



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 25, 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 Nemec, Vice-Chair – At-Large Member, Physician (*in-person*)
Joseph Hardy, Secretary – Mayor, City of Boulder City (*via Teams*)
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:

(In Audience)

Toluwanimi Babarinde, Laura Fussell, Cade Grogan, Ahmad Harley, Maya Holmes, Deborah Kuhls, Michael Lyle, Maria Maciel, Lola Romero, Stacie Sasso, Jack Zenteno

EXECUTIVE SECRETARY:

Cassius Lockett, PhD, MS, District Health Officer

LEGAL COUNSEL:

Heather Anderson-Fintak, General Counsel

STAFF:

Jason Agudo, Adriana Alvarez, Kristen Anderson, Emily Anelli, Larry Armstrong, Tonia Atencio, Jacqueline Ayala, Mark Bergtholdt, Karen Berry, Gabrielle Bivans, Danielle Bohannon, Amanda Brown, Nicole Bungum, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Joe Cabanban, Belen Campos-Garcia, Magali Cano, Robin Carter, Mary Cooper, Andria Cordovez Mulet, Susan Crutchfield, Stacy Cruz, Rebecca Cruz-Nanez, Veronica Cummins, Cherie Custodio, Nevena Cvijetic, Aaron DelCotto, Lauren DiPrete, Tabby Eddlemen, Tara Edwards, Lisa Falkner, Tiffany Flournoy, Adelina Folkles, Jason Frame, Kimberly Franich, Monica Galaviz, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Cheri Gould, Jacques Graham, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Donna Houston, Carmen Hua, Victoria Hughes, Daniel Isler, Danielle Jamerson, Dustin Johnson, Rabea Johnson, Horng-Yuan Kan, Bob Kingston, Theresa Ladd, Dann Limuel Lat, Annie Lin, Josie Llorico, Randolph Lockett, Sandy Lockett, Hetal Luhar, Cassondra Major, Anil Mangla, Jonas Maratita, Chris Elaine Mariano, Blanca Martinez, Marco Mendez, Jacquelin Merino, Alicia Mitchell, Kimberly Monahan, Crystal Montgomery, Corey Morrison, Marites Navarro, Avery John Nerveza, Todd Nicolson, Brian Northam, Ronaliz Ordon, Veralynn Orewyler, Kyle Parkson, Kaylina Penksa,

Chelsea Marie Perez, Jill Perlstein, Luann Province, Vivek Raman, Misty Robinson, Emma Rodriguez, Larry Rogers, Alexis Romero, Sandi Saito, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Betty Souza-Lui, Bruno Stephani, Candice Stirling, Christine Sylvis, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Greg Tordjman, Britanney Toston, Renee Trujillo, Jorge Viote, Ashley Wheeler, Donnie Whitaker, Rosanna Woods, Edward Wynder, Lourdes Yapjoco, Jessica Yumul, 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 9:04 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Epi-Aid Project

- SNHD Team: Jason Agudo, Victoria Burris, Belen Campos Garcia, Rebecca Cruz-Nanez, Brandon Delise, Tabby Eddleman, Tiffany Flournoy, Victoria Hughes, Jessica Johnson, Dr. Cassius Lockett, Dr. Anil Mangla, Marco Mendez, Sandi Saito, Lei Zhang
- CDC Team: Dr. Domonique Hargrave, Dr. Irina Kasarskis, Dr. Chelsea McCullough, Dr. Geoff Melly, Dr. Joy Ortega, Dr. Halley Riley

In late May 2026, the Health District hosted a two-week CDC EPI AID investigation focused on overdose prevention in the Clark County community. Overdose-related mortality in Nevada, while declining more slowly than in other states, remains a significant public health crisis. This investigation represented a critical opportunity to collect robust, mixed-methods data that will inform future strategies to better prevent overdoses across the state. The success of these high-stakes, compressed-timeline effort depended entirely on a team of Health District staff who volunteered their time, energy, and expertise on top of their existing full workloads. These staff members went above and beyond their regular job duties to ensure the EIS officers could conduct their work effectively and that every community member and partner felt supported throughout the process. The culminating product of this effort is a comprehensive report summarizing findings and recommendations for reducing overdoses in Clark County. This will be used to inform future public health strategies at the local level. The work done by this team during those two weeks will have a direct and lasting impact on how Clark County addresses one of its most pressing health crises. On behalf of the Southern Nevada Health District and Board, the Chair recognized the above-noted exceptional employees and the CDC Team.

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

- Kaylina Penska and Jessica Yumul

The Chair recognized the June 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 Health District and Board, the Chair congratulated the employees on this recognition.

3. Southern Nevada Health District – Manager and Supervisor of the Quarter (2026 Q2)

- Nicole Bungum and Karla Shoup

The Chair recognized the Supervisors of the Quarter for Q2. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Health District and Board, the Chair congratulated the supervisors on this recognition.

The Chair advised that the Agenda would be amended so the Closed Session (Item XIII) would be moved to following Item VIII.1.

- 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 JUNE 25, 2026 MEETING AGENDA *(for possible action)*

As previously noted, Item XIII (Closed Session) will be moved to following Item VIII.1.

A motion was made by Member Nielson, seconded by Member Larson, and carried unanimously to approve the June 25, 2026 Agenda, as amended.

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: May 28, 2026 *(for possible action)*

- 2. PETITION #34-26: Approval of insurance renewals for Southern Nevada Health District's Commercial Property (CHUBB), Automobile Liability (CHUBB), General Liability. Professional Liability (Vantage), Cyber Liability (Corvus), and Employment Practice Liability (Markel) for policy period 07/01/2026 – 07/01/2027;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

- 3. PETITION #35-26: Approval of Workers' Compensation Insurance Agreement renewal between the Southern Nevada Health District and Risk Administration Services (RAS) for policy period 07/01/2026-06/30/2027;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Summers-Armstrong, seconded by Member Nielson, and carried unanimously to approve the June 25, 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. PETITION #36-26: Approve and Authorize the District Health Officer to sign the General and Supervisory Units Collective Bargaining Agreements (CBAs) both to be effective upon approval by the Board, as follows:

- a. 5.0% Cost of Living Adjustment (COLA) in FY27; 1-Step increase in FY27 for those who have not reached the Final 14th Step of the Salary Schedule;
 - b. 3.5% COLA in FY28; 1-Step increase in FY28 for those who have not reached the Final 14th Step of the Salary Schedule;
 - c. Article 20 will be opened for FY29;
 - d. Extend the Same Financial Changes to Non-Union Employees Not Covered by the SEIU General or Supervisory Collective Bargaining Agreements; and
- direct staff accordingly or take other action as deemed necessary. *(for possible action)*

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

Renee Trujillo, Chief Human Resource Officer, presented the proposed collective bargaining agreement between the Health District and SEIU Local 1107, outlining the salient points. Ms. Trujillo thanked both negotiation teams for their collaborative efforts, noting that an agreement was reached after seven bargaining sessions.

Jason Klumb, Chief of Staff for SEIU Local 1107, stated that union members overwhelmingly supported the tentative agreement and described it as beneficial for both employees and the Health District. He emphasized that the agreement supported employee recruitment and retention while helping the Health District continue providing high-quality services to the community. Mr. Klumb highlighted the addition of paid parental leave as a significant achievement and commended Dr. Lockett, the management team, union representatives, and employee bargaining team members for their commitment and collaborative work throughout the negotiations.

Sandy Luckett, SEIU steward and Health District employee, expressed appreciation on behalf of union membership to Health District leadership, management, legal teams, and the Board for supporting the bargaining process. She noted that employees have responded very positively to the agreement and reported that members were pleased with the negotiated wage increases and overall contract improvements, particularly given current economic challenges. Ms. Luckett stated that employee morale was high and that the membership was grateful for the outcome of the negotiations.

The Chair commented that the proposed agreement represents an investment in the Health District's most important asset, its employees. Member Larson expressed appreciation for the employees and bargaining team, thanking them for their continued hard work and dedication. Member Summers-Armstrong congratulated both management and SEIU members on reaching the agreement and highlighted the importance of collaboration between the Health District and its workforce. She remarked that the Health District's innovations, programs, and community outreach efforts were made possible by its employees.

A motion was made by Member Kirkpatrick, seconded by Member Nemec, and carried unanimously to approve and authorize the District Health Officer to sign General and Supervisory Collective Bargaining Agreements (CBAs) both to be effective upon approval by the Board of Health, as presented.

VIII. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Approve At-Large Members for the Southern Nevada District Board of Health and Public Health Advisory Board; direct staff accordingly or take other action as deemed necessary (for possible action)

a. Southern Nevada District Board of Health

- Representative who is a physician licensed to practice medicine in this State;
- Representative of a non-gaming business or from an industry is that is subject to regulation by the Health District;
- Representative from the association of gaming establishments

The Chair allowed the individuals who submitted an application and present at the meeting to address the Board. Member Nemec, Member Bond, Harley Ahmad, and Member Nielson each provided an overview of their experience and the value they would bring or continue to bring to the Board. Dr. Jose Partida Corona was not in attendance.

A motion was made by Member Kirkpatrick, seconded by Member Larson, and carried unanimously to approve the following At-Large Members to the Southern Nevada District Board of Health for a two-year term beginning on July 1, 2026:

- *Dr. Frank Nemec as the representative who is a physician licensed to practice medicine in this State;*
- *Bobbette Bond as the representative of a non-gaming business or from an industry is that is subject to regulation by the Health District; and*
- *Scott Nielson as the representative from the association of gaming establishments.*

b. Southern Nevada District Board of Health Public Health Advisory Board

- Representative who is a physician licensed to practice medicine in this State;
- Representative who is a nurse licensed to practice medicine in this State;
- Representative with a background or expertise in environmental health or environmental health services

There were no members that applied for the Public Health Advisory Board in attendance.

Member Kirkpatrick requested a future update from the Public Health Advisory Board within the next quarter on their current activities, including regulatory work and other initiatives. She also suggested that such presentation could help inform the public and encourage greater participation in Board meetings.

A motion was made by Member Hardy, seconded by Member Gallo, and carried unanimously to approve the following At-Large Members to the Southern Nevada District Board of Health Public Health Advisory Board for a two-year term beginning on July 1, 2026:

- *Dr. Kenneth Osgood as the representative who is a physician licensed to practice medicine in this State;*
- *Dr. Susan VanBeuge as the representative who is a nurse licensed to practice medicine in this State; and*
- *Dr. Brian Labus as the representative with a background or expertise in environmental health or environmental health services.*

XIII. CLOSED SESSION: Go into closed session, pursuant to NRS 241.015(4)(c) as amended by AB52 (2025), to receive information from the Health District's Attorney regarding potential or existing litigation involving a matter over which the Board of Health has supervision, control, jurisdiction or advisory power, and to deliberate on the matter, and pursuant to NRS Chapter 288.220, to receive a report on the status of ongoing labor negotiations; and direct staff accordingly. **(Heard out of Order)**

The Chair started the Closed Session at 9:46 a.m.

The Chair ended the Closed Session at 10:45 a.m.

VIII. REPORT / DISCUSSION / ACTION (continued)

2. PETITION #33-26: 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 #04-26 – Decreasing the General Fund Budget by \$9,598,419, from \$122,165,595 to \$112,567,176
- Resolution #05-26 – Increasing the Grant Fund (Special Revenue) by \$2,950,181, from \$62,297,514 to \$65,247,695
- Resolution #06-26 – Decreasing the Capital Fund by \$951,757, from \$3,304,191 to \$2,352,434

Following the presentation, Member Nielson provided the Board with an overview of the discussions at the Finance Committee meeting the previous day.

A motion was made by Member Nielson, seconded by Member Hardy, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #33-26 related to the Budget Augmentation to the Southern Nevada Health District (i)

General Fund (Resolution #04-26), (ii) Special Revenue Fund (Resolution #05-26), and (iii) Capital Fund (Resolution #06-26) Budget for the Fiscal Year Ending June 30, 2026, as presented, to meet the mandatory financial requirements of NRS 354.598005.

Member Kirkpatrick requested that Ms. Whitaker meet with the Finance Committee prior to any future budget augmentation for a budget workshop to allow for a more thorough review.

3. Receive, Discuss, and Approve Clark County's Fiscal Year 2027 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620; direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. Whitaker advised that Clark County adjusted the property tax revenue allocated to the Health District, which revised the Fiscal Year 2027 Budget that was previously approved by the Board. Ms. Whitaker advised that Clark County requested that the revision be presented to the Board for approval.

A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to accept the recommendations from the Finance Committee and approve the Clark County's Fiscal Year 2027 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620, as presented.

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 Nielson suggested holding a workshop for the Finance Committee, on key financial issues. Member Nielson recommended that the workshop would be open to all Board members.

Member Kirkpatrick reiterated the earlier request regarding future updates and/or reports from the Public Health Advisory Board.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to his written report, Dr. Lockett noted, to date, 4 positive mosquito pools containing a total of 165 culex mosquitoes were detected, prompting increased mosquito surveillance and additional trap deployment in affected areas. Dr. Lockett encouraged residents to eliminate standing water following recent rainfall to help reduce mosquito breeding and disease transmission risks.

Dr. Lockett further reported on the ongoing Ebola outbreak in parts of Africa, noting increased case counts and continued challenges with contact tracing and infrastructure. Dr. Lockett noted that, despite challenges, testing capacity and treatment resources have expanded significantly. Dr. Lockett emphasized that the risk to the United States remained low but highlighted the importance of continued monitoring. The Health District was actively

monitoring travelers returning from affected regions, with 22 travelers referred for monitoring by the CDC to the Health District.

- Youth Advisory Council Update

Crystal Montgomery, Health Educator, provided an overview of the Youth Advisory Council, and was joined by one of the students, Lola Romero.

Member Kirkpatrick expressed concern about the growing prevalence of vaping among youth, particularly marijuana and THC-containing vape products, and their potential impacts on mental health and physical health. She noted reports of vape-related incidents among students and asked how the Health District could effectively communicate these risks to young people. Ms. Romero responded that continued education, supported by data, statistics, and social media outreach, was critical to discouraging youth vaping. When asked about effective messaging, Ms. Romero stated that visual campaigns showing the health consequences of vaping, such as damaged lungs, can still resonate with students and encourage them to reconsider use.

Member Larson commended the Youth Advisory Council's community engagement efforts and praised Ms. Romero's confidence and leadership. Member Summers-Armstrong also recognized the participants' leadership development and encouraged them to continue serving their communities. She inquired about establishing a social media presence to promote the group's work, and Ms. Romero explained that while the Youth Advisory Council had considered creating an Instagram account, logistical challenges prevented implementation. Member Summers-Armstrong suggested creating a dedicated subgroup to manage future social media activities.

Member Kirkpatrick proposed exploring ways for the Health District to expand youth engagement through social media, including the possibility of creating a teen-focused Health District social media platform. She also suggested developing an advanced-level opportunity for current Youth Advisory Council participants to mentor new members and engage in more complex public health topics. Ms. Romero expressed interest in serving as a mentor and continuing her involvement. Member Kirkpatrick further discussed opportunities for workforce development experiences, particularly for students interested in fields such as epidemiology, and emphasized the importance of maintaining ongoing communication and engagement with the Youth Advisory Council members as it evolves.

- Aquatic Update

Alicia Mitchell and Candice Stirling, Aquatic Health Supervisors, provide an aquatic update.

The Board was supportive of staff reviewing the 2018 Aquatic Facility Regulations for any proposed revisions. Member Kirkpatrick suggested that staff communicate with the sports community regarding cold-plunges.

- Epi-Aid Project Update

Marco Mendez provided an overview of the Epi-Aid Project. The Board was advised that, once available, the final report would be presented to the Board.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of March 31, 2026
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.

Laura Fussell, Program Manager of Employment Services with Communication Services for the Deaf Inc. commended the Health District for providing Food Handler Safety Training Card exam preparation materials in nearly 30 languages and highlighted the importance of accessibility for Nevada's diverse population. Ms. Fussell requested consideration of American Sign Language (ASL) versions of the materials to better serve deaf, hard of hearing, deaf-blind, and deaf-disabled individuals seeking employment in the food service and hospitality industries, noting that language access can help remove barriers to workforce participation.

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

XIII. CLOSED SESSION: Go into closed session, pursuant to NRS 241.015(4)(c) as amended by AB52 (2025), to receive information from the Health District's Attorney regarding potential or existing litigation involving a matter over which the Board of Health has supervision, control, jurisdiction or advisory power, and to deliberate on the matter, and pursuant to NRS Chapter 288.220, to receive a report on the status of ongoing labor negotiations; and direct staff accordingly.

This item was addressed earlier in the meeting.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 12:20 p.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 25, 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/d954b2d4-bca7-42f7-9d2a-1d4e15243c09@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 488 701 40#

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. Epi-Aid Project

- SNHD Team: Jason Agudo, Victoria Burris, Belen Campos Garcia, Rebecca Cruz-Nanez, Brandon Delise, Tabby Eddleman, Tiffany Flournoy, Victoria Hughes, Jessica Johnson, Dr. Cassius Lockett, Dr. Anil Mangla, Marco Mendez, Sandi Saito, Lei Zhang
- CDC Team: Dr. Domonique Hargrave, Dr. Irina Kasarskis, Dr. Chelsea McCullough, Dr. Geoff Melly, Dr. Joy Ortega, Dr. Halley Riley

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

- Kaylina Penska and Jessica Yumul

3. Southern Nevada Health District – Manager and Supervisor of the Quarter (2026 Q2)

- Nicole Bungum and Karla Shoup

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 488 701 40#. 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 JUNE 25, 2026 AGENDA *(for possible action)*

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: May 28, 2026 *(for possible action)*

2. PETITION #34-26: Approval of insurance renewals for Southern Nevada Health District's Commercial Property (CHUBB), Automobile Liability (CHUBB), General Liability. Professional Liability (Vantage), Cyber Liability (Corvus), and Employment Practice Liability (Markel) for policy period 07/01/2026 – 07/01/2027; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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- c. Article 20 will be opened for FY29;

- d. Extend the Same Financial Changes to Non-Union Employees Not Covered by the SEIU General or Supervisory Collective Bargaining Agreements; and direct staff accordingly or take other action as deemed necessary. *(for possible action)*

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve At-Large Members for the Southern Nevada District Board of Health and Public Health Advisory Board;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - a. Southern Nevada District Board of Health
 - Representative who is a physician licensed to practice medicine in this State;
 - Representative of a non-gaming business or from an industry is that is subject to regulation by the Health District;
 - Representative from the association of gaming establishments
 - b. Southern Nevada District Board of Health Public Health Advisory Board
 - Representative who is a physician licensed to practice medicine in this State;
 - Representative who is a nurse licensed to practice medicine in this State;
 - Representative with a background or expertise in environmental health or environmental health services
- 2. PETITION #33-26: Approval of Augmentation to the Southern Nevada Health District FY2026 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss, and Approve Clark County's Fiscal Year 2027 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620;** 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
- Youth Advisory Council Update
- Aquatic Update
- Epi-Aid Project Update

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of March 31, 2026
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
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6. Environmental Health Division Monthly Activity Report
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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. CLOSED SESSION: Go into closed session, pursuant to NRS 241.015(4)(c) as amended by AB52 (2025), to receive information from the Health District's Attorney regarding potential or existing litigation involving a matter over which the Board of Health has supervision, control, jurisdiction or advisory power, and to deliberate on the matter, and pursuant to NRS Chapter 288.220, to receive a report on the status of ongoing labor negotiations; and direct staff accordingly.

XIV. ADJOURNMENT

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

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



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 28, 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 Nemec, Vice-Chair – At-Large Member, Physician (*in-person*)
April Becker – Commissioner, Clark County (*via Teams*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Nancy Brune – Council Member, City of Las Vegas (*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: Pattie Gallo – Mayor Pro Tem, City of Mesquite
Joseph Hardy, Secretary – Mayor, City of Boulder City

ALSO PRESENT: Areli Alarcon, Maria Azzarelli, Toluwanimi Babarinde, Ishmael Carroll, Tiffany Corso, Erin Dixon, Cade Grogan, Diane Henry, Marianna Hernandez, Patrick Holleran, Victor Leach, Corrie Maige, Bradley Mayer, Shana Tello, Virginia Valentine
(In Audience)

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

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

STAFF: Kevin Abbott, Jason Agudo, Malcolm Ahlo, Brittnee Aldea, Adriana Alvarez, Renita Anderson, Kristen Anderson, Emily Anelli, Larry Armstrong, Jacqueline Ayala, David Barragan, Tawana Bellamy, Amanda Brown, Lori Bryan, Nicole Bungum, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Lori Bryan, Joe Cabanban, Nancy Cadena, Aracely Calderon, Belen Campos-Garcia, Robin Carter, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Cherie Custodio, Liliana Davalos, John DeWolff, Aaron DelCotto, Lauren DiPrete, Rayleen Earney, Tara Edwards, Lisa Falkner, Adelina Folkes, Kimberly Franich, Nicholas Gabler, Daidre Gamboa, Tina Gilliam, Cheri Gould, Jacques Graham, Jelena Grave De Peralta, Lei Gutierrez, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Mekale Holmes, Donna Houston, Carmen Hua, Victoria Hughes, Daniel Isler, Jessica Johnson, Sabine Kamm, Horng-Yuan Kan, Matthew Kappel, Bob Kingston, Theresa Ladd, Dann Limuel Lat, Randolph Luckett, Sandy Luckett, Cassondra Major, Anil Mangla, Chris Elaine Mariano, Mindy Meacham, Marco Mendez, Cassandra Meraz, Alicia Mitchell, Kimberly Monahan, Stephanie Montgomery, Corey Morrison, Semilla Neal, Todd Nicolson, Brian Northam, Joe O'Neill, Veralynn Orewyler, Laura Palmer, Neleida Pelaez, Kaylina Penksa, Luann Province, Jeff Quinn,

Cheryl Radeloff, Vivek Raman, Abegail Reyes, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Betty Souza-Lui, Candice Stirling, Christine Sylvis, Ronique Tatum-Penegar, Candyce Taylor, Jazmine Thomas, Will Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Jorge Viote, Edna Wanene, Ashley Wheeler, Donnie Whitaker, Tiana Wright, Edward Wynder, 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. Office of Chronic Disease Prevention and Health Promotion

- UNLV School of Public Health, Department of Social and Behavioral Health's Outstanding Community Partner

The Chair recognized the Office of Chronic Disease Prevention and Health Promotion. Every year, the UNLV School of Public Health recognizes outstanding students, faculty, and community partners for their contributions to advancing public health. This year, the Health District's Office of Chronic Disease Prevention & Health Promotion was selected by the Social and Behavioral Health Department to receive their Outstanding Community Health Partner Award. Over the years, the Office of Chronic Disease Prevention & Health Promotion has collaborated with the Social and Behavioral Health Department on several impactful initiatives, including the UNLV Tobacco-Free Campus initiative; pedestrian safety efforts such as walk audits and support for Neon to Nature; and the development of the Project Scoping Tool, an innovative resource designed to help transportation, public works, and planning agencies incorporate health and equity considerations into transportation and infrastructure projects. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the department on this recognition.

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

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

- Mayra Avalos and Jelena Grave De Peralta

The Chair recognized the May 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 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 MAY 28, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Bond, and carried unanimously to approve the May 28, 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: April 23, 2026 *(for possible action)*

2. ~~PETITION #32-26: Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd.; direct staff accordingly or take other action as deemed necessary~~ *(for possible action)*

Member Nielson requested that Item VI.2 be removed from the Consent Agenda for discussion. Item VI.2 was heard under Report / Discussion / Action, along with the SNPHL Expansion presentation, that was originally under Item X.

A motion was made by Member Nielson, seconded by Member Summers-Armstrong, and carried unanimously to approve the May 28, 2026 Consent Agenda, as amended.

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

1. Variance Request for an existing septic system, SNHD Permit#ON0026656, located at 8620 Mustang St., Las Vegas, NV to allow existing trees to encroach on the septic system; direct staff accordingly or take other action as deemed necessary *(for possible action)*

John DeWolff, Environmental Health Engineer, presented a variance request for a tenant improvement project at 8620 Mustang Street, Las Vegas. The request sought approval to

construct a detached garage with a workshop. The variance addresses existing trees encroaching on the septic system's leach field and tank. A similar variance was approved in January 2023 with the condition that any future development requiring a building permit must obtain a new variance. Supporting documentation indicated that tree roots were not expected to interfere with the septic system, and a February assessment confirmed the system was functioning properly without root intrusion. The proposed garage will not include plumbing and will not add demand to the septic system. The property was not currently eligible for connection to the municipal sewer system. Mr. DeWolff advised that staff recommends approval of the request, with conditions outlined in the materials.

The Chair opened for Public Comment.

Diane Henry spoke in support of the variance request, noting that the same trees were previously approved and have not caused any issues with the septic system. She cited arborist findings indicating limited additional root growth due to the maturity of the trees and explained that removal could be costly and potentially damage the system. She also stated that the type of vegetation present poses minimal risk of root intrusion. Ms. Henry supported staff's recommendation for approval, emphasizing that the variance does not pose a risk to public health or safety and that property owners remain responsible for any future system failure. She expressed disagreement with the assertion that the system was more prone to failure due to its age, noting that properly maintained systems can function well beyond 30 years. Additionally, she raised concerns about the cost and burden of current septic inspection and variance requirements, questioned the rationale behind the 10-foot tree setback standard, and suggested that extending the prior variance might have been a reasonable alternative. She concluded by respectfully requesting approval of the variance.

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

Victor Leach, representative for the petitioner, agreed with staff's assessment and did not have any additional comments.

Further to an inquiry from Member Kirkpatrick regarding the condition related to gravity flow, Dan Isler, Environmental Health Engineer Supervisor, advised that the condition language related to gravity flow was consistent with past precedent.

A motion was made by Member Kirkpatrick, seconded by Member Nemec, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0026656, located at 8620 Mustang St., Las Vegas, NV to allow existing trees to encroach on the septic system, with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
- 3. No additional trees are allowed within 10 feet of the existing septic system.*

4. *The variance allows for the one-time approval of the proposed detached garage project and is in effect until the aforementioned project is completed or the building permit is inactivated. Any future development requiring building permits will require a variance pursuant to the SNHD ISDS Regulations and a report regarding the functionality of the septic system.*
5. *Petitioner and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

VIII. REPORT / DISCUSSION / ACTION

Discussion – Item VI.2: PETITION #32-26: Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd.; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Presentation – Item X: SNPHL Expansion

Bob Kingston, Chief Facilities Officer, and Corey Morrison, Facilities Manager, provided an overview of the lab expansion. Mr. Morrison commenced with a brief description and scope, along with a high-level project schedule. Mr. Morrison provided an overview of the project budget, which had a total project budget of \$24.4 million.

Mr. Kingston explained that rising construction costs have significantly increased the project budget and general fund impact. Additional challenges included coordinating multiple funding sources with differing requirements and timelines, permitting costs, and splitting the project into separate phases. He noted that staff were pursuing additional funding opportunities and implementing cost-saving measures, including value engineering and potential use of in-house resources, to reduce overall expenses.

Member Kirkpatrick expressed concerns about the project's funding, scope, and rising costs, emphasizing the importance of securing full funding before proceeding and questioning reliance on future or uncertain funding sources. She highlighted the original \$12 million expectation, raised concerns about missed communication and evolving project scope, and questioned the accuracy of cost drivers, particularly labor increases, noting conflicting local employment conditions. She also requested greater clarity on what was being built and why costs had significantly increased.

Dr. Lockett responded that earlier project management and staffing challenges contributed to inconsistencies in planning and budgeting, resulting in a project that was not well-defined initially. He explained that the project has since been scaled down to focus on a smaller, 12,800-square-foot Biosafety Level 3 (BSL-3) laboratory, but costs remained higher than anticipated. He outlined potential funding strategies, including increasing contingency allocations and utilizing existing bond reserves, while noting that efforts to secure additional ARPA funding were unsuccessful and that no formal request to extend Clark County funding had been pursued to date.

Member Kirkpatrick noted that local, state, and federal entities were currently deferring capital projects due to limited funding availability and expressed concern about relying on uncertain future funding. While reaffirming her support for the laboratory based on lessons learned during

the COVID-19 pandemic, she questioned whether existing funds might be extended and emphasized that previously allocated funds should have been expended more quickly. She also indicated uncertainty about whether the County would support extending current funding commitments.

Member Nielson expressed support for the laboratory but raised concerns about the project's financing and the significant increase in costs since groundbreaking, questioning the timing and competitiveness of the bidding process. Mr. Kingston responded that subcontractor bids were recently completed under a Construction Manager at Risk (CMAR) delivery method and that an independent third-party estimator validated the \$20 million construction cost. He noted that while the estimate was confirmed as accurate, it was substantially higher than originally anticipated due to the complexity and specialized nature of the project.

Member Nielson questioned the high construction cost of approximately \$2,000 per square foot, including partially unfinished (shell) space, and raised concerns about the project's financial impact, particularly the \$13.2 million general fund contribution. Mr. Kingston explained that the elevated cost is due to the specialized requirements of a BSL-3 laboratory, including advanced HVAC systems, strict air handling standards, and complex construction needs, as well as added inefficiencies from the project's phased delivery approach. He confirmed that the total project cost of \$24.4 million included both construction and necessary equipment. Member Nielson reiterated concern about proceeding without fully secured funding and the potential strain on the Health District's financial position.

Member Summers-Armstrong expressed concern about the absence of an independent project management consultant to oversee the CMAR process, emphasizing the importance of having dedicated, on-site oversight to protect the Health District's interests on a complex and costly project. Mr. Kingston explained that under the CMAR delivery method, the contractor and architect (Ewing Cole) provide integrated project oversight, with additional staff participation in regular site monitoring. Member Summers-Armstrong reiterated concerns about potential conflicts of interest and the need for independent representation. Mr. Kingston added that the Health District has retained an independent third-party inspection firm to support oversight and conduct regular inspections throughout construction.

Member Kirkpatrick raised concerns about items excluded from the project scope, including permit fees, demolition, and other costs, and questioned how these expenses would be funded, particularly given the potential for additional costs and overruns. She emphasized the need for clarity on which funding sources would cover these obligations. Mr. Kingston responded that these costs were included within the total project budget of \$24.4 million, specifically within the approximately \$4 million allocated for design, permitting, and related expenses, and noted that contingency funds were built into the project to address potential overruns.

Member Kirkpatrick questioned the project's financial plan, emphasizing the need to clearly define how remaining funds would be used and expressed opposition to extending current funding deadlines. She sought clarification on what could realistically be constructed with the available funding to date and highlighted the importance of fully utilizing existing allocations. Mr. Kingston responded that approximately \$2 million had already been invested in site preparation, including off-site and utility work, to meet funding deadlines. He explained that halting the project would require additional costs to restore the site, and that the project had progressed based on commitments tied to multiple funding sources. He noted that higher-than-expected construction costs have driven the need to pursue additional funding and cost-saving

measures, including value engineering efforts to reduce overall project costs and minimize general fund impact.

The Chair emphasized that the Board was addressing two key issues: first, ensuring that existing funds, many of which have approaching expiration deadlines, could be preserved and utilized; and second, determining how to close the remaining funding gap of approximately \$13.2 million. While reaffirming the Board's strong support for the laboratory project, the Chair noted the importance of prioritizing the use and protection of currently available funds before committing to additional financial obligations. The Chair also highlighted concerns about proceeding with a contract that would obligate the Health District to significantly more funding than was currently secured and suggested reevaluating the approach to allow time for a more comprehensive funding strategy.

Member Kirkpatrick expressed concern that if the project did not proceed, funds may be used to restore the site rather than advance construction, which she viewed as inefficient. She suggested delaying the decision to allow for a more thorough review of the project and its scope, including access to detailed plans and comparisons to similar facilities. While reaffirming support for the lab concept, she emphasized the need for clearer understanding of project design, costs, and alignment with the original intent.

The Chair proposed taking additional time to reassess the project, noting that delaying a decision would allow for a more thorough evaluation and a more responsible, comprehensive approach to moving forward.

Member Nielson recommended delaying the project for 30 days to allow for a more thorough financial review and requested that a Finance Committee meeting be scheduled promptly to evaluate the impact on the general fund and overall operations. He asked staff to develop a strategy to utilize existing funds without committing to the full project cost and also requested information on the potential cost of hiring an independent owner's representative to provide dedicated on-site oversight on behalf of the Health District.

Member Nemec requested additional clarification on the project's high cost, noting that the price appeared significantly higher than comparable facilities and questioning why a substantial portion of the project included unfinished shell space, seeking a clearer explanation of cost drivers in future presentations.

The Chair reaffirmed the Board's commitment to the laboratory project and emphasized the importance of pursuing it in a responsible and strategic manner. The Chair proposed engaging with funding partners to explore flexibility and collaboration.

A motion was made by Chair Black, seconded by Member Larson, and carried unanimously to postpone action on Petition #32-26: Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd. to a future Board of Health meeting, following a discussion at a Finance Committee meeting.

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

Carmen Hua, Health Educator II, provided an overview of the Community Health Improvement Plan (CHIP).

Member Kirkpatrick raised the need for more immediate and coordinated efforts to address substance use education, particularly among foster youth and juvenile justice populations, suggesting integrating prevention messaging into existing Clark County parenting classes and outreach programs. Member Kirkpatrick emphasized education around vaping, which is increasingly prevalent among middle school-aged youth, and encouraged cross-agency collaboration to make a meaningful impact.

Member Bond expressed support for the CHIP and emphasized the need for interim or step-based goals rather than a five-year-only timeline. Member Bond highlighted opportunities for partnership with the Culinary Health Fund, noting its work in chronic disease prevention, particularly diabetes, and its health centers and training programs focused on nutrition and job skills. Member Bond noted the importance of increasing public awareness of the Health District's efforts, emphasizing the need for more proactive communication to highlight ongoing work that supports community health and safety.

Member Nielson noted that the gaming industry, as one of the state's largest employers, represents a significant opportunity for engagement. Member Nielson encouraged involving major employers in sharing information and participating in collaborative efforts, and expressed support for continued partnership in these initiatives.

A motion was made by Member Summers-Armstrong, seconded by Member Kirkpatrick, and carried unanimously to approve the Community Health Improvement Plan (CHIP), as presented.

2. Presentation on the Strategic Plan; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Richard Hazeltine, Quality Improvement & Accreditation Program Manager, provided an update on the Strategic Plan.

As this was an information update, there was no action taken.

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 Kirkpatrick expressed concern about a proposal to shift heat response efforts to a non-profit organization. Member Kirkpatrick noted that the Health District, and various other public agencies maintained a positive response effort and proposed exploring an interlocal agreement. A suggestion has been made that a meeting of the public agencies be held in September to review

summer outcomes and strengthen collaboration and messaging in advance of the next legislative session.

Member Kirkpatrick shared that funding for wastewater surveillance had been reduced, however new federal requirements will mandate nationwide water monitoring. Member Kirkpatrick recognized the public health importance and value of wastewater surveillance data and encouraged the Health District to consider and identify sustainable funding sources.

Member Kirkpatrick raised a growing concern about the use of vape pens among middle and high school students. She recommended stronger engagement with the Clark County School District and parents to raise awareness about associated risks, including exposure to dangerous substances such as fentanyl.

Member Kirkpatrick requested a future discussion on potential future changes to catchment areas to ensure that the Board is aware of the review process.

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

- DHO Comments

Dr. Lockett noted the items raised by Member Kirkpatrick and looked forward to working with the Board to address those topics.

In addition to his written report, Dr. Lockett noted that the current Ebola outbreak in the Democratic Republic of Congo and Uganda involved the Bundibugyo strain, which was difficult to control due to the absence of a vaccine and reliance on supportive care. Dr. Lockett noted that Bundibugyo spreads through direct contact with infected blood or bodily fluids, contaminated materials or infected animals. Dr. Lockett also noted that Ebola is not spread through casual airborne exposure, however small amounts of infected fluid can transmit disease through mucous membranes or broken skin. Dr. Lockett also noted that historically case fatality rates averaged about 50%, however this may vary based on the strain. Global health agencies, including WHO and CDC, were monitoring the situation and working collaboratively to accelerate vaccine development.

Dr. Lockett highlighted that enhanced airport screening and monitoring protocols are in place in the United States, and locally and that the Health District was actively monitoring three Clark County residents who recently traveled to affected areas. Dr. Lockett advised that the Southern Nevada Public Health Lab was equipped to test suspected cases through our Warrior Panel which can test up to 20 persons under investigation each day.

Dr. Lockett also provided an update on hantavirus Andes strain from South America which can be spread person to person, related to a recent international outbreak linked to a cruise ship; however, no U.S. cases have been identified. The risk to the public remains low, and the Health District continues to provide guidance through provider health advisories. It was noted that this strain differs from the Sin Nombre virus which is the predominant strain in the US of which from 1993 through 2023, CDC reported 890 cases nationally, including 29 in Nevada, primarily in northern and rural regions of the state. Regarding the Andes strain, Dr. Lockett also reported that the World Health Organization reports 13 confirmed or probable cases, including 3 deaths associated with approximately 149 passengers and crew onboard. Further, a total of 25 Americans reported being on the ship of which 7 departed prior to the outbreak

being declared. Meanwhile, it was noted that 18 are being monitored at the University of Nebraska Medical Center biocontainment unit.

- **SNPHL Expansion**

This item was heard under Item VIII (Report / Discussion / Action) in conjunction with Item VI.2.

- **Environmental Health Consumer Price Index (CPI) Update**

Chris Saxton, Director of Environmental Health, presented an update regarding the fee adjustment with a CPI.

Member Nielson raised concerns about the recent trend of revenues not keeping pace with expenses and asked whether adding additional licenses would help maintain balance without increasing fees. Mr. Saxton responded that the plan was to offset costs through the addition of approximately 700 new permits and adjustments tied to CPI, rather than further fee increases. He noted that staffing levels had already been increased significantly in prior fiscal years to meet operational needs, with associated costs driven largely by hiring and training. Mr. Saxton explained that expenses were higher during those periods due to onboarding and training efforts, and going forward, maintaining balance would depend on controlling cost allocation trends and managing salary-related expenses.

Further to an inquiry from Member Kirkpatrick on the transition to the Accela software, Mr. Saxton advised that the transition was relatively smooth with minor issues being addressed.

- **Grant Suspension (Reinstatement) & SB118 Funding Activity (July 1, 2025 to April 30, 2026)**

DJ Whitaker, Chief Financial Officer, presented an overview of grants that were suspended, and then subsequently reinstated or reduced, along with SB188 funding.

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 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.

Ishmael Carroll, Deputy District Director for U.S. Congressman Steven Horsford, submitted a written comment.

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

- XIII. CLOSED SESSION:** Go into closed session, pursuant to NRS 241.015(4)(c) as amended by AB52 (2025), to receive information from the Health District's Attorney regarding potential or existing litigation involving a matter over which the Board of Health has supervision, control, jurisdiction or advisory power, and to deliberate on the matter, and pursuant to NRS Chapter 288.220, to receive a report on the status of ongoing labor negotiations; and direct staff accordingly.

The Chair started the Closed Session at 11:14 a.m.

The Chair closed the Closed Session at 12:47 p.m.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 12:47 p.m.

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: June 25, 2026

RE: *Approval of Insurance Renewals for Southern Nevada Health District's Commercial Property, Automobile, General Liability, Professional Liability, Cyber Liability and Employment Liability.*

PETITION #34-26

That the Southern Nevada District Board of Health *approves insurance renewal for Southern Nevada Health District's Commercial Property (CHUBB), Automobile Liability (CHUBB), General Liability, Professional Liability (Vantage), Cyber Liability (Corvus), and Employment Practice Liability (Markel) policies for coverage period 07/01/2026 – 07/01/2027.*

PETITIONERS:

Cassius Lockett, PhD, District Health Officer 
Heather Anderson-Fintak, General Counsel ^{HAF}

DISCUSSION:

Due to a favorable claims history and the Health District's continued commitment to effective risk management and safety practices, the agency has realized ongoing savings in insurance premiums through the use of an insurance broker who actively seeks competitive coverage and pricing in the private insurance market.

Although property and automobile insurance premiums increased for FY27, these increases can be attributed, in part, to the addition of new vehicles to the fleet, ongoing construction projects, and broader market conditions rather than the Health District's loss experience. The combined cost of all insurance premiums totals for this petition is \$525,900.

FUNDING:

General Funds.

CHUBB

Coverage:	Commercial Property	
Limits:	Each Professional Incident:	\$1,000,000



	Professional Aggregate:	\$3,000,000
Deductibles:	Each Professional Incident:	\$50,000
Annual Cost:	\$184,626.00 (including fees)	

CHUBB

Coverage:	Automobile	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	N/A
Deductibles:	Each Professional Incident:	\$3,000
Annual Cost:	\$191,084 (including fees)	

Vantage Risk Specialty Insurance

Coverage:	General & Professional Liability	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	\$3,000,000
Deductibles:	Each Professional Incident:	\$25,000
Annual Cost:	\$72,990.00 (including fees)	

Corvus

Coverage:	Smart Cyber Insurance	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	\$2,000,000
Deductibles:	Each Professional Incident:	\$25,000
Annual Cost:	\$45,355.00 (including fees)	

Markel

Coverage:	Employment Practice Liability	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	N/A
Deductibles:	Each Professional Incident	\$50,000
Annual Cost:	\$31,845.00 (including fees)	



525 W Monroe Street, Suite 700
Chicago, IL 60661
Facsimile (312) 775-7892

Telephone (312) 775-3100

June 1, 2026

Southern Nevada Health District
In care of Higginbotham Insurance
Licensed Producer: Scotty Allen
c/o:

500 W 13th St
Fort Worth, TX 76102

Subject:	Southern Nevada Health District		
Policy Type	Policy Number	Effective Date	Underwriting Company
MOD PROP	36084914	07/01/2026	Federal Insurance Company

Dear Chase:

We are pleased to provide our Commercial Coverage Proposal for Southern Nevada Health District. This quote is valid for 30 days from today.

To facilitate your discussion of the coverages with the insured, we have outlined some of the features of the form. Please review the coverages carefully. This proposal outlines the extent of coverage that we will provide on the account and is subject to the terms and conditions of the policies. If you do not see a specific coverage listed on this proposal, it is not provided.

Please note that this proposal is subject to several legal requirements and prohibitions, which are described on the cover page of this proposal or within individual sections of the proposal, as appropriate. Please read these descriptions carefully.

Thank you for the opportunity to quote this account. We would be happy to discuss this proposal with you in further detail. Please call us if you have any questions.

Sincerely,

Scotty Allen

Southern Nevada Health District,

Thank you for the opportunity to earn your business!

In today's uncertain environment, who protects your business matters more than ever. Together with Higginbotham Insurance, we make it our focus to provide our clients with an unmatched level of service.

Each business that we insure is more than a policy or premium to us—each is a valued client. We're experts in our industry, and in yours. We protect many businesses like yours and have expert knowledge in the risks you face today, and will face tomorrow.

Our insurance products are backed by cutting-edge risk engineering and claims services to provide you with a holistic approach to managing risk.

All of this support allows you to focus on what matters to you most—running your business. We encourage you to check out a new resource center that's designed to explain the value of being a Chubb client.

If you have any questions about the ensuing proposal, please contact Higginbotham Insurance.

Thank you.

[Learn more at chubb.com/getchubbinsured](https://chubb.com/getchubbinsured)

*Scores are for personal lines and commercial combined for client surveys conducted by Chubb.

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Why Chubb?



Nearly 200 years in insurance
Stable and predictable capacity



Operations in 54 countries
Protect your business overseas with resources globally



Nearly 30 industry practices
Tailor your protection to address the risks you are most likely to face



70+ products
Eliminate unforeseen gaps in insurance with our seamlessly integrated products



280+ risk engineers in N.A.
Mitigate your risk with help from our loss control experts



Superior claims reputation
Fair and quick reimbursement after a covered claim

COMMERCIAL COVERAGE PROPOSAL
FOR
SOUTHERN NEVADA HEALTH DISTRICT
COVER PAGE

Submitted to:

HIGGINBOTHAM INSURANCE AGENCY INC
511 BEE CREEK RD
BRANSON, MO 65616

Attn: Scotty Allen

Information contained in this proposal is descriptive only. This proposal contains highlights or typical features available in our policies. These features are subject to change based upon underwriting and may or may not be available or apply to your policy. The precise coverage afforded is subject to the terms and conditions of the policies issued. The Company reserves the right, in its sole discretion, to amend or withdraw this Proposal if the Company becomes aware of any new, corrected or updated information that the Company reasonably believes would change its underwriting evaluation.

This quotation/proposal contemplates an integrated insurance program that includes all of the lines of business, terms and conditions outlined. The pricing and terms and conditions shown in this quotation/proposal cannot be separated. As such, if you reject individual components of the quote/proposal or any part of the program is cancelled and/or non-renewed, the terms and conditions of the remaining portion of the account are subject to reevaluation by the Company and all elements including program structure, pricing, as well as other terms and conditions will be subject to change.

This information is intended for producers that are properly licensed and authorized in at least one of the writing companies that comprise the Chubb Group of Insurance Companies (Chubb). If you are not a licensed and authorized Chubb producer, please direct this communication to the person in your office that holds such designations and contact Chubb to update the contact information for this policy.

For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies underwriting coverage: Federal Insurance Company, Vigilant Insurance Company, Pacific Indemnity Company, Great Northern Insurance Company, Northwestern Pacific Indemnity Company, Texas Pacific Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb National Insurance Company, Chubb Lloyds Insurance Company of Texas. Not all insurers do business in all jurisdictions.

SOUTHERN NEVADA HEALTH DISTRICT

PREMIUM SUMMARY

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
Commercial Property	\$184,626	15%	Annual/Direct
Federal Insurance Company			
Policy No.: 3608-49-14			
Property	\$184,626		
Machinery Breakdown	Included in Property		
Taxes and Surcharges	\$0	0%	Prepaid

Please note the underwriting company in which this quote is being offered. All insurers of the Chubb Group of Insurance Companies share the same financial ratings.

The portion attributable to Taxes, Surcharges and Other Charges is an estimate. The Insured is responsible for the total amount, if bound, shown on the premium bill and/or premium summary, regardless of the amount shown above.

Terrorism

Portion of premium attributable for Terrorism - Included in above premium

Property	\$9,164
*Ensuing Fire	\$0
Machinery Breakdown	Included in Property

****If you elect not to purchase coverage for terrorism and your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above for Ensuing Fire is the amount attributable to the insurance provided pursuant to that statutory standard fire policy. This coverage cannot be rejected.***

*****When the insured elects coverage for acts of terrorism in all underlying, and elects terrorism coverage under this policy.***

“Terrorism” refers to terrorism losses covered by the Terrorism Risk Insurance Act of the United States of America (15 USC 6701 note). Please refer to the Important Notice to Policyholders which outlines both the Federal Government’s and the Insurance Company’s obligation of payment under the Terrorism Risk Insurance Act.

CUSTOMARQ COMMERCIAL COVERAGE

Policy Number: 3608-49-14
Company: Federal Insurance Company
Effective Date: July 1, 2026 to July 1, 2027

PREMISES SCHEDULE

1. 280 S DECATUR BLVD, LAS VEGAS, NV 89107
2. 700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106
3. 2953 WESTWOOD DR, LAS VEGAS, NV 89109
4. 2830 FREMONT ST, LAS VEGAS, NV 89104
5. 2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128
6. 150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027
7. 3020 N WALNUT RD, LAS VEGAS, NV 89115
8. 304 E CARSON AVE, LAS VEGAS, NV 89101

PROPERTY INSURANCE

Deductible: \$50,000

Extended Period: Unlimited

The information shown above applies to:

- all premises coverages;
- all additional coverages; and
- debris removal coverage,

and all premises, unless corresponding specific information is shown as applicable to a specific premises or coverage.

PREMISES COVERAGES - BLANKET LIMITS		LIMITS OF INSURANCE
Blanket Number and Coverages		
1.	Building	\$39,190,782
2.	Personal Property EDP Property on Premises	\$34,591,872

PREMISES COVERAGES: <i>If "Blanket" or "Loss Limit" is shown under Limits Of Insurance as applicable to a Premises, please refer to the "Premises Coverages – Blanket Limits" section or the "Loss Limits Of Insurance" section above to determine the Limits Of Insurance applicable to such Premises. "Blanket" limits are numbered for ease of reference. If a specific limit is shown under Limits Of Insurance for a Premises Coverage, that Limit applies to such coverage, even if a "Blanket" limit applies to other Premises Coverage at such premises.</i>		LIMITS OF INSURANCE
Premises # 1 Bldg # 1: 280 S DECATUR BLVD, LAS VEGAS, NV 89107		
Building Automatic Increase in Limits 4%		Blanket 1
Personal Property Automatic Increase in Limits 4%		Blanket 2
EDP Property on Premises		Blanket 2

Premises # 1 Bldg # 2: 280 S DECATUR BLVD, LAS VEGAS, NV 89107		
Building		Blanket 1

Automatic Increase in Limits 4%	
Premises # 1 Bldg # 3: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
Building Automatic Increase in Limits 4%	Blanket 1
Premises # 2: 700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106	
Building Automatic Increase in Limits 4%	Blanket 1
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
Premises # 3: 2953 WESTWOOD DR, LAS VEGAS, NV 89109	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
Premises # 4: 2830 FREMONT ST, LAS VEGAS, NV 89104	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
Premises # 5: 2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128	
Personal Property Automatic Increase in Limits 4%	Blanket 2
Premises # 6: 150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
Premises # 7: 3020 N WALNUT RD, LAS VEGAS, NV 89115	
Personal Property Automatic Increase in Limits 4%	Blanket 2
Premises # 8: 304 E CARSON AVE, LAS VEGAS, NV 89101	
EDP Property on Premises	Blanket 2
PREMISES COVERAGES	LIMITS OF INSURANCE
Machinery Breakdown	INCLUDED

ADDITIONAL COVERAGES – SPECIFIC LIMITS	LIMITS OF INSURANCE
Mobile Equipment Deductible \$10,000	\$56,504
Ocean Cargo Goods In Transit	\$50,000

EARTHQUAKE	LIMITS OF INSURANCE
Policy Annual Aggregate Limit	\$5,000,000
<i>Earthquake</i>	
Premises 1, 2, 3, 4, 5, 6, 7, 8	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Property Damage Per Premises/Per Occurrence Percentage Deductible	2%
Property Damage Minimum Dollar Deductible	\$50,000
FLOOD	LIMITS OF INSURANCE
Policy Annual Aggregate Limit	\$5,000,000
<i>Flood</i>	
<i>(Inundation, Back-Up and Mud Flow Included)</i>	
Premises 1, 2, 3, 4, 5, 6, 8	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Per Occurrence Waiting Period (Normal Business Hours)	24 Hours
Per Occurrence Dollar Deductible	\$50,000

OTHER PERIL MODIFICATIONS – DEDUCTIBLES AND WAITING PERIOD	DEDUCTIBLES AND WAITING PERIOD
<i>Inundation, back-up, mudflow</i>	
Premises/Building 7/1	
Deductible	\$25,000
<i>Discharge Of Water</i>	
Premises/Building 1/1, 1/2, 1/3, 2/1, 3/1, 4/1, 5/1, 6/1, 7/1	
Deductible	\$50,000
<i>Leakage Fire Prot</i>	
Premises/Building 1/1, 1/2, 1/3, 2/1, 3/1, 4/1, 5/1, 6/1, 7/1	
Deductible	\$50,000

OTHER PERIL MODIFICATIONS – SUBSIDIARY LIMITS	LIMITS OF INSURANCE
<i>Inundation, Back-up, Mudflow</i>	
Premises/Building 7/1	\$25,000

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POLICY FORMS		
80-02-0280	07-03	SCHEDULE OF MORTGAGEES/LOSS PAYEES
80-02-1303	03-19	ADD'L PERIL-EQ LIMIT/DED OR WAITING PERIOD
80-02-1323	03-19	SUBSIDIARY LIMITS OF INSURANCE
80-02-1428	03-19	ADD'L PERIL-FLOOD LIMIT/DED OR WP PER OCC
80-02-1357	03-19	WATER DEDUCTIBLE OR WAITING PERIOD
80-02-0005	01-18	PROPERTY DECLARATIONS
80-02-0045	03-20	MALICIOUS PROGRAMMING EXCLUSION ADDED
80-02-0177	02-22	FUNGUS CLEAN UP OR REMOVAL PREM COV AMENDED
80-02-0210	01-15	PROPERTY SUPPLEMENTARY DECLARATIONS
80-02-0459	11-23	MALICIOUS PROGRAMMING AND SYSTEM - DEF AMEND
80-02-1000	03-19	BUILDING AND PERSONAL PROPERTY
80-02-1018	03-19	EXTRA EXPENSE
80-02-1047	07-03	MOBILE EQUIPMENT
80-02-1097	03-19	PROPERTY/BI CONDITIONS & DEFINITIONS
80-02-1658	01-15	CAP ON CERT. TERRORISM LOSSES (ALL PREMISES)
80-02-2208	07-20	VIRUS, BACTERIA OR MICROORGANISM EXCL ADDED
80-02-5188	06-05	VACANCY CONDITION ADDED
80-02-5407	03-19	OCEAN CARGO COVERAGE ADDED
80-02-5698	09-22	ERRORS IN SYSTEMS PROGRAMMING EXCL AMENDED
80-02-5702	10-22	AUTO INCREASE IN LIMITS PROVISION AMENDED
99-10-0996	04-18	IMPORTANT NOTICE-NY LOC INSPECTIONS

CUSTOMARQ PROPERTY HIGHLIGHTS

The precise coverage afforded is subject to the terms and conditions of the policies issued. The following features are subject to change based upon underwriting and may or may not be available or apply to your policy.

VALUATION

Replacement Cost
Cost of Replacement at any Location
Brands & Labels
Construction Fees
Customs Duties
Extended Warranties
Ordinance or Law
Selling Price on Finished Stock and Sold Personal Property
Replacement Cost on Personal Property of Others, Business Personal Property You Lease and
Personal Property of Employees
Replacement Cost on Research and Development Property if repaired, replaced or reproduced
Valuation on Tenants' I & B when not replaced – ACV
24 Months to Decide to Repair or Replace

\$ 250,000 BLANKET LIMIT OF INSURANCE

The automatic blanket limit applies to:

Accounts Receivable
Electronic Data Processing Property
Fine Arts
Leasehold Interest - Bonus Payment, Prepaid Rent, Sublease Profit, Tenants' Lease Interest
Leasehold Interest - Undamaged Tenant's Improvements & Betterments
Non-Owned Detached Trailers
Outdoor Trees, Shrubs, Plants or Lawns
Pair and Set
Personal Property of Employees
Public Safety Service Charges
Research and Development Property
Valuable Papers

The Blanket Limit of Insurance applies over all of the coverages shown above and may be apportioned at the time of loss. This Blanket Limit of Insurance applies separately at each covered premises shown in the Declarations and is subject to the Property Deductible specified in the Declarations.

Separate specific Limits of Insurance may be purchased for any of these coverages. If purchased, the blanket limit of insurance will apply in addition to the specific limit.

ADDITIONAL PROPERTY COVERAGES

The following Additional Coverages apply separately at each of your premises. In this proposal, any additional limits for these coverages that you have purchased are indicated at the described premises to which the increased limits apply. A policy level deductible applies to each of the Additional Coverages, unless otherwise indicated below or at the described premises

Any other location for:

Accounts Receivable	\$ 50,000
Building Components	\$ 50,000
EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000
R&D Property	\$ 50,000
Valuable Papers	\$ 50,000

Debris Removal

25% of direct damage loss, plus:

Premises Shown in the	
Declarations	\$ 100,000
Any Other Location	\$ 25,000
In Transit	\$ 25,000

Deferred Payments \$ 25,000

Exhibition, Fair or Trade Show:

EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000

Extra Expense \$ 100,000

Fungus Clean-Up
or Removal \$ 25,000

Installation:

Any Job Site	\$ 25,000
In Transit	\$ 25,000

In Transit for:

Accounts Receivable	\$ 25,000
Building Components	\$ 25,000
EDP Property	\$ 50,000
Fine Arts	\$ 25,000
Personal Property	\$ 25,000
Valuable Papers	\$ 25,000

Loss of Master Key \$ 15,000

Loss Prevention Expenses \$ 15,000

Mobile Communication

Property \$ 15,000
Minimum Deductible \$3,500

Money & Securities:

On Premises	\$ 15,000
Off Premises	\$ 15,000

Pollutant Cleanup or
Removal \$ 25,000

Processing Water \$ 10,000

Preparation of Loss Fees \$ 10,000

Newly Acquired Premises Or Newly Acquired Or Constructed Property for 180 days

Building	\$2,500,000
Personal Property	\$1,000,000
Personal Property at Existing Premises	\$ 100,000
EDP Equipment	\$1,000,000
Electronic Data	\$ 50,000
Communication Property	\$ 50,000
Fine Arts	\$ 25,000

COMMON POLICY CONDITIONS

POLICY FORMS		
80-02-9780	03-11	NOTICE OF CANCEL TO SCHEDULED PERSONS OR ORGS
80-02-9001	06-98	HOW TO REPORT A LOSS
80-02-9090	06-05	COMMON POLICY CONDITIONS
80-02-9757	12-99	NV MANDATORY-CANCEL,NON-RENEWAL & NOTICES
80-02-9790	03-12	COND - CIVIL UNIONS OR DOMESTIC PARTNERSHIPS
80-02-9800	12-08	INSURING AGREEMENT
99-10-0732	01-15	NOTICE TO POLICYHOLDERS-TRIPRA
99-10-0792	09-04	IMPORTANT NOTICE - OFAC
99-10-0872	06-07	AOD POLICYHOLDER NOTICE

The state in which this policy is issued may require that we advise you that if available, the following condition is added to your policy:

All references in the policy to “spouse” include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.

This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Chubb from offering or providing insurance. To the extent any such prohibitions apply, this proposal is void ab initio.

Water Sensor Proposal

Thank you for doing business with Chubb Insurance. We are always looking for ways to bring value to our insureds and as such, we are excited to offer you our [Internet of Things \(IoT\) water sensor risk mitigation solution](#) as we know that water leaks can not only cause expensive property damage, but also interrupt your company's ability to continue normal operations.

To help prevent water damage before it occurs, [Internet of Things \(IoT\)](#)-powered sensors from StreamLabs, Inc., a Chubb company, provide real-time alerts to leaks and changes in temperature or water pressure that can cause damage to critical infrastructure and valuable assets.

The features and benefits of the water leak detection system include:

The features and benefits of StreamLabs water leak detection solutions include:

- Around the clock remote monitoring for the presence of water leaks, overflows, pipe bursts, etc.
- Account management via online portal at no additional cost.
- Cellular connection - no need to connect to your internet system.
- Automatic alerts via email and SMS text 24/7 to an unlimited number of users.
- Ongoing technical support available via phone or email.
- Easy to install sensor solution with no need for an electrician, plumber, or contractor.
- Extended warranty for the lifetime of a licensed contract.

What our customers are saying...

*"The sensors have been
working great. They have
saved us a few times already!"*
College Facility Manager

This proposal includes a total of **five (5) cellular gateways and 32 sensors** at the annual cost outlined in the chart below. Please note that the device count is an estimate, and the final decision count is at your discretion. We are willing to collaborate with you to determine the appropriate sensor count for your specific requirements.

In addition to the annual solution fees, please note that there is an additional one-time charge for professional installation services, if required, as well as shipping charges. You have the option to independently install the equipment to save on the professional installation cost.

The annual recurring solution cost covers not only the equipment itself but also includes technical support, customer service, access to the online dashboard, 24/7 alert notification via text and email, and warranty coverage for all the equipment.

“The sensor did its job. A pump which belongs to our anchor client on the lower level failed on a Friday evening. No damage because of the sensor, but if we didn't catch it early enough, who knows what would've happened. So, I'd consider this a SUCCESS!”

Risk Manager of Class A Office Buildings

Equipment	Quantity	Cost per month	Annual Cost
4G Cellular Gateway (Signal) - LGMT-CAP3*	5	\$30.00	\$1,800
Water Sensor - 3 ft rope	20	\$8.00	\$1,920
Water Sensor -Point of Leak	10	\$8.00	\$960
Temperature sensor	2	\$8.00	\$192
Total Solution Fees (recurs annually)			\$4,872**

*Each sensor must be approx. 600 to 1,000 ft range of a gateway.

Construction type and location will affect cellular range of gateway.

**Prices valid 30 days from quotation date.

Examples of different buildings	Water Sensor Solution	Cost per Year (approximate)**
Highrise bldg: 36 stories, 526,000 sq ft.	18 gateways and 220 sensors	\$28,000
Manufacturer: 4 stories, 155,000 sq ft.	6 gateways and 80 sensors	\$10,000
Mixed Use bldg: 2 stories, 160,000 sq ft.	2 gateways and 44 sensors	\$5,000
Warehouse: 1 story, 20,000 sq ft.	1 gateway and 16 sensors	\$2,000

Priority Sensor Locations Include:

Near critical and high value equipment susceptible to water damage or freezing temperatures,

- Around known sources of potential water release – such as a chilled water pump or hot water boilers,
- In areas with heightened risk for water and temperature exposure.

We've heard from numerous clients that the return on investment of the sensor solution is undeniable – here are three clients' video testimonials:

- [Highwoods Properties](#)
- [Allen County Public Library](#)
- [Boston Medical Center](#)

Please click [here](#) to learn more about the sensors and gateway.

If you choose to install a water risk mitigation solution, you may qualify for a policy discount. Kindly notify your insurance agent once the system is operational, allowing them to inform your property insurance company to facilitate any applicable policy discounts.

If you are interested in learning more, please contact sales@streamlabswater.com. We look forward to hearing from you.

Again, thank you for doing business with Chubb!

Devices and products described herein are provided by StreamLabs, Inc., a wholly owned non-insurance subsidiary of Chubb which offers Internet of Things (IoT) enabled water monitoring, leak detection and water shut-off devices and systems for residential and commercial properties. The offer described herein is not an indication that insurance coverage is available under any Chubb policy for any particular incident. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. For more information about StreamLabs.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Insured Name Southern Nevada Health District
Mailing Street Address 280 S. Decatur Blvd
Mailing City, State, Zip Las Vegas, Nevada 89107

Policy Type	Policy Number	Effective Date	Underwriting Company
Property	36084914	07/01/2026	Federal Insurance Company

CHUBB® IMPORTANT NOTICE TO POLICYHOLDER TERRORISM RISK INSURANCE ACT

You are hereby notified that pursuant to the Terrorism Risk Insurance Act (the "Act") we are making available to you insurance for losses arising out of certain acts of terrorism. Terrorism is defined as any act certified by the Secretary of the Treasury of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that the insurance provided by your policy for losses caused by acts of terrorism is partially reimbursed by the United States of America under the formula set forth in the Act. Under this formula, the United States of America pays 85% of covered terrorism losses that exceed the statutorily established deductible to be paid by the insurance company providing the insurance. Beginning in 2016, the Federal Share will be reduced by 1% per year until it reaches 80%, where it will remain.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to insurance for such acts of terrorism is: \$ 9,164

If you elect not to purchase coverage for terrorism and your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown here for Ensuing Fire is the amount attributable to the insurance provided pursuant to that statutory standard fire policy. This coverage cannot be rejected. That amount is \$ 0

Important Notice

Form 99-10-0729 (Rev.01-15)

Property - Important Notice to Policyholder

Page 1 of 3

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Insured Name Southern Nevada Health District
Mailing Street Address 280 S. Decatur Blvd
Mailing City, State, Zip Las Vegas, Nevada 89107

Policy Type	Policy Number	Effective Date	Underwriting Company
Property	36084914	07/01/2026	Federal Insurance Company

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an “X” in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Insured Name Southern Nevada Health District
Mailing Street Address 280 S. Decatur Blvd
Mailing City, State, Zip Las Vegas, Nevada 89107

Policy Type	Policy Number	Effective Date	Underwriting Company
Property	36084914	07/01/2026	Federal Insurance Company

Rejection of terrorism insurance:

☐ I hereby reject terrorism insurance and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Name:

Policyholder/Applicant's Signature:

Date:

Important Notice

Form 99-10-0729 (Rev.01-15)

Property - Important Notice to Policyholder

Page 3 of 3

IMPORTANT ACTION REQUIRED
THIS APPLIES TO NEW YORK CITY LOCATIONS ONLY
FAILURE TO ACT CAN RESULT IN NYC DOB FINES OF \$1,000 OR MORE
PER OBJECT WHICH WILL BE YOUR RESPONSIBILITY

Dear Policyholder:

The NYC Department of Buildings now has an online technology where boiler inspections and violations will be entered and records stored. DOB NOW Safety will be the new platform for boiler inspections, as well as other DOB safety related inspections of elevators, facades, electrical and various other inspections. The transition to this system has modified the steps related to filing jurisdictional inspections including new requirements of owner email registration.

These steps include:

- Owner registration in the DOB NOW Safety System is required prior to filings being accepted.
- Licensed Professional/Inspector must input the owner registration information prior to filing.

To ensure conformance with the above requirements we are asking all owners of NYC property to register and to ensure that registration information is available to those local management personnel responsible in each building as well as your insurance agent/carrier.

Please provide the registration information for your NYC locations on the attached form. **Failure to complete registration and provide Chubb with this information will result in our inability to file inspections and can lead to missed inspection fines of \$1,000 or more per object.**

The registration process is quick, taking approximately a total of 5-10 minutes. Supplemental information on the registration process has been included on the attached pages.

Please disregard this letter if you have already completed the registration process with the City of New York for all covered locations and advised Chubb of all building registrant information.

Should you have any questions, please contact your Chubb representative or email us at nycboilers@chubb.com.

Enclosures



Building Registrant Owner Form

Complete this form for all New York City locations within 30 days and send it to Chubb at:
nycboilers@chubb.com

June 1, 2026

Customer: SOUTHERN NEVADA HEALTH DISTRICT

Policy Number: 36084914

[illegible]

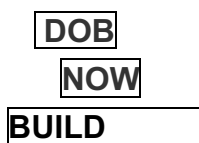
* If the same registrant applies to all locations, indicate "All Locations" after the email address on the first line

**FAILURE TO RETURN THIS FORM
CAN RESULT IN NYC DOB FINES OF \$1,000 OR MORE PER OBJECT.
CHUBB WILL NOT ACCEPT RESPONSIBILITY FOR FINES LEVIED BY THE CITY
OF NEW YORK DOB RESULTING FROM YOUR FAILURE TO COMPLY.**



Tip Sheet: Owner Registration in eFiling

If you are a **Building Owner**, **Building Manager**, or **Building Representative**, you can:



Enter job applications in
DOB NOW: *Build*



Review and confirm compliance
filings in DOB NOW: *Safety*

Register for **DOB NOW: *Build*** or **DOB NOW: *Safety*** by creating an eFiling account:

1. Go to www.nyc.gov/dobefiling, and click on the link to 'Register for electronic filing.'
2. Fill out the Electronic Filing Account Information form.

NOTE: Your address should be your mailing address, not the address of the building you own.

3. Read the Agreement section, and click **Submit**.
4. You will receive two (2) emails. Your account will not be active until the second email is received.
 - a. In the first email, you **must** click a link to activate your account.
 - b. The second email confirms your enrollment. Once you receive the second email, your registration in eFiling will take effect the next day. You can then use your eFiling email and password at www.nyc.gov/dobnow.

NOTE: If you want to change your account information, such as email, phone, or mailing address, you will have to log in to eFiling.

If you have any questions about DOB NOW, please contact www.nyc.gov/dobnowhelp

Rick D. Chandler P.E., Commissioner

nyc.gov/buildings

build safe|live safe

AUTOMOBILE INSURANCE

Policy Number: 7364-15-53
Company: FEDERAL INSURANCE COMPANY
Effective Date: July 1, 2026 to July 1, 2027

<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
\$191,084	12.5%	Direct Bill
Taxes and Surcharges		
\$0.00	0%	Prepaid

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Symbol</u>
Liability	\$1,000,000	1
Auto Medical Payments	\$10,000	7
Uninsured/Underinsured Motorist Coverage	\$100,000	10
Physical Damage Coverage		
Comprehensive Deductible	\$3,000	7,8
Collision Deductible	\$3,000	7,8
Hired Car Physical Damage Coverage		8
Comprehensive Deductible	\$1,000	
Collision Deductible	\$1,000	
Physical Damage Limit	Actual Cash Value, or Cost of Repair, whichever is less, minus deductible for each covered auto, but no deductible applies to loss caused by fire or lightning	

Rating is based on the following:

\$3,000	Annual Cost of Hire - Excess
	Annual Cost of Hire - Primary

of Employees: 810

The following amendments will be attached to your Business Auto Policy:

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS		
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0282	02-04	COMPLIANCE W/APPLIC TRADE SANCTION LAWS
16-02-0251 (4)	09-16	SIGNATURE PAGE - FEDERAL INSURANCE CO.
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 10	09-07	NEVADA CHGS-CONCEALMENT, MISREP OR FRAUD
IL 02 51	09-07	NEVADA CHANGES-CANC & NONRENL
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	SCHEDULE OF COVERED AUTOS YOU OWN
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0327	05-25	ADDITIONAL BENEFITS
16-10-0196	01-01	REDUCING AUTO LOSSES
16-10-0254	02-04	ADVISORY NOTICE TO POLICYHOLDERS - OFAC
99-10-0460	02-97	DIRECT BILL NOTICE TO POLICYHOLDERS
99-10-0872	06-07	IMPORTANT NOTICE
CA 00 01	11-20	BUSINESS AUTO COVERAGE FORM
CA 01 36	10-13	NEVADA CHANGES
CA 21 27	10-13	NEVADA UNINSURED MOTORISTS COVERAGE
CA 23 85	10-13	EXCL OF TERRORISM INVOLVING NUC/BIO/CHEM
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 54	10-13	COVERED AUTO DESIGNATION SYMBOL
IL U 020	07-18	NV UM COV & MED PAY COV SEL/REJ

Coverage for terrorism involving nuclear, biological or chemical terrorism will be excluded.

Changes to the vehicle schedule which we receive subsequent to this quote may affect Experience Rating calculations and, therefore, the premium shown on the Premium Summary page above.

Schedule of Automobiles:

Auto No.	Yr & Model	Last 5 of VIN#	Liability Limit (In Thousands)	PIP Limit	APIP Limit	Med Pay Limit	Uninsured Limit (In Thousands)	Underinsured Limit (In Thousands)	Comp Ded	Coll Ded	Towing Limit	Rental Limit/ # of Days Varies
NV-5	15 Toyo	34362	1000			10000	100	100	3000	3000		
NV-6	17 Ford	39469	1000			10000	100	100	3000	3000		
NV-8	19 Chev	01251	1000			10000	100	100	3000	3000		
NV-9	20 Chev	18706	1000			10000	100	100	3000	3000		
NV-10	13 Chev	41275	1000			10000	100	100	3000	3000		
NV-11	20 Chev	97544	1000			10000	100	100	3000	3000		
NV-12	24 Toyo	02364	1000			10000	100	100	3000	3000		
NV-13	24 Toyo	23842	1000			10000	100	100	3000	3000		
NV-16	16 Chev	97866	1000			10000	100	100	3000	3000		
NV-17	16 Chev	97868	1000			10000	100	100	3000	3000		
NV-18	16 Chev	95608	1000			10000	100	100	3000	3000		
NV-19	16 Chev	95058	1000			10000	100	100	3000	3000		
NV-20	16 Chev	98075	1000			10000	100	100	3000	3000		
NV-21	16 Chev	96580	1000			10000	100	100	3000	3000		
NV-22	16 Chev	59634	1000			10000	100	100	3000	3000		
NV-23	21 Ford	00916	1000			10000	100	100	3000	3000		
NV-24	21 Ford	00920	1000			10000	100	100	3000	3000		
NV-25	20 Chev	98457	1000			10000	100	100	3000	3000		
NV-26	21 Chev	04270	1000			10000	100	100	3000	3000		
NV-27	21 Chev	01726	1000			10000	100	100	3000	3000		
NV-28	21 Chev	99180	1000			10000	100	100	3000	3000		
NV-29	21 Chev	01627	1000			10000	100	100	3000	3000		
NV-30	21 Chev	01658	1000			10000	100	100	3000	3000		
NV-31	22 Hond	10812	1000			10000	100	100	3000	3000		

Schedule of Automobiles:

Auto No.	Yr & Model	Last 5 of VIN#	Liability Limit (In Thousands)	PIP Limit	APIP Limit	Med Pay Limit	Uninsured Limit (In Thousands)	Underinsured Limit (In Thousands)	Comp Ded	Coll Ded	Towing Limit	Rental Limit/ # of Days Varies
NV-32	22 Ram	64008	1000			10000	100	100	3000	3000		
NV-33	18 Chev	49703	1000			10000	100	100	3000	3000		
NV-34	23 Chev	09467	1000			10000	100	100	3000	3000		
NV-35	23 Chev	09704	1000			10000	100	100	3000	3000		
NV-36	23 Chev	09152	1000			10000	100	100	3000	3000		
NV-37	23 Chev	09356	1000			10000	100	100	3000	3000		
NV-38	23 Chev	09267	1000			10000	100	100	3000	3000		
NV-39	05 Trai	27577	1000			10000			3000	3000		
NV-40	08 Trai	88102	1000			10000			3000	3000		
NV-41	08 Trai	88101	1000			10000			3000	3000		
NV-42	08 Trai	88065	1000			10000			3000	3000		
NV-43	24 Chev	62647	1000			10000	100	100	3000	3000		
NV-44	24 Air-	02092	1000			10000			3000	3000		
NV-45	25 Chev	77443	1000			10000	100	100	3000	3000		
NV-46	25 Chev	87690	1000			10000	100	100	3000	3000		
NV-47	25 Chev	15089	1000			10000	100	100	3000	3000		
NV-48	25 Ford	01831	1000			10000	100	100	3000	3000		
NV-49	25 Ford	02350	1000			10000	100	100	3000	3000		
NV-50	25 Ford	02324	1000			10000	100	100	3000	3000		
NV-51	26 Toyo	39580	1000			10000	100	100	3000	3000		
NV-52	26 Chev	82255	1000			10000	100	100	3000	3000		
NV-53	26 Chev	02777	1000			10000	100	100	3000	3000		

Burns & Wilcox BROKERAGE

1 California St, Suite 800, San Francisco, CA 94111
(415) 349-4945

To: Higginbotham Insurance Agency, Inc.

Insured Name: Southern Nevada Health District

Mailing Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

Application/Policy Number: APP153231281

Attached please find the quotation for the above named insured.

Please review this quotation carefully for coverages and special terms and conditions.

Proposed Policy Term: 07/01/2026 - 07/01/2027

Insurance Carrier: Vantage Risk Specialty Insurance Company

Line of Business: PROFESSIONAL LIABILITY

Risk Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

If applicable, additional location addresses can be found in the policy documents.

Premium	Fees (Fully Earned)	Taxes
\$70,000.00	\$250.00 BROKERAGE FEE	\$281.00 STAMPING TAX \$2,458.75 SURPLUS LINES TAX

Total: \$72,989.75

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

Agent Commission: 12.00%

Additional Subjectivities required for binding:

1. Receipt of signed and dated Surplus Lines Broker Letter (Letter 001 0722), prior to binding.
2. Name and email address of the person we should send deductible invoices to in the event of a claim.

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby
cailebnewby@burns-wilcox.com



Vantage Risk Specialty Insurance Company

123 N. Wacker Dr., Suite 1300
Chicago, IL 60606

QUOTE

Quote #:	Q03HC0000060832	Producer:	Burns & Wilcox, Ltd
Renewal of Policy #:	P03HC0000060831	Producer Contact:	Caileb J. Newby
		Producer Email:	cailebnewby@burns-wilcox.com

Dear Caileb:

We are pleased to offer the following Quotation on the captioned account:

Named Insured and Address:	Southern Nevada Health District 280 S Decatur Blvd Las Vegas, NV 89107-2936
Insurer:	Vantage Risk Specialty Insurance Company
Proposed Policy Period:	07/01/2026 TO 07/01/2027 Both dates at 12:01 a.m. local time at the address of the Insured stated above.

LIMITS OF LIABILITY AND PREMIUM

HEALTHCARE PROFESSIONAL LIABILITY	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000
Each Claim Deductible	\$25,000
Aggregate Deductible	\$0
Retroactive Date	08/01/2015
Defense Expenses	Defense Outside the Limits
Deductible applies to	Loss and Expense

ABUSE OR MOLESTATION	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Each Claim Deductible	\$25,000
Aggregate Deductible	\$0
Retroactive Date	08/01/2015
<i>The above limits are shared with Professional Liability Limits.</i>	

HEALTHCARE GENERAL LIABILITY	
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to you Limit	\$100,000
Medical Payments	\$5,000

HEALTHCARE GENERAL LIABILITY	
General Aggregate Limit	\$3,000,000
Products-Completed Operations Aggregate Limit	\$3,000,000
Bodily Injury & Property Damage Deductible	\$25,000
Personal and Advertising Injury Deductible	\$25,000
Aggregate Deductible	\$0
Defense Expenses	Defense Outside the Limits
Deductible applies to	Loss and Expense

PREMIUM	
Total Premium	\$70,000
TRIA Coverage Premium	Included
<i>Premium does not include applicable Taxes, surcharges & fees, which are broker's responsibility.</i>	
Minimum Premium Earned at Inception: 35%	

TERMS AND CONDITIONS

- Coverage offered under the Terrorism Risk Insurance Act is included.
- Cyber related claims are excluded.

THIS QUOTATION IS SUBJECT TO RECEIPT AND UNDERWRITING APPROVAL OF THE FOLLOWING

- Receipt of signed and dated Surplus Lines Broker Letter (Letter 001 0722), prior to binding.
- Name and email address of the person we should send deductible invoices to in the event of a claim.

THE FOLLOWING WILL BE ATTACHED TO THE POLICY

HC DS 001 1222	DECLARATIONS // HEALTHCARE - COMMON
PL DS 001 1222	DECLARATIONS // HEALTHCARE PROFESSIONAL LIABILITY COVERAGE
GL DS 001 1222	DECLARATIONS // HEALTHCARE GENERAL LIABILITY COVERAGE
IL 00012 0122	SIGNATURE PAGE
IL 00002 0122	SCHEDULE // FORMS AND ENDORSEMENTS
HC 00001 1122	COMMON POLICY CONDITIONS
PL 00001 0824	COVERAGE PART // HEALTHCARE PROFESSIONAL LIABILITY (CLAIMS MADE)
GL 00001 0824	COVERAGE PART // HEALTHCARE GENERAL LIABILITY (OCCURRENCE)
IL 00015 0122	ENDORSEMENT // TRADE OR ECONOMIC SANCTIONS
IL 00017 1224	ENDORSEMENT // SERVICE OF SUIT
IL 00022 0122	ENDORSEMENT // CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
HC 10004 0824	ENDORSEMENT // NAMED INSURED AND RETROACTIVE DATE
HC 10012 1122	ENDORSEMENT // NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
HC 10017 1122	ENDORSEMENT // EXCLUSION - CORRECTIONAL MEDICINE
HC 10022 1225	ENDORSEMENT // EXCLUSION – HUMAN TRAFFICKING

HC 10029 0925	ENDORSEMENT // EXCLUSION– BIOMETRIC INFORMATION OR GENETIC INFORMATION PRIVACY CLAIM
HC 10042 0824	ENDORSEMENT // WHO IS AN INSURED CHANGE
PL 10002 0824	ENDORSEMENT // ABUSE OR MOLESTATION SUB-LIMIT
PL 10003 1122	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION
PL 10007 0323	ENDORSEMENT // EXCLUSION - OPIOIDS - WITH INDIVIDUAL PLAINTIFF CARVEBACK
PL 10012 1122	ENDORSEMENT // EXCLUSION - ABSOLUTE COMMUNICABLE DISEASE
PL 10030 0123	ENDORSEMENT // EXCLUSION – FEDERAL TORT CLAIMS ACT
GL 10001 1122	ENDORSEMENT // PRIMARY AND NON-CONTRIBUTORY INSURANCE WHERE REQUIRED BY WRITTEN CONTRACT(S)
GL 10002 1122	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION
GL 10029 0823	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION FOR DESIGNATED EVENT

IMPORTANT NOTICES

Please review this quote as it may differ from your requested coverage specifications. This quote is valid until the inception date of the policy period or 30 days after the date of this quote listed on page 1, whichever is sooner.

This Quotation is provided on the basis that all information given to Insurer by or on behalf of the Insured in its underwriting submission and/or in its responses to the underwriter's requests for information is reliable, truthful, and complete to the best of the Insured's information and knowledge. The Insurer relies on the "duty of disclosure" as it exists under applicable law and rejects any attempt to negate that duty wholly or partially.

The Insured, by accepting this Quotation, waives the effect of any purported disclaimers of the Insured's duty to disclose to underwriters all material facts to the best of its knowledge that may be contained in such submission or in its responses to questions or requests for information, or in emails, cdroms, or internet websites or any other sources used in providing or transmitting underwriting information. The terms and conditions of this offer of coverage may be amended or withdrawn should there be discovery of a material change to the submitted information.

Please feel free to contact me if you have any questions regarding this quotation. We appreciate the opportunity to quote this account.

Melissa Salza

NOTICE // DISCLOSURE OF TERRORISM INSURANCE PREMIUM

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Vantage Risk Specialty Insurance Company

Applicant’s Signature

Insurance Company

Southern Nevada Health District

Print Name of the Signatory

Named Insured

Date



1 California St, Suite 800, San Francisco, CA 94111
(415) 349-4945

Date: 05/20/2026

To: Higginbotham Insurance Agency, Inc.

Insured Name: Southern Nevada Health District

Mailing Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

Application/Policy Number: APP153306281

Attached please find the quotation for the above named insured.

Please review this quotation carefully for coverages and special terms and conditions.

Proposed Policy Term: 07/01/2026 - 07/01/2027

Insurance Carrier: Travelers Excess and Surplus Lines Co

Line of Business: CYBER LIABILITY

Risk Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

If applicable, additional location addresses can be found in the policy documents.

Premium	Fees (Fully Earned)	Taxes
\$43,403.00	\$250.00 BROKERAGE FEE	\$174.61 STAMPING FEE \$1,527.86 SURPLUS LINES TAX

Total: \$45,355.47

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

Agent Commission: 12.00%

Additional Subjectivities required for binding:

- TRIA Waiver if coverage is rejected (attached to quote).
- Submitted Corvus application signed and dated within 60 days of the renewal effective date.

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby
cailebnewby@burns-wilcox.com



Smart Cyber Insurance TM

Quote

for Southern Nevada Health District

Producer

Caileb Newby, Burns & Wilcox
cailebnewby@burns-wilcox.com

Underwriter

Amanda Cooper

Corvus Insurance

655 Atlantic Avenue, Suite 1700, Boston, MA 02111
www.corvusinsurance.com

Southern Nevada Health District scores 97 out of 100 overall

Our proprietary non-invasive scan looks at your public-facing website, embedded software, and domains to better understand your risk profile. The score (out of 100) predicts how protected your organization is from existing cyber threats.



Scanned: Apr 27, 2026

Preview of Recommendations
**Medium
Impact****Consider Migrating to a Cloud Hosted Email Provider****Finding**

The Cyber Risk Scan detected the presence of on-premise email infrastructure at your organization.

Travelers Cyber Risk Services

Monitoring, tools and services that help to predict and prevent cyber threats – so that you can focus on growing your business, not responding to cyberattacks.

TRAVELERS CYBER POLICIES INCLUDE:

Always-On Threat Monitoring and Alerts

- Take action with same-day threat alerts that help to identify attacks before they escalate.
- Review step-by-step actions tailored to your organization.

Expert Guidance from Our In-House Cyber Risk Services Team

- Get personalized guidance to strengthen security and reduce risk.
- Maximize the effectiveness of your security investments.

24/7 Cyber Risk Dashboard

- Check your cyber exposure and view custom security recommendations anytime.
- Access a network of preferred cybersecurity vendors.

Personalized Policy Onboarding

- Meet your Travelers Cyber Risk Services team and get familiar with your service offerings.
- Review your current security report and receive actionable recommendations.

ORGANIZATIONS THAT ENGAGE WITH THESE SERVICES WERE SHOWN TO:

- Be nearly **20%** less likely to experience a cyber breach
- See nearly **27%** lower total claim costs per cyber breach

*The frequency and severity of cyber insurance claims were found to be lower on average across all policyholder organizations that met a minimum threshold for engaging with the service offerings described above by registering their account on the Cyber Risk Dashboard

CUSTOMER STORY



Policyholder virtual private network (VPN) credentials are seen for sale on a dark web marketplace



Within minutes, Travelers has reached the policyholder and broker



VPN is taken offline to prevent the spread of an attack



Travelers helps the policyholder set up multifactor authentication (MFA) on their VPN accounts



Major ransomware attack averted, avoiding potential interruption to operations, reputational harm and an estimated \$250,000+ claim

HOW IT WORKS:

1. **Get Started:** After your policy is issued, we'll send an email inviting you to register for the Travelers Cyber Risk Dashboard.

2. **Onboarding Call:** Once you've registered your dashboard account, send us an email at the address below to schedule your Onboarding Call.[†]

3. **Year-Round Support:** Schedule an eligible service from the menu below by sending us an email or going to the Risk Services page in your Dashboard.

You and your insurance representative can reach us at cyberservices@travelers.com.

Online Tools and Always-On Services	All Travelers Cyber Policyholders
Cyber Risk Dashboard	✓
External perimeter scanning	✓
Personalized alerts for emerging cyber threats	✓
Continuous dark web monitoring	✓
Cyber expert security consultations	✓ Up to 5 calls
Multifactor authentication implementation support	✓ Up to 5 calls
Self-service risk assessment	✓
Employee security awareness training	✓
Discounted vendor rates	✓
Cyber newsletters and webinars	✓

Expert Support Available to policyholders with \$1M+ cyber limit and the gross annual revenue shown in each column	Under \$50M Revenue	\$50-100M Revenue	\$100M+ Revenue
Policy onboarding call	✓ 30-min call	✓ 30-min call	✓ 30-min call
Meet the data breach coach	✓ 1-hr call	✓ 1-hr call	✓ 1-hr call
Post-incident consultation	✓ 1-hr call	✓ 1-hr call	✓ 1-hr call
Scan reports for third-party vendors		✓ 15 scans	✓ 15 scans
Expert NIST-based risk assessment		✓ 1-hr call	✓ 1-hr call
Incident Response Tabletop Exercise**		✓ 30-min prep call	✓ 2-hr virtual + prep call
Incident Response Planning (IRP)	Template and guide	Template and guide	✓ 1-hr call
Business Continuity Planning (BCP)	Template and guide	Template and guide	✓ 1-hr call

To access a full description of each service and its benefits, scan the QR code:



[†]Available to policyholders with \$1M+ cyber limit

^{**}On-site tabletops are available via third-party vendors at a reduced cost



SMART CYBER INSURANCE™ QUOTE

Named Insured	Southern Nevada Health District 280 S. Decatur Blvd Las Vegas, NV 89107
Producer of Record	Burns & Wilcox 111 S Wacker Dr, Suite 3900 Chicago, IL 60606 Through Corvus Insurance Agency, LLC
Policy Period	From 07/01/2026 to 07/01/2027 Both dates at 12:01 a.m. Standard Time at the address of the named Insured as stated herein.
Retroactive Date	None; Full Unknown Prior Acts
Insurer	Travelers Excess and Surplus Lines Company (Non-Admitted, AM Best "A++" Superior)
Breach Response Hotline	Corvus Smart Cyber Insurance® 24/7 Breach Response Hotline: (855) 248-2150

Third Party Insuring Agreements	Limit	Retention
☒ A. Network Security and Privacy Liability	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
☒ B. Regulatory Investigations, Fines and Penalties	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
☒ C. Media Liability	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
☒ D. PCI DSS Assessment Expenses	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
☒ E. Breach Management Expenses	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim

First Party Insuring Agreements	Limit	Retention, Waiting Period, & Period of Indemnity
☒ A. Business Interruption See Video: www.corvusinsurance.com/bi	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
☒ B. Contingent Business Interruption See Video: www.corvusinsurance.com/bi	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
☒ C. Digital Asset Destruction, Data Retrieval and System Restoration	\$2,000,000 Each Loss / Aggregate	\$25,000 Each Loss
☒ D. System Failure Coverage	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
☒ E. Social Engineering & Cyber Crime Coverage See Video: www.corvusinsurance.com/1st-party	\$250,000 Each Loss / Aggregate	\$25,000 Each Loss
☒ F. Reputational Loss Coverage	\$2,000,000 Each Loss / Aggregate	Waiting Period: 2 Weeks Period of Indemnity: 6 Months
☒ G. Cyber Extortion and Ransomware	\$2,000,000	\$25,000 Each Loss

First Party Insuring Agreements	Limit	Retention, Waiting Period, & Period of Indemnity
Coverage See Video: www.corvusinsurance.com/1st-party	Each Loss / Aggregate	
☒ H. Breach Response and Remediation Expenses See Video: www.corvusinsurance.com/1st-party	\$2,000,000 Each Loss / Aggregate	\$25,000 Each Loss
☒ I. Court Attendance Costs	\$250,000 Each Loss / Aggregate	\$25,000 Each Loss
Maximum Policy Aggregate Limit: \$2,000,000		

Endorsements	Limit
CB-336-002 Add Coverage for SEC Reporting Costs Endorsement	
CB-171-004 AmWins Cyber Amendatory	
CB-328-003 Artificial Intelligence Endorsement	
CB-107-002 Bodily Injury Claims	\$250,000
CB-126-002 Bricking	\$2,000,000
CB-194-001 California Consumer Privacy Act	
CB-202-001 Coverage for Certified Acts of Terrorism	
CB-123-001 Criminal Reward Expenses	\$50,000
CB-136-001 Forensic Accounting Coverage	\$50,000
CB-111-003 GDPR Coverage	
CB-297-001 Healthcare Smart Cyber Amendatory	
CB-133-001 Invoice Manipulation Loss	\$250,000

Endorsements

Limit

CB-128-001	Loss of Funds Exclusion Carveback	
CB-320-001	Non-IT Contingent Business Interruption Coverage Sublimit	
CB-280-001	Pixel and Tracking Code Exclusion	
CB-174-001	Property Damage	\$250,000
CB-288-003	Retention Reduction Endorsement	
CB-274-003	Smart Cyber Insurance Amendatory Endorsement	
CB-120-001	Solicitation Claims	\$50,000
CB-146-001	Specified Claim(s) Exclusion	
CB-159-003	Utility Fraud Coverage	
CB-167-001	War Exclusion Cyber Terrorism Carveback	

Premium, Taxes & Fees

Premium	\$42,973
TRIA	\$430
Total	\$43,403

POLICY FORM

Corvus Smart Cyber Policy Form #CB-101-001

SUBJECTIVITIES

The proposed quoted terms are valid through the expiration date of the current policy and subject to the receipt, review, and acceptance of the following information and are based on the representation that there are no open or unreported claims, unless previously addressed herein, as of the date of this quote. The applicant must also pass a sanctions list check which Corvus will perform prior to binding. If at any time before binding we are made aware that a claim was reported, we reserve the right to rescind or revise the terms of this quote.

