APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
NOVEMBER 19, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
October 22, 2026 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Nancy Brune, Secretary – Council Member, City of Las Vegas *(via Teams)* April Becker – Commissioner, Clark County *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Joseph Hardy – Mayor, City of Boulder City *(in-person)* Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*) Monica Larson – Council Member, City of Henderson*(via Teams)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(via Teams)*
ABSENT:	Bobbette Bond – At-Large Member, Regulated Business/Industry
ALSO PRESENT: (In Audience)	Zizi Boulware, RanDee Brems, Harold Collins, Maya Holmes, Deborah Kuhls, Laura McSwain, Bradley Mayer, Cameron Pfand, John Pope, Maddie Proctor, Anna Sirentco, Shana Tello, Will Yepez
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Jason Agudo, Malcolm Ahlo, Adriana Alvarez, Kristen Anderson, Tanja Baldwin, Tawana Bellamy, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Belen Campos-Garcia, Andria Cordovez Mulet, Rebecca Cruz-Nañez, Brandon Delise, Chris DeHaan, Aaron DelCotto, Tara Edwards, Monica Galaviz, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Cheri Gould, Jacques Graham, Heather Hanoff, Maria Harris, Amineh Harvey, Donna Houston, Dan Isler, Danielle Jamerson, Rebecca Johnson, Matthew Kappel, Bob Kingston, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Josie Llorico, Sandy Luckett, Jennifer Luther, Chris Elaine Mariano, Bernadette Meily, Alicia Mitchell, Kimberly Monahan, Corey Morrison, Semilla Neal, Todd Nicolson, Kyle Parkson, Yin Jie Qin, Wei Ren, Emma Rodriguez, Gloria Rodriguez, Alexis Romero, Aivelhyn Santos, Chris Saxton, Jennifer Sizemore, Bruno Stephani, Candice Stirling, Christine Sylvis, Ronique Tatum-Penegar, Will Thompson, Rebecca Topol, Renee Trujillo, Jorge Viote, Jordan Wells, Ashley Wheeler, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Lei Zhang, Ying Zhang

I. CALL TO ORDER and ROLL CALL

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

II. PLEDGE OF ALLEGIANCE

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

III. RECOGNITIONS

1. 2026 Open Forum Public Health Infrastructure Grant (PHIG) Impact Award

- Semilla Neal

The Chair recognized Semilla Neal, Program Evaluation Coordinator for the Public Health Infrastructure Grant (PHIG), for receiving the 2026 Open Forum PHIG Impact Award. The PHIG Impact Award honors outstanding individuals, initiatives, or organizations who have leveraged the transformative investment of the PHIG to drive system-wide improvements in public health. The awardees recognized by this award exemplify the power of strategic investment in public health infrastructure, driven by the core principles of PHIG. On behalf of the Board of Health, the Chair congratulated staff on these well-deserved awards.

2. Southern Nevada Health District – October Employee of the Month

- Gloria Rodriguez

The Chair recognized the October Employee of the Month. The Health District, and the Board of Health, recognize employees that are nominated by their colleagues for going 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 Board of Health, the Chair congratulated the employee on this recognition.

3. Southern Nevada Health District – Supervisor of the Quarter (2026 Q3)

- Wei Ren

The Chair recognized the Supervisor of the Quarter for Q3. 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 supervisor 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.

Laura McSwain, representing the Water Fairness Coalition, commented on Item XI.5 regarding the Environmental Health Division Monthly Activity Report. She raised concerns about potential heat-related hazards associated with artificial turf at schools and public parks, citing reported high surface temperatures and student burn injuries. Ms. McSwain requested consideration of

standards for safe use, surface-temperature monitoring, and cooling protections, and asked about the process for requesting a formal Environmental Health Division review of artificial turf risks and the Health District's authority to establish safeguards. Ms. McSwain submitted her written comments for the record.

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

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

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

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** September 24, 2026 *(for possible action)*

2. **PETITION #05-27: Approval of the Interlocal Agreement between the Southern Nevada Health District and County of Clark, State of Nevada for the Southern Nevada Geographic Information System ("GIS")**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #06-27: Approval of the Revision to the SNHD Employee Handbook**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #07-27: Approval of the Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2027. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Hardy, seconded by Member Kirkpatrick, and carried unanimously to approve the October 22, 2026 Consent Agenda, as presented.

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

There were no items heard.

VIII. REPORT / DISCUSSION / ACTION

1. **Approval of the 2027 Board of Health Meeting Schedule**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Cordovez Mulet prepared the proposed 2027 meeting schedule and recommended to the Board that, consistent with previous years, meetings to be held on the fourth Thursday of each month at 9:00 a.m., except in November, when the meeting proposal is for the third Thursday at 11:00 a.m. No meeting in December, unless necessary.

   A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to approve the 2027 Board of Health Meeting Schedule, as presented.

X. 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 recalled that during the last legislative session an EMR training schedule was passed for rural areas in order to obtain additional training, other than CPR. Member Kirkpatrick advised that Clark Carty received a grant and requested an update on the implementation of EMR training in the rural areas.

Further, Member Kirkpatrick raised concerns regarding delays associated with the Accela transition, noting that applicants were currently being advised to allow approximately 8-10 weeks for permit processing. She asked whether the Board could assist Environmental Health in addressing challenges, particularly in light of upcoming special events and emphasized the importance of early planning by applicants. Dr. Lockett stated that an update on the Accela implementation would be provided at the next Board meeting, including information on the progress made to date and efforts to address and monitor the permit processing backlog. He also noted that any additional support the Board could provide in messaging associated with the backlog would be appreciated. Member Kirkpatrick shared Clark County's experience during its Accela transition, explaining that the County temporarily closed operations for a day to focus exclusively on processing work. Member Kirkpatrick expressed confidence that reducing the backlog would help restore the quicker turnaround times historically achieved and emphasized that applicants should be advised to anticipate an 8-10 week processing timeframe while improvements continue to be made.

Member Summers-Armstrong requested information regarding the impact of legislation enacted during the previous legislative session related to home-prepared food sales, including any data collected on public health outcomes, complaints, foodborne illness incidents, sewer-related issues, or other concerns associated with these activities. She noted an increase in residences advertising food sales and asked how such operations were monitored, as well as whether mechanisms existed for the public to report concerns. Chair Black noted that the inquiry encompassed both the cottage food industry and food vendors preparing food in their homes for sale to the public. Dr. Lockett advised that staff would provide a future update on the transition of the cottage food program to the Department of Agriculture, to take effect on July 1, 2027, and would also report on efforts and activities related to unpermitted food vending in Clark County.

Member Kirkpatrick requested that information also be provided regarding public swimming pool permitting and inspections. She noted that pool operators frequently encounter delays when preparing to open for the season. Member Kirkpatrick further suggested exploring proactive outreach efforts, including information for the Board's individual newsletters.

Chair Black directed that staff provide a report to the Board in November regarding food permitting, cottage food activities, and related enforcement efforts. He also requested a proactive presentation for the January meeting focused on aquatic facilities and pool operations.

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

- DHO Comments

In addition to his written report, Dr. Lockett reported that the Health District confirmed the first case of Mpox Clade IB in a Clark County resident with no reported travel exposure, indicating the potential for community transmission and the likelihood of identifying additional cases through ongoing investigations. He noted that, in addition to the Clade IB case, 11 confirmed Clade II Mpox cases have been identified since August. While intermittent clusters have occurred since 2022, the total number of confirmed Mpox cases in the jurisdiction since that time has reached 365. Dr. Lockett provided an overview of Mpox transmission, symptoms, treatment, and prevention, emphasizing that the disease spreads through close physical contact and that vaccination remains the most effective prevention strategy. He reported that approximately 12,632 doses of the JYNNEOS vaccine had been administered locally, with nearly 58% of recipients completing the two-dose series. He further advised that a provider alert had been issued to the medical community to consider Mpox in differential diagnoses, collect lesion specimens for testing at the Southern Nevada Public Health Laboratory, promote vaccination, and promptly report suspected cases to the Division of Disease Surveillance and Control. Dr. Lockett stated that surveillance and contact tracing efforts remained ongoing and that additional vaccination clinics would be deployed as needed in higher-risk communities.

Member Kirkpatrick inquired whether outreach efforts were being conducted proactively within affected communities and asked whether investigators were exploring possible exposure sources for the individual who tested positive, particularly given the absence of travel history.

Dr. Lockett responded that contact tracing and testing activities were underway to identify potential sources of exposure and any associated cases. He noted that Clade IB could affect

household contacts, including children, and emphasized that investigators were actively working to determine whether an undiscovered index case may be linked to the infection.

- Update: Addressing the Overdose Epidemic – Clark County Data & SNHD Initiatives

  Brandon Delise, Senior Epidemiologist, and Rebecca Cruz-Nañez, Senior Health Educator, presented on Clark County data and the Health District's initiatives on the overdose epidemic.

  Chair Black reported that the North Las Vegas Homeless Outreach and Mobile Engagement Team hosted a Homeless Services Pop-Up Event at Tonopah Park. The event featured strong participation from the Health District, including immunization, Linkage to Action, and Street Medicine services. Chair Black advised that more than 600 individuals were served and thanked the Health District for participating in the event.

  Member Nemec inquired whether data was available regarding overdose incidents involving visitors in the resort corridor and what initiatives were in place to address overdoses among tourists. Mr. Delise stated that tourist overdose deaths could be identified and analyzed by relevant zip codes within the resort corridor and noted that the gap between tourist and resident overdose deaths has narrowed over time. Ms. Cruz-Nañez explained that community partnerships have been central to overdose prevention efforts, including outreach through bars using educational materials, training security staff at major hotels and casinos, and working to expand naloxone availability in high-visitor areas, such as the Strip and Fremont Street. She noted that while engagement in these venues presented challenges, ongoing collaboration and increased awareness were helping to open additional opportunities.

  Member Summers-Armstrong asked whether recent federal directives affecting the purchase of testing strips would impact grant funding and whether the current grant was nearing expiration. Ms. Cruz-Nañez explained that the OD2A grant was currently in its fourth year of a five-year funding cycle and that plans were in place to reapply for continued funding. She clarified that the funding concern was specific to testing strips and that alternative funding sources were being explored to maintain their availability to the community. In response to a follow-up question, Ms. Cruz-Nañez confirmed that the funding challenge applied only to the purchase of testing strips and not to the educational components of the program.

  Member Hardy emphasized that naloxone was a safe and critical intervention for suspected opioid overdoses and encouraged individuals not to hesitate in administering it. He stated that responders should focus on saving a life rather than determining which substance was consumed, noting that multiple doses may be necessary. Member Hardy stressed that naloxone will not harm the individual and should be administered repeatedly, if needed. He also informed the public that naloxone was available free of charge at Boulder City Hall without questions or restrictions. Additionally, he emphasized that administering naloxone was only the first step in responding to an overdose and urged the need for continued care to prevent a recurrence.

  Member Kirkpatrick thanked Jessica Johnson, her team, and the Health District for their ongoing efforts to raise awareness about opioid misuse, vaping, and fentanyl-related risks. She noted that many of the challenges discussed mirror broader public health issues and emphasized the importance of targeted outreach in communities experiencing greater health

disparities. She expressed concern about the growing prevalence of fentanyl nationwide and asked whether the school district has become a stronger partner in educating youth about vaping, which she believed was often an entry point to more serious substance use concerns. Ms. Cruz-Nañez explained that contracted partners conducted direct outreach and education with young people and offered to follow up with data and information regarding school-based prevention efforts. Member Kirkpatrick shared concerns based on personal experiences attending funerals of young people who died from substance-related causes and emphasized the need for stronger prevention efforts. She discussed the normalization of vaping in some households and advocated for education beginning in early childhood to discourage substance use and promote healthy alternatives. She commended the Health District for the progress in addressing substance misuse, noting improvements during her tenure and encouraged continued community outreach. She also offered to support public awareness efforts in the zip codes she represents through newsletters and other communication channels. Additionally, she suggested expanding naloxone availability and training through county programs, foster care training, Child Haven, and other county departments to strengthen overdose prevention and response efforts.

Chair Black inquired whether kratom was the only substance identified in overdose deaths that were readily available for purchase over the counter at smoke shops or convenience stores. Mr. Delise confirmed that kratom was the most widely available substance on the list. He further noted that federal officials were considering scheduling 7-hydroxymitragynine (7OH), another alkaloid found in kratom, but that kratom products remain available for purchase at smoke shops and gas stations. When asked by Chair Black whether individuals could overdose and die from kratom use, Mr. Delise confirmed that they can. Member Kirkpatrick requested additional information regarding kratom regulation, suggesting that local jurisdictions could pursue ordinances if state action was not forthcoming. Drawing a comparison to prior efforts addressing synthetic hemp and spice products, she noted that Clark County had previously enacted local ordinances to prohibit those substances in response to public health concerns. Chair Black expressed interest in learning more about potential regulatory approaches, either through a future agenda item or separate discussion, and voiced concern about the ease with which kratom could be purchased at gas stations and convenience stores despite its potential lethality. He suggested that local land use and business regulations, including those affecting smoke shops, may offer avenues for mitigation. Ms. Cruz-Nañez advised that the Substance Use Response Working Group (SURG) was actively examining the issue and had already proposed several measures related to kratom and similar substances. She emphasized that while these efforts were not specifically covered in the presentation, the matter was recognized and remained under consideration. Member Kirkpatrick urged prompt action and cautioned against relying solely on the legislative process, citing delays previously experienced with hemp-related regulations. She recommended pursuing municipal law changes, as they could be enacted more quickly. Chair Black concurred, noting that local jurisdictions meet regularly and can often respond more rapidly. Member Hardy emphasized the importance of engaging in the legislative process and sought clarification on whether the Board was prepared to formally support legislative action. Chair Black acknowledged the presence of government affairs staff and indicated that they were noting the discussion. Member Hardy reiterated the need for the Board to take an active position rather than remain passive on the issue. Member Kirkpatrick informed the Board that several legislators were already exploring bills related to synthetic substances and kratom. She suggested that government affairs staff engage with those legislators to communicate the Board's concerns and the importance of addressing the issue for public health and community safety. When Member Hardy asked whether the Board could

formally express support for action, Ms. Anderson-Fintak advised that a Board resolution could be considered and brought forward at a future meeting.

Member Summers-Armstrong noted that the zip codes most affected by overdose deaths were concentrated in the same downtown Las Vegas areas where homeless services and other support programs were located. She stated that the concentration of services in those neighborhoods contributed to ongoing challenges and called for greater regional participation in providing homelessness, recovery, and supportive services across Southern Nevada. She highlighted the City of Las Vegas' recent opening of a recuperative care center and emphasized the need for continued collaboration, noting that drug activity often follows areas where individuals seek assistance. Member Kirkpatrick responded that recovery and navigation services existed throughout the valley and suggested that the issue reflected broader social and public health disparities. She recommended comparing affected areas with other communities that had similar resources to identify gaps, opportunities, and successful practices, and offered to collaborate with Member Summers-Armstrong on the issue. Dr. Lockett agreed that the Board should examine the overlapping public health challenges affecting these communities, including overdose deaths and other health indicators. He proposed mapping both community needs and existing assets to better identify service gaps and guide future interventions. Member Kirkpatrick encouraged expediting the analysis by building on mapping approaches used during the COVID-19 response and partnering with local governments to identify available resources. Dr. Lockett agreed and stated that staff would work to compile and map community assets.

XII. 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

XIII. 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.

Ms. McSwain expressed concern about the widespread use of artificial turf at schools and public facilities and the potential perception that government incentives imply the material is safe. She cited research regarding elevated turf surface temperatures and urged the agency to consider appropriate safeguards and conditions for use, particularly during periods of high temperatures.

Ms. Cordovez Mulet advised that two written comments were received regarding the Accela software system, in advance of the meeting, which would be included with the minutes, as part of the meeting record.

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

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:02 a.m.

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

Water Fairness
COALITION

October 22, 2026

SNHD Board of Health — October 22, 2026
Item 11.5 — Environmental Health Division Monthly Activity Report

Regarding Item 11.5, the Environmental Health Division reports investigating unsafe classroom temperatures at Hyde Park Junior High School, requiring students to be relocated until adequate temperatures were restored.

The Division also investigates environmental hazards on school grounds, including a bat infestation at Ruby Duncan Elementary School.

That raises an important question about another potential health hazard affecting children — artificial turf.

UNLV and Desert Research Institute researchers documented artificial-turf temperatures reaching **169 degrees**. Students at Spring Valley High School reportedly suffered second-degree burns associated with artificial turf.

Since 2021, SNWA has operated an **Artificial Turf Incentive Program**, and CCSD alone has reportedly converted approximately **8.9 million square feet of natural grass to artificial turf**.

On a day when my car registered 106 degrees, children were playing on artificial turf at Ed Fountain and Cragin Parks. I observed no cooling provisions, such as those reportedly used on high school football fields.

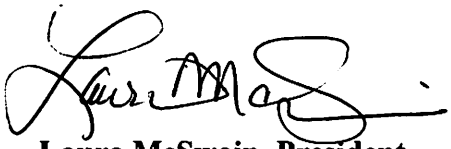
If unsafe classroom temperatures warrant intervention, shouldn't potentially dangerous surface temperatures on school athletic fields and public playgrounds warrant similar scrutiny?

Given the scale of these installations and the documented heat risks, wouldn't it be prudent to consider standards for safe use, surface-temperature monitoring, and cooling protections?

2727 Ashby Ave Las Vegas, NV 89102 702-596-4748

What is the process for requesting a formal Environmental Health Division review of these risks, including the District's authority to establish appropriate safeguards?

WATER FAIRNESS COALITION, INC



Laura McSwain, President

2727 Ashby Ave Las Vegas, NV 89102 702-596-4748

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
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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/bfef8d5f-7926-46de-88ec-66db6d7141c9@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 285 975 467#

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. **2026 Open Forum Public Health Infrastructure Grant (PHIG) Impact Award**
   - Semilla Neal

2. **Southern Nevada Health District – October Employee of the Month**
   - Gloria Rodriguez

3. **Southern Nevada Health District – Supervisor of the Quarter (2026 Q3)**
   - Wei Ren

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 285 975 467#. 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 OCTOBER 22, 2026 AGENDA *(for possible action)*

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VIII. REPORT / DISCUSSION / ACTION

1. **Approval of the 2027 Board of Health Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

- DHO Comments
- Update: Addressing the Overdose Epidemic - Clark County Data & SNHD Initiatives

XI. INFORMATIONAL ITEMS

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XIII. ADJOURNMENT

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

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

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ABSENT:	Marilyn Kirkpatrick – Commissioner, Clark County
ALSO PRESENT: (In Audience)	Linda Anderson, Nicole Baumgartner, Christopher Boyd, Chase Cates, Deb Dort, Sean Dort, Maya Holmes, Deborah Kuhls, Donna Laffey, Andrew Leavitt, Dennis Neuhausel, Andrew Pastwick, Cameron Pfand, Janice Phillips, Jasmin Valdivieso Sanches, Paul Williams
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Emily Anelli, Tawana Bellamy, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Andy Chaney, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Liliana Davalos, Brandon Delise, John DeWolff, Aaron DelCotto, Amanda DiGoregorio, Lauran DiPrete, Lisa Falkner, Kimberly Franich, Monica Galaviz, Sarah George, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Jacques Graham, John Hammond, Heather Hanoff, Maria Harris, Raychel Holbert, Carmen Hua, Dan Isler, Jessica Johnson, Rabea Johnson, Rebecca Johnson, Stacy Johnson, Christina Joshua, Horng-Yuan Kan, Bob Kingston, Nami Kremer, Theresa Ladd, Annie Lin, Josie Llorico, Randolph Luckett, Sandy Luckett, Cassondra Major, Blanca Martinez, Roni Mauro, Alicia Mitchell, Kimberly Monahan, Corey Morrison, Brian Northam, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Kaylina Penksa, Luann Province, Katarina Pulver, Yin Jie Qin, Emma Rodriguez, Alexis Romero, Francisco Ruelas, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Bruno Stephani, Erik Sumera, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Carlos Vargas, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Lei Zhang

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I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Secretary Brune.

IV. RECOGNITIONS

1. CARE Coalition – Embracing Life as Women

- Katarina Pulver

The Chair recognized the Katarina Pulver, Health Educator in the Office of Disease Surveillance, for receiving an award from the CARE Coalition in recognition of her outstanding contributions and achievements toward education around opioids and other substances, along with programming and training to help ensure a healthier, safer Southern Nevada. On behalf of the Board of Health, the Chair congratulated staff on these well-deserved awards.

Member Nielson joined the meeting at 9:08 a.m.

2. Southern Nevada Health District – August Employee of the Month

- Erik Sumera

The Chair recognized the August Employee of the Month. The Health District, and the Board of Health, recognize employees that are nominated by their colleagues for going 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 Board of Health, the Chair congratulated the employee on this recognition.

3. Southern Nevada Health District – September Employees of the Month

- Monica Galaviz and Randy Luckett

The Chair recognized the September Employees of the Month. The Health District, and the Board of Health, recognize employees that are nominated by their colleagues for going 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 Board of Health, the Chair congratulated the employee on this recognition.

V. FIRST PUBLIC COMMENT

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.

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VI. ADOPTION OF THE SEPTEMBER 24, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously to approve the September 24, 2026 Agenda, as presented.

VII. 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:** August 27, 2026 *(for possible action)*

2. **PETITION #04-27: CCOCME Approval of the Amendment A01 to the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to approve the September 24, 2026 Consent Agenda, as presented.

VIII. 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 #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dan Isler, Environmental Health Engineer Supervisor, presented a variance request for a tenant improvement project at 3114 Sorrel St., Las Vegas, NV 89146. The variance was requested to allow trees located within 10 feet of the septic tank and leach field to remain in place as part of a proposed detached garage project. Mr. Isler noted that the trees were planted prior to the current owner's purchase of the property and that the petitioner reported previous leach field issues that resulted in an unpermitted extension. Mr. Isler further noted that public sewer service is available nearby and that the property may qualify for a septic-to-sewer conversion reimbursement program. Based on the proximity of sewer service, the property's history of septic system issues, and the location of the trees, staff recommended

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denial of the variance. However, Mr. Isler also outlined recommended conditions should the Board choose to approve the request.

Member Summers-Armstrong joined the meeting at 9:14 a.m.

Nicole Baumgartner, the petitioner, requested approval of the variance, stating that she was unaware a permit was required for the leach field work completed after purchasing the home. She explained that addressing septic system issues was a significant undertaking at the time and requested the Board's support to allow her to continue the permitting process for a proposed detached garage.

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

Member Nielson expressed concern regarding the failed and expanded unpermitted septic system and noted the property's proximity to a municipal sewer connection. He asked whether financial assistance programs were available to support a sewer connection.

Mr. Isler advised that the Southern Nevada Water Authority (SNWA) Septic-to-Sewer Conversion Program may cover up to 85% of eligible costs, up to $40,000, and stated that the petitioner may qualify for assistance depending on the project's final scope and application status.

Chair Black encouraged the petitioner to explore the SNWA program, noting that the property's location within 30 feet of an available sewer connection made it an ideal candidate for septic-to-sewer conversion. He offered assistance in connecting the petitioner with SNWA representatives to better understand the costs, timeline, and available financial assistance.

Ms. Baumgartner stated that she had not completed the SNWA application process because she was unfamiliar with the required steps and was handling the matter on her own. She expressed appreciation for the guidance and assistance offered.

Member Hardy, Member Larson, and Member Summers-Armstrong agreed that additional information regarding the sewer connection option was needed before the Board could make an informed decision and supported allowing the petitioner additional time to work with SNWA.

Chair Black proposed postponing the matter for 30 days to allow the petitioner to fully evaluate the sewer connection option. He stated that if the option proved feasible, it could resolve the issue without further Board action; otherwise, the petitioner could return to the Board for further consideration. The petitioner agreed with the proposed approach.

Ms. Anderson-Fintak advised that the matter could be formally postponed and reheard at the October Board meeting.

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously that the Variance Request for an Existing Septic System, SNHD Permit #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system, be continued until a future Board of Health meeting.

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2. **Variance Request for an Existing Septic System located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Isler presented a variance request for an existing septic system located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124. Mr. Isler advised that the variance request was for two adjacent properties on Mount Charleston owned by the petitioner. A residence is located on one parcel, while most of the septic system, including the leach field, is located on the adjacent parcel. Applicant's previous efforts with the Clark County Assessor's Office to reconfigure the parcel lines were not approved due to concerns about creating irregular lot shapes. Mr. Isler advised that staff recommended denial of the variance because the existing arrangement could create future property and public health concerns if the parcels were sold separately, as the undeveloped parcel contains the septic system serving the residence. Mr. Isler indicated that staff suggested either combining the parcels into a single lot or relocating the septic system so that it is located on the same parcel as the residence. Mr. Isler further advised that should the Board choose to approve the variance, staff recommended conditions including recording reciprocal easements for the septic system within one year, recording an amended final map within one year, complying with maintenance and operation requirements, and connecting to a sewer system if service becomes available in the future.

The petitioner was not in attendance.

The Chair opened for Public Comment.

Mr. Andrew Leavitt, representing prospective buyer Janice Phillips, spoke in support of the variance request. He stated that the residence, septic system, and leach field configuration had existed since the original permit was approved in 1984 and that no physical changes are being proposed. He argued that the system has operated in its current location for decades without issue and should be considered a legal existing condition. Mr. Leavitt noted his understanding that a related plot plan had already received county approval and emphasized that the request was intended to preserve the existing arrangement. He further stated that his client had no objection to staff's recommended conditions, including recording reciprocal easements for the septic system across both parcels. He asserted that such easements would address concerns regarding future property ownership and disclosure to potential buyers, and he requested that the Board approve the variance.

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

Member Hardy sought clarification on what was being sold and expressed concerns about future ownership conflicts involving the septic system and leach field. Mr. Leavitt explained that the cabin parcel was being sold, while the septic system and leach field encroached onto the adjacent parcel. The sales contract has been in litigation for several years. His client seeks to enforce the purchase of the parcel with the residence, and it is his understanding that the petitioner/current owner will maintain the parcel with the septic system. He stated that a recorded reciprocal easement would permanently address access, maintenance, and ownership concerns for future property owners. Ms. Phillips noted that both the septic system and part of the cabin currently extend onto the adjacent parcel and referenced prior efforts to redraw the property boundaries. Member Nielson raised concerns that retaining the

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vacant parcel could create future development challenges due to the location of the septic system.

Chair Black and Mr. Isler discussed whether the remaining smaller parcel could still support future development, with Mr. Isler noting that additional site-specific information would be needed to make that determination.

Member Summers-Armstrong questioned whether the existing septic system had sufficient capacity for future development and later expressed concerns about potential legal and regulatory implications of approving the variance. Mr. Isler stated that future use of the septic system for another structure had not been contemplated and would require separate consideration.

Member Becker emphasized that the variance request was limited to allowing the existing situation to continue through a parcel map adjustment and that future buyers would be responsible for conducting their own due diligence regarding development potential and utility service. The Board members discussed the importance of a properly drafted and recorded reciprocal easement to ensure continued access, operation, maintenance, and repair of the septic system. Member Brune, Member Bond, and Member Nielson stressed the need for clear easement language that would remain effective through future ownership transfers. Member Hardy continued to express concerns that future disputes could arise between separate property owners despite the easement.

At the Board's request, Ms. Anderson-Fintak advised that approval of the variance, together with appropriate easement conditions and disclosure requirements, would likely not expose the Health District to significant legal liability, although future disputes between property owners could still occur.

*A motion was made by Member Becker, seconded by Member Nielson, and **failed** by a vote of 4-6 to approve the Variance Request for an existing septic system located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124.*

AYES	NAYS
1. Becker	1. Bond
2. Black	2. Brune
3. Nemec	3. Gallo
4. Nielson	4. Hardy
	5. Larson
	6. Summers-Armstrong

IX. REPORT / DISCUSSION / ACTION

There were no items heard.

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X. 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)***

There were no items raised.

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

- DHO Comments

  In addition to his written report, Dr. Lockett advised that two new physicians have joined the Health District in the Southern Nevada Community Health Center (SNCHC): Dr. Amanda Koziel, who joined in July and has interests in integrated primary care and HIV care, and Dr. Karina Luera, a board-certified family medicine physician and Las Vegas native who joined in September.

  Dr. Lockett advised that SNCHC was awarded a highly competitive HRSA New Access Point Grant totaling $650,000 annually to support the establishment of a third clinic location. Site selection is underway, with operations required to begin by December 10. The new clinic is expected to serve approximately 2,560 patients annually through primary care and mental health services, with grant funding supporting staffing, facility costs, equipment, supplies, and related startup expenses.

  The Board was informed of the Health District reported the first influenza-related death of the 2026-2027 season, involving an individual with underlying health conditions. Dr. Lockett took the opportunity to emphasize the importance of seasonal influenza and COVID-19 vaccinations, noting that the updated influenza vaccine includes enhanced protection against a strain that was widespread during the previous season.

  Dr. Lockett advised that, as of September 23, the Health District was conducting active Ebola symptom monitoring of 13 travelers returning from Uganda, while 50 additional travelers had completed monitoring. Dr. Lockett reported that the Southern Nevada Public Health Laboratory has the capability to test for all strains of Ebola virus and can perform up to 20 tests per day if needed.

- Presentation on the 2025 Southern Nevada Trauma System Annual Report

  Stacy Johnson, Regional Trauma Coordinator, provided an overview of the 2025 Southern Nevada Trauma System Annual Report.

  [At the conclusion of this item, the Chair requested that the presentation and discussion be captured verbatim in the Minutes.]

  STACY JOHNSON
  Good morning. I am Stacy Johnson, Regional Trauma Coordinator here at SNHD Office of EMS and Trauma. Today I'm going to give you an overview of our 2025 Annual Trauma Report, but rather than going through every data point, I want to focus on what the data tells us about our overall performance and the readiness of our trauma system. I'll highlight the major trends, and the important change and how we collected the data in 2025, and what we need to do,

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continue watching as Southern Nevada grows. The full annual report, as all of our previous reports are also available on our website.

When we hear the word "trauma," most of us just think about an ambulance taking an injured patient to a trauma center. But it is so much more than that, as you can see up here on the screen. It includes injury prevention, our EMS system, the hospital care, our rehabilitation centers, and the ongoing performance improvement. All of these pieces work together to make sure our patients receive the right care, at the right time, and at the right level of care.

Trauma is unique because it happens without warning. Someone can be completely healthy one minute and critically injured the next. The trauma system exists to make sure that when that happens, our EMS system and our hospitals are prepared to move that patient quickly to the resources they need. In 2025, more than 12,600 patients entered the Southern Nevada Trauma System through our EMS providers after meeting Trauma Field Triage Criteria. That gives us just a sense of how frequently our system is being used.

One important point to remember about our trauma centers is that higher trauma designation does not necessarily mean better care. The levels described in resource describes the resources and capabilities that are immediately available to treat our increasingly complex traumatic injuries. Our system depends on having different levels of trauma care working together. The goal is not for every patient to go to the highest-level trauma center. The goal is for each patient to reach the trauma center that is equipped for their injuries in the most timely manner.

A little bit about our data before we get into the numbers specifically is a really important distinction between the two data resources that we utilize. We use two primary sources, our state trauma registry and our TFTC data. The state trauma registry follows national trauma database criteria and captures patients who meet very specific criteria, that requires the patient to be admitted into the hospital for at least 24 hours to either get transferred out due to their injuries or die due to their injuries. This dataset does not include any patient that is discharged from the emergency room. So, remembering that when we look at our TFTC data, it starts early in the process. This data set captures patients identified by EMS in the field that are transported to a trauma system, regardless of whether they get admitted, they get discharged, or they die. These datasets do answer different questions, and the numbers will not always be the same. Neither dataset captures every patient within our system, and the distinction becomes particularly important when we look at our data trends.

