AUTHORITY may require multiple inspections, including, without limitation:
  - (1) Inspection of the site before excavation has begun;
  - (2) Inspection of the excavation before the ISDS components are installed to ensure proper location and depth of the excavation;
  - (3) Inspection of final grading and landscaping to ensure that the ISDS is not subject to stormwater erosion or ponding, root intrusion, or vehicular traffic; and
  - (4) Inspection of ALTERNATIVE TREATMENT SYSTEMS, as applicable.
- (D) The HEALTH AUTHORITY shall approve the construction, installation, modification, alteration, extension, and/or repair of an ISDS only when the ISDS conforms with:
  - (1) The design submitted as part of the ISDS Construction Permit application and approved by the HEALTH AUTHORITY;
  - (2) All conditions associated with the ISDS Construction Permit;
  - (3) The design and construction requirements of **Chapter 5**; and
  - (4) All other applicable provisions of these Regulations.
- (E) The property owner and the installer of the ISDS are responsible for meeting all inspection requirements, including, without limitation:
  - (1) Ensuring that the inspector can access all components of the ISDS;
  - (2) Clearly marking all property boundaries;
  - (3) When a DISTRIBUTION BOX is utilized, providing the inspector with access to an adequate supply of water to verify that the EFFLUENT will be distributed evenly through the outlet pipes;
  - (4) When requested by the HEALTH AUTHORITY, demonstrating that the SEPTIC TANK is watertight according to a procedure specified by the manufacturer, the most current edition of the ASTM C1227 Standard, or an equivalent standard approved by the HEALTH AUTHORITY;
  - (5) Providing to the inspector, when requested, any specific equipment that is required to install or inspect the ISDS; and
  - (6) Ensuring that the construction area, including any excavations, equipment, and/or ISDS components, does not present an unreasonable safety hazard.
- (F) The HEALTH AUTHORITY may require the ISDS to be installed by a State of Nevada licensed contractor and/or may require the installer to demonstrate knowledge and understanding of these Regulations prior to the installation.

- (G) When the HEALTH AUTHORITY does not approve an ISDS inspection, a reinspection and the associated fee shall be required unless the HEALTH AUTHORITY expressly waives the reinspection requirement in writing.

## 2-2 ISDS Operating Permits

### 2-2.01 General Provisions

- (A) A PERSON must not use or operate an ISDS or occupy a structure served by an ISDS without a valid ISDS Operating Permit issued by the HEALTH AUTHORITY.
- (B) An ISDS Operating Permit issued under these Regulations is a temporary, revocable permit to operate the ISDS, and it is the responsibility of the owner of the property served by the ISDS to maintain the ISDS and comply with all applicable provisions of these Regulations.
- (C) The HEALTH AUTHORITY may impose additional conditions on a Residential ISDS Operating Permit when it determines that the property or structure served by the ISDS is associated with a commercial use.

### 2-2.02 Issuance

- ~~(A) All ISDS existing on the effective date of these Regulations, with or without valid permits, shall be issued an ISDS Operating Permit, beginning six months after the effective date of these Regulations.~~
- (A) The HEALTH AUTHORITY shall issue an ISDS Operating Permit to newly constructed, altered, or expanded ISDS that meet the following conditions:
- (1) Approved inspection in accordance with **Section 2-1.04**, including fulfillment of all conditions of approval, if applicable;
  - (2) Photo documentation of the final grading and landscaping;
  - (3) An AS-BUILT drawing of the ISDS if it was not installed in accordance with the original plot plan;
  - (4) Documentation demonstrating that existing ISDS have been decommissioned in accordance with **Chapter 9**, if applicable;
  - (5) Payment of all fees; and
  - (6) Any additional conditions imposed by the HEALTH AUTHORITY.

