



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 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*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Nancy Brune – Council Member, City of Las Vegas (*via Teams*)
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: April Becker – Commissioner, Clark County

ALSO PRESENT: Christopher Boyd, Georgi Collins, Cade Grogan, Tomas Hammond, Lynn
(In Audience) Heather, Marianna Hernandez, Deborah Kuhls, Lisa Rogge

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

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

STAFF: Kevin Abbott, Adriana Alvarez, Emily Anelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Lori Bryan, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria Burris, Donna Buss, Joe Cabanban, Nancy Cadena, Belen Campos-Garcia, Robin Carter, Andria Cordovez Mulet, Aaron DelCotto, Lisa Falkner, Claudette Fajardo, Jason Frame, Kimberly Franich, Xavier Gonzales, Cheri Gould, Jacques Graham, Heather Hanoff, Maria Harris, Richard Hazeltine, Carmen Hua, Daniel Ister, Jessica Johnson, Bob Kingston, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Randy Lockett, Nicol McNee, Anil Mangla, Jonas Maratita, Alicia Mitchell, Kimberly Monahan, Corey Morrison, Todd Nicolson, Brian Northam, Verallynn Orewyler, Kyle Parkson, Kaylina Penksa, Luann Province, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Greg Tordjman, Renee Trujillo, Jorge Viote, Ashley Wheeler, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Susan Zannis, Lei Zhang

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

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:01 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Dr. Cassius Lockett and Dr. Anil Mangla

- Co-authored the published article “*Piloting wastewater-based monitoring on a university campus to inform public health surveillance and response for opioids and other high-risk substances*” in the Journal of Water and Health

The Chair recognized Dr. Cassius Lockett and Dr. Anil Mangla for co-authoring the published article “*Piloting wastewater-based monitoring on a university campus to inform public health surveillance and response for opioids and other high-risk substances*” in the Journal of Water and Health. This study demonstrated how diverse stakeholders could be engaged in a public health-centric effort to assess high-risk substances consumption among Nevada’s youth and transitional age youth. This study demonstrated that targeted wastewater monitoring, particularly when complementing community-scale wastewater-based epidemiology, can be effective in filling critical public health surveillance data gaps. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Mr. Raman on this publication.

2. Southern Nevada Health District – March Employees of the Month

- Claudette Fajardo and Nicol McNee

The Chair recognized the March 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.

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

- ## 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 two (2) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

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

A motion was made by Member Nielson, seconded by Member Larson, and carried unanimously to approve the March 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:** February 26, 2026 and March 11, 2026
(for possible action)
- 2. PETITION #29-26: Approve the Renewal of the Agreement between the Southern Nevada Health District and NEOGOV for the Human Resources Information System (HRIS) for an additional three (3) years;** direct staff accordingly or take other action as deemed necessary
(for possible action)

A motion was made by Member Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the March 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.

There were no items heard.

Member Gallo joined the meeting at 9:11 a.m.

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the FY2027 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the FY2027 Budget, which begins on July 1, 2026 and ends on June 30, 2027, with the following:

Overview:

- Staffing for FY2027 was projected to remain the same compared to FY2026 Augmented budget of 871.4 FTE.
- General Fund revenues were projected at \$124.4M, an increase of \$1.7M from FY2026 augmented budget.
- Special Revenue Fund (Grants) decreased to \$42.5M, a decrease of \$14.0M from FY2026 augmented budget.
- General Fund expenditures were projected at \$127.4M, an increase of \$5.3M from FY2026 augmented budget.
- Special Revenue Fund (Grants) expenditures were projected at \$48.0M, a decrease of \$14.3M from FY2026 augmented budget.

- Capital Projects Fund expenditures were projected at \$2.3M, a decrease of \$1.0M from FY2026 augmented budget

Revenues – General & Grants Fund

- FY2027 Clark County Property Tax revenue was expected at \$43.7M, an increase of \$2.2M or 5% compared to \$41.5M from FY2026.
- Total General Funds Revenue increased from \$122.7M to \$124.4M, a \$1.7M or 1.0% increase from FY2026 Augmentation.
- Special Revenue Funds decreased from \$56.5M to \$42.5M, a reduction of \$14.0M including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2027 total \$84.3M, an increase of \$5.5M or 15% from FY2026 Augmentation.
 - FY2027 budget includes a full year of salaries and benefits for approximately 75 vacant positions (in active recruitment, pending or hold status) that were included in the FY2026 Augmented budget at a reduced expenditure level to reflect the partial year remaining. Changes in the status of the positions will be included in future augmentation.
 - FY2027 budget also reflects the move of 13.59 FTE from Senate Bill 118 to General Fund due to the expiration of the funding.
- General Fund Pharmacy Medical supplies decreased from \$28.4M to \$25M, a decrease of \$3.4M or 12%

Expenditures – Grant Fund

- Special Revenue Fund FY2027 expenses decreased from \$62.3M to \$47.4M including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.
- PHI Grant revenue is estimated at \$6.1M in FY2027. Anticipated FTE total is 40.2 positions with estimated salaries & benefits of \$5.1M.

Ms. Whitaker further reviewed the:

- Revenues vs. Expenditures combined by Division, and excluding cost allocation
- Personnel by Division, comparing FY2026 and FY2027
- Capital Improvement Projects
- Three Fiscal Year Activity – General Fund, Special Revenue Fund, Capital Projects Fund, Bond Reserve Fund, and Internal Service Fund

Member Nielson advised that the Finance Committee reviewed the trend in the ending fund balance across recent budget years. In FY2025, the ending fund balance exceeded \$65 million. This declined by more than \$11 million to approximately \$53 million in the FY2026 amended budget. The proposed FY2027 budget reflects a further reduction of nearly \$14 million, bringing the ending fund balance to approximately \$40 million. While the fund balance remains within required guidelines, the Finance Committee noted that the continued downward trend was not sustainable and emphasized the need to develop future budgets that stabilize and maintain the fund balance.

Ms. Whitaker explained that current expenditure projections included a full year of salaries for 75 positions. She noted that vacancy savings and the potential non-use of the \$3 million contingency could positively affect the overall financial outcome. She also stated that some positions were shifted from grant funding to the General Fund, resulting in a significant first-year impact on expenditures. Additionally, because the 75 positions were not filled immediately, further expenditure adjustments are anticipated in FY2026.

A motion was made by Member Nemec, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the FY2027 Budget, as presented.

2. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually, with 2026 seeing an increase of 2.7% to the Consumer Price Index (CPI). The guidelines were used to adjust the sliding fee schedules.

A motion was made by Member Summers-Armstrong, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and adopt the Federal Poverty Level Guidelines, as presented.

3. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that offering the Sliding Fee Schedule, for qualifying patients, was a requirement for HHS, HRSA, and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith advised that patients who do not have insurance are referred to third-party agencies that can assist the patient to obtain insurance.

Mr. Smith further outlined a market study of fees for FQHCs in Nevada. Mr. Smith shared the results of a patient survey on the sliding fee program. Mr. Smith proceeded to outline the Clinical Sliding Fee Schedule.

Mr. Smith advised of the following recommended changes:

- New \$20 fee for Sports Physicals to be marketed along with the Back-to-School immunization campaign;
- Increase from \$7 to \$9 fee for Pharmacy Medications (up to 30-day supply);
- Increase from \$7/12/17/22/24 to \$35 fee for Epi-Pens;
- Increase from \$10 to \$15 fee for Insulin vials;
- Increase from \$5 to \$10 fee for Lancets (100); and
- New \$9 fee for DOXY PEP.

Member Summers-Armstrong requested marketing materials on the new sports physicals that could be included in newsletters for the community.

Further to an inquiry from Member Summers-Armstrong, Mr. Smith advised that to access the 340B program priced medications, individuals would have to be established patients and receive care at the Health Center to obtain insulin from our Pharmacy.

Further, Member Summers-Armstrong suggested that various social media platforms be used to market the Health District and Health Center programs and services.

A motion was made by Member Summers-Armstrong, seconded by Member Nemeec, and carried unanimously to accept the recommendation from the Finance Committee and approve the SNHD Clinical Sliding Fee Schedule, as presented.

4. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker and Donna Buss, Revenue Cycle Manager, presented the proposed updates to the Clinical Master Fee Schedule. Ms. Whitaker advised that the Billing Fee Schedule was reviewed annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedule. Ms. Whitaker outlined the review methodology and the proposed changes. Ms. Whitaker outlined there were proposed changes to 247 fees, with 20 being new fees.

Mr. Whitaker reported that qualifying G codes have been implemented to support the approved PPS rate under shadow billing, which became effective January 1. Additional billing codes were added to support this change in billing activity. Dr. Lockett explained that prior to shadow billing, the Health District received a negotiated rate from managed care organizations (MCOs) and then requested a supplemental “WRAP” payment from the state to reconcile the difference up to the PPS rate. Under the new shadow billing pilot, MCOs now pay the full PPS rate directly; however, the pilot has required additional coding and testing by the billing team to ensure full reimbursement. While the process is currently more complex, improvements are ongoing and progress is being made.

Further to an inquiry from Member Kirkpatrick related to denials from MCOs, Ms. Buss advised that staff monitored denials and address them on a case-by-case basis.

A motion was made by Member Black, seconded by Member Hardy, and carried unanimously to accept the recommendation from the Finance Committee and approve the updated Clinical Master Fee Schedule, as presented.

Member Nielson thanked Ms. Whitaker and her staff for preparing the financial report as of December 31, 2025. He noted that these quarterly reports were requested by the Finance Committee for informational purposes only and were intended to provide ongoing insight into financial trends throughout the year, rather than waiting until year-end.

- 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 Bond requested that the 2024 Southern Nevada Trauma System Annual Report be circulated to the Board. Further, Member Bond requested that the 2025 Southern Nevada Trauma System Annual Report be presented to the Board, when available.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to his written report, Dr. Lockett reported that on March 13, the Health District issued a news release regarding an out-of-state individual with measles who attended the CONEXPO event at the Las Vegas Convention Center on March 6–7. The event included more than 140,000 attendees, with approximately 1,295 from Clark County. Potential exposures could result in symptoms through March 28, and monitoring will continue through two full incubation periods, extending to approximately April 18. The Health District implemented standard notification protocols, including a national Epi-X alert and a health alert to medical providers. To date, activity was minimal, no additional information was received from event organizers, and no suspected or confirmed measles cases linked to the event have been identified, with all known tests returning negative results.

Dr. Lockett further reported that on March 15, 2026, a federal judge issued a temporary injunction blocking recent changes to the childhood immunization schedule and ACIP member appointments due to legal and procedural concerns. As a result, the newly adopted ACIP immunization (IZ) schedule was paused pending further action. Separately, at its March 6 meeting, the State Board of Health approved continued use of prior ACIP guidance under NAC 441A.200, meaning ACIP schedule revisions made after June 24, 2025 have not been adopted in Nevada, regardless of ongoing litigation. As of January 2026, vaccines not universally recommended for all children in Nevada include RSV, hepatitis A and B, rotavirus, COVID-19, and meningococcal disease. Dr. Lockett suggested that the vaccination team provide an update on these issues, including impacts on Nevada law related to school entry requirements, at a future Board meeting.

Dr. Lockett advised that the Health District was selected as one of 15 jurisdictions nationwide for the inaugural CitiesLEAD initiative, a national effort to increase life expectancy through collaborative action and data analysis. The initiative is led by Virginia Commonwealth University, Big Cities Health Coalition, and the Boston Public Health Commission, with support from the Robert Wood Johnson Foundation. Participation in the initiative provides technical assistance, advanced data analytics, and peer learning to support targeted strategies that improve population health and reduce inequities. Dr. Lockett advised that the initiative builds on prior life expectancy work conducted in 2015 and offers new opportunities to analyze lifespan variation at smaller geographic levels and support policy development.

Further to an inquiry from Member Summers-Armstrong regarding vaccinations, Dr. Lockett advised that the state would release a technical bulletin, following which the Health District would prepare notifications to the community.

Further to an inquiry from Member Kirkpatrick regarding sports physicals, Mr. Smith advised that while sports physicals were available previously, this would be the first year that sports physicals would be promoted during Back to School immunizations events.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of December 31, 2025
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. 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 two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:04 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 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/a9855008-cacb-4e4f-9ab9-d8fa6c7bdac2@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 668 593 042#

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Dr. Cassius Lockett and Dr. Anil Mangla

- Co-authored the published article “*Piloting wastewater-based monitoring on a university campus to inform public health surveillance and response for opioids and other high-risk substances*” in the Journal of Water and Health

2. Southern Nevada Health District – March Employees of the Month

- Claudette Fajardo and Nicol McNee

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 two (2) 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 668 593 042#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF THE MARCH 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.

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- 1. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the FY2027 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Receive, Discuss and Approve the Recommendations from the March 23, 2026 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** 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

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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 two (2) 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.



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SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

February 26, 2026 – 9:00 a.m.

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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:** (In Audience)
David Anderson, Elva Anderson, Toluwanimi Babarinde, Eugene Belin, Greg 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 Bohannon, Lori Bryan, Nicole Bungum, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria Burris, 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

DRAFT



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH SPECIAL MEETING

March 11, 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 (*via Teams*)
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 (*via Teams*)
Nancy Brune – Council Member, City of Las Vegas (*via Teams*)
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*)
Scott Nielson – At-Large Member, Gaming (*via Teams*)
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*in-person*)

ABSENT:

N/A

ALSO PRESENT:

(In Audience)

David Anderson, Elva Anderson, Georgina Anderson, Lex Anderson, Michael Anderson, Rick Andrews, Gina Angelone, Greg Austell, Toluwanimi Babarinde, Ed Beaman, Sylvia Beaman, Carole Benner, Gene Belin, Anyssa Bohanan, Mark Borges, Monica Bosworth, Fabian Bray, Clinton Burch, Gwen Campbell, Robert Campbell, Ann Casey, Renee Charles, Judy Chide, Amanda Childers, Barb Clark, Dave Clark, Judy Clark, Joanne Cochran, Georgi Collins, Colleen Correia, Bud Cranor, Shelley Cranley, Maryann Dingman, H.W. Edwards, Kevin Ferguson, Casey Floyd, Leesa Galatz, Zach Gambino, Martha Giles, Marlo Gregg, Cade Grogan, Rannelle Harcourt, Bradley Harrison, David Harrison, Mason Harvey, Emma Hay, Judy Heath, Thomas Heath, Rodney Heiselman, Diane Henry, William Holsclaw, Gabe Hunterton, Larry Ish, Cira Jones, Edwin Kaehler, Demetria Kalfas-Gordon, Gary Kantor, Charlie Keith, Keith Kennedy, Barry King, Felicia Kramer, Janet Lacombe, Cody Lee, Damon Lefever, Jesse Lisle, Tara Lisle, Victor Lundberg, Trish McArthur, Art McBride, Tammy McKenzie, Laura McSwain, Elizabeth Maddox, Sonia Mays, Teresa Mettler, Rick Mills, Sally Minster, Alejandro Molina, CJ Mortensen, Alan Osborne, Phyllis Palmer, Mike Patridge, Cheryl Pastore, Jessica Perez, Vivian Perry, Ed Peters, Mary Peters, Lynne Pfundstein, Tom Pfundstein, Michael Phillips, Alma Pineda, Laurie Priest, Chris Ramsey, Terry Ramsey, Lori Raskin, Victoria Rechester, Cynthia Robaina, William Roberts, Lisa Rogge, Marian Rogge, Cynthia Romo, Dennis Romo, Maylinn Rosales, Dennis Ross, Christian Salmon, Frank Scandura, Catherine Scott, John Scott, Larry Seely, Sharon Seely, Cindy Serdoz, Richard Serdoz, Morgan Shirley, Steve Sidhu, Cindy Simmons, Chris Sollano, Brigitte Solvie, Harvey Starritt, Lisa Starritt, George Steward, Sandra Stewart, DeAnn Stout, Kristen Stout, Laurie Sutton, Frances Swartz, David Tabaczynski, Michele Tombari, Kathryn Taplett, Lois Thompson,

Maria VanderMolen, Patrick Vaughan, Andrew Vickers, Joseph Vigil, Sandra Wade, Jo Watters, Joan Weber, David White, Amelia Wignall, Julie Wignall, Keith Williams, Nilda Williams, Shirley Williams, Will Yepez, Zack Zacharias, Rachel Zalucki

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

STAFF: Adriana Alvarez, Emily Anelli, Tawana Bellamy, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Nancy Cadena, Archmiguel Cordial, Andria Cordovez Mulet, Carol Cottam, Cherie Custodio, John DeWolff, Kimberly Franich, Cheri Gould, Heather Hanoff, Maria Harris, Richard Hazeltine, Valerie Herzog, Donna Houston, Dan Isler, Sabine Kamm, Nami Kremer, Theresa Ladd, Dann Limuel Lat, Annie Lin, Marco Mendez, Corey Morrison, Todd Nicolson, Luann Province, Katarina Pulver, Yin Jie Qin, Gary Robinson, Emma Rodriguez, Larry Rogers, Chris Saxton, Dave Sheehan, Karla Shoup, Rosana Silva-Minnich, Jennifer Sizemore, Cameron Smelcer, Greg Tordjman, Renee Trujillo, Jorge Viote, Ashley Wheeler, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:01 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) 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 thanked the Board for holding the meeting and for its willingness to address community concerns regarding the proposed septic regulations. She stated that many residents were unaware of the proposal due to a flawed notification process and noted that the business impact statement process was not widely understood by the public. She emphasized the importance of early and clear notification for policies that may impose significant costs or long-term obligations. Ms. McSwain suggested that regulatory changes should begin with Board discussion in a public meeting to ensure transparency and visibility in to staff activities. She announced that the Water Fairness Coalition will pursue legislative revisions to the notification process and will seek the Board's support. She expressed a desire to work collaboratively to help rebuild public trust and submitted her comments for the record.

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

Diane Henry stated that recent revisions to the proposed septic regulations were a positive step but expressed concern that the February 25 press release inaccurately indicated that no action would financially burden existing residential septic owners. She noted that, under the proposal, repairs that classify a system as “altered” could trigger permit revocation, temporary permits, additional fees, reviews, and other new requirements, creating financial impacts. She referenced Section 9-11(B)(1), which she said could require complete decommissioning of a system, even when repair may be possible. Ms. Henry also expressed concern about the combined requirements for new construction and the Southern Nevada Water Authority’s interim waiver program, describing the impacts as burdensome. She urged the Board to withdraw the proposed regulations to avoid imposing financial burdens on existing septic owners. She concluded by expressing appreciation for the Board’s consideration.

Sharon Seeley, residing at 6475 Darby Ave., requested that the Board withdraw all versions of the proposed septic regulations, stating that the regulations would create a financial burden for her family.

Carol Turner stated that many residents were concerned about the high cost of converting from septic systems to sewer. She said that when the idea was first introduced, she understood that the city would cover the cost, but now that appears to have changed. Ms. Turner commented that if the city intends to pursue sewer conversion, it should fund the process, noting that homeowners do not have the option to opt out and many cannot afford the expense.

Richard Serdoz thanked the Board for considering withdrawal of the proposed septic regulations, noting that the proposal has been a burden for many residents. He expressed concern that many community members who attended the prior meeting at the YMCA were unaware of the current meeting and therefore could not participate. Mr. Serdoz stated that broader attendance would have allowed residents to see that their concerns were heard. He also commented on meeting timing and communication, stating that many affected residents were unable to attend due to work schedules. Mr. Serdoz shared his view that repeated discussions on septic and sewer issues have created frustration in the community and expressed skepticism about the need for changes based on groundwater concerns. He concluded by thanking the Board for its consideration.

My name is Christian Salmon, C-H-R-I-S-T-I-A-N S-A-L-M-O-N. Under NRS 241.035(1)(d), I ask for my remarks to be verbatim in the minutes. Uh and first I'd like to thank Chairman Black for requesting this special meeting and for bringing in this withdraw item forward. Originally AB220 was about a grant program. It's about paying for these septic systems. But it's, this what we're looking at, has turned into regulation. So the legislature spoke And we felt like this has been on deaf ears as far as what is is has come out. So we ask, I ask, please vote yes today to withdraw the proposed septic regulations and let this package end here. Septic owners have shown up, spoken clearly and stayed engaged. We do not want this framework revived later under another name, under another form or another process. We've re-litigated this over and over and over and whoever is pushing this, please listen. We don't want it. And that's that's it. And that the the response you're seeing over and over is everyone speaking for themselves and saying that. So uhm you know, I just asked to, uhm I know some board members aren't present. I'm sorry they couldn't make it. Uhm, so, but even those that are not present and the ones that are, we, I ask you respectively for each of you to state why you are voting the way you are voting. So the public record reflects your reasoning and homeowners can better understand your thinking. We really want to work together on something if it's you know in the future we we we we just want to be heard and and and make it make it happen the right way. And so that's where we're coming from. I appreciate. Thank you for this meeting.

Member Brune joined the meeting at 9:09 a.m.

Greg Austell, residing at 1510 Montessori St., stated that after reviewing information on the Health District's website, he understood the proposed septic regulations to be based on nitrate levels and groundwater safety. He noted that nitrate levels in recent years had been below past highs and that only a small number of wells showed elevated readings. Mr. Austell questioned whether nitrates posed a significant health risk, citing the rarity of conditions such as blue baby syndrome. He expressed skepticism about the necessity of the proposed regulations and suggested the effort may be influenced by broader regional water policy priorities. He concluded by stating that, in his view, the proposal did not align with protecting public health.

Gary Kantor, residing at 2816 Vista del Sol, stated that he found no medical or environmental evidence indicating problems associated with septic systems and noted that the original proposal referenced public health as its basis. He expressed concern that potential future requirements to convert septic systems to sewer could create significant financial and practical burdens for homeowners, including construction impacts and temporary displacement. Mr. Kantor stated that such requirements could reduce the market value of homes with septic systems due to uncertainty and possible costs. He requested that the Board withdraw and cancel the proposed regulations.

Member Kirkpatrick joined the meeting at 9:14 a.m.

Cheryl Pastore, residing at 1330 Rosanna St., reiterated concerns about the costs associated with connecting a septic system to the sewer, including hookup expenses, property demolition, and the need to vacate the home during construction. She expressed worry about the process required if a septic system were to fail, asking whether a homeowner would need to appear before the Board before being allowed to proceed with repairs or sewer connection. Ms. Pastore noted that delays caused by Board meeting schedules, permitting, and contractor availability could leave a home uninhabitable for an extended period. She requested clarification on whether such requirements could be bypassed in emergency situations.

Michele Tombari expressed agreement with prior speakers and shared concerns about the high estimated costs of connecting homes to sewer, including approximately \$1 million to install a main line near her cul-de-sac and additional costs for individual hookups. She stated that infrastructure funding should be secured if sewer conversion was expected, rather than placing the burden on homeowners. Ms. Tombari noted that many residents, including elderly neighbors, could not afford such expenses. She also expressed concern about potential annexation of county island areas and said the issue had created significant anxiety for residents. She added that she was satisfied with her current septic system but would consider converting to sewer if external funding were provided.

Ann Casey shared her personal experience converting from a septic system to sewer, noting that the process has taken nearly two years due to difficulty obtaining bids, coordinating between city and county jurisdictions, and completing required engineering, permitting, and reviews. She stated that even with favorable conditions the process was expected to take at least eight months. Ms. Casey expressed concern that the proposed regulations required a connection to sewer if a system "fails," without defining what constitutes failure. She asked how homeowners would manage potentially long sewer-connection timelines if their homes became uninhabitable during the process.

Sean Craig, a plumbing contractor and local resident, stated that estimated costs to convert his three properties from septic to sewer ranged from \$300,000 to \$400,000 each. He expressed concern that proposed regulations could require homeowners to undertake sewer conversion when making improvements that currently complied with septic capacity, significantly increasing project costs. Mr. Craig stated that septic systems have long functioned effectively and that homeowners were capable of maintaining them without additional regulation. He described the proposal as burdensome and disproportionate, noting that widespread conversions could cost homeowners collectively billions of dollars while generating relatively limited sewer-service revenue. He asked the Board to consider the financial impact on residents.

Bridgette Solvie referenced NRS 439.3672(1), noting that it authorized that the Board may create a voluntary financial assistance program covering 100% of the cost for eligible property owners to abandon septic systems and connect to community sewer. She stated that was created through AB220. Ms. Solvie expressed concerns about notification shortcomings, the financial impact of proposed regulations, and the lack of demonstrated health risks. She recommended focusing efforts and funding on areas with documented infrastructure issues or elevated nitrate concerns and emphasized the need for an expedited process to assist those specific homeowners.

Victoria Rechester, residing at 1550 Montessori St., stated that she agreed with the concerns expressed by prior speakers and thanked the Board for listening. She expressed worry that the cost of sewer conversion could make it unaffordable for homeowners and create fear of losing their homes. Ms. Rechester also voiced concern about inadequate notification to affected residents, stating that silence should not be interpreted as agreement. She urged the Board not to adopt regulations that, in her view, would place excessive burdens on homeowners.

Alejandro, a property owner at 5001 Reiter, stated that he had been attempting to build a home for two years and had been unable to access the financial assistance program he understood would cover 100% of sewer-connection costs. He noted that connecting to sewer was financially unattainable for him, estimating the cost at approximately \$250,000. He also expressed concern that changes to waiver requirements, from a 400-foot to a 600-foot distance threshold, now make him ineligible for relief. He asked what options were available in his situation and indicated that he supported the concerns raised by other residents.

Sandra Stewart stated that she and her husband installed a septic system when they built their home in the 1970s because sewer service was not available in their area at the time. She noted that the system has functioned properly for decades. Ms. Stewart explained that they are now retired and on a fixed income, and that the cost of converting to sewer would be unaffordable, potentially forcing them to sell their home. She asked the Board to withdraw the proposed regulations.

Al Osborne, residing at 1350 Duneville St., stated that he viewed the proposed septic regulations as financially driven. He noted that residents were previously told that converting septic systems to sewer would increase water availability through recycling, but he expressed concern that homeowners would bear the full cost of conversion while the broader community benefited. Mr. Osborne stated that if sewer conversion was pursued for regional water benefits, the financial burden should be shared rather than placed solely on individual homeowners.

Keith Kennedy, a Henderson resident, spoke on behalf of current and future septic system owners. He expressed concern that many property owners were unaware of AB220 and its

implications, including restrictions on new septic systems and potential future water-use limitations. Mr. Kennedy stated that even local jurisdictions, such as the City of Henderson, were initially unaware of the legislation's passage. He also raised concerns about the Water Authority's interim waiver process and associated costs, noting that estimates for sewer conversion could reach several hundred thousand dollars. Mr. Kennedy suggested that the \$20,000 waiver fee should cover the full cost of installing a sewer lateral and future hookup, with no additional financial burden on property owners.

Nilda Williams, a real estate professional, stated that she did not support the proposed septic regulations. She expressed concern that the proposal appeared driven by water-supply needs and questioned why additional homebuilding permits continued to be issued if water demand was a concern. She asked the Board to withdraw the proposal.

Trish McArthur stated that she viewed the proposed septic regulations as a potential revenue-generating effort. As both a septic and well owner, she noted that homeowners had already invested significant amounts of money to install and maintain their systems and that neither septic use nor well water was "free." Ms. McArthur explained that well owners were subject to strict regulations and substantial fines for overuse. She expressed concern that the proposal aimed at increasing revenue by bringing more homeowners into the sewer and municipal water systems. She concluded by stating that existing systems were functioning properly and did not need additional regulation.

Errol White, residing at 9470 W. Regina Ave., stated that he agreed with the concerns raised by other speakers and emphasized issues related to differing jurisdictional requirements. He noted that the county permits septic systems while the city did not, which he described as inconsistent and unfair to affected residents. Mr. White added that the proposed regulations also impacted other jurisdictions in Clark County. He urged coordination among these jurisdictions and asked the Board to vote to withdraw the proposal.

Stephanie Dooley Ryan, residing at 8784 W. Washburn Rd., stated that she and her family have lived in their home for 12 years and that the cost of converting from septic to sewer would be unaffordable, noting that estimates discussed during the meeting were comparable to the price she originally paid for her home. Speaking as a parent, she said that maintaining a septic system provided her family with stability and control, especially given financial pressures on working families. She expressed concern that many residents, including young families, were unaware of the potential costs of conversion and asked the Board to consider the impact on homeowners like her.

Barry King, residing at 7330 Ullom Dr., stated that he consulted with a relative who works in San Diego's wastewater program to better understand water-reclamation potential. He reported that, according to this information, only a portion of treated wastewater was recovered for drinking water, with additional amounts used for non-potable purposes such as irrigation, while the remainder is discharged. Mr. King characterized the reclaimed portion as relatively minor.

George Stewart, a longtime resident and veteran, stated that he was on a fixed income and expressed concern about increasing utility costs and the financial burden the proposed septic regulations could create. He noted that he and his wife maintained their septic system properly and shared that past changes to water rates had already required costly adjustments to his property. Mr. Stewart recounted prior efforts by residents to oppose annexation and emphasized

that many homeowners could not afford additional expenses. He asked the Board to withdraw the proposed regulations.

Catherine Scott stated that her septic system was compliant at the time she purchased her home. She expressed concern about any future mandates requiring changes, the government should be responsible for covering the cost.

David expressed appreciation for the community turnout and stated that he disagreed with the process being advanced by the Southern Nevada Water Authority and the Health District regarding septic system conversion. He emphasized that homeowners relied on septic systems they maintain responsibly and argued that properly maintained systems could function for many decades. David stated that the financial impact of mandated sewer conversion would be unaffordable for many residents and that septic use should remain a homeowner's choice unless a system fails due to lack of maintenance. He asked the Board to consider the perspective of affected homeowners and to avoid imposing requirements that created significant financial hardship.

Zach Gambino stated that he was speaking on behalf of eight homeowners in his small HOA who shared a well and all rely on septic systems. He noted that the members could not attend due to work but wished to formally register their collective objection to the proposed regulations. Mr. Gambino stated that their homes, built between the early 1980s and late 1990s, had properly maintained septic systems, and that residents had done so knowing that failures could require costly sewer connections. He emphasized that the proposed regulations could impose significant financial burdens if existing permits were changed or revoked, particularly given the varying distances each property would need to connect to sewer.

Clinton Burch, residing at 7785 W. Rosada Way, stated that he and his family relied on a functioning, well-maintained septic system and that the cost of extending sewer service to their property had been estimated at more than \$280,000, not including additional costs if caliche was encountered. He explained that the uncertainty surrounding the proposed regulations had delayed their ability to obtain a permit to build a casita to care for an aging family member. Mr. Burch emphasized that many residents depended on such additions to support relatives and avoid high healthcare costs. He asked the Board not to adopt additional regulations and to allow permits for home additions to move forward.

Kevin Ferguson, residing at 6113 Wittig Ave., stated that his 1969 home, which has two septic systems, received an estimated sewer-conversion cost of approximately \$450,000, an amount he noted was roughly three-quarters of his home's market value. He said the proposed regulations would create significant financial hardship for his family. Mr. Ferguson thanked the Board for its time and stated that, as a voter and taxpayer, he would keep their decision in mind.

Sarah Jones, residing at 6311 Wittig Ave., a homeowner in an older neighborhood built in the early 1970s, stated that her property relied on a well and septic system. She explained that obtaining permits to build a casita for her father required six months and significant assistance navigating the approval process. Ms. Jones expressed concern that the proposed regulations could unintentionally trigger costly sewer-connection requirements when older homes needed routine repairs requiring permits, such as plumbing work. She stated that these potential requirements could make it difficult to sell her home or financially force her out of it. Ms. Jones asked the Board to withdraw the proposed regulations.

Carol Benner, residing at 190 N. Iroquois St., stated that her community did not have a sewer system and did not receive Colorado River water, and she questioned why Sandy Valley was included in the proposed septic regulations. She noted that her household had maintained its septic system for 30 years and expressed concern about potential financial impacts on residents. Ms. Benner stated that the proposal could make it difficult to sell homes if septic renewal became uncertain and asked the Board to withdraw the regulations.

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

IV. ADOPTION OF THE MARCH 11, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to approve the March 11, 2026 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Approve recommendation to Withdraw the Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Chair Black thanked attendees for their input and noted the strong Board participation. He reviewed the communication challenges associated with the proposed regulations, explained that while the Health District followed its standard regulatory process, the predominantly residential impact made outreach more complex. Chair Black clarified the difference between locations for community engagement meetings and formally convened Board meeting. He emphasized that public feedback highlighted concerns regarding cost, property impacts, and quality of life. Chair Black affirmed the Board's responsibility to represent residents and stated his recommendation to withdraw the Proposed 2025 ISDS and Liquid Waste Management Regulations. Chair Black explained that a "yes" vote would stop the process, while a "no" vote would allow it to continue, and then invited comments from Board members.

Member Hardy advised that he was a medical doctor. He discussed the motivations behind the proposed regulations, noting that reducing illness and increasing return-flow credits were key factors. He stated that data on illness associated with septic systems had not been clearly presented and that the potential water-supply benefits, while important, did not outweigh the significant economic burden the proposal would place on homeowners. Member Hardy concluded that the proposal required additional work and expressed support for withdrawing it at this time.

Member Nemecek agreed with prior remarks, noting that septic system failures were rare in Southern Nevada largely due to proper maintenance, unlike conditions seen in some developing countries. He stated he would support the withdrawal of the proposed regulatory changes.

Member Becker apologized to community members for the time and concern the issue had caused and expressed that the situation had not been handled appropriately. She stated she would vote against continuing the regulation process and emphasized her commitment to

representing the public's interests. Member Becker thanked attendees for their consistent engagement and expressed appreciation for the opportunity to vote in alignment with their concerns.

Member Larson stated she would vote yes to cancel the proposed regulation, noting that both she and many homeowners felt blindsided due to insufficient communication and outreach. She emphasized that the proposal could impose significant and unclear financial burdens on residents. While acknowledging the importance of public health and environmental protection, she stressed the need for transparency, fairness, and financial feasibility. Member Larson recommended exploring alternative solutions, improving community engagement, and identifying funding or assistance programs before considering future regulations. She concluded that canceling the proposal was the responsible step at this time.

Member Summers Armstrong acknowledged that while most of her district is on sewer, a group of residents still relied on septic systems and had voiced clear concerns. She emphasized the importance of listening to the community. Member Summers-Armstrong stated she would support not moving forward with the proposed regulatory changes, while noting the broader need to address long-term water sustainability through collaborative and balanced solutions. She recognized shortcomings in communication around the proposal, apologized for the frustration caused, and reaffirmed the Board's commitment to hearing and respecting constituents.

Member Nielson expressed appreciation for public participation and acknowledged that the Board had heard the community's concerns. He thanked staff for bringing the matter back before the Board.

Member Bond thanked the Chair and staff for their work and expressed appreciation for public input. She noted a disconnect between the statute and the resulting proposal, which she said would have created an undue burden on residents. She emphasized the importance of protecting water resources in the valley. Member Bond voiced support for the Chair's recommendation.

Member Gallo expressed agreement with prior comments, thanked attendees for their participation, affirmed that their input had been heard, and stated readiness to proceed to a vote.

Chair Black clarified that a "yes" vote would approve the recommendation to withdraw the Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations, while a "no" vote would continue the revision process. Chair Black also expressed appreciation for the public engagement throughout the process, noting the value of the input received and thanked participants for their thoughtful and constructive contributions.

Member Kirkpatrick stated she had maintained a consistent position throughout the AB220 process. She noted that while efforts were made to improve the legislation, particularly to address concerns of well and septic owners, its implementation created significant community tension. She emphasized that many residents built their properties according to past guidance, and the resulting frustration was never the intent of the Water District or the Health District. Member Kirkpatrick explained that she received complaints about the issue and expressed concern about growing community division. She reiterated her longstanding

stance that funding solutions should be identified, as some property upgrades and landscaping changes represent substantial costs. She also noted ongoing challenges with septic waivers, highlighting problems caused by new property owners installing landscaping or structures that interfere with leach fields. Because of these recurring issues, she stated she was unlikely to support future waiver requests. She stressed the need for accurate and updated records of septic systems, better disclosure during property sales, and clearer information for homeowners. Member Kirkpatrick concluded by expressing support for withdrawing the current regulations, stating they had divided the community and that she does not wish to revisit them unless a better long-term solution was developed.

A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to withdraw the Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations.

- VI. 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 two (2) 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.

Diane Henry thanked the Board for listening.

Demetria Kalfas-Gordon, a homeowner and real estate professional, expressed strong opposition to any future requirement for mandatory sewer connections. She stated that long-term homeowners with septic systems and private wells had responsibly maintained them, noting her own 25 years of experience. She emphasized that septic use was part of the community's way of life, supported property values, and had not been shown to pose a health risk when properly managed. She raised concerns about sewer lines installed near existing homes and asked that the issue not be revisited in the future. Ms. Kalfas-Gordon asserted that while some residents may choose to connect voluntarily, no mandate should be imposed, as most homeowners effectively managed their systems and should not be penalized for the actions of a few.

Alejandro asked whether septic tanks would no longer be permitted and raised concern about the required \$20,000 waiver fee from the Water Authority. The Chair advised that his situation was unique and invited him to speak directly with Dan Burns, Environmental Health Engineer/Manager at the Health District, after the meeting to review his specific circumstances.

Victoria Rechester thanked the Board for voting against the regulations and urged them not to create burdens for residents. She noted accessibility concerns with the meeting podium setup as an example of how government processes can feel unnecessarily difficult for constituents. She asked the Board to avoid bringing forward costly or overwhelming proposals that contributed to public frustration and emphasized that community members wanted to respect and appreciate their representatives.

Carol Reynolds thanked the Board.

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

Michele Tombari stated that wastewater from septic systems was not "lost" because it was naturally filtered through soil and ultimately returned to the groundwater aquifer. She referenced

U.S. EPA information and her previously published editorial on the topic, emphasized that while septic water may not qualify for federal reclaimed-water credits, it still remained within the local water cycle. She offered this clarification in response to concerns raised about water loss.

Richard Serdoz thanked the Board for its vote and for listening to community concerns. He agreed that long-term solutions were needed but emphasized that any future changes must be economically feasible for residents. He noted visible water waste in the community, such as fountains and unnecessary water features, while homeowners were asked to conserve. He expressed concern about the lack of notification surrounding the proposal, which he said contributed to the strong public turnout. Mr. Serdoz urged transparency in any future rulemaking and asked that similar proposals not be reintroduced without community involvement.

Keith Kennedy thanked the Board for listening to residents' concerns and acknowledged the community turnout on the issue. He urged the Board and the Southern Nevada Water Authority to re-examine the current septic waiver process under AB220, noting that many homeowners were unaware of the existing requirements. He encouraged using the momentum from recent public engagement to develop fair and reasonable policies for future septic system owners.

Mary Peters thanked the Board for its vote and acknowledged comments about the importance of full funding for any potential sewer connections, noting that such costs would place a significant burden on homeowners. She expressed concern about broader water-use issues, stating that while residents were asked to conserve, ongoing development, pools, and increased urbanization also contribute to water demand and rising temperatures. Ms. Peters urged a more comprehensive approach to addressing drought and water use that considered the impact of continued growth.

Hi, my name is Christian Salmon. Under NRS 241.035(1)(d), I ask for my remarks to be verbatim in the minutes. Thank you members of the Board for your vote today sincerely uh and this is a good first step. Please help cement this decision by placing on a future agenda the possible for possible action the process failures, this issue exposed so that they can be corrected here at the SNHD and where needed through bill draft request to the Nevada Legislature, etcetera. These items include Full disclosure of all records, drafts, authors, influences and agency involvement in this regulatory process and in the future and any future one. We don't want it back. Again, direct homeowners uh notice and outreach from the very beginning. That should have been done. A clear board vote before staff builds a major regulatory package in the first place. So we spent all this time and now all of a sudden we're done. Time wasted. Homeowner protection as a baseline such as a repair replacement rights as well as other times as stated in items stated in the Septic Owners Bill of Rights, uh removal of the current 400 foot requirement, hook up pressure points and any similar language that can be used to push septic owners into sewer conversion and a clear, usable recordings and preservation of the public record, which has not been done through this process. As I said to Chair Black, you know, I I'm standing with my arms stretched out to work through these issues to protect homeowners. And we don't want to have this come back through the back door again like it's happened many times. Uhm and so and that's in earnest. We we we want to work with whoever, but we don't want to get sideswiped again. Uh this happened so many times. This issue has repeated itself already many times. Homeowners should not have to keep looking over their shoulder for the next version, the next round, the next agency effort. Thank you for abandoning your regulations, not our septic. Thank you.