A little bit of background about 2025. We did have an important year. Previously, our trauma field tirage information was captured by our trauma centers, sent to our office, and then compiled into a report. In 2025, it was a long time coming. The trauma centers were asking for it for many years. Our office was able to take over extracting that data out of our EMS electronic patient reports, following their review and sending it back to us. This now gives us one standard source and one standard process to capture our data. So as we collect additional years using this method, we will have a much stronger foundation for identifying the trends over time.

I'm looking first at population growth. This is a big one that we look at when we're analyzing our trauma data. So between 2021 and 2025, Clark County added approximately 140,000 residents, which represents about a 6% growth. This growing population means more traffic, more construction, more recreational activity, and ultimately more demand in our emergency

rooms and our trauma system. This is why we look at where the trauma incidences are actually occurring.

So, taking a look outside of that population and look at where is trauma occurring geographically, an interesting picture emerges. So the southwest area was the only area showing growth in TFTC incidents compared with 2021. The Metro, the Southeast, Northwest, and Southwest areas all showed a decrease over that same period. So, while Southern Nevada is growing overall, trauma growth isn't occurring uniformly across the region. That is really important for system planning. We need to look at the actual trauma volumes as well as geographic access, and available resources, not just the population alone.

So, putting that all together, one of the easiest ways to put this into perspective is that in 2025, with more than 12,600 patients entered the trauma system through EMS, that's approximately one patient every 42 minutes. That means every hour of every day, EMS providers, emergency rooms, trauma teams, ORs, blood banks, and critical care resources must be ready. And again, this represents patients entering through the EMS system. It does not represent every patient that's treated in our region.

So, what causes their injuries? We need to look at mechanisms so that we can know where to put our prevention efforts. Falls accounted for 61% of all traumatic injuries, according to our state trauma registry data. Motor vehicle crashes came in second at 15.1%, and other leading mechanisms included struck by or against, cutting or piercing injuries, or firearm injuries. This pattern helps our trauma centers look at injury prevention. It helps us determine what our EMS education should be, our hospital preparedness, and our future system planning.

So, a little bit about how EMS identifies a trauma patient and how they get them to a trauma center. So, as you guys have probably heard before, we have our red and our yellow criteria. So red criteria identifies patients with the most serious signs of injury. Examples are active bleeding, difficulty breathing, just to name a few of those. Our yellow mechanism criteria identifies high-risk events where the mechanism is what they're looking at. That mechanism raises concerns, such as motor vehicle crashes, auto pedestrians auto versus bicycles, things like that. And then our last category is our yellow judgment. This is where EMS providers use their clinical assessment skills when they're looking at the patient to identify significant injury that may not be immediately obvious. Patients that fall into this criteria are high alerts for order adults, our children, our pregnant patients, and our patients taking blood thinners. In 2025, a little over 2,200 patients met red criteria, as you can see on the slide. Over 2,800 met our yellow mechanism criteria, and our largest group at over 7,500 fell into that yellow clinical judgment.

So, this is the same, here we're seeing the same data that we did on the last slide. This is just our five-year trend. Our annual report looks at a trend of five years. So, this number equates to approximately 35 patients every day or 1-2 patents every hour.

We also, an important key that we look at is our EMS transport times. We need to know how quickly our patients are getting from the scene to our designated trauma centers. So in 2025, our median transport time was approximately 16 minutes, and over the last five years, that trend you see up there, the number has remained remarkably consistent, ranging from 15.7-16.6 minutes. So, despite our continued population growth, we're not seeing evidence in this measure of worsening access or increasing transport times.

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But transport time is more than just a transportation measure. Care begins at the scene. So EMS assesses the patient, determines the appropriate destination, and communicates with the receiving hospital, and begins care before the patient ever makes it to the trauma center. And meanwhile, that trauma center is preparing their appropriate team before the patient even arrives. The goal is simple: get the right patient to the right trauma center as quickly as possible.

So, breaking this down a little bit into our four different trauma centers of where did the patients receive their care. Our designated trauma centers play an important role in maintaining our regional access and readiness. UMC continues to receive the highest volume of our EMS identified trauma patients or TFTC. Sunrise, St Rose Siena and Michael O'Callahan each contribute to that regional system and provide important geographic access to trauma care. The numbers on this slide also illustrate why it's important with those two datasets that we already discussed. So, the blue bar up there is our Trauma Field Triage Criteria, and the red bar is the National Trauma Data Bank and the state criteria. So, both datasets are valid, they simply just answer difference questions.

So, what is happening after our patients arrive at a trauma center? That level of care is going to depend on the severity of their injury. And in 2025, 59% of the patients were ultimately discharged from the emergency room. Others required hospitalization, going to the ICU, the OR, or they were transferred to a higher level of care. The important point is that discharge does not mean the patient didn't meet trauma care. Every patient requires evaluation, treatment, and clinical decision-making before a safe disposition can be determined. Deaths also occur on scene without transfer to the hospital, don't get included into this dataset but they are reviewed quarterly by our Trauma Medical Audit Committee. The 2025 committee reviewed, they did not identify any concerns related to our out-of-hospital trauma deaths.

We also include our non-trauma hospitals as part of our trauma support system. Some injured patients will initially arrive at non-trauma centers either by not utilizing EMS or not being recognized as meeting trauma field triage criteria in the field. In 2025, we had 1,192 patients that required transfer from a non-trauma hospital into a designated trauma center. This number does include transfers that occurred from out-of-state as well. These hospitals provide an important first step by evaluating and stabilizing our patients and then coordinating the transfer to a higher level of care.

So, looking ahead, our focus is on maintaining a trauma system that can meet the needs of a growing Southern Nevada. We will continue monitoring trauma volumes and where injuries are occurring, along with EMS transport times, our geographic access, our trauma center capacity, and the quality of our data. It is important to recognize that trauma system expansion is not something that happens quickly. Changes require planning, regulatory review, hospital investment, staffing, and infrastructure. Our responsibility is to continue evaluating the system today so that we're prepared for the needs of the community tomorrow.

So, in summary, there are four things I'd like the Board to take away from this report. First, more than 12,600 patients entered our trauma system through EMS. Second, our access does remain stable, with our median EMS transport times being about 16 minutes. Third, we have a way of colleting our TFTC data that has improved significantly in 2025, giving us a more standardized foundation for future trended data. And finally, Southern Nevada continues to grow. So, ongoing monitoring and long-term trauma system planning remains important. But most importantly, every number in this report represents a person who needed our trauma

system to be ready when they needed it. Our goal is to make sure the system remains ready, accessible, and sustainable for Southern Nevada. When someone experiences the worst day of their life, we want to remain ready. Thank you for your continued support and leadership, and I'm happy to answer any questions. I also have members from our epidemiology department, as well as the OEMSTS supervisor with me.

CHAIR BLACK
Thank you for sharing your presentation with us this morning. What I'll do is, I'll start with our Board members online and we'll just go, you know, did anyone raise their hand first? Who's first?

ANDRIA CORDOVEZ MULET
No one has their hand.

CHAIR BLACK
No one? Okay, who?

MEMBER LARSON
I would like, I have a couple questions. I didn't press it. Sorry. This is Dr. Monica Larson.

CHAIR BLACK
Yes, yes, Councilwoman Larson, thank you. Go ahead.

MEMBER LARSON
Thank you. I have a few questions. So, are we planning for tomorrow's trauma needs or only measuring today's utilization? Because the report acknowledged, you know, that we added approximately 140,000 residents from 2021 to 2025. That population growth is a strong predictor of future emergency and trauma demand and that trauma center expansion takes years of planning. I understand that. But when evaluating, as I presented last time about Siena's Level II application, how is the Health District accounting for projected population growth in the years required to develop Level II capacity rather than relying primarily on current utilization?

CHAIR BLACK
Future planning projections, what are we doing to stay ahead of this as needed?

STACY JOHNSON
Well, RTAB and TMAC do look at this data on a quarterly basis. If they identify any trends that they find are out of norm, increasing, or that they're concerned about, they push that forward and have us do additional data analysis and tools or possibly work groups or whatever the RTAB and TMAC recommend.

MEMBER LARSON
For now, yes, I have a couple other questions. So, does the regional median transport time tell us enough about Henderson residents? Because the presentation did address approximately 16 minutes or so. But I wanted to, what are the transport time specifically for patients originating in Henderson in the Southwest Valley who require Level I or Level II care, particularly the most seriously injured red criteria patients.

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STACY JOHNSON
Those are definitely numbers that I believe our Epidemiology Department would be able to pull out of the data that we have. So, we could take the patient specifically going to Siena and track those times if that was needed.

MEMBER LARSON
Yeah, because for a time-sensitive trauma patient, I believe we should examine the community-specific data, not simply valley-wide.

STACY JOHNSON
And we can break those numbers down into specific areas if we need to, absolutely.

DR. CASSIUS LOCKETT
Yeah, we'll perform those analysis. Our Epidemiology team can do that. And then we will send that out to the Board.

MEMBER LARSON
Okay. Thank you. I have three more if that's okay. What does, what does Siena's existing trauma volume tell us about its role in the system? Because, in particular, Siena has already designated a Level III trauma center, and the report states that it continues providing trauma services for the Southeast Valley while maintaining consistent patient volume. The report also defines Level II as providing initial and definitive care for severely injured patients and says that in population dense areas, Level II centers should supplement Level I clinical activity and expertise. But given Siena's established role, patient volume, infrastructure and location, what specific system Level evidence demonstrates that allowing it to pursue Level II designation would adversely affect the trauma system?

STACY JOHNSON
That is not data that we have here today for this conversation as far as the annual report. The annual report does break down a trauma or Siena specific volume, but the data that you're asking for, that is not stuff anything that we have prepared for today.

MEMBER LARSON
Okay.

CHAIR BLACK
If I may, Councilwoman Larson and also all the Board members, I just want to remind you or let you know if you're not aware, in anticipation of this presentation today, this presentation, I believe, is intended to kind of just give us a synopsis, an overview. We have the detailed report at our disposal to read through. And our intention is to encourage each Board member to familiarize themselves with the report. And then there will be a briefing, a briefing schedule put out after this meeting for three time points that our staff will make themselves available for Board members to sign up so we can truly take this deep dive that you're speaking to, you know, you represent Henderson, I represent North Las Vegas. We have a collective trauma system that needs to meet the demands of our entire growing community. However, we'll have this opportunity for each Board member that wants to really dig in on Trauma 101 with the staff, with experts here at the District will have that. So those dates will be put out, but I'll just let you know right now that there will be on October 12th, October 16th, and October 20th. Those are the time points that you'll be able to really, really take. We're going to each do our homework to the level that you need to, to have a, because this is critically important to

our community that we have a sound understanding as a Board so we can make good policy decisions moving forward to meet the needs of our community, as was stated, the right patient, you know, right trauma center, and the, you know, in as quickly as possible. I just want to interject that so all the Board members can know what's coming. We're not going to be able to solve and answer every question today because of the data that, the information that's available for this presentation. But please prepare yourselves and I encourage every Board member to sign up for one of these briefings. Okay, sorry.

MEMBER LARSON
And I appreciate, I appreciate that, Chair Black. I definitely, because this is very important. And so I just want to make sure that that data is reflective for all.

CHAIR BLACK
Yes, yep. And I, okay, yeah, so I just wanted to let the Board members know that this, we're receiving this presentation today in connection with the release of the 2025 trauma report. We need to all familiarize ourselves with it, participate, really be up to speed as Board members so we can make the absolute best decisions moving forward. Okay. So enough about me, let's talk about trauma. Any other comments or questions online before we go to those that are in the room today? Oh, Bobbette, yes, go ahead. Thank you.

MEMBER BOND
Thank you. Am I off mute? Can you hear me?

CHAIR BLACK
Yes, we can hear you. Yes, thank you.

MEMBER BOND
Okay, great. Thanks for the time. Yeah, I think this is so complicated because, I'm appreciate Councilwoman, Miss Monica asking for details about the area. I think some of the things that are going on in the community are statements that aren't necessarily true. So, it would be good to have a little more drill down on that on the data, but it is hard to ask for that in this meeting. So, I have a couple of issues that I'd like to see us drill down on very similar to what Councilwoman Larson just did. But I think it would be great if we had a day when you need all the questions to you so that the presentations that are giving us and training that's going to be given to us, they have time to pull that data. Otherwise, I think we're going to, none of us are going to feel like our answers are getting questions. Our answers are, our questions are getting answered.

CHAIR BLACK
I think that's a really great point, Bobbette. I think we'll be able to achieve that with these briefings initially, so we can have some really meaningful conversations. But the point you just made is to pre-submit through Andria what questions and data you would like to see so our staff can be fully prepared for your specific briefing or anybody's briefing. So I think we have a mechanism in place to do that, because it is very important.

MEMBER BOND
Okay, and so my other comments are, I think the presentation was helpful. I think that focusing on population growth has been a discussion point in the community for a long, long time. And it's interesting that the Trauma Department is leading with that when you finally get to another slide showing that there isn't a growth, right? So, in trauma cases. So, I think that

we should have a conversation about where is trauma cases itself, what you should be paying attention to, because population can grow. But if trauma isn't growing with it, I think that it's a different conversation we should be having, right? Populations increase 6%. But those same years, several years, trauma cases have decreased. And you can see on that next slide that there's only one, there's only one area of town where the growth is even 6% and everywhere else it's gone down on trauma cases. So, I want that to be a piece that we look at. I think there's also this longstanding issue of what's now called the yellow judgment. The trauma centers are lined up the way that was told today, like Level I, Level II, Level III centers, but the patients are lined up on a slightly different scale, which used to be step 1, step 2, step 3, step 4. I'm not sure why those were collapsed. But I think what would be helpful to us and everything that Councilwoman Larson has said in my presence is to understand those hard, you know, those cases that really, really have to go to a trauma center. And so, I would like us to pull out the judgment yellow because it's way more than 50% of the cases and very few of the actual hospitalizations. And if we're going to have conversations about who's not getting to a trauma center in time, and this is somebody dying, you know, on a gurney not able to get to trauma, that's not in those yellow cases. And so, I think we're polluting the data a little bit. So, I'd like us to, if possible, pull that out and then look at the cases that are more relevant to the conversations we've been hearing. Not to say we shouldn't be planning for the future. I think that's really important. The last thing I want to just get in front of you is these transfers. I can't tell when there's a transfer, if the transfer is going from an existing hospital or an existing trauma center or an existing freestanding ER. I really would like us to be able to see if there's, in that in that transfer data, is someone going to Dignity and then getting transferred to Sunrise and it's not and it didn't go well? Are there cases where the patient couldn't get there? What is the barrier that we're hearing about it? I would really like to understand who's leaving one trauma center and going to another trauma center and why. Because that shouldn't be happening at all, really, right, if possible. So, it clarifies the conversation about why that would happen, because the criteria is being triggered at when the patient gets in the ambulance. So, they should go to the right place. So that's it. And then finally, it would be awesome if you guys would include in their reports, how many bays these hospitals have to take care of trauma patients. I know UMC has 12 bays to take care of patients, so they just don't run out of capacity. But I don't know how many are at Sienna and I don't know how many are at Sunrise and I don't know how many are at O'Callahan and that might be easily available, but I think it would help us think. And making sure if patients are going to freestanding ERs for trauma, we know that and where they're going and what happens to them next. So, a lot, but I'll try to distill it into a set of questions so you have enough time to look at the data.

CHAIR BLACK
Thank you so much, Ms. Bond. And I'm hopeful that you're, because that was a great deal of questions. I mean, if this team here wants to try to address…

MEMBER BOND
No…

CHAIR BLACK
…them now. Are you okay for us to capture, your okay…

MEMBER BOND
Yes.

CHAIR BLACK
Because that's what my anticipation was, but I don't want to, you know, speak for you. I think if we can capture what she said and be prepared for that so when those briefings occur, you'll be able to speak to those points.

STACY JOHNSON
Yeah, that's great.

CHAIR BLACK
Okay, excellent. Thank you, Bobette.

MEMBER BOND
Yeah, and there might be more. So we do want a date when we should get our proposals to you. So thank you.

CHAIR BLACK
Certainly. Councilwoman Summers Armstrong.

MEMBER SUMMERS-ARMSTRONG
Thank you, Chair Black. I would like that things that have been raised today by both Councilwoman Larson and Bobbette, Member Bobbette, are part of our briefings. So everything that's been asked for, that it is prepared with answers, the data to be presented regardless of which day a member attends the briefings and that when we have questions, whatever day you have them in there to be submitted, that all those questions and the data that is requested are shared across all three briefings. That's it.

CHAIR BLACK
That's an excellent suggestion and we'll make certain that it's comprehensive in nature. So we all know what everyone's questions are and we all have that same information. So we're well informed as board members and policy makers. Thank you. Any other comments online before I go to our members here in the Red Rock conference room? Don’t see any. All right, who wants? Mayor Hardy.

MEMBER HARDY
This is a great day. I find myself agreeing with Bobbette Bond.

MEMBER BOND
Oh, twice.

MEMBER HARDY
Wow, I feel better already. So, looking at the transfers from two to one, three to one, burns to UMC, the grade of care, the success of care, all of those things I think are wrapped up in what we're trying to do with trauma centers and, you know, what are we using and how are we using it. So, I think I look forward to the briefings and I think we'll be able to get some of those answers and be able to make decisions that are based on reality. So, thank you.

CHAIR BLACK
Thank you, Mayor Hardy. Anyone else in the room? All right. I'll circle back one more time to the Board members online. Otherwise, really thankful for your presentation today. We look forward to the dialogue that we'll have in these briefings over the next couple of weeks, and

that will give us the basis for continuing to navigate the important matters that are before us regarding our trauma system. So, thank you so much. Really appreciate you.

I think one thing I would add, and you're good, but I just want to say to our team here, since we talked about, we had a nice two-way dialogue with our Board members. Stacy laid out a great presentation from her slides and articulated very well in her words. So, I would ask that the staff capture that presentation and the questions from the Board and the back and forth verbatim word for word for the minutes and also for us to have, just as so we don't lose anything in translation as we move forward to the briefing. So, can we do that, Dr. Lockett?

DR. CASSIUS LOCKETT
We will take care of that.

CHAIR BLACK
Okay, thank you, sir, very much.

XII. 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

XIII. SECOND PUBLIC COMMENT:

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.

Dr. Sean Dort, Trauma Medical Director at St. Rose Siena, long-standing member of the RTAB, and State Chair of the American College of Surgeons Committee on Trauma, emphasized the importance of the trauma discussion. He recognized the significant effort involved in collecting and maintaining trauma system data, noting that thousands of patient records are carefully tracked and validated each year, and commended the teams responsible for preparing the 2025 Southern Nevada Trauma System Annual Report. Dr. Dort stated that the system is strong, performs well nationally, and is highly valued by participating hospitals and providers. He stressed the importance of proactive planning and preparedness to meet future trauma care needs, noting that building system capacity takes years. Dr. Dort emphasized that protecting public safety and ensuring high-quality trauma care should remain the top priority. He advocated for thoughtful, collaborative growth that strengthens the system without creating unnecessary financial burdens, while preserving the integrity of the trauma system and the Board's decision-making authority.

Jasmin Valdivieso Sanches, Strategies 360, inquired whether a recording of the meeting would be made available.

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

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:54 a.m.

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

DRAFT

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 22, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **October 22, 2026**

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

PETITION # 05-27

That the Southern Nevada District Board of Health *approve contract number C2700033 between the Southern Nevada Health District and County of Clark, State of Nevada for the Southern Nevada Geographic Information Interlocal Agreement.*

PETITIONERS:

Cassius Lockett, *District Health Officer*
Jason Frame, *Chief Information Officer*

DISCUSSION:

This is a revised GIS Interlocal Agreement with Clark County and other Government Entities. Various entities provide GIS data for their jurisdiction to Clark County, who formats and makes the data available for all agencies. This contract is valid through May 31, 2031.

FUNDING:

Annual cost of $4000 for the Core GIS Data totaling $20,000 over the next five years and will be funded by Various District Programs that use GIS Data on a regular basis. The expense is budgeted annually by the respective programs.

SOUTHERN NEVADA

GEOGRAPHIC INFORMATION

INTERLOCAL CONTRACT

THIS INTERLOCAL CONTRACT ("Contract") is made and entered into this 17th____ day of May_____, 2026, by and amongst the County of Clark, State of Nevada (hereinafter "County") " the Cities of Las Vegas, Henderson, North Las Vegas, Boulder City, and Mesquite, Southern Nevada Health District, Clark County Water Reclamation District, Clark County School District, Las Vegas Metropolitan Police Department, Las Vegas Valley Water District, Clark County Regional Flood Control District, Overton Power District No. 5, Clark County Department of Aviation and Regional Transportation Commission of Southern Nevada (referred to herein individually as the "Participant," or "Party," or collectively as the "Participants," or "Parties."), all of which are public agencies of the State of Nevada

WITNESSETH:

WHEREAS, Nevada Revised Statutes Chapter 277.180 provides that two or more public agencies may enter into an interlocal contract for the performance of any governmental service, activity or undertaking which any of said agencies is authorized by law to perform; and

WHEREAS, the Parties hereto maintain a Geographic Information System (hereinafter "GIS") capable of providing automated graphic display and analysis, and multiple data layers and information (e.g., land records, land use and facilities); and

WHEREAS, the Parties hereto, all of which have incurred considerable costs associated with the development and implementation of their respective GIS, desire to share access to their GIS resources and data sets more fully described below as part of a cooperative effort on the part of the Parties hereto to provide a more cost effective and efficient operation of their GIS for use by the public; and

WHEREAS, the County has incurred significant costs associated with the creation of products improving the geodetic control and positional accuracy of its GIS, which products can be used to facilitate data sharing and application integration, and such improvements can be utilized by each Participant hereto to develop and improve their respective GIS resources; and

WHEREAS, the County has incurred significant costs associated with the acquisition of aerial imagery of the Clark County region, which is used by numerous agencies to develop and improve their respective GIS resources; and

WHEREAS, the County provides on-line map services, as technically feasible, which allow interested agencies the ability to access imagery using software capable of such; and

WHEREAS, representatives of the Parties hereto, together with representatives of other political subdivisions in Clark County, all of whom share a common interest in the development and improvement of their respective GIS, have met periodically for the purpose of exploring potential markets and marketing techniques for the sharing and distribution of their respective GIS data, which may have the benefit of lowering the operational costs for each governmental entity that elects to participate with the Parties hereto in this Contract; and

WHEREAS, the Parties, or some of them, have previously entered into interlocal agreements dated May 1, 2018, June 19, 2019, and May 17, 2022 to share GIS imaging costs, and the Parties hereto desire to update and supersede those interlocal agreements with this Agreement to share the costs of acquiring aerial imagery of certain areas within the Clark County region (the “Aerial Imagery Data”) and secure access to GIS data through a GIS collaboration site (“GIS Collaboration Site”) while preserving each Participant’s control over its own data; and

NOW THEREFORE, in consideration of the mutual covenants and agreements herein contained, the Parties hereto agree as follows:

1. ANNUAL FUNDING FEE.

a. Within thirty (30) calendar days after receipt of an invoice from the County ("Annual Funding Fee Invoice"), which will be given on or around July 15th of each year of the annual imagery cycle unless requested sooner, the Parties shall pay to the County their respective funding fee ("Imagery Project Fee" plus "Central Repository Fee") as provided in the Annual Funding Fee Invoice.

b. The Imagery Project Fee shall not exceed the amount listed for each Party below in Table A unless Party has requested additional services from NearMap. If the additional service is specific to the Party, then the Party will pay the associated fee in addition to the fees noted in the Imagery Project Fee Table. If the additional services benefit multiple Parties, then the additional fee will be distributed among those Parties to be paid in addition to the fee noted in the Imagery Project Fee Table.

TABLE A

IMAGERY PROJECT FEE TABLE

AGENCY	2026-2031
COUNTY	$ 330,804.30
CLARK COUNTY DEPARTMENT OF AVIATION	$ 45,945.04
LAS VEGAS VALLEY WATER DISTRICT and SOUTHERN NEVADA WATER AUTHORITY	$ 45,945.04
CITY OF LAS VEGAS	$ 45,945.04
CITY OF HENDERSON	$ 13,783.51
CLARK COUNTY REGIONAL FLOOD CONTROL	$ 13,783.51
LAS VEGAS METRO POLICE	$ 13,783.51
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	$ 13,783.51
CLARK COUNTY WATER RECLAMATION	$ 13,783.51
CLARK COUNTY SCHOOL DISTRICT	$ 13,783.51
CITY OF NORTH LAS VEGAS	$ 13,783.51
OVERTON POWER DISTRICT NO. 5	$ 1,914.38
CITY OF MESQUITE	$ 1,914.38
CITY OF BOULDER CITY	$ 2,297.25

ESTIMATED TOTAL IMAGERY PROJECT FEE	$571,250.00

c. In addition to the Imagery Project Fee, each Participant, except Clark County Department of Aviation, shall pay to the County the funding fee for maintaining the CORE GIS Data Set ("Central Repository Fee"), which initially shall be in the amount of $4,000.

d. The Central Repository Fee (initially in the amount of $4,000) may be increased, as set forth immediately below, by the County on July 1, 2026, and each succeeding July 1 thereafter. The new Annual Funding Fee shall be the lesser of the following: 1) The prior fiscal year fee plus five (5) percent of the prior fiscal year fee. OR 2) the product of the following - Step 1: Divide the most current April entry from the Bureau of Labor Statistics Consumer Price Index-All Urban Consumers, West Region All Items ("Index") by the Index entry for the previous April. Step 2: Multiply the quotient obtained in Step 1 by the prior fiscal year fee.

e. In the event a Participant is added to, or withdraws from, this Contract in the prior fiscal year, the total revenue collected from the Participants in the prior fiscal year shall be divided by the total number of Participants in the new fiscal year. The resulting quotient shall then be adjusted as set forth in paragraphs 1-b and 1-c. to arrive at the new rate per Participant for the current fiscal year. If the remaining Participants cannot pay the increased rate in the current fiscal year, then the increased rate difference will be added to the subsequent fiscal year's rates for the Participants.

f. In the event any Participant hereto withdraws from this Contract, no fees shall be refunded to the withdrawing Party.

g. Subsequent to the execution of this Contract by the initial Parties hereto, any public agency desiring to become part of this Contract must receive approval from the majority of the current Participants, and such approval as a Participant to this Contract will be subject to the condition that the public agency pay the Annual Funding Fee assessed for the current fiscal year. The Imagery Funding Fee will not be prorated based on the date a new party is added to the Agreement.

h. Notification of the new fiscal year's rate will be sent to the Participants by June 1st of the current fiscal year.

2. SOUTHERN NEVADA GIS POLICY COMMITTEE.

This committee shall be composed of one voting staff member from each Participant familiar with GIS policy matters. This committee will meet as needed to discuss policy issues, and to review and recommend changes to this Contract. The withdrawal from this Contract by any Participant hereto voids that Participant's voting membership in the Southern Nevada GIS Policy Committee. The County will Chair the Southern Nevada GIS Policy Committee.

3. COUNTY SERVICES.

The County shall provide each Participant with the basic GIS services ("CORE GIS Services"), as available, described as follows:

a. Administering and maintaining the GIS Collaboration Site described in Section 5, through which Participants may securely access GIS data, imagery, and related map services in accordance with this Agreement;

b. Initial transfer to each Participant's GIS of all digital imagery acquired by the County and access to the updates thereof;

c. Initial transfer to the Participant's GIS of spatial and tabular data maintained by the County in the Southern Nevada GIS Central Repository and access to the updates thereof;

d. Network support services, if technically feasible, which facilitates the transfer and exchange of data to and from the Participants' GIS; and

e. Provide assistance in the design and implementation of the Participant's GIS resources, which is specifically suited to the Participant's application requirements, and provide informal training of the Participant's staff as a function of the design and implementation activities as the GIS Management Office resources permits.

4. CORE GIS DATA SET.

a. In addition to providing the CORE GIS Services set forth in Section 3 above, the County agrees to maintain within the Southern Nevada GIS Central Repository the CORE GIS DATA SET, which will include, but is not limited to, the data described below. The Southern Nevada GIS Central Repository is hosted on County servers and is separate from, and does not interact with, the GIS Collaboration Site described in Section 5:

i. Land use data sets as provided by the County and the Participants;

ii. Parcel data sets and respective derivatives as provided by the County; and

iii. Street Centerline data sets and respective derivatives as provided by the County.

b. The Parties hereto agree to the following as it pertains to the CORE GIS Data Set:

i. Each Participant shall provide to the County timely updates to authorized spatial and tabular data with metadata maintained by the Participant.

ii. Data updates will be made available via electronic transfers in formats compatible with two minor versions prior to current release by the manufacturer.

iii. Each Participant and County agree to notify the other Party within ninety (90) days of any proposed changes to the database design or data structure for data maintained in the Southern Nevada GIS Central Repository.

c. The Parties hereto agree to maintain the current or previous (up to one year prior) data format supported by Esri, Inc (“Esri”).

d. Software releases that resolve security vulnerabilities or address manufacturer supportability issues will be addressed with priority over other software releases to ensure the protection of the GIS Repository Participants and related data and, in addition, shall comply with NIST SP 80053 Rev. 5 control RA5(d), as implemented under the FedRAMP Moderate baseline.