Due prior to binding coverage:

- TRIA Waiver if coverage is rejected (attached to quote).
- Submitted Corvus application signed and dated within 60 days of the renewal effective date.

Due within 7 days of binding coverage:

- A completed Surplus Lines Filing Form.

TAXES & FEES

If the risk is subject to surplus lines tax, you must arrange for the filing of the affidavit and for payment of applicable state tax and fees, in addition to the premium.

Surplus Lines Filing Form

By completing, you certify that you are a properly licensed surplus lines producer. Additionally, you agree to comply with all applicable laws and regulatory provisions including those relating to the payment of surplus lines taxes, fees, filing requirements, and all other surplus lines producer obligations.

Insured Name

Southern Nevada Health District

Corvus Policy Number

Filing State

Nevada

SL Filing Agency

Name

Address

SL Filer / License

Name

License Number (must be for filing state)

Individual Completing This Form

Name

Title

Signature

Date

Policyholder Disclosure: Notice of Terrorism Insurance Exclusion and Coverage Option

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you now have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT FOR SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

You have the right to accept or reject any coverage that might be provided under provisions of the Act and under the terms, conditions and exclusions of the policy. If you decide to purchase a policy from us and wish to take advantage of any terrorism coverage that might be provided, you will have to pay an additional premium for terrorism coverage in the amount of:

Limit Each Trigger	Aggregate Limit	Retention Each Trigger	Base Premium*	Additional Premium for Certified Acts of Terrorism Coverage* (1% of Base)
\$2,000,000	\$2,000,000	\$25,000	\$42,973	\$430

* does not include surplus lines taxes and/or fees

Even if you do decide to take advantage of any terrorism coverage that might be provided under terms of the Act, we will exclude coverage for losses not eligible for federal reinsurance under the Act, which include losses due to domestic acts of terrorism and losses due to acts of terrorism to property located outside the United States. Further, as respects all losses, even losses eligible for federal reinsurance under the Act, the actual coverage available under our policies for acts of terrorism will still be limited by all of the terms, conditions, exclusions and endorsements of the policy and by generally applicable rules of law. This means that even if you decide to pay the additional premium to buy terrorism coverage to the extent provided under the Act, all terms, conditions and exclusions in the policy, will apply, even if they prevent coverage for losses resulting from terrorism.

If you decide not to accept this offer of terrorism coverage to the extent provided by the Act and not otherwise excluded by the policy, you must sign below to waive such coverage and return the original of this document to us.

Waiver of Coverage

I/we hereby waive all rights to any coverage for terrorism that may have been available under the Terrorism Risk Insurance Act and authorize Travelers Excess and Surplus Lines Company to fully exclude terrorism coverage under the policy issued or to be issued to me/us.

Proposed Named Insured

Proposed Named Insured Address

Applicant's Signature

Date

Print Name

Title



1 California St, Suite 800, San Francisco, CA 94111
(415) 349-4945

Date: 05/20/2026

To: Higginbotham Insurance Agency, Inc.

Insured Name: Southern Nevada Health District

Mailing Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

Application/Policy Number: APP153311281

Attached please find the quotation for the above named insured.

Please review this quotation carefully for coverages and special terms and conditions.

Proposed Policy Term: 07/01/2026 - 07/01/2027

Insurance Carrier: Evanston Insurance Company

Line of Business: PROFESSIONAL LIABILITY

Risk Address: 280 Souther Decatur Boulevard, Las Vegas, NV 89107

If applicable, additional location addresses can be found in the policy documents.

Premium	Fees (Fully Earned)	Taxes
\$30,400.00	\$250.00 BROKERAGE FEE	\$122.60 STAMPING TAX \$1,072.75 SURPLUS LINES TAX

Total: \$31,845.35

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

Agent Commission: 12.00%

Additional Subjectivities required for binding:

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby
cailebnewby@burns-wilcox.com

Management Liability Quote

General information

Date	05/20/2026	Deal number	6176502-1
Producer	Burns & Wilcox Brokerage 1 California Street, Suite 800 San Francisco, CA 94111	Applicant	Southern Nevada Health District 280 South Decatur Boulevard Las Vegas, NV 89107-2936
Attention	Caileb Newby		
Issuing company	Evanston Insurance Company	Quote expiration	07/01/2026
Effective date	07/01/2026	Expiration date	07/01/2027

Quote limits and pricing

	Option 1	Option 2
Premium	\$30,400	\$25,100
Employment practices liability		
Limits of liability		
Each claim	\$1,000,000	\$1,000,000
Aggregate	\$1,000,000	\$1,000,000
Coinsurance	0%	0%
Retention (each claim)	\$50,000	\$75,000
Pending or prior date	07/01/2024	07/01/2024
Duty to defend	Yes	Yes
Third party discrimination liability		
Limits of liability		
Each claim	\$1,000,000	\$1,000,000
All claims	\$1,000,000	\$1,000,000
Coinsurance	0%	0%
Retention (each claim)	\$50,000	\$75,000
Pending or prior date	07/01/2024	07/01/2024
Duty to defend	Yes	Yes
Coverage extension limits		
A. All coverage parts		
Additional policy aggregate limit of liability for claim expenses	Not Purchased	Not Purchased

	Option 1	Option 2
B. Directors and officers and organization coverage part 1. Additional non-indemnifiable loss aggregate limit of liability 2. Inquiry sublimit 3. HIPAA claims sublimit 4. IRS fines and penalties sublimit 5. Excess benefit transaction tax sublimit 6. Books and records demand sublimit 7. Pre-claim expenses sublimit 8. Crisis management expenses sublimit 9. Employed lawyers sublimit	Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased	Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased
C. Employment practices and third party discrimination liability coverage part 1. Workplace violence expenses sublimit 2. Immigration claims expenses sublimit	\$250,000 \$150,000	\$250,000 \$150,000
D. Fiduciary liability coverage part 1. HIPAA claims and COBRA claims sublimit 2. PPACA claims sublimit 3. Disclosure provision penalties sublimit 4. Settlor capacity claims sublimit 5. 4975 penalties sublimit	Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased	Not Purchased Not Purchased Not Purchased Not Purchased Not Purchased

No Retention shall apply to Non-Indemnifiable Loss incurred by Insured Person under any Coverage Part, except as required by state law.

Combined aggregate limit of liability

Insuring agreements designated below by "X" (☒) share the combined aggregate limit of liability.

	Option 1	Option 2
Combined aggregate limit of liability	\$1,000,000	\$1,000,000
Directors and officers and company liability	☐	☐
Employment practices and third party discrimination liability	☐	☐
Fiduciary liability	☐	☐
None	☒	☒

Premium for extended reporting period

1 year(s) at 125% | 3 year(s) at 175% | 6 year(s) at 225% of the annual premium.

Notices/Disclosures

1. This policy contains provisions that reduce the limits of liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the retention, unless the policy is amended by endorsement.

Markel West Insurance Services (#0D95581)

21600 Oxnard Street, Suite 900
 Woodland Hills, CA, 91367
 www.markel.com

Conditions

1. The underwriter reserves the right to amend or withdraw terms upon review of additional information.
2. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn by the underwriter.

Coverage forms and endorsements

MJIL 1000 08 10	Policy Jacket
MPIL 1007 01 20	Privacy Notice
MPIL 1083 04 15	US Treasury Dept's Office Of Foreign Assets Control ("OFAC") Notice
MPIL 5007 02 23	Cyber Perils Disclosure Notice
MPML 1003 01 15	Policyholder Disclosure Notice Of Certified Acts Of Terrorism
MDML 1001 01 24	Not-For-Profit Management Liability Policy Declarations
MDIL 1001 08 11	Forms Schedule
MML 1004 01 24	General Terms And Conditions
MML 1006 01 24	Employment Practices and Third Party Discrimination Liability Coverage Part
MEIL 1200 03 23	Service Of Suit
MIL 1214 09 17	Trade Or Economic Sanctions
MIL 1219 09 20	Cap On Losses From Certified Acts Of Terrorism
MML 1342 01 24	Exclusion - Reduction in Force
MML 1347 01 24	Exclusion – Specific Matter Specific Matter: per expiring but will be updated to show claimant(s) v. NI matter reported on XXX with Stars Enterprises claim no. XXX.
MML 1365 01 24	Exclusion – Consumer Protection Violations
MML 1605 01 24	Exclusion - Consumer Data
MML 1622 01 24	Exclusion - Sexual Misconduct

Markel West Insurance Services (#0D95581)

21600 Oxnard Street, Suite 900
Woodland Hills, CA, 91367
www.markel.com

JUNE 25, 2026



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** June 25, 2026

RE: *Approval of Workers' Compensation Insurance Agreement renewal between the Southern Nevada Health District and Risk Administration Services (RAS) for policy period 07/01/2026-06/30/27*

PETITION #35-26

That the Southern Nevada District Board of Health *approve the renewal of workers' compensation insurance policy agreement between the Southern Nevada Health District and Risk Administration Services (RAS).*

PETITIONERS:

Cassius Lockett, PhD, District Health Officer 
Renee Trujillo, Chief Human Resources Officer 

DISCUSSION:

In July 2024, the Health District changed its provider for workers' compensation insurance to utilize Risk Administration Services (RAS). The Health District is requesting to renew this policy agreement for continued coverage in fiscal year 2026.

The premium for policy period 07/01/2025-06/30/2026 was \$254,681. The 2026 premium quote for 07/01/26-06/30/27 is \$235,727 representing an \$18,954 decrease year over year.

FUNDING:

Coverage:	Workers' Compensation	
Limits:	Bodily Injury By Accident	\$1,000,000 Each Accident
	Bodily Injury By Disease	\$1,000,000 Policy Limit
	Bodily Injury By Disease	\$1,000,000 Each Employee
Annual Cost:		\$235,727



Workers' Compensation Proposal

Insured 74231

Southern Nevada Health District
280 S Decatur Blvd Attn: Human Resources Benefits
Las Vegas, NV 89107
(702) 759-1000

Quote No. 476536
Effective Date: 7/1/2026
Expiration Date: 7/1/2027
Quote Date: 5/15/2026
Quote Good Through: 7/1/2026

Agent 1012-1628

Connell Insurance Inc DBA Higginbotham Insurance Agency
Inc.
PO Box 1840
Branson, MO 65615

Employers Liability

Bodily Injury By Accident \$1,000,000 Each Accident
Bodily Injury By Disease \$1,000,000 Policy Limit
Bodily Injury By Disease \$1,000,000 Each Employee

Proposal Summary

Policy Unit	Remuneration	Total Estimated Premium and Surcharges
1 - Southern Nevada Health District - Nevada	\$28,754,847	\$235,727
Grand Total	\$28,754,847	\$235,727

This is an estimate only and based on information received at the time prospected. If an installment payment plan is offered, a \$10 installment charge per invoice will apply. The installment charge is waived if the paperless option is selected.

Please see the following page(s) for detailed Unit information.



Workers' Compensation Proposal

Insured 74231

Southern Nevada Health District
280 S Decatur Blvd Attn: Human Resources Benefits
Las Vegas, NV 89107
(702) 759-1000

Quote No. 476536
Effective Date: 7/1/2026
Expiration Date: 7/1/2027
Quote Date: 5/15/2026
Quote Good Through: 7/1/2026

Agent 1012-1628

Connell Insurance Inc DBA Higginbotham Insurance Age
Inc.
PO Box 1840
Branson, MO 65615

Employers Liability

Bodily Injury By Accident \$1,000,000 Each Accident
Bodily Injury By Disease \$1,000,000 Policy Limit
Bodily Injury By Disease \$1,000,000 Each Employee

Unit 1 - Southern Nevada Health District

Nevada

Rating Period: 7/1/2026 - 7/1/2027

Classifications	Code No.	Premium Basis Total Estimated Remuneration	Rate Per \$100 of Remuneration	Estimated Premium
CLERICAL OFFICE EMPLOYEES NOC	8810	\$7,740,000	0.272	\$21,053
PHYSICIAN & CLERICAL	8832	\$7,010,847	0.538	\$37,718
HOME, PUBLIC, AND TRAVELING HEALTHCARE--ALL EMPLOYEES	8835	\$2,916,000	1.799	\$52,459
BUILDING OR PROPERTY MANAGEMENT - ALL OTHER EMPLOYEES	9015	\$1,440,000	3.695	\$53,208
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	\$9,648,000	2.488	\$240,042
Total Manual Premium				\$404,480
\$1,000,000/1,000,000/1,000,000		1.1%		\$4,449
Subject Premium				\$408,929
Unmodified Premium				\$408,929
Experience Mod		0.63		(\$151,304)
Modified Premium				\$257,625
SCHEDULE DEBIT/CREDIT		1%		\$2,576
Standard Premium				\$260,201
Premium Discount		11.7%		(\$30,444)
Expense Constant				\$220
Terrorism Act		1%		\$2,875
DTEC Act		1%		\$2,875
Policy Premium				\$235,727

Total Premium and Surcharge(s):

\$235,727

This is a quotation only and is not a binder of insurance or a guarantee of insurability.



Workers' Compensation Proposal

Insured 74231

Southern Nevada Health District
280 S Decatur Blvd Attn: Human Resources Benefits
Las Vegas, NV 89107
(702) 759-1000

Quote No. 476536
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Inc.
PO Box 1840
Branson, MO 65615

Employers Liability

Bodily Injury By Accident	\$1,000,000	Each Accident
Bodily Injury By Disease	\$1,000,000	Policy Limit
Bodily Injury By Disease	\$1,000,000	Each Employee



Workers' Compensation Proposal

Insured 74231

Southern Nevada Health District
280 S Decatur Blvd Attn: Human Resources Benefits
Las Vegas, NV 89107
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Agent 1012-1628

Connell Insurance Inc DBA Higginbotham Insurance Agei
Inc.
PO Box 1840
Branson, MO 65615

Employers Liability

Bodily Injury By Accident \$1,000,000 Each Accident
Bodily Injury By Disease \$1,000,000 Policy Limit
Bodily Injury By Disease \$1,000,000 Each Employee

Billing Unit 1 - Southern Nevada Health District

Billing Payment Mode: 12-12-Month Installment (\$10.00 installment charge)

Initial Payment Total to Remit \$19,752.00

Installment Schedule:

Post Date	Due Date	Description	Amount
6/11/2026	7/1/2026	Installment	\$19,752.00
7/12/2026	8/1/2026	Installment	\$19,645.00
8/12/2026	9/1/2026	Installment	\$19,645.00
9/11/2026	10/1/2026	Installment	\$19,645.00
10/12/2026	11/1/2026	Installment	\$19,645.00
11/11/2026	12/1/2026	Installment	\$19,645.00
12/12/2026	1/1/2027	Installment	\$19,645.00
1/12/2027	2/1/2027	Installment	\$19,645.00
2/9/2027	3/1/2027	Installment	\$19,645.00
3/12/2027	4/1/2027	Installment	\$19,645.00
4/11/2027	5/1/2027	Installment	\$19,645.00
5/12/2027	6/1/2027	Installment	\$19,645.00

Simpler. **Faster.** Enhanced Eligibility.

Enhancements to the DTU SSA Program

Dakota Truck Underwriters (DTU) is enhancing its Subscriber program to **simplify the structure** and **return value to Subscribers faster**. These enhancements continue DTU's long-standing philosophy to rewarding profitable performance and tenure while making qualification simpler and payouts faster.

\$30M
returned to
Participating
Subscribers over
past 10 years.

Previous Program	Enhanced 2026 Program
SSA balances held for longer periods	Up to 95% of SSA balances returned after renewal
Required 5 years tenure to receive payouts	New subscribers can participate annually (with eligibility requirements)
Only top 25% of profitable subscribers received allocations	Simplified eligibility structure
More complex structure	New Subscriber Award Program with simplified structure and faster payouts

Subscriber Award Program

Starting January 1, 2026, DTU introduced a new Subscriber Award Program designed to simplify how rewards are earned and distributed. Active Subscribers renewing in 2026 may qualify for up to 95% return of their SSA balance and be eligible for additional awards based on earned premium, loss performance, and other program eligibility criteria.

Award Plan A	Award Plan B
Subscribers with 5+ years tenure	Subscribers with <5 years tenure
Enhanced reward opportunity	Entry level opportunity

Premium Requirements

Requirement	Who It Applies To
\$50,000 Premium Minimum	New Subscribers and Active Subscribers without SSA balance.
No Minimum Premium	Active Subscribers with SSA balance (reward tenure).

2026 Program Highlights

- ✓ New Subscriber Award Program beginning January 1, 2026
- ✓ Simplified eligibility structure
- ✓ Faster payouts tied to program performance
- ✓ Up to 95% return on SSA balances for renewing Subscribers

New Subscribers

- More than \$50,000 in premium eligible to participate in Award Plan B based on premium and loss ratio.
- Payouts under New Award Plan will occur within 9 months of expiration.

Active Subscribers (Who Renew in 2026)

- Eligible for accelerated payout of their SSA balance of up to 95% of their SSA balance within approximately 120 days of their 2026 renewal date.
- **Active Subscribers with an SSA balance** – eligible for New Award Plans regardless of premium size.
- **Active Subscribers without SSA balance** and have minimum of \$50,000 in annual premium are eligible for New Award Program based on tenure, premium, and loss ratio.

Why RAS?

- Long-term work comp program stability
- Strong underwriting, claims, and loss control expertise
- Ease of doing business
- Profit-sharing options

To learn more, contact your RAS Business Development Manager.



FAQ

Understanding DTU Reciprocal Insurance and 2026 SSA Program Enhancements

2026 ENHANCEMENTS TO DTU SSA PROGRAM

New for 2026, DTU is updating and enhancing its SSA Program to be more responsive to the most recent results of its subscribers. We will continue to reward profitable and tenured Subscribers along with distributing a majority of SSA balances to active Subscribers with the 2026 policy renewals.

NEW SUBSCRIBERS

New to DTU with policy effective date January 1, 2026, and after.

Subscribers with more than \$50,000 in final audited premium will be eligible to participate in the Program through Award Plan B. Once 5 years of tenure is reached, Subscribers will be eligible for Award Plan A.

ACTIVE SUBSCRIBERS

Subscribers with a 2025 in-force policy and renew their policy in 2026.

Active Subscribers WITH an SSA balance as of 12/31/2025

Up to 95% of their SSA balance will be returned within approximately 120 days of their 2026 policy renewal date for regulatory purposes. (Exception is for SSA balances being held as collateral for loss sensitive programs). A small portion of SSA balances will be maintained to support pro rata Subscriber voting rights of the reciprocal. Interest will accrue on the SSA balances held. Subscribers renewing their 2025 policy in 2026, will then be governed by the 2026 DTU SSA Policies. Non-renewing Subscribers will continue to be governed by the 2025 DTU SSA Policies in effect as of their 2025 policy issuance date.

Renewing Subscribers will also be eligible to participate in the **NEW Subscriber Award Program ("Program")** beginning January 1, 2026. The Program is based on earned premium, direct incurred losses, and other eligibility requirements. The Program will also reward tenure for Subscribers insured at least 5 years with DTU and no longer has SSA excess loss offset components. **There are no Program minimum premium eligibility requirements for Active Subscribers with an SSA balance as of 12/31/2025.**

Subscribers having 5 or more consecutive years of tenure with DTU will be eligible for Award Plan A. Other Subscribers will be eligible for Award Plan B. Once 5 years of tenure is reached, Subscribers will be eligible for Award Plan A. [See Program Plans attached.](#)

Active Subscribers WITHOUT an SSA balance as of 12/31/2025

Subscribers may still be eligible for the Program but must meet Program eligibility requirements including annual premium of at least \$50,000. Those Subscribers with 5 or more years of tenure with DTU will be eligible for Award Plan A, while other Subscribers will be eligible for Award Plan B. Once 5 years of tenure is reached, Subscribers will be eligible for Award Plan A.

INACTIVE SUBSCRIBERS

Subscribers whose policy has either terminated or terminates on or before 12/31/2025.

Inactive Subscribers will continue to be governed by the approved DTU SSA Policy in effect as of December 31, 2025. If a Subscriber has contributed initial surplus, their initial surplus contribution is eligible for return in the year following termination. Any remaining SSA balance may be held for up to 5 years following the year-end of the year of termination pending final determination of loss ratio with final payouts not to extend longer than 10 years from the date of termination. During the 5-year holding period, DTU may make allocations to terminated Subscribers' SSA balances. SSA funds are also subject to offset for losses that exceed a 65% loss ratio (45% for large deductible accounts) and subject to any other Subscriber obligations to DTU.

What is Dakota Truck Underwriters (DTU) and who is RAS? DTU is a reciprocal insurance company owned by the policyholders known as Subscribers. DTU operates through Risk Administration Services, LLC ("RAS"), which serves as the attorney-in-fact as appointed by the Subscribers under the terms of the Subscriber Agreement & Power of Attorney.

What is the Subscriber Agreement? The Subscriber Agreement is entered into by a Subscriber upon binding their policy with DTU. Through the act of payment of policy premium, the Subscriber appoints RAS as its attorney-in-fact, sets the general authority for RAS over the reciprocal, provides RAS the authority to exchange insurance contracts among other Subscribers, and incorporates the DTU Operating Guidelines including the SSA Policies.

How is DTU governed? Annually, the Subscribers elect members to the Advisory Committee, which is responsible for overseeing the finances of the reciprocal and ensuring DTU is managed in accordance with the Subscriber Agreement and DTU Operating Guidelines. The DTU Operating Guidelines are the operational rules for DTU and RAS, provide guidance for the day-to-day management of DTU, and outline the general supervisory powers of the Advisory Committee of DTU.

What is a Subscriber Surplus and Savings Account ("SSA")? DTU is a reciprocal insurance company whose equity is mostly comprised of its Subscribers' surplus contributions and savings allocations.

Can I be assessed for losses of DTU? No. DTU is a non-assessable reciprocal insurance company.

All allocations and distributions of surplus and savings are subject to the terms and provisions of the Subscriber Agreement, DTU Operating Guidelines, and, where applicable, the approval of the South Dakota Division of Insurance.



Subscriber Surplus and Savings Account – Award Tables

Plan Eligibility

- DTU Subscribers with an SSA balance as of 12/31/2025 and a renewed 2026 DTU policy regardless of premium size.
- DTU Subscribers without an SSA balance as of 12/31/2025 and a renewed 2026 DTU policy with greater than \$50,000 in premium size.
- New DTU Subscribers with a 2026 DTU policy with greater than \$50,000 in premium size.
- As of 2026 DTU Policy effective date:
 - Tenure of 5 or more consecutive years for Award Plan A; and
 - Tenure of less than 5 consecutive years for Award Plan B.
- Policy must be in effect full term.
- Cancelled policies will not be eligible unless re-written by DTU. Policies cancelled by DTU for nonpayment of premium will not be eligible. Policies cancelled prior to the full policy term by the Subscriber will not be eligible for an Award Plan.
- All premiums must be paid in full, including audit premium, endorsements or any other premium charges.
- Subscriber must provide all necessary information for completion of premium audit.

Computation and Payment

- DTU will pay Award as outlined in the schedule based on earned premium and losses, subsequent to premium audit.
- Final premium and losses will be valued no earlier than 6 months after the expiration of the policy and at such time the Award calculation will be computed and paid timely thereafter.
- Losses include all paid indemnity, medical, rehabilitation, managed care and legal expenses and reserves for future payments of claims.
- RAS, as Manager, shall determine losses and reserves which shall be conclusive and binding upon the Subscriber.
- Once calculated and paid, the Award Plan will be considered closed and final.

Awards cannot be guaranteed and are payable at the discretion of RAS, as Manager, and the DTU Advisory Committee, conditioned upon regulatory approval.

Award Table A (≥ 5 years tenure)						
Incurred Loss Ratio	Under \$25,000 ⁽¹⁾	\$25,001 to \$50,000 ⁽¹⁾	\$50,001 to \$75,000	\$75,001 to \$100,000	\$100,001 To \$250,000	> \$250,001
0% to 5.0%	7.0%	8.0%	10.0%	13.0%	16.0%	20.0%
5.1% to 10%	6.0%	7.0%	9.0%	11.0%	13.0%	17.0%
10.1% to 15%	6.0%	7.0%	8.0%	9.0%	11.0%	14.0%
15.1% to 20%	5.0%	6.0%	7.0%	8.0%	10.0%	11.0%
20.1% to 25%	5.0%	5.0%	6.0%	7.0%	8.0%	9.0%
25.1% to 30%	5.0%	5.0%	5.0%	6.0%	7.0%	8.0%
30.1% to 35%	4.0%	4.0%	4.0%	5.0%	6.0%	6.0%
35.1% to 40%	4.0%	4.0%	4.0%	4.0%	5.0%	5.0%
40.1% to 45%	4.0%	4.0%	5.0%	4.0%	4.0%	4.0%
45.1% to 50%	3.0%	3.0%	3.0%	3.0%	4.0%	3.0%
50.1% to 55%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
55.1% to 60%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
> 60%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Award Table B (< 5 years tenure)						
Incurred Loss Ratio	Under \$25,000 ⁽¹⁾	\$25,001 to \$50,000 ⁽¹⁾	\$50,001 to \$75,000	\$75,001 to \$100,000	\$100,001 To \$250,000	> \$250,001
0% to 5.0%	3.0%	4.0%	5.0%	7.0%	8.0%	10.0%
5.1% to 10%	2.0%	4.0%	5.0%	6.0%	7.0%	9.0%
10.1% to 15%	2.0%	4.0%	4.0%	5.0%	6.0%	7.0%
15.1% to 20%	2.0%	3.0%	4.0%	4.0%	5.0%	6.0%
20.1% to 25%	2.0%	3.0%	3.0%	4.0%	4.0%	5.0%
25.1% to 30%	2.0%	3.0%	3.0%	3.0%	4.0%	4.0%
30.1% to 35%	2.0%	2.0%	2.0%	3.0%	3.0%	3.0%
35.1% to 40%	2.0%	2.0%	2.0%	2.0%	2.0%	3.0%
40.1% to 45%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45.1% to 50%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50.1% to 55%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
55.1% to 60%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
> 60%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

¹ Existing DTU Subscribers with an SSA balance are grandfathered into the appropriate Award table based on their tenure as outlined above, regardless of premium size.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: June 25, 2026

RE: *Approval of Collective Bargaining Agreements (CBA) between the Southern Nevada Health District and Service Employees International Union (S.E.I.U.), Local 1107 (General and Supervisory Units)*

PETITION #36-26

That the Southern Nevada District Board of Health approve the District Health Officer to sign General and Supervisory Units Collective Bargaining Agreements (CBAs) both to be effective upon Board approval, as follows:

- 5.0% Cost of Living Adjustment (COLA) in FY27; 1-Step increase in FY27 for those who have not reached the Final 14th Step of the Salary Schedule;
- 3.5% Cost of Living Adjustment (COLA) in FY28; 1-Step increase in FY28 for those who have not reached the Final 14th Step of the Salary Schedule;
- Article 20 will be opened for FY29.

And to extend the same financial changes to non-union employees not covered by the SEIU General or Supervisory Units Collective Bargaining Agreements.

PETITIONERS:

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

DISCUSSION:

On June 17, 2026, the District's Leadership Bargaining team and SEIU Local 1107's Bargaining teams successfully reached a final tentative agreement on the Collective Bargaining Agreements for the General and Supervisory Units. These units are to ratify the agreements prior to the Board meeting. The proposed agreement has been attached for review and reference.

FUNDING:

Current funding provided for FY27 budget, and it is believed that prospective funding for FY28 budget are sustainable.

Preamble

1. The District and the Union agree that the Southern Nevada Health District will strive to ensure that all Clark County residents and visitors can live in a healthy environment.
2. The District and the Union agree that the Southern Nevada Health District will work toward its mission of protecting and promoting the health, the environment, and the well-being of Clark County residents and visitors through all public health services and all other appropriate means.
3. The District and the Union recognize that in order to reach these goals, Southern Nevada Health District will foster a workplace that is safe, fair, honest, efficient, and free from harassment at all times, and at which all staff and clients are treated with dignity and respect.

Article 1 – Recognition and Bargaining Unit Membership

1. Bargaining Unit Membership

- A. Pursuant to the provisions of the Local Government Employee-Management Relations Act, Chapter 288 of the Nevada Revised Statutes, the Southern Nevada Health District, hereinafter referred to as the "District," recognizes the Service Employees International Union, S.E.I.U. Local 1107, hereinafter referred to as the "Union," as the exclusive representative of Health District employees who are eligible to be members of General Bargaining Unit and to be represented by the Union except as limited by NRS 288.
- A. The term "eligible employee" as used in this Agreement applies to those persons having a regular appointment (including grant funded employees) to the work force of the District, excluding however, division directors, managers, administrative (as defined by NRS 288.025), confidential employees, temporary (excluding grant funded employees) and less than half-time employees throughout the District.
- B. Appendix A lists the classifications that have been placed in the general bargaining unit.

2. Determination of Bargaining Unit Status

- A. The District and the Union agree to comply with the provisions of NRS 288.160 and NRS 288.170.
- B. The District shall notify the Union in writing of its intent to eliminate a bargaining unit classification twenty (20) working days in advance. Upon receipt of the notification from the District, the Union shall notify the District in writing within ten (10) working days if it believes the elimination is inappropriate. The parties shall meet within five (5) working days to attempt to resolve the dispute. If the Union and the District cannot agree, the dispute may be submitted to the Employee- Management Relations Board as provided under NRS 288.
- C. The District shall notify the Union, in writing, of its intent to establish any new classification prior to implementation and state the determination of whether the new classification is or is not a bargaining unit classification. Upon receipt of the notification from the District, the Union shall, within five (5) working days, notify the District, in writing, if it believes the new classification belongs in the bargaining unit. The parties shall meet within five (5) working days to attempt to resolve the dispute. If the Union and the District cannot agree, the District's action may be submitted to the Employee-Management Relations Board as provided under NRS 288.

Article 2 – Definitions

Unless the context otherwise requires, the words and terms used in this Agreement shall have the meanings ascribed to them below. Any words or terms not ascribed below shall be interpreted in their context as such appears in this Agreement and, if no context is apparent, shall be given their plain and ordinary meaning.

Actual Service – The number of days actually worked on the job. Paid absence from work due to sick leave, approved vacation, occupational injury, or illness incurred in the District's service, and temporary military duty, shall be deemed actual service.

Adjusted Work Schedule (AWS) – A business work schedule mutually adopted by the employee with written approval from appropriate District management for purposes of serving a legitimate business need outside the standard work schedule of Monday through Friday 8:00 am - 4:30 pm.

Adjusted Work Week (AWW) – A business work week schedule assigned by appropriate District management or requested by an employee for purposes of serving a legitimate business need outside the standard work schedule and within a specific biweekly pay period.

Break In Service – A period during which an employee is not in paid status and is ineligible to accrue sick leave, vacation leave, longevity, and other benefits unless otherwise delineated in this Agreement. Actual service and performance evaluation periods shall be subject to date adjustment for a break in service unless otherwise delineated in this Agreement.

Central Assigned Office – The office the employee is assigned to as a primary administrative center of the District.

Class Specification – A written job description of a classification including but not limited to: title, knowledge, skills, abilities, position definition, minimum qualifications and examples of essential responsibilities and duties.

Classification – A group of positions sufficiently similar with respect to their duties and responsibilities that the same job title may reasonably and fairly be used to designate each position allocated to the class, that substantially the same tests of fitness may be used, that substantially the same minimum qualifications may be required and that the same schedule of compensation may be made to apply with equity. Notification will be provided to the Board of a new classification.

Classification Series – A group of classifications within a promotional series that have similar job duties with an increasing level of responsibility, professional expertise, and/or supervision of lower classifications within the series.

Day – A consecutive 24-hour period within a Saturday through Friday week. A day begins at 12:01 a.m. and ends at midnight each day of the week.

Days – Means calendar days.

Workday – An operational working day for the District on a Monday through Friday schedule. Holidays will not be considered a District workday.

Working Days – Means the days Monday through Friday but excluding any holiday set forth in Article 24. Whenever a period of time is specified the day of the event or action which commences the period shall not be included calculating the length of the period. If the last day for responding and acting is a Saturday, Sunday or contract holiday, the period shall be extended to the next day which is not a Saturday, Sunday, or contract holiday.

Commuter Miles – The miles between the employees' established home and their assigned mileage worksite.

Demotion – Movement of an employee from one classification to another classification with a lower salary range, typically within a classification series.

Domestic Partner – A person who, with an employee as defined herein, has: 1) a registered, valid domestic partnership pursuant to NRS 122A.100; and 2) has not terminated that domestic partnership pursuant to NRS 122A, 300.

Employee – A person legally holding a position in the public service of the District under any appointment employing them as an employee. The District observes the following employee categories:

Full-Time Employee – An employee working 30 hours or more on a weekly basis.

Grant Employee – An employee occupying a position funded by grant monies. Such employees accrue fringe benefits in the manner set forth in this Agreement and the Grant. The term of employment is subject to the continuance of grant funds.

Less Than 20 Hours Employee – An employee working less than 20 hours is not eligible for fringe benefits covered by this Agreement.

Part-Time Employee – An employee working twenty (20) hours or more per week but less than thirty (30) hours per week. Such employees accrue fringe benefits in the manner set forth in this Agreement.

Probationary Employee – A newly hired employee that has not satisfied the probationary period of six months and 1040 hours worked as part of final selection.

Probationary employees are not covered by this Agreement. Hours worked during the probationary period shall be deemed actual service.

Acting Employee – An employee temporarily appointed, for a term not to exceed six (6) months, to fill a vacancy for which there is no appropriate list of eligible

candidates available. Acting appointments may be extended only for extenuating circumstances which are made a matter of record.

Regular Employee – An employee legally holding a position in the public service of the District under any appointment employing them as an employee and who has been lawfully retained after completion of the probationary period of six months and 1040 hours worked.

Temporary Employee – An employee that may be selected from the appropriate list of eligible candidates to be employed for a period of no more than 1040 hours in a twelve-month period.~~less than six (6) months.~~

~~**Hybrid Work Schedule** – A hybrid work schedule is the practice of working part of the time in an assigned office and part of the time at home. At least one day per week in office is required.~~

Flex Reclassification – Advancement of an employee at an entry level to the next level of the series based upon time served, acquired experience, certification, and/or education (i.e., moving from a I to a II).

Fringe Benefits – Non-wage, supplementary compensation such as health insurance, PERS, paid time off or benefits funded by the District.

Good Standing – An employee's performance that meets or exceeds District expectations, and the employee is not subject to any current performance or behavioral related discipline exceeding a Documented Verbal Warning. **An employee that left the District and was not terminated with cause.**

Grievance – Means a dispute raised by an employee, or the Union, concerning the interpretation or application of any provision in this Agreement or the issuance of discipline defined herein.

Hybrid Work Schedule – A hybrid work schedule is the practice of working part of the time in an assigned office and part of the time at home. At least one day per week in office is required.~~At least one day per week in office is required.~~

Lateral Transfer – Movement of an employee from one position to another with the same salary regardless of department or division assignment.

Mileage Worksite – This is not a physical location rather one assigned for purposes of mileage calculations.

Nevada Revised Statutes (NRS) – The applicable section(s) of the Nevada Revised Statutes and all amendments enacted during the term of this Agreement.

Payment in Lieu of Notice – During a reduction of force, an employee may be offered six weeks of payment either in a lump sum or paid out over 3 pay periods when prior notice of separation is not provided.

Position – Is a group of duties and responsibilities that have been assigned to a single

employee on a full-time or part-time basis.

Promotion – Is any movement of an employee from a position in a classification to a position in any classification having a higher salary range maximum, excluding general salary adjustments.

Recall Process – Following a reduction in the workforce, those employees who accepted a voluntary demotion or transfer will be included as part of the recall list of employees who were separated from the District.

Reclassification – The reclassification of duties after an analysis of the position description, with notification to the Union.

Regular Pay – The hourly rate of compensation payable to an employee in exchange for services rendered during a scheduled hour within a work day.

Rehire – The appointment of a former regular employee who separated from District service in good standing.

Reinstatement – The reinstatement of a former regular employee who separated from District less than six (6) months, left service in good standing, and is reinstated to the employee's last classification held prior to separation. Total service for a reinstated employee shall be adjusted less the duration of a period of separation not to exceed six (6) consecutive months. Employee must successfully complete the District background process prior to reinstatement.

Schedule – A term used to designate a salary range. All classes placed in the same salary schedule have the same salary range or rate.

Seniority – Length of uninterrupted service.

District seniority – Shall be the uninterrupted length of service from the most recent date of employment by the District.

Classification seniority – Shall be the uninterrupted length of service from the most recent date of appointment to the employee's classification.

Step – One pay increment within the salary schedule subject to the approved CBA in effect.

Supervisor – A District employee holding a supervisor title who is responsible for supervising the work of others. Individuals that conduct lead duties that include some supervisory functions are not deemed to be supervisors.

Transfer – Is any movement of an employee from one position to another position in the same classification or related classification with the same salary grade; or the movement of the employee with his/her position to another location.

Voluntary – Shall mean at the election of the employee.

Qualifying Period – All employees who are promoted or moved to a new classification are placed in a six-month qualifying period.

Article 3 – District Management Rights

1. The District and the Union agree that (1) all rights and responsibilities of the District not specifically modified by this Agreement shall remain the function of the District. (2) The exercise or non-exercise of any right or responsibility hereby reserved to the District shall not be considered a requirement or a waiver of the District's right to exercise such right or responsibility. (3) The parties are bound by the statutory provisions of NRS 288 concerning management rights.

Article 4 – No Strike

1. The Union agrees that there shall be no strikes against the District under any circumstances and that all District employees shall continue work under all circumstances.
2. The District and the Union agree to be bound by the provisions of NRS 288 concerning strikes.

Article 5 – Non-Discrimination

1. The District and the Union will not knowingly discriminate, directly or indirectly, against any employee subject to this agreement by reason of race, color, religion, sex, sexual orientation, genetic information, marital status, age, national origin, ancestry, mental or physical disability, union activity, gender identity or expression, veteran status, or any other consideration made unlawful by federal, state, or local laws. This commitment applies to all persons involved in the operations of the District and prohibits unlawful discrimination by any employee or contractor of the District.
2. Violations of this article are not subject to the grievance process. Employees have the right to file cases with EEOC/NERC.

Article 6 – District Decorum

1. Employees of the District are routinely and constantly exposed to and in close contact with the public and with fellow employees. Each employee shall always present a courteous and cooperative attitude toward the public and fellow employees and shall give full and serious attention to assigned job duties and shall conduct same in a professional manner.
2. The District's administration of public health functions requires that a clean and professional image be maintained by District employees.

Article 7 – Union Rights

1. New Employees and Orientation

- A. An integral part of each employee's tenure with the District is an understanding of the Collective Bargaining Agreement and the role of the Union in the employment setting. As such, each new eligible employee, as part of their District-Wide orientation, shall be required to attend a mandatory forty-five (45) minute session, not to be the last session, where they will receive an overview of the Union and its programs. The session will be conducted by Union Representatives designated by the Union. Each employee must sign that they attended, and failure to attend will carry the same consequence as if the employee missed any other part of new employee orientation. No disparaging comments will be made regarding management or the District, and the District shall receive prior copies, where possible, of all materials to be distributed and presented at the orientation, which shall include but not be limited to a copy of the Agreement, a Union membership card, a Union COPE card, and a list of shop stewards prepared by the Union showing their division/section and/or work areas and telephone numbers. The District shall provide to the Union a list of all employees attending the orientation as many days as possible prior to such orientation and no later than the day before the orientation.

2. Field Representatives

- A. An authorized field representative of the Union shall be permitted to enter the facility at reasonable times for union business to check upon complaints of bargaining unit employees and to participate in meetings with management.
- B. The field representative will abide by District policies while on premises. Field representatives shall give reasonable advance notice of not less than four (4) hours to the District Health Officer or designee of the intended visit before entering work areas.
- C. The Union Representative shall not interfere in any way with the work of any employee. Field representatives shall not direct any employee how to perform the assigned work, shall not countermand the order of any supervisor and shall not interfere with the normal operations of the District or any employee.

3. Union Shop Stewards and Union Business

- A. The Union shall provide the District with a written list of up to thirteen (13) Union Stewards after their designation and shall notify the District of changes as they occur. Additionally, the Union may designate one chief steward and one Vice President. The District is not obligated to recognize a Union Steward under this Article until after the District's receipt of written Union designation.
- B. The functions of the Union Steward include the authority (1) to settle or assist in settling problems arising in connection with the application or interpretation of the Agreement, (2) to resolve grievances, and (3) to serve as a Union

Representative for disciplinary meetings.

- C. For each separate fiscal year covered by this agreement, the union will be allocated a total of six hundred (600) hours of union bank (UBA) time for designated non-supervisory union members to attend monthly stewards meetings, conferences, legislative sessions or conventions, and other union business. If needed and upon mutual agreement of the parties, additional hours may be transferred between the General and Supervisory units.
- D. The District will not be responsible for any industrial accidents resulting from activities performed on behalf of the union on or away from District work locations during normal duty hours.
- E. Business and activities on behalf of the Union may be conducted during regular working hours provided that employees who are designated by the Union to participate in such business or activities obtain prior approval for leave from their division director or designee. When such approval is obtained, the employee may utilize union bank time, vacation, or accrued compensatory time. The type of time taken shall be at the employee's option. Such leave shall be taken in cumulative increments of fifteen minutes with a half-hour minimum for each occasion. A leave request will be submitted and approved prior to the time leave is taken. Release time as specifically addressed in this Agreement will not be unreasonably withheld. Union bank time requests will be approved by the chief steward, the union's executive director or president. Any union bank time that is not approved shall be charged to the employee's accrued vacation leave. Union bank time requests will be approved in writing or via email communication by the chief steward or their designee. Any Union approvals will be provided to the supervisor prior to release. All union members shall have access to Union Bank time in the drop-down menu of the time off leave request system.
- F. For the purpose of renegotiating this agreement, eight (8) members of the Union will be released from work for the Interest Based Bargaining Process or up to fifteen (15) members of the Union shall be released from work for the traditional bargaining process. Union Stewards shall perform their functions or Union-related activities after hours or by use of union bank time or scheduled leave. However, if a meeting is mutually agreed to with the Union Steward during the Union Steward's work shift; the District will pay for that time. If the Union Steward wishes to schedule a meeting with an employee during the Union Steward's work shift, scheduled leave shall be used by the steward and the employee unless union bank time is used.
- G. Union Stewards shall not direct any employee how to perform work, shall not countermand the order of any supervisor, and shall not interfere with the normal operations of the District or any employee.
- H. Upon advanced written request and subject to staffing and scheduling needs, duly recognized shop stewards will be permitted to leave their normal work to attend

the monthly shop steward meeting. The District shall not unreasonably deny such requests. Such leave time shall be charged to the union business bank time balance.

4. Discipline and Grievances

- A. One Union Steward shall be granted leave from duty with full pay for the purpose of investigating and processing filed grievances or disciplinary appeals when such business takes place at a time during which the representatives are scheduled to be on duty. One Union Steward may be granted leave with pay for pre-disciplinary meetings with the District when such meetings take place at a time when the steward is scheduled to be on duty.
- B. Employees who are needed as witnesses or because of direct knowledge of or involvement in the incident may be called without loss of pay or *leave* time by the Union or the District to scheduled meetings between the District and the Union regarding filed grievances, disciplinary appeals, or joint investigatory meetings. Employees shall report at the time specified and shall report back to work upon conclusion of their statement. Such *leave* from duty shall be reported as Union Business *leave* under the payroll tracking code on the employee's timecard.
- C. Employees preparing or responding to grievances/disciplinary matters shall do so on their regularly scheduled breaks or off duty time and shall not interfere with other employee's work assignments or work responsibilities in any fashion whatsoever.

5. Public Meeting Notification

- A. The District will provide the Union Executive Director, District Chief Steward, and the District Vice President with the agenda for any Board of Health meetings and subcommittee meetings open to the public not less than 3 working days prior to the meeting via email notification.

6. Union Leave

- A. The District shall place on administrative leave from work up to two (2) bargaining unit employee each fiscal year, not at the same time and when it is operationally feasible, in order to conduct union business, not necessarily specified or referenced in Article 7 C and E. The length of such time an employee is on administrative leave shall not exceed a total of 40 hours (unless mutually agreed) upon by both the Union and the District.

When an employee has completed their services, they shall be returned to their previously held position without loss of any status or benefit governed by this agreement. The Union shall reimburse the district for all employee costs while on administrative leave including salary compensation, PERS contribution and benefit continuation. The use and leave of such employee will not interfere with the operational and staffing requirements of the District or the released employee department, however, the request shall be

treated as any other leave request and will not be unreasonably denied. The Union agrees to provide as much notice as possible, however not less than thirty (30) calendar days advanced written notification to Human Resources of the bargaining unit employee it wants placed on leave under this provision. The District shall not be responsible for any industrial claims resulting from activities performed on behalf of the Union away from District work locations during normal work hours.

Article 8 – Union Communications with Members

1. The District will provide bulletin boards measuring at least 2' x 3' for the exclusive use of the Union at the main District Health Center. A bulletin board will be located in or adjacent to each main break area. The District will also provide space or a bulletin board for the Union's use at all permanent District- controlled worksites where bargaining unit members are assigned. The specific placement of these bulletin boards will be determined by mutual agreement between the Union and the division directors.
2. A link to the Union Website will be posted on the front page of the District intranet site.
3. All notices which appear on the space provided to the Union on bulletin boards shall be dated and signed by the chief steward of the Union or designee. Properly dated and posted notices may only be removed by an authorized member of the bargaining unit, except as specified in Section 4. Union notices shall relate to items of interest to members. The Union agrees to provide a copy of all notices it posts to the Chief Health Officer or designee at or before the time of posting.
4. The Union may send four (4) mass e-mails per month (not to exceed 24 per year) to the bargaining unit. Mass e-mails will be provided to Human Resources for distribution via the District e-mail system and shall be sent within one working day from the time of receipt.
5. It is also understood that no material may be posted on bulletin boards or sent to District e-mail addresses at any time which contain any of the following:
 - A. Personal attacks upon any member or any non-member employee;
 - B. Scandalous, scurrilous, or derogatory attacks upon the District and/or District Administration;
 - C. Attacks on any other employee organization, regardless of whether the organization has local membership; and/or
 - D. Attacks on and/or favorable comments regarding a candidate for a partisan political office.
6. If materials containing any of the preceding are posted, they will be removed by District Administration.
7. The District, upon written request of the Union, shall provide space for meetings of the Union at District workspace, at reasonable times and dates.

Article 9 – Dues and COPE (Committee on Political Education)

1. The District agrees, consistent with the provisions contained herein, to deduct from the pay check of each employee within the bargaining unit who has electronically authorized or signed an authorized payroll deduction card for the current contract period such amount as has been officially voted by the membership and designated by the Union as dues and is so certified by the appropriate Union treasurer.
2. Such funds will be remitted biweekly by the District to the appropriate Union treasurer. Dues deduction authorization is continuous unless withdrawn by written request to the Human Resources office and copied to the Union by a member between October 1st and October 15th of the calendar year.
3. The Union agrees to indemnify and hold the District harmless against any and all claims, suits, orders, or judgments brought or issued against the District as a result of any action taken or not taken by the District under the provisions of this Article.
4. The District will not be required to honor any biweekly deduction authorizations that are delivered to the district payroll department after the beginning of the pay period during which the deductions should start.
5. No later than the fifteenth of each month, the District shall provide to the Union the following related to District employees eligible for inclusion in the unit. The format of the report will be a standard computer database importable electronic file in a format agreed upon by the parties.
 - A. All union eligible employees by name, address, hire date, hourly wage, classification, most recent employment action, effective date, section, and division. For all union members, the District will also provide home phone number, cell phone number, and personal email (if collected). Additionally, for employees separated from employment, termination reason and date will be included.
6. Deduction of COPE Monies
 - A. The District hereby agrees to honor all COPE contribution deduction authorizations from its employees who are Union members. The District will make the COPE contributions payable on the same schedule as the dues payments but send them in a separate check.
 - B. The District will transmit the COPE report to the Union in the same manner as described in Section 5A of this Article.
 - C. The Union will hold the District harmless against any claim which may be made by any person by reason of the COPE deductions described herein, including the cost of defending such claim. The Union will have no monetary claim against the District by reason of failure to perform under this Article.

Article 10 – Joint Labor Management Committee

1. The Union and Management shall each be permitted eight (8) representatives on the Joint Labor Management Committee (JLMC). Both the Union and the District retain the authority to choose their respective representatives and will attempt to have representation from each Division. At no time will less than three (3) divisions be represented. The Union and Management will each designate one member to serve as co-chair. The Union and the District shall advise each other in writing of the JLMC appointments and changes to such appointments. The two co-chairs will have equal responsibility.
2. The purpose of the JLMC is to provide a forum for discussing issues of mutual labor/management concern. The Union and the District acknowledge that neither shall use this committee for the purposes of collective bargaining. In the event the District seeks changes in a District-wide policy, the item shall be placed on the JLMC agenda for discussion.
3. Meetings shall be held monthly at a site mutually determined unless cancelled by mutual co-chair agreement. The co-chairs will agree upon and send all members an agenda for the meeting at least two (2) full working days before the meeting. The meetings may be scheduled for duration up to two (2) hours as determined by the co-chairs.
4. As a courtesy and to assure adequacy of District staff for established work schedules, the Union Representatives will be required to notify their immediate supervisor(s) of the date and time for such meetings as soon as possible after the meeting is scheduled and noticed to the members. District staffing requirements will take precedence in the scheduling of any meetings. However, Union Representative's attendance shall not be unreasonably denied for any reason including staffing.

If an employee is scheduled to work during the time in which the meeting is held, the employee representative shall be paid straight time pay for attendance at, and travel related to, committee meetings (hours paid shall not exceed the number of hours in the employee's regularly scheduled shift). Hours spent at JLMC meetings will be counted as regular hours worked for overtime calculation. Overtime will not be paid if a JLMC meeting extends beyond the employee's normal work day.

5. Management chair will provide administrative support.

Article 11 – Safety

1. The District and the Union agree to work collaboratively to create a safe, healthy work environment for District employees and the community they serve. Every employee has the right to safe and healthy working conditions. The District shall remain in compliance with the state and federal laws with respect to the health and safety of employees during their employment. The District will furnish at its expense any required personal standard safety and protective devices.
2. The District has the right to adopt reasonable safety rules in accordance with the Federal Occupational Safety and Health Act and will notify the Union prior to implementation. Should the District adopt a safety requirement that is more restrictive or not necessarily required by OSHA, the District will notify and discuss with the Union prior to implementation. Employees must follow safety rules as stated and implemented by the District.
3. The Southern Nevada Health District Safety Committee, known as the Central Safety Committee (CSC), will meet monthly or more often if the parties agree.
 - A. The Union and the District will each appoint one member to the Central Safety Committee from each division: Environmental Health, Primary and Preventive Care, FQHC, Community Health Services, Disease Surveillance and Control, and Administration, and one member from the Southern Nevada Public Health Laboratory, and one from each major campus (Fremont, Henderson, Bonanza). Remote campus may attend via video conference. The Safety Committee shall be headed by two co- chairs, appointed from the designated members with equal responsibility: one appointed by the management and one appointed by the Union. Management and Union shall advise each other in writing of the appointments to the Central Safety Committee, and on written notice to the other, the Union and the District may change representatives from time to time. The District shall provide appropriate administrative support to the Central Safety Committee.
 - B. At the CSC meeting, the Safety Officer will report any incidents that required local law enforcement support for the purposes of employee safety and will review the incident reports involving safety issues.
4. The committee will annually review the security plan and safety related training.
5. The parties acknowledge the importance of the EAP process and counseling and will continue to provide EAP services for employees.
6. It is the duty of each employee to comply with all health and safety regulations and if any safety or health hazard is detected by an employee, the employee shall promptly report the safety hazard to the Health District. The Union shall promptly notify the Health District of health and safety hazards, violations, or problems of which the Union is aware. The Health District shall have a reasonable period of time to remedy any problems or situations. Within ten (10) working days, the employee or the Union, who submitted a

safety concern, shall receive acknowledgement from the District Safety Officer or designee. Safety concerns not addressed to the submitters' satisfaction shall be referred to the CHRO. No adverse action shall be taken for reporting employee health and safety concerns to the Health District, the Union, and federal or state authorities.

Article 12 – Outside Employment

1. Each employee shall, during hours of active duty, devote the whole time, attention, and efforts to employment and may not be required to perform any service except for the benefit of the District. No employee of the District may engage in any employment activity or enterprise which has been determined to be inconsistent, incompatible, or in conflict with the assigned duties or with the duties, functions, and responsibilities of the District. A conflict occurs whenever outside employment:
 - A. Involves the use for private gain or advantage of District time, facilities, equipment and supplies, or the badge, uniform, prestige, or influence of one's District position, office, or equipment; or
 - B. Involves receipt or acceptance by the employee of any money or other consideration for the performance of an act required or expected to be rendered in the regular course or hours of District employment; or
 - C. Involves the performance of an act in other than the employee's capacity as a District employee, which act may later be subject directly or indirectly to the control, inspection, review, audit or enforcement of any other officer or employee of the District within the employee's division; or
 - D. Causes a decrease in the performance of assigned job duties as a District employee.
2. Each employee wishing to engage in outside employment shall make appropriate written request, using the Outside Employment form provided by the District, for approval through their division director or designee. Prior to undertaking any outside employment, approval must be secured. Approval or denial of outside employment will occur within ten (10) working days of receipt of the form.
3. When outside employment responsibilities or hours change, the employee is responsible for notifying the District by updating the Outside Employment form. The employee will notify the District when outside employment has terminated.
4. When the employee's responsibility at the District change, management has the right to ask the employee to update the Outside Employment form. The District reserves the right to deny the outside employment request if the change conflicts with A-D (above).

Article 13 – Probation

1. All new employees shall be regarded as probationary for the first six (6) months of employment. The probationary period may be extended one (1) time for a period not to exceed three (3) months for any employee at the sole discretion of the Division Director in consultation with the CHRO. The employee will be provided with written notice of any extension of their probationary period, and they will be provided with a performance improvement plan that runs concurrent to their probationary extension. Any extension shall require written notice of the extension to the employee and will include a performance improvement plan.
2. The probationary period is a part of the selection process during which the District shall determine whether the performance of the employee is adequate and whether the employee shall continue in the employment of the District. Prior to the completion of a probationary period, each probationary employee may be terminated at the sole discretion of the District and without recourse to any appeal or grievance process.

Article 14– Employee Evaluations

1. The District shall make available to each employee a current copy of the classification specification applicable to the position occupied by the employee via the intranet. The District shall maintain a uniform and consistent performance evaluation program for all bargaining unit employees. Employees shall be given a written evaluation of work performance (provided) by their immediate supervisor (or designee) within the first six (6) months following initial employment, promotion, and/or reclassification. Evaluations shall be a reflection of the work performed during the evaluation period. A reflection of the work performed, and the District's values exhibited during the evaluation period.
2. The supervisor shall review the performance evaluation with the employee and provide a copy of the evaluation to the employee. Employees whose performance is tracking below average on any rating factor will be notified by their supervisor in a timely fashion that there are performance deficiencies. Supervisors shall provide these employees with written performance goals and guidance for the employees to use in improving work performance. Following the review of any performance evaluation, the employee is entitled to provide written comments within *five* (5) working days which will be attached to the evaluation in their personnel file.
3. In the event a permanent employee believes the evaluation contains inaccurate comments, the employee may request a review of the performance evaluation at the next level of management, within *five* (5) working days. Upon receipt of request, within *five* (5) working days, a second review will be scheduled. At the second review, the employee may present appropriate information regarding comments and issues put forward in the performance evaluation. The section manager and division director shall, after appropriate consideration, within *five* (5) working days of second review, issue a formal decision upholding or modifying the performance evaluation.
4. Human Resources must notify the division of upcoming performance evaluations due at least thirty (30) days prior to the evaluation due date.
5. All evaluations and any related documentation shall be acknowledged as received by the employee.

Article 15 – Discipline, Demotion, or Discharge

1. The right to issue discipline is vested exclusively in the District.
2. The purpose of disciplinary action is to be corrective and will be used by the District to address work deficiencies, assist employees in meeting performance standards, and to ensure that District and departmental policies/procedures are followed.
3. Performance and behavior issues will be addressed as an informal coaching and counseling documented as a note to file except in egregious circumstances (i.e., a gross violation of standards). Coaching and Counseling shall communicate to the employee that a violation of a work rule, policy, or procedure has occurred or that the employee has performance deficiencies and/or behavior issues that need to be addressed. Coaching and Counseling is not considered discipline. Any written memo of counseling shall not be placed in the employee's permanent personnel file. Coaching and counseling documented as a note to file may be considered in determining the appropriateness of progressive discipline for a period of twelve (12) months.
4. The District will follow progressive discipline unless circumstances warrant more severe actions. Progressive discipline may include one or more of the following steps:
 - A. Documented verbal warning;
 - B. Written warning;
 - C. Final written warning with or without suspension; and
 - D. Termination.
 - E. Demotion may be considered in the disciplinary process at Management's discretion.
5. The District may discipline, demote, or terminate an employee, who has completed the initial probationary period under Article 13, with just cause.
6. The action to be taken at each step is as follows:
 - A. Documented Verbal Warning - Documents a verbal communication given to the employee that informs the employee that an offense has been committed and that a repeat offense that occurs within twelve (12) months may result in more severe discipline. It shall also contain direction on how the employee is to correct the violation.
 - B. Written Warning - Documents a formal written communication to the employee that informs the employee that a previously documented offense continues and that continued offense that occurs within eighteen (18) months may result in more severe discipline. It shall also contain direction on how the employee is to correct the violation.

- C. Final Written Warning With or Without Suspension – Documents a final written communication to the employee that informs the employee that a previously documented offense has continued and a repeat offense that occurs within twenty-four (24) months may result in more severe discipline up to and including termination. A suspension is not to exceed twenty (20) working business days and may be issued in conjunction with the final Written Warning.
 - D. Termination – Documents the dismissal of the employee from service with the District. The notice of termination shall contain the reasons for the termination and past discipline on which the District relied, if any, to issue the termination.
- 7. When an allegation is made against an employee(s), or when the District receives an allegation against an employee and the District determines an investigation is warranted, if the District determines it is in its best interest to remove the employee from the premises, the District may suspend the employee pending the termination of the investigation. Any employee suspended during the investigation will be placed on paid administrative leave. A suspension pending investigation is not considered disciplinary action.
 - 8. Any employee who receives a Documented Verbal Warning, Written Warning, Final Written Warning and/or Suspension or is terminated shall receive a copy of the notice and shall sign a receipt to acknowledge having received the document. Such acknowledgement of receipt is not an admission to any allegations contained in the notice. A document in an employee's file without signature or indication that the employee refused to sign the document shall not be considered discipline.
 - 9. Employees shall receive copies of all disciplinary notices placed in their personnel files and shall have a right, within ten (10) working days of issuance of the disciplinary notice, in addition to any appeal and/or grievance rights, to submit a written rebuttal. The written rebuttal shall be reasonable in length, relate directly to the disciplinary notice, and be filed with the disciplinary notice.
 - 10. Documented Verbal Warnings, Written Warnings, and Final Written Warnings shall be removed from an employee's active personnel file and placed in their confidential file upon employee's request provided, however, no additional disciplinary notices have been issued to that employee and the discipline is no longer active consistent with section 6 (A), (B), and/or (C) after the active period of the discipline has expired, and no additional warnings have been issued related to the first warning.
 - A. An employee being investigated by the District (or designee) shall be entitled to a 24-hour notice of interview and have a Union Representative (field representative or Union Steward) present during an investigatory interview which may result in discipline. The District shall send a copy of the 24-hour notice to the Union's centralized email address. If an employee is to be issued discipline, in writing at a meeting with management a Union Representative may be present.

Article 16 – Grievance and Arbitration Procedure

It is the goal of the grievance and arbitration procedure to attempt to resolve the grievance at the lowest level possible with the least amount of time and resources. Prior to filing an official grievance, the informal resolution process will be utilized. All formal grievances, written notices, requests, or responses referred to in this Article shall be sent by email or personal delivery to the designated District representative or Union Representative. All correspondence to the union will cc the Union's centralized representation email at representation@seiunv.org.

1. Informal Resolution

A. Discipline

- (1) In the event that an employee disputes an issued discipline, the union will request, and the District will participate in, an informal meeting(s) between the employee, a Union Representative, and the appropriate District Representative(s) in an effort to resolve the dispute. The request will be submitted within ten (10) working days of the issued discipline, and the meeting will be scheduled within ten (10) working days from the receipt of the request.
- (2) Within ten (10) working days of the informal meeting(s), the Human Resources Director or designee shall send a written response to the Union Representative with copies to the Division Director and the employee.

B. Contract Interpretation I Application

- (1) In the event of a dispute identified by the Union, the field representative or steward shall first request an informal meeting(s) with the supervisor or the appropriate District designee and attempt to settle the dispute. In the event of a dispute identified by the District, the District shall request a meeting(s) between the designated management representative and a representative designated by the union in an effort to settle the dispute. The meeting shall be requested within ten (10) working days of when the interested party became aware or should have been aware of the events or circumstances giving rise to the dispute. The meeting shall be scheduled
- (2) Within ten (10) working days from the receipt of the request from either party.
- (3) Within ten (10) working days of the informal meeting(s), the Human Resources Director or designee shall send a written response to the Union Representative with copies to the Division Director and the employee. When the dispute is initiated by the District, the same process will apply.

2. Grievance Procedure

- A. If the dispute is not settled, a formal grievance may be submitted within ten (10) working days of the date the response was received by the Union or the District.

- B. The grievance must be submitted to the Chief Human Resources Officer or designee utilizing email notification. A grievance meeting shall be scheduled within ten (10) working days from receipt of the formal grievance. In a grievance, the Chief Human Resources Officer or designee, the affected Division Director or designee, the Union Representative, and the affected employee, if any, will attend the grievance meeting.
- C. The Chief Human Resources Officer or designee shall have ten (10) working days to provide a written statement with a decision responding to the grievance. Such statement will be sent to the filing party and contain the reasons for the decision.

3. Mediation Procedure

- A. Either the Union or the District may request mediation of a grievance by making a written request to the other party within ten (10) working days of receipt of the written statement described in 2.C. above. If the other party agrees to mediation, it shall send a written notice to the other party within ten (10) working days of the request. Upon mutual agreement, the parties may engage in mediation, and the requesting party shall request a mediator from Federal mediation Conciliation Services (FMCS). The mediation request shall not toll the deadline for demanding arbitration set out in 5.A. below. If for any reason the mediation session has not occurred prior to the selected arbitrator's cancellation penalty deadline, the mediation shall be canceled unless the party wishing to continue proceeding to mediation agrees to pay the arbitrator's cancellation fee, if any, upon settlement of the case. When a settlement is reached through mediation, a settlement agreement will be signed by both parties. The grievance may proceed to arbitration if a settlement is not reached.

4. Arbitration Procedure

- A. If either party disagrees with the decision issued pursuant to 2.C above, the grievance may be referred to arbitration by written notice from the party who filed the grievance within fifteen (15) working days from receipt of the written decision. The District shall hold the arbitration request in abeyance pending the presentation of the case to the SEIU Arbitration Council. The SEIU Arbitration Council must make a decision on the matter within sixty (60) calendar days of receipt of the decision issued pursuant to 2.C. If the Human Resources Director or his/her designee has not received a written confirmation that SEIU is moving the case to arbitration within the designated sixty (60) calendar days, the matter will be considered abandoned.
- B. Starting with the Union, the parties will request on an alternating basis from FMCS arbitration services division for a list of seven (7) arbitrators who are members of the National Academy of Arbitrators. If a party does not request the list within ten (10) working days of the written demand for arbitration, the other party may request the list. Once the list is obtained, the party who did not apply for the list will strike the first name, and thereafter, the parties will alternate striking names

until one arbitrator remains. Both parties will make every effort to mutually establish the issue(s) to be arbitrated in advance of the arbitration hearing date.

- C. The arbitrator shall hear the submitted grievance as soon as possible and shall render a decision in writing within 60 days of the receipt of post-hearing briefs, if any.

5. Arbitrator's Authority

- A. The Arbitrator shall have no power to add to, subtract from, or change any of the terms or provisions of the Agreement. His or her jurisdiction shall extend solely to claims of a violation of specific written provisions of the Agreement and involve only the interpretation and application of such Agreement. The award shall be based upon the joint submission agreement of the parties or, in the absence thereof, the questions raised by the parties in respect to the specific interpretation and application of the Agreement. Further, the arbitrator's decision will be final and binding upon all parties concerned.

6. Grievance/Arbitration Expenses

- A. All fees and expenses of the arbitrator shall initially be paid by both parties. In the event either party must reschedule an Arbitration date after the Arbitrator's cancelation date, the party needing to reschedule will be responsible for the fees incurred for the canceled date. Each party will bear its own expenses of representation of its case, including witness, and including the cost of any transcript for the party's own use. If an Arbitrator requires a transcript, the parties shall split the cost. A split decision shall result in each party being responsible for its own fees and costs. The arbitrator may award fees and costs to the prevailing party.
- A. Each party will bear its own expenses of representation and presentation of its case, including witnesses, and including the cost of any transcript for the party's own use. All expenses associated with an individual employee grievance and/or arbitration which has not been approved by the Union shall be paid by the employee.
- B. Upon written request by the employee to the Chief Human Resource Officer, the employee shall have the right to review items in their personnel file.

Article 17 – Personnel Reduction

1. When the District deems a reduction in force is necessary, it shall provide notification to the employee(s) and the Union at least fourteen days in advance unless there are extenuating circumstances. The District agrees to notify the Union within three-five business days of any notice of loss of funding. ~~that could impact bargaining unit employees, as soon as practicable, no later than thirty (30) days prior to when notification is provided to the affected employees.~~ Meetings with the Union for discussion of the effects of the proposed reduction will be scheduled upon request. Reductions shall be accomplished in accordance with the following provisions:
 - A. Requests shall be made for volunteers in the affected classifications within the division. Management reserves the right to reject volunteers based on business needs.
 - B. Any employee subject to layoff can accept and/or request a voluntary demotion to a lower classification that they are qualified to fill providing a position vacancy exists.
 - C. Temporary positions within the affected classification, within the division, shall first be eliminated.
 - D. Probationary employees in the affected classification, within the division, shall be subject to layoff before layoff of regular full-time employees.
 - E. Part time employees in the affected classification, within the division, shall be subject to layoff before regular full-time employees.
2. The determination regarding a layoff of regular full-time employees shall be based on the following criteria applied to the affected division(s):
 - A. Seniority within the classification.
 - B. In the event two (2) or more employees have the same classification seniority, District seniority will be used.
 - C. In the event two or more employees have the same seniority, in the classification and within the district, active discipline history will be considered. In the event no discipline is documented, the last four digits of the social security number will be used retaining the employee with the highest number.
 - D. An employee subject to layoff can move back to the most recently held vacant position within the classification series within the division. If the position is held by another employee, the person with the most classification series seniority retains the position.
 - E. An employee subject to layoff can move back to the most recently held vacant position. If the position is held by another employee, the person with the most District seniority retains the position.
 - F. An employee subject to layoff that moves into a lower paid position will receive a

minimum 5% reduction in pay, not to exceed the top of the lower position pay scale.

G. Employees laid off under this collective bargaining agreement shall receive at least six (6) weeks' notice, payment in lieu of notice, or any combination of notice and payment. A copy of this notice will be provided to the Union.

G.H. ~~In the event of a layoff, and there are vacancies, the District shall offer opportunities make every effort to place employees who meet the minimum qualifications into open and available vacant positions in the same classification or wage scale based on seniority.~~

3. Reduction in Force Appeal Committee

- A. Concurrent with the announcement of a reduction in force, an appeals committee will be formed. The Union and the District will each select two (2) representatives who in turn will select a fifth member who shall serve as the chairperson of the committee.
- B. Employees subject to reduction in force may, within five (5) working days of receipt of notice, request an appeal in writing to the Union and/or HR Director to review the facts related to their individual concerns related to the process.
- C. Within ten (10) working days of receipt of the appeal, the committee shall review, investigate, and receive statements from the appealing employee, the division director, and/or any other relevant persons as determined by the committee. The committee will serve as an advisory committee to the District Health Officer and recommend action as they may agree upon. The committee shall submit a statement of findings to the District Health Officer within ten (10) working days of the review. The committee shall also state a recommended action upon a majority vote of the committee members.
- D. The District Health Officer shall review the committee's report and issue a decision that either accepts or rejects the recommendation or, at his/her discretion, directs the implementation of some other action. The decision of the District Health Officer is final and binding.

4. Recall

- A. Any employee demoted or laid off from employment under this article shall have their name placed on the District's recall list for a period of eighteen (18) months. These employees shall be notified by documented contact and must respond within forty-eight hours (48) that they are accepting any offer of re-employment or they shall be deemed to have refused the offer of re-employment. An employee who refuses the offer of reemployment or fails to respond shall be passed over for that position and shall be entitled to one (1) additional offer of re-employment within the eighteen (18) month recall period. Should a second offer be refused or unanswered, the employee shall forfeit all seniority and/or rehiring rights and privileges.

- B. Whenever positions become available within the eighteen (18) month recall period, personnel who have been laid off or demoted shall be recalled in order of seniority to the position they held at time of layoff or demotion.
- C. Providing a position vacancy exists, laid off or demoted employees may be offered, within recall order, a position of equal or lower salary schedule assignment within their former position's classification series.

Article 18 – Vacancies

A. The Union acknowledges that the District has the exclusive right to fill or not fill vacancies and make reassignments.

A.B. By July 1, 2027, ~~each division, will~~ may establish a process to elicit and consider lateral transfers (transfer list, interest card, etc) within the division and ~~will~~ may consider a lateral transfer prior to posting a vacancy. Transfers granted pursuant to this clause are not grievable. based upon business needs.

C. When a new position is created or an existing position becomes vacant in the bargaining unit, the District Health Officer or designee shall determine if the vacancy is to be filled by transfer, rehire, re-employment, in-house closed promotional examination, or open competitive examination.

B.D. Flex-Reclass: Advancement of an employee at an entry level to the next level of the series based upon the time served, acquired experience, certification and/or education, for example moving from a I to a II.

C.E. The decision of the District as to use of in-house closed promotion or open competitive method for filling an open position shall not be grievable.

1. The District shall encourage promotion/transfer within the competitive service on the basis of ability, experience and work performance. The District recognizes the value of affecting internal promotions to both the individual employee and the institution. Accordingly, internal applicants will be given reasonable consideration for promotional opportunities.

5. ~~An internal candidate who applied~~ interviewed for, but was not selected to fill the posted vacancy, may within seven (7) working days from the date notified that they were not selected, submit a written request to the Human Resources department seeking improvement.

Once the position justification has been approved, the position will be posted within five (5) working days. The notice of the vacancy will be posted within the District for at least ten (10) working days, (or for external candidates before the date listed on the posting, once stated number of applicants have been received). ~~The District may extend the posting period for any vacancy unless there are five qualified internal candidates.~~

- 6.2. In addition to posting vacancies on the intranet, internet (open competitive recruitments only). Human Resources will notify employees of all vacancies via the District e-mail system. These notices will post within the District system concurrently with the external posting dates. The notice will include the classification title, salary schedule, type of recruitment, current vacancy location, and Intra or Internet link for further information and access to the application process.

- 7.3. Positions may be posted and advertised outside the District concurrently with their internal posting. If the vacancy is not filled through the preceding procedures, applicants from any other source may be considered.

4. A vacancy filled by a demotion does not require posting. When an individual's job

classification within the bargaining unit changes title, no vacancy exists, and no posting is required.

~~8-5.~~ A voluntary demotion will result in a 5% decrease in salary or not to exceed the top of the new salary range.

~~9-6.~~ A vacancy filled by a transfer or management reassignment, in a position that is equal to the employee's current position, may be solicited for interested staff or posted unless a business need dictates otherwise.

~~10-7.~~ If a current employee who applies for a position is determined not to meet the minimum qualifications of the classification specification, the employee may request written explanation detailing the reasons for the determination. Such response will be provided within ten (10) working days of receipt of the request.

~~11-8.~~ If there are five (5) or more qualified internal applicants, the top five will be allowed to interview for the available position. If there are less than five qualified applicants for a vacant position, all of the qualified applicants will be interviewed.

~~12-9.~~ In all cases, the employee selected must possess the ability to perform the duties of the position and meet the qualifications and department-specific preferred qualifications.

~~13-10.~~ Interview Panels: All interviews shall primarily be in-person. In the event an interview is conducted via video conference the interviewers will have their camera turned on, if technology permits. The interview panel shall not engage in an arbitrary or capricious manner and must disclose to Human Resources any conflicts of interest with external candidates. Human Resources will serve as a proctor for the interview. Human Resources will serve as a proctor/facilitator for interviews for IIs, Seniors, and Supervisors positions.

~~14-11.~~ Announcement: Prior to the formal hiring announcement, all internal candidates who did not receive the position shall be notified.

~~15-12.~~ Employees requesting a transfer to another department or applying to be promoted to a new position must be in their current position for a minimum of six (6) months (including flex-reclass) and the employee must be in good standing.

Article 19 – Acting Appointments

A. An Acting appointment for a vacant permanent position will be for an initial period of not more than six (6) months (13 pay periods). This initial time period may be extended for up to an additional six (6) months upon the request of the Division Director. The Union will be advised by Human Resources of a requested extension prior to a final determination.

~~A. Acting appointments shall be rotated between the employees within the department every three months. Should no employee volunteer, appointments maybe extended past the three months.~~

1. Acting appointments and extensions require written authorization from the District Health Officer or designee.
2. Acting appointment requests will be made in writing by the Division Director and will not involve a formal selection process.
3. Postings of vacant positions will be consistent with the requirements outlined in Article 18 Vacancies.
4. An employee can have additional duties and authorities assigned to them on a temporary basis to fill in for an absent or vacant position by being appointed in an "Acting" capacity.
5. An employee who is temporarily assigned to fully perform the functions of a classification in a higher salary range will receive out-of-class pay pursuant to Article 22, Section 5(A).
6. The decision to fill regular, full-time vacancies on a temporary basis pending the completion of selection procedures will not be grievable.

Article 20 – Wages

- A. The District and the Union agree to maintain a fourteen (14) step salary plan at 2.5% at each step; additionally:
 - B. A general increase of ~~five percent~~ ~~2.7% (5%)~~ ~~4% 4.5% 5%~~ effective July 1, 202~~6~~⁴ or the date this Agreement is ratified by the Board of Health, whichever is later.
 - C. Effective July 1, 202~~7~~⁵, a general increase in the amount of ~~four 2.5% 3.5%~~ percent (4%).
 - ~~C.D. The parties agree to reopen negotiations for the sole purpose of discussing wages at the beginning of 2028 to be effective on July 1, 2028. Effective July 1, 2028, a general increase in the amount of five (5%) percent.~~
1. Except for new employees hired at Schedule 23 or above where approved by the District Health Officer, a new employee– may not be hired at a higher rate than a 23, unless approved. The District will provide written notice to the Union within ten (10) working days of the hiring of any new employee at Schedule 23 or above who is hired at a rate higher than an incumbent in a specific job classification. Where a new employee is hired at Schedule 23 or above at a rate higher than an incumbent, the incumbent shall be evaluated within one year of the hire of the new employee. After that evaluation, the District, in its sole and absolute discretion, may increase the incumbent's wage rate to the level of the new hire. Disputes over any such decision to increase or not increase the incumbent's wage rate shall not be covered by the grievance and arbitration provisions of this Agreement.
 2. On initial hire, an employee will be eligible for a maximum of one (1) step salary increase at successful completion of the initial probationary period.

When an employee is promoted, the employee shall be entitled to the lowest step in the higher salary schedule that provides a minimum of five (5%) percent over the salary rate last received up to the maximum of the salary range. If the employee had more than six (6) months in the previous classification, the employee will also be given a one (1) step increase at the previous salary scale.

3. Unless already at Step 14, every employee who has at least one year of service as of June 30, 2026, shall receive a one-step increase upon completion of twelve months of service from:
 - a. Date of completion of probationary period,
 - b. Date of promotion,
 - c. Date of voluntary demotion, or
 - d. Date of Flex-Reclassification.

Article 21 – Bilingual Pay

1. An employee will be eligible to receive Bilingual Pay provided the following conditions are met:
 - A. The employee's assigned duties require them to communicate in a second language including sign language and are in a client facing position-
AND
 - B. The licensed employees who provide clinical services who have successfully passed a Bilingual Oral Proficiency Examination at an Intermediate Advanced level. Competency testing verifies fluency in English and the required language or languages. Written proficiency examinations may be required if the employee's assigned duties require written communication skills in the second language.
OR
 - C. For all other employees who have successfully passed a Bilingual Oral Proficiency Examination at an Intermediate Basic level. Competency testing verifies fluency in English and the required language or languages. Written proficiency examinations may be required if the employee's assigned duties require written communication skills in the second language.
2. The parties further recognize and agree that:
 - A. Payment of bilingual pay to an employee will not occur simply because the employee is bilingual and occasionally uses bilingual skills in the course of their work; However, employees who are bilingual but do not receive bilingual pay are not required to use their bilingual skills.
3. The employee's regularly assigned duties must require the use of the second language for communication, defined as:
 - A. An encounter in which information is directly exchanged between a District employee and a client or associate who speak a common language and/or written material in the common language intended for distribution to such clients/associates.
4. Bilingual testing will be scheduled by the District no less than quarterly.

~~Bilingual premium pay for employees who have passed a Bilingual Oral Proficiency Exam shall be \$12575.00- \$45 per week pay period in a stipend form for each employee determined to be eligible pursuant to Section 1 herein. Eligible half time employees will be entitled to \$3762.50 \$22.50 per week. The stipend will not be included in the base pay and is not used in the calculation of PERS or longevity.~~

~~Bilingual premium pay for employees who have passed a written Bilingual Proficiency exam shall be \$150.00 per pay period in stipend form for each employee determined to be eligible pursuant to section 1 herein. Eligible half time employees will be entitled to \$75.00. The stipend will not be included in the base pay and is not used in the calculation of PERS or longevity.~~

5.

~~No employee will be required to use bilingual skills outside of their division and job description.~~

5.6. ~~Employee will not be eligible for bilingual pay if on vacation, FMLA, or utilizing sick time during the entire standard work week.~~

6.7. Approved bilingual pay will be subject to biannual re-authorization according to the conditions specified in Section 1 herein, with the exception of bilingual proficiency examinations which may be required every two (2) years under the reauthorization process, or when needed if there are concerns regarding an employee's competency to communicate in the second language.

8. Bilingual pay will cease when the employee is transferred, promoted, or demoted to a position which does not meet the requirements of Sections 1 (A and B) herein, as determined by the employee's division director. Nothing in this agreement shall prevent the District from using interpreter services where deemed appropriate and in the best interest of the public. The District will not create classifications solely to circumvent bilingual pay but maintains the rights to create classifications that include a requirement for a second language as operational needs or statute dictate.

9. ~~If an employee receiving bilingual pay declines to use their bilingual skills, the supervisor shall first meet with the employee to discuss the circumstances. If the employee chooses not to use their bilingual skills, they forfeit the bilingual pay. If the pattern continues following that meeting, the employee may lose eligibility for the bilingual pay premium. Upon loss of the premium, the Employer shall not require the employee to perform bilingual duties. Should the employee subsequently demonstrate consistent use of their bilingual skills, eligibility for the premium may be restored upon supervisor review.~~

7.10. ~~If an employee is receiving bilingual pay and refuses to use bilingual skills, the employee may be subject to disciplinary action.~~

Article 22 – Hours of Work, Overtime, Call Back and Premium Pay

1. Hours of Work

- A. The standard work week for employees covered by this Agreement shall consist of forty (40) hours, that may be comprised of five (5) consecutive eight (8) hour work days, or four (4) consecutive ten (10) hour work days, each is exclusive of the daily lunch period, or an alternate work schedule (AWS) as agreed upon. The standard workday shall be eight (8), ten (10) or 9/80 hours between 0600 (6:00 am PST) and end at 1800 (6:00 pm PST.) Current work groups working various different shifts shall continue existing scheduling practices.
- B. Employees will be granted one fifteen (15) minute paid work break for each period encompassing four (4) hours during the course of their shift(s). In the event an employee is required to work four (4) hours or more beyond the end of their standard scheduled shift, the employee shall be granted an additional fifteen-minute paid work break at the beginning of the overtime period. Meal breaks are neither time worked nor time on pay status. The unpaid meal break shall be at least one uninterrupted half-hour long break and near the middle of the employee's shift. Supervisors and section managers are responsible for scheduling work hours, break times, and meal periods based on the District's needs and public service requirements. Employees who are required to return to duty by a supervisor during their meal break shall be placed on paid status. An employee shall not remain at the work station during the meal break.
- C. Employees working a 5-day, 40-hour week (designated 5/40) shall work eight (8) hours per shift for five (5) shifts within the official work week and shall receive two (2) consecutive "24-hour periods off."
- D. Employees working a 4-day, 40-hour week (designated 4/10/40) shall work ten (10) hours per shift for four (4) shifts within the official work week and shall receive three (3) "24-hour periods off" of which two (2) 24-hour periods must be consecutive.
- E. Employees working a combined 2 week period consisting of a 4-day and a 5-day week (designated 9/80) shall work 8 days at 9 hours per shift and 1 day at 8 hours during the pay period and shall receive three (3) "24-hour periods off" of which two (2) 24-hour periods must be consecutive.
- F. Employees working an Alternate Work Schedule (AWS) shall work the approved and agreed upon work week and scheduled biweekly work cycle.
- G. When a critical, temporary business need indicates, District supervision and the employee may agree to adjust an employee's work schedule on a temporary basis as an Adjusted Work Week (AWW). If there are no volunteers, management may assign with a minimum of two (2) week notice a mandatory adjusted work week no more than four (4) times per year or once every three months, per employee. These mandatory adjusted work weeks will be assigned by each division, section,

or program on a rotational basis by reverse seniority and posted. Employees may expect to work their regularly scheduled work hours without persistent temporary schedule changes. Any required overtime hours shall be recorded as such and will be processed as paid overtime unless the employee requests comp time payment and is eligible for comp time accrual at the time of request. Adjusted work weeks shall not be used to establish permanent work schedules within a program, section, or division.

2. Overtime Pay I Comp Time in lieu of Overtime Pay

A. Overtime pay is additional compensation earned by an employee.

- (1) Regularly scheduled shift - Compensation shall be earned by an employee who is held over or is requested to report early for a regularly scheduled shift that will exceed the employee's normal work hours or a regularly scheduled day off. Paid non-work hours (vacation, sick leave, personal day, comp time) are not counted as hours worked when calculating daily overtime eligibility.
- (2) Adjusted work week - When business need indicates, District supervision and the employee may agree to adjust an employee's work schedule on a voluntary/temporary basis as an Adjusted Work Week (AWW) within the established work week. Compensation shall be earned by an employee who works more than forty (40) hours in one week. Weekly overtime eligibility will include all scheduled paid time within the week.
 - a. The District will continue to utilize adjusted work weeks as mutually agreed to cover minor adjustments to scheduling daily work hours.
- (3) Scheduled Overtime is when an employee is required to report for duty at a time that is more than twelve (12) hours after notice is given. The District shall include time spent traveling to and from the location to which the employee is reporting for scheduled overtime as time actually worked.
- (4) All overtime must be officially ordered and/or approved by the division director or designee. Overtime will be paid at one and one-half (1 1/2,) times the eligible employee's regular rate or, upon the employee's request, may be credited toward the employee's comp time balance if the employee is eligible for comp time accrual at the time of the request. Non-Exempt bargaining unit employees will be compensated at an overtime rate of time and one-half (1 1/2,) for hours worked in excess of their regularly scheduled shift (e.g., 8, 9, 10-hour shifts) in one work day or forty (40) hours worked in any work week. Employees may be required to work overtime.
- (5) Overtime will be added to the payroll for the period during which work is performed.
- (6) When practical, overtime shall be offered to employees within a work

group on an equal basis depending on the skills and abilities of the employees. If problems or inequities are identified, Supervisors and Section Managers shall work with the employees in the work group to develop an equitable and mutually agreed upon overtime scheduling system in each work group and reduce it to writing. Disagreements on the fairness of the scheduling system shall be referred to the Division Director for resolution. If the matter is not satisfactorily resolved at the Division Director level, the matter may be referred to the District Health Officer or designee for consideration.

B. Compensatory Time

- (1) Hours of work officially approved and/or ordered as overtime in excess of an employee's normal work day or work week may be earned as compensatory time in lieu of overtime pay when requested by the employee. Employees may carry 40 (forty) hours of compensatory time at any given time. If compensatory time is not used in the same fiscal year in which it is earned, the unused compensatory time will be paid to the employee in the first pay period in July, or upon separation from employment. The purpose of compensatory time is to allow employees to accumulate compensatory time as a voluntary alternative to paid overtime.
- (2) Compensatory time will be calculated on a time and one half (1 1/2%) rated basis. No employee eligible for overtime will be required to accumulate compensatory time rather than paid overtime.
- (3) Use of compensatory time must be approved in advance by the appropriate supervisor, manager or division director in accordance with established leave policies. Approval of compensatory time use shall be subject to District staffing needs.
- (4) Employees will be compensated for any unused accumulation of compensatory time in the first pay period in July, or upon separation from employment.

3. Call-back Pay

- A. Call-back pay is compensation earned for returning to duty after the employee has completed a regular shift and is off duty for any period of time and is requested to return to duty with less than twelve (12) hours' notice. In emergency situations requiring immediate attention where the division director or designee feels that it is necessary to call back one or more members in the department, an employee shall be paid overtime on a time and one-half (1.5%) rated basis. Said employee shall be paid for a minimum of three (3) hours regardless of having worked less than three (3) hours. However, in the event that the period of call back extends into the employee's normal working shift, such employee shall be paid only for the time actually worked in addition to the normal working shift. If the period of

call back exceeds three (3) hours, the employee shall be paid for the amount of time actually worked.

- B. An employee who works less than three (3) hours on the initial call back and is then called back a second time during the initial three (3) hour period shall not be entitled to any additional overtime pay unless the aggregate time worked for both occurrences shall exceed three (3) hours, in which case the employee shall be paid for the aggregate time so worked. In the event an employee is called back for a second time after the expiration of three (3) hours from the first call back, the employee shall be paid for a minimum of three (3) hours for each call back.
- C. Employees who are called back on a holiday shall be paid at the rate of time and one-half (1.5%), for all hours worked in addition to holiday pay at the employee's hourly rate of pay as provided under Article 20.
- D. The District shall continue the current practice of including time spent traveling to and from the location to which the employee is reporting for call back duty as time actually worked.

4. Standby Duty

- A. District service needs may require 24- hour response capability. In order to address this need, standby duty is scheduled by the division director and section manager.
- B. Employees shall be duly compensated for accepting standby duty assignments.
- C. Standby duty pay: Employees on standby duty shall be compensated at a rate of \$75 per 24- hour shift on standby duty, or \$525 per week, if standby assignments are made weekly. Standby pay will be paid in the payroll for the period during which work is performed.
- D. Telephone pay: Employees on standby duty shall receive telephone pay in 15-minute increments up to a maximum of sixty (60) minutes for each hour.
- E. If an employee on standby duty must report for on-site duty, the actual time spent on duty will be compensated as overtime pay or compensatory time if the employee is eligible to earn compensatory time. Employees on standby duty are ineligible for callback pay.
- F. Standby duty is voluntary. No employee may be required to assume stand-by duty except as follows:
 - FQHC Providers: Employees hired *before* July 1, 2024 are subject to voluntary Standby duty.
 - FQHC Providers: Employees hired on or *after* July 1, 2024 will be required to assume Standby duty. Standby duty will be assigned first from volunteers. If no one volunteers, based on skill set, the time will be assigned to the employee by reverse seniority.

- G. An employee not on standby duty who is contacted during off duty hours by appropriate personnel and is requested to complete telephone communication with a District client shall, for each such incident, receive telephone pay in 15-minute increments up to a maximum of sixty (60) minutes for each hour at the employee's overtime rate.
 - H. The District shall continue the current practice of including time spent traveling to and from the location to which the employee is reporting for standby duty as time actually worked.
5. Out of Class Pay
- A. When a regular employee is assigned, in writing, to work on a temporary basis in a higher classification for a total of 40 hours or more within a consecutive 2-week period, or a minimum of 36 hours or more for a 9/80 schedule. The employee shall be paid at the lowest step equal to at least 5% above the employee's regular hourly rate of pay for the entire period. Such assignment must be approved in writing by the section manager and division director in advance and shall be given to the employee at the time of assignment.
 - B. Emergency assignments must be confirmed in writing within one working day of the assignment by the Section Manager and Division Director. Managers will not rotate/change out of class assignments of three (3) days or more in order to avoid out of class pay.
 - C. These provisions do not apply to employees who voluntarily accept the opportunity to train and improve their effectiveness in the higher classification. Insofar as practical, such opportunities will be provided to qualified employees on an impartial and equitable basis.
6. Shift Differential
- A. Shift differential is defined as the amount of compensation paid to an employee in addition to the employee's normal hourly salary for working a regularly scheduled shift other than day shift. A regularly scheduled shift is a shift created by the division/section that is the same schedule for at least a month. Any employee working a regularly scheduled shift that begins prior to 4:00 a.m. or ends later than 9:00 pm must be paid a shift differential equal to two dollars (\$2.00) per hour for the entire shift.

Article 23 – Use of Personal Vehicles and Out of Jurisdiction Travel

1. Personal Vehicles

A. When a Health District employee is required to utilize a private vehicle for District purposes, the employee shall receive monthly reimbursement at the established IRS mileage rate for each mile driven on behalf of the District. Reimbursement shall be based upon verification of miles driven in accordance with District policies and procedures. In addition, each month the employee shall receive an allowance of \$~~60~~.00 for 200 or more miles driven during the calendar month.