### 2-2.03 Duration and Renewal

- (A) For ISDS existing on the effective date of these Regulations, the ISDS Operating Permit shall be valid until the ISDS fails or a COMMUNITY SEWERAGE SYSTEM is installed to serve the area and connection hereto is legally required. *OR AN EXISTING PERMIT* *The existing ISDS shall be considered grandfathered in.*
- (B) For ISDS constructed, altered, or expanded after the effective date of these Regulations:
- (1) The ISDS Operating Permit expires five years after the date of issuance or upon property transfer, whichever occurs first.
  - (2) The ISDS Operating Permit continues in effect until its expiration date or until it is revoked, suspended, or not renewed by the HEALTH AUTHORITY.
  - (3) The HEALTH AUTHORITY may renew the ISDS Operating Permit of a compliant ISDS for an additional five years unless the permit has been revoked in accordance with **Chapter 12** or when applicable law or regulation requires connection to a COMMUNITY SEWERAGE SYSTEM.
  - (4) This provision does not apply if the alterations are limited to:
    - (a) Adding a riser to a SEPTIC TANK lid;

- (7) Documentation from the COMMUNITY SEWERAGE SYSTEMS with nearby sewer infrastructure stating whether the property meets their criteria to connect to the sewer system;
  - (8) Any applications to subdivide the property on which the ISDS is located;
  - (9) Any associated land use applications and supporting documentation; and
  - (10) Any other information requested by the HEALTH AUTHORITY.
- (D) The HEALTH AUTHORITY may deny an application to modify an ISDS Operating Permit when the existing ISDS is in violation of any provision of these Regulations or any other applicable federal, state, or local law, regulation, ordinance, or code.

*Liquid Waste Haulers in existence at the time of activation of this document are considered "approved" by the Health Authority.*

**2-3 ISDS Maintenance Requirements**

- (A) Any PERSON owning or controlling property upon which an ISDS is installed is responsible for the operation and maintenance of the ISDS.
- (B) The SEPTIC TANK must be pumped by a LIQUID WASTE HAULER approved by the HEALTH AUTHORITY within six (6) months before the sale, transfer, contract for deed, or any other conveyance of land upon which the ISDS is located, and at least once every ten (10) years, as needed to prevent:
  - (1) Backup of SEWAGE into a structure or onto the ground; and
  - (2) Damage to the SOIL ABSORPTION SYSTEM.
- (C) Upon request from the HEALTH AUTHORITY, the property owner must provide a receipt or other documentation demonstrating that the SEPTIC TANK has been pumped within the required period.
- (D) A PERSON must not cause, perform, or contribute to any action, activity, or condition that may tend to damage the ISDS or reduce its hydraulic or treatment capacity, including, without limitation:
  - (1) Introduction of flows to the ISDS that are not DOMESTIC WASTEWATER, including, but not limited to:
    - (a) Pool or spa discharges;
    - (b) Water softener backwash;
    - (c) Nonbiodegradable solids (e.g., "flushable" wet wipes);
    - (d) Flammable, explosive, poisonous, or hazardous liquids, solids, or gases, including any material identified as a hazardous waste under 40 CFR 261;
    - (e) Oils or grease; or
    - (f) Any other liquid, solid, or gas that would or could cause damage to the ISDS.
  - (2) Disposal of recreational vehicle (RV) waste into the ISDS;
  - (3) Discharge of rainwater or other large volumes of water into the ISDS;
  - (4) Excessive irrigation over the ISDS or allowing water to accumulate above the SOIL ABSORPTION SYSTEM;
  - (5) Construction of a building or structure on or within eight feet (8') of the ISDS;
  - (6) Driving or parking vehicles or heavy equipment on the SEPTIC TANK unless the tank has been approved and found to meet the AASHTO H-20 design loading criteria or a more restrictive standard;
  - (7) Driving or parking vehicles or heavy equipment on the SOIL ABSORPTION SYSTEM under any circumstances;
  - (8) Placement of an impermeable material over the SOIL ABSORPTION SYSTEM that may restrict subsoil reaeration; or
  - (9) Planting large trees, bushes, or shrubs whose roots may damage the ISDS, on or near the ISDS.