5. SERVICES AND DATA SECURITY.

Each Party will be provided with the services, as available, described as follows:

a. The County will have responsibility of working directly with the vendor on the Imagery Contract. The County will ensure flight schedules meet contractual requirements. The County will have final approval on imagery delivery, acceptance, and ensuring it meets the County's quality standards.

b. The County will publish a map that shows the areas for which Imagery Data will be acquired for the annual Imagery Project cycle.

c. The Parties will work directly with vendor to get their credentials to acquire use of Imagery services.

d. The County shall administer and maintain the GIS Collaboration Site to permit Participants to access GIS data, imagery, and map services through a web-based platform or related hosted services. The GIS Collaboration Site is hosted by Esri on the Esri Cloud (ArcGIS Online). Esri is the host of the GIS Collaboration Site, and the County serves as its administrator. The GIS Collaboration Site is separate from, and does not interact with, the Southern Nevada GIS Central Repository described in Sections 3 and 4, which is hosted on County servers. Each Participant shall be responsible for connecting to the GIS Collaboration Site and configuring map services to share appropriate portions of its data with other Participants as described in this Section.

e. Each Participant shall maintain its own GIS data and shall be solely responsible for the accuracy, currency, and integrity of that data. Each Participant shall share its data with other Participants through the GIS Collaboration Site on a periodic basis as agreed by the Parties from time to time and store the data it makes available through the GIS Collaboration Site within its own area of the Esri Cloud. The County shall not store any Participant's data on County servers by virtue of this Section. For a Participant that is unable to maintain its own area of the Esri Cloud, the County may, at its discretion and upon the written request of the affected Participant, assist that Participant in making its data available through the GIS Collaboration Site, subject to available resources.

f. Each Participant shall provide descriptive metadata with each data set shared through the GIS Collaboration Site, including at a minimum: (i) the name and contact information of a designated data steward for that data set; (ii) the date the data was last updated or published; and (iii) a brief description of the data set and its intended uses.

g. Each Participant is solely responsible for ensuring that access to the GIS Collaboration Site, credentials, shared map services, downloadable data, and any data obtained through the GIS Collaboration Site is limited to: (i) its current employees with a legitimate governmental need to know; and (ii) independent contractors who have a legitimate need to know to perform contracted work for that Participant and who are bound by written confidentiality and security obligations at least as protective as this Contract. No Participant shall permit access by any former employee, former contractor, volunteer, guest user, or other person who is not an Authorized User. Each Participant shall maintain accurate internal records identifying its Authorized Users and shall review such access privileges on a periodic basis, but not less than quarterly.

h. Data shared through the GIS Collaboration Site shall be made available via map services hosted by Esri. By default, map services shall be configured to allow access to map view only, and not to permit the downloading or export of underlying data. This default restriction may be relaxed on a data-set-by-data-set basis for data that does not require download restrictions. Each Participant retains full authority to determine which of its data sets are made available for download and which are restricted to map-view access only.

i. Each Participant shall implement and maintain commercially reasonable identity and access controls for all Authorized Users of the GIS Collaboration Site and all systems used to access data under this Contract, including, without limitation: (i) unique user IDs for each Authorized User; (ii) Single-Sign On (SSO) that is integrated with and authenticated by the participant organization’s internal identity management and authentication mechanisms for all remote or interactive access to the GIS Collaboration Site, except to the extent the Parties specifically approves in writing a technically necessary alternative control that provides substantially equivalent protection; (iii) least-privilege, role-based access controls limiting each Authorized User to the minimum access necessary for the Authorized User's duties; and (iv) prompt disabling or revocation of access immediately upon any known or reasonably suspected credential compromise and, in all cases, not later than twenty-four (24) hours after an Authorized User separates from service, changes roles such that access is no longer required, or otherwise ceases to qualify as an Authorized User.

j. The County shall administer the GIS Collaboration Site using commercially reasonable administrative, technical, and physical safeguards designed to protect Participant data from unauthorized access,

acquisition, destruction, use, modification, disclosure, or exfiltration. Without limiting the foregoing, the County shall, to the extent available for the selected platform and reasonably practicable, require or enable: (i) encryption in transit; (ii) encryption at rest for hosted data; (iii) role-based access controls; (iv) logging and audit trails sufficient to record authentication events, administrative actions, and material data-access events; (v) session timeout or comparable controls; (vi) no anonymous or public access to nonpublic data; and (vii) security updates, vulnerability management, and backup/recovery processes appropriate to the environment. The County shall not intentionally configure the GIS Collaboration Site to allow public sharing, anonymous access, or unrestricted external download of nonpublic Participant data. Upon request, County shall provide Participants information reasonably sufficient to verify County's security controls, such as then-current security documentation, summary audit reports, certifications, or similar materials customarily made available to data sharing Participants.

h. No Participant shall make any other Participant's data available to any organization or third party that is not a Participant to the Agreement. Unless the Participant has first entered into a written agreement with that Provider requiring, at a minimum, that the Provider: (i) use the data solely to provide the contracted hosting, storage, security, support, and related services, and for no other purpose; (ii) not sell, monetize, mine, profile, train artificial intelligence systems on, or otherwise commercially exploit Participant data; (iii) restrict provider personnel access to those persons with a strict need to know and subject to written confidentiality obligations; (iv) impose the same obligations on any approved subcontractor; (v) implement and maintain reasonable security measures appropriate to the sensitivity of the data and the services provided; (vi) provide prompt written notice to the County of any actual or reasonably suspected security incident, unauthorized access, unauthorized disclosure, or other event affecting Participant data, and in no event later than twenty-four (24) hours after discovery; (vii) return or securely destroy Participant data at termination or upon request, subject only to legally required retention; and (viii) provide the County, upon request, information reasonably sufficient to verify the provider's security controls, such as then-current security documentation, summary audit reports, certifications, or similar materials customarily made available to customers. All Participants are responsible for compliance with this subsection even if the GIS Collaboration Site is operated through a third-party provider.

i. In the event of any actual or reasonably suspected unauthorized access to, acquisition of, disclosure of, alteration of, destruction of, or inability to access Participant data or the GIS Collaboration Site, the Party discovering the event shall promptly notify the County's GIS Management Office and each affected Participant. Nothing in this Contract is intended to alter or diminish any independent obligation of a Party under applicable breach-notification or cybersecurity laws. Each Party shall remain responsible for complying with laws directly applicable to that Party and the data in its custody or control.

j. A Participant may designate particular GIS layers, attributes, maps, imagery, metadata, or other information contributed under this Contract as security-sensitive or as relating to critical infrastructure ("Security-Sensitive GIS Data"). In addition, data that reasonably depicts, reveals, or could materially facilitate the disruption, misuse, or exploitation of water, wastewater, flood control, aviation, transportation, law enforcement, public health, school, or other essential governmental systems shall be treated as Security-Sensitive GIS Data whether or not specifically marked. Security-Sensitive GIS Data may be accessed and used only for internal governmental purposes of an Authorized User and only in accordance with this Contract and all applicable federal, state, and local laws, regulations, regulations, orders, policies, and incident-response requirements directly applicable to the accessing Party. No Party shall intentionally publish, post, or otherwise make Security-Sensitive GIS Data publicly available through the GIS Collaboration Site.

k. Nothing in this Contract shall be construed to require a Party to violate the Nevada Public Records Act or any other applicable law. If any Participant receives a request, subpoena, demand, or other compulsory process seeking another Party's data obtained through the GIS Collaboration Site ("Data Request"), the Participant in receipt of the Data Request shall, to the extent practicable and permitted by law, promptly notify the data source Participant before producing the data so that the source Participant may assess and assert any applicable confidentiality, security, privilege, or other protections. The Participant shall produce only what is required by law and shall, where lawful and practicable, seek appropriate protective treatment for Security-Sensitive GIS Data.

l. Each Participant retains all right, title, and interest in and to the data it contributes or makes accessible under this Contract. Except as expressly authorized by the source Participant in writing, no Party acquires any ownership or other proprietary right in another Participant's data by virtue of this Contract. Upon termination of a Participant's participation in this Contract or upon written request of the source Participant after access is no longer authorized, the receiving Party shall promptly cease access, revoke credentials as applicable, and, subject to any legally required retention, delete or destroy copies of another Participant's data obtained solely through the GIS Collaboration Site that are not otherwise independently owned by the receiving Party.

6. DISPUTES.

If a dispute arises between any Participant and the County concerning the terms of this Contract, the Parties will attempt to resolve the dispute through discussions and negotiations under the auspices of the County's GIS Management Office. In the event that an agreement cannot be reached, the dispute will be presented for resolution to the GIS Policy Committee. A majority of the quorum of current Participants may act to resolve the dispute. A quorum shall be no less than half plus one of the total number of current Participants. The decision of the GIS Policy Committee shall be final and binding on the Parties hereto. In the event that the decision is unfavorable or unacceptable to the Participant, nothing in this Section shall be construed to prohibit the Participant or the County from withdrawing from or terminating this Contract upon thirty (30) days' notice as provided in Section 9 below.

7. FUTURE DISSEMINATION OF GIS DATA AND INFORMATION.

In the event the County wishes to enter into a contract with an organization other than the Participants for the purpose of participating in geographic information database development or data dissemination, the County will present the proposed contract to the GIS Policy Committee for review. In determining whether to enter into an agreement with that organization, or whether to disseminate information other than as provided in Sections 16(c) and 16(g) below, the GIS Policy Committee shall consider and determine, as a minimum, the propriety and limits of such action under the standards and criteria set forth at NRS 719.350, and if such agreement or dissemination is appropriate, the additional fee to be required under NRS 239.054. Notwithstanding the foregoing, the County shall not disseminate any Security-Sensitive GIS Data to a non-Participant without the prior written approval of the source Participant unless disclosure is required by law.

8. TERM.

This Contract shall remain in force from July 1, 2026, or the date that it is ratified by appropriate official action of the governing body of each Party, whichever is later, through June 30, 2031, and each Participant shall have the option to renew this Contract on an annual basis thereafter. Such option to renew shall be exercised by the renewing Participant notifying, in writing, all of the other Parties hereto of its intent to continue its participation under this Contract. Such written notification shall be made thirty (30) days prior to June 30, 2031, and each anniversary date thereafter..

9. RIGHT OF TERMINATION.

Each Participant hereto may terminate their respective participation in this Contract, for any reason or no reason at all, with thirty (30) days prior written notice. Upon the effective date of any such termination, any and all rights and obligations of the terminating Participant shall be deemed at an end and canceled, except for such rights as may have previously accrued or vested and except for obligations that by their nature survive termination, including, without limitation, the confidentiality, security, deletion, and return obligations set forth in Section 5. Such termination only terminates the terminating Participant's membership in this Contract. This Contract shall continue to be binding and in effect for the remaining non-terminating Participants. Upon termination, the terminating Participant shall promptly revoke access to its Authorized Users, disconnect or disable any access path that is no longer authorized, and comply with Section 5(n) regarding return or deletion of another Participant's data.

10. ENTIRE AGREEMENT.

This Contract constitutes the entire agreement and understanding of the Parties hereto and supersedes all other oral and written negotiations, agreements, contracts and understandings of every kind, including the interlocal agreement dated May 17, 2022. The Parties understand, agree and declare that no promise, warranty, statement or representation of any kind whatsoever, which is not expressly stated in this Contract, has been made by any party hereto or its officers, employees, or other agents to induce execution of this Contract.

11. FORCE MAJEURE.

Neither County nor any Participant shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to pandemics, strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Contract after the intervening cause ceases.

12. INDEPENDENT CONTRACTOR.

The Parties hereto are associated with each other only for the purposes and to the extent set forth in this Contract. In respect to performance of services pursuant to this Contract, each Party is and shall be a public agency separate and distinct from the other Party, excluding Clark County Department of Aviation, and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships for an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other Party.

13. ASSIGNMENT PROHIBITED.

No Party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of all of the other Parties.

14. THIRD PARTIES BENEFICIARIES EXCLUDED.

Notwithstanding any other provision of this Contract, this Contract is intended for the sole and exclusive benefit of the Parties hereto and is not intended to benefit any other third party.

15. INVOICES.

Invoices, payments, and notices shall be delivered to the Parties by personal service, hand delivery, electronically via email, or United States mail at the following addresses:

TO CLARK COUNTY DEPARTMENT OF AVIATION at majedk@mccarran.com

TO LAS VEGAS VALLEY WATER DISTRICT at invoices@lvvwd.coupahost.com

TO CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT at AccountsPayable@regionalflood.org

TO CITY OF HENDERSON at ITFinance@cityofhenderson.com

TO CITY OF MESQUITE at invoices@mesquitenv.gov

TO CITY OF BOULDER CITY at AccountsPayable@bcnv.org

TO SOUTHERN NEVADA HEALTH DISTRICT at AP@SNHD.ORG and Attn: Accounts Payable, P.O. Box 3902, Las Vegas, NV, 89127

TO REGIONAL TRANSPORTATION COMMISSION at Regional Transportation Commission, Attn: IT, 600 S Grand Central Pkwy Suite 350, Las Vegas NV 89106

TO THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT at Accounting@lvmpd.com

TO CLARK COUNTY WATER RECLAMATION DISTRICT at accountspayable@cleanwaterteam.com

TO CLARK COUNTY SCHOOL DISTRICT at 0060-accounts-payable-inbox@nv.ccsd.net

TO CITY OF NORTH LAS VEGAS at Director of Information Technology, City of North Las Vegas, 2250 Las Vegas Blvd N, North Las Vegas, NV 89030

TO CITY OF LAS VEGAS at accountspayable@lasveganevada.gov, Department of Finance, ATTN: Accounts Payable, City of Las Vegas, 495 South Main Street, 4th Floor, Las Vegas, NV 89101-2986

TO OVERTON POWER DISTRICT NO. 5 at smarshall@opd5.com

Overton Power District # 5
Shawna Marshall (AP)
PO BOX 395
Overton, NV 89040

16. MISCELLANEOUS PROVISIONS.

a. The rights and benefits of this Contract include the right of the Parties hereto to utilize the aforementioned data as permitted by law.

b. It is not the intent of any of the Parties hereto to violate any laws of the State of Nevada or of the United States. The Parties hereto agree that in the event any provision of this Contract is held by a court of competent jurisdiction to be in contravention of any such laws, the Parties hereto will enter into immediate negotiations thereon to rectify the clause or clauses in contravention. The remainder of this Contract shall remain in full force and effect.

c. The Parties hereto may disseminate information to the public as prescribed by legislative acts and with the written approval of the source agency.

d. All costs and responsibility for hardware, software, computer communications equipment and supplies, data translation, and extraordinary support services not expressly identified herein are the responsibility of the respective Parties to this Contract.

e. No warranties or guarantees are expressed or implied as to the accuracy of the data provided by the departments or agencies of the Parties hereto.

f. Access to data is herein defined as the right to view data or obtain copies of data in a current or previous (up to one year) data format supported by Esri, Inc. and made available via the GIS Collaboration Site or electronic transfers at no cost to the Parties hereto, subject to the access, download, confidentiality, and security limitations set forth in this Contract.

g. Except as provided in Section 7 above, electronic data exchanged under the terms of this Contract cannot be sold or disseminated by any of the Parties hereto, except for that Party's contractors as expressly permitted by Section 5(f), in which case the data can only be used for the contracted work and remains subject to all confidentiality and security restrictions of this Contract. This provision does not apply to data owned solely by the Party hereto. The County's GIS Management Office will facilitate the dissemination of data to the Party's

contractor provided that Party forwards a letter approving such dissemination to the County's GIS Management Office.

h. It is understood by the Parties hereto that the County's GIS Management Office may enter into Data Subscriber Agreements with other governmental agencies or private companies to provide access to the Southern Nevada GIS Central Repository for a fee. The Data Subscriber Agreements will restrict use to only support internal activities for the respective organization. A list of Data Subscriber Agreements will be circulated at each GIS Policy Committee Meeting; provided, however, that no Security-Sensitive GIS Data shall be provided under a Data Subscriber Agreement without the source Participant's prior written approval unless disclosure is required by law.

i. This Contract may be executed in counterparts, and when each Participant has signed and delivered at least one such counterpart to the County, each counterpart shall be deemed an original and taken together shall constitute one and the same Contract, which shall be binding and effective as to all the parties hereto.

IN WITNESS WHEREOF, the Parties hereto have set their hands the day and year so written.

CLARK COUNTY

Board of County Commissioners

By: _____

Chair

ATTEST:

_____

County Clerk

Date of Official Action: _____

Approved as to Form:

_____

Deputy District Attorney

LAS VEGAS VALLEY WATER DISTRICT, Participant

By: _____

General Manager

Approved as to form for the District:

By: _____

Senior Attorney

CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT, Participant

By: _____

General Manager/Chief Engineer

Approved as to form for the District:

By: _____

RFCD Attorney

CITY OF HENDERSON, Participant

Date of City Council Approval: _____

By: _____

City Manager/CEO

ATTEST:

_____

City Clerk

APPROVED AS TO FUNDING:

_____

Chief Financial Officer

APPROVED TO CONTENT:

_____

Director of Information Technology

APPROVED AS TO FORM:

_____

City Attorney

CITY OF MESQUITE, Participant

By: _____

Mayor

Date: _____

ATTEST:

By: _____

City Clerk

Date: _____

APPROVED AS TO FORM:

By: _____

City Attorney

SOUTHERN NEVADA HEALTH DISTRICT, Participant

By: _____
Cassius Lockett, PhD, MS
District Health Officer

Date: _____

Approved as to Form:
This document is approved as to form. Signatures to be affixed after approval by Southern Nevada District Board of Health
By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

City of Boulder City, Participant

By: _____

City Manager

By: _____

City Attorney

By: _____

City Clerk

REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA

By: _____

Chief Executive Officer

Date: _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT, Participant

By: _____

Authorized Signatory

APPROVED AS TO FORM:

By: _____

General Counsel

CLARK COUNTY WATER RECLAMATION DISTRICT

Board of Trustees

By: _____

Chairman

ATTEST:

_____

County Clerk

Date of Official Action: _____

Approved as to Form:

_____

General Counsel

CITY OF NORTH LAS VEGAS, Participant

Date of Commission Action: _____

By: _____

Mayor or Authorized Signatory

ATTEST:

_____

City Clerk

Approved as to Form:

_____

City Attorney

CLARK COUNTY SCHOOL DISTRICT

By: _____

President - Board of School Trustees

Date: _____

By: _____

Clerk - Board of School Trustees

Date: _____

By: _____

Superintendent of Schools

Date: _____

Approved As to Form:

_____

General Counsel

Date: _____

CITY OF LAS VEGAS

Date of City Council Approval: _____

By: _____

Mayor

ATTEST:

By: _____

City Clerk

Approved as to Form:

By: _____

Deputy City Attorney

OVERTON POWER District, Participant

By_____

Mendis Cooper
General Manager

APPROVED AS TO FORM:

By_____

General Counsel

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 22, 2026

Southern Nevada Health District

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE: October 22, 2026**

RE: Approval of the Revision to the SNHD Employee Handbook

PETITION #06-27

That the Southern Nevada District Board of Health reviews and approves the proposed revision to the Employee Handbook of the Southern Nevada Health District.

PETITIONERS

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

DISCUSSION:

The Southern Nevada Health District is proposing revisions to the Employee Handbook to remove policies and provisions that are already addressed in the applicable Collective Bargaining Agreement (CBA). The revisions also include grammatical corrections, clarification of language, and other wording changes to improve readability, consistency, and accuracy.

The proposed revisions are intended to eliminate duplicative language, ensure consistency between the Employee Handbook and the applicable CBA, and improve the overall clarity of the handbook. These changes are not intended to alter existing employee rights or contractual obligations established by the CBA.

The major revisions are outlined below for review. A copy of the Employee Handbook with tracked changes is attached for reference.

Page 9 – Non-Discrimination, Anti-Harassment, and Retaliation
Added: Language to further define the policy.

Page 10 – Definition of Unlawful Harassment
Added: Language to further define the policy.

Page 10 – Definition of Sexual Harassment
Added: Language to further define the policy.

Page 11 – Complaint Procedure
Added: Language to further clarify the process.

Page 17 – Acting Role
Added: Language moved to another section.

Page 18 – Promotion
Added: Language removed.

Page 18 – Qualifying Period
Added: Language added to further explain the policy

Page 20 – Temporary, Part-time
Added: Language to further define.

Page 22 – Acting Role
Added: Language to further define

Page 23 – Out of Class Pay
Added: Language to further define the policy.

Page 24 – Bilingual Pay
Added: Language to further define

Page 24 – Longevity Pay
Added: Language to further define the policy.

Page 26 – Meal and Rest Breaks
Added: Language removed regarding combining.

Page 27 – Separation from Employment
Added: Language to further define

Page 29 – Drug-Free and Alcohol-Free Workplace
Added: Language to further define the policy.

Page 31 – Visitors
Added: Language to further define

Page 32 – Attendance
Added: Language to further define

Page 33 – Outside Employment
Added: Language to further define the policy.

Page 33 – Dressing and Grooming
Added: Language removed on appropriate judgment.

Page 35 – Use of Medical Facilities
Added: Language to further define

Page 50 – Leaves of Absence Without Pay
Added: Language to further define

Page 51 – Family and Medical
Added: Reworked to define the process with third party administrators

Page 54 – Benefits and Protections during FMLA Leave
Added: Language to further define the policy.

Page 54 – Use of Leave
Added: Language to further define the policy.

Page 57 – Parental Leave
New Policy

Page 58 – Bereavement Leave
Added: Language to further define

Page 64 – Flexible Spending Account
Added: Language to further define

Page 64 – Voluntary Life Insurance
Added: Language to further define.

Page 65 – Tuition Reimbursement
Updated policy

Page 69 – Workers' Compensation
Added: Language to further define.

FUNDING:

No funding is required.



Employee Handbook

Welcome

Welcome to the Southern Nevada Health District (District)! We are delighted that you have chosen to join our agency and hope that you will enjoy a long and successful career with us. As you become familiar with our culture and mission, we hope you will take advantage of the opportunities to enhance your career and further the District's goals.

You are joining a team that has a reputation for outstanding leadership, innovation, and expertise. Our employees use their creativity and talent to protect and promote the health of all southern Nevada residents and visitors. With your active involvement, creativity, and support, the District will continue to achieve its goals. We sincerely hope you will take pride in being an important part of the District's success.

Please take time to review the information contained in this handbook. If you have questions, feel free to ask your supervisor or contact Human Resources.

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Introduction/Disclaimer

A. The Southern Nevada Health District (District) policies and this handbook are the basic rules guiding administrative actions to accomplish the District's objectives.

B. This handbook supersedes all previous versions of the ~~Personnel Code~~Employee Handbook. This handbook complies with federal, state, and local laws. In any conflict between this manual and applicable laws, the laws will prevail.

C. This handbook is more comprehensive and applies to all Employees, unlike the Collective Bargaining Agreements (CBAs), which are enforceable by the bargaining unit eligible employees. Where this handbook and the CBAs may differ, the CBAs control.

D. This handbook is not an employment contract, express or implied, nor does it alter the at-will status of employment, where applicable. The District reserves the right, as permitted by law, to modify, revoke, suspend, or change this handbook, with approval by the Board of Health. No District representative has the authority to make agreements contrary to this.

E. The District retains the right, unless prohibited by law, to hire, discharge, set compensation, and manage employees, including probationary ones, adhering to legal standards and the collective bargaining agreements. The District reserves the right to amend, modify or establish policies, as necessary, and in compliance with collective bargaining agreements.

F. All employees must sign an acknowledgment indicating they have been informed of this personnel policy and procedure manual.

G. The District Health Officer, or designee, shall recommend, for approval or modification by the District Board of Health, changes to the Employee Handbook deemed desirable. Any other person or organization proposing Employee Handbook revisions shall first submit them to the District Health Officer for review and comment. The District Health Officer shall review such proposals and may submit them within ninety (90) days or respond to the person proposing same with reason for not submitting proposal.

Unless otherwise stated, employees should direct questions about this handbook to their direct supervisor or the Human Resources Department. If the question involves the direct supervisor, employees may directly contact Human Resources.

Welcome to the Team Message



Welcome to the Southern Nevada Health District! We are pleased to have you join our team and look forward to the contributions you will bring to our mission. As part of our workforce, you are now a vital part of our efforts to assess, protect, and promote the health, environment, and well-being of Southern Nevada's communities and visitors.

This handbook serves as a valuable resource to help you navigate your journey with us. It outlines our values, expectations, and guidelines, ensuring you have the information and support needed to succeed. At the Health District, we are committed to fostering a workplace culture built on our core values of commitment, accountability, respect, excellence, and service. We encourage you to embrace these principles in your daily work and to take advantage of the opportunities for growth and collaboration within our organization.

Should you have any questions, please do not hesitate to reach out to your supervisor or the Human Resources team. Together, we will continue making a positive impact on public health in our region.

Welcome to the team!

Our Mission Statement

Assess, protect, and promote the health, the environment, and the wellbeing of Southern Nevada communities and visitors.

Our Vision

Healthy People Thriving in a Healthy Southern Nevada.

Our Values

Commitment

We are committed to providing quality service and collaborating with internal and external partners to achieve mutual goals and strengthen our community's health.

Accountability

We carry out our responsibilities and report in a transparent manner. We strive to employ our capacities in a creative and agile way, embracing good leadership and stewardship principles to achieve long-term sustainability.

Respect

We recognize and appreciate the dignity and worth of every person, regardless of their background, traditions, talents, or skills. We build positive relationships that foster inclusion and belonging for all, ensuring access to services based on needs.

Excellence

We pursue quality and innovation in everything we do, from our policies and systems to our services and interactions. We embrace the pursuit of excellence and a culture of improvement in our interactions with patients, partners, colleagues, and other stakeholders.

Service

We strive to provide an exceptional experience for everyone through accessible, compassionate services to our patients, clients, co-workers, and communities.

Employment at Will/Due Process

At-will

Nevada is an at-will employment state. During the probationary period, the employment relationship is at-will and can be terminated by the employee or by the District at any time during the probationary period or during the extension of the probationary period, with or without cause or advance notice.

At-will employees do not have due process rights. Employees who are at-will include:

- Employees in the "probationary period" of their position (probationary periods is the first six (6) months of employment) are at-will. Once an employee successfully passes their probationary period, the employee is no longer at-will and is afforded due process rights.
- Temporary, casual, and seasonal employees are at-will. These employees are hired on an as-needed basis, either as a replacement for permanent employees who are out on short and long-term absences or to meet employer's additional staffing needs during peak business periods. These employees are not afforded due process.

Employees who are not otherwise at-will may be afforded due process rights. Due process rights for employees at the District may be provided via Nevada law and the Collective Bargaining Agreement (CBA). Employees must successfully pass their six (6) month probationary period prior to being afforded due process rights.

Leadership Team Employment and Appeal Rights

This section formally reinstates provisions from the 2019 *Personnel Code* (Sections 13.2-13.3), which were originally approved by the Board of Health but inadvertently omitted during the transition to the 2025 Employee Handbook. These provisions now apply under this Handbook to clarify the employment status and procedural rights of the Leadership Team, including positions designated by the District Health Officer.

Leadership Team Positions:

The Leadership Team include, but are not limited to:

- Chief Executive Officer-FQHC
- Chief Medical Officer
- Deputy Health Officer for Operations and Administration
- Director of Administration
- General Counsel
- Operational Directors (e.g. Community Health, Disease Surveillance and Control, Environmental Health and Public Health & Preventive Care)
- Other executive or senior management positions designated by the District Health Officer

Employment Rights and Appeal:

Leadership Team members shall be entitled to all rights and privileges of regular employees, except that their tenure and continued service are subject entirely to the discretion of the District Health Officer and are not eligible for appeal under this Handbook, the Personnel Code, or the Management Compensation Plan.

This section shall not apply to or affect any personnel actions or appeals that were fully resolved prior to the effective date of this amendment. In the event of any conflict between this provision and other sections of this Handbook, this section shall govern Leadership Team Positions.

While the organization generally adheres to progressive discipline, it is not bound or obligated to do so. Actions related to employment for those employees covered by S.E.I.U. (Service Employees International Union), Local 1107, will be in accordance with the current Collective Bargaining Agreement.

Note: *All employees, whether at-will or not, are protected by federal and state non-discrimination laws.*

Nothing in this employee handbook creates or is intended to create an employment agreement, express or implied. Nothing contained in this, or any other document provided to the employee is intended to be, nor should it be, construed as a contract that employment or any benefit will be continued for any period of time. In addition, no organization representative is authorized to modify this handbook for any employee or to enter into any agreement, oral or written, that changes the at-will relationship.

Any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended to and do not create an employment contract for any specific period of time.

Management Rights

The District reserves the right to exercise customary managerial functions, including to hire; direct, assign or transfer an employee, but excluding the right to assign or transfer an employee as a form of discipline; reduce the workforce or lay off any employee because of lack of work or lack of money; determine appropriate staffing levels and work performance standards; establish and enforce safety standards as required by the Occupational Safety and Health Act (OSHA); the content of the workday, including without limitation workload factors; except for safety considerations, to include the quality and quantity of services to be offered to the public and the means and methods of offering those services; to establish, change and abolish its policies, practices, rules, and regulations; to determine and change methods by which its operations are to be conducted; to assign duties to employees in accordance with the needs and requirements

determined by the District; and to carry out all ordinary administrative functions. All rights not specifically given to an employee are retained by the District. These rights are consistent with the management rights clause under the National Labor Relations Act (NLRA), 29 U.S.C § 158(d).

The District reserves the right to revise, modify, delete, or add to any and all policies, procedures, or rules stated in this handbook. Any written changes will be distributed to all employees to ~~for~~ read and acknowledgment. No oral statements or representations can in any way change or alter the provisions of this handbook. The District Health Officer or designee is empowered to prepare and adopt such administrative rules as are necessary to carry out purposes of these policies, procedures, and rules. This authority aligns with the Administrative Procedure Act (APA), 5 U.S.C §§ 551-559. Nothing in this handbook constitutes a contract or guarantee of employment.

This Employee Handbook governs the conditions of employment of all District employees unless superseded by federal or state law or the District Board of Health has specifically exempted employees by other Board action. Collective Bargaining Agreements (CBA) shall set terms and conditions only in those areas covered by the CBA for the employees eligible to be included in the recognized bargaining units.

Equal Opportunity and Commitment to Diversity

Equal Opportunity

The District is an equal opportunity employer and makes employment decisions on the basis of merit. The District shall seek the best suited and available persons in every job. Health District prohibits unlawful discrimination as defined by federal, state, or local laws. The District is committed to taking affirmative steps to ensure diversity within the workforce.

The District believes in hiring, promoting, and compensating employees without regard to race, color, national origin, age, gender, religious preference, marital status, sexual orientation, physical limitation, or disability. Equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training. 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.

The District will strive to provide a reasonable accommodation for qualified applicants or team members with physical or mental disabilities, sincerely held religious beliefs, and practices, and/or any other legally required reasons unless it poses an undue hardship on the District's business operations.

The human resources recruitment team will establish and maintain eligibility lists derived from the selection procedures in the order of the applicants' final scores. All competitive positions, with the exception of provisional appointments, will be filled from an appropriate eligible list. When a vacancy exists, appointments will be made by selecting from the top five eligible candidates on the appropriate eligibility list.

Eligible lists will become effective upon the official certification that they were properly and legally prepared. All eligible lists will normally be established for a period of four (4) months. At the request of a division director and approval of the District Health Officer or designee, an eligible list may be extended up to four additional months from the date of first establishment.

Any employee with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of the Chief Human Resources Officer. The District will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. Employees who feel they have been subjected to any such retaliation should bring it to the attention of the Human Resources management.

Americans with Disabilities Act (ADA) & Reasonable Accommodation

The District is committed to the fair and equal employment of individuals with disabilities under the ADA. The District will provide reasonable accommodation(s) to qualified individuals with disabilities unless the accommodation would impose an undue hardship on the organization. The District prohibits any harassment of, or discriminatory treatment of, employees or applicants based on a disability or because an employee has requested a reasonable accommodation.

In accordance with the ADA, reasonable accommodations will be provided to qualified individuals with disabilities to enable them to perform the essential functions of their jobs or to enjoy the equal benefits and privileges of employment. An employee or applicant with a disability may request an accommodation from the Human Resources department. The District will review and analyze the request, including engaging in an interactive process with the employee or applicant, to identify if such an accommodation can be made, or if any other possible accommodations are appropriate. If requested, the employee is responsible for providing medical documentation regarding the disability and possible accommodation. All information obtained concerning the medical condition or history of an applicant or employee will be treated as confidential information, maintained in separate medical files, and disclosed only as permitted by law.

The District prohibits retaliation against employees for exercising their rights under the ADA or other applicable civil rights laws. Employees should use the procedures described in the Harassment and Complaint Procedure to report any harassment, discrimination, or retaliation they have experienced or witnessed.

Commitment to Diversity

At the District, we are devoted to cultivating a workplace where all employees can thrive, contribute their skills, experience, and diverse viewpoints to our shared success. This commitment is woven into our policies and business practices, reflecting our core values and strategic management approach. We recognize our obligation to provide an environment in which diversity is valued and equal employment opportunities are provided. The District affirms its commitment to ensure that each employee in the Health District community has a right to work in an environment free from any form of discrimination or harassment based upon race, color, sex, national origin, religion, age, disability, marital status, pregnancy, ancestry, citizenship, gender identity, veteran's status, gender expression, sexual orientation, genetic information, and/or any other status or condition protected by law.