1. Employees who routinely average 200 miles or greater per month will first seek a District fleet vehicle on a monthly basis.

A-B. Mileage for District purposes shall include:

1. Mileage driven during ~~normal~~ scheduled work hours on District business;
 - a. Mileage driven to and from the employee's home to a work location(s) other than a District office when working scheduled overtime or call back.

C. ~~C.~~ Calculation of mileage to be paid:

1. ~~(1)~~ Employees' "mileage worksite" should be determined by geographic location and they will be assigned to the closest SNHD location;
2. Mileage Worksites Include:

<u>280 S. Decatur Blvd</u>	<u>2500 N. Buffalo</u>
<u>220 E. Horizon Drive, Henderson</u>	<u>55 Civic Way, Laughlin</u>
<u>150 N. Yucca Street, Mesquite</u>	<u>700 Martin Luther King Blvd.</u>
<u>2950 E. Bonanza Rd.</u>	<u>2830 Fremont St.</u>
<u>3020 N. Walnut</u>	<u>2953 Westwood</u>

3. ~~(2)~~ Employees will deduct the amount of commuter miles from total miles driven for each applicable day (commuter miles, although not reimbursed, should be maintained on a monthly basis and included in the 200 or more miles calculation);
4. ~~(3)~~ Employees will not submit miles for the difference between their central assigned office and mileage worksite when reporting to their central assigned office at the beginning of their shift, ending their shift in the field or leaving their central assigned office at the end of the assigned shift;

5. ~~_____ (4) _____~~ Employees are not eligible for reimbursement of mileage when traveling directly from their home to their central assigned office, unless required to go to their central assigned office for an unplanned event;
6. ~~_____ (5) _____~~ The District will assign employees work by geographic locations where possible;
7. ~~_____ (6) _____~~ When additional fleet vehicles become available, employees with the highest mileage will be considered first;
- ~~1-8.~~ ~~_____ (7) _____~~ The District will do their due diligence to seek a location at the closest assigned mileage worksite to park assigned vehicles not being kept at the employees home.

2. Bargaining Unit Employee Travel Out of Jurisdiction

~~B.A.~~ All bargaining unit employees shall have their travel arrangements made in accordance with the established District travel policy. Designated District personnel shall consider any specific travel requests made by the traveling employee when the travel request is submitted for approval and shall make a reasonable attempt to schedule the travel accordingly if the requests are in conformance with established District travel policies.

~~C.B.~~ Travel hours will be hours worked when:

1. An employee has a special 1-day work assignment in another city. All time spent traveling will be hours worked.
2. Travel that keeps an employee away from home overnight is travel away from home. Travel away from home is time worked when it cuts across the employee's normal workday or during normal working hours on non-working days. Thus, if an employee regularly works from 8:00 a.m. to 4:30 p.m. from Monday through Friday, the travel time during these hours is considered hours worked on Saturday and Sunday. Consideration of an Adjusted Work Week may be given when extended travel hours fall outside of the regular work hours.
3. If an employee is required to drive a vehicle as the mode of travel on out of town overnight travel, the time from home to the destination and the destination back home is hours worked.

~~D.C.~~ Unless otherwise mandated by other requirements, including grants and other funding sources, employees traveling on out-of-jurisdiction business shall receive food and incidentals at a per diem at the rate set by the General Services Administration on for the city and dates on which the employee is traveling. An employee whose travel time status encompasses less than an eight (8) hour day shall receive a per diem at 75% of GSA.

Article 24 – Holidays

1. The following holidays shall be paid legal holidays for all members of the bargaining unit:

- A. January 1ST (New Year's Day)
- B. Third Monday in January (Martin Luther King's Birthday)
- C. Third Monday in February (President's Day)
- D. Last Monday in May (Memorial Day)
- E. June 19th (Juneteenth)
- F. July 4th (Independence Day)
- G. First Monday in September (Labor Day)
- H. Last Friday in October (Nevada Day)
- I. November 11th (Veteran's Day)
- J. Fourth Thursday in November (Thanksgiving Day)
- K. Fourth Friday in November (Day after Thanksgiving)
- L. December 24th & 25th (Christmas Eve & Day)
- M. Personal Day

Each District employee covered shall be entitled to one (1) Personal Day, based on regularly scheduled shift hours, annually, which will be credited January 1st. Said holiday must be scheduled in advance by the employee with the supervisor and must be taken during the calendar year in which it is earned.

Employees who start between September 1-30 will be eligible to roll their current year Personal Day over to the following year, with the stipulation that it must be used by March 31st.

2. The District will observe as a holiday any day that the District is required by state law to close for a legal holiday.
3. If any holiday listed above falls upon a Sunday, the Monday following shall be observed as a legal holiday. If any holiday listed above falls upon a Saturday, the Friday preceding shall be observed as a legal holiday. If an employee's scheduled day off falls on a paid holiday, the employee will receive an additional work day off, based on regularly scheduled shift hours, of holiday bank leave.
4. Any accrued holiday bank hours will be paid upon termination of employment.
5. Employees must use holiday bank time by end of current fiscal year. Bank holiday time accrued for Memorial Day and Juneteenth may be rolled into next fiscal year. Employees being hired after January 1 of the calendar year can roll over any accrued bank holiday hours into the next fiscal year.

6. Employees classified as overtime exempt who are required to work will be entitled to earn holiday bank hours.
7. Any employee scheduled to work or called back on the holiday will be paid holiday pay in addition to overtime or compensatory time earned in accordance with Article 22, Hours of Work.
8. Employees working less than a full-time schedule have a prorated paid holiday schedule based on hours of work.
 - A. Employees paid hours will be based on their regular schedule at time of occurrence.

Article 25 – Vacation Leave

1. The District and the Union agree that vacation is provided to employees for the purpose of rest and relaxation from their duties and for attending to personal business.
- A. Employees shall be eligible to take vacation after completion of three (3) months of continuous service, but may not exceed the accrued time.
2. Vacation Accrual
 - A. Vacation shall accrue from the date of hire to those employees except those employed on a less than twenty hour or temporary appointment basis.
 - B. Southern Nevada Health District employees working on a full-time basis employed in the classified and exempt service shall earn credits on the following basis:
 - B. 0 to 1 Year: 80 Hours per Annum (.03846 Hours/Paid Hour)
 - C. 1 to 8 Years: 120 Hours per Annum (.05769 Hours/Paid Hour)
 - D. 8 to 13 Years: 144 Hours per Annum (.06923 Hours/Paid Hour)
 - E. 13 Years and Over ~~19 years~~: 160 Hours per Annum (.07692 Hours/Paid Hour)
 - ~~E. 20 years and over: 200 Hours per Annum (.xxxx Hours/Paid Hour)~~
 - C. All accumulations will be computed on the basis of paid hours, excluding overtime of service; part-time employees working regularly twenty (20) hours or more per week shall be granted vacation on a prorated basis. Unpaid hours will not be used to compute vacation accruals.
3. Vacation Usage
 - A. Vacation may only be taken with approval of the division director or section manager. District staffing needs are to take precedence. Subject to such priorities, granting of vacation shall not be unreasonably withheld. Absences not specifically covered by the provisions of this Agreement may be chargeable to vacation after approval of the division director or section manager to the extent that vacation has been accrued.
 - B. An employee may request vacation up to six (6) months in advance of the requested date(s) Barring any specific staffing conflicts, such *leave* requests shall be approved or denied and returned within 14 calendar days of submission. Employees within the workgroup shall be given preference in being scheduled based upon date of submission and District seniority. This means that the first person submitting a vacation request on a calendar day shall be given preference, unless a person in the same classification with greater District seniority submits a request within the same calendar day.
 - ~~C.~~ An employee desiring to use accrued vacation time may request approval at any time. Leave requests should be submitted to the employee's supervisor.

~~D.C.~~ _____

~~E.D.~~ _____ Vacation *leave* requests surrounding major holidays will be approved on a rotational basis within a work group or department when necessary to provide equal opportunities for all staff.

4. Annual Vacation Carryover

A. Vacation credit may not be accumulated at the beginning of any calendar year to exceed twice the employee's annual allocation—maximum accumulation based on years of service as follows:

- (1) 0 to 1 Year: 160 hours
- (2) 1 to 8 Years: 240 hours
- (3) 8 to 13 Years: 288 hours
- (4) 13 Years and Over: 320 hours

B. Amounts in excess of the above schedule at the beginning of any calendar year shall be forfeited or, with written permission of the employee, all or part of the excess may be transferred to the Donated Leave Bank. Exceptions to the above will be only with the District Health Officer's approval in writing.

C. Finance will notify employees in writing by October 31st of each year if they will exceed their maximum vacation carryover by the last full pay period in the calendar year.

D. Employees may choose to donate all or part of their vacation carryover to the Donated Leave Program.

5. Vacation Buy-Back

A. Upon written request and subject to the following conditions, Employees may be paid for earned but unused vacation not to exceed a maximum request of one hundred twenty (120) hours;

B. To be eligible, Employees must have a minimum of forty (40) hours of earned unused vacation hours remaining after the buy-back;

C. The rate of pay will be the same as what is received if the Employee were to work his/her regular shift;

D. An Employee can buy back a forty (40) hour, an eighty (80) hour, or a one hundred twenty (120) increment twice a year, not to exceed a maximum of 120 hours per calendar year;

~~F.~~ Employees must take at least 40 hours of vacation time within the last twelve months. ~~that calendar year;~~

E. Employees shall submit their request for buy-back with a deadline of April 1st for the May buy-back and/or October 1st for the November buy-back of each year on a form provided by Human Resources;

- F. Buy-back of vacation leave shall be paid on the first paycheck of each May and/or November.
6. Payment for Unused Vacation
- A. At separation: Upon separation from service for any cause, an employee shall be paid a lump sum payment for any unused or accumulated vacation earned through the last day of employment.
 - B. Upon death of employee: Upon the death of a person in the employ of the District, a lump sum payment for vacation time accrued to the employee's credit will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed pursuant to NRS 281.155.

Article 26 – Sick Leave

1. Sick Leave Accrual

- A. From date of employment to ~~one hundred twenty~~ninety six (~~96~~120) months, an employee shall be entitled to accrue one (1) day of sick leave for each month of full-time service. After completion of ninety six ~~one hundred twenty~~ (~~120~~96) months an employee shall be entitled to accrue one and one-fourth (1 1/4) days of sick leave each month of c full-time service, based on actual paid hours, excluding overtime. There is no limit on the amount of sick leave that can be accumulated. Part-time employees working regularly twenty (20) hours or more per week shall be granted sick leave on a prorated basis. Sick leave accruals shall be earned on the following basis:

- (1) 0 to ~~8~~10 Years - 96 hours per Annum (.04615 hours/hour worked)
- (2) Over ~~8~~10 Years - 120 hours per Annum (.05769 hours/hour worked)

2. Sick Leave Usage

Sick leave with pay can only be granted to an employee upon approval of the division director or designee for the following reasons:

- A. Bonafide (defined as in good faith without fraud or deceit) injury, illness, or pregnancy of employee;
- B. Bonafide illness of a member of the employee's immediate family and if residing with the employee, the immediate step children;
- C. "Immediate Family" is defined as including only the employee's spouse, parent, brother, sister, child, adopted child, foster child, or other legal dependent(s), including domestic partners properly registered in the State of Nevada.
- D. Necessary medical or dental office visits which cannot be scheduled outside normal working hours.
- E. Bereavement leave not to exceed five (5) days, in the event of a death of a person close to the employee for the purpose of bereavement and attending services.

F. Whenever an employee's personal illness absence equals or exceeds three (3) working days, a medical release or fit for duty form may be requested by Human Resources to ensure the employee may safely return to work without adversely impacting or compromising their personal health or the health of others.

G. Medical release may also be required if there is reason to suspect abuse of sick leave, e.g. multiple instances of illness that equal two working days.

- A. A person claiming sick leave with pay, and any supervisor approving the same, where it is shown that such claim was made or approved by such claimant or supervisor, knowing that such claimant was not, in fact, sick or otherwise entitled thereto, shall be subject to disciplinary action.

3. Payment of Unused Sick Leave

- A. Pay-off at separation: An employee hired before July 1, 2014 who leaves the service of the District after three (3) years of employment shall receive payment for 100% of sick leave accumulated for the first 800 hours accumulation; 50% of sick leave accumulated from 801 hours through 1600 hours; and 25% of sick leave accumulated over 1600 hours. Payment shall be based on the employee's base hourly wage at time of separation.
- B. Pay-off at separation: An employee hired after June 30, 2014 who leaves the service of the District after four (4) years of employment, shall receive payment for 100% of sick leave accumulated for up to 800 hours. Payment shall be based on the employee's base hourly wage at time of separation.

C. Pay-off upon death of employees: Upon the death of a person ~~in the employ~~ed by of the District, at time of passing, a lump sum payment for accrued sick leave credit will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed pursuant to NRS 281.155.

Article 27 – Family Medical Leave Act (FMLA)

1. The District will comply with all of its obligations under the Family and Medical Leave Act (FMLA).
2. The employee will be eligible for an additional two weeks of leave beyond the 480 hours provided the attending physician provides a return to work certification to full duty within 10 business days following the end of the 480- hour Family Medical Leave time period. Documentation regarding the employees return to duty must be. received prior to the expiration of the 480- hour of the Family Medical Leave.
3. Failure to return from Family Medical Leave will be considered voluntary separation from the District.
4. Employees will be responsible for payment of the employee portion of their benefits during any leave periods which are unpaid.

Article 28 – Extended Medical Leave

1. Employees with a serious medical illness or injury who will not be able to return to work at the end of the twelve (12) week (480-hour) FMLA period but who may be able to return within the twelve (12) week period following the end of FMLA may be eligible for an extended medical leave. This twelve (12) week period will be inclusive of the 2-week extension offered with FMLA.
2. Eligibility – the following criteria must be met:
 - A. The employee must have been employed for SNHD as a full or part-time employee for a minimum of five (5) consecutive years.
 - B. The employee must have a catastrophic medical event that can be described as an unanticipated and debilitating illness or injury rendering the employee incapable of performing the essential physical requirements of his/her job for more than three consecutive months and which keeps the employee from work during an extended treatment and/or rehabilitation period.
 - C. The employee must have submitted for and been approved to take consecutive family medical leave (FMLA).
 - D. The FMLA Certification of Healthcare Provider form must indicate that the employee will be unable to work beyond the 12 weeks guaranteed under FMLA. If the employee's medical condition changes prior to the expiration of FMLA, he/she must submit medical documentation to Human Resources.
3. Additional Considerations:
 - A. The employee may or may not have sufficient vacation or sick leave to cover the extended medical leave period.
 - B. If the employee does not have sufficient paid leave to cover the period of recovery, the employee may receive donations of vacation or sick leave from other employees or the donated leave bank up to the limits set forth in Article 29.
 - C. If the employee is on unpaid leave, he/she will be responsible for submitting their entire monthly benefit payments to the Human Resource Department.
 - D. Job protection under FMLA will cease during the extended medical leave period. Employees returning after the twelve (12) week FMLA period will be eligible for any vacant position for which they are qualified.

Article 29 – Donated Leave

1. When an eligible employee has exhausted all accrued leave as a result of illness, injury, or bereavement, then the eligible employee may file a request for donations of leave. The District shall advise the union in writing of any such requests.
 - A. Leave Bank
 - (1) Bereavement: In the event of the death of a person close to the employee for the purposes of bereavement and attending services may apply for up to forty (40) hours of donated leave. The district reserves the right to request proof of death.
 - (2) Illness/Injury: In the event of the illness/injury of an eligible employee or a covered family member or if the employee is the primary caregiver, he/she may apply for up to two hundred forty (240) hours of donated leave. Leave requests will be made to the Human Resources Director or designee. The request must be accompanied by a medical statement from the attending Physician explaining the nature of the illness/injury and any other information requested by Human Resources including an estimated amount of time the employee or other eligible person will be incapacitated.
 - (3) If the original request for donated leave is denied, the employee may request an appeal through the appeals committee. A five-member appeals committee is comprised of three (3) members appointed by the Union and two (2) members appointed by the District Health Officer or designee will review the request to verify the employee's eligibility to receive leave donations. The committee shall abide by all HIPAA requirements.
 - B. Donation to designated employee
 - (1) Individual employees may donate sick leave or vacation to a designated employee by completing the Donated Leave Form and submitting to the Human Resources Department.
 - (2) Donated leave will be applied to the designated employee only when the need for leave exists and the employee has met the bereavement or illness/injury requirements as outlined in section 2.
 - (3) Any donated leave not utilized by a designated employee for the purpose originally intended will be returned to the donating employee.
 - (4) Donations can be made from the donor's accrued:
 - a. Vacation Leave and/or Personal Holiday time.
 - b. Sick Leave if the employee has been employed for more than thirty-six (36) consecutive months and will have a balance of at

least 120 hours of sick leave after the deduction of the donated hours.

2. The minimum donation is four (4) hours; the maximum donation is forty (40) hours per solicitation, excluding hours donated in lieu of forfeiture. Employees must have a vacation balance of at least forty (40) hours after the donation.
3. The donated time will be converted to dollars at the hourly rate of the donor. The dollars will then be converted to leave at the hourly rate of the recipient.
4. The Union and the District will conduct the solicitation of donations and will be limited to an information-only solicitation. All donations will be submitted to the District's Human Resources Department on the District's form. Human Resources will maintain appropriate records available to the Joint Labor Management Committee detailing time donated, the converted dollar value available, and the projected and actual cost of all approved grants.
 - A. Eligible Employees
 - (1) The Donated Leave Bank Program is available to all District employees excluding temporary and less than half time employees. Employees must have successfully completed the initial probationary period.
 - (2) Employees with a work- related workers' compensation claim are not eligible for the Donated Leave Bank Program.
5. Any employee who receives Donated Leave Bank Program benefits and is subsequently awarded workers' compensation shall reimburse the Donated Leave Bank Program for all Donated Leave Bank Program received that are covered by workers' compensation payments.
6. The illness or accident cannot be a result of an illegal act by the employee.
7. The Union and the District agree that should any problem arise in the administration of this program or should any abusive practice arise, that the Union and District agree to meet to make reasonable adjustments to facilitate the administration of the program or to eliminate any abusive practices.
8. Donated leave is available to a domestic partner when the domestic partner is covered or eligible to be covered by any District health insurance plan as defined within said plan documents or provides proof of proper Domestic Partnership Registration in Nevada.

Article 30 – Bereavement

1. Close to the Employee: Bereavement leave not to exceed five (5) days in the event of a death of a person close to the employee for the purpose of bereavement and attending services. Paid bereavement will be charged against the employee's unused annual or sick leave accruals if available. If unavailable, the employee may request leave without pay.

A.2. Immediate Family: The District agrees to grant employees three (3) paid days for an in-state immediate family member and five (5) paid days for an out-of-state/country immediate family member to arrange and attend funeral services. The days do not need to be used consecutively but must be used within three (3) months of date of death; additional time may be granted by Division Manager with HR agreement. The District reserves the right to request proof of death.

A. Employees who experience the loss of an immediate family member may seek and be donated up to a total of 80 hours of sick leave from fellow employees, allowing them additional bereavement time beyond the three or five paid days. The employee must first exhaust all their accrued sick leave prior to receiving any donated leave. Donated leave must be used in consecutive hours and immediately following an approved paid bereavement leave.

B. Employees on leave without pay, except those on FMLA, are ineligible to receive bereavement pay.

3. Pawternity

Losing a pet can be a significant emotional event, comparable to losing a family member.

For this reason, employees may utilize up to two (2) days every twelve (12) months of sick or other accrued leave for the purpose of having time to grieve and process their feelings for the loss of their pet. For this purpose, "pet" refers to a domesticated animal kept for companionship and affection, like a dog or cat. This Pawternity leave will be solely be approved by the employee's supervisor via a time off request.

Article 31 – Court Leave

- A. Eligible employees called to serve on jury duty during their normal working hours shall receive their regular pay and return all jury pay to the District. Those persons called but not selected to serve on the jury shall report back to work when excused.
 - 1. Eligible employees subpoenaed to appear as a witness in any civil, criminal, or administrative proceeding shall receive their regular pay providing that all witness fees or pay is returned to the District.
- B. This section shall not apply to persons whose appearance in court is the result of their status as defendants in a criminal proceeding or to persons called or appearing as a party in civil proceedings unrelated to District business.
- C. Employees on leave without pay are ineligible to receive Court Leave pay.

Article 32 – Military Leave

1. In the event that a District employee is absent due to being called into the military service of the United States Army Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Air Force Reserve, or the Nevada National Guard for duty, the employee shall continue to receive regular compensation from the District for a period of not more than fifteen (15) working days in any one (1) calendar year. This military leave will be in addition to the employee's annual vacation.

Article 33 – Educational Leave & Tuition Reimbursement

1. Educational Leave

- A. A full-time permanent employee may, with prior approval of the District Health Officer or designee, be granted leave with pay to attend work related courses, seminars and training programs that are conducted away from District facilities to assist in improving quality of service to the District or to satisfy minimum state license requirements.
- B. Upon written application to the division director, a full-time permanent employee may, with the District Health Officer's prior approval, be granted educational leave with pay to attend educational courses on Health District premises during duty hours to assist in improving quality of service to the District or to satisfy minimum State license requirements. The District will pay full tuition and/or registration costs for such continuing education programs officially sponsored or co-sponsored by the District which occur on its premises.
- C. District staffing needs will take precedence in the granting of educational leave. Employees who request 45 ~~60~~30 days in advance or more shall not have their requests unreasonably denied.
- D. All necessary costs to obtain certifications required by the District in excess of those required in the employee's classification specification to meet minimum employee standards and requirements shall be paid for by the District.

2. Tuition Reimbursement

- A. Eligibility
 - (1) The District will reimburse tuition to employees who meet the requirements of the tuition reimbursement policy. No change will be made to the District policy without agreement by the Union. Eligible employees include all active full-time permanent employees who have completed twelve months of continuous employment. Eligible employees must maintain eligibility during the entire length of the course.
 - (2) Employees must apply for tuition reimbursement in accordance with the requirements of the District's tuition reimbursement policy.
 - (3) Employees must achieve a passing grade of "B" or higher to be eligible for full tuition reimbursement. A passing grade of "C" will be eligible for reimbursement at 50% of tuition only. Any grade below "C" will not be eligible for reimbursement. Pass or fail courses must be passed in order for reimbursement to be granted.
 - ~~(4) Graduate Equivalency Diploma (GED) must be successfully obtained in order for tuition reimbursement for the GED program to be approved.~~

B. Approved Coursework

- (1) To be eligible for tuition reimbursement, courses must meet all of the following requirements:
 - a. Undergraduate or graduate level courses offered by an accredited college, ~~or university,~~ or trade school on a semester or quarter basis, or approved GED-preparation programs;
 - b. Related to a career path within the District;
 - c. The employee must demonstrate how the course will benefit the District by enabling the employee to perform more effectively.

C. Amount of Reimbursement

- (1) The District shall reimburse the employee for fees paid for tuition and text books for approved courses, not exceed \$5250 per calendar year. ~~up to \$4,500.00 (four thousand five hundred dollars) per calendar year. GED equivalency reimbursement will be limited to \$2,250.00 (two thousand two hundred fifty dollars).~~
 - a. Undergraduate level courses will be reimbursed up to \$4700 maximum per calendar year with a maximum combined reimbursement for tuition and books not to exceed \$5250.
 - b. Graduate level courses will be reimbursed up to \$4900 maximum per calendar year with a maximum combined reimbursement for tuition and books not to exceed \$5250.
 - ~~a.c. Skilled labor (Trade)~~ certifications will be reimbursed up to \$2500 per program certification.

D. Repayment

- (1) Employees must agree to work for the District at least 24 calendar months after reimbursement. If the employee fails to work for the District for the full 24 months, the employee must agree to refund to the District the full amount the District paid for course(s) and/or books. Employees subject to personnel reduction per Article 17, shall not be required to reimburse the district.

Required License Reimbursement

~~After one year of employment, each employee required by the state of Nevada to hold a professional license as part of their classification, will be reimbursed for their annual or bi-annual renewal up to \$150 once in a two year period.~~

Article 34 – Group Health Insurance

1. The District shall maintain the current group health and life insurance plan with Clark County until the District Board of Health establishes a new plan by contracting with appropriate providers through the recommendation of the Health Insurance Study Committee (HISC).
2. The District and the SEIU have each appointed three members to a Health Insurance Study Committee (HISC). The purpose of the committee is and shall be to review and recommend to the Health District Chapter of the SEIU and the District Board of Health any new SNHD Health Benefits Program. The committee shall be headed by two co-chairs with one appointed by SEIU and one appointed by the District.
3. The HISC shall also be responsible for reviewing and making recommendations on such matters that relate to the Health Insurance Program as may be needed.
4. Union and District committee members may invite appropriate experts and other personnel to committee meetings to provide knowledge and assistance in meeting the HISC goals and assignments. The District shall provide needed staff support for the HISC and shall pay for any required actuarial studies and other needed professional services. Such professional services must be jointly selected by the HISC committee members, and all commission, bonuses, fees, and compensation shall be fully disclosed.
5. Dependents of District employees shall include domestic partners, where permitted by the terms of the plan, including any amendments thereto during the duration of this agreement.
6. The District shall fund the health insurance program on a per employee per month basis as shown in the tables below. Any difference between the cost of the insurance and the amount funded by the District shall be paid by the employee. The District shall only pay the actual cost of the insurance plan chosen by the employee OR the maximum of the amount shown in the tables below.

Plan	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	100% of premium	80%	80%	80%
EPO	100% of premium	75%	75%	75%

Article 35 – Employee Assistance Program

- ~~1.~~ The Southern Nevada Health District will provide an Employee Assistance Program for all Health District employees. The District recognizes the value of having referral, counseling and assistance programs available to support those employees to successfully navigate personal challenges while maintaining a healthy and productive work environment. Employees are encouraged to take advantage of these confidential resources whenever they feel additional support may be helpful. The District will assist employees in connecting with appropriate professional services to promote their well-being and continued success at work. ~~who have personal problems which may interfere with the efficient and productive performance of their job responsibilities and duties. The District will endeavor to aid such employees who request assistance with personal problems by encouraging them to seek professional assistance if necessary.~~
- 2.1. The District will ensure the confidentiality of all employees who utilize the Employee Assistance Program. All employee information will remain in the confidence of the program Director and the employee.

Article 36 – Workers Compensation

1. All eligible members shall be covered by a Workers Compensation Program of the District's choice that conforms with the provisions of the Nevada Industrial Insurance Act (NRS Chapter 616) and the Nevada Occupational Diseases Act (NRS Chapter 617) and that provides for payment of industrial accident benefits and compensation for partial and total disability arising from industrial injuries and occupational diseases.
2. Compensation During Leave of Absence: In the event an employee is absent from work due to occupational injury/illness, the employee will be compensated pursuant to NRS Chapter 612 and 617. It is the intent of the District to pay the injured worker whose claim has been recorded and accepted by the District Workers Compensation Insurer and/or claims administrator the difference between full biweekly salary and compensation awarded for the lost wage under NRS provisions. The District shall supplement the injured worker's pay, not to exceed full pay, for a period of illness/injury up to a maximum of seven weeks or 280 hours. Employees receiving full pay for the period of lost wage shall surrender additional or duplicate disability pay within seven (7) working days of receipt.
3. Communication During Leave of Absence: The employee will maintain ongoing communication with the District and the District Workers Compensation Insurer following initial treatment for an occupational injury/illness. All progress reports and related documents pertaining to employee's medical treatment must be submitted to Human Resources. Human Resources will facilitate the claim processing and give appropriate notification to the employee, employee's supervisor, and appropriate managers regarding the claim status.
4. Duration of Leave Absence: If an employee is still unable to work following the seven (7) week or 280- hour disability period, the employee may request the use of accumulated sick pay, earned compensatory time, or vacation pay to supplement lost wage awarded under NRS provisions. Upon such request, the employee's accumulated leave would be used to balance the employee's workers compensation payment so that the employee will receive income equal to the salary at the time of disability. The employee may elect not to use accrued paid time to supplement pay during the disability period.
5. The District may require the employee to be available for light duty work assignments.
6. Before returning to work following a leave of absence for a work-related disability, an employee must submit a physician's verification stating the employee's ability and fitness to return to full duty work status and/or if there are any work restrictions and the date that the restrictions will be eliminated. The employee may remain on occupational leave until one of the following occurs: medical release to return to duty, nine (9) months temporary total disability, or until such time as a permanent disability from performing job duties is determined.

Article 37 – Longevity

1. Personnel hired before July 1, 2014, after completion of five (5) years of accredited service (10,400 hours) with the district, shall receive longevity payments at the rate of \$110.00 per year of service credit paid semiannually.
2. Personnel hired after June 30, 2014 and before July 1 2019, after completion of seven (7) years of accredited service (14,560) with the District, shall receive longevity payments at the rate of \$110.00 per year of service credit paid semiannually.
 - A. Entitlement to the full amount of any semi-annual installment of longevity pay is based upon full-time employment with the District for the immediate preceding six (6) month period. Longevity payments will be prorated commensurate with actual hours worked. Payments will be made June 1st and December 1st.if these dates fall on a weekend, longevity pay will be paid on the following Monday.-
3. Longevity payment shall be issued to employees upon separation of employment on a prorated basis.
4. Restitution of longevity benefits shall be effective July 1, 2014 with no retroactive payment. Longevity is frozen at 7/1/15 amount for FY16 and FY17. Restitution of longevity benefit will be restored for FY18 and FY19 with no retroactive payment.
5. Employees hired on or after July 1, 2019 shall not be eligible for longevity pay.
 - A. The parties agree that for the period of eight (8) years from July 1, 2019, Article 37 (Longevity) shall not be subject to negotiation without the express written agreement between Union and District.-

Article 38 – Retirement

1. Except as noted in paragraph three (3) below, the Health District shall pay the employee's portion of the standard retirement contribution to the Public Employees' Retirement System (PERS) for employees who qualify under the rules of the system.
2. The term "standard retirement contribution" does not include any payment for the purpose of previous credit service on behalf of the employee.
- A. Effective January 24, 2012, all contribution increases required by PERS shall be split between the District and the employee by a reduction in the employee's base salary in accordance with PERS policy and procedure.

Article 39 – Savings Clause

1. Nothing herein contained shall be interpreted in any way to conflict with any Federal, state, or local statute or regulations governing the organization and operations of the District. In the event of a determination by any administrative agency or court of competent jurisdiction affecting or invalidating any provision of this Agreement, the District and the Union will meet within thirty (30) days thereafter for the purpose of renegotiating such invalid provisions only.

Article 40 – Full Agreement

1. The parties agree that this Agreement is intended to evidence their understanding on the matters set forth therein and supersedes all prior negotiations and understandings between the parties with respect to those matters. Except as otherwise expressly provided in this Agreement, neither party during the term of this Agreement will be required to negotiate on any further matters.

Article 41 – Term of Agreement

A. The term of this Agreement shall be from July 1, 20264 to June 30, 20286.

Article 42 – Paid Parental Leave

1. Purpose

The purpose of this policy is to support the employees during the birth, adoption, or foster placement of a child by providing paid parental leave that promotes family well-being while supporting employee retention and workforce stability.

2. Eligibility

Employees must meet the following criteria:

- A. The employee must have been employed by SNHD as a full-time active permanent employee for a minimum of twelve (12) consecutive months prior to the start of leave.
- B. The employee must meet all eligibility requirements under the Family and Medical Leave Act (FMLA).

3. Duration

Eligible employees may receive up to eighty (80) continuous hours of paid parental leave in a rolling twelve (12) months following:

- A. The birth of a child
- B. The placement of a child through adoption
- C. The placement of a child through foster care

Paid parental leave will run concurrently with applicable FMLA protections. Paid parental leave must be taken within three (3) months of the birth or placement of the child.

4. Accruals for Vacation and Sick

Employees utilizing paid parental leave will continue to accrue vacation and sick leave in accordance with existing District policy.

Preamble-SUPERVISORY

1. The District and the Union agree that the Southern Nevada Health District will strive to ensure that all Clark County residents and visitors can live in a healthy environment.
2. The District and the Union agree that the Southern Nevada Health District will work toward its mission of protecting and promoting the health, the environment, and the well-being of Clark County residents and visitors through all public health services and all other appropriate means.
3. The District and the Union recognize that in order to reach these goals, Southern Nevada Health District will foster a workplace that is safe, fair, honest, efficient, and free from harassment at all times, and at which all staff and clients are treated with dignity and respect.

Article 1 – Recognition and Bargaining Unit Membership-SUPERVISORY

1. Bargaining Unit Membership

- A. Pursuant to the provisions of the Local Government Employee-Management Relations Act, Chapter 288 of the Nevada Revised Statutes, the Southern Nevada Health District, hereinafter referred to as the "District," recognizes the Service Employees International Union, S.E.I.U. Local 1107, hereinafter referred to as the "Union," as the exclusive representative of Health District employees who are eligible to be members of General Bargaining Unit and to be represented by the Union except as limited by NRS 288.
- A. The term "eligible employee" as used in this Agreement applies to those persons having a regular appointment (including grant funded employees) to the work force of the District, excluding however, division directors, managers, administrative (as defined by NRS 288.025), confidential employees, temporary (excluding grant funded employees) and less than half-time employees throughout the District.
- B. Appendix A lists the classifications that have been placed in the general bargaining unit.

2. Determination of Bargaining Unit Status

- A. The District and the Union agree to comply with the provisions of NRS 288.160 and NRS 288.170.
- B. The District shall notify the Union in writing of its intent to eliminate a bargaining unit classification twenty (20) working days in advance. Upon receipt of the notification from the District, the Union shall notify the District in writing within ten (10) working days if it believes the elimination is inappropriate. The parties shall meet within five (5) working days to attempt to resolve the dispute. If the Union and the District cannot agree, the dispute may be submitted to the Employee- Management Relations Board as provided under NRS 288.
- C. The District shall notify the Union, in writing, of its intent to establish any new classification prior to implementation and state the determination of whether the new classification is or is not a bargaining unit classification. Upon receipt of the notification from the District, the Union shall, within five (5) working days, notify the District, in writing, if it believes the new classification belongs in the bargaining unit. The parties shall meet within five (5) working days to attempt to resolve the dispute. If the Union and the District cannot agree, the District's action may be submitted to the Employee-Management Relations Board as provided under NRS 288.

Article 2 – Definitions-SUPERVISORY

Unless the context otherwise requires, the words and terms used in this Agreement shall have the meanings ascribed to them below. Any words or terms not ascribed below shall be interpreted in their context as such appears in this Agreement and, if no context is apparent, shall be given their plain and ordinary meaning.

Actual Service – The number of days actually worked on the job. Paid absence from work due to sick leave, approved vacation, occupational injury, or illness incurred in the District's service, and temporary military duty, shall be deemed actual service.

Adjusted Work Schedule (AWS) – A business work schedule mutually adopted by the employee with written approval from appropriate District management for purposes of serving a legitimate business need outside the standard work schedule of Monday through Friday 8:00 am - 4:30 pm.

Adjusted Work Week (AWW) – A business work week schedule assigned by appropriate District management or requested by an employee for purposes of serving a legitimate business need outside the standard work schedule and within a specific biweekly pay period.

Break In Service – A period during which an employee is not in paid status and is ineligible to accrue sick leave, vacation leave, longevity, and other benefits unless otherwise delineated in this Agreement. Actual service and performance evaluation periods shall be subject to date adjustment for a break in service unless otherwise delineated in this Agreement.

Central Assigned Office – The office the employee is assigned to as a primary administrative center of the District.

Class Specification – A written job description of a classification including but not limited to: title, knowledge, skills, abilities, position definition, minimum qualifications and examples of essential responsibilities and duties.

Classification – A group of positions sufficiently similar with respect to their duties and responsibilities that the same job title may reasonably and fairly be used to designate each position allocated to the class, that substantially the same tests of fitness may be used, that substantially the same minimum qualifications may be required and that the same schedule of compensation may be made to apply with equity. Notification will be provided to the Board of a new classification.

Classification Series – A group of classifications within a promotional series that have similar job duties with an increasing level of responsibility, professional expertise, and/or supervision of lower classifications within the series.

Day – A consecutive 24-hour period within a Saturday through Friday week. A day begins at 12:01 a.m. and ends at midnight each day of the week.

Days – Means calendar days.

Workday – An operational working day for the District on a Monday through Friday schedule. Holidays will not be considered a District workday.

Working Days – Means the days Monday through Friday but excluding any holiday set forth in Article 24. Whenever a period of time is specified the day of the event or action which commences the period shall not be included calculating the length of the period. If the last day for responding and acting is a Saturday, Sunday or contract holiday, the period shall be extended to the next day which is not a Saturday, Sunday, or contract holiday.

Commuter Miles – The miles between the employees' established home and their assigned mileage worksite.

Demotion – Movement of an employee from one classification to another classification with a lower salary range, typically within a classification series.

Domestic Partner – A person who, with an employee as defined herein, has: 1) a registered, valid domestic partnership pursuant to NRS 122A.100; and 2) has not terminated that domestic partnership pursuant to NRS 122A, 300.

Employee – A person legally holding a position in the public service of the District under any appointment employing them as an employee. The District observes the following employee categories:

Full-Time Employee – An employee working 30 hours or more on a weekly basis.

Grant Employee – An employee occupying a position funded by grant monies. Such employees accrue fringe benefits in the manner set forth in this Agreement and the Grant. The term of employment is subject to the continuance of grant funds.

Less Than 20 Hours Employee – An employee working less than 20 hours is not eligible for fringe benefits covered by this Agreement.

Part-Time Employee – An employee working twenty (20) hours or more per week but less than thirty (30) hours per week. Such employees accrue fringe benefits in the manner set forth in this Agreement.

Probationary Employee – A newly hired employee that has not satisfied the probationary period of six months and 1040 hours worked as part of final selection.

Probationary employees are not covered by this Agreement. Hours worked during the probationary period shall be deemed actual service.

Acting Employee – An employee temporarily appointed, for a term not to exceed six (6) months, to fill a vacancy for which there is no appropriate list of eligible

candidates available. Acting appointments may be extended only for extenuating circumstances which are made a matter of record.

Regular Employee – An employee legally holding a position in the public service of the District under any appointment employing them as an employee and who has been lawfully retained after completion of the probationary period of six months and 1040 hours worked.

Temporary Employee – An employee that may be selected from the appropriate list of eligible candidates to be employed for a period of no more than 1040 hours in a twelve-month period.~~less than six (6) months.~~

~~**Hybrid Work Schedule** – A hybrid work schedule is the practice of working part of the time in an assigned office and part of the time at home. At least one day per week in office is required.~~

Flex Reclassification – Advancement of an employee at an entry level to the next level of the series based upon time served, acquired experience, certification, and/or education (i.e., moving from a I to a II).

Fringe Benefits – Non-wage, supplementary compensation such as health insurance, PERS, paid time off or benefits funded by the District.

Good Standing – An employee's performance that meets or exceeds District expectations, and the employee is not subject to any current performance or behavioral related discipline exceeding a Documented Verbal Warning. **An employee that left the District and was not terminated with cause.**

Grievance – Means a dispute raised by an employee, or the Union, concerning the interpretation or application of any provision in this Agreement or the issuance of discipline defined herein.

~~**Hybrid Work Schedule** – A hybrid work schedule is the practice of working part of the time in an assigned office and part of the time at home. At least one day per week in office is required. At least one day per week in office is required.~~

Lateral Transfer – Movement of an employee from one position to another with the same salary regardless of department or division assignment.

Mileage Worksite – This is not a physical location rather one assigned for purposes of mileage calculations.

Nevada Revised Statutes (NRS) – The applicable section(s) of the Nevada Revised Statutes and all amendments enacted during the term of this Agreement.

Payment in Lieu of Notice – During a reduction of force, an employee may be offered six weeks of payment either in a lump sum or paid out over 3 pay periods when prior notice of separation is not provided.

Position – Is a group of duties and responsibilities that have been assigned to a single

employee on a full-time or part-time basis.

Promotion – Is any movement of an employee from a position in a classification to a position in any classification having a higher salary range maximum, excluding general salary adjustments.

Recall Process – Following a reduction in the workforce, those employees who accepted a voluntary demotion or transfer will be included as part of the recall list of employees who were separated from the District.

Reclassification – The reclassification of duties after an analysis of the position description, with notification to the Union.

Regular Pay – The hourly rate of compensation payable to an employee in exchange for services rendered during a scheduled hour within a work day.

Rehire – The appointment of a former regular employee who separated from District service in good standing.

Reinstatement – The reinstatement of a former regular employee who separated from District less than six (6) months, left service in good standing, and is reinstated to the employee's last classification held prior to separation. Total service for a reinstated employee shall be adjusted less the duration of a period of separation not to exceed six (6) consecutive months. Employee must successfully complete the District background process prior to reinstatement.

Schedule – A term used to designate a salary range. All classes placed in the same salary schedule have the same salary range or rate.

Seniority – Length of uninterrupted service.

District seniority – Shall be the uninterrupted length of service from the most recent date of employment by the District.

Classification seniority – Shall be the uninterrupted length of service from the most recent date of appointment to the employee's classification.

Step – One pay increment within the salary schedule subject to the approved CBA in effect.

Supervisor – A District employee holding a supervisor title who is responsible for supervising the work of others. Individuals that conduct lead duties that include some supervisory functions are not deemed to be supervisors.

Transfer – Is any movement of an employee from one position to another position in the same classification or related classification with the same salary grade; or the movement of the employee with his/her position to another location.

Voluntary – Shall mean at the election of the employee.

Qualifying Period – All employees who are promoted or moved to a new classification are placed in a six-month qualifying period.

Article 3 – District Management Rights-SUPERVISORY

1. The District and the Union agree that (1) all rights and responsibilities of the District not specifically modified by this Agreement shall remain the function of the District. (2) The exercise or non-exercise of any right or responsibility hereby reserved to the District shall not be considered a requirement or a waiver of the District's right to exercise such right or responsibility. (3) The parties are bound by the statutory provisions of NRS 288 concerning management rights.

Article 4 – No Strike-SUPERVISORY

1. The Union agrees that there shall be no strikes against the District under any circumstances and that all District employees shall continue work under all circumstances.
2. The District and the Union agree to be bound by the provisions of NRS 288 concerning strikes.

Article 5 – Non-Discrimination-SUPERVISORY

1. The District and the Union will not knowingly discriminate, directly or indirectly, against any employee subject to this agreement by reason of race, color, religion, sex, sexual orientation, genetic information, marital status, age, national origin, ancestry, mental or physical disability, union activity, gender identity or expression, veteran status, or any other consideration made unlawful by federal, state, or local laws. This commitment applies to all persons involved in the operations of the District and prohibits unlawful discrimination by any employee or contractor of the District.
2. Violations of this article are not subject to the grievance process. Employees have the right to file cases with EEOC/NERC.

Article 6 – District Decorum-SUPERVISORY

1. Employees of the District are routinely and constantly exposed to and in close contact with the public and with fellow employees. Each employee shall always present a courteous and cooperative attitude toward the public and fellow employees and shall give full and serious attention to assigned job duties and shall conduct same in a professional manner.
2. The District's administration of public health functions requires that a clean and professional image be maintained by District employees.

Article 7 – Union Rights-SUPERVISORY

1. New Employees and Orientation

- A. An integral part of each employee's tenure with the District is an understanding of the Collective Bargaining Agreement and the role of the Union in the employment setting. As such, each new eligible employee, as part of their District-Wide orientation, shall be required to attend a mandatory forty-five (45) minute session, not to be the last session, where they will receive an overview of the Union and its programs. The session will be conducted by Union Representatives designated by the Union. Each employee must sign that they attended, and failure to attend will carry the same consequence as if the employee missed any other part of new employee orientation. No disparaging comments will be made regarding management or the District, and the District shall receive prior copies, where possible, of all materials to be distributed and presented at the orientation, which shall include but not be limited to a copy of the Agreement, a Union membership card, a Union COPE card, and a list of shop stewards prepared by the Union showing their division/section and/or work areas and telephone numbers. The District shall provide to the Union a list of all employees attending the orientation as many days as possible prior to such orientation and no later than the day before the orientation.

2. Field Representatives

- A. An authorized field representative of the Union shall be permitted to enter the facility at reasonable times for union business to check upon complaints of bargaining unit employees and to participate in meetings with management.
- B. The field representative will abide by District policies while on premises. Field representatives shall give reasonable advance notice of not less than four (4) hours to the District Health Officer or designee of the intended visit before entering work areas.
- C. The Union Representative shall not interfere in any way with the work of any employee. Field representatives shall not direct any employee how to perform the assigned work, shall not countermand the order of any supervisor and shall not interfere with the normal operations of the District or any employee.

3. Union Shop Stewards and Union Business

- A. The Union shall provide the District with a written list of up to thirteen (13) Union Stewards after their designation and shall notify the District of changes as they occur. Additionally, the Union may designate one chief steward and one Vice President. The District is not obligated to recognize a Union Steward under this Article until after the District's receipt of written Union designation.
- B. The functions of the Union Steward include the authority (1) to settle or assist in settling problems arising in connection with the application or interpretation of the Agreement, (2) to resolve grievances, and (3) to serve as a Union

Representative for disciplinary meetings.

- C. For each separate fiscal year covered by this agreement, the union will be allocated a total of six hundred (600) hours of union bank (UBA) time for designated non-supervisory union members to attend monthly stewards meetings, conferences, legislative sessions or conventions, and other union business. If needed and upon mutual agreement of the parties, additional hours may be transferred between the General and Supervisory units.
- D. The District will not be responsible for any industrial accidents resulting from activities performed on behalf of the union on or away from District work locations during normal duty hours.
- E. Business and activities on behalf of the Union may be conducted during regular working hours provided that employees who are designated by the Union to participate in such business or activities obtain prior approval for leave from their division director or designee. When such approval is obtained, the employee may utilize union bank time, vacation, or accrued compensatory time. The type of time taken shall be at the employee's option. Such leave shall be taken in cumulative increments of fifteen minutes with a half-hour minimum for each occasion. A leave request will be submitted and approved prior to the time leave is taken. Release time as specifically addressed in this Agreement will not be unreasonably withheld. Union bank time requests will be approved by the chief steward, the union's executive director or president. Any union bank time that is not approved shall be charged to the employee's accrued vacation leave. Union bank time requests will be approved in writing or via email communication by the chief steward or their designee. Any Union approvals will be provided to the supervisor prior to release. All union members shall have access to Union Bank time in the drop-down menu of the time off leave request system.
- F. For the purpose of renegotiating this agreement, eight (8) members of the Union will be released from work for the Interest Based Bargaining Process or up to fifteen (15) members of the Union shall be released from work for the traditional bargaining process. Union Stewards shall perform their functions or Union-related activities after hours or by use of union bank time or scheduled leave. However, if a meeting is mutually agreed to with the Union Steward during the Union Steward's work shift; the District will pay for that time. If the Union Steward wishes to schedule a meeting with an employee during the Union Steward's work shift, scheduled leave shall be used by the steward and the employee unless union bank time is used.
- G. Union Stewards shall not direct any employee how to perform work, shall not countermand the order of any supervisor, and shall not interfere with the normal operations of the District or any employee.
- H. Upon advanced written request and subject to staffing and scheduling needs, duly recognized shop stewards will be permitted to leave their normal work to attend

the monthly shop steward meeting. The District shall not unreasonably deny such requests. Such leave time shall be charged to the union business bank time balance.

4. Discipline and Grievances

- A. One Union Steward shall be granted leave from duty with full pay for the purpose of investigating and processing filed grievances or disciplinary appeals when such business takes place at a time during which the representatives are scheduled to be on duty. One Union Steward may be granted leave with pay for pre-disciplinary meetings with the District when such meetings take place at a time when the steward is scheduled to be on duty.
- B. Employees who are needed as witnesses or because of direct knowledge of or involvement in the incident may be called without loss of pay or *leave* time by the Union or the District to scheduled meetings between the District and the Union regarding filed grievances, disciplinary appeals, or joint investigatory meetings. Employees shall report at the time specified and shall report back to work upon conclusion of their statement. Such *leave* from duty shall be reported as Union Business *leave* under the payroll tracking code on the employee's timecard.
- C. Employees preparing or responding to grievances/disciplinary matters shall do so on their regularly scheduled breaks or off duty time and shall not interfere with other employee's work assignments or work responsibilities in any fashion whatsoever.

5. Public Meeting Notification

- A. The District will provide the Union Executive Director, District Chief Steward, and the District Vice President with the agenda for any Board of Health meetings and subcommittee meetings open to the public not less than 3 working days prior to the meeting via email notification.

6. Union Leave

- A. The District shall place on administrative leave from work up to two (2) bargaining unit employee each fiscal year, not at the same time and when it is operationally feasible, in order to conduct union business, not necessarily specified or referenced in Article 7 C and E. The length of such time an employee is on administrative leave shall not exceed a total of 40 hours (unless mutually agreed) upon by both the Union and the District.

When an employee has completed their services, they shall be returned to their previously held position without loss of any status or benefit governed by this agreement. The Union shall reimburse the district for all employee costs while on administrative leave including salary compensation, PERS contribution and benefit continuation. The use and leave of such employee will not interfere with the operational and staffing requirements of the District or the released employee department, however, the request shall be

treated as any other leave request and will not be unreasonably denied. The Union agrees to provide as much notice as possible, however not less than thirty (30) calendar days advanced written notification to Human Resources of the bargaining unit employee it wants placed on leave under this provision. The District shall not be responsible for any industrial claims resulting from activities performed on behalf of the Union away from District work locations during normal work hours.

Article 8 – Union Communications with Members-SUPERVISORY

1. The District will provide bulletin boards measuring at least 2' x 3' for the exclusive use of the Union at the main District Health Center. A bulletin board will be located in or adjacent to each main break area. The District will also provide space or a bulletin board for the Union's use at all permanent District- controlled worksites where bargaining unit members are assigned. The specific placement of these bulletin boards will be determined by mutual agreement between the Union and the division directors.
2. A link to the Union Website will be posted on the front page of the District intranet site.
3. All notices which appear on the space provided to the Union on bulletin boards shall be dated and signed by the chief steward of the Union or designee. Properly dated and posted notices may only be removed by an authorized member of the bargaining unit, except as specified in Section 4. Union notices shall relate to items of interest to members. The Union agrees to provide a copy of all notices it posts to the Chief Health Officer or designee at or before the time of posting.
4. The Union may send four (4) mass e-mails per month (not to exceed 24 per year) to the bargaining unit. Mass e-mails will be provided to Human Resources for distribution via the District e-mail system and shall be sent within one working day from the time of receipt.
5. It is also understood that no material may be posted on bulletin boards or sent to District e-mail addresses at any time which contain any of the following:
 - A. Personal attacks upon any member or any non-member employee;
 - B. Scandalous, scurrilous, or derogatory attacks upon the District and/or District Administration;
 - C. Attacks on any other employee organization, regardless of whether the organization has local membership; and/or
 - D. Attacks on and/or favorable comments regarding a candidate for a partisan political office.
6. If materials containing any of the preceding are posted, they will be removed by District Administration.
7. The District, upon written request of the Union, shall provide space for meetings of the Union at District workspace, at reasonable times and dates.

Article 9 – Dues and COPE (Committee on Political Education) – SUPERVISORY

1. The District agrees, consistent with the provisions contained herein, to deduct from the pay check of each employee within the bargaining unit who has electronically authorized or signed an authorized payroll deduction card for the current contract period such amount as has been officially voted by the membership and designated by the Union as dues and is so certified by the appropriate Union treasurer.
2. Such funds will be remitted biweekly by the District to the appropriate Union treasurer. Dues deduction authorization is continuous unless withdrawn by written request to the Human Resources office and copied to the Union by a member between October 1st and October 15th of the calendar year.
3. The Union agrees to indemnify and hold the District harmless against any and all claims, suits, orders, or judgments brought or issued against the District as a result of any action taken or not taken by the District under the provisions of this Article.
4. The District will not be required to honor any biweekly deduction authorizations that are delivered to the district payroll department after the beginning of the pay period during which the deductions should start.
5. No later than the fifteenth of each month, the District shall provide to the Union the following related to District employees eligible for inclusion in the unit. The format of the report will be a standard computer database importable electronic file in a format agreed upon by the parties.
 - A. All union eligible employees by name, address, hire date, hourly wage, classification, most recent employment action, effective date, section, and division. For all union members, the District will also provide home phone number, cell phone number, and personal email (if collected). Additionally, for employees separated from employment, termination reason and date will be included.
6. Deduction of COPE Monies
 - A. The District hereby agrees to honor all COPE contribution deduction authorizations from its employees who are Union members. The District will make the COPE contributions payable on the same schedule as the dues payments but send them in a separate check.
 - B. The District will transmit the COPE report to the Union in the same manner as described in Section 5A of this Article.
 - C. The Union will hold the District harmless against any claim which may be made by any person by reason of the COPE deductions described herein, including the cost of defending such claim. The Union will have no monetary claim against the District by reason of failure to perform under this Article.

Article 10 – Joint Labor Management Committee-SUPERVISORY

1. The Union and Management shall each be permitted eight (8) representatives on the Joint Labor Management Committee (JLMC). Both the Union and the District retain the authority to choose their respective representatives and will attempt to have representation from each Division. At no time will less than three (3) divisions be represented. The Union and Management will each designate one member to serve as co-chair. The Union and the District shall advise each other in writing of the JLMC appointments and changes to such appointments. The two co-chairs will have equal responsibility.
2. The purpose of the JLMC is to provide a forum for discussing issues of mutual labor/management concern. The Union and the District acknowledge that neither shall use this committee for the purposes of collective bargaining. In the event the District seeks changes in a District-wide policy, the item shall be placed on the JLMC agenda for discussion.
3. Meetings shall be held monthly at a site mutually determined unless cancelled by mutual co-chair agreement. The co-chairs will agree upon and send all members an agenda for the meeting at least two (2) full working days before the meeting. The meetings may be scheduled for duration up to two (2) hours as determined by the co-chairs.
4. As a courtesy and to assure adequacy of District staff for established work schedules, the Union Representatives will be required to notify their immediate supervisor(s) of the date and time for such meetings as soon as possible after the meeting is scheduled and noticed to the members. District staffing requirements will take precedence in the scheduling of any meetings. However, Union Representative's attendance shall not be unreasonably denied for any reason including staffing.

If an employee is scheduled to work during the time in which the meeting is held, the employee representative shall be paid straight time pay for attendance at, and travel related to, committee meetings (hours paid shall not exceed the number of hours in the employee's regularly scheduled shift). Hours spent at JLMC meetings will be counted as regular hours worked for overtime calculation. Overtime will not be paid if a JLMC meeting extends beyond the employee's normal work day.

5. [Management chair will provide administrative support.](#)

Article 11 – Safety-SUPERVISORY

1. The District and the Union agree to work collaboratively to create a safe, healthy work environment for District employees and the community they serve. Every employee has the right to safe and healthy working conditions. The District shall remain in compliance with the state and federal laws with respect to the health and safety of employees during their employment. The District will furnish at its expense any required personal standard safety and protective devices.
2. The District has the right to adopt reasonable safety rules in accordance with the Federal Occupational Safety and Health Act and will notify the Union prior to implementation. Should the District adopt a safety requirement that is more restrictive or not necessarily required by OSHA, the District will notify and discuss with the Union prior to implementation. Employees must follow safety rules as stated and implemented by the District.
3. The Southern Nevada Health District Safety Committee, known as the Central Safety Committee (CSC), will meet monthly or more often if the parties agree.
 - A. The Union and the District will each appoint one member to the Central Safety Committee from each division: Environmental Health, , Primary and Preventive Care, FQHC, Community Health Services, Disease Surveillance and Control, and Administration, and one member from the Southern Nevada Public Health Laboratory, and one from each major campus (Fremont, Henderson, Bonanza). Remote campus may attend via video conference. The Safety Committee shall be headed by two co- chairs, appointed from the designated members with equal responsibility: one appointed by the management and one appointed by the Union. Management and Union shall advise each other in writing of the appointments to the Central Safety Committee, and on written notice to the other, the Union and the District may change representatives from time to time. The District shall provide appropriate administrative support to the Central Safety Committee.
 - B. At the CSC meeting, the Safety Officer will report any incidents that required local law enforcement support for the purposes of employee safety and will review the incident reports involving safety issues.
4. The committee will annually review the security plan and safety related training.
5. The parties acknowledge the importance of the EAP process and counseling and will continue to provide EAP services for employees.
6. It is the duty of each employee to comply with all health and safety regulations and if any safety or health hazard is detected by an employee, the employee shall promptly report the safety hazard to the Health District. The Union shall promptly notify the Health District of health and safety hazards, violations, or problems of which the Union is aware. The Health District shall have a reasonable period of time to remedy any problems or situations. Within ten (10) working days, the employee or the Union, who submitted a

safety concern, shall receive acknowledgement from the District Safety Officer or designee. Safety concerns not addressed to the submitters' satisfaction shall be referred to the CHRO. No adverse action shall be taken for reporting employee health and safety concerns to the Health District, the Union, and federal or state authorities.

Article 12 – Outside Employment-SUPERVISORY

1. Each employee shall, during hours of active duty, devote the whole time, attention, and efforts to employment and may not be required to perform any service except for the benefit of the District. No employee of the District may engage in any employment activity or enterprise which has been determined to be inconsistent, incompatible, or in conflict with the assigned duties or with the duties, functions, and responsibilities of the District. A conflict occurs whenever outside employment:
 - A. Involves the use for private gain or advantage of District time, facilities, equipment and supplies, or the badge, uniform, prestige, or influence of one's District position, office, or equipment; or
 - B. Involves receipt or acceptance by the employee of any money or other consideration for the performance of an act required or expected to be rendered in the regular course or hours of District employment; or
 - C. Involves the performance of an act in other than the employee's capacity as a District employee, which act may later be subject directly or indirectly to the control, inspection, review, audit or enforcement of any other officer or employee of the District within the employee's division; or
 - D. Causes a decrease in the performance of assigned job duties as a District employee.
2. Each employee wishing to engage in outside employment shall make appropriate written request, using the Outside Employment form provided by the District, for approval through their division director or designee. Prior to undertaking any outside employment, approval must be secured. Approval or denial of outside employment will occur within ten (10) working days of receipt of the form.
3. When outside employment responsibilities or hours change, the employee is responsible for notifying the District by updating the Outside Employment form. The employee will notify the District when outside employment has terminated.
4. When the employee's responsibility at the District change, management has the right to ask the employee to update the Outside Employment form. The District reserves the right to deny the outside employment request if the change conflicts with A-D (above).

Article 13 – Probation-SUPERVISORY

1. All new employees shall be regarded as probationary for the first six (6) months of employment. The probationary period may be extended one (1) time for a period not to exceed three (3) months for any employee at the sole discretion of the Division Director in consultation with the CHRO. The employee will be provided with written notice of any extension of their probationary period, and they will be provided with a performance improvement plan that runs concurrent to their probationary extension. Any extension shall require written notice of the extension to the employee and will include a performance improvement plan.
2. The probationary period is a part of the selection process during which the District shall determine whether the performance of the employee is adequate and whether the employee shall continue in the employment of the District. Prior to the completion of a probationary period, each probationary employee may be terminated at the sole discretion of the District and without recourse to any appeal or grievance process.

Article 14– Employee Evaluations-SUPERVISORY

1. The District shall make available to each employee a current copy of the classification specification applicable to the position occupied by the employee via the intranet. The District shall maintain a uniform and consistent performance evaluation program for all bargaining unit employees. Employees shall be given a written evaluation of work performance (provided) by their immediate supervisor (or designee) within the first six (6) months following initial employment, promotion, and/or reclassification. Evaluations shall be a reflection of the work performed during the evaluation period. A reflection of the work performed, and the District's values exhibited during the evaluation period.
2. The supervisor shall review the performance evaluation with the employee and provide a copy of the evaluation to the employee. Employees whose performance is tracking below average on any rating factor will be notified by their supervisor in a timely fashion that there are performance deficiencies. Supervisors shall provide these employees with written performance goals and guidance for the employees to use in improving work performance. Following the review of any performance evaluation, the employee is entitled to provide written comments within *five* (5) working days which will be attached to the evaluation in their personnel file.
3. In the event a permanent employee believes the evaluation contains inaccurate comments, the employee may request a review of the performance evaluation at the next level of management, within *five* (5) working days. Upon receipt of request, within *five* (5) working days, a second review will be scheduled. At the second review, the employee may present appropriate information regarding comments and issues put forward in the performance evaluation. The section manager and division director shall, after appropriate consideration, within *five* (5) working days of second review, issue a formal decision upholding or modifying the performance evaluation.
4. Human Resources must notify the division of upcoming performance evaluations due at least thirty (30) days prior to the evaluation due date.
5. All evaluations and any related documentation shall be acknowledged as received by the employee.

Article 15 – Discipline, Demotion, or Discharge-SUPERVISORY

1. The right to issue discipline is vested exclusively in the District.
2. The purpose of disciplinary action is to be corrective and will be used by the District to address work deficiencies, assist employees in meeting performance standards, and to ensure that District and departmental policies/procedures are followed.
3. Performance and behavior issues will be addressed as an informal coaching and counseling documented as a note to file except in egregious circumstances (i.e., a gross violation of standards). Coaching and Counseling shall communicate to the employee that a violation of a work rule, policy, or procedure has occurred or that the employee has performance deficiencies and/or behavior issues that need to be addressed. Coaching and Counseling is not considered discipline. Any written memo of counseling shall not be placed in the employee's permanent personnel file. Coaching and counseling documented as a note to file may be considered in determining the appropriateness of progressive discipline for a period of twelve (12) months.
4. The District will follow progressive discipline unless circumstances warrant more severe actions. Progressive discipline may include one or more of the following steps:
 - A. Documented verbal warning;
 - B. Written warning;
 - C. Final written warning with or without suspension; and
 - D. Termination.
 - E. Demotion may be considered in the disciplinary process at Management's discretion.
5. The District may discipline, demote, or terminate an employee, who has completed the initial probationary period under Article 13, with just cause.
6. The action to be taken at each step is as follows:
 - A. Documented Verbal Warning - Documents a verbal communication given to the employee that informs the employee that an offense has been committed and that a repeat offense that occurs within twelve (12) months may result in more severe discipline. It shall also contain direction on how the employee is to correct the violation.
 - B. Written Warning - Documents a formal written communication to the employee that informs the employee that a previously documented offense continues and that continued offense that occurs within eighteen (18) months may result in more severe discipline. It shall also contain direction on how the employee is to correct the violation.

- C. Final Written Warning With or Without Suspension – Documents a final written communication to the employee that informs the employee that a previously documented offense has continued and a repeat offense that occurs within twenty-four (24) months may result in more severe discipline up to and including termination. A suspension is not to exceed twenty (20) working business days and may be issued in conjunction with the final Written Warning.
 - D. Termination – Documents the dismissal of the employee from service with the District. The notice of termination shall contain the reasons for the termination and past discipline on which the District relied, if any, to issue the termination.
7. When an allegation is made against an employee(s), or when the District receives an allegation against an employee and the District determines an investigation is warranted, if the District determines it is in its best interest to remove the employee from the premises, the District may suspend the employee pending the termination of the investigation. Any employee suspended during the investigation will be placed on paid administrative leave. A suspension pending investigation is not considered disciplinary action.
 8. Any employee who receives a Documented Verbal Warning, Written Warning, Final Written Warning and/or Suspension or is terminated shall receive a copy of the notice and shall sign a receipt to acknowledge having received the document. Such acknowledgement of receipt is not an admission to any allegations contained in the notice. A document in an employee's file without signature or indication that the employee refused to sign the document shall not be considered discipline.
 9. Employees shall receive copies of all disciplinary notices placed in their personnel files and shall have a right, within ten (10) working days of issuance of the disciplinary notice, in addition to any appeal and/or grievance rights, to submit a written rebuttal. The written rebuttal shall be reasonable in length, relate directly to the disciplinary notice, and be filed with the disciplinary notice.
 10. Documented Verbal Warnings, Written Warnings, and Final Written Warnings shall be removed from an employee's active personnel file and placed in their confidential file upon employee's request provided, however, no additional disciplinary notices have been issued to that employee and the discipline is no longer active consistent with section 6 (A), (B), and/or (C) after the active period of the discipline has expired, and no additional warnings have been issued related to the first warning.
 - A. An employee being investigated by the District (or designee) shall be entitled to a 24-hour notice of interview and have a Union Representative (field representative or Union Steward) present during an investigatory interview which may result in discipline. The District shall send a copy of the 24-hour notice to the Union's centralized email address. If an employee is to be issued discipline, in writing at a meeting with management a Union Representative may be present.

Article 16 – Grievance and Arbitration Procedure-SUPERVISORY

It is the goal of the grievance and arbitration procedure to attempt to resolve the grievance at the lowest level possible with the least amount of time and resources. Prior to filing an official grievance, the informal resolution process will be utilized. All formal grievances, written notices, requests, or responses referred to in this Article shall be sent by email or personal delivery to the designated District representative or Union Representative. All correspondence to the union will cc the Union's centralized representation email at representation@seiunv.org.

1. Informal Resolution

A. Discipline

- (1) In the event that an employee disputes an issued discipline, the union will request, and the District will participate in, an informal meeting(s) between the employee, a Union Representative, and the appropriate District Representative(s) in an effort to resolve the dispute. The request will be submitted within ten (10) working days of the issued discipline, and the meeting will be scheduled within ten (10) working days from the receipt of the request.
- (2) Within ten (10) working days of the informal meeting(s), the Human Resources Director or designee shall send a written response to the Union Representative with copies to the Division Director and the employee.

B. Contract Interpretation I Application

- (1) In the event of a dispute identified by the Union, the field representative or steward shall first request an informal meeting(s) with the supervisor or the appropriate District designee and attempt to settle the dispute. In the event of a dispute identified by the District, the District shall request a meeting(s) between the designated management representative and a representative designated by the union in an effort to settle the dispute. The meeting shall be requested within ten (10) working days of when the interested party became aware or should have been aware of the events or circumstances giving rise to the dispute. The meeting shall be scheduled
- (2) Within ten (10) working days from the receipt of the request from either party.
- (3) Within ten (10) working days of the informal meeting(s), the Human Resources Director or designee shall send a written response to the Union Representative with copies to the Division Director and the employee. When the dispute is initiated by the District, the same process will apply.

2. Grievance Procedure

- A. If the dispute is not settled, a formal grievance may be submitted within ten (10) working days of the date the response was received by the Union or the District.

- B. The grievance must be submitted to the Chief Human Resources Officer or designee utilizing email notification. A grievance meeting shall be scheduled within ten (10) working days from receipt of the formal grievance. In a grievance, the Chief Human Resources Officer or designee, the affected Division Director or designee, the Union Representative, and the affected employee, if any, will attend the grievance meeting.
- C. The Chief Human Resources Officer or designee shall have ten (10) working days to provide a written statement with a decision responding to the grievance. Such statement will be sent to the filing party and contain the reasons for the decision.

3. Mediation Procedure

- A. Either the Union or the District may request mediation of a grievance by making a written request to the other party within ten (10) working days of receipt of the written statement described in 2.C. above. If the other party agrees to mediation, it shall send a written notice to the other party within ten (10) working days of the request. Upon mutual agreement, the parties may engage in mediation, and the requesting party shall request a mediator from Federal mediation Conciliation Services (FMCS). The mediation request shall not toll the deadline for demanding arbitration set out in 5.A. below. If for any reason the mediation session has not occurred prior to the selected arbitrator's cancellation penalty deadline, the mediation shall be canceled unless the party wishing to continue proceeding to mediation agrees to pay the arbitrator's cancellation fee, if any, upon settlement of the case. When a settlement is reached through mediation, a settlement agreement will be signed by both parties. The grievance may proceed to arbitration if a settlement is not reached.

4. Arbitration Procedure

- A. If either party disagrees with the decision issued pursuant to 2.C above, the grievance may be referred to arbitration by written notice from the party who filed the grievance within fifteen (15) working days from receipt of the written decision. The District shall hold the arbitration request in abeyance pending the presentation of the case to the SEIU Arbitration Council. The SEIU Arbitration Council must make a decision on the matter within sixty (60) calendar days of receipt of the decision issued pursuant to 2.C. If the Human Resources Director or his/her designee has not received a written confirmation that SEIU is moving the case to arbitration within the designated sixty (60) calendar days, the matter will be considered abandoned.
- B. Starting with the Union, the parties will request on an alternating basis from FMCS arbitration services division for a list of seven (7) arbitrators who are members of the National Academy of Arbitrators. If a party does not request the list within ten (10) working days of the written demand for arbitration, the other party may request the list. Once the list is obtained, the party who did not apply for the list will strike the first name, and thereafter, the parties will alternate striking names

until one arbitrator remains. Both parties will make every effort to mutually establish the issue(s) to be arbitrated in advance of the arbitration hearing date.

- C. The arbitrator shall hear the submitted grievance as soon as possible and shall render a decision in writing within 60 days of the receipt of post-hearing briefs, if any.

5. Arbitrator's Authority

- A. The Arbitrator shall have no power to add to, subtract from, or change any of the terms or provisions of the Agreement. His or her jurisdiction shall extend solely to claims of a violation of specific written provisions of the Agreement and involve only the interpretation and application of such Agreement. The award shall be based upon the joint submission agreement of the parties or, in the absence thereof, the questions raised by the parties in respect to the specific interpretation and application of the Agreement. Further, the arbitrator's decision will be final and binding upon all parties concerned.

6. Grievance/Arbitration Expenses

- A. All fees and expenses of the arbitrator shall initially be paid by both parties. In the event either party must reschedule an Arbitration date after the Arbitrator's cancelation date, the party needing to reschedule will be responsible for the fees incurred for the canceled date. Each party will bear its own expenses of representation of its case, including witness, and including the cost of any transcript for the party's own use. If an Arbitrator requires a transcript, the parties shall split the cost. A split decision shall result in each party being responsible for its own fees and costs. The arbitrator may award fees and costs to the prevailing party.
- A. Each party will bear its own expenses of representation and presentation of its case, including witnesses, and including the cost of any transcript for the party's own use. All expenses associated with an individual employee grievance and/or arbitration which has not been approved by the Union shall be paid by the employee.
- B. Upon written request by the employee to the Chief Human Resource Officer, the employee shall have the right to review items in their personnel file.

Article 17 – Personnel Reduction-~~SUPERVISORY~~

1. When the District deems a reduction in force is necessary, it shall provide notification to the employee(s) and the Union~~at least fourteen days in advance unless there are extenuating circumstances. The District agrees to notify the Union within three-five business days of any notice of loss of funding. that could impact bargaining unit employees, as soon as practicable, no later than thirty (30) days prior to when notification is provided to the affected employees.~~ Meetings with the Union for discussion of the effects of the proposed reduction will be scheduled upon request. Reductions shall be accomplished in accordance with the following provisions:
 - A. Requests shall be made for volunteers in the affected classifications within the division. Management reserves the right to reject volunteers based on business needs.
 - B. Any employee subject to layoff can accept and/or request a voluntary demotion to a lower classification that they are qualified to fill providing a position vacancy exists.
 - C. Temporary positions within the affected classification, within the division, shall first be eliminated.
 - D. Probationary employees in the affected classification, within the division, shall be subject to layoff before layoff of regular full-time employees.
 - E. Part time employees in the affected classification, within the division, shall be subject to layoff before regular full-time employees.
2. The determination regarding a layoff of regular full-time employees shall be based on the following criteria applied to the affected division(s):
 - A. Seniority within the classification.
 - B. In the event two (2) or more employees have the same classification seniority, District seniority will be used.
 - C. In the event two or more employees have the same seniority, in the classification and within the district, active discipline history will be considered. In the event no discipline is documented, the last four digits of the social security number will be used retaining the employee with the highest number.
 - D. An employee subject to layoff can move back to the most recently held vacant position within the classification series within the division. If the position is held by another employee, the person with the most classification series seniority retains the position.
 - E. An employee subject to layoff can move back to the most recently held vacant position. If the position is held by another employee, the person with the most District seniority retains the position.
 - F. An employee subject to layoff that moves into a lower paid position will receive a

minimum 5% reduction in pay, not to exceed the top of the lower position pay scale.

G. Employees laid off under this collective bargaining agreement shall receive at least six (6) weeks' notice, payment in lieu of notice, or any combination of notice and payment. A copy of this notice will be provided to the Union.

G.H. ~~In the event of a layoff, and there are vacancies, the District shall offer opportunities make every effort to place employees who meet the minimum qualifications into open and available vacant positions in the same classification or wage scale based on seniority.~~

3. Reduction in Force Appeal Committee

- A. Concurrent with the announcement of a reduction in force, an appeals committee will be formed. The Union and the District will each select two (2) representatives who in turn will select a fifth member who shall serve as the chairperson of the committee.
- B. Employees subject to reduction in force may, within five (5) working days of receipt of notice, request an appeal in writing to the Union and/or HR Director to review the facts related to their individual concerns related to the process.
- C. Within ten (10) working days of receipt of the appeal, the committee shall review, investigate, and receive statements from the appealing employee, the division director, and/or any other relevant persons as determined by the committee. The committee will serve as an advisory committee to the District Health Officer and recommend action as they may agree upon. The committee shall submit a statement of findings to the District Health Officer within ten (10) working days of the review. The committee shall also state a recommended action upon a majority vote of the committee members.
- D. The District Health Officer shall review the committee's report and issue a decision that either accepts or rejects the recommendation or, at his/her discretion, directs the implementation of some other action. The decision of the District Health Officer is final and binding.

4. Recall

- A. Any employee demoted or laid off from employment under this article shall have their name placed on the District's recall list for a period of eighteen (18) months. These employees shall be notified by documented contact and must respond within forty-eight hours (48) that they are accepting any offer of re-employment or they shall be deemed to have refused the offer of re-employment. An employee who refuses the offer of reemployment or fails to respond shall be passed over for that position and shall be entitled to one (1) additional offer of re-employment within the eighteen (18) month recall period. Should a second offer be refused or unanswered, the employee shall forfeit all seniority and/or rehire rights and privileges.

- B. Whenever positions become available within the eighteen (18) month recall period, personnel who have been laid off or demoted shall be recalled in order of seniority to the position they held at time of layoff or demotion.
- C. Providing a position vacancy exists, laid off or demoted employees may be offered, within recall order, a position of equal or lower salary schedule assignment within their former position's classification series.

Article 18 – Vacancies-~~SUPERVISORY~~

A. The Union acknowledges that the District has the exclusive right to fill or not fill vacancies and make reassignments.

~~A.B.~~ By July 1, 2027, each division, will may establish a process to elicit and consider lateral transfers (transfer list, interest card, etc) within the division and will may consider a lateral transfer prior to posting a vacancy. Transfers granted pursuant to this clause are not grievable. based upon business needs.

C. When a new position is created or an existing position becomes vacant in the bargaining unit, the District Health Officer or designee shall determine if the vacancy is to be filled by transfer, rehire, re-employment, in-house closed promotional examination, or open competitive examination.

~~B.D.~~ Flex-Reclass: Advancement of an employee at an entry level to the next level of the series based upon the time served, acquired experience, certification and/or education, for example moving from a I to a II.

~~C.E.~~ The decision of the District as to use of in-house closed promotion or open competitive method for filling an open position shall not be grievable.

1. The District shall encourage promotion/transfer within the competitive service on the basis of ability, experience and work performance. The District recognizes the value of affecting internal promotions to both the individual employee and the institution. Accordingly, internal applicants will be given reasonable consideration for promotional opportunities.

~~5.~~ An internal candidate who applied interviewed for, but was not selected to fill the posted vacancy, may within seven (7) working days from the date notified that they were not selected, submit a written request to the Human Resources department seeking improvement.

Once the position justification has been approved, the position will be posted within five (5) working days. The notice of the vacancy will be posted within the District for at least ten (10) working days, (or for external candidates before the date listed on the posting, once stated number of applicants have been received). –The District may extend the posting period for any vacancy unless there are five qualified internal candidates.

2. In addition to posting vacancies on the intranet, internet (open competitive recruitments only). Human Resources will notify employees of all vacancies via the District e-mail system. These notices will post within the District system concurrently with the external posting dates. The notice will include the classification title, salary schedule, type of recruitment, current vacancy location, and Intra or Internet link for further information and access to the application process.
3. Positions may be posted and advertised outside the District concurrently with their internal posting. If the vacancy is not filled through the preceding procedures, applicants from any other source may be considered.
4. A vacancy filled by a demotion does not require posting. When an individual's job

classification within the bargaining unit changes title, no vacancy exists, and no posting is required.

4.5. A voluntary demotion will result in a 5% decrease in salary or not to exceed the top of the new salary range.

5.6. A vacancy filled by a transfer or management reassignment, in a position that is equal to the employee's current position, may be solicited for interested staff or posted unless a business need dictates otherwise.

6.7. If a current employee who applies for a position is determined not to meet the minimum qualifications of the classification specification, the employee may request written explanation detailing the reasons for the determination. Such response will be provided within ten (10) working days of receipt of the request.

7.8. If there are five (5) or more qualified internal applicants, the top five will be allowed to interview for the available position. If there are less than five qualified applicants for a vacant position, all of the qualified applicants will be interviewed.

8.9. In all cases, the employee selected must possess the ability to perform the duties of the position and meet the qualifications and department-specific preferred qualifications.

9.10. Interview Panels: All interviews shall primarily be in-person. In the event an interview is conducted via video conference the interviewers will have their camera turned on, if technology permits. ~~The interview panel shall not engage in an arbitrary or capricious manner and must disclose to Human Resources any conflicts of interest with external candidates. Human Resources will serve as a proctor for the interview. Human Resources will serve as a~~ proctor/facilitator for interviews for IIs, Seniors, and Supervisors positions.

10.11. Announcement: Prior to the formal hiring announcement, all internal candidates who did not receive the position shall be notified.

11.12. Employees requesting a transfer to another department or applying to be promoted to a new position must be in their current position for a minimum of six (6) months (including flex-reclass) and the employee must be in good standing.

Article 19 – Acting Appointments-SUPERVISORY

A. An Acting appointment for a vacant permanent position will be for an initial period of not more than six (6) months (13 pay periods). This initial time period may be extended for up to an additional six (6) months upon the request of the Division Director. The Union will be advised by Human Resources of a requested extension prior to a final determination.

~~A. Acting appointments shall be rotated between the employees within the department every three months. Should no employee volunteer, appointments may be extended past the three months.~~

1. Acting appointments and extensions require written authorization from the District Health Officer or designee.
2. Acting appointment requests will be made in writing by the Division Director and will not involve a formal selection process.
3. Postings of vacant positions will be consistent with the requirements outlined in Article 18 Vacancies.
4. An employee can have additional duties and authorities assigned to them on a temporary basis to fill in for an absent or vacant position by being appointed in an "Acting" capacity.
5. An employee who is temporarily assigned to fully perform the functions of a classification in a higher salary range will receive out-of-class pay pursuant to Article 22, Section 5(A).
6. The decision to fill regular, full-time vacancies on a temporary basis pending the completion of selection procedures will not be grievable.

Article 20 – Wages

- A. The District and the Union agree to maintain a fourteen (14) step salary plan at 2.5% at each step; additionally:
 - B. A general increase of ~~five percent~~ ~~2.7% (5%)~~ ~~4%~~ ~~4.5%~~ ~~5%~~ effective July 1, 202~~6~~⁴ or the date this Agreement is ratified by the Board of Health, whichever is later.
 - C. Effective July 1, 202~~7~~⁵, a general increase in the amount of ~~four~~ ~~2.5%~~ ~~3.5%~~ percent (4%).
 - ~~C.D. The parties agree to reopen negotiations for the sole purpose of discussing wages at the beginning of 2028 to be effective on July 1, 2028. Effective July 1, 2028, a general increase in the amount of five (5%) percent.~~
- 1. Except for new employees hired at Schedule 23 or above where approved by the District Health Officer, a new employee– may not be hired at a higher rate than a 23, unless approved. The District will provide written notice to the Union within ten (10) working days of the hiring of any new employee at Schedule 23 or above who is hired at a rate higher than an incumbent in a specific job classification. Where a new employee is hired at Schedule 23 or above at a rate higher than an incumbent, the incumbent shall be evaluated within one year of the hire of the new employee. After that evaluation, the District, in its sole and absolute discretion, may increase the incumbent's wage rate to the level of the new hire. Disputes over any such decision to increase or not increase the incumbent's wage rate shall not be covered by the grievance and arbitration provisions of this Agreement.
 - 2. On initial hire, an employee will be eligible for a maximum of one (1) step salary increase at successful completion of the initial probationary period.
- When an employee is promoted, the employee shall be entitled to the lowest step in the higher salary schedule that provides a minimum of five (5%) percent over the salary rate last received up to the maximum of the salary range. If the employee had more than six (6) months in the previous classification, the employee will also be given a one (1) step increase at the previous salary scale.
- 3. Unless already at Step 14, every employee who has at least one year of service as of June 30, 2026, shall receive a one-step increase upon completion of twelve months of service from:
 - a. Date of completion of probationary period,
 - b. Date of promotion,
 - c. Date of voluntary demotion, or
 - d. Date of Flex-Reclassification.

Article 21 – Bilingual Pay-~~SUPERVISORY~~

1. An employee will be eligible to receive Bilingual Pay provided the following conditions are met:
 - A. The employee's assigned duties require them to communicate in a second language including sign language and are in a client facing position-
AND
 - B. The licensed employees who provide clinical services who have successfully passed a Bilingual Oral Proficiency Examination at an Intermediate Advanced level. Competency testing verifies fluency in English and the required language or languages. Written proficiency examinations may be required if the employee's assigned duties require written communication skills in the second language.
OR
 - C. For all other employees who have successfully passed a Bilingual Oral Proficiency Examination at an Intermediate Basic level. Competency testing verifies fluency in English and the required language or languages. Written proficiency examinations may be required if the employee's assigned duties require written communication skills in the second language.
2. The parties further recognize and agree that:
 - A. Payment of bilingual pay to an employee will not occur simply because the employee is bilingual and occasionally uses bilingual skills in the course of their work; However, employees who are bilingual but do not receive bilingual pay are not required to use their bilingual skills.
3. The employee's regularly assigned duties must require the use of the second language for communication, defined as:
 - A. An encounter in which information is directly exchanged between a District employee and a client or associate who speak a common language and/or written material in the common language intended for distribution to such clients/associates.
4. Bilingual testing will be scheduled by the District no less than quarterly.

~~Bilingual premium pay for employees who have passed a Bilingual Oral Proficiency Exam shall be \$12575.00- \$45 per week pay period in a stipend form for each employee determined to be eligible pursuant to Section 1 herein. Eligible half time employees will be entitled to \$3762.50 \$22.50 per week. The stipend will not be included in the base pay and is not used in the calculation of PERS or longevity.~~

~~Bilingual premium pay for employees who have passed a written Bilingual Proficiency exam shall be \$150.00 per pay period in stipend form for each employee determined to be eligible pursuant to section 1 herein. Eligible half time employees will be entitled to \$75.00. The stipend will not be included in the base pay and is not used in the calculation of PERS or longevity.~~

5. _____

~~No employee will be required to use bilingual skills outside of their division and job description.~~

~~5.6. Employee will not be eligible for bilingual pay if on vacation, FMLA, or utilizing sick time during the entire standard work week.~~

~~6.7. Approved bilingual pay will be subject to biannual re-authorization according to the conditions specified in Section 1 herein, with the exception of bilingual proficiency examinations which may be required every two (2) years under the reauthorization process, or when needed if there are concerns regarding an employee's competency to communicate in the second language.~~

8. Bilingual pay will cease when the employee is transferred, promoted, or demoted to a position which does not meet the requirements of Sections 1 (A and B) herein, as determined by the employee's division director. Nothing in this agreement shall prevent the District from using interpreter services where deemed appropriate and in the best interest of the public. The District will not create classifications solely to circumvent bilingual pay but maintains the rights to create classifications that include a requirement for a second language as operational needs or statute dictate.

9. ~~If an employee receiving bilingual pay declines to use their bilingual skills, the supervisor shall first meet with the employee to discuss the circumstances. If the employee chooses not to use their bilingual skills, they forfeit the bilingual pay. If the pattern continues following that meeting, the employee may lose eligibility for the bilingual pay premium. Upon loss of the premium, the Employer shall not require the employee to perform bilingual duties. Should the employee subsequently demonstrate consistent use of their bilingual skills, eligibility for the premium may be restored upon supervisor review.~~

~~7.10. If an employee is receiving bilingual pay and refuses to use bilingual skills, the employee may be subject to disciplinary action.~~

Article 22 – Hours of Work, Overtime, Call Back and Premium Pay – SUPERVISORY

1. Hours of Work

- A. The standard work week for employees covered by this Agreement shall consist of forty (40) hours, that may be comprised of five (5) consecutive eight (8) hour work days, or four (4) consecutive ten (10) hour work days, each is exclusive of the daily lunch period or an alternate work schedule (AWS) as agreed upon. The standard workday shall be eight (8) ten (10) or 9/80 hours between 0600 (6:00 am PST) and end at 1800 (6:00 pm PST.) Current work groups working various different shifts shall continue existing scheduling practices.
- B. Employees will be granted one fifteen (15) minute paid work break for each period encompassing four (4) hours during the course of their shift(s). In the event an employee is required to work four (4) hours or more beyond the end of their standard scheduled shift, the employee shall be granted an additional fifteen- minute paid work break at the beginning of the overtime period. Meal breaks are neither time worked nor time on pay status. The unpaid meal break shall be at least one uninterrupted half-hour long break and near the middle of the employee's shift.
- C. Employees working a 5-day, 40-hour week (designated 5/40) shall work eight (8) hours per shift for five (5) shifts within the official work week and shall receive two (2) consecutive "24-hour periods off."
- D. Employees working a 4-day, 40-hour week (designated 4/10/40) shall work ten (10) hours per shift for four (4) shifts within the official work week and shall receive three (3) "24-hour periods off" of which two (2) 24-hour periods must be consecutive.
- E. Employees working a combined two (2) week period consisting of a 4-day and a 5-day week (designated 9/80) shall work 8 days at 9 hours per shift and 1 day at 8 hours during the pay period and shall receive three (3) "24-hour periods off" of which two (2) 24-hour periods must be consecutive.
- F. Employees working an Alternate Work Schedule (AWS) shall work the approved and agreed upon work week and scheduled biweekly work cycle.
- G. When a critical, temporary business need indicates, District supervision and the employee may agree to adjust an employee's work schedule on a temporary basis as an Adjusted Work Week (AWW). If there are no volunteers, management may assign with a minimum of two (2) week notice a mandatory adjusted work week no more than four (4) times per year or once every three months, per employee. These mandatory adjusted work weeks will be assigned by each division, section, or program on a rotational basis by reverse seniority and posted. Employees may expect to work their regularly scheduled work hours without persistent temporary schedule changes. Any required overtime hours shall be recorded as

such and will be processed as paid overtime unless the employee requests comp time payment and is eligible for comp time accrual at the time of request. Adjusted work weeks shall not be used to establish permanent work schedules within a program, section, or division.

2. Call-back Pay

- A. Call-back pay is defined as returning to duty after the employee has completed a regular shift and is off duty for any period of time and is requested to return to duty with less than twelve (12) hours' notice. In emergency situations requiring immediate attention where the division director or designee feels that it is necessary to call back a supervisor, consideration of the time worked will be given for subsequent schedule adjustment by the unit manager.
- B. The District shall continue the current practice of including time spent traveling to and from the location to which the employee is reporting for call back duty as time actually worked.

3. Standby Duty

- A. District service needs may require 24- hour response capability. In order to address this need, standby duty is scheduled by the division director and section manager.
- B. Supervisors will be available on a rotational basis for administrative support to Standby duty staff as part of their routine duties.
- C. If a Supervisor covering administrative standby duty must report for on-site duty, consideration of the time worked will be given for subsequent schedule adjustment by the unit manager.
- D. The District shall continue the current practice of including time spent traveling to and from the location to which the employee is reporting for standby duty as time actually worked.

4. Out of Class Pay

- A. When a regular employee is assigned, in writing, to work on a temporary basis in a higher classification for a total of 40 hours or more within a consecutive 2 week period, or a minimum of 36 hours or more for a 9/80 schedule, the employee shall be paid at the lowest step equal to at least 5% above the employee's regular hourly rate of pay for the entire period. Such assignment must be approved in writing by the section manager and division director in advance and shall be given to the employee at the time of assignment.
- B. Emergency assignments must be confirmed in writing within one working day of the assignment by the Section Manager and Division Director. Managers will not rotate/change out of class assignments of three (3) days or more in order to avoid out of class pay.
- C. These provisions do not apply to employees who voluntarily accept the

opportunity to train and improve their effectiveness in the higher classification. Insofar as practical, such opportunities will be provided to qualified employees on an impartial and equitable basis.

Article 23 – Use of Personal Vehicles and Out of Jurisdiction Travel- SUPERVISORY

1. Personal Vehicles

A. When a Health District employee is required to utilize a private vehicle for District purposes, the employee shall receive monthly reimbursement at the established IRS mileage rate for each mile driven on behalf of the District. Reimbursement shall be based upon verification of miles driven in accordance with District policies and procedures. In addition, each month the employee shall receive an allowance of \$60.00 for 200 or more miles driven during the calendar month.

1. Employees who routinely average 200 miles or greater per month will first seek a District fleet vehicle on a monthly basis.

A.B. Mileage for District purposes shall include:

1. Mileage driven during ~~normal~~ scheduled work hours on District business;
 - a. Mileage driven to and from the employee's home to a work location(s) other than a District office when working scheduled overtime or call back.

C. ~~C.~~ Calculation of mileage to be paid:

1. (1) Employees' "mileage worksite" should be determined by geographic location and they will be assigned to the closest SNHD location;
2. Mileage Worksites Include:

<u>280 S. Decatur Blvd</u>	<u>2500 N. Buffalo</u>
<u>220 E. Horizon Drive, Henderson</u>	<u>55 Civic Way, Laughlin</u>
<u>150 N. Yucca Street, Mesquite</u>	<u>700 Martin Luther King Blvd.</u>
<u>2950 E. Bonanza Rd.</u>	<u>2830 Fremont St.</u>
<u>3020 N. Walnut</u>	<u>2953 Westwood</u>

3. (2) Employees will deduct the amount of commuter miles from total miles driven for each applicable day (commuter miles, although not reimbursed, should be maintained on a monthly basis and included in the 200 or more miles calculation);
4. (3) Employees will not submit miles for the difference between their central assigned office and mileage worksite when reporting to their central assigned office at the beginning of their shift, ending their shift in the field or leaving their central assigned office at the end of the assigned

shift;

5. ~~—(4)—~~ Employees are not eligible for reimbursement of mileage when traveling directly from their home to their central assigned office, unless required to go to their central assigned office for an unplanned event;
6. ~~—(5)—~~ The District will assign employees work by geographic locations where possible;
7. ~~—(6)—~~ When additional fleet vehicles become available, employees with the highest mileage will be considered first;
- ~~1-8.~~ ~~—(7)—~~ The District will do their due diligence to seek a location at the closest assigned mileage worksite to park assigned vehicles not being kept at the employees home.