Date: February 4, 2025

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations Affecting Existing Homeowners**

We are longtime homeowners in Clark County, Nevada, and we submit this letter to formally express our opposition to the proposed amendments to the regulations governing Individual Sewage Disposal Systems (ISDS).

Our home is served by a septic system that was lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and at the time we purchased our property. The system has functioned properly, has been responsibly maintained, and has not posed any documented risk to public health, groundwater, or neighboring properties.

We fully recognize the importance of protecting public health and environmental resources. However, the proposed regulatory changes raise serious concerns regarding financial hardship, fairness, and equity when applied retroactively to existing, compliant septic systems.

The imposition of recurring permit renewal fees, mandatory inspections unrelated to system failure, and the potential requirement to connect to municipal sewer infrastructure would create a substantial and ongoing financial burden for homeowners living on fixed incomes. These costs were not foreseeable at the time of purchase and were not contemplated when we relied on the permanence of our septic permit. For seniors, such unexpected expenses threaten long-term housing stability.

We reasonably relied on the regulatory framework in place at the time of purchase, including the understanding that our septic permit was permanent so long as the system remained compliant and functional. Retroactively imposing new regulatory obligations on existing systems undermines those reliance interests and raises fundamental concerns of fairness.

Additionally, the proposed amendments appear to apply broadly without a demonstrated nexus to actual public health or environmental risk. Subjecting functioning systems to heightened regulation absent evidence of failure or harm is disproportionate and unnecessary. Regulatory efforts should focus on failing or demonstrably deficient systems rather than imposing blanket requirements on all homeowners.

A uniform regulatory approach also fails to account for the disparate impact on seniors, fixed-income households, and residents in areas where sewer access may be limited or cost-prohibitive.

Equity considerations warrant permanent grandfathering or alternative compliance pathways for existing, properly maintained systems.

For these reasons, we respectfully request that the Southern Nevada Health District refrain from adopting the proposed amendments as they pertain to existing, compliant septic systems. At a minimum, we urge the adoption of permanent grandfathering protections without recurring permit fees, mandatory inspections unrelated to system failure, or forced sewer connections.

Thank you for your time and consideration. We respectfully request that this letter be entered into the official public record.

Respectfully submitted,

A handwritten signature in cursive script that reads "Mr & Mrs Johnson". The signature is written in dark ink and is positioned below the typed name "Mr & Mrs Johnson".



Date: Jan 20, 2026

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations on Behalf of the Eastland Heights Community (Rancho Drive & Vegas Drive Area)**

We write on behalf of the Eastland Heights community, a long-established residential neighborhood encompassing over 100 homes located in the Rancho Drive and Vegas Drive area of Las Vegas, Nevada. Many residents of our community are long-term homeowners, including seniors living on fixed incomes, whose properties rely on properly functioning septic systems that were lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and purchase.

The septic systems serving homes within Eastland Heights have, in many cases, operated safely and reliably for decades without posing documented risks to public health, groundwater, or surrounding properties. Residents have acted in good faith, maintaining their systems and complying with all applicable requirements.

While we recognize and support the Southern Nevada Health District's role in safeguarding public health and environmental resources, the proposed amendments to the Individual Sewage Disposal System (ISDS) regulations raise serious concerns regarding financial hardship, equity, and fairness when applied retroactively to existing, compliant systems.

The imposition of recurring permit renewal fees, mandatory inspections unrelated to system failure, and the potential requirement to connect to municipal sewer infrastructure would impose substantial and ongoing financial burdens on our community. For senior homeowners and fixed-income households, these costs are neither nominal nor absorbable and were not foreseeable at the time properties were purchased. Such measures threaten housing stability for long-term residents who have complied with all prior legal requirements.

Residents of Eastland Heights reasonably relied on the regulatory framework in place at the time of purchase, including the understanding that septic permits were permanent so long as systems remained compliant and functional. Retroactively imposing new regulatory obligations undermines these reliance interests and raises fundamental concerns of fairness and predictability in land-use regulation.