The District does not tolerate any form of harassment or unwelcome conduct that creates an offensive, hostile, or intimidating environment. To fulfill our commitment, the District relies on you to perform your work responsibly and professionally, treat colleagues in a way that upholds our mission and values, and report any known or suspected discrimination or harassment.

Ethics Speak Up Hotline

The District is committed to fostering an environment of compliance in which all employees have an opportunity to report unethical, illegal, or improper misconduct that occurred in the workplace.

If an employee has a compliance or ethics issue, please call 844-769-5097, go to snhd.ethicspoint.com or scan the QR code below. Reports can remain anonymous. The Compliance Officer investigates reports and can be contacted directly, if anonymous reporting is not needed.

Non-Discrimination, Anti-~~harassment~~Harassment, and Retaliation

The District prohibits intentional and unintentional harassment or bullying of or against job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or third party based on actual or perceived ~~race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender~~ race (including hairstyle/texture), color, religion, sex, sexual orientation, gender identity or expression (including transgender status), age, disability, marital status, citizenship, national origin, genetic information, veteran status, pregnancy, (including ~~pregnancy,~~ childbirth, and pregnancy-related conditions), ~~gender identity or expression (including transgender status)~~, ~~sexual orientation~~, marital status, military service and veteran status, physical or mental disability, genetic information, or any other characteristic protected by applicable federal, state, or local laws. Bullying is demonstrated through repeated, abusive conduct that includes threatening, humiliating, or intimidating behaviors, work interference/sabotage that prevents work from getting done, and/or verbal abuse. Such conduct will not be tolerated by the District.

~~Furthermore, any retaliation against an individual who has complained about sexual or other harassment or retaliation against individuals for cooperating with an investigation of~~

~~a harassment complaint is similarly unlawful and will not be tolerated.~~ Retaliation against any employee for making a good-faith report of known or suspected harassing or discriminating conduct or for cooperating with or participating in any investigation of alleged harassing or discriminating conduct is strictly prohibited. The District will take all reasonable steps necessary to prevent and eliminate unlawful harassment.

Definition of "unlawful harassment" - "Unlawful harassment" is conduct that has the purpose or effect of creating an intimidating, a hostile, or an offensive work environment; has the purpose or effect of substantially and unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities because of the individual's membership in a protected class.

Unlawful verbal harassment includes, but is not limited to, comments that are offensive or unwelcome regarding a protected class or characteristic, including epithets, slurs, and negative stereotyping, threatening, intimidating or hostile acts, or denigrating jokes.
~~epithets; slurs; jokes;~~ pranks, and~~;~~ innuendos.~~;~~ ~~comments; written or graphic material; stereotyping; or other threatening, hostile, or intimidating acts based on race, color, ancestry, national origin, gender, sex, sexual orientation, marital status, religion, age, disability, veteran status, or another characteristic protected by state or federal law.~~

Unlawful nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect regarding a protected class or characteristic that is placed on walls or elsewhere on the employer's premises or circulated in the workplace, on company time or using company equipment by e-mail, phone (including voice messages), text messages, social networking sites or other means.

Definition of "sexual harassment" - Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, it can include offensive remarks about a person's sex~~nature~~.
~~Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex~~.

- Submission to or rejection of such conduct is made either explicitly or implicitly as a term or condition of any individual's employment or as a basis for employment decisions.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or an offensive work environment.

Other sexually oriented conduct, whether intended or not, that is unwelcome and has the effect of creating a work environment that is hostile, offensive, intimidating, or humiliating to workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct that, if unwelcome, may constitute sexual harassment depending on the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwanted sexual advances, whether they involve physical touching or not;
- Sexual epithets; jokes; written or oral references to sexual conduct; gossip regarding one's sex life; comments about an individual's body; and comments about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, or cartoons;
- Unwelcome leering, whistling, brushing up against the body, sexual gestures, or suggestive or insulting comments;
- Inquiries into one's sexual experiences; and
- Discussion of one's sexual activities.

It's crucial for all employees to understand that any retaliation against those who report sexual or other forms of harassment, or against those who assist in investigations, violates the District's policy.

Complaint Procedure

If an employee believes they have been subjected to or have witnessed another employee being subjected to unlawful ~~discrimination~~ harassment or discrimination, including sexual or other forms of unlawful harassment, or other inappropriate conduct, they employee ~~are requested and encouraged to make a complaint. Complaints can be made directly to the employees' immediate supervisor, department manager, Chief Human Resources Officer, Human Resources manager, or any other member of management.~~ should report the matter to their immediate Supervisor, Human Resources, or any member of the management. Complaints may be filed verbally or in writing. To the extent practicable, all information will be maintained on a confidential basis among involved parties.

All complaints will be investigated promptly, and confidentiality will be protected to the extent possible. A timely resolution of each complaint should be reached and communicated to the parties involved. If the investigation confirms that conduct occurred, the District will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.

~~If the investigation confirms that conduct occurred, the District will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.~~

No reprisal, retaliation, or other adverse action will be taken against an employee for making a complaint, reporting discrimination or harassment, or for assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately as indicated above.

~~C~~onflicts of Interest and Confidentiality

Conflicts of Interest

The District expects all employees to conduct themselves and organization business in a manner that reflects the highest standards of ethical conduct and in accordance with all federal, state, and local laws and regulations. Employees have a duty to conduct Health District business in an impartial and unbiased manner that is in the best interest of the community; this includes avoiding real and perceived conflicts of interests.

A Conflict of Interest arises when a Health District employee's judgment could be affected because of a financial, professional, or personal interest in the outcome of a decision over which they have control or influence. Accordingly, employees are expected to avoid accepting from or giving gifts to clients, contractors, and vendors; or, taking advantage of our association with businesses for personal gain. If you are unsure whether an activity represents a conflict of interest, ask your supervisor, manager, division director, or the compliance officer. See also the Financial Conflict of Interest Policy, ADM-094, Code of Conduct, and Nevada Revised Statutes, Chapter 281A.

The District recognizes and respects the individual employee's right to engage in activities outside of employment that are private in nature and do not in any way conflict with or reflect poorly on the organization or are in contradiction of ethical obligations as a government employee (NRS 281A).

It is not possible to define all the circumstances and relationships that might create a conflict of interest. If a situation arises in which there is a potential conflict of interest, the employee should discuss this with a manager or human resources for advice and guidance on how to proceed. The list below suggests some of the types of activities that indicate improper behavior, unacceptable personal integrity, or unacceptable ethics:

- Outside work requires prior approval and will not be approved if a conflict of interest exists.
- District employees shall not directly or indirectly solicit, accept, or receive any gift or token of appreciation whether in the form of money, services, loans, travel, entertainment, hospitality, promises of future financial gain or employment, or any other gift whereby the intent in receiving same could reasonably be inferred to be for purposes of influencing the District employee in the performance of duties or is intended as a reward for an official reaction on the part of the employee. Any such gifts, favors, or tokens of appreciation in violation of this rule must be immediately returned. Solicitation for such gifts, favors or tokens by an employee shall be grounds for discipline up to and including termination.

- The District structures arrangements with health care providers to ensure compliance with numerous federal and state laws and regulations. The federal laws that focus on referrals to health care providers include the Stark Law and the Anti-Kickback Statute. The Stark Law, also called the Physician Self-Referral Law, provides that if a physician or immediate family member has a financial relationship with an entity, the physician may not make referrals to that entity for health care services. The Anti-Kickback Statute prohibits any person or corporate entity from offering, paying, soliciting, or receiving remuneration in exchange for referring an individual or furnishing or arranging for a good or service for which payment may be made under any Federal health care program.
- Prohibited conflicts of interest also may occur whenever an employee has an interest in any entity that transacts business with the District. NRS 281A.430 "Interest" includes any opportunity to derive personal gain through ownership, employment, or other participation in/with an entity. "Entity" as used in this sense includes individuals, companies, partnerships, corporations, or other similar organizations.
- District employees shall not participate as agents or representatives of the District in any action or make any recommendations on any matter in which they have a direct financial or other tangible interest. NRS 281A.430.
- Any attempt to manipulate, interfere with, or improperly influence the procurement process, including but not limited to altering evaluations, scores, or contract decisions, or coercing or encouraging others to do so, is strictly prohibited. Such actions may result in disciplinary measures, up to and including termination, as well as potential civil and criminal penalties under NRS 281A and other applicable procurement regulations.

Confidential Information

On a federal level, the U. S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act (HIPAA), issues regulations regarding protected health information.– As the District is a covered entity, those regulations will be followed by all District employees. Additionally, Nevada laws regarding communicable disease confidentially will be maintained. Disclosure will only be pursuant to established District-wide policies.

An employee who improperly uses or discloses confidential business information will be subject to disciplinary action up to and including termination of employment and legal action.

Recording Devices

Employees are prohibited from taking photographs or making audio or video recordings in the workplace. Employees are also prohibited from taking photographs or copying for their own use confidential business documents. This Policy will not be interpreted or applied to interfere with the rights of employees to share information relating to wages, hours or other terms or conditions of employment.

Employee Privacy

It is the District's goal to respect the individual privacy of its employees and at the same time maintain a safe and secure workplace. When issues of safety and security arise, employees may be requested to cooperate with an investigation. Refusal to cooperate may be grounds for discipline up to and including termination. Providing false information during any investigation may lead to discipline, up to and including termination of employment.

Employees are expected to make use of District facilities only for the business purposes of the organization. Accordingly, materials that appear on District hardware or networks are presumed to be for business purposes, and all such materials are subject to review by the organization at any time without notice to the employees. Employees should not have any expectation of privacy with respect to any material on organization property. The District regularly monitors its communications systems and networks as allowed by law. Monitored activity may include voice, e-mail, and text communications, as well as Internet search and browsing history. Employees who make excessive use of communication systems for personal matters are subject to discipline. Employees are expected to keep personal communication to a minimum and to emergency situations. Furthermore, unless determined protected under NRS 239, all District records, emails, text messages, etc. are considered public records and will be made available to requestors after review.

The use of unauthorized recording devices poses significant risks to the organization. Unauthorized devices may unintentional capture Protected Health Information (PHI) in clinical settings, staff areas, or on computer screens. This could lead to HIPAA violations, resulting in legal penalties and harm to patient trust. Unauthorized recordings can compromise information that is not publicly available resulting in a Security Breach. The following is a list of prohibited devices. Additions will be made as more information or new products become available.

1. Smart/recording glasses (e.g., spectacles, certain smart glasses).
2. Hidden "pen" or "button" cameras.
3. Body-worn cameras not explicitly issued and authorized by the Health District.
4. Any other wearable technology or accessory that has an active or potential recording function.

As part of its security measures and to help ensure a safe workplace, the District has positioned video cameras to monitor various areas of its facilities. Video cameras will not be used in private areas, such as restrooms, etc.

Recruitment

We value diverse perspectives and are committed to creating an inclusive environment where all candidates feel welcome. Our recruitment process focuses on skills, experience, and cultural fit, while actively seeking to add to our team's diversity of thought. Employees are hired for a position, not a specific location. When a new position is created or an existing position becomes vacant, 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. The District recognizes the value of internal promotions to both the individual employee and the District. Accordingly, internal applicants will be given reasonable consideration for promotional opportunities.

An internal candidate who 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 is 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, (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.

In addition to posting vacancies on the intranet and internet (open competitive recruitments only), Human Resources will notify employees of all vacancies via the District e-mail system.

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. 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.

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. An employee requesting a voluntary demotion will result in a 5% decrease in salary not to exceed the top of the new salary range.

Employment Definitions

~~Acting Role~~

~~Whenever a vacancy exists for which, there is no appropriate list of eligible candidates available, a provisional appointment may be made pending the processing of applicants as stated in this handbook. A provisional appointment will be for an initial period of not more than six (6) months or 13 pay periods. This~~

~~initial time period may be extended for a maximum of six (6) additional months upon the request of the Division Director. An employee who has already secured regular employment who is asked to serve in a provisional role will not lose their regular status.~~

Probation

All employees are hired with a six (6) month probationary period. Upon recommendation of the employee's division director and at the discretion of the District Health Officer, the probation period can be extended up to an additional three (3) months. A probationary employee must demonstrate satisfactory performance to achieve permanent status and be classified as a regular employee. A performance evaluation is required by the end of the three-month probation period and at the end of any extension thereof. Employees receiving an unsatisfactory evaluation will be terminated.

~~Promotion~~

~~Upon receiving a promotion, employees are placed in a six (6) month qualifying period. Promoted employees will receive a performance evaluation at the end of the qualifying period. Employees demonstrating a satisfactory performance will be classified as a regular employee; employees receiving an unsatisfactory may be reinstated to the employee's former or equivalent class or accept a voluntary demotion in lieu of separation.~~

Qualifying Period

Employees who are promoted or move into a new role in a salary grade up to M2 are placed in a six (6) month qualifying period. Employees who are promoted or move into a new role in salary grade of E1 or higher are placed in a twelve (12) month qualifying period. Promoted employees will receive a performance evaluation at the end of the qualifying period. Employees demonstrating satisfactory performance will be classified as a regular employee; employees receiving an unsatisfactory may be reinstated to the employee's former or equivalent class or accept a voluntary demotion in lieu of separation if there is an active open position.

Reclassification

A reclassification request may be submitted when there are substantive changes in the duties and responsibilities of the employee's position due to changes in organization, work, staffing requirements, and/or technology. The Chief Human Resources Officer will ensure the periodic review of the classification plan and shall establish the appropriate rules and regulations governing reclassification requests.

Members of Leadership may be considered for reclassification, provided he/she has not received any disciplinary action in the previous 18 months. Unless otherwise approved by the District Health Officer, the member of Leadership must

have been performing the substantively changed duties for at least six (6) months before any reclassification will be considered.

Reemployment

Any regular employee who resigns from a position, and who leaves in good standing, within the District service may reapply for any open competitively position at any time. Service date begins from most recent date of hire.

Subject to the approval of the employing division director and the District Health Officer, any employee who resigns from a position within the District in good standing may be reinstated to a former open position and salary within one hundred eighty (180) days. Seniority will be adjusted for the period of time the employee was separated from the District not to exceed one hundred eighty (180) days.

Once an employee has provided the District with notice of resignation, it remains the sole decision of the District Health Officer in consultation with Division Director and the Chief Human Resources Officer to allow the employee to rescind their resignation.

Classification Definitions

Exempt

Exempt employees are typically paid a fixed salary, rather than an hourly wage, and are not eligible for overtime pay. The expectation is that exempt employees work a minimum of 40 hours on an average basis in a pay week. Exempt employees may be required to use accrued vacation and/or sick leave in specific circumstances to compensate for missed time in a scheduled pay week.

Non-exempt

Non-exempt employees are paid on an hourly basis and are eligible to receive overtime pay for overtime hours worked.

Regular, Full-Time

Employees who are not in a temporary status and work a minimum of 30 hours weekly and maintain continuous employment status. Generally, these employees are eligible for the full-time benefits package and are subject to the terms, conditions, and limitations of each benefits program.

Regular, Part-Time

Employees who are not in a temporary status and who are regularly scheduled to work less than 30 hours weekly but at least 20 hours weekly and who maintain continuous employment status. Part-time employees are eligible for some of the benefits offered by the organization and are subject to the terms, conditions, and limitations of each benefits program.

Temporary, Full-Time

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work the organization's full-time schedule for a limited duration of no more than 1040 hours in a twelve-month period. Employment beyond any initially stated period does not in any way imply a change in employment status. Unless hired by and as a District employee, these employees are not eligible for any of the District benefits package.

Temporary, Part-Time

Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project and who are temporarily scheduled to work less than 30 hours weekly for a limited duration of no more than 1040 hours in a twelve-month period. Employment beyond any initially stated period does not in any way imply a change in employment status. Unless hired by and as a District employee, these employees are not eligible for any of the District benefits package.

Compensation

The purpose of the compensation plan is to provide equitable and adequate compensation for all employees.

An employee will not receive compensation of any type while on an unpaid leave of absence unless they have accrued eligible vacation, sick, comp or personal ~~time~~ or banked holiday time to cover all or any portion of the missed hours and will be compensated based on total submitted accrued time. All employees are required to complete accurate bi-weekly electronic timesheets reports showing all time actually worked and/or used vacation, personal or comp time, holidays and sick leave. All employees, both exempt and non-exempt, working on programs fully or partially funded by federal awards or grants must account for all time worked on each award or grant in actual time. At the end of each pay period, employees and their supervisors acknowledge the submitted timesheet attesting to its correctness before submitting to payroll.

Both exempt and non-exempt, non-represented employees may be eligible for an increase in January and July based on District approved Cost of Living Adjustment and pre-determined percentage of annual salary increases.

Non-Exempt Employees

Non-exempt employees will be compensated on an hourly basis.

Exempt Employees

Exempt employees shall be paid based on their biweekly rate with appropriate adjustments made to their paid leave balances for leave time used.

During the last week of employment an exempt employee will only be paid for actual hours worked. In addition, an employee may be paid only for hours worked during a period when the employee is using unpaid leave under the Family and Medical Leave Act (FMLA).

Overtime

When required due to the needs of the business, employees may be required to work overtime to include staying over or reporting early to a regularly scheduled shift or reporting to a shift on a regularly scheduled day off. Nonexempt employees will be paid overtime compensation at the rate of one and one-half their regular rate of pay for all hours over 40 actually worked in a single workweek or 8 in a 24-hour period, if their regular rate of pay does not exceed 1.5 times current minimum wage. Employees who agree to an Adjusted Work Schedule (AWS) are eligible for overtime after working their scheduled nine (9) or ten (10) hour scheduled shift. Paid leave, such as holiday, vacation, sick leave, bereavement time, paternity leave and jury duty, does not apply toward work time. All overtime work must be approved in advance by a supervisor or manager.

The District provides compensation for all overtime hours worked by non-exempt employees in accordance with state and federal law.

Compensatory Time (Comp Time)

Employees working on their scheduled day off may choose to bank compensatory time (comp time) in lieu of receiving compensation during that pay week. Employees may not accumulate more than forty (40) hours of compensatory time off. Employees will be compensated for any remaining accumulated compensatory time off at the end of the fiscal year or at the time of separation from District service. The use of compensatory time off must be approved in advance by the appropriate supervisor. Approval of compensatory time off will be subject to District staffing needs.

Callback Pay

Callback pay is compensation earned for returning to duty in emergency situations requiring immediate attention. Where the division director or designee feels that it is necessary to call back a non-exempt employee of the division, the employee will be paid on a one and one-half (1.5 ~~1/2~~) times their hourly rate of pay if the callback hours result

in the employee working overtime. The employee will be paid a minimum of three (3) hours regardless of having worked less than three (3) hours. However, in the event that the period of callback extends into the employee's normal working shift, the employee will be paid only for the time actually worked in addition to the normal working shift. If the period of callback exceeds three (3) hours, the employee will be paid for the amount of time actually worked. Callback hours paid but not worked are not considered hours worked in the computation of overtime.

A non-exempt 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 will not be entitled to any additional overtime pay unless the aggregate time worked for both occurrences exceeded three (3) hours. In such a case, the employee will be paid the aggregate time worked. In the event an employee is called back a second time after the expiration of three (3) hours from the first callback, the employee will be paid a minimum of three (3) hours for each subsequent callback.

Non-exempt employees who are called back on a holiday will be paid at the rate of one and one-half (1.5 ~~1/2~~) times their hourly rate of pay for all hours worked in addition to holiday pay at the employee's hourly rate of pay.

Standby (On-Call) Duty

District service needs may require 24-hour response capability. In order to address this need, standby duty is scheduled by the division director and manager.

Non-exempt 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.

Non-exempt employees on standby telephone duty shall receive telephone pay in 15-minute increments up to a maximum of sixty (60) minutes for each hour.

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. Employees on standby duty are ineligible for call-back pay.

Non-exempt employees not on standby duty who are contacted during off duty hours by appropriate personnel and 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.

Acting Role

Whenever a vacancy exists for which, there is no appropriate list of eligible candidates available or if someone in a senior or above position goes out on an extended leave, a provisional appointment may be made pending the processing of applicants as stated in this handbook or upon the return to work of the employee on leave. A provisional

appointment will be for an initial period of not more than six (6) months or 13 pay periods. This initial time period may be extended for a maximum of six (6) additional months for employees working toward obtaining minimum qualifications for the role provided they will be completed with the process within the six (6) month extension upon the request of the Division Director to the Chief Human Resources Officer. An employee who has already secured regular employment who is asked to serve in a provisional role will not lose their regular status. These employees will be paid at the higher rate of pay for all hours worked, vacation, holidays, sick time and compensatory time used while in the acting role. ~~The employee serving in the provisional role must meet minimum qualifications or in the process of obtaining the knowledge and/or skills needed for for the position.~~ Being in an acting role does not guarantee placement into the open role or future recruitments for the position.

Out of Class Pay

Employees assigned to work in a position outside of their current role for more than forty (40) hours but less than one hundred sixty (160) consecutive working hours, or a minimum of 36 hours or more for a 9/80 schedule, will receive Out of Class Pay. The employee will only be paid at the higher rate for actual hours worked.

Holidays or other approved time off during the assigned time will be paid at the employees' current rate of pay that does not include additional out of class pay. If an organization holiday falls within the forty (40) hour assigned timeframe, the employee will receive out of class pay for any hours worked outside of the holiday hours.

When a regular employee is assigned in writing to work on a temporary basis in a higher classification for forty (40) or more consecutive working hours within a 2-week period, the employee shall be paid at the lowest step or salary range 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 department manager and division director in advance and shall be given to the employee at the time of assignment. Emergency assignments must be confirmed in writing within one business day of the assignment by the department manager and division director. Management will not rotate/change out of class assignments of twenty-four (24) hours or more in order to avoid out of class pay.

These provisions do not apply to employees who voluntarily accept the opportunity to train and improve their effectiveness in the higher classification. ~~In so far as practical~~When applicable, such opportunities will be provided to qualified employees on an impartial and equitable basis.

Bilingual Pay

An employee who is customer facing may be eligible to receive Bilingual Pay provided their assigned duties require them to communicate in a second language, including sign language, that is needed to communicate with clients. Bilingual pay will cease when the employee is transferred, promoted, or demoted to a position which does not meet the requirements.

The employee will be required to successfully pass 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 a second language. Bilingual testing will be scheduled as needed by requesting an appointment with Human Resources.

Employees who are bilingual but do not receive bilingual pay are not required to use their bilingual skills.

Bilingual premium pay shall be $~~37.50~~45.00 per pay week, when the employee uses their second language for business purposes, in a stipend form for each eligible full-time employee. Eligible half-time employees will be entitled to $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.

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

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.

Approved bilingual pay may be subject to biannual re-authorization 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.

The District reserves the right to use interpreter services where deemed appropriate and in the best interest of the public.

Longevity Pay

Longevity pay applies to all full-time employees who have completed a specified number of continuous years of service with the District in a full-time capcity.

Employees are eligible for longevity pay based on the following criteria:

- Hired on or before June 30, 2014, after completion of five (5) years of accredited service (10,400 hours) - Eligible
- Hired July 1, 2014 - June 30, 2019, after the completion of seven (7) years of accredited service (14,560 hours)~~.~~ Eligible
- Hired on or after July 1, 2019 – Not eligible.

Longevity pay will be awarded on a semi-annual basis on or about June 1st and December 1st of each year. If these dates fall on a weekend, longevity pay will be paid on the

following Monday. Longevity Pay will be calculated based on $110 for each year of service.

Compensation Changes/Review

Employees are eligible for promotion or transfer to a new role after six (6) months of service in their current position and they must be in good standing. The salary of a promoted employee will be set at the higher of the rate established as the entrance salary of the position or an amount that will constitute a salary increase equivalent to a minimum of five (5) percent over the employee's pre-promotional salary except where the increase would place the employee above the top of the appropriate salary range. In that case, the employee will be placed at the top of the range for the new class. The effective date of promotion will become the anniversary date for performance evaluation.

An employee who is reclassified due to a material change in job duties and responsibilities will be placed in the appropriate compensation level of the new salary range based on experience, knowledge, skills and abilities. When an employee is reclassified to a salary scale with a lower salary range, the District Health Officer or their designee may authorize the retention by the affected employee of the salary held prior to reclassification. In no instance will an employee exceed the maximum rate within the new salary range.

An employee demoted for disciplinary reasons will be placed will be placed in the appropriate compensation level of the new salary range based on experience, knowledge, skills and abilities.

An employee demoted for disciplinary reasons or voluntarily demoted in lieu of alternative disciplinary actions will not receive a salary that exceeds the maximum salary step for the new salary range.

An employee in good standing may be demoted to a lower-class position for various reasons, such as health-related issues, insufficient work or financial constraints. In case of demotion, a regular non-probationary employee will be placed at the equivalent level in the new salary range, up to the maximum salary scale.

A probationary employee in good standing who is demoted to a class not previously occupied will receive the entrance salary of the lower class.

A promotional qualifying employee who is demoted to a class formerly occupied by them, and they left in good standing, will be reinstated to the place on the salary range, and probationary or regular status the employee would have achieved if the employee had remained in the lower class.

Workweek and Hours of Work

The standard workweek starts Saturday 12:00 a.m. and ends Friday 11:59 p.m. and generally consists of 40 work hours. Individual work schedules may vary depending on

the needs of each department. The standard work week for employees shall consist of forty (40) hours, comprised of five (5) consecutive eight (8) hour workdays, four (4) consecutive ten (10) hour workdays, or a 9/80 schedule which is defined as eight (8) consecutive nine (9) hour workdays, and one (1) eight (hour) work day in a two week period. All work hours are exclusive of the daily meal period.

Work Schedules

Except as otherwise provided, the official work week for all employees will consist of forty (40) hours**.** Employees who are assigned to a 9/80 or 4/10 schedule must have approval of the division director or manager and agree to a change in the scheduled hours for a payroll week by submitting an Adjusted Work Schedule (AWS) form ~~to Human Resources~~.

For non-exempt employees, any requested and acknowledged AWS including scheduled hours exceeding 8 hours within a 24-hour period will supersede the Nevada daily overtime rule and overtime will be paid at hours worked over 40 in a pay week.

Meal and Rest Breaks

Employees are entitled to a 30-minute unpaid uninterrupted meal break each day working 8 or more consecutive hours. Employees are also entitled to one (1) 15-minute paid rest period for every four (4) hours worked. Meal breaks are neither time worked nor time on pay status. Meal and rest breaks will be scheduled by the department supervisor or manager. Employees may leave the premises during their 30-minute unpaid meal period, but are not allowed any additional time when so doing. ~~It is recommended that meal and rest breaks are not combined.~~

Meal breaks and rest breaks cannot be taken at the beginning or the end of an employee's shift. An employee shall not remain at the workstation during the meal break.

Paychecks

The District's pay period for all employees is biweekly on Friday, providing for twenty-six (26) pay periods in a calendar year. A pay period consists of two pay weeks each starting at 12:00 a.m. on Saturday and ending at 11:59 p.m. on Friday. Paychecks are directly deposited into the employees' bank accounts on file.

Access to Personnel Files

Personnel files are maintained by the Human Resources department and are considered confidential in compliance with the provisions in Nevada Administrative Code (NAC) Chapter 284. Employees may inspect their own personnel files and obtain copies of

documents. Inspections by employees must be requested in writing to the Human Resources department and will be scheduled at a mutually convenient time. Employees requesting a copy of the file may be charged a nominal fee.

Employment References

All requests for employment references must be directed to the Chief Human Resources Officer or designee. No other manager, supervisor, or employee is authorized to release employment references for current or former employees.

Employment of Relatives and Domestic Partners

Individuals related by blood, marriage, domestic partners, membership in the same household and/or similar personal relationships may be hired or promoted by the organization if (1) the persons concerned will not work in a direct supervisory relationship, (2) if either person is a member of the Executive Leadership team, they do not work in the same division, (3) the employment will not pose difficulties for supervision, security, safety, or morale and (4) if neither employee works in Human Resources.

Current employees who marry each other or become involved in a domestic partnership, including cohabitation, must report the relationship to Human Resources within 14 days of commencement. Both persons will be permitted to continue employment with the District provided they do not work in a direct supervisory relationship with each other or otherwise pose difficulties as mentioned above. If employees who marry or live together do work in a direct supervisory relationship with each other, the organization will attempt to reassign one of the employees to another position for which the employee is qualified if such a position is available. If no such position is available, the employees will be permitted to determine which one of them will resign from the District.

Separation from Employment

In all cases of voluntary resignation (one initiated by the employee), in addition to an employee's performance needing to meet or exceed District expectations, and not being subject to any performance or behavioral related discipline exceeding a Documented Verbal Warning at time of separation, the employees must provide a written notice to their supervisors at least 14 calendar days in advance of the last day of work to be considered in good standing for future employment with the District. Employees must work their final workday in the office when available or have an authorized excusal.

Confidential e~~E~~mployees who separate either voluntarily or involuntarily, will be paid for all unused accrued vacation, allocated sick leave (based on date of hire either prior to July 1, 2014, or after June 30, 2014), comp time, banked holiday hours, and when applicable, longevity pay pro-rated based on separation date on their final check.

The District maintains the right to perform administrative separation of employment in cases where discipline or performance are not necessary.

Employees who are not assigned to regular positions may be separated from employment at any time. The District Health Officer has full discretion to discontinue the employment of individuals serving in Leadership Team or appointed positions, as defined by the District Health Officer, at anytime and for any reason deemed to be in the best interest of the District, consistent with applicable law and District policy.

The District Health Officer may also terminate the employment of any employee, whether regular or otherwise, in cases of lack of funds, lack of work, or the elimination of a position or program.

Employees are expected to return all District issued equipment on their final day worked. Any item not returned may be subject to reimbursement based on current replacement cost.

On or before the last day of employment, the employees' manager will collect all District property. If applicable, information regarding benefits continuation through the Consolidated Omnibus Budget Reconciliation Act (COBRA) will be sent to the employee's home address. When appropriate, an exit interview will be conducted by an outside agency after their last day of employment.

Should it become necessary because of business conditions to reduce the number of employees or work hours, this will be done at the discretion of the District.

Workplace Safety

Commitment to Safety

Protecting the safety of our employees and visitors is the most important aspect of running our business.

All employees have the opportunity and responsibility to contribute to a safe work environment by using commonsense rules and safe practices and by notifying management when any health or safety issues are present. All employees are encouraged to partner with management to ensure maximum safety for all.

- In the event of an emergency, call 911 FIRST to notify the appropriate emergency personnel. Next follow the internal notification process via the overhead PA access repeating the request, including location of the emergency using plain language to ensure all employees and visitors can understand the information and respond appropriately. For example,
    - Fire in the main break room, first floor.
    - Medical team needed ~~at~~in the lobby.
    - Security assistance requested at the back entrance

Any workplace injury, accident, or illness must be reported to the employee's supervisor as soon as possible, regardless of the severity of the injury or accident and to Human Resources.

Drug-Free and Alcohol-Free Workplace

It is the policy of the District to maintain a drug- and alcohol-free work environment that is safe and productive for employees and others having business with the District.

The unlawful use, possession, purchase, sale, or distribution of or being under the influence of any illegal drug or controlled substance (including marijuana and misuse of prescribed medication) while on District or client premises or while performing services for the District is strictly prohibited. The District also prohibits reporting to work or performing services under the influence of alcohol or consuming alcohol while on duty or during work hours. In addition, the District prohibits off-premises abuse of alcohol and controlled substances (including marijuana), as well as the possession, use, or sale of illegal drugs, when these activities adversely affect job performance, job safety, or the District's reputation in the community.

To ensure compliance with this handbook, substance abuse screening may be conducted in the following situations:

Pre-Employment: as required by the District for all prospective employees who receive a conditional offer of employment.