2. Bargaining Unit Employee Travel Out of Jurisdiction

- A. All bargaining unit employees shall have their travel arrangements made in accordance with the established District travel policy. Designated District personnel shall consider any specific travel requests made by the traveling employee when the travel request is submitted for approval and shall make a reasonable attempt to schedule the travel accordingly if the requests are in conformance with established District travel policies.
- B. Travel hours will be hours worked when:
 1. An employee has a special 1-day work assignment in another city. All time spent traveling will be hours worked.
 2. Travel that keeps an employee away from home overnight is travel away from home. Travel away from home is time worked when it cuts across the employee's normal workday or during normal working hours on non-working days. Thus, if an employee regularly works from 8:00 a.m. to 4:30 p.m. from Monday through Friday, the travel time during these hours is considered hours worked on Saturday and Sunday. Consideration of an Adjusted Work Week may be given when extended travel hours fall outside of the regular work hours.
 3. If an employee is required to drive a vehicle as the mode of travel on out of town overnight travel, the time from home to the destination and the destination back home is hours worked.
- C. Unless otherwise mandated by other requirements, including grants and other funding sources, employees traveling on out-of-jurisdiction business shall receive food and incidentals at a per diem at the rate set by the General Services Administration on for the city and dates on which the employee is traveling. An employee whose travel time status encompasses less than an eight (8) hour day shall receive a per diem at 75% of GSA.

Article 24 – Holidays-SUPERVISORY

1. The following holidays shall be paid legal holidays for all members of the bargaining unit:
 - A. January 1ST (New Year's Day)
 - B. Third Monday in January (Martin Luther King's Birthday)
 - C. Third Monday in February (President's Day)
 - D. Last Monday in May (Memorial Day)
 - E. June 19th (Juneteenth)
 - F. July 4th (Independence Day)
 - G. First Monday in September (Labor Day)
 - H. Last Friday in October (Nevada Day)
 - I. November 11th (Veteran's Day)
 - J. Fourth Thursday in November (Thanksgiving Day)
 - K. Fourth Friday in November (Day after Thanksgiving)
 - L. December 24th & 25th (Christmas Eve & Day)
 - M. Personal Day

Each District employee covered shall be entitled to one (1) Personal Day, based on regularly scheduled shift hours, annually, which will be credited January 1st. Said holiday must be scheduled in advance by the employee with the supervisor and must be taken during the calendar year in which it is earned.

Employees who start between September 1-30 will be eligible to roll their current year Personal Day over to the following year, with the stipulation that it must be used by March 31st.

2. The District will observe as a holiday any day that the District is required by state law to close for a legal holiday.
3. If any holiday listed above falls upon a Sunday, the Monday following shall be observed as a legal holiday. If any holiday listed above falls upon a Saturday, the Friday preceding shall be observed as a legal holiday. If an employee's scheduled day off falls on a paid holiday, the employee will receive an additional work day off, based on regularly scheduled shift hours, of holiday bank leave.
4. Any accrued holiday bank hours will be paid upon termination of employment.
5. Employees must use holiday bank time by end of current fiscal year. Bank holiday time accrued for Memorial Day and Juneteenth may be rolled into next fiscal year. Employees being hired after January 1 of the calendar year can roll over any accrued bank holiday hours into the next fiscal year.

6. Employees classified as overtime exempt who are required to work will be entitled to earn holiday bank hours.
7. Any employee scheduled to work or called back on the holiday will be paid holiday pay in addition to overtime or compensatory time earned in accordance with Article 22, Hours of Work.
8. Employees working less than a full-time schedule have a prorated paid holiday schedule based on hours of work.
 - A. Employees paid hours will be based on their regular schedule at time of occurrence.

Article 25 – Vacation Leave-SUPERVISORY

1. The District and the Union agree that vacation is provided to employees for the purpose of rest and relaxation from their duties and for attending to personal business.
- A. Employees shall be eligible to take vacation after completion of three (3) months of continuous service, but may not exceed the accrued time.
2. Vacation Accrual
 - A. Vacation shall accrue from the date of hire to those employees except those employed on a less than twenty hour or temporary appointment basis.
 - B. Southern Nevada Health District employees working on a full-time basis employed in the classified and exempt service shall earn credits on the following basis:
 - B. 0 to 1 Year: 80 Hours per Annum (.03846 Hours/Paid Hour)
 - C. 1 to 8 Years: 120 Hours per Annum (.05769 Hours/Paid Hour)
 - D. 8 to 13 Years: 144 Hours per Annum (.06923 Hours/Paid Hour)
 - E. 13 Years and Over ~~19 years~~: 160 Hours per Annum (.07692 Hours/Paid Hour)
 - ~~E. 20 years and over: 200 Hours per Annum (.xxxx Hours/Paid Hour)~~
 - C. All accumulations will be computed on the basis of paid hours, excluding overtime of service; part-time employees working regularly twenty (20) hours or more per week shall be granted vacation on a prorated basis. Unpaid hours will not be used to compute vacation accruals.
3. Vacation Usage
 - A. Vacation may only be taken with approval of the division director or section manager. District staffing needs are to take precedence. Subject to such priorities, granting of vacation shall not be unreasonably withheld. Absences not specifically covered by the provisions of this Agreement may be chargeable to vacation after approval of the division director or section manager to the extent that vacation has been accrued.
 - B. An employee may request vacation up to six (6) months in advance of the requested date(s) Barring any specific staffing conflicts, such *leave* requests shall be approved or denied and returned within 14 calendar days of submission. Employees within the workgroup shall be given preference in being scheduled based upon date of submission and District seniority. This means that the first person submitting a vacation request on a calendar day shall be given preference, unless a person in the same classification with greater District seniority submits a request within the same calendar day.
 - ~~C.~~ An employee desiring to use accrued vacation time may request approval at any time. Leave requests should be submitted to the employee's supervisor.

~~D.C.~~ _____

~~E.D.~~ _____ Vacation *leave* requests surrounding major holidays will be approved on a rotational basis within a work group or department when necessary to provide equal opportunities for all staff.

4. Annual Vacation Carryover

A. Vacation credit may not be accumulated at the beginning of any calendar year to exceed twice the employee's annual allocation—maximum accumulation based on years of service as follows:

- (1) 0 to 1 Year: 160 hours
- (2) 1 to 8 Years: 240 hours
- (3) 8 to 13 Years: 288 hours
- (4) 13 Years and Over: 320 hours

B. Amounts in excess of the above schedule at the beginning of any calendar year shall be forfeited or, with written permission of the employee, all or part of the excess may be transferred to the Donated Leave Bank. Exceptions to the above will be only with the District Health Officer's approval in writing.

C. Finance will notify employees in writing by October 31st of each year if they will exceed their maximum vacation carryover by the last full pay period in the calendar year.

D. Employees may choose to donate all or part of their vacation carryover to the Donated Leave Program.

5. Vacation Buy-Back

A. Upon written request and subject to the following conditions, Employees may be paid for earned but unused vacation not to exceed a maximum request of one hundred twenty (120) hours;

B. To be eligible, Employees must have a minimum of forty (40) hours of earned unused vacation hours remaining after the buy-back;

C. The rate of pay will be the same as what is received if the Employee were to work his/her regular shift;

D. An Employee can buy back a forty (40) hour, an eighty (80) hour, or a one hundred twenty (120) increment twice a year, not to exceed a maximum of 120 hours per calendar year;

~~E.~~ Employees must take at least 40 hours of vacation time within the last twelve months. ~~that calendar year;~~

E. Employees shall submit their request for buy-back with a deadline of April 1st for the May buy-back and/or October 1st for the November buy-back of each year on a form provided by Human Resources;

- F. Buy-back of vacation leave shall be paid on the first paycheck of each May and/or November.
6. Payment for Unused Vacation
- A. At separation: Upon separation from service for any cause, an employee shall be paid a lump sum payment for any unused or accumulated vacation earned through the last day of employment.
 - B. Upon death of employee: Upon the death of a person in the employ of the District, a lump sum payment for vacation time accrued to the employee's credit will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed pursuant to NRS 281.155.

Article 26 – Sick Leave-SUPERVISORY

1. Sick Leave Accrual

- A. From date of employment to ~~one hundred twenty~~ninety six (~~96~~120) months, an employee shall be entitled to accrue one (1) day of sick leave for each month of full-time service. After completion of ninety six ~~one hundred twenty~~ (~~120~~96) months an employee shall be entitled to accrue one and one-fourth (1 1/4) days of sick leave each month of c full-time service, based on actual paid hours, excluding overtime. There is no limit on the amount of sick leave that can be accumulated. Part-time employees working regularly twenty (20) hours or more per week shall be granted sick leave on a prorated basis. Sick leave accruals shall be earned on the following basis:

- (1) 0 to ~~8~~10 Years - 96 hours per Annum (.04615 hours/hour worked)
- (2) Over ~~8~~10 Years - 120 hours per Annum (.05769 hours/hour worked)

2. Sick Leave Usage

Sick leave with pay can only be granted to an employee upon approval of the division director or designee for the following reasons:

- A. Bonafide (defined as in good faith without fraud or deceit) injury, illness, or pregnancy of employee;
- B. Bonafide illness of a member of the employee's immediate family and if residing with the employee, the immediate step children;
- C. "Immediate Family" is defined as including only the employee's spouse, parent, brother, sister, child, adopted child, foster child, or other legal dependent(s), including domestic partners properly registered in the State of Nevada.
- D. Necessary medical or dental office visits which cannot be scheduled outside normal working hours.
- E. Bereavement leave not to exceed five (5) days, in the event of a death of a person close to the employee for the purpose of bereavement and attending services.

F. Whenever an employee's personal illness absence equals or exceeds three (3) working days, a medical release or fit for duty form may be requested by Human Resources to ensure the employee may safely return to work without adversely impacting or compromising their personal health or the health of others.

G. Medical release may also be required if there is reason to suspect abuse of sick leave, e.g. multiple instances of illness that equal two working days.

- A. A person claiming sick leave with pay, and any supervisor approving the same, where it is shown that such claim was made or approved by such claimant or supervisor, knowing that such claimant was not, in fact, sick or otherwise entitled thereto, shall be subject to disciplinary action.

3. Payment of Unused Sick Leave

- A. Pay-off at separation: An employee hired before July 1, 2014 who leaves the service of the District after three (3) years of employment shall receive payment for 100% of sick leave accumulated for the first 800 hours accumulation; 50% of sick leave accumulated from 801 hours through 1600 hours; and 25% of sick leave accumulated over 1600 hours. Payment shall be based on the employee's base hourly wage at time of separation.
- B. Pay-off at separation: An employee hired after June 30, 2014 who leaves the service of the District after four (4) years of employment, shall receive payment for 100% of sick leave accumulated for up to 800 hours. Payment shall be based on the employee's base hourly wage at time of separation.

C. Pay-off upon death of employees: Upon the death of a person ~~in the employ~~ed by of the District, at time of passing, a lump sum payment for accrued sick leave credit will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed pursuant to NRS 281.155.

Article 27 – Family Medical Leave Act (FMLA) -SUPERVISORY

1. The District will comply with all of its obligations under the Family and Medical Leave Act (FMLA).
2. The employee will be eligible for an additional two weeks of leave beyond the 480 hours provided the attending physician provides a return to work certification to full duty within 10 business days following the end of the 480- hour Family Medical Leave time period. Documentation regarding the employees return to duty must be. received prior to the expiration of the 480- hour of the Family Medical Leave.
3. Failure to return from Family Medical Leave will be considered voluntary separation from the District.
4. Employees will be responsible for payment of the employee portion of their benefits during any leave periods which are unpaid.

Article 28 – Extended Medical Leave-SUPERVISORY

1. Employees with a serious medical illness or injury who will not be able to return to work at the end of the twelve (12) week (480-hour) FMLA period but who may be able to return within the twelve (12) week period following the end of FMLA may be eligible for an extended medical leave. This twelve (12) week period will be inclusive of the 2-week extension offered with FMLA.
2. Eligibility – the following criteria must be met:
 - A. The employee must have been employed for SNHD as a full or part-time employee for a minimum of five (5) consecutive years.
 - B. The employee must have a catastrophic medical event that can be described as an unanticipated and debilitating illness or injury rendering the employee incapable of performing the essential physical requirements of his/her job for more than three consecutive months and which keeps the employee from work during an extended treatment and/or rehabilitation period.
 - C. The employee must have submitted for and been approved to take consecutive family medical leave (FMLA).
 - D. The FMLA Certification of Healthcare Provider form must indicate that the employee will be unable to work beyond the 12 weeks guaranteed under FMLA. If the employee's medical condition changes prior to the expiration of FMLA, he/she must submit medical documentation to Human Resources.
3. Additional Considerations:
 - A. The employee may or may not have sufficient vacation or sick leave to cover the extended medical leave period.
 - B. If the employee does not have sufficient paid leave to cover the period of recovery, the employee may receive donations of vacation or sick leave from other employees or the donated leave bank up to the limits set forth in Article 29.
 - C. If the employee is on unpaid leave, he/she will be responsible for submitting their entire monthly benefit payments to the Human Resource Department.
 - D. Job protection under FMLA will cease during the extended medical leave period. Employees returning after the twelve (12) week FMLA period will be eligible for any vacant position for which they are qualified.

Article 29 – Donated Leave-SUPERVISORY

1. When an eligible employee has exhausted all accrued leave as a result of illness, injury, or bereavement, then the eligible employee may file a request for donations of leave. The District shall advise the union in writing of any such requests.
 - A. Leave Bank
 - (1) Bereavement: In the event of the death of a person close to the employee for the purposes of bereavement and attending services may apply for up to forty (40) hours of donated leave. The district reserves the right to request proof of death.
 - (2) Illness/Injury: In the event of the illness/injury of an eligible employee or a covered family member or if the employee is the primary caregiver, he/she may apply for up to two hundred forty (240) hours of donated leave. Leave requests will be made to the Human Resources Director or designee. The request must be accompanied by a medical statement from the attending Physician explaining the nature of the illness/injury and any other information requested by Human Resources including an estimated amount of time the employee or other eligible person will be incapacitated.
 - (3) If the original request for donated leave is denied, the employee may request an appeal through the appeals committee. A five-member appeals committee is comprised of three (3) members appointed by the Union and two (2) members appointed by the District Health Officer or designee will review the request to verify the employee's eligibility to receive leave donations. The committee shall abide by all HIPAA requirements.
 - B. Donation to designated employee
 - (1) Individual employees may donate sick leave or vacation to a designated employee by completing the Donated Leave Form and submitting to the Human Resources Department.
 - (2) Donated leave will be applied to the designated employee only when the need for leave exists and the employee has met the bereavement or illness/injury requirements as outlined in section 2.
 - (3) Any donated leave not utilized by a designated employee for the purpose originally intended will be returned to the donating employee.
 - (4) Donations can be made from the donor's accrued:
 - a. Vacation Leave and/or Personal Holiday time.
 - b. Sick Leave if the employee has been employed for more than thirty-six (36) consecutive months and will have a balance of at

least 120 hours of sick leave after the deduction of the donated hours.

2. The minimum donation is four (4) hours; the maximum donation is forty (40) hours per solicitation, excluding hours donated in lieu of forfeiture. Employees must have a vacation balance of at least forty (40) hours after the donation.
3. The donated time will be converted to dollars at the hourly rate of the donor. The dollars will then be converted to leave at the hourly rate of the recipient.
4. The Union and the District will conduct the solicitation of donations and will be limited to an information-only solicitation. All donations will be submitted to the District's Human Resources Department on the District's form. Human Resources will maintain appropriate records available to the Joint Labor Management Committee detailing time donated, the converted dollar value available, and the projected and actual cost of all approved grants.
 - A. Eligible Employees
 - (1) The Donated Leave Bank Program is available to all District employees excluding temporary and less than half time employees. Employees must have successfully completed the initial probationary period.
 - (2) Employees with a work- related workers' compensation claim are not eligible for the Donated Leave Bank Program.
5. Any employee who receives Donated Leave Bank Program benefits and is subsequently awarded workers' compensation shall reimburse the Donated Leave Bank Program for all Donated Leave Bank Program received that are covered by workers' compensation payments.
6. The illness or accident cannot be a result of an illegal act by the employee.
7. The Union and the District agree that should any problem arise in the administration of this program or should any abusive practice arise, that the Union and District agree to meet to make reasonable adjustments to facilitate the administration of the program or to eliminate any abusive practices.
8. Donated leave is available to a domestic partner when the domestic partner is covered or eligible to be covered by any District health insurance plan as defined within said plan documents or provides proof of proper Domestic Partnership Registration in Nevada.

Article 30 – Bereavement-SUPERVISORY

1. Close to the Employee: Bereavement leave not to exceed five (5) days in the event of a death of a person close to the employee for the purpose of bereavement and attending services. Paid bereavement will be charged against the employee's unused annual or sick leave accruals if available. If unavailable, the employee may request leave without pay.
2. Immediate Family: The District agrees to grant employees three (3) paid days for an in-state immediate family member and five (5) paid days for an out-of-state/country immediate family member to arrange and attend funeral services. The days do not need to be used consecutively but must be used within three (3) months of date of death; additional time may be granted by Division Manager with HR agreement. The District reserves the right to request proof of death.

A. Employees who experience the loss of an immediate family member may seek and be donated up to a total of 80 hours of sick leave from fellow employees, allowing them additional bereavement time beyond the three or five paid days. The employee must first exhaust all their accrued sick leave prior to receiving any donated leave. Donated leave must be used in consecutive hours and immediately following an approved paid bereavement leave.

B. Employees on leave without pay, except those on FMLA, are ineligible to receive bereavement pay.

3. Pawternity

Losing a pet can be a significant emotional event, comparable to losing a family member.

For this reason, employees may utilize up to two (2) days every twelve (12) months of sick or other accrued leave for the purpose of having time to grieve and process their feelings for the loss of their pet. For this purpose, "pet" refers to a domesticated animal kept for companionship and affection, like a dog or cat. This Pawternity leave will be solely approved by the employee's supervisor via a time off request.

Article 31 – Court Leave-SUPERVISORY

- A. Eligible employees called to serve on jury duty during their normal working hours shall receive their regular pay and return all jury pay to the District. Those persons called but not selected to serve on the jury shall report back to work when excused.
 - 1. Eligible employees subpoenaed to appear as a witness in any civil, criminal, or administrative proceeding shall receive their regular pay providing that all witness fees or pay is returned to the District.
- B. This section shall not apply to persons whose appearance in court is the result of their status as defendants in a criminal proceeding or to persons called or appearing as a party in civil proceedings unrelated to District business.
- C. Employees on leave without pay are ineligible to receive Court Leave pay.

Article 32 – Military Leave-SUPERVISORY

1. In the event that a District employee is absent due to being called into the military service of the United States Army Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Air Force Reserve, or the Nevada National Guard for duty, the employee shall continue to receive regular compensation from the District for a period of not more than fifteen (15) working days in any one (1) calendar year. This military leave will be in addition to the employee's annual vacation.

Article 33 – Educational Leave & Tuition Reimbursement -SUPERVISORY

1. Educational Leave

- A. A full-time permanent employee may, with prior approval of the District Health Officer or designee, be granted leave with pay to attend work related courses, seminars and training programs that are conducted away from District facilities to assist in improving quality of service to the District or to satisfy minimum state license requirements.
- B. Upon written application to the division director, a full-time permanent employee may, with the District Health Officer's prior approval, be granted educational leave with pay to attend educational courses on Health District premises during duty hours to assist in improving quality of service to the District or to satisfy minimum State license requirements. The District will pay full tuition and/or registration costs for such continuing education programs officially sponsored or co-sponsored by the District which occur on its premises.
- C. District staffing needs will take precedence in the granting of educational leave. Employees who request 45 ~~60~~30 days in advance or more shall not have their requests unreasonably denied.
- D. All necessary costs to obtain certifications required by the District in excess of those required in the employee's classification specification to meet minimum employee standards and requirements shall be paid for by the District.

2. Tuition Reimbursement

- A. Eligibility
 - (1) The District will reimburse tuition to employees who meet the requirements of the tuition reimbursement policy. No change will be made to the District policy without agreement by the Union. Eligible employees include all active full-time permanent employees who have completed twelve months of continuous employment. Eligible employees must maintain eligibility during the entire length of the course.
 - (2) Employees must apply for tuition reimbursement in accordance with the requirements of the District's tuition reimbursement policy.
 - (3) Employees must achieve a passing grade of "B" or higher to be eligible for full tuition reimbursement. A passing grade of "C" will be eligible for reimbursement at 50% of tuition only. Any grade below "C" will not be eligible for reimbursement. Pass or fail courses must be passed in order for reimbursement to be granted.
 - ~~(4) Graduate Equivalency Diploma (GED) must be successfully obtained in order for tuition reimbursement for the GED program to be approved.~~

B. Approved Coursework

- (1) To be eligible for tuition reimbursement, courses must meet all of the following requirements:
 - a. Undergraduate or graduate level courses offered by an accredited college, ~~or university,~~ or trade school on a semester or quarter basis, or approved GED-preparation programs;
 - b. Related to a career path within the District;
 - c. The employee must demonstrate how the course will benefit the District by enabling the employee to perform more effectively.

C. Amount of Reimbursement

- (1) The District shall reimburse the employee for fees paid for tuition and text books for approved courses, not exceed \$5250 per calendar year. ~~up to \$4,500.00 (four thousand five hundred dollars) per calendar year. GED equivalency reimbursement will be limited to \$2,250.00 (two thousand two hundred fifty dollars).~~
 - a. Undergraduate level courses will be reimbursed up to \$4700 maximum per calendar year with a maximum combined reimbursement for tuition and books not to exceed \$5250.
 - b. Graduate level courses will be reimbursed up to \$4900 maximum per calendar year with a maximum combined reimbursement for tuition and books not to exceed \$5250.
 - a-c. ~~Skilled labor (Trade)~~ certifications will be reimbursed up to \$2500 per program certification.

D. Repayment

- (1) Employees must agree to work for the District at least 24 calendar months after reimbursement. If the employee fails to work for the District for the full 24 months, the employee must agree to refund to the District the full amount the District paid for course(s) and/or books. Employees subject to personnel reduction per Article 17, shall not be required to reimburse the district.

Required License Reimbursement

~~After one year of employment, each employee required by the state of Nevada to hold a professional license as part of their classification, will be reimbursed for their annual or bi-annual renewal up to \$150 once in a two year period.~~

Article 34 – Group Health Insurance-SUPERVISORY

1. The District shall maintain the current group health and life insurance plan with Clark County until the District Board of Health establishes a new plan by contracting with appropriate providers through the recommendation of the Health Insurance Study Committee (HISC).
2. The District and the SEIU have each appointed three members to a Health Insurance Study Committee (HISC). The purpose of the committee is and shall be to review and recommend to the Health District Chapter of the SEIU and the District Board of Health any new SNHD Health Benefits Program. The committee shall be headed by two co-chairs with one appointed by SEIU and one appointed by the District.
3. The HISC shall also be responsible for reviewing and making recommendations on such matters that relate to the Health Insurance Program as may be needed.
4. Union and District committee members may invite appropriate experts and other personnel to committee meetings to provide knowledge and assistance in meeting the HISC goals and assignments. The District shall provide needed staff support for the HISC and shall pay for any required actuarial studies and other needed professional services. Such professional services must be jointly selected by the HISC committee members, and all commission, bonuses, fees, and compensation shall be fully disclosed.
5. Dependents of District employees shall include domestic partners, where permitted by the terms of the plan, including any amendments thereto during the duration of this agreement.
6. The District shall fund the health insurance program on a per employee per month basis as shown in the tables below. Any difference between the cost of the insurance and the amount funded by the District shall be paid by the employee. The District shall only pay the actual cost of the insurance plan chosen by the employee OR the maximum of the amount shown in the tables below.

Plan	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	100% of premium	80%	80%	80%
EPO	100% of premium	75%	75%	75%

Article 35 – Employee Assistance Program-~~SUPERVISORY~~

- ~~1.~~ The Southern Nevada Health District will provide an Employee Assistance Program for all Health District employees. The District recognizes the value of having referral, counseling and assistance programs available to support these employees to successfully navigate personal challenges while maintaining a healthy and productive work environment. Employees are encouraged to take advantage of these confidential resources whenever they feel additional support may be helpful. The District will assist employees in connecting with appropriate professional services to promote their well-being and continued success at work. who have personal problems which may interfere with the efficient and productive performance of their job responsibilities and duties. The District will endeavor to aid such employees who request assistance with personal problems by encouraging them to seek professional assistance if necessary.
- ~~2.1.~~ The District will ensure the confidentiality of all employees who utilize the Employee Assistance Program. All employee information will remain in the confidence of the program Director and the employee.

Article 36 – Workers Compensation-SUPERVISORY

1. All eligible members shall be covered by a Workers Compensation Program of the District's choice that conforms with the provisions of the Nevada Industrial Insurance Act (NRS Chapter 616) and the Nevada Occupational Diseases Act (NRS Chapter 617) and that provides for payment of industrial accident benefits and compensation for partial and total disability arising from industrial injuries and occupational diseases.
2. Compensation During Leave of Absence: In the event an employee is absent from work due to occupational injury/illness, the employee will be compensated pursuant to NRS Chapter 612 and 617. It is the intent of the District to pay the injured worker whose claim has been recorded and accepted by the District Workers Compensation Insurer and/or claims administrator the difference between full biweekly salary and compensation awarded for the lost wage under NRS provisions. The District shall supplement the injured worker's pay, not to exceed full pay, for a period of illness/injury up to a maximum of seven weeks or 280 hours. Employees receiving full pay for the period of lost wage shall surrender additional or duplicate disability pay within seven (7) working days of receipt.
3. Communication During Leave of Absence: The employee will maintain ongoing communication with the District and the District Workers Compensation Insurer following initial treatment for an occupational injury/illness. All progress reports and related documents pertaining to employee's medical treatment must be submitted to Human Resources. Human Resources will facilitate the claim processing and give appropriate notification to the employee, employee's supervisor, and appropriate managers regarding the claim status.
4. Duration of Leave Absence: If an employee is still unable to work following the seven (7) week or 280- hour disability period, the employee may request the use of accumulated sick pay, earned compensatory time, or vacation pay to supplement lost wage awarded under NRS provisions. Upon such request, the employee's accumulated leave would be used to balance the employee's workers compensation payment so that the employee will receive income equal to the salary at the time of disability. The employee may elect not to use accrued paid time to supplement pay during the disability period.
5. The District may require the employee to be available for light duty work assignments.
6. Before returning to work following a leave of absence for a work-related disability, an employee must submit a physician's verification stating the employee's ability and fitness to return to full duty work status and/or if there are any work restrictions and the date that the restrictions will be eliminated. The employee may remain on occupational leave until one of the following occurs: medical release to return to duty, nine (9) months temporary total disability, or until such time as a permanent disability from performing job duties is determined.

Article 37 – Longevity-SUPERVISORY

1. Personnel hired before July 1, 2014, after completion of five (5) years of accredited service (10,400 hours) with the district, shall receive longevity payments at the rate of \$110.00 per year of service credit paid semiannually.
2. Personnel hired after June 30, 2014 and before July 1 2019, after completion of seven (7) years of accredited service (14,560) with the District, shall receive longevity payments at the rate of \$110.00 per year of service credit paid semiannually.
 - A. Entitlement to the full amount of any semi-annual installment of longevity pay is based upon full-time employment with the District for the immediate preceding six (6) month period. Longevity payments will be prorated commensurate with actual hours worked. Payments will be made June 1st and December 1st.[.if these dates fall on a weekend, longevity pay will be paid on the following Monday.-](#)
3. Longevity payment shall be issued to employees upon separation of employment on a prorated basis.
4. Restitution of longevity benefits shall be effective July 1, 2014 with no retroactive payment. Longevity is frozen at 7/1/15 amount for FY16 and FY17. Restitution of longevity benefit will be restored for FY18 and FY19 with no retroactive payment.
5. Employees hired on or after July 1, 2019 shall not be eligible for longevity pay.
 - A. The parties agree that for the period of eight (8) years from July 1, 2019, Article 37 (Longevity) shall not be subject to negotiation without the express written [agreement between Union and District-](#)

Article 38 – Retirement-SUPERVISORY

1. Except as noted in paragraph three (3) below, the Health District shall pay the employee's portion of the standard retirement contribution to the Public Employees' Retirement System (PERS) for employees who qualify under the rules of the system.
2. The term "standard retirement contribution" does not include any payment for the purpose of previous credit service on behalf of the employee.
- A. Effective January 24, 2012, all contribution increases required by PERS shall be split between the District and the employee by a reduction in the employee's base salary in accordance with PERS policy and procedure.

Article 39 – Savings Clause-SUPERVISORY

1. Nothing herein contained shall be interpreted in any way to conflict with any Federal, state, or local statute or regulations governing the organization and operations of the District. In the event of a determination by any administrative agency or court of competent jurisdiction affecting or invalidating any provision of this Agreement, the District and the Union will meet within thirty (30) days thereafter for the purpose of renegotiating such invalid provisions only.

Article 40 – Full Agreement-SUPERVISORY

1. The parties agree that this Agreement is intended to evidence their understanding on the matters set forth therein and supersedes all prior negotiations and understandings between the parties with respect to those matters. Except as otherwise expressly provided in this Agreement, neither party during the term of this Agreement will be required to negotiate on any further matters.

Article 41 – Term of Agreement-SUPERVISORY

A. The term of this Agreement shall be from July 1, 20264 to June 30, 20286.

NEW CBA ARTICLE AGREEMENT

GENERAL SUPERVISORY

Article 42 – Paid Parental Leave

1. Purpose

The purpose of this policy is to support the employees during the birth, adoption, or foster placement of a child by providing paid parental leave that promotes family well-being while supporting employee retention and workforce stability.

2. Eligibility

Employees must meet the following criteria:

- A. The employee must have been employed by SNHD as a full-time active permanent employee for a minimum of twelve (12) consecutive months prior to the start of leave.
- B. The employee must meet all eligibility requirements under the Family and Medical Leave Act (FMLA).

3. Duration

Eligible employees may receive up to eighty (80) continuous hours of paid parental leave in a rolling twelve (12) months following:

- A. The birth of a child
- B. The placement of a child through adoption
- C. The placement of a child through foster care

Paid parental leave will run concurrently with applicable FMLA protections. Paid parental leave must be taken within three (3) months of the birth or placement of the child.

4. Accruals for Vacation and Sick

Employees utilizing paid parental leave will continue to accrue vacation and sick leave in accordance with existing District policy.

2026

**SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH
AT-LARGE RECRUITMENT**

PHYSICIAN APPLICANT

- 1. Dr. Frank Nemec**
- 2. Dr. Jose Partida Corona**



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ____ Ms. ____ Mrs. ____ Dr. X

FIRST NAME MI LAST NAME Frank J Nemec, MD FACG CIC

RESIDENCE ADDRESS CITY/STATE/ZIP

ADDRESS MAILING 6950 S. Cimarron, Suite 200, Las Vegas, Nevada 89113

DAY PHONE NUMBER and EVENING PHONE NUMBER

CELLPHONE NUMBER

FACSIMILE NUMBER

EMAIL fjnemec@gmail.com

EMPLOYER Gastroenterology Associates

BUSINESS ADDRESS CITY/STATE/ZIP 6950 S. Cimarron Las Vegas, Nevada 89113

OCCUPATION Physician



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

Physician Representative ☒ X

Regulated Business or Industry Representative ☐

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒ X ☐

FIRST NAME MI LAST NAME Frank J. Nemec, MD FACG CIC

BUSINESS ADDRESS CITY/STATE/ZIP 6950 S. Cimarron, Suite 200, Las Vegas, NV 89113

OCCUPATION Physician

How long have you lived in Clark County: 42 years

Please tell us why you are interested in becoming a member of the Board of Health.

I have had an interest in public health for many years. Believe that more lives are saved with vaccination, public sanitation, smoking cessation, and vector control than any doctor could hope to save in their entire professional career. I hope to continue my service to the Board, and believe my institutional knowledge is of added value as a board member. Over the years, I have served with Drs. Otto Ravenholt, Donald Kwalick, Larry Sands, Tom Coleman, Joe Iser and Fermin Leguen.

.280 S. Decatur Blvd., P.O. Box 3902 | Las Vegas,
NV 89127 702.759.1000 |
www.snhd.org



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying? Graduated High Honors in Immunology and Bacteriology at U C. Berkeley, full ride Regent's Scholar the the UCLA School of Medicine, past Chief of Staff of Sunrise Hospital and Medical Center, past Chief of Staff at Southern Hills Hospital, past President of the Clark County Medical Society, past President of the Nevada State Medical Association, former Board Member of CBIC (Certifying Board of Infection Control), served on the Nevada State Board of Health under the Bob Miller Administration, Surveyor for AAAHC (Accreditation Association for Ambulatory Health Care), former Commander United States Navy Reserve, Assistant Adjunct Professor of Medicine at the Kirk Kerkorian School of Medicine, and current Board Member of the SNHD. I further have maintained my Certification in Infection Control and Epidemiology.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name: Scott Black

Name: Marilyn Kirkpatrick

Name: Bobbett Bond

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

In addition to the above, I am a Medical Reserve Volunteer.

280 S. Decatur Blvd., P.O. Box 3902 | Las Vegas,
NV 89127 702.759.1000 |
www.snhd.org



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes, License Number



Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

I accommodate the uninsured through a provider agreement with Access to Health Care Nevada., and I speak fluent Spanish to accommodate the Hispanic population.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

280 S. Decatur Blvd., P.O. Box 3902 | Las Vegas,
NV 89127 702.759.1000 |
www.snhd.org



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Frank J. Nemec, MD April 23, 2026

Print Name Signature Date

For SNHD Use Only:

Application Received By: _____ Date Received:

_____ ☐ Candidate approved by the Nominating Committee. Date:

☐ Candidate attended BOH meeting. Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

**Curriculum Vitae
Frank J. Nemec, M.D.
6950 S Cimarron Rd, Suite 200
Las Vegas, NV 89113**

Personal History:

Born: [REDACTED]

Education:

Undergraduate: University of California, Berkeley. B.A. 9/71 to 6/75. Honors Program- Activation of Suppressor T- Cells In Vitro

Medical School: UCLA School of Medicine, M.D. 9/75 to 6/79

Internship: Los Angeles County/University of Southern California. Internal Medicine. 7/79 to 6/80

Residency: University of California, Davis. Internal Medicine. 7/80 to 6/82

Fellowship: University of California, Davis. Gastroenterology. 7/82 to 6/84

Honors:

Honors at Entrance, University of California, Berkeley.

Honors at Graduation, University of California, Berkeley.

Regent's Scholarship. University of California, Los Angeles. School of Medicine. (full academic scholarship covering all expenses for four years of medical school.)

Certification:

National Board of Medical Examiners 212707 6/25/80.

License, State of Nevada 5000 3/15/84.

License, State of California G42224 7/1/80.

American Board of Internal Medicine 89134 9/15/82.

American Board of Gastroenterology 89134 11/19/85.

Military:

United States Navy Reserve, Commander, Medical Corps,
2002-2011, Honorable Discharge

Professional Associations:

Gastroenterology Associates 1986 - Present

Ambulatory Surgical Center of So Nevada-Medical Director 10/2010-
06/2013, 01/2017-Present

Accreditation Association for Ambulatory Health Care (AAAHC) Surveyor
2014-Present

Board Member Certifying Board of Infection Control 2018-present

HONOReform Board Member 2011- 2016

CDC Safe Injection Practices Coalition 2011-2016

Board Member, Board of Southern Nevada Health District 2012-Present

Associate Clinical Professor, University of Nevada, UNLV School of Medicine
Chair , Colorectal Breast Cervical Cancer Medical Advisory Board 2011-2015

Board Member, Board Member Access to HealthCare Network 2011-2015

President, Nevada Colon Cancer Partnership 2012-2014
Adjunct Faculty, Touro University 2005-2015
Chief of Staff, Southern Hills Hospital 2006-2008.
Chief of Staff, Sunrise Hospital and Medical Center 1996-1998.
President, Nevada State Medical Association 1995-1996.
President, Clark County Medical Society, 1992-1993.
Board of Governors, American College of Gastroenterology, 1991-1995.
Fellow, American College of Gastroenterology.
Fellow, American Gastroenterological Association.
Member, American Society of Gastrointestinal Endoscopy.
Member, American College of Physicians.
Member Association for Professionals in Infection Control
Appointed Member, Nevada State Board of Health by Governor Bob Miller
Member, Health Information Technologies Policy committee, Health and Human
Member Medical Staffs of:
St. Rose Dominican Hospital- San Martin Campus

Courses:

Moderator 1995 ACG Regional Post Graduate Course, Las Vegas, NV

Publications:

1984 Trudeau, W.L., T. Prindiville, F. Nemec and E. Drell. Outpatient
Endoscopic varices. Gastrointestinal Endoscopy 30:137A
1984 Trudeau, W.L., T. Prindiville, E. Drell, F. Nemec and J. Siepler. UCDMC
Experience with EIS in 74 Child's C patients with bleeding
Gastrointestinal varices. Gastroenterology 86:1284A
1990 Bou-Abboud CF, Nemec, F, Toffel F., Reversal of andro-genetic alopecia
in a male. A spironolactone effect? Acta Derm Venereol 1990;70(4):
342-343.

Submitted for publication:

2025 Hagans T, Canaff L, Rimer R, Nemec F. Coil Migration to Duodenal Lumen
Complicating Management of Upper GI Bleed. American Journal of Case
Reports, Manuscript ID 950618

2025 Canaff L, Hagans T, Nemec G Carter E Rogers L Matesen, E Zhang Y
Mangla A, Lockett C, Nemec F. Inadvertent Ingestion of Beer Line Cleaner, An
Emerging Public Health Threat. Manuscript ID PHJ-25-0372

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PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

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INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

José **M** **Partida Corona**
FIRST NAME MI LAST NAME

[REDACTED]
RESIDENCE ADDRESS CITY/STATE/ZIP

Same
MAILING ADDRESS (if different from above) CITY/STATE/ZIP

[REDACTED]
DAY PHONE NUMBER EVENING PHONE NUMBER

[REDACTED]
CELLPHONE NUMBER FACSIMILE NUMBER

jmpcorona@partidacorona.com
EMAIL

Self
EMPLOYER

2950 East Flamingo Rd, Suite E **Las Vegas, NV 89121**
BUSINESS ADDRESS CITY/STATE/ZIP

Physician
OCCUPATION

APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

☒

Physician Representative

☐

Regulated Business or Industry Representative

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ALL APPLICANTS (Please print legibly or type)

Mr. ☐

Ms. ☐

Mrs. ☐

Dr. ☒

José

M

Partida Corona

FIRST NAME

MI

LAST NAME

Self

EMPLOYER

2950 East Flamingo Rd, Suite E

Las Vegas, NV 89121

BUSINESS ADDRESS

CITY/STATE/ZIP

Physician

OCCUPATION

How long have you lived in Clark County:

Since June of 2002

Please tell us why you are interested in becoming a member of the Board of Health.

I work with a very medically fragile population, as I work with many immigrants, minorities and patients struggling with substance use disorders. Being in my position has informed me of many areas where just minor tweaks in policy could have either very beneficial or catastrophic ramifications for these populations. It is my hope, that sitting on the board, I will be able to at least inform my fellow board members how the choices we make may affect providers and patients alike downstream.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No. However, my office is the recipient of a SOR grant which does outreach to unhoused individuals to provide care for folks with substance use disorders and their associated health conditions. As such, we do sometimes coordinate with the health district to provide treatment to some patients they or other community partners have found to be positive for communicable diseases.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am an internist by training, which I did at UMC hospital back when it was the Las Vegas campus of University of Nevada, Reno. Since then, I became board certified in internal medicine and as of a few years ago, became board certified in addiction. I was the inaugural class for the addiction fellowship at Southern Hills Hospital. Since getting board certified in addiction, my office has served as the ambulatory clinic site for rest of the fellows that have followed and I have worked as an adjunct attending. I have also been involved with ASAM policy advocacy committee in the past and have gone to DC to champion policy changes at the federal level.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Maureen Strohm, MD

Name:

George Kaiser, MD

Name:

Lesley Dickson, MD

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

I am part of CHIP, SURG and a member of NVSAM as well as SNAAP.

PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes- My license number is [REDACTED]

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

My primary care practice is predominantly minority and Spanish speaking. I also do a good deal of treatment for substance use disorders as an addiction specialist and we take both insured and uninsured. We also do training of the next generation of addiction fellows and try to coordinate between treatment silos as we do our outreach to unhoused individuals.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

Southern Nevada Association of Addiction Professionals-President
NV Society of Addiction Medicine- Chair of Public Policy Advocacy Committee
Southern Hills Hospital Addiction Fellowship-Adjunct Attending- Ambulatory Clinic

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

José Maria Partida Corona, M

Print Name



Signature

04/29/26

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee.

Date: _____

☐ Candidate attended BOH meeting.

Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

Jose M. Partida Corona, MD



Email: jmpcorona@partidacorona.com

Specialties

Internal Medicine
Addiction Medicine
Primary Care

Languages

English
Spanish

Education

Temple University School of Medicine
Philadelphia, PA
Doctorate of Medicine

July 1998- May 2002

University of California, San Diego
San Diego, CA
Bachelor of Arts in Latin American History
Bachelor of Sciences in Ecology, Behavior and Evolution

September 1991- June 1996

Training/Work Experience

Partida Corona Medical Center (Solo Practice)
Las Vegas, NV
Internal Medicine/Primary Care
Addiction Medicine
Civil Surgeon

October 2005-Present

Center for Behavioral Health
Las Vegas, NV
Supervising physician for Methadone/Suboxone Clinics

2009 -2011

University of Nevada School of Medicine
Las Vegas, NV
Internal Medicine Residency

July 2002-June 2005

University of Nevada School of Medicine
Las Vegas, NV
Internal Medicine Internship

July 2002-June 2003

Licensure and Certifications

Nevada State Board of Medicine
California State Board of Medicine

September 2005
November 2005

2026

**SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH
AT-LARGE RECRUITMENT**

**REGULATED BUSINESS OR INDUSTRY
APPLICANTS**

- 1. Bobbette Bond**
- 2. Ahmad Harley**





PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☒ Mrs. ☐ Dr. ☐

Bobbette

Bond

FIRST NAME

MI

LAST NAME

[REDACTED]

[REDACTED]

RESIDENCE ADDRESS

CITY/STATE/ZIP

1901 Las Vegas Blvd, So

LV, NV 89104

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

[REDACTED]

Same

DAY PHONE NUMBER

EVENING PHONE NUMBER

Same

NA

CELLPHONE NUMBER

FACSIMILE NUMBER

bbond@culinaryhealthfund.org

EMAIL

Culinary Health Fund

EMPLOYER

1901 Las Vegas Blvd, So

LV, NV 89104

BUSINESS ADDRESS

CITY/STATE/ZIP

VP, Health Policy

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

☐

Physician Representative

☒

Regulated Business or Industry Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐

Ms. ☒

Mrs. ☐

Dr. ☐

Bobbette

Bond

FIRST NAME

MI

LAST NAME

Culinary Health Fund

EMPLOYER

1901 Las Vegas Blvd, So

Las Vegas, NV 89104

BUSINESS ADDRESS

CITY/STATE/ZIP

VP, Health Policy

OCCUPATION

How long have you lived in Clark County:

35+ years

Please tell us why you are interested in becoming a member of the Board of Health.

I am currently an At-Large Member of the Board and appreciate the fellow board members and collaboration, the leadership of SNHD, the wide range of issues and responsibilities that belong under the SNHD umbrella, and the community impact that the Health District has on Public Health in Southern Nevada. As a long time resident, I am glad that we have a strong Public Health governance entity in Southern Nevada.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

Currently a member of the SNHD Board.

I have a Master's Degree in Public Health (MPH) focused on health behavior, so I appreciate all the health promotion and health care access programs offered by the health district. I am on the leadership team for Culinary Health Fund which operates 3 health centers in Las Vegas. I spent several years of advocacy in the Nevada Legislature on health care legislation to improve access to quality health care. I chair of the Health Services Coalition, which includes 24 health plans covering over 300,000 Nevadans.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Richard Segerblom, Clark County Commissioner

Name:

Marilyn Kirkpatrick, Clark County Commissioner

Name:

Barbara Buckley, Legal Aid of Southern Nevada

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

I was a founding member of the Governor's Patient Protection Commission, and have served on several health related boards and committees, including the Nevada Supreme Court Access to Justice Commission, the Governor's Blue Ribbon Committee on HITECH, the So NV Immunization Coalition, the So NV Oral Health Coalition, the Clark County Community Priority Board, and the Regional Trauma Advisory Board .



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

No

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

Yes. The Culinary Health Fund covers over 120,000 lives, including 40% families for which English is a second language. Many work in lower wage jobs in the hospitality industry. Many of our Participants face multiple socioeconomic challenges such as housing, food safety, transportation issues, child care challenges, and health care navigation needs. Elevated health care disparities, health care literacy barriers, and high rates of chronic disease like diabetes are major factors in the Culinary Health Fund population. The Fund focuses on affordable health care benefits and access, continuity of care, management of chronic health conditions, and prevention programs such as immunizations and dental care.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

Yes. The Health District regulates EMS and trauma, which impact our members, our health plans, and our coalition hospital access, quality, and costs. In addition, the health district regulates food handling and disease outbreaks in the properties in which our members work. Finally, the Fund is a vaccination provider trying to ensure a safe community through high vaccination rates and COVID prevention.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Bobbette Bond

Print Name

Signature

4/8/26

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee. Date: _____

☐ Candidate attended BOH meeting. Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

Bobbette Bond, MPH

Vice President, Health Policy

Culinary Health Fund

Bobbette worked in Atlanta and Washington D.C before moving to Nevada. She has worked in Nevada on health care access and quality through policy advocacy, legislation, coalition building, health plan operations and community initiatives for over 30 years. Bobbette leads the strategic policy work of the Culinary Health Fund. She also serves as the Co-Chair of the Health Services Coalition and as a liaison for the Culinary Health Fund for the Nevada Legislature. These entities focus on providing a not-for-profit health care payer perspective on community and legislative efforts to improve the health care delivery system in Nevada. Through this role she has spearheaded improvements for Nevada patients in hospital quality, access and affordability.

Bobbette led for several years on advocacy for successful state legislation to protect patients from the high cost of surprise medical bills. She has also advocated for the passage of transparency legislation in the pharmaceutical industry for manufacturers and related entities, in addition to numerous efforts to create a stable and effective health care system in Las Vegas. Bobbette is currently working on efforts to manage the high cost and impact of health care consolidation.

EDUCATION

Bobbette holds a Master's Degree in Public Health (MPH) in Health Promotion from the University of North Carolina in Chapel Hill, North Carolina.

MEMBERSHIP

- Chair, Health Services Coalition: 2011-current
- Member, Nevada Patient Protection Commission: 2019-2022
- Member, Nevada Supreme Court Access to Justice Commission, Governor's Workforce Investment Board (GWIB): 2013 - 2016
- Member, UNLV Medical School Community Advisory Board: 2015-2016
- Member, UMC Hospital Advisory Board: 2010-2011
- Member, Governor's Blue Ribbon Committee on HITECH: 2009
- Member, Clark County Community Priorities Board: 2009
- Member, Nevada Academy of Health: 2007-2009
- Member, Southern Nevada Immunization Coalition: 2007-2009
- Board of Directors, Clark County Health Access Coalition: 2004-2005
- Member, Southern Nevada Oral Health Coalition: 2004-2008
- Member, Clark County Children's Hospital Task Force: 2001
- Member, Nevada State Governor's Task Force on Access to Public Health Services: 2000-2001

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PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ☒	Ms. ☐	Mrs. ☐	Dr. ☐
Ahmad	J	Harley	
FIRST NAME	MI	LAST NAME	
[REDACTED]			
RESIDENCE ADDRESS		CITY/STATE/ZIP	
[REDACTED]		[REDACTED]	
MAILING ADDRESS (if different from above)		CITY/STATE/ZIP	
[REDACTED]			
DAY PHONE NUMBER		EVENING PHONE NUMBER	
[REDACTED]			
CELLPHONE NUMBER		FACSIMILE NUMBER	
ahmad.j.harley@gmail.com			
EMAIL			
Greater Las Vegas Chamber of Commerce			
EMPLOYER			
70 E Bonneville Avenue suite 200 Las Vegas, NV, 89101			
BUSINESS ADDRESS		CITY/STATE/ZIP	
Vice President of Finance			
OCCUPATION			



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

☐

Physician Representative

☒

Regulated Business or Industry Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☒

Ms. ☐

Mrs. ☐

Dr. ☐

Ahmad

J

Harley

FIRST NAME

MI

LAST NAME

Greater Las Vegas Chamber of Commerce

EMPLOYER

70 E Bonneville Avenue suite 200 Las Vegas, NV, 89101

BUSINESS ADDRESS

CITY/STATE/ZIP

Vice President of Finance

OCCUPATION

How long have you lived in Clark County:

7 years

Please tell us why you are interested in becoming a member of the Board of Health.

To represent and serve the community as an advocate for improved health standards in Southern Nevada. I aim to promote a culture of fiscal responsibility and accountability on the board, and ensure the community is served at the highest level possible. I will bring a service first mindset with a strategic focus on financial prudence to the operations of the board.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

no

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

Education - Bachelor of Finance, Temple University graduation 2014

Experience - 11 years of financial management experience in the industrial supply and the non-profit industries including budgeting, internal auditing, and risk management.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Janet Uthman - [REDACTED]

Name:

Hugh Anderson - [REDACTED]

Name:

Elizabeth Fretwell - [REDACTED]

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

As an employee of an association representing the business community of Las Vegas and Southern Nevada at large I bring a relevant perspective of business owners and operators. As a finance professional that has acted in a fiduciary capacity throughout my career I understand the importance of sound financial oversight and operational practices. I have managed large budgets in both public sector and non-profit industry. I have managed financial operations in several states and I have a keen eye for fiscal responsibility and regulatory compliance.



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

no

ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

My career path has drawn me toward service oriented organizations as I am a proud employee of the Greater Las Vegas Chamber of Commerce. I made Southern Nevada my home 7 years ago and this community has welcomed me with open arms and provided me great opportunities for personal development and service to others. Being able to serve the community in this capacity would be a great honor as I strive to make a positive impact on the lives of my fellow citizens and improve our standards of health as we continue to grow as a thriving populace.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Ahmad Harley

Print Name



Signature

04/30/2026

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee.

Date: _____

☐ Candidate attended BOH meeting.

Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

EDUCATION:

Temple University, Fox School of Business, Philadelphia PA
BBA Finance,

Graduation May 2014

WORK EXPERIENCE:

Greater Las Vegas Chamber of Commerce
Vice President of Finance

07.2025 - Present

- Lead financial operations, strategy and decision making ensuring organizational financial health
- Deliver monthly financial reporting packages for Board of Trustees and executive leadership
- Oversee annual audit procedures and tax filings including form 990
- Develop Financial Models to track key performance indicators
- Analyze project ROI, pricing models, incentive programs, and growth initiatives
- Oversee IT operations, cybersecurity protocols, and system integrations
- Negotiate service agreements for banking, merchant services, insurance, and operations vendors

Director of Finance

10.2023 - 06.2025

- Oversee Accounting procedures including monthly close and financial statement production
- Oversee annual budget process, budget to actual analysis, and re-forecasting
- Managed working capital to ensure efficient funding of operations
- Implemented internal audit procedures for data accuracy
- Implemented accounting policies ensuring procedural consistency and GAAP compliance
- Hiring manager of the finance department
- Managed federal grant awards ensuring timely data submissions and proper accounting of reimbursable activity

Fastenal Company

04.2014 - 09.2023

Finance Operations Manager (California Region)

04.2022 - 09.2023

- Managed a regional fleet of over 600 vehicles, optimizing sales, maintenance, and branch allocation strategies to reduce operational costs and improve efficiency.
- Oversaw accounts receivable collections for a business unit generating \$30M in monthly revenue, consistently achieving collection targets
- Established Inventory controls maintaining accurate asset reporting, ensuring appropriate purchase limits for branch locations, and achieving improved regional working capital
- Oversaw Inventory redistribution program reallocating \$100k in assets monthly to appropriate cost centers for improved turnover
- Conducted asset audits at regional branch locations, focusing on fraud detection and regulatory compliance to safeguard company assets
- Investigated fraudulent activity by analyzing monthly transaction logs

Regional Finance Manager (Southwest Region)

05.2019 - 03.2022

- Served as Hiring Manager for Regional Finance Department, overseeing staff recruitment, selection, and trainings
- Compiled annual internal audit compliance reports, ensuring adherence to regulatory standards
- Performed quarterly financial performance evaluations using regional general ledger data, identifying key performance trends
- Led training sessions focusing on best practices and regional KPIs, contributing to enhanced team performance

- Assessed credit risk and established appropriate limits for prospective customers, mitigating financial risks
- Maintained SOX compliance by managing standard record-keeping practices at branch locations, ensuring regulatory adherence
- Oversaw implementation of corporate financial initiatives at the regional level

Regional Finance Support (Metro Atlantic Region)

11.2015 - 04.2019

- Led asset reduction projects as a project lead, resulting in substantial cost savings and improved operational efficiency
- Formulated margin improvement strategies for regional branch locations, boosting profitability and financial performance
- Analyzed inventory accounting ledgers on a monthly basis to ensure accuracy and compliance with accounting standards
- Conducted comprehensive trainings on regulatory compliance and record-keeping, enhancing branch-level compliance and reducing risks
- Utilized ERP systems to deliver timely and accurate financial data to district management, enabling informed decision-making
- Assisted branches in reducing accounts receivable collection days, optimizing cash flow and financial stability

Sales Solutions Specialist (Warrington, PA)

04.2014 - 10.2015

- Assisted General Manager in daily operations of customer account management with a primary focus on increasing sales process efficiency
- Managed the account business calendar to ensure the timely completion of service deadlines.
- Initiated daily digital and telephone correspondence with multiple departmental contacts to maintain consistent service
- Served as a liaison between account contacts and account specialists working offsite
- Sourced and purchased inventory to fulfill customer purchase orders, exceeding \$100,000 monthly.

Technology

- Software Proficiency: Microsoft Office Suite (Word, Excel, PowerPoint, Outlook),
- AI: Large Language Models, Agentic AI, Smartsheet
- Accounting: Acumatica, Velixo
- CRM systems: Oracle, MC Trade

Skills

- Financial Analysis
- Project Management
- Fleet Management
- Accounts Receivable
- Process Automation
- Internal Auditing
- Budgeting

2026

**SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH
AT-LARGE RECRUITMENT**

GAMING APPOINTMENT

1. Scott Nielson

Appointed by the Nevada Resort Association on April 8, 2026





10000 W. CHARLESTON BLVD., SUITE 165
LAS VEGAS, NV 89135
PH: (702) 735-4888 FAX: (702) 735-4620

April 8, 2026

Dr. Cassius Lockett
Nevada Health District Officer
Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89107

RE: NRA Nomination to the SNHD Board of Health

Dear Dr. Lockett,

As you are aware, Scott Nielson's term on the Southern Nevada Board of Health (SNHD) will conclude on June 30, 2026. In accordance with NRS 463.370, the Nevada Resort Association (NRA) Board of Directors hereby nominates Mr. Nielson, President of Nielson Consulting, for reappointment to the SNHD Board of Health.

Mr. Nielson can be reached by phone at [REDACTED] or via email at

[REDACTED]. His mailing address is [REDACTED].

If you have any questions regarding the NRA nomination, please do not hesitate to contact me.

Sincerely,

Virginia Valentine
President, Nevada Resort Association

cc: Scott Nielson

2026

**PUBLIC HEALTH ADVISORY BOARD
AT-LARGE RECRUITMENT**

PHYSICIAN APPLICANTS

- 1. Dr. Kenneth Osgood**



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

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INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Kenneth

Osgood

FIRST NAME

MI

LAST NAME

[REDACTED]

RESIDENCE ADDRESS

CITY/STATE/ZIP

Same

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

[REDACTED]

DAY PHONE NUMBER

EVENING PHONE NUMBER

[REDACTED]

CELLPHONE NUMBER

FACSIMILE NUMBER

kenneth.osgood@att.net

EMAIL

Self Employed-dba Medical Scientific Resources of Nevada, Inc.

EMPLOYER

[REDACTED]

BUSINESS ADDRESS

CITY/STATE/ZIP

Physician

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- ☒ Physician Representative
☐ Nurse Representative
☐ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Kenneth

Osgood

FIRST NAME

MI

LAST NAME

Self

EMPLOYER

[REDACTED]

BUSINESS ADDRESS

CITY/STATE/ZIP

Physician

OCCUPATION

How long have you lived in Clark County:

32 years

Please tell us why you are interested in becoming a member of the Advisory Board.

To help define and prioritize the Southern Nevada Health District activities necessary to insure that all regional public health needs are met.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

See attached resume and CV

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Allan J. Ebbin, MD-

Name:

Steven Goldstein-

Name:

Chris Kurdziel-

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

See attached resume and CV



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes (license # [REDACTED])

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

1. Served active duty in the USPHS at Tuba City, AZ (Navajo/Hopi Reservation - 1967-69)
2. Volunteer Pediatrician the the Sage Memorial Hospital, Ganado, AZ (Navajo Reservation-1969)
3. Private Practice (General Pediatrics and Infectious Disease specialist) in Las Vegas, New Mexico - note that >85% of my patients were Hispanic and three of the counties where they lived were ranked as the 2nd, 8th, and 13th poorest counties the the United States - 1973 - 1987.

NURSE APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.



ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY

Please tell us about your education, training, and experience related to environmental health or environmental health services.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Kenneth Osgood, MD, MPH

Print Name

Signature

Date

3/3/2026

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee.

Date: _____

☐ Candidate attended BOH meeting.

Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

Nevada State Board of
Medical Examiners



LICENSE CARD

This is to certify that
KENNETH OSGOOD, M.D.

holds

ACTIVE

status as a

MEDICAL DOCTOR

in the state of Nevada in accordance with
Nevada Revised Statutes Chapter 630.

License #

Issue Date:

01/26/1995

Expiration Date:

06/30/2027

For the most up-to-date information about this licensee
please visit our online licensee look-up at medboard.nv.gov

**PLEASE NOTIFY THE NEVADA STATE BOARD OF MEDICAL
EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Tim M. Sparks

President, Nevada State Board of
Medical Examiners

x

Resume-Kenneth Osgood, MD, MPH

Kenneth Osgood, MD, MPH, a Board-Certified Pediatrician, is President of Medical Scientific Resources of Nevada, Inc. His current practice is limited to preventive health and biometric testing services.

Dr. Osgood received his undergraduate degree from the University of California, Riverside, his medical degree from the University of Cincinnati, and his master's degree in health and Hospital Administration from the UCLA School of Public Health. He completed his internship, residency and National Institute of Health Infectious Disease fellowship at the Los Angeles County/University of Southern California Medical Center and his applied epidemiology and biostatistics training at the National Center for Disease Control in Atlanta, Georgia. From 1978 until his relocation to Nevada in 1994, he was a Clinical Associate Professor of Pediatrics at the University of New Mexico, School of Medicine.

While in private practice in New Mexico he served as Chief of Staff and member of the local hospital Board of Trustees. In the late 1980s, he began a physician executive career and served as the regional Medical and/or Plan Director for EQUICOR, CIGNA, FHP and United HealthCare. Also, he was the first Medical Director/Clinical Coordinator for the New Mexico Medical Review Association implementing the CMS Health Care Quality Improvement Initiative and served as the western region Medical Director of SDMS, a national disease management firm.

He served in the Indian Health Service at Tuba City, Arizona. During that time, he published a report documenting the severe infant malnutrition he and his colleagues were observing. Subsequently, Congress reviewed his report and created the national Food Stamp (SNAP) and Women, Infants and Children Supplemental Nutrition (WIC) programs incorporating his recommendations.

During his National Institute of Health Infectious Disease Fellowship, he created a nurse supervised systematic inpatient infection control program which was adopted by the Joint Commission on Accreditation of Hospitals as an accreditation standard.

During his years in private practice in rural northern New Mexico, he and his colleagues implemented health delivery system changes, including the creation of the region's first RN training program and successfully lobbying for state legislative initiatives that created the nation's first comprehensive statewide neonatal transport and delivery system. This system resulted in the reduction of neonatal deaths by 60% within 3 years. He and his partner also implemented a systematic comprehensive pediatric preventive disease practice program resulting in a decrease of the region's annual pediatric inpatient admissions, inpatient days and emergency room visits.

Dr. Osgood served as president of the New Mexico Chapter of the American Academy of Pediatrics (AAP) and also served on the AAP Council and AAP National Child Health Finance Committee. During his tenure as the New Mexico Chapter President the Chapter received the AAP Wyatt Award as the best small Chapter in the United States. During his tenure on the AAP National Child Health Finance Committee, he chaired a subcommittee that designed a supplemental children's insurance program, a program presented to Congress and ultimately adopted. The program is currently referred to as the State Children's Health Insurance Plan (SCHIP).

He also participated in the HealthCare Summit; a national forum that issued a report entitled "Guiding Principles to Protect and Improve the Health Status of All Americans." The report and eight federal reform proposals, released in 2009, was presented to Congress. Most of the proposals were endorsed by Congress and incorporated into the Affordable Care Acts, signed into law in 2010. A follow-up report was released in 2017.

Dr. Osgood has provided expert testimony to Congress on issues of child health systems and finance; to the Centers for Medicare & Medicaid Services (CMS) on Medicaid regulations; to the New Mexico Senate Finance and Corporations Committees and the Nevada Legislature's Health Committee on health care issues; and to the Nevada Assembly Committee on Health and Human Services on food insecurity. He also served a term on the Southern Nevada Health District Board of Health. In addition he served on the Nevada Governor's Council on Food Security and subsequently on the Nevada State Council on Food Security. He currently serves on the Southern Nevada Health District Advisory Board.

Kenneth Osgood, MD, MPH

SUMMARY

Pediatrician and Infectious Disease specialist with additional expertise in health promotion, disease management development and implementation, quality improvement and utilization management.

PROFESSIONAL EXPERIENCE

Medical Scientific Resources of Nevada, Inc. ~ Las Vegas, NV **1995 - Present**

President

A health professional firm providing preventive health care services.

OnSite WELLNESS ~ Torrance, CA **2003 - Present**

Medical Director

Responsible for biometric testing protocol development, quality control and regulatory compliance.

EMPLOYEE HEALTH MANAGEMENT SYSTEMS ~ Mesa, AZ **2001 – 2024**

Medical Director

Responsible for biometric testing protocol development, quality control, regulatory compliance and data analysis and report generation.

NEVADACARE ~ Las Vegas, NV **2003 - 2006**

Medical Director

Responsible for physician supervision of health services department (utilization management), provider relations department (provider contracting), quality management department (provider credentialing), benefit determinations and wellness program development and implementation.

UNITED HEALTHCARE ~ Las Vegas, NV **1998 – 2001**

Medical Director

Responsible for all activities of medical department, including and not limited to, utilization management, credentialing, disease management program development and implementation and quality control assurance programs.

Commercial hospital days decreased from 250 to 155/1000 members.

Commercial per member per month total medical costs decreased from \$152.00 to \$113.00.

Achieved a 54% reduction in smoking among participants in a client specific smoking cessation program.

Realized no re-admissions in panic disorder disease management program.

Women's osteoporosis screening program realized a 7% participation rate leading to a 33% referral rate.

SDMS, INC. ~ Las Vegas, NV

1995 – 1998

Medical Director - Western Region

Assisted in development and implementation of congestive heart failure, diabetes, asthma and hypertension disease management programs. Participated in sales presentations, and developed population based disease/cost profiling tool.

Congestive heart failure program realized a 25% reduction in emergency room visits and greater than 70% reduction in hospital days.

Asthma program resulted in a 12% reduction in asthma related expenses and an increased use of medically appropriate outpatient service.

FHP, INC. ~ Las Vegas, NV

1994 – 1995

Medical Director

Responsible for hospital and outpatient prior authorization, physician specific referral pattern profiles, teaching physicians principles of managed care.

Commercial hospital days decreased from 262 to 135 days/ 1000 members.

Senior hospital days decreased from 2100 to 1045 days/1000 members.

Reduced primary care physician medically unnecessary referrals by 50% resulting in increased physician compensation.

NEW MEXICO MEDICAL REVIEW ASSOC., ~ New Mexico

1992 – 1994

Medical Director - Clinical Coordinator

Implemented Health Care Quality Improvement Initiative.

Reviewed random samples of Medicare hospital admissions to control costs, validate claims and improve quality of care.

Developed prostate surgery and thrombolytic intervention in acute myocardial infarction using emergency medical technician disease management programs

EQUICOR, INC./CIGNA, INC. ~ New Mexico & West Texas

1987 – 1992

Medical Director/Plan Director

Responsible for development and management of statewide PPO network of 1100 physicians, six hospitals and ancillary services, credentialing, hospital and outpatient utilization management.

Realized \$7,500,000 before tax profits from a book of business with premium equivalents of \$165,000,000 and a \$3,500,000 full recovery of previous losses from current clients.

Realized a PPO loss ratio improvement from 110% to 85%, exceeding market norms.

Gatekeeper PPO client hospital days decreases to 130 days/1000 members.

LAS VEGAS CLINIC FOR CHILDREN AND YOUTH, PA ~ New Mexico 1973 – 1987

Co-Founder. Private Group General Pediatric Practice.

EDUCATION

Masters of Public Health – University of California Los Angeles, School of Public Health, Division of Health Service Administration, Los Angeles, California (1973)

Applied Epidemiology and Biostatistics Course of the Epidemic Intelligence Service
National Center for Disease Control, Atlanta, GA (1971)

Doctor of Medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio (1966)

Bachelor of Arts, University of California, Riverside, California (1962)

PROFESSIONAL TRAINING

Pediatric Resident, Los Angeles County/University of Southern California Medical Center, Los Angeles, California (1969 – 1971)

Rotating Intern, Los Angeles County/University of Southern California Medical Center, Los Angeles, California (1966 – 1967)

CLINICAL RESEARCH

NIH Fellow, Infectious Diseases, USC School of Medicine, Los Angeles, CA (1971 – 1973)

Fellow, Department of Community Medicine, University of Kentucky School of Medicine, Lexington, Kentucky (1965)

NIH Fellow, Pathology, USC School of Medicine, Los Angeles, California (1964)

NIH Fellow, Pathology, USC School of Medicine, Los Angeles, California (1963)

LICENSURE AND CERTIFICATION

Certification, American Board of Pediatrics, 1974: Re-certified, 1980

Licensure, Nevada, 1995

Licensure, New Mexico, 1973

Licensure, California, 1969

Licensure, Ohio, 1966 (inactive)

MILITARY SERVICE

United States Public Health Service: Inactive Reserves: 1969 – 1999
Active Duty: 1965, 1967 – 1969
Commissioned: 1965

PROFESSIONAL SOCIETIES

Fellow, American Academy of Pediatrics

Fellow, American College of Physician Executives, 1988 - 2005

Member, Los Angeles Pediatric Society

Member, New Mexico Medical Society

Member, American Medical Association

Member, Nevada State Medical Association

Member, Clark County Medical Society

TEACHING POSITIONS

Clinical Associate Professor of Pediatrics, University of New Mexico, School of Medicine, Albuquerque, New Mexico (1978 – 1994)

Guest Lecturer, Pediatrics, Columbia University, Roosevelt/St. Lukes Hospital, New York, New York (Annual Lectures 1982 – 1985)

Guest Lecturer, Pediatrics, Massachusetts General Hospital, Harvard Division, Boston, Massachusetts (1983)

Instructor in Pediatrics, University of Southern California, School of Medicine, Los Angeles, California (1972 – 1973)

HONORS AND AWARDS

National Institute of Health, Fellow in Infectious Diseases, USC School of Medicine, Los Angeles, California (1971 – 1973)

United States Public Health Service COSTEP Fellow, University of Kentucky School of Medicine, Lexington, Kentucky (1965)

National Institute of Health, Fellow in Pathology, USC School of Medicine, Los Angeles, California (1964)

National Institute of Health, Fellow in Pathology, USC School of Medicine, Los Angeles, California (1963)

PROFESSIONAL ACTIVITIES

President, Medical Scientific Resources of Nevada, Inc. (1995 - Present)

Medical Director, Employee Health Management Systems, Inc. (2001- 2024)

Medical Director, OnSite WELLNESS (2003 – Present)

Vice Chair, Improving Diabetes and Obesity Outcomes (iDo)-501c3 Organization (2012 – 2023)

Council on Food Security, State of Nevada (Previously known as Governor's Council on Food Security)-Representing Physicians and Local Health Authority - (2014 – 2024)

Southern Nevada Health District, Public Health Advisory Board (2016 – Present)

Southern Nevada Health District, Board of Health (2012 – 2015)

Member, The HealthCare Summit (2007 – 2019)

Medical Director, NevadaCare, Inc. (2003 – 2006)

Principal, The Romeis Group, Inc. (1998 – 2002)

Medical Director/ Plan Director, United Healthcare of Nevada, Inc. (1998 – 2001)

Nevada State Medical Society (1997 – Present)

Clark County Medical Society (1997 – Present)

Western Regional Medical Director, SDMS (1995 – 1998)

Medical Director, Nevada Region, FHP, Inc. (1994 – 1995)

Medical Director/Clinical Coordinator, New Mexico Medical Review Association, Medicare Program (1992 – 1994)

New Mexico Legislature's Health Policy Commission, Data Information Task Force, Chair (1990 – 1994)

EQUICOR/CIGNA, Inc., Medical Director/Plan Director, New Mexico – Developed and Managed PPO, New Mexico (1987 – 1992)

Greater Albuquerque Medical Association Member, Physician Support Committee (1987 – 1994)

Physicians of New Mexico, Inc., Board of Directors (1986 – 1994)

St. Vincent's Hospital, Santa Fe, New Mexico: Consulting Physician Active Staff (1984 – 1987)

New Mexico Governor's "Health Care Cost Containment Task Force" (1983 – 1987)

American Academy of Pediatrics National Committee on Child Health Finance (1979 – 1986: Chair 1981-1983)

New Mexico Medical Review Commission Member (1977 - 1994)

New Mexico State Vocational Education Advisory Council (1977 – 1984)

New Mexico Physician Mutual Liability Company – Founding Member (1976 – 1994)

Luna Vocational Technical Institute Nursing Advisory Committee (Created the Bachelor Degree RN program in 1978)

New Mexico Health Planning Council, B Agency-Northern New Mexico (1975-1982)

University Hospital (University of New Mexico), Albuquerque, New Mexico: Active Clinical Staff (1975 – 1987)

New Mexico State Medicaid Advisory Panel (1974 – 1979)

American Academy of Pediatrics, New Mexico Chapter (1974 – 1994): President (1975 – 1985)

Las Vegas Hospital (Northeastern Regional Hospital), Las Vegas, New Mexico: Active Medical Staff (1973 – 1987); Chief of Staff: 1974-1975; Medical Staff Representative on Board of Trustees (1984 – 1985)

San Miguel County Medical Society (1973 – 1987): President (1975 – 1987)

New Mexico Medical Society (1973 – Present)

American Medical Association (1973 – Present)

Private Group General Pediatric Practice, Co-Founder, Las Vegas Clinic for Children and Youth, P.A., Las Vegas, New Mexico (1973 – 1987)

Hospital Epidemiologist, Los Angeles County General Hospital - Children's Division and Unit I (1971 – 1973)

Sage Memorial Hospital, Ganado, Arizona: Active Medical Staff (1969)

Indian Health Service Hospital, Tuba City, Arizona: Active Medical Staff (1967 – 1969)

PUBLICATIONS AND RESEARCH INTERESTS

1. Osgood, K., Hochstrasser, D. L., Deuschle, K.S.; Lay Midwifery in Southern Appalachia. Arch. Environ. Health: 12: pp. 759-770, June 1966.
2. Osgood, K.; High Risk Infants and Malnutrition; Central Infant Registry. Dept. of Health, Education and Welfare, Division of Indian Health, Public Health Service, PHS Indian Hospital, Tuba City, AZ; January 15, 1969.
3. Osgood, K., Haddad, Z., Korotzer, J., Peetoom, F., and Ishizaka, K.; Immune Deficiency and IGE. The Lancet, pp. 627-28, March 21, 1970.
4. Osgood, K., Norman, M., Wehrle, P.; Three Epidemics of Hospital-Acquired Infections Identified on a General Pediatric Service Utilizing a Systematic Surveillance Program. Presented at the 12th Interscience Conference on Antimicrobial Agents and Chemotherapy, Atlantic City, New Jersey, September 28, 1972.
5. Overturf, G., Wilkins, J., Osgood, K.; Response in Infants and Children to Meningococcal C Polysaccharide Vaccine. Presented at the Western Research Society Meeting, February 7, 1974. Carmel, California.
6. Osgood, K., Portnoy, B., Berman, N.; Viral Studies in Menier's Disease. Presented to the Barany Society, Anaheim, California, June 10, 1974.
7. Osgood, K., Norman, M., Wehrle, P.; The Influence of a Systematic Surveillance Program on the Incidence of Hospital Acquired Infections on a General Pediatric/Infectious Disease Service. Presented at the 14th Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, California, September 12, 1974.
8. Zuchal, Hilley, Osgood, et al; Human Plague-New Mexico, MMWR, Vol. 24., No.33, August 16, 1975.
9. Osgood, K., Wehrle, P., Norman, M.; Benefit of Hospital Acquired Infection Control in a Pediatric Hospital, Adopted by JCAH as method for Nosocomial Infection Surveillance, 1976.
10. Koffler, H., Greenberg, R., Osgood, K., et al; Coordinated Perinatal Care In New Mexico, New Mexico Pediatric Society Report to the New Mexico Legislature, 1976.
11. Osgood, K., Bunch, G.; The Impact of Pediatricians on Hospital Utilization, American Journal of Public Health, October, 1980.
12. Osgood, K., Nelson, M., et al; Caring for New Mexico's Chronically Disabled Children, New Mexico Pediatric Society Report to the New Mexico Legislature, 1982.
13. Blim, R., Osgood, K., et al; Principles of Child Health Care Financing, Pediatrics 1983;71, No. 6, June, 1983.
14. Blim, R., Osgood, K., et al; Contracting with Health Care Delivery Systems, American Academy of Pediatrics, August, 1985.
15. Osgood, K., et al; Malpractice Complaint Process: Personal Perspectives, Greater Albuquerque Medical Association, 1991.
16. Orr, R.D., Osgood, K; The Patient's Legacy, Medicine of the Americas, Vol 2, No. 1, January/February 2001
17. Osgood, K., Health Insurance – One Physician's Perspective, Clark County Medical Society, County Line, Vol. 103, August 2008.
18. Osgood, K., DeCorte, T., Mazzone, D.M. (Editors); Guiding Principles to Protect and Improve the Health Status of All Americans, The HealthCare Summit, February 2009.
19. Osgood, K., Blake, J., Mazzone, D.M. (Editors); Guiding Principles to Protect and Improve the Health Status of All Americans – Follow-up Report. The HealthCare Summit, April, 2017.

PUBLICATIONS AND RESEARCH INTERESTS

(Continued)

20. Osgood, K., Portnoy, B., Berman, N.; Menier's Syndrome and Acute Viral Illness, Unpublished.
21. Osgood, K., Hector, H., Koffler, H.; Factors Influencing Neonatal Mortality Based on Linked Birth and Death Records in New Mexico, Unpublished.

2026

**PUBLIC HEALTH ADVISORY BOARD
AT-LARGE RECRUITMENT**

NURSE APPLICANTS

- 1. Dr. Susan VanBeuge**



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Susan

S

VanBeuge

FIRST NAME

MI

LAST NAME

RESIDENCE ADDRESS

CITY/STATE/ZIP

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

DAY PHONE NUMBER

EVENING PHONE NUMBER

CELLPHONE NUMBER

FACSIMILE NUMBER

susan.vanbeuge@unlv.edu

EMAIL

University of Nevada, Las Vegas

EMPLOYER

4505 Maryland Parkway, Box 453018 Las Vegas, NV 89154

BUSINESS ADDRESS

CITY/STATE/ZIP

Professor-in-Residence/Nurse Practitioner

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- ☐ Physician Representative
☒ Nurse Representative
☐ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Susan S VanBeuge
FIRST NAME MI LAST NAME

University of Nevada, Las Vegas

EMPLOYER

4505 Maryland Pkwy, Box 453018 Las Vegas, NV 89154

BUSINESS ADDRESS CITY/STATE/ZIP

Professor-in-Residence/Nurse Practitioner

OCCUPATION

How long have you lived in Clark County:

26 years

Please tell us why you are interested in becoming a member of the Advisory Board.

Please accept my application for reappointment as a Member-at-Large for the nursing professional position on the advisory board. I have lived in Clark County for nearly 26 years and have been part of the health care community since moving here. As a public servant, this role fits for me to serve the community where I live and have raised my family. I believe my unique skill set as a professional nurse is a vital asset on the advisory board as a continuing member. My experience as the nursing representative and Vice-Chair has been rewarding and made positive impact in Nevada. As a registered nurse for 33 years, and family nurse practitioner for 23 years, I bring knowledge, experience, and clinical skills to unique to a nurse, policy leader, and educator.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

I currently work at the University of Nevada, Las Vegas as Professor-in-Residence in the School of Nursing.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am a doctoral prepared family nurse practitioner with 33 years' experience as a nurse in a variety of settings, licensed to practice nursing in Nevada since 2000. My career started in the emergency department, including as a civilian working for the military in Okinawa, Japan. I've provided care as a nurse practitioner in Las Vegas for 23 years in primary care, endocrinology, and as an educator. I've held leadership roles at UNLV in the School of Nursing and Faculty Senate. My clinical experience includes direct patient care working in acute care and outpatient settings. I have worked with minority and medically underserved populations in my role as an educator at a minority serving institution, outpatient care, and in volunteer experiences.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Minnie Wood, MSN,

Name:

Laura Stubberud, Esq.

Name:

Lori O'Toole, APRN,

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

Examples: 1) Nursing Rep. SNHD Public Health Advisory Board; 2) Nevada State Board of Nursing – RN Member 2 terms; 3) National Council State Boards of Nursing Board of Directors, Area 1 Director; 4) Chair and member, Nevada Primary Care Advisory Council; 5) Medical Reserve Corps of Southern Nevada -COVID-19 vaccine administration; 6) SNHD ARRA Grant (2011-2012) public health initiative Tobacco Free UNLV and Clark County NSHE education facilities.

PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

NURSE APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes. RN-██████(expires 7/20/2026); APRN ██████(expires 7/20/2026)

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

As a first-generation college graduate coming from a disadvantaged background, I am keen on the work I do to serve others. Examples: 1) legislative work for full practice authority for nurse practitioners (NP) in Nevada with a 400% increase in NP's in 13 years. NP's offer access to care in medically under serve populations, rural communities, and in areas others may not want to serve for lower pay; 2) Centers for Disease Control and Prevention diabetes self-management education and support services collaboration to increase awareness of education, training, and access. Diabetes impacts the highest rates in the minority population and those who are medically under served. This improves health outcomes and lessen health disparity 3) Co-investigator on a research project to investigate medication errors between internationally educated nurses and American nurses. 4) I've chaired doctoral projects in health literacy, access to care for low-income uninsured patients, maternal health risk assessment, and use of telehealth in patients with diabetes mellitus.



ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY

Please tell us about your education, training, and experience related to environmental health or environmental health services.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

Thank you for your consideration of my reappointment to the Southern Nevada Health District Public Health Advisory Board Nursing Representative. It has been my honor to serve one term and I would appreciate to continue serving. The important work we are doing as a board serves Nevadan's. As a nurse and nurse practitioner for over 33 years, I believe my experience, knowledge, and commitment to the community speaks for itself in the engagement and ability to serve on the Advisory Board. Thank you kindly for your consideration for reappointment.

I have attached a current CV for your review and consideration.

Respectfully,
Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Susan S. VanBeuge

Print Name

Susan S. VanBeuge

Signature

4/14/2026

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee.

Date: _____

☐ Candidate attended BOH meeting.

Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

SUSAN S. VANBEUGE, DNP, APRN, FNP-BC, FAANP, FAAN

WORK CONTACT INFORMATION:

UNLV School of Nursing
4505 S. Maryland Parkway, Box 453018
Las Vegas, NV 89154-3018
Office Phone 702-895-3360

LICENSURE/CERTIFICATION:

Nevada RN License (2026)
Nevada APRN License (2026)
ANCC Family NP-BC (2029)
Nevada State Board of Pharmacy (2026)

Date	Institution	Field of Study	Degree
2008–2009	University of Utah	Nursing	DNP
2001–2003	UNLV	Nursing	MSN
1990–1993	Pacific Lutheran Univ.	Nursing	BSN
1982-1986	University of Utah	Communication	BS

ACADEMIC EXPERIENCE:

Date	Position	Institution, City, State
8/25-12/25	Interim DNP Program Director	UNLV School of Nursing, Las Vegas, NV
Jan-Aug 2025	Interim Assoc Dean of Advanced Education	UNLV School of Nursing, Las Vegas, NV
1-8/2024	BSN-DNP Program Lead	UNLV School of Nursing, Las Vegas, NV
July 2022	Professor in Residence	UNLV School of Nursing, Las Vegas, NV
2018-2020	Director Clinical & Community Partnerships	UNLV School of Nursing, Las Vegas, NV
2016-2022	Assoc. Professor in Residence	UNLV School of Nursing, Las Vegas, NV
2014-12/16	Master's Program Coordinator	UNLV School of Nursing, Las Vegas, NV
2010-2016	Assist. Professor in Residence	UNLV School of Nursing, Las Vegas, NV
2009-2010	DNP Task Force Chair	UNLV School of Nursing, Las Vegas, NV
2010-2011	DNP Coordinator	UNLV School of Nursing, Las Vegas, NV
2006-2009	Clinical Instructor/Lecturer	UNLV School of Nursing, Las Vegas, NV
2004-2006	Clinical Faculty	University of Nevada School of Medicine Department of Surgery, Las Vegas, NV
2005-2006	Adjunct Instructor	College of Southern Nevada, Las Vegas, NV
1997-1998	Adjunct Clinical Professor	Sanford-Brown College, Kansas City, MO
1992-1993	Academic Tutor	Pacific Lutheran University, Tacoma, WA
1986-1989	Adjunct Professor	City Colleges of Chicago Sögel, Germany (w/U.S. Military)

SUSAN S. VANBEUGE, DNP, APRN, FNP-BC, FAANP, FAAN

EXPERIENCE OTHER THAN ACADEMIC TEACHING:

Date	Title	Place
2017-present	Nurse Practitioner	Cardiology/Cardiometabolic, Las Vegas, NV
2018-2023	Nurse Practitioner	Valley Endocrinology, Las Vegas, NV
2007-2018	Nurse Practitioner	Berelowitz Endocrinology, Las Vegas, NV
2/2013-7/13	Nurse Practitioner	Andrea Dempsey, MD, Internal Medicine, Las Vegas, NV
2006-2007	Nurse Practitioner	Freedman Medical, Internal Medicine Clinic, Las Vegas, NV
2004-2006	Nurse Practitioner	University of Nevada School of Medicine, Las Vegas, NV
2002-2004	Staff Nurse	Mountain View Hospital, Las Vegas, NV
2001-2002	Staff Nurse	O'Callaghan Federal Hospital , Las Vegas, NV
2001-2001	Staff Nurse	Nevada Cancer Center, Las Vegas, NV
2000-2001	Clinic. Coord/RN	Desert Lane Care Center, Las Vegas, NV
1998-2000	ED. Dir./Staff Nur	Okinawa Naval Hospital, Okinawa, Japan (w/U.S. Military)
1997-1998	Staff Nurse ER	St. John's Hospital, Leavenworth, KS
1996-1997	Staff Nurse ER	Highsmith-Rainey Hospital, Fayetteville, NC
1990-1995	Staff Nurse ER	Good Samaritan Hospital, Puyallup, WA

HONOR SOCIETIES/ACADEMIES:

Date	Organization
2022	Phi Kappa Phi, UNLV Chapter 100
2021	Fellow, American Academy of Nursing (FAAN)
2017	American Association of Colleges of Nursing LANP Fellow
2013	Fellow, American Association of Nurse Practitioners (FAANP)
2002	Sigma Theta Tau International Nursing Honor Society, Zetta Kappa Chapter

HONORS AND AWARDS:

Date	Award
2026	American Association of Nurse Practitioners State Award for Outstanding Contributions (Nevada)
2026	International Center for Regulatory Scholarship Certificate Program, Awarded April 2026
2025	Distinguished Nurse Excellence in Nursing 2025 Award, The ARC of Nevada (Formerly March of Dimes)
2023	James Stork Memorial Spirit of Volunteerism Award – Las Vegas Metropolitan Police Department
2023	University of Nevada, Las Vegas – Spanos Distinguished Teaching Award Nominee
2022	University of Utah College of Nursing 2022 Distinguished Alumni
2022	Outstanding Clinical Teaching 2022, UNLV School of Nursing
2022	Certificate of Recognition, City of Las Vegas – for COVID volunteer work
2021	Fellow American Academy of Nursing (FAAN)
2019	March of Dimes, Advanced Practice Nurse of the Year
2019	AANP 2019 Nevada Nurse Practitioner Advocate
2017	AACN LANP Fellow
2014	9th Annual HealthCare Hero, Community Partner Member, Nevada Business Magazine, September 2014

SUSAN S. VANBEUGE, DNP, APRN, FNP-BC, FAANP, FAAN

2014	Featured Health Professional, Best Doctors Issues, Desert Companion, 08/2014
2013	University of Utah College of Humanities Alumni Profile, The Kingfisher 2013
2013	UNLV School of Nursing Faculty Service Award
2013	American Association of Nurse Practitioners Fellow (FAANP)
2012	AANP Nevada Nurse Practitioner of the Year (Clinical)
2011	Outstanding Faculty Practice of the Year -Nevada Nurses Association
2011	Outstanding Researcher of the Year Nominee - Nevada Nurses Association
2008-2009	Traineeship Scholarship, University of Utah DNP Program
2009 SP/S/F	College of Nursing Scholarship (CON), University of Utah DNP Studies
2002-2004	Rebecca Lahr Scholarship, University of Nevada, Las Vegas
2004	Customer Service Award, Clark County (NV) Chamber of Commerce
1992-1993	Senior Nursing Fellowship, Pacific Lutheran University

RESEARCH, CREATIVE ACCOMPLISHMENTS, AND SCHOLARSHIP:

PUBLICATIONS

Invited and Refereed Publications

○ denotes invited

◆ denotes peer reviewed

- ◆ VanBeuge, S. (2026). New Changes to Graduate Loan Funding Needs Your Action Now. *Nevada RNFormation*, Volume 35, (1).
- ◆ VanBeuge, S. (2025). Volunteering as part of the Medical Reserve Corps. *Nevada RNFormation*, Volume 34, (4).
- VanBeuge, S. (2025). The APRN Consensus Model – A Journey from 2008 to 2025. *Nevada State Board of Nursing News*, Fall 2025.
- ◆ VanBeuge, S. (2025). Nurses Day at the Legislature and the 2025 Session. *Nevada RNFormation*, Volume 34, (3).
- ◆ VanBeuge, S. (2025). Bringing Nevada into the Nurse Licensure Compact – Act Now in the 2025 Legislative Session. *Nevada RNFormation*, Volume 34, (2).
- VanBeuge, S. (2025). The History of Nurse Practitioners in the USA and Nevada. *Nevada State Board of Nursing News*, Spring 2025.
- ◆VanBeuge, S. (2025). If You're Not at the Table, You're on the Menu. *Nevada RNFormation*, Volume 34, (1).
- VanBeuge, S. (2025). Hot Topics for Nurse Practitioners to Watch in 2025. *Nevada State Board of Nursing News*, Winter 2025.
- VanBeuge, S. (2024). Mental Health and Well-Being Resources for the Community. *Nevada State Board of Nursing News*, Fall 2024.
- ◆ VanBeuge, S. (2024). Utilization of Artificial Intelligence (AI) in Clinical Practice. *Nevada RNFormation*, Volume 33,(3), 3.
- VanBeuge, S. (2024). Pearls for Nurse Practitioner Transition to Practice. *Nevada State Board of Nursing News*, Summer 2024.