Sean Craig stated that groundwater naturally filtered wastewater and noted that testing on his three properties showed good water quality without fluoride, which he preferred to avoid for his

family. He expressed concern about increased regulation and emphasized trust in natural processes over mandated changes. Mr. Craig also highlighted the value of community unity, saying the public's collective involvement demonstrated how residents could work together effectively.

Laura McSwain thanked the Board for listening to residents and acknowledged the positive outcome of the vote. She appreciated comments noting flaws in the notification process and urged improvements, so the public was informed in advance of any future rule changes, especially those involving potential health considerations. She encouraged broader transparency around regional water policy, noting ongoing Colorado River negotiations and expressing concern that Nevada's current proposal would relinquish 50,000 acre-feet of water unnecessarily. Ms. McSwain emphasized the need for accountability in water management decisions and commended the Board for demonstrating good governance.

Greg Austello thanked the Board for its vote and acknowledged the diverse representation of officials serving on it. He suggested the Board consider a temporary building moratorium to address regional water concerns, noting similar measures were used in Southern California in the 1980s. He also recommended establishing a Citizens Advisory Board composed of community representatives to assist the Board in reviewing future proposals and preventing similar issues from arising.

DeAnn Stout thanked the Board for acknowledging flaws in the proposal. She expressed appreciation for the Health District's historically community-focused approach and noted that the proposed regulations had seemed unusually punitive compared to past practices. Ms. Stout also commented that septic systems inherently encourage water conservation, as overloading them with excess water could lead to system failure. She thanked the Board for its decision and for returning to what she described as the Health District's core values.

Gary Kantor thanked the Board and shared concerns about restrictions on installing septic systems in residential areas without sewer access, stating that prohibiting septic installation could render such properties valueless. He also noted that large hotels used significantly more water than individual properties with septic systems and suggested that any efforts to conserve water should focus on major water users rather than homeowners on septic.

David Anderson thanked the Board.

Cheryl Pastore thanked the Board for its recent vote and shared information about local septic services, noting that Joe Septic charged approximately \$375 for septic tank pumping. She also expressed appreciation for assistance she received from Dan Burns regarding her property's sewer connection options. Ms. Pastore explained that due to the location of existing sewer lines, connecting her home would require obtaining an easement from a neighboring property, as the sewer main was in an alley rather than the street. She also commented on water usage, noting that although her own monthly bill was about \$40 and her yard was desert-landscaped, community-wide outdoor water use resulted in significant unrecoverable water loss, especially for larger properties.

Member Summers-Armstrong left the meeting at 10:44 a.m. and did not return.

Edward Peters stated that ongoing construction projects, including new apartment buildings, appeared inconsistent with claims of regional water shortages. He questioned why growth

continued if water supplies were limited. He expressed support for the Board's vote and asked that no additional regulations be adopted. Mr. Peters also remarked that government intervention often created more problems and urged the Board to avoid further mandates.

Member Larson left the meeting at 10:45 a.m. and did not return.

David thanked the Board for removing the proposal and urged continued coordination between the Health District and SNWA. He questioned ceding Nevada water to other states amid interstate negotiations, asserting that neighboring states were wasteful with water. He asked local agencies to resist giving away water allocations unnecessarily and to consider tourism needs and overall reclamation efforts within the broader regional water management picture.

Carol Benner stated that she did not initially receive notification about the proposal and only learned of it through her daughter. She appreciated that the Health District later began mailing notices and expressed thanks for being added to the email distribution list. Ms. Benner recommended creating a short educational presentation for new homeowners on how septic systems work, including proper well-to-septic distances and maintenance practices. She noted that accessible educational resources would be more productive than regulatory changes and thanked the Health District for maintaining a list of septic service providers.

Kevin Ferguson thanked the Board for its vote, which he felt was in the community's best interest. He questioned why homeowners on septic systems, approximately 18,000 households, were being targeted for water-related changes when they represented a small portion of the valley's population. He suggested that larger water users should be the focus of conservation efforts rather than individual homeowners.

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

VII. ADJOURNMENT

The Chair adjourned the meeting at 10:50 a.m.

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



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

RE: *Approval of the Renewal of the Agreement between the Southern Nevada Health District and NEOGOV for the Human Resources Information System (HRIS)*

PETITION #29-26

That the Southern Nevada District Board of Health *approve the renewal of the agreement between the Southern Nevada Health District and NEOGOV for the Human Resources Information System (HRIS) for an additional three (3) years.*

PETITIONERS

Cassius Lockett, PhD, MS, District Health Officer *CL*
Renee Trujillo, Chief Human Resources Officer *RT*

DISCUSSION:

The current agreement with NEOGOV is set to expire on March 30, 2026. It is recommended that the agreement be renewed for an additional three (3) years to ensure the continued operation of the agency's Human Resources Information System (HRIS).

The proposed renewal includes the following negotiated annual rates:

March 2026 – March 2027: \$310,027.33
March 2027 – March 2028: \$322,288.98
March 2028 – March 2029: \$331,674.69

FUNDING:

Year 1 – \$289,00.00 included in the Public Health Infrastructure Grant PHIG, \$21,027.33 General Funds.
Year 2 - General Funds.
Year 3 – General Funds

THIS IS NOT AN INVOICE

Contract Records **Order Details**

Account Number: A-698526	Order #: Q-402823
Customer: Southern Nevada Health District (NV)	Valid Until: 3/27/2026
Effective Employee Count: 750	
Sales Rep: Salesforce Administrator	

Customer Contact

Billing Contact: Southern Nevada Health District (NV) AP - Southern Nevada	Shipping Contact : Southern Nevada Health District (NV) Joe O'Neill
Billing Address: 280 S. Decatur Blvd. Las Vegas, NV 89107	Shipping Address: 280 S. Decatur Blvd. Las Vegas, NV 89107
Billing Contact Email: ap@snhdmail.org	Shipping Contact Email: oneill@snhd.org
Billing Phone: 702-942-9352	Shipping Phone: 702-759-1556

Payment Terms

Payment Term: Net 60	Notes:
PO Number:	

Subscription Service

March 2026

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Learn Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$35,641.18
Course Management Import (LE) Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$3,522.84
Perform Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$28,137.78
Core HR Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$41,700.00
Single Sign On Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$1,967.12
PowerPolicy Professional Subscription	Recurring	3/27/2026	3/26/2027	750	User Count Based	\$23,559.26
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
PowerPolicy SSO	Recurring	3/27/2026	3/26/2027	750	User Count Based	\$0.00
Single Sign On Service Subscription						
Benefits Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$14,379.21
Time & Attendance Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$32,354.19
eForms Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$23,449.17

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Payroll Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$32,354.19
Candidate Text Messaging Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$1,811.57
Payroll Services Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$40,950.00
Onboard Subscription	Recurring	3/27/2026	3/26/2027	750	Employee Based	\$16,525.29
Customer Background Check Integration	Recurring	4/25/2026	3/26/2027	1	Quantity Based	\$1,268.60
Insight Subscription	Recurring	6/30/2026	3/26/2027	750	Employee Based	\$11,626.46
Governmentjobs.com Subscription	Recurring	7/13/2026	3/26/2027	750	Employee Based	\$780.47
March 2026 TOTAL:						\$310,027.33

March 2027

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Learn Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$37,779.65
Course Management Import (LE) Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$3,734.21
Perform Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$29,826.05
Core HR Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$41,700.00
Single Sign On Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$2,085.15
PowerPolicy Professional Subscription	Recurring	3/27/2027	3/26/2028	750	User Count Based	\$24,737.22
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
PowerPolicy SSO	Recurring	3/27/2027	3/26/2028	750	User Count Based	\$0.00
Single Sign On Service Subscription						
Benefits Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$14,379.21
Time & Attendance Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$32,354.19
eForms Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$24,856.12

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Payroll Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$32,354.19
Candidate Text Messaging Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$1,920.26
Payroll Services Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$40,950.00
Onboard Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$17,516.81
Customer Background Check Integration	Recurring	3/27/2027	3/26/2028	1	Quantity Based	\$1,369.24
Insight Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$15,624.87
Governmentjobs.com Subscription	Recurring	3/27/2027	3/26/2028	750	Employee Based	\$1,101.81
March 2027 TOTAL:						\$322,288.98

March 2028

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Learn Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$40,046.43
Course Management Import (LE) Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$3,958.26
Perform Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$31,615.61
Core HR Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$41,700.00
Single Sign On Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$2,210.26
PowerPolicy Professional Subscription	Recurring	3/27/2028	3/26/2029	750	User Count Based	\$25,974.08
A policy and compliance management platform that lets you create, edit, organize, and distribute content from a secure, cloud-based site. Included are key features such as automatic workflows, signature capture and tracking, side-by-side comparison, knowledge testing, Public-Facing Documents, PowerDMS University, and Analytics for advanced reporting.						
PowerPolicy SSO	Recurring	3/27/2028	3/26/2029	750	User Count Based	\$0.00
Single Sign On Service Subscription						
Benefits Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$14,379.21
Time & Attendance Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$32,354.19
eForms Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$26,347.49

Item	Type	Start Date	End Date	Qty.	License Type	Total (USD)
Payroll Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$32,354.19
Candidate Text Messaging Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$2,035.48
Payroll Services Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$40,950.00
Onboard Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$18,567.82
Customer Background Check Integration	Recurring	3/27/2028	3/26/2029	1	Quantity Based	\$1,451.39
Insight Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$16,562.36
Governmentjobs.com Subscription	Recurring	3/27/2028	3/26/2029	750	Employee Based	\$1,167.92
March 2028 TOTAL:						\$331,674.69

This price does NOT include any sales tax. Total in USD

Additional Terms and Conditions

License Terms: Enterprise license denotes that Customer has purchased an enterprise wide license up to the employee count specified above. User based license denotes that Customer has purchased the number of licenses set forth in the quantity column. Item count denotes the number of items that Customer has licensed as set forth in the quantity column.

Payment Terms: All invoices issued hereunder are **due upon the invoice due date**. If the Order is for a period longer than one year, the fees for the first period shown shall be invoiced immediately and the fees for future years/periods shall be invoiced annually in advance of each 12 month period shown on the Order, but regardless of the billing cycle, Customer is responsible for the fees for the entire Order. The fees set forth in this Service Order are exclusive of all applicable taxes, levies, or duties imposed by taxing authorities and Customer shall be responsible for payment of any such applicable taxes, levies, or duties. All payment obligations are non-cancellable, and all fees paid are non-refundable. Payment for services ordered hereunder shall be made to Governmentjobs.com, Inc., (D/B/A NEOGOV).

Terms & Conditions: This Order Form Q-402823 (Amendment A04) creates a legally binding contract on the parties pursuant to the terms and conditions of Services Agreement C2300095 by and between Southern Nevada Health District ("Health District" or "Customer") and Government Jobs.com, Inc. doing business as NEOGOV, for and on behalf of itself and its subsidiaries PowerDMS, Inc., Cuhit, Inc., Ragnasoft LLC doing business as PlanIT Schedule, and Design PD, LLC doing business as Agency360 (Collectively, "NEOGOV") (individually "Party" and collectively "Parties"), Effective Date 3/27/2023 ("Agreement"). Except as expressly provided in this Order Form Q-402823 (Amendment A04) to the Agreement, all terms and provisions of the Agreement are and will remain in full force and are hereby ratified and confirmed by the Parties.

Special Condition:

Your signature below constitutes acceptance of terms herein and contractual commitment to purchase the items listed above.

Accepted and Agreed By: **Southern Nevada Health District**

Signed By NEOGOV:

Signature By:

Signature:

Printed Name: Cassius Lockett, PhD

Printed Name:

Title: District Health Officer

Title:

Date:

Date:



FY 2026-2027 Budget Presentation

(July 1, 2026 to June 30, 2027)

Board of Health Meeting

March 26, 2026



BUDGET PURPOSE

NRS 354.472

Purposes of Local Government Budget and Finance Act.

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

OVERVIEW

Staffing:

Staffing for **FY27** is projected to be **871.4** FTE compared to FY 2026 Augmented budget of 871.4 FTE.

Revenues:

General Fund revenues is projected at **\$124.4M** in **FY27** an increase of \$1.7M from FY26 augmented budget.

Special Revenue Fund (Grants) decrease to **\$42.5M** in **FY27** a decrease of \$14.0M from FY26 augmented budget.

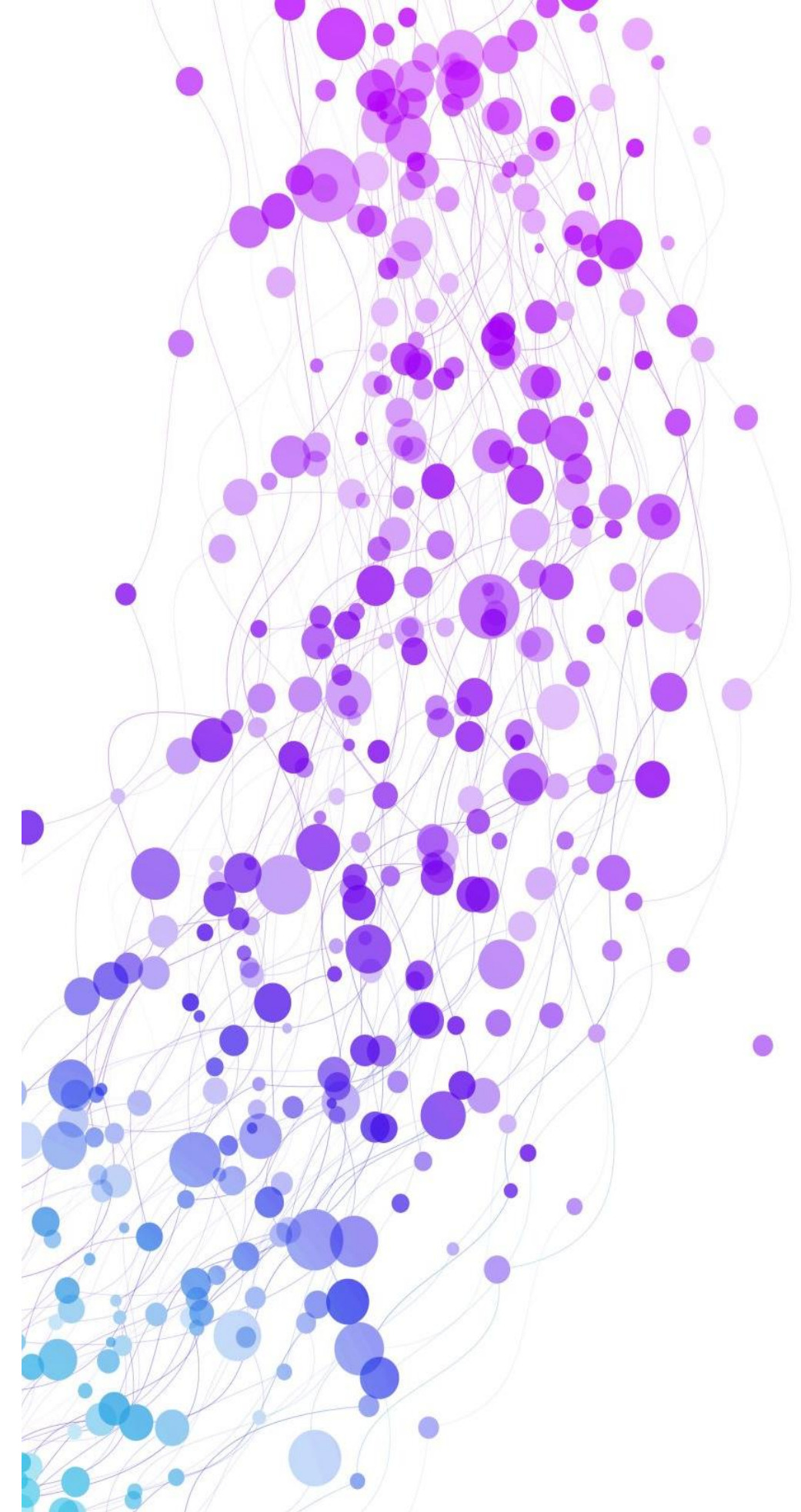
Expenditures:

General Fund expenditures is projected at **\$127.4M** in **FY27**, an increase of \$5.3M from FY26 augmented budget.

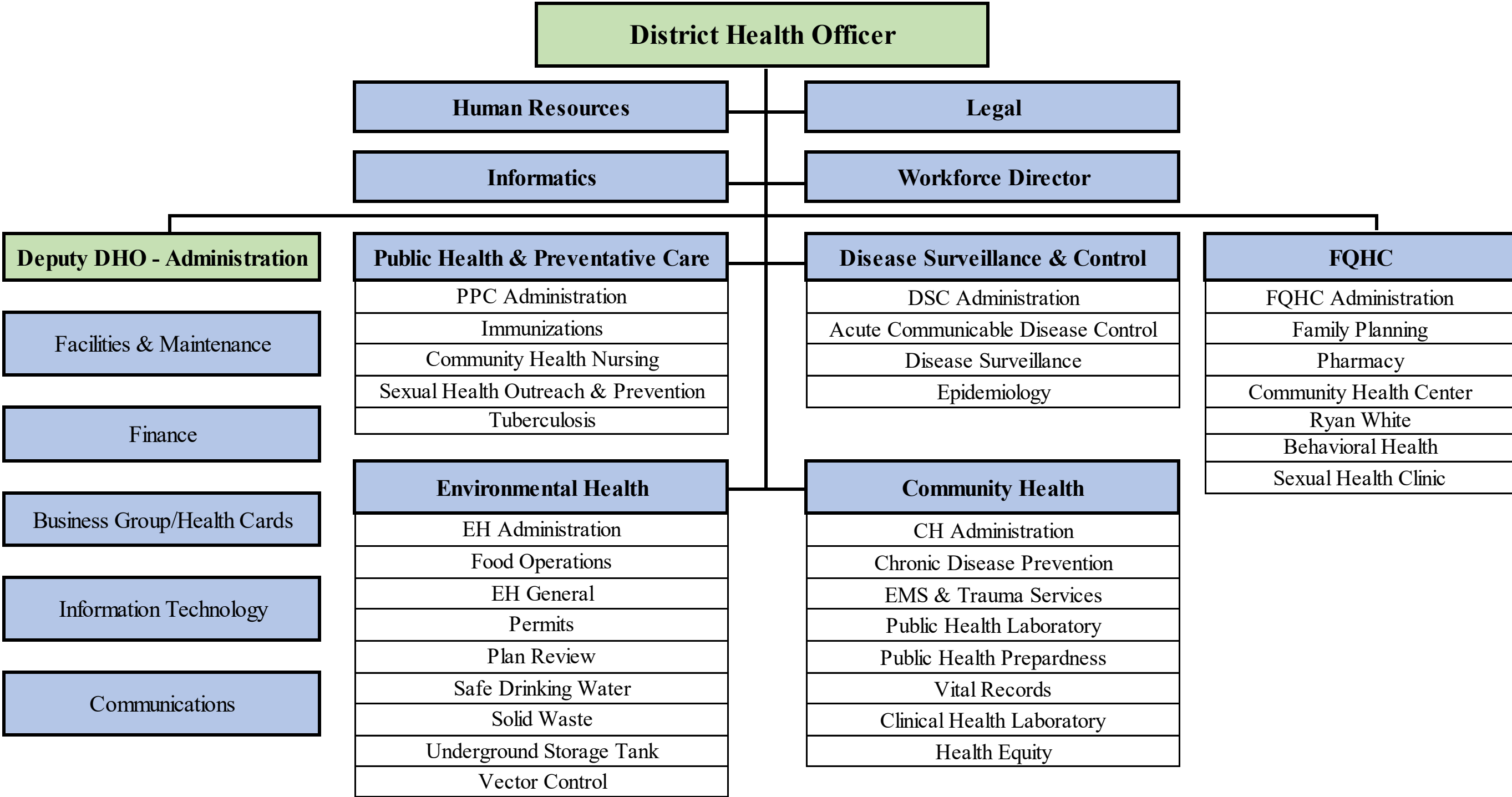
Special Revenue Fund (Grants) expenditures is projected at **\$48.0M** in **FY27**, a decrease of \$14.3M from FY26 augmented budget.

Capital:

Capital Projects Fund expenditures is projected at **\$2.3M** in **FY27**, a decrease of \$1.0M from FY26 augmented 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

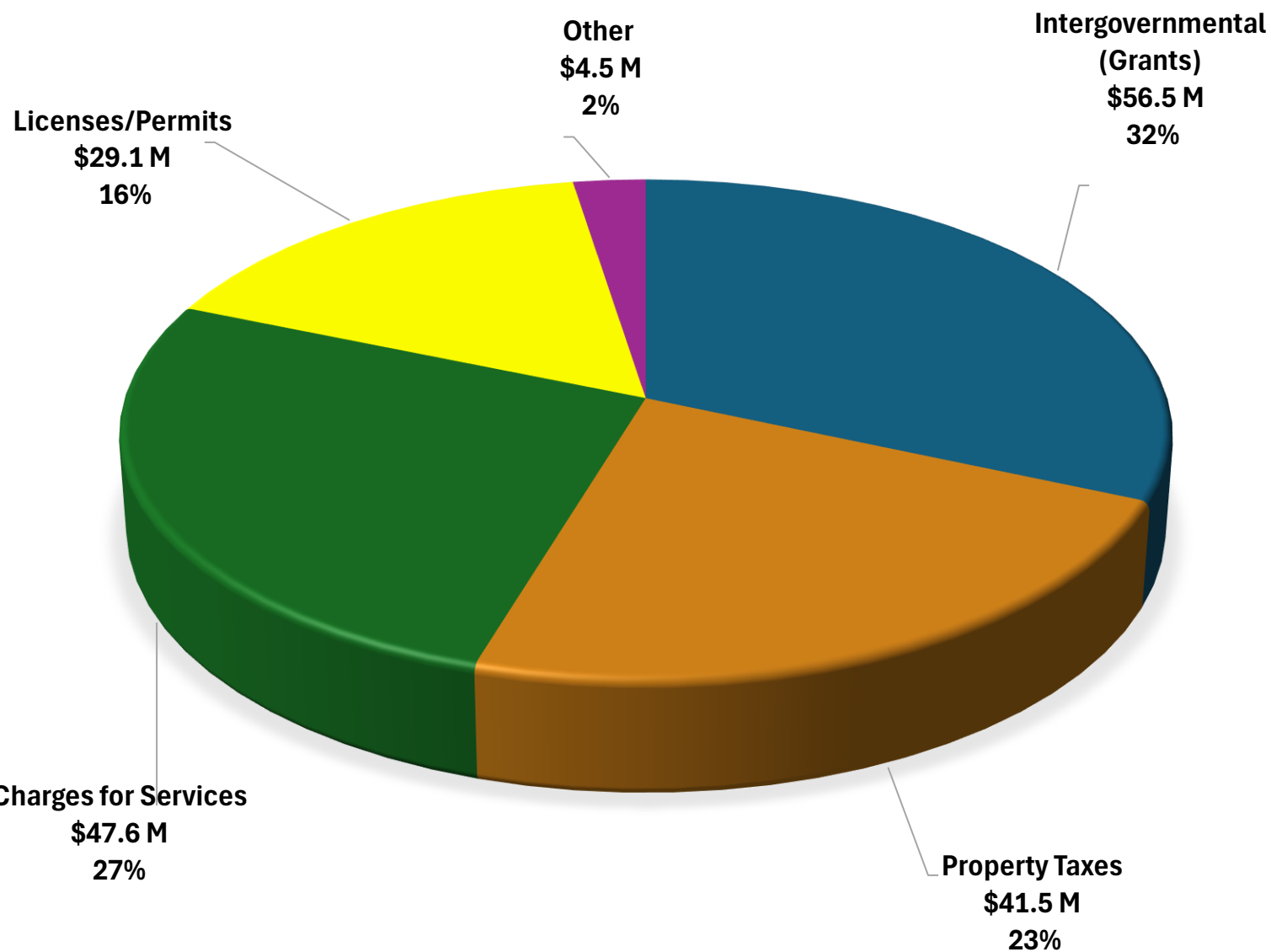
Communications

REVENUES

COMBINED GF & SRF REVENUES BY SOURCE – COMPARISON

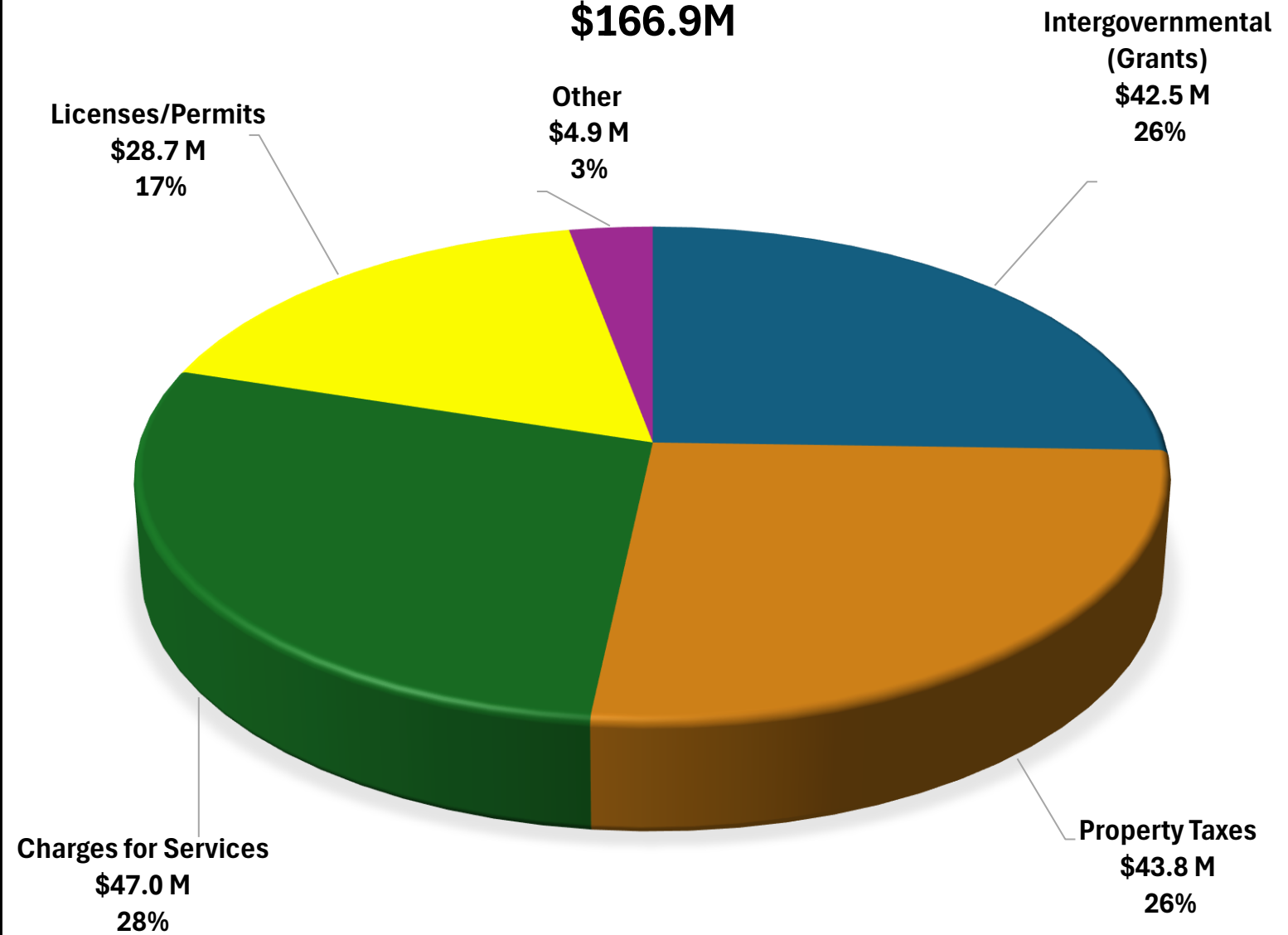
FY2026 AUGMENTED BUDGET

REVENUE
\$179.2M



FY2027 PROPOSED BUDGET

REVENUE
\$166.9M



% Percentages are based on total revenue.

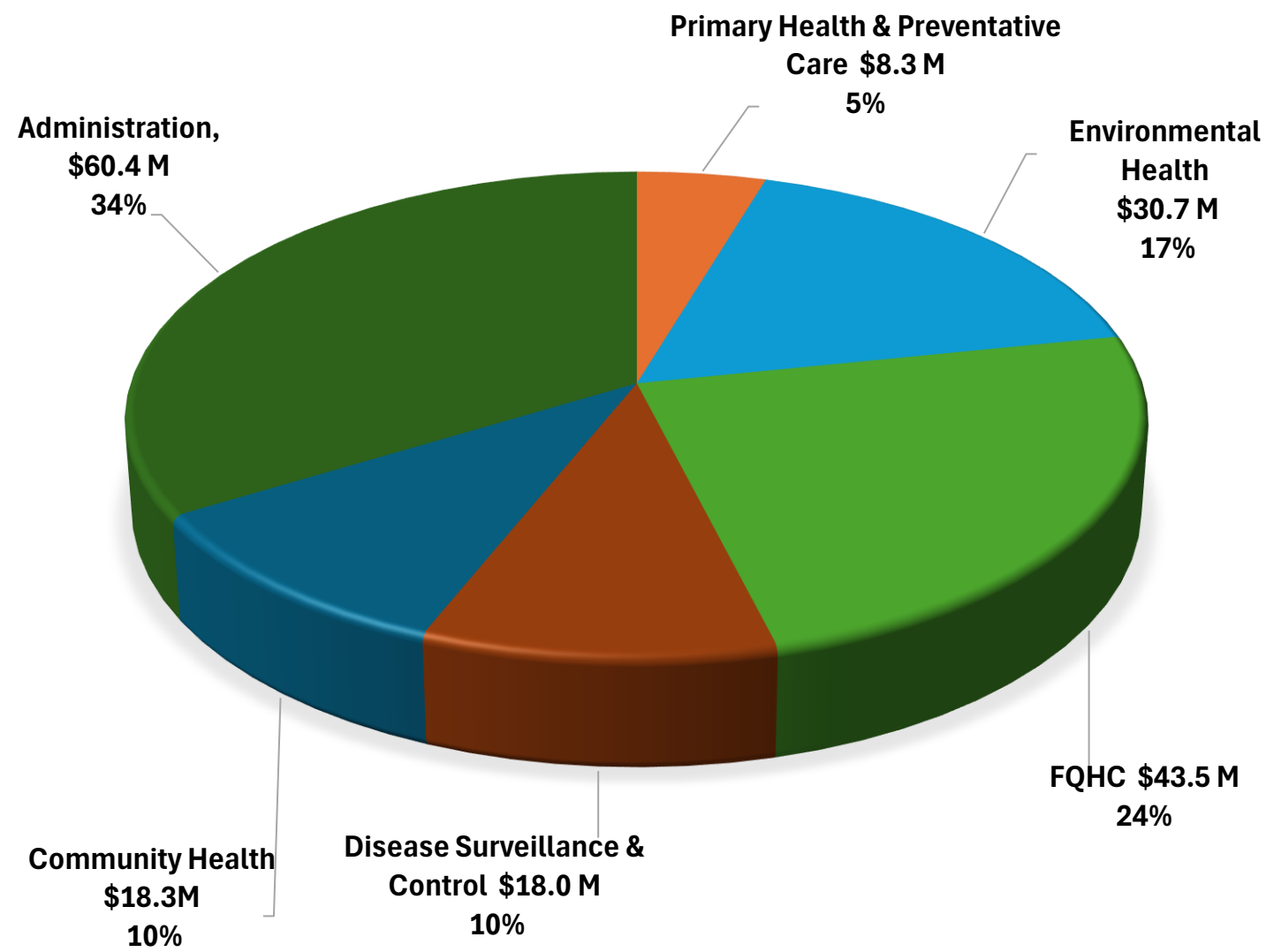
**Does not include Transfers In

REVENUES

COMBINED REVENUES BY DIVISION – COMPARISON

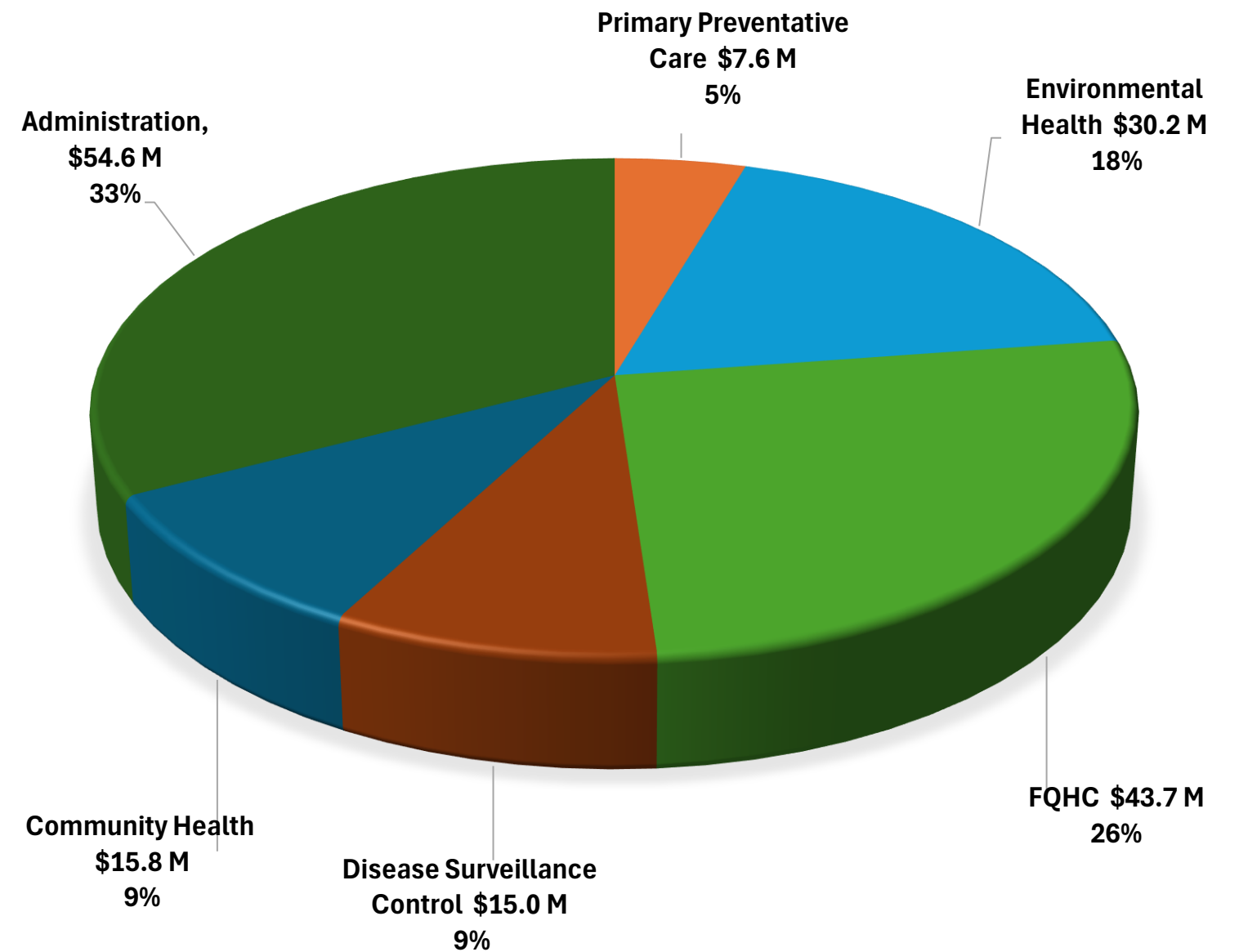
FY2026 AUGMENTED BUDGET

REVENUE
\$179.2M



FY2027 PROPOSED BUDGET

REVENUE
\$166.9M



% Percentages are based on total revenue.

**Does not include Transfers In

REVENUES

GENERAL & GRANTS FUND

FY 2027 Clark County Property Tax revenue is expected at \$43.7M, an increase of \$2.2M or 5% compared to \$41.5M from FY2026.

Total General Funds Revenue increased from \$122.7M to \$124.4M, a \$1.7M or 1.0% increase from FY2026 Augmentation.

Special Revenue Funds decreased from \$56.5M to \$42.5M, a reduction of \$14.0M including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.