For Cause: upon reasonable suspicion that the employee is under the influence of alcohol or drugs that could affect or have adversely affected the employee's job performance.

Post Accident: upon being involved in any level of accident where an employee did or could have injured themselves, they must consent to a post-accident drug test. It is the discretion of the supervisor reporting to the accident to determine if the employee should be taken for drug testing or go through the Reasonable and Suspicious observation.

Employees who test positive or who refuse to submit to substance abuse screening may be subject to termination. ~~Notwithstanding any provision herein, this handbook will be enforced at all times in accordance with applicable state and local law.~~

~~Any employee violating this handbook is subject to discipline, up to and including termination, for the first offense.~~

Smoke-Free Workplace

Smoking is not allowed in or on District owned or occupied buildings and property, work areas or in District owned vehicles at any time. "Smoking" includes the use of any tobacco products (including chewing tobacco), electronic smoking devices, and e-cigarettes. The District created the Tobacco & Smoke Free Policy in 2001, as well as enforces the Nevada Clean Indoor Air Act.

Recreational Activities and Programs

The District or its insurer will not be liable for the payment of workers' compensation benefits for any injury that arises out of an employee's voluntary participation in any off duty recreational, social, or athletic activity that is not part of the employee's work-related duties.

Workplace Violence Prevention

The District is committed to providing a safe, violence-free workplace for our employees. ~~Due to this commitment, the~~ The District discourages employees from engaging in any physical confrontation with a violent or potentially violent individual or from behaving in a threatening or violent manner. Threats, threatening language, or any other acts of aggression or violence made toward or by any employee will not be tolerated. A threat may include any verbal or physical harassment or abuse; attempts to intimidate others; menacing gestures; stalking; or any other hostile, aggressive, and/or destructive actions

taken for the purposes of intimidation. This statement covers any violent or potentially violent behavior that occurs in the workplace or at organization-sponsored functions.

Any individual engaging in violence against the District, its employees, or its property will be prosecuted to the full extent of the law. All acts will be investigated, and the appropriate action will be taken. Any such act or threatening behavior by an employee may result in disciplinary action up to and including termination.

The District may inspect the contents of lockers, storage areas, file cabinets, desks, and workstations at any time and may remove all organization property and other items that are in violation of organization rules and policies.

Visitors

To maintain security and safety for our employees, the District maintains a badging policy, ADM-064, with respect to visitors and employees. Visitors are required to be escorted in secure areas. Employees are prohibited from badging another person into the building or into secured areas that has not registered with Security.

Generally, friends and family members are not permitted in non-public places.

Workplace Procedures

Attendance

All employees are expected to arrive on time to begin working in accordance with their schedule.~~, be at their station ready to work at their start time, every day they are scheduled to work.~~

If unable to arrive to work on time, or if an employee will be absent for an entire day, the employee must contact the supervisor as soon as possible prior to the start of their shift. Excessive absenteeism or tardiness, or patterns of ~~unapproved~~ unscheduled absences, such as calling in repetitively on Monday, day after a holiday or the employees last scheduled day of the work week, may result in discipline up to and including termination. Failure to show up or call in for a scheduled shift without prior approval may result in discipline up to and including termination. If an employee fails to report to work or call in to inform the supervisor of the absence for three consecutive days or more, the employee will be considered to have voluntarily resigned employment.

If it becomes necessary for an employee to leave the work location or work premises during working hours, permission from the appropriate supervisor must first be obtained. Leaving the work location or premises without permission may be cause for disciplinary action up to and including termination.

Employees are free to leave work premises during ~~lunch or~~ their unpaid meal periods; however, no travel time is allowed. Employees may not leave before or return after the scheduled meal period.

Job Performance

Communication between employees and supervisors or managers is very important. Discussions regarding job performance are ongoing and often informal. Employees should initiate conversations with their supervisors if they feel additional ongoing feedback is needed.

Formal performance reviews are conducted after successful completion of the probationary and qualifying periods and annually. These reviews include an employee self-evaluation, written performance appraisal and discussion between the employee and the supervisor about job performance and expectations for the coming year.

The supervisor shall review the performance evaluation with 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 a written Performance Improvement Plan for employees to use in improving work performance and achieving performance goals.

In the event a regular employee's overall performance is rated unsatisfactory, or if the employee believes the evaluation contains inaccurate comments, the employee may request a review of the performance evaluation with the appropriate manager and division director.

The employee has five (5) working days from date of issuance to make the request. At that review, the employee may present appropriate information regarding comments and issues put forward in the performance evaluation. The manager and division director shall, after appropriate consideration, but within five (5) working days of the review, issue a formal decision upholding or modifying the performance evaluation.

Outside Employment

Employees are permitted to work a second job as long as it does not interfere with their job performance or create a conflict of interest with the District in accordance with NRS 281A. All employees, including part-time employees, must obtain and secure written approval from their manager, division director, and human resources before undertaking any outside employment or other work activity. Approval or denial of outside employment will occur within ten (10) business days of the receipt of the request for approval. If denied, the reasons for a denial will be provided in writing to the employee, with an explanation of how the outside employment would conflict with the duties, functions or obligations of the District. Employees shall be required to confirm outside employment annually.

Outside work should not interfere with the employee meeting the expectations of their work at the District. Should this occur, the employee will be expected to correct the behaviors not meeting expectations and may be required to discontinue the outside employment. Failure to meet this requirement may result in discipline up to and including termination.

Dress and Grooming

The Health District expects all Employees to exercise appropriate judgment regarding personal appearance, dress, and grooming to be most effective in the performance of their workplace duties. ~~Appropriate judgment refers to the workforce District~~.

The Health District allows reasonable self-expression through personal appearance and grooming unless it conflicts with ability to perform their job duties effectively. All Employees must be neat, clean, and wear appropriate dress that reflects generally accepted professional standards for their program. The minimum standard of dress is business casual. Certain employees may be required to wear special dress and grooming, such as wearing uniforms or safety equipment/clothing, depending on the nature of their job.

Although it is impossible and undesirable to establish an absolute dress and appearance code, the District will apply reasonable and professional workplace expectations for all employees. Division Directors and department managers, in

consultation with Human Resources and the District Health Officer, will exercise reasonable discretion to determine appropriateness in dress and appearance.

Cell Phone Safety and Driving

Safe driving is the priority when operating a vehicle while driving on District business. Employees' first responsibility is to pay attention to their driving. They should never allow a cell phone or other mobile device to distract them from concentrating on driving.

Under no circumstances should employees feel that they need to place themselves or others at risk while driving to fulfill business needs. The expectation is that all employees comply with the following procedures to avoid distracted driving:

- Place any call before driving is started or pull off to the side of the road and stop the vehicle before placing/accepting/returning a call or text; and
- Let incoming calls go to voicemail when driving.

Employees who fail to follow safety guidelines as outlined in the Cell Phone policy are subject to discipline up to and including termination.

Employer Property

Employees are responsible for taking appropriate measures to safeguard property in their possession against damage, loss, or theft. willful destruction of employer property may be subject to disciplinary action up to and including termination.

Prior authorization must be obtained before any District property may be removed from the premises.

Use of Medical Facilities

Employees are permitted to use District facilities when off duty, They are expected to confine themselves to normal public use in normal public areas. Should a provider deem an employee a conflict of interest or have a valid reason not to treat an employee, they may request, through the Medical Director, to have the employee referred to another provider.

While on duty, employees may receive medical care from District providers for acute conditions such as colds, flu, sprains, rashes, or other non-chronic conditions at the recommendation of the Employee Health Nurse or their designee. While on-duty, if an employee receives medical treatment for non-acute conditions such as annual check-up or special vaccination, they must do it on unpaid time or use accrued sick leave or vacation hours to cover the time spent at the clinic. Employees may use District providers as their assigned, main primary care provider for the management of chronic conditions, to include for those medical conditions supported by the Ryan White program and all other preventative services, including the Sexual Health Clinic. Family members are welcome to use District providers and other services.

Social Media

Through the Office of Communications, we participate in social media to better communicate with the community. Employees are responsible for exercising good judgment regarding the use of social media, including making sure use of it does not interfere with one's employment obligations. Respecting our patients and clients means honoring their private and confidential information. Accordingly, Employees are prohibited from posting information or photographs about them on a social media page or forum unless done by the Office of Communications, with the appropriate signed consent forms, on the official Health District account. For further questions regarding social media use, contact the Office of Communications

Bulletin Boards

Personal messages are not permitted on District bulletin boards.

Solicitation

Employees should be able to work in an environment that is free from unnecessary annoyances and interference with their work. To protect our employees and visitors, solicitation by employees is strictly prohibited while either the employee is being solicited or the employee doing the soliciting is on "working time." "Working time" is defined as the time during which an employee is not at an unpaid meal break, on break, or on the premises immediately before or after a shift.

Employees are also prohibited from distributing written materials, handbills, or any other type of literature on working time and, at all times, in "working areas," which include all office areas. "Working areas" does not include break rooms, parking lots, or common areas shared by employees during nonworking time.

Computers, Internet, E-Mail, and Other Resources

The District provides a wide variety of communication tools and resources to employees for use in running day-to-day business activities. District provided technology should be reserved for business-related matters during working hours. All communication using these tools should be handled in a professional and respectful manner. Employees may be responsible for repair or replacement costs of Health District property lost or damaged through gross negligence, unauthorized usage, or mishandling.

Employees should not have any expectation of privacy in their use of organization computers, phones, portable electronic devices, or other communication tools. All communications made using organization-provided equipment or services, including e-mail, SMS messages and internet activity, are subject to inspection by the organization. Employees should keep in mind that even if they delete an e-mail, a voicemail, or another communication, a copy may be archived on the organization's systems.

Employees should not bring their personal computers, devices, or software to use them for work.

An exception would be stipend personal phones which can be used for work purposes with expectation of complying with terms listed on the stipend agreement. If an employee has a need for equipment, they need to ask their managers so that it can be requested through official channels. SNHD IT does not support personal devices and those devices can be a cybersecurity risk to our IT infrastructure.

Disciplinary Procedure

As a public employer entrusted with the governing of public health issues, the District and all employees must adhere to the highest standards of conduct as well as provide a strict observance of the Ethics in Government, NRS 281A. The District expects employees to comply with the District's standards of behavior and performance and to correct any noncompliance with these standards.

Under normal circumstances, the District adheres to progressive discipline in which it attempts to provide employees with notice of deficiencies and an opportunity to improve. This does not modify the status of employees or in any way restrict the District's right to bypass steps within the disciplinary procedures based on severity of the violation.

The following steps are the discipline procedure.

Step 1: Note to File (Coaching and Counseling)

When a performance or behavior problem is first identified, the nature of the problem, policy or work rule being violated and the action necessary to correct it should be thoroughly discussed with the employee. This informal counseling is documented as a note to file and should not be placed in the employee's permanent personnel file. In cases of egregious circumstances, this step may not be applicable. Documented counseling may be considered in determining the appropriateness of progressive discipline for a period of twelve (12) months.

Step 2: Documented Verbal Warning

If Coaching and Counseling with the employee has not resulted in corrective action, , the supervisor should meet with the employee and (a) review the problem, (b) permit the employee to present information regarding the problem, (c) advise the employee that the problem must be corrected, (d) inform the employee that failure to correct the problem may result in further disciplinary action that may include termination, and (e) issue a counseling notice to the employee that remains active for twelve (12) months.

Step 3: Written Warning

If satisfactory performance and corrective action are not achieved under Steps 1 and 2, after a thorough investigation, the supervisor should meet with the employee in private reviewing the unacceptable behavior/performance and issue a Written Warning document to the employee that remains active for eighteen (18) months. The employee should be reminded that failure to correct the problem may result in further disciplinary action that may include discharge,

Step 4: Final Written Warning with or without Suspension

Document 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 a more severe discipline up to and including termination. If the Final Written Warning includes a suspension, the employee will be removed from their duties for up to twenty (20) working days with or without pay.

Step 5: Termination

Failure to improve performance or behavior after the final written warning or suspension may result in termination. The notice of termination shall contain the reasons for the discharge and any past discipline on which the District relied, if any, to issue the termination.

The District reserves the right to consider demotion in the disciplinary process with approval of Human Resources.

In cases involving serious misconduct, or any time the supervisor determines it is necessary, such as a major breach of policy or violation of law, the procedures contained above may be disregarded. Typically, the supervisor should suspend the employee immediately, and an investigation of the incidents leading up to the suspension should be conducted to determine if any further action, such as termination, should be taken.

The following conduct is prohibited and will not be tolerated by the District. This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare, and the District's operations may also be prohibited. The District shall have the right to discipline, demote, or discharge any employee for conduct of this nature or "just cause." The term "just cause" shall include, but not be limited to, the following:

1. Violation of any federal, state, or local law directly impacts the employee's fitness for employment.
2. Violations of the Health Insurance Portability and Accountability Act (HIPAA). Any improper or unauthorized use or disclosure of protected health information must be reported immediately to the employee's manager, Division Director, and Privacy Officer. District employees will cooperate fully in any investigation of misuse or wrongful disclosure. See District-wide policies regarding HIPAA compliance.
3. Using, possessing, dealing, distributing, or being under the influence of intoxicating beverages, unprescribed narcotics, or unlawful drugs while on duty or at work locations, or reporting to work or operating District vehicles or equipment with unlawful or unprescribed drugs in the body in any detectable amount.
4. Failure to perform duties; insubordination. Failure or refusal to comply with a lawful order or to accept a reasonable and proper assignment from an authorized supervisor or District management.
5. Inattention to duty, inefficiency, incompetence, carelessness, or negligence in performance of duties.
6. Unlawful discrimination or harassment of another employee or member of the public.
7. Misuses of sick leave, including using sick leave under false pretenses. Chronic, inconsistent, or excessive absences/tardiness approved or not approved.
8. Rude or discourteous treatment of other employees or the public.
9. Dishonesty or stealing.
10. Using the position for financial gain; solicitation of work for private business or personal acquaintance. Accepting remuneration, gratuities, or favors from any business, vendor, the public, or others related to the performance of the employee's duties. Using District employment for personal advantage.
11. Inattention to duty, carelessness, or gross negligence in the care and handling of Health District property.
12. Loss or misuse of Health District funds or property.
13. Improper or unauthorized use of District vehicles or equipment or misappropriation of supplies or personal use of District equipment.
14. Damage to public property or waste of public supplies through misconduct or gross negligence. Destroying or willfully damaging the property of the District or another employee.
15. Furnishing false information to secure employment. Willfully falsifying or withholding material information on personnel questionnaires, personnel records, employment applications, production or work performance reports, or any other records and reports.

16. Falsification of timecards or other time and attendance records or signing/altering another employee's timecard without proper authorization.
17. Absence from duty without authorized leave; failure to report after leave of absence has expired or after such leave of absence has been disapproved, revoked, or canceled.
18. Violation of the provisions of these rules, regulations, and policies or any written policies that may be prescribed by the District.
19. Outside work that is unauthorized, or which detracts from the efficiency of the employee in the effective performance of Health District functions.
20. Failure to obtain or maintain necessary qualifications, certificate, permit, or license, which is required as a condition of employment.
21. Driving record that indicates poor or unacceptable driving habits that may create a liability for the District for those employees required to operate vehicles.
22. Conduct which discredits the District or Health District personnel.
23. Malfeasance, misfeasance, nonfeasance or misconduct toward the District, the public, or fellow employees.
24. Sleeping while on duty.
25. Failure to comply with the written operational procedures of the District.
26. Violation of safety requirements or procedures.
27. Possession of firearms or other weapons on District property whether owned or leased or carrying any weapon while on duty.
28. Actual or implied violence or intimidation towards District employees, clients, or the public or threats of violence.
29. Use of threatening, profane, or abusive language.
30. Engaging in horseplay, disorderly or illegal conduct, including deliberately delaying or restricting production or interfering with the work of others.
31. Interference or failure to participate or provide full disclosure of information during an official District investigation to include but not limited to written statements, recorded verbal statements, substantive evidence known to the employee related to the investigation.
32. Interference with any employee's work duties.
33. Retaliation against another employee for participating in protected activities.
34. Bullying or starting/perpetuating false rumors about clients and or other employees.
35. Entering an employee entrance of any District building without swiping/clicking badge to entry system identified as "piggy backing" or "tailgating~~.~~".
~~35.~~36. Knowingly giving access to a secured area or district building to a person, excluding guests who checked in with security.

Disclosure of Unethical, Illegal, Fraudulent Behavior

It is the declared policy of the District that a District officer or employee is encouraged to disclose, to the extent not expressly prohibited by law, improper unethical, illegal, fraudulent behavior, and it is the intent of the District to protect the rights of a District officer or employee who makes such a disclosure. Unethical, illegal, fraudulent behavior means any action taken by a District officer or employee in the performance of his/her duties, whether the action is within the scope of his/her employment which is:

1. In violation of any applicable law or regulation of the state, any applicable ordinance of the county, or rule, regulation, policy or procedure of the District;
2. An abuse of authority;
3. Of substantial and specific danger to the public health or safety; or
4. A gross waste of public money.

Improper governmental action shall not be deemed to include any matter which is solely personal or disciplinary in nature. District officer or employee shall not directly or indirectly use or attempt to use his/her official authority or influence to intimidate, threaten, coerce, command, or influence another officer or employee to interfere with or prevent the disclosure of information concerning improper governmental action. Use of "official authority or influence" includes taking, directing others to take, recommending, processing, or approving any personnel action such as an appointment, promotion, transfer, assignment, reassignment, reinstatement, restoration, evaluation, or disciplinary action. No reprisal or retaliatory action shall be taken against a District officer or employee who discloses information concerning improper conduct, if such action is taken because the District officer or employee disclosed information concerning improper conduct.

The provisions of this handbook do not prohibit a District officer or employee from initiating proper disciplinary procedures against another District officer or employee who discloses untruthful information concerning improper conduct which he/she knew or reasonably should have known to be untrue.

Discipline Appeal Procedure

When an employee receives a disciplinary notice, the employee may, subject to the deadlines and procedures below, appeal the Written Warning or file a disciplinary appeal on a Final Written Warning, demotion, or termination. Bargaining unit eligible employees will be subject to the provisions of current collective bargaining agreements.

Appeal of a First or Second Written Warning

An appeal shall be made in writing and received by CHRO or designee within ten (10) working days of the disciplinary notice and state the reason why the employee is disputing the Documented Verbal Warning or Written Warning.

The Division Director or designee shall have a meeting with the employee, Human Resources, and the union representative (if applicable), within ten (10) working days of receiving the appeal of the Documented Verbal Warning or Written Warning.

The Division Director or designee will have ten (10) working days to provide a written statement with a decision upholding, modifying, or removing the discipline. Such statement will contain the reasons for the decision, with a copy to the employee, the employee's personnel file, and the Union, if applicable.

If the employee disagrees with the decision, the employee may, within ten (10) working days of the decision, submit a written rebuttal, reasonable in length and relating directly to the documented verbal warning or written warning which will be filed with the discipline notice and the division director's decision.

Disciplinary Appeal of a Final Written Warning, Suspension, Demotion, or Termination

A disciplinary appeal shall be made in writing and received by the division director within ten (10) working days of the disciplinary notice and state the reason why the employee is disputing the final written warning, suspension, demotion or termination.

The Division Director or designee shall have a meeting with the employee, Human Resources and the union representative (if applicable), within ten (10) working days of receiving the disciplinary grievance.

The Division Director or designee shall have ten (10) working days to provide a written statement with a decision upholding the discipline, modifying the discipline, or removing the discipline. Such statement will contain the reasons for the decision with a copy to the employee, the employee's personnel file, and the union, if applicable.

If the employee disagrees with the decision, an appeal may be made to the District Health Officer or designee within ten (10) working days from receipt of the written decision from the Division Director. The District Health Officer or designee will make a final attempt to resolve the issue and will provide a written statement within ten (10) days after meeting with the parties involved. The District Health Officer will provide a written statement upholding, modifying or removing the discipline or rescinding the termination of employment.

The time limits may be waived or extended by mutual agreement of the parties in writing. Any appeal filed after the time limit shall be null and void.

Political Activities

District employees shall refrain from any political activities in the workplace.

The following standards are established to further delineate the conduct of District employees while on duty:

- District employees are encouraged to exercise their rights as citizens to vote.
- District employees must not solicit funds for a campaign or pressure others to.
- District employees shall not wear campaign paraphernalia during the workday or display political items in the work area.

Holidays

The District observes (is closed) and allows time off with pay for the following holidays:

- New Year's Day
- Martin Luther King's Birthday
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Nevada Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Workday directly before or after Christmas (depending on day of the week for Christmas)
- Christmas
- Personal Day

Holiday Pay

Full-time regular employees are eligible for holiday pay from the first day of employment.

Holiday pay shall be at the employee's regular straight-time rate, inclusive of shift premiums and the employee's regularly scheduled hours. Holiday hours are not considered worked hours.

If any holiday listed above falls on a Sunday, the Monday following shall be observed as a legal holiday. If any holiday listed above falls on 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 the additional hours equivalent to that scheduled workday off in that work week as their paid holiday, holiday bank time or the location may close another day.

Employees shall be entitled to one (1) personal day per calendar year which will be credited January 1st of each calendar year. Use of the personal day must be scheduled in advance in and approved by the employee's immediate supervisor. Personal days must be used within the calendar year in which the holiday is earned. Eligibility for the floating holiday begins after completion of ninety (90) consecutive days of employment. Any full-time employee hired between September 1-30, will be eligible to rollover their personal day until March 31 of the following calendar year.

Employees working nineteen (19) hours or less per week will not be compensated for holidays on which they do not work. When required to work on holidays, these employees will be compensated at their regular rate. Employees working twenty (20) hours or more shall have holiday time prorated on a paid basis based on their normal weekly scheduled hours.

Any employee scheduled to work or called back on a holiday will be paid holiday in addition to overtime or compensatory time earned. Exempt employees who are required to work at least fifty percent of their normal scheduled work hours on a holiday will receive one full day of holiday bank time.

Any accrued holiday bank hours will be paid upon termination of employment.

Vacation

The District recognizes the importance of time off from work to relax, spend time with family, and enjoy leisure activities. The organization provides paid vacation time to full-time employees for this purpose, and employees are encouraged to take vacation during the year.

Full-time employees will accrue paid vacation according to the following schedule:

Service Period	**Monthly Vacation Accrual**
First Calendar Year (0-1 year)	80 hours per annum (.03846 hours per paid hour)
Calendar Years 1–8	120 hours per annum (.05769 hours per paid hour)
Calendar Years 8–13	144 hours per annum (.06923 hours per paid hour)
Calendar Years 13 and over	160 hours per annum (.07692 hours per paid hour)

All accumulations will be computed on the basis of paid hours of actual service, excluding overtime. Part-time employees working regularly twenty (20) hours or more per week shall earn vacation leave on a prorated basis based on hours worked. Unpaid hours shall not be used to compute vacation accruals.

Employees may not take paid vacation until they actually have earned or accrued the vacation time. New employees accrue paid vacation at the start of employment but may not take any vacation until they have completed at least three months of employment.

Employees should submit vacation ~~request~~requests to their supervisor at least two weeks in advance of the requested vacation date; however, they may request up to six months in advance. Vacation may be scheduled in increments of 1 hour to full days, but must be pre-approved by management. Absences not specifically covered by the provisions of this handbook may be chargeable to vacation leave after approval of the division director or section manager, to the extent that vacation leave has been accrued.

Employees can carry over up to twice their vacation leave allocation; maximum accumulation is as follows:

Years of Service	Maximum Accumulation
0-1 Year	160 hours
1-8 Years	240 hours
8-13 Years	288 hours
13+ Years	320 hours

Amounts in excess of the above schedule at the beginning of any calendar year shall be forfeited, or, with the employee's written approval, may be donated to the Donation bank, within the requirements of this program. Exceptions to the above require in writing approval by the District Health Officer.

Upon the death of an active employee of the District, a lump sum payment for accrued vacation leave will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed.

Employees whose terminate employment will be paid in lump sum for unused accrued vacation leave through date of the termination.

Vacation Buy-Back

Upon written request and subject to the following conditions, employees may be paid for accrued but unused vacation not to exceed a maximum request of one hundred twenty (120) hours. To be eligible, employees must have a minimum of forty (40) hours of accrued unused vacation hours remaining after the buy-back. Vacation hours will be paid at the employee's current rate of pay at time of buy-back.

An employee can buy-back accrued vacation in forty (40), eighty (80) hour or one hundred twenty (120) hour increments twice a year, in April and October, not to exceed a maximum of one hundred and twenty (120) hours per calendar year. Employees must have taken at least forty hours (40) of vacation leave ~~that calendar year~~within the last twelve (12) months. Employees must submit their request for buy-back with a deadline of April 1 for May buy-back payout and/or October 1 for November buy-back payout of each year on a form provided by Human Resources. Buy-back vacation leave shall be paid on the first ~~pay check~~paycheck of each May and/or November.

Sick Leave

The District recognizes the importance of time off from work for the employees' health and during time of illness. For this reason, the District provides regular, full-time employees with paid sick leave. Part-time employees working regularly twenty (20) hours or more per week shall be granted sick leave on a prorated basis. Those employees employed on an hourly or temporary appointment basis will not be granted sick leave. Employees are eligible to earn sick leave starting on their date of hire. There is no maximum accrual on sick leave.

Full-time employees are entitled to sick time as follows:

Years of Service	Annual Accumulation
0-~~10~~ 8 Years	96 hours
~~10~~8+ Years	120 hours

Sick days are not intended to be used as a substitute for vacation days, but sick days may be used if an employee has a bonafide illness, injury, or pregnancy, to care for an immediate family member or household member who has a bonafide illness, and dental and/or doctor appointments that cannot be scheduled outside normal working hours. In the event an employee exhausts all sick leave and requires additional time off for purposes of bonafide sick leave, vacation leave pay shall be used, and upon exhaustion unpaid personal leave will be used. Employees shall have the option of using accrued compensatory time for sick leave purposes.

If an employee misses more than three (3) consecutive days because of illness, the District may require the employee to provide a Certificate of Illness in the form of a physician's certificate as proof of adequacy of the reason for the employee's absence during the time which sick leave was requested or as a release of medical fitness to return to duty. 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. When an employee has been on sick leave status, a supervisor may require a medical clearance from the employee's private physician when the employee has been under the physician's care for a medical condition that may interfere in any way with job performance or work assignments, to return to work.

Employees may carry accrued sick days over from one year to the next. There is no limit on the amount of sick leave an employee can carryover from year to year.

If a non-bargaining employee leaves the District, they will be paid their accumulated sick leave, based on the criteria below, at the employee's base hourly wage at time of separation.

Employees hired **prior to** June 30, 2014, will receive:

- 100% of sick leave accumulated for the first 800 hours accumulated
- Plus 50% of sick leave accumulated from 801 hours through 1600 hours
- Plus 25% of sick leave accumulated over 1600 hours.

Employees hired **after** June 30, 2014, must complete a minimum of one (1) year of employment, and will receive:

- Full pay for a maximum of 800 hours

Upon the death of a person ~~in the~~ employed byof the District, at the time of passing, a lump sum payment for all sick leave accrued will be made to the employee's estate or beneficiaries if a beneficiary designation has been filed and in accordance with Nevada law.

Donated Leave

When an eligible employee has exhausted all accrued leave as a result of illness, injury, or bereavement, the eligible employee may file a request for donations of leave.

The Donated Leave Bank Program is available to all District employees excluding temporary and less than ~~half time~~half-time employees. Employees must have successfully completed the initial probationary period.

Employees with a work-related workers' compensation claim are not eligible for the Donated Leave Bank Program.

Any employee who receives Donated Leave and is subsequently awarded workers' compensation shall reimburse the Donated Leave Bank Program for all Donated Leave received that are covered by workers' compensation payments.

Leave Bank Eligibility:

Death of an Immediate Family Member: the employee may apply for up to forty (40) hours of donated leave. The District reserves the right to request proof of death.

Illness/injury of an eligible employee or a covered family member for whom the employee is a primary caregiver. The employee may apply for up to two hundred forty (240) hours of donated leave. Illness/injury is defined as an illness or injury that requires home bound care pursuant to the Center for Medicare and Medicaid Services (CMS) in-patient care standards at a medical facility or has a diagnosis and/or is in treatment that requires absence from work according to the provisions of FMLA, and/or extended medical leave with documentation from the treating physician. The illness or accident cannot be a result of an illegal act by the employee. 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.

Individual employees may donate accrued sick leave, banked holiday hours or vacation time to a designated employee or the general leave bank by completing the Donated Leave Form and submitting it to the Human Resources Department. 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.

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 and sick leave balance of at least forty (40) hours after the donation.

Leaves of Absence Without Pay

Division directors, the District Health Officer or designee may grant leaves of absence to regular employees when such leave is in the best interest of the employee and the District. An unpaid leave of absence may be granted only to an employee who desires to return to District service and who at the time the leave is granted, has a satisfactory employment record. Unless specifically provided otherwise, leaves of absence are available on an unpaid basis if the employee does not have any accrued unused paid leave. Employees will be required to use any accrued vacation, sick leave, banked holidays or compensatory time, as appropriate, before going into an unpaid status.

Leaves of absence for thirty (30) calendar days or less may be granted upon the approval of the division director or designee. Leaves of absence over thirty (30) calendar days require the approval of the District Health Officer and are limited to a maximum of one hundred twenty (120) working days.

~~The District suspends credit for longevity and seniority, and vacation, sick, and retirement accruals do not occur w~~When any employee is on leave of absence without pay for thirty (30) consecutive calendar days or more~~.~~, the District suspends credit for longevity and seniority; in addition vacation, sick, and retirement accruals do not occur.

The District does not pay premiums for medical insurance coverage for employees on leaves of absence. For leave without pay, excluding approved FMLA time, employees may be offered COBRA after being on leave without pay for a full calendar month after thirty (30) consecutive calendar days.

It is the employee's responsibility to request the leave in writing to the employee's immediate supervisor copying HR Benefits, a minimum of two (2) weeks prior to the first day of requested leave. Unapproved taken leaves of absence may result in disciplinary action up to and including separation of employment.

Employees must provide written periodic updates to the employee's supervisor and/or division director at least every thirty (30) days concerning the employee's status, expected date of return, and continued intent to return to work upon expiration of the leave.

Employees returning from a leave of absence (other than approved leave under FMLA) will be reinstated without loss of seniority earned prior to the commencement of their

leave; however, the anniversary date and annual performance evaluation period will be adjusted to reflect the leave of absence.

When an employee is placed on an unpaid leave of absence, excluding FMLA, an effort will be made to hold the assigned position open for the period of the approved leave. However, due to business needs, there ~~will~~ may be times when positions cannot be held open and it is not possible to guarantee reinstatement.

If an employee's former position is unavailable upon returning from an approved leave, every effort will be made to place the employee in a comparable position for which the employee qualifies. If such a position is not available, the employee will be offered the next suitable position for which the employee is qualified that becomes available. If no position is available for which employee is qualified, employment may be separated.

An employee who does not accept the position offered will be considered to have voluntarily terminated employment, effective the day such refusal is made.

Family and Medical Leave

The District complies with the federal Family Medical Leave Act (FMLA), which requires employers to grant unpaid leaves of absence to qualified workers for certain medical and family-related reasons. The FMLA provides eligible employees up to 12 weeks of unpaid, job-protected leave in any 12-month period for certain family and medical reasons. The 12-month period is a rolling period measured backward from the date an employee uses any FMLA leave, except for leaves to care for a covered service member with a serious illness or injury. For those leaves, the leave entitlement is 26 weeks in a single 12-month period measured forward from the date an employee first takes that type of leave.