SUSAN S. VANBEUGE, DNP, APRN, FNP-BC, FAANP, FAAN

- VanBeuge, S. (2024). Decision Making Process. *Nevada State Board of Nursing News, Spring 2024*.
- ◆ VanBeuge, S. (2024). Navigating and Negotiating Your Salary and Benefits. *Nevada RNFormation*, Volume 33,(1), 10.
- VanBeuge, S. (2023). Nurse Practitioner Workforce Facts and Figures. *Nevada RNFormation*, Volume 32,(3),7.
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- VanBeuge, S. (2023). Branding yourself as a Nurse Practitioner to build your career. *Nevada RNFormation*, Volume 32,(1), 8.
- VanBeuge, S. (2023). President's Message. *Nevada State Board of Nursing News, Spring 2023*.
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- VanBeuge, S. (2023). Notes and Impressions of the International Council of Nurses NP/APN Meeting. *Nevada State Board of Nursing News, Winter 2023: 3-4*.
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 - VanBeuge, S. (2021). Message from the President. *Nevada State Board of Nursing News*, Winter 2021: 5.
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 - VanBeuge, S. (2021). Reflections and Lessons Learned from the COVID-19 Pandemic. *Nevada RNFormation*, Volume 30, (4), 5.
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 - VanBeuge, S. (2021). Message from the President. *Nevada State Board of Nursing News*, Spring 2021: 5.
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 - VanBeuge, S. (2020). Preparing Patients for COVID-19 Vaccination. *Nevada RNFormation*, Volume 30, (1), 2.
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 - VanBeuge, S. (2020). Celebrating 2020: The Year of the Nurse and Midwife. *Nevada RNFormation*, Volume 29, (2), 13.
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- VanBeuge, S. (2019). Nursing Around the World: A Slice of My Experience. *Nevada State Board of Nursing News*, January 2019: 10.
- VanBeuge, S. (2018). Lifelong Learning. *Nevada State Board of Nursing News*, September 2018: 6-7.
- VanBeuge, S. (2018). Continuing Education Requirements for Suicide Prevention. *Nevada State Board of Nursing News*, March 2018: 9.
- VanBeuge, S. (2017). Preparing for a Disaster: Useful Information in Times of Uncertainty. *Nevada State Board of Nursing News*, December 2017: 16-17.
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- VanBeuge, S. (2017). Competency for Nurse Practitioners: A Review of the Standards in Nurse Practitioner Education. *Nevada State Board of Nursing News*, June 2017: 16.
- VanBeuge, S. (2017). Advanced Practice Registered Nurses and Scope of Practice. *Nevada State Board of Nursing News*, March 2017: 16-17.
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- VanBeuge, S. (2014). Professional engagement and responsibility. *Nevada State Board of Nursing News, December 2014: 8.*
- Shen, J. J., Neishi, S., **VanBeuge, S.**, Covelli, M., Adamek, S., Gallegos, J., & Gardner, M. R. (2015). Comparing medication error incidents among foreign-educated nurses and U.S.-educated nurses. *Journal of Nursing Regulation, 5*(3).
- VanBeuge, S. (2014). Motivational Interviewing: Helping Patients Change Behavior. *Nevada State Board of Nursing News, September 2014: 8-9.*
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- VanBeuge, S. (2014). Prescription Drug Use and Abuse: It's everyone's problem. *Nevada State Board of Nursing News, June 2014: 9-10.*
- VanBeuge, S. (2014). National Certification. *Nevada State Board of Nursing News, March 2014:18.*
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- VanBeuge, S. (2013). Evaluating Nurse Practitioner Outcomes: A Review of the Literature. *Nevada State Board of Nursing News, December 2013, 6-7.*
- Walker, T., & **VanBeuge, S.** (2013). AB170 Passes. *Nevada State Board of Nursing News, September 2013, 8.*
- VanBeuge, S. (2013). Explore Las Vegas. *AANP Conference Call*. American Association of Nurse Practitioners Annual Conference, Friday July 21st, 2013.
- VanBeuge, S. (2013). Nurses and the Policy Process. *Nevada State Board of Nursing News, June 2013, 8-9.*
- VanBeuge, S. (2013). Affordable Care Act: Nurses and the Affordable Care Act. *Nevada State Board of Nursing News, January 2013, 6-8.*
- VanBeuge, S. (2011). What is the role of the advanced practice nurse? *Nevada State Board of Nursing News, September 2011, 12.*
- VanBeuge, S. (2011). Colorectal Cancer: CE Offering. *ADVANCE for Nurses, V11 (11), 17-29.*
- ◆ Friedlander, E. A., Pallentino, J. P., Miller, S. K., & **VanBeuge, S. S.** (2010). The evolution of proton pump inhibitors for the treatment of Gastroesophageal reflux disease. *Journal of the American Academy of Nurse Practitioners, 22, (11), 674-683.*
- ◆ Clifton, J., **VanBeuge, S.**, Mladenka, T., & Wosnik, K. (2010). The genetic information nondiscrimination act 2008: what clinicians should understand? *Journal of the American Academy of Nurse Practitioners, V. 22, (5), 246-249.*

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- ◆◊ VanBeuge, S. (2008). Malignant melanoma, *ADVANCE for Nurse Practitioners*, V. 16, (2), 69-74.
- ◊ VanBeuge, S. (2007). Making a stand against malignant melanoma. *American Nurse Today*, V. 2 (8), 18-21.

Presentations - Peer Reviewed (International)

- VanBeuge, S.** (2023, July). Advanced Practice Leadership in the Parish Nurse Setting During COVID-19. Poster presented at the International Council of Nurses 2023 Congress, Montreal, Canada.
- VanBeuge, S.** (2023, July). Leading Policy and Legislative Change to Gain Full Practice Authority for Nurse Practitioners. Poster presented at the International Council of Nurses 2023 Congress, Montreal, Canada.

Presentations - Peer Reviewed (National)

- VanBeuge, S. (2025, June). The Nuts and Bolts of Hypothyroid Disease in Primary Care, AANP 2025 National Conference, San Diego, CA.
- O'Toole, L. & **VanBeuge, S.** (2025, June). Cardiometabolic Disease: 2025 Updates, AANP 2025 National Conference, San Diego, CA.
- Bowers, M., O'Toole, L., & **VanBeuge, S.** (2024, June). Cardiometabolic Disease 2024 (3-hour workshop), AANP 2024 National Conference, Nashville, TN.
- VanBeuge, S. (2024, June). Type 2 Diabetes Mellitus 2024 Updates Oral, Injectable, Insulin & Technology (3-hour workshop), AANP 2023 National Conference, Nashville, TN.
- Maybrey, M. & **VanBeuge, S.** (2023, June). Oh No! The Board of Nursing Called, AANP 2023 National Conference, New Orleans.
- VanBeuge, S.**, & Yucha, C. (2015, September). Integrating Interprofessional Education in Nurse Practitioner Curriculum. NLN Education Summit 2015, Las Vegas, NV.
- Charles, P. A., Mazzullo, N., Rosenberg, L., Swager, P., & **VanBeuge, S.** (2014). The Synergism of Partnerships. 2014 Again in American Conference, San Diego, CA.
- VanBeuge, S. (2013, September). Building Partnerships for a Tobacco Free Campus Initiative. 6th Annual Doctor of Nursing Practice Conference, Phoenix, AZ.
- VanBeuge, S.** & Wosnik, K. (2011, September). DNP Role Transition: Academic and Clinical Practice. 4th Annual Doctor of Nursing Practice Conference, New Orleans, LA
- VanBeuge, S. (2011, June). Review of Thyroid Cancer, Diagnosis, Treatment and Lifetime Management of Patients. American Academy of Nurse Practitioners, Las Vegas, NV
- VanBeuge, S. (2008, June) *Colon Cancer: Incidence, Risk and Screening for the Primary Care Provider*. American Academy of Nurse Practitioners Conference, Washington, D.C.
- VanBeuge, S. (2007, June). Malignant Melanoma: Incidence, Risk, and Identification in Primary Care. American Academy of Nurse Practitioners National Conference, Indianapolis, IN

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VanBeuge, S. (2006, June). Irritable Bowel Syndrome: Use of Serotonergic Medications for treatment. Academy of Nurse Practitioners National Conference, Dallas, TX

VanBeuge, S. (2005, June). Use of Aromatase inhibitors in the postmenopausal woman with estrogen receptor positive breast cancer – implications for clinical practice. American Academy of Nurse Practitioners National Conference, Fort Lauderdale, FL

Invited Presentations (National)

VanBeuge, S., and Ditmyer, M. (2025, October). Elevated Thinking 4: Institutional Planning & Effectiveness in Practice. Distance Education Accrediting Commission Fall Workshop 2025, Chicago, IL.

VanBeuge, S. (2024, September). 2024 Cardiometabolic Disease Updates. American Association of Nurse Practitioners Fall Conference, Reno, NV.

VanBeuge, S. (2024, August). 2024 Regulatory Debates: The Nursing Workforce. Delegate Assembly, National Council State Board of Nursing, Chicago, IL.

VanBeuge, S. (2023, November). Type II Diabetes Mellitus: Intensifying Beyond Metformin. Advanced Practice Nurses of the Ozarks, Branson, MS.

VanBeuge, S. (2023, November). Treatment of Hypothyroidism in Primary Care. Advanced Practice Nurses of the Ozarks, Branson, MS.

VanBeuge, S. (2023, November). Motivational Interviewing: Quick & Successful Interventions to Facilitate Patient Engagement in Self-Management. Advanced Practice Nurses of the Ozarks, Branson, MS.

VanBeuge, S. (2023, June). Hyperthyroid Disease and Thyroid Nodules, AANP 2023 National Conference, New Orleans.

VanBeuge, S. (2023, June). Hypothyroid Disease Management for Primary Care, AANP 2023 National Conference, New Orleans.

VanBeuge, S. (2023, June). It's All About the Thyroid! Thyroid Cancer and Nodules, AANP 2023 National Conference, New Orleans.

Bowers, M., O'Toole, L., & **VanBeuge, S.** (2023, June). Cardiometabolic Disease for the Primary Care Provider: 2023 Updates, AANP 2023 National Conference, New Orleans, LA.

VanBeuge, S. (2023). Dealing with Burnout. UNLV Vital News Podcast, May 23, 2023. University of Nevada, Las Vegas School of Nursing.

Dinauer, C., & **VanBeuge, S.** (2022). Nevada and the Nursing Licensure Compact. UNLV Vital News Podcast, November 29, 2022. University of Nevada, Las Vegas School of Nursing.

VanBeuge, S. (2022, September). Initiation and titration of insulin in type 2 diabetes mellitus. American Association of Nurse Practitioners Specialty Conference, Anaheim, CA and AANP Connect, Online Conference.

VanBeuge, S. (2022, September). Motivational Interviewing and Improving Self-Care in Patients with Diabetes. American Association of Nurse Practitioners Specialty Conference, Anaheim, CA and AANP Connect, Online Conference.

VanBeuge, S. (2022, July). Hypothyroidism Uncovered. MEDS Conference, Newport Beach, CA.

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- VanBeuge, S. (2022, June). Treatment of Hypothyroid and Hyperthyroid Disease in Primary Care, AANP 2022 National Conference In-Person Presentation & Online, Orlando, FL.
- VanBeuge, S. (2022, June). Diabetes Self-Management Education and Support (DSMES): The Journey to Creating a Brand, AANP 2021 National Conference, Orlando, FL.
- Bowers, M., O'Toole, L., & **VanBeuge, S.** (2022, June). Cardiometabolic Disease for the Primary Care Provider: 2022 Updates, AANP 2022 National Conference, Orlando, FL.
- VanBeuge, S. (2021, September). Managing Type 2 Diabetes Mellitus: Beyond Metformin. American Association of Nurse Practitioners Specialty Conference, AANP Connect, Online Conference.
- VanBeuge, S. (2021, September). 2021 Clinical Practice Guidelines for Best Practice in the Management of Type 2 Diabetes Mellitus. American Association of Nurse Practitioners Specialty Conference, AANP Connect, Online Conference.
- VanBeuge, S. (2021, September). Primary Care Approach to Hypothyroidism. American Association of Nurse Practitioners Specialty Conference, AANP Connect, Online Conference.
- VanBeuge, S. (2021, June). Thyroid Cancer & Thyroid Nodules: 2021 Updates, AANP 2021 National Conference Online.
- Chesney, M., Kopanos, T., Thomas, S., & **VanBeuge, S.** (2021, February). Podcast Presentation and Discussion: Full Practice Authority. American Association of Nurse Practitioners.
- VanBeuge, S. (2020, September). Diabetes and the Intersection of Cardiometabolic Disease. American Association of Nurse Practitioners Specialty Conference, AANP Connect, Online Conference.
- Chesney, M., Hudspeth, R., Rising, C., & **VanBeuge, S.** (2020, March). Panel: Full Practice Authority in States. American Association of Nurse Practitioners Health Policy Conference, Washington, DC.
- VanBeuge, S. (2019, October). Evolving Technology to Better Manage Your Patient with Diabetes. American Association of Nurse Practitioners Specialty Conference, Las Vegas, NV.
- VanBeuge, S. (2019, June). Cardiometabolic Disease for the Primary Care Provider: 2019 Updates. American Association of Nurse Practitioners Conference, Indianapolis, IN.
- VanBeuge, S. (2019, June). Diagnosis and Treatment of Hypothyroid Disease: 2019 Updates. American Association of Nurse Practitioners Conference, Indianapolis, IN.
- VanBeuge, S. (2019, June). Thyroid Cancer & Thyroid Nodules: 2019 Update. American Association of Nurse Practitioners Conference, Indianapolis, IN.
- VanBeuge, S.** & Mabrey, M. (2019, June). Endocrine Interest Forum: Forum Co-Leader. American Association of Nurse Practitioners Conference, Indianapolis, IN.
- VanBeuge, S. (2019, May). Briefing – Expanding the Role of Nurse Practitioners. California Health Care Foundation. Sacramento, CA
- VanBeuge, S. (2019, April). Current Medications for Type 2 Diabetes: Progression and Management. NPACE National Primary Care Conference, Las Vegas, NV
- VanBeuge, S. (2019, April). Endocrine Case Studies in Thyroid Disease. NPACE National Primary Care Conference, Las Vegas, NV

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- VanBeuge, S. (2018, December). Endocrinology Special Practice Group Brief. American Association of Nurse Practitioners Corporate Council Meeting, Washington, D.C.
- VanBeuge, S. (2018, June). Thyroid Disease and Primary Care Workshop. American Association of Nurse Practitioners Conference, Denver, CO.
- Kiley, D., **VanBeuge, S.** & Cooke, C. (2018, June). Interactive Skills Workshop: Personal strategies to support patients in implementing lifestyle change to improve patient outcomes. American Association of Nurse Practitioners Conference, Denver, CO.
- VanBeuge, S.** & Mabrey, M. (2018, June). Endocrine Interest Forum: Forum Co-Leader. American Association of Nurse Practitioners Conference, Denver, CO.
- VanBeuge, S. (2018, February). Type 2 Diabetes Medication: From Orals to Insulin. NPACE National Primary Care Conference, Fort Worth, TX
- VanBeuge, S. (2018, February). Endocrine Case Studies from the Clinic: Hypothyroid, Hyperthyroid, & Thyroid Cancer. NPACE National Primary Care Conference, Fort Worth, TX
- Kopanos, T., Lee, B., Nash, W., Poindexter, E., & **VanBeuge, S.** (2018, February). Panel Presentation and Discussion: Nurse Practitioners, Disasters & Licensure in Disaster States. American Association of Nurse Practitioners Health Policy Conference, Washington, DC
- VanBeuge, S.**, and Olson, L.L., (2018, January). Literature Review: Key Points for Discussion. Institute of Regulatory Excellence, National Council State Boards of Nursing. San Francisco, CA
- VanBeuge, S. (2017, July). Initiating Insulin for Your Diabetic Patient. Contemporary Forums, San Diego, CA
- VanBeuge, S. (2017, July). Type 2 Diabetes: Titrating Your Patient from Diagnosis Throughout Disease Progression. Contemporary Forums, San Diego, CA
- VanBeuge, S. (2017, June). Endocrine Topics for Primary Care: Thyroid, Parathyroid, Adrenal Disorders – A Case Study Approach. American Association of Nurse Practitioners Conference, Philadelphia, PA.
- VanBeuge, S. (2017, June). Thyroid Disorders Commonly Seen in Primary Care – A Case Study Approach. American Association of Nurse Practitioners Conference, Philadelphia, PA.
- VanBeuge, S.** & Mabrey, M. (2017, June). Endocrine Interest Forum: Forum Co-Leader. American Association of Nurse Practitioners Conference, Philadelphia, PA.
- VanBeuge, S.**, and Penny, C. (2017, January). Conducting a Research Study or Project and Writing the Final Report lecture and roundtable discussion. Institute of Regulatory Excellence, National Council State Boards of Nursing. Clearwater, FL
- Reinhard, S., Ryan, E., Holeck, N. and **VanBeuge, S.** (2016). Nurse Leaders in Action: Supporting Family Caregivers through the CARE Act. AARP presented online national webinar October 6, 2016. (Names listed in order of presenting, not importance).
- Brassard, A., Hoebelheinrich, K., Sabo, J., Dahring, R., and **VanBeuge, S.** (2016). Lessons Learned: Gaining Full Practice Authority in Nebraska. AARP Future of Nursing Campaignfor Action presented online national webinar July 18, 2016. (Names listed in order of presenting, not importance).

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- VanBeuge, S. (2016, June). Endocrine Topics for Primary Care: Thyroid, Parathyroid, Adrenal Disorders with Case Applications. American Association of Nurse Practitioners Conference, San Antonio, TX.
- VanBeuge, S. & Jadid, J.** (2016, June). Endocrine Interest Forum: Forum Co-Leader. American Association of Nurse Practitioners Conference, San Antonio, TX.
- VanBeuge, S., & Winslow, W.** (2016, January). Conducting a Research Study or Project and Writing a Report. Presented at the Institute for Regulator Excellence Meeting for the National Council State Boards of Nursing, Long Beach, CA.
- VanBeuge, S. (2015, November). Newest Type 2 Diabetes Mellitus Medications and Role of Insulin In Type 2 Diabetes Mellitus. Advanced Practice Nurses of the Ozarks, Branson, MS.
- VanBeuge, S. (2015, November). Preparing Future Nurses for Practice: Becoming a Teacher-Scholar. Sigma Theta Tau International 43rd Biennial Convention, Las Vegas, NV.
- VanBeuge, S. (2015, September). Thyroid and Parathyroid Disorders. American Association of Nurse Practitioners – Specialty and Leadership Conference, San Diego, CA.
- VanBeuge, S. (2015, September). String of Pearls: Pearls of Wisdom in Treating PCOS. American Association of Nurse Practitioners – Specialty and Leadership Conference, San Diego, CA.
- VanBeuge, S. (2015, September). I’m Going to Start Assisting in Surgery: What do I Need to Know? American Association of Nurse Practitioners – Specialty and Leadership Conference, San Diego, CA.
- VanBeuge, S. & Jadid, J.** (2015, June). Endocrine Interest Forum: Forum Co-Leader. American Association of Nurse Practitioners Conference, New Orleans, LA.
- VanBeuge, S. (2015, June). Endocrine Topics for Primary Care: Thyroid, Parathyroid, Adrenal Disorders – A Case Study Approach. American Association of Nurse Practitioners Conference, New Orleans, LA.
- VanBeuge, S. (2015, June). Hypothyroid Disease: A Case Study Approach. American Association of Nurse Practitioners Conference, New Orleans, LA.
- VanBeuge, S. (2015, June). Thyroid Cancer: Update on Evidence. American Association of Nurse Practitioners Conference, New Orleans, LA.
- VanBeuge, S. (2014, October). Motivational Interviewing: Quick & Successful Interventions to Facilitate Patient Engagement in Self-Management. American Association of Nurse Practitioners – Specialty and Leadership Conference, Naples, FL.
- VanBeuge, S. (2014, October). “I’m going to start doing surgery – what do I need to know?” American Association of Nurse Practitioners – Specialty and Leadership Conference, Naples, FL.
- VanBeuge, S. (2014, October). Getting Active in Leadership Opportunities at the State and National Levels. American Association of Nurse Practitioners – Specialty and Leadership Conference, Naples, FL.
- VanBeuge, S., O’Donnell, M., & Kuebler, K.** (2014, October). DNPs’ Leading the Way to Influence & Impact Health Care Policy. Doctor of Nursing Practice Conference, Nashville, TN.

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- VanBeuge, S. (2014, June). Endocrine Topics for Primary Care: Thyroid, Parathyroid, Adrenal Disorders – A Case Study Approach. American Association of Nurse Practitioners Conference, Nashville, TN.
- VanBeuge, S.,** DuBois, J., & Berg, J. (2014, June). Oxford Style Debate: Prophylactic Bilateral Mastectomy and Reconstruction in Women with the BRCA Gene. American Association of Nurse Practitioners Conference, Nashville, TN.
- VanBeuge, S. (2014, January). Full Practice Authority: The Nevada Journey. Texas Nurse Practitioners Association Leadership Conference, San Antonio, TX.
- VanBeuge, S. (2013, June). Thyroid Cancer: Diagnosis through treatment to lifetime care. American Association of Nurse Practitioners Conference, Las Vegas, NV
- VanBeuge, S. (2013, June). Thyroid Disorders, Hyperparathyroid Disorders, and Adrenal Disorders: Management in the Primary Care Setting. American Academy of Nurse Practitioners Conference, Las Vegas, NV
- VanBeuge, S. (2012, June). Thyroid Cancer: Treatment and Care. American Academy of Nurse Practitioners Conference, Orlando, FL
- VanBeuge, S. (2012, June). Endocrine Disorders seen in Primary Care Practice. American Academy of Nurse Practitioners Conference, Orlando, FL
- VanBeuge, S. (2012, June). Interdisciplinary Team Approach in the Care of the Geriatric Diabetic Patient: Review of a teaching program for the National Geriatric Consortium. American Academy of Nurse Practitioners Conference, Orlando, FL
- VanBeuge, S. (2011, June). Thyroid Cancer: From Diagnosis through treatment to Lifetime Care. American Academy of Nurse Practitioners Conference, Las Vegas, NV
- VanBeuge, S. (2011, June). Endocrine Disorders Commonly Seen in Primary Practice. American Academy of Nurse Practitioners Conference, Las Vegas, NV
- VanBeuge, S. (2011, June). Beyond Breast Cancer: A Survivor's Guide for Clinicians. American Academy of Nurse Practitioners, Las Vegas, NV
- Edmonds, M., Rosenberg, L., & **VanBeuge, S.** (2011, April). Candidate Interviews: Can't Live with 'Em, Can't Live without 'Em. American Association of Colleges of Nursing Graduate Nursing Admissions Professionals Conference, Salt Lake City, UT
- VanBeuge, S. (2010, June) Managing Communication Needs, Fear of Recurrence & Uncertainty of Cancer Survivors in the Primary Care Setting. American Academy of Nurse Practitioners Conference, Phoenix, AZ
- VanBeuge, S. (2007, June). *Meet the Experts: Breast Cancer Risk Assessment and Chemoprevention for Post-Menopausal Women.* Presented to American Academy of Nurse Practitioners National Conference, Indianapolis, IN

Refereed Posters (Regional/State)

- Shen, J., Xu, Y., **VanBeuge, S.,** & Neishi, S. (2014, April). Comparing Medication Errors between IENs and AENs: Preliminary Findings. 2014 Interdisciplinary Research Day, UNLV School of Nursing.
- VanBeuge, S.,** & York, N. (2012, August). Building Partnerships for a Tobacco Free Campus Initiative. Presented at the National Conference on Tobacco or Health, Kansas City, KS

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York, N., & **VanBeuge, S.** (2012, August). Students' Perceptions of Tobacco Use and Policies: Myths or Reality? Presented at the National Conference on Tobacco or Health, Kansas City, KS

VanBeuge, S., Keating, S., & Shindell, D. (2011, January). Implementing the Collaborative UNDNP Program: Success and Stumbles. Presented at the AACN Doctoral Conference, San Diego, CA

Ditmyer, M., **VanBeuge, S.** & Mobley, C. (2010, December). Development of a Multidisciplinary Geriatric Education Center. Presented at the Society of Teachers in Family Medicine on Practice Improvement Conference, San Antonio, TX

VanBeuge, S. (2007, April). Malignant Melanoma. Presented at the University of Nevada, Las Vegas Research Conference.

VanBeuge, S. (2007, March). Malignant Melanoma: Incidence, Risk and Identification in Primary Care. Presented to the USF Evidence-Based Clinical Decision-Making Conference, Park City, UT

Invited Presentations (Regional/State)

VanBeuge, S. (2020, January). Mentors and Mentoring: An Important Part of Professional Development. Nevada Hospital Association, 5th Friday Club of Southern Nevada, Las Vegas, NV

McCrea, S., Sorenson, B., Stevenson, J., & **VanBeuge, S.- moderator** (2020, January). Panel Discussion: Las Vegas Fire & Rescue – Nursing Role in Southern Nevada Emergency Services. UNLV School of Nursing Southern Nevada Nursing Practice Alliance, Las Vegas, NV.

Bondmass, M., Brown, M., Dinauer, C., & **VanBeuge, S.- moderator** (2020, May). Panel: Nurse Licensure Compact in Nevada. UNLV School of Nursing Southern Nevada Nursing Practice Alliance, Las Vegas, NV.

Colbert, R., Hock, B., Lugo, S., Solon, M. & **VanBeuge, S.- moderator** (2020, July). Panel: COVID-19 Initial Responses, Best Practices, Lessons Learned. UNLV School of Nursing Southern Nevada Nursing Practice Alliance, Las Vegas, NV.

VanBeuge, S. (2018, September). Nurse Practitioners, Disasters & NP Licensure in Disaster States. Western Regional Advanced Practice Nurses Network Clinical CE Conference, Las Vegas, NV

VanBeuge, S. (2018, March). Type 2 Diabetes Medication: From Orals to Insulin. Western Regional Advanced Practice Nurses Network Clinical CE Conference, Las Vegas, NV

VanBeuge, S. (2015, February). Nurse Practitioners after Passage of Full Practice Authority in 2013: An Update on Progress. Nevada Nurses Association, Nurses Day at the Legislature, Carson City, NV

VanBeuge, S. (2014, October). Nursing Autonomy and Practice in Nevada, Panel Discussion Member. Nevada Health Care Forum, Las Vegas, NV

VanBeuge, S. (2014, September). Moving Nevada Toward a Sustainable Future: A Transdisciplinary Approach to Public Health, Panel Discussion. Nevada Public Health Association. Las Vegas, NV.

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- VanBeuge, S. (2014, February). Thyroid Disorders. Nevada Advanced Practice Nurses Association Annual CEU Conference, Las Vegas, NV.
- VanBeuge, S. (2012, October). Breast Cancer: Risk Assessment, Lifetime Support Needs. 1st Annual Nevada Advanced Practice Nurses Association Continuing Education Conference, Reno, NV
- VanBeuge, S. (2012, November; 2012, March). Malignant Melanoma: Incidence, Risk and Identification. UNLV School of Kinesiology, Las Vegas, NV
- VanBeuge, S. (2011, September). Tobacco Free College Campuses in Nevada: Progress and Lessons Learned. Nevada Public Health Association Annual Meeting, Reno, NV
- VanBeuge, S. (2010, October). Surviving a Doctoral Program. Presented to the Nevada Nurses Association 2010 Annual Convention, Las Vegas, NV
- VanBeuge, S. (2008, May). Breast Cancer Risk Assessment and Risk Reduction Interventions for the Postmenopausal Woman. Presented to the Utah Nurse Practitioners Annual Clinical Conference, Salt Lake City, UT
- VanBeuge, S. (2008, April). Breast Cancer Risk Assessment and Risk Reduction Interventions for the Postmenopausal Woman. Presented to the Long Island Nurse Practitioner Association 23rd Annual Clinical Convention, Hauppauge, NY
- VanBeuge, S. (2008, March). Breast Cancer Risk Assessment and Risk Reduction Interventions for the Postmenopausal Woman. Presented to the Virginia Counsel of Nurse Practitioners Annual Conference, Roanoke, VA
- VanBeuge, S. (2007, September). Breast Cancer Risk Assessment and Risk Reduction Interventions for the Postmenopausal Woman. Presented to the Connecticut Advanced Practice Register Nurse Society Annual Conference, Meridan, CT

CONTRACTS AND GRANTS

- | | |
|-----------|--|
| 2021-2022 | Academic Partner & Subgroup Lead, Nevada Interprofessional Healthy Aging Network Geriatric Workforce Enhancement Program (NIHAN GWEP). |
| 2017-18 | Co-Investigator, National Science Foundation. BPE- Workshop for Distance Learning Programs in STEM: Experiences, Challenges, and Solutions. Funded 2017 \$49,883 |
| 2013 | Co-Investigator, National Council State Boards of Nursing CRE Grant: Comparing Medication Errors between Internationally Educated Nurses and American Educated Nurses. (Assumed grant activities from faculty member 9-2013) |
| 2008-10 | Research Team Member: The Presidents Research Award: The investigation of oral health & correlation to body mass index in students attending schools in Clark County. Funding \$17,125,00 awarded. |
| 2010-15 | Co- Principal Investigator HRSA Award #: UB4HP 19205-03-00. NGEC Consortium: Develop interdisciplinary geriatric training in the areas of falls, type 2 |

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diabetes and co morbidities, health literacy and general geriatric care. Sub award to UNLV School of Nursing and School of Dental Medicine: type 2 diabetes and co morbidities @ \$77,000/year x 5 years. Total = \$385,000

2011-12 Program Director: Southern Nevada Health District ARRA Community Putting Prevention to Work. Grant # 1U58DP002383-01. Tobacco Free UNLV and Clark County NSHE education facilities tobacco free initiative. Grant funding UNLV: \$450,000

CONSULTATION

Date:	Title:
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2024	Saginaw Valley State University, School of Nursing – Strategic planning.
2010-2011	Rural Health Network Planning Grant – advisory for grant review and content expertise
2007-2008	AANP Group Lecture Series – Breast Cancer Risk Assessment and Risk Reduction Interventions for the Post-Menopausal Woman. Grant underwritten by Eli Lilly Corporation to the American Academy of Nurse Practitioners
2007	MEV Healthcom, Inc. – Oncology Nurses Roundtable CME discussion series: New chemotherapy and the treatment of metastatic breast cancer.
2004-2005	On-Q Pain Infusion Pump, Nursing consultant and lecturer

TEACHING:

University of Nevada, Las Vegas School of Nursing (2006-present)

Nurs 140	Medical Terminology (F 2010, S2017)
Nurs 299	Nutrition Across the Life Span (F2012, SP 2021, SP 2022)
Nurs 305	Nursing Fundamentals (SU 2006)
Nurs 319L	Nursing Care of Older Adult Populations Clinical (SP 2010)
Nurs 415	Nursing of acute care population (SU 2006)
Nurs 701	Diagnostic Reasoning and Clinical Decision Making for the FNP (F2014, F2015, F2016, F2017, F2018, F2019, F2020, F2021, F2022, F2023, F2024, F2025)
Nurs 703L	Advanced Physical Assessment: Lab (F2011, F2012, F2013, F2020, F2021)
Nurs 711	Informatics and Quality Improvement (SP 2023)
Nurs 714	Family Theory and Assessment (F 2006, F 2007, F2008, F 2009, F2010, F2011, F2012, F2013, F2014)
Nurs 715	Business Management for Nurse Practitioners (SP 2017-new course dev.; SP 2018, SP 2021, SP 2022)
Nurs 718	Organizational Management for the Advanced Practice Nurse (SP 2023, F2023, SP 2024, F2024, F2025)
Nurs 730	Advanced Pharmacology and Genetics II (SP 2024, SP 2026)
Nurs 740L	Family Nurse Practitioner: Adult and Women's Health Clinical (SP 2016, SP 2018, SP 2019, SP 2020, SP 2021, SP 2022, SP 2023, SP 2024, SP 2025, SP 2026)
Nurs 749L	Primary care of the family I: clinical (SP 2008, SP 2009)

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Nurs 752	Transition to Practice: theory (SP 2007, SP 2008, F 2008, SP 2009, F2009, SP 2010, SP 2011, SP 2012, SP 2013, SP 2014, revised new F2015, F2016, F2017)
Nurs759L	Primary care of the family II: clinical (F 2006, F 2007, F2010, F2011, F2012, F2013)
Nurs 760R	Family Nurse Practitioner: Geriatric and Chronic Illness (new F2015, F2016, F2017, F2018, F2019, F2020, F2021, F2022, F2023, F2024, F2025)
Nurs 760L	Family Nurse Practitioner: Geriatric and Chronic Illness (F2015, F2016, F2017, F2018, F2020, F2021, F2022, F2023, F2024, F2025)
Nurs 761	Clinical Synthesis (new F2015, F2017, F2019, course lead F2020 & F2021 & F2022)
Nurs 765	DNP Residency (SP 2017 – new course dev.; SP 2018, SP 2019, SP 2020, SP 2021)
Nurs 766	Capstone Seminar I (F2014)
Nurs 768	DNP Forum and Role Transformation (New Course SP 2012, SP 2013, SP 2014, SP 2015, SP 2016, SP 2017, SP 2018, SP 2019, SP 2020, SP 2021, SP 2022, SP 2023, SP 2024, SP 2025, SP 2026)
Nurs769	Primary care of the family III: theory (SP 2007, SU 2007, SP 2008, SU 2008, F 2010, SP 2012, SP 2013, SP 2014, SP 2015- course archived in 2015), SP 2025,SP 2026
Nurs769L	Primary care of the family III: clinical (SP 2007, SP 2008, SU 2008, SP 2010, SP 2011, SP 2013, SP 2014)
Nurs 773	Clinical Preceptorship Practicum (SP 2008, SU 2009, SP 2009, SP 2010)
Nurs 798	Independent Study – course lead, new course (SP 2022)

University of Nevada School of Medicine (2004-2006)

General surgery, daily teaching with residents and medical students in office setting and operating room. Clinical presentations and lectures during the academic year

College of Southern Nevada (2005-2006)

Spring 2005 RN refresher course
Fall 2005 RN refresher course

University and Department Committees:

Date	Title
2025-2028	UNLV Faculty Senate Program Review Committee Health Sciences Member
2024-2025	Grants and Awards Committee, UNLV Grad. College
2024-2026	Conflict of Interest Committee
2024-2026	Graduate College Appeals Committee
2024	SON Dean Search Committee
2023-2024	SON Search Committee
2023-2024	Graduate Awards Committee
2023-present	UNLV Student Conduct and Hearing Board member

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2023-2026	School of Nursing Search Committee
2021-2022	CSCLV Faculty Advisory Board Chair
2021-2025	SON Graduate Program Committee - member
2021-2022	UNLV Faculty Senate Representative to the NSHE Online Learning Task Force
2021	Director of Assessment Search Committee Member
2020-2021	Graduate Awards Committee – Doctoral and Faculty
2018-2019	Faculty Organization President, School of Nursing
2018-2019	Top Tier Program Innovations Committee, UNLV Committee Member
2017-2018	Faculty Organization President Elect, School of Nursing
2017-2019	Faculty Senate Campus & Fiscal Affairs Committee Member
2017	UNLV School of Nursing Dean Search Committee
2016-2017	MSN Curriculum Review Committee Chair
2015-2017	UNLV Graduate Faculty and Students Issues Committee Member
2015-2021	Interprofessional Education Workgroup (IPE) – founding member (ongoing)
2014-2015	Faculty Organization President, School of Nursing
2014-2015	UNLV Graduate College: Recruitment, Retention, Progression, Completion (R2PC) Committee
2013	UNLV Faculty Senate: Digital Initiatives Committee – Member
2013	Presidents Tier One Steering Committee (2013 appointment only)
2011-2013	UNV Faculty Senate Executive Council Member (at-large)
2011-2013	UNLV Graduate Faculty and Students Issues Committee Member
2010-2016	UNLV School of Nursing Faculty Senate Representative
2012-2014	UNLV Public Safety Advisory Board - Faculty Senate Representative
2012-present	Nevada Interprofessional Research Network (NIRN) - Member
2012-2014	MSN Curriculum Committee Task Force: Member
2011-2013	UNLV Graduate Faculty and Students Issues Committee Member
2011-2012	Presidents/Faculty Senate Executive Committee - Employee Urgent Care Health Clinic Initiative- “FAST” Clinic 2011Wellness Benefit Committee - Employee Wellness Program Proposal
2010-present	UN DNP Program and Curriculum Committee Member
2010-2011	UN DNP Admissions Committee Chair
2012	UN DNP Admissions Committee Member
2008-present	UNLV School of Nursing Faculty Liaison Alumni Advisor
2007-present	UNLV School of Nursing Graduate Admissions Committee
2006-present	UNLV School of Nursing Student Affairs Committee Member
2007 -2008	University of Nevada, Las Vegas Faculty Senate Member representing College of Health Sciences and School of Nursing
2003 -2004	UNLV Graduate College Dean Selection Committee, Dean School of Nursing (graduate student member)
2001-2003	Student Representative to Graduate Faculty Committee, School of Nursing, University of Nevada Las Vegas (member)

PROFESSIONAL: Leadership, membership, and committee positions
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State

SUSAN S. VANBEUGE, DNP, APRN, FNP-BC, FAANP, FAAN

2024-2026	Southern Nevada District Board of Health Public Health Advisory Board – At large nursing member and Vice-Chair
2024-ongoing	Nevada Nurses Association RNFormation Editorial Board, Member
2020-2023	Nevada State Board of Nursing, RN Member, President
2018-2020	SNHD Academic Health Department Joint Advisory Committee (UNLV School of Nursing Representative)
2017-present	Western Regional Advanced Practice Nurses Network (WRAPNN), Founding Member and Advisor
2017-2019	Nevada State Board of Nursing, RN Member, Vice-President
2016-2017	Nevada State Board of Nursing, RN Member, Board Secretary
2015-2024	Nevada State Board of Nursing, RN Member
2014-2016	Industry Drug Abuse Coalition – Member
2015-2018	Nevada State Board of Nursing, Advanced Practice Group Board Liaison Member
2014-2015	Nevada State Board of Nursing, Advanced Practice Group Member
2012-2015	Nevada Advanced Practice Nurses Association (NAPNA) - founding board Nevada Advanced Practice Nurses Association, Legislative Liaison 2012-2015
2011-2012	Nevada Public Health Association
2002-present	Sigma Theta Tau International Honor Society, Zetta Kappa Chapter
2012-2015	Nevada Alliance for Nursing Excellence (NANE) Scope of Practice Committee Member
2011-present	Primary Care Advisory Council (PCAC) - State of Nevada HHS Vice-Chair (2016-2022) Chair (2022-present)
2011-present	Workforce Recruitment and Retention Committee - State of Nevada Committee Member
2007-2008	Nevada Nurses Association, Special Practice Group (co-chair)
2006 -2012	Nevada State Board of Nursing, Advanced Practice Group Member
2001-2002	Gastroenterology, O'Callaghan Federal Hospital Tumor Board Gastroenterology Department Representative

National

2021-present	CCD Smiles Education Board of Directors Member
2024-2025	LACE Sterring Committee member representing Licensure (APRN Consensus Model)
2026	American Association of Nurse Practitioners, Fellow's meeting planning Co-Chair
2025	American Association of Nurse Practitioners, Fellow's meeting planning committee member
2024	Journal of Biological Research for Nursing, reviewer
2021-2023	National Council State Board of Nursing, Board of Directors, Area 1 Director
2022-present	American Academy of Nursing: Primary Care Expert Panel, Member
2016-2018	American Association of Nurse Practitioners, 2017 & 2018 National Conference Chair
2016-2019	American Association of Nurse Practitioners, Endocrinology Special Practice Group Founding Co-Chair

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2015-2019	National Council State Boards of Nursing, Institute of Regulatory Excellence Member
2014-2018	American Association of Nurse Practitioners, Nevada State Representative
2002-present	American Academy of Nurse Practitioners Specialty and Leadership Conference Chair, 2014 & 2015 Grant and Scholarship Reviewer, 2018, 2019, 2020, 2021, 2022, 2023, 2024 National Conference Planning Committee Member, 2013, 2014, 2019 Abstract Reviewer, Annual Conferences 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 Region 9 Leadership Conference Participant, 2008, 2010, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2020, 2021, 2022, 2023, 2024, 2025
2006-present	Journal of the American Association of Nurse Practitioners, manuscript reviewer
2017	Asian/Pacific Island Nursing Journal, manuscript reviewer
2019-present	Journal of Nursing Regulation, manuscript reviewer
2010-present	Doctor of Nursing Practice Community Member
2012-2013	DNP National Conference Planning Committee, 2013 & 2014 conferences
2011-2024	American Diabetes Association
2011-2012	American Public Health Association
2004-2007	Oncology Nurses Society – Nurse Practitioner Member
2004-2006	American College of Surgeons – Affiliate Member
1992-2002	Emergency Nurses Association

International

Okinawa Naval Hospital Department of Emergency Medicine Customer Service Representative, Community Liaison, and public relations representative 1998-2000
Okinawa Naval Hospital Telephone Triage Development Committee member, 1998-2000
Okinawa Naval Hospital, Needleless delivery system implementation policy development and system implementation member, 1999-2000

SERVICE:

2020-present	Nevada Battle Born Medical Reserve Corps Volunteer
2019-2025	Centers for Disease Control and Prevention, Division of Diabetes – Diabetes Self-Management Education and Support Services Branding Collaboration
2017-present	Las Vegas Metropolitan Police Department Volunteer
2018-2023	Desert Spring United Methodist Church, Lead Parish Nurse, Co-Chair Disaster Planning Group
2016-2017	Desert Southwest Conference, United Methodist Church, Health Ministry Committee
2016-2022	Trustee, Southern Nevada Chapter of Concerns of Police Survivors
2013	2/27/13 Testified before Nevada Assembly Committee on Commerce, Energy and Labor representing Nevada Advanced Practice Nurses Association on AB170
2013	2/27/13 Testified before Nevada Senate Committee on Commerce, Energy and Labor representing Nevada Advanced Practice Nurses Association on SB69
2012	Consultation "Driving and Diabetes" for LV Metropolitan Police Department
2011-2012	APRN Health Access Team - Legislative NP group for Nevada APNs

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2011	4/29/11 Testified before Nevada Legislature Assembly Committee representing Nevada Nurse Practitioners Special Practice Group SB 205
2011	3/7/11 Testified before Nevada Legislature Senate Commerce, Energy and Labor Committee representing Nevada Nurse Practitioners Special Practice Group SB 205
2011-2018	"What to do in an allergy emergency" - Desert Spring United Methodist Church Sunday school and summer bible camp
2010-present	Medical Ministry -monthly blood pressure screening and education – Desert Spring United Methodist Church
2009-2020	Medical Screening for summer and special camps - United Methodist Church Camp, Potosi Pines, Las Vegas, NV
2009-2011	Secretary – Las Vegas Academy High School Band Board
2008-2024	"Survivors Police Week Preparation" - Las Vegas Metropolitan Police Department
2007	Breast Health and Prevention – GC Wallace Company (October)
2006 -present	Concerns of Police Survivors – ongoing consultation and volunteer Metropolitan Police Department, Las Vegas
2006-2007	Concerns of Police Survivors – Nevada Chapter Secretary
2005-present	Tar Wars® – Nevada Academy of Family Physicians (yearly presentations to 5th graders)
1993-1995	Trauma Nurses Talk Tough Program, Puyallup, WA
1993-1995	Bicycle Safety, Good Samaritan Hospital Emergency Services, Puyallup, WA
1987-1989	Read to Succeed, Sögel Elementary School, West Germany

2026

**PUBLIC HEALTH ADVISORY BOARD
AT-LARGE RECRUITMENT**

ENVIRONMENTAL HEALTH APPLICANTS

- 1. Ms. Kristen Baird**
- 2. Dr. Brian Labus**



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☒ Mrs. ☐ Dr. ☐

Kristen

Baird

FIRST NAME

MI

LAST NAME

RESIDENCE ADDRESS

CITY/STATE/ZIP

1350 E Flamingo Road Suite 3032 Las Vegas, NV 89119

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

908.358.9512

DAY PHONE NUMBER

EVENING PHONE NUMBER

CELLPHONE NUMBER

FACSIMILE NUMBER

kristen.baird.r@gmail.com

EMAIL

CDC Foundation

EMPLOYER

600 Peachtree St NE #1000

Atlanta, GA 30308

BUSINESS ADDRESS

CITY/STATE/ZIP

Public Health Practitioner

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- ☐ Physician Representative
☐ Nurse Representative
☒ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐ Ms. ☒ Mrs. ☐ Dr. ☐

Kristen

Baird

FIRST NAME

MI

LAST NAME

CDC Foundation

EMPLOYER

600 Peachtree St NE #1000

Atlanta, GA 30308

BUSINESS ADDRESS

CITY/STATE/ZIP

Project Officer

OCCUPATION

How long have you lived in Clark County:

5 years

Please tell us why you are interested in becoming a member of the Advisory Board.

I am interested in joining the Advisory Board to contribute my expertise in health security, environmental health, and emergency preparedness. As a Las Vegas-based public health practitioner, Mom, and current DrPH candidate at the Johns Hopkins Bloomberg School of Public Health specializing in Environmental Health and Health Security, I am committed to protecting our community's health and economic infrastructure while ensuring its long-term resilience. I am eager to apply my experience in policy synthesis and consensus building to support the board's vision, strengthen our region's health security, and address emerging environmental health and biological threats building a more resilient Southern Nevada.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No, I am not employed by a government entity.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am dedicated to protecting our communities and ensuring that public health initiatives, regulations, and services remain responsive to the unique needs of Clark County residents and visitors: Advanced Academic Training: As a DrPH candidate at the Johns Hopkins University, I translate evidence-based environmental health and security policies into actionable, practical guidance. Systems Leadership: Through the CDC Foundation, I direct multi-state workforce infrastructure programs encompassing food safety, aquatic health, and facility inspections. Training/Operational Field Experience: My years deployed on state and federal environmental health responses provide me with the keen insights needed to bridge field tactics and formulate actionable recommendations for the Board.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Nathan Weed, [REDACTED]

Name:

Dr. Lisa Koonin, [REDACTED]

Name:

Ashley Slight, [REDACTED]

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

My background directly aligns with the Health District's activities through:

Government & Tribal Service: Administered two HHS agreements with 35 counties and 29 tribes. Deployed to 23 disasters as a Tribal Liaison. Policy Boards: Managed the Regional Disaster Preparedness Organization, brokering consensus across six OR/ WA counties to increase local funding by 8%. Fiscal Stewardship: Direct a 30-member team at the CDC Foundation, overseeing state/federal workforce programs with audit-ready compliance. Community Leadership: Recognized 2025 Chamber of Commerce Leadership LV.



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

NURSE APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.



ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY

Please tell us about your education, training, and experience related to environmental health or environmental health services.

My work and academic pursuits are directly tied to environmental health, health security, and infectious disease mitigation:

Advanced Training in Environmental Health: My doctoral studies at the Johns Hopkins Bloomberg School of Public Health focus on environmental health and health security. This training allows me to synthesize complex scientific data and translate evidence-based policies into clear, actionable guidance for diverse audiences.

Infectious Disease and Risk Mitigation: At Constant Associates, I led initiatives aimed at improving infection prevention and control. By aligning with standards such as CMS Appendix Z, our efforts successfully reduced audit findings for healthcare facilities by 15%.

Cross-Jurisdictional Hazard Management: During my time at the Washington State Department of Health, I administered HHS cooperative agreements across 35 counties and 29 federally recognized tribes. Serving on a Type III Incident Management Team, I deployed to 23 state/local disasters, ensuring culturally sensitive communication and coordination across jurisdictions during disease outbreaks, wildfires, floods, radiation, and chemical spill.

Education and Advanced Training
Doctor of Public Health (DrPH): Johns Hopkins Bloomberg School of Public Health, specializing in health security and environmental health (Expected 2028).

Master of Public Health (MPH): Tulane University School of Public Health and Tropical Medicine (2010), giving me a strong foundation in population health and environmental systems management.

Bachelor of Arts: Flagler College (2005), with concentrations in Business Communication and Spanish.

Professional Experience

CDC Foundation (2022–Present): I serve as a State-Funded Projects Program Officer, directing a 30-member remote team and overseeing workforce infrastructure programs across the Midwest and Southwest. This portfolio spans areas such as food safety, aquatic health, waste management, and facility inspections.

Daybreak Preparedness Consulting (2023–Present): As Founder and President, I specialize in healthcare infrastructure design and workforce training, helping to transform post-pandemic healthcare delivery to build more resilient communities.

I would be honored to bring this implementation-focused expertise to serve my community.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

Qualifications Snapshot

Executive Leadership & Environmental Health: Bringing over 15 years of experience in environmental health, health security, and public stewardship.

Alignment Board Objectives: I translate evidence-based science into actionable policy, providing strategic oversight for environmental health responses, including food safety and waste management.

Professional Experience: As a Program Officer for the CDC Foundation, I direct workforce infrastructure programs across the Midwest and Southwest.

Advanced Education: I combine a DrPH specialization in environmental health and health security at Johns Hopkins University with an MPH from Tulane University.

Government & Hazard Management: Having administered U.S. HHS funds across 35 counties and 29 tribes, I mobilize cross-jurisdictional responses to disease outbreaks, wildfires, and chemical incidents.

Community Impact: Recognized Chamber of Commerce 2025 Leadership Las Vegas.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Kristen Baird

Print Name

4/30/26

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐ Candidate approved by the Nominating Committee. Date: _____

☐ Candidate attended BOH meeting. Date: _____

Board Action:

☐ Approve

☐ Disapprove

☐ Other _____

Kristen Baird, DrPH(c), MPH

KRISTEN BAIRD, DrPH(c), MPH

• kristen.baird.r@gmail.com • Las Vegas, Nevada

Strategic Public Health Executive | DrPH Candidate, Johns Hopkins University

Implementation-focused leader with 15+ years of experience in health security and public stewardship. Expert in synthesizing the best available science into unified policy and transparent regional action. Proven track record directing 30-member remote teams and managing \$100M+ portfolios to deliver high-impact results for state, local, and tribal partners. Dedicated to fortifying Western regional capabilities by removing administrative barriers and delivering unified, science-based recommendations that uphold public health integrity and increase community trust across Southern Nevada.

STRATEGIC & OPERATIONAL LEADERSHIP EXPERIENCE

CDC Foundation • Atlanta, GA (Remote) • 2022 — Present

State-Funded Projects Program Officer

Manages federally-funded public health workforce infrastructure programs in the United States with a focus on the Midwest and Southwest regions.

- ◆ Directs a 30-member remote team, architecting high-engagement SharePoint and Microsoft Teams environments utilizing a Project Management Office framework to streamline daily workforce operations and grant administration; successfully delivered 100% of FY26 contract deliverables for local, state, and tribal health departments.
- ◆ Oversees fiscal oversight and compliance monitoring for state portfolios ensuring alignment with Uniform Guidance (2 CFR 200) and maintaining audit-ready financial reporting for senior leadership and federal partners.
- ◆ Conducts comprehensive evaluations of programmatic impact using survey data and key informant interviews to enhance private donor contributions and secure new funding streams in alignment with CDC Foundation's development goals.

Constant Associates • Los Angeles • 2019 — 2022

Senior Associate Health Security & Promotion

Led \$106M portfolio of government and private-sector contracts to improve corporate readiness and enhance public health response. Such as:

- ◆ Centers for Medicare & Medicaid (CMS) - Directed initiative for the Centers for Medicare & Medicaid Services (CMS) to enhance Infection Prevention and Control and health security in alignment with CMS Appendix Z, achieving a 30% increase in healthcare training participation and a 15% reduction in audit findings for healthcare facilities.
- ◆ Bay Area Urban Area Security Initiative - Collaborated with the division of Vaccine Preventable Diseases to implement activities to increase public uptake for mass vaccinations, countering mis-

Kristen Baird, DrPH(c), MPH

and dis-information, and developing unified, multi-jurisdictional Immunization Recommendations and Position Statements.

- ◆ *State of Hawaii / Hawaii Emergency Management Agency* – Developed multiple after-action reports and improvement plans for the pandemic response from Feb 2020 – March 2022 engaging 25 state agencies/departments and 96 interviewees.

Washington State Department of Health • Olympia, WA • 2014 — 2019

Community Preparedness & Recovery / Program Manager

Administered two U.S. Department of Health and Human Services (HHS) cooperative agreements to advance health security working collaboratively with 35 counties and the 29-federally recognized tribes in Washington State.

- ◆ Orchestrated the integration of innovative solutions with the Northwest Healthcare Response Network to fortify healthcare service continuity during disruptions, overseeing a \$10M WaTrac investment for enhanced patient tracking capabilities.
- ◆ Type III Incident Management Team (IMT) / Tribal Liaison. Deployed to 23 state/local disasters to enhance state-level government response in alignment with the Centennial Accord and coordinate tribal consultation with the 29-federally recognized tribes. Served as the primary point of contact between the IMT and impacted tribes communicating clear mission objectives using a culturally sensitive and inclusive framework.

Portland Bureau of Emergency Management • Portland, OR • 2012 — 2014

Emergency Management (EM) Specialist/ Program Manager

Managed the Regional Disaster Preparedness Organization (RDPO) with representatives from a six-county partnership to increase opportunities for cross-jurisdictional collaboration and implementation of resilience projects.

- ◆ Mediated competing policy goals and divergent priorities across a six-county partnership to build a unified strategic vision to achieve public health and emergency management goals; successfully brokered a consensus that transitioned the group to a new sustainable contribution model, increasing local funding by 8%.
- ◆ Facilitated monthly stakeholder committee meetings, enhancing governance structures to effectively align with regional priorities and mitigate potential risks and grant compliance challenges.

Arizona State University, Southwest Interdisciplinary Research Center (SIRC) • Phoenix, AZ • 2010 — 2012, Research Coordinator II

- ◆ Coordinated and provided research support for \$11.6M National Institutes of Health (NIH) grants for an interdisciplinary team of researchers to reduce health disparities.
- ◆ Organized and implemented an inclusive community-based participatory framework to engage partners and community members in research programs at Maricopa Integrated Health System (MIHC) Refugee Women's Health Clinic focused on Medicaid recipients for culturally and

Kristen Baird, DrPH(c), MPH

linguistically sensitive improvements in maternal and child health and chronic disease management.

REGIONAL HEALTHCARE STRATEGY & CROSS SECTOR RESILIENCE

Daybreak Preparedness Consulting • Las Vegas, NV • 2023 - Present

President/ Founder

Healthcare and resilience consulting firm specializing in infrastructure design and workforce training for Clinics, Federally Qualified Health Centers, and Rural Health Clinics to transform the post-pandemic healthcare delivery system.

- ◆ Engineered a centralized digital ecosystem for a member-based association of over 2,300 healthcare professionals, including a 40-hour training program and an online resource library platform designed to facilitate cross-regional collaboration and standardized best practices.

VOLUNTEERISM & COMMUNITY CONNECTION

Volunteer • 2023 — Present

Obodo Collective, 501(c)3

- ◆ Promotes food sovereignty through educational opportunities, and donor support creating sustainable, healthy, and vibrant neighborhoods in Southern Nevada.

EDUCATION

Doctor of Public Health, Johns Hopkins Bloomberg School of Public Health

- Baltimore, MD • Expected 2028

Master of Public Health, Tulane University School of Public Health and Tropical Medicine

- New Orleans, LA • 2010

Bachelor of Arts - Business Communication; Spanish

Flagler College • St. Augustine, FL • 2005

AWARD & CERTIFICATIONS

- ◆ 2018 Washington State Governor's Service Recognition, Governor Jay Inslee
- ◆ 60 Distinguished Leaders 2025, Las Vegas Metro Chamber of Commerce

SKILLS -- Multi-state Collaborations, Public Stewardship, Tribal Sovereignty, Grant Management/ Administration, Consensus Building, Evidence-Based Policy Synthesis, Financial Operations, Legislative Advocacy, Public Stewardship, Public-Private Partnerships, FEMA Liaison Officer Task Book // **TOOLS** -- SharePoint, Microsoft Teams, Canva, ADP

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PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Brian

J

Labus

FIRST NAME

MI

LAST NAME

RESIDENCE ADDRESS

CITY/STATE/ZIP

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

702-895-2649

DAY PHONE NUMBER

EVENING PHONE NUMBER

CELLPHONE NUMBER

FACSIMILE NUMBER

brian.labus@unlv.edu

EMAIL

UNLV School of Public Health

EMPLOYER

4700 S. Maryland Pkwy Box 3063 Las Vegas, NV 89119

BUSINESS ADDRESS

CITY/STATE/ZIP

Associate Professor, Epidemiology and Biostatistics

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- ☐ Physician Representative
☐ Nurse Representative
☒ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☒

Brian	J	Labus
FIRST NAME	MI	LAST NAME

UNLV School of Public Health

EMPLOYER

4700 S. Maryland Pkwy Box 3063 Las Vegas, NV 89119

BUSINESS ADDRESS CITY/STATE/ZIP

Associate Professor, Epidemiology and Biostatistics

OCCUPATION

How long have you lived in Clark County:

25 Years

Please tell us why you are interested in becoming a member of the Advisory Board.

My first job in public was an an epidemiologist with SNHD from 2001-2015. This board position would allow me to give something back to the agency that made me the professional I am today. I left SNHD in 2015 to join the faculty at UNLV in order to teach the next generation of public health professionals in Southern Nevada and it is quite gratifying to see my former students playing such a vital role in the day-to-day workings of SNHD. I have been fortunate to serve on the advisory board for the past two years and welcome the opportunity to continue that service to SNHD, the Board of Health, and the residents of Southern Nevada.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am an infectious disease epidemiologist with 25 years experience working in public health, all of that time spent in Southern Nevada. I have a PhD in Public Health with a concentration in Environmental and Occupational Health, an MPH in Infectious Diseases, and a BS in Biology. I am also a registered with the National Environmental Health Association (NEHA) as a Registered Environmental Health Specialist (REHS). I worked at SNHD from 2001-2015 leading outbreak investigations and conducting surveillance activities and I joined the UNLV Public Health faculty in 2015. I am near the end of my first term as the Environmental Health representative on this board.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Shawn Gerstenberger, PhD, Dean, UNLV School of Public Health

Name:

Sheniz Moonie, PhD, Chair, UNLV Department of Epidemiology and Biostatistics

Name:

Francisco Sy, MD, PhD, Chair, Department of Environmental and Global Health

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

I was employed at SNHD from 2001 to 2015 as the senior epidemiologist. At UNLV, I placed numerous student interns at SNHD, I currently teach and mentor SNHD employees in the MPH and PHD programs, and have fellows placed at SNHD as part of Nevada's Applied Epidemiology Fellow program. During COVID, I worked extensively with SNHD, operating a team of over 200 student contact tracers to support SNHD investigative activities. I also served as a member of Governor Sisolak's COVID-19 Medical Advisory Team.



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

NURSE APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.



ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY

Please tell us about your education, training, and experience related to environmental health or environmental health services.

I earned a PhD in Public Health with a concentration in Environmental and Occupational Health from UNLV in 2015. I earned an MPH in infectious diseases from UC Berkeley in 2000 and BS in biology from Purdue University in 1997.

I am a Registered Environmental Health Specialist with the National Environmental Health Association. I regularly present at Nevada Environmental Health Association / Nevada Food Safety Task Force annual convention, providing continuing education credits to the REHS staff of SNHD and other governmental agencies.

While I was employed as an epidemiologist with SNHD, I regularly worked with Environmental Health Specialists on the field investigations of numerous foodborne outbreaks in restaurants, legionellosis and norovirus outbreaks in Strip resorts, and on the largest outbreak of healthcare-associated hepatitis in US history. I teach numerous graduate courses at UNLV with a strong environmental health component, including outbreak investigation, disease surveillance, and infectious disease epidemiology. I was also extensively involved in the response to COVID throughout the state, advising the governor, UNLV leadership, and numerous governmental agencies and private businesses on cleaning and disinfection, surveillance, vaccination, and environmental prevention and control of disease.

I have served as a member of the SNHD Public Health Advisory Board as the Environmental Health or Environmental Health Services Representative since 2024.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I have attached my CV to this application

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Brian Labus

Print Name

Signature

7/13/2026

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐

Candidate approved by the Nominating Committee.

Date: _____

☐

Candidate attended BOH meeting.

Date: _____

Board Action:

☐

Approve

☐

Disapprove

☐

Other _____

Brian J. Labus

PhD, MPH, REHS

Work Address

School of Public Health
University of Nevada Las Vegas
4700 S. Maryland Parkway, Suite 335
Las Vegas, NV 89119
Phone: (702) 895-2649
Email: brian.labus@unlv.edu

Home Address

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Personal Profile

I am an infectious disease epidemiologist with 25 years of experience in field epidemiology, outbreak investigation, and public health informatics. From 2020 through 2023, I worked extensively on COVID-19 response activities, serving on Nevada Governor Sisolak's Medical Advisory Team, leading a team of over 200 student contact tracers, and participating in various aspects of the university's COVID response. I have made nearly 1,300 media appearances in local, national, and international print and video outlets, including the New York Times, Washington Post, CNN, Forbes, and National Public Radio on a variety of infectious disease topics, including COVID-19, Mpox, Flu, *Legionella* and *Naegleria*. Prior to joining the University of Nevada, Las Vegas, School of Public Health faculty in 2015, I conducted outbreak investigations, managed the communicable disease surveillance system, and developed public health informatics projects at the local health department in Las Vegas, NV for nearly fifteen years. Most significantly, I led a two-year investigation into the largest outbreak of healthcare-acquired hepatitis C in United States history when over 60,000 people were exposed to bloodborne pathogens because of unsafe injection practices at an endoscopy center.

Education

- | | |
|------|---|
| 2015 | Ph.D., Public Health, Concentration in Environmental and Occupational Health
University of Nevada, Las Vegas; Las Vegas, NV |
| 2000 | M.P.H., Infectious Diseases
University of California; Berkeley, CA |
| 1997 | B.S., Biology
Purdue University, West Lafayette, IN |

Professional certifications

- | | |
|--------------|---|
| 2011-present | Registered Environmental Health Specialist
National Environmental Health Association
License: 9008110, issued 6/1/2011 |
|--------------|---|

Professional Experience

- | | |
|--------------|--|
| 2025-present | Tenured Associate Professor |
| 2018-2025 | Assistant Professor |
| 2017-2018 | Visiting Assistant Professor |
| 2015-2017 | Visiting Research Assistant Professor |
| 2006-2015 | Adjunct Faculty
Department of Epidemiology and Biostatistics |

School of Public Health, University of Nevada, Las Vegas

- Research interests: infectious disease epidemiology, outbreak investigation, disease surveillance and reporting, healthcare-associated infections, and vaccine-preventable diseases
- Teach graduate and undergraduate courses in general public health, general epidemiology, outbreak investigation, and infectious disease epidemiology
- Served as the MPH internship coordinator
- Mentor students and serve as chair and committee member for numerous MPH and PhD student thesis and dissertation committees
- Provided expert guidance to various government agencies and businesses throughout the COVID pandemic
- Led a COVID contact tracing team of 250 student investigators that was named the 2021 Nevada Public Health Association's Public Health Program of the Year
- Led UNLV on-campus COVID disease investigation and contact tracing efforts

2001-2015

Senior Epidemiologist, Epidemiologist

Office of Epidemiology

Southern Nevada Health District, Las Vegas, NV

- Led investigations of numerous outbreaks of foodborne disease, respiratory disease, vaccine preventable disease and healthcare-acquired disease in Las Vegas
- Led the investigation of the largest outbreak of healthcare-acquired hepatitis C in United States history, with 63,000 exposed patients. Conducted field investigation; developed, implemented and analyzed questionnaires; responded to media requests for information and interviews; testified to the state legislature and briefed Nevada's congressional delegation; assisted in the development of new statutes and regulations; testified in the criminal trial resulting in the conviction of the responsible physician for murder and several civil trials resulting in over \$1 billion in judgments against various defendants
- Created, implemented, maintained and evaluated disease surveillance systems, including the development of a novel patient complaint-based syndromic surveillance system for communicable diseases and a sentinel physician respiratory disease surveillance system
- Developed public health informatics projects including a foodborne illness complaint system, the health alert network system, systems for tracking information during outbreaks, and electronic laboratory report processing. Participated in requirements gathering, gap analysis, and the selection of an open-source disease surveillance system and the development of in-house electronic laboratory reporting processing, and served as the subject matter expert during implementation, ongoing maintenance and enhancement
- Wrote county disease reporting regulations and led the process of public hearings and approval by the local and state boards of health and participated in multiple revisions of state health regulations, including drafting language and testifying on behalf of the agency at state board of health meetings
- Represented the agency and the state in numerous national meetings and conferences, as part of various workgroups, and during public health functional exercises and tabletops
- Conducted specialized studies and evaluations of public health topics including influenza, childhood immunization, and trauma system utilization
- Provided oversight of lower-level staff and reviewed epidemiologic reports and projects
- Served as the office media spokesperson, giving over one thousand live and recorded interviews on various topics for print, television and radio for local, national and international media

- Interviewed people with communicable diseases, arranged prophylaxis and conducted work exclusions

Consulting/Advising

2022	Nevada System of Higher Education COVID-19 Task Force
2021-2023	Las Vegas Aces, Women's National Basketball Association, Infectious Disease Consultant
2020-2023	UNLV Athletics Team Epidemiologist
2020-2022	Nevada Governor Sisolak's COVID-19 Medical Advisory Team
2020-2022	UNLV COVID-19 Incident Management Team
2020-2022	Nevada State College, COVID-19 Consultant
2020-2022	College of Southern Nevada, COVID-19 Consultant
2020-2021	Mountain West Conference, COVID-19 Testing and Contact Tracing Consultant
2020	US Federal Courts, Nevada, COVID-19 Consultant

Publications: Peer-Reviewed Journal Articles

Pathina, N., **Labus, B.**, Arifuzzaman, S. (2025) Leveraging Social Network Analysis and Mobility Data for Modeling Epidemic Spread in Urban Tourist Destinations. *Social Network Analysis and Mining*. Accepted July 22, 2025.

Barber, C. A., Chien, L.-C., **Labus, B.**, Crank, K., Papp, K., Gerrity, D., Collins, C., Oh, E. C., Zhang, L., Mangla, A. T., Lockett, C., & Chen, L.-W. A. (2025). Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada, USA. *Epidemiology and Infection*, 153, e68. <https://doi.org/10.1017/S0950268825100058>

Kleven, B. D. C., Chien, L.-C., Cross, C. L., **Labus, B.**, & Bernick, C. (2025). Traumatic Encephalopathy Syndrome: Head Impact Exposure and Blood Biomarkers in Professional Combat Athletes. *The Journal of Head Trauma Rehabilitation*. <https://doi.org/10.1097/HTR.0000000000001048>

Coughenour, C., Chien, L.-C., **Labus, B.**, Gakh, M., & Usufzy, P. (2024). Shifting employment and perceptions of household responsibilities during early stages of the COVID-19 pandemic in Nevada, USA. *PloS One*, 19(11), e0309906. <https://doi.org/10.1371/journal.pone.0309906>

Labus, B., Chien, L.-C., Conway Kleven, B. (2024). Public Compliance with Fabric Face Covering Recommendations, Nevada, 2020. *Nevada Journal of Public Health*, 2024, vol 21. P. 28-35. <https://npha.wildapricot.org/page-18121>.

Coughenour C., Chien, L.-C., Gakh, M., **Labus, B.**, McDonough, I., Grigsby, T., Usufzy, P. (2024) Food and Housing Insecurity in Nevada During the COVID-19 Pandemic. *Journal of community health*, 2024-04, Vol.49 (2), p.296-313. <https://doi.org/10.1007/s10900-023-01284-8>

Conway Kleven, B., Chien, L. C., Young, D. L., Cross, C. L., **Labus, B.**, & Bernick, C. (2024). Repetitive head impacts among professional fighters: a pilot study evaluating Traumatic Encephalopathy Syndrome and postural balance. *The Physician and Sportsmedicine*, 1–7. <https://doi.org/10.1080/00913847.2024.2325331>

Conway Kleven, B. D., Chien, L.-C., **Labus, B.**, Cross, C. L., Ritter, A., Randall, R., Montes, A., & Bernick, C. (2023). Longitudinal Changes in Regional Brain Volumes and Cognition of Professional

Fighters With Traumatic Encephalopathy Syndrome. *Neurology*, 101(11), e1118–e1126.
<https://doi.org/10.1212/WNL.000000000000207594>

Nerida, T., Sharma, M., **Labus, B.**, Marquez, E., & Dai, C.-L. (2023). COVID-19 Vaccine Acceptance Behavior among Hispanics/Latinxs in Nevada: A Theory-Based Analysis. *Healthcare (Basel)*, 11(5), 688. <https://doi.org/10.3390/healthcare11050688>

Batra, K., Pharr, J., Terry, E., **Labus, B.** "Assessing Psychological Impact of COVID-19 among Parents of Children Returning to K-12 Schools: A U.S. Based Cross-Sectional Survey." *Healthcare (Basel)* 10, no. 5 (2022): 775. <https://doi.org/10.3390/healthcare10050775>

Mihajlovski, K., Buttner, M., Cruz, P., **B Labus**, St Pierre Schneider, B., Detrick, E. "SARS-CoV-2 Surveillance with Environmental Surface Sampling in Public Areas." *PloS One* 17, no. 11 (2022): E0278061. <https://doi.org/10.1371/journal.pone.0278061>

Kahane, E., Chien, L-C., **Labus, B.**, Bhammar D., Chevalier, J-A., Moonie, S. (2022) Depression and factors impacting quality of life among adults with asthma presence in Nevada. *Journal of Community Medicine and Public Health*. Accepted March 11, 2022. <https://doi.org/10.18203/2394-6040.ijcmph20220835>

Ajumobi, O., Verdugo, S., **Labus, B.**, Reuther, B., Lee, B., Koch, B., Davidson, P., and Wagner, D. (2021) Identification of Non-Fatal Opioid Overdose Cases Using 9-1-1 Computer Assisted Dispatch and Prehospital Patient Clinical Record Variables. *Prehospital Emergency Care*, 2021, 1-11. <https://doi.org/10.1080/10903127.2021.1981505>

Gakh M., Coughenour, C., Conway Kleven, B., **Labus, B.** (2021) State Recreational Marijuana Laws and Dispensaries: Chronic School Absenteeism in Washington State. *Health Behavior and Policy Review*, 8(4), 365-373. <https://doi.org/10.14485/HBPR.8.4.8>

Coughenour, C., Gakh, M., Sharma, M., **Labus, B.**, Chien, LC. (2021) Assessing Determinants of COVID-19 Vaccine Hesitancy in Nevada. *Health Security*. 16, 6. <https://doi.org/10.1089/hs.2021.0079>

Coughenour, C., Conway Kleven, B., Gakh, M., Stephen, H., Chien, L-C, **Labus, B.**, & Whaley, R. (2021). School absenteeism is linked to household food insecurity in school catchment areas in Southern Nevada. *Public Health Nutrition*, 1-7. <https://doi.org/10.1017/S136898002100063X>

Anderson, J., Moonie, S., Hogan, MB., & **Labus, B.** (2020). A description of eosinophilic esophagitis in the Southwestern state of Nevada. *Postgraduate Medicine*, 132(3), 251-255. <https://doi.org/10.1080/00325481.2019.1687192>

Anderson, J., Moonie, S., Hogan, M.B., Scherr, R., **Labus, B.** and Word, J. (2020), Cost of chronic inflammatory disease: The impact of eosinophilic esophagitis in Nevada. *Journal of Digestive Diseases*, 21(1), 12-19. <https://doi.org/10.1111/1751-2980.12832>

Ganta V., Moonie S., **Labus B.**, Gutierrez K., Goodman, X. (2020) Barriers for Cervical Cancer Screening in Women Living with HIV: A Systematic Review. *Journal of Health Disparities Research and Practice*. 13 (2). <https://digitalscholarship.unlv.edu/jhdrp/vol13/iss2/6>

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Wagner, K., Harding, R., Kelley, R., **Labus, B.**, Verdugo, S., Copulsky, E., Bowles, J.M., Mittal, M.L., and Davidson, P. (2019). Post-overdose interventions triggered by calling 911: Centering the perspectives of people who use drugs (PWUDs). *PLoS One*, 14(10), E0223823. <https://doi.org/10.1371/journal.pone.0223823>

Gakh, M., **Labus, B.**, & Walker, B. (2018). Characteristics of Laws Requiring Physicians to Report Patient Information for Public Health Surveillance: Notable Patterns from a Nevada Case Study. *Journal of Community Health, Journal of community health*, 43, 328–337 (2018).
<https://doi.org/10.1007/s10900-017-0426-4>

Sadilek, A., Kautz, H., Diprete, L., **Labus, B.**, Portman, E., Teitel, J., & Silenzio, V. (2017). Deploying nEmesis: Preventing foodborne illness by data mining social media. *AI Magazine*, 38(1), 37-48. Available at: <http://192.5.53.208/users/faculty/kautz/papers/nemesis-aimag.pdf>

Sadilek A, Kautz H, DiPrete L, **Labus B**, Portman E, Teitel J, Silenzio V. Deploying nEmesis: Preventing Foodborne Illness by Data Mining Social Media. (2017). Twenty-Eighth Annual Conference on Innovative Applications of Artificial Intelligence. Phoenix, AZ. 2016. Available at: <http://www.cs.rochester.edu/~sadilek/publications/Sadilek,%20Kautz,%20et%20al.%20Deploying%20nEmesis.pdf>

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Silk BJ, Moore MR, Bergtholdt M, Gorwitz RJ, Kozak NA, Tha MM, Brown EW, Winchester JL, **Labus BJ**, Rowley P, Middaugh JP, Fields BS, Hicks LA. (2012). Eight years of Legionnaires' disease transmission in travelers to a condominium complex in Las Vegas, Nevada. *Epidemiology and Infection* 2012; Jan 4:1-10. Available at: <http://www.jstor.org/stable/23271669>

Fischer G, Schaefer M, **Labus B**, Sands L, Rowley P, Azzam IA, Armour P, Khudyakov YE, Lin Y, Xia G, Patel PR, Perz JF, Holmberg SD. (2010). Hepatitis C virus infections from unsafe injection practices at an endoscopy clinic in Las Vegas, Nevada, 2007–2008. *Clinical Infectious Diseases* 2010;51:267–273. Available at: <https://academic.oup.com/cid/article/51/3/267/307011>

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Beatty ME, Verchick L, Rowley P, **Labus B**, Ormand B, Bell RL, Braden C, Painter J. (2005). The internet as a useful adjunct during foodborne outbreak investigations. *Food Protection Trends*. 2005 July; 25(7) 518-521. Available at: <https://www.foodprotection.org/publications/food-protection-trends/archive/2005-07-the-internet-as-a-useful-adjunct-during-foodborne-outbreak-investigations/#>

Huang SS, **Labus BJ**, Samuel MC, Wan DT, Reingold AL. (2002). Bacterial isolates from blood in San Francisco County, California, 1996-1999. *Emerging Infectious Diseases*. 2002 Feb; 8(2) 195-201. Available at <https://wwwnc.cdc.gov/eid/article/8/2/pdfs/01-0102.pdf>

Publications: Book Chapters

Kriseman J and **Labus B**. Local and regional public health informatics, chapter in *Public health informatics and information systems*, J.A. Magnuson, P.C. Fu, Jr. (eds.), Springer-Verlag London. 2014. Available at: https://link.springer.com/chapter/10.1007/978-1-4471-4237-9_26

Publications: Government Reports

Labus, B. (2015). Public Health Investigation Report: Community Outbreak of Measles in Clark County, Nevada, January - April 2015. Southern Nevada Health District. October 2015.

Labus B. (2010-2015). Pediatric Early Warning Sentinel Surveillance Weekly Bulletin. Southern Nevada Health District. Available at: <http://www.southernnevadahealthdistrict.org/stats-reports/pewss-archive.php>

Labus, B. (2012). An outbreak of Sapovirus gastroenteritis at 2011 Las Vegas Marathon. Southern Nevada Health District. March 2012. Available at: <http://www.southernnevadahealthdistrict.org/download/stats-reports/rocknroll-marathon-sapovirus-outbreak-final-report.pdf>

Labus, B. (2011) Gastroenteritis Outbreak Among Competitors at the 2011 Rock 'n' Roll Las Vegas Marathon & 1/2 Marathon – Interim Report. Southern Nevada Health District. December 15, 2011. Available at: <https://www.southernnevadahealthdistrict.org/download/epi/2011-LV-Marathon-Outbreak-Interim-Report.pdf>

Labus B. (2009-2010). Influenza Surveillance Weekly Report. Southern Nevada Health District. Available at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza-archive.php>

Labus B, Armour P, Middaugh J, Rowley P, Sands L, Sizemore J. (2009). Outbreak of Hepatitis C at Outpatient Surgical Centers: Public Health Investigation Report. Las Vegas, Nevada. Southern Nevada Health District. December 2009. Available at: <http://www.southernnevadahealthdistrict.org/download/outbreaks/final-hepc-investigation-report.pdf>

Labus B. (2008). Interim Report on the Endoscope Center of Southern Nevada Hepatitis C Investigation. Southern Nevada Health District. March 28, 2008. Available at: <http://www.southernnevadahealthdistrict.org/download/outbreaks/interim-hepc-investigation-report.pdf>

Labus B. (2005-2006). Influenza Surveillance Bi-Weekly Report. Southern Nevada Health District. Available at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza-archive.php>

Labus B., Wheeler D. (2005). Unusual Incident Investigation: Hepatitis A Exposure at the Global Gaming Expo. November 2, 2005. Clark County Health District. Las Vegas, Nevada.

Labus B. (2004). Investigation Report: Flamingo Hotel Outbreak, Fall 2004. Clark County Health District. Las Vegas, Nevada.

Labus B. (2004). Investigation Report: California Hotel Outbreak, Winter 2004/Spring 2004. Summer 2004. Clark County Health District. Las Vegas, Nevada.

Labus B. (2003). SARS Tour Group Investigation. February 2003. Clark County Health District. Las Vegas, Nevada.

Labus B. (2002). Investigation Report: Salmonella Poona. June 21, 2002. Clark County Health District. Las Vegas, Nevada.

Labus B. (2010-2015). Pediatric Early Warning Sentinel Surveillance Weekly Bulletin. Southern Nevada Health District. Available at: <http://www.southernnevadahealthdistrict.org/stats-reports/pewss-archive.php>

Labus, B. (2012). An outbreak of Sapovirus gastroenteritis at 2011 Las Vegas Marathon. Southern Nevada Health District. March 2012. Available at: <http://www.southernnevadahealthdistrict.org/download/stats-reports/rocknroll-marathon-sapovirus-outbreak-final-report.pdf>

Labus, B. (2011) Gastroenteritis Outbreak Among Competitors at the 2011 Rock 'n' Roll Las Vegas Marathon & 1/2 Marathon – Interim Report. Southern Nevada Health District. December 15, 2011. Available at: <https://www.southernnevadahealthdistrict.org/download/epi/2011-LV-Marathon-Outbreak-Interim-Report.pdf>

Labus B. (2009-2010). Influenza Surveillance Weekly Report. Southern Nevada Health District. Available at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza-archive.php>

Labus B, Armour P, Middaugh J, Rowley P, Sands L, Sizemore J. (2009). Outbreak of Hepatitis C at Outpatient Surgical Centers: Public Health Investigation Report. Las Vegas, Nevada. Southern Nevada Health District. December 2009. Available at: <http://www.southernnevadahealthdistrict.org/download/outbreaks/final-hepc-investigation-report.pdf>

Presentations: Conference Presentations

Barber C., **Labus B.**, Gerrity D. Evaluating wastewater-based disease surveillance using CDC's Guidelines for Evaluating Public Health Surveillance Systems. American Public Health Association Annual Meeting and Expo. Washington DC. 2025.

Labus, B., Harmon, N. H5N1 Bird Flu: Overview and Risks to Food Safety. 2024 Nevada Environmental Health Association & Nevada Food Safety Task Force Joint Educational Conference. Virtual. 2024.

Labus, B., Barber, C. Everybody poops: the basics of wastewater surveillance and how it can provide an unbiased insight into infectious disease transmission in the community. 2023 Nevada Environmental Health Association & Nevada Food Safety Task Force Joint Educational Conference. Las Vegas, NV. 2023.

Bensken W., Lathrop S, Lichtenstein M, Hawkins M, Wong D, **CSTE Travel History Workgroup.** Standardized Travel History Data Collection Across Eight Notifiable Diseases: Results from a Multi-Jurisdictional Pilot. 2016 Council of State and Territorial Epidemiologists Annual Conference. Anchorage, AK. 2016.

Bensken, W., Lathrop S, Lichtenstein M, Hawkins M, Wong D, **CSTE Travel History Workgroup.** Disease Investigators' Attitudes and Practices Regarding Travel History. 2016 Council of State and Territorial Epidemiologists Annual Conference. Anchorage, AK. 2016.

Sadilek A, Kautz H, DiPrete L, **Labus B**, Portman E, Teitel J, Silenzio V. Deploying nEmesis: Preventing Foodborne Illness by Data Mining Social Media Twenty-Eighth Annual Conference on Innovative Applications of Artificial Intelligence. Phoenix, AZ. 2016.

Labus B. Social media as a tool for case and outbreak investigations. 2015 Council of State and Territorial Epidemiologists Annual Conference. Boston, MA. 2015.

Maglievaz R, **Labus B.** Stopping the outbreak! A sanitarian's guide to marathon, triathlon and endurance race events. 2014 National Environmental Health Association Annual Education Conference. 2014.

Labus B. Utilization of social media during a large outbreak of sapovirus-associated gastroenteritis for rapid case finding, specimen collection and investigation 2012 Council of State and Territorial Epidemiologists Annual Conference, Omaha, NE. 2012.

Kriseman J, **Labus B.** Critically assessing the NNDSS enterprise: local, state, and territorial stakeholder perspectives about current surveillance issues, practical solutions, and considerations for the future. 2012 Council of State and Territorial Epidemiologists Annual Conference. Omaha, NE. 2012.

Labus B. Development of open source disease surveillance software. 2011 Council of State and Territorial Epidemiologists Annual Conference. Pittsburgh, PA. 2011.

Labus B. Outbreak of hepatitis related to unsafe injection practices. 2010 Council of State and Territorial Epidemiologists Annual Conference. Portland, OR. 2010.

Labus B. Investigation of an outbreak of hepatitis C at an outpatient surgical center. 2008 Council of State and Territorial Epidemiologists Annual Conference. Denver, CO. 2008.

Zevallos JC, Sands L, **Labus B.** Symptoms for heart attack and stroke among females: Findings from a chief complaint database. 2006 CDC Annual Health Promotion Conference. Atlanta, GA.

Labus B. When bad things happen to good health departments: investigating an outbreak in your own facility. 2005 West Coast Epidemiologists' Meeting. Portland, OR. 2005.

Labus B. What happens in Vegas stays in Vegas? Risk communication during outbreak investigations. West Coast Epidemiologists' Meeting. Lake Tahoe, CA. 2004.

Labus B. Practical applications of syndromic surveillance: dual use strategies for emergency preparedness funding. 2004 American Public Health Association Annual Meeting. Washington, DC. 2004.

Presentations: Invited Oral Presentations (Regional, National and International)

Labus B. The 2008 Hepatitis C Outbreak. Southern Nevada Health District Public Health Disaster Recovery Planning Seminar. Las Vegas, NV. 2023.

Labus B. Air Shows and Public Health in 2022: Assessment and Analysis. 2021 International Conference of Air Shows Annual Conference. Las Vegas, NV, 2021.

Labus B. COVID in Nevada. Gilead - 2021 Post-Vaccination COVID-19 Outlook for the United States MAAP (West). Virtual. 2021.

Labus B. Vaccines, Distancing, Testing: The New Normal of Safety. 2021 Event Trends Conference. Virtual. 2020.

Labus B. How Events Can Happen during the Pandemic. The Future of the Event Industry Conference. 2020

Labus B. Return to Sport. International Association of Lawyers Meeting. Virtual Panel, 2020.

Labus B. Foodborne outbreak investigation: a local perspective. 2019 Foodborne illness outbreak prevention and response conference. Las Vegas, NV, 2019.

Labus B. A large outbreak of hepatitis C at an outpatient surgical center. Ninth Annual Illinois Statewide Conference on Health-Care Associated Infections. Bloomington, IL. 2018.

Labus B. Inside the Deadly Las Vegas Hep C Outbreak. ORExcellence Conference. Las Vegas, NV. 2013.

Labus B. State and Local Informatics Perspective Panel Discussion. 2013 Council of State and Territorial Epidemiologists Annual Conference. Pasadena, CA. 2013.

Labus B. Case studies in improving health: healthcare-associated infections. Centers for Disease Control and Prevention Orientation for New Health Officials. Atlanta, GA. 2010.

Labus B. Local epidemiology. 2010 Council of State and Territorial Epidemiologists Annual Conference. Portland, OR. 2010.

Labus B. Outbreak of hepatitis C related to unsafe injection practices. Western States Osteopathic Medical Conference Las Vegas, NV. 2009.

Labus B. Las Vegas hepatitis C outbreak. Southwest Regional Viral Hepatitis Summit. Las Vegas, NV. 2008.

Labus B. Public health crisis response: mass exposure to hepatitis C due to unsafe injection practices. Hazmat Explo 2008 Las Vegas, NV. 2008.

Labus B. Outbreak of hepatitis C at a medical clinic. Association of Professionals in Infection Control 2008 National Conference. Denver, CO. 2008.

Labus B. Disease after disasters. Western Regional Preparedness Conference. Las Vegas, NV. 2007.

Labus B. Disease surveillance in Southern Nevada. EpiReady Training Course. Las Vegas, NV. 2007.

Labus B. Outbreak investigation in Southern Nevada. Pulsenet Region IX Meeting. Seattle, WA. 2006.

Labus B. Making sense of health-related data during an emergency response. Hazmat Explo. Las Vegas, NV. 2006.

Labus B. Avian influenza. 2006 Western Regional American Association of Physician Assistants Meeting. Las Vegas, NV. 2006.

Labus B. Outbreak investigation. Hazmat Explo. Las Vegas, NV. 2005.

Labus B. Outbreak investigation. American Society for Clinical Laboratory Science Region X Spring Symposium. Laughlin, NV. 2005.

Labus B. Epidemiology and surveillance in tourist populations: what happens in Vegas doesn't always stay in Vegas. Field Epidemiology Basics for Infectious Disease Readiness. UC Berkeley Center for Infectious Disease preparedness. Las Vegas, NV. 2004.

Labus B. Forensic epidemiology. Hazmat Explo. Las Vegas, NV. 2004.

Labus B. Norovirus outbreak at a Las Vegas hotel. Core Infectious Disease Emergency Readiness Summer Institute. Berkeley, CA. 2004.

Labus B. Hepatitis A in Clark County, Nevada. Havrix National Advisory Board Meeting. New York City, NY. 2004.

Gilbertson J, **Labus B.** Bioterrorism panel. Weapons of mass destruction: your role in the community response. Las Vegas, NV. 2002.

Presentations: Invited Oral Presentations (State and Local)

Labus B. Living with COVID, or just giving up? UNLV Science Café. Las Vegas, Nevada, 2022.

Labus B. COVID-19: Where we've been, where we are, and where we are going. Osher Lifelong Learning Institute. Las Vegas, Nevada, 2022.

Labus B., Davidson J. Public Health and Student Services. Las Vegas, NV, 2021.

Labus B. Rebel Recharge: COVID-19: Where Do We Go from Here? Las Vegas, NV. 2021.

Labus B. COVID lessons for a Post-COVID World. Nevada Environmental Health Association Annual Education Conference. Las Vegas, NV. 2021.

Labus B. Trends in coronavirus. Immunize Nevada Monthly Meeting. 2020.

Labus B. Transportation and coronavirus. Association for Learning Environments, Nevada Chapter. Nevada, 2020.

Labus B. Design and coronavirus. Association for Learning Environments, Nevada Chapter. Nevada, 2020.

Labus B. When bad models happen to good data. American Statistical Association, Nevada Chapter. Nevada, 2020.

Labus B. Foodborne Outbreak Investigation: A Local Perspective. Foodborne Illness Outbreak Investigation and Response Conference. Las Vegas, Nevada, 2019.

Labus, B. Introduction to Epidemiology. Southwest compliance and safety training institute. Las Vegas, Nevada. 2019.

Labus, B. How to give a presentation that doesn't suck. Nevada Public Health Association mentorship series. Las Vegas, NV. 2019.

Labus B. Outbreak Investigation: Making the Hard Decisions (and some easy ones). Southern Nevada Health District. Las Vegas, NV. 2019.

Labus B. Hey Alexa, where can I eat and not get food poisoning? The use of new technology to identify foodborne disease and risks in the community. Nevada Environmental Health Association Annual Education Conference. Las Vegas, NV. 2018.

Labus B. A tale of two outbreaks: Local outbreak case studies. Southern Nevada Health District, 2017.

Labus B. Foodborne outbreaks. Association of Professionals in Infection Control, Las Vegas Chapter, 2015 Annual Education Conference. Las Vegas, NV. 2015.

Labus B. Foodborne illness investigation. Nellis Air Force Base. Las Vegas, NV. 2015.

Labus B. Measles in Southern Nevada. Association of Professionals in Infection Control March Chapter Meeting. Las Vegas, NV, 2015.

Labus B. Measles in Southern Nevada. Nevada Public Health Association March Chapter Meeting. Las Vegas, NV, 2015.

Labus B. Measles Update. Immunize Nevada Community Meeting. Las Vegas, NV, 2015.

Labus B. Ebola Outbreak Update. Association of Professionals in Infection Control, Las Vegas Chapter, 2014 Annual Education Conference. Las Vegas, NV. 2014.

Labus B. Overview of Ebola. American Society of Safety Engineers, Las Vegas Chapter meeting. Las Vegas, NV, 2014.

Labus B. Ebola overview. Medical Reserve Corps of Southern Nevada November meeting. Las Vegas, NV, 2014.

Labus B. Ebola overview. American Industrial Hygiene Association Nevada Local Section Meeting. Las Vegas, NV, 2014.

Labus B. The Las Vegas hepatitis C outbreak five years later: What have we learned? Association of Professionals in Infection Control, Las Vegas Chapter, 2013 Annual Education Conference. Las Vegas, NV. 2013.

Labus B. Current infectious disease issues in Southern Nevada. Touro University. Henderson, NV. 2012.

Labus B. Current disease issues in Southern Nevada. Touro University. Henderson, NV. 2011.

Labus B. The legal framework for public health reporting in Nevada. Association of Professionals in Infection Control, Las Vegas Chapter, 2011 Annual Education Conference. Las Vegas, NV. 2011.

Labus B. Foodborne illness investigation. Nellis Air Force Base. Las Vegas, NV. 2011.

Labus B. H1N1: Nevada's response and recovery. 2011 Nevada Environmental Health Association Annual Conference Las Vegas, NV. 2011.

Bruno T, **Labus B**, Nguyen, L, Bergtholdt M. SNHD foodborne disease investigation procedures: past, present and future. 2011 Nevada Environmental Health Association Annual Conference. Las Vegas, NV. 2011.

Labus B. Epidemiology of infectious organisms. Nevada Ambulatory Surgical Center Association Conference. Las Vegas, NV. 2011.

Labus B. Current trends in infectious diseases in Southern Nevada. Touro University. Henderson, NV. 2010.

Labus B. Influenza: 2009 H1N1 influenza. Southwest Medical Association Nurse Managers Meeting. Las Vegas, NV. 2010.

Labus B. 2009 H1N1 influenza. Southern Nevada Immunization Coalition Annual Influenza Meeting Las Vegas, NV. 2010.

Labus B. Outbreak investigation. 2009 Nevada Environmental Health Association Annual Meeting. Las Vegas, NV. 2009.

Labus B. Swine flu. 2009 Nevada Environmental Health Association Annual Meeting. Las Vegas, NV. 2009.

Labus B. Vaccine preventable disease In Southern Nevada. Shots for Tots Provider Meeting. Las Vegas, NV. 2009.