Additionally, the proposed amendments appear to apply broadly without a demonstrated nexus to actual public health or environmental risk at the neighborhood or parcel level. Subjecting functioning systems to heightened regulation absent evidence of failure or harm is

disproportionate and unnecessary. Regulatory efforts should instead be targeted toward systems that are demonstrably deficient or failing.

A uniform regulatory approach also fails to account for the disparate impact on seniors, fixed-income households, and communities such as Eastland Heights, where sewer access may be limited or the cost of connection may be prohibitively expensive. Equity considerations warrant permanent grandfathering or alternative compliance pathways for existing, properly maintained systems.

For these reasons, the Eastland Heights community respectfully urges the Southern Nevada Health District to refrain from adopting the proposed ISDS amendments as they pertain to existing, compliant septic systems. At a minimum, we request the adoption of permanent grandfathering protections without recurring permit fees, mandatory inspections unrelated to system failure, or forced sewer connections.

Thank you for your time and consideration of the concerns of our community. We respectfully request that this letter be entered into the official public record on behalf of the residents of Eastland Heights.

Respectfully submitted,

Eastland Heights Community  
Rancho Drive & Vegas Drive Area  
Las Vegas, Nevada

*Patricia Oldenburg, President  
Eastland Heights Community*

Patricia Oldenburg  
1938 Catalpa Trail  
Las Vegas, NV 89108

Eastland Heights Community  
1938 Catalpa Trail  
Las Vegas, NV 89108

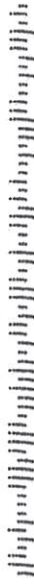
LAS VEGAS NV 890

22 JAN 2026 PM 4 L

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Southern Nevada Health District  
Board of Health & Administrative Staff  
280 South Decatur Blvd.  
Las Vegas, NV 89107

89107-293660



Date: 1-22-2026

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations Affecting Existing Homeowners**

We are longtime homeowners in Clark County, Nevada, and we submit this letter to formally express our opposition to the proposed amendments to the regulations governing Individual Sewage Disposal Systems (ISDS).

Our home is served by a septic system that was lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and at the time we purchased our property. The system has functioned properly, has been responsibly maintained, and has not posed any documented risk to public health, groundwater, or neighboring properties.

We fully recognize the importance of protecting public health and environmental resources. However, the proposed regulatory changes raise serious concerns regarding financial hardship, fairness, and equity when applied retroactively to existing, compliant septic systems.

The imposition of recurring permit renewal fees, mandatory inspections unrelated to system failure, and the potential requirement to connect to municipal sewer infrastructure would create a substantial and ongoing financial burden for homeowners living on fixed incomes. These costs were not foreseeable at the time of purchase and were not contemplated when we relied on the permanence of our septic permit. For seniors, such unexpected expenses threaten long-term housing stability.

We reasonably relied on the regulatory framework in place at the time of purchase, including the understanding that our septic permit was permanent so long as the system remained compliant and functional. Retroactively imposing new regulatory obligations on existing systems undermines those reliance interests and raises fundamental concerns of fairness.

Additionally, the proposed amendments appear to apply broadly without a demonstrated nexus to actual public health or environmental risk. Subjecting functioning systems to heightened regulation absent evidence of failure or harm is disproportionate and unnecessary. Regulatory efforts should focus on failing or demonstrably deficient systems rather than imposing blanket requirements on all homeowners.

A uniform regulatory approach also fails to account for the disparate impact on seniors, fixed-income households, and residents in areas where sewer access may be limited or cost-prohibitive.

Equity considerations warrant permanent grandfathering or alternative compliance pathways for existing, properly maintained systems.

For these reasons, we respectfully request that the Southern Nevada Health District refrain from adopting the proposed amendments as they pertain to existing, compliant septic systems. At a minimum, we urge the adoption of permanent grandfathering protections without recurring permit fees, mandatory inspections unrelated to system failure, or forced sewer connections.