EXPENDITURES

COMBINED EXPENSES BY SOURCE – COMPARISON

FY2026 AUGMENTED BUDGET

EXPENSE
\$184.5M

Contractual
\$20.0 M
11%

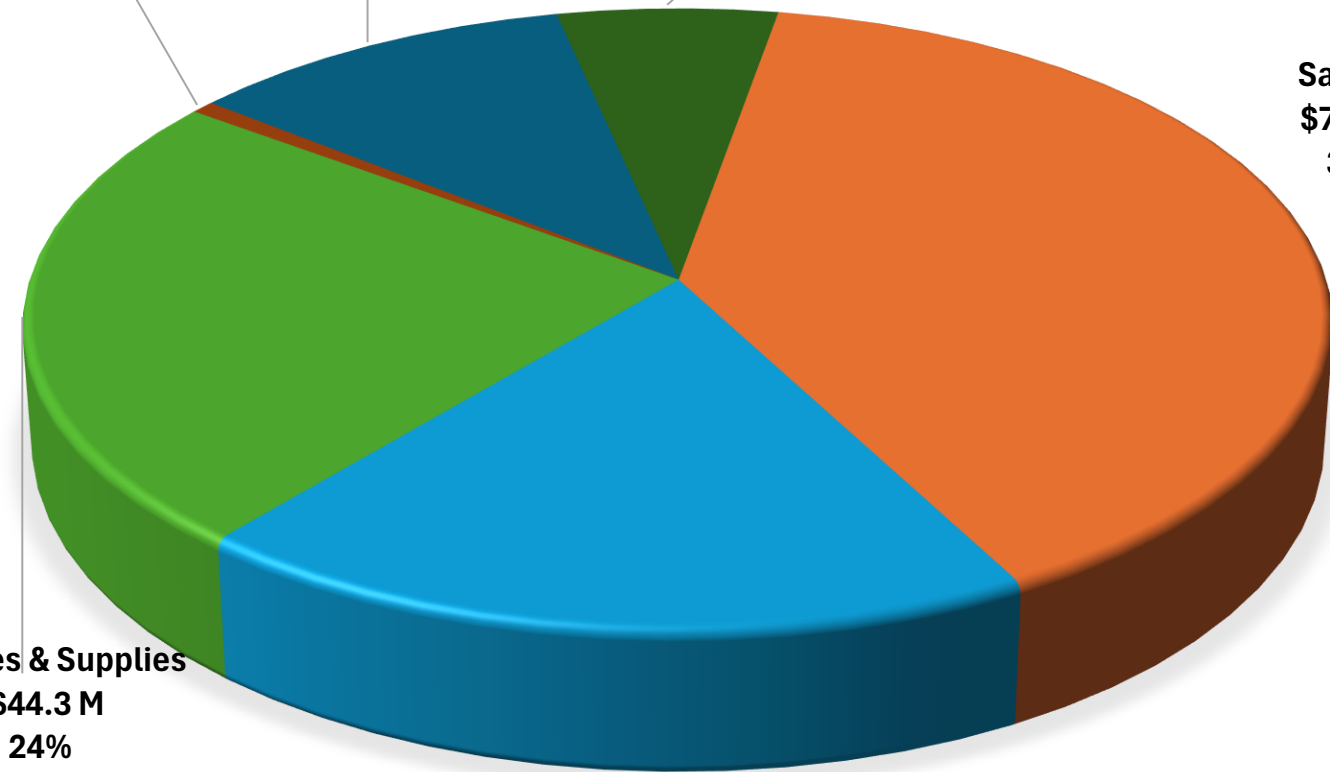
Capital
\$11.4 M
6%

Travel \$1.2 M
1%

Salaries
\$72.8 M
39%

Services & Supplies
\$44.3 M
24%

Taxes & Benefits
\$34.8 M
19%



FY2027 PROPOSED BUDGET

EXPENSE
\$175.4

Travel \$1.0 M
0%

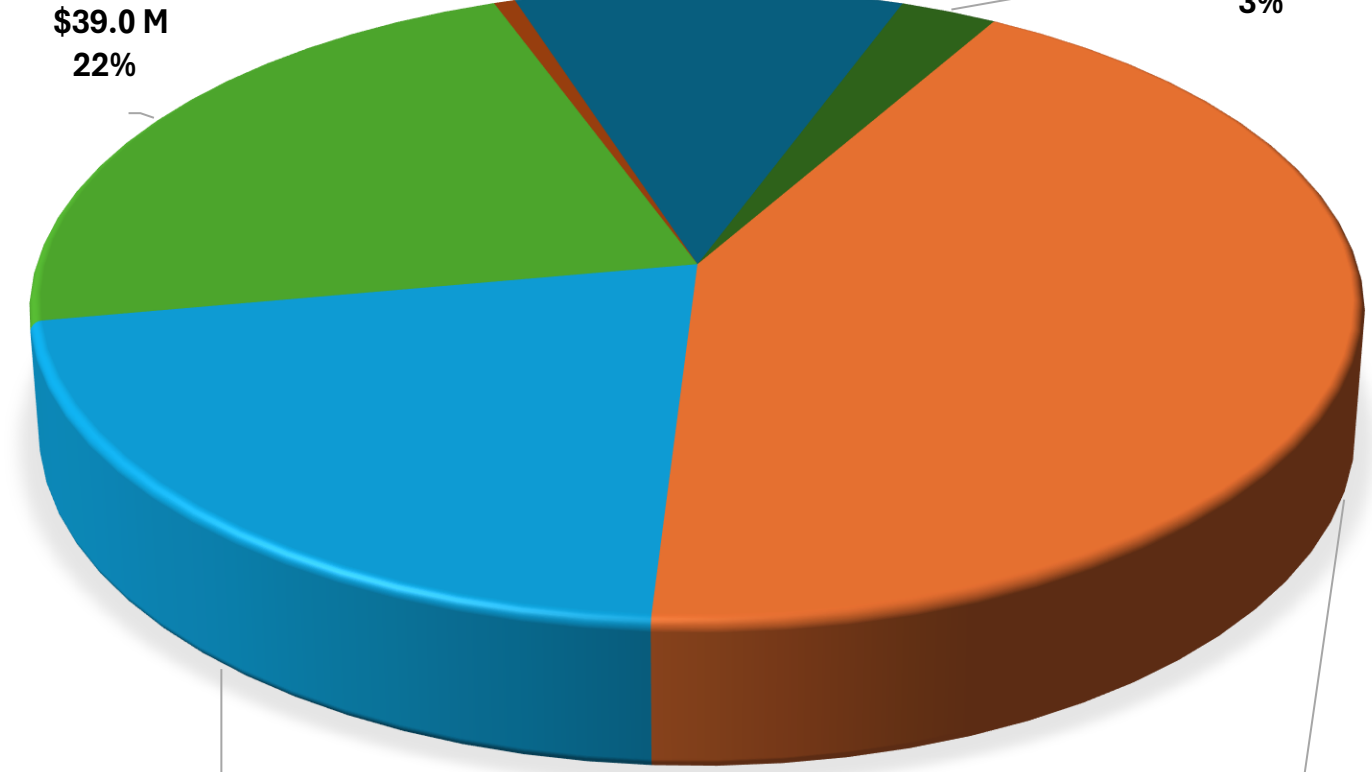
Contractual, \$18.8 M
11%

Capital
\$4.7 M
3%

Services & Supplies
\$39.0 M
22%

Taxes & Benefits
\$37.1 M
21%

Salaries
\$74.8 M
43%



\$ Amounts are based on total expense.

**Does not include cost allocations

**Does not include Transfers between GF and SRF .

**Does not include Transfers Out to Capital of \$3M and \$2.5M, respectively.

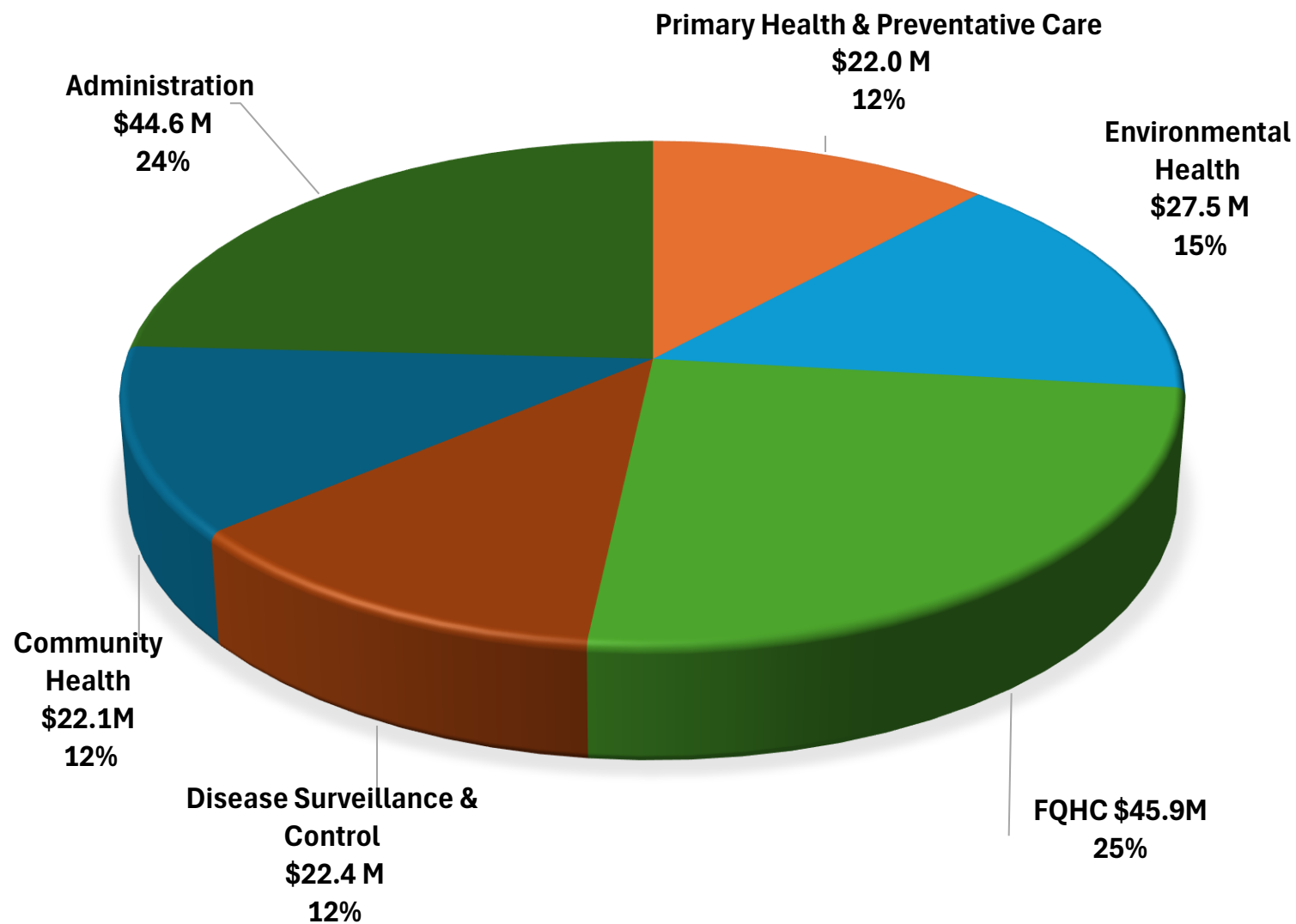
EXPENDITURES

COMBINED EXPENSES BY DIVISION – COMPARISON

FY2026 AUGMENTED BUDGET

EXPENSE

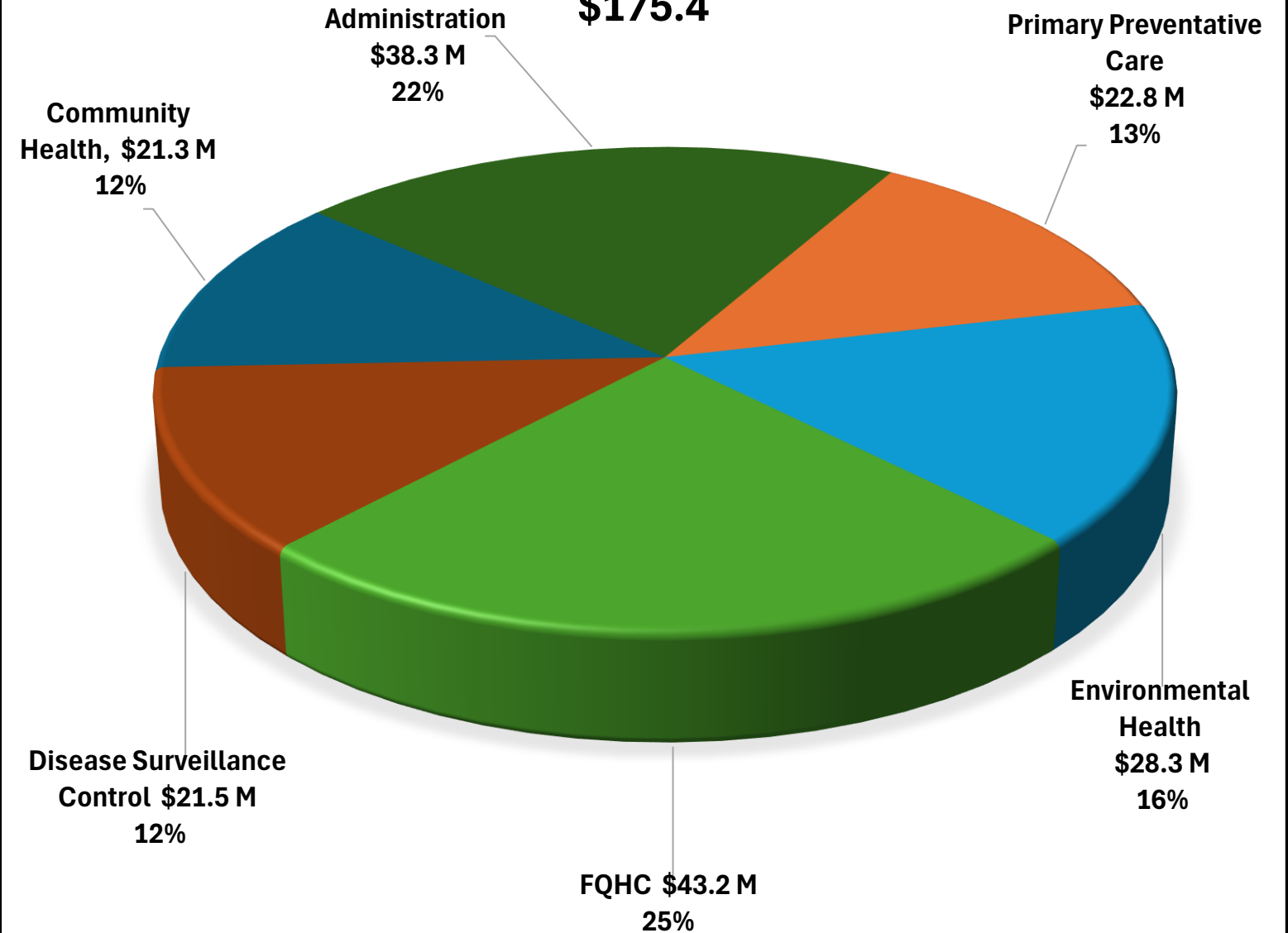
\$184.5



FY2027 PROPOSED BUDGET

EXPENSE

\$175.4



\$ Amounts are based on total expense.

**Does not include Cost Allocations

**Does not include Transfers between GF and SRF.

**Does not include Transfers Out to Capital of \$3M and \$2.5M, respectively.

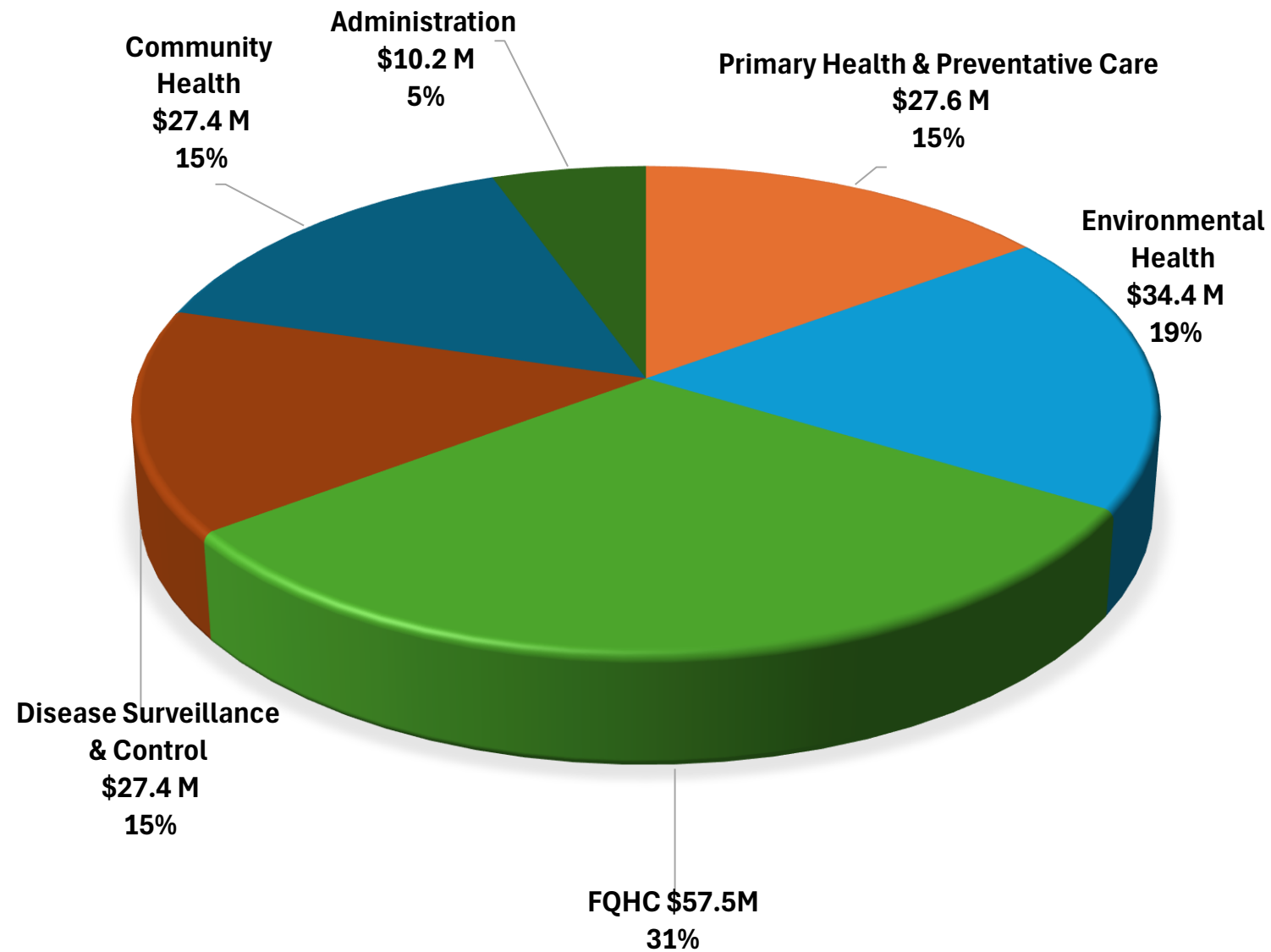
EXPENDITURES

COMBINED EXPENSES BY DIVISION – COMPARISON

FY2026 AUGMENTED BUDGET

EXPENSE

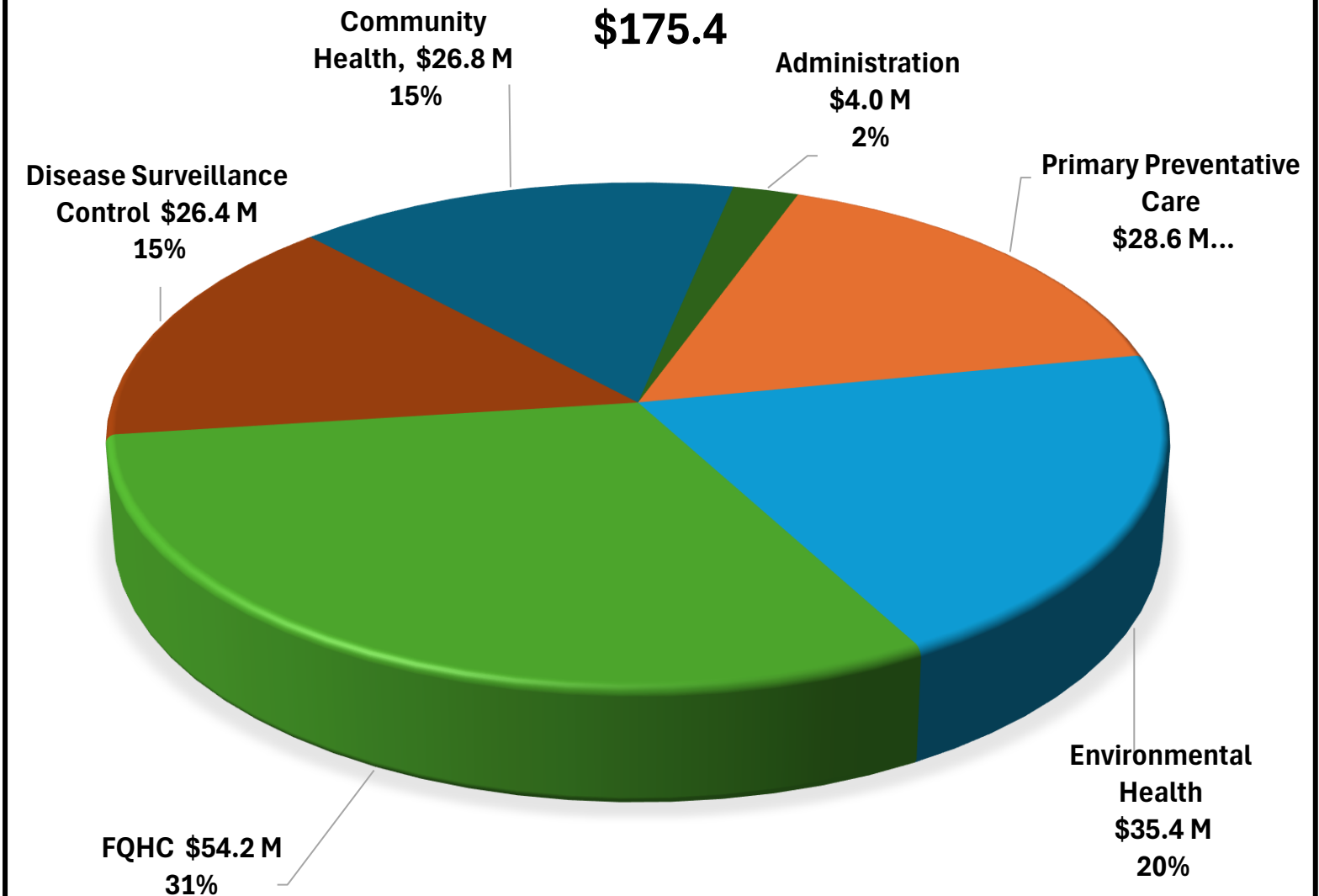
\$184.5M



FY2027 PROPOSED BUDGET

EXPENSE

\$175.4



\$ Amounts are based on total expense.

**Does not include Transfers between GF and SRF.

**Does not include Transfers Out to Capital of \$3M and \$2.5M, respectively.

EXPENDITURES

GENERAL FUND HIGHLIGHTS

General Fund employee salaries and benefits for FY27 total \$84.3M, an increase of \$5.5M or 15% from FY26 Augmentation.

-FY27 budget includes a full year of salaries and benefits for approximately 75 vacant positions (in active recruitment, pending or hold status) that were included in the FY26 Augmented budget at a reduced expenditure level to reflect the partial year remaining. Changes in the status of the positions will be included in future augmentation.

-FY27 budget also reflects the move of 13.59 FTE from Senate Bill 118 to General Fund due to the expiration of the funding.

General Fund Pharmacy Medical supplies decreased from \$28.4M to \$25M, a decrease of \$3.4M or 12%

EXPENDITURES

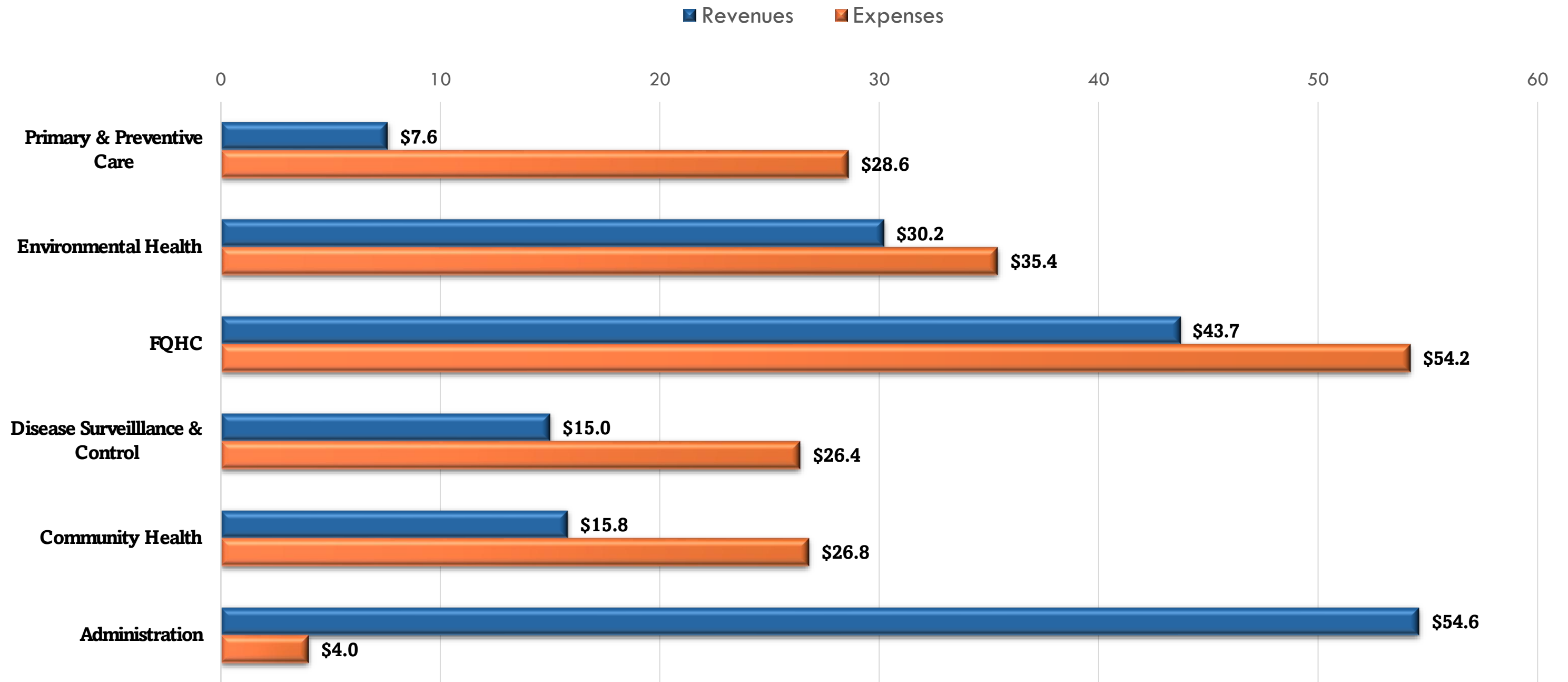
GRANTS FUND HIGHLIGHTS

Special Revenue Fund FY27 expenses decreased from \$62.3M to **\$47.4M** including conclusion of Senate Bill 118 (\$8.9M) and other lab expansion funding (\$1.3M) as well as expiration of the State Opioid Response (\$2.0M) funding and general reductions in other grant expenditures compared to the FY2026 Augmentation.

PHI Grant revenue is estimated at **\$6.1M in FY27**. Anticipated FTE total is 40.2 positions with estimated salaries & benefits of \$5.1M.

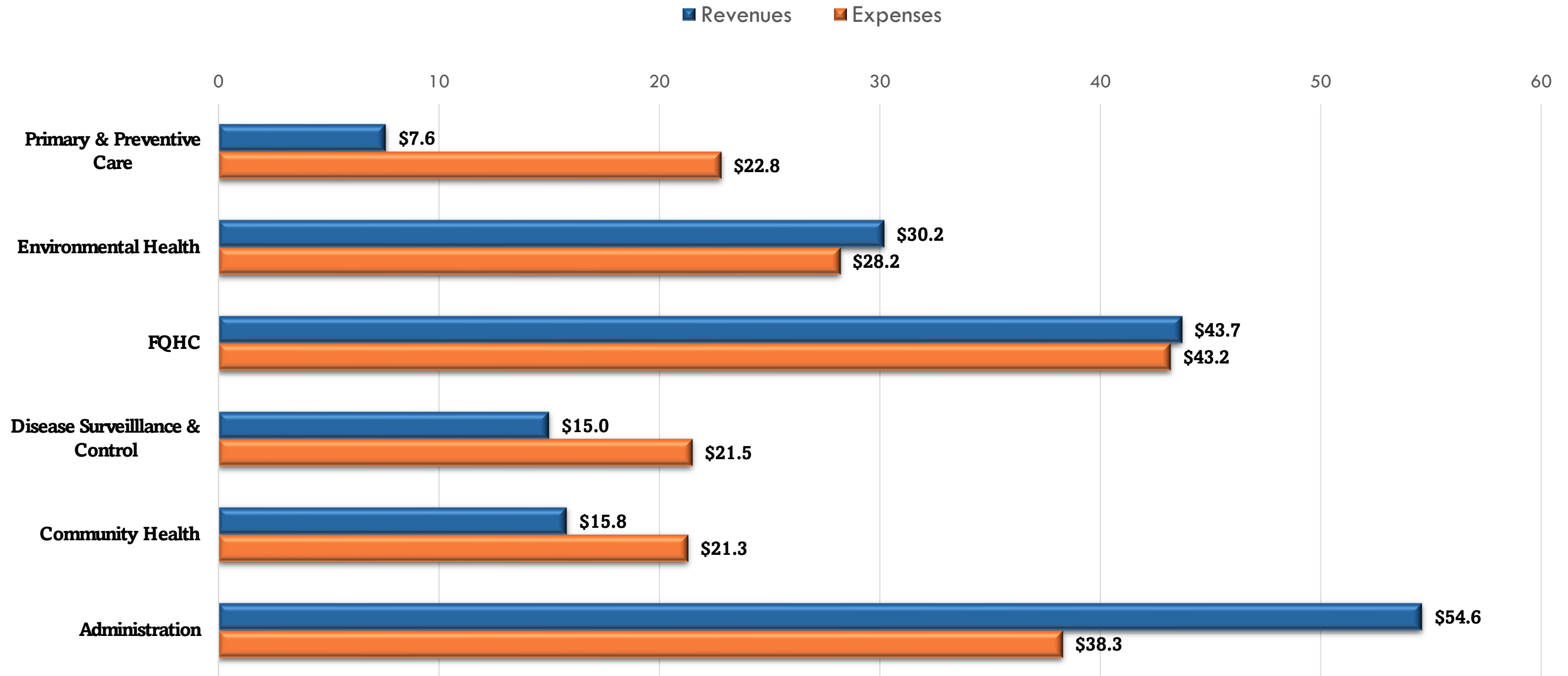
REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION



REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION – *EXCLUDES COST ALLOCATIONS*



**Does not include cost allocations

PERSONNEL

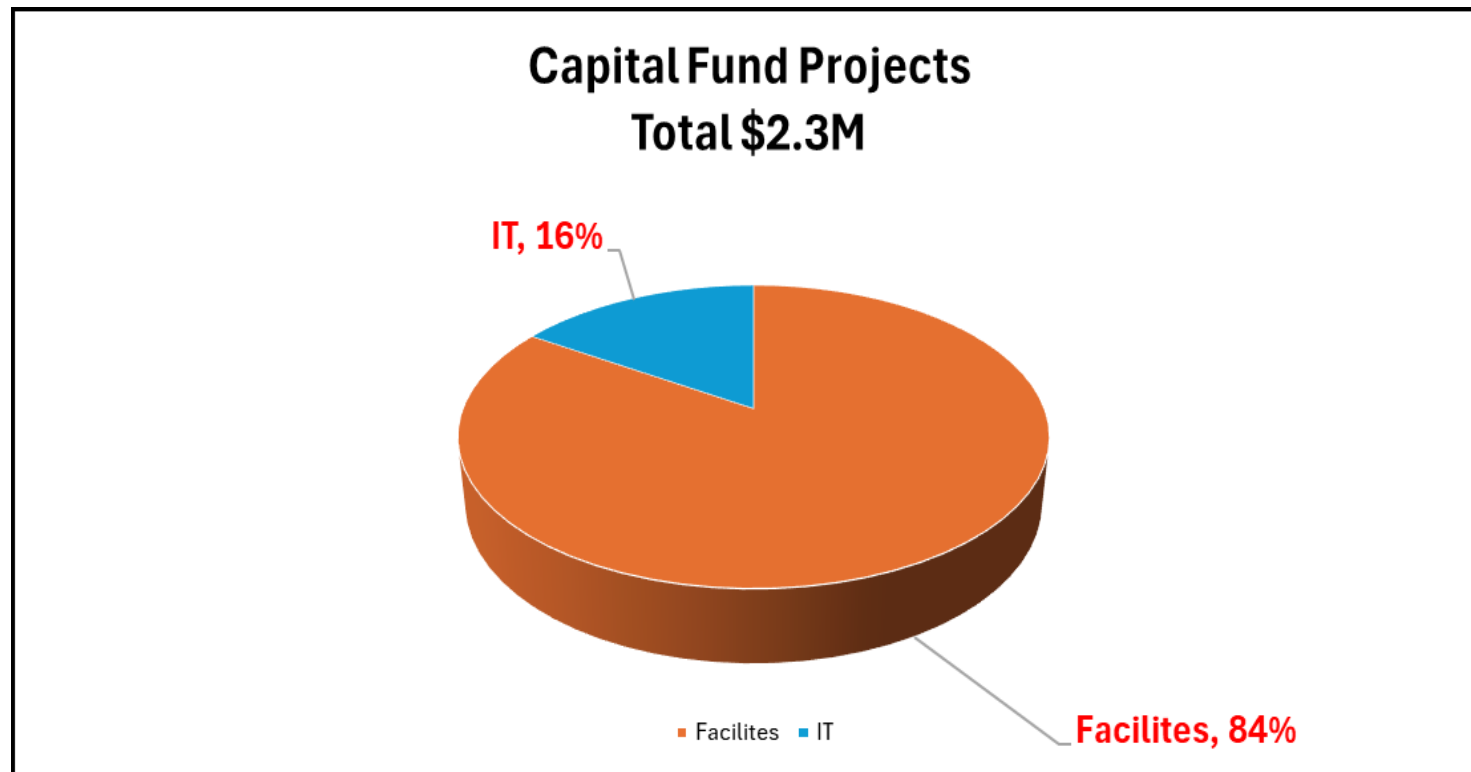
Southern Nevada Health District FY27 FTE Count					
FY26 FTE Counts	2025/2026	2025/2026	2025/2026	2026/2027	FTE Change
Division	Actuals	Adopted	Amended	Proposed	FY26 AM vs FY27
Public Health & Preventive Care ⁽¹⁾	107.6	114.0	120.1	119.1	-1.0
Environmental Health ⁽²⁾	199.3	205.0	205.0	206.0	1.0
FQHC	111.1	126.5	119.5	119.5	0.0
Disease Surveillance & Control ⁽³⁾	118.4	132.0	135.0	121.0	-14.0
Community Health ⁽⁴⁾	97.3	103.0	99.0	100.0	1.0
Administration ⁽⁵⁾	184.4	192.0	192.8	205.8	13.0
Total:	818.1	872.5	871.4	871.4	0.0

Division	FY2026 Amended		FY 2027 Proposed		Change	
	General Fund	Special Revenue	General Fund	Special Revenue Fund	General Fund	Special Revenue Fund
Public Health & Preventive Care	78.2	41.9	80.1	39.0	1.8	-2.8
Environmental Health	194.1	10.9	195.6	10.4	1.5	-0.5
FQHC	87.0	32.5	88.8	30.7	1.8	-1.8
Disease Surveillance & Control	48.9	86.2	58.2	62.8	9.4	-23.3
Community Health	47.2	51.9	47.1	52.9	-0.05	1.05
Administration	173.4	19.4	186.2	19.5	12.8	0.2
Grand Total	628.7	242.7	656.0	215.4	27.3	-27.3

1. Reduction of 1 Clinical Health Worker
2. Addition of 1 Environmental Health Specialist
3. Transfer of 14 Informatics FTE from Disease Surveillance & Control to Administration
4. Addition of 1 Medical Lab Tech in Public Health Lab
5. Transfer of 14 Informatics FTE to Administration from Disease Surveillance & Control and reduction of 1 vacant IT Software Engineer

CAPITAL FUND

FY2027 CAPITAL IMPROVEMENT PROJECTS



Capital Improvement Projects			
	FY26 Amended	FY27 Proposed	Change
Facilities			
Improvements	1,986,831	1,575,000	(411,831)
Equipment	16,360	328,500	312,140
Vehicles	-	-	-
Total	2,003,191	1,903,500	(99,691)
IT			
Computer Hardware/Software	1,082,000	58,000	(1,024,000)
Equipment	187,000	301,000	114,000
Professional Services	32,000	-	(32,000)
Total	1,301,000	359,000	(942,000)
Total Capital Improvement Projects	3,304,191	2,262,500	(1,041,691)

GENERAL FUND

THREE FISCAL YEAR ACTIVITY

General Fund	FY25 Actual	FY 26 Amended	FY 27 Proposed
Beginning Fund Balance	54,872,828	65,128,565	53,853,012
Revenues	122,837,881	122,692,068	124,387,507
Expenditures/Other Uses	112,582,144	133,967,621	138,357,270
Change in Fund Balance	10,255,737	(11,275,553)	(13,969,763)
Ending Fund Balance	65,128,565	53,853,012	39,883,249
<i>Includes \$3M contingency, cost allocations and transfers out to Special Revenue and Capital Project funds for FY2027</i>			

SPECIAL REVENUE FUND

THREE FISCAL YEAR ACTIVITY

Special Revenue	FY25 Actual	FY 26 Amended	FY 27 Proposed
Beginning Fund Balance	82,081	121,453	121,453
Revenue/Other	50,358,044	62,297,514	47,954,477
Expenditures/Other Uses	50,318,672	62,297,514	47,954,477
Change in Fund Balance	39,372	-	-
Ending Fund Balance	121,453	121,453	121,453
<i>Includes cost allocation and transfers in from General Fund</i>			

CAPITAL PROJECTS FUND

THREE FISCAL YEAR ACTIVITY

Capital Projects	FY25 Actual	FY 26 Amended	FY 27 Proposed
Beginning Fund Balance	2,730,175	3,570,482	3,375,851
Revenue/Other	2,202,104	3,109,559	2,616,113
Expenditures/Other Uses	1,361,797	3,304,191	2,262,500
Change in Fund Balance	840,307	(194,631)	353,613
Ending Fund Balance	3,570,482	3,375,851	3,729,464
<i>Includes transfers from General Fund</i>			

BOND RESERVE FUND

THREE FISCAL YEAR ACTIVITY

Bond Reserve Fund	FY25 Actual	FY 26 Amended	FY 27 Proposed
Beginning Fund Balance	3,042,808	3,215,801	3,312,421
Revenue/Other	172,993	96,620	135,000
Expenditures/Other Uses	-	-	-
Change in Fund Balance	172,993	96,620	135,000
Ending Fund Balance	3,215,801	3,312,421	3,447,421

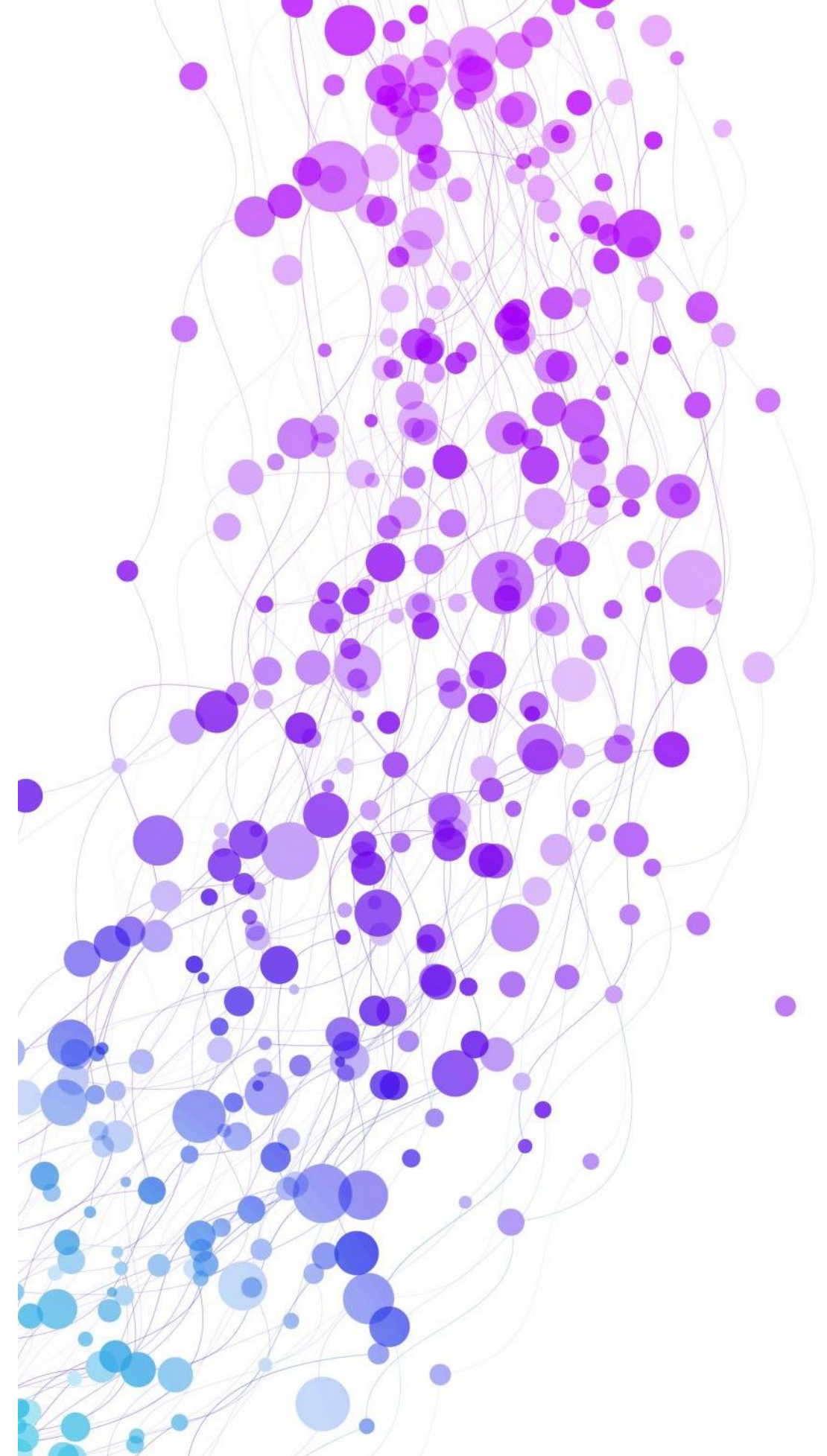
INTERNAL SERVICE FUND

THREE FISCAL YEAR ACTIVITY

Internal Service Fund	FY25 Actual	FY 26 Amended	FY 27 Proposed
Beginning Fund Balance	91,295	93,376	94,170
Revenues	2,081	794	2,000
Expenditures	-	-	-
Change in Fund Balance	2,081	794	2,000
Ending Fund Balance	93,376	94,170	96,170

RECOMMENDATION

- Approval of the FY 2027 budget as presented.
- To be submitted to Clark County on or before April 1, 2026 pending further instructions.