Labus B. Influenza overview. Nevada State Assembly, 75th Session (2009). Health and Human Services Committee. Carson City, NV. 2009.

Guinan M, **Labus B**, Sands L, Sizemore J. Hepatitis C panel discussion. 2008 Nevada Public Health Association Conference. Las Vegas, NV. 2008.

Labus B. Outbreak of Hepatitis C at a medical clinic. Nevada Interim Legislative Committee on Health Care. Las Vegas, NV. 2008.

Labus B. Epidemiology of tuberculosis in Southern Nevada. TB Anywhere Is TB Everywhere – Advances in TB Diagnosis and Management. Las Vegas, NV. 2007.

Labus B. Norovirus response guidelines. American Society of Safety Engineers, Las Vegas Chapter. Las Vegas, NV; 2007.

Labus B. Norovirus response guidelines. Nevada Environmental Health Association Conference. Las Vegas, NV. 2007.

Labus B. Influenza overview. Nevada State Assembly, 74th Session (2007). Ways and Means Committee. Carson City, NV. 2007.

Labus B. Norovirus overview. American Society of Safety Engineers, Las Vegas Chapter. Las Vegas, NV. 2007.

Labus B. Outbreak of *E. coli* related to spinach. Nevada Public Health Association 2006 Conference. Henderson, NV. 2006.

Labus B. Avian influenza. Nevada Public Health Association 2006 Conference. Henderson, NV. 2006.

Labus B. Avian influenza. 2006 Western Regional American Association of Physician Assistants Meeting. Las Vegas, NV. 2006.

Gilbertson J, **Labus B**, Selgestad B. Public health response. University Medical Center Weapons of Mass Destruction and Their Ethical Issues Training. Las Vegas, NV. 2005.

Labus B. Epidemiology and surveillance in tourist populations: what happens in Vegas doesn't always stay in Vegas. Field Epidemiology Basics for Infectious Disease Readiness. Las Vegas, NV. 2004.

Labus B. Forensic epidemiology. Hazmat Explo. Las Vegas, NV. 2004.

Labus B. Outbreak of norovirus at a Las Vegas hotel. Clark County Norovirus Summit. Las Vegas, NV. 2004.

Labus B. Public health epidemiology for law enforcement. Forensic Epidemiology Conference. Las Vegas, NV. 2004.

Presentations: Posters

Ajumobi, O., Verdugo, S.R., **Labus B.**, Reuther, P., Lee, B., Koch, B., Davidson, P. J. & Wagner, K. D (2020). Pre-hospital Opioid Overdose Cases: Day Time Distribution and Accuracy of Using 911 Computer Assisted Dispatch and Patient Clinical Record Variables for Identification of Cases. Poster presented at College on Problems of Drug Dependence virtual conference, USA.

Gakh M, **Labus B**, Walker B. (2017) Requirements to Report Patient Information to Government Entities: A Case Study of Physician Mandatory Reporting Laws. American Public Health Association Annual Conference. Atlanta, GA.

Lucas J, **Labus B**, Cochran C. (2013) Timeliness of disease reporting between electronic and traditional laboratory methods: an evaluation of four gastrointestinal illnesses in Southern Nevada. 2013 Council of State and Territorial Epidemiologists Annual Conference. Pasadena, CA.

Labus B, Savarda S. (2004) Using syndromic surveillance to identify and monitor the 2003-2004 influenza season in Clark County, Nevada. 2004 Council of State and Territorial Epidemiologists Annual Conference. Boise, ID.

Huang S, **Labus B**, Samuel M, Wan D, Reingold A. (2000) Antibiotic Resistance Patterns of Bacterial Isolates from Blood in San Francisco County, 1996-1999. International Conference on Emerging Infectious Diseases. Atlanta, GA.

Popular Press Articles

Labus B. Yes, there is a way out of this pandemic. *Las Vegas Sun*. Opinion column. August 31, 2021. <https://lasvegassun.com/news/2021/aug/31/yes-there-is-a-way-out-of-this-pandemic/>

Labus B. UNLV expert: Where do I stand? Six feet away. *Las Vegas Sun*. Opinion column. August 16, 2020. <https://lasvegassun.com/news/2020/aug/16/where-do-i-stand-six-feet-away/>

Labus B., Barber C, Gerstenberger, S. How do we protect ourselves at home during coronavirus, and what if someone has been exposed? 4 questions answered. *The Conversation*. March 23, 2020. <https://theconversation.com/how-do-we-protect-ourselves-at-home-during-coronavirus-and-what-if-someone-has-been-exposed-4-questions-answered-133992>

Benning S, **Labus B**, Barchard K. How to stop touching your face to minimize spread of coronavirus and other germs. The Conversation. March 19, 2020. <https://theconversation.com/how-to-stop-touching-your-face-to-minimize-spread-of-coronavirus-and-other-germs-133683>

Labus B. If I get sick with coronavirus, can Donald Trump make me stay home? The Conversation. March 10, 2020. <https://theconversation.com/if-i-get-sick-with-coronavirus-can-donald-trump-make-me-stay-home-133047>

Labus B. Love in the time of the coronavirus: Do you turn your back when someone offers you a hand, a kiss or a hug? The Conversation. March 6, 2020. <https://theconversation.com/love-in-the-time-of-the-coronavirus-do-you-turn-your-back-when-someone-offers-you-a-hand-a-kiss-or-a-hug-133037>

Labus B. What really works to keep coronavirus away? 4 questions answered by a public health professional. The Conversation. March 4, 2020. <https://theconversation.com/what-really-works-to-keep-coronavirus-away-4-questions-answered-by-a-public-health-professional-132959>

Labus B. Is the coronavirus a pandemic, and does that matter? 4 questions answered. The Conversation. February 5, 2020. Available at <https://theconversation.com/is-the-coronavirus-a-pandemic-and-does-that-matter-4-questions-answered-131128>

Labus B. Why are people still dying from Legionnaires' disease? The Conversation. August 16, 2019. Available at <https://theconversation.com/why-are-people-still-dying-from-legionnaires-disease-121862>

Labus B. Yes, flesh-eating bacteria are in the warm coastal waters – but it doesn't mean you'll get sick. The Conversation. July 31, 2019. <https://theconversation.com/yes-flesh-eating-bacteria-are-in-the-warm-coastal-waters-but-it-doesnt-mean-youll-get-sick-121081>

Media Appearances

Regularly interviewed for print, television, and radio in Southern Nevada on infectious disease topics. Since January 2020, over 1,300 media appearances in local, national, and international outlets, including the New York Times, Washington Post, CNN, Forbes, and National Public Radio. A full list of interviews with links to the publications can be found at: <https://docs.google.com/spreadsheets/d/1eaRmqxQeNI2aW39HUCbDmh0hAGAjJ9kQr1adXIMtqAA/edit?usp=sharing>

Teaching Experience

University of Nevada, Las Vegas, School of Public Health – Tenured and Tenure-Track Faculty

2026 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 11) EAB 745: Disease Surveillance (Graduate Enrollment: 4) NURS 350: Principles of Nursing Research – Guest Lecture
2025 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 5) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 15)
2025 Summer	NURS 350: Principles of Nursing Research – Guest Lecture
2025 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 13) EAB 745: Disease Surveillance (Graduate Enrollment: 6) NURS 350: Principles of Nursing Research – Guest Lecture
2024 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 6) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 14) NURS 350: Principles of Nursing Research – Guest Lecture
2024 Summer	NURS 350: Principles of Nursing Research – Guest Lecture
2024 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 13)
2023 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 5) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 14)
2022 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 6)
2023 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 14) EOH 790: Doctoral Seminar – Guest Lecture
2022 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 5) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 8)
2022 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 8)
2022 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 5) NURS 350: Principles of Nursing Research – Guest Lecture EOH 790: Doctoral Seminar – Guest Lecture
2021 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 12) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 5) EOH 790: Doctoral Seminar – Guest Lecture
2021 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 6)
2021 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 19) EOH 790: Doctoral Seminar – Guest Lecture PBH 490: Undergraduate Precapstone Course – Guest Lecture
2020 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 9) EOH 793: Internship in Public Health (Graduate Enrollment: 6) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 13) EOH 790: Doctoral Seminar – Guest Lecture PBH 490: Undergraduate Precapstone Course – Guest Lecture
2020 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 9) EOH 793: Internship in Public Health (Graduate Enrollment: 4)
2020 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 8) EOH 793: Internship in Public Health (Graduate Enrollment: 6) HCA 799: Capstone – Guest Lecture EOH 790: Doctoral Seminar – Guest Lecture
2019 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 9) EOH 793: Internship in Public Health (Graduate Enrollment: 2) EAB 756: Epidemiologic Methods II (Graduate Enrollment: 10)
2019 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 11) EOH 793: Internship in Public Health (Graduate Enrollment: 6)
2019 Spring	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 6)

	EAB 705/HCA 702: Epidemiology and Public Health (Graduate Enrollment: 10)
	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 11)
	HCA 799: Capstone – Guest Lecture
	EOH 790: Doctoral Seminar – Guest Lecture
2018 Fall	EOH 793: Internship in Public Health (Graduate Enrollment: 6)
	EAB 756: Epidemiologic Methods II (Graduate Enrollment: 10)
	PBH 205: Introduction to Public Health – Guest Lectures

University of Nevada, Las Vegas, School of Public Health – Visiting Faculty

2018 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 14)
	EOH 793: Internship in Public Health (Graduate Enrollment: 5)
	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 6)
2018 Spring	EOH 793: Internship in Public Health (Graduate Enrollment: 2)
	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 25)
	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 25)
	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 25)
	PBH 202: Introduction to Epidemiology – Guest Lectures
2017 Fall	EAB 735: Outbreak Investigation (Graduate Enrollment: 10)
	EOH 717: Food Safety (Graduate Enrollment: 3)
	EOH 793: Internship in Public Health (Graduate Enrollment: 11)
	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 25)
	EOH 713/LAW 790: Public Health Law – Guest Lecture
	NURS 350: Population Focused Nursing in the Community – Guest Lecture
2017 Summer	EMHA 702: Managerial Epidemiology (Graduate Enrollment: 6)
	EOH 793: Internship in Public Health (Graduate Enrollment: 4)
2017 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 9)
	EOH 793: Internship in Public Health (Graduate Enrollment: 4)
	PBH 205: Introduction to Public Health – Guest Lectures
2016 Fall	EOH 793: Internship in Public Health (Graduate Enrollment: 5)
	PBH 205: Introduction to Public Health – Guest Lecture
	NURS 350: Population Focused Nursing in the Community – Guest Lecture
	BIOL 251: Microbiology – Guest Lecture
2016 Summer	PBH 205: Introduction to Public Health (Undergraduate Enrollment: 7)
	INBRE Biostatistics Bootcamp for UNR School of Medicine (Resident Enrollment: 40)
2016 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 15)
	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 9)
	NURS 350: Population Focused Nursing in the Community - Guest lecture

University of Nevada, Las Vegas, School of Public Health – Adjunct Instructor

2015 Spring	EAB 735: Outbreak Investigation (Graduate Enrollment: 9)
2014 Summer	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 11)
2012 Summer	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 9)
2012 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 10)
2011 Summer	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 10)
2011 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 9)
2010 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 14)
2009 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 12)
2007 Fall	EAB 745: Disease Surveillance (Graduate Enrollment: 10)
2007 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 11)
2006 Spring	EAB 725: Epidemiology of Infectious Diseases (Graduate Enrollment: 12)

Touro University Nevada, Nursing Doctorate Program – Adjunct Instructor

2011 Spring	NURS 704: Introduction to Epidemiology (Graduate Enrollment: 4)
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2010 Spring NURS 704: Introduction to Epidemiology (Graduate Enrollment: 5)
2009 Fall NURS 704: Introduction to Epidemiology (Graduate Enrollment: 5)

Touro University Nevada, Physician Assistant Program – Adjunct Instructor

2005 Fall PA 683: Introduction to Epidemiology (Graduate Enrollment: 42)

College of Southern Nevada, School of Nursing – Adjunct Instructor

2004 Fall NUR 198B: Terrorism Preparedness for Health Professionals (Undergraduate Enrollment: 8)

University of California, Berkeley, School of Public Health – Graduate Student Instructor

1999 Fall PBH 250A: Epidemiologic Methods I (Graduate Enrollment: 72)

1999 Summer PBH 250A: Epidemiologic Methods I (Graduate Enrollment: 15)

Student Mentorship

2026 Joanna Joseph, MPH Committee Chair
Katherine Sharp, MPH Committee Chair
Nadia Strum, MPH Committee Member

2025 Jessica Freely, MPH Committee Chair
John Iannuzzi, MPH Committee Member
Emily Sandoval, MPH Committee Chair

2024 Eric Matesen, MPH Committee Chair
Divine Abbasszadeh, MPH Committee Chair

Casey Barber, PhD (Public Health) Committee Chair – Fall 2024 SPH Outstanding Graduate

Gabriela Bran, MPH Committee Chair
Kristin Childress, MPH Committee Member
Katharine Major, MPH Committee Member

2023 Bradon Bucher, MPH Committee Chair
Katelyn Faulk, MPH Committee Chair
Md Abdul M Faysal, PhD (Computer Science) Committee Graduate College Representative

Edom Gelaw, MPH Committee Chair
Chris Mariano, DNP (Nursing) Committee Graduate College Representative
Samantha Morales, MPH Committee Chair
Leigh Ann Richardson, PhD (Public Health) Committee Member

2022 **Brooke Conway, PhD (Public Health) Committee Chair - Fall 2022 UNLV Outstanding Graduate**

Michael Zhang, MPH Committee Chair
Mona Lisa Paulo, MPH Committee Member
Elijah Kreutzer, MPH Committee Co-Chair
Nicolette Harmon, MPH Committee Chair
Tara Nerida, PhD (Public Health) Committee Member

2021 **Kristina Mihajlovski, MPH Committee Member - Fall 2021 UNLV Outstanding Graduate**

Tory Rich, MPH Committee Member
Liz Kahane, MPH Committee Member

2020 Briana King, MPH Committee Chair
Karen Gutierrez, MPH Committee Member

2019 Mehret Girmay, MPH Committee Chair
Julia Anderson, PhD (Public Health) Committee Member
James Park, MPH Committee Member
Jenna Webb, MPH Committee Member

Karen Callahan, PhD (Public Health) Committee Member
2018 Kelsi Sullivan, MPH Committee Member

	Alexis York, MPH Committee Co-Chair
	David Rivas, MPH Committee Member
2017	Vimala Ganta, MPH Committee Member
	Senae El Ibrahim, PhD (Public Health) Committee Member
	Lauren DiPrete, MPH Committee Co-Chair
	Sfuri Maheshwari, MPH Committee Member
2016	Kara Cronkhite, MPH Committee Co-Chair
	Raina Rappel, MPH Committee Member
	Kim Anichowski, MPH Committee Member
2013	Mora Kim, MPH Committee Member
	Valerie Cohen, MPH Committee Member
2012	Jennifer Lucas, MPH Committee Member
	Michelle Lutman, MPH Committee Member
2011	Kindra St. Jacques, MPH Committee Member
2006	Chad Adams, MPH Committee Member

Professional Memberships and Activities

2026-present	NVax: Nevada's Immunization Coalition Founder/Director
2023-2024	Association of Professionals in Infection Control Member
2002-present	Council of State and Territorial Epidemiologists State Reportable Conditions Assessment, Team Lead, 2009-2015 Liaison to the National Association of City and County Health Officials, 2011-2015 Reportable Condition Knowledge Management System Workgroup, Healthcare-Vendor Partner Subgroup Team Lead, 2012-2014 Annual Conference Planning Committee, 2013-2015 Travel History Workgroup, 2012-2015 Surveillance/Informatics Steering Committee, 2005-2015 Surveillance Practice and Implementation Subcommittee, 2005-2015 Electronic Laboratory Reporting Workgroup, 2013-2015
2011-present	National Environmental Health Association Member
2018-present	Nevada Public Health Association, Member Student Mentor
2017-present	Delta Omega National Public Health Honor Society, Theta Chapter Member
2017	Nevada Medical Marijuana Advertising Guidelines Workgroup Member
2013-2015	City and Large Urban Area Epidemiologists (CLUE) Workgroup Member
2012-2015	National Association of City and County Health Officials Epidemiology Workgroup
2012-2014	Nevada Health Information Exchange Board of Directors Chair, 2013-2014 Treasurer, 2012-2013
2008-2010	Hepatitis C Outbreak Multiagency Task Force

Member

- 2006-2007 **Center for Disease Control and Prevention Public Health Information Network: Analysis, Visualization, and Reporting User's Group**
Member
- 2004-2005 **American Public Health Association**
Member

Awards and Honors

- 2025 Outstanding Researcher, Department of Epidemiology and Biostatistics
University of Nevada, Las Vegas School of Public Health
- 2022 COVID-19 Incident Management Team Hero Award
University of Nevada, Las Vegas
- 2021 Public Health Program of the Year (UNLV Contact Tracing Team)
Nevada Public Health Association
- 2021 Alumnus of the Year
University of Nevada, Las Vegas, School of Public Health
- 2021 Outstanding Service Award
Department of Epidemiology and Biostatistics, UNLV School of Public Health
- 2021 COVID-19 Top Tier Award
University of Nevada, Las Vegas
- 2020 Public Health Leadership Award
Nevada Public Health Association
- 2020 Outstanding Service Award
Department of Environmental and Occupational Health, UNLV School of Public Health
- 2018 Outstanding Teaching Award
Department of Environmental and Occupational Health, UNLV School of Public Health
- 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2025 Outstanding Faculty Award
UNLV School of Public Health Student Association
- 2011 Charles C. Shepard Science Award Nominee for scientific publication
Centers for Disease Control and Prevention
- 2008 Public Health Program of the Year (Southern Nevada Health District Office of Epidemiology)
Nevada Public Health Association
- 2000 Outstanding Graduate Student Instructor
University of California, Berkeley, School of Public Health
- 1993-1997 Thomas J. Watson Scholar, IBM
- 1993 National Merit Finalist

Funding

2026	CareSource Faculty award. Labus B , Principal Investigator. \$100,000. Immunization Confidence and Community Partner Challenge.
2025	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$123,000. Immunization Coalition Development.
2024	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$1,000,000. Childhood Immunization Improvement.
2024	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$100,001. Nevada Vaccine Equity Collaborative Support.
2024	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$2,000,000. Epidemiologic workforce development for the State of Nevada.
2023	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$1,199,050. Epidemiology of healthcare associated infections in Nevada
2023	ULNV Office of Sponsored Programs. Faculty Opportunity Award. Arifuzzaman S and Labus B , Co-Principal Investigator. \$35,000. Unraveling Epidemic Dynamics in Urban Settings: A Data-Driven Social-Network Approach to Identify Key Hubs and Guide Mitigation Effort.
2022	University of Nevada, Las Vegas. Labus B . Principal Investigator. \$40,000. Conduct COVID-19 case surveillance for campus.
2022	University of Nevada, Las Vegas. Labus B . Principal Investigator. \$78,000. Conduct COVID-19 case surveillance for campus.
2022	University of Nevada, Las Vegas. Labus B . Principal Investigator. \$90,000. Conduct COVID-19 case surveillance for campus.
2021	University of Nevada, Las Vegas. Labus B . Principal Investigator. \$82,000. Conduct COVID-19 case surveillance for campus.
2021	Southern Nevada Health District. Labus B , Principal Investigator. \$1,721,491. Conduct COVID-19 disease investigation and contact tracing.
2021	University of Nevada, Las Vegas. Labus B , Principal Investigator. \$13,000. MASCUP: Study of Mask use in public spaces in collaboration with Centers for Disease Control and Prevention
2020	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$80,000. Perform an epidemiologic analysis of congenital syphilis in Nevada. Review congenital syphilis cases and convene an expert review panel to identify intervention opportunities.
2020	Nevada Division of Public and Behavioral Health. Labus B , Principal Investigator. \$3,425,252. Conduct COVID-19 disease investigation, contact tracing and various COVID investigations.
2015-2016	NV INBRE/NIH. Labus B , Principal Investigator. \$75,000

Use of social media to identify restaurants at greater risk of causing foodborne illness.

2015-2020 Centers for Disease Control and Prevention. Lockett C, Principal Investigator; **Labus B**, Epidemiologist. \$962,500
1U01EH001301-01: Incorporating social media monitoring software into health department foodborne illness surveillance and response. Member of the Southern Nevada Health District team that wrote the successful application for the agency and was listed as the project epidemiologist.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** June 25, 2026

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

PETITION #33-26

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

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Jason Frame, *Interim Director of Administration*
Donnie Whitaker, CPA, *Chief Financial Officer*

Handwritten signatures in blue ink for Cassius Lockett, Jason Frame, and Donnie Whitaker, each corresponding to their name in the list.

DISCUSSION:

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

The decrease in total revenue sources (FY2026) in the General Fund budget of \$984,553 will reduce resources to the FY2025-2026 SNHD General Fund Budget. FY2025-2026 appropriations decreased by \$9,598,419 from \$122,165,595 to \$112,567,176.

The projected total FY2026 Grants Fund budget revenue was \$56,495,488 and has increased to \$60,290,826, an increase of \$3,795,338 to align with year-to-date actual amounts. FY2025-2026 appropriations increase from \$62,297,514 to \$65,247,695 to align with year-to-date actual amounts.

The projected ending fund balance for FY2026 Capital Projects Fund is \$4,364,915, an increase of \$989,065. The FY2026 total revenue increased by \$37,308 to \$146,867. FY2025-2026 appropriations decrease from \$3,304,191 to \$2,352,434 to align with year-to-date actual amounts.



To complete the augmentation process, the attached Resolutions to Augment #04-26 for Southern Nevada Health District General Fund Budget, #05-26 for Southern Nevada Health District Grant Fund (Special Revenue), and #06-26 for Southern Nevada Health District Capital Projects Fund for Fiscal Year Ending June 30, 2026 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is completed.

FUNDING:

Please see attached Resolutions #04-26 for Southern Nevada Health District General Fund Budget, #05-26 for Southern Nevada Health District Grant (Special Revenue), and #06-26 for Southern Nevada Health District Capital Projects Fund for Fiscal Year Ending June 30, 2026.

**RESOLUTION #04-26**

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

WHEREAS, total resources of the Southern Nevada Health District (General) Fund, Southern Nevada Health District were budgeted to be \$187,820,633 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$186,836,080.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District (General) Fund

Ending Fund as of 6/30/2025	\$0
Total Revenues Sources (Decreased)	(\$984,553)
Total	<u>(\$984,553)</u>

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

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its 2025-2026 budget by appropriating (\$9,598,419) for use in the Southern Nevada Health District (General) Fund, thereby decreasing its appropriations from \$122,165,595 to \$112,567,176. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 25th of June 2026.

AYES:

Scott Black, Bobbette Bond, Nancy Brune,

Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,

Monica Larson, Frank Nemec, Scott Nielson

Shondra Summers-Armstrong

Absent:

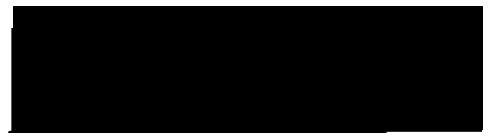
April Becker

NAYS:

By: Scott Black, Chair

Southern Nevada District Board of Health

ATTEST:



REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Licenses & Permits			
Business Licenses & Permits			
Business Licenses	29,083,815	(302,350)	28,781,465
Intergovernmental Revenues			
State Shared Revenues			
Other	41,508,419	-	41,508,419
Charges for Services			
Health			
Other	47,581,391	(1,327,526)	46,253,865
Miscellaneous			
Interest Earnings		2,100,000	2,100,000
Other	4,518,443	(1,454,677)	3,063,766
SUBTOTAL REVENUE ALL SOURCES	122,692,068	(984,553)	121,707,515
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
SUBTOTAL OTHER FINANCING SOURCES			
BEGINNING FUND BALANCE	65,128,565	-	65,128,565
TOTAL BEGINNING FUND BALANCE	65,128,565	-	65,128,565
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	187,820,633	(984,553)	186,836,080
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	53,323,124	(2,751,322)	50,571,802
Employee Benefits	25,546,862	(824,794)	24,722,068
Services & Suplies	42,505,525	(6,010,978)	36,494,547
Capital Outlay	790,084	(11,325)	778,759
SUBTOTAL EXPENDITURES	122,165,595	(9,598,419)	112,567,176
OTHER USES			
Contingency (not to exceed 3% of total expenditures)	3,000,000		3,000,000
Operating Transfers			
To Fund 7060	3,000,000	-	3,000,000
To Fund 7090	5,802,026	(845,158)	4,956,868
SUBTOTAL OTHER USES	8,802,026	(845,158)	7,956,868
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	53,853,012	9,459,024	63,312,036
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	187,820,633	(984,553)	186,836,080

(Local Government)
Schedule B - 7050 Fund

**RESOLUTION #05-26**

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

WHEREAS, total resources of the Southern Nevada Health District Grant (Special Revenue) Fund, Southern Nevada Health District were budgeted to be \$62,418,967 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$65,369,148.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District Grant (Special Revenue) Fund

Ending Fund as of 6/30/2025	\$0
Total Revenues Sources (Increased)	\$2,950,181

Total \$2,950,181

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

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its

2025-2026 budget by appropriating \$2,950,181 for use in the Southern Nevada Health District Grant (Special Revenue) Fund, thereby increasing its appropriations from \$62,297,514 to \$65,247,695. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 25th of June 2026.

AYES:

Scott Black, Bobbette Bond, Nancy Brune,

Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,

Monica Larson, Frank Nemec, Scott Nielson,

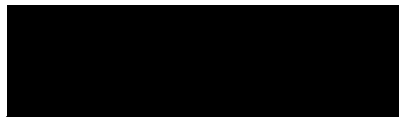
Shondra Summers-Armstrong

NAYS:**Absent:**

April Becker

By: Scott Black, Chair

Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Intergovernmental Revenues			
Federal Grants			
Department of Agriculture	-	-	-
Department of Health & Human Services	34,577,746	2,131,917	36,709,663
Department of Homeland Security	90,341	3,307	93,648
Department of Justice	586,763	292,772	879,535
Department of Treasury	1,149,211	123,091	1,272,302
Environmental Protection Agency	144,128	18,376	162,504
State Grants			
Department of Health & Human Services	14,748,960	1,343,453	16,092,413
Other Grants			
Clark County	4,283,178	21,236	4,304,414
City of Las Vegas	121,726	(121,726)	-
Other	793,435	(17,088)	776,347
SUBTOTAL REVENUE ALL SOURCES	56,495,488	3,795,338	60,290,826
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	5,802,026	(845,158)	4,956,868
SUBTOTAL OTHER FINANCING SOURCES	5,802,026	(845,158)	4,956,868
BEGINNING FUND BALANCE	121,453	-	121,453
TOTAL BEGINNING FUND BALANCE	121,453	-	121,453
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	62,418,967	2,950,181	65,369,148
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	19,467,075	(304,096)	19,162,979
Employee Benefits	9,249,224	(124,887)	9,124,337
Services & Supplies	23,034,742	6,308,419	29,343,161
Capital Outlay	10,546,473	(2,929,255)	7,617,218
SUBTOTAL EXPENDITURES	62,297,514	2,950,181	65,247,695
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES			
ENDING FUND BALANCE	121,453	(0)	121,453
TOTAL ENDING FUND BALANCE	121,453	-	121,453
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	62,418,967	2,950,181	65,369,148

(Local Government)
Schedule B - 7090 Fund

**RESOLUTION #06-26**

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

WHEREAS, total resources of the Southern Nevada Health District Capital Fund, Southern Nevada Health District were budgeted to be \$6,680,041 on July 1, 2025; and

WHERE AS, the total available resources are now determined to be \$6,717,349.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District Capital Fund

Ending Fund as of 6/30/2025	\$0
Total Revenues Sources (Increased)	\$37,308

Total \$37,308

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

Now, therefore, it is hereby RESOLVED, that Southern Nevada Health District shall augment its 2025-2026 budget by appropriating (\$951,757) for use in the Southern Nevada Health District Capital Fund, thereby decreasing its appropriations from \$3,304,191 to \$2,352,434. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 25th of June 2026.

AYES:

Scott Black, Bobbette Bond, Nancy Brune,

Pattie Gallo, Joe Hardy, Marilyn Kirkpatrick,

Monica Larson, Frank Nemec, Scott Nielson,

Shondra Summers-Armstrong

NAYS:

Absent:

April Becker

By: Scott Black, Chair

Southern Nevada District Board of Health

ATTEST: 

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Miscellaneous			
Interest Earnings	109,559	37,308.00	146,867
SUBTOTAL REVENUE ALL SOURCES	109,559	37,308.00	146,867
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	3,000,000	-	3,000,000
SUBTOTAL OTHER FINANCING SOURCES	3,000,000	-	3,000,000
BEGINNING FUND BALANCE			
Reserved			
Unreserved			
TOTAL BEGINNING FUND BALANCE	3,570,482	-	3,570,482
TOTAL AVAILABLE RESOURCES	6,680,041	37,308	6,717,349
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Services & Supplies	219,000	223,706	442,706
Capital Outlay	3,085,191	(1,175,463)	1,909,728
SUBTOTAL EXPENDITURES	3,304,191	(951,757)	2,352,434
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES	-		
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	3,375,850	989,065	4,364,915
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	6,680,041	37,308	6,717,349

(Local Government)
Schedule B - 7060 Fund



togetherforbetter

memorandum

To: D.J. Whitaker, Southern Nevada Health District
From: Jennifer Green, Director of Budget and Financial Planning
Subject: Fiscal Year 2027 Budget Pages
Date: May 18, 2026

To assure that the budget information forwarded to the Budget Office is accurately presented in the Final Budget document, the **Health District's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for fund 7620** are attached for your review and approval.

If you agree with the information presented on the attached, please sign and date below and return a pdf of this signed memo and the attached budget page to me by **EOD, Monday, May 18, 2026**.

If you do not agree with the information presented on the attached, please mark your changes on the attached pages and PDF the information to me. The changes will be made to the schedules and resent back to you for final review.

Note, there is a property tax revision that is different from the Final Budget currently approved by the governing board that will be presented to the Board of Health at a future meeting.

Dennise Whitaker

05/18/2026

Signature

Date

D.J. Whitaker, Chief Financial Officer

Print Name and Title

<u>REVENUES</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2027	
	ACTUAL PRIOR YEAR ENDING 06/30/2025	ESTIMATED CURRENT YEAR ENDING 06/30/2026	TENTATIVE APPROVED	FINAL APPROVED
Licenses & Permits				
Business Licenses & Permits				
Business Licenses	28,482,125	29,083,815	28,649,611	28,649,611
Intergovernmental Revenues				
State Shared Revenues				
Other	37,651,176	41,508,419	43,749,874	43,592,026
Charges for Services				
Health				
Other	46,360,664	47,581,391	47,077,681	47,077,681
Miscellaneous				
Interest Earnings	3,155,818	-	2,310,000	2,300,000
Other	7,188,098	4,518,443	2,610,341	2,610,341
Subtotal	10,343,916	4,518,443	4,920,341	4,910,341
Subtotal Revenues	122,837,881	122,692,068	124,397,507	124,229,659
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
Leases Issued	422,069			
Subscriptions	576,230			
BEGINNING FUND BALANCE	54,872,828	65,128,565	53,853,012	53,853,012
Prior Period Adjustments				
Residual Equity Transfers				
TOTAL BEGINNING FUND BALANCE	54,872,828	65,128,565	53,853,012	53,853,012
TOTAL AVAILABLE RESOURCES	178,709,008	187,820,633	178,250,519	178,082,671

Clark County
(Local Government)

SCHEDULE B

Fund 7050
Southern Nevada Health District

<u>EXPENDITURES</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2027	
	ACTUAL PRIOR YEAR ENDING 06/30/2025	ESTIMATED CURRENT YEAR ENDING 06/30/2026	TENTATIVE APPROVED	FINAL APPROVED
Health				
Health District				
Salaries & Wages	49,581,055	53,323,124	56,376,980	56,376,980
Employee Benefits	22,697,396	25,546,862	27,943,318	27,943,318
Services & Supplies	32,990,815	42,505,525	42,940,596	42,415,448
Capital Outlay	1,543,923	790,084	697,000	697,000
Subtotal Expenditures	106,813,189	122,165,595	127,957,894	127,432,746
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)		3,000,000	3,000,000	3,000,000
Reserves				
Operating Transfers Out (Schedule T)				
To Fund 7060 (SNHD Capital Improvement)	2,000,000	3,000,000	2,500,000	2,500,000
To Fund 7090 (SNHD Grant)	4,767,254	5,802,026	4,899,376	5,424,524
Subtotal	6,767,254	8,802,026	7,399,376	7,924,524
ENDING FUND BALANCE	65,128,565	53,853,012	39,893,249	39,725,401
TOTAL FUND COMMITMENTS AND FUND BALANCE	178,709,008	187,820,633	178,250,519	178,082,671

Clark County
(Local Government)

SCHEDULE B

Fund 7050
Southern Nevada Health District

REVENUES	(1)	(2)	(3)	(4)
	ACTUAL PRIOR YEAR ENDING 06/30/2025	ESTIMATED CURRENT YEAR ENDING 06/30/2026	BUDGET YEAR ENDING 06/30/2027	
			TENTATIVE APPROVED	FINAL APPROVED
Miscellaneous				
Interest Earnings	202,104	109,559	116,133	116,113
Subtotal Revenues	202,104	109,559	116,133	116,113
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
From Fund 7050 (Southern Nevada Health District)	2,000,000	3,000,000	2,500,000	2,500,000
BEGINNING FUND BALANCE	2,730,175	3,570,482	3,375,850	3,375,850
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	2,730,175	3,570,482	3,375,850	3,375,850
TOTAL AVAILABLE RESOURCES	4,932,279	6,680,041	5,991,983	5,991,963
EXPENDITURES				
Health				
Health District				
Services and Supplies	489,261	219,000	301,000	301,000
Capital Outlay	872,536	3,085,191	1,961,500	1,961,500
Subtotal Expenditures	1,361,797	3,304,191	2,262,500	2,262,500
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	3,570,482	3,375,850	3,729,483	3,729,463
TOTAL FUND COMMITMENTS AND FUND BALANCE	4,932,279	6,680,041	5,991,983	5,991,963

Clark County
(Local Government)

SCHEDULE B

Fund 7060
Southern Nevada Health District Capital Improvement

	(1) ACTUAL PRIOR YEAR ENDING 06/30/2025	(2) ESTIMATED CURRENT YEAR ENDING 06/30/2026	(3) BUDGET YEAR ENDING 06/30/2027	
			TENTATIVE APPROVED	FINAL APPROVED
<u>REVENUES</u>				
Miscellaneous				
Interest Earnings	172,993	96,620	135,000	135,000
Subtotal Revenues	172,993	96,620	135,000	135,000
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
BEGINNING FUND BALANCE	3,042,808	3,215,801	3,312,421	3,312,421
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	3,042,808	3,215,801	3,312,421	3,312,421
TOTAL AVAILABLE RESOURCES	3,215,801	3,312,421	3,447,421	3,447,421
<u>EXPENDITURES</u>				
Subtotal Expenditures	0	0	0	0
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	3,215,801	3,312,421	3,447,421	3,447,421
TOTAL FUND COMMITMENTS AND FUND BALANCE	3,215,801	3,312,421	3,447,421	3,447,421

Clark County
(Local Government)

SCHEDULE B

Fund 7070
Southern Nevada Health District Bond Reserve

<u>REVENUES</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2027	
	ACTUAL PRIOR YEAR ENDING 06/30/2025	ESTIMATED CURRENT YEAR ENDING 06/30/2026	TENTATIVE APPROVED	FINAL APPROVED
Intergovernmental Revenues				
Federal Grants				
Department of Health & Human Services	44,274,736	34,577,746	30,513,965	30,513,965
Department of Homeland Security	127,251	90,341	89,223	89,223
Department of Justice	382,948	586,763	497,318	497,318
Department of Treasury	546,690	1,270,937	1,619	1,619
Environmental Protection Agency	149,203	144,128	169,548	169,548
State Grants				
Department of Health & Human Services	3,533,607	14,748,960	6,310,298	6,310,295
Other Grants				
Clark County	296,286	4,283,178	4,191,254	4,191,254
Other	1,047,323	793,435	756,731	756,731
Subtotal Revenues	50,358,044	56,495,488	42,529,957	42,529,953
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
From Fund 7050 (Southern Nevada Health District)	4,767,254	5,802,026	4,899,376	5,424,524
BEGINNING FUND BALANCE	82,081	121,453	121,453	121,453
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	82,081	121,453	121,453	121,453
TOTAL AVAILABLE RESOURCES	55,207,379	62,418,967	47,550,786	48,075,930
<u>EXPENDITURES</u>				
Health				
Health District				
Salaries & Wages	19,627,863	19,467,075	18,406,802	18,406,802
Employee Benefits	8,842,165	9,249,224	9,139,957	9,139,957
Services & Supplies	25,057,736	23,034,742	15,901,795	16,426,938
Capital Outlay	1,558,162	10,546,473	3,980,780	3,980,780
Subtotal Expenditures	55,085,926	62,297,514	47,429,333	47,954,477
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	121,453	121,453	121,453	121,453
TOTAL FUND COMMITMENTS AND FUND BALANCE	55,207,379	62,418,967	47,550,786	48,075,930

Clark County
(Local Government)

SCHEDULE B

Fund 7090
Southern Nevada Health District Grant

<u>PROPRIETARY FUND</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2027	
	ACTUAL PRIOR YEAR ENDING 06/30/2025	ESTIMATED CURRENT YEAR ENDING 06/30/2026	TENTATIVE APPROVED	FINAL APPROVED
Total Operating Revenue	0	0	0	0
OPERATING EXPENSE				
Health				
Services & Supplies				
Depreciation/Amortization				
Total Operating Expense	0	0	0	0
Operating Income or (Loss)	0	0	0	0
NONOPERATING REVENUES				
Interest Earnings	2,081	794	2,000	2,000
Total Nonoperating Revenues	2,081	794	2,000	2,000
NONOPERATING EXPENSES				
Total Nonoperating Expenses	0	0	0	0
Net Income (Loss) before				
Operating Transfers	2,081	794	2,000	2,000
Operating Transfers (Schedule T)				
In				
Out				
Net Operating Transfers	0	0	0	0
NET INCOME (LOSS)	2,081	794	2,000	2,000

Clark County
(Local Government)

SCHEDULE F-1 REVENUES, EXPENSES AND NET INCOME

Fund 7620
Southern Nevada Health District - Proprietary Fund

PROPRIETARY FUND	(1) ACTUAL PRIOR YEAR ENDING 06/30/2025	(2) ESTIMATED CURRENT YEAR ENDING 06/30/2026	(3) (4) BUDGET YEAR ENDING 06/30/2027	
			TENTATIVE APPROVED	FINAL APPROVED
A. CASH FLOWS FROM OPERATING ACTIVITIES: Cash paid for services & supplies				
a. Net cash provided by (or used for) operating activities	0	0	0	0
B. CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES: Transfers from other funds				
b. Net cash provided by (or used for) noncapital financing activities	0	0	0	0
C. CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES: Repayment of advances received from other funds	(989)			
c. Net cash provided by (or used for) capital and related financing activities	(989)	0	0	0
D. CASH FLOWS FROM INVESTING ACTIVITIES: Interest earnings	2,141	794	2,000	2,000
d. Net cash provided by (or used in) investing activities	2,141	794	2,000	2,000
NET INCREASE (DECREASE) in cash and cash equivalents (a+b+c+d)	1,152	794	2,000	2,000
CASH AND CASH EQUIVALENTS AT JULY 1, 2025	111,083	112,235	113,029	113,029
CASH AND CASH EQUIVALENTS AT JUNE 30, 2026	112,235	113,029	115,029	115,029

Clark County
(Local Government)

SCHEDULE F-2 STATEMENT OF CASH FLOWS

Fund 7620
Southern Nevada Health District - Proprietary Fund



DATE: June 25, 2026

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer 

SUBJECT: District Health Officer Report

Ebola Outbreak

In May 2026, an Ebola outbreak was confirmed in the Democratic Republic of Congo and Uganda. As of June 10, 2026, the World Health Organization is reporting a total of 617 confirmed cases associated with this outbreak. To date, no Ebola cases associated with this outbreak have been reported in the United States, and the risk to the public is low.

Ebola disease is caused by an infection with an orthoebolavirus, found primarily in sub-Saharan Africa. Orthoebolaviruses can cause serious and often deadly disease, with a mortality rate as high as 80-90%. The current outbreak is associated with the Bundibugyo virus. Symptoms of Ebola disease occur two to 21 days after someone is exposed to the virus. Early symptoms can include fever, aches and pains, severe headache, weakness and fatigue, sore throat, and loss of appetite. As patients get sicker, symptoms can progress to include nausea, abdominal pain, diarrhea, vomiting and rash. In less frequent cases, internal and external bleeding can occur.

Southern Nevada Health District staff are coordinating with jurisdictional response partners to ensure plans and protocols for responding to Ebola disease are up to date. The Health District has been monitoring six individuals with travel history to areas where the Ebola outbreak is ongoing. None of the individuals have developed symptoms. The monitoring was conducted as a routine public health precaution in coordination with the Centers for Disease Control and Prevention and state health partners.

West Nile Virus

On June 3, the Health District reported the first case of West Nile virus in a Clark County resident this year. The patient, a woman in her 40s, was diagnosed with the neuroinvasive form of West Nile virus disease. She was hospitalized and subsequently recovered. The patient reported travel to another state where multiple human West Nile virus cases have been reported and was also present in Clark County during the incubation period.

While no mosquitoes collected in Clark County had tested positive for West Nile virus at the time of the announcement, the Health District encouraged residents to take steps now to reduce their risk of mosquito-borne illness. The Health District's Fight the Bite campaign encourages residents to:

- **Eliminate standing water** by removing or emptying containers that collect water around homes and businesses. Mosquitoes can breed in items as small as bottle caps, plant saucers, toys and wheelbarrows.
- **Prevent mosquito bites** by using Environmental Protection Agency (EPA)-registered insect repellent and wearing loose-fitting, long-sleeved shirts and pants when outdoors.
- **Report mosquito activity** to the Health District's surveillance program at (702) 759-1633. Residents should report green pools to their local [code enforcement agency](#).

West Nile virus is spread through the bite of an infected mosquito. While most infections are mild or cause no symptoms, some people develop neuroinvasive disease, which can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the membranes surrounding the brain and spinal cord).

No human cases of West Nile virus were reported in Clark County in 2025. In 2024, 26 human cases were reported, including 14 neuroinvasive cases and 12 non-neuroinvasive cases.

The Health District conducts mosquito surveillance throughout Clark County to monitor mosquito populations and test for mosquito-borne diseases. As of June 1, staff had set 920 mosquito traps throughout the county and submitted 957 mosquito pools representing more than 20,000 mosquitoes for testing.

The Health District continues surveillance throughout Clark County, including monitoring for West Nile virus, St. Louis encephalitis and Western equine encephalitis. Since first being detected locally in 2017, *Aedes aegypti* mosquitoes have become established throughout Southern Nevada, reinforcing the importance of ongoing surveillance and community prevention efforts.

For more information, visit the Health District Fight the Bite webpage at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/mosquito-bite-prevention/ or the Centers for Disease Control and Prevention website at www.cdc.gov/mosquitoes/prevention/index.html.

The Health District's weekly mosquito surveillance reports are available at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/arbovirus-update/.

Back-to-School

As families prepare for the start of the 2026-2027 school year, the Southern Nevada Health District is encouraging parents and guardians to schedule required school vaccinations early to avoid increased demand later in the summer. Immunization appointments are available at Health District clinics throughout the Valley for students entering kindergarten, seventh grade and 12th grade.

The annual back-to-school campaign also highlights additional services available to families, including certified birth certificates through the Health District's Vital Records office and low-cost sports physicals through the Southern Nevada Community Health Center. A limited number of backpacks and school supplies will be distributed to children receiving vaccinations at Health District clinics while supplies last.

Nevada requires students attending public, private and charter schools to receive certain immunizations before enrollment. In addition to required vaccines, the Health District encourages families to discuss

recommended immunizations, including HPV, MenB and COVID-19 vaccines, with their health care providers.

To support increased seasonal demand, the Health District will offer expanded back-to-school immunization clinic hours and special adolescent vaccination clinics throughout the summer. Information about clinic locations, appointment scheduling, school immunization requirements, sports physicals and birth certificate services is available at www.SNHD.info/bts.

Measles Activity

Measles activity remains elevated nationally, with more than 2,000 confirmed cases reported in the United States as of early June 2026. The majority of cases reported in 2026 have been associated with outbreaks (93%), and 92 percent have occurred among individuals who were unvaccinated or whose vaccination status was unknown. Children and adolescents continue to account for the largest share of reported cases.

Although no recent measles cases have been reported in Clark County, the Health District continues to monitor national and international activity and works closely with health care providers and community partners to support disease surveillance, case investigation and outbreak preparedness. Measles is one of the most contagious infectious diseases can spread rapidly in communities with low vaccination coverage.

The increase in measles activity nationwide serves as a reminder of the importance of maintaining high vaccination coverage. The Health District continues to promote routine childhood immunizations and encourage families to ensure children are up to date on recommended vaccines before the start of the school year.

Men's Health Month

June is Men's Health Month, and the Health District's Office of Chronic Disease Prevention and Health Promotion is encouraging men across the community to take a fresh look at their health and well-being. This month features free events focused on heart health, self-care, preventive screenings and wellness education to encourage men to take an active role in their long-term health.

Featured events include, "Shop Talk: Look Good. Feel Good. Live Better," scheduled for Thursday, June 25, from 5:30 p.m. to 8 p.m. at Art of Barbers School, located inside Boulevard Mall, 3528 S. Maryland Parkway, Las Vegas, NV 89169. Focused on men's wellness, self-care, healthy aging, and heart health, the event offers opportunities to connect with trusted health professionals, gain practical wellness tips and take part in conversations about healthier living. Attendees can also receive complimentary professional headshots. To register, or for more information, go to [Shop Talk – Get Healthy Clark County](#).

Free blood pressure screenings also were offered through the Health District's Barbershop Health Outreach Project. Screenings were offered throughout Men's Health Month at barbershop locations. For more screening events, go to www.getthehealthyclarkcounty.org/community-calendar/.

Community Meetings

Week ending 05/31:

Daily:

- Facilitated Huddle on the Epi-Aid EIS Officer project

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 Larson, Scott Nielson, Bobbette Bond, Councilwoman Summers-Armstrong
- Participated in the Southern Nevada District Board of Health meeting

Bi-monthly:

- Participated in the CSTE Chronic Disease Subcommittee call

Media/Interviews/Panelist/Presenter/Events:

- Attended the Walk Around Nevada Participant Luncheon

Ad-hoc Meetings:

- Attended the Ad Hoc CDC Response All-STLT Update call

Week ending 05/24:

Daily:

- Facilitated Huddle on the Epi-Aid EIS Officer project

Biweekly:

- Participated in the Lab Expansion meeting
- Facilitated one-on-one meetings with Direct Reports

Monthly:

- Participated in the Southern Nevada Committee Health Center Finance & Audit Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the CSTE Electronic Laboratory and Disease Reporting Subcommittee call
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black, Commissioner Kirkpatrick, and Commissioner Becker
- Participated in the BCHC 2nd Monthly Member meeting

Ad-hoc Meetings:

- Participated in a Kick-off meeting with representatives from CDC on the Epi-Aid EIS Officer project
- Participated in the Pre-Site Visit Call regarding the 340B Site Visit
- Participated in an internal Kick-off Meeting regarding the 340B Site Visit
- Participated in a meeting with Dr. Kathleen Benson, incoming Clark County Medical Society (CCMS) President

Week ending 05/17:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Attended the New Hire Orientation
- Facilitated the Health Executive Council meeting

Monthly:

- Participated in the Public Health Policy Strategy meeting

Bi-monthly:

- Participated in the Leadership/Managers Meeting

Quarterly:

- Participated in the EIS Supervisory Team meeting

Ad-hoc Meetings:

- Participated in the BCHC Finance Committee meeting
- Participated in a meeting with representatives from CDC on the Epi-Aid EIS Officer role
- Facilitated an internal meeting regarding Ryan White Part B Funding

Week ending 05/10:

Biweekly:

- Participated in the Lab Expansion meeting
- Attended the CDC Response All-STLT Update call Facilitated one-on-one meetings with Direct Reports
- Participated in the EIS Bi-weekly Check-in meeting
- Facilitated one-on-one meetings with Direct Reports
- Participated in a meeting regarding the status of birth Hep B vaccinations

Monthly:

- Participated in the Monthly Leadership Finance meeting
- Participated in the Healthcare Associated Infections (HAI) Update meeting
- Participated in the BCHC Monthly Member meeting
- Participated in the CSTE Surveillance Policy Subcommittee call

Media/Interviews/Panelist/Presenter/Events:

- Presented at the UNR School of Public Health PBH-320 Careers in Public Health

Professional Development/Conferences:

- Attended the Behavioral Health Town Hall Event

Ad-hoc Meetings:

- Participated in an internal meeting regarding the transition to Accela
- Participated in a meeting with Whiting Turner regarding the lab expansion
- Participated in a meeting with Dina Babsky (City of Las Vegas) regarding the lab expansion
- Participated in a meeting with Dr. Frank Nemec regarding a GME project
- Participated in a meeting with Dina Babsky (City of Las Vegas), representatives from United Fund Advisors regarding new market tax credit

SPARK: Youth Advisory Council

2025-2026



Program Overview

Positive youth development program designed to build leadership skills and elevate youth voice in public health

Public Health Education

Leadership Development

Youth Advocacy & Action

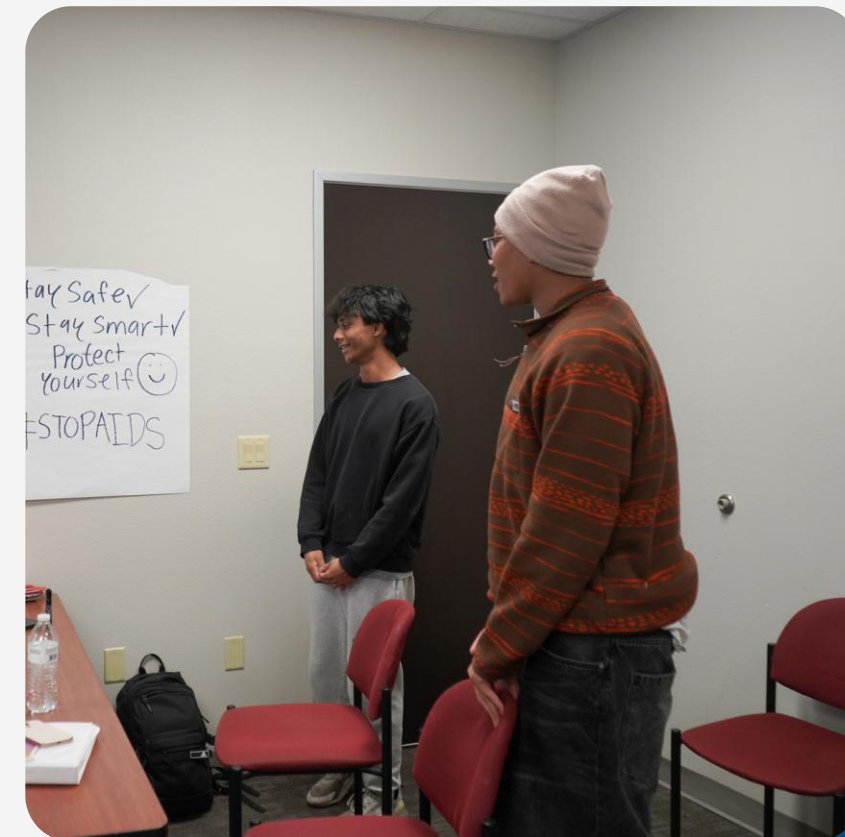
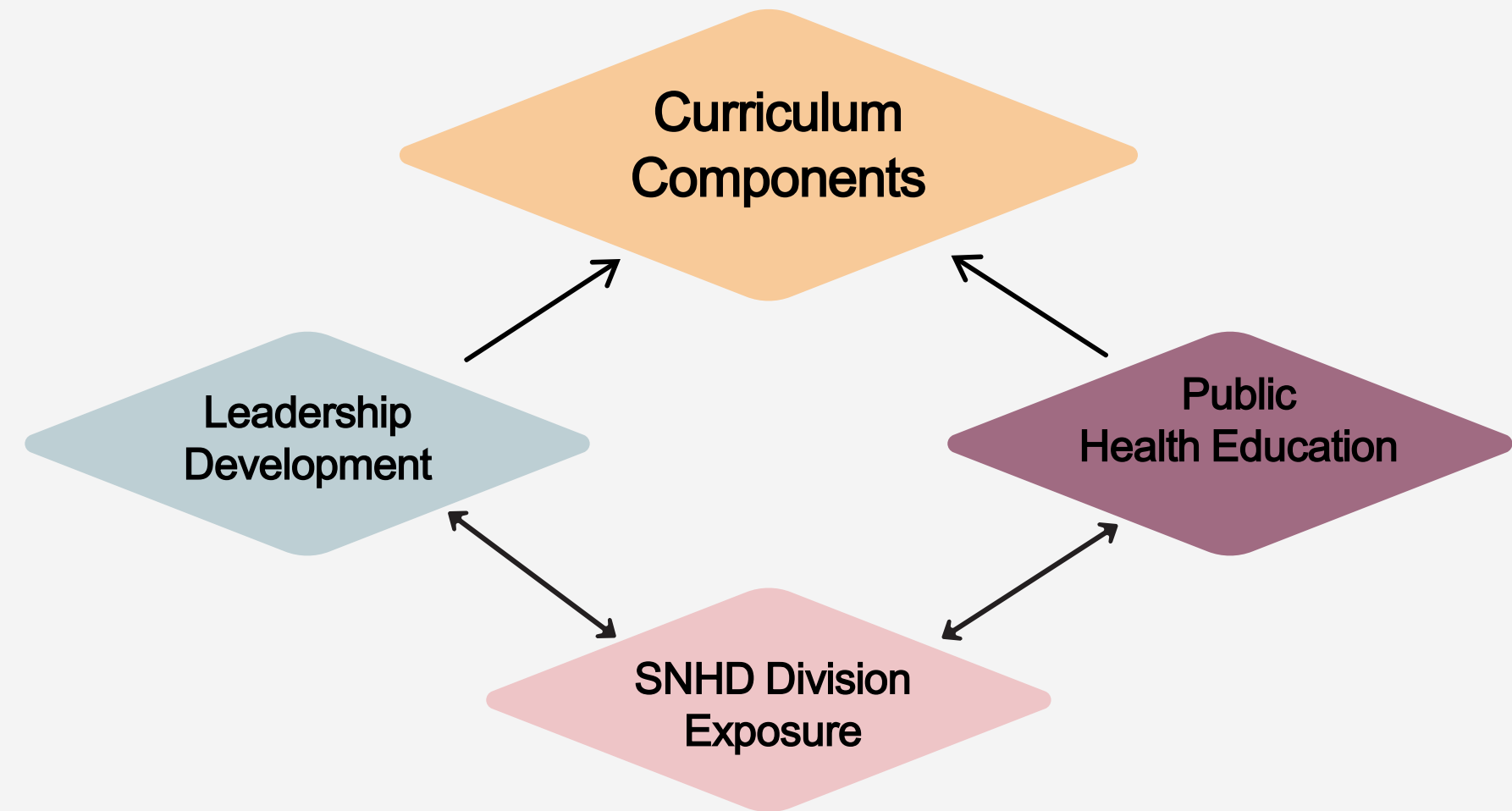


Program Description & Experience

Delivered through a 13-lesson curriculum using direct instruction, inquiry-based learning, cooperative learning, and a problem-based group project

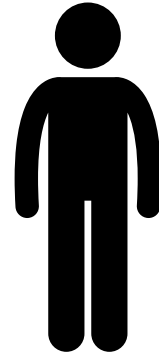


10 **diverse** participants spread across 9 CCSD schools



CSN “Time Is Now,” Tobacco-Free Initiative

Youth Reach



2,000+

- CCSD students engaged across 9 high schools

120+

- student support cards collected

Visibility & Awareness

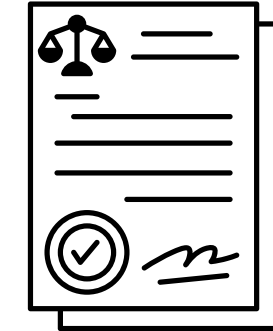


7 Media Features

(print, radio, television)

- Youth-led campaign amplified awareness of tobacco-free campuses across Clark County

Policy Impact



Systems Change

- CSN leadership actively drafting tobacco-free policy
- SNHD Tobacco Control Program providing technical assistance
 - Continued outreach planned (Fall 2026)
- SPARK alumni supporting future engagement efforts

Program Evaluation

Preliminary Findings

- Strong engagement
- Positive experiences
- Increased public health understanding

Evaluation Design

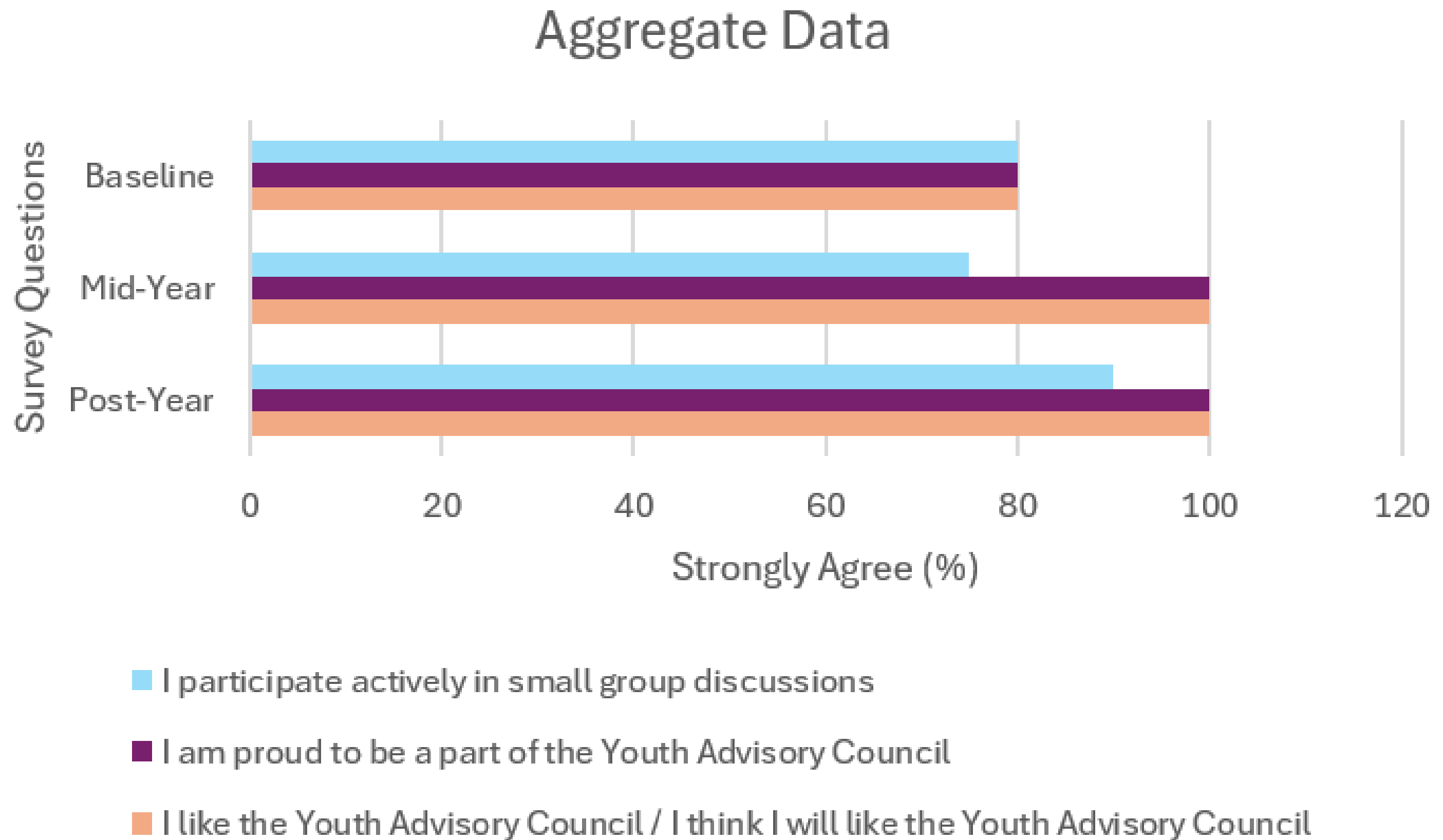
Measured youth engagement across three domains

- Affective
- Behavioral
- Cognitive

Data Collection

- Baseline (Q1)
 - Post workshops
- Mid-point (Q2)
- Post-program (Q3)

Program Evaluation





Program Impact

● Community

- Youth serve as advocates, educators, and leaders
- Youth-led projects create measurable results

● Organization: SNHD

- Youth perspectives help inform public health programs
- Youth ambassadors increase engagement through peer-to-peer outreach

● YAC Member

- Participants develop leadership skills
- Youth gain exposure to careers in public health

Student Testimonial:

Lola Romero

Spark Youth Adv. Councilmember
Shadow Ridge High School

- Hearing different perspectives on public health issues.
- Health challenges aren't always about personal choices; they sometimes stem from the barriers people face.
- Listening to [youth voices](#) is essential to understanding public health issues.



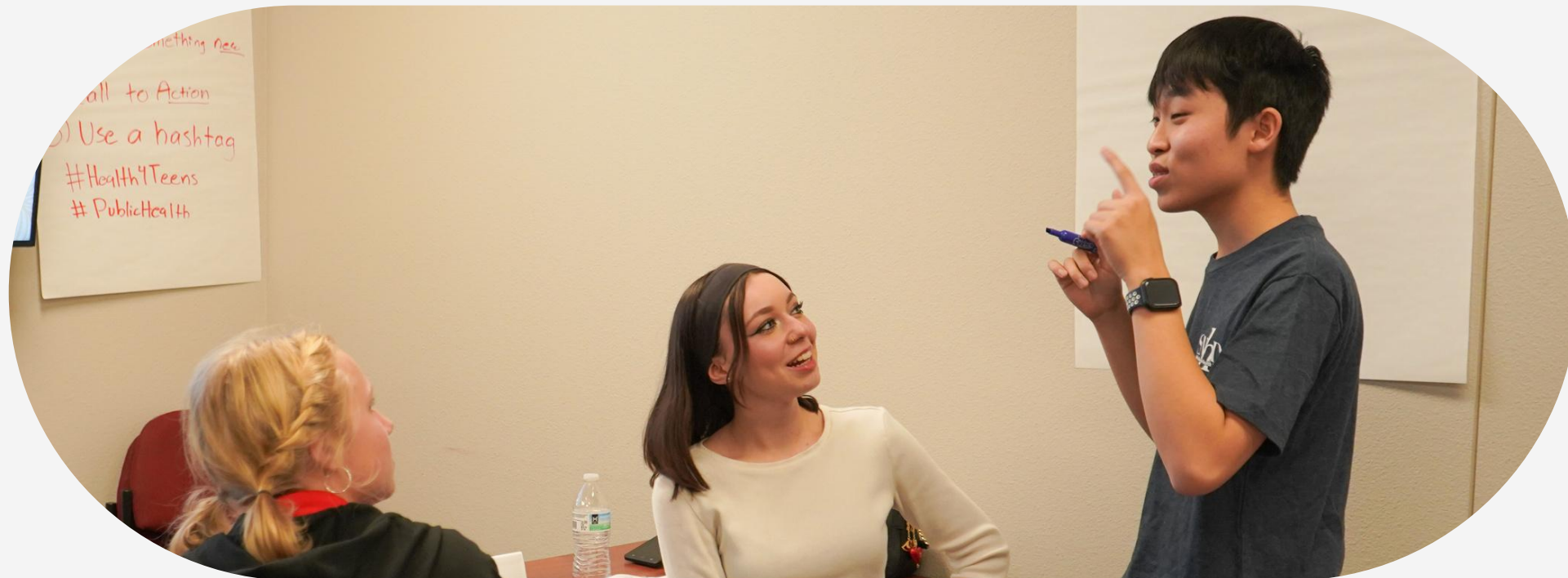
Best Practices

Center Youth Voice in
Program Design

Provide Real-World, Applied
Learning Experiences

Address Access and Equity
Barriers Early

Ride Share Vouchers



Next Steps

Expanded real-world
exposure

Strengthened advisory
role

Increased parental
engagement



Thank you Questions?

Xavier Foster, Health Equity Coordinator
fosterx@SNHD.ORG

Crystal Montgomery, Health Educator II
montgomeryc@SNHD.ORG



Annual Aquatic Health & Regulatory Updates

Emerging Trends

Alicia Mitchell, REHS

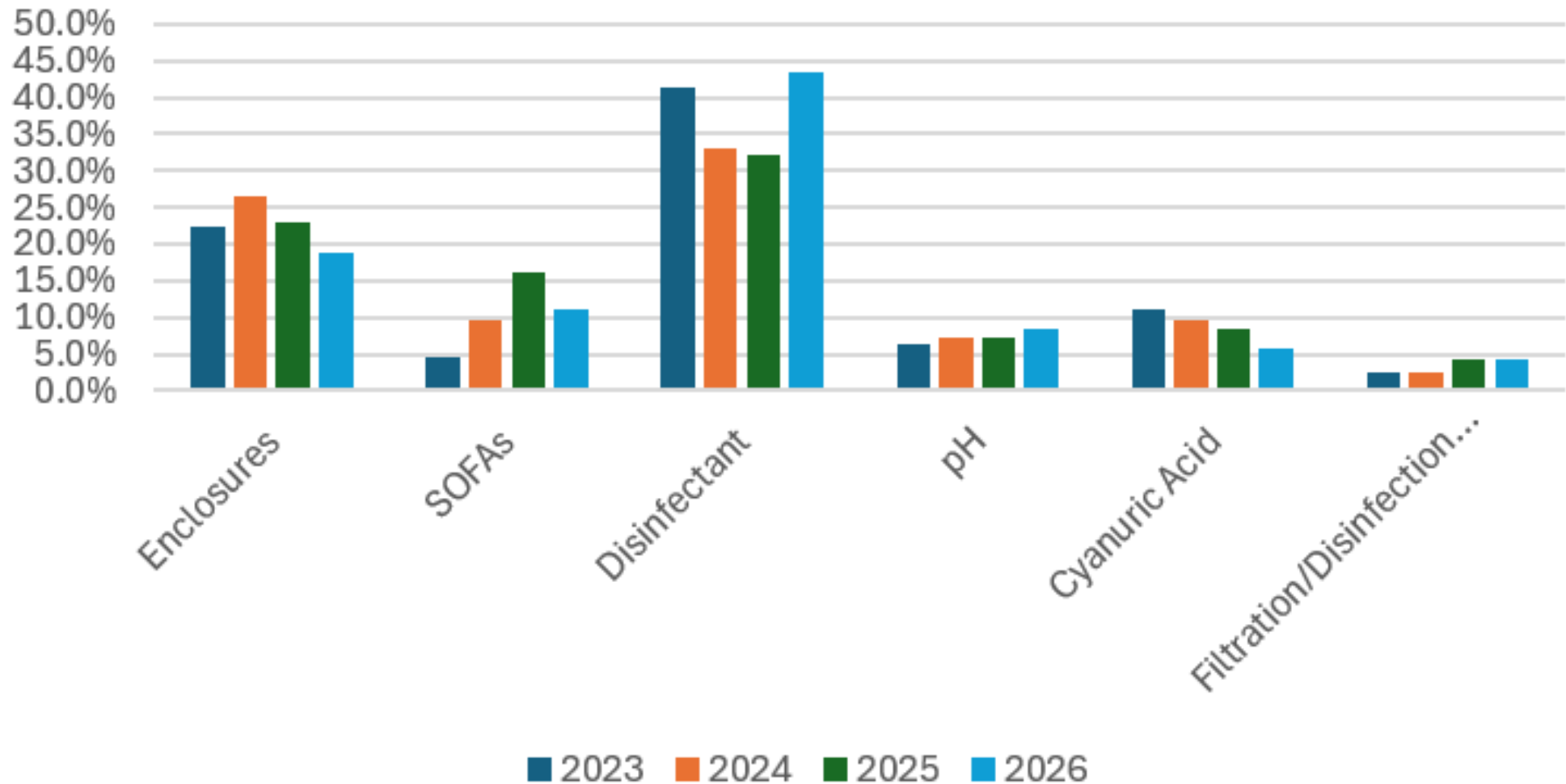
Candice Stirling, REHS

June 25, 2026

Agenda

- Closure Statistics
 - Drain Cover Remodel Updates
 - Surge in Recent Cold Plunge Operations
 - Regulation Update
-

Top 5 Imminent Health Hazard Violations



Drain Cover Remodels Submitted by Year

YEAR	2022	2023	2024	2025	2026
AQUATIC VENUES	66	342	736	1050	466*



2,660 Total
Processed

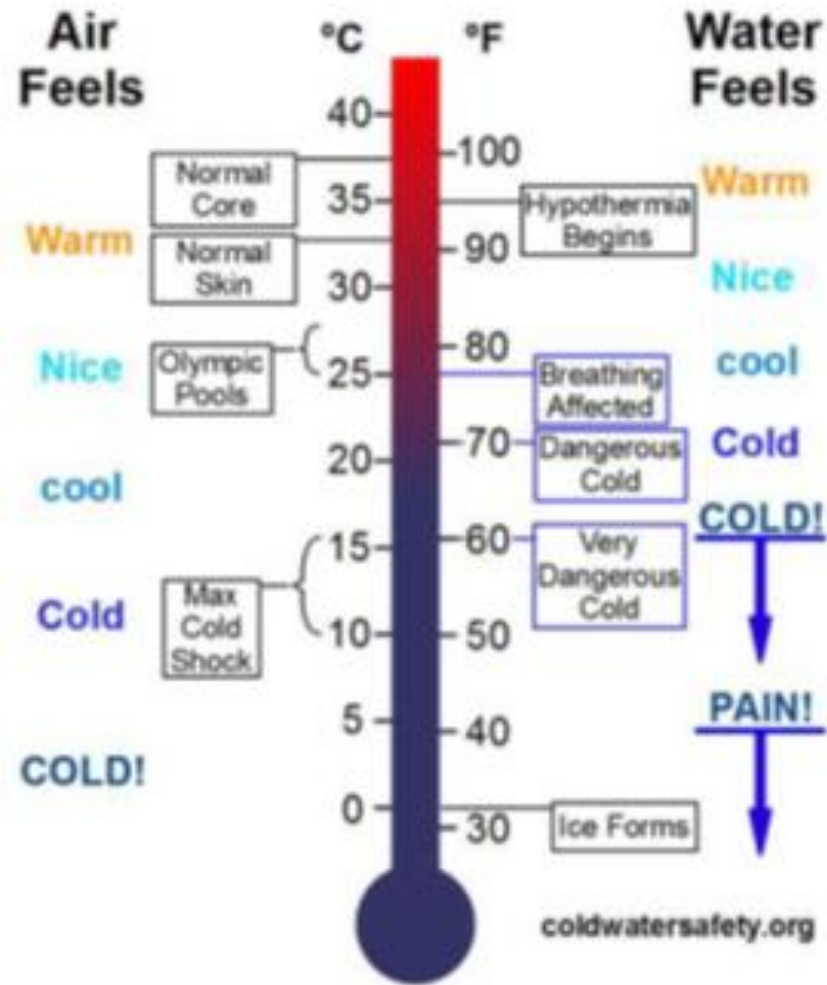
Over 50% of Permitted Venues
Have Submitted Remodels



COLD PLUNGE OR COLD SPA

- ❖ Single Use vs Multiple Use Venues
- ❖ Unpermitted Facilities with Permanent Venues
- ❖ Drain and Fill Venues
- ❖ Temporary Wellness Events

Interesting Temperatures



ARE COLD PLUNGES SAFE?

- ❖ Hypothermia
- ❖ Cardiovascular Stress
- ❖ Breathing Difficulties
- ❖ Not for those with Pre-Existing Health Conditions

FACILITIES WITH PERMANENT VENUES

PUBLIC HEALTH CONCERNS

- ❖ Waterborne Illness Risks
- ❖ Unsafe Operating Conditions



DRAIN & FILL INSPECTION CHALLENGES

- ❖ Limited Maintenance Records
- ❖ Delays in Obtaining Permitting
- ❖ Failure to Follow Operational Plans

If water is drained and refilled for each user, a health permit is **NOT** required.

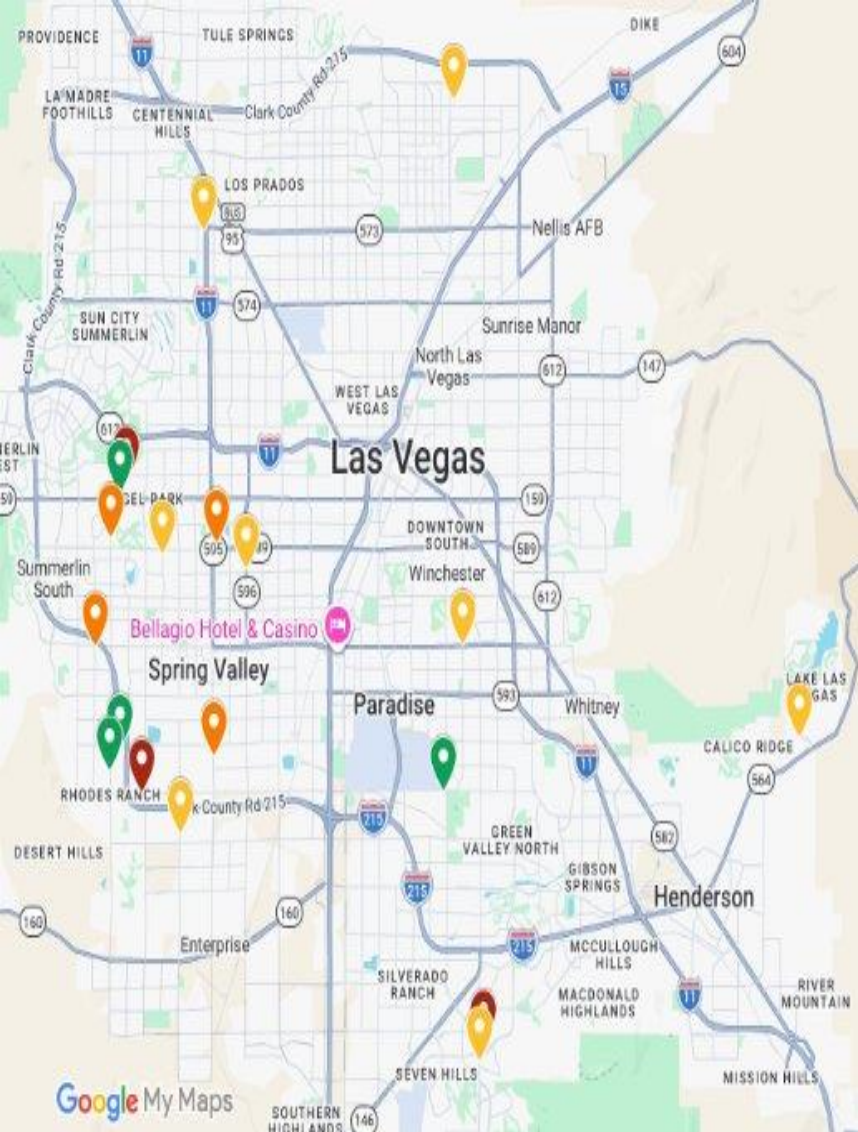




TEMPORARY EVENT COLD PLUNGES

ENFORCEMENT CHALLENGES

- ❖ Inconsistent Disinfection Practices
- ❖ Variability in Setup



WHY UPDATE REGULATIONS

- ❖ Over 50 Permitted
- ❖ Approximately 28 in Pool Plan Review
- ❖ More than 5 Released from Plan Review
- ❖ 2018 Aquatic Facility Regulations



280 S Decatur Blvd, Las Vegas, NV 89107



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[@SNHDinfo](https://twitter.com/SNHDinfo)



[YouTube.com/SNHealthDistrict](https://www.youtube.com/SNHealthDistrict)



[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)



Preliminary Findings: Overdoses in Clark County, NV (Epi Aid)

Southern Nevada District Board of Health

June 25, 2026

Marco G. Méndez, MPH

Public Health Evaluator

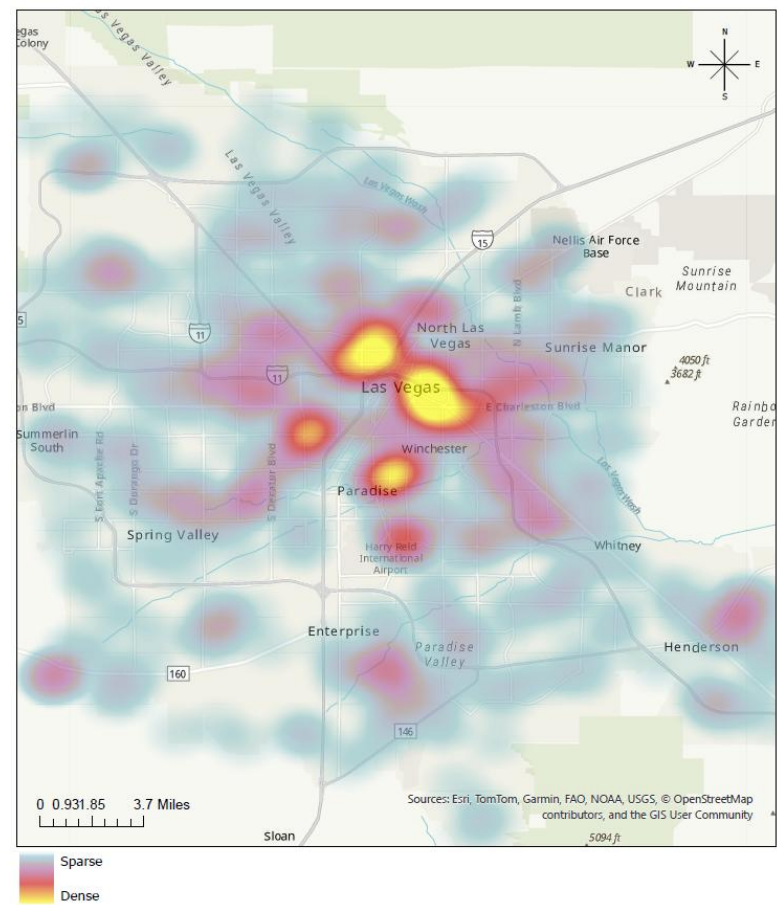
Epi Aid Project Overview (5/18-29/2026)

- **Overdose deaths** have been **declining nationally**
- **Nevada overdose deaths are not declining at the same rate** as the rest of the US (2.2% in Nevada vs. 15.9% reduction nationally)
- Findings from this project will inform prevention and response activities to best suit Clark County

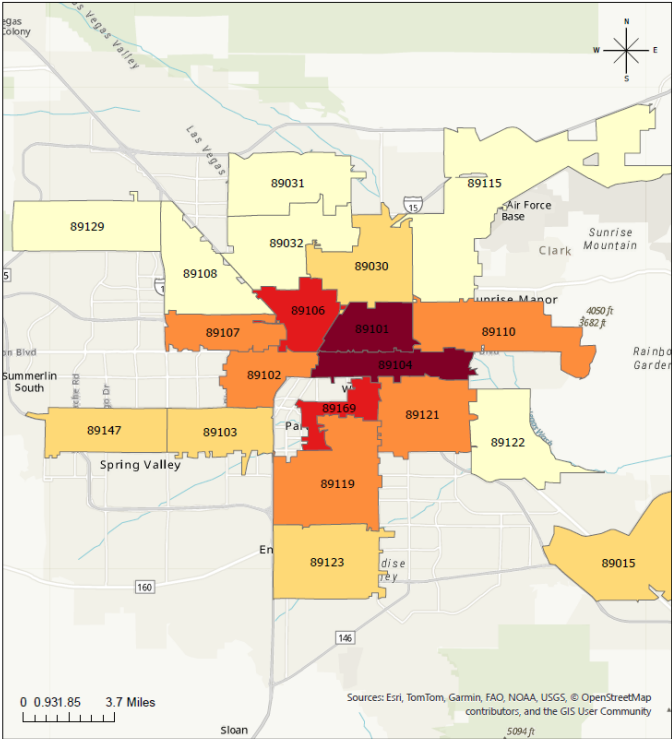


Resident Overdose Deaths by ZIP Code, 2025

Resident Overdose Death Heat Map, 2025



All ZIP Code Death Rates With Numerator >=12



Resident ZIP Death Rate selection

rate_current
22.269511 - 28.715004
28.715005 - 38.623460
38.623461 - 60.199864
60.199865 - 86.124402
86.124403 - 115.047780

Study Objectives and Methods

Primary Objectives

1. **Develop novel interventions** for people at risk of overdose
2. **Characterize** fatal and nonfatal overdose trends in Clark County, NV
3. **Evaluate** knowledge, beliefs, and behaviors among those at risk of overdose
4. **Identify** barriers and facilitators among those who provide services to people at risk of overdose

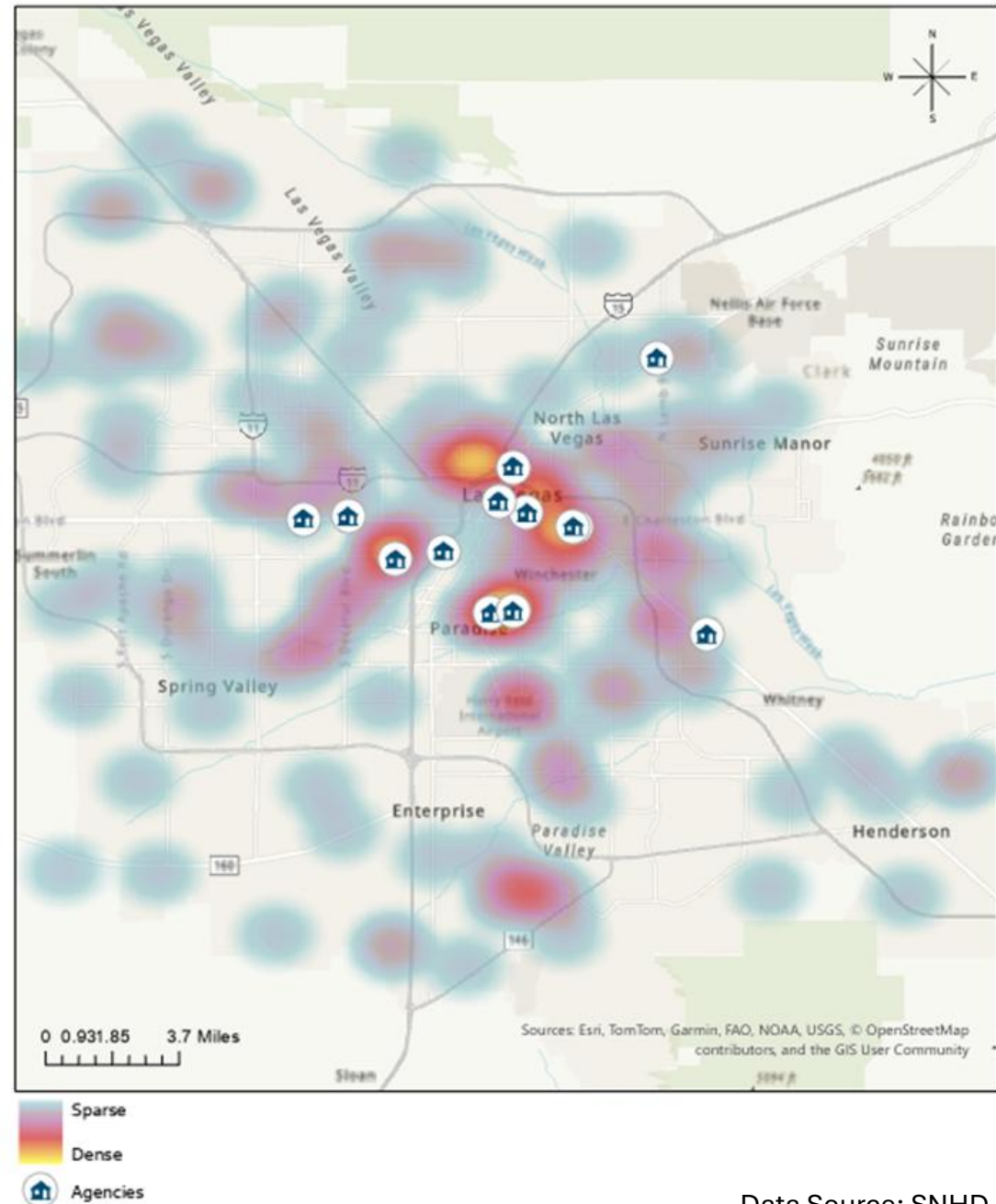
Investigation Methodology

- Respondents had to **have used a substance other than alcohol or marijuana in the past 6 months**
- **Semi-structured interviews** with people at risk of overdose and service providers
 - Interviews lasted 30-60 minutes per session
 - **Quantitative and qualitative data** collected via survey instrument and transcribed voice recordings
 - Data collected via REDCap

Investigation Methodology (continued)

- **Sampling based on housing status** of community member respondents (housed vs. unhoused)
 - Unhoused = lived for any amount of time in the past month:
 - With multiple friends or family for short periods (“couch surfing”)
 - In a vehicle
 - On a street, park, alley, or tunnel
 - In a shelter
 - In any other location not suitable for human habitation
- Community member respondents **recruited from local fatal overdose hotspots** and by community partner organizations
- **Goal of at least 60 interviews → 69 interviews completed** as of 5/28/2026

Spatial Overlay of Participant Recruitment Zones and Resident Overdose Fatalities, Winter 2025



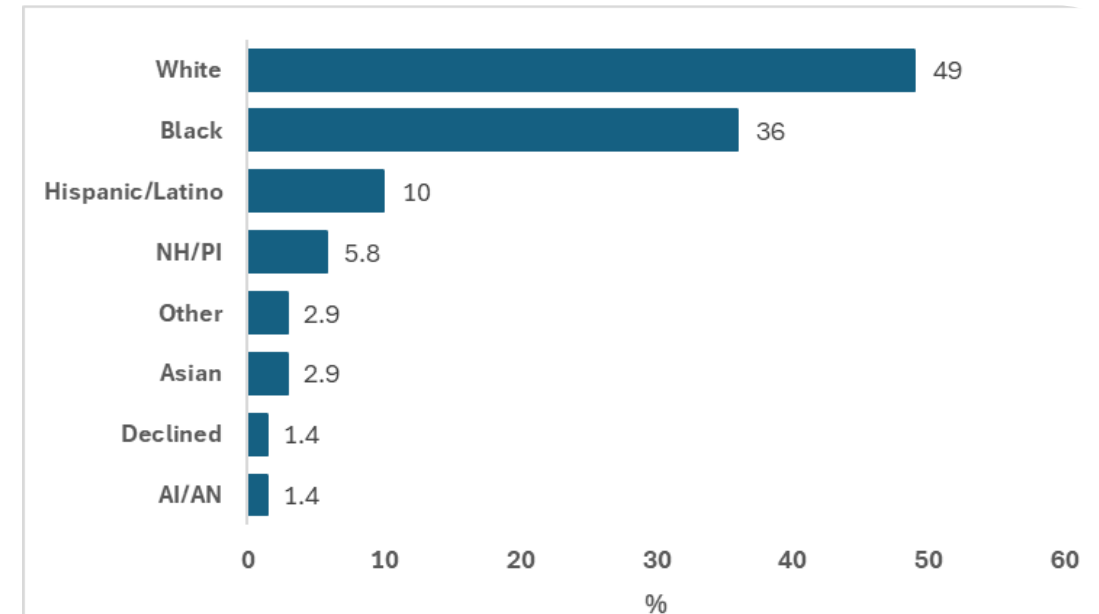
Respondent Demographics (n = 69)

Assorted Demographics

- 55% male / 45% female
- Median age: 42 years
 - IQR 31-51 years
- 46% unhoused / 52% housed*
 - **85% indicated not having a regular place to stay in the past year**

*Housing status not determined for 1 respondent

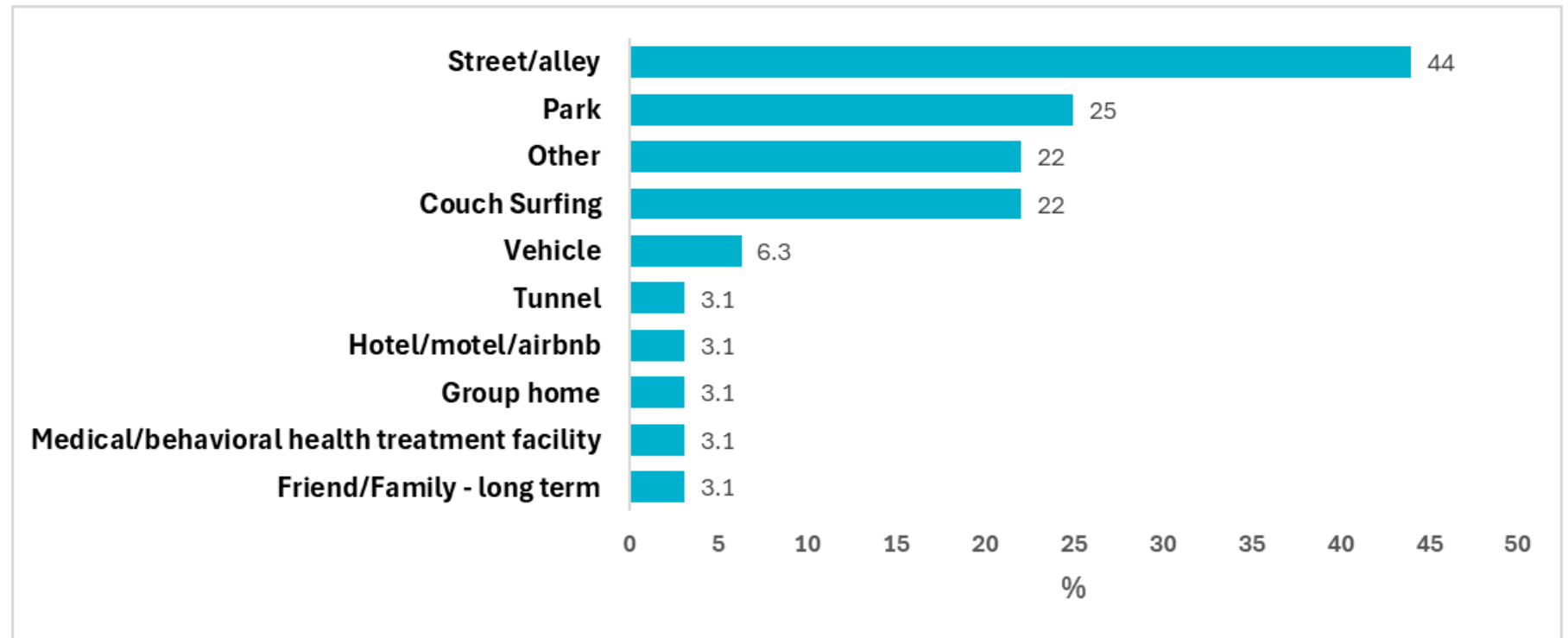
Respondent Race/Ethnicity*



*Categories are not mutually exclusive

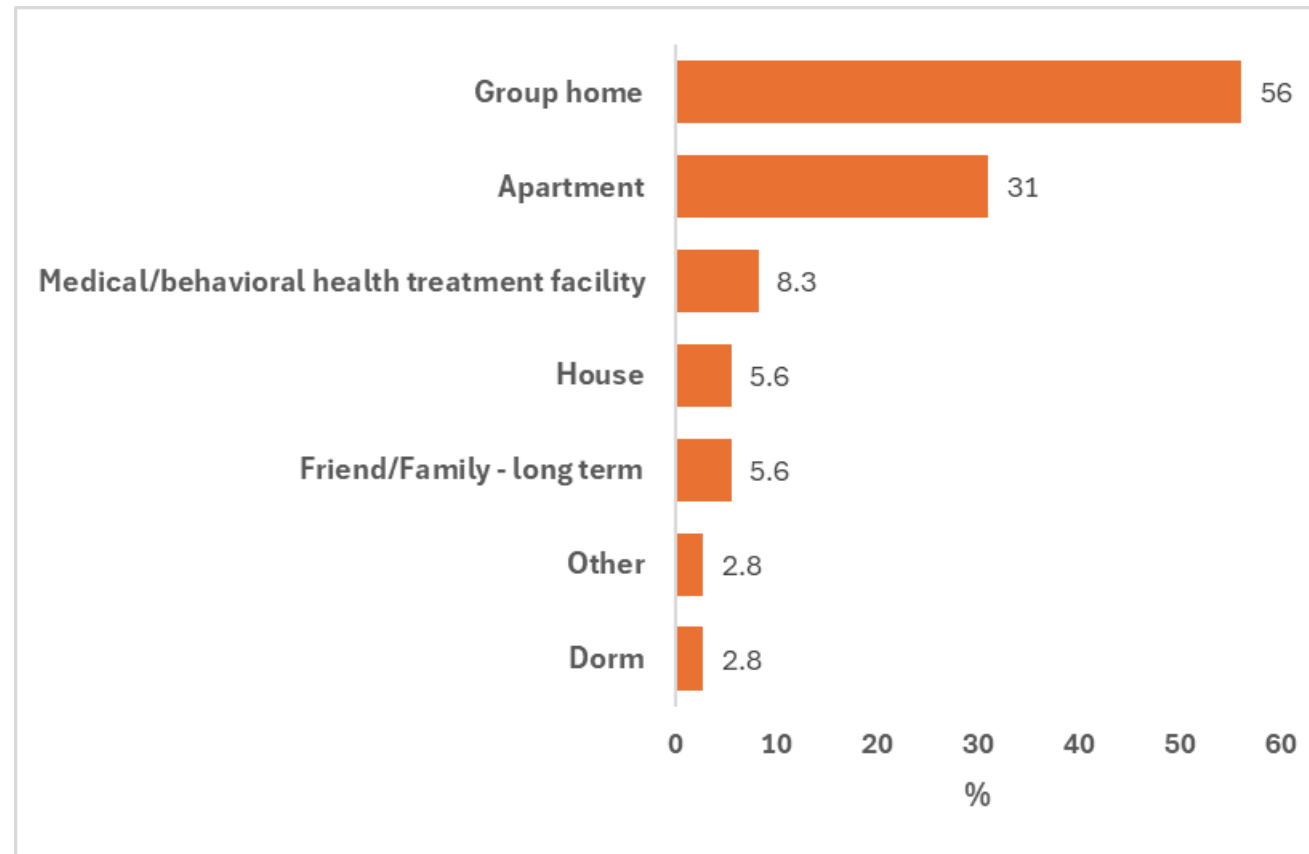
Unhoused Respondent Living Situations*

(n = 32)



*Categories are not mutually exclusive

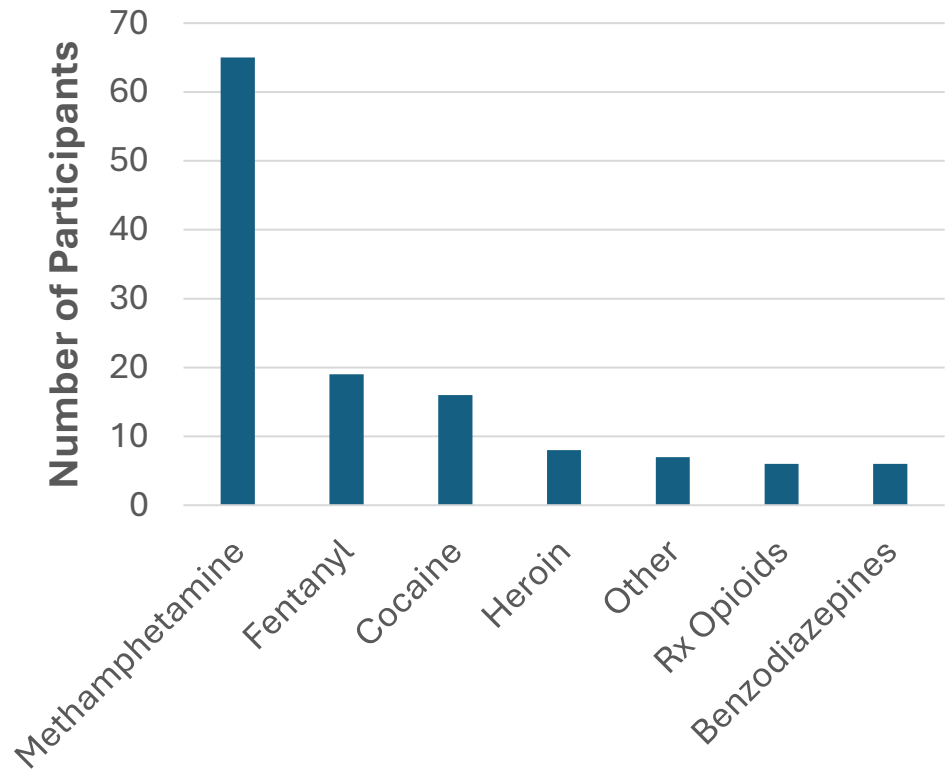
Housed Respondent Living Situations* (n = 36)



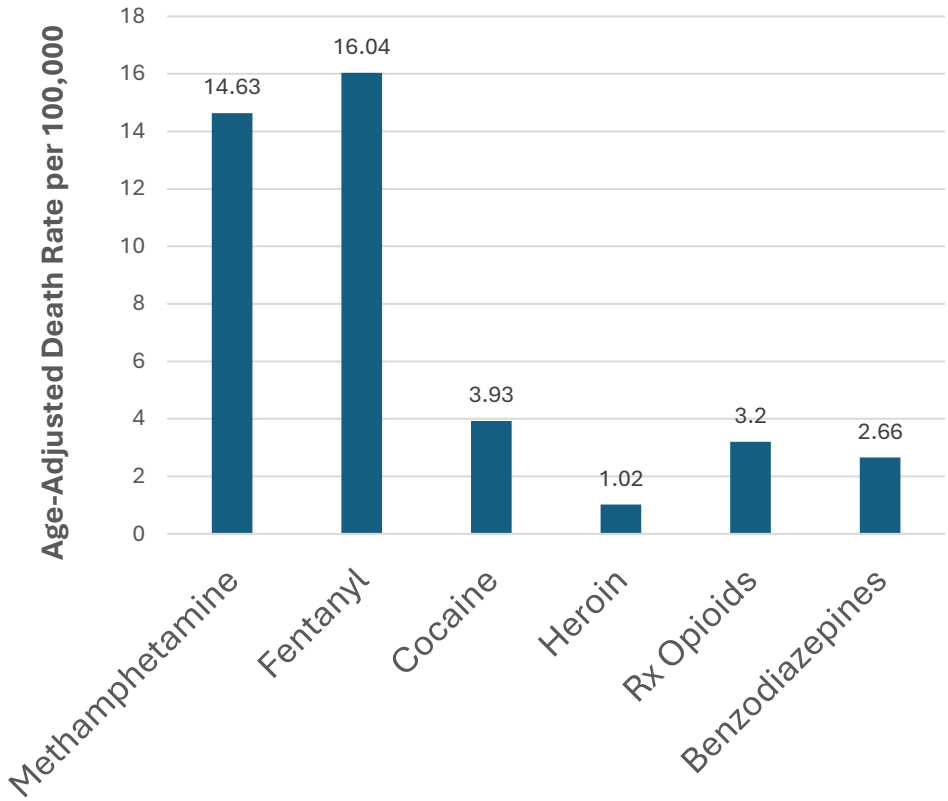
*Categories are not mutually exclusive

Substances of Choice

Substances of Choice Among Respondents
(May 18-29, 2026)



Age-Adjusted Overdose Death Rates per 100,000
by Substance
(January 2023-May 2026)



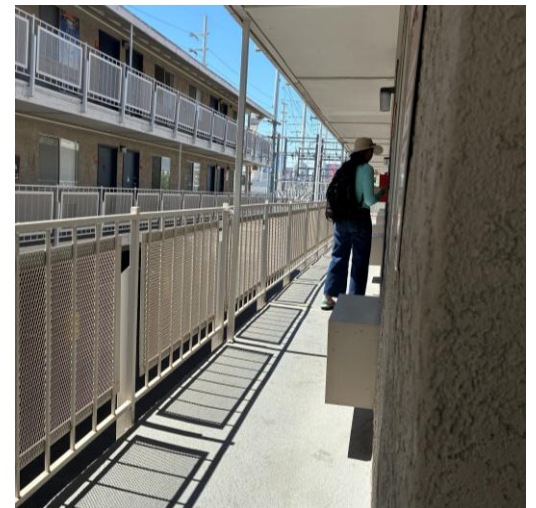
Reported Polysubstance Use

- 95% of respondents **who use fentanyl also reported using methamphetamine (n = 19)**
- About 67% of respondents believed that **drugs are being cut with fentanyl more often**
- About 50% of respondents reported **using more than one substance** and reported a **preference to use alone**



Overdose Awareness and Response

- About **70% of respondents reported witnessing an overdose** in the past year
 - **85% reported that naloxone was administered**
 - **73% reported that 911 was called to respond**
- **60% of respondents reported awareness of Nevada's Good Samaritan Law (NRS 453C.150)**
 - **52% of respondents indicated trust in this law**



Perceptions of Risk (Qualitative Findings)

- Respondents who use methamphetamine **perceived a lower overdose risk** compared to those who use fentanyl
- Internal tension between **knowing that drugs are cut with fentanyl** vs. assumption of personal risk
- **Methamphetamine is widely available but considered cheap and weak**
- **Drug supply is cyclical** (e.g., strength/potency)
- Respondents are aware of overdose risk and are **prepared to help other community members**
 - **Aware that naloxone is widely available** and administration is generally understood

Barriers and Facilitators to Service Provision (Qualitative Findings)

- Respondents indicated a **need for wraparound services**
 - Service providers are navigating and using available resources to help clients as best they can
 - **Housing resources for clients should be prioritized**
- Federal and state **policies create barriers** to service provision (i.e., Medicaid, SNAP)
- **Perception that overdose prevention funding is “drying up”**
- Many respondents were **people with lived experience**
 - **Impact of peer support services**

Next Steps

- Quantitative and qualitative **analyses are underway**
- **Full report** with quantitative findings and salient themes **expected in 4-6 months**
- Finalized data will be presented to the Board once available
- **Detailed findings will guide further SNHD interventions**
 - Develop novel interventions and refine existing interventions

Thank you to our community partners and CDC colleagues!