Thank you for your time and consideration. We respectfully request that this letter be entered into the official public record.

Respectfully submitted,

Christine Hicks

♀  
Richard C. Hicks

1937 Catalpa Trail

Las Vegas, NV

89108



Ms. Christine Hicks  
1937 Catalpa Trl.  
Las Vegas, NV 89108

LAS VEGAS NV 890

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Southern Nevada Health District  
Board of Health & Administrative Staff  
280 South Decatur Blvd.  
Las Vegas, NV 89107

89107-293660



Date: Jan 15, 2026

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations Affecting Existing Homeowners**

We are longtime homeowners in Clark County, Nevada, and we submit this letter to formally express our opposition to the proposed amendments to the regulations governing Individual Sewage Disposal Systems (ISDS).

Our home is served by a septic system that was lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and at the time we purchased our property. The system has functioned properly, has been responsibly maintained, and has not posed any documented risk to public health, groundwater, or neighboring properties.

We fully recognize the importance of protecting public health and environmental resources. However, the proposed regulatory changes raise serious concerns regarding financial hardship, fairness, and equity when applied retroactively to existing, compliant septic systems.

The imposition of recurring permit renewal fees, mandatory inspections unrelated to system failure, and the potential requirement to connect to municipal sewer infrastructure would create a substantial and ongoing financial burden for homeowners living on fixed incomes. These costs were not foreseeable at the time of purchase and were not contemplated when we relied on the permanence of our septic permit. For seniors, such unexpected expenses threaten long-term housing stability.

We reasonably relied on the regulatory framework in place at the time of purchase, including the understanding that our septic permit was permanent so long as the system remained compliant and functional. Retroactively imposing new regulatory obligations on existing systems undermines those reliance interests and raises fundamental concerns of fairness.

Additionally, the proposed amendments appear to apply broadly without a demonstrated nexus to actual public health or environmental risk. Subjecting functioning systems to heightened regulation absent evidence of failure or harm is disproportionate and unnecessary. Regulatory efforts should focus on failing or demonstrably deficient systems rather than imposing blanket requirements on all homeowners.

A uniform regulatory approach also fails to account for the disparate impact on seniors, fixed-income households, and residents in areas where sewer access may be limited or cost-prohibitive.

P.S. "We" NEVER received ANY Notification from You about this enclosed Septic Tank meetings.

Equity considerations warrant permanent grandfathering or alternative compliance pathways for existing, properly maintained systems.

For these reasons, we respectfully request that the Southern Nevada Health District refrain from adopting the proposed amendments as they pertain to existing, compliant septic systems. At a minimum, we urge the adoption of permanent grandfathering protections without recurring permit fees, mandatory inspections unrelated to system failure, or forced sewer connections.

Thank you for your time and consideration. We respectfully request that this letter be entered into the official public record.

Respectfully submitted,

The Homeowners

Michael Lynn Karel  
Michael Lynn Karel  
Barbara Jean Karel  
Barbara Jean Karel

4048 Pleasant Road  
Las Vegas, Nevada  
89108

We Totally (Professional Company)  
Repaired <sup>66</sup> Our <sup>99</sup> System  
(Septic Tank + home toilet system  
feeding it either 2 or 3 years  
ago. We "chemical" (Rid x) every  
month - NO Problems.  
Thank You



Michael Lynn Karel  
4048 Pleasant Rd.  
Las Vegas, NV 89108

LAS VEGAS NV 890

16 JAN 2026 PM 4 L



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Southern Nevada Health District  
Board of Health and Administrative  
Staff  
280 S. Decatur Blvd.  
Las Vegas, Nevada 89107

89107-293660



Date: 1-18-26

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations Affecting Existing Homeowners**

We are longtime homeowners in Clark County, Nevada, and we submit this letter to formally express our opposition to the proposed amendments to the regulations governing Individual Sewage Disposal Systems (ISDS).