QUESTION AND ANSWER



UPDATE TO FEDERAL POVERTY LEVEL

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

MARCH 26, 2026

Tied to Federal Poverty Guidelines

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

Rates reflects the 2.7% increase to the CPI-U for Calendar Year 2024 and 2025

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 15, 2026

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

Federal Poverty Levels 2026

% of Federal Poverty Level (FPL)	0-100%		>100% to 150%		>150% to 175%		>175% to 200%		Primary Care/SHC >200%
Program Code	P-0		P-1		P- 2		P-3		P-4
**Family Size	Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Above
1	0	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921
2	0	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281
3	0	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641
4	0	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001
5	0	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361
6	0	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721
7	0	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081
8	0	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441

**More than 8 persons, add \$5,680 of allowable income for each additional person per year.

Federal Poverty Levels 2026

Family Planning: >200%			Ryan White: >200%				
P-4: >200% to 250%		P-5: >250%	P-4: >200% to 300%		P-5: >300% - 400%		P-6: >400%
Equal to or Between		Equal to or Above	Equal to or Between		Equal to or Between		Equal to or Above
\$ 31,921	\$ 39,900	\$ 39,901	\$ 31,921	\$ 47,880	\$ 47,881	\$ 63,840	\$ 63,841
\$ 43,281	\$ 54,100	\$ 54,101	\$ 43,281	\$ 64,920	\$ 64,921	\$ 86,560	\$ 86,561
\$ 54,641	\$ 68,300	\$ 68,301	\$ 54,641	\$ 81,960	\$ 81,961	\$ 109,280	\$ 109,281
\$ 66,001	\$ 82,500	\$ 82,501	\$ 66,001	\$ 99,000	\$ 99,001	\$ 132,000	\$ 132,001
\$ 77,361	\$ 96,700	\$ 96,701	\$ 77,361	\$ 116,040	\$ 116,041	\$ 154,720	\$ 154,721
\$ 88,721	\$ 110,900	\$ 110,901	\$ 88,721	\$ 133,080	\$ 133,081	\$ 177,440	\$ 177,441
\$ 100,081	\$ 125,100	\$ 125,101	\$ 100,081	\$ 150,120	\$ 150,121	\$ 200,160	\$ 200,161
\$ 111,441	\$ 139,300	\$ 139,301	\$ 111,441	\$ 167,160	\$ 167,161	\$ 222,880	\$ 222,881

**More than 8 persons, add \$5,680 of allowable income for each additional person per year.



Questions?

MOTION

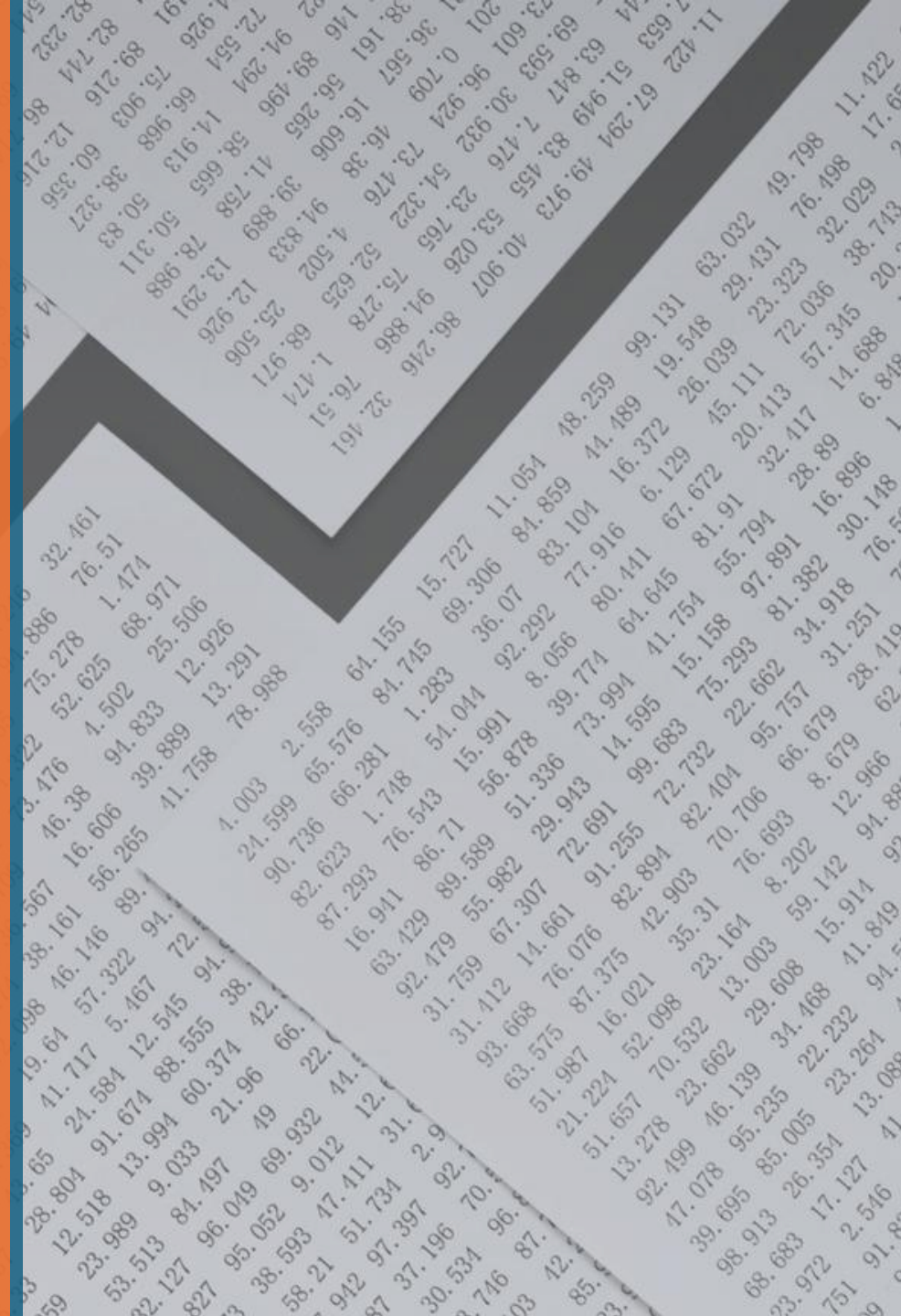
Motion to Accept the Recommendations from the Finance Committee and Adopt the Federal Poverty Level (FPL) guidelines, as presented.



CLINICAL SLIDING FEE SCHEDULE

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

MARCH 26, 2026



Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement



HEALTH AND HUMAN
SERVICES (HHS)



HEALTH RESOURCES
AND SERVICES
ADMINISTRATION
(HRSA)



OTHER PASS-THROUGH
GRANTS

HRSA Sliding Fee Program Requirements

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

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

HRSA Sliding Fee Program Requirements

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

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

HRSA Billing & Collection Requirements

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

- The health center must assure that any **fees or payments required** by the center for health care services will be reduced or waived to **assure that no patient will be denied such services due to an individual's inability to pay for such services.**
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients,** in accordance with health center fee schedules and the corresponding schedule of discounts
 - \$38,865 collected from payments initiated through statements in CY25 (FQHC & PPC).
 - 33% decrease in collection compared to CY24.

Sliding Fee Program in Action

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

Sliding Fee Discount Schedule Analysis

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

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

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

- Patient surveys

\$6.764 million in sliding fee write offs in CY2025

- 28% increase from CY24



Market Study of Fees for FQHCs in Nevada

Nine (9) Health Centers queried in March 2026. They include:

- All for Health, Health for All
- Canyonlands Healthcare
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- North East Medical Services
- Northern Nevada Hopes
- Safe Harbor Medical

Black = Same as SNCHC
 Green = Lower than SNCHC
 Red = Higher than SNCHC

2026 Sliding Fee Discount Market Study

Highlighted = Price increased since 2024

FQHCs & LALs	SNCHC	A	B	C	D	E	F	G	H	I
Lowest Slide Scale Fee	\$0 - \$20	\$20	\$10	\$0	\$35	\$40	\$35	\$10	\$40	\$40
Highest Slide Scale Fee	\$55	\$100	\$50	\$75	\$100	\$70	\$95	Unknown	\$70	Unknown
Full Price Fee	\$200	\$120	\$240	\$120	\$125	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit	\$150	\$150

2026 SFS Patient Survey

Sliding Fee Program Patient Survey -2026 (156 Surveys)	Decatur (73)	Fremont (83)	Total	%
Question				
1. Are you enrolled or enrolling in the sliding fee discount program?*				
a. Yes, enrolled	33	50	83	54%
b. Yes, enrolling	12	5	17	11%
c. No, not enrolled/enrolling	12	11	23	15%
d. No, not interested in the program	3	3	6	4%
e. No, have health insurance	11	14	25	16%
2. If so, do you think the fees are reasonable for the services provided by SNCHC?				
a. Strongly Agree	30	46	76	51%
b. Agree	30	18	48	32%
c. Neutral	14	11	25	16%
d. Disagree	0	0	0	0%
e. Strongly Disagree	0	1	1	1%
3. Does the sliding scale fee make it easier to access services at the health center?				
a. Yes	63	73	136	93%
b. No	8	3	11	7%
4. Have you ever cancelled an appointment due to lack of funds to pay the discounted fee?				
a. Yes	15	13	28	19%
b. No	55	67	122	81%
5. Would you refer others to the Health Center knowing we have a sliding fee discount program available?				
a. Strongly Agree	41	61	102	67%
b. Agree	21	15	36	24%
c. Neutral	8	5	13	8%
d. Disagree	0	1	1	1%
e. Strongly Disagree	1	0	1	1%

2026 had 154 patients participate in the survey. This represents a 33% increase in the number of respondents in 2026 compared to 2025. Not all patients surveyed answered every question.

Primary Care Sliding Fee Schedule

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

Sexual Health Sliding Fee Schedule

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

Family Planning Sliding Fee Schedule

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

Ryan White Sliding Fee Schedule

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

Pharmacy Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	>100% to 150%	>150% to 175%	>175% to 200%	>200%
Program Code	P0	P1	P2	P3	P4
Current Medications (up to 30-day supply)	\$7	\$12	\$17	\$22	Full cost/\$22
Proposed Medications (up to 30-day supply)	\$9	\$12	\$17	\$22	Full cost/\$22

Pharmacy Supplies, PEP and PREP

Flat Fee Items	CURRENT	PROPOSED
PREP Generic	\$12	\$12
Epi-Pens	\$7/12/17/22/24	\$35
Insulin vials	\$10	\$15
Insulin pens	\$10	\$10
Glucose meter	\$20	\$20
Test strips (50)	\$10	\$10
Syringes (100)	\$10	\$10
Lancets (100)	\$5	\$10
DOXY PEP	-	\$9

Questions?

Motion to Approve the Clinical Sliding Fee Schedules, as presented.





SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



Updates to SNHD Clinical Master Fee Schedule

DONNIE (DJ) WHITAKER
CHIEF FINANCIAL OFFICER

MARCH 26, 2026

Clinical Master Fee Schedule Review

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

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

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

Clinical Master Fee Review Methodology

Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2026).

Identify existing fees lower than 60th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2026.

Propose fee changes based on comparison of current fees to 60th percentile of reported fees and Medicare reimbursement rate.

If there are fees not represented in the Physician Fees Report, an analysis of direct and indirect costs for services, medications or other ancillary costs is completed to form a basis for the fees.

These methods ensure SNHD is positioned to receive the fullest reimbursement possible from payers. Proposed changes to individual fees are included in Exhibit A (247 fees total with 20 new fees). All other fees on the billing fee schedule remain the same.

“Qualifying G-Codes have been set to the approved PPS rate to support shadow billing, effective 1/1/2026”

REFERENCES

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

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

EXHIBIT A

2026 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT CODE	Description	Current Rate	Proposed New Fee
	Integumentary		
11104	PUNCH BX SKIN SINGLE LESION	\$ 248.00	\$ 300.00
11105	PUNCH BX SKIN EA SEP/ADDL	\$ 126.00	\$ 149.00
11106	INCAL BX SKN SINGLE LES	\$ 273.00	\$ 286.00
11200	REMOVAL OF SKIN TAGS	\$ 180.00	\$ 217.00
11300	SHAVE TRUNK <0.5 CM	\$ 214.00	\$ 231.00
11301	SHAVE TRUNK 0.6-1 CM	\$ 252.00	\$ 262.00
11302	SHAVE TRUNK 1.1-2 CM	\$ 275.00	\$ 285.00
11303	SHAVE TRUNK >2 CM	\$ 317.00	\$ 320.00
11306	SHAVE S-N-H 0.6-1 CM	\$ 214.00	\$ 230.00
11307	SHAVE S-N-H 1.1-2 CM	\$ 251.00	\$ 258.00
11308	SHAVE S-N-H >2 CM	\$ 253.00	\$ 269.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	\$ 242.00	\$ 258.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	\$ 276.00	\$ 286.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	\$ 287.00	\$ 290.00
11900	INJECTION INTO SKIN LESIONS	New Fee	\$ 132.00
11981	Implant - Insertion	\$ 315.00	\$ 339.00
11982	Implant - Removal	\$ 326.00	\$ 346.00
11983	Implant Removal and Reinsertion	\$ 497.00	\$ 514.00
15780	ABRASION TREATMENT OF SKIN	New Fee	\$2,632.00

	Female Genital		
57410	PELVIC EXAMINATION	\$ 296.00	\$ 298.00
58300	IUD Insertion	\$ 280.00	\$ 294.00
58301	IUD Removal	\$ 267.00	\$ 279.00
	Radiology		
71046	X-RAY EXAM CHEST 2 VIEWS - 26	\$ 131.00	\$ 166.00
76376	3D RENDER W/O POSTPROCESS-26	\$ 23.58	\$ 51.00
	Pathology & Laboratory		
80074	Acute Hepatitis Panel w/reflex	\$ 592.00	\$ 710.00
81001	URINALYSIS- AUTO W/SCOPE	\$ 41.00	\$ 55.00
82040	ASSAY OF SERUM ALBUMIN	\$ 22.00	\$ 26.00
82435	ASSAY OF BLOOD CHLORIDE	\$ 11.00	\$ 19.00
82947	Glucose Quantitative Blood	\$ 24.00	\$ 25.00
83036	Hemoglobin Glycosylated A1c	\$ 83.00	\$ 88.00
83540	ASSAY OF IRON	\$ 42.00	\$ 45.00
83690	ASSAY OF LIPASE	\$ 59.00	\$ 72.00
83718	HDL	\$ 41.00	\$ 42.00
83721	LDL	\$ 37.00	\$ 38.00
84075	ASSAY ALKALINE PHOSPHATASE	\$ 23.00	\$ 29.00

84132	ASSAY OF SERUM POTASSIUM	\$ 28.00	\$ 30.00
84155	ASSAY OF PROTEIN	\$ 20.00	\$ 28.00
84295	ASSAY OF SERUM SODIUM	\$ 30.00	\$ 36.00
84450	TRANSFERASE (AST) (SGOT)	\$ 38.00	\$ 44.00
84460	ALANINE AMINO (ALT) (SGPT)	\$ 44.00	\$ 49.00
84478	ASSAY OF TRIGLYCERIDES	\$ 40.00	\$ 50.00
84520	ASSAY OF UREA NITROGEN	\$ 22.00	\$ 29.00
84550	ASSAY OF BLOOD/URIC ACID	\$ 45.00	\$ 49.00
85027	COMPLETE CBC- AUTOMATED	\$ 45.00	\$ 46.00
86141	C-REACTIVE PROTEIN- HS	\$ 72.00	\$ 78.00
86480	Quantiferon	\$ 325.00	\$ 396.00
86480	Quantiferon Prof. Comp (26)	\$ 67.00	\$ 73.00
86705	HEP B CORE ANTIBODY- IGM	\$ 121.00	\$ 152.00
86706	Hepatitis B surface Ab- qualitative	\$ 89.00	\$ 103.00
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ 77.00	\$ 83.00
86803	Hep C- Rapid- Oraquick	\$ 148.00	\$ 170.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 87.00	\$ 99.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00	\$ 127.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 120.00	\$ 122.00
87522	HEPATITIS C- RNA- QUANT	\$ 608.00	\$ 669.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 121.00	\$ 122.00
87624	HPV (AMP)	\$ 148.00	\$ 153.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 77.00	\$ 89.00

	Immuunizations/Vaccines		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00	\$ 988.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00	\$ 1,001.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 57.00	\$ 62.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 41.00	\$ 46.00
90471	Admin Fee 1st Vaccine	\$ 60.00	\$ 64.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 37.00	\$ 41.00
90593	CHIKUNGUNYA VACC RECOMB IM	New Fee	\$ 330.00
90611	JYNNEOS	\$ 280.00	\$ 467.00
90619	Meningococcal MenACWY MenQuadfi	\$ 309.00	\$ 352.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 381.00	\$ 422.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 345.00	\$ 415.00
90632	Hepatitis A (Adult)	\$ 164.00	\$ 185.00
90633	Hepatitis A (Child)	\$ 92.00	\$ 99.00
90636	Hepatitis A & B (Twinrix)	\$ 233.00	\$ 254.00
90644	Meningococcal C/Y-HIB PRP	\$ 12.00	\$ 56.00
90647	Hib PRP-OMP	\$ 74.00	\$ 78.00
90648	Hib PRP-T	\$ 67.00	\$ 71.00
90649	HPV- quadrivalent	\$ 276.00	\$ 284.00
90650	HPV- bivalent	\$ 308.00	\$ 316.00
90651	HPV9- Gardasil	\$ 483.00	\$ 552.00

90653	Fluad TIV (2025-2026)	\$ 111.00	\$ 118.00
90661	Flucelvax TIV Pre-Filled syringe (2025-2026)	\$ 66.00	\$ 71.00
90670	Pneumococcal (Pevnar 13)	\$ 424.00	\$ 432.00
90671	PCV15 (Vaxneuvance)	\$ 465.00	\$ 494.00
90672	Influenza-live- intranasal- quadrivalent	\$ 62.00	\$ 69.00
90675	Rabies	\$ 647.00	\$ 747.00
90677	PCV20 (Pevnar 20)	\$ 542.00	\$ 597.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$ 536.00	\$ 618.00
90679	RSV Vaccine	\$ 470.00	\$ 533.00
90680	Rotavirus- Pentavalent	\$ 202.00	\$ 215.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 259.00	\$ 275.00
90684	PCV21 (Capvaxive)	\$ 344.00	\$ 590.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 40.00	\$ 43.00
90691	Typhoid- VICPs	\$ 226.00	\$ 244.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00	\$ 111.00
90696	DTaP-IPV VACCINE Quadracel	\$ 137.00	\$ 153.00
90697	DTaP-IPV-HepB-Hib - PFS	\$ 281.00	\$ 338.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 218.00	\$ 237.00
90700	DTaP - Daptacel	\$ 74.00	\$ 79.00
90707	MMR	\$ 170.00	\$ 187.00
90710	MMRV	\$ 468.00	\$ 518.00
90713	IPV (Polio)	\$ 82.00	\$ 90.00
90714	Td (Tenivac) Preserve Free	\$ 74.00	\$ 82.00

90715	Tdap	\$ 104.00	\$ 113.00
90716	Varicella (chicken pox)	\$ 283.00	\$ 323.00
90717	Yellow Fever	\$ 325.00	\$ 332.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 201.00	\$ 214.00
90732	Pneumococcal (Pneumovax 23)	\$ 238.00	\$ 268.00
90734	Meningococcal (MCV4) Menactra	\$ 277.00	\$ 304.00
90738	Japanese encephalitis IM	\$ 520.00	\$ 539.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 280.00	\$ 319.00
90744	Hepatitis B (Child)	\$ 82.00	\$ 86.00
90746	Hepatitis B (Adult)	\$ 170.00	\$ 189.00
90750	Zoster- recombinant (Shingrix)	\$ 348.00	\$ 389.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 62.00	\$ 66.00
	Medicine/Behavioral Health		
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 269.00	\$ 270.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 365.00	\$ 392.00
90833	PSYTX PT&/FAM W/E&M 30 MIN	\$ 73.40	\$ 149.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 176.00	\$ 179.00
90836	PSYTX PT&/FAM W/E&M 45 MIN	\$ 93.04	\$ 192.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 206.00	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 117.00	\$ 130.00
90845	PSYCHOANALYSIS	\$ 217.00	\$ 228.00

90846	FAMILY PSYTX W/O PATIENT	\$ 104.35	\$ 201.00
90847	FAMILY PSYTX W/PATIENT	\$ 107.97	\$ 209.00
90849	MULTIPLE FAMILY GROUP PSYTX	\$ 36.99	\$ 134.00
90853	GROUP PSYCHOTHERAPY	\$ 28.33	\$ 75.00
90865	NARCOSYNTHESIS	\$ 174.16	\$ 388.00
90870	ELECTROCONVULSIVE THERAPY	\$ 180.87	\$ 387.00
90880	HYPNOTHERAPY	\$ 111.89	\$ 183.00
92551	Audiometry/screening test- pure tone- air only	\$ 42.00	\$ 43.00
92567	TYMPANOMETRY	\$ 64.00	\$ 65.00
94640	Nebulizer/Inhalation Treatment	\$ 59.00	\$ 64.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 20.00	\$ 22.00
97597	ACTIVE WOUND CARE/20 CM OR <	\$ 210.00	\$ 235.00
97598	ACTIVE WOUND CARE > 20 CM	\$ 119.00	\$ 135.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 73.00	\$ 76.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 62.00	\$ 69.00
98000	SYNCH AUDIO-VIDEO NEW SF 15	New Fee	\$ 171.00
98001	SYNCH AUDIO-VIDEO NEW LOW 30	New Fee	\$ 370.00
98002	SYNCH AUDIO-VIDEO NEW MOD 45	New Fee	\$ 532.00
98003	SYNCH AUDIO-VIDEO NEW HI 60	New Fee	\$ 717.00
98004	SYNCH AUDIO-VIDEO EST SF 10	New Fee	\$ 129.00
98005	SYNCH AUDIO-VIDEO EST LOW 20	New Fee	\$ 250.00
98006	SYNCH AUDIO-VIDEO EST MOD 30	New Fee	\$ 335.00
98007	SYNCH AUDIO-VIDEO EST HI 40	New Fee	\$ 531.00
98008	SYNCH AUDIO-ONLY NEW SF 15	New Fee	\$ 123.00

98009	SYNCH AUDIO-ONLY NEW LOW 30	New Fee	\$ 196.00
98010	SYNCH AUDIO-ONLY NEW MOD 45	New Fee	\$ 309.00
98011	SYNCH AUDIO-ONLY NEW HIGH 60	New Fee	\$ 373.00
98012	SYNCH AUDIO-ONLY EST SF 10	New Fee	\$ 111.00
98013	SYNCH AUDIO-ONLY EST LOW 20	New Fee	\$ 178.00
98014	SYNCH AUDIO-ONLY EST MOD 30	New Fee	\$ 279.00
98015	SYNCH AUDIO-ONLY EST HIGH 40	New Fee	\$ 342.00
98016	BRIEF COMUNICAJ TECH-BSD SVC	\$ 16.00	\$ 40.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 68.00	\$ 70.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 47.00	\$ 50.00
99000	Collection of Other Lab Spec	\$ 22.00	\$ 27.00
99080	SPECIAL REPORTS	\$ 30.00	\$ 36.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 200.00	\$ 204.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 293.00	\$ 295.00
99242	Office Consultation Level 2	\$ 270.00	\$ 271.00
99243	Office Consultation Level 3	\$ 395.00	\$ 405.00
99244	Office Consultation Level 4	\$ 557.00	\$ 565.00
99245	Office Consultation Level 5	\$ 760.00	\$ 802.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 242.00	\$ 249.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 253.00	\$ 262.00

99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 258.00	\$ 269.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 283.00	\$ 288.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 322.00	\$ 330.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 354.00	\$ 365.00
99387	Preventive Medicine- New patient- 65 Years Old	\$ 359.00	\$ 363.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 221.00	\$ 227.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 230.00	\$ 239.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 228.00	\$ 234.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 248.00	\$ 256.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 276.00	\$ 283.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 288.00	\$ 300.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 303.00	\$ 315.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 160.00	\$ 170.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 198.00	\$ 231.00
99406	Tobacco counseling/3-10 min	\$ 35.00	\$ 38.00
99423	OL DIG E/M SVC 21+ MIN	\$ 126.00	\$ 130.00
99492	1ST PSYC COLLAB CARE MGMT	\$ 157.75	\$ 406.00
99494	1ST/SBSQ PSYC COLLAB CARE	\$ 64.23	\$ 228.00
	Medical & Supplies		
A4267	Condoms (Male) (1 pk = 12)	\$ 0.51	\$ 1.00
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09	\$ 27.00
A6250	Silver Sulfadiazine 1% cream	\$ 0.27	\$ 27.00

	Professional Services/Procedures		
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 35.00	\$ 44.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$ 35.00	\$ 52.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 35.00	\$ 54.00
G0101	CA Screen/Breast Exam	\$ 58.00	\$ 104.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00	\$ 51.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00	\$ 130.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00	\$ 59.00
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	New Fee	\$ 416.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00	\$ 54.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00	\$ 21.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00	\$ 338.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00	\$ 356.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$ 139.00	\$ 266.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00	\$ 42.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00	\$ 52.00
G0466	FQHC VISIT NEW PATIENT	\$ 244.00	\$ 405.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00	\$ 405.00
G0468	FQHC VISIT IPPE/AWV	\$ 244.00	\$ 405.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00	\$ 173.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00	\$ 173.00
G2010	Remot image submit by pt	\$ 14.00	\$ 51.00

G2025	Telehealth	\$ 97.00	\$ 121.00
G8598	Aspirin 325mg (ASA)	\$ 0.02	\$ 11.00
H0002	Alcohol and/or drug screenin	\$ 35.00	\$ 77.00
	Drugs/Devices Administered Oral and other Methods		
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00	\$ 36.00
J0561	Bicillin 1.2 mil Long Acting	\$ 14.19	\$ 33.00
J0561	Bicillin 2.4 LA Long Acting	\$ 14.19	\$ 66.00
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 14.19	\$ 66.00
J0696	Ceftriaxone 250mg/mL- IM	\$ 13.04	\$ 20.00
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.57	\$ 40.00
J1050	Medroxyprogesterone 150mg/ml IM	\$ 59.42	\$ 150.00
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 39.32	\$ 170.00
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.84	\$ 170.00
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.86	\$ 7.00
J1580	Gentamicin 80 mg/ml 2ML	\$ 1.17	\$ 14.00
J1580	Gentamicin 80mg/mL 2ML	\$ 1.17	\$ 14.00
J1741	Ibuprofen 200mg CAP	\$ 0.06	\$ 30.00
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.85	\$ 20.00
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 3.04	\$ 40.00
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.49	\$ 12.00
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.69	\$ 20.00

J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 2.03	\$ 5.00
J7620	Ipratropium BR 0.02% SOLN	\$ 1.55	\$ 5.00
J7296	Kyleena- 19.5 mg	\$ 1,272.00	\$ 1,916.00
J7297	IUD Device - Liletta	\$ 1,303.00	\$ 1,439.00
J7298	IUD Device - Mirena	\$ 1,272.00	\$ 1,809.00
J7300	IUD Device - Paragard	\$ 1,184.00	\$ 1,559.00
J7301	IUD Device - Skyla	\$ 1,059.00	\$ 1,512.00
J7307	Implant Device - Nexplanon	\$ 1,271.00	\$ 1,668.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.42	\$ 6.00
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.17	\$ 12.50
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.75	\$ 10.00
J8501	Levofloxacin Tab 500 MG 50 CT	\$ 3.40	\$ 16.00
Q0091	Pap Smear	\$ 74.00	\$ 97.00
Q0163	Diphenhydramine 25mg CAP	\$ 0.02	\$ 5.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ 5.00	\$ 127.00
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90	\$ 35.00
S4993	Emergency Birth Control - Plan B	\$ 32.07	\$ 35.00
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 32.83	\$ 35.00
T1013	Sign Lang/Oral Interpreter	\$ 23.00	\$ 39.00
11305	SHAVE S-N-H <0.5 CM	\$ 170.00	\$ 172.00

Questions?

*Motion to Approve Clinical Master Fee Schedule,
as presented.*



CPTCODE	Description	Fee
10060	I&D Abscess	\$ 426.00
10061	I&D ABSCESS COMP/MULTIPLE	\$ 941.00
10080	DRAINAGE OF PILONIDAL CYST	\$ 908.00
10081	I&D PILONIDAL CYST COMP	\$ 1,830.00
10120	Foreign Body- SKIN- Simple	\$ 599.00
11104	PUNCH BX SKIN SINGLE LESION	\$ 248.00
11105	PUNCH BX SKIN EA SEP/ADDL	\$ 126.00
11106	INCAL BX SKN SINGLE LES	\$ 273.00
11200	REMOVAL OF SKIN TAGS	\$ 180.00
11300	SHAVE TRUNK <0.5 CM	\$ 214.00
11301	SHAVE TRUNK 0.6-1 CM	\$ 252.00
11302	SHAVE TRUNK 1.1-2 CM	\$ 275.00
11303	SHAVE TRUNK >2 CM	\$ 317.00
11305	SHAVE S-N-H <0.5 CM	\$ 1,765.00
11306	SHAVE S-N-H 0.6-1 CM	\$ 214.00
11307	SHAVE S-N-H 1.1-2 CM	\$ 251.00
11308	SHAVE S-N-H >2 CM	\$ 253.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	\$ 242.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	\$ 276.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	\$ 287.00
11313	SHAVE F-E-E-N-L-M >2 CM	\$ 340.00
11730	REMOVAL OF NAIL PLATE	\$ 297.00
11732	REMOVE NAIL PLATE- ADD-ON	\$ 114.00
11750	REMOVAL OF NAIL BED	\$ 555.00
11900	INJECTION INTO SKIN LESIONS	New Fee
11981	Implant - Insertion	\$ 315.00
11982	Implant - Removal	\$ 326.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
15780	ABRASION TREATMENT OF SKIN	New Fee
15851	REMOVAL OF SUTURES	\$ 164.00
16000	Burn Care- Initial	\$ 404.00
17110	DESTRUCT LESION- 1-14	\$ 305.00
17111	DESTRUCT LESION- 15 OR MORE	\$ 305.00
20610	DRAIN/INJECT- JOINT/BURSA	\$ 343.00
36415	Collection of Venous Blood	\$ 24.00
36416	Collection of Capillary Blood	\$ 23.00
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
57410	PELVIC EXAMINATION	\$ 296.00
58300	IUD Insertion	\$ 280.00
58301	IUD Removal	\$ 267.00
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50

71046	X-RAY EXAM CHEST 2 VIEWS	\$ 131.00
72040	X-RAY EXAM OF NECK SPINE	\$ 125.00
76376	3D RENDER W/O POSTPROCESS	\$ 23.58
80048	BASIC METABOLIC PANEL	\$ 56.00
80051	ELECTROLYTE PANEL	\$ 53.00
80053	COMPREHEN METABOLIC PANEL	\$ 95.00
80061	LIPID PANEL	\$ 137.00
80069	RENAL FUNCTION PANEL	\$ 75.00
80074	Acute Hepatitis Panel w/reflex	\$ 592.00
80076	Hepatic Function Panel (Liver Panel)	\$ 48.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 55.00
81001	URINALYSIS- AUTO W/SCOPE	\$ 41.00
81002	UA Dipstick	\$ 21.00
81025	Urine Pregnancy Test	\$ 40.00
82040	ASSAY OF SERUM ALBUMIN	\$ 22.00
82044	Microalbumin	\$ 23.00
82150	ASSAY OF AMYLASE	\$ 52.00
82247	BILIRUBIN- TOTAL	\$ 32.00
82248	BILIRUBIN- DIRECT	\$ 35.00
82270	Hemoccult - Clia	\$ 25.00
82310	ASSAY OF CALCIUM	\$ 29.00
82374	ASSAY- BLOOD CARBON DIOXIDE	\$ 10.00
82435	ASSAY OF BLOOD CHLORIDE	\$ 11.00
82465	Cholesterol Serum Whole Blood Total	\$ 34.00
82565	ASSAY OF CREATININE	\$ 31.00
82947	Glucose Quantitative Blood	\$ 24.00
83036	Hemoglobin Glycosylated A1c	\$ 83.00
83540	ASSAY OF IRON	\$ 42.00
83655	Lead - Clia	\$ 53.00
83690	ASSAY OF LIPASE	\$ 59.00
83718	ASSAY OF LIPOPROTEIN	\$ 41.00
83721	ASSAY OF BLOOD LIPOPROTEIN	\$ 37.00
83735	ASSAY OF MAGNESIUM	\$ 60.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 15.00
84075	ASSAY ALKALINE PHOSPHATASE	\$ 23.00
84100	ASSAY OF PHOSPHORUS	\$ 35.00
84132	ASSAY OF SERUM POTASSIUM	\$ 28.00
84155	ASSAY OF PROTEIN	\$ 20.00
84295	ASSAY OF SERUM SODIUM	\$ 30.00
84450	TRANSFERASE (AST) (SGOT)	\$ 38.00
84460	ALANINE AMINO (ALT) (SGPT)	\$ 44.00
84478	ASSAY OF TRIGLYCERIDES	\$ 40.00
84520	ASSAY OF UREA NITROGEN	\$ 22.00
84550	ASSAY OF BLOOD/URIC ACID	\$ 45.00

85014	HEMOCULT	\$ 12.00
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 46.00
85027	COMPLETE CBC- AUTOMATED	\$ 45.00
86141	C-REACTIVE PROTEIN- HS	\$ 72.00
86308	Mononucleosis	\$ 29.00
86317	Hepatitis B surface Ab- quantitative	\$ 66.00
86403	Strep A	\$ 39.00
86480	Quantiferon	\$ 325.00
86580	Tuberculosis Skin Testing	\$ 32.90
86592	RPR- non treponemal qualitative	\$ 50.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86701	HIV-1ANTIBODY	\$ 46.00
86702	HIV-2 antibody (Multispot)	\$ 126.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 65.00
86704	HEP B CORE ANTIBODY- TOTAL	\$ 123.00
86705	HEP B CORE ANTIBODY- IGM	\$ 121.00
86706	Hepatitis B surface Ab- qualitative	\$ 89.00
86708	HEP A ANTIBODY- TOTAL	\$ 140.00
86709	HEP A ANTIBODY- IGM	\$ 85.00
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ 77.00
86780	Syphilis IgG antibody (treponemal)	\$ 71.00
86803	Hep C- Rapid- Oraquick	\$ 148.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 87.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87390	HIV-1 AG- EIA	\$ 80.00
87490	CHYLM D TRACH- DNA- DIR PROBE	\$ 91.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 120.00
87521	HEPATITIS C- RNA- AMP PROBE	\$ 487.00
87522	HEPATITIS C- RNA- QUANT	\$ 608.00
87536	HIV-1- DNA/RNA- QUANT	\$ 489.00
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 121.00
87624	HPV (AMP)	\$ 148.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 83.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87905	SNHD Bacterial Vaginosis	\$ 40.00
88150	Pap Smear	\$ 65.00

88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 77.00
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00
90382	RSV - Enflonsia PFS	\$ 941.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 57.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 41.00
90471	Admin Fee 1st Vaccine	\$ 60.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 37.00
90480	ADMN SARSCOV2 VACC 1 DOSE	\$ 40.00
90611	JYNNEOS	\$ 280.00
90619	Meningococcal MenACWY MenQuadfi	\$ 309.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 381.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 345.00
90622	Influenza- High Dose Seasonal	\$ 87.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult) VAQTA	\$ 164.00
90633	Hepatitis A (Child) VAQTA	\$ 92.00
90636	Hepatitis A & B (Twinrix)	\$ 233.00
90644	Meningococcal C/Y-HIB PRP	\$ 12.00
90647	Hib PRP-OMP	\$ 74.00
90648	Hib PRP-T	\$ 67.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 276.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ 308.00
90650	HPV- bivalent	\$ 308.00
90651	HPV9- Gardasil	\$ 483.00
90653	Fluad TIV (2025-2026)	\$ 111.00
90661	Flucelvax TIV Pre-Filled syringe (2025-2026)	\$ 66.00
90670	Pneumococcal (Pevnar 13)	\$ 424.00
90671	PCV15 (Vaxneuvance)	\$ 465.00
90672	Influenza-live- intranasal- quadrivalent	\$ 62.00
90675	Rabies	\$ 647.00
90677	PCV20 (Pevnar 20)	\$ 542.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$ 536.00
90679	RSV Vaccine	\$ 470.00
90680	Rotavirus- Pentavalent	\$ 202.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 259.00
90684	PCV21 VACCINE IM	\$ 344.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 40.00
90691	Typhoid- ViCPs	\$ 226.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTAP-IPV VACCINE Quadracel	\$ 137.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 281.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 218.00
90700	DTaP - Daptacel	\$ 74.00

90702	DT	\$ 120.00
90707	MMR	\$ 170.00
90710	MMRV	\$ 468.00
90713	Polio (IPV)	\$ 82.00
90714	Td Grifols	\$ 74.00
90715	Tdap Boostrix	\$ 104.00
90716	Varicella (chicken pox)	\$ 283.00
90717	Yellow Fever	\$ 325.00
90723	DTaP-Hep B- IPV (Pediatrix)	\$ 201.00
90732	Pneumococcal (Pneumovax 23)	\$ 238.00
90734	Meningococcal (MCV4) Menactra	\$ 277.00
90738	Japanese encephalitis IM	\$ 520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 280.00
90744	Hepatitis B (Child)	\$ 82.00
90746	Hepatitis B (Adult)	\$ 170.00
90747	Hepatitis B (Recombinant) 40mcg/mL	\$ 289.00
90750	Zoster- recombinant (Shingrix)	\$ 348.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 62.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 269.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 365.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 138.00
90833	PSYTX PT&/FAM W/E&M 30 MIN	\$ 73.40
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 176.00
90836	PSYTX PT&/FAM W/E&M 45 MIN	\$ 93.04
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 206.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 234.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 243.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 117.00
90845	PSYCHOANALYSIS	\$ 217.00
90846	FAMILY PSYTX W/O PATIENT	\$ 104.35
90847	FAMILY PSYTX W/PATIENT	\$ 107.97
90849	MULTIPLE FAMILY GROUP PSYTX	\$ 36.99
90853	GROUP PSYCHOTHERAPY	\$ 28.33
90865	NARCOSYNTHESIS	\$ 174.16
90870	ELECTROCONVULSIVE THERAPY	\$ 180.87
90880	HYPNOTHERAPY	\$ 111.89
91304	COVID-19 Novavax PFS	\$ 193.00
91319	COVID-19 Pfizer (5yr - 11yr)	\$ 85.00
91320	COVID-19 Pfizer 12+	\$ 130.00
91321	SPIKEVAX (COVID-19 Vaccine- mRNA)- Pediatric 6 MO - 11 years	\$ 176.00
91322	SPIKEVAX COVID-19 Vaccine- 0.5 mL PFS 12Y and Up	\$ 169.00
92551	Audiometry/screening test- pure tone- air only	\$ 42.00
92567	TYMPANOMETRY	\$ 64.00
93000	ECG w/interpretation	\$ 85.00