- Foundation for Recovery
 - Sean O'Donnell
 - Sherra McGowan
- There Is No Hero In Heroin (TINHIIH)
 - Rhonda Fairchild
- Trac B Exchange
 - Kat Reich
 - Lacey Kennedy
 - Rick Reich
- The Center
 - Ron Schnese
- Clean the World
 - Will Allphin
- Vegas Stronger
 - Nathalie Barki Delice
 - Brandon Lite
- PACT Coalition
 - Jamie Ross
- Shine-A-Light
 - Brent Nowak
 - Rob Banghart
- LVMPD LIMA Program
 - Angel Lash
 - Joseph Enez
- Everybody Is Somebody
 - Ashely Carr
- Partida Corona Medical Clinic
 - Dr. Jose Partida Corona
- HELP of Southern Nevada
 - Jaqualyne Peeples



Centers for Disease Control and Prevention EIS Officers:

- Geoff Melly
- Joy Ortega
- Chelsea McCullough
- Irina Kasarskis
- Halley Riley
- Domonique Hargrave

SNHD INTERIM FINANCIAL REPORT

(UNAUDITED)

As of March 2026

(Includes Augmented Budget Approved February 2026)

Summary of Revenues, Expenses, and Net Position

(as of March 31, 2026 – Unaudited)

Revenues

- General Fund revenue (Property Taxes, Charges for Services, Licenses/Permits & Other) is \$96.81M compared to a budget of \$92.01M, a favorable variance of \$4.80M.
- Special Revenue Funds (Grants) is \$34.93M compared to a budget of \$42.37M, an unfavorable variance of \$7.44M.
- Total Revenue is \$131.75M compared to a budget of \$134.38M, an unfavorable variance of \$2.63M.

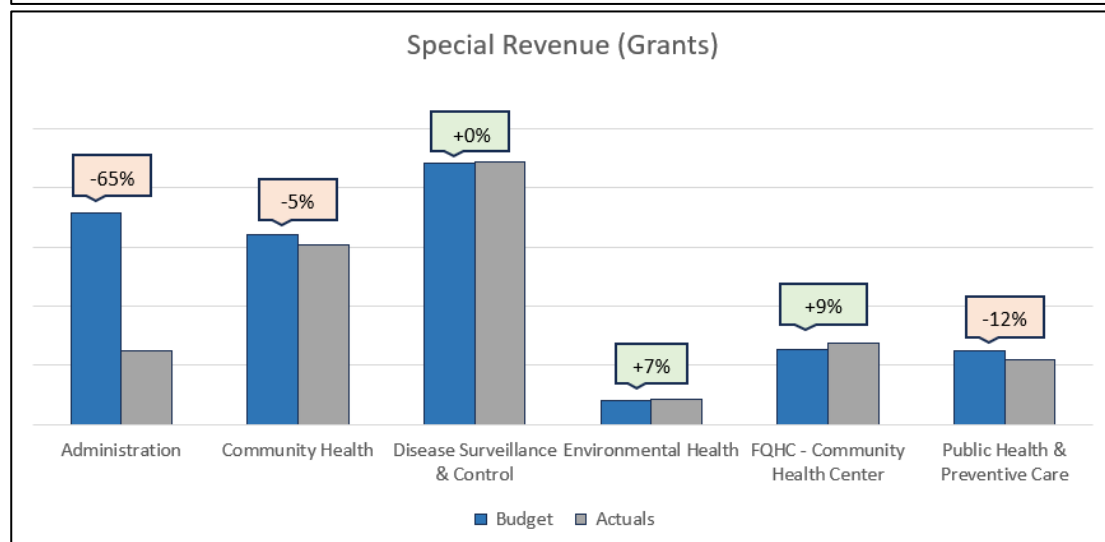
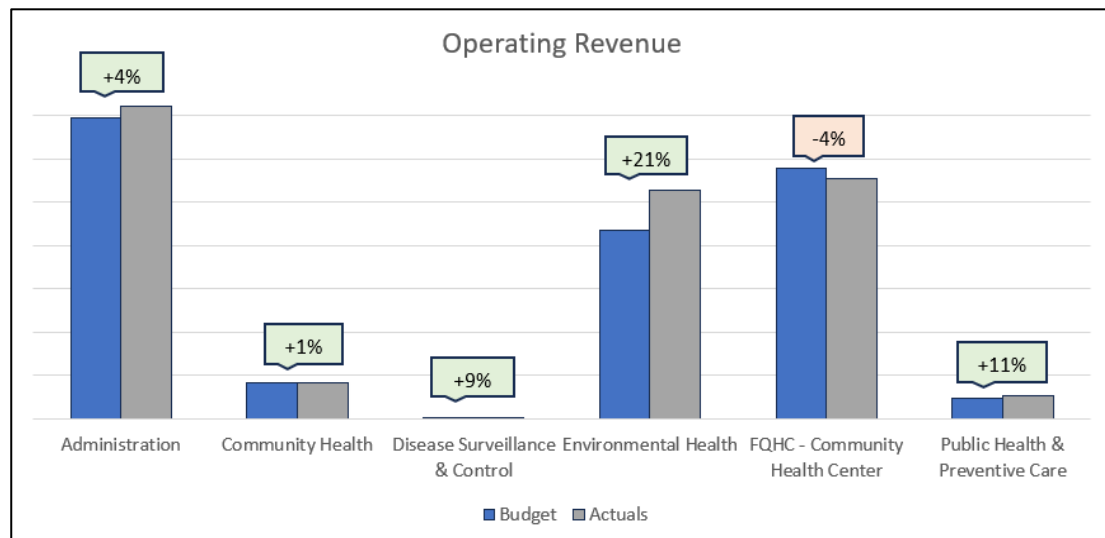
Expenses

- Salary, Tax, and Benefits is \$77.64M compared to a budget of \$80.69M, a favorable variance of \$3.05M.
- Other Operating Expense is \$44.39M compared to a budget of \$57.66M, a favorable variance of \$13.26M.
- Total Expense is \$122.04M compared to a budget of \$140.60M, a favorable variance of \$18.56M.

Net Position: is \$6.72M compared to a budget of (\$6.21M), a favorable variance of \$12.93M. (See Notes for Revenues and Expenses).

REVENUES

(as of March 31, 2026 – Unaudited)



Division	Budget as of Mar 2026	Actual as of Mar 2026	Variance Favorable (Unfavorable)	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 34,772,513	\$ 36,005,955	\$ 1,233,442	4%
Community Health	4,112,045	4,141,109	29,064	1%
Disease Surveillance & Control	22,500	24,480	1,980	9%
Environmental Health	21,820,960	26,309,585	4,488,625	21%
FQHC - Community Health Center	28,847,668	27,639,427	(1,208,241)	-4%
Public Health & Preventive Care	2,435,865	2,694,087	258,222	11%
SUBTOTAL	\$ 92,011,551	\$ 96,814,643	\$ 4,803,092	5%
Special Revenue (Grants)				
Administration	\$ 10,738,371	\$ 3,738,654	\$ (6,999,718)	-65%
Community Health	9,619,804	9,117,782	(502,022)	-5%
Disease Surveillance & Control	13,236,944	13,300,821	63,877	0%
Environmental Health	1,227,367	1,312,456	85,089	7%
FQHC - Community Health Center	3,799,189	4,154,684	355,495	9%
Public Health & Preventive Care	3,749,961	3,308,231	(441,730)	-12%
SUBTOTAL	\$ 42,371,636	\$ 34,932,627	\$ (7,439,008)	-18%
TOTAL REVENUE	\$ 134,383,187	\$ 131,747,270	\$ (2,635,916)	-2%

NOTES:

- 1) INCREASED INVESTMENT EARNINGS AND HEALTH CARD REVENUE.
- 2) DUE TO TIMING. ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~66% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH) ANNUAL WATER QUALITY PERMITS BILLED ON JANUARY 1ST (~9% OF TOTAL REVENUE FOR ENVIRONMENTAL HEALTH).
- 3) PHARMACY REVENUE UNDER EXPECTATIONS DUE TO CHANGE IN PAYER REIMBURSEMENT PROGRAM.
- 4) MAJOR GRANT SPENDING FOR LAB EXPANSION DEFERRED.

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY

Revenues by Category

(as of March 31, 2026 – Unaudited)

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 204,110	\$ -	\$ 26,058,728	\$ -	\$ -	\$ 26,262,838
<i>Property Taxes</i>	31,131,314	-	-	-	-	-	31,131,314
<i>Charges for Services</i>	2,499,990	3,936,999	20,750	-	26,039,148	1,848,886	34,345,773
<i>Intergovernmental</i>	3,738,654	9,117,782	13,300,821	1,312,456	4,154,684	3,308,231	34,932,627
<i>Investment Earnings</i>	2,189,530	-	-	-	-	-	2,189,530
<i>Other</i>	185,121	-	3,730	250,857	1,600,279	845,192	2,885,178
<i>Contributions</i>	-	-	-	-	-	10	10
TOTALS BY DEPT	\$ 39,744,609	\$ 13,258,891	\$ 13,325,301	\$ 27,622,041	\$ 31,794,111	\$ 6,002,318	\$ 131,747,270

*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.

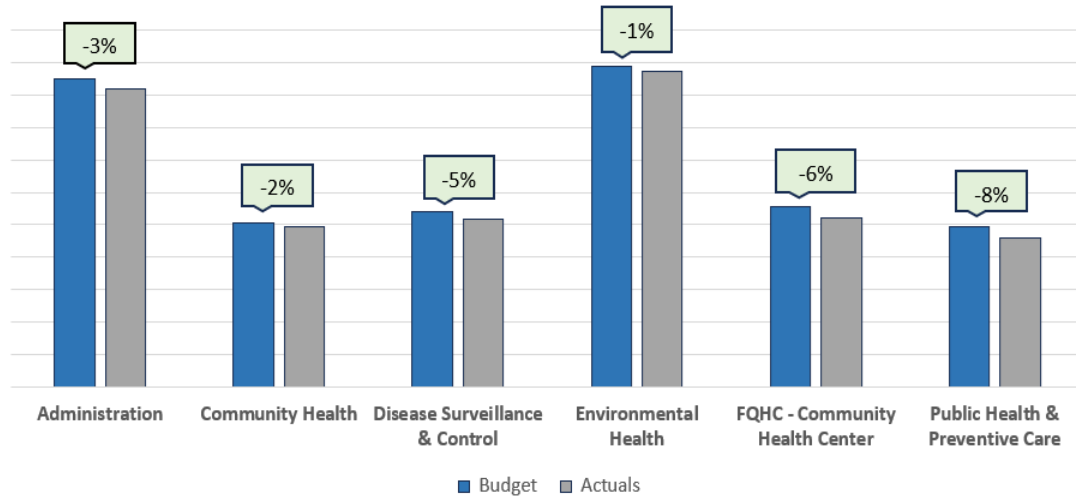
Special Revenue Fund

- *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

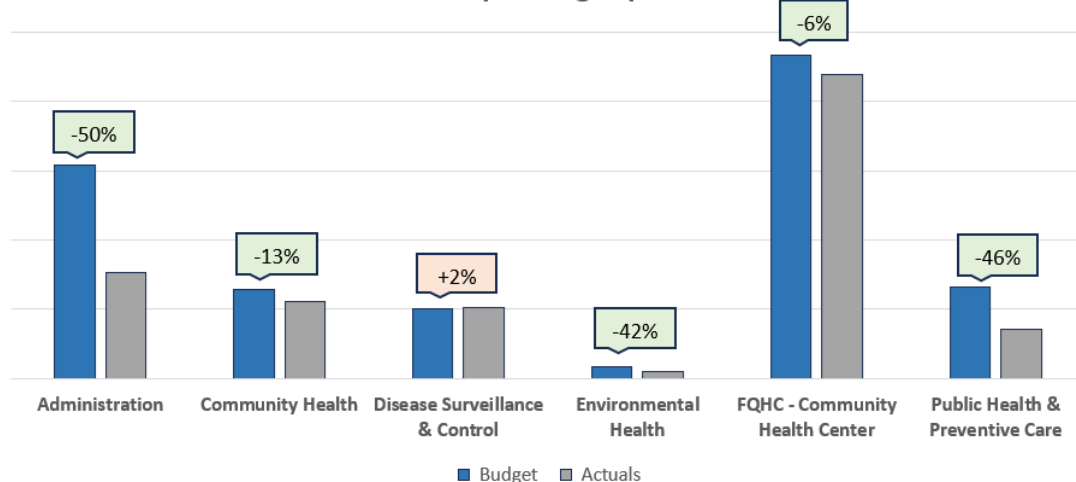
EXPENSES

(as of March 31, 2026 – Unaudited)

Personnel Expenses



Other Operating Expenses



Division	Budget as of Mar 2026	Actual as of Mar 2026	Variance Favorable (Unfavorable)	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 19,001,918	\$ 18,432,282	\$ 569,636	-3%
Community Health	10,111,911	9,864,970	246,941	-2%
Disease Surveillance & Control	10,812,072	10,319,554	492,518	-5%
Environmental Health	19,757,918	19,463,625	294,293	-1%
FQHC - Community Health Center	11,096,942	10,410,659	686,283	-6%
Public Health & Preventive Care	9,909,242	9,151,831	757,410	-8%
SUBTOTAL	\$ 80,690,002	\$ 77,642,920	\$ 3,047,082	-4%
Other (Supplies, Contractual, Capital)				
Administration	\$ 15,387,944	\$ 7,621,517	\$ 7,766,426	-50%
Community Health	6,422,104	5,601,953	820,151	-13%
Disease Surveillance & Control	5,030,381	5,150,460	(120,079)	2%
Environmental Health	860,752	502,661	358,091	-42%
FQHC - Community Health Center	23,356,224	21,948,654	1,407,570	-6%
Public Health & Preventive Care	6,600,064	3,568,114	3,031,950	-46%
SUBTOTAL	\$ 57,657,469	\$ 44,393,360	\$ 13,264,109	-23%
Total Operating Expenses	\$ 138,347,471	\$ 122,036,280	\$ 16,311,190	-12%
Indirect Costs/Cost Allocations	\$ 107	\$ 0	\$ 107	0%
Transfers IN	(4,351,567)	(3,470,595)	(880,972)	-20%
Transfers OUT	6,601,530	6,470,595	130,935	-2%
Total Transfers & Allocations	\$ 2,250,071	\$ 3,000,000	\$ (749,929)	0%
TOTAL EXPENSES	\$ 140,597,541	\$ 125,036,280	\$ 15,561,261	-11%

NOTES:

- 1) MAJORITY OF LAB EXPANSION CAPITAL EXPENSES DEFERRED.
- 2) CHANGE IN REIMBURSEMENT POLICY FROM PAYER LEAD TO REDUCED PURCHASING OF MEDICATIONS.
- 3) VACCINE EXPENSES WERE LOWER THAN ANTICIPATED AND PATIENT ENCOUNTERS WERE DOWN YEAR-OVER-YEAR REDUCING SUPPLIES PURCHASES IN FY26.

*GENERAL FUND AND SPECIAL REVENUE FUNDS ONLY. BUDGET EXCLUDES \$3M CONTINGENCY.

Expenses by Category

(as of March 31, 2026 – Unaudited)

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Public Health & Preventive Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 12,211,328	\$ 6,609,095	\$ 6,911,006	\$ 13,123,105	\$ 6,986,929	\$ 6,155,204	\$ 51,996,667
<i>Taxes & Benefits</i>	6,220,306	3,255,875	3,409,195	6,340,520	3,423,729	2,996,627	25,646,253
<i>Contractual</i>	5,405,378	2,254,864	2,704,110	261,320	981,770	368,651	11,976,092
<i>Indirect/Cost Allocation</i>	(23,306,133)	3,695,243	3,698,325	4,830,339	8,036,318	3,045,909	0
<i>Supplies</i>	532,230	2,857,178	2,337,953	84,193	20,936,383	2,992,793	29,740,730
<i>Property</i>	1,623,945	442,144	-	-	-	134,583	2,200,672
<i>Travel & Training</i>	59,965	47,767	108,397	157,148	30,501	72,086	475,865
TOTALS BY DEPT	\$ 2,747,019	\$ 19,162,166	\$ 19,168,986	\$ 24,796,625	\$ 40,395,630	\$ 15,765,854	\$122,036,280

*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 March 31, 2026 – Unaudited)

Other Governmental Funds	Budget as of MAR 2026	Actual as of MAR 2026	Variance Favorable (Unfavorable)	% +/-
Revenue				
Capital Projects	\$ 82,170	\$ 167,344	\$ 85,174	104%
Bond Reserve	72,465	85,223	12,758	18%
Total Revenue	\$ 154,635	\$ 252,566	\$ 97,931	63%
Transfers In	3,000,000	3,000,000	-	0%
Total Revenue & Transfers In	3,154,635	3,252,566	97,931	3%
Expenses				
Capital Projects				
Facilities	\$ 1,502,393	\$ 40,353	\$ 1,462,040	97%
Information Technology	975,750	676,986	\$ 298,764	31%
Total Expenses	\$ 2,478,143	\$ 717,340	\$ 1,760,803	71%
Revenue Less Expenses	\$ 676,492	\$ 2,535,227	\$ 1,858,735	275%

Summary of Assets, Liabilities, and Fund Balance

Southern Nevada Health District
Summary of Assets, Liabilities, and Fund Balance
03/31/2026 (Unaudited)

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Assets				
Total assets	75,431,166	18,739,404	10,151,672	104,322,248
Liabilities				
Total liabilities	3,592,127	18,617,950	830,162	23,040,247
Fund Balances				
Nonspendable	4,199,810	2,028	-	4,201,838
Restricted	-	1,191,606	-	1,191,606
Committed	1,000,000	-	-	1,000,000
Assigned	9,211,522	-	9,321,510	18,533,032
Unassigned	57,427,707	(1,072,179)	-	56,355,528
Total fund balances *	71,839,040	121,454	9,321,510	81,282,004

* 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 \$(26,091,138) total balance.

The image shows a large, dense pile of three-dimensional wooden question marks. The wood has a light, natural grain and is scattered across the frame, creating a textured background. The lighting is soft, highlighting the edges of the question marks. In the center of the image, the word "QUESTIONS?" is written in a clean, white, sans-serif font.

QUESTIONS?

MEMORANDUM



Date: June 25, 2026
To: Southern Nevada District Board of Health
From: Jason Frame, *Acting Director of Administration* 
Cassius Lockett, PhD, MS, *District Health Officer* 
Subject: **Administration Division Monthly Report – May 2026**

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Executive Summary

The Office of Communications issued 3 News Release and placed digital ads for several campaigns, including Beat the Heat, Fight the Bite, Back-to-School, and the Southern Nevada Community Health Center Behavioral Health Clinic. Staff also developed print materials promoting free household lead product testing offered by the Environmental Health Division. The Facilities Team finalized the outdoor staff patio area with shade sales, ceiling fans, benches and tables. Health Cards served a total of 9,960 clients. As of June 1, 2026, the Health District had 800 active employees. Human Resources posted 9 employment opportunities, held 46 interviews, extended 12 job offers, and onboarded 5 new hires.

Office of Communications

News Releases Disseminated:

- Pop-Up Produce Stands continue with final spring dates at Bonneville Transit Center
- Make a splash this summer! Free pool parties get Clark County moving
- Health District expands diabetes education with first Spanish virtual classes

Press:

- Legionnaire's disease investigation
- Extreme heat
- Hantavirus
- Virtual diabetes self-management classes in Spanish

Three hundred sixty-seven news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in May. Coverage includes traditional print, broadcast, digital and online media outlets. A list is available at [052026-PI-Report.pdf](#).

Advertisements, Projects Completed and Social Media Summary:

In May, staff placed digital ads for several campaigns, including Beat the Heat, Fight the Bite, Back-to-School, and the Southern Nevada Community Health Center Behavioral Health Clinic. Staff also developed print materials promoting free household lead product testing offered by the Environmental Health Division and assisted the Health Equity team with creating collateral for the Healthy Brain Initiative. Staff also worked with the Office of Epidemiology to publish information about the Healthcare Associated Infections program in the Nevada Family Physician magazine and designed the Workforce Development internal communications campaign for the Human Resources Office.

The Office of Communications facilitated responses to 288 public information inquiries related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 78 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.org and SNCHC.org.

On social media, staff promoted the Health District After Dark meeting, Southern Nevada Substance Misuse Overdose Prevention Summit, Board of Health recognitions, Memorial Day, Strip Club (fentanyl and xylazine test strips), SPARK Youth Advisory Council graduation, Mental Health Matters, Neon to Nature app, lead testing for consumer products, Pop-up Produce Stands, National Nurses Week, and May 4 Food Safety.

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: 20
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 275

Government Affairs Update:

- Continued coordination of SB118 and State Public Health Fund expenditure and reporting activities.

Meetings and Events of Note:

- May 7: Website Committee meeting
- May 12: Joint Interim Standing Committee on Health and Human Services meeting
- May 12: Three Square meeting
- May 13: Nevada Tobacco Control and Smoke-free Coalition with Senator Dina Neal
- May 13: Public Health Policy Strategy Meeting
- May 14: Back to School meeting
- May 18: Extreme Heat Tabletop Exercise
- May 21: Media training
- May 26: Walk Around Nevada luncheon
- Meetings for Big Cities Health Coalition PIO/Communications and Policy Workgroups
- Meetings related to State Public Health Funds and SB118

Please see Appendix A for the following:

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

Facilities

Monthly Work Orders	May 2025	May 2026		YTD FY25	YTD FY26	
Maintenance Responses	603	588	↓	5,306	5,202	↓
Electrical Work Orders	20	54	↑	435	534	↑
HVAC Work Orders	28	82	↑	559	1,014	↑
Plumbing Work Orders	7	45	↑	198	226	↑
Preventive Maintenance	33	15	↓	624	223	↓
Security Responses	2,252	1,813	↓	28,066	22,151	↓

Current Projects

Decatur Location

- Patio area opened for staff; the following was installed:
 - Shade sails
 - Ceiling fans and lights
 - Benches and tables
 - Floor epoxy

SNPHL Location

- Pump #1 replaced
- Installed gate loop

Finance

Total Monthly Work Orders	May 2025	May 2026		YTD FY25	YTD FY26	
Purchase Orders Issued*	637	581	↓	6,154	5,708	↓
Grants Pending – Pre-Award**	3	3	=	48	39	↓
Grants in Progress – Post-Award***	8	3	↓	98	73	↓

*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 – May 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada - HIV Prevention - Yr 2 of 5 (hv2prv25)	P- CDC	5/31/2026	\$1,933,563	End of budget period	13.00	FY2027 expected to renew
State of Nevada - HIV Surveillance (hv2srv25)	P- CDC	5/31/2026	\$227,058	End of budget period	1.60	FY2027 expected to renew
State of Nevada - Integrated HIV Program (nv2ehe25)	P- CDC	5/31/2026	\$2,090,623	End of budget period	7.97	FY2027 expected to renew

Grants Awarded – May 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
The NEHA-FDA Retail Flex Fund Training (rftrn26)	P-FDA	5/7/2026	4/1/2026	3/31/2027	\$4,000	FY26 Training grant is separate award from base award.	0.00
The NEHA-FDA Retail Flex Fund Mentoring (rfment26)	P-FDA	5/8/2026	4/1/2026	3/31/2027	\$12,000	FY26 award	0.20
The National Environmental Health Association-FDA Retail Flex Fund - Year 2 of 3 (rfmain26)	P-FDA	5/20/2026	4/1/2026	3/31/2027	\$20,000	FY26 award	0.20

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 May, we averaged 67 “passing and paying” online renewal clients per day, with a total of 2,077 clients renewing online.

	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
FOOD HANDLER CARDS						
New Cards	3,795	4,205	4,145	4,699	4,844	4,505
Renewal Cards (In-person and Online)	4,852	6,753	5,579	5,340	4,422	3,680
Duplicates	444	649	509	579	582	515
CFSM (Manager) Cards	189	240	260	279	244	176
Re-Tests	950	1,304	1,199	1,282	1245	954

	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
BODY ART CARDS						
Body Art Cards	90	110	111	137	102	110
Body Art Mentor Cards	9	21	16	5	7	13
Duplicates	0	1	2	2	0	3
Re-Test	2	1	4	6	5	4

	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
TOTAL CLIENTS SERVED						
	10,320	13,261	11,803	12,316	11,439	9,960

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for May
- 800 active employees as of June 1, 2026
- 5 New Hire, including 0 rehires and 0 reinstatements
- 8 Terminations, including 1 retirement
- 3 Promotions, 1 Flex-reclasses
- 0 Transfers, 1 Lateral Transfers, 0 Reassignments
- 0 Demotions
- 16 Annual Increases
- 46 Interviews

- 12 Offers extended (0 offers declined)
- 9 Recruitments posted
- Turn Over Rates
 - District Administration: 0.000%
 - Community Health: 2.185%
 - Disease Surveillance & Control: 0.000%
 - Environmental Health: 0.510%
 - Public Health & Preventive Care: 2.752%
 - FQHC: 1.869%

Temporary Employees

- 7 Temporary Staff

Safety

To be reported in next month's report.

Employee/Labor Relations

- 2 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warning, 0 Suspensions, 2 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 6 Grievances
- 1 Arbitrations
- 150 Hours of Labor Meetings (with Union)
- 100 hours investigatory meetings
- 6 Investigations
- 12 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

Training/Meetings Attended by Staff

- Monthly JLMC Meeting
- SEIU Meetings

Projects in Progress/Other Items

- New Leaders Orientation Guide
- Disciplinary Document – How-To Guide in NEOGOV
- Employee Relations/Labor Relations Standard of Procedures (SOP)
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- Supervisors, managers, and directors monthly check-up meetings

Interns

There were a total of 24 interns providing 804 applied public health practice hours in May 2026.

Interns and Clinical Rotations	May 2026	YTD
Total Number of Interns ¹	24	112
Internship Hours ²	804	7,468

¹ Total number of students, residents, and fellows

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

Training (In-Person and Online)

- New Hire Quarterly:
 - 5/19/2026: 9 Participants
- TVS:
 - 5/4/2026: DSC: 10+ participants
 - 5/7/2026: PPC: 10+ participants
 - 5/27/2026: PPC: 10+ participants
- Leaders' Toolbox:
 - 5/5/2026: Effective Communication: Listening & Influencing: 11 participants
 - 5/26/2026: Empowering Through Feedback: 11 participants
- OVS:
 - 5/12/2026: HEC Debrief: 13 participants
 - 5/19/2026: All Hands: 400+ participants
 - 5/20/2026 – 5/28/2026: OVS Focus Groups : 70+ participants

New Hire Orientation

- 5/11/2026 – 1 New Hire
- 5/26/2026 – 4 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. Legacy Immunization Form Questions Migration – Currently on hold pending stakeholder review and approval.
3. Continued work on Case Report Form pdf generation for RSV associated death reporting.
4. Ongoing work to ensure consistent handling of Form Section Data with multiple duplicate records sharing the same sequence number between the Data Warehouse and EpiTrax.
5. Ongoing development of the General School Enteric Outbreak Form in EpiTrax.
6. Enhanced the FBI import process to prevent duplicate form creation by generating a note and task for the event investigator when a form already exists in EpiTrax.
7. Continued support for the Outbreak Response Team by importing Alchemer survey data into EpiTrax for Outbreak 2026-00015 and implementing automated case status updates to "Not a Case" based on survey responses reviewed and validated by the Epidemiology Team.
8. Resolved an export module error caused by repeating form fields lacking a repeating field title. The issue was identified during ACDC's export of the Candida and multiple drug resistant organisms (MDRO) forms and has been corrected to ensure successful data exports.
9. EpiTrax User Requests:

	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
EpiTrax Requests										
EpiTrax Requests Completed	12	12	11	13	16	15	12	6	4	1
EpiTrax Requests Opened	61	51	53	55	57	53	48	49	49	51
EpiTrax New Requests	6	2	13	11	18	11	7	7	4	3

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 seventeen new facilities for Electronic Case Reporting (eCR).
3. Updated HCA XSLT mappings for collection dates, test dates, and laboratory name paths.
4. Reviewed and updated the Candida processing logic to prevent cases from being moved to the "HAI Pending Assignment" queue when a Candida auris clinical event already exists.
5. Updated carbapenem resistant organisms (CRO) logic to automatically remove investigator assignments when a case is reopened, ensuring appropriate reassignment and workflow management.
6. Deployed and configured a new middleware server to distribute eCR processing workloads and support increased system capacity and processing demand.
7. ELRs and eCRs Volume:

ELRs	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Total Received	115,517	218,838	122,462	118,343	135,111	132,370	131,135	128,645	121,645	139,688
Total Processed	115,884	224,642	122,260	117,087	135,038	152,490	127,198	127,322	134,784	123,641
Under Review	1,461	809	752	1,039	1,421	2,420	6,876	3,598	3,205	3,535
Event Updated	16,595	53,047	17,971	15,949	19,496	22,630	18,703	18,408	20,325	18,577
Event Created	9,409	46,345	8,441	7,206	8,516	9,472	10,536	11,040	10,601	9,212

eCRs	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Total Received	139,146	103,838	99,140	49,580	52,372	49,968	47,280	53,828	195,745	98,732
Total Processed	52,141	35,319	165,472	100,899	49,846	45,993	44,829	58,061	122,234	172,869
Under Review	1,241,940	1,303,566	113,708	84,776	87,028	90,631	93,220	106,893	150,551	161,456
Event Updated	3,560	2,551	15,688	9,733	4,190	3,467	4,215	4,182	6,041	10,191
Event Created	1,017	648	1,601	784	599	428	484	541	1,297	2,097

C. Data Warehouse

1. Continued monitoring and maintenance of the data warehouse.

D. Pentaho Report

Pentaho Reports	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Updated	3	1	2	2	2	1	1	1	0	0
Created	1	0	0	0	0	1	0	0	0	0

E. Dashboard

1. Continued development of the Wastewater Dashboard, including ZIP Code map updates for Flamingo, Boulder City, and Mesquite, and ongoing development of hospitalization trend graphs for those areas.
2. Performed routine data refresh and maintenance for the Empower Dashboard in Power BI.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Deployed Microbiology Susceptibility interface (SWIN) for automated interoperability between the laboratory information system and the Sensititre instrument.
2. Completed clinical testing volume reports.
3. Implemented new Thyroid assays and bi-directional interface.
4. Built new rules for Complete Metabolic Panel and Hepatic Function Panel.
5. Completed monthly reports for BioFire testing.
6. Built rules for micro albumin and urine creatinine calculated ratio.
7. SNPHL Requests:

SNPHL Requests	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Requests Completed	50	56	58	47	65	66	15
Requests Opened	48	67	56	50	60	72	54

G. Electronic Health Record (EHR) System

1. Modifications made to Healthy Start Parent/Child Form.
2. Built structured data questions for Latent Tuberculosis Infection (LTBI).
3. Modifications made to CPT for Simon Med Orders.
4. Automation completed for Combatting Antimicrobial Resistant Gonorrhea and Other STI's (CARGOS) Clinical data.
5. Modifications made to Tobacco Screening Clinical Rules Engine (CRE) rules.
6. Built Immunization structured data questions for Quantiferon testing (QFT).
7. Updated Provider list for SimonMed interface.
8. EHR Requests and Reports.

EHR Requests	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
Requests Completed	49	29	22	22	27	29	30	33	31	16
Requests Opened	71	18	25	23	20	26	30	22	32	24

eCW Reports	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
FQHC	5	8	12	5	3	18	10	11	11	6
PPC	6	1	1	2	4	2	6	4	2	3

H. Clark County Coroner's Office (CCCO)

1. Currently testing and validating orders/results interface with SNPHL to automate orders placement and results retrieval within the CCCO Case Management system.
2. File processing from emails to identify relevant files from shared mailbox and flag for attachment to relevant case or manual review.
3. Completed data requests:

- a. Insulin related deaths for case study
- b. Maternal deaths for research study for Medical Examiner
- c. Case tracking for EDC (Electric Daisy Carnival) weekend, before and after the event

I. Data Modernization Initiative (DMI)

1. Continued implementation of the Informatica Data Governance platform, including Warehouse Roles and Privileges ETL reconfiguration, permissions, ETL processes, removal of duplicate data catalog references, custom asset linkage development, troubleshooting of missing technical database source scan linkages, initial governance role and privilege configuration, business stakeholder coordination on data hierarchy design, solution planning with Informatica consultants, and ongoing technical asset import activities.
2. Continued integration testing between OpenEMPI, EMSA and EpiTrax, including enhancements to EMSA–OpenEMPI functionality and user interface to support rejected OpenEMPI identity clusters, as well as updates to EpiTrax–OpenEMPI integration logic to properly handle rejected identity clusters during EMSA and OpenEMPI API communications.
3. Reprocessed and resent Message Mapping Guide (MMG) SFTP feed files covering April 13 – May 4, 2026.
4. Resubmitted MMG TB and LTBI test cases.

J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Maintain and enhance syndromic surveillance feeds for new providers and future support.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Updated the Communicable Disease csv export to produce separate Year-to-Date (YTD) and Historical output files.
3. Supported Public Records Request (PRR) activities for ODS by preparing and providing all event-related laboratory result attachments for requested client records.
4. Prepared CSTE abstracts focused on advancing public health surveillance through Master Person Index (MPI) integration and Nevada’s dual-jurisdiction model for unified MMG case notification reporting.
5. Completed the SNHD Healthcare Acquired Infections (HAI) data export and submission to the Nevada State.
6. Continued review of prenatal Hepatitis B screening results in collaboration with the nursing team.

L. National and State Meetings/Workshops

1. TECCA for Public Health - Discussion and Questions.
2. OPHDST-STLT DataConnection.
3. eHealth Exchange and SNHD Use cases with FHIR and IZ Gateway.
4. Save the Date: National Workgroup on Foodborne Illness Complaint Systems.
5. CSTE/CDC Frontline Tools Year 2 Workgroup.
6. SNHD/NV/eHx IZ G Pilot Work Plan Review.
7. Statewide Syndromic Surveillance Workgroup.
8. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.

9. Data Modernization Learning Community (DMLC) monthly call.
10. PHAST Consortium Technical, Weekly Collaboration and Learning, and Manager Meetings.

Information Technology (IT)

Service Requests	May 2025	May 2026		YTD FY25	YTD FY26	
Service Requests Completed	920	709	↓	11,474	9,139	↓
Service Requests Opened	1,035	879	↓	12,881	10,349	↓

Information Services System Availability 24/7	May 2025	May 2026		YTD FY25	YTD FY26	
Total System	88.82	81.28	↓	85.67	82.92	↓

Total Monthly Work Orders by Department	May 2025	May 2026		YTD FY25	YTD FY26	
Administration	279	214	↓	3,109	2,619	↓
Community Health	98	56	↓	1,123	923	↓
Environmental Health	146	155	↑	1,816	1,565	↓
Primary & Preventive Care	162	111	↓	2,296	1,765	↓
Disease Surveillance & Control	129	89	↓	1,502	1,274	↓
FQHC	182	138	↓	2,391	1,547	↓
Other	5	41	↑	172	250	↑

First Call Resolution & Lock-Out Calls	May 2025	May 2026		YTD FY25	YTD FY26	
Total number of calls received	1,035	879	↓	12,881	10,349	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

PHIG Team

- Workforce engagements:
 - Monthly Position Review Committee cancelled for May 2026
 - Prepared the May 2026 Hiring Plan for submission to CDC
 - Met with accountant of the PHIG A1 & A2 strategies to discuss budget revision for Year 4
 - Fiscal Review of Credit Card usage by PHIG Team; reconciled/approved purchases
 - Participated with HR, Acting Direct of Administration, DHO, and PHIG team on Big Cities Health Coalition Survey Requirements
 - Attended Webinar on Artificial Intelligence in Data Protection: Signal v. Hype; Received Certificate from Disaster Recovery (DR) Journal
 - Attended the National PHIG Partners' PHIG VOICES kick-off webinar: VOICES is an acronym for Views, Outcomes, Impacts, Challenges, and Experiences Survey

- Received team input for the National PHIG Partners' PHIG VOICES project – goal – upload into Qualtrics by June 12, 2026
- Updated the Health Executive Counsel in the May Meeting
- Attended Webinar with NACCHO re: Building Smarter Public Health Systems with Artificial Intelligence
- Participated in the ASTHO Public Health Training Center Network Highlights – Strategic Skills

CDC Requirements

- Meeting with the currently assigned CDC Project Officer for Monthly meeting on May 6, 2026, was cancelled.
- Future requests for assistance must be submitted through the Public Health Infrastructure Virtual Engagement (PHIVE) platform
- Finalized, reviewed, and approved May monthly hiring plan for submission to the CDC

Performance Management

- Served as a panelist on a national Change Management Symposium presented by NACCHO (National Association of County and City Health Officials)
- Oversaw SNHD participation with BCHC (Big Cities Health Coalition). Coordinated approx. 60 team hours of work providing data for comparison to other large public health departments around cost & capacity. Univ. of Minnesota is providing data analysis and recommendations after data is collected from the members pointing out opportunities for SNHD to drive efficiency and Foundational Public Health Services provided.
 - Admin time: 12 hours
- Began a 12-week asynchronous course from Cornell: Public Health Leadership.
- Wrote the public-facing District Strategic Plan and presented to the Board of Health.
 - Admin. time: 6 hours
- Led the collaboration of the NACCHO Forces of Change survey from collaborators across the district.
 - Admin. time: 3 hours
- Attended workshop on Finding & Reading the Law presented by ChangeLabs. This narrowed a gap in ability to analyze public policy and applying it through interventions in clinical and vaccination settings

Quality Improvement

- 7 Attended Annual National Network of Public Health Institutes conference. Attended 14 breakout sessions including public health impacts and best practices for AI and vaccine hesitance.
- Continued serving as preceptor for 10 nursing students from CSN working across 3 distinct QI projects for the District. Research and materials were created to move forward these projects: FQHC Appointment Utilization, Hepatitis B Vaccine for newborns and Vital Records turnaround time for Birth and Death Certificates.
 - Admin. time: 26 hours
- Facilitated a workshop for Healthy Start CHWs on Personal Emotional Connection (PEC). A significant number of new team members participated with more senior CHWs in strategies to connect with new leads for the program to encourage participation.
 - Admin. time: 2 hours
- Continued facilitation of the QI project: Hepatitis B Vaccination.
 - Admin. time: 1 hour

- Consulted with Community Health on graphic representation of division strategy and Vital Records Operations capacity.
- Chaired the monthly Performance Management/Quality Improvement team meeting.
 - Admin. time: 2 hours
- Met with FQHC team regarding next steps in Appointment Utilization project. Results over the past year are positive. New measures are being introduced to plot our efficiency across other FQHCs of similar size/location around the US. Another promising intervention is the “Robust” Confirmation initiative. More work will follow around documenting this process to scale it across the FQHC appointments.

PHAB Reaccreditation

- Participated in Workforce Development Committee in advisory capacity.
- Documentation from all divisions for Reaccreditation in spring of 2027 is 86% complete with 90% expected in next month’s report.
 - Admin. time: 3 hours

PHIG

- Admin. time for reporting grant milestones: 3 hours
- Admin. time to reconcile grant budget: 3 hours
- Admin. time to reconcile purchasing card: 3 hours
- Total administrative time spent on Quality Improvement, Accreditation, and Performance Management: 64 hours

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

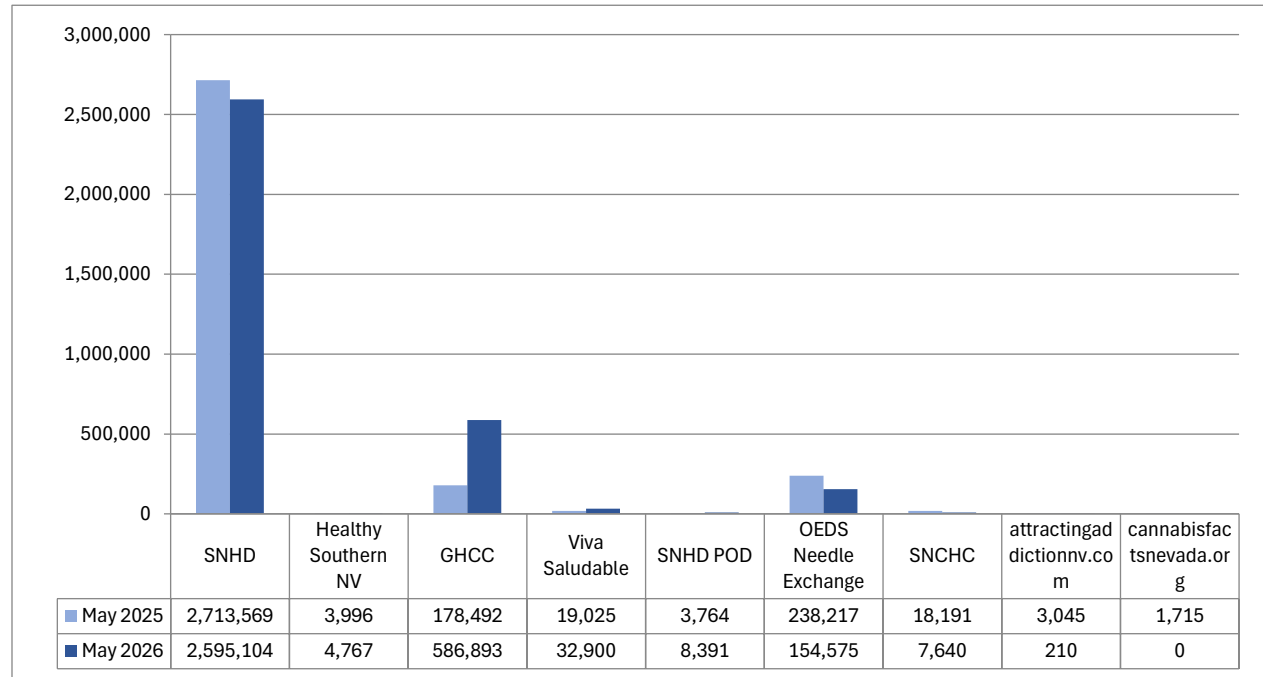
Community Outreach - Total Volunteers¹

Community Outreach - Volunteer Hours

May 2025	May 2026		YTD FY25	YTD FY26	
43	24	↓	353	314	↓
135	25	↓	1,056	861	↓
27	15	↓	227	184	↓
8	11	↑			
498	1,014	↑	6,952	5,866	↓

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

Monthly Website Page Views:



-The cannabisfactsnevada.org page views are temporarily inaccessible.

Social Media Services		May 2025	May 2026		YTD FY25	YTD FY26
Facebook SNHD	Followers	13,627	13,801	↑	N/A	N/A
Facebook GHCC	Followers	6,114	6,092	↓	N/A	N/A
Facebook SHC	Followers	1,625	1,596	↓	N/A	N/A
Facebook Food Safety	Followers	177	175	↓	N/A	N/A
Instagram SNHD	Followers	5,215	5,836	↑	N/A	N/A
Instagram GetHealthyCC	Followers	296	409	↑	N/A	N/A
Instagram @Ez2stop	Followers	151	156	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	417	405	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,746	1,723	↓	N/A	N/A
X (Twitter) Food Safety	Followers	99	100	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	9,954	9,869	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	341	332	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	121	119	↓	N/A	N/A
Threads SNHD	Followers	948	1,032	↑	N/A	N/A
TikTok @Ez2stop	Views	47	54	↑	N/A	N/A

Note: Facebook, Instagram, Threads, Tiktok and X (Twitter) numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – April 25, 2026 to May 8, 2026

PAYROLL EARNINGS SUMMARY

April 25, 2026 to May 8, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 332,853.07	\$ 3,250,118.37	\$ 7,476,843.65	\$ 9,195,237.18	81%	
ENVIRONMENTAL HEALTH	\$ 667,059.91	\$ 6,699,632.17	\$ 15,409,927.59	\$ 17,951,295.42	86%	
COMMUNITY HEALTH	\$ 303,401.61	\$ 3,250,221.08	\$ 7,493,969.86	\$ 9,910,529.22	76%	
DISEASE SURVEILLANCE & CONTROL	\$ 345,285.81	\$ 3,394,981.50	\$ 8,350,548.43	\$ 10,671,639.69	78%	
FQHC	\$ 338,153.34	\$ 3,484,351.80	\$ 8,041,620.94	\$ 11,060,800.45	73%	
ADMINISTRATION W/O ICS-COVID	\$ 641,966.90	\$ 6,648,539.11	\$ 15,061,720.95	\$ 15,657,123.65	96%	
TOTAL	\$ 2,628,720.64	\$ 26,727,844.03	\$ 61,834,631.42	\$ 74,446,625.61	83%	88%

FTE 799

Regular Pay	\$ 2,330,372.98	\$ 21,523,206.28	\$ 50,082,094.37
Training	\$ 2,621.74	\$ 30,825.59	\$ 100,260.83
Final Payouts	\$ -	\$ 263,624.66	\$ 689,833.77
OT Pay	\$ 25,745.43	\$ 153,181.72	\$ 424,163.09
Leave Pay	\$ 234,243.21	\$ 4,193,057.60	\$ 9,007,878.39
Other Earnings	\$ 35,737.28	\$ 563,948.18	\$ 1,530,400.97

TOTAL **\$ 2,628,720.64** **\$ 26,727,844.03** **\$ 61,834,631.42**

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT

April 25, 2026 to May 8, 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>
Ruiz, George		1.00	42.98	Duque, Armando	5.63	230.75
Galaviz, Monica		6.50	465.46	Huerta, Fatima	15.00	323.60
Hall, Steven		0.25	12.49	Ruelas-Villanueva, Francisco	4.50	146.43
Thede, Stacy		9.50	332.95	Arcuri, Steven	0.75	27.74
Arzate, Mario		1.50	51.18	Anguiano, Cristina	2.25	58.19
Urena, Maite		0.25	8.53	Loyer, Tianna	9.00	184.39
Murphy, Melissa		6.25	248.47			
Herrera Ortiz, Maria		3.75	141.68			
De Lisle, Ricky		1.00	38.79			
Total Administration		30.00	1342.53		37.13	971.10

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	200.38	Alford, Camille	0.38	12.37
O'Toole, Denise		7.50	322.34			
Martinez, Azalia		7.50	283.38			
Chaingan, Carlo		7.00	238.83			
Total Community Health Services		26.00	1044.93		0.38	12.37

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		0.50	22.02	Diaz, Michelle	1.50	44.05
Del Rosario, Edna		0.25	12.52	Valdes-Ayala, Beatriz	1.51	43.27
Ortega-Martinez, Itzel		0.75	29.82			
Anderson, Renita		0.25	11.61			
Servando, Maria Cristina		1.50	119.04			
Servando, Maria Cristina	FP_26 NO MILEAGE	0.25	19.84			
Basa, Doris		1.00	35.04			
Petersen, Desiree	FP_26 NO MILEAGE	0.50	23.79			
Total FQHC-Community Health Clinic		5.00	273.68		3.01	87.32

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	6.00	257.87	Ellis, Regena	0.75	37.69
Guerrero, Grisly	GSSHC_26	6.00	271.36	Tharayani, Sibyl	0.75	37.69
				McTier, Chika	12.00	572.88
				Caballero, Lorena	12.00	326.76
Total Public Health & Preventative Care		12.00	529.23		25.50	975.01

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>
Brounstein, Jodi		0.75	51.04	Brounstein, Jodi	1.13	51.27
Hall, Nancy		21.75	1639.34	Cavin, Erin	6.75	306.27
Harris, Sheila		5.00	263.67	Santiago, Anthony	11.63	527.69
Daspit, Theresa		1.50	102.09	Robinson, Gary	6.38	289.48
Schamaun, Kris		20.50	1081.05	Johnson, Rabea	7.50	331.42
Franchino, Dominick		14.00	1055.20	McGahen, Ryan	3.00	126.09
Billings, Jacob		4.50	339.17	Feng, Yuzhen	3.00	126.09
Cohen, Valerie		6.50	489.92	Kuehn, Jennifer	1.13	43.95
Penksa, Brian		6.00	408.36	Valadez, Alexis	1.13	40.71
Kelton, Deborah		3.50	238.21	Sabandith, Vetahya	4.50	158.20
Waters, Ainsley		12.00	816.72	Castillo, Christopher Jay	1.50	50.10
Sheffer, Thanh		26.50	1803.57	Edmonds, Alexis	11.25	385.12
Piar, Diane		3.50	238.20	Stewart, Richard	2.63	77.24
Lett, Kendra		12.25	877.22			
Pontius, Kevin		6.00	408.36			
Lucas, Brianna		8.00	517.51			
Hemberger, Adriana		1.50	77.02			
McGahen, Ryan		8.00	504.35			
Hernandez, Stephanie		3.50	226.41			
Walton, Shaunte		1.50	85.33			
Cummins, Veronica		1.25	72.92			
Wills, Jerry		7.25	402.16			
Blackard, Brittanie		6.50	360.56			
Darang, Chase		4.50	243.17			
Rakita, Daniel		5.50	290.04			
McCann, Alexandra		7.50	395.51			
Michel, Guillermo		4.00	210.93			
Calzado, Neil		8.50	448.24			
Wells, Jordan		5.00	263.67			
Brown, Tevin		10.50	553.71			
Sripamong, Jacqueline		3.25	166.89			
Najera, Luisa		8.50	436.47			
Craig, Jill		1.00	51.35			
Wade, Cynthia		3.00	154.05			
Riehle, Joshua		12.00	632.82			
Jufar, Lydia		3.00	154.05			
Bidinger, Joy		7.75	397.96			
Castillo, Christopher Jay		-1.50	-75.14			
Castillo, Christopher Jay	FDILL_25	1.50	75.14			
Gonzalez, Kimberly		5.00	244.05			
Hernandez, Lillian		4.00	185.73			
Herrera, Carlos		15.00	696.47			
Roberts, Jamie		6.25	290.20			
Nwaonumah, Nosa		12.25	568.79			
Hernandez, Abel		10.00	464.32			
Rivera Perez, Alexia		1.25	58.04			
Ramos, Anabel		1.00	45.23			
Gonzalez, Jorge		0.25	11.31			
Thompson, Deshawn		13.00	651.24			
Total Environmental Health		333.75	19672.62		61.53	2513.62

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	8.00	544.48			
Rossi Boudreaux-Thibodeaux, Dustin (T)	HV2PRV25	5.75	391.34			
Ewing, Tabitha	HV2PRV25	12.00	795.42			
Flournoy, Tiffany	HV2PRV25	6.50	420.47			
Alvarez, Jeffrey	HV2PRV25	5.50	224.65			
Washburn, Kacie	HV2PRV25	6.00	264.32			
DiGoregorio, Amanda		4.25	241.76			
Total Disease Surveillance & Control		48.00	2882.44		0.00	0.00
Combined Total		454.75	25745.43		127.55	4559.42

Appendix C – Finance – Payroll Earnings Summary – May 9, 2026 to May 22, 2026

PAYROLL EARNINGS SUMMARY May 9, 2026 to May 22, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 328,982.37	\$ 3,582,969.88	\$ 7,809,695.16	\$ 9,195,237.18	85%	
ENVIRONMENTAL HEALTH	\$ 663,942.25	\$ 7,363,574.42	\$ 16,073,869.84	\$ 17,951,295.42	90%	
COMMUNITY HEALTH	\$ 299,930.13	\$ 3,556,114.47	\$ 7,799,863.25	\$ 9,910,529.22	79%	
DISEASE SURVEILLANCE & CONTROL	\$ 343,696.98	\$ 3,738,678.48	\$ 8,694,245.41	\$ 10,671,639.69	81%	
FQHC	\$ 337,523.73	\$ 3,821,875.53	\$ 8,379,144.67	\$ 11,060,800.45	76%	
ADMINISTRATION W/O ICS-COVID	\$ 645,077.28	\$ 7,293,616.39	\$ 15,706,798.23	\$ 15,657,123.65	100%	
TOTAL	\$ 2,619,152.74	\$ 29,356,829.17	\$ 64,463,616.56	\$ 74,446,625.61	87%	92%

FTE

797

Regular Pay	\$ 2,260,613.89	\$ 23,785,545.17	\$ 52,344,433.26
Training	\$ 2,531.00	\$ 33,356.59	\$ 102,791.83
Final Payouts	\$ -	\$ 269,751.85	\$ 695,960.96
OT Pay	\$ 29,395.75	\$ 182,577.47	\$ 453,558.84
Leave Pay	\$ 295,428.44	\$ 4,489,918.24	\$ 9,304,739.03
Other Earnings	\$ 31,183.66	\$ 595,679.85	\$ 1,562,132.64

TOTAL **\$ 2,619,152.74** **\$ 29,356,829.17** **\$ 64,463,616.56**

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT May 9, 2026 to May 22, 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>
Cardona, Anthony (Tony)		8.50	404.50	Duque, Armando	9.00	368.88
Ubando, Marjorie		2.00	105.47	Chacon, Yury	15.00	332.56
Galaviz, Monica		14.25	1020.44	Ruelas-Villanueva, Francisco	1.50	48.81
Taitano, Kyomi		2.75	112.32	Anguiano, Cristina	1.13	29.22
Tran, Amy		1.50	94.56			
Thede, Stacy		16.75	587.03			
Urena, Maite		6.25	213.25			
Kuahiwinui-McGuire, Brandon		2.00	71.76			
Ines, Heinrich		1.00	34.12			
Thompson, Christopher		6.00	199.54			
Murphy, Melissa		12.75	520.23			
Herrera Ortiz, Maria		11.00	415.61			
Dawson, Jeffrey		6.00	336.30			
Total Administration		90.75	4115.13		26.63	779.47

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>
O'Toole, Denise		7.50	322.34	Alford, Camille	1.13	36.77
Chaingan, Carlo		7.00	238.83			
Thomas, Jazmine		3.00	107.63			
Montgomery, Stephanie	PH2HP_26	3.00	142.76			
Total Community Health Services		20.50	811.56		1.13	36.77

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>
Romero, Esther		0.33	15.70	Servando, Maria Cristina	0.38	20.11
Total FQHC-Community Health Clinic		0.33	15.70		0.38	20.11

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>
Calderon, Aracely		0.50	30.74			
Nagai, Sage		10.00	716.10			

Total Public Health & Preventative Care		10.50	746.84		0.00	0.00
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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		11.50	866.78	MacDavid, Heather	3.00	136.12
Ryu, Richard		8.00	544.47	Johnson, Rabea	10.51	464.43
Archie, Bonnie		3.00	142.76	Hemberger, Adriana	9.75	333.77
Daspit, Theresa		4.75	323.28	Thompson, William B	6.00	252.17
Schamaun, Kris		5.50	290.04	Valadez, Alexis	4.13	148.78
Franchino, Dominick		6.00	452.23	Harris, Raine	22.50	770.25
Diaz, Nathan		13.50	918.80	Schuler, Emalee	5.63	174.27
Penksa, Brian		12.00	816.72	Ramos, Anabel	3.75	113.07
DeHaan, Christian		5.25	395.70	Stewart, Richard	5.25	154.19
Waters, Ainsley		12.00	816.72	David, Anessa	4.50	132.16
Sheffer, Thanh		33.50	2279.98	Williams, VeDarius	0.38	11.16
Franceschini, Joseph		4.75	323.28	Castro, Alexandra Mia	5.25	154.19
Piar, Diane		6.25	425.37			
Sumera, Erik		9.50	614.54			
Lucas, Brianna		7.25	468.99			
McGahen, Ryan		6.00	378.26			
Begay, Christopher		4.50	225.43			
Nguyen, Linda	PH1EH_23 NO M	4.00	272.24			
Parangan, Christopher		3.25	204.89			
Walton, Shaunte		2.50	142.22			
Cummins, Veronica		9.50	554.20			
Martens, Gary		10.50	597.32			
Wills, Jerry		2.50	138.68			
Darang, Chase		5.50	297.20			
McCann, Alexandra		4.50	237.30			
Michel, Guillermo		3.00	158.20			
Griggs, Zachary		3.60	189.84			
Calzado, Neil		4.00	210.94			
Thein, Kelsey		1.50	79.10			
Wells, Jordan		14.75	777.83			
Brown, Tevin		13.00	685.54			
Sripamong, Jacqueline		3.00	154.05			
Goldstein, Daniel		14.00	738.27			
Craig, Jill		7.00	359.45			
Riehle, Joshua		12.00	632.82			
Ross, Alyssa		10.00	488.10			
Bidinger, Joy		0.50	25.67			
Frillarte, Eugene		5.00	250.48			
Hall, Alyssa		4.25	207.44			
Figueroa, Natalya		2.75	130.87			
Choi, Andrew		5.00	244.05			
Concepcion, Derrell Glen		2.50	125.24			
Hernandez, Lilian		11.00	510.74			
Herrera, Carlos		16.25	754.50			
Roberts, Jamie		2.00	92.86			
Nwaonumah, Nosa		14.25	661.65			
Hernandez, Abel		16.50	766.11			
Flors, Ryan		15.50	719.69			
Thompson, Deshawn		12.25	613.68			
Total Environmental Health		389.10	22304.52		80.65	2844.56

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	3.00	204.18			
Montgomery, Joshua	HV2PRV25	6.00	429.66			
Eddleman, Tabby		0.25	15.76			
Cruz-Nanez, Rebecca	ODTAA_26	6.00	378.26			
Campos-Garcia, Belen		2.50	131.84			
Alvarez, Jeffrey	HV2PRV25	5.50	242.30			
Total Disease Surveillance & Control		23.25	1402.00		0.00	0.00
Combined Total		534.43	29395.75		108.79	3680.91

Appendix D – Finance – Payroll Earnings Summary – May 23, 2026 to June 5, 2026

PAYROLL EARNINGS SUMMARY May 23, 2026 to June 05, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 331,440.72	\$ 3,942,662.23	\$ 8,169,387.51	\$ 9,195,237.18	89%	
ENVIRONMENTAL HEALTH	\$ 655,982.96	\$ 8,112,126.78	\$ 16,822,422.20	\$ 17,951,295.42	94%	
COMMUNITY HEALTH	\$ 302,839.11	\$ 3,888,882.66	\$ 8,132,631.44	\$ 9,910,529.22	82%	
DISEASE SURVEILLANCE & CONTROL	\$ 342,848.52	\$ 4,115,397.71	\$ 9,070,964.64	\$ 10,671,639.69	85%	
FQHC	\$ 342,286.48	\$ 4,182,577.64	\$ 8,739,846.78	\$ 11,060,800.45	79%	
ADMINISTRATION W/O ICS-COVID	\$ 656,440.98	\$ 7,998,131.80	\$ 16,411,313.64	\$ 15,657,123.65	105%	
TOTAL	\$ 2,631,838.77	\$ 32,239,778.82	\$ 67,346,566.21	\$ 74,446,625.61	90%	96%

FTE 801

Regular Pay	\$ 1,977,583.03	\$ 25,763,128.20	\$ 54,322,016.29
Training	\$ 2,364.10	\$ 35,720.69	\$ 105,155.93
Final Payouts	\$ -	\$ 269,751.85	\$ 695,960.96
OT Pay	\$ 12,902.64	\$ 195,480.11	\$ 466,461.48
Leave Pay	\$ 594,401.20	\$ 5,084,319.44	\$ 9,899,140.23
Other Earnings	\$ 44,587.80	\$ 891,378.53	\$ 1,857,831.32
TOTAL	\$ 2,631,838.77	\$ 32,239,778.82	\$ 67,346,566.21

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT May 23, 2026 to June 05, 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		3.00	204.18	Tran, Amy	1.50	64.69
Keegan, Dahlia		8.00	443.76	Duque, Armando	3.00	122.96
Ubando, Marjorie		17.00	896.48	Anguiano, Cristina	1.50	38.79
Thede, Stacy		1.00	35.04			
Urena, Maite		4.00	136.48			
Krueth, Maria		9.00	307.07			
Kuahiwinui-McGuire, Brandon		5.00	179.40			
Ines, Heinrich		4.00	136.48			
Murphy, Melissa		7.25	296.12			
Sanabria, Luis		2.00	64.72			
Sterling, Nathan		2.00	64.72			
Herrera Ortiz, Maria		8.25	311.72			
Macalintal, Jane		7.50	290.95			
Total Administration		78.00	3367.12		6.00	226.44

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>
Alford, Camille		1.00	48.80			
Thomas, Jazmine		3.00	107.63			
Montgomery, Stephanie	PH2HP_26	3.00	142.76			
Total Community Health Services		7.00	299.19		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>
Medina, Mirelly		0.25	11.01	Valdes-Ayala, Beatriz	1.51	43.27
Bingham, Julie		-0.38	-27.21	Servando, Maria Cristina	4.14	219.04
Bingham, Julie	FP_26 NO MILEA	0.38	27.21	Bingham, Julie	0.38	18.14
				Dimaya, Katherine	0.60	25.88
Total FQHC-Community Health Clinic		0.25	11.01		6.63	306.32

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>
Arquette, Jocelyn		0.50	39.68			
Nagai, Sage		11.00	787.71			
Total Public Health & Preventative Care		11.50	827.39		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		15.75	1187.11	Brounstein, Jodi	1.50	68.06
Garcia, Jason		5.00	349.17	Santiago, Anthony	9.38	425.60
O'Malley, Erin		2.00	95.18	Johnson, Rabea	3.00	132.57
Sheffer, Thanh		5.50	374.33	Edmonds, Alexis	8.63	295.43
Piar, Diane		7.50	510.45	Wanene, Edna	0.76	24.11
Lett, Kendra		8.00	572.88	Schuler, Emalee	8.25	255.37
Parangan, Christopher	SHFE1126 NO M	1.00	63.04	David, Anessa	3.75	110.13
Cummins, Veronica		8.25	493.77	Williams, VeDarrius	0.75	22.03
Wills, Jerry		7.00	388.29			
Michel, Guillermo		8.00	421.88			
Jones, Mallory		4.00	210.94			
Wells, Jordan		8.50	448.24			
Craig, Jill		3.25	166.89			
Ahmed, Maryam		2.25	115.54			
Bidinger, Joy		10.75	552.01			
Hall, Alyssa		8.00	390.48			
Hernandez, Lilian		17.50	812.55			
Hernandez, Abel		5.25	243.77			
Gonzalez, Jorge		1.50	67.84			
Thompson, Deshawn		6.50	325.62			
Total Environmental Health		135.50	7789.98		36.02	1333.30

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>
Flournoy, Tiffany	ODTAA_26	5.50	355.78			
Eddleman, Tabby		4.00	252.17			
Total Disease Surveillance & Control		9.50	607.95		0.00	0.00
Combined Total		241.75	12902.64		48.65	1866.07

Appendix E – Finance – Active Contracts – Up to \$100,000

CONTRACTS REPORT - UP TO \$100,000					
Vendor Name	GL Key Desc	Description	OrigBegin	CurrentEnd	Current Max
Navex Global Inc.	Information Technology	NAVEX Global, Inc. Ethics Point	05/24/19	05/23/27	\$ 34,987.14
UPTODATE INC	FQHC Administration	Subscription, License Agreement	05/01/20	04/30/27	\$ 57,366.08
Shamrock Holdings LLC	Human Resources	PSA, Survey Management	04/19/22	04/18/27	\$ 19,959.50
PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	Facilities-Warehouse	Equipment Lease	07/01/22	06/30/27	\$ 34,952.40
Lexisnexis Risk Data Management Inc	Acute Communicable Disease Con	Accurint 2022-2023	09/01/22	08/31/26	\$ 48,238.18
Smarty LLC	SB118-Smarty	Master Service Agreement for SaaS	11/14/22	11/15/27	\$ 72,000.00
Red Sail Technologies LLC	FQHC Pharmacy	Red Sail Technologies (QS/1, JM Smith)	05/01/23	02/28/27	\$ 18,970.22
HealthIE Nevada	FQHC Administration	HIE Participation Agreement	02/01/23	02/29/28	\$ 14,330.00
Assured Document Destruction Inc	Legal	Services Agreement	07/01/23	06/30/27	\$ 9,000.00
Red Dawn Intermediate I, Inc	Information Technology	Service Agreement	05/30/23	04/30/26	\$ 68,259.43
VerityStream Inc	Ct Surv Epi Lab-Finance	Master Services Agreement	11/01/23	01/30/28	\$ 17,671.31
Gay & Lesbian Community Ctr	Overdose Data to Action	PSA ODTAB	09/01/23	08/31/26	\$ 88,994.84
Impact Exchange	Overdose Data to Action	PSA ODTAB	09/01/23	08/31/26	\$ 79,455.03
Red Dawn Intermediate I, Inc	Information Technology	IT Equipment Maintenance	11/01/23	10/31/26	\$ 43,674.00
Red Dawn Intermediate I, Inc	Information Technology	IT Equipment Maintenance	11/01/23	10/31/26	\$ 18,225.93
Together We Can	Racial & Ethnic Approach to CH	PSA, REACH	12/30/23	09/29/26	\$ 84,000.00
First Choice Tree Service Inc	Facilities-Maintenance	Landscaping Services Contract	08/01/24	07/31/26	\$ 39,706.80
City Of Mesquite	Facilities-Maintenance-Mesquite	Lease Agreement, Jimmie Hughes	07/01/24	06/30/26	\$ 36,521.28
Nevada Primary Care Association (NVPCA)	FQHC Administration	Software License Agreement	12/01/24	08/31/27	\$ 46,586.00
Keystone Peer Review Organization LLC	Administration	EAP Agreement	07/01/24	06/30/26	\$ 8,939.16
The Medicus Firm Inc	Human Resources	Master Service Agreement	12/10/24	06/09/26	\$ 49,500.00
Masergy Communications Inc.	Information Technology	Master Serv Agreement, First Amend, Serv Ord	07/14/25	07/13/28	\$ 19,820.00
CBRE INC	Facilities-Maintenance	Exclusive Right to Represent	01/06/25	12/31/25	\$ 10,000.00
AL-MAUN (NEIGHBORLY NEEDS) OF LAS VEGAS NV	Ct Surv Epi Lab-CH Health Equi	PSA -PH2HE_25	12/01/24	03/31/26	\$ 14,999.00
DiaSorin Inc	Admin Clinical Lab	Instrument Purchase Liaison XL Analyzer	03/07/25	03/06/30	\$ 90,680.00
B&B REALTY INVESTMENT GROUP LLC	Solid Waste Management	Hearing Officer Agreement, Annette Bradley	03/01/25	02/28/26	\$ 5,000.00
RITA SHAH INFECTIOUS DISEASES PLLC	Tuberculosis	PSA - Pediatric Medical Services, TB Clinic	03/11/25	06/30/27	\$ 33,040.00
KATHLEEN WAIRIMU MD PC	Tuberculosis-Elimination	PSA - Consultant	07/01/25	06/30/26	\$ 38,480.00
EMOCHA MOBILE HEALTH INC	Senate Bill No. 118	Software License	06/01/25	05/31/27	\$ 53,736.00
Young, Christian	EMS & Trauma System	PSA - Medical Director for EMSTS Clinical Care	07/01/25	06/30/26	\$ 49,450.00
701 MEDICAL LLC	Lab Expansion-Boulder City	Parking spaces, S. Martin L King	06/17/25	07/31/26	\$ 13,860.00
Virgen Advertising Corporation	Chronic Disease Prev and Hlth Pr	Sentinel Agreement for Annual Retainer	07/01/25	06/30/26	\$ 45,000.00
MATRIZ, TERRITORIO Y MEMORIA LLC	Maternal Child Health-HSTRT	Professional Doula Services PPHS_25	09/30/25	09/29/26	\$ 8,000.00
Victoria Flores	Maternal Child Health-HSTRT	Professional Doula Services PPHS_25	09/30/25	09/29/26	\$ 6,000.00
Verified First LLC	Human Resources	Background Checks	10/30/25	10/29/26	\$ 34,000.00

CONTRACTS REPORT - UP TO \$100,000					
Vendor Name	GL Key Desc	Description	OrigBegin	CurrentEnd	Current Max
NEUL Capital Holdings LLC	Information Technology	Etherfax OneTouch	08/14/25	08/13/26	\$ 46,024.58
Denver Health & Hospital Auth	NVGF-Tob-Communications	SBOOC25 PSA	07/01/25	06/30/26	\$ 30,000.00
Pills2Me Inc	FQHC Pharmacy	Delivery of Prescriptions to SNCHC Clients	10/30/25	09/29/26	\$ 37,497.00
West Publishing Corporation	Legal	Westlaw Advantage with CoCounsel	10/09/25	10/08/26	\$ 21,408.00
ROSEMAN UNIVERSITY OF HEALTH SCIENCES	Overdose Date to Action	PSA ODTAA	09/01/25	08/31/26	\$ 100,000.00
Nexus Technologies LLC	Information Technology	MSA - HIPPA MOCK AUDIT	04/29/25	04/28/27	\$ 29,500.00
Virgen Advertising Corporation	Chronic Disease Prev and Hlth Pr	PSA PHHSBG26	10/01/25	09/30/26	\$ 59,933.00
ADVANCED TECHNOLOGY LABORATORIES INC	Ntl Ctr EH	Water Panel WQWELL25	12/08/25	08/31/26	\$ 9,290.00
Clark County Coroners Office	Bureau of BHW&P-DSC Epi	Interlocal PSA SUDORS_26	09/01/25	08/31/26	\$ 56,053.00
Clark County Coroners Office	Office of Analytics	NVDRS_26 Interlocal Data Sharing	09/01/25	08/31/26	\$ 15,929.00
Clark County Coroners Office	NV SUID/SDY Case Registry	SUIDA_26 - ILA	09/30/25	09/29/26	\$ 53,062.00
WASHOE COUNTY	NV SUID/SDY Case Registry	PSA SUID_26 objectives	09/30/25	09/29/26	\$ 6,650.00
BROYLES INTERNATIONAL, LLC	Facilities-Maintenance	Architect & Engineer, Parking Lot Remodel	01/29/26	06/30/26	\$ 46,686.00
PALAMERICAN SECURITY INC	Lab Expansion-Clark County	Unarmed Security, Lab Expansion	02/11/25	05/24/26	\$ 85,000.00
City Of Las Vegas	Racial & Ethnic Approach to CH	PSA REACH_25	09/30/25	09/29/26	\$ 50,000.00
Virgen Advertising Corporation	Chronic Disease Prev and Hlth Pr	PSA - HDS04_25	06/30/25	06/29/26	\$ 23,800.00
Collaborative Research, LLC	CC Status-Neutral App	PSA PCCSNA26 Procurement Contractor	02/18/26	06/30/26	\$ 49,900.00
American Medical Response West	Public Health Preparedness	Training Site Service Agreement	03/01/26	02/28/29	\$ 5,124.00
Melton, Henry	Solid Waste Management	Administrative Hearing Officer	04/01/26	03/31/28	\$ 5,000.00
B&B REALTY INVESTMENT GROUP LLC	Solid Waste Management	Hearing Officer on call agreement, Annette Bradley	03/01/26	02/28/27	\$ 5,000.00
Alzheimer's Disease and Related Disorders Association	Ct Surv Epi Lab-CH Health Equi	PH2HE_26 - SA for health equity outreach & educ	04/03/26	11/30/26	\$ 15,000.00
Virgen Advertising Corporation	Ct Surv Epi Lab-CD CDPH	PSA, PH2HP_26	12/01/25	11/30/26	\$ 71,399.00
Research Education Access to Community Health	CH-EH-Alzheimers Assoc	PSA HBI_26	01/28/26	09/29/26	\$ 15,000.00
Axiom Global Inc	Legal	Professional Services Agreement/Engagement	03/23/26	07/27/26	\$ 46,200.00
Virgen Advertising Corporation	NV SUID/SDY Case Registry	SUIDc_25	01/05/26	09/29/26	\$ 29,672.00
Virgen Advertising Corporation	NV SUID/SDY Case Registry	SUIDC_26	01/05/26	09/29/26	\$ 13,328.00
Board Of Regents, Nevada System of Higher Education	Ntl Ctr EH	WQDATA25 (Carryover)	03/01/26	08/31/26	\$ 6,172.90
Hologic Inc	Admin Clinical Lab	Equipment Lease (SNHD-4-LS-15-052)	05/19/15	07/31/26	\$ 100,000.00
Center for Behavioral Health	FQHC Ryan White	Services Agreement	08/14/25	02/28/27	\$ 18,500.00



Memorandum

Date: June 25, 2026

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – May 2026

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

A. Chronic Disease Prevention Program (CDPP)

The annual **Slam Dunk Health Challenge** wrapped up in April. This year, 644 classrooms in 104 Clark County School District (CCSD) elementary schools, representing over 15,200 students, participated. The Slam Dunk Health Challenge is a model practice program between SNHD, OCDPHP, CCSD, and the Las Vegas Aces that encourages healthy eating and physical activity. Winning classes from each grade were recognized, and the Las Vegas Aces Mascot and In-Game Announcer visited the Grand Prize-winning classroom at Mendoza Elementary School in April.

The CDPP facilitated **three (3) in-person Diabetes Self-Management, Education & Support (DSMES)** classes in April. One (1) class was held at SNHD, and two (2) classes were held offsite at income-limited apartment complexes for seniors. Eighteen people attended at least one (1) class in April. Additionally, staff organized DSMES facilitator training for the new Health Educator in Health Equity.

Team CDPP organized the second annual **Heart of the Community Block Party** at Obodo Collective in April. An estimated 150 families attended, and 15 community partners participated to promote health and wellness through onsite dental screenings, eye exams, blood pressure screenings, and other resources to address social determinants of health and connect individuals to primary care services. On-site activities included heart-healthy food demos, line dancing, and activities for kids.

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

TCP staff conducted educational outreach in twenty different CCSD High Schools, reaching over 28,000 students. The theme of the **BreakDown events was to Love Yourself and Live Vape-free**. During the outreach events, educational materials, fact sheets, and a short YouTube video were distributed and shared on social media.

SNHD staff partnered with the **Students Promoting Awareness, Responsibility & Knowledge (SPARK) Youth Advisory Council (YAC)** to host an outreach event at the College of Southern Nevada's West Charleston campus to educate students, faculty, and staff about the benefits of a tobacco-free campus. In addition to a large photo pledge display, members of the YAC answered questions, distributed educational materials, and collected policy support cards. The event generated multiple earned media stories.

Team TCP participated with Fiesta Radio 98.1 FM to promote tobacco-free living through the station's WhatsApp subscriber network and promoted the "**Vive Libre de Humo** (Live Smoke-Free)" movement. A custom message and graphic encouraging cessation were sent to the station's WhatsApp network of 2,500+ subscribers, inviting listeners to commit to a smoke-free lifestyle and to enroll through a direct sign-up link. Over ninety people joined the movement.

The Tobacco Control Coordinator was invited to participate and present at the **Native Hawaiian Pacific Islander Alliance (NHPIA) Strategic Planning Meeting** in April. During the meeting, the board adopted tobacco control and cessation as a pillar in their strategic plan. The NHPIA is a national organization that supports community-based organizations by working across sectors to advocate for the health and well-being of NHPs.

Our TCP staff cooperated in the statewide tobacco retailer census tract assessment project to map and analyze tobacco retailer density, marketing tactics, verify and count active tobacco retailer licenses, and educate tobacco retailers on current Nevada Tobacco 21 laws and ID verification practices. In April, the teams surveyed a total of twenty-six census tracts and completed assessments at 96 tobacco retailer outlets.

C. **OCDPHP Other Updates**

Two (2) organizations nominated by the Office of Chronic Disease Prevention & Health Promotion were selected as **Public Health Heroes**. The **Clark County School District Food Service Department** was nominated for its role in providing no-cost meals for all CCSD students, regardless of family income. **Nevada State University** was recognized for its Breathe with Ease Initiative and its work to implement a 100% tobacco and smoke-free campus policy and promote free cessation resources to all students, faculty, and staff. Both organizations were recognized for their efforts at the April SNHD Board of Health meeting.

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

A. OEMSTS – May 2025 / 2026 Data

May EMS Statistics	May 2025	May 2026		Mo. Fiscal Average 2025-2026
Total certificates issued	107	109	↑	209
New licenses issued	90	33	↓	77
Renewal licenses issued (recert only)	6	4	↓	107
Driver Only	58	55	↓	60
Active Certifications: EMT	952	1,048	↑	1,095
Active Certifications: Advanced EMT	1,880	1,847	↓	1,894
Active Certifications: Paramedic	2,187	2,351	↑	2,296
Active Certifications: RN	83	89	↑	87

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Continued review and revision of:
 - a) Community Reception Center
 - b) BioWatch
 - c) Recovery Annex
 - d) Medical Countermeasures Annex
 - e) SNHD Continuity of Operations Plan – Essential Records/Resources
 - f) Threat Response Guide for Plague
2. Completion & Approved Plans
 - a) SNHD Continuity of Operations Plan
 - b) Emergency Operations Plan (EOP)
3. State and Local Community Working Group meetings and OPHP Participation
 - a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
 - i. Resources & Supply Chain Work Group
 - ii. Health Equity Work Group
4. Monthly SNHD Meetings
 - a) Central Safety Committee
 - b) Joint Labor Management Committee

- c) Policy Committee (Manager)
- d) Institutional Review Committee
- e) Resort Emergency Management Working Group

B. Training, Exercises, and Public Health Workforce Development

Attended Trainings and Events Activities

- 1. OPHP planner attended the Faith Lutheran School EOP Development Committee.
- 2. OPHP Supervisor attended the DRI Extreme Heat TTX.

Ongoing/Continuing Activities

- 1. The Senior Planner, Planner, and Clinical Advisor participated in the VAMC Earthquake exercise.
- 2. OPHP continues to support the City of Las Vegas with the provision of ICS 300/400/G191 training schedule. ICS 300 was provided on May 12th – 14th for 23 students at the City of Henderson EOC.
- 3. A CPR course and skills training were provided on May 13th for eight (8) staff and on May 20th for seven (7) staff at the SNHD Decatur location.
- 4. Our trainers provided New Hire Orientation at SNHD Decatur on May 20th for ten (10) new employees.
- 5. Trainer provided Radiation Nuclear Awareness/CRC training to 158 Environmental Health staff on May 20th via Teams.
- 6. The Senior Planner and PHP Technician attended Basic Academy Phase III (L0105 and L0146), completing the National Emergency Management Basic Academy.
- 7. Our Planner is continuing planning efforts for the 2027 Biological Functional Exercise. The midterm planning meeting is scheduled for August 26th. To enhance partner engagement, staff will deliver a presentation on the exercise at the June 4 SNHPC meeting.