Employees are eligible for the following reasons: (1) for incapacity due to pregnancy, prenatal medical care, or childbirth; (2) to care for the employee's child after birth or placement for adoption or foster care; (3) to care for the employee's spouse, child, or parent who has a serious health condition; or (4) for a serious health condition that makes the employee unable to work.

A serious health condition is an illness, an injury, an impairment, or a physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a healthcare provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school, work, or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a healthcare provider or one visit and a regimen of continuing treatment, incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of "continuing treatment."

To apply for a leave of absence, contact Absence Resources:

- Website: www.absenceresources.com
- Mobile App: AbsenceResources Now (for GooglePlay or Apple iOS)
- Phone: 1-877-GO2-FMLA (1-877-462-3652) Fax: 877-309-0218
- Email: AbsenceCenter@absenceresources.com

Continuous Leave of Absence

~~Employees should note there are requirements, qualifications, and exceptions under these laws, and each employee's situation is different. Employees should contact the Human Resources department to discuss options for leave.~~ Continuous FMLA leave is defined as consecutive days of protected leave. Employees should request an FMLA leave of absence when they are unable to work for four (4) days or more.

~~The FMLA requires eligible employees up to 12 weeks of unpaid, job-protected leave in any 12-month period for certain family and medical reasons. The 12-month period is a rolling period measured backward from the date an employee uses any FMLA leave, except for leaves to care for a covered service member with a serious illness or injury. For those leaves, the leave entitlement is 26 weeks in a single 12-month period measured forward from the date an employee first takes that type of leave.~~

Employees must provide 30 days' advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, employees must provide notice as soon as practicable and generally must comply with the organization's normal call-in procedures. The organization may delay leave to employees who do not provide proper advance notice of the foreseeable need for leave, absent unusual circumstances preventing the notice~~.~~

Any employee on FMLA leave must notify the District periodically, as requested by Absence Resources, of their status and intention to return to work. The District has the authority to determine how often the employee must provide this notification.

Intermittent or Reduced Schedule Leave

When medically necessary (as distinguished from voluntary treatments and procedures) or for any qualifying exigency or caregiver leave, leave may be taken on an intermittent or reduced schedule basis. ~~Leave for bonding with a healthy newborn or placement of a healthy child for adoption or foster care is not considered medically necessary and, therefore, may not be taken on a reduced schedule or intermittent basis unless agreed to by the District.~~ Employees needing intermittent leave or reduced schedule leave must make a reasonable effort to schedule their leave so as not to unduly disrupt the District's

operations. If the leave is foreseeable, the District may require an employee on intermittent leave or reduced schedule leave to temporarily transfer to an available alternative position for which the employee is qualified if the position has equivalent pay and benefits and better accommodates the employee's intermittent or reduced schedule leave. Intermittent leave and reduced schedule leave reduce the 12-week entitlement only by the actual time used. When an employee who was transferred no longer needs intermittent or reduced schedule leave, the employee must be placed in the same or equivalent position held prior to when the leave commenced.

- Employees with approved intermittent leave will be required to contact both Absence Resources and Payroll when calling in for an intermittent day. Employee will be required to re-certify by providing required medical documentation at least every six (6) months. The District reserves the right to request re-certification any time deemed necessary

Military Family Leave Entitlements

Eligible employees with a spouse, child, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include addressing issues that arise from (1) short notice of deployment (limited to up to seven days of leave); (2) attending certain military events and related activity; (3) arranging child care and school activities; (4) addressing certain financial and legal arrangements; (5) attending certain counseling sessions; (6) spending time with covered military family members on short-term temporary rest and recuperation leave (limited to up to five days of leave); (7) attending post-deployment reintegration briefings; (8) arranging care for or providing care to a parent who is incapable of self-care; and (9) any additional activities agreed upon by the employer and employee that arise out of the military member's active duty or call to active duty.

The FMLA also includes a special leave entitlement permitting eligible employees to take up to 26 weeks of leave (which shall run concurrent with paid leave) to care for a covered service member during a single 12-month period. This period is always measured forward from the date an employee takes FMLA leave to care for the covered service member or veteran and ends 12 months after that date.

A covered servicemember is a current member of the armed forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating and for which the servicemember is undergoing medical treatment, recuperation, or therapy; is in outpatient status; or is on the temporary disability retired list.

Child Birth, Adoption, or Foster Care Leave Limitations

The entitlement to FMLA leave for the birth or placement of a child for adoption or foster care will expire 12 months from the date of the birth or placement. If both employees are employed by the District, their combined time off may not exceed 12 weeks during any 12-month period for the birth, adoption, or foster care of a child, or care of a parent with a serious health condition. Each spouse is, however, eligible for the full 12 weeks within a 12-month period for their own serious health condition, or to care for a son, daughter, or spouse with a serious health condition.

Benefits and Protections during FMLA Leave

During FMLA leave, the District will maintain the employee's health coverage under any "group health plan" on at the same terms as if the employee had continued to work. When on unpaid leave, employees are required to pay the premiums to Human Resources, normally paid via payroll deduction. Upon return, the employee will make arrangements with HR to pay back any premiums missed during FMLA leave. ~~Upon return from FMLA leave, most employees will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.~~

Reinstatement for highly compensated key employees may be different. Employees will be notified of their status as key employees, when applicable, after they request FMLA leave.

Use of Leave

If an employee wishes to return to work prior to the expiration of the approved FMLA leave period, they must notify ~~the supervisor~~ Absence Resources within 2 business days prior to the employee's planned return. Employees may be required to provide a fitness-for-duty certification (if indicated on the designation notice) specifically addressing the employee's ability to perform the essential functions of their job, prior to returning to work if the FMLA leave of absence was due to the employee's own serious health condition. Employees required to present a fitness-for-duty certification may be delayed in restoration to employment until certification is provided. Second and third opinions are not allowed on a fitness-for-duty certification.

An employee who requests an extension of FMLA ~~leave due to the continuation of a qualifying exigency, care for servicemember, continuation, recurrence, or onset of their own serious health condition, or of the serious health condition of the employee's spouse, child, or parent~~, must submit a request for an extension to Absence Resources, ~~in writing, to the District. This written request should be made as soon as the employee realizes that they will not be able to return at the expiration of the leave period.~~prior to the last day of their approved leave.

~~**District Responsibilities**~~

~~The District will inform employees requesting leave whether they are eligible under the FMLA. If they are, the notice will specify any additional information required, as well as the employees' rights and responsibilities. If employees are not eligible, the District will provide a reason for the ineligibility.~~

~~The District will inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employees' FMLA leave entitlement. If the District determines that the leave is not FMLA-protected, the organization will notify the employees.~~

Other provisions

Under an exception to the FLSA in the FMLA regulations, hourly amounts may be deducted for unpaid leave from the salary of certain highly compensated employees who are exempt from the minimum wage and overtime requirements of the FLSA, without affecting the employees' exempt status. This special exception to the "salary basis" requirements for the FLSA's exemptions extends only to eligible employees' use of FMLA leave.

Employees may not perform work for self-employment or for any other employer during an approved leave of absence, except when the leave is for military or public service or when the District approved the employment under its Outside Employment policy and the employees' reason for FMLA leave does not preclude the outside employment.

An employee is not entitled to the accrual of any seniority or employment benefits during any unpaid leave. An employee who takes FMLA leave will not lose any seniority or employment benefits that accrued before the date the leave began and will be entitled to any unconditional pay increase, such as cost of living increase granted to all employees during the FMLA leave period.

Failure of an employee to return to work upon the expiration of an FMLA leave of absence will subject the employee to disciplinary action, up to and including termination, unless the District has granted an additional (paid or unpaid) extension. (Note: Refer to the Districts' other leave policies.) Nothing in this policy these policies limits the District's obligations of reasonable accommodation under the Americans with Disabilities Act, as amended.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

Medical Leave

The District may approve up to twelve (12) weeks of unpaid medical leave for 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 leave or those who do not meet the requirements for FMLA. This twelve (12) week leave will be inclusive of the 2-week extension offered with FMLA.

Eligibility:

- 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 their job for more than 4

consecutive weeks and which keeps the employee from work during an extended treatment and/or rehabilitation period.

- The employee must have submitted for and granted approval to take medical leave.
- For those unable to return after exhausting FMLA leave, an 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 leave, they must submit medical documentation to Human Resources.
- Employees must first exhaust all accrued paid leave before being eligible to go on an unpaid leave or request to receive donations from the leave bank or directed donations from other employees.
- If the employee is on unpaid leave, he/she will be responsible for submitting their entire monthly benefit payments to the Human Resource Department.
- Job protection under FMLA will cease during the extended ~~Organization~~ District Medical Leave period. Employees returning from ~~Organization~~District ~~–~~Medical Leave not returning to their position will be eligible for any vacant position for which they are qualified.
- Failure of an employee to return to work upon the expiration of an approved Organization Medical Leave of absence will subject the employee to disciplinary action, up to and including termination.

Paid Parental Leave

The District supports employees during the birth, adoption, or foster placement of a child by providing paid parental leave. This promotes family well-being while supporting employee retention and workforce stability.

Employees must meet the following criteria:

- 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.
- The employee must meet all eligibility requirements under the Family and Medical Leave Act (FMLA).

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

- The birth of a child
- The placement of a child through adoption
- 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.

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

Military Leave

The District supports the military obligations of all employees and grants leaves for uniformed service in accordance with applicable federal and state laws. Any employee who needs time off for uniformed service should immediately notify the Human Resources department and the employee's supervisor, who will provide details regarding the leave. If an employee is unable to provide notice before leaving for uniformed service, a family member should notify the supervisor as soon as possible.

If a District full-time employee leaves the District for active military service in the United States Army Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Air Force Reserve, the United States Coast Guard Reserve, or the Nevada National Guard, the employee is considered to be on military service leave of absence. The employee will continue to receive regular pay from the District for a period not to exceed fifteen (15) working days in any one (1) calendar year and this pay does not affect accrued vacation or sick time. The employee is also entitled to reinstatement upon completion of military service in accordance with applicable law.

Upon return from military leave, employees will retain certain rights with respect to reinstatement, seniority, layoffs, compensation, length of service promotions, and length of service pay increases, as required by applicable federal or state law. Failure to report for work within the prescribed time after completion of military service will be considered a voluntary termination.

All employees who enter military service may accumulate a total absence of five years and still retain employment rights.

Bereavement Leave

Employees may take up to three (3) days for in-state and up to (5) days out of state/country (3 days plus 2 day of travel time) of paid bereavement leave upon the death of a member of their immediate family. Time must be used in full day increments. For purposes of bereavement leave only, "Immediate family member" is defined as an employee's spouse, domestic partner, parents, stepparents, siblings, children, stepchildren, grandparent, parent-in-law, or grandchild.

The District may require verification of the need for the leave and confirmation of travel for out of state/country services. The employee's supervisor and Human Resources will consider this time off on a case-by-case basis and it will be processed through Human Resources benefits program

To request bereavement leave, contact Absence Resources at

- Website: www.absenceresources.com

- Mobile App: AbsenceResources Now (for GooglePlay or Apple iOS)
- Phone: 1-877-GO2-FMLA (1-877-462-3652) Fax: 877-309-0218
- Email: AbsenceCenter@absenceresources.com

Payment for bereavement leave is computed at the regular hourly rate to a maximum of ten hours for one day. Time off granted shall not be credited as time worked for the purpose of computing overtime.

Employees who experience the loss of an immediate family member may seek and be donated up to 80 hours of sick leave from a fellow employee, 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 follow an approved paid bereavement leave.

Additionally, employees may utilize up to 5 days of sick or other accrued leave for the purposes of bereavement and attending services for anyone that is close to the employee. This leave will solo be approved by the employee's supervisor via a time off request.

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 ~~solo~~ only be approved by the employee's supervisor via a time off request.

Jury Duty/Court Appearance

The District supports employees in their civic duty to serve on a jury. Employees must present any summons to jury duty to their supervisor as soon as possible after receiving the notice, but no less than 3 days prior to appearing for jury duty.

Regular full-time employees called to serve on jury duty during normal working hours will be paid their regular wages while on jury duty, provided that all jury pay is submitted to the District. Employees called but not selected to serve on the jury, and those employees dismissed after serving on jury duty shall report to work when excused with 5 hours or more remaining in their normally scheduled shift. Employees will receive time off for jury duty in accordance with applicable laws.

Employees cannot work within eight (8) hours before the time when the employee must appear for jury duty or between 5 p.m. on the day of their appearance for jury duty and 3 a.m. on the following day if their service lasted for four (4) hours or more on the day of their appearance for jury duty, including time traveling to and from court. If the jury duty/court appearance is scheduled on an employee's normal day(s) off, they will not receive pay for those days.

An employee who is serving as a witness and is not required to report to court until after the start of their workday or who is released from court before the end of his/her scheduled ~~work day~~workday shall report to work for the hours which are not required for court duty or for related travel time.

The employee's base rate of pay shall be limited to compensation for court and travel time which occurs during the employee's regularly scheduled hours of work. Court leave will not result in payment of overtime or be considered as hours worked for purposes of determining eligibility for overtime, unless the court leave is related to the employee's job responsibilities.

An employee who is required by law to appear in court to testify as a witness in a job-related court case will receive regular pay for the hours absent for such purpose provided that all witness fees or pay is returned to the District.

Employees subpoenaed to appear as a witness in civil, criminal, or administrative proceedings shall receive their regular pay, providing all witness fees or pay are returned to the District. This section does not apply to persons whose appearance in court is the result of their status as defendants in a criminal proceeding, personal civil matter, or to persons called or appearing as a party in civil proceedings unrelated to District business.

Employees other than those designated above will be provided time off for jury or witness duty in an unpaid status or employees may use vacation, compensatory, or holiday banked time for appearance in court for personal business. In this instance, it will be the individual employee's responsibility to provide their supervisor with court documents showing need to appear and request time off, as appropriate.

Time Off for Voting

The District recognizes that voting is a right and privilege of being a citizen of the United States and encourages employees to exercise their right to vote. In almost all cases, employees will have sufficient time outside working hours to vote. If for any reason an employee thinks this will not be the case, they should contact their supervisor to discuss scheduling accommodations.

Employees will be eligible for up to three hours paid leave to vote unless polls are open three hours before or after regular working shift. If you live equal to or less than 2 miles away from your polling place, you are granted 1 hour of civil leave.

Greater than 2 and equal to or less than 10 miles grants the employee 2 hours. Greater than 10 miles grants the employee 3 hours. The time off should be paid.

Leave for Parents of Children Enrolled in School

The District recognizes the importance of parents being involved in school activities for their children. Regular full-time and part-time (those working 800 or more hours per year) employees who are parents of children enrolled in public or private school (K-12) are entitled to four hours of unpaid leave, per school year, for each child enrolled in school. Accrued vacation hours may be used, as appropriate. The employee may use the entitled leave time to:

- Attend parent-teacher conferences
- Attend school-related activities during regular school hours
- Volunteer or otherwise be involved at the school in which the child is enrolled during regular school hours
- Attend school-sponsored events

The time for the leave must be mutually agreed upon by the employee and the District. The employee must request the leave at least 5 business days prior to the date on which the leave is to be taken. The employee may also be required to furnish documentation demonstrating they were present at the school activity for which the leave was provided.

Pregnant Workers' Fairness Act (PWFA)

The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide "reasonable accommodations" to a qualified worker's known limitations related to pregnancy, childbirth, or other related medical conditions, unless the accommodation will cause the employer "undue hardship." An undue hardship is defined as causing significant difficulty or expense. Related medical conditions include, without limitation, a physical or mental condition intrinsic to pregnancy or childbirth, including mastitis or other lactation-related medical condition, gestational diabetes, pregnancy-induced hypertension, preeclampsia, post-partum depression, loss or end of pregnancy, abortion, and recovery from loss or end of pregnancy.

The employee has the right to be free from discriminatory or unlawful employment practices pursuant to NRS 613.335 and Sections 2-8 of the act; and the right to reasonable accommodations for pregnancy-related conditions.

Domestic Violence Leave

Employees with more than three 3 months' service may be granted up to one hundred and sixty (160) hours of unpaid leave in any 12-month period for incidents related to domestic violence or sexual assault. Accrued sick and vacation hours can be used as

appropriate. The leave is granted to any employee, or a family or household member of the employee, who is a victim of domestic violence or sexual assault. The granted time must be used within twelve (12) immediate months following the date of the incidence of domestic violence or sexual assault. Such leave may be used for the diagnosis, care, or treatment of a health condition related to an act of domestic violence or sexual assault; to participate in court proceedings related to an act of domestic violence or sexual assault; to obtain counseling or assistance related to an act of domestic violence or sexual assault; and, to establish a safety plan, including, without limitation, and action to increase the safety of the employee or their family/household member from future acts of domestic violence or sexual assault.

Employees may be required to provide notice in order to take leave related to domestic violence or sexual assault. When possible, employees are expected to provide forty hours (40) advanced notice to use additional leave. An employee may be requested to provide documentation which supports their need for leave as well. This documentation can include, but is not limited to, a police report, applications for a restraining order, affidavit from an organization that provides services to victims of domestic violence or sexual assault, or documentation from a physician.

Employee Benefits

The District recognizes the value of benefits to employees and their families. The organization supports employees by offering a comprehensive and competitive benefits program. For more information regarding benefit programs, refer to the District's Summary Plan Descriptions (SPDs), which are found on the District's intranet, or contact the Human Resources department. To the extent the information provided here conflicts with the SPD or full plan document, the full plan document will prevail.

Medical, Dental, and Vision Insurance

Full-time employees working 30 hours or more per week are eligible for insurance on the first of the month following 15 calendar days from date of hire. To keep coverage in force, every insured employee must work a minimum of 30 hours per week.

Employees are eligible to add dependents to these plans. The District will contribute to the benefit on behalf of the employee. Dependents of District employees include a covered employee's spouse. The term "spouse" shall mean the person recognized as the covered employee's husband or wife under the laws of the state where the marriage was performed, and a license was issued. A covered employee's children from birth to the limiting age of 26 years. The term "children" shall include natural children, adopted children, children placed in the home for adoption pursuant to a court order, stepchildren, temporary or court ordered guardianship of minors, natural child of the covered grandfathered Domestic Partner, or children for whom a court has ordered coverage through a National Qualified Medical Child Support Ordered. Note that only Domestic Partnerships that were in the Plan prior to 2018 remain eligible.

Life and Accidental Death & Dismemberment (AD&D) Insurance

The District provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance for full-time employees who work a minimum of 30 hours per week. Employees are eligible for this benefit on the first of the month following date of hire. The benefit is equal to the employee's annual base salary. The cost of this coverage is paid for in full by the District.

Long-Term Disability

Long-term disability benefits are provided to full-time employees working a minimum of 30 hours per week. If an employee becomes totally disabled and cannot work for an extended period of time, this coverage pays 60 percent of the employee's salary, up to $7,500. This is a voluntary benefit and is funded solely by the District. This benefit can begin as soon as one hundred and eighty (180) days following disability. The benefit may be paid until reaching the Social Security Normal Retirement Age as long as the employee is still unable to work due to a covered disability.

Supplemental Benefits

Flexible Spending Account

A Flexible Spending Account (FSA) uses pre-tax dollars to pay for qualified plan co-payments and coinsurance for medical, dental, vision, prescription, and certain over the counter medications.

Employees choose how much to contribute to their FSA on a calendar year basis up to the annual maximum allowed. Maximum contributions are determined and fixed by Clark County during open enrollment. Employees must re-enroll every benefit year.

This election is divided by the number of pay periods and deducted on a pre-tax basis from each paycheck within the year. TASC is our FSA administrator and issues a pre-loaded debit card with your elected amount.

Dependent Flexible Spending Account

This dependent FSA account allows the employee to pay for dependent care and adult care expenses on a pre-taxed basis.

Employees choose how much to contribute to their FSA on a calendar year basis up to the annual maximum allowed. Maximum contributions are determined and fixed by Clark County during open enrollment. Employees must re-enroll every benefit year.

This election is divided by the number of pay periods and deducted on a pre-tax basis from each paycheck within the year. TASC is our FSA administrator and issues a pre-loaded debit card with your elected amount.

Voluntary Life Insurance

~~Western Life Insurance offers e~~Employees are given the opportunity to purchase additional voluntary life insurance for themselves, spouse and children. Coverage can be elected in increments of $10,000 up to $750,000, with a guaranteed issue amount starting at $150,000, up to a maximum of $300,000 (not to exceed 4 times the employees' annual earnings), at date of hire. Rates are aged based. AD&D insurance may also be elected as an added benefit.

Short Term Disability

Short-term disability is a supplemental insurance offered to full-time employees working a minimum of 30 hours per week. Short-term disability is meant to bridge the 180-day period until long-term disability can cover an employee. If an employee becomes disabled and cannot work for a short period of time, this coverage pays 60 percent (60%) of the

employee's salary, up to the policy limits. This is a voluntary benefit and is funded solely by the employee.

Short-term disability benefits may run concurrent with FMLA leave and/or any other leave where permitted by state and federal law.

Retirement Plan

All employees of the District employed in positions considered to be half time or more, according to the full-time work schedule established by the District, will be included in the Public Employees Retirement System of Nevada (PERS) in accordance with Nevada Revised Statutes 286 and the Official Policies of the Public Employees Retirement System.

The District pays the entire contribution to PERS, as a local governmental agency. 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.

Additionally, employees are also eligible to participate in a 457(b)-plan allowing them to contribute up to 100% of their bi-weekly payroll toward additional retirement savings.

Tuition Reimbursement

An eligible employee of the District may, with prior approval of the division director and Chief Human Resources Officer or their designee, be granted tuition reimbursement for courses taken to improve quality of service to the District in the employee's current classification or to facilitate career development within the District.

To be eligible for reimbursement, degree courses must be offered on a quarter or semester basis by an accredited college or university. ~~Approved GED programs are also eligible for reimbursement up to a maximum of $2,250.~~ Such courses must be proven to be required for the employee's degree program as well as related to the employee's current or future service at the District.

In order to be eligible to be reimbursed, an employee must be a full-time regular employee of the District for at least one (1) year.

An employee who applies for tuition reimbursement must agree to continue employment with the District for at least twenty-four (24) calendar months following reimbursement. If an employee fails to work for the District for the full twenty-four (24) months, the employee shall refund the District up to the full amount the District paid for the course(s) and book(s). Reimbursement must be repaid on a prorated basis if the employee separates voluntarily less than 2 years following the completion of the course. This amount may be debited from the employee's final District paycheck.

Prior to approval of tuition reimbursement, an employee must have obtained the necessary approval to take the course as well as approval for any adjusted/flexible scheduling necessary.

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 fifty percent (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. Upon completion of the course, the employee must furnish proof of having achieved a passing grade of B or higher, as well as proof, in the form of original receipts, of having paid the tuition. Please note that tuition is defined as only the cost of the class. No fees, such as technology fees, student fees, or health center fees, ~~that the GED program,~~ college, or university will be reimbursed.

Approved tuition reimbursement, not covered by grants and/or scholarships, will be paid up to twice the per credit hour cost of undergraduate credit hours at the University of Nevada, Las Vegas. Textbooks required for the course will be eligible for reimbursement only with submittal of receipt(s). ~~Required book costs are reimbursable to one hundred dollars ($100) per eligible course. All reimbursement is payable to a calendar year maximum of $4,500 per employee.~~

The District will reimburse the employee for fees paid for tuition and text books for approved courses, not to exceed $5250 per calendar year.

- 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.
- 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.

Trade certificates are eligible for reimbursement when the program is a postsecondary educational institution that provides hands-on training for specific skilled careers, focusing on practical skills rather than broad academic coursework.

- Trade certificates will be reimbursed up to $2500 per program up to an annual not to exceed $5250 annually.

Use of Personal Vehicles and Out of Jurisdiction Travel

When a District employee is required to utilize a private vehicle for District purposes, the employee shall receive 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 $50.00 for 200 or more miles driven during that calendar month.

For employees working a hybrid schedule (referring to working both in office and remote within the pay week), mileage will be paid as follows:

(1) Employees' "mileage worksite" should be determined by geographic location and they will be assigned to the closest SNHD location;

(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);

(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;

(4) Employees are not eligible for reimbursement of mileage when traveling directly from their home to their central assigned office, unless required to go their Central Assigned Office for an unplanned event;

(5) The District will assign employees work by geographic locations where possible;

(6) When additional fleet vehicles become available, employees with the highest mileage will be considered first;

(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.

Definitions for purposes of calculating mileage:

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

Commuter Miles – The miles between the employees established home and their assigned Mileage Worksite.

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

Mileage for District purposes shall include:

- Mileage driven during normal work hours on District business;

- Mileage driven from the employee's home to a work location(s) and home when working scheduled overtime or call back.
- Mileage driven to or from work, other than for scheduled overtime or call backs or for personal business during a workday is excluded from any form of mileage payment.

Employee Travel Out of Jurisdiction

All employees shall have their travel arrangements made in accordance with the established District travel policy.

Travel hours will be hours worked when:

- A non-exempt employee has a special 1-day work assignment in another city. All time spent traveling will be hours worked.
- 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.
- 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.

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 in compliance with the District's Travel Policy.

Workers' Compensation

Workers' compensation is a "no-fault" system that provides compensation for medical expenses and wage losses to employees who are injured or who become ill because of job related tasks or environment.

The practice of accident prevention is one of the most important employee responsibilities. Knowing and applying safe working methods are fundamental parts of every job. Any unsafe or hazardous condition must be reported directly to a supervisor or Safety Officer immediately. If an employee sustains a job-related injury or illness, it is important to notify the supervisor and Human Resources immediately. Any employee suffering any work-related injury or illness which requires immediate or continued medical treatment shall immediately seek such treatment from the District's worker's compensation insurance approved physician or medical facility network in accordance with established Workers Compensation Procedures.

Employees are required to submit to post accident drug and alcohol testing. Additionally, employees involved in any work-related motor vehicle accident ~~will~~ may be subject to a driver history record audit. Employees required to have a valid driver license in their classification will be subject to annual driving record ~~review and appropriate liability insurance record subm~~ittal. Employees required to have a valid driver license in their classification are required to report any change in drivers' license ~~or liability~~ coverage.

Workers' compensation benefits will run concurrently with FMLA leave. 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 7 weeks or 280 hours. Employees receiving full pay for the period of lost wage shall surrender additional or duplicate disability pay within 7 working days of receipt.

If an employee is still unable to work following the 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 wages. 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. The District may require the employee to be available for light duty work assignments, if appropriate.

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.

Employee Assistance Program

The employee assistance program (EAP) is a resource designed to provide highly confidential and experienced help for employees in dealing with issues that affect their lives and the quality of their job performance. The District wants employees to be able to maintain a healthy balance of work and family that allows them to enjoy life. The EAP is a confidential counseling and referral service that can help employees successfully deal with life's challenges.

This free, comprehensive counseling service offers employees four (4) visits per issue each year and a 24-hour hotline answered by professional, degreed counselors.

The District encourages employees to use this valuable service whenever they have such a need. Employees who choose to use these counseling services are assured the

information disclosed in their sessions is confidential and not available to the District, and the District is not given any information on who chooses to use the services. For questions or additional information about this program, employees may contact the Human Resources department.

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 22, 2026

Southern Nevada Health District

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE: October 22, 2026**

RE: *Approval of the Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2027. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners)*

PETITION #07-27

That the Southern Nevada District Board of Health *approve and authorize the Chair to sign the Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2027. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners)*

PETITIONERS:

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

P.O. Box 3902 | Las Vegas, NV 89127
702.759.1000 | www.southernnevadahealthdistrict.org

Southern Nevada Health District

DISCUSSION:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. The last premium increase of 5% for both the PPO and EPO plans was approved August 5, 2025, for plan year 2026. This increase impacted actives and early retirees participating in the PPO plan, and actives, early retirees, and Medicare retirees participating in the EPO plan. Another premium increase of 5% is being proposed for the PPO and EPO plans for plan year 2027. This increase will impact all members participating in either plan.

FUNDING:

Self-Funded Group Insurance

CLARK COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM

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

Recommendation:

Approve and authorize the Chair to sign an amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2027. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners) (For possible action)

FISCAL IMPACT:

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

BACKGROUND:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. The last premium increase of 5% for both the PPO and EPO plans was approved August 5, 2025, for plan year 2026. This increase impacted actives and early retirees participating in the PPO plan, and actives, early retirees, and Medicare retirees participating in the EPO plan. Another premium increase of 5% is being proposed for the PPO and EPO plans for plan year 2027. This increase will impact all members participating in either plan.

ACTION: APPROVED.

Cleared for Agenda
09/15/2026
File ID#
26-2172

AMENDMENT TO INTERLOCAL AGREEMENT

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

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

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

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

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

dependents participating in the Benefit Plans. Effective January 1, 2014, the above referenced 13th month employer share premium payment will be replaced with a billing to each public entity for its portion of the underfunded retiree loss incurred the previous full calendar year. Each public entity's portion of the underfunded retiree loss will be based on each agency's proportionate share of the retirees enrolled in the Benefit Plans. Effective January 1, 2026, each public entity shall remit an additional annual premium, by the end of the fiscal year, to be set aside in a reserve in order to fund high dollar claims over $750,000 that are becoming increasingly more common to the Benefit Plans due to changes in life expectancy as well as changes in technology. Each public entity's premium will be equal to an amount not to exceed $15 per active employee participating in the Benefit Plans per month. The rates for the Benefit Plans shall be as set forth in the rate schedule attached hereto as Exhibit "A" and incorporated herein by this reference. The rates for continuation of coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, hereinafter referred to as "COBRA" P.L. 99-272, Title X, 10003, 100 Stat. 82, 232-237, shall be set forth in the rate schedule attached hereto as Exhibit "B" and incorporated herein by this reference.

4. A public agency, requesting participation in the Benefit Plans, shall pay an actuarially determined amount to fund their share of the Benefit Plans reserves and assets. The funding amount shall be paid on behalf of each participant who initially enrolls in the Benefit Plans.
5. The internal service fund, together with all interest or other accumulations, shall be used for the payment of expenses and charges necessary to provide the health, accident and life benefit program.
6. Clark County shall establish an Executive Board not to exceed seven members, which shall consist of representatives of management appointed from the governmental agencies participating in this agreement. The Executive Board shall meet periodically to review the financial performance of the program and evaluate and recommend contractors to the Board of County Commissioners.
7. Clark County shall establish a seven-member committee, which shall consist of representatives from both labor and management appointed from the governmental agencies participating in the self-funded group medical and dental PPO plan. Effective January 1, 1991, the committee membership shall be increased to nine members. Effective December 1, 1994, the committee membership shall be increased to ten members through the addition of a labor representative. The committee shall meet periodically to resolve disputes and appeals from the claims administrator. Any disputes and appeals related to the self-funded group medical and dental EPO plan will be resolved by the claims administrator and shall not be discussed by the committee.