93040	ECG- Rhythm Strip	\$ 76.00
94010	SPIROMETRY	\$ 135.00
94060	Spirometry- Pre and Post	\$ 233.00
94640	Nebulizer/Inhalation Treatment	\$ 59.00
94664	Nebulizer - demo/eval of pt use	\$ 126.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 20.00
96110	ASQ (developmental screening)	\$ 59.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 22.00
96161	CAREGIVER HEALTH RISK ASSMT	\$ 22.00
96372	Therapeutic IM/SC Injection	\$ 65.00
96381	ADMN RSV MONOC ANTB IM NJX	\$ 65.00
97597	ACTIVE WOUND CARE/20 CM OR <	\$ 210.00
97598	ACTIVE WOUND CARE > 20 CM	\$ 119.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 73.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 62.00
97804	MEDICAL NUTRITION- GROUP	\$ 55.00
98000	SYNCH AUDIO-VIDEO NEW SF 15	New Fee
98001	SYNCH AUDIO-VIDEO NEW LOW 30	New Fee
98002	SYNCH AUDIO-VIDEO NEW MOD 45	New Fee
98003	SYNCH AUDIO-VIDEO NEW HI 60	New Fee
98004	SYNCH AUDIO-VIDEO EST SF 10	New Fee
98005	SYNCH AUDIO-VIDEO EST LOW 20	New Fee
98006	SYNCH AUDIO-VIDEO EST MOD 30	New Fee
98007	SYNCH AUDIO-VIDEO EST HI 40	New Fee
98008	SYNCH AUDIO-ONLY NEW SF 15	New Fee
98009	SYNCH AUDIO-ONLY NEW LOW 30	New Fee
98010	SYNCH AUDIO-ONLY NEW MOD 45	New Fee
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98014	SYNCH AUDIO-ONLY EST MOD 30	New Fee
98015	SYNCH AUDIO-ONLY EST HIGH 40	New Fee
98016	BRIEF COMUNICAJ TECH-BSD SVC	\$ 16.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 69.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 68.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 47.00
99000	Collection of Other Lab Spec	\$ 22.00
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99080	SPECIAL REPORTS	\$ 30.00
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 175.00

99203	New Patient Detailed Problem Focused	\$ 281.00
99204	E&M New Outpatient Comprehensive Problem	\$ 429.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 568.00
99211	E&M Established Outpatient - RN Only	\$ 68.00
99212	E&M Established Outpatient - Problem Focused	\$ 129.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 200.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 293.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 431.00
99242	Office Consultation Level 2	\$ 270.00
99243	Office Consultation Level 3	\$ 395.00
99244	Office Consultation Level 4	\$ 557.00
99245	Office Consultation Level 5	\$ 760.00
99341	HOME V- NP FOCUSED	\$ 123.00
99342	HOME V- NP EXPANDED	\$ 313.00
99344	HOME V- NP COMREH	\$ 345.00
99345	HOME V- NP HI COMP	\$ 391.00
99347	HOME V- EP FOCUSED	\$ 107.00
99348	HOME V- EP EXPANDED	\$ 337.00
99349	HOME V- EP DETAILED	\$ 268.00
99350	HOME V- EP COMPREHEN	\$ 377.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 242.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 253.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 258.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 283.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 322.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 354.00
99387	Preventive Medicine- New patient- 65 Years Old	\$ 359.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 221.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 230.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 228.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 248.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 276.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 288.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 303.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 87.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 160.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 450.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 198.00
99406	Tobacco counseling/3-10 min	\$ 35.00
99407	Tobacco counseling></div>10 min	\$ 68.00
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 126.00
99492	1ST PSYC COLLAB CARE MGMT	\$ 157.75

99494	1ST/SBSQ PSYC COLLAB CARE	\$ 64.23
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.51
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
A6250	Silver Sulfadiazine 1% cream	\$ 0.27
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00

D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 35.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$ 35.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 35.00
G0101	CA Screen/Breast Exam	\$ 58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0344	Welcome to Medicare Exam	\$ 275.00

G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	New Fee
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQVT VST	\$ 139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0466	FQHC VISIT NEW PATIENT	\$ 405.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 405.00
G0468	FQHC VISIT IPPE/AWV	\$ 405.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 310.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 310.00
G2010	Remot image submit by pt	\$ 14.00
G2025	Telehealth	\$ 97.00
G8598	Aspirin 325mg (ASA)	\$ 0.02
H0002	Alcohol and/or drug screenin	\$ 35.00
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.33
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.44
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 15.40
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$ 132.46
J0561	Bicillin 1.2 mil Long Acting	\$ 14.19
J0561	Bicillin 2.4 LA Long Acting	\$ 14.19
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 14.19
J0696	Ceftriaxone 250mg/mL- IM	\$ 13.04
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.57
J1050	Medroxyprogesterone 150mg/ml IM	\$ 59.42
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 39.32
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.84
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.86
J1580	Gentamicin 80 mg/ml 2ML	\$ 1.17
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.85
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 3.04
J2020	Linezolid 100/5ml	\$ 287.30
J2020	Pretomanid Tab 200 MG	\$ 647.78
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.49
J2405	Ondansetron ODT 4mg TAB	\$ 19.60
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 31.43
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$ 8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.69
J3490	Capastat Injectable (1gr = 10ml)	\$ 227.51

J3490	Paser 4gm	\$ 6.85
J7296	Kyleena- 19.5 mg	\$ 1,272.00
J7297	IUD Device - Liletta	\$ 1,303.00
J7298	IUD Device - Mirena	\$ 1,272.00
J7300	IUD Device - Paragard	\$ 1,184.00
J7301	IUD Device - Skyla	\$ 1,059.00
J7307	Implant Device - Nexplanon	\$ 1,271.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.42
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.17
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 2.03
J7620	Ipratropium BR 0.02% SOLN	\$ 1.55
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.75
J7627	Budesonide 1mg/2mL INH SUSP	\$ 20.31
J8499	Avelox 400mg	\$ 32.15
J8499	Azithromycin 500mg	\$ 13.70
J8499	Cycloserine 250mg	\$ 68.75
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Doxycycline 100mg	\$ 0.21
J8499	Ethambutol 100mg	\$ 8.43
J8499	Ethambutol 400 mg	\$ 1.16
J8499	Ethionamide 250 mg	\$ 5.83
J8499	Hurricane Gyno-Gel	\$ 7.61
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	INH 300 MG 100CT	\$ 9.42
J8499	Isoniazid 100mg	\$ 0.13
J8499	Isoniazid 300mg	\$ 0.44
J8499	Levaquin 250mg	\$ 14.79
J8499	Levaquin 500mg	\$ 17.68
J8499	Levaquin 750mg	\$ 31.74
J8499	Linezolid 600mg Tab	\$ 151.05
J8499	Metronidazole 500 mg	\$ 5.71
J8499	Moxifloxacin 400 mg Tab	\$ 27.51
J8499	Mycobutin 150mg	\$ 15.40
J8499	Mylanta	\$ 0.09
J8499	Priftin 150mg	\$ 4.01
J8499	Pyrazinamide 500mg	\$ 2.52
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 62.53
J8499	Rifampin 150mg	\$ 17.42
J8499	Rifampin 300mg	\$ 14.42
J8499	Streptomycin 1 gram VIAL	\$ 82.24
J8499	TB Rifapentine 150mg	\$ 4.01
J8499	Vitamin B-6 25 MG	\$ 1.10
J8499	Vitamin B-6 50mg	\$ 0.02
J8499	Zyvox 600mg	\$ 11.28

J8501	Levofloxacin Tab 500 MG 50 CT	\$ 3.40
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$2,100.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ 5.00
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
S4993	Emergency Birth Control - Plan B	\$ 32.07
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 32.83
T1013	Sign Lang/Oral Interpreter	\$ 23.00
TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0002	Covid-19 lab test non-cdc	\$ 100.00



DATE: March 26, 2025

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer 

SUBJECT: District Health Officer Report

Mosquito Surveillance

The Southern Nevada Health District has begun routine mosquito surveillance activities approximately one month earlier than usual in response to warmer-than-average temperatures and recent rainfall across Clark County.

Environmental Health staff have started setting mosquito traps throughout the Las Vegas valley as part of the Health District's Mosquito Disease Surveillance Program. Early surveillance allows public health officials to closely monitor mosquito populations, identify species present in the community and detect signs of mosquito-borne viruses before peak mosquito season. Traps are placed in parks, wash channels, wetlands, residential neighborhoods and other potential breeding sites. Mosquitoes collected in the field are transported to a laboratory at the Health District's Main Public Health Center, where they are sorted and cataloged by species and location. Samples are then sent to the Southern Nevada Public Health Laboratory to test for arboviruses, including West Nile virus.

While activity has fluctuated in recent years, surveillance remains an essential public health tool to detect virus activity and guide response efforts. In 2024, 12 non-neuroinvasive cases and 14 neuroinvasive cases of West Nile virus were reported in Clark County. In 2025, no human cases of West Nile virus were reported in Clark County.

Because early-season conditions are favorable for mosquito development, the Health District is urging residents to take precautions now, particularly against *Aedes aegypti*, an invasive mosquito species capable of transmitting viruses such as Zika, dengue, yellow fever and chikungunya. Unlike most mosquitoes, *Aedes aegypti* are aggressive daytime biters that prefer feeding on people. They breed in small containers that collect rain or irrigation water, including plant saucers, buckets, children's toys and even bottle caps.

The Health District's Fight the Bite campaign encourages residents to:

- Eliminate standing water around their homes
- Use an EPA-registered insect repellent and wear protective clothing
- Report mosquito activity to the Health District's surveillance program at (702) 759-1633
- Report green pools to their local code enforcement agency

Additional resources and prevention tips are available at www.snhd.info/mosquito

Community Drug Surveillance Program

In February, the Health District announced it had identified medetomidine—a veterinary sedative also known as “rhino tranq”—in the local illicit drug supply through its community drug surveillance program, which anonymously samples used drug paraphernalia. While medetomidine use has not been widely reported in Nevada, the Health District has confirmed five positive samples since July 1, 2025, representing less than 1% of all samples collected since September 2024.

Medetomidine is a veterinary sedative, similar to xylazine (“tranq”), that is 100 to 200 times more potent than xylazine and can cause longer-lasting sedation, low heart rate and more severe withdrawal symptoms. It is not an opioid but has been found in the local illicit drug supply, most often in combination with fentanyl.

Clark County overdose surveillance data from September 2024 to August 2025 indicate a 50% increase in fentanyl deaths (from 0.8 deaths per 100,000 population to 1.2 deaths per 100,000) and an increase of almost 42% in methamphetamine-involved deaths (from 1.08 per 100,000 population to 1.53 per 100,000). Thus far, medetomidine has not been implicated in any overdose deaths in Clark County.

Symptoms and overdose

Medetomidine primarily causes profound sedation but may also lead to low blood pressure, slowed heart rate, dizziness, extreme fatigue, shortness of breath, nausea, blurred vision and confusion. Because of its strong sedative effects, a person who has overdosed on a drug containing medetomidine may remain sedated and unresponsive after naloxone is administered, even if the opioid component of the overdose is successfully reversed. When responding to a suspected overdose, it is critical to prioritize breathing over responsiveness by ensuring the person takes at least one breath every five seconds and does not appear pale, gray or blue. It is also essential to call 9-1-1 immediately.

Overdose prevention practices can help prevent overdose deaths. The Health District currently provides test strips for both fentanyl and xylazine without a prescription at the pharmacy at its Main Public Health Center located at 280 S. Decatur Blvd., Las Vegas, NV 89107. Additional distribution locations for test strips can be found at [Substance Use Dashboard](#).

Medetomidine is not an opioid, and naloxone (Narcan®) will not reverse the effects of a medetomidine overdose. However, as medetomidine is found in substance mixtures containing fentanyl, it is important to use overdose response protocol. Call 9-1-1 for further medical evaluation and administer naloxone in response to any suspected overdose to reverse possible opioid effects.

More tips on overdose response are available at [6 Things to Know about Overdose Response](#). To learn more about medetomidine, go to [Medetomidine Fast Facts](#). People who are using substances, or their loved ones, can obtain more information about support and resources from the Health District Post Overdose Team [website](#).

Alzheimer’s Association Healthy Brain Initiative

The Health District has been selected by the Alzheimer’s Association to participate in a national initiative designed to help communities better understand, prevent and respond to Alzheimer’s disease and other forms of dementia. The Health District is one of only 16 local health departments and tribal health organizations nationwide selected through a competitive application process. The selection places the Health District in the 2026 cohort of the Alzheimer’s Association’s Healthy Brain Initiative Road Map Strategist and Champion Programs. Over the past four years, the

programs have supported more than 50 health departments and tribal organizations nationwide. Southern Nevada now joins a small group of communities working to bring brain health and dementia beyond the doctor's office and into everyday public health practice—similar to long-standing efforts focused on heart disease, diabetes and cancer.

The program provides funding, training and technical assistance to help health departments address dementia at the community level. Over the next year, the Health District will focus on building partnerships, increasing public awareness, and developing local strategies that support brain health across Southern Nevada.

What this means

According to the Alzheimer's Association, an estimated 10.9% of adults 65 and older in Clark County—approximately 39,300 people—are living with Alzheimer's disease. Alzheimer's and other dementias affect not only individuals and families, but entire communities. As the population ages, more Southern Nevada residents are experiencing memory loss, confusion and other cognitive challenges, while thousands of family members and friends provide care.

The Healthy Brain Initiative treats dementia as a public health issue, not solely a medical one. This approach emphasizes prevention, education, early detection and support systems, long before someone requires full-time care.

Through the initiative, the Health District will work to:

- Help residents understand what brain health is and why it matters
- Promote behaviors that may reduce the risk of cognitive decline, such as managing chronic conditions, staying socially connected and maintaining physical activity
- Improve access to information about dementia and available community resources
- Support caregivers, who often experience stress, burnout and health challenges of their own
- Strengthen coordination among health care providers, community organizations and local leaders

Rather than applying a one-size-fits-all approach, the initiative emphasizes community-driven strategies, allowing the Health District to tailor efforts to the unique needs, cultures and demographics of Southern Nevada.

A national effort with local impact

Participating organizations designate a public health professional to serve as a Strategist or Champion, leading local efforts to integrate dementia into public health planning. These leaders assess community needs, build partnerships and develop action plans using the Alzheimer's Association's Healthy Brain Initiative Road Map Series, a nationally recognized framework for addressing brain health and dementia.

For Southern Nevada, this means aligning local data, existing programs and community input to better prepare for the growing impact of dementia, particularly as the region's older adult population continues to increase.

Why this matters for Southern Nevada

By participating in the Healthy Brain Initiative, the Health District aims to:

- Increase public awareness so residents recognize when memory changes may be a cause for concern

- Reduce stigma surrounding dementia and cognitive impairment
- Encourage earlier conversations among patients, families and health care providers
- Improve coordination among agencies serving older adults and caregivers

This work also helps ensure dementia-related planning is integrated into broader public health efforts—from emergency preparedness to chronic disease prevention—rather than addressed in isolation. Additional information about Alzheimer’s and dementia is available at [Alzheimer’s and dementia | National Institute on Aging](#).

Pop-Up Produce Stands

Pop-Up Produce Stands have returned to the Bonneville Transit Center (BTC), offering affordable, regionally grown fruits and vegetables to the community. Shoppers can use SNAP/EBT, cash, debit or credit cards. Double Up Food Bucks, a nutrition incentive program for SNAP users are offered, and Senior Farmers Market Nutrition Program coupons are also accepted when available.

The stands are open from noon to 3 p.m., or while supplies last, at the BTC, 101 E. Bonneville Ave., Las Vegas, NV 89101. Upcoming dates are:

- Tuesday, March 3
- Tuesday, March 10
- Tuesday, April 7
- Tuesday, April 14
- Tuesday, May 5
- Tuesday, May 12

The produce stands are a partnership of the Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada and Prevail Marketplace. In addition to fresh produce, shoppers receive nutrition education and other health resources. The Division of Social Services will be in attendance at select pop-up events to assist participants with benefits and resources.

The program aims to improve access to healthy food and reduce food insecurity in Southern Nevada. In 2023, Clark County’s food insecurity rate was 16%, affecting 366,710 people—higher than both Nevada (15.1%) and the United States (14.3%). More than one in five children in Clark County, equivalent to 111,180 children (22%), experienced food insecurity. Rates among Black residents (28%) were more than double those of White residents (13%), underscoring significant disparities. In 2019, the U.S. Department of Agriculture identified 30 census tracts in Clark County as food deserts, highlighting persistent barriers to healthy food access.

In 2025, the stands distributed 1,113 pounds of fresh produce. About 44% of sales were made using SNAP/EBT benefits, demonstrating the program’s role in improving healthy food access for families who may be experiencing barriers to accessing healthy foods.

For more information, call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page. The website also lists local farmers markets, including those that accept EBT, SNAP and debit or credit cards.

Blood Pressure Self-Monitoring Program

The Health District’s Office of Chronic Disease Prevention and Health Promotion invited Clark County residents to participate in the YMCA’s Blood Pressure Self-Monitoring Program, offered by

the YMCA of Southern Nevada. The 16-week program aims to help people reduce and manage their blood pressure over time. It is designed for people who have high blood pressure or may be at risk of developing it.

About 34.6% of adults in Clark County have high blood pressure, which is slightly higher than the state average of 33.9%. High blood pressure is more prevalent among men than women. In 2023, non-Hispanic Black/African American adults had Clark County's highest rate of hypertension, at more than 41%. Nationally, more than 47% of U.S. adults have high blood pressure.

Among other things, the Blood Pressure Self-Monitoring program addresses certain everyday factors—such as high sodium intake, chronic stress, physical inactivity, excessive alcohol use and underlying conditions like obesity or diabetes—that can trigger spikes in blood pressure. These triggers make regular monitoring and healthy lifestyle choices essential for prevention and control. The program also includes monthly nutrition seminars to help people improve their knowledge of heart-healthy eating habits.

Those who qualified for the program receive a free YMCA membership with access to any of its three Las Vegas-area locations throughout the duration of the program. The English cohort meets from 11 a.m. to noon on Mondays, March 9 through June 15, at the Durango Hills YMCA, 3521 North Durango Dr., Las Vegas, NV 89129. To learn more about the qualification guidelines, email Courtney Taber at ctaber@lasvegasyymca.org or call (702) 522-7370.

The Spanish cohort meets Tuesdays from 5 to 6 p.m. starting March 24 through July 7 at the Bill and Lillie Heinrich YMCA, 4141 Meadows Ln., Las Vegas, NV 89107. Healthy Heart Ambassadors—certified blood pressure monitoring health coaches—are offering one-on-one consultations for the duration of the cohort. For more information, email Janu Herrera at jherrera@lasvegasyymca.org.

Influenza Update

As of February 21, 890 influenza-associated hospitalizations and 27 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) decreased from 3.7% in week 6 to 3.2% in week 7.

Influenza A has been the predominant influenza type detected among hospitalized cases in Clark County. During week 7, 4.4% 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/.

Community Meetings

Week ending 03/01:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Brune, Commissioner Becker, Bobbette Bond, Councilwoman Larson, Mayor Hardy
- Participated in the Southern Nevada District Board of Health meeting

Professional Development/Conferences:

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

Week ending 02/22:

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports
- Participated in the EIS Bi-weekly Check-in meeting

Monthly:

- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Gallo and Scott Nielson

Ad-hoc Meetings:

- Participated in a meeting regarding the status of birth Hep B vaccinations
- Participated in an internal meeting regarding Medicaid administrative claiming and Medicaid administrative activities

Week ending 02/15:

Biweekly:

- Participated in a meeting regarding the lab expansion
- Facilitated one-on-one meetings with Direct Reports
- Participated in the Healthcare Associated Infections (HAI) Update meeting

Monthly:

- Participated in the BCHC Monthly Member meeting

Quarterly:

- Participated in the EIS Supervisory Team meeting

Ad-hoc Meetings:

- Participated in a meeting regarding C. auris numbers and positivity rates
- Participated in a meeting regarding bio-watch and SNPHL
- Participated in a Political Affairs Committee at the Greater of Las Vegas Association of Realtors Office
- Participated in a meeting regarding the CHIP/CHA
- Participated in a meeting regarding Child Haven

Week ending 02/08:

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports
- Participated in the EIS Bi-weekly Check-in meeting

Monthly:

- Participated in the Disease Surveillance & Control Division leadership meeting
- Participated in the Monthly Leadership Finance meeting

Bi-monthly:

- Participated in the Informatics Department leadership meeting

Quarterly:

- Participated in the Community Health Division leadership meeting
- Participated in the Lab Test Pricing Check-in

Ad-hoc Meetings:

- Participated in a meeting with Dr. Luis Medina regarding ID Fellowship at SNHD
- Participated in an internal meeting regarding shadow billing
- Participated in an internal meeting regarding the state public health fund
- Participated in a meeting regarding the Regional Trauma Advisory Board nomination process
- Participated in an internal meeting regarding Medicaid administrative claiming and Medicaid administrative activities

SNHD INTERIM FINANCIAL REPORT

(UNAUDITED)

As of December 2025

(Includes Adopted Budget Approved March 2025)

Summary of Revenues, Expenses, and Net Position

(as of December 31, 2025 – Unaudited)

Revenues

- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is \$69.37M compared to a budget of \$60.79M, a favorable variance of \$8.58M.
- Special Revenue Funds (Grants) is \$22.08M compared to a budget of \$30.94M, an unfavorable variance of \$8.86M.
- Total Revenue is \$91.45M compared to a budget of \$91.73M, an unfavorable variance of \$0.28M.

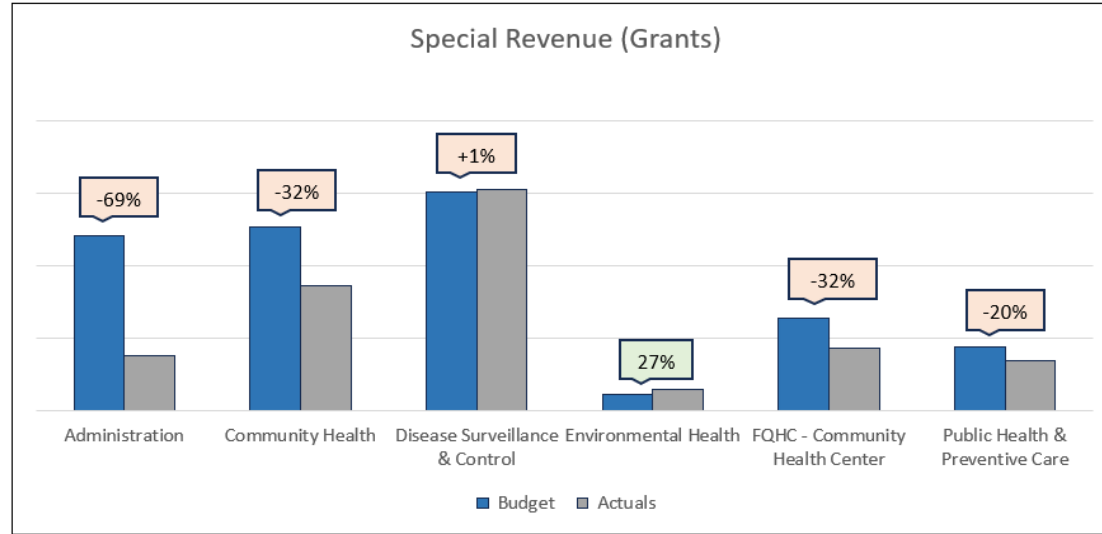
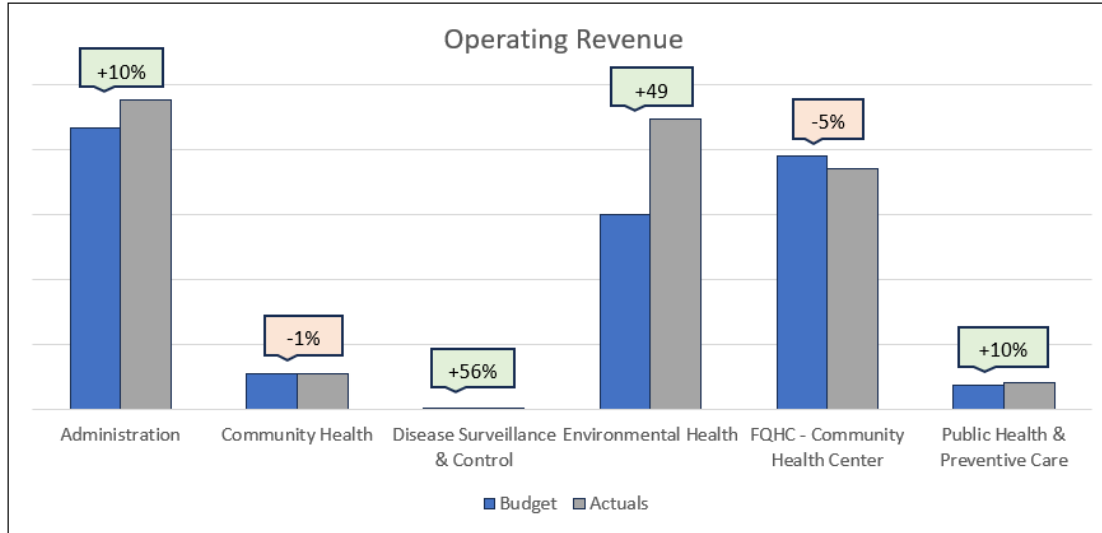
Expenses

- Salary, Tax, and Benefits is \$53.16M compared to a budget of \$55.75M, a favorable variance of \$2.59M.
- Other Operating Expense is \$30.22M compared to a budget of \$38.24M, a favorable variance of \$8.02M.
- Total Expense is \$83.38M compared to a budget of \$93.99M, a favorable variance of \$10.61M.

Net Position: is \$8.07M compared to a budget of (\$2.26M), a favorable variance of \$10.33M. (See Notes for Revenues and Expenses).

REVENUES

(as of December 31, 2025 – Unaudited)



Division	Budget as of Dec 2025	Actual as of Dec 2025	Variance Favorable (Unfavorable)	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 21,698,988	\$ 23,825,548	\$ 2,126,560	10%
Community Health	2,741,364	2,705,036	(36,328)	-1%
Disease Surveillance & Control	15,000	23,450	8,450	56%
Environmental Health	14,959,761	22,311,298	7,351,537	49%
FQHC - Community Health Center	19,532,376	18,485,387	(1,046,989)	-5%
Public Health & Preventive Care	1,839,675	2,021,594	181,919	10%
SUBTOTAL	\$ 60,787,163	\$ 69,372,313	\$ 8,585,150	14%
Special Revenue (Grants)				
Administration	\$ 7,219,887	\$ 2,248,332	\$ (4,971,556)	-69%
Community Health	7,565,193	5,140,084	(2,425,109)	-32%
Disease Surveillance & Control	9,026,280	9,140,381	114,101	1%
Environmental Health	693,124	878,567	185,443	27%
FQHC - Community Health Center	3,817,516	2,583,302	(1,234,214)	-32%
Public Health & Preventive Care	2,618,784	2,086,811	(531,973)	-20%
SUBTOTAL	\$ 30,940,783	\$ 22,077,476	\$ (8,863,307)	-29%
TOTAL REVENUE	\$ 91,727,946	\$ 91,449,789	\$ (278,157)	0%

- NOTES:**
- 1) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING WILL BE RECORDED IN JANUARY 2026.
 - 2) MAJOR GRANT SPENDING FOR LAB EXPANSION TO OCCUR Q4 FY2026.
 - 3) TERMINATED GRANT EXPENSES INCLUDED IN ADOPTED BUDGET WILL BE ADJUSTED IN AUGMENTATION.
 - 4) FY26 ADOPTED BUDGET INCLUDED UNFILLED 100% GRANT FUNDED POSITIONS. THESE WERE REMOVED DURING AUGMENTATION.

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY

Revenues by Category

(as of December 31, 2025 – Unaudited)

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 128,985	\$ -	\$ 22,125,548	\$ -	\$ -	\$ 22,254,533
<i>Property Taxes</i>	20,754,210	-	-	-	-	-	20,754,210
<i>Charges for Services</i>	1,478,180	2,576,051	20,000	-	16,988,805	1,368,958	22,431,993
<i>Intergovernmental</i>	2,248,332	5,140,084	9,140,381	878,567	2,583,302	2,086,811	22,077,476
<i>Investment Earnings</i>	1,442,813	-	-	-	-	-	1,442,813
<i>Other</i>	150,346	-	3,450	185,750	1,496,582	652,626	2,488,755
<i>Contributions</i>	-	-	-	-	-	10	10
TOTALS BY DEPT	\$ 26,073,880	\$ 7,845,120	\$ 9,163,831	\$ 23,189,865	\$ 21,068,689	\$ 4,108,405	\$ 91,449,789

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY

Revenue Categorization

General Fund

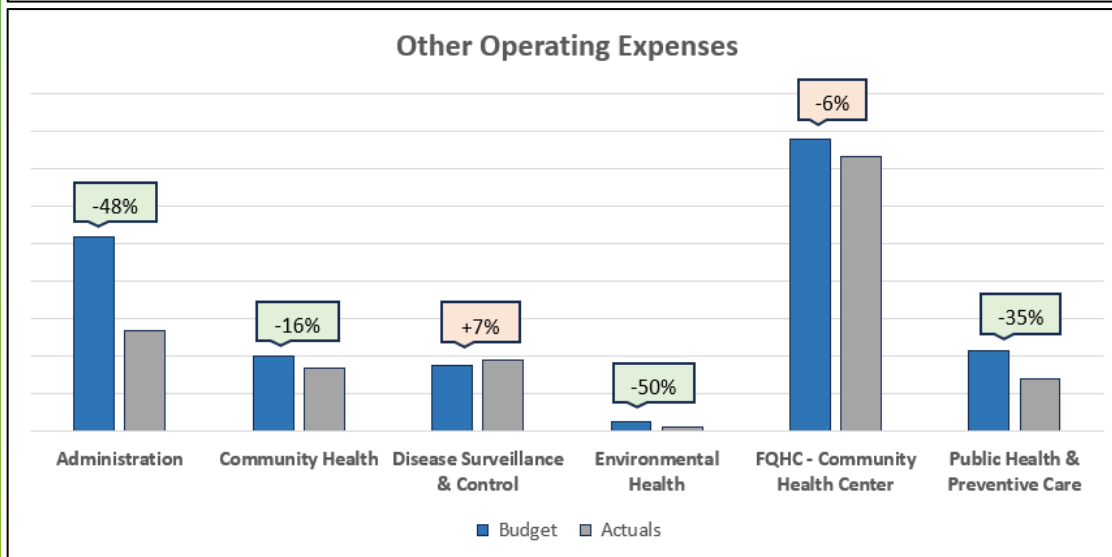
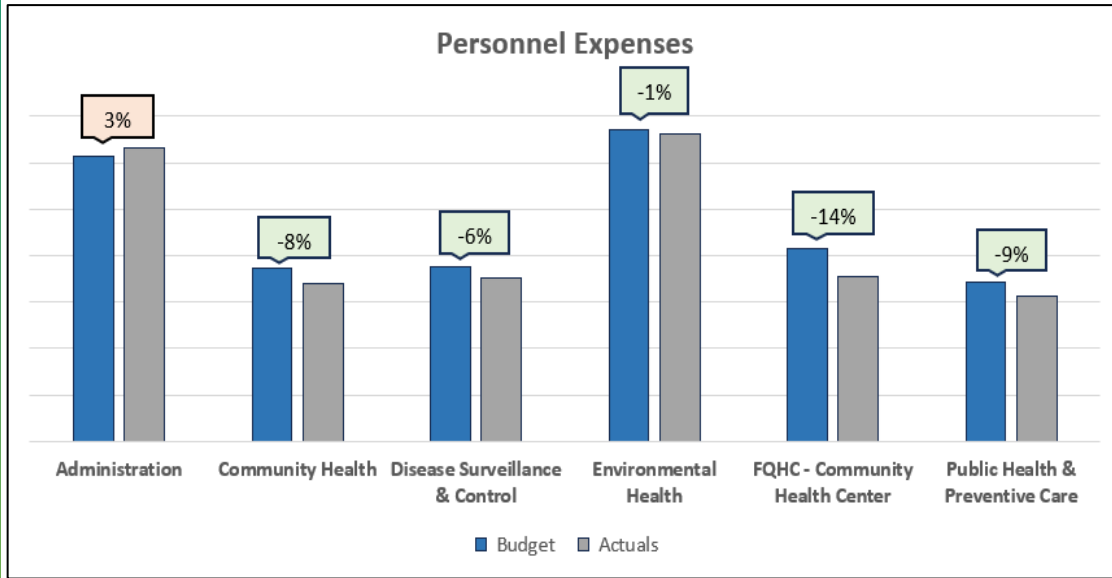
- *Property tax* – includes revenue from Clark County for property tax received.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other regulatory fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue*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

Special Revenue Fund

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

EXPENSES

(as of December 31, 2025 – Unaudited)



Division	Budget as of Dec 2025	Actual as of Dec 2025	Variance Favorable (Unfavorable)	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 12,255,065	\$ 12,663,061	\$ (407,996)	3%
Community Health	7,430,769	6,818,110	612,659	-8%
Disease Surveillance & Control	7,493,770	7,021,798	471,972	-6%
Environmental Health	13,408,100	13,270,224	137,876	-1%
FQHC - Community Health Center	8,297,310	7,124,394	1,172,916	-14%
Public Health & Preventive Care	6,860,589	6,267,006	593,583	-9%
SUBTOTAL	\$ 55,745,603	\$ 53,164,593	\$ 2,581,010	-5%
Other (Supplies, Contractual, Capital)				
Administration	\$ 10,351,745	\$ 5,391,582	\$ 4,960,162	-48%
Community Health	4,025,663	3,380,860	644,802	-16%
Disease Surveillance & Control	3,517,830	3,765,194	(247,364)	7%
Environmental Health	520,533	262,655	257,879	-50%
FQHC - Community Health Center	15,535,845	14,650,343	885,502	-6%
Public Health & Preventive Care	4,288,101	2,768,944	1,519,157	-35%
SUBTOTAL	\$ 38,239,717	\$ 30,219,579	\$ 8,020,138	-21%
Total Operating Expenses	\$ 93,985,320	\$ 83,384,172	\$ 10,601,148	-11%
Indirect Costs/Cost Allocations	\$ 0	\$ 325	\$ (325)	0%
Transfers IN	(4,389,825)	(2,268,849)	(2,120,975)	-48%
Transfers OUT	4,389,825	2,268,849	2,120,975	-48%
Total Transfers & Allocations	\$ 0	\$ 325	\$ (325)	0%
TOTAL EXPENSES	\$ 93,985,320	\$ 83,384,497	\$ 10,600,823	-11%

NOTES:

- 1) MAJORITY OF LAB EXPANSION CAPITAL EXPENSES ANTICIPATED TO OCCUR IN Q4 FY26.
- 2) VACCINE EXPENSES WERE LOWER THAN ANTICIPATED FOR THE ELAPSED PERIOD AND WILL BE REVIEWED DURING THE AUGMENTATION
- 3) DOES NOT INCLUDE TRANSFERS OUT OF \$3M TO CAPITAL PROJECTS FUND

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY

Expenses by Category

(as of December 31, 2025 – Unaudited)

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 8,475,062	\$ 4,586,286	\$ 4,715,000	\$ 8,974,462	\$ 4,797,545	\$ 4,234,590	\$ 35,782,945
<i>Taxes & Benefits</i>	4,187,352	2,231,824	2,307,445	4,295,762	2,326,849	2,032,416	17,381,649
<i>Contractual</i>	4,203,908	1,567,732	1,481,837	91,570	671,690	236,286	8,253,024
<i>Indirect/Cost Allocation</i>	(15,530,075)	2,324,683	2,542,756	3,210,561	5,307,939	2,144,460	325
<i>Supplies</i>	238,554	1,715,915	2,215,474	56,164	13,951,107	2,482,082	20,659,295
<i>Property</i>	917,120	59,823	-	-	-	-	976,943
<i>Travel & Training</i>	32,001	37,390	67,883	114,920	27,546	50,576	330,317
TOTALS BY DEPT	\$ 2,523,921	\$ 12,523,654	\$ 13,330,395	\$ 16,743,440	\$ 27,082,677	\$ 11,180,411	\$ 83,384,497

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY

Expense Categorization

Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software, maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, office supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 25.25%. Indirect costs associated with special revenue funds are recovered generally at the allowed 15% de minimis rate. Cost Allocations make up the remaining 10.25%. NOTE: The de minimis rate for federal grants increased from 10% to 15% effective October 1, 2024.
- *Transfers In* – funds transferred into special revenue fund from the general fund.
- *Transfers Out* – funds transferred out of the general fund into other funds.

Other Governmental Funds

(as of December 31, 2025 – Unaudited)

Other Governmental Funds	Budget as of Dec 2025	Actual as of Dec 2025	Variance Favorable (Unfavorable)	% +/-
Revenue				
Capital Projects	\$ 54,780	\$ 99,510	\$ 44,731	82%
Bond Reserve	48,310	53,840	5,530	11%
Total Revenue	\$ 103,090	\$ 153,351	\$ 50,261	49%
Transfers In	3,000,000	3,000,000	-	100%
Total Revenue & Transfers In	3,103,089.68	3,153,350.54	50,260.86	2%
Expenses				
Capital Projects				
Facilities	\$ 755,000	\$ 30,760	\$ (724,240)	-96%
Information Technology	650,500	255,570	(394,930)	-61%
Total Expenses	\$ 1,405,500	\$ 286,330	\$ (1,119,170)	-80%
Revenue Less Expenses	\$ 1,697,590	\$ 2,867,021	\$ 1,169,431	69%

Summary of Assets, Liabilities, and Fund Balance

Southern Nevada Health District
Summary of Assets, Liabilities, and Fund Balance
12/31/2025 (Unaudited)

	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
Assets				
Total assets	73,977,295	18,934,445	10,495,940	103,407,687
Liabilities				
Total liabilities	3,773,439	18,812,992	842,636	23,429,075
Fund Balances				
Nonspendable	4,886,763	2,028	-	4,888,791
Restricted	-	766,129	-	766,129
Committed	1,000,000	-	-	1,000,000
Assigned	9,719,910	-	9,653,304	19,373,214
Unassigned	54,597,184	(646,703)	-	53,950,481
Total fund balances *	<u>70,203,857</u>	<u>121,453</u>	<u>9,653,304</u>	<u>79,978,614</u>

* Reconciling items as of 06/30/25 for reductions in net position for government activity of \$(107,379,182) for pension liability, compensated absences liability, leases and subscription assets and post-employment benefits liability are not included in this total which would result in a \$(27,400,568) total balance.





QUESTIONS?

MEMORANDUM



Date: March 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 – February 2026**

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Executive Summary

The Office of Communications issued seven News Release and posted ads to support the Your Shot campaign and services offered at the Southern Nevada Community Health Center (SNCHC) through streaming services and Google. Various events were promoted on social media, including Black History Month, Community Baby Shower, National Heart Month, Tobacco-Free Living Summit, and the National Black HIV/AIDS Awareness Day. Health Cards served 11,803 total clients, including 2,638 clients renewing online. As of March 3, 2026, the Health District had 798 active employees. Human Resources posted 8 employment opportunities, held 39 interviews, extended 17 job offers, and onboarded six new hires.

Office of Communications

News Releases Disseminated:

- Community leaders to address tobacco’s toll on Black communities

- Health District promotes heart health with community partners during American Heart Month
- Free HIV testing highlights National Black HIV/AIDS Awareness Day
- Southern Nevada Health District detects medetomidine in illicit drug supply
- Southern Nevada Health District selected for Alzheimer's Association Brain Health Initiative
- Health District and Foundation for Recovery celebrate achievement
- Septic Regulations Statement from the Southern Nevada Health District

Press:

- Proposed septic tank regulations
- Bio lab investigation at Las Vegas residence
- Medetomidine found in illicit drug supply
- Community Baby Shower
- Tobacco-Free Living Summit
- National Black HIV/AIDS Awareness Day

Five hundred sixty-two news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in February. Coverage includes traditional print, broadcast, digital and online media outlets. A list is available at

<https://media.southernnevadahealthdistrict.org/download/oc/202602-PI-Report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In February, ads were placed to support the Your Shot campaign and services offered at the Southern Nevada Community Health Center (SNCHC) through streaming services and Google ads. Staff also produced creative materials, including Express Testing and Collect 2 Protect programs. The Office of Communications worked with the Environmental Health division to design postcard mailers and distribute emails for the proposed Individual Sewage Disposal System (ISDS) regulations outreach meeting. Additionally, staff assisted in the design of the Epidemiology quarterly newsletter.