Upcoming Training and Exercise Events

- 1. Trainers continue to update the 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. The upcoming RBI course is scheduled for June 17th at the Decatur SNHD facility.
- 2. Our Manager, Supervisor, and Planner are working with Desert Research Institute and other jurisdictional partners to conduct an Extreme Heat TTX scheduled for May 18th.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

- 1. SNHPC held its monthly meeting. Supervisor, Senior Planners, and Planners attended.
- 2. OPHP Planners attended the Emergency Management Committee meetings for UMC.
- 3. MCI Surge Bags were distributed at the May 7th meeting.
- 4. Senior Planners, Planners, and Clinical Advisor updated the SNHPC COOP, Information Sharing Plan, Response Plan, and Resource Management Plan.

5. The Senior Planner, Planner, and Clinical Advisor began planning for the SNHPC August retreat – Extended Downtime Health Care Delivery Impact.
6. Our Clinical Advisor and Planners participated in the VA Full-Scale Evacuation exercise.

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, hosted by Dignity Health Siena Campus.
2. SNHD Office of Communications/Public Information presentation remains on agenda for July SNHPC meeting.
3. The Cybersecurity healthcare presentation by a CISA representative at the SNHP meeting will be rescheduled later this year due to the federal government shutdown.
4. SNHPC members were provided radiological training opportunities by CTOS/NNSS for the week of June 15th – 19th.
5. OPHP staff observed NNSS's first Mass Casualty Transportation drill on May 6th at Mercury, NV.

D. PHP Technician and N-95 Fit Testing

1. Twenty SNHD Employees were FIT tested for personal protective equipment during May.

E. Fusion Center Public Health Analyst

Ongoing/Continuing Activities

1. Disseminated public health Information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. SNHD Analyst provided public health input for threat assessments on special events of local significance, including conventions and sports events.
3. Monthly, our analyst continues to provide weekly verbal public health briefings during the SNCTC collaboration meetings.
4. The OPHP analysts continue to participate in weekly Counter Terrorism Analytic Group (CTAG) meetings.
5. Aided law enforcement agencies during the investigation of biologicals in a residential area.
6. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC, and its partner organizations.
7. Collaborating with five (5) surrounding fusion centers on areas of public health concern for the production of monthly joint public health bulletins.
8. The OPHP Analyst contributes to a public health section of 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 (DPBH).
2. Our manager continues to represent the Community Health Division management on various SNHD working group committees and initiatives.
3. The OPHP Manager continues to reduce the physical inventory of miscellaneous stockpiled preparedness resources and transfer of excess grant-purchased surplus property to community partners for use.
4. FY2027 scopes of work were completed and submitted to DPBH.

G. Medical Reserve Corps (MRC) of Southern Nevada

1. MRC Coordinator attended SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC Volunteers Nurse Volunteers provided BP check and distributed preparedness, chronic disease prevention, and health promotion materials, and clinic information at the UNLV Wellness Fair.
3. MRC hosted Stop the Bleed at SNHD for MRC and CERT volunteers (only MRC hours are counted in the table).

MRC Volunteer Hours FY2026 Q2

Activity	April	May	June
Training	42	2	
Community Event	12	9	
SNHD Clinic			
Emergency Deployment			
FY2026 Total Hours	54	11	
FY2026 Economic Impact	\$1,956.42	\$470.17	
FY2025 Total Hours	39	15	
FY2025 Economic Impact	\$1,535.86	\$628.77	

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. May is currently showing a **30% decrease in birth certificate** sales in comparison to May 2025. **Death certificate** sales are currently showing a **9% decrease** in comparison to May 2025. SNHD received revenues of \$25,818 for birth registrations, \$20,057 for death registrations, and an additional \$6,075 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	May 2025	May 2026		Yr Average 05/2025- 05/2026
Births Registered	2,005	1,636	↓	1,924
Deaths Registered	1,746	1,698	↓	1,757
Fetal Deaths Registered	16	13	↓	15

Vital Statistics Services	May 2025	May 2026		Monthly Average 05/2025-05/2026
Birth Certificates Sold (walk-in)	1	N/A		-
Birth Certificates Mail	144	135	↓	107
Birth Certificates Online Orders	4,283	2,874	↓	3,616
Birth Certificates Billed	102	118	↑	119
Birth Certificates Number of Total Sales	4,530	3,127	↓	3,842
Death Certificates Sold (walk-in)	3	N/A		-
Death Certificates Mail	192	146	↓	145
Death Certificates Online Orders	7,864	7,167	↓	7,737
Death Certificates Billed	38	30	↓	47
Death Certificates Number of Total Sales	8,097	7,343	↓	7,929

Revenue	May 2025	May 2026		Monthly Average 05/2025-05/2026
Birth Certificates (\$25)	\$113,250	\$78,175	↓	\$96,019
Death Certificates (\$25)	\$202,425	\$183,575	↓	\$198,161
Births Registrations (\$13)	\$37,674	\$25,818	↓	\$32,181
Deaths Registrations (\$13)	\$22,555	\$20,057	↓	\$22,296
Convenience Fee (\$2)	\$8,578	\$5,500	↓	\$7,343
Miscellaneous Admin	\$610	\$575	↓	\$587
Total Vital Records Revenue	\$385,092	\$313,700	↓	\$356,587

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	May 2025	May 2026		Monthly Average 05/2025-05/2026
Passport Applications	781	595	↓	708
Revenue	May 2025	May 2026		Monthly Average 05/2025-05/2026
Passport Execution/Acceptance fee (\$35)	\$27,335	\$20,825	↓	\$24,785

V. HEALTH EQUITY

Health Equity Program – May 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 May:

1. Youth Advisory Council (YAC - SPARK)

- A. On May 12th, SNHD’s Youth Advisory Council SPARK (Students Promoting Awareness, Responsibility & Knowledge) marked completion of their tenure and responsibilities as Youth Advisory Council members with a graduation ceremony. During this event, Health Equity program staff highlighted YAC members’ professional and leadership development. YAC members reflected on their journey, experiences, expectations, and reported on the benefits associated with their participation in the program and group project.

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	Monthly Count	Avg Year to Date
GC Cultures	14	23
NAAT NG/CT	1,426	1,603
Syphilis	643	718
RPR/RPR Titers*	101/32	122/41
Hepatitis Total	2,206	2,395
HIV/differentiated	559/12	636/15
HIV RNA	129	129

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

3. COVID-19 Testing Operations

- a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform.
- b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours.
- c) In May, the average daily testing volume was six (6) samples, with an average TAT of 48 hours from collection to report release.
- d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal.
- e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station.

A detailed summary of COVID-19 testing volumes and performance metrics is provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	359/13	July	
February	298/11	August	
March	173/5	September	
April	128/7	October	
May	128/3	November	
June		December	

4. Reportable Disease Testing

- a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

- b) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	3	2	9	6	7								27
	Campy Screen	3	5	12	13	17								50
Neisseria species	Gonorrhoeae Culture	24	22	25	28	14								113
	Gram Stain/WBC	0	5	0	0	0								5
	Neisseria ID	0	0	0	0	0								0
	Haemophilus ID	0	0	0	0	1								1
Unknown ID	Bacterial ID	0	0	0	0	0								0
	WGS (PulseNet)	14	19	17	19	32								101
Salmonella	Salmonella Screen	6	12	6	10	12								46

	Salmonella Serotype	5	12	6	7	11								41
Shigella	Shigella Screen	2	3	5	2	6								18
	Shigella Serotype	1	2	3	0	5								11
STEC	STEC Screen	5	1	2	7	3								18
	STEC Serotype	3	2	2	3	0								10
Unknown	Stool Culture	1	5	0	2	2								10
Vibrio	Vibrio ID	2	0	0	4	0								6
	Vibrio Screen	3	0	1	4	0								8
Yersinia	Yersinia Culture/ID	0	1	1	0	2								4

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 two (2) gastrointestinal (GI) outbreak samples received for investigation in May.

2. Influenza Surveillance Reporting

SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In May, SNPHL performed 24 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), 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, STEC (Shiga toxin-producing *E. coli*) serotypes, and Shiga toxin genes.

3. **PulseNet Surveillance**

In May 2026, SNPHL performed 32 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 of 215 bacterial organisms were identified in May.

5. **SARS-CoV-2 Sequencing**

SNPHL is validated for the sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades. SNPHL is sequencing 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of May 2026, SNPHL has sequenced three (3) SARS-CoV-2-positive RNA extracts.

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	83	18	43							

7. **Vector-Borne Disease Testing**

SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

- a) A total of 910 mosquito pool samples were tested in May.
- b) In May, no WNV-positive mosquito pool was identified.
- c) Results are communicated to Environmental Health and subsequently released to the public.

8. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**

In May, SNPHL collected 13 clinical isolates:

- a) *Neisseria gonorrhoeae*: five (5) isolates
 - b) *Neisseria meningitidis*: zero (0) isolates
- These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs (NAAT - Nucleic Acid Amplification Test) or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

9. ***C. auris* PCR Screening**

SNPHL performed 1,708 Real-Time PCR screenings for *Candida auris* in May 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. **Ebola/High-Risk Pathogen Preparedness**

Ebola / High-Risk Pathogen Preparedness: Reviewed SNHD Ebola Virus Disease (EVD) plan, State Concept of Operations, and hospital/EMS Ebola protocols to support ongoing preparedness planning; materials are being used as a baseline for future response planning discussions.

E. **May 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 resolve the IP address and test the integrated system adjustment for the installation of the on-site 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; no additional updates were reported this month.

3. **Genomic Surveillance – SARS-CoV-2**

WGS and genomic data analysis indicate that the Omicron variant XFG lineages were domain lineages in May 2026, from the samples received in the laboratory. Our laboratory will keep sequencing the close contact samples to help ODS to follow up on the investigation.

4. **Influenza Surveillance**

The current influenza surveillance season showed that A/H3 and B/Victoria are major 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 suspected avian flu samples were received in May.

6. Additional Test Items

The new additional test items for clinical chemistry, hematology, and urinalysis have formally opened the service for the FQHC and DPP division. The SNPHL website of the test menu has been updated and added the new tests.

7. Hospital Microbiology Laboratory Samples

Valley HS Core Microbiology Laboratory is the primary contributor to AFST, submitting an average of 46 samples per month, followed by Sunrise Hospital with approximately 34 samples per month. Additional smaller volumes are received from LabCorp, Quest Diagnostics Microbiology Department, and Horizon Specialty Hospital of Henderson.

8. Carbapenemase Gene Swabs

The SNPHL will use GeneXpert instrument to ID Carbapenemase genes from rectal swab samples. This project may be implemented after having the state CLIA inspection.

9. Expansion Planning: BSL-3 Equipment

SNPHL is collaborating with the SNHD facilities team to acquire laboratory equipment and IT accessories for the new laboratory building.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

May SNPHL Services	2025	2026	
Clinical Testing Services ¹	7,179	5,751	↓
Epidemiology Services ²	290	351	↑
State Branch Public Health Laboratory Services ³	0	0	=
All-Hazards Preparedness Services ⁴	5	5	=
Environmental Health Services ⁵	351	328	↓

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: May 19, 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 – May 2026

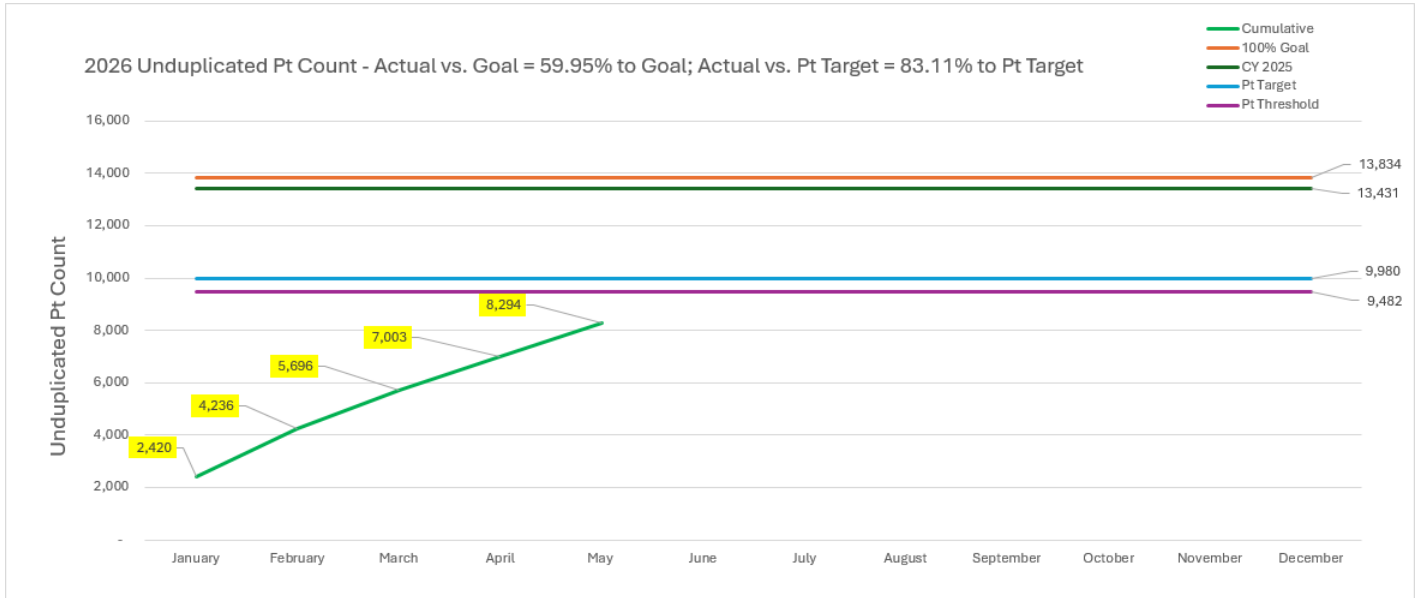
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

May Highlights - Administrative

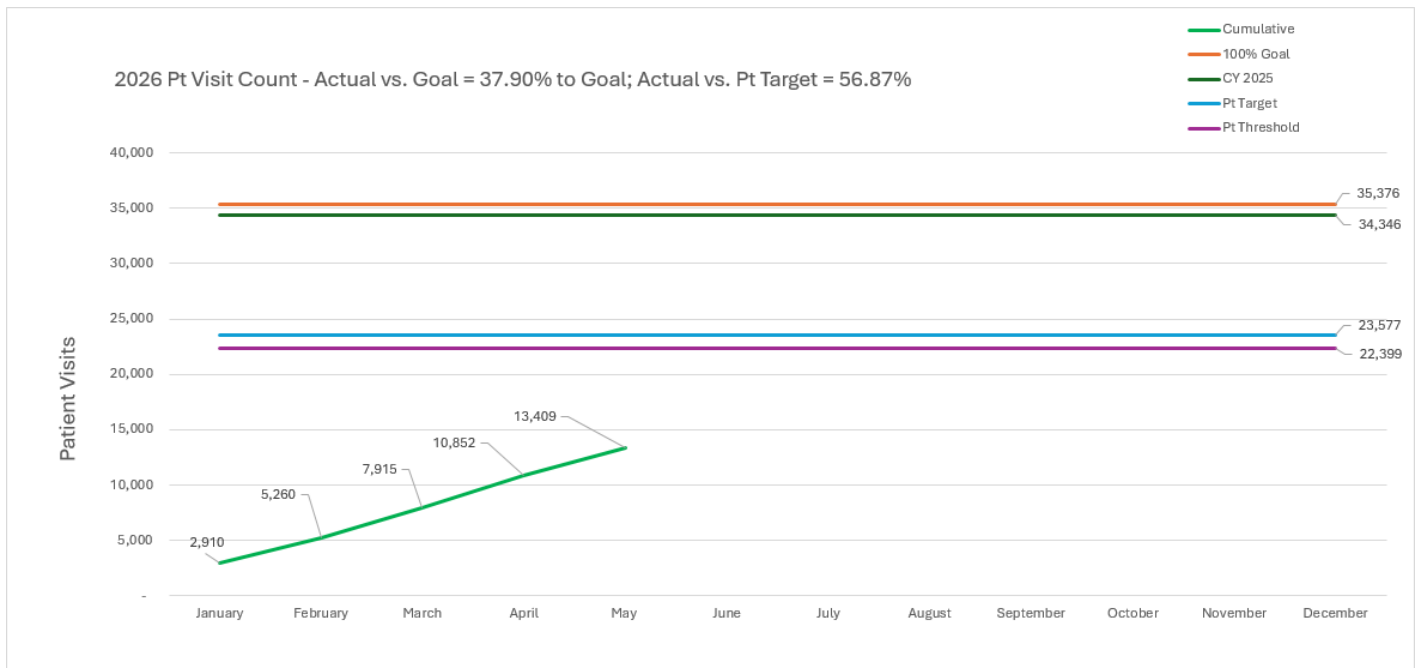
- Onsite HRSA 340b audit scheduled for June 24th and 25th.
- Patient Centered Medical Homes (PCMH) transformation work ongoing.
- HRSA Expanded Nutrition grant program development and grant application work underway.
- HRSA Federal Tort Claims Act (FTCA) redeeming application due June 26th.
- A new Clinical Staff Physician for Decatur starting in September 2026.
- Positive progress continues around efforts focused on valued-based care initiatives and care gap closures.

Access

Unduplicated Patients – May 2026



Patient Visits Count – May 2026



Provider Visits by Program and Site – May 2026

Facility	Program	MAY '26	MAY '25	MAY YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	612	770	-26%	8,501	7,273	14%
Fremont	Family Health	467	447	4%	5,405	4,271	21%
Total	Family Health	1,079	1,217	-13%	13,906	11,544	17%
Decatur	Family Planning	151	164	-9%	1,644	1,874	-14%
Fremont	Family Planning	153	132	14%	1,930	1,617	16%
Total	Family Planning	304	296	3%	3,574	3,491	2%
Decatur	Sexual Health	421	530	-26%	5,883	5,684	3%
Fremont	Sexual Health	126	159	-26%	1,250	1,507	-21%
ASEC	Sexual Health				0	113	
Total	Sexual Health	547	689	-26%	7,133	7,304	-2%
Decatur	Behavioral Health	162	122	25%	2,029	1,444	29%
Fremont	Behavioral Health	170	129	24%	1,665	1,307	22%
Total	Behavioral Health	332	251	24%	3,694	2,751	26%
Decatur	Ryan White	194	222	-14%	2,506	2,547	-2%
Fremont	Ryan White	24	35	-46%	299	270	10%
Total	Ryan White	218	257	-18%	2,805	2,817	0%
FQHC Total		2,480	2,710	-9%	31,112	27,907	10%

Pharmacy Services

	26-May	25-May		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,643	1,645	↓	19,007	16,216	↑	17.2%
Prescriptions Filled	2,962	2,838	↑	35,156	27,494	↑	27.9%
Patient Clinic Encounters (Pharmacist)	75	75	→	687	720	↓	-4.6%
Financial Assistance Provided	10	16	↓	157	360	↓	-56.4%
Insurance Assistance Provided	18	6	↑	170	113	↑	50.4%

- A. 2,962 prescriptions dispensed to 1,643 patients.
- B. 75 patient clinic encounters completed by a pharmacist.
- C. 10 patients assisted with obtaining medication financial assistance.
- D. 18 patients assisted with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid # of Pts Empaneled	
Anthem	177
CareSource	591
HPN	1,686
Molina	243
SilverSummit	125
Total	2,822

Unduplicated MCD Pts Seen YTD	
Anthem	572
Caresource	134
HPN	537
Molina	238
SilverSummit	286
Nevada Medicaid	106
Total	1,873

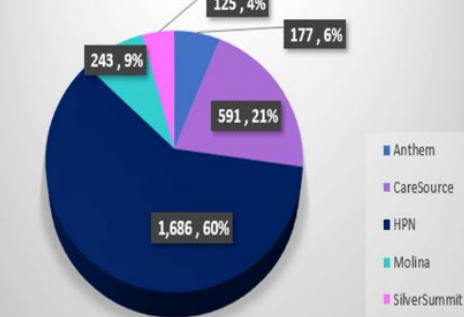
Empanelment Growth YoY - 2024 v 2025	149%
Empanelment Growth YoY - 2025 v 2026	23%

YTD MCD Visit Breakdown	
Provider Visits	2,656
Nurse Visits	189
CHW Visits	112
Case Mgmt Visits	129
Lab Visits	266
Total Visits	3,352

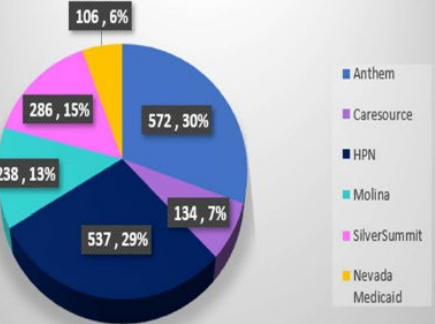
2026 # of MCD Undup Pt Goal	3,170
YTD # of MCD Undup Pts Seen	1,873
% of Unduplicated Pts to Goal	59.09%
# of Medicaid Pts Assigned to SNCHC	2,822

2025 # of MCD Visits Goal	4,255
YTD # of MCD Visits Completed	2,656
% of Medicaid Pts Visits to Goal	62.42%
Average # of Medicaid visits per undup pt	1.42

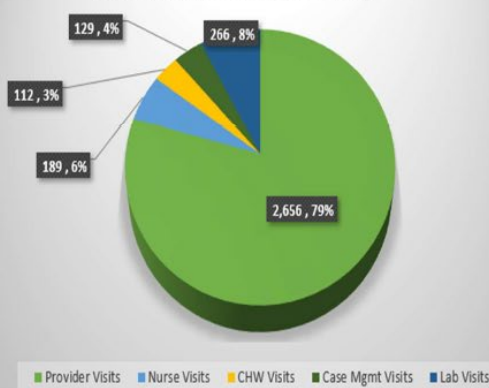
Current # & % Of Medicaid Pts Empaneled
(2,822 Total)



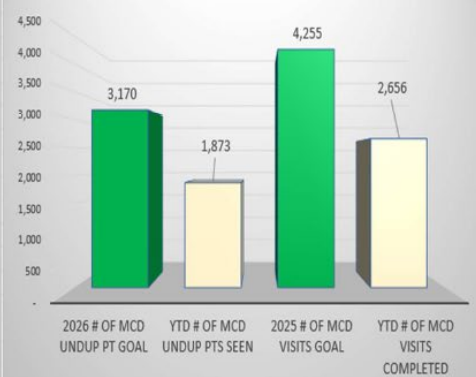
Current # & % Of Unduplicated Medicaid Pts Seen by Payer
(1,873 Total)



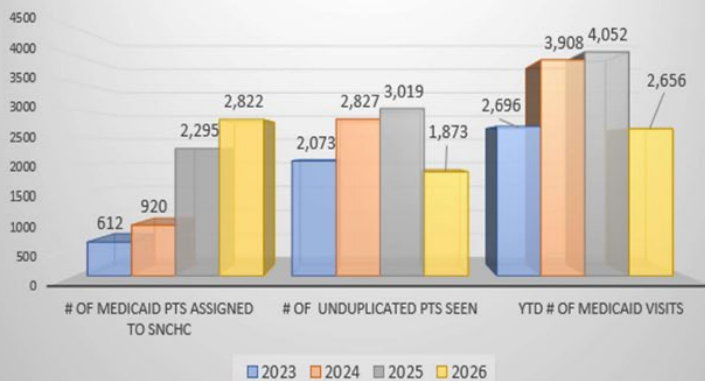
YTD MCD Visit Breakdown (3,352 Total)



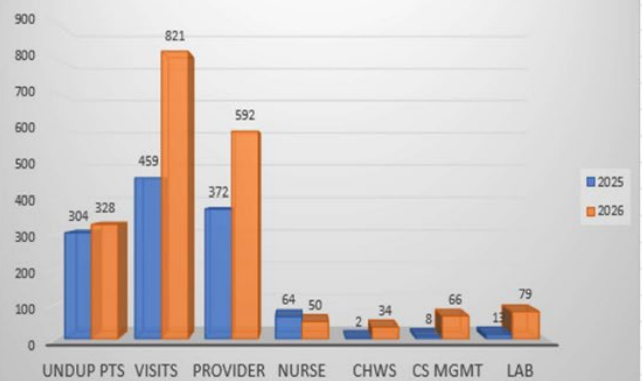
MCD Undup Pts & MCD Visits Goals vs Actuals



MCD Empanelment, Undup Pt, & Visit Count YOY Comparison



May 2025 vs May 2026 MCD Pt Count & Visit Comparison



Calendar Year Comparisons	2023	2024	2025	2026
# of Medicaid Pts Assigned to SNCHC	612	920	2,295	2,822
# of Unduplicated Pts Seen	2,073	2,827	3,019	1,873
Goal of Medicaid Visits		2,831	4,104	4,255
YTD # of Medicaid Visits		2,696	3,908	4,052
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%	59.09%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34	1.42

February	2025	2026	Change	Change
MCD Undup Pts	304	328	24	7.89%
MCD Visits	459	821	362	78.87%
MCD Provider	372	592	220	59.14%
MCD Nurse	64	50	-14	-21.88%
MCD CHWs	2	34	32	1600.00%
MCD CS Mgmt	8	66	58	725.00%
MCD Lab	13	79	66	507.69%

Behavioral Health Services

- A. The Behavioral Health (BH) team continues to enroll patients in Chronic Care Management (CCM) as part of Patient-Centered Medical Home (PCMH) initiatives.
- B. The BH marketing campaign remains active across all Southern Nevada Health District (SNHD) social media platforms.
- C. The Evolve Ryan White group therapy program continues to expand, with increasing participation from new patients.

Family Planning Services

- A. Family Planning program access was 3% in May 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 have emerged as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Wednesday and Thursday. This project is ongoing.
- B. Data improvement projects are underway and are being monitored monthly to enhance data quality, integrity, documentation, mapping, and results for the annual FPAR 2.0 report.
- C. The health center has been notified that its Title X grant for year five of five is being funded. For the program year April 1, 2026, through April 31, 2027, the health center has been awarded flat funding of approximately \$1.3 million.
- D. Despite the executive budget showing that the Title X program is being defunded, a new Title X Notice of Funding Opportunity for the period of April 1, 2027, through March 31, 2032, has been announced. The application will be due around the second week of January 9, 2027.

HIV/Ryan White Program Services

- A. The Ryan White program received 64 referrals between May 1st and May 30th. There were three (3) pediatric clients referred to the Medical Case Management in May, and the program received one (1) referral for pregnant women living with HIV during this time.
- B. There were 783 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 393 unique clients served under these programs in May.
- C. The Ryan White ambulatory clinic provided a total of 440 visits in the month of May, including 22 initial provider visits, 171 established provider visits, and one (1) tele-visit to established patients. Additionally, there were 29 nursing visits and 217 lab visits provided. There were 63 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of May. There were 11 Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in May.
- 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 four (4) patients seen under the Rapid stART Program in May.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 643 unique services to 559 unduplicated patients for the month of May.

Refugee Health Program (RHP)

Refugee Health Program for the month of May.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	1
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 May 2026	4
Total for FY25-26	44

Outreach/In Reach Activity

Number of events (May 2026)	3 – Outreach 0 – In reach
Number of people reached	146
Number of people linked to the clinic	12
Number of hours dedicated to outreach	10

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.

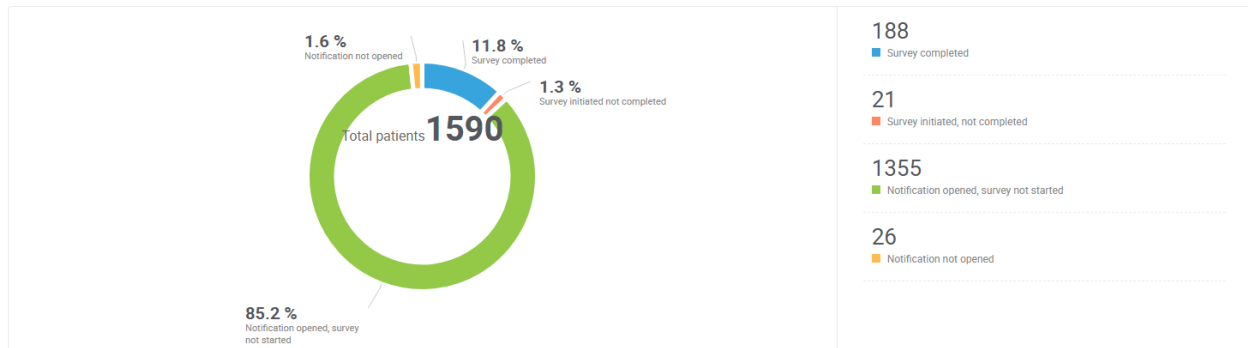
May 2026	Decatur	Fremont	Total
Medicaid	8	0	8
SNAP	7	1	8
Recert	4	0	4

Patient Satisfaction: See attached survey results.

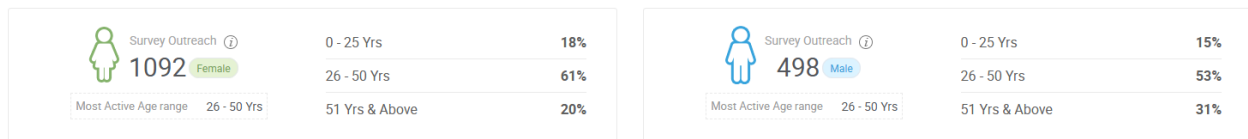
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center Patient Satisfaction Survey – May 2026

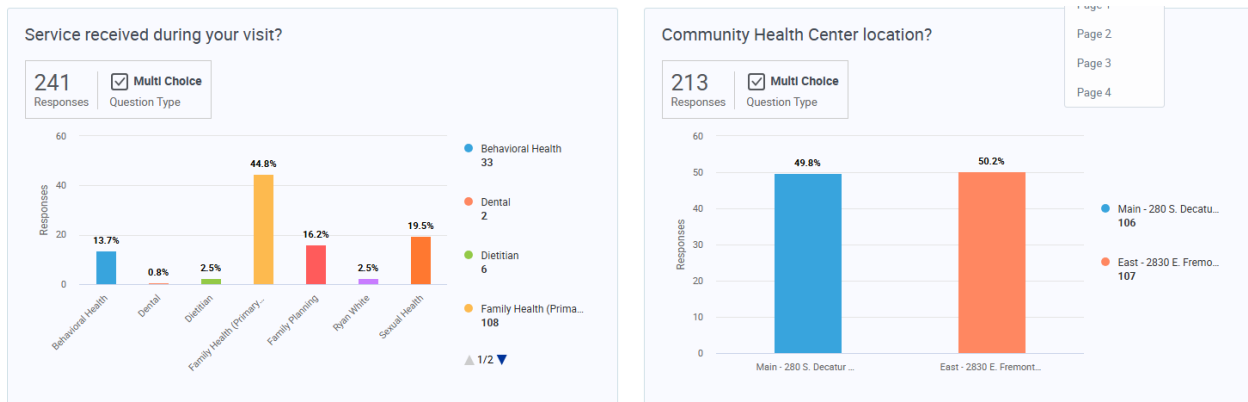
Overview



Gender

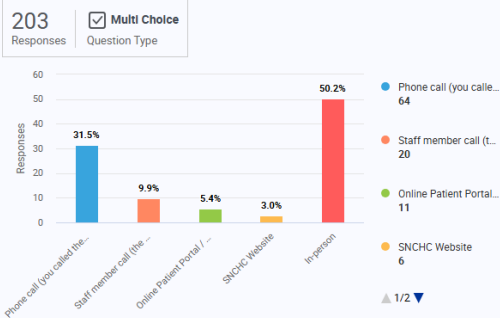


Service and Location

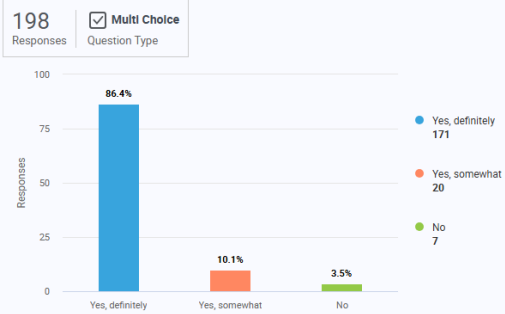


Provider, Staff, and Facility

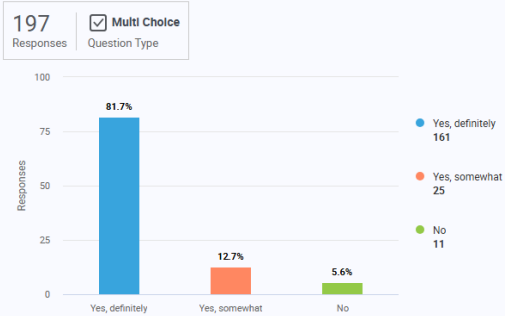
Thinking about your most recent visit, how did you make an appointment?



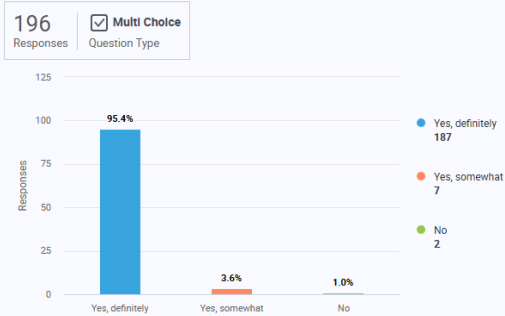
Thinking about your recent visit, was it easy to schedule an appointment?



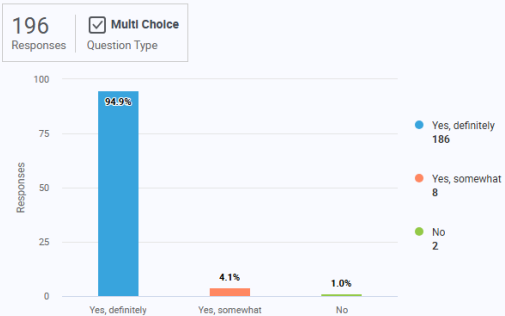
Was the recent visit as soon as you needed?



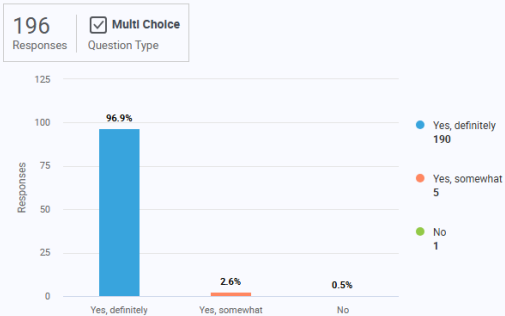
Did the provider explain things in a way that was easy to understand?



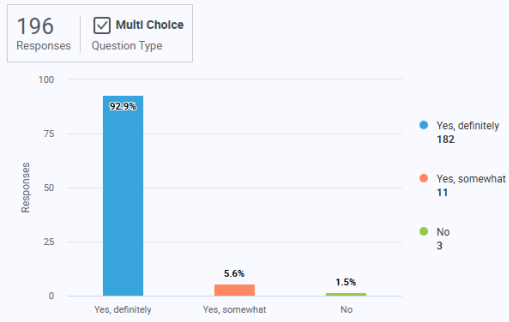
Did the provider listen carefully to you?



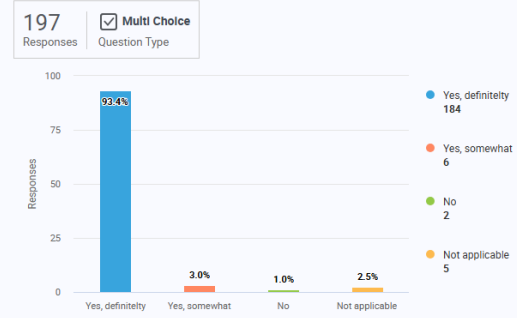
Did the provider show respect for what you had to say?



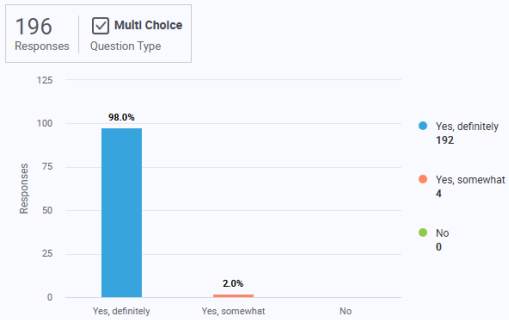
Did the provider spend enough time with you?



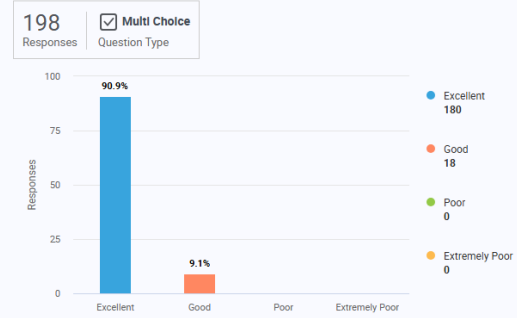
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?



Did the staff treat you with courtesy and respect?



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



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

196

Responses

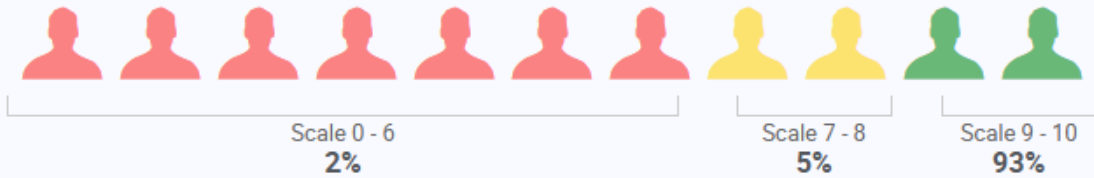
123

Numbers

Question Type

91

Net Promoter Score (NPS)



4

Scale 0 - 6

9

Scale 7 - 8

183

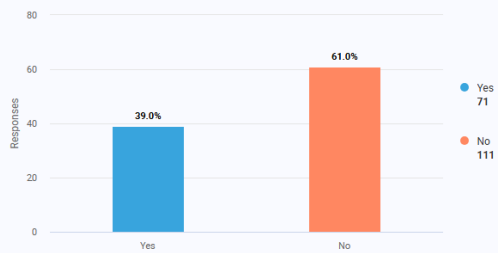
Scale 9 - 10

General Information

Do you have health insurance?

182
Responses

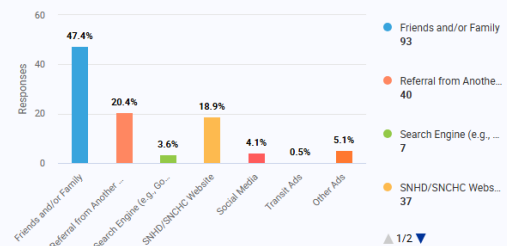
☒ Multi Choice
Question Type



How did you hear about us?

196
Responses

☒ Multi Choice
Question Type





Memorandum

Date: June 25, 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 – May 2026

A. Division of Disease Surveillance and Control

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

	May 2025	May 2026		YTD 25	YTD 26	
Sexually Transmitted						
Chlamydia	1049	863	↓(17.7%)	5030	4948	↓(1.6%)
Gonorrhea	476	323	↓(32.1%)	2029	1874	↓(7.6%)
Primary Syphilis	7	3	↓(57.1%)	46	25	↓(45.7%)
Secondary Syphilis	5	1	↓(80%)	40	32	↓(20%)
Early Non-Primary, Non-Secondary¹	32	9	↓(71.9%)	154	121	↓(21.4%)
Syphilis Unknown Duration or Late²	127	39	↓(69.3%)	613	439	↓(28.4%)
Congenital Syphilis (presumptive)	1	1	→(0%)	16	11	↓(31.3%)
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	5	1	↓ (80%)	25	15	↓(40%)
Pregnant Syphilis Cases	19	18	↓ (5.3%)	76	142	↑ (86.8%)
Perinatally Exposed to HIV	8	4	↓ (50%)	17	11	↓(35.3%)
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 are not a reportable condition in Clark County. ⁵ Arrows indicate directional change only and do not represent statistical significance.						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	3	5	↑(40%)	18	27	↑(26.3%)
Hepatitis B, acute	4	0	↓(11%)	18	12	↓(33.3%)
Influenza Hospitalizations and Deaths	38	41	↑(7.3%)	1159	1037	↓(10.5%)

	May 2025	May 2026		YTD 25	YTD 26	
Meningococcal disease (Neisseria meningitidis)	0	0	→(0%)	0	1	↑(100%)
MPOX	0	0	→(0%)	0	16	↑(100%)
COVID-19 Hospitalizations and Deaths	91	3	↓(85.7%)	468	141	↓(69.9%)
69.87Pertussis	4	2	↓(50%)	27	83	↑(207%)
RSV	33	108	↑ (227%)	2207	2403	↑(8.8%)
Enteric Illness						
Amebiasis	2	0	↓(100%)	6	0	↓(100%)
Campylobacteriosis	25	15	↓(40%)	94	91	↓(3.2%)
Cryptosporidiosis	8	2	↓(75%)	15	7	↓(53.3%)
Giardiasis	6	1	↓(83.3%)	25	16	↓(36%)
Rotavirus	49	26	↓(46.9%)	161	77	↓(52.2%)
Salmonellosis	18	8	↓(55.6%)	71	63	↓(11.3%)
Shiga toxin-producing Escherichia coli (STEC)	19	1	↓(94.7%)	39	30	↓(23.1%)
Shigellosis	6	3	↓(50%)	34	25	↓(26.5%)
Vibriosis (non-cholera Vibrio species infection)	1	0	↓(100%)	5	4	↓(20%)
Yersiniosis	6	1	↓(83.3%)	26	14	↓(36.2%)
Other						
Coccidioidomycosis	19	9	↓(52.6%)	130	83	↓(36.2%)
Cryptococcosis	0	1	↑(100%)	0	3	↑(50%)
Cyclosporiasis	0	0	→(0%)	0	1	↑(100%)
Dengue	0	0	→(0%)	1	1	→(0%)
Hepatitis C, acute	0	2	↑(100%)	6	9	↑(50%)
Invasive Pneumococcal Disease	14	18	↑(28.5%)	124	125	↑(0.8%)
Lead Poisoning	14	19	↑(35.7%)	73	128	↑(75%)
Legionellosis	8	0	↓(100%)	22	12	↓(45.5%)
Lyme Disease	0	0	→(0%)	1	1	→(0%)
Meningitis, Aseptic	2	0	↓(100%)	9	3	↓(66.7%)
Meningitis, Bacterial Other	0	0	→(0%)	4	4	→(0%)
Streptococcal Toxic Shock Syndrome (STSS)	4	5	↑(25%)	17	17	→(0%)
New Active TB Cases Counted (<15 yo)	0	1	↑(100%)	0	1	↑(100%)
New Active TB Cases Counted (>= 15 yo)	9	0	↓(100%)	33	23	↓(30.3%)

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ/ FUP ³
Chlamydia	2	0	19	0
Gonorrhea	2	0	3	0
Syphilis	6	1	124	0
HIV/AIDS (New to Care/Returning to Care)	14	5	67	0
Tuberculosis	41	0	5	0
TOTAL	65	6	218	0
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 May 31, 2026, Clark County had 354 cases of MPOX since the first reported case in 2022.
- b. **MPOX Outbreak:** In the last 7 months there were 31 MPOX cases (21 confirmed, 6 probable and 4 suspect). One out of the twenty-eight cases was 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 is low. Statewide, outpatient respiratory illness activity in Nevada is minimal. Locally, as of 05/23/2026, during the 2025 - 2026 influenza season, 1,367 influenza-associated hospitalizations and 50 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 ended on 5/23/2026.
- d. **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 continued to monitor cases through the end of March. Ten probable and 4 confirmed cases have been identified with this outbreak to date. The survey will continue to be used for cases with sexually transmitted infection comorbidities.
- e. **Legionella:** Two cases of Legionnaires' disease associated with the Wynn Las Vegas are being investigated. The Wynn has initiated remediation, and recent sampling was negative for *Legionella*. Notifications to staff and guests are being made. Guests with illness following a stay at the Wynn are encouraged to complete a survey for case finding. Investigation is ongoing.
- f. **Illness at schools:** 1 school reported gastrointestinal illness and 1 reported respiratory illness in May. DSC staff sent surveys to the parents of ill children. School outbreak investigations are closed with school ending May 22.

4. Non-communicable Reports and Updates

- a. The Division of Disease Surveillance and Control hosted six CDC Epidemic Intelligence Service officers (EISOs) from May 18-29, 2026, as part of an Epi Aid request to better understand the local overdose landscape. While the rest of the United States has been seeing significant decreases in the number of overdose deaths, Nevada has not seen a decrease in overdose deaths at the same magnitude (decrease of 15.9% vs. 2.2%). The goals of this project were to characterize local drug and fatal overdose trends; evaluate knowledge, beliefs, and behaviors among people at risk of overdose; and identify barriers and facilitators among service providers. Efforts were made to ensure representativeness of the data collected, and local overdose surveillance data were used to guide the locations of client recruitment. During their time in Clark County, the EISOs interviewed 68 community members (46% were considered transient/unstably housed). Key findings include the following: about 50% of respondents had used more than one substance, methamphetamine was the most reported substance used by respondents, and roughly 70% of respondents had witnessed an overdose within the past year. Quantitative and qualitative analyses are ongoing, and CDC will provide SNHD with a final report in the coming months. Community partner organizations included Foundation for Recovery, There Is No Hero In Heroin, Trac B Impact Exchange, The Center, Clean the World, Vegas Stronger, Shine-A-Light, and the LVMPD LIMA program. The Office of Disease Surveillance thanks these community partner organizations for their support of this project!
- b. **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 May:

Naloxone Distribution	Agency	# of Naloxone doses distributed
5/7/2026	Clark County Las Vegas Library District	2472
5/7/2026	Boyd Gaming	24
5/7/2026	Foundation For Recovery	214
5/7/2026	Larson Institute (CDC Foundation)	48
5/7/2026	The Promise	144
5/11/2026	SNHD - Pharmacy	220
5/12/2026	SNHD - L2A	15
5/13/2026	USAF	48
5/13/2026	Punk Rock Saves Lives	24
5/14/2026	SNHD - FQHC Fremont	48
5/14/2026	SNHD - L2A	24
5/14/2026	EDC - UBER	360
5/18/2026	CDC - Epi Aids	12
5/19/2026	Red Rock Search and Rescue	36
5/19/2026	DHS/TSA	48
5/19/2026	Nevada State Police	240
5/19/2026	SNHD - L2A	306
5/19/2026	Celestial Chateau	24
5/21/2026	HELP of Southern Nevada	4008
5/26/2026	SNHD - Pharmacy	44
Total		5206

c. 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 May:

Date:	Agency:	FTS:	XTS:	QTY:
5/11/2026	SNHD Office of Disease Surveillance	100	100	200
5/11/2026	SNHD L2A Team	0	500	500
5/13/2026	Punk Rock Saves Lives	500	500	1000
5/20/2026	Foundation for Recovery	5,000	5,000	10,000
5/28/2026	Valley View Community Cares	1,000	1,000	2,000
TOTALS:		6,600	7,100	13,700

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 May 2, 2026, ODS was back at our regular partner location, McDonald's, located at 3010 North Las Vegas Blvd. ODS also returned to Adonis Health Club on May 12, 2026, located at 2225 E. Flamingo Rd, Building 2. Adonis is primarily a men's gym/bathhouse focused on serving the LGBTQ community. 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	May-25	May-26		YTD 25	YTD 26	
Outreach/Targeted Testing	1157	400	↓	5932	5078	↓
Clinic Screening (SHC/FPC/TB)	560	66	↓	2963	810	↓
Outreach Screening (Jails)	151	112	↓	1159	569	↓
Collect2 Protect	9	1	↓	35	29	↓
TOTAL	1877	579	↓	10089	6486	↓
Outreach/Targeted Testing POSITIVE	3	1	↓	23	16	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	1	2	↑
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	5	1	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	4	1	↓	29	19	↓

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. 05/01/2026: Facilitated Youth Mental Health First Aid Training; 12 people in attendance; 2 SNHD ODS staff in attendance.
2. 05/02/2026: Attended the 8th Annual Summit on Children Mental Health as SNHD Representative; 30 people in attendance; 1 SNHD staff in attendance.
3. 05/05/2026: Facilitated Perinatal HIV Prevention Education with SNHD NCM at UMC for NICU, Post Partum, and Labor and Delivery; 21 people in attendance; 9 SNHD staff in attendance.
4. 05/07/2026: Presented to Utah Vending Coalition on PHVM efforts in Nevada; 25 people in attendance; 1 ODS staff in attendance.
5. 05/07/2026: Facilitated Provider Education Visit with American Urgent Care and Infusion Centers-Maryland Pkwy. on NV Congenital and Perinatal Testing and Reporting Laws; 1 person in attendance; 1 ODS staff in attendance.
6. 05/07/2026: Facilitated Provider Education Visit with Florence Jameson MD. on NV Congenital and Perinatal Testing and Reporting Laws; 2 persons in attendance; 1 ODS staff in attendance.
7. 05/07/2026: Facilitated Provider Education Visit with Lilith Clinic on NV Congenital and Perinatal Testing and Reporting Laws; 1 person in attendance; 1 ODS staff in attendance.
8. 05/07/2026: Facilitated Provider Education Visit with Integrity Family Clinic on NV Congenital and Perinatal Testing and Reporting Laws; 2 people in attendance; 1 ODS staff in attendance.
9. 05/07/2026: Facilitated the SNOAC Executive Committee Meeting; 13 people in attendance; 3 ODS staff in attendance.

10. 05/07/2026: Facilitated Better Care for Outreach Teams Training; 19 people in attendance; 2 ODS staff in attendance.
11. 05/07/2026: Facilitated Provider Education about HIV and Syphilis Testing and Treatment Protocols to Summerlin Clinical Supervisor; 3 people in attendance; 2 ODS Health Educator in attendance.
12. 05/07/2026: Presented at LVSCA Security Chief's Meeting on Overdose Education and Naloxone Distribution Program; 50 people in attendance; 1 SNHD staff in attendance.
13. 05/08/2026: Interviewed with New York Times on Overdose Prevention Efforts in Nevada; 3 people attended, 1 ODS staff in attendance.
14. 05/11/2026: Facilitated Overdose Response Training - DHS/TSA; 14 people in attendance; 1 SNHD staff in attendance.
15. 05/11/2026: Attended NV Essentials for Childhood Strategic Planning/Evaluation Workgroup as SNHD Representative; 6 people in attendance; 2 ODS Health Educator in attendance.
16. 05/12/2026: Facilitated CredibleMind Wellness Presentation and Discussion for The Southern Nevada Community Health Center staff; 200 people in attendance; 1 SNHD ODS staff in attendance.
17. 05/12-14/2026: Presented at the 2026 Overdose Response Strategy Conference in St. Louis, MO; 200 people in attendance; 3 SNHD ODS staff in attendance.
18. 05/13/2026: Presented on SPORT Efforts Panel with ODS Staff and Nevada HIDTA; 40 people attended; 2 ODS staff in attendance.
19. 05/13/2026: Facilitated Better Care for Outreach Teams Training; 23 people in attendance; 1 ODS staff in attendance
20. 05/13/2026: Facilitated Empower Change Rapid HIV Testing Training; 13 people in attendance; 4 SNHD staff in attendance.
21. 05/14/2026: Facilitated Empower Change Rapid HIV Testing Training; 13 people in attendance; 4 SNHD staff in attendance.
22. 05/18/2026 – Attended the Extreme Heat Tabletop Exercise coordinated by the Desert Research institute, 1 OOE staff in attendance.
23. 05/20/2026: Facilitated Attorney General's Substance Use Response Group (SURG) on Prevention Meeting as Appointed Representative from Clark County, NV; 20 people in attendance; 1 ODS staff in attendance.
24. 05/21/2026: Presented at LVSCA Security Chief's Meeting LV Metro DTAC on Overdose Education and Naloxone Distribution Program; 50 people in attendance; 1 SNHD staff in attendance.
25. 05/21/2026: Facilitated Infant Sleep Workgroup Meeting; 8 people in attendance; 3 Health Educator in attendance.
26. 05/21/2026: Facilitated CredibleMind Presentation to SNHD Finance Team; 50 people in attendance; 2 SNHD ODS staff in attendance.
27. 05/26/2026: Facilitated Overdose Response Training of Trainers; 24 people in attendance; 2 SNHD staff in attendance.
28. 05/27/2026: Attended the Ryan White Las Vegas TGA Planning Council Meeting as SNHD Representative; 25 people in attendance; 2 ODS staff in attendance.
29. 05/28/2026: Facilitated PrEP Education Visit Nem Medical Center - Rainbow; 2 people in attendance; 1 ODS 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 and quarterly NVDRS, SUDORS and NCLPP reports
- f. Outreach site HIV testing stats-weekly
- g. EPT report- weekly
- h. Weekly Influenza Report
- i. Weekly Arbovirus update
- j. Weekly Wastewater Surveillance Report
- k. HAI Quarterly Report
- l. Weekly Hepatitis C Linkage Report
- m. Weekly Hepatitis C Chronic Surveillance Report
- n. Quarterly Hepatitis Report

2. Other Project Updates

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. Developing Maternal and Child Health Dashboard

3. Disease Statistics

- a. Communicable Disease Statistics: April 2026 disease statistics are below. Please note that these data are retrieved as of June 3, 2026. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (April 2026)

April 2026: Clark County Disease Statistics*

Data as of 6/3/2026

Disease	2024		2025		2026	
	April	YTD	April	YTD	April	YTD
VACCINE PREVENTABLE						
COVID-19	468	5,494	668	2,821	162	1,054
Haemophilus influenzae, invasive	2	17	5	15	3	22
Hepatitis A	1	3	0	0	1	2
Hepatitis B, acute	2	10	4	14	1	12
Hepatitis B, chronic	114	504	109	436	79	303
Influenza	65	570	74	1,119	140	1,001
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	1
MPOX	2	3	0	0	0	16
Mumps	1	3	0	0	0	1
Pertussis	6	29	9	23	10	69
RSV	64	1,871	87	2,174	294	2,295
SEXUALLY TRANSMITTED						
Chlamydia	1,070	4,445	1,009	3,981	1,085	4,091
Gonorrhea	406	1,877	385	1,553	401	1,552
HIV	45	201	46	167	19	112
Stage 3 HIV (AIDS)	16	61	17	70	12	62
Syphilis (Early non-primary, non-secondary)	70	233	29	122	28	112
Syphilis (Primary & Secondary)	40	151	16	74	10	53
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	1	2	0	0	0	0
Congenital Syphilis	6	14	3	15	5	10
ENTERICS						
Amebiasis	0	1	0	4	0	0
Campylobacteriosis	25	78	14	69	20	76
Cryptosporidiosis	2	11	5	7	0	5
Giardiasis	7	22	5	19	3	15
Rotavirus	26	56	57	112	25	51
Salmonellosis	17	47	11	53	15	56
Shiga toxin-producing <i>E. coli</i> (STEC)	8	28	8	20	12	29
Shigellosis	11	49	8	28	6	22
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	5	0	4	2	4
Yersiniosis	2	14	8	20	2	13
OTHER						
Coccidioidomycosis	20	85	24	111	15	74
Exposure, Chemical or Biological	0	1	1	2	0	1
Hepatitis C, acute	2	3	3	6	4	7
Hepatitis C, chronic	155	544	192	741	147	504
Invasive Pneumococcal Disease	26	123	17	110	21	107
Lead Poisoning	17	60	6	59	22	109
Legionellosis	4	7	5	14	2	12
Listeriosis	0	1	0	0	0	0
Lyme Disease	0	2	0	1	1	1
Malaria	0	0	0	1	0	0
Meningitis, Aseptic	4	12	3	7	0	3
Meningitis, Bacterial Other	0	1	0	4	1	4
Meningitis, Fungal	1	3	0	0	0	1
Rabies, exposure to a rabies susceptible animal	32	109	38	160	87	323
Streptococcal Toxic Shock Syndrome (STSS)	3	15	2	13	2	12
Tuberculosis (Active)	2	22	9	24	5	24
West Nile virus neuroinvasive disease	0	0	0	0	1	1

*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: June 25, 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	May 2025	May 2026		FY 24-25	FY 25-26	
Routine Inspections	2,537	1,890	↓	24,729	23,922	↓
Reinspections	210	130	↓	1,929	1,930	↑
Downgrades	192	146	↓	1,811	1,857	↑
Closures	22	8	↓	155	133	↓
Special Events	91	72	↓	802	875	↑
Temporary Food Establishments & Tasting Event Booths	1,167	1,451	↑	8,744	8,642	↓
TOTALS	4,219	3,697	↓	38,170	37,359	↓

↑ (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. **Delhi Indian Cuisine, 8810 S. Maryland Pkwy.:** On May 4, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. On May 21, the facility closed permanently and the owner requested a permit deletion.
- B. **China A Go Go, 1983 N. Nellis Blvd:** On May 5, the facility was closed for an IHH, pest infestation. The inspector documented 27 demerits. Violations included barehand contact with ready-to-eat foods, improper food temperatures, and rodent droppings and traps throughout the facility. Pest control representatives helped

remediate the facility. The facility was reinspected and reopened with zero demerits on May 6.

- C. **Don Tortaco Mexican Grill #1, 4604 W. Sahara Ave.:** On May 5, the facility was closed for an IHH, pest infestation. The inspector documented 11 demerits. The facility was reinspected and reopened with eight demerits on May 7.
 - D. **Smoke N 805 BBQ, 3850 E. Desert Inn Rd.:** On May 8, the facility was closed for an IHH, inadequate refrigeration. The inspector documented 11 demerits. The facility remains closed at this time.
 - E. **Pampanga Specialty Delicacies, 4135 S. Buffalo Dr.:** On May 11, the facility was closed for an IHH, pest infestation. The inspector documented 11 demerits. The facility was reinspected and reopened with zero demerits on May 14.
 - F. **Aguachiles Culichi, 2462 N. Las Vegas Blvd.:** On May 12, the facility was closed for an IHH, inadequate refrigeration. The inspector documented 30 demerits. The facility was reinspected and reopened with zero demerits on May 13.
 - G. **Captain Sam's Fish and Chicken, 6700 W. Charleston Blvd.:** On May 19, the facility was closed for an IHH, no hot water. The inspector documented 24 demerits. The facility was reinspected and reopened with zero demerits on May 19.
 - H. **Laos Thai Street Food, 860 E. Twain Ave.:** On May 22, the facility was closed for an IHH, pest infestation. The inspector documented 14 demerits. The facility was reinspected and reopened with three demerits on May 28.
 - I. Staff conducted unpermitted food vending complaint investigations with representatives from the Las Vegas Metropolitan Police Department, City of North Las Vegas Business License, and the North Las Vegas Metropolitan Police Department.
 - J. Staff closed 22 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
An FSAM was held with the following facility: Smokin and Grillin with AB.

ENVIRONMENTAL HEALTH Outbreak Support – Fiscal Year Data

Outbreak Support	May 2025	May 2026		FY 24-25	FY 25-26	
Childhood Elevated Blood Lead Levels	0	0	→	8	11	↑
Foodborne Illness Investigations	8	3	↓	90	76	↓
Healthcare Associated Infections (HAI)	0	7	↑	0	24	↑
Legionella Travel Associated Investigations	2	0	↓	14	13	↓
Legionella Residential Investigations	1	1	→	13	19	↑
Legionella HAI Investigations	0	1	↑	0	1	↑

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.

- C. Legionella HAI investigations are prompted by a person becoming ill while, or shortly after, receiving healthcare. An investigation is conducted at the healthcare facility they visited.

4. Foodborne Illness Response:

- A. **McDonald's, 1980 Village Center Cir.:** On May 8, staff responded to a confirmed case of Shiga toxin-producing E. coli. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- B. **Marco's Pizza, 90 S. Stephanie St.:** On May 8, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including food prepared by an ill worker, food held at improper temperatures, contamination of food contact surfaces, and use of ineffective solutions of sanitizer. The inspection resulted in a C downgrade. The facility passed its reinspection with an A grade.
- C. **Quiznos, 5757 Wayne Newton Blvd.:** On May 22, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness including improper reheating of food and food prepared at improper temperatures for extended periods of time. 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	May 2025	May 2026		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	6	0	↓	47	41	↓
Adjudicated Hearing Cases	7	4	↓	37	29	↓
Total Cases Received	65	54	↓	863	728	↓
Total Cases Referred to Other Agencies	10	23	↑	150	163	↑
Hearing Penalties Assessed	\$6,603	\$4,000	↓	\$49,603	\$26,608	↓

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	May 2025	May 2026		FY 24-25	FY 25-26	
Inspections	315	231	↓	2,954	2,858	↓

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

Underground Storage Tanks	May 2025	May 2026		FY 24-25	FY 25-26	
Compliance Inspections	50	82	↑	758	584	↓
Final Installation/Upgrade/Repair Inspections	2	0	↓	32	25	↓
Closure Inspections	2	1	↓	10	10	→
Spill Report Investigations	2	1	↓	20	22	↑

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

Permitted Disposal Facilities	May 2025	May 2026		FY 24-25	FY 25-26	
Inspections	21	8	↓	227	187	↓
Reinspections	1	3	↑	8	10	↑

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	May 2025	May 2026		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	399	249	↓	2,910	2,642	↓
West Nile Virus Surveillance Mosquitoes Tested	7,644	6,389	↓	30,673	46,953	↑
West Nile Virus Surveillance Submission Pools Tested	362	254	↓	2,275	2,621	↑
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	24	22	↓	181	331	↑
Public Accommodations Inspections	24	15	↓	279	294	↑
Public Accommodations Complaints	19	16	↓	187	180	↓
Mobile Home/Recreational Vehicle Park Inspections	3	4	↑	187	161	↓
Mobile Home/Recreational Vehicle Park Complaints	2	1	↓	20	18	↓

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); and Transfer Station (1)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in June:
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	May 2025	May 2026		FY 24-25	FY 25-26	
Asbestos Permits Issued	72	44	↓	756	570	↓
Revised Asbestos Permits Issued	5	6	↑	83	43	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	May 2025	May 2026		FY 24-25	FY 25-26	
Tentative Maps-Received	11	10	↓	158	132	↓
Tentative Maps-Lot Count	1,142	784	↓	11,361	7,236	↓
Final Maps-Received	16	19	↑	198	225	↑
Final Maps-Lot Count	598	932	↑	7,935	9,418	↑
Final Maps-Signed	7	20	↑	171	219	↑
Final Maps (Signed)-Lot Count	454	555	↑	7,973	8,147	↑
Improvement Plans-Received	18	14	↓	186	221	↑
Improvement Plans-Lot Count	598	921	↑	7,597	9,365	↑
Expedited Improvement Plans-Received	1	0	↓	2	4	↑
Expedited Improvement Plans-Lot Count	1	0	↓	225	91	↓

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

Individual Sewage Disposal Systems	May 2025	May 2026		FY 24-25	FY 25-26	
Residential ISDS Permits	13	5	↓	63	50	↓
Commercial ISDS Permits	0	0	→	3	3	→
Commercial Holding Tank Permits	10	8	↓	34	24	↓
Residential Tenant Improvements	25	20	↓	205	223	↑
Residential Certifications	0	0	→	0	2	↑
Compliance Issues	7	7	→	81	103	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	May 2025	May 2026		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	0	0	→	52	57	↑
Public Water System Violations Issued	0	14	↑	148	153	↑

2. Safe Drinking Water Activity:

- A.** One *coliform* positive result was reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:
- **Valley Health Specialty Hospital:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-absent
- B. Sandy Valley High School Clark County School District (CCSD):** CCSD representatives missed their extended Level 2 Treatment Technique trigger corrective action deadlines of April 10 (extension from February) and May 19. In May, the school underwent continued formal enforcement by the Nevada Department of Environmental Protection (NDEP) for past due corrective action reporting and public notice certification reporting. Until further notice, the location must continue operating under a precautionary Tier 1 "Boil Water Order."
- C. Electric Daisy Carnival and Camp 2026:** Staff completed plan review and inspections of temporary water systems and three water hauler operations serving the event footprint, campgrounds, shuttle nodes, and World Parade.
- D.** 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	May 2025	May 2026		FY 24-25	FY 25-26	
School and Child Care Kitchen Inspections	59	20	↓	898	920	↑
School Facility Inspections and Surveys	58	10	↓	1,032	1,029	↓
Summer Food Service Surveys	22	14	↓	61	22	↓
Child Care Facility Inspections and Surveys	40	69	↑	337	347	↑
Body Art Facility Inspections and Surveys	45	84	↑	517	421	↓
Body Art Special Event Inspections	6	17	↑	329	227	↓
Complaints	12	7	↓	84	173	↑
Total Program Services Completed	242	221	↓	3,528	3,139	↓

1. Schools:

- A. Bishop Gorman High School – Main Kitchen, 5959 S. Hualapai Way:** During a routine inspection, staff observed multiple violations including Time/Temperature Control for Safety (TCS) food improperly cooling, person-in-charge (PIC) not monitoring cooling times, food equipment located in a splash zone which might cause contamination, kitchenware stored as clean but dirty, and dirty interior chute for ice machine. Food must be cooled within six hours to prevent growth of foodborne pathogens that could make students sick. The inspection resulted in a B downgrade. After corrections were completed, a subsequent reinspection resulted in an A grade.
- B. Del Sol Academy of the Performing Arts Kitchen, 3100 E. Patrick Ln.:** Staff investigated a complaint alleging that students had been served expired food and food containing insects. The kitchen manager reported no pest issues within the kitchen and that no complaints regarding insects in food had been received. The kitchen staff follow a first-in, first-out inventory system and all food items are labeled

with expiration dates. All food items observed were properly labeled and within their expiration dates at the time of the inspection. No evidence of pest activity was identified. The complaint was not substantiated.

2. Child Care:

A. Mittie Family Care Home, 3113 Budding Blossom Ct.: During a routine inspection, staff observed multiple and repeat violations. Violations included not using the two-step method for cleaning the diaper changing surface, not following manufacturer's directions for chemicals used to sanitize food contact surfaces, inadequate childproofing of electrical outlets, and several physical hazards accessible to children. These violations could result in disease transmission and/or injury to children. The inspection was noncompliant. A reinspection is still pending.

B. Kindercare Education – Rhodes Ranch, 7380 S. Buffalo Dr.: During a routine inspection, staff observed multiple violations including insufficient hot water at the restroom hand sink used by food handlers; frozen food contaminated with condensation; single-use service ware and food stored underneath the hand sink; improperly labeled chemicals; furnishings and toys dirty and in disrepair; and diaper waste receptacle did not have a self-closing lid and was accessible to children. The inspection was noncompliant. A reinspection is still pending.

C. Ashley's Little Star Daycare, 7415 Easingworld Dr.: During a routine inspection, staff observed multiple violations including no hot water at the restroom hand sink; failure to follow safe diaper changing procedures; leaving a child unattended multiple times prior to placing the child on the changing table; not following the manufacturer's directions for disinfecting chemicals for the diaper changing area; restroom not stocked with paper towels or toilet paper; nap cots in disrepair; and natural light not provided as required. The inspection was noncompliant. A reinspection is still pending.

3. Body Art:

A. Silver Squid Ink – Body Piercing, 1750 S. Rainbow Blvd.: During a routine inspection, staff observed multiple pieces of piercing jewelry inside sealed non-commercially sterilized packaging. The steam indicator revealed that the packages had been run through a sterilizer; however, the facility did not have a sterilizer onsite, and the responsible person was unable to verify where the jewelry was sterilized. There were no available spore tests or sterilization logs for review. SNHD Regulations requires sterilizers to be present when reusable equipment is utilized, equipment must be spore tested every thirty days, and a sterilization log documenting each cycle must be kept onsite. Piercing services are suspended pending a reinspection.

B. Beauty by Diana, 8440 W. Lake Mead Blvd.: During a routine inspection, staff observed numerous violations including an artist working with an expired Body Art Card and no Bloodborne Pathogen (BBP) certificate; no written aftercare instructions available for patrons or posted; inadequate consent forms; and no paper towels at the hand sink. SNHD Regulations require all artists to have valid Body Art Cards and evidence of BBP training. Aftercare instructions must be provided to each patron, and consent forms must include information about the procedure that was performed related to inks, sterilized equipment used, and any complications that occurred during the procedure. The inspection was noncompliant. A reinspection is still pending.

C. New Root Ink, 2700 E. Sunset Rd.: During a routine inspection, staff observed a body artist not using an Environmental Protection Agency (EPA) registered disinfectant. The artist was using a first-aid type bottle of alcohol, which is not an approved disinfectant for body art equipment and surfaces. Failure to use an appropriate disinfectant could result in transmission of disease to patrons. Staff

instructed the permit holder to obtain an EPA registered disinfectant capable of destroying bloodborne pathogens and issued a Cease-and-Desist Order for body art services until proof of purchase was provided. After the permit holder complied, the establishment was permitted to resume operations.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

	May 2025	May 2026		FY 24-25	FY 25-26	
Food Pre-Permitting Services						
Food Safety Assessment Meetings	0	0	→	2	1	↓
Total Pre-Permitting Services	1,248	388	↓	14,330	11,173	↓
New Project Submissions	241	274	↑	2,797	2,657	↓
Completed Projects	326	184	↓	2,879	2,570	↓
Total Service Requests Currently in Pre-Permitting	1,270	1,230	↓			

1. Enforcement Actions and Investigations:

- A. 819 Vending Company, 1 S. Main St.:** Submitted plans lacked a hand sink for food handlers to use prior to stocking the vending machine with open foods and no information was provided regarding cleaning and sanitizing of food contact surfaces. SNHD Regulations require hand sinks and approved ware washing equipment where open foods are handled. The owner submitted a letter of agreement with the property to guarantee food handlers access to a nearby unobstructed hand sink and a commissary agreement for any ware washing needs. The health permit was approved following a final permitting inspection.
- B. Mariposa Cocina and Cocktails, 2575 S. Decatur Blvd.:** A change of permit holder (CPH) inspection failed due to multiple violations. Violations included live roaches throughout refrigerated equipment within the bar area; broken floor tiles; gaps between ceiling tiles; exterior doors not weather-tight or pest-proof; and dish machine not sanitizing. SNHD Regulations require a facility to be maintained in good condition and free from pests. The CPH was not approved and the bar was closed. Following repairs, a reinspection of the bar was approved.
- C. Banbury Capital Hello Kitty Support Kitchen, 325 Hughes Center Dr.:** During a final inspection, the walk-in cooler was not operational and there was no hot water. SNHD Regulations require adequate refrigeration and hot water for permit approval. Following repairs, the health permit was approved.
- D. The Parlour Brunch and Burger Bar, 616 E. Carson Ave.:** During the combined CPH and remodel inspection, staff observed open chemicals stored on food contact surfaces and several exterior doors that were not weathertight. SNHD Regulations require that chemicals be stored below and away from food and food contact surfaces and that all exterior openings be weathertight. The remodel portion of the inspection was not approved due to the absence of final documentation from the Building Authority approving the relocation of the three-compartment sink and the installation of a new conveyor dish machine. SNHD Regulations require proof of compliance with all applicable agencies prior to approval. The CPH was approved; approval for the remodel is still pending.

- E. McDonalds, 7940 N. Decatur Blvd.:** A final permitting inspection was conducted for a new McDonald's, which is the first in Clark County designed without a dining room or lobby; it's exclusively for pick-up and drive-thru service. The facility includes exterior walk-up lockers for third-party delivery services, as well as a separate walk-up window for customer app orders. Only employees are permitted inside the building. This concept features updated equipment, including a water heater equipped with a heat pump and integrated fans to help maintain cooler kitchen operations. The cookline is designed as a single line rather than a dual line, as the entire building is dedicated to kitchen space. Interior wall finishes consist entirely of tile in lieu of fiberglass reinforced plastic (FRP). No violations were observed and the health permit was approved.
- F. Nothing Bundt Cakes, 7155 S. Rainbow Blvd.:** Proposed remodel plans were not approved due to lack of an appropriately located hand sink. SNHD Regulations require a conveniently located hand sink in all food handling areas. Plan approval is pending revised plans.
- G. Muu BBQ Bento, 7668 W. Lake Mead Blvd.:** During a final permitting inspection, staff noted that the wall behind the front service counter was not made of approved material. SNHD Regulations require wall finishes to be smooth and easily cleanable. The wall covering material was changed and the health permit was approved.
- H. Shining Star Daycare, 2948 E. Russell Rd.:** During a final permitting inspection, staff noted that an indoor climbing structure and several pieces of climbable play equipment did not have the required surfacing material in the use zones. SNHD Regulations require surfacing for climbable play equipment to comply with American Society for Testing and Materials (ASTM) F1292, ASTM F1951, and manufacturer fall-height ratings. The operators were directed to take the play equipment out-of-service and to either remove all climbable equipment or provide evidence of adequate surfacing prior to use. The health permit was approved with follow-up required.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	May 2025	May 2026		FY 24-25	FY 25-26	
Total Operation Inspections	681	348	↓	7,366	5,867	↓
Complaint Investigations	38	21	↓	261	289	↑
Inactive Body of Water Surveys	5	5	→	79	107	↑
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	11	3	↓	50	33	↓
Total Program Services Completed	735	377	↓	7,756	6,296	↓

1. Aquatic Health Operations

- A. Vintage Desert Rose Senior Apartments, 1701 N. Jones Blvd.:** A routine inspection at the spa resulted in an IHH closure due to high chlorine. Elevated chlorine levels can cause skin, eye, and lung irritation. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.

- B. AC and Element Hotels Symphony Park, 330 S. Grand Central Pkwy.:** A routine inspection at the spa resulted in an IHH closure due to no chlorine. Inadequate disinfection exposes bathers to pathogens that can make them sick. A reinspection is still pending.
- C. Santa Barbara Palms Apartments, 4880 Santa Barbara St.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa had no chlorine and high pH. High pH interferes with the effectiveness of chlorine as a disinfectant. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- D. Somerset Commons Apartments, 2775 Fremont St.:** A routine inspection of a seasonally closed pool resulted in a compliance schedule to make corrections before reopening. The pool had high chlorine and high cyanuric acid. High cyanuric acid reduces the effectiveness of chlorine as a disinfectant. The qualified operator was instructed to confirm proper water chemistry before reopening the pool for bather use.
- E. Pinehurst Apartments, 6650 W. Warm Springs Rd.:** During a reinspection to reopen a previously closed spa, a requirement to make immediate corrections was given. The water was cloudy, and the main drains were not visible. Cloudy water obscures the bottom of an aquatic venue and prevents seeing a bather in distress. Following immediate corrections, the spa was approved to reopen the same day.
- F. Country Club Village Mobile Home Park, 400 Mona Ln.:** A routine inspection at the spa resulted in an IHH closure due to high chlorine. A reinspection is still pending.
- G. Alton Southern Highlands Apartments, 3030 Robert Trent Jones Ln.:** A routine inspection at the spa resulted in an IHH closure due to high chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- H. Tapatio Condos, 167 Tapatio St.:** A routine inspection of a seasonally closed spa resulted in a compliance schedule to make corrections before reopening. The spa had high chlorine. The qualified operator was instructed to confirm proper water chemistry before reopening the spa for bather use.
- I. Snug Harbor Apartments, 2780 E. Flamingo Rd.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa had no chlorine and high pH. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	May 2025	May 2026		FY 24-25	FY 25-26	
Total Pre-Permitting Services	570	340	↓	6,217	4,602	↓
New Project Submissions	90	76	↓	1,163	1,589	↑
Completed Projects	191	104	↓	1,208	1,377	↑
Total Projects Currently in Plan Review	544	652	↑			

2. Aquatic Health Plan Review:

- A. Paris Hotel and Casino, 3655 S. Las Vegas Blvd.:** A final inspection was conducted for a filtration pump installation. The inspection failed due to the

calculated flow exceeding the maximum allowed flow through the filter, which could lead to inadequate filtration of water. The aquatic venue remains closed at this time.

- B. Red Bluffs Condos, 10107 Covington Cross Dr.:** During a remodel inspection for a suction outlet fitting assembly (SOFA), staff found that the flow rate could be exceeded by the potential flow rate of the pumps, which could lead to suction entrapment. The contractor submitted a revised application that included a SOFA with a higher flow rating. After field verification of the proposed SOFA, the final remodel inspection was approved.
- C. Mandalay Bay Hotel and Casino, 3950 S. Las Vegas Blvd.:** A SOFA remodel inspection failed because the two blockable SOFAs did not have sufficient separation between the covers, which could result in suction entrapment. The spa remains closed at this time.
- D. Logandale Splash Pad, 1201 Frehner Ave.:** A plumbing inspection was conducted for the construction of a new splash pad. Gravity sewer piping was installed to provide drainage to the collection tank. SNHD Regulations require all piping that carries water to and from the aquatic venue to be National Sanitation Foundation (NSF) potable water listed to ensure no harmful chemicals leach into the water. Sewer piping does not meet this requirement, so the plumbing inspection was not approved. Once the piping was replaced, a reinspection was approved the following week so construction could continue.
- E. Flamingo Las Vegas, 3555 S. Las Vegas Blvd.:** A plumbing inspection for a SOFA remodel resulted in conditional approval. The proposed SOFA did not have a listed flow rating for the actual sump configuration observed onsite. The SOFA configuration must be certified by a registered design professional for the assembly to be approved. Receipt of additional documentation is still pending.

VIII. TRAINING OFFICE

- 1. Training Office staff provided onsite intervention training to: Toto's Grill, 3910 S. Maryland Pkwy.; Nora's Cuisine, 5780 W. Flamingo Rd.; Eggscellent, 2534 E. Desert Inn Rd.; Only Sinaloa, 855 E. Twain Ave.; and The Court Cafe, 1040 E. Flamingo Rd.
- 2. Staff implemented Accela office hours twice a week to provide in-person assistance to industry.

IX. REGULATORY SUPPORT

- 1. Regulatory Support staff participated in or performed the following activities and participated in the following external meetings: National Environmental Health Association (NEHA) Environmental Health Leadership Academy mentor meetings; Conference for Food Protection (CFP) Food Safety Culture at Retail Committee meetings; CFP Program Standards Committee meetings; CFP Food Safety Management System Committee meetings; Risk Factor Study planning meetings; Western States Program Standard 5 workshop; webinar: "Effective Communication: Listening and Influencing"; submitted final reports for 2025 Retail Flexible Funding Model grants; attended Retail Program Standards Assessment Tool Track 3 training; and assisted with ongoing full implementation of Accela, including development of user guides.
- 2. Regulatory Support staff assisted with planning the upcoming Nevada Environmental Health Association (NvEHA)/Nevada Food Safety Task Force (NFSTF) Joint Annual Educational Conference 2026.
- 3. Regulatory Support staff approved one training plan in lieu of Food Handler Safety Training Card exam at the SNHD facility for Share in the Joy, working with foster youth.
- 4. Special Processes and Label Review staff met with various operators in-person and in a

virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point plans.

5. Special Processes staff received no new submissions and released six special process files affecting four facilities. There are currently 20 files in review.
6. Label Review staff received seven new submissions and released three label files consisting of 57 labels. There are currently 25 active files in review.
7. Cottage Food Operations staff completed 28 new registrations, four updated registrations, and 82 new inquiries, frequently with multiple follow-up inquiries per individual.

Chart data provisional due to implementation of new software system.

CDS/hh

Memorandum



Date: June 25, 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, MS, District Health Officer *CL*

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – May 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 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. In April 2026, the CDC reaffirmed and restored the July 2, 2025, recommended immunization schedules for children, adolescents, and adults following federal review and court-directed action. Immunization schedules continue to support routine, on-time vaccination practices and provide updated clinical guidance for healthcare providers. The schedules include Advisory Committee on Immunization Practices (ACIP)-adopted recommendations and addenda issued in July 2025, which incorporated updated guidance for several vaccines and immunization practices. Immunize.org has also published updated clinical guidance and educational resources for the 2025–2026 COVID-19 vaccine, including recommendations regarding age-appropriate vaccine products, intervals between doses, and considerations for older adults and individuals who are moderately or severely immunocompromised.
2. During the reporting period, a total of 1,096 clients were seen across the Southern Nevada Health District's four public health centers. In total, 2,344 vaccines were administered to individuals in the Southern Nevada community.
3. The four public health centers (PHC) continue to accommodate same-day appointments. A total of 242 same-day appointments were provided across the PHCs during this reporting period.
4. Influenza and COVID-19 vaccine administration continued to trend downward during the reporting period, consistent with national vaccination trends observed following the peak respiratory virus season. Despite lower demand, the Health District continues to maintain vaccine availability and provide education regarding the benefits of vaccination, particularly for populations at increased risk for severe

illness. Updated clinical guidance for the 2025–2026 COVID-19 vaccine season remains available to assist healthcare providers and community members in making informed vaccination decisions.

B. Immunization Outreach Activities

1. Immunization outreach clinics in May 2026 - 12 clinics, 266 vaccines were administered to 133 clients. The clinics were held at CCSD Family Support Center, CCSD schools, Mexican Consulate, Harm Reduction, CCDC, and at the NLV “Motivational May” Pop-up event.

II. Community Health Nursing

A. Nursing Education

There were twenty-six (26) CEUs awarded for PFA and MI training and one (1) CEU for attending the Skills Fair workshops in the month of May.

B. Maternal Child Health

The Maternal Child Health (MCH) Nurse received one (1) new referral for elevated blood lead level and no newborn screening referrals for the month of May. There are five (5) active clients enrolled in the Lead program. The MCH nurse continues to help Healthy Start in outreach, Community Health Worker (CHW) education, Healthy Start client nursing home visits, and planning for outreach events.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) has 121 active families. Sixty are participating in the Maternal Infant and early Childhood Home Visiting (MIECHV) Program and nine (9) are participating through the Temporary Assistance for Needy Families (TANF) funding. Grants are both from the Nevada Division of Public and Behavioral Health. Three (3) new nurse home visitors completed Unit 1 training and will start with Unit 2 FNP required education. Once completed, they will be able to start enrolling eligible referrals received from our community partners. The teams are participating in multiple community events, reaching out to various community service providers, and developing partnerships. These efforts increase awareness of SNHD’s NFP program in the community.

D. 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 was a total of seventy-three (73) families served through May 2026. In-person program outreach was conducted at UNLV’s Rebel Well event, The After Market, Primrose, Doolittle Community Center, Nevada Pediatrics, and Signs of Hope. Program outreach was also conducted at various DWSS locations. Two (2) of the newer CHWs began enrolling families into the Healthy Start Program in May 2026. Also, our CHW II has been completing program outreach independently to establish relationships with new community partners.

E. Embracing Fatherhood

Embracing Fatherhood (EF) home visiting program continues to support father's and father figures with children 0-3 in the greater Las Vegas area. Home visits include education, community resources, screenings, and support. In the month of May, the program received 2 referrals and 1 inquiry. There was 1 new enrollment during the month of May. Currently, there are a total of 8 active families enrolled in Embracing Fatherhood program. In-person program outreach was conducted at Desert Breeze Community Center, UNLV Pediatrics, happy Kids Pediatrics, UNLV Pediatrics Surgery, Allyfe Women's Center, UNLV OBGYN, and The Just One Project. EF's CHW joined Healthy Start at an event: UNLV's Annual Open Enrollment and Rebel WELL Wellness Health Fair to promote the program.

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 204 screening encounters for the month of May. Patients who test positive for STI results are guided to appropriate treatment, primarily to SNHD's Health Center or referred according to patient preference.
- 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.
- C. SHOPP houses the Complex STI Navigation services (C-STIN) 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 was one HATS visit completed in May.
- D. The Rapid PREVENT program has a total of 37 enrolled clients, with the goal of HIV prevention. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources. Rapid PREVENT team collaborated with the Clark County Office of HIV to assist in testing and education on May 2nd at the event, Soulful Wellness Presents: Soft Life, Safe Love Topic Party - Ladies Edition. Twenty-two women received Rapid HIV testing and education on HIV prevention.
- E. The 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 33 active clients.

IV. 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 Nurse 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, Good Gracious Organization, and City of Henderson/Salvation Army provided primary care to clients at multiple outreach events for the unhoused.

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. This month the Street Medicine Team met with UMC Crisis Stabilization Center and Las Vegas Recovery Hospital to tour their facilities and better understand how we can collaborate in the future. Furthermore, the Street Medicine Team presented the program at LVMPD Unhoused COMPSTAT meeting.

D. Street Medicine completed 32 primary care visits in May.

V. Tuberculosis (TB) Clinic

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

V. Employee Health Nursing

A. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catchup TB testing is ongoing. Twenty-six (26) Tuberculosis tests were completed.

B. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Fourteen (14) medical clearances were completed.

C. Vaccine Administration

1. Employees Total: One (1)
2. Total vaccines given: One (1)
 - a) One (1) other vaccine

D. New Hire/Onboarding: Five (5) new hires were onboarded.

E. Employee Health Nurse Accomplishments:

1. Held two Skills Fairs 2.0
2. Completed four (4) Workforce members TB/ Immunizations credentialing.
3. Completed new process for EHN HepB vaccine orders.

F. Policies and procedures continue to be reviewed and updated.

Monthly Report

May-26

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	611	287	149	49	0		2	42	89		1,229
Immunization Records Issued and Transcription	134	68	34	12	0						248
SHOPP Express Testing (ET)	115		4	0	22	21	14	28			204
TB Treatment & Control	1,567										1,567
CHN Home Visits ^	224										224
TOTAL	2,651	355	187	61	22	21	16	70	89	0	3,472

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	May 2025	May 2026		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,223	1,229	↓	30,996	20,280	↓
Immunization Records Issued and Transcription	301	248	↓	3,813	2,879	↓
SHOPP Express Testing	237	204	↓	2,786	2,207	↓
TB Treatment & Control	1,456	1,567	↑	17,321	14,423	↓
CHN Home Visits^		224	↑		2,864	↑
TOTAL	4,217	3,472	↓	54,916	42,653	↓

^ 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	1,397	604	281	62	0		4	67	195		2,610

*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	May 2025	May 2026		FY 24-25	FY 25-26	
Total Immunizations Administered	5,451	2,610	↓	90,167	47,371	↓

Immunization Clinic and Outreach Programs

Immunizations	May 2025	May 2026		FY 24-25	FY 25-26	
Flu Vaccine Given	426	109	↓	9,465	3,172	↓
COVID Vaccine Given	198	18	↓	4,273	669	↓
TB Skin Test *		12	↑			→
Newborn Screening	0	0	→	3	6	↑
Immunization Record Review and Release Only*		237	↑			→
Transcription of Immunization Records Only*		11	↑			→
Same Day Appts *		242	↑			→
Referred to Civil Surgeon for Medical Assessment*		0	→			→
Vaccine Counseled **		50	↑			→

*Started data collection 07/01/2025

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

Vaccines for Children (VFC)	May 2025	May 2026		FY 24-25	FY 25-26	
Number of VFC Compliance Visits	3	12	↑	45	75	↑
Number of IQIP Visits	0	0	→	33	36	↑
Number of Follow Up Contacts	37	33	↓	403	588	↑
Number of Annual Provider Training	3	25	↑	49	111	↑
Number of State Requested Visits	14	37	↑	173	201	↑

Perinatal Hepatitis B	May 2025	May 2026		FY 24-25	FY 25-26	
# of Expectant Women	20	14	↓	14	12	↓
# of Infants	56	46	↓	63	49	↓
Total # of Infants Delivered	1	2	↑	31	26	↓
New Cases	3	2	↓	42	40	↓
Closed Cases	5	0	↓	72	49	↓

Averages 11/24

Childcare Program	May 2025	May 2026		FY 24-25	FY 25-26	
Childcare Audits	7	5	↓	82	82	→
Baseline Immunization Rate	78%	84%	↑	79%	80%	↑
# of Final Audits	7	5	↓	82	82	→
Final Immunization Rate	98%	96%	↓	94%	96%	↑
# of Records Reviewed	421	461	↑	6776	7108	↑

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Community Health Program

	May 2025	May 2026		FY 24-25	FY 25-26	
Nursing Field Services						
MCH Team Home Visit Encounters	10	15	↑	153	181	↑
	May 2025	May 2026		FY 24-25	FY 25-26	
NFP (Team 1)						
Referrals	42	12	↓	221	164	↓
Enrolled	11	8	↓	94	75	↓
Active	132	112	↓			
	May 2025	May 2026		FY 24-25	FY 25-26	
NFP (Expansion Team)**						
Referrals	2	7	↑	45	28	↓
Enrolled	0	2	↑	17	9	↓
Active	26	9	↓			
Staff recruitment in process 2026						
	May 2025	May 2026		FY 24-25	FY 25-26	
MCH						
# of Referrals Received	4	7	↑	49	53	↑
# from CPS	3	6	↑	38	40	↑
# of Lead Referrals	1	1	→	9	9	→
# of Total Admissions	3	4	↑	39	35	↓
	May 2025	May 2026		FY 24-25	FY 25-26	
Thrive by 0 - 3						
Referrals	46	30	↓	390	447	↑
One-Time Home Visits	3	3	→	32	59	↑
Enrolled	7	1	↓	33	22	↓
Active	25	11	↓			
	May 2025	May 2026		FY 24-25	FY 25-26	
Healthy Start						
Referrals	44	23	↓	280	310	↑
Enrolled	6	12	↑	72	69	↓
Active	71	73	↑			
	May 2025	May 2026		FY 24-25	FY 25-26	
Embracing Fatherhood						
Referrals	8	2	↓	14	13	↓
Enrolled	7	1	↓	9	7	↓
Active	9	8	↓			

Tuberculosis Program

Tuberculosis	May 2025	May 2026		FY 24-25	FY 25-26	
Number of Case Manager Encounters^		196	↑		1,300	↑
Number of Unduplicated Clients Seen by a Provider^		37	↑		498	↑
Number of Clients encounters by TB Clinic Nurse^(duplicated patients)		401	↑		4,262	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	68	75	↑	824	899	↑
New Active Clients^		5	↑		67	↑
Number of Clients Receiving LTBI Treatment^		234	↑		2,960	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	8	7	↓	68	75	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,684	1,567	↓	14,354	13,714	↓

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

Street Medicine Program

Street Medicine	May 2025	May 2026		FY 24-25	FY 25-26	
Number of Clients Engaged^		49	↑		232	↑
Number of Primary Care Initial Visits^		20	↑		130	↑
Number of Primary Care Follow Up Visits^		12	↑		63	↑
Number of Referrals / Linkage to Resources^		26	↑		68	↑

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