8. Each public agency may withdraw from this Agreement and participation in the benefit program by giving notice thereof sixty days prior to the anniversary date of the benefit program. Upon the public agency's withdrawal from the Benefit Plans the public agency may be eligible for a distribution of reserves and/or net assets to the extent that:
    A. All claims and expenses attributable to the public agency have been paid;
    B. As required by NRS 354.6215, and as a result of the public agency's withdrawal from the Benefit Plans, the Board of County Commissioners has determined that an amount of the reserve or balance is no longer required, either in whole or in part; and
    C. The amount of such excess reserve or balance is a result of contributions or premiums paid directly attributable to the public agency.
9. The effective date of the Las Vegas Valley Water District's participation in this Agreement shall be January 1, 1991.
10. The Regional Transportation Commission of Southern Nevada and the Clark County Regional Flood Control District, effective January 1, 2002, shall be recognized as separate participating members in this Agreement.
11. The effective date of the Southern Nevada Health District's participation in this Agreement shall be August 1, 2009.
12. The effective date of the Mount Charleston Fire Protection District's participation in this Agreement shall be May 19, 2015.
13. The effective date of the Las Vegas Metropolitan Police Department's participation in this Agreement shall be January 1, 2016. Participation is limited to the employer's appointed staff and dependents, and effective July 1, 2019, Deputy Sheriffs, and effective January 1, 2024, Police Protective Association Civilian Employees.
14. The effective date of the Moapa Valley Fire Protection District's participation in this Agreement shall be July 27, 2020. Participation is limited to Management Plan employees and their covered dependents.
15. The effective date of the Eighth Judicial District Court's participation in this Agreement shall be July 1, 2022.
16. Effective January 1, 2014, any participating public agency's contemplated change in the employer/employee premium contribution calculation is subject to prior approval by the Plan Administrator, and may not be made absent Plan Administrator approval.
17. Nothing in this Agreement shall be construed as limiting the ability of any party hereto to decline to participate in any individual health, life or accident program jointly adopted by the parties pursuant to this Agreement, nor does it preclude any party hereto from providing its employees with a health, life or accident program not jointly adopted under this Agreement. Any party choosing not to participate in such jointly adopted program shall notify, in writing,

the Chief Financial Officer, or designee, not later than sixty days prior to the initial effective date of that program or, if already in place, sixty days prior to the anniversary date of that program.

18. This Interlocal Agreement embodies all of the agreements of the parties hereto with respect to any matter covered or mentioned in this Interlocal Agreement. No prior agreements or understandings pertaining to such matters, whether written or oral, shall be effective for any purpose after the effective date of this Agreement. No provision of this Interlocal Agreement shall be modified or added to except by an agreement in writing signed by the parties hereto. For the purpose of interpretation, this Interlocal Agreement has been prepared by all the parties hereto.

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

DATE: _____

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
BRIAN GULLBRANTS, Vice Chair

ATTEST:

BY: _____
JOHN ENTSMINGER

ATTEST:

BY: _____
PATRICIA METZ

ATTEST:

BY: _____
ANA DIAZ

COUNTY OF CLARK

BY: _____ Michael Naft (Sep 17, 2026 11:19:22 PDT)
MICHAEL NAFT, Chair
Board of County Commissioners

CLARK COUNTY WATER RECLAMATION DISTRICT

BY: _____ Tick Segerblom (Sep 17, 2026 11:21:17 PDT)
TICK SEGERBLOM, Chair
Board of Trustees

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BY: _____ William McCurdy II (Sep 24, 2026 14:25:57 PDT)
WILLIAM MCCURDY II, Chair
Board of Trustees

LAS VEGAS CONVENTION AND VISITORS AUTHORITY

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

LAS VEGAS VALLEY WATER DISTRICT

BY: _____
MARILYN KIRKPATRICK, President
Board of Directors

CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT

BY: _____
JUSTIN JONES, Chair
Board of Directors

REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA

BY: _____
JUSTIN JONES, Chair
Board of Commissioners

ATTEST:

BY: _____
CASSIUS LOCKETT, PhD
District Health Officer or Designee

ATTEST:

BY: _____
CHRISTINA AYALA

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
MELISSA DRISCOLL

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
STAFF ATTORNEY

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

BY: _____
LISA LOGSDON
County Counsel

SOUTHERN NEVADA HEALTH DISTRICT

BY: _____
SCOTT BLACK, Chair
Board of Health

HENDERSON DISTRICT PUBLIC LIBRARIES

BY: _____
JENNIFER ANDRICOPULOS, Chair
Board of Trustees

MOUNT CHARLESTON FIRE PROTECTION DISTRICT

BY: _____
April Becker (Sep 28, 2026 13:28:16 PDT)
APRIL BECKER, Chair
Board of Fire Commissioners

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

BY: _____
SHERIFF KEVIN MCMAHILL

MOAPA VALLEY FIRE PROTECTION DISTRICT

BY: _____
MARILYN KIRKPATRICK, Chair
Board of Fire Commissioners

EIGHTH JUDICIAL DISTRICT COURT

BY: _____
TIMOTHY ANDREWS
Court Executive Officer

RATES EFFECTIVE 01/01/27

CLARK COUNTY, NEVADA
AND AFFILIATES
RATES EXHIBIT A

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

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

Employee	$654.74
Spouse	$570.46
Children	$543.85
Spouse/Children	$1,057.17
Retiree Medicare	$380.08
Spouse Medicare	$477.00

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

	0-5 Years of Service	6-9 Years of Service	10 or More Years of Service
Retiree	$785.68	$720.23	$654.74
Spouse	$684.55	$627.49	$570.46
Children	$653.65	$598.26	$543.85
Spouse/Children	$1,268.60	$1,162.92	$1,057.17
Retiree Medicare	$456.08	$418.08	$380.08
Spouse Medicare	$572.41	$524.72	$477.00

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

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

RATES FOR RETIREES WITH PART B MEDICARE ONLY

	0-5 Years of Service	6-9 Years of Service	10 or More Years of Service
Member Only	$620.78	$564.24	$507.69
Member & Spouse both Medicare Part B	$1,154.20	$1,048.39	$942.54
Member & Spouse one Medicare Part B	$1,305.33	$1,191.73	$1,078.15
Member & Child	$1,274.43	$1,162.50	$1,051.54
Member & Family both Medicare Part B	$1,658.75	$1,510.90	$1,363.01
Member & Family one Medicare Part B	$1,889.38	$1,727.16	$1,564.86

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.
Effective January 1, 2008, premiums will be rounded down by one half of one cent for employees that are working less than 40 hours per week and are responsible for a prorate share of their health benefit cost.

EXCLUSIVE PROVIDER ORGANIZATION MEDICAL/DENTAL/VISION

ACTIVE EMPLOYEE RATES & RETIREE RATES

Employee/Retiree	$757.28
Spouse	$660.50
Children	$629.36
Spouse/Children	$1,237.62

RATES EFFECTIVE 01/01/27

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

PREFERRED PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES

	RATES
Member Only	$672.40
Member & Spouse	$1,256.95
Member & Child	$1,229.97
Member & Family	$1,757.59

EXCLUSIVE PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES

	RATES
Member Only	$772.43
Member & Spouse	$1,446.14
Member & Child	$1,414.37
Member & Family	$2,034.80

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

BCC 9/15/2026 Approved Item #26

Final Audit Report 2026-09-28

Created:	2026-09-16 (Pacific Daylight Time)
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Status:	Signed
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2026-09-28 - 1:28:14 PM PDT- IP address: 198.200.132.41

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Agreement completed.

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PROPOPSED 2027 SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING SCHEDULE

All Board of Health meetings are proposed to occur on the fourth Thursday of each month at 9:00 a.m., with the following exceptions:

→ November – Third Thursday in November (November 18, 2027), at 11:00 a.m., in order to not coincide with the Thanksgiving holiday; and
→ December – No meeting unless required.

DATE	TIME
January 28, 2027	9:00 a.m.
February 25, 2027	9:00 a.m.
March 25, 2027	9:00 a.m.
April 22, 2027	9:00 a.m.
May 27, 2027	9:00 a.m.
June 24, 2027	9:00 a.m.
July 22, 2027	9:00 a.m.
August 26, 2027	9:00 a.m.
September 23, 2027	9:00 a.m.
October 28, 2027	9:00 a.m.
November 18, 2027	11:00 a.m.

DRAFT

DATE: October 22, 2026

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer

SUBJECT: District Health Officer Report

Influenza Update

In September, the Southern Nevada Health District reported the first flu-related death of the season in a Clark County resident. The individual was a man in his 50s with underlying health conditions.

The Health District is reminding the public that flu causes serious illness and deaths every year, and while a death reported this early in the season is concerning, it is too early to predict the severity of the 2026-2027 season. Older adults, young children and people with certain medical conditions are at greater risk. Everyone 6 months and older is urged to get the seasonal flu and COVID-19 vaccines to protect themselves and those around them from serious illness.

Flu activity typically peaks between December and February but can circulate at any time of the year. The Centers for Disease Control and Prevention recommends annual flu vaccination for everyone 6 months and older. Adults 65 and older, children younger than 2, pregnant women, people with underlying medical conditions and those with weakened immune systems are at greater risk for severe illness.

Seasonal flu and COVID-19 vaccines are available at Health District clinics. For more information, or to schedule an appointment, go to www.SNHD.info/immunizations. Updated flu and COVID-19 vaccines are also widely available at pharmacies and health care provider offices. Community members can talk with a health care provider or pharmacist about the vaccines recommended for them.

The Health District also encourages community members to take the following steps to help reduce the spread of flu, COVID-19 and other respiratory viruses:

- Wash your hands frequently with soap and running water. Use an alcohol-based hand sanitizer when soap and water are unavailable.
- Stay home when you are sick and limit contact with others.
- Avoid close contact with people who are sick.
- Cover coughs and sneezes with a tissue and throw the tissue away after use.
- Regularly clean frequently touched surfaces.
- Take antiviral medication as prescribed by a health care provider.

The Health District began active surveillance for the 2026-2027 flu season on October 4. The weekly Influenza Snapshot and Influenza Report by Age Group will be available at

www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

National Lead Poisoning Prevention Week

National Lead Poisoning Prevention Week takes place from October 25-31, 2026. The commemoration is coordinated by the U.S. Environmental Protection Agency, the Centers for Disease Control and Prevention and U.S. Department of Housing and Urban Development.

This year's them is Keep Kids Safe from Lead and everyone is encouraged everyone to:

- **Get the Facts:** Learn about lead hazards in your environment.
- **Get Your Child Tested:** Ensure early detection through a simple blood test.
- **Get your Home Tested.** Identify and address potential lead sources in your living space.

In April, the Health District began offering lead testing for consumer products. Testing is now available every Monday, from 7:30-9:30 a.m., at its Main Public Health Center at 280 S. Decatur Blvd., Las Vegas, NV 89107.

The service is designed to help community members identify items that may contain lead and learn how to reduce the risk of exposure. Testing is conducted using an X-ray Fluorescence (XRF) Analyzer, which can quickly detect lead and other heavy metals in many common materials and provide immediate results.

Items that may be important to test include:

- Traditional painted pottery used for food or beverages
- Toys, cups and other items frequently handled or mouthed by young children
- Household items such as keys or imported goods

Traditional painted ceramic pottery may contain lead in the paint or glaze, which can deteriorate over time and contaminate food or beverages. Lead is a naturally occurring heavy metal that has been found in a variety of consumer products, including cookware, ceramics, spices and imported goods. As these items age or break down, they can release lead dust that may contaminate homes and living spaces.

Children are especially vulnerable to lead exposure because their brains and nervous systems are still developing. Even low levels of lead can cause learning and behavioral problems, while higher levels can result in serious health effects, including anemia, hearing loss, brain damage and, in severe cases, death. Because symptoms are often not immediately visible, a blood test is the only way to confirm exposure. Medicaid and Nevada Check Up cover lead testing for eligible children at 12 months and again at 24 months, or at any time before age 6 if earlier testing was not completed. Parents and caregivers are encouraged to speak with their child's health care provider about lead testing during routine well-child visits.

For questions about lead testing of consumer products, contact SNHD_OutbreakSuppport@snhd.org. For more information about childhood lead poisoning prevention, visit: www.southernnevadahealthdistrict.org/community-health-center/clppp/.

West Nile virus

As of October 5, the Health District is reporting one neuroinvasive case of West Nile virus in a Clark County resident. The Health District has set 2,843 traps throughout the county and submitted 2,651

sample pools—representing 46,479 mosquitoes—to the Southern Nevada Public Health Laboratory for analysis. Of the sample pools submitted, 54 tested positive for West Nile virus. No sample pools have tested positive for St. Louis encephalitis or Western equine encephalitis.

The Health District continues its mosquito surveillance efforts throughout Clark County and reminds residents that the presence of West Nile virus in mosquitoes increases the risk of human infection.

The Health District recommends the following steps to reduce the risk of mosquito bites:

- Use an Environmental Protection Agency (EPA)-registered insect repellent.
- Wear long sleeves and pants when outdoors, especially at dawn and dusk when mosquitoes are most active.
- Remove standing water around homes and businesses where mosquitoes can breed.
- Ensure window and door screens fit properly to keep mosquitoes outside.

The Health District works with local partners to implement mosquito control measures when virus activity is detected. Residents can stay informed about local mosquito surveillance activity by visiting the Health District's weekly West Nile virus surveillance reports at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/arbovirus-update/.

Community Meetings

Week ending 10/04:

Biweekly:

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

Bi-monthly:

- Participated in the NALHO Local Health Officer meeting

Annually:

- Participated in the annual meeting with representatives from Forvis Mazars regarding the audit

Media/Interviews/Panelist/Presenter/Events:

- Attended the Nurse-Family Partnership Site Event

Ad-hoc Meetings:

- Attended a meeting with representatives from Healthcare in Action
- Attended a meeting regarding marketing for the SNCHC New Access Point (NAP)
- Participated in a meeting with Dr. Saloman Amar (Touro University) and Dina Babsky (City of Las Vegas)
- Participated in a meeting with Dr. Lawrence Weekly and his leadership team regarding vaping education/outreach at DPAC NV
- Attended a tour of a potential site for the SNCHC New Access Point
- Participated in a meeting with Assemblymember Elaine Marzola
- Attended a tour of UMC's Trauma unit, Pediatric floor, Infection Control office, Burn tower, and Maternal floor
- Participated in a meeting with representatives from the Nevada State Public Health Laboratory

Week ending 09/27:

Biweekly:

- Participated in the Lab Expansion meeting
- Facilitated one-on-one meetings with Direct Reports

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Summers-Armstrong, Commissioner Becker, Mayor Pro Tem Gallo, Councilwoman Larson, Scott Nielson, Bobbette Bond, and Mayor Hardy
- Participated in the Clark County Medical Society (CCMS) Board of Trustees meeting
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the BCHC 2nd Monthly Member meeting

Bi-monthly:

- Participated in the Informatics Department leadership meeting
- Participated in the CSTE Chronic Disease Subcommittee call

Ad-hoc Meetings:

- Participated in a meeting with the Molina Healthcare of Nevada

Week ending 09/20:

Note:

- Mykaela Johnson, Senior Program Manager, Big Cities Health Coalition (BCHC), shadowed Dr. Lockett on September 14-15, 2026 as part of BCHC's Health Department Visit Program

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Attended the New Hire Orientation
- Facilitated the Health Executive Council meeting

Monthly:

- Participated in the Disease Surveillance & Control Division leadership meeting
- 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 individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black and Commissioner Kirkpatrick

Bi-monthly:

- Participated in the Public Health and Preventive Care Division leadership meeting

Quarterly:

- Participated in the Environmental Health Division leadership meeting

Ad-hoc Meetings:

- Attended a meeting regarding the SNCHC New Access Point (NAP)
- Attended a Legislative Update meeting
- Participated in a meeting with the Local Health Authorities and Senator Titus
- Attended a meeting with representatives from AltaMed

Week ending 09/13:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Participated in the Lab Expansion meeting

Monthly:

- Participated in the Public Health Policy Strategy meeting
- Participated in the Healthcare Associated Infections (HAI) Update meeting
- Participated in the Directors/Managers meeting
- Participated in the BCHC Monthly Member meeting
- Participated in the CSTE Surveillance Policy Subcommittee call

Bi-monthly:

- Participated in the SNCHC Division leadership meeting

Quarterly:

- Participated in the State Board of Health meeting

Ad-hoc Meetings:

- Held a meeting with Dr. Luis Medina on the fellow onboarding process

Week ending 09/06:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Attended the New Hire Orientation
- Facilitated the Health Executive Council meeting

Monthly:

- Participated in the Monthly Leadership Finance meeting

Ad-hoc Meetings:

- Facilitated a meeting with the Informatics Team on current projects and systems
- Participated in a meeting regarding Cost Allocation



Healthy People Thriving in a Healthy Southern Nevada

Update: Addressing the Overdose Epidemic - Clark County Data & SNHD Initiatives

Brandon Delise, MPH CIC
Sr Epidemiologist
Office of Epidemiology

Rebecca Cruz-Nañez, , LMSW, CA, CPS
Sr Health Educator
Office of Disease Surveillance

October 22, 2026

Overview

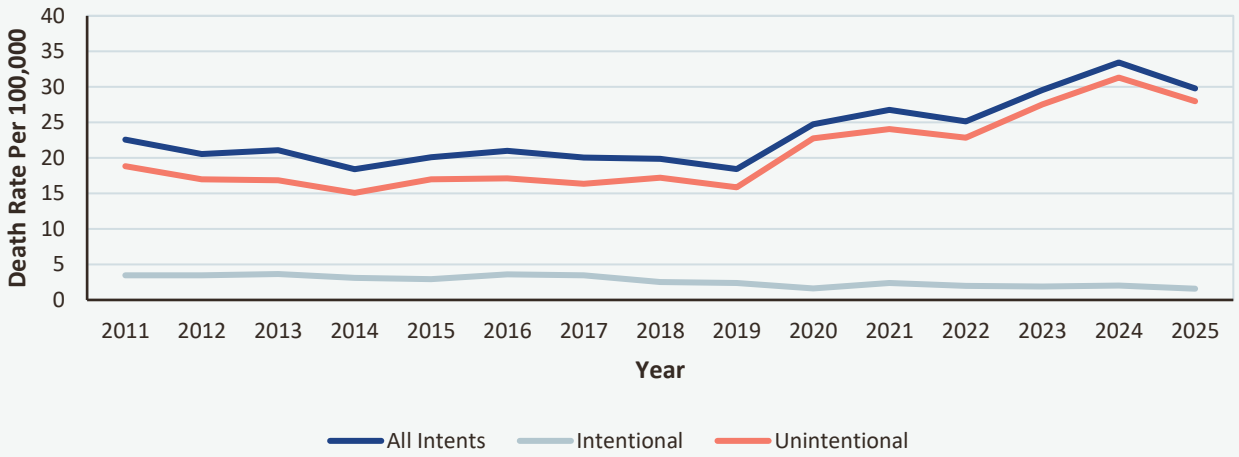
- Updates on overdose data in Clark County, NV
- Current program successes
- Emerging community engagement opportunities

SNHD
Southern Nevada Health District

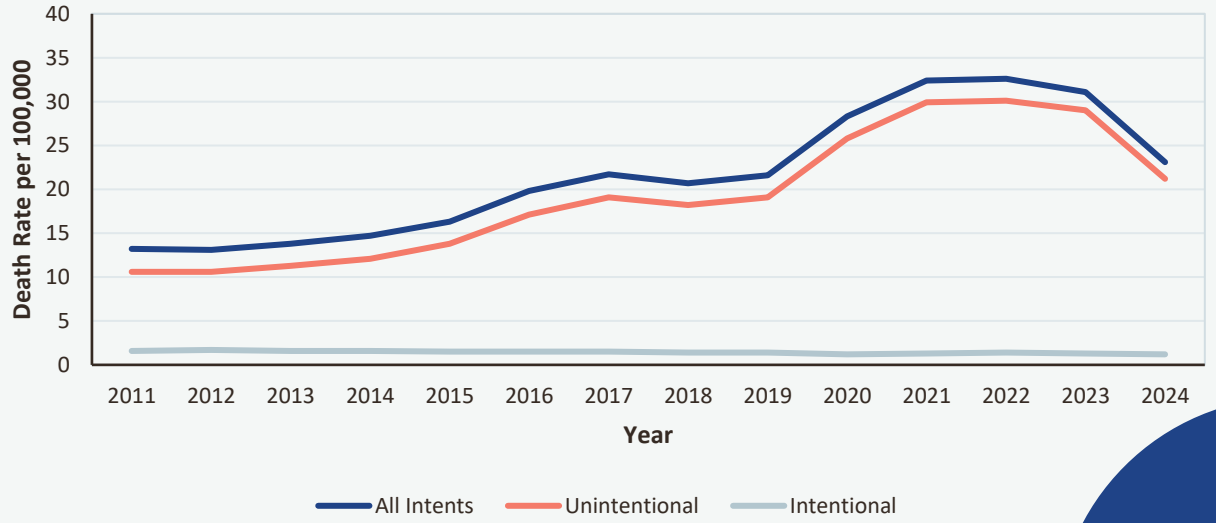
Key Insights - Drug Overdoses

- The majority of fatal drug overdoses in Clark County and across the US are unintentional, including those involving fentanyl.
- Clark County experienced a substantial increase in overdose deaths beginning in 2019, followed by a marked decline in 2025. These trends generally mirror national patterns, although the timing and magnitude of changes have varied locally.

Age-Adjusted Drug Overdose Death Rate per 100,000 Among **Clark County** Residents by Drug Class (2011-2025)



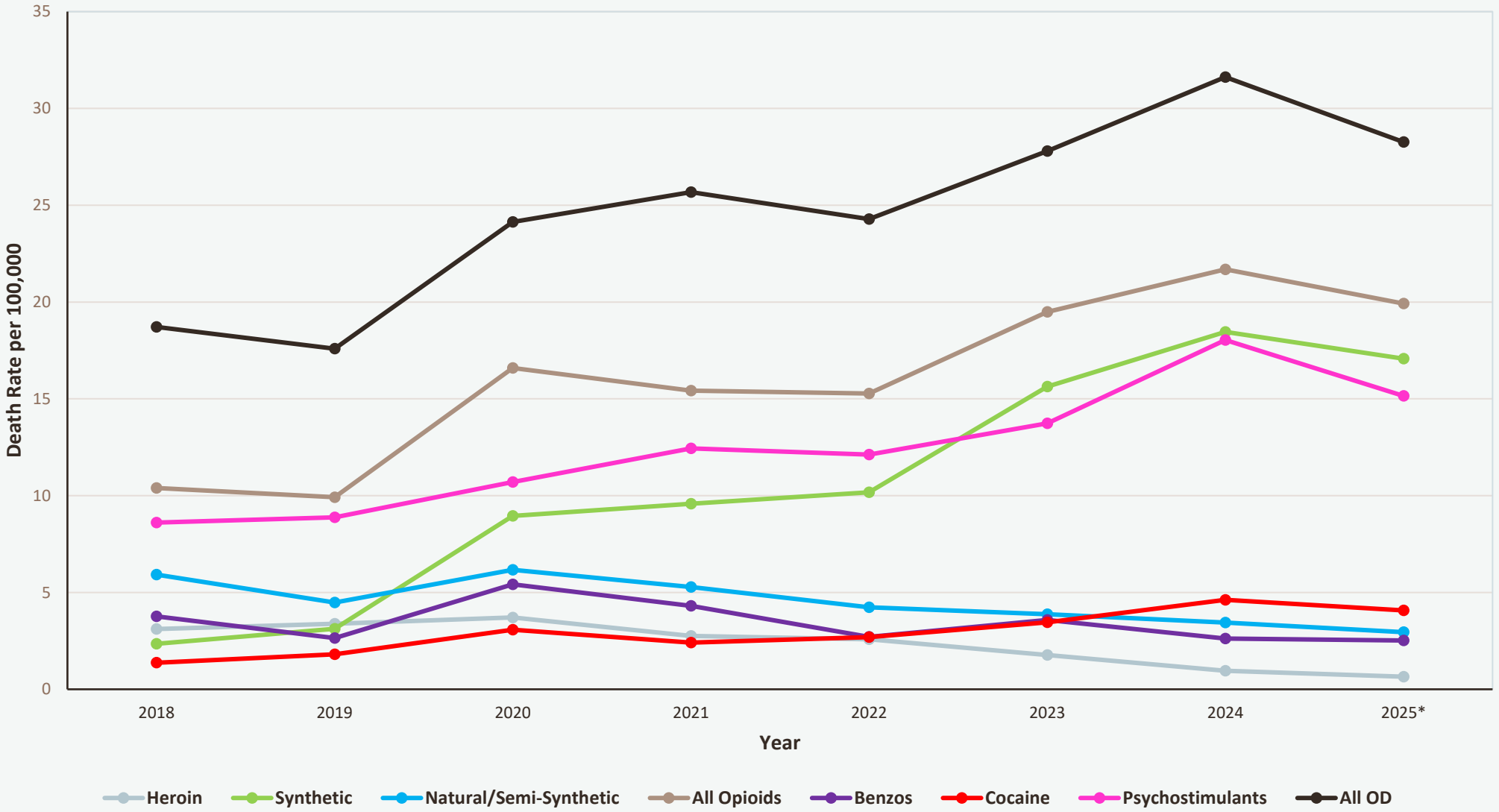
Age-Adjusted Drug Overdose Death Rate per 100,000 Among **US** Residents By Drug Class (2011-2024)



Current as of 08/24/2026.
Data Source: Nevada Electronic Death Registry System; CDC WONDER

SNHD Southern Nevada Health District

Age-Adjusted Drug Overdose Death Rate per 100,000 by Drug Class Among **Clark County** Residents (2018-2025)



Current as of 08/24/2026.
Data Source: Nevada Electronic Death Registry System; CDC WONDER

SNHD Southern Nevada Health District

Percentage of Drug Overdose Deaths by Drug Class (Clark County, 2025)

- Fentanyl was involved in 59.0% of all overdose deaths, while methamphetamine was involved in 53.4%, frequently occurring in combination. Other substances were involved far less often, including cocaine (15.1%), natural and semi-synthetic opioids (10.9%), and benzodiazepines (9.1%).

Drug	Percentage
All Opioid	69.6%
Fentanyl	59.0%
Methamphetamine	53.4%
Cocaine	15.1%
Natural/Semi-Synthetic Opioids	10.9%
Benzodiazepines	9.1%
Heroin	2.2%
Xylazine (Tranq)	0.4%

Note: Yearly counts are not mutually exclusive to one drug class category; therefore, the percentages will not add up to 100%.

Current as of 08/24/2026.
Data Source: Nevada Electronic Death Registry System

SNHD Southern Nevada Health District

Continuing Issue: Polysubstance Use Involving Fentanyl

- Fentanyl is frequently found in other substances, either intentionally mixed or as a contaminant.

Drugs Implicated in Overdose Deaths Involving Fentanyl, 2025	
Psychostimulants	53.7% (226/421)
Cocaine	16.6% (70/448)
Benzos	5.9% (25/421)
Natural/Semi-Synthetic Opioids	5.2% (22/421)
Heroin	1.0%(4/421)
Note: Yearly counts are not mutually exclusive to one drug class category.	

Current as of 08/24/2026.
Data Source: Nevada Electronic Death Registry System

SNHD Southern Nevada Health District

Novel Substance Cases in OD Deaths - Clark County, NV

- Kratom is the most consistently detected novel substance in Clark County OD deaths, with counts rising from 9 (2020) to a peak of 20 in 2024.
- Xylazine ("tranq") and carfentanil emerged sharply in 2024, signaling new threats entering our local drug supply.

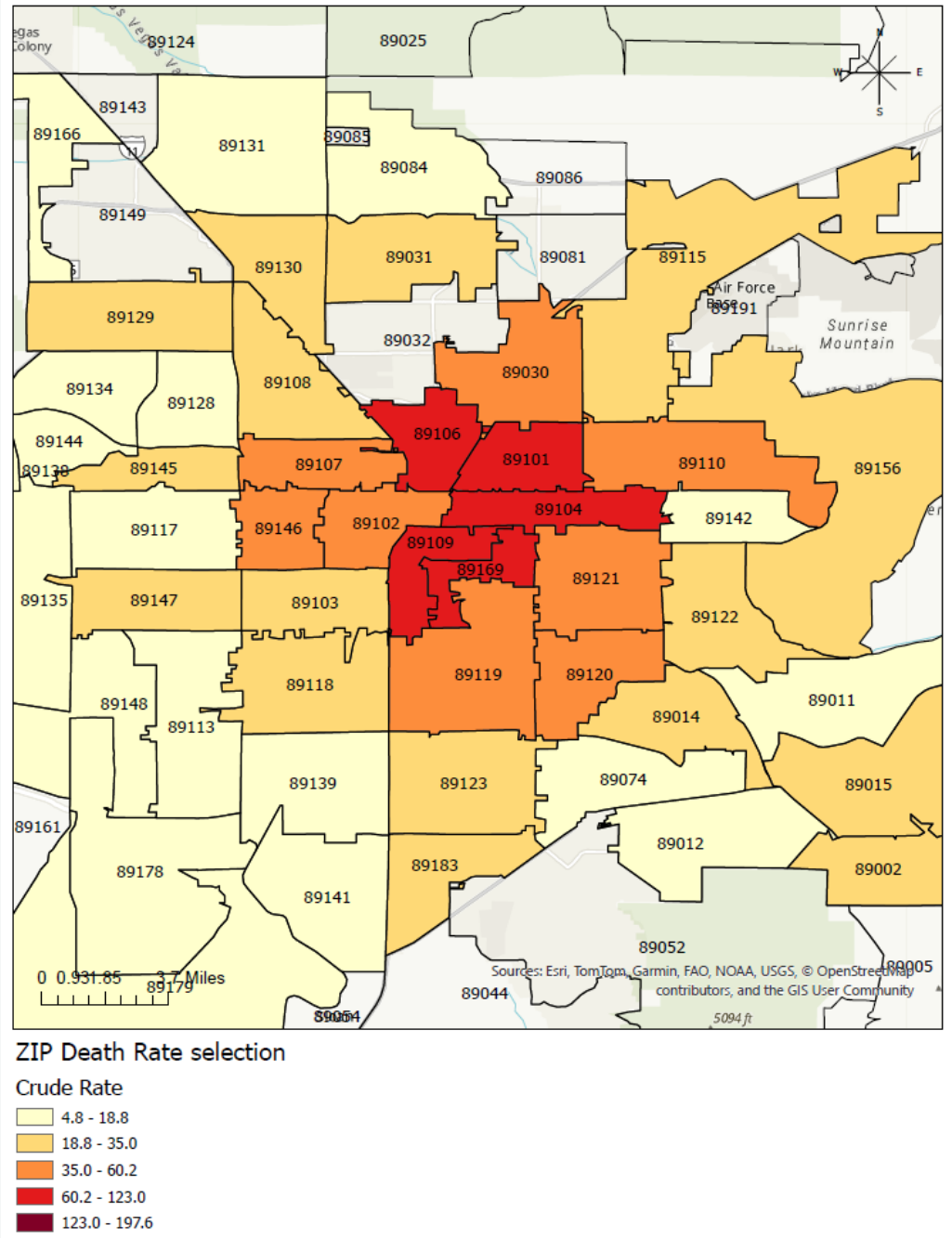
Substance	2020	2021	2022	2023	2024	2025	2026*
Kratom	9	13	16	14	20	11	2
Xylazine	1	0	0	3	20	3	0
Nitazenes	0	0	0	0	0	0	0
Carfentanil	0	0	1	0	13	3	1
Medetomidine	0	0	0	0	0	0	3
Dexmedetomidine	0	0	0	0	0	0	2

Current as of 08/24/2026.
*2026 data are preliminary and subject to change.
Data Sources: Nevada Electronic Death Registry System; CDC WONDER

SNHD Southern Nevada Health District

Crude Overdose Death Rates (All Substances) by ZIP Code (Per 100,000 Residents)

- The ZIP codes with the highest burden of overdose in 2025 were 89101, 89104, 89109, 89169, and 89106.