Our home is served by a septic system that was lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and at the time we purchased our property. The system has functioned properly, has been responsibly maintained, and has not posed any documented risk to public health, groundwater, or neighboring properties.

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We reasonably relied on the regulatory framework in place at the time of purchase, including the understanding that our septic permit was permanent so long as the system remained compliant and functional. Retroactively imposing new regulatory obligations on existing systems undermines those reliance interests and raises fundamental concerns of fairness.

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For these reasons, we respectfully request that the Southern Nevada Health District refrain from adopting the proposed amendments as they pertain to existing, compliant septic systems. At a minimum, we urge the adoption of permanent grandfathering protections without recurring permit fees, mandatory inspections unrelated to system failure, or forced sewer connections.

Thank you for your time and consideration. We respectfully request that this letter be entered into the official public record.

Respectfully submitted,

Lynda Wascom



Ms. Lynda Waskom  
4147 Pleasant Rd  
Las Vegas, NV 89108-1916

LAS VEGAS NV 890

23 JAN 2026 PM 5 L

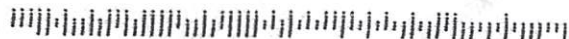


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Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd  
Las Vegas, NV 89107

89107-293680



Date: Jan 23, 2026

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

**Re: Formal Opposition to Proposed Amendments to ISDS Regulations Affecting Existing Homeowners**

We are longtime homeowners in Clark County, Nevada, and we submit this letter to formally express our opposition to the proposed amendments to the regulations governing Individual Sewage Disposal Systems (ISDS).

Our home is served by a septic system that was lawfully installed, inspected, and permitted in full compliance with all regulations in effect at the time of installation and at the time we purchased our property. The system has functioned properly, has been responsibly maintained, and has not posed any documented risk to public health, groundwater, or neighboring properties.

We fully recognize the importance of protecting public health and environmental resources. However, the proposed regulatory changes raise serious concerns regarding financial hardship, fairness, and equity when applied retroactively to existing, compliant septic systems.

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Thank you for your time and consideration. We respectfully request that this letter be entered into the official public record.

Respectfully submitted,

Paul & Marcia Rose



Paul and Marcia Rose  
6145 W Gowan Rd  
Las Vegas NV 89108

LAS VEGAS NV 890

26 JAN 2026 PM 3 L



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FOREVER/USA

Southern Nevada Health District  
Board of Health and Administrative Staff  
280 S. Decatur Blvd.  
Las Vegas, NV 89107



89107-299680

**From:** [Indra Lowenstein](#)  
**To:** [SNHD Public Comments](#)  
**Subject:** Septic regulation questions for SNHD  
**Date:** Wednesday, February 25, 2026 3:04:54 PM

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1. We have spoken with both the city and the county about our property. The county thinks we're beyond the 400' rule while the person at the city says we are within the 400' rule. It seems that different agencies are measuring in different ways. Sure it's possible we would be less than 400 feet away if I could put a sewer pipe diagonally through my neighbors property, through their home. It seems that the city is measuring "as the crow flies". Is this true?
2. We received an estimate for over 400k to connect us to sewer. The civil engineer said to hook up we'd need to lay pipe over 700 linear feet through a public street. However, according to the city we're within 400 feet. The city is only paying 85% up to 40k. Are we REALLY expected to install sewer lines over public streets at such a high cost? I'm sure there are more people who think they're within the 400 foot rule who aren't as the crow flies.
3. Given the questions above, what is the SNWD and SNHD going to do to restore the public's trust in their ability to solve issues for the residents of Las Vegas who have septic systems?
4. Why is SNHD trying to push the cost of public works off to taxpayers? A homeowner should not have to bear the expense of running sewer pipes down public streets.