The Office of Communications responded to 294 public information inquiries in February related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 80 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 Black History Month, Let's Get There Together, Heart Health, Community Baby Shower, holiday closures, Valentine's cards, National Heart Month, Wear Red Day, Tobacco-Free Living Summit, National Black HIV/AIDS Awareness Day 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: 275

Government Affairs Update:

- Planning for the legislative interim and public health week

Meetings and Events of Note:

- 02/04: Three Square bi-weekly partner townhall meeting
- 02/05: Media training
- 02/05: WINS project meeting
- 02/09: Public Health Accreditation Board (PHAB) readiness meeting
- 02/10: Unidos Por Nevada Meeting United Way of Southern Nevada
- 02/13: Big Cities Health Coalition PIO/Communications Call
- 02:23: Radiation Workshop
- 02/24: ISDS Outreach Session at Centennial Hills Senior Center
- 02/24: Southern Nevada School Traffic Safety Policy Working Group Meeting
- 02/24: Legislative and policy update at Partners for a Healthy Nevada meeting
- 02/27: Nevada Patient Protection Commission
- Meetings for Nevada Tobacco Control and Smoke-free Coalition
- Meetings for Big Cities Health Coalition PIO/Communications and Policy Workgroups
- 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

Monthly Work Orders	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Maintenance Responses	531	528	↓	3,363	3,311	↓
Electrical Work Orders	65	61	↓	314	349	↑
HVAC Work Orders	23	88	↑	436	653	↑
Plumbing Work Orders	24	11	↓	161	117	↓
Preventive Maintenance	119	15	↓	366	165	↓
Security Responses	2,642	1,811	↓	20,540	15,443	↓

Current Projects

Decatur Location

- Added insulation to office in Legal

SNPHL Location

- Verkada conversion for gate install

Finance

Total Monthly Work Orders	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Purchase Orders Issued*	551	505	↓	6498	3839	↓
Grants Pending – Pre-Award**	2	6	↑	32	24	↓
Grants in Progress – Post-Award***	2	3	↑	74	60	↓

*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.

Grants Expired – February 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, STD Prevention & Control Program (std_25)	P-CDC	2/28/2026	\$609,002.00	End of budget period	3.25	FY2026 expected to renew
Clark County, Ryan White HIV/AIDS Part A, Transitional Grant Area, Medical, Core and Support Services (rwa_25)	P-HRSA	2/28/2026	\$280,500.00	End of budget period	4.00	FY2026 expected to renew
Ryan White HIV/AIDS Part A, Ending the HIV Epidemic Rapid Start (eherpd26)	P-HRSA	2/28/2026	\$90,000.00	End of budget period	0.02	FY2026 expected to renew
Clark County, Ryan White Clinical Quality Management - ILA YR 1 of 3 (rwacqm26)	P-HRSA	2/28/2026	\$25,000.00	End of budget period	0.13	FY2026 expected to renew

Grants Awarded – February 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Ryan White Part B Retention in Care Services, Amendment 1, (hcrwbr25)	P-HRSA	2/5/2026	4/1/2025	3/31/2026	\$44,797	additional funds added to award	1.03

Grants Awarded – February 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, DPBH Tuberculosis Program, Year (tb_26)	P-CDC	1/14/2026	1/1/2026	12/31/2026	\$181,651	FY2026 renewal	2.44
State NV- Public Health Preparedness (PHP) City Readiness Initiative, (cri_26)	P-CDC	2/5/2026	7/1/2025	6/30/2026	\$759,114	FY2026 renewal	4.05

Contracts Awarded – February 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Alzheimer's Association, National Healthy Brain Initiative (hbi_26)	Contract	2/5/2026	9/30/2025	9/29/2026	\$50,000	FY2026 renewal	0.00
Emerging Contaminant in Small or Disadvantaged Communities (EC-SDC) (nvpfas26)	Contract	2/26/2026	2/26/2026	10/31/2028	\$108,238	FY2026 renewal	0.37

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
 - a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
 - b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
 - c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of February, we averaged 94 “passing and paying” online renewal clients per day, with a total of 2,638 clients renewing online.

CLIENTS SERVED	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sept 2025
FH Cards – New	4,145	4,205	3,795	3,390	4,110	4,647
FH Cards – Renewals	2,941	3,303	2,521	2,107	2,420	2,476
FH Cards – Online Renewals	2,638	3,450	2,331	2,389	2,497	2,323
Duplicates	509	649	444	353	530	504
CFSM (Manager) Cards	260	240	189	175	192	257
Re-Tests	1,199	1,304	950	859	1,100	1,175
Body Art Cards	111	110	90	81	109	121
TOTALS	11,803	13,261	10,320	9,354	10,958	11,503

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for February
- 798 active employees as of March 3, 2026
- 6 New Hire, including 0 rehires and 0 reinstatements
- 4 Terminations, including 0 retirements
- 2 Promotions, 0 Flex-reclasses
- 1 Transfer, 2 Lateral Transfers
- 1 Demotion
- 33 Annual Increases
- 39 Interviews
- 17 Offers extended (3 offers declined)
- 8 Recruitments posted
- Turn Over Rates
 - District Administration: 1.93%
 - Community Health: 0.935%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.00%
 - Public Health & Preventive Care: 0.52%
 - FQHC: 0.00%

Temporary Employees

- 4 Temporary Staff

Safety

- 2 Investigations
- 61 Inquiries
- 5 Inspections

Employee/Labor Relations

- 0 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 1 Final Written Warning, 0 Termination, 0 Probationary Releases
- 6 Grievances

- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings
- 4 Investigations
- 15 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 30 interns providing 465 applied public health practice hours in January 2026.

Interns and Clinical Rotations	Feb 2026	YTD
Total Number of Interns ¹	30	80
Internship Hours ²	828	4,636

¹Total number of students, residents, and fellows

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

Training (In-Person and Online)

- OVS Committee Meetings:
 - 2/5/2026 – 19 Participants
 - 2/12/2026 – 19 Participants
 - 2/26/2026 - 19 Participants
- TVS Debrief:
 - 2/5/2026 – 22 Participants
 - 2/9/2026 – 8 Participants
- Teambuilding Workshops:
 - 2/26/2026 – 12 Participants

New Hire Orientation

- 2/2/2026 – 3 New Hires
- 2/17/2026 – 3 New Hires

Informatics

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 updated STD form for Syphilis, Neurosyphilis, and Congenital Syphilis to follow CSTE position statement, additional treatment options for Syphilis staging form, added a new “Date Assigned/Reassigned” field to the care status repeating fields for case management form, added more fields; incubation, travel, added more options to contact with for MPOX form, immunization & vaccination form questions, added a new Re-engagement 2 Care form.
3. Allow staff to manually add a Shigella risk factor form to Campylobacter investigations when needed.
4. Reviewed and resolved outbreak attachment/note issues.
5. Updated the vaccine list for the Pertussis condition to support mapping and integration with IIS.

6. Added missing treatments for all HAI conditions.
7. Ongoing development of contact import templates for generic, STD morbidity, and STD contact events.
8. EpiTrax User Requests:

	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
EpiTrax Requests								
EpiTrax Requests Completed	9	12	12	11	13	16	15	12
EpiTrax Requests Opened	66	61	51	53	55	57	53	48
EpiTrax New Requests	6	6	2	13	11	18	11	7

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 MPOX, Campylobacter, Ehrlichiosis, and Anaplasmosis logic.
4. Ongoing integration of Amazon Bedrock with eCR, to extract key data elements, validate eCRs, and streamline ingestion into EMSA using the Cal Poly eCR project.
5. ELRs and eCRs Volume:

ELRs	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Total Received	120,348	115,517	218,838	122,462	118,343	135,111	132,370	131,135
Total Processed	121,033	115,884	224,642	122,260	117,087	135,038	152,490	127,198
Under Review	725	1,461	809	752	1,039	1,421	2,420	6,876
Event Updated	19,075	16,595	53,047	17,971	15,949	19,496	22,630	18,703
Event Created	8,481	9,409	46,345	8,441	7,206	8,516	9,472	10,536

eCRs	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Total Received	85,864	139,146	103,838	99,140	49,580	52,372	49,968	47,280
Total Processed	233,966	52,141	35,319	165,472	100,899	49,846	45,993	44,829
Under Review	1,158,275	1,241,940	1,303,566	113,708	84,776	87,028	90,631	93,220
Event Updated	3,389	3,560	2,551	15,688	9,733	4,190	3,467	4,215
Event Created	629	1,017	648	1,601	784	599	428	484

C. Data Warehouse

1. Solved ETL held lock issue by refreshing intermediate schemas.
2. Updated the schedules for the Airflow ETL daily duplicate deletion and ETL check scripts.

D. Pentaho Report

Pentaho Reports	July 2025	August 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Updated	4	3	1	2	2	2	1	1
Created	1	1	0	0	0	0	1	0

E. Dashboard

1. Updated display table with payer type and added payer type filter for Power BI eCW finance billing dashboard.
2. Updated the wastewater dashboard with proposed wastewater catchment zip maps and initial graphs for wastewater and hospitalization data.
3. Updating hospitalization metric for the respiratory dashboard.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Provided ongoing support and maintenance for the Laboratory Information Management System (LIMS) supporting SNPHL operations.
2. Implemented configuration updates to support Healthcare-Associated Infection (HAI) activities, including Carbapenem Resistance Testing.
3. Developed new reports and modified existing reports (20+ total) to support operational and reporting needs.
4. Updated reference ranges for Blood Urea Nitrogen (BUN) and glucose testing.
5. Modified influenza sub-typing result rules to improve result processing and reporting.
6. Added 30 new providers to the Outreach System to support lab reporting and outreach activities.
7. SNPHL Requestes:

SNPHL Requests	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Requests Completed	43	50	56	58	47
Requests Opened	44	48	67	56	50

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. Added Street Medicine Facility and configs to EHR.
3. Updated Clinical Rule Engine for Well Woman Visit type.
4. Resolved routing issue with Fremont labs.
5. Resolved issue with some labs not displaying correctly in the EHR.
6. EHR Requests and Reports.

EHR Requests	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Requests Completed	18	49	29	22	22	27	29	30
Requests Opened	20	71	18	25	23	20	26	30

eCW Reports	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
FQHC	9	5	8	12	5	3	18	10
PPC	6	6	1	1	2	4	2	6

H. Clark County Coroner's Office (CCCO)

1. Completed and tested a case management system feature update to support pending correspondence.
2. Implemented a code solution to correct formatting for autopsy photos that were erroneously saved.

I. Data Modernization Initiative (DMI)

1. Resolved an issue causing the Adverse Event Indicator (INV1164) to export as “Yes” with a blank value when condition mapping was applied by excluding it during HL7 transformation.
2. Removed the Influenza outbreak condition from NETSS export scripts.
3. Removed Varicella cases from CDC MVPS, reprocessed 2025 Varicella cases through the NETSS export, and discontinued exporting C. auris MMG cases.
4. Completed the Pertussis test case worksheet in EpiTrax for MMG submission.
5. Submitted LTBI test cases via MMG for CDC review.
6. Evaluated and purchased a data catalog system.

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. Coordinated with HCA on transitioning their syndromic feed to the new SFTP server.
3. Continued onboarding of inpatient data from all the data partners to their syndromic surveillance feeds.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Added Q4 2025 data to the Poison Control Database.
3. Completed the migration of the UMC ELR feed to the new SFTP server.
4. Added additional vaccine variables to support data requests from the Nevada State.
5. Ongoing Influenza cases severity data extract for NV State requests.
6. Addressed OpenEMPI no match recursive links issues and speed optimizations, and resolved issue with OpenEMPI team to resolve not processing probable links correctly.
7. Updated the Collect 2 Protect daily report to include the new survey for the rapid HIV test, both 1-minute blood test and 20-minute oral fluid test.

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 Data Quality 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. Received the 2025-2026 RWACQM grant from Clark County Social Services.

Information Technology (IT)

Service Requests	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Service Requests Completed	993	890	↓	8,448	6,471	↓
Service Requests Opened	1,101	996	↓	9,520	7,233	↓

Information Services System Availability 24/7	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Total System	78.70	89.72	↑	88.03	90.10	↑

Total Monthly Work Orders by Department	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Administration	267	266	↓	2,202	1,823	↓
Community Health	105	94	↓	828	715	↓
Environmental Health	156	119	↓	1,338	1,084	↓
Primary & Preventive Care	162	166	↑	1,763	1,231	↓
Disease Surveillance & Control	138	117	↓	1,100	957	↓
FQHC	215	163	↓	1,756	1,059	↓
Other	23	41	↑	149	131	↓

First Call Resolution & Lock-Out Calls	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Total number of calls received	1,101	996	↓	9,520	7,233	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Prepared the February 2026 Hiring Plan for submission to CDC
 - Participated in the Grants Presentation provided by Finance and the Grants Team
 - Met with accountants of the PHIG A1 & A2 strategies to reconcile budget revision for Year 4 funding and carryover funds
 - Participated in the Health Executive Council; focus: Gemba walk in Vital Records, re: capacity challenges
 - Participated in the Consortium for Workforce Research in Public Health (CWORPH) webinar, re: Collaborations between Local Public Health and Healthcare: Highlighting Rural Success Stories" and "Changing Structures in Local Public Health: Impacts and Implications
 - Participated in the Big Cities Health Coalition re: Health Career Connections – Intern early career placement opportunities
 - Met with CHRO re: PHIG budget
 - Participated in the ASTHO Workforce webinar, re: WF-related timely topical information-sharing and discussion among governmental public health professionals who support workforce activities

- Fiscal review of Credit Card usage by PHIG Team; Reconciled/approved purchases

CDC Requirements

- Monthly CDC Project Officer meeting as the plan for Project Officer coverage is being determined by the CDC
- Finalized, reviewed, and approved February monthly hiring plan for submission to the CDC
- 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
- Received notification of new Grants Management Specialist for PHIG along with new Grants Management Officer
- Reviewed, revised, and updated PHIVE per an unofficial Project Officer

Performance Management

- 1 hour administering, closing & reporting a feedback survey for PPC All Hands. Requests are now with the state for new Alchemer software licenses for this team to run their own anonymized surveys using earmarked ELC funds through the state.
- 3 hours spent in analysis and collaboration to refresh strategic plan objectives to meet PHAB standards.
- 2 hours spent planning the Change Management Symposium from NACCHO in the last week of April. SNHD will be featured on a panel as part of the 4-hour program.
- 3 team hours Strategic Plan design to organize information for collaboration with Office of Communication for design work of a public-facing document.
- Previewed the PHAB decision making tool for strategic decisions. This product is for sale to health departments and does not meet our needs at this time.

Quality Improvement

- 10 team hours spent observing care team huddles (FQHC) for Appointment Utilization project.
- 7 hours spent in preparation for and delivering Gemba Walk for HEC in the Vital Records dept.
- 10 hours of learning and synchronous classwork in Clinical Leadership from Region 9 Public Health Training Center at Univ. of Arizona, Tempe.
- 3 team hours spent in preparation and executing monthly PM/QI Team meeting. Highlights included discussion of involving 24 BSN/RN students in QI projects at the request of their faculty.
- 5 hours spent in preparation and execution of the Lead Conversion project for the Healthy Start program.
- 2 hours spent developing RFP and identifying potential vendors for an Organizational Change Management workshop for the HEC.

PHAB Reaccreditation

- Innovation Learning: 2 hours invested in “Artificial Intelligence for Public Health” webinar presented by MidAtlantic Region Public Health Training Center.
- 18 hours administrative work in preparation for participation in the Creative Problem-Solving workshop for leaders and individual contributors. This design-thinking course utilized the same facilitators from the “d School” at Stanford University. Facilitated workshop made possible by PHIG. Initial post-assessment shows a 21% increase in knowledge and ability to apply new tools to address problems or change outputs with new tools and approaches.

- 22 team hours completing the Reaccreditation Readiness Survey with contributors. This survey is the Reflection portion of our final annual report to PHAB. One year from now, we will be submitting our application for the next 5-year cycle of Accreditation.

PHIG

- 3 hours spent in procurement and administering Purchasing Card statement for the team.
- 2 team hours spent coordinating with Office of Communications regarding the recording and publishing of grant-funded accomplishments (WINS).

Appendix A – Office of Communications

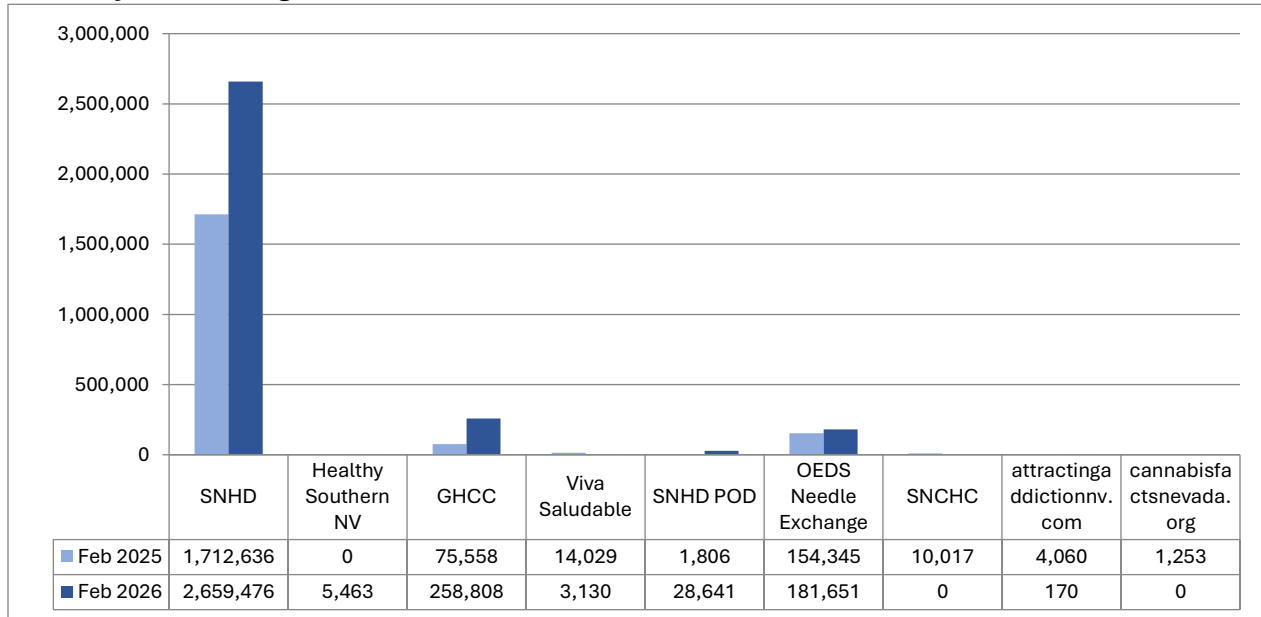
Media, Collateral and Community Outreach Services:

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

	Feb 2025	Feb 2026		YTD FY25	YTD FY26	
Media – Digital/Print Articles	20	39	↑	261	227	↓
Media - Broadcast stories	77	100	↑	775	731	↓
Collateral - Advertising/Marketing Products	6	18	↑	172	128	↓
Community Outreach - Total Volunteers ¹	8	11	↑			
Community Outreach - Volunteer Hours	640	1,134	↑	5,198	2,704	↓

¹Total 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		Feb 2025	Feb 2026		YTD FY25	YTD FY26
Facebook SNHD	Followers	13,531	13,725	↑	N/A	N/A
Facebook GHCC	Followers	6,118	6,083	↓	N/A	N/A
Facebook SHC	Followers	1,634	1,607	↓	N/A	N/A
Facebook Food Safety	Followers	173	176	↑	N/A	N/A
Instagram SNHD	Followers	5,040	5,671	↑	N/A	N/A
Instagram Food Safety	Followers	532	534	↑	N/A	N/A
Instagram GetHealthyCC	Followers	273	362	↑	N/A	N/A
Instagram @Ez2stop	Followers	149	155	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	426	408	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,780	1,730	↓	N/A	N/A
X (Twitter) Food Safety	Followers	101	100	↓	N/A	N/A
X (Twitter) SNHDInfo	Followers	10,046	9,899	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	356	336	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	121	120	↓	N/A	N/A
Threads SNHD	Followers	930	1,010	↑	N/A	N/A
TikTok @Ez2stop	Views	39	53	↑	N/A	N/A

Social Media Services		Feb 2025	Feb 2026		YTD FY25	YTD FY26
TikTok SNHD	Views	175	412	↑	N/A	N/A
YouTube SNHD	Views	188,860	185,126	↓	1,533,980	2,090,607
Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.						

Appendix B – Finance – Payroll Earnings Summary – January 31, 2026 to February 13, 2026

PAYROLL EARNINGS SUMMARY
January 31, 2026 to February 13, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 311,919.74	\$ 1,244,108.64	\$ 5,470,833.92	\$ 9,195,237.18	59%	
ENVIRONMENTAL HEALTH	\$ 660,974.36	\$ 2,622,080.13	\$ 11,332,375.55	\$ 17,951,295.42	63%	
COMMUNITY HEALTH	\$ 309,685.93	\$ 1,235,100.63	\$ 5,478,849.41	\$ 9,910,529.22	55%	
DISEASE SURVEILLANCE & CONTROL	\$ 341,653.51	\$ 1,336,168.45	\$ 6,291,735.38	\$ 10,671,639.69	59%	
FQHC	\$ 345,633.35	\$ 1,382,562.45	\$ 5,939,831.59	\$ 11,060,800.45	54%	
ADMINISTRATION W/O ICS-COVID	\$ 653,478.66	\$ 2,643,677.20	\$ 11,056,859.04	\$ 15,657,123.65	71%	
TOTAL	\$ 2,623,345.55	\$ 10,463,697.50	\$ 45,570,484.89	\$ 74,446,625.61	61%	65%

FTE	796			
Regular Pay	\$ 2,331,785.23	\$ 7,973,847.98	\$ 36,532,736.07	
Training	\$ 1,506.24	\$ 5,795.68	\$ 75,230.92	
Final Payouts	\$ -	\$ 18,973.87	\$ 445,182.98	
OT Pay	\$ 21,081.32	\$ 50,572.92	\$ 321,554.29	
Leave Pay	\$ 241,547.50	\$ 2,277,452.44	\$ 7,092,273.23	
Other Earnings	\$ 27,425.26	\$ 137,054.61	\$ 1,103,507.40	
TOTAL	\$ 2,623,345.55	\$ 10,463,697.50	\$ 45,570,484.89	

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
January 31, 2026 to February 13, 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>
Plair, Tonia		8.00	478.81	Duque Armando	1.88	76.85
Thede, Stacy		0.50	17.52	Huerta Fatima	15.00	316.28
Urena, Maite		6.75	230.31	Arcuri Steven	0.75	27.74
Kuahiwinui-McGuire, Brandon		2.00	66.51	Anguiano Cristina	2.25	56.68
Murphy, Melissa		6.00	238.53			
Herrera Ortiz, Maria		5.25	198.35			
Total Administration		28.50	1230.03		19.88	477.54

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>
Thomas, Pamela		4.00	190.35			
Alford, Camille		0.75	36.60			
Andrade, Jessica		4.00	163.38			
Sanchez Garcia, Julio	PHEPLB26	6.00	429.66			
Englis, Terence	SHFC3526 NO M	2.50	110.13			
Nmani, Elias	SHFC3526 NO M	2.50	118.97			
Mapote, Crisnan	SHFC3526 NO M	2.50	110.13			
Fejeran, Renee	SHFC3526 NO M	2.50	157.61			
Kendle, Taylor		4.00	140.19			
Total Community Health Services		28.75	1457.02		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		-1.50	-104.76	Avalos Mayra	1.50	69.83
Avalos, Mayra	FP_25 NO MILEA	1.50	104.76	Valdes-Ayala Beatriz	0.38	10.74
Medina, Mirelly		0.50	22.03			
Total FQHC-Community Health Clinic		0.50	22.03		1.88	80.58

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>
Stockwell, Paul	NV2EHE25	10.00	429.79			
Total Public Health & Preventative Care		10.00	429.79		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	Guzman Michelle	1.13	56.53
Kaderlik, Patricia		4.75	323.28	Thompson William B	4.50	189.13
Navarrete, George (Larry)		0.75	56.53	Sripamong Jacqueline	6.75	231.07
Billings, Jacob		4.50	339.17	Ahmed Maryam	3.00	100.19
Edwards, Tara		0.75	56.53	Edmonds Alexis	8.25	282.42
Sheffer, Thanh		9.50	646.57	Hall Alyssa	3.75	122.02
Ortiz-Rivera, Vanessa		17.50	1191.05	Ramos Anabel	3.75	113.07
Hernandez, Stephanie		4.00	252.17			
Cummins, Veronica		9.25	539.61			
Wills, Jerry		5.50	305.09			
Reyes, Abegail		1.50	83.21			
Rakita, Daniel		3.00	154.04			
McCann, Alexandra		1.00	52.73			
Michel, Guillermo		3.75	197.75			
Calzado, Neil		16.50	870.12			
Jones, Mallory		14.25	751.47			
Thein, Kelsey		3.00	158.20			
Wells, Jordan		5.25	276.85			
Najera, Luisa		1.00	51.35			
Ross, Alyssa		3.25	154.66			
Ahmed, Maryam		12.00	601.15			
Bidinger, Joy		4.00	205.40			
Hall, Alyssa		12.00	585.71			
Vinh, Jonathan		2.50	116.08			
Erickson, Sarah		2.50	116.08			
Oman, Gabriela		3.75	183.03			
Hernandez, Lillian		6.00	278.59			
Ryan, Erica		3.00	150.29			
Roberts, Jamie		1.25	58.04			
Nwaonumah, Nosa		1.50	69.65			
Hernandez, Abel		1.50	69.65			
Gonzalez, Jorge		5.25	237.44			
Total Environmental Health		175.25	9960.58		31.13	1094.44

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Shingu, Michele	COSSUP26	6.50	442.39	Raman Devin	4.13	207.27
Shingu, Michele		2.50	170.15	McNee Nicol	8.25	218.65
Johnson, Monique	HV2PRV25	6.00	378.26			
Rossi Boudreaux-Thibodeaux, Dustin (T HV2PRV25		7.50	510.44			
Rossi Boudreaux-Thibodeaux, Dustin (Tux)		5.50	374.32			
Donnell, Jessica		1.00	66.28			
O'Connor, Kelli		6.00	408.36			
Ewing, Tabitha		6.00	397.70			
Montgomery, Joshua	HV2PRV25	4.00	286.44			
Castro, Janet		5.00	270.18			
Reyes, Rebecca		5.00	340.30			
Herrera, Reyna		3.50	215.18			
McIntyre, Eric		6.00	388.12			
Flournoy, Tiffany	HV2PRV25	5.50	346.74			
Barnnett, Sarie	HV2PRV25	6.25	305.06			
Martinez Sainz, Jose (Cassandra)	HV2PRV25	4.50	214.15			
Bravo Rosas, Jazmin	HV2PRV25	5.50	230.20			
McNee, Nicol		-8.25	-327.97			
McNee, Nicol	HV2PRV25	8.25	327.97			
Alvarez, Jeffrey	HV2PRV25	5.50	218.65			
Washburn, Kacie		6.00	264.32			
Harris, Diana	HV2PRV25	10.00	464.31			
Riley, Thomas		5.00	226.14			
Griffin, Roberto		5.00	226.14			
Burgess, Glenn		3.00	154.05			
Ngari, Alice		6.50	301.80			
Viote, Angeles	HV2PRV25	5.00	220.27			
Viote, Angeles		5.00	220.26			
Baltazar, Josephine	HV2PRV25	7.00	341.66			
Total Disease Surveillance & Control		144.25	7981.87		12.38	425.92

Appendix C – Finance – Payroll Earnings Summary – February 14, 2026 to February 27, 2026

PAYROLL EARNINGS SUMMARY
February 14, 2026 to February 27, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 319,112.43	\$ 1,570,721.77	\$ 5,797,447.05	\$ 9,195,237.18	63%	
ENVIRONMENTAL HEALTH	\$ 658,829.31	\$ 3,280,909.44	\$ 11,991,204.86	\$ 17,951,295.42	67%	
COMMUNITY HEALTH	\$ 311,238.37	\$ 1,547,420.68	\$ 5,791,169.46	\$ 9,910,529.22	58%	
DISEASE SURVIELLANCE & CONTROL	\$ 335,697.22	\$ 1,671,865.67	\$ 6,627,432.60	\$ 10,671,639.69	62%	
FQHC	\$ 346,843.63	\$ 1,729,406.08	\$ 6,286,675.22	\$ 11,060,800.45	57%	
ADMINISTRATION W/O ICS-COVID	\$ 658,547.51	\$ 3,307,848.21	\$ 11,721,030.05	\$ 15,657,123.65	75%	
TOTAL	\$ 2,630,268.47	\$ 13,108,171.85	\$ 48,214,959.24	\$ 74,446,625.61	65%	69%

FTE	796					
Regular Pay	\$ 2,054,505.21	\$ 10,033,734.06	\$ 38,592,622.15			
Training	\$ 34.03	\$ 5,829.71	\$ 75,264.95			
Final Payouts	\$ -	\$ 26,469.88	\$ 452,678.99			
OT Pay	\$ 13,224.92	\$ 63,825.58	\$ 334,806.95			
Leave Pay	\$ 521,101.59	\$ 2,799,805.29	\$ 7,614,626.08			
Other Earnings	\$ 41,402.72	\$ 178,507.33	\$ 1,144,960.12			
TOTAL	\$ 2,630,268.47	\$ 13,108,171.85	\$ 48,214,959.24			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
February 14, 2026 to February 27, 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>
Viote, Jorge		1.00	68.06	Duque Armando	6.00	245.92
Silva-Minnich, Rosanna		1.00	64.69	Anguiano Cristina	3.75	94.46
Plair, Tonia		10.00	598.52			
Thede, Stacy		2.00	70.10			
Kuahiwinui-McGuire, Brandon		6.75	224.46			
Gonzales, Fabiana		2.50	135.10			
Murphy, Melissa		4.50	178.90			
Sanabria, Luis		2.65	85.75			
Herrera Ortiz, Maria		1.75	66.12			
Total Administration		32.15	1491.70		9.75	340.38

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>
Thomas, Pamela		8.00	380.70	Alford Camille	2.63	85.42
Kendle, Taylor		8.00	280.38			
Total Community Health Services		16.00	661.08		2.63	85.42

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>
Medina, Mirelly		2.50	110.14	Avalos Mayra	2.63	122.21
Loysaga, Jennifer		1.00	38.80	Diaz Michelle	0.75	22.03
Royal, Yvonne		0.50	17.52	Romero Esther	0.38	11.61
Petersen, Desiree		1.50	71.38			
Total FQHC-Community Health Clinic		5.50	237.84		3.75	155.85

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		1.00	52.73			
Total Public Health & Preventative Care		1.00	52.73		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	Hemberger Adriana	4.50	154.05
Kaderlik, Patricia		7.25	493.43	Kuehn Jennifer	9.38	337.91
Navarrete, George (Larry)		1.00	75.37	Choi Jessica	3.00	110.94
Billings, Jacob		6.75	508.76	Sabandith Vetahya	5.25	184.57
Sheffer, Thanh		10.50	714.63	Ahmed Maryam	1.50	51.35
Piar, Diane		4.75	323.28	Ahmed Maryam	7.50	250.48
Ortiz-Rivera, Vanessa		11.50	782.68	Figuroa Natalya	2.25	69.65
Lucas, Brianna		3.75	242.58			
Kuehn, Jennifer		0.00	0.00			
Rakita, Daniel		8.00	410.79			
Michel, Guillermo		5.50	290.04			
Calzado, Neil		5.00	263.67			
Jones, Mallory		28.00	1476.55			
Wells, Jordan		4.50	237.30			
Najera, Luisa		3.25	166.89			
Charfauros, Adair		3.00	154.04			
Jufar, Lydia		1.00	51.35			
Ahmed, Maryam		8.50	436.47			
Hall, Alyssa		1.50	73.21			
Dunne, Rebecca		1.50	73.21			
Figuroa, Natalya		1.25	58.04			
Erickson, Sarah		1.50	69.65			
Concepcion, Derrell Glen		0.25	11.61			
Ryan, Erica		2.50	125.24			
Nwaonumah, Nosa		2.50	116.08			
Rivera Perez, Alexia		2.00	90.45			
Gonzalez, Jorge		3.25	146.98			
Thompson, Deshawn		12.00	601.16			
Total Environmental Health		151.50	8822.55		33.38	1158.95

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>
Rossi Boudreaux-Thibodeaux, Dustin (T)	HV2PRV25	4.50	306.27			
Ewing, Tabitha	HV2PRV25	6.00	397.70			
Montgomery, Joshua	HV2PRV25	6.00	429.66			
Castro, Janet	HV2PRV25	5.00	270.19			
Martinez Sainz, Jose (Cassandra)	HV2PRV25	5.00	237.94			
Baltazar, Josephine	HV2PRV25	6.50	317.26			
Total Disease Surveillance & Control		33.00	1959.02		0.00	0.00

Combined Total **239.15** **13224.92** **49.51** **1740.59**



Memorandum

Date: March 26, 2026

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD, Community Health Director**
Cassius Lockett, PhD, District Health Officer

A handwritten signature in blue ink, appearing to be 'CJ', is written over the name Cassius Lockett.

Subject: Community Health Division Monthly Activity Report – February 2026

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

A. Chronic Disease Prevention Program (CDPP)

Chronic Disease Physical Activity campaigns including the ‘**Let’s Socialcise**’ and ‘**Get Your Pedal On**’ were selected by the CDC to be listed in the CDC’s State and Community Health Media Center, an online repository of media and marketing materials for preventing obesity and chronic conditions. Once posted, they will be available for use by other communities around the country.

The annual **Slam Dunk Health Program** launched and will run through April 2026. The model practice program is a partnership between SNHD, the Clark County School District (CCSD) and the Las Vegas Aces WNBA team and promotes physical activity and healthy eating. This year, 644 CCSD classrooms in 104 CCSD elementary schools have signed up to participate. This equals an estimated 15,200 students who will participate in the challenge this year.

Staff submitted the **Recognition Program Annual Status Report to the American Diabetes Association (ADA)**. This report is required to maintain the ADA recognition for our Diabetes Self-Management, Education & Support (DSMES) classes. The report was approved as submitted.

To promote **2026 DSMES classes**, a news release was issued and generated multiple earned media opportunities including a news story that included interviews with both our Senior Health Educator and our Health Educator/LRD and a Spanish language class participant. In January, staff facilitated **two (2) DSMES classes** (one in English and one in Spanish) reaching fourteen (14) participants.

Staff facilitated a **Hypertension and Diabetes education class** in January at Destinations Alexander, an assisted living facility for older adults. In total, 26 participants attended the class.

B. **Tobacco Control Program (TCP) Update**

Staff presented at the **Nevada Minority Health & Equity Coalition quarterly meeting** on the disproportional burden that tobacco has on African American Community, available tobacco cessation resources, and the upcoming Because We Matter Tobacco Free Living Summit. There were 62 people in attendance at the meeting.

SNHD Tobacco Control Program team member Cassandra Meraz was nominated and elected to sit on the **2026 Executive Board of the Nevada Tobacco Control & Smoke-free Coalition as the Board Secretary and Communications Chair**. The Nevada Tobacco Control & Smoke-free Coalition is a collaboration of organizations and individuals that work to promote smoke-free environments.

SNHD's **teen vaping prevention initiative, BreakDown**, continued to utilize social media strategies focused on changing social norms and dispelling the myths about vaping. Staff utilizes elements that teens relate to like social media, pop culture, music, and sports in order to create culturally appropriate messaging. Through this approach, staff successfully engaged students with vape-free messaging on social media increasing the follower count by 4% or 1,032 teens this month. In addition, the BreakDown movement successfully trained 714 student athletes on the health risks of vaping.

In partnership with the **SNHD Health Equity Program**, the Tobacco Control Program is working with the **SPARK YAC (Students Promoting Awareness, Responsibilities, and Knowledge Youth Advisory Committee)** on a project to increase awareness about the dangers of secondhand smoke and to encourage a voluntary tobacco-free policy at the College of Southern Nevada (CSN). SPARK YAC members will be collecting photo pledges from fellow students to show support for the initiative. The Tobacco Control Team attended meetings and provided training during January in preparation for the project.

Tobacco staff provided a **presentation at the Nevada (NV) HAND all-hands team meeting** on the benefits of tobacco-free policies. During the presentation, staff shared resources including complimentary materials and current tobacco cessation resources for both NV HAND residents and staff. Over 300 NV HAND team members were present for the presentation.

Staff attended an educational outreach event with the **Nevada Association of Student Councils (NASC) at their annual Southern Nevada Zone conference**. At this outreach event, staff distributed teen branded educational materials to promote tobacco/vape-free living and available tobacco cessation resources. The Nevada Association of Student Councils Zone conference was attended by 1,200+ students representing 44 high schools.

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

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee discussed education related to neonatal resuscitation and the finalization of the SNHD Paramedic Mentorship/Internship Program.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

This Committee reviewed draft protocol revisions to include in the July 2026 protocol rollout.

C. Medical Advisory Board (MAB)

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

This Board heard reports from the Education and Drug/Device/Protocol Committees.

D. OEMSTS – February 2025 / 2026 Data

February EMS Statistics	Feb 2025	Feb 2026		Mo. Fiscal Average 2025-2026
Total certificates issued	107	71	↓	148
New licenses issued	97	67	↓	72
Renewal licenses issued (recert only)	6	2	↓	53
Driver Only	54	61	↑	56
Active Certifications: EMT	899	1177	↑	978
Active Certifications: Advanced EMT	1897	1896	↓	1739
Active Certifications: Paramedic	2154	2357	↑	2068
Active Certifications: RN	76	91	↑	79

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.
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
 - b) Planners attending the State of Nevada Division of Public and Behavioral Health Quarterly Planning meeting.
4. 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/G191 training schedule. ICS 300 was provided on February 3rd – 5th for 24 students.

2. A CPR course and skills training was provided February 12th for four (4) SNHD staff at the SNHD Decatur location.
3. Trainers provided Incident Command Standard Awareness Training to twelve (12) students on February 25th at the Decatur location.
4. Our trainer and Administrative Assistant coordinated BLS instructor meeting to review updates to the AHA 2025 BLS Standards, effective March 1st.
5. The Senior Planner attended Grant Procedures training.
6. Attended the Nevada Emergency Preparedness Association – Preparedness Summit 2026 February 10th - 11th.
7. Participated in the AWR 330 – Whole Community Planning Training on February 9th.
8. Collaborated on the COOP 101 Training on February 9th.
9. Supported the Southern Nevada Food Council Meeting- Staff provided information and helped facilitate a tabletop related to Emergency Food Planning for Southern Nevada.

Upcoming Training and Exercise Events

1. Upcoming ALERRT Civilian Response Active Shooter Events (CRASE) briefing confirmed for EH Solid Waste on March 5th.
2. 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.
3. Staff held the Radiation Workshop on February 23rd. Forty community and state partners attended. Knowledge learned from the workshop will be used to begin drafting the Community Reception Center Annex to the Medical Counter Measures Plan.
4. Our planners continue efforts for the SNHD Radiation Game which will be held on April 22nd.
5. The Bio Functional Exercise Concept and Objectives meeting was held February 19th. The Initial Planning meeting is scheduled for April 30th.
6. Our staff will be importing contacts into Regroup in March and will be conducting an all staff call down drill on March 26th to test the 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 Clinical Advisor presented training on the OSCAR/ARF at the monthly meeting on February 5th.
3. The Planner distributed cybersecurity questionnaire at monthly meeting on February 5th.
4. OPHP Planners attended the Emergency Management Committee meetings for UMC.
5. Our 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. The Senior Planner completed draft of the Cybersecurity Assessment and is currently under review by the Clinical Advisor.
7. OPHP assembled MCI bags for the EDs to support MCI surge. Bags will be distributed at the April meeting.
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.
9. Our Senior Planner and Clinical Advisor provided a presentation on Hospital Area Command at Utah State EM on February 12th.