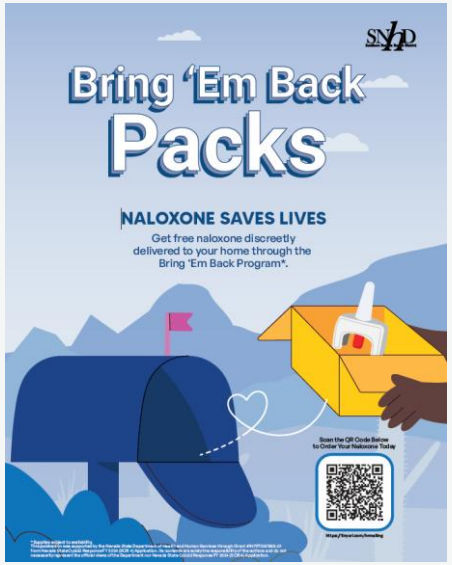


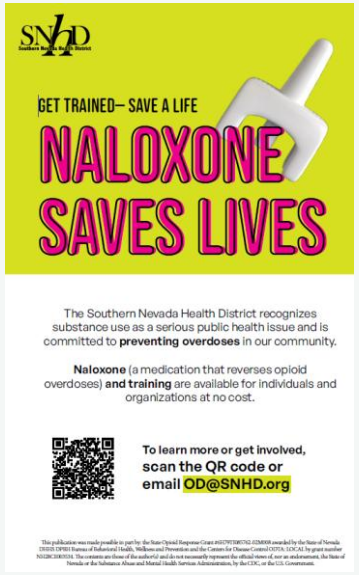
Current as of 08/24/2026.
Data Source: Nevada Electronic Death Registry System

SNHD Southern Nevada Health District

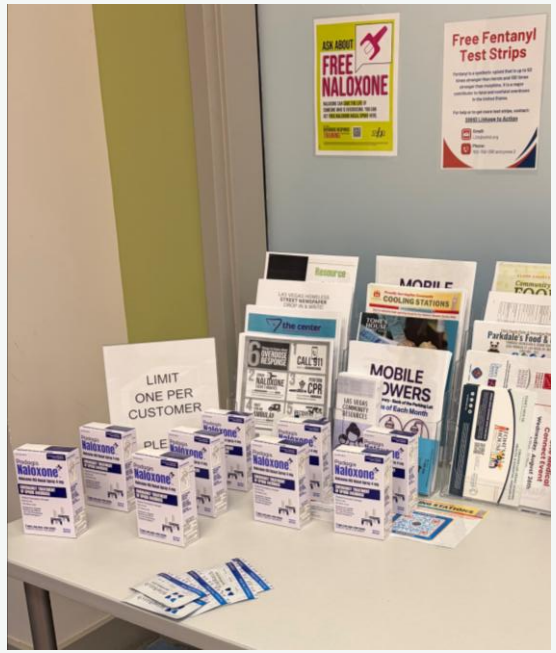
Current program successes: SNHD + partners

- Community Naloxone Distribution
  - 2026* = 138,025 doses; since 2018 = 511,906 doses
  - Mailing program
  - Clark County Library Partnership + RTC Partnership
  - Spanish naloxone training
  - Partnership with SNHD Environmental Health











* Current as of 9/3/2026

SNHD Southern Nevada Health District

Current program successes: SNHD + partners - 2

- Increased fentanyl and overdose awareness
  - Posters + coasters in local bars and restaurants
  - Reddit + YouTube awareness campaign
  - Medical Provider stigma reduction campaign
  - “You Can Save Lives” awareness campaign









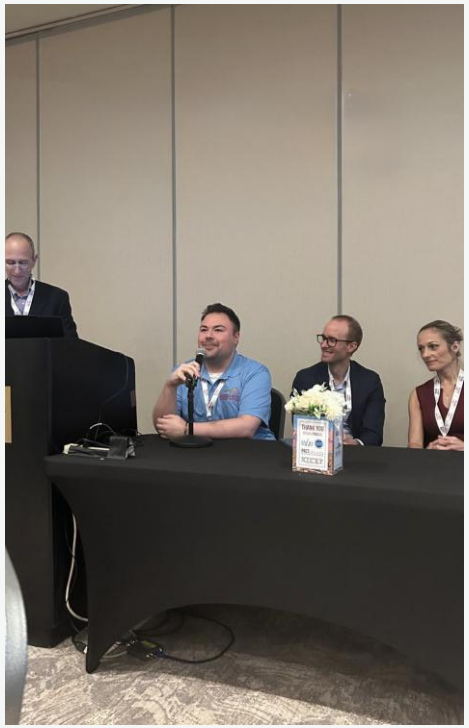


Southern Nevada Health District

Current program successes: SNHD + partners - 3

- 2026 Southern Nevada Substance Misuse and Overdose Prevention Summit
  - ~250 attendees from Clark County and state partners
  - Addressing co-occurring mental health and substance use and drug checking and novel adulterants







Current program successes: SNHD + partners - 4

- Community response
  - Southern Nevada Post Overdose Response Team (SPORT)
  - Linkage to Action (L2A) Community Outreach
  - Syndemic response with HIV/STI testing
  - Door-to-door canvassing partnership with Foundation for Recovery



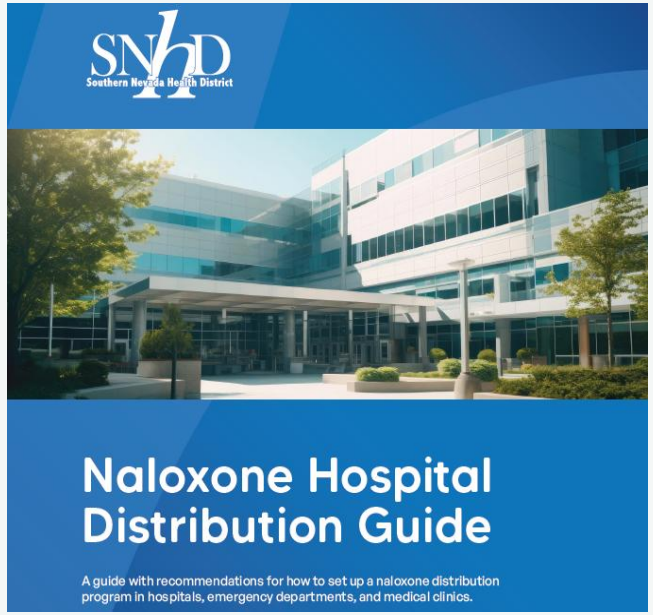






Emerging opportunities

- Expanding naloxone to hotels/motels
  - CDC MMWR found nationally 56% of hotel/motel overdoses occurred in the same county where the decedent lived; 21% naloxone administered
  - Existing partnership: 64 hotel security property partnerships
  - Need support to expand access to other staff, hotel guests
- Support distribution of SNHD's Naloxone Hospital Emergency Department Guide
  - Existing partnerships with UMC, Spring Valley, Mountain View
- Ideas for naloxone expansion
  - EG: add'l library systems, rec centers, convenience stores, etc.
- Funding support to address changing federal guidance on test strips



Source: https://www.cdc.gov/mmwr/volumes/75/wr/mm7524a2.htm

References + Resources

- Fischer, L. S., Asher, A., Stein, R., Becasen, J., Doreson, A., Mermin, J., Meltzer, M. I., & Edlin, B. R. (2025). Effectiveness of naloxone distribution in community settings to reduce opioid overdose deaths among people who use drugs: a systematic review and meta-analysis. *BMC public health*, *25*(1), 1135. https://doi.org/10.1186/s12889-025-22210-8
- Stewart A, Dinwiddie A, Wisdom A, Gilson T. *Notes from the Field:* Drug Overdose Deaths in Hotels and Motels — United States, 2022–2024. MMWR Morb Mortal Wkly Rep 2026;75:311–313. DOI: http://dx.doi.org/10.15585/mmwr.mm7524a2

- Southern Nevada Health District Substance Use Dashboard: https://www.healthysouthernnevada.org/
- Southern Nevada Opioid Advisory Council: https://www.snoac.org/
- SNHD Substance Use and Overdose Prevention: https://snhd.info/substance-use-and-overdose-prevention/
  - Mail-based program “The Strip Club”

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Community partners: PACT, FFR, Impact Exchange, Empowered, Rescue Agency, LVMPD, NICRP, The Center, Las Vegas – Clark County Library District

Thank you!


SNHD
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Commitment
Accountability
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MEMORANDUM

Date: October 22, 2026

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, MS, *District Health Officer*

Subject: **Administration Division Monthly Report – September 2026**

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Executive Summary

The Office of Communications issued 2 News Release, placed advertisements in El Nuevo Mundo and Mesa Valley Progress newspapers and on Google Ads to promote the Caring for Our Community campaign. As of October 5, 2026, the Health District had 790 employees. Human Resources posted 7 employment opportunities, held 26 interviews, extended 6 job offers, and onboarded 7 new hires. Facilities staff oversaw the installation of new automatic front entry doors and bollards.

Office of Communications

News Releases Disseminated:

- Hispanic Heritage Month highlights health, culture and community in Southern Nevada
- Health District reports first flu-related death of the season

Press:

- Clark County's first flu-related death of the season
- Hispanic Heritage Month

- Unpermitted street vendors
- Diabetes self-management classes
- Overdose deaths and prevention efforts

Four Hundred two news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in September. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at https://media.southernnevadahealthdistrict.org/download/oc/202609-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In September, staff placed advertisements in El Nuevo Mundo and Mesa Valley Progress newspapers and on Google Ads to promote the Caring for Our Community campaign. The Office of Communications continues to assist with redesigning material for the Brain Health is Community Health campaign for the Health Equity program.

The Office of Communications facilitated responses to 213 public information inquiries related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 93 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. Staff performed regular updates on Health District websites, including SNHD.org and SNCHC.org.

On social media, staff promoted Sudden Unexpected Infant Death Syndrome, Strip Club (fentanyl and xylazine test strips), CredibleMind, Fight the Bite, lead testing services (English and Spanish), Health District After Dark, Healthy Chats Episode 8, Preparedness Month, Step Up for Kids & Healthy Kids Festival, 988 hotline, Public Service Career Fair and Board of Health recognitions. Staff created video and social cuts including Healthy Chats Episode 8, Southern Nevada Opioid Advisory Council (SNOAC), Nurse-Family Partnership and Healthy Chats.

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: 33
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 174

Government Affairs Update:
- Continued preparation for the upcoming legislative session, including development of the Public Health Sector Legislative Funding Request for Disease Surveillance, Investigation and Response.
- Met with elected officials and public health partners to discuss legislative priorities, funding needs, and session strategy.
- Coordinated with internal staff on legislative priorities, messaging, funding requests and session planning.
- Finalized preparations and conducted a legislative site visit for the Nurse-Family Partnership program with state legislators and congressional delegation staff.
- Finalized and submitted the SB118 annual report and State Public Health Fund report to Legislative Counsel Bureau (LCB).
- Continued coordination on key public health policy and legislative issues.

Meetings and Events of Note:

- September 1: SB494 Public Health Study Public Workshop
- September 1: Accreditation meeting
- September 2: Latino Network meeting
- September 8: Gavin J. Goorjian Community Health Center Tour
- September 9: Public Health Policy Strategy Group Meeting
- September 11: State Board of Health Meeting
- September 11: NPHA Advocacy and Policy Committee Meeting
- September 14: Legislative Update Meeting
- September 15: Legislative Session Planning Meeting with DSC
- September 16: Meeting with Senator Titus
- September 23: Meeting with DPBH on NAC441A
- September 28: CitiesLEAD National Network Meeting
- September 29: Nurse-Family Partnership Site Visit with state legislators and congressional delegation staff
- Meetings with Big Cities Health Coalition PIO and Policy Workgroups
- Meetings with the Public Health Policy Strategy Group.
- Meetings related to the 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	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Maintenance Responses	364	539	↑	1,040	1,746	↑
Electrical Work Orders	25	40	↑	108	149	↑
HVAC Work Orders	102	74	↓	178	335	↑
Plumbing Work Orders	19	31	↑	42	78	↑
Preventive Maintenance	6	18	↑	97	50	↓
Security Responses	2,535	1,589	↓	6,708	4,663	↓

Current Projects

Decatur Location

- Installed new automatic entry doors
- Installed bollards
- Installed light dimmers for two offices in Immunization

SNPHL Location

- Installed RTU for Microbiology lab

Finance

Total Monthly Work Orders	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Purchase Orders Issued*	493	491	↓	1,765	1,554	↓
Grants Pending – Pre-Award**	2	3	↑	12	9	↓
Grants in Progress – Post-Award***	13	9	↓	24	22	↓

*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 – September 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
Comagine Integrated Maternal Health Services Year 4 of 5 (comag_26)	O - Comagine	9/29/2026	$444,419.00	End of project period	2.20	Expected FY2027 renewal
15PBJA-23-GG-02351-COAP, Comprehensive Opioid, Stimulant, and Substance Use Site-based program, Year 3 of 3,(cossup26)	F-DOJ	9/30/2026	$1,600,000.00	End of project period	2.00	New NOFO application submitted
Clark County, Thrive By 0-3 Prevention Services, Embracing Healthy Babies Year 4 of 5 (ehbsa_26)	Contract	9/30/2026	$150,000.00	End of project period	1.00	Expected FY2027 renewal
5 U01EH001369-05-01, CDC Foodborne Illness, year 5 of 5 (fdill_25)	F-CDC	9/29/2026	$385,173.00	End of project period	1.20	FY2027 renewal received
H79TI084748-03S1,SAMHSA First Responders - Comprehensive Addiction and Recovery Act, Year 4 of 4 (frcar_26)	F-SAMHSA	9/29/2026	$500,000.00	End of project period	1.85	Expected FY2027 renewal

Grants Expired – September 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
Alzheimer's Association, National Healthy Brain Initiative (hbi_26)	Contract	9/29/2026	$50,000.00	End of project period	0.00	Not expected to renew
Catholic Charities of Southern Nevada, Refugee Health Program (hcrhp_26)	Contract	9/30/2026	$17,577.00	End of project period	1.84	Expected FY2027 renewal
SNPHL Expansion Project City of Boulder City (lbxbc_24)	ILA	9/30/2026	$25,000.00	End of project period	0.00	Not expected to renew
City of North Las Vegas, ARPA Lab Expansion, Notice of Subaward (lbxnlv23)	ILA	9/30/2026	$1,100,000.00	End of project period	0.00	Not expected to renew
UNLV Childhood Lead Poisoning Prevention - A5 (nclpp_22)	P-CDC	9/29/2026	$274,594.00	End of project period	0.35	Expected FY2027 renewal
State of Nevada, Nevada Home Visiting, Maternal, Infant and Early Childhood Home Visiting Grant Program, Year 2 of 2 (nfp_26)	P-HRSA	9/26/2026	$709,629.00	End of project period	4.20	Expected FY2027 renewal
Pact Coalition, Year 2 of 5 (pfs_26)	O- PACT	9/29/2026	$72,717.00	End of project period	0.55	Expected FY2027 renewal
State of Nevada , CDPHP - Prev Health Promo (phhsbg26)	P-CDC	9/30/2026	$36,398.00	End of project period	0.10	Expected FY2027 renewal
5 H49MC52122-03-00, Healthy Start Initiative - Enhanced Year 3 of 5 (pphs_26)	F-HRSA	9/29/2026	$1,041,320.00	End of project period	10.00	FY2027 renewal received

Grants Expired – September 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
NU01DD000024-03 Pregnant People - Infant Linked Longitudinal Survey (Stillbirth), Year 3 of 5, (ppls_26)	F-CDC	9/29/2026	$324,731.00	End of project period	2.35	FY2027 renewal received
NU58DP007746-03, Racial and Ethnical Approaches to Community health, Year 3 of 5 (reach_26)	F-CDC	9/29/2026	$680,038.00	End of project period	0.90	FY2027 renewal received
State of Nevada, Fusion Center Public Health Analyst (multi-year) (snctc_25)	P-DHS	9/30/2026	$94,540.00	End of project period	0.75	Expected FY2027 renewal
State of Nevada, State Opioid Response (sor_26)	P-CDC	9/29/2026	$1,165,256.00	End of project period	3.00	Expected FY2027 renewal
NU58DP007684-02-01, Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry Year 2 of 5 (suid_25)	F-CDC	9/29/2026	$264,963.00	End of project period	1.37	FY2027 renewal received
NU58DP007684-03-01, Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry Year 3 of 5 (suid_26)	F-CDC	9/29/2026	$248,924.00	End of project period	1.36	FY2027 renewal received

Grants Awarded – September 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
1H79TI089467-01, SAMHSA First Responders-	F-SAMHSA	9/16/2026	9/30/2026	6/29/2027	$800,000.00	New and competing multiyear award	1.85

Comprehensive Addiction and Recovery Act Grants FR-CARA Yr 1 of 4 {frcar_27)							
5 H80CS33641-06, Health Center Service Area Competition, Year 3 of 4, Amendment 3 (hcsac_26)	F-HRSA	8/13/2026	8/1/2026	7/31/2027	$650,000.00	New Access Point funds	19.00
State of Nevada, Ryan White Part B Medical Case Management, (hcrwbm26)	P-HRSA	9/4/2026	4/1/2026	3/31/2027	$40,000.00	FY 2027 renewal	0.91
State of Nevada, HIV Prevention (hivprv26)	P-CDC	9/2/2026	6/1/2026	5/31/2027	$1,933,563.00	FY 2027 renewal	13.00
State of Nevada, Epidemiology and Laboratory Capacity Program, ELC Base Award, Year 3 of 5, ELC, (elcont27)	P-CDC	9/9/2026	8/1/2026	7/31/2027	$306,861.00	FY 2027 renewal	0.62
State of Nevada, Immunization (imm_27)	P-CDC	9/28/2026	7/1/2026	6/30/2027	$687,605.00	FY 2027 renewal	4.45
State of Nevada, Tuberculosis, Amendment 1 (tb_26)	P-CDC	9/9/2026	1/1/2026	12/31/2026	$363,149.00	Changes to SOW and add remaining 50% of award	2.44
EMW-2026-BW-05007, Biowatch Grant Program (bw_27)	F-DHS	9/29/2026	8/1/2026	7/31/2027	$1,687,950.00	New Effort	4.60

Contracts Awarded – September 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Public Health Nurse Liaison	Clark County	9/15/2026	7/1/2026	6/30/2027	$162,158.8	Amendment is	1

Contracts Awarded – September 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Services for Dept. of Family Services YR 6 of 6 (ILA) CBE# 605966-21 Amendment 1 (cps_27)						FY2027 renewal for 2 years	

Human Resources (HR)

Employment/Recruitment:

- 790 Active Employees as of October 5, 2026
- 0 New Job Titles for September
- 7 New Hire, including 0 rehires and 0 reinstatements
- 10 Terminations
- 4 Promotions, 3 Flex-reclasses, 2 Reassignments
- 3 Transfers
- 0 Demotions, 1 Voluntary Demotion
- 33 Annual Increases
- 26 Interviews; 0 interviewed were attended by recruiters
- 6 Offers extended (0 offers declined)
- 7 Recruitments posted
- Turn Over Rates
  - District Administration: 0.602%
  - Community Health: 0.897%
  - Disease Surveillance & Control: 0.935%
  - Environmental Health: 0.513%
  - Public Health & Preventive Care: 2.899%
  - FQHC: 3.670%

Projects in Progress/Other Items

- Recruitment meetings
- Strategy/Training meetings with Departments
- Credentialing Training
- Reports for Cheri
- Position Control/FTE Review
- Benefits Fair
- Public Service Job Fair
- DFS Background

Temporary Employees

- 8 Temporary Staff

Employee/Labor Relations

- 0 Coaching and Counseling, 1 Verbal Warning, 0 Written Warning, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 1 Probationary Releases
- 6 Grievances
- 1 Arbitration
- 200 Hours of Labor Meetings (with Union)
- 120 hours investigatory meetings
- 4 Investigations
- 24 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 5

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 42 interns providing 1,319 applied public health practice hours in September 2026.

Interns and Clinical Rotations	Sept 2026	YTD
Total Number of Interns [1]	42	93
Internship Hours [2]	1,319	3,177

[1] Total number of students, residents, and fellows

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

Safety

- Investigations: 1
- Accommodations: 2
- Inquiries: 36

Training (In-Person and Online)

- New Hire Orientation:
  - 09/14/2026: 3 new hires
  - 09/28/2026: 4 new hires
- Beyond Personality: Applying DiSC at Work:
  - 09/08/2026: 5 participants
  - 09/10/2026: 10 participants
  - 09/10/2026: 10 participants

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and resolve issues, and provide ongoing user account support.
2. Completed and deployed the WebIZ vaccine mapping in EpiTrax, including manufacturer and other required codes.
3. Completed the ICAR PDF data extraction process and loaded the extracted data into the EpiTrax data warehouse for the Epidemiology team.
4. Fixed the repeating field data issue causing duplicate rows and inconsistent values by updating EpiTrax to clear existing repeating section data before inserting new data when an event is saved.
5. Standardized syphilis treatment information across all syphilis conditions in EpiTrax.
6. Improved the export module user experience by adding a loading spinner during data export and download to prevent duplicate requests and reduce unnecessary database server load.
7. Updated EpiTrax form fields to reflect the current SNHD staff list.
8. EpiTrax User Requests:

EpiTrax Requests	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
EpiTrax Requests Completed	16	15	12	6	4	1	1	6	8	4
EpiTrax Requests Opened	57	53	48	49	49	51	50	48	42	38
EpiTrax New Requests	18	11	7	7	4	3	0	4	2	0

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. Updated the Hep C case reopening logic to reopen cases only when the “Linking to Care” is blank.
3. Added new logic for Enteropathogenic E. coli (EPEC) to create cases only for tests from the SNPHL facility.
4. Updated the SNPHL structured numeric (SN) mapping in the EMSA2 XML structure and applied incremental sequencing, resolving the issue where Ertapenem AST result values were not updating in EpiTrax during EMSA processing.
5. ELRs and eCRs Volume:

ELRs	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
Total Received	135,111	132,370	131,135	128,645	121645	139,688	124,164	133,612	121,612	122109
Total Processed	135,038	152,490	127,198	127,322	134784	123,641	139,387	139,387	128,117	121313
Under Review	1,421	2,420	6,876	3,598	3205	3,535	3,441	3,441	4,601	4620
Event Updated	19,496	22,630	18,703	18,408	20325	18,577	23,305	23,305	17,665	16180
Event Created	8,516	9,472	10,536	11,040	10601	9,212	8,302	8,302	9,692	10607

eCRs	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
Total Received	52,372	49,968	47,280	53,828	195745	98,732	76,415	87,961	88,158	82988
Total Processed	49,846	45,993	44,829	58,061	122234	172,869	79,450	68,171	77,250	73751

Under Review	87,028	90,631	93,220	106,893	150551	161,456	173,374	197,153	207,206	214980
Event Updated	4,190	3,467	4,215	4,182	6041	10,191	3,849	3,033	3,381	3322
Event Created	599	428	484	541	1297	2,097	674	676	787	769

C. Data Warehouse

1. Continued monitoring and maintenance of the data warehouse.
2. Added SNHD FBI complaint jurisdiction to the ETL OOE schema tables.
3. Updated the ETL script to refresh user access perissions.

D. Dashboard

1. Updated the respiratory dashboard with an ongoing wastewater map for respiratory conditions, added a new wastewater information page with interactive filters, and updated the content.
2. Updated the empower dashboard with the latest five months of data.
3. Redesigned the DSTT Low Birth Weight dashboard.

E. Southern Nevada Public Health Laboratory (SNPHL)

1. Built new Carbapenemase Resistant Organisms (CRO) confirmation tests and reflexing rules in the SNPHL Orchard LIMS.
2. Built new Biofire testing configurations in Orchard.
3. Developed new Orchard reports for CRO antimicrobial susceptibility results.
4. Built Orchard configurations for new providers submitting Candida auris testing.
5. Updated scripts for UHS HL7 test ordering and result (ETOR) message processing.
6. Revised Laboratory Response Network (LRN) reporting configurations to support CDC reporting requirements.
7. Added Orchard configurations to support send-out testing for Bio-safety Lab Level 3 (BSL3) testing.
8. Added new LOINC codes for CDC testing including Bacillus, Brucella, Francisella, and Yersinia.
9. Revised Microbiology Whole Genome Sequencing (WGS) reflexing rules in Orchard.
10. Seven new testing locations were added to the Orchard Outreach module, enabling these sites to submit test orders directly to SNPHL Orchard LIMS.
11. SNPHL Requests:

SNPHL Requests	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
Requests Completed	56	58	47	65	66	15	59	59	71	22
Requests Opened	67	56	50	60	72	54	55	61	83	72

F. Electronic Health Record (EHR) System

1. Update TB Flowsheet with medications.
2. Built new Quest test (Lamotrigine) in eCW.
3. Updated the CARGOS automation workflow to export data from eClinicalWorks (eCW) for CDC and state reporting.
4. Updated Healthy Start Report.
5. Updated Treponema/RPR ordering/processing in eCW to accommodate SNPHL changes.
6. Updated TB Skin test ordering/resulting in eCW.
7. Resolved Immunizations missing National Drug Code (NDC) fields when sending to the state WebIZ system.
8. Resolved RPR Titer result issue in eCW.

9. EHR Requests and Reports.

EHR Requests	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
Requests Completed	27	29	30	33	31	16	40	35	18	39
Requests Opened	20	26	30	22	32	24	23	33	46	30

eCW Reports	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026
FQHC	3	18	10	11	11	6	9	5	7	9
PPC	4	2	6	4	2	3	2	5	6	5

G. Data Modernization Initiative (DMI)

1. Continued implementation of the Informatica Data Governance platform by loading all form field columns and definitions, setting up Epidemiologist accounts, and continuing to load core fields and their definitions.
2. Completed the production Query Connector setup and tested requests to the eHealth Exchange production endpoint using the mTLS production certificate. The requests are currently returning errors, and we are awaiting resolution from the eHealth Exchange team before proceeding with production data requests.
3. Organized a meeting with DSC to review the Query Connector process and help them plan for using the tool once the production server is ready.

H. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Transitioned two additional hospitals to the new SFTP server.

I. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Drafted and submitted a proposal for the Wastewater Submitter Reporting process.
3. Completed merging existing HAN Excel data into the MS Access database so staff can maintain the data in one centralized database.
4. Completed lab confirmation for the Nevada Childhood Lead Poisoning Prevention Program (NvCLPPP) program by verifying blood lead level (BLL) reports from five clinics.
5. Processed new antibiogram data received from Quest and UHS and followed up with other reporters who have not yet submitted their data.
6. Completed the Statement of Work (SOW) and onboarding documents for the new Senior AI Integration Contractor, who will help establish the internal AI gateway infrastructure.
7. Identified and notified IT that a database server had run out of disk space and coordinated with IT to set up OpManager Plus monitoring alerts in the Teams channel for issues such as disk utilization reaching 90%, allowing the team to address potential problems before they cause system failures.
8. Identified the emerging CDC concern regarding Cladophialophora bantiana, which can cause brain abscesses, reviewed the ELR/eCR, and prepared feedback for ACDC to support readiness if CDC classifies it as an MMWR report.

J. National and State Meetings/Workshops

1. Participated in eHealth Exchange discussions on SNHD use cases involving FHIR and the IZ Gateway.

2. Participated in the Statewide Syndromic Surveillance Workgroup.
3. Participated in PHAST Consortium activities, including Technical, Weekly Collaboration and Learning, R Shiny, Merge Request, Manager, and Annual Meetings.
4. Participated in the CSTE eCR Data Quality Workgroup.
5. Participated in the CSTE/CDC Frontline Tools Year 3 Workgroup.
6. Continued Informatica training in preparation for the Cloud Data Governance and Catalog (CDGC) Professional Certification.

Information Technology (IT)

Service Requests	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Service Requests Completed	787	1,212	↑	2,609	3,420	↑
Service Requests Opened	865	1,340	↑	2,884	3,883	↑

Information Services System Availability 24/7	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Total System	87.96	80.54	↓	89.96	80.89	↓

Total Monthly Work Orders by Department	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Administration	225	327	↑	735	933	↑
Community Health	101	164	↑	289	377	↑
Environmental Health	107	153	↑	447	482	↑
Primary & Preventive Care	153	185	↑	554	579	↑
Disease Surveillance & Control	114	198	↑	356	540	↓
FQHC	143	260	↑	422	688	↑
Other	10	20	↑	41	91	↑

First Call Resolution & Lock-Out Calls	Sept 2025	Sept 2026		YTD FY26	YTD FY27	
Total number of calls received	865	1,340	↑	2,884	3,883	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

PHIG Team

- Workforce engagements:
  - Prepared the September 2026 Hiring Plan for submission to CDC
  - Fiscal review of Credit Card usage by PHIG Team; Reconciled/approved purchases
  - Attend the Beyond the Rural Health Transformation Program (RHTP) Buzz: Is your Rural Community Ready to Scale What Works webinar
  - Attend the CDC Response All-STLT update call
  - Participated in the September Senior Leadership/Manager Meeting and briefed information on the upcoming All-Hands Retreat and Training Opportunity

- Participated in the September Health Executive Council – briefed upcoming events and milestones
- Attended and Participated in the PHIG Region 9 Convening in Anaheim: participated in team building exercises, funding spenddown strategies, and provided a social media interview on our team building project and how it was reflective of the PHIG impact on our jurisdiction
- Met with CHRO to discuss DHO's guidance on the All-Hands Retreat and Training Opportunity
- Participated in the PHIG Primary Investigator Peer Network hosted by the Association of State and Territorial Health Officials (ASTHO)
- Participated in the Resilience Funding: Building Financial Shock Absorbers webinar with the University of Minnesota

CDC Requirements

- Future Technical Assistance requests must be submitted through the Public Health Infrastructure Virtual Engagement (PHIVE) platform in lieu of an assigned Project Officer
- Finalized, reviewed, and approved September monthly hiring plan for submission to the CDC
- Conducted financial analysis of the PHIG funding during this month focusing on personnel salaries/fringe to identify strategies moving forward

Performance Management

- FQHC Clinic Workflow Committee. 4 hrs.
- Managed survey responses for a State Inquiry to DSC division. 4 hrs.
- PMQI Team meeting planning and administration. 3 hrs.
- New device management and IT support. 2 hrs.
- ASTHO Leading Change workshop planning. Admin. hrs. 6

Quality Improvement

- Gemba Walk for Health Executive Council (HEC)
  - Preparation of material, planning and orientation for Sr. HC Assistants. 8 hrs.
  - Gemba Walk as part of HEC meeting and debrief. 2 hrs.
- Refresh QI Strike Team member training for EH, CH and HR general training rollout.
  - Design. 3 hrs.
  - Delivery. 2 hrs.
- DSC project around naloxone and fentanyl strip distribution. 4 hrs.
- Hep B Vaccine refusal project. 3 hrs.
- Managed survey for PPC/Back to School staff survey for sentiment data. Created comparison report for year-over-year (YoY) results. 3 hrs.
  - Biggest growth areas according to staff YoY:
    - Physical space appropriate for clinic flow: +0.80 on a 5-point Likert scale
    - Adequately Supported by Team/Leadership +0.38
    - Check-in process/navigation +0.35
    - Overall clinical process +0.37
    - Registration process +0.34
- Health Card project planning. 2 hrs.

PHAB Reaccreditation

- Coaching contributors on PHAB content: 11 hrs.
- Content review: 3 hrs.

- Content writing/upgrades: 10 hrs.

PHIG