Sycle  
Indra Lowenstein, MBA  
2105 South Cimarron  
[REDACTED]

From: [Indra Lowenstein](#)  
To: [SHED Public Comments](#)  
Subject: Septic, "enforcement", and public trust  
Date: Thursday, February 26, 2026 9:20:13 AM  
Attachments: [PastedGraphic-1.png](#)  
[PastedGraphic-2.png](#)  
[PastedGraphic-3.png](#)  
[PastedGraphic-4.png](#)

**This message needs your attention**

- This is a personal email address.

Mark as Safe

Report this Email

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These proposed regulations are poorly written and have damaged trust in the community you are supposed to serve! You need to write the regulations in a way that does not cost current homeowners more money. Most of us are retired on fixed incomes in this neighborhood!! It should be laid out in WRITING that current homeowners are NOT required to connect under any circumstances unless it is running directly in front of your house. AT THE VERY LEAST.

- YOU have destroyed the value of my property in so many ways. Buyers are freaking out over houses with septic now.
- Aside from the septic, YOU let idiots dump 60 semi loads of loose dirt SEE ATTACHED which has caused us to be ill in our own home and destroy our pool without any penalty. You can't even do your own job of protecting communities. None of this dumping and grading was permitted and you and the rest of the city were told and you did NOTHING!!! NOTHING!! Tons and tons of loose dirt, encrusted, uncovered, and constantly disturbed over years.
- NOW you are proposing that we have to spend 100s of thousands of dollars to connect to sewer. And then pay for the privilege. AND if that's NOT what the proposed regulations say THEN WRITE IT OUT CLEARLY!!!!

You have lost public trust.  
You are weaponized incompetence.

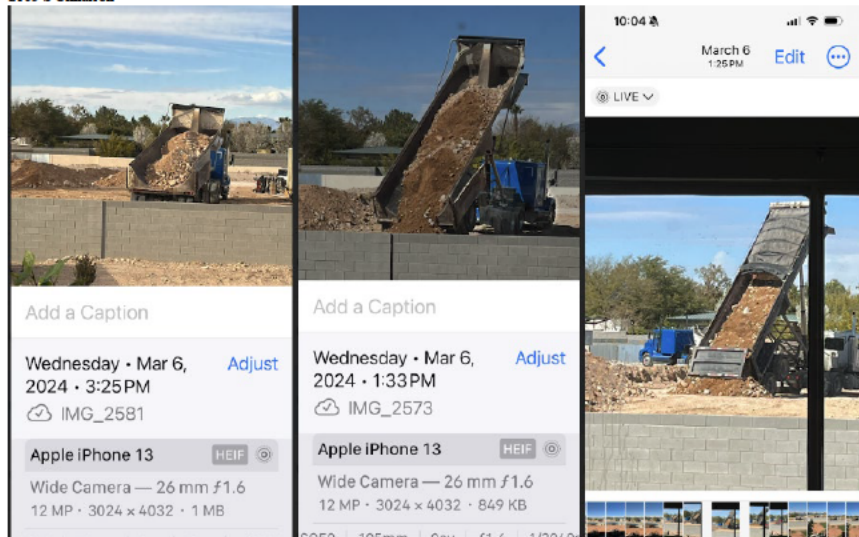
APPLY FOR PUBLIC GRANTS TO EXPAND TO SEWER. DON'T PUSH CITY COSTS OFF TO HOMEOWNERS. I'M NOT ABLE TO LAY SEWER PIPES OVER CITY STREETS AS A HOMEOWNER. THIS SITUATION IS INSANE AND ENTIRELY OF YOUR MAKING. OF COURSE PEOPLE ARE UPSET.

FIX IT:

For additional information and updates related to the proposed septic system regulations, visit:  
<https://www.southernnevadahealthdistrict.org/permits-and-regulations/sewage-septic-disposal-systems-isd/s/septic-system-and-liquid-waste-regulations/>

BTW any AI bot can punch holes into the above proposed regulations. They're written in a way to penalize homeowners. Try it YOURSELF.

Signed,  
Indra Lowenstein, MBA  
2105 S Cimarron



 HDR