New/Upcoming Activities

1. Ongoing coordination for the 2026 TEEX trainings:
 - a) Medical Management of Chemical I, Biological, Nuclear and Explosive (CBRNE) Events PER-211 August 26th – 27th, hosted by City of North Las Vegas (NLV City Hall).
 - b) Pediatric Disaster Response and Emergency Management MGT-439 October 7th – 8th, 2026, hosted by Dignity Health Siena Campus.
2. Continued planning and coordination for HERT course at UMC on March 25th - 26th.
3. Trainers confirmed instructional support to DEM Basic Academy March 2nd – 6th, at Station 18.
4. Our Trainer confirmed presentation by SNHD Office of Communications/Public Information for July SNHPC meeting.

D. PHP Technician and N-95 Fit Testing

1. Twenty-nine SNHD Employees were FIT tested for personal protective equipment during the month of February.

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 February.
2. Analyst provided public health input for threat assessments on special events of local significance including conventions and sports events.
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.
7. The OPHP Analyst contributes to a public health section to the Nevada Annual Threat Assessment.

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, NEPA Summit, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. Our MRC Coordinator participated in the NEPA Summit and Radiological Workshop with the intent of promoting the use of volunteers in the emergency management field.
3. The MRC Coordinator attended Incident Command Awareness Training.

MRC Volunteer Hours FY2026 Q2

Activity	January	February	March
Training	38		
Community Event			
SNHD Clinic			
Emergency Deployment			
Total Hours	38	0	
Economic Impact	\$1,322.02		
FY2025 Total Hours	36	8	
FY2025 Economic Impact	\$1,205.64	\$300.98	

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. February is currently showing a **33% decrease in birth certificate** sales in comparison to February 2025. **Death certificate** sales are currently showing a **9% decrease** in comparison to

February 2025. SNHD received revenues of \$25,571 for birth registrations, \$21,853 for death registrations; and an additional \$775 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Feb 2025	Feb 2026		Yr Average 02/2025-02/2026
Births Registered	1,745	1,360	↓	1,957
Deaths Registered	1,926	1,736	↓	1,776
Fetal Deaths Registered	23	11	↓	15

Vital Statistics Services	Feb 2025	Feb 2026		Yr Average 02/2025-02/2026
Birth Certificates Sold (walk-in)	2	7	↑	11
Birth Certificates Mail	152	93	↓	113
Birth Certificates Online Orders	4,134	2,666	↓	3,898
Birth Certificates Billed	79	124	↑	109
Birth Certificates Number of Total Sales	4,367	2,890	↓	4,131
Death Certificates Sold (walk-in)	16	19	↑	16
Death Certificates Mail	160	115	↓	157
Death Certificates Online Orders	8,357	7,582	↓	7,771
Death Certificates Billed	44	64	↑	47
Death Certificates Number of Total Sales	8,577	7,780	↓	7,993

Revenue	Feb 2025	Feb 2026		Yr Average 02/2025-02/2026
Birth Certificates (\$25)	\$109,175	\$72,250	↓	\$103,284
Death Certificates (\$25)	\$214,425	\$194,500	↓	\$199,817
Births Registrations (\$13)	\$37,206	\$25,571	↓	\$34,777
Deaths Registrations (\$13)	\$24,622	\$21,853	↓	\$22,758
Convenience Fee (\$2)	\$8,290	\$5,938	↓	\$7,909
Miscellaneous Admin	\$709	\$775	↑	\$635
Total Vital Records Revenue	\$394,427	\$320,887	↓	\$369,180

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	Feb 2025	Feb 2026		Yr Average 02/2025- 02/2026
Passport Applications	933	813	↓	725

Revenue	Feb 2025	Feb 2026		Yr Average 02/2025- 02/2026
Passport Execution/Acceptance fee (\$35)	\$32,655	\$28,455	↓	\$25,393

V. HEALTH EQUITY

Health Equity Program – February 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 February:

1. Youth Advisory Council (YAC - SPARK)

A. On February 4th, SNHD’s Youth Advisory Council SPARK (Students Promoting Awareness, Responsibility & Knowledge) completed their tenth meeting. The focus of this in-person meeting included a workshop on Crisis Communication and a presentation on the functions of the Office of Public Health Preparedness.

2. Mobility for All Workgroup

A. February 10th, the Health Equity Coordinator participated in the third Mobility for All workgroup. This workgroup was assembled by the Regional Transportation Commission of Southern NV (RTC) to help guide the development of their All-Access Mobility Plan, with the goal to develop and identify strategies to improve access through enhanced transit stops and better connections to other modes of travel.

3. Community Convening Action Plan

A. February 25th, the Health Equity Coordinator led the Community Convening Action Plan meeting. During this meeting the HE Coordinator reported on Healthy Brain Initiative funding and next steps; workgroup partners reported on objectives progress and other organizational updates. Jamie Ahumada, Planning Chief at the Aging & Disability Services Division presented on the Dementia Support Specialist Pilot Program.

4. Healthy Brain Initiative Road Map

A. February 25th, the Health Equity Coordinator, in his role as the Healthy Brain Initiative Road Map Strategist, participated in Road Map Strategist meeting. During this meeting

fellows strategist presented on their landscape assessments and learned about the Brain Health MAPP 2.0 guide.

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	February 2026 Count	Avg Year to Date
GC Cultures	22	23
NAAT NG/CT	1604	1576
Syphilis	711	688
RPR/RPR Titers*	117/36	126/47
Hepatitis Total	2200	2268
HIV/differentiated	616/17	617/18
HIV RNA	151	135

*= RPR / RPR Titers refer to tests used to screen for and monitor syphilis; RPR = Rapid Plasma Reagin

3. COVID-19 Testing Operations

	Gram Stain/WBC	0	5											5
	Neisseria ID	0	0											0
	Haemophilus ID	0	0											0
Unknown ID	Bacterial ID	0	0											0
	WGS (PulseNet)	14	19											33
Salmonella	Salmonella Screen	6	12											18
	Salmonella Serotype	5	12											17
Shigella	Shigella Screen	2	3											5
	Shigella Serotype	1	2											3
STEC	STEC Screen	5	1											6
	STEC Serotype	1	2											3
Unknown	Stool Culture	1	5											6
Vibrio	Vibrio ID	2	0											2
	Vibrio Screen	3	0											3
Yersinia	Yersinia Culture/ID	0	1											1

B. Epidemiological Testing and Consultation - Key Updates:

1. Outbreak Investigation Committee Participation

SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There were no gastrointestinal (GI) outbreak sample received for investigation in February.

2. Influenza Surveillance Reporting

SNPHL continues to report influenza testing results to the CDC's National Respiratory and

Enteric Virus Surveillance System (NREVSS). In February, SNP HL performed 47 respiratory panel tests using the BioFire platform.

C. Emergency response and reportable disease isolate testing report - Key Activities and Capabilities:

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 February 2026, SNPHL performed 19 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 189 bacterial organisms in February.

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) February 2026: six (6) 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	45										

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 February.
- b) In February 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 February, SNPHL collected 27 clinical isolates:

a) *Neisseria gonorrhoeae*: seven (7) isolates

b) *Neisseria meningitidis*: one (1) isolate

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 1,625 Real-Time PCR screenings for *Candida auris* in February 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**

The BSL-3 staff after have been trained and started using the double door autoclave and in the existing BSL-3 laboratory in February 2026.

E. **February 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. **Facility Infrastructure and Equipment Calibration**

The Phoenix Controls company came to solve the IP address and test the integrated system

adjustment for the installation of the onsite monitor computer and network connection on the 2nd floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.

3. 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 February. SNPHL will continue sequencing close-contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).

4. Influenza Surveillance

Early data from the new influenza season show that A/H3 and B/Victoria are the predominant subtypes of influenza.

5. 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 February.

6. Facility Expansion Planning

Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the 2nd floor, with a semi-shell layout planned for the 1st floor.

7. 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.

8. 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.

9. SNPHL Acquired Equipment & Supplies

SNPHL has obtained all items, which include the chemical storage hood, biosafety cabinet (BSC), GeneXpert instrument and computer, pipette tips, gloves, and various other accessories. Most of these items have been placed in the warehouse.

10. CareSource Medicaid Contract

SNPHL has now entered a contract with CareSource Medicaid. As of 2/6/2026, the currently contracted payers with SNPHL include Medicaid FFS, Molina Medicaid, CareSource Medicaid, Medicare, and Aetna.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

February SNPHL Services	2025	2026	
Clinical Testing Services ¹	5,644	6,057	↑
Epidemiology Services ²	435	393	↓

State Branch Public Health Laboratory Services ³ All-Hazards Preparedness Services ⁴	0	0	=
	4	2	↓
Environmental Health Services ⁵	22	45	↑

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

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

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

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: March 17, 2026

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC ^{RS}
Cassius Lockett, PhD, District Health Officer ^{CL}

Subject: Community Health Center FQHC Chief Executive Officer Report – February 2026

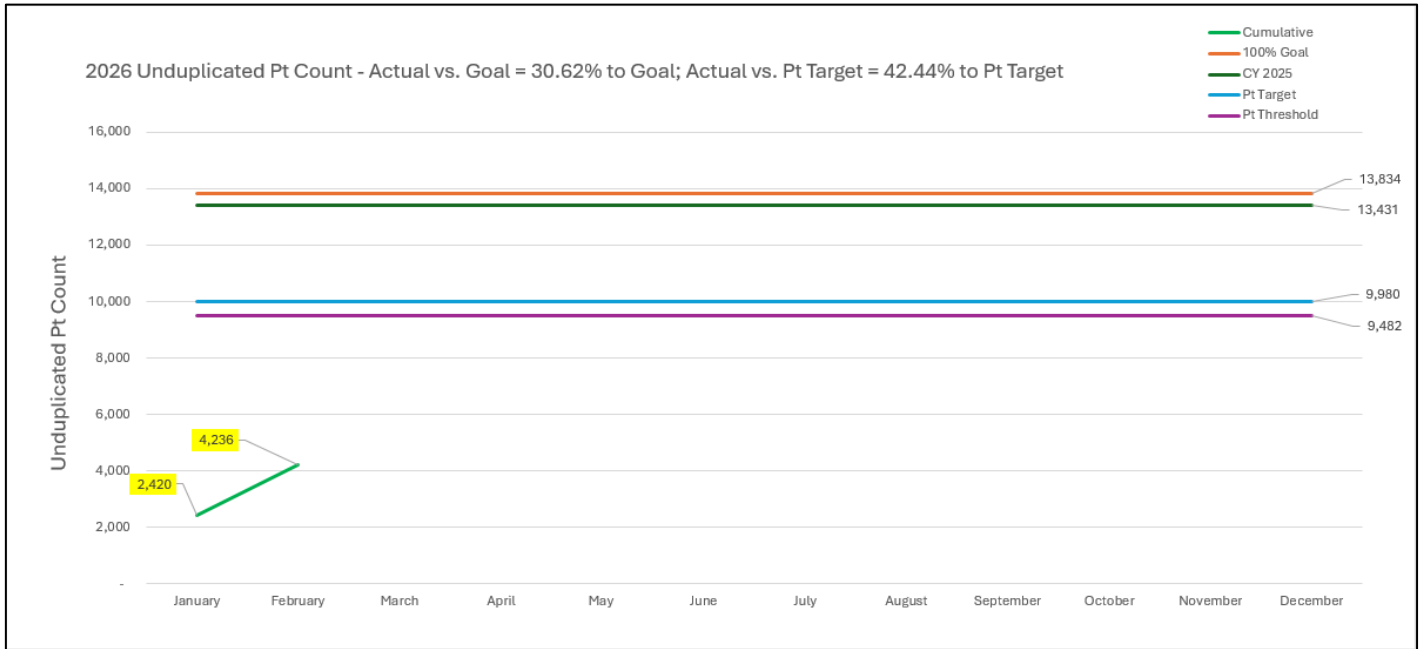
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

February Highlights - Administrative

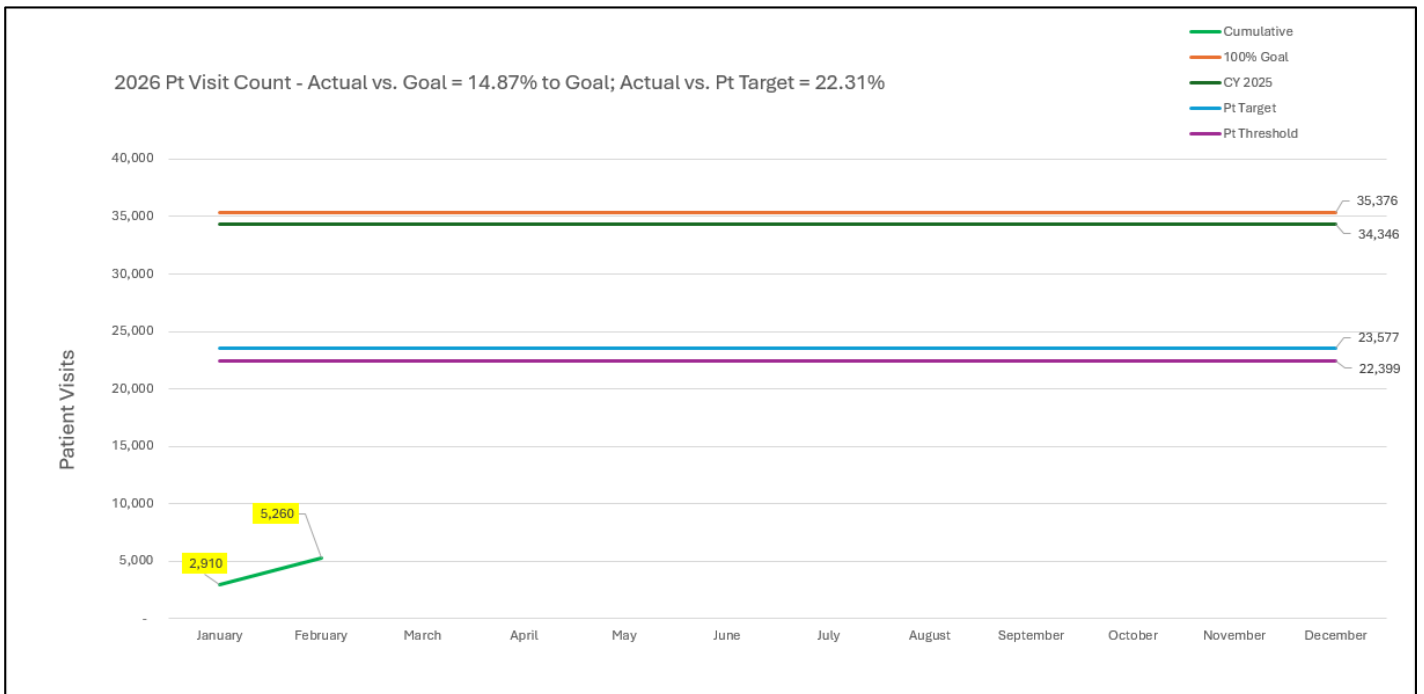
- Office of Population Affairs (OPA) Title X – Family Planning funding expires on March 31, 2026.
- Health Resources and Services Administration (HRSA) CY25 Uniform Data System report submitted.
- Patient Centered Medical Home (PCMH) transformation activities underway.
- CY26 FTCA Redeeming application due June 26, 2026
- Sliding Fee Discount program patient survey completed.
- Sliding Fee Discount program FQHC market analysis completed.
- Two (2) medical assistants authorized to move from hold to recruitment status.
- A new mid-level provider (i.e., APRN or PA) authorized for recruitment.
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- New SNCHC Employee Engagement Committee commenced planning on CY26 engagement activities.
- One primary care medical assistance recognized as a SNHD employee of the month

Access

Unduplicated Patients – February 2026



Patient Visits Count – February 2026



Provider Visits by Program and Site – February 2026

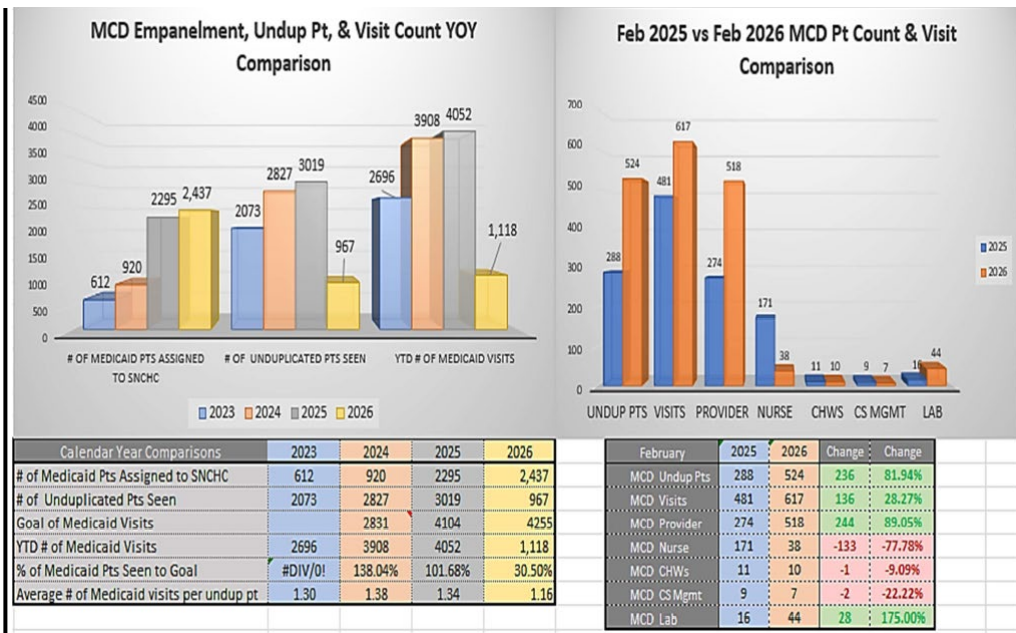
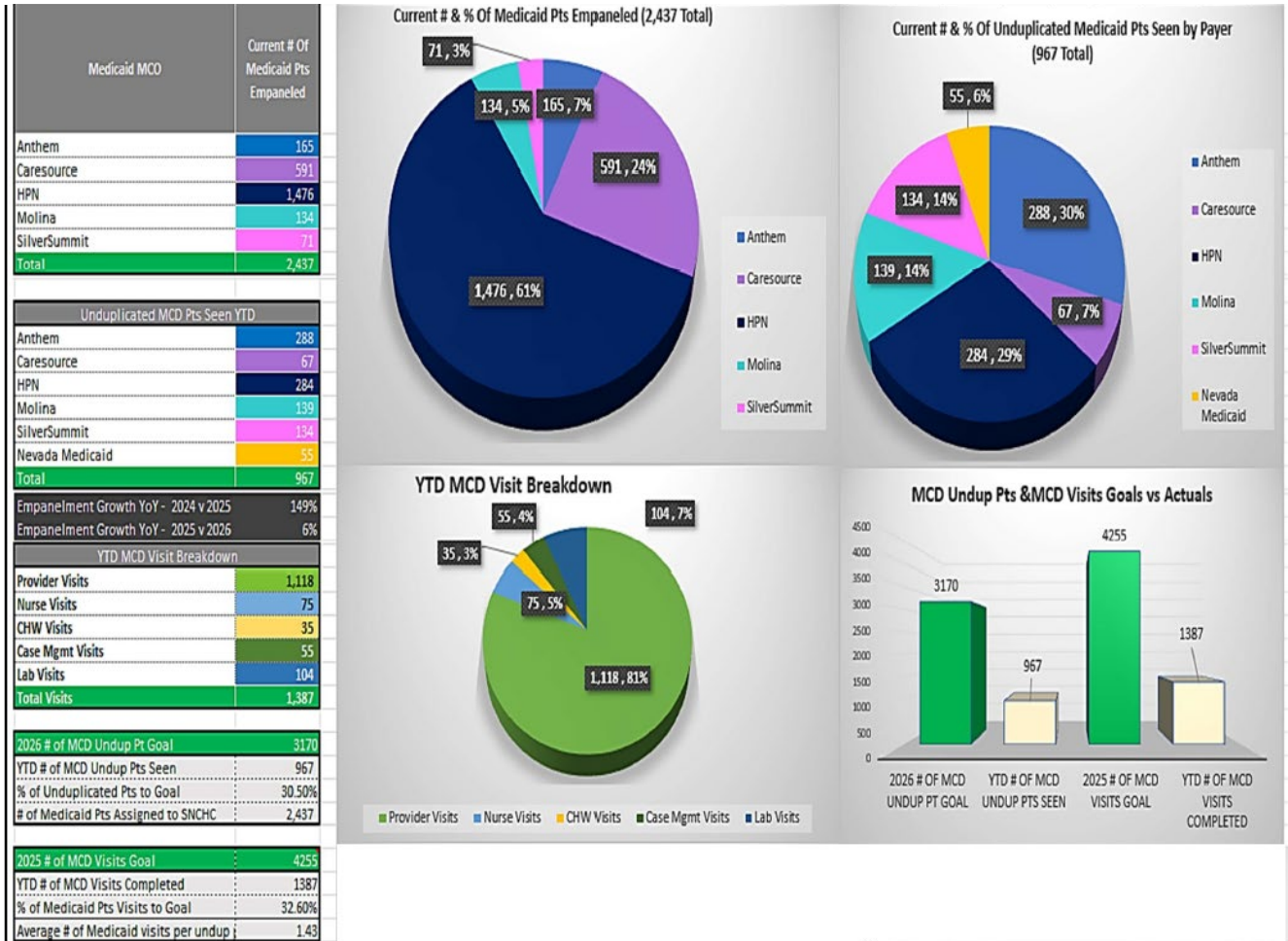
Facility	Program	FEB '26	FEB '25	FEB YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	701	678	3%	6,177	4,830	22%
Fremont	Family Health	543	424	22%	3,913	2,828	28%
Total	Family Health	1,244	1,102	11%	10,090	7,658	24%
Decatur	Family Planning	153	174	-14%	1,078	1,287	-19%
Fremont	Family Planning	202	186	8%	1,354	1,095	19%
Total	Family Planning	355	360	-1%	2,432	2,382	2%
Decatur	Sexual Health	533	532	0%	4,332	4,064	6%
Fremont	Sexual Health	130	170	-31%	926	1,059	-14%
ASEC	Sexual Health				0	113	
Total	Sexual Health	663	702	-6%	5,258	5,236	0%
Decatur	Behavioral Health	194	144	26%	1,419	980	31%
Fremont	Behavioral Health	151	125	17%	1,149	922	20%
Total	Behavioral Health	345	269	22%	2,568	1,902	26%
Decatur	Ryan White	191	231	-21%	1,824	1,807	1%
Fremont	Ryan White	31	14	55%	216	188	13%
Total	Ryan White	222	245	-10%	2,040	1,995	2%
FQHC Total		2,829	2,678	5%	22,388	19,173	14%

Pharmacy Services

	26-Feb	25-Feb		FY26 YTD	FY25 YTD		% Change YOY
Client Encounters (Pharmacy)	1,715	1,478	↑	13,604	11,287	↑	20.5%
Prescriptions Filled	3,157	2,538	↑	25,223	18,842	↑	33.9%
Client Clinic Encounters (Pharmacist)	43	71	↓	437	482	↓	-9.3%
Financial Assistance Provided	20	47	↓	120	271	↓	-55.7%
Insurance Assistance Provided	13	19	↓	114	87	↑	31.0%

- A. Dispensed 3,157 prescriptions for 1,715 clients.
- B. Pharmacist completed 43 client clinic encounters.
- C. Assisted 20 clients to obtain medication financial assistance.
- D. Assisted 13 clients with insurance approvals.

Medicaid Managed Care Organization (MCO)



Behavioral Health Services

- A. The Ryan White group therapy program, Evolve, is experiencing an increase in patient participation.
- B. The Behavioral Health Manager served as a panelist during the Nevada Senior Services Stakeholder Meeting, contributing to a discussion focused on community collaboration to support the aging population.
- C. The Behavioral Health team continues to partner with the Office of Communications on its marketing plan and recently participated in the filming of a commercial now airing on multiple channels to promote its services.

Family Planning Services

- A. Family Planning program access was down 1% in January and is up 2% 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. Same day walk-ins are emerging as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. This project is ongoing.
- B. No guidance has been received from the Office of Population Affairs regarding the submission of a non-competing continuous grant application for funding for year five of five for Title X Family Planning services. The annual award amount is approximately \$1.4M and supports salary expenses for 12.6 FTEs. Contingency planning is underway.

HIV/Ryan White Program Services

- A. The Ryan White program received 77 referrals between February 1st and February 28. There were two (2) pediatric clients referred to the Medical Case Management in February, and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 699 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 332 unique clients served under these programs in February.
- C. The Ryan White ambulatory clinic provided a total of 432 visits in the month of February, including 27 initial provider visits, 165 established provider visits including one (1) tele-visit to an established patient. Additionally, there were 17 nursing visits and 201 lab visits provided. There were 56 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of February. There were 22 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in February.
- 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 seven (7) patients seen under the Rapid StART Program in February.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 892 unique services to 782 unduplicated patients for the month of February.
- 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 February.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	2
Clients encounter by program (adults)	2
Refugee Health Screening for February 2026	4
Total for FY25-26	32

Outreach/In Reach Activity

Number of events	1– Outreach 0 – In reach
Number of people reached	128
Number of people linked to the clinic	0
Number of hours dedicated to outreach	3

Eligibility and Insurance Enrollment Assistance

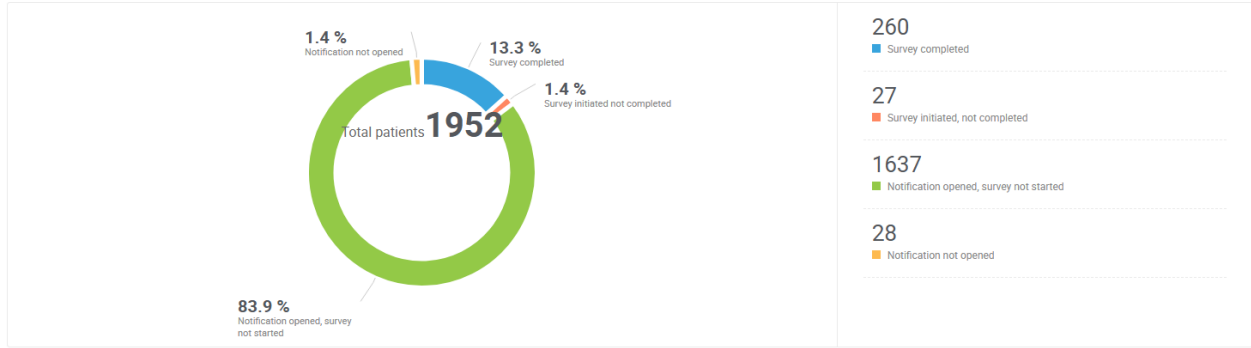
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of 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.

Southern Nevada Community Health Center Patient Satisfaction Survey – February 2026

Overview



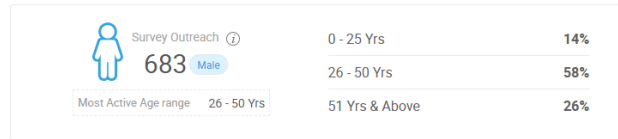
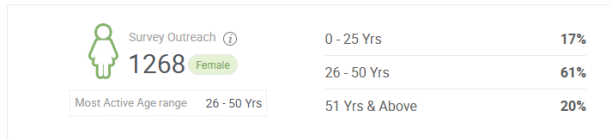
260
Survey completed

27
Survey initiated, not completed

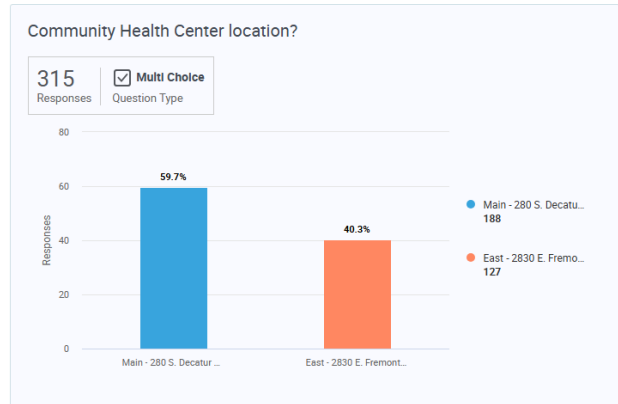
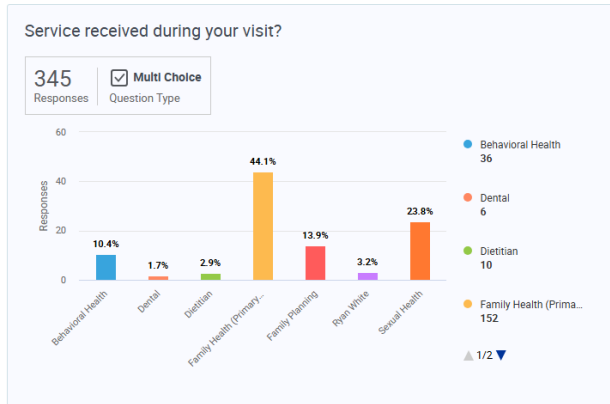
1637
Notification opened, survey not started

28
Notification not opened

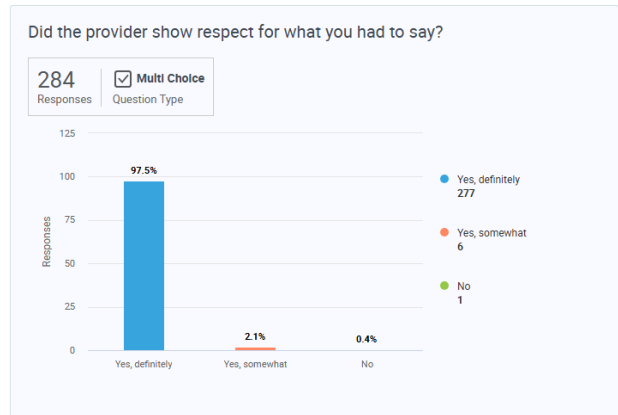
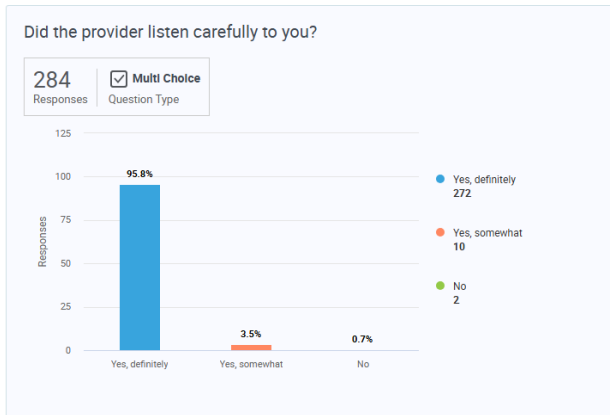
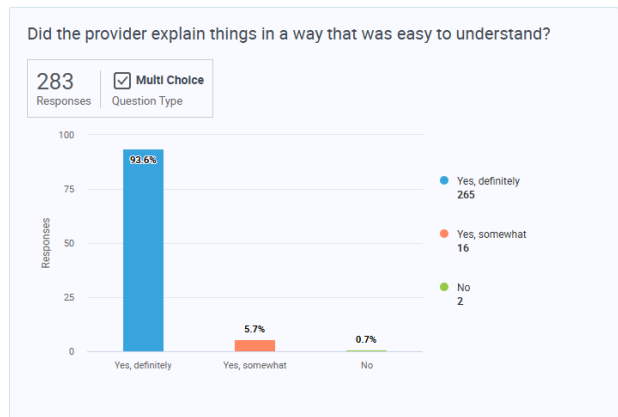
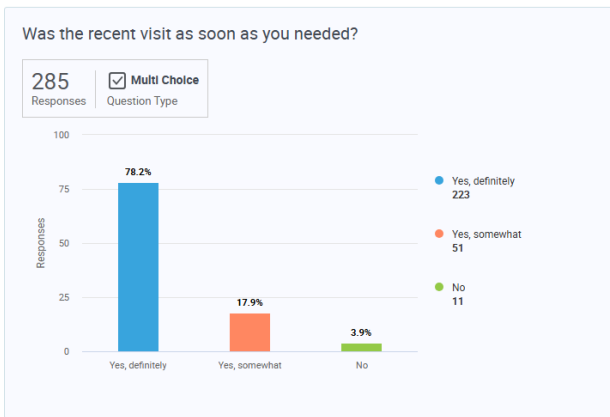
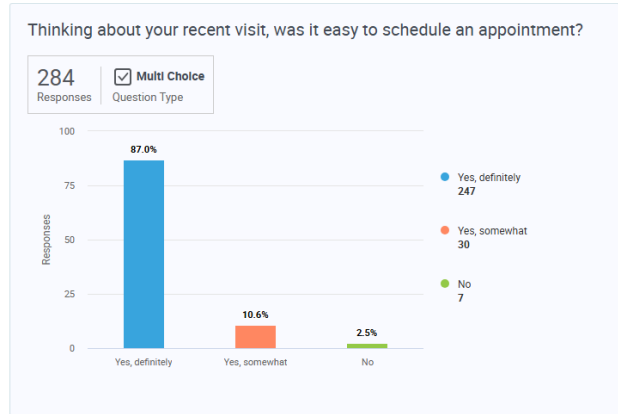
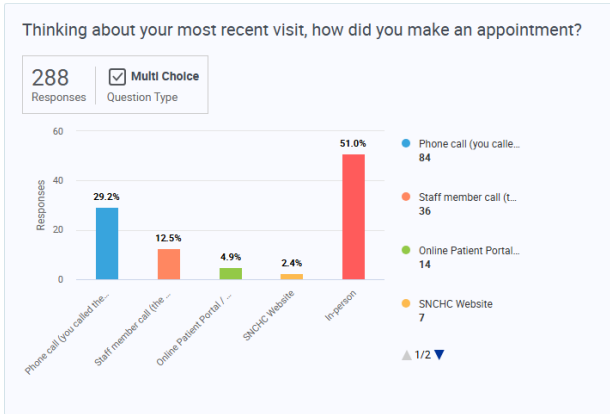
Gender



Service and Location

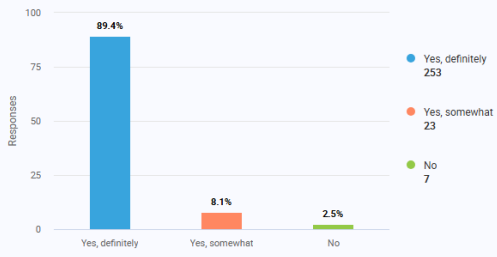


Provider, Staff, and Facility



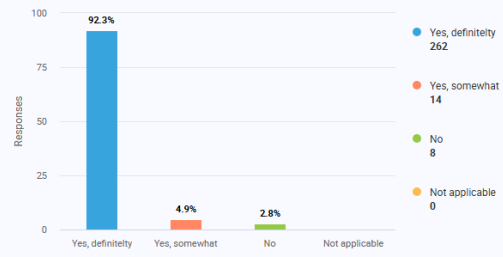
Did the provider spend enough time with you?

283 Responses Multi Choice Question Type



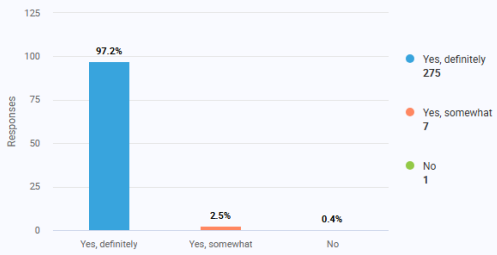
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

284 Responses Multi Choice Question Type



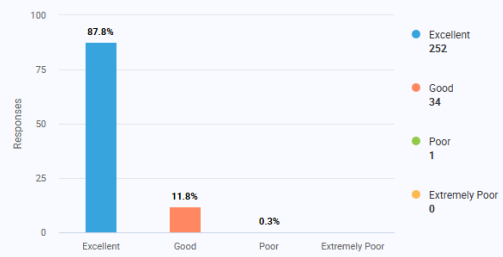
Did the staff treat you with courtesy and respect?

283 Responses Multi Choice Question Type



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

287 Responses Multi Choice Question Type



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

284

Responses

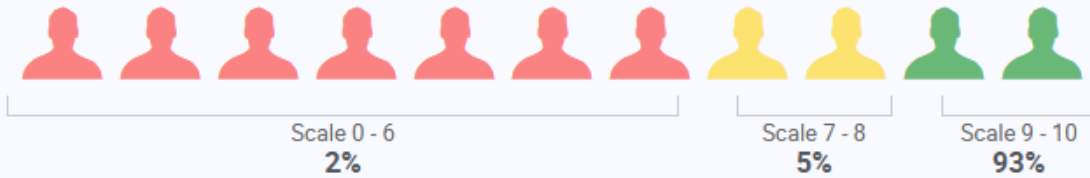
123

Numbers

Question Type

91

Net Promoter Score (NPS)



5

Scale 0 - 6

15

Scale 7 - 8

264

Scale 9 - 10

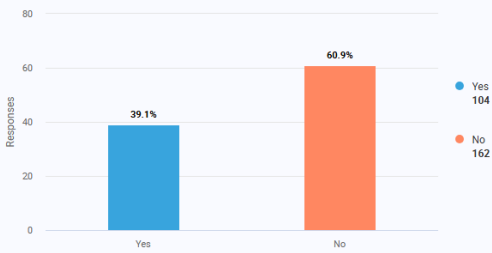
General Information

Do you have health insurance?

266

Responses

Multi Choice
Question Type

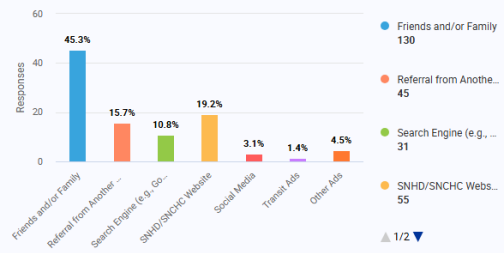


How did you hear about us?

287

Responses

Multi Choice
Question Type





Memorandum

Date: March 6, 2026

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 – February 2026

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

	February 2025	February 2026		YTD 25	YTD 26	
Sexually Transmitted						
Chlamydia	935	794	↓	1991	1844	↓
Gonorrhea	323	293	↓	727	714	↓
Primary Syphilis	12	2	↓	20	10	↓
Secondary Syphilis	9	4	↓	20	13	↓
Early Non-Primary, Non-Secondary¹	32	9	↓	58	37	↓
Syphilis Unknown Duration or Late²	119	55	↓	232	142	↓
Congenital Syphilis (presumptive)	4	1	↓	11	2	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	5	3	↓	11	6	↓
Pregnant Syphilis Cases	20	18	↓	31	45	↑
Perinatally Exposed to HIV	1	2	↑	5	5	→

¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

³ 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.

⁴ 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.

	February 2025	February 2026		YTD 25	YTD 26	
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	7	↑	9	17	↑
Hepatitis B, acute	4	2	↓	8	3	↓
Influenza Hospitalizations and Deaths	279	273	↓	907	611	↓
Meningococcal disease (Neisseria meningitidis)	0	1	↑	0	1	↑
Mpox	0	4	↑	0	11	↑
Covid-19 Hospitalizations and Deaths	90	28	↓	227	75	↓
Pertussis	4	6	↑	8	43	↑
RSV	731	761	↑	1746	1201	↓
Enteric Illness						
Amebiasis	1	0	↓	2	0	↓
Campylobacteriosis	20	9	↓	42	22	↓
Cryptosporidiosis	1	0	↓	2	3	↑
Giardiasis	3	4	↑	9	6	↓
Rotavirus	12	7	↓	25	11	↓
Salmonellosis	13	6	↓	17	20	↑
Shiga toxin-producing Escherichia coli (STEC)	6	7	↑	9	12	↑
Shigellosis	8	3	↓	11	7	↓
Vibriosis (non-cholera Vibrio species infection)	1	1	→	4	1	↓
Yersiniosis	4	1	↓	7	7	→
Other						
Coccidioidomycosis	27	11	↓	59	28	↓
Dengue	0	0	→	1	0	↓
Hepatitis C, acute	1	1	→	2	2	→
Invasive Pneumococcal Disease	30	23	↓	68	49	↓
Lead Poisoning	16	22	↑	36	41	↑
Legionellosis	4	0	↓	5	3	↓
Malaria	0	0	→	1	0	↓
Meningitis, aseptic	1	1	→	2	2	→
Meningitis, Bacterial Other	1	1	→	2	2	→
Exposure to a rabies susceptible animal	29	52	↑	63	140	↑
Streptococcal Toxic Shock Syndrome (STSS)	4	2	↓	9	6	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	6	4	↓	9	12	↑

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	27	7	39	0
Gonorrhea	5	9	17	0
Syphilis	15	2	163	1
HIV/AIDS (New to Care/Returning to Care)	28	8	64	0
Tuberculosis	49	0	6	0
TOTAL	124	26	289	1
¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) ² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms ³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters Fup= Investigations initiated to follow up on previous reactors, partners, or clusters				

3. Disease and Outbreak Investigations

- a. **Mpox:** As of February 23, 2026, Clark County had 340 cases of mpox since the first reported case in 2022.
- b. **Mpox Outbreak:** In the last 4 months there were 22 mpox cases (16 confirmed, 3 probable and 3 suspect). Four out of the sixteen cases were received in the past 4 weeks. 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.
- 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 02/21/2026, during the 2025 - 2026 influenza season, 890 influenza-associated hospitalizations and 27 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. This outbreak is closed.
- e. **Pertussis outbreak at a school:** DSC is currently investigating an ongoing pertussis outbreak tied to three classrooms at a private school. There have been 7 confirmed and 4 probable cases since December 2025 with most occurring mid to late January. Notifications were sent home to families and contact tracing activities were conducted with all kids in the affected classrooms. ACDC is continuing to monitor incoming reports for additional cases. The last confirmed case associated with this outbreak had an onset on February 02, 2025.
- f. **Campylobacter WGS cluster:** SNPHL identified 4 cases linked by Whole Genome Sequencing laboratory testing. All four were MSM. OOE developed a survey to gather information about sexual practices and risk factors to identify any common exposures. ACDC investigation team administered re-interviews and obtained additional information. DSC will continue to monitor cases through the end of March.

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 February:

Naloxone Distribution	Agency	# of Naloxone doses distributed
2/3/2026	Lend a Hand of Boulder City	144
2/3/2026	SNHD - Pharmacy	6
2/11/2026	UNLV Student Wellness Center	24
2/17/2026	North Las Vegas Jail	120
2/17/2026	Nye County	960
2/19/2026	Sportsman Royal Manor	24
2/20/2026	End Overdose	24624
Total		25902

- 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
02/17/2026	Adelson Clinic	300	300	600
02/17/2026	Trac-B/Impact Exchange	1,000	1,000	2,000
02/17/2026	WestCare	300	300	600
02/18/2026	Toni's House	3,000	3,000	6,000
02/18/2026	HIV Consortium	300	300	600
02/18/2026	Veteran Affairs of Southern Nevada	200	200	400
02/19/2026	SNHD L2A Team	100	0	100
02/24/2026	SNHD L2A Team	300	300	600
02/25/2026	Las Vegas Clark County Library District	1,500	0	1,500
02/25/2026	Vegas Stronger	300	300	600
TOTALS:		7,300	5,700	13,000

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 February 6th, ODS collaborated with the local chapter of the NAACP to mark National Black HIV/AIDS Awareness Day. Our MTU was onsite at Sunny's Market located at 600 W. Lake Mead Blvd to offer testing and prevention services. ODS returned to Adonis Health Club on February 11th. 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 February 13th and 20th we returned to Entourage Bathhouse located at 953 E. Sahara Ave., Suite A19. Our focus was both Mpox prevention awareness as well as HIV testing services on both dates. 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	Feb-25	Feb-26		YTD 25	YTD 26	
Outreach/Targeted Testing	965	741	↓	2242	1926	↓
Clinic Screening (SHC/FPC/TB)	656	172	↓	1251	492	↓
Outreach Screening (Jails)	246	109	↓	470	188	↓
Collect2 Protect	6	0	↓	14	7	↓
TOTAL	1873	1022	↓	3977	2613	↓
Outreach/Targeted Testing POSITIVE	6	1	↓	10	1	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	1	↓	3	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	1	0	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	9	2	↓	14	3	↓

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. 02/03/2026: Facilitated Nevada High Intensity Drug Trafficking Area Community Partner Meeting; 11 people in attendance; 6 SNHD ODS staff in attendance.
2. 02/05/2026: Facilitated PrEP Educational Visit at Primary Care - Charleston; 4 people in attendance; 1 Health Educator in attendance.
3. 02/05/2026: Facilitated Overdose Response Training at Seven Hills Hospital; 6 people in attendance; 1 SNHD staff in attendance.
4. 02/06/2026: Presented at The Center's National Black HIV AIDS Awareness Day Dinner; 80 people in attendance; 1 ODS Health Educator in attendance.
5. 02/09/2026: Attended the Nevada Essentials for Childhood Strategic Planning/Evaluation Workgroup as SNHD Representative; 6 people in attendance; 2 ODS Health Educators in attendance.
6. 02/11/2026: Facilitated Overdose Response Training of Trainers at UNLV School of Nursing; 24 people in attendance; 1 SNHD staff in attendance.
7. 02/17/2026: Facilitated PrEP Education Visit at Soran Health; 1 person in attendance; 1 ODS staff in attendance.
8. 02/18/2026: Facilitated Overdose Response Training at Galen College of Nursing; 15 people in attendance; 1 SNHD staff in attendance.
9. 02/19/2026: Facilitated Overdose Response Training at Sportsman Royal Manor; 12 people in attendance; 1 SNHD staff in attendance.
10. 02/24/2026: Facilitated Overdose Response Training at Nevada Homeless Alliance; 15 people in attendance; 1 SNHD staff in attendance.
11. 02/25/2026: Facilitated Overdose Response Training at Nevada State University; 22 people in attendance; 1 SNHD staff in attendance.

12. 02/27/2026: Presented at UNLV Health Sciences Research Symposium; 100 attendees, 1 ODS staff in attendance.
13. 02/28/2026: Facilitated HR In Action for UNLV Nursing Students; 11 people in attendance; 1 ODS staff in attendance.
14. 02/18-19/2026: Attended Creative Problem-Solving Training; 3 ACDC staff, 1 ODS, and 2 OOE 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: January 2026 disease statistics are below. Please note that these data are retrieved as of February 27, 2026. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (January 2026)
January 2026: Clark County Disease Statistics*

Data as of 2/27/2026

Disease	2024		2025		2026	
	January	YTD	January	YTD	January	YTD
VACCINE PREVENTABLE						
COVID-19	3,329	3,329	1,004	1,004	373	373
Haemophilus influenzae, invasive	9	9	7	7	10	10
Hepatitis A	1	1	0	0	0	0
Hepatitis B, acute	2	2	4	4	1	1
Hepatitis B, chronic	108	108	105	105	72	72
Influenza	317	317	628	628	335	335
Meningococcal disease (<i>N. meningitidis</i>)	1	1	0	0	0	0
MPOX	1	1	0	0	5	5
Pertussis	14	14	4	4	35	35
RSV	1,119	1,119	1,015	1,015	439	439
SEXUALLY TRANSMITTED						
Chlamydia	1,148	1,148	1,056	1,056	1,050	1,050
Gonorrhea	516	516	404	404	423	423
HIV	49	49	38	38	10	10
Stage 3 HIV (AIDS)	17	17	14	14	4	4
Syphilis (Early non-primary, non-secondary)	55	55	26	26	28	28
Syphilis (Primary & Secondary)	34	34	19	19	17	17
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	1	1	0	0	0	0
Congenital Syphilis	3	3	7	7	1	1
ENTERICS						
Amebiasis	0	0	1	1	0	0
Campylobacteriosis	22	22	22	22	12	12
Cryptosporidiosis	3	3	1	1	3	3
Giardiasis	4	4	6	6	2	2
Rotavirus	3	3	13	13	4	4
Salmonellosis	12	12	4	4	12	12
Shiga toxin-producing <i>E. coli</i> (STEC)	10	10	3	3	4	4
Shigellosis	19	19	3	3	4	4
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	2	3	3	0	0
Yersiniosis	5	5	3	3	6	6
OTHER						
Coccidioidomycosis	23	23	32	32	16	16
Exposure, Chemical or Biological	1	1	0	0	0	0
Hepatitis C, acute	0	0	1	1	1	1
Hepatitis C, chronic	135	135	163	163	122	122
Invasive Pneumococcal Disease	39	39	38	38	26	26
Lead Poisoning	16	16	20	20	18	18
Legionellosis	0	0	1	1	3	3
Lyme Disease	1	1	0	0	0	0
Malaria	0	0	1	1	0	0
Meningitis, Aseptic	3	3	1	1	1	1
Meningitis, Bacterial Other	0	0	1	1	1	1
Meningitis, Fungal	1	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	42	42	34	34	87	87
Streptococcal Toxic Shock Syndrome (STSS)	3	3	5	5	4	4
Tuberculosis (Active)	7	7	3	3	8	8

*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



Memorandum

Date: March 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	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Routine Inspections	2,438	2,434	↓	16,934	17,071	↑
Reinspections	171	195	↑	1,298	1,400	↑
Downgrades	167	165	↓	1,209	1,332	↑
Closures	18	9	↓	104	104	→
Special Events	51	66	↑	553	613	↑
Temporary Food Establishments & Tasting Event Booths	489	446	↓	5,653	5,126	↓
TOTALS	3,334	3,315	↓	25,751	25,646	↓

↑ (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. **Mora Iced Creamery, 1980 Festival Plaza Dr.:** On February 3, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on February 6.
- B. **Tina’s Filipino Cuisine, 7720 S. Jones Blvd.:** On February 4, the facility was closed for an IHH, pest infestation. The inspector documented 25 demerits. The facility was reinspected and reopened with zero demerits on February 6.

- C. **Bolillos El Cesar and Bolillos El Cesar #2, 3850 E. Desert Inn Rd.:** On February 5, the facilities were closed for IHHs, other conditions or circumstances that may endanger public health. Operations were being conducted at the owner's private residence. The inspector documented 10 demerits. The facilities remain closed at this time.
 - D. **Pho Kim Long II, 4023 Spring Mountain Rd.:** On February 5, the bar/stations/storage permit was closed for an IHH, no water. The inspector documented 19 demerits. The permit was reinspected and reopened with six demerits on February 6.
 - E. **Strega Brick Oven Pizzeria, 7965 S. Rainbow Blvd.:** On February 11, the facility was closed for operating without a valid health permit and the owner was referred to Plan Review. The permit was approved and the facility was reopened on February 13.
 - F. **Garrett Popcorn Shops at Miracle Mile, 3663 S. Las Vegas Blvd.:** On February 18, a complaint investigation resulted in the facility being closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 14 demerits. After repairs, the facility was reinspected and reopened with zero demerits on February 20.
 - G. **Pho Thanh, 5150 Spring Mountain Rd.:** On February 24, a routine inspection led to the facility being closed for excessive demerits. The inspector documented 44 demerits. Violations included: improper handwashing, unapproved source, contamination of food, and foods not maintained at proper temperatures. The facility was reinspected and reopened with zero demerits on February 27.
 - H. **Other Mama, 3655 S. Durango Dr.:** On February 25, a routine inspection resulted in closure for an IHH, pest infestation. The inspector documented 14 demerits. After deep cleaning, minor structural repairs, and pest control treatments, the facility was reinspected and reopened with zero demerits on February 26.
 - I. **Subway 11045, 3395 E. Tropicana Ave.:** On February 26, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 14 demerits. The facility was reinspected and reopened with zero demerits on February 27.
 - J. **University of Nevada Las Vegas (UNLV) Performing Arts Bar #1, 4505 Maryland Pkwy.:** On February 28, the bar was closed for an IHH, no water. The inspector documented five demerits. The bar remains closed at this time.
 - K. Staff conducted unpermitted food vending complaint investigations with representatives from City of Las Vegas Business License, Clark County Business License, Clark County Code Enforcement, and the Las Vegas Metropolitan Police Department.
 - L. Staff closed 37 unpermitted food vending complaint investigations.
2. **Supervisory/Managerial Conferences:**
- A. A conference was held with the following facility: L & L Hawaiian Barbeque, 2520 E. Craig Rd.

ENVIRONMENTAL HEALTH Outbreak Support – Fiscal Year Data

Outbreak Support	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Foodborne Illness Investigations	3	3	→	58	56	↓
Childhood Elevated Blood Lead Levels	0	0	→	6	9	↑
Legionella Travel Associated Investigations	1	0	↓	14	8	↓
Legionella Residential Investigations	2	2	→	13	18	↑
Healthcare Associated Infection Joint ICAR Responses	0	4	↑	0	6	↑

3. 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 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.

4. Foodborne Illness Response:

- A. **McDonalds, 4934 Boulder Hwy.:** On February 10, staff responded to a confirmed case of Yersinia. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- B. **Main St. Provisions, 1214 S. Main St.:** On February 18, staff responded to a confirmed case of Vibrio. Staff did not observe any risk factors that could lead to illness. Source information for shellfish was collected to assist in conducting traceback investigations.
- C. **Panda Express, 3825 S. Maryland Pkwy.:** On February 20, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness, including improper handwashing practices and sanitizing of food contact surfaces which were corrected onsite. 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	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	6	0	↓	37	32	↓
Adjudicated Hearing Cases	4	0	↓	29	19	↓
Total Cases Received	70	67	↓	642	520	↓
Total Cases Referred to Other Agencies	9	16	↑	114	100	↓
Hearing Penalties Assessed	\$4,500	\$0	↓	\$42,000	\$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	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Inspections	329	405	↑	1,899	2,021	↑

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

Underground Storage Tanks	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Compliance Inspections	70	50	↓	538	313	↓
Final Installation/Upgrade/Repair Inspections	3	5	↑	21	20	↓
Closure Inspections	0	0	→	7	6	↓
Spill Report Investigations	4	0	↓	17	17	→

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

Permitted Disposal Facilities	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Inspections	22	15	↓	168	145	↓
Reinspections	0	1	↑	6	4	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	0	17	↑	1,967	1,738	↓
West Nile Virus Surveillance Mosquitoes Tested	0	66	↑	20,539	27,151	↑
West Nile Virus Surveillance Submission Pools Tested	0	9	↑	1,669	1,674	↑
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	2	↑	141	228	↑
Public Accommodations Inspections	33	31	↓	183	237	↑
Public Accommodations Complaints	9	14	↑	145	116	↓
Mobile Home/Recreational Vehicle Park Inspections	46	54	↑	142	143	↑
Mobile Home/Recreational Vehicle Park Complaints	1	2	↑	15	12	↓

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 March: None**

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Asbestos Permits Issued	66	47	↓	549	417	↓
Revised Asbestos Permits Issued	6	5	↓	58	29	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Tentative Maps-Received	13	13	→	103	101	↓
Tentative Maps-Lot Count	893	335	↓	6,942	5,727	↓
Final Maps-Received	19	23	↑	134	163	↑
Final Maps-Lot Count	617	783	↑	5,117	5,955	↑
Final Maps-Signed	14	20	↑	126	149	↑
Final Maps (Signed)-Lot Count	684	728	↑	5,957	5,211	↓
Improvement Plans-Received	17	23	↑	123	163	↑
Improvement Plans-Lot Count	600	780	↑	5,145	5,911	↑
Expedited Improvement Plans-Received	0	1	↑	0	2	↑
Expedited Improvement Plans-Lot Count	0	34	↑	0	35	↑

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

Individual Sewage Disposal Systems	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Residential ISDS Permits	1	5	↑	36	36	→
Commercial ISDS Permits	0	0	→	3	3	→
Commercial Holding Tank Permits	0	1	↑	18	13	↓
Residential Tenant Improvements	9	29	↑	134	163	↑
Residential Certifications	0	0	→	0	2	↑
Compliance Issues	6	11	↑	61	68	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	0	0	→	52	57	↑
Public Water System Violations Issued	17	5	↓	105	91	↓

2. Safe Drinking Water Activity:

- A. No *coliform* positive results were reported from routine monitoring events.
- B. **Sandy Valley High School CCSD (NV0001212):** Clark County School District (CCSD) representatives missed their Level 2 Treatment Technique trigger corrective action deadline of February 24. SNHD staff will continue to remind CCSD's Environmental Services team about resolving operational processes. Until further notice, the location must continue operating under a precautionary Tier 1 "Boil Water Order."
- C. 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	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
School Facility Kitchen Inspections	103	120	↑	637	672	↑
School Facility Kitchen Complaints	0	1	↑	3	6	↑
School Facility Inspections	112	129	↑	736	765	↑
School Facility Complaints	7	9	↑	33	26	↓
Summer Food Service Surveys	0	0	→	39	13	↓
Child Care Facility Inspections	29	22	↓	234	227	↓
Child Care Facility Complaints	1	0	↓	19	15	↓
Body Art Facility Inspections	37	28	↓	419	350	↓
Body Art Facility Complaints	4	7	↑	42	30	↓
Body Art Artist Special Event Inspections	3	3	→	273	151	↓
Total Program Services Completed	296	319	↑	2,435	2,255	↓

1. Schools:

- A. Mater Academy Mt. Vista Campus, 3445 Mountain Vista St.:** Staff investigated a complaint alleging that cockroaches were in a classroom. School administration reported that there was an incident of cockroaches inside personal items of a student. Additional pest control service was provided after the incident. Staff observed no pest activity, harborage, or nesting. The complaint was unsubstantiated at the time of the investigation.
- B. William E. Orr Jr. High School, 1562 E. Katie Ave.:** Staff investigated a complaint alleging that all of the restrooms on campus, with the exception of one set, were locked for the entire school day and not available for student use. The investigation confirmed multiple restrooms had been locked for approximately two weeks. At the time of the investigation, all restrooms were functional, unlocked, and accessible to students. Staff informed the school representatives that restrooms must be located within 250 feet of each classroom and remain accessible to students at all times while on campus.
- C. Edna Hinman Elementary School, 450 E. Merlayne Dr.:** Staff investigated a complaint alleging that school staff failed to exclude students that had flu-like symptoms, failed to notify parents of illnesses, and did not follow proper cleaning and disinfecting procedures. School staff were following the appropriate protocols for reporting diseases and excluding ill students. Staff were cleaning and disinfecting with appropriate procedures and disinfectants. The restrooms were fully stocked, and school staff were actively promoting hand hygiene with the students. The complaint was unsubstantiated at the time of investigation.

2. Child Care:

- A. Merryhill Preschool-Summerlin, 2160 Snow Trail:** Staff investigated a complaint alleging that the childcare center had purchased time/temperature control for safety (TCS) food on Tuesday, placed it in the refrigerator, and planned to serve the food to children on Thursday. The facility has a kitchen that is allowed to operate without a separate permit if the conditions listed in Nevada Revised Statute (NRS) 446.941 are met. One of these conditions is that TCS food is not to be cooled and stored for later

service. Staff found multiple trays of TCS food in the kitchen refrigerator that were placed in the refrigerator while hot to be held for later service. School staff were educated on food safety and the limitations of food service in a childcare facility kitchen that does not hold a separate permit. The food was voluntarily discarded. The complaint was substantiated.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Food Safety Assessment Meetings	0	0	→	2	1	↓
Total Pre-Permitting Services	993	775	↓	8,175	7,250	↓
New Project Submissions	248	209	↓	1,841	1,925	↑
Completed Projects	203	210	↑	1,894	2,021	↑
Total Service Requests Currently in Pre-Permitting	1,292	1,191	↓			

1. Enforcement Actions and Investigations:

- A. Fontainebleau Contramar, 2777 S. Las Vegas Blvd.:** A final permitting inspection was conducted on eight new permits, including a front-of-house tortilla prep/cook area. Staff found an ice cream freezer not operating; one glass washer not sanitizing properly; exposed wood and unsealed gaps under the bar top; rough weld spots; and insufficient lighting. Seven health permits were approved, and the tortilla prep/cook area will be finalized after additional equipment, that was on back order, is received.
- B. Ink Society, 3110 Polaris Ave.:** Submitted plans did not include hand sinks in the workstations. SNHD Regulations require an easily accessible hand sink within 15 feet of each workstation. Plans must be resubmitted with the appropriate number of conveniently located hand sinks. The final permitting inspection is still pending.
- C. Strega Brick Oven Pizzeria, 7965 S. Rainbow Blvd.:** Staff received a complaint that this facility was operating without a health permit. The complaint was verified and staff closed the facility. The owner submitted an application, received a plan review, and passed a final permitting inspection in the same week.
- D. Bellagio Carbone Riviera Prep Area, 3600 S. Las Vegas Blvd.:** Plans were submitted for the addition of a double-stacked fish tank which was being used to store live clams, lobsters, and shrimp. The plans were not approved due to lack of equipment specifications and no approved Hazard Analysis and Critical Control Point (HACCP) plan. SNHD Regulations require an approved HACCP plan for the storage of live clams, so the operator had to remove the live clams from the tanks. Following submission of the required documents, the plans were approved, a final remodel inspection was conducted, and the remodel was approved.
- E. Besny Boba, 3200 S. Las Vegas Blvd.:** Staff conducted a final permitting inspection but could not approve the permit because some equipment had not been installed and there was no person-in-charge (PIC) present. Once all the equipment was installed, a second final permitting inspection was conducted, and the health permit was approved.

- F. Hayworth, 1450 W. Horizon Ridge Pkwy.:** During a Change of Permit Holder (CPH) inspection, staff found an unapproved charcoal grill onsite. The new owner was approved to operate, but SNHD Regulations require plan submission and approval for the installation of any new equipment. Once the remodel plans were submitted and staff verified approval from Fire Prevention, a final remodel inspection was conducted, and the grill was approved for use.
- G. Nogakes Kitchen, 9134 W. Sahara Ave.:** During a CPH inspection, staff observed soda machine drain lines directly plumbed to the floor sink; torn gaskets on a cooler door; multiple areas of damaged flooring in the food preparation area; and small holes in the walls and ceilings. SNHD Regulations require food equipment to be indirectly plumbed to sewer; equipment to be in good condition; and floors, walls, and ceilings to be smooth, non-absorbent and easily cleanable. The health permit was approved with stipulations.

VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Total Operation Inspections	588	389	↓	5,212	4,496	↓
Complaint Investigations	11	15	↑	185	218	↑
Inactive Body of Water Surveys	3	11	↑	59	78	↑
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	0	→	33	19	↓
Total Program Services Completed	602	415	↓	5,489	4,811	↓

1. Aquatic Health Operations

- A. Montara Meadows, 3150 E. Tropicana Ave.:** A routine inspection conducted at the spa resulted in a closure for multiple IHHs, no detectable chlorine and multiple gates not self-latching. Inadequate disinfection exposes bathers to pathogens that can make them sick. An improperly working gate can allow unattended access to the enclosure and pose an increased drowning risk for children. A reinspection is still pending.
- B. Las Vegas Racquet Club, 3333 Raven Ave.:** With the County Multi-Agency Response Team (CMART), a survey was conducted at an unpermitted pool. Ownership said that they intend to use the pool as a fountain. Without proper oversight, the pool can expose the public to unsafe conditions that can make them sick or increase drowning risk for children. The owners need to submit a written procedure describing how the venue will be secured when the business is closed and how the owner will keep their guests from entering the pool when the business is open. No permit is required at this time.
- C. Spanish Palms, 5250 S. Rainbow Blvd.:** A routine inspection conducted at the spa resulted in an IHH closure due to high chlorine. High chlorine concentrations can cause skin, eye, and lung irritation. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
- D. Portola West Vegas, 6661 Silverstream Ave.:** A routine inspection conducted at the pool resulted in an IHH closure due to a broken drain cover. Broken drain covers

pose entrapment and/or entanglement risks, which could result in drowning. A reinspection is still pending.

- E. Dream Apartments, 1005 S. Wigwam Pkwy.:** A routine inspection conducted at the seasonally closed East Pool resulted in a written compliance schedule due to a gate not self-closing. The qualified operator was instructed to confirm proper gate function before opening the pool.
- F. Embassy Suites, 4315 University Center Dr.:** A routine inspection conducted at the East Spa resulted in an IHH closure due to no detectable chlorine. Immediate corrections were made, and the spa was reinspected and approved to reopen the same day.
- G. Hampton Inn Summerlin, 7100 Cascade Valley Ct.:** A routine inspection conducted at the pool resulted in IHH closure due to high chlorine and high cyanuric acid. High cyanuric acid inhibits the effectiveness of disinfectants. A reinspection is still pending.
- H. Adler, 155 E. Galleria Dr.:** A routine inspection conducted at the spa resulted in an IHH closure due to high chlorine. Immediate corrections were made, and the spa was reinspected and approved to reopen the same day.
- I. The Quinn Apartments, 5500 Mountain Vista St.:** A routine inspection at the pool resulted in an IHH closure due to the south gate not self-closing. The gate was secured the same day, and the pool was reinspected and approved to reopen.
- J. Desert Rose Apartments, 29 N. 28th St.:** A routine inspection conducted at a seasonally closed pool resulted in a compliance schedule due to the gate not self-closing. The qualified operator was instructed to confirm proper gate function before opening the pool.
- K. La Quinta Suites, 9570 W. Sahara Ave.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gate not self-closing. The gate was immediately secured, and the pool was reinspected and approved to reopen the same day.

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

Aquatic Health Plan Review	Feb. 2025	Feb. 2026		FY 24-25	FY 25-26	
Total Pre-Permitting Services	539	421	↓	3,821	3,164	↓
New Project Submissions	225	177	↓	1,037	1,142	↑
Completed Projects	114	127	↑	739	939	↑
Total Projects Currently in Plan Review	657	684	↑			

2. Aquatic Health Plan Review:

- A. The Presley at Whitney Ranch, 5600 E. Russell Rd.:** An application for a pool suction outlet fitting assembly (SOFA) remodel was not approved. The flow of the system was greater than the maximum allowable flow through the SOFA, which could create an entrapment hazard. Receipt of a revised application is still pending.
- B. Sandhill Valley Pool, 4470 Vegas Valley Dr.:** A heater remodel inspection failed because the pool flow was not within the required range, which could result in insufficient filtration and disinfection of the water. A reinspection is still pending.
- C. Sedona Ridge Apartments, 4975 Duneville St.:** An enclosure remodel inspection resulted in failure due to multiple climbable hand/foot holds and a gap under the enclosure. A noncompliant enclosure can allow unsupervised access to the pool and pose an increased drowning risk for children. A reinspection is still pending.

- D. Prosper 106, Orchard Spring Ct.:** Pre-plaster inspections of the pool and spa were not approved because area lighting levels were below minimum requirements. This could result in the inability to see the pool and increases drowning risk. A reinspection is still pending.

VIII. TRAINING OFFICE

1. Training Office staff provided onsite intervention training to: Top Sushi and Oyster, 4500 E. Sunset Rd.; Terra Incognita Food Processing, 1370 W. Cheyenne Ave.; and Mama Lu's Dumplings, 3864 W. Sahara Ave.
2. Training Office staff welcomed VeDarius Williams to the EH Food Operations training program on February 2.
3. Staff facilitated and presented at the Food Safety Partnership meeting on February 24.

IX. REGULATORY SUPPORT

1. Regulatory Support Office 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; Retail Program Standard Symposium Content and Education Committee meeting; CFP Program Standards Committee meetings; assisted with Accela User Acceptance Testing reviews; Retail Flexible Funding Model (RFFM) Mentorship meeting; finalized and submitted grant applications for the RFFM training and mentorship grants; worked on 2026 Crumline Award application; and completed the report on draft beer line data collection survey results which was submitted to EH management.
2. Special Process staff presented at the Food Operations General Staff meeting on February 4 and at the Food Safety Partnership meeting on February 24.
3. Staff attended Creative Problem Solving in-person training on February 18 and 19.
4. Special Process staff completed the Food and Drug Administration (FDA) Special Process at Retail Course (FD312) on February 25.
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, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans.
6. Special Process staff received three new submissions and released seven special process files affecting seven facilities. There are currently 15 files in review.
7. Label Review staff received seven new submissions and released 10 label files consisting of 165 labels. There are currently 19 active files in review.
8. Cottage Food Operations staff completed 36 new registrations and 68 new inquiries, frequently with multiple follow-up inquiries per individual.

Memorandum



Date: March 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 *gl*

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – February 2026

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. During the period of February 1–28, 2026, there were no new vaccine recommendations or official policy changes issued by the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics.

The Southern Nevada Health District continues to implement the 2026 immunization schedules released earlier in January 2026. The CDC published the updated Child and Adolescent Immunization Schedule, while the American Academy of Pediatrics (AAP) also released its annual immunization schedule for pediatric providers. Clinics are continuing to review these schedules and ensure alignment with current clinical guidance.

Additionally, Immunize.org released updated educational resources and clinical reference materials to support providers in implementing the 2026 immunization schedules and maintaining best practices in vaccine administration, storage, and documentation.

The immunization programs continue to focus on:

- Ensuring adherence to current vaccine storage and handling standards
- Ongoing staff education and training related to immunization schedules
- Maintaining accurate vaccine documentation and forecasting within clinical systems

At this time, no new vaccine products, safety alerts, or ACIP voting recommendations were issued during the February 2026 reporting period.

Immunization program staff will continue to monitor updates from the CDC, ACIP, AAP, and Immunize.org and, under the direction of the Chief Medical Officer, provide updates to the Board as new guidance becomes available.

2. During the reporting period, a total of 1,151 clients were seen across the four public health centers. In total, 2,681 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 264 same-day appointments were provided across the centers during this reporting period.

B. Immunization Outreach Activities

1. Immunization outreach clinics in February 2026 - 9 clinics, 362 vaccines were administered to 139 clients. The clinics were held at CCSD Family Support Center, CCDC, Mexican Consulate, Help of Southern Nevada, and East Las Vegas Community Center.

II. **Community Health Nursing**

A. Maternal Child Health

The Maternal Child Health (MCH) nurse received no referrals for elevated blood lead levels and no new newborn screening referrals for the month of February. There are 7 active clients enrolled in the Lead program in February.

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 across the nation including here in Las Vegas. At present, 119 pregnant and new parents are participating in our program. Three nurse home visitors (NHV) are serving fifty-three families in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant from the Nevada Division of Public and Behavioral Health while 1 NHV is currently being trained. Once she is ready, she will be able to serve an additional 25 clients. Collectively, the teams completed 121 in person home visits in February with one family graduating from the program this month. All program participants are receiving education, support, and resources from their own personal nurse to improve their pregnancy outcomes, improve the growth and development of their children, and to increase the economic self-sufficiency of the families.

C. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start (HS) 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 February 2026. In-person program outreach was conducted at Nevada Health Centers WIC North Las Vegas, Nevada Health Centers WIC Tropicana, Alonso Medical Center, Anthem Community Wellness Center, Sunrise Children's Foundation, Volunteers in Medicine, Pearson Community Center, and Sunrise Library. Program outreach was also conducted at various DWSS locations. Additionally, HS hosted a community baby shower in partnership with Health Plan of Nevada Medicaid, for pregnant moms and moms with newborns. At this event, 128 attendees were provided a variety of education and community resources. A community health worker (CHW) II was hired this month and started the onboarding process for the Healthy Start Program. She will be involved in both program outreach as well as the community consortium.

D. Embracing Fatherhood

Embracing Fatherhood of Southern Nevada (EFSN) continues to support 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. We received one referral in February.

E. Nursing Education

There was 1 nursing CEU course offered, and 8 certificates were issued in the month of February.

III. **Sexual Health Outreach and Prevention Program (SHOPP)**

- A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) for asymptomatic patients, without requiring a provider exam.. ET completed 248 screening encounters for the month of February.

- 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 44 active clients and participated in 2 educational community events.
- C. SHOPP houses the **Complex STI Navigation services** including the **Neurosyphilis Emergent Onsite Navigation (NEON)** program, which provides critical linkage services to patients suspected of neurosyphilis, and **Home Administered Treatment for STI's (HATS)**, which delivers STI treatment in the field for patients who are unable to access clinic-based care. There were four 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. The Complex STI CHNs collaborated with the CSCM team to provide educational training for students attending the Galen College of Nursing.
- D. The SHOPP **Rapid PREVENT** program has a total of 29 enrolled clients, with the goal of HIV prevention. CHW's for this initiative work collaborative 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 42 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 with the added support of two CHWs who focus on engagement and linkage to identified community resources, including housing, insurance and psychosocial services.
- B. Community Engagement & Collaboration
The Street Medicine team in collaboration with Help of Southern Nevada, Whitney Ranch Library and Clean the World, City of North Las Vegas Fabulous February Homeless outreach, 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 46 primary care visits in February.

VI. Tuberculosis (TB) Clinic

TB clinic has five (5) new adult TB active cases and zero (0) pediatric cases for the month of February 2026.

VII. Employee Health Nursing – February 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. Thirty (30) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Thirteen (13) medical clearances were completed.
- D. Vaccine Clinics
 - 1. February 1 – February 28, 2026
 - 2. Employees Total: 6
 - a) 0 COVID-19 Updated booster.
 - b) 2 Influenza Vaccines
 - c) 6 other vaccines
 - d) 0 Hepatitis B Vaccines- Immz Policy
 - 3. Total Vaccines Given: 8
- E. New Hire/Onboarding: Six (6) new hires were onboarded.
- F. Employee Health Nurse Accomplishments:
 - 1. Completed Bloodborne Pathogen (BBP) Training SOP.
 - 2. Assisted with development of the PPC Newsletter.
- G. Policies and procedures continue to be reviewed and updated.

VIII. PPC Administrative Updates

- A. PPC began a newsletter to highlight each of the division's programs. The introductory issue went out in February..
- B. The expanded use of the electronic health record system (eClinicalWorks) has improved patient access to online self-scheduling. Over 90% of patient visits in the Immunization clinics now use eCW' s online check-in system.

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	647	295	170	39	0		15	57	67		1,290
Immunization Records Issued and Transcription	147	42	16	7	0						212
SHOPP Express Testing (ET)	170		0	1	18	30	0	29			248
TB Treatment & Control	1,045										1,045
CHN Home Visits ^	246										246
TOTAL	2,255	337	186	47	18	30	15	86	67		3,041

^ Data reporting began 7/1/2025

Client Encounters by Program						
Program	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,296	1,290	↓	23,705	17,812	↓
Immunization Records Issued and Transcription	171	212	↑	2,967	2,399	↓
SHOPP Express Testing	224	248	↑	1,954	1,510	↓
TB Treatment & Control	1,199	1,045	↓	11,691	10,356	↓
CHN Home Visits^		246	↑		2,066	↑
TOTAL	3,890	3,041	↓	40,317	34,143	↓

^ 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	1,574	685	342	80	0		47	150	165		3,043

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

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

Total Client Immunizations Administered by Locations						
Program	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Total Immunizations Administered	7,063	3,043	↓	69,640	38,857	↓

Immunization Clinic and Outreach Programs

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Immunizations						
Flu Vaccine Given	791	305	↓	7,857	2,763	↓
COVID Vaccine Given	474	24	↓	3,311	615	↓
TB Skin Test *		2	↑		68	↑
Newborn Screening	0	1	↑	0	6	↑
Immunization Record Review and Release Only*		182	↑		2,182	↑
Transcription of Immunization Records Only*		30	↑		217	↑
Same Day Appts *		264	↑		4,194	↑
Referred to Civil Surgeon for Medical Assessment*		5	↑		32	↑
Vaccine Counseled **		59	↑		437	↑

*Started data collection 07/01/2025

**Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	1	6	↑	40	47	↑
Number of IQIP Visits	17	16	↓	26	32	↑
Number of Follow Up Contacts	25	106	↑	255	338	↑
Number of Annual Provider Training	1	6	↑	45	45	→
Number of State Requested Visits	10	23	↑	123	112	↓

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Perinatal Hepatitis B						
# of Expectant Women	13	19	↑	13	12	↓
# of Infants	59	42	↓	65	51	↓
Total # of Infants Delivered	4	0	↓	25	18	↓
New Cases	5	6	↑	30	32	↑
Closed Cases	6	6	→	54	38	↓

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Childcare Program						
Childcare Audits	10	10	→	54	60	↑
Baseline Immunization Rate	77%	76%	↓	79%	81%	↑
# of Final Audits	10	10	→	54	60	↑
Final Immunization Rate	96%	96%	→	93%	96%	↑
# of Records Reviewed	832	1004	↑	4702	4815	↑

Community Health Program

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Nursing Field Services						
MCH Team Home Visit Encounters	10	17	↑	109	122	↑

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
NFP (Team 1)						
Referrals	22	22	→	135	129	↓
Enrolled	14	6	↓	65	56	↓
Active	126	119	↓			

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
NFP (Expansion Team)**						
Referrals	1	0	↓	23	0	↓
Enrolled	1	0	↓	14	0	↓
Active	28	0	↓			

Staff recruitment in process 2026

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
MCH						
# of Referrals Received	0	5	↑	32	39	↑
# from CPS	0	5	↑	24	28	↑
# of Lead Referrals	0	0	→	6	7	↑
# of Total Admissions	0	3	↑	28	27	↓

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Thrive by 0 - 3						
Referrals	26	37	↑	277	348	↑
One-Time Home Visits	0	3	↑	26	46	↑
Enrolled	1	1	→	22	19	↓
Active	26	15	↓			

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Healthy Start						
Referrals	41	31	↓	181	232	↑
Enrolled	4	8	↑	46	53	↑
Active	59	80	↑			

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Embracing Fatherhood						
Referrals	1	1	→	3	11	↑
Enrolled	0	0	→	2	6	↑
Active	2	12	↑			

Tuberculosis Program

Tuberculosis	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Number of Case Manager Encounters^		123	↑		723	↑
Number of Unduplicated Clients Seen by a Provider^		31	↑		401	↑
Number of Clients encounters by TB Clinic Nurse^(duplicated patients)		340	↑		3125	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	80	67	↓	565	585	↑
New Active Clients^		5	↑		32	↑
Number of Clients Receiving LTBI Treatment^		286	↑		2204	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	4	5	↑	47	51	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,199	890	↓	10,072	9,707	↓

^ No data available; data reporting started 7/1/2025

Sexual Health Outreach and Prevention Program (SHOPP)

	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
SHOPP - Express Testing (Asymptomatic Patients)						
# of Screening encounters	185	248	↑	1,713	1,510	↓
# of Clients Screened	185	248	↑	1,713	1,506	↓
# of Clients with positive STI identified	20	24	↑	158	170	↑
STI Positivity Rate %*		10	↑		11	↑
SHOPP All CHW Linkages						
# of clients referred to Linkage	14	27	↑	139	152	↑
# of clients linked to care	14	27	↑	135	152	↑
SHOPP- Congenital Syphilis Case Management Program (CSCMP)						
# of Referrals (pregnant, post-partum, infants)	8	9	↑	63	67	↑
# of Clients enrolled in CM caseload)	7	7	→	43	41	↓
# of Infants being followed	38	44	↑			
# of Provider/ Community trainings	13	14	↑			
# of Provider/ Community trainings	3	2	↓	23	27	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in care (SURE)						
# of Outreach events	6	3		41	45	↑
SHOPP- Complex STI Navigation						
# of Clients referred	4	0	↓	34	40	↑
# of Clients navigated	3	1	↓	32	31	↓
# of Home administered treatment of STI (HATS)*	0	6	↑	13	37	↑
*No data available; data reporting started 7-1-2025						
Non- cumulative						

Street Medicine Program

Street Medicine	Feb 2025	Feb 2026		FY 24-25	FY 25-26	
Number of Clients Engaged^		57	↑		79	↑
Number of Primary Care Initial Visits^		34	↑		50	↑
Number of Primary Care Follow Up Visits^		12	↑		18	↑
Number of Referrals / Linkage to Resources^		24	↑		28	↑

^ No data available; data reporting started 1/1/2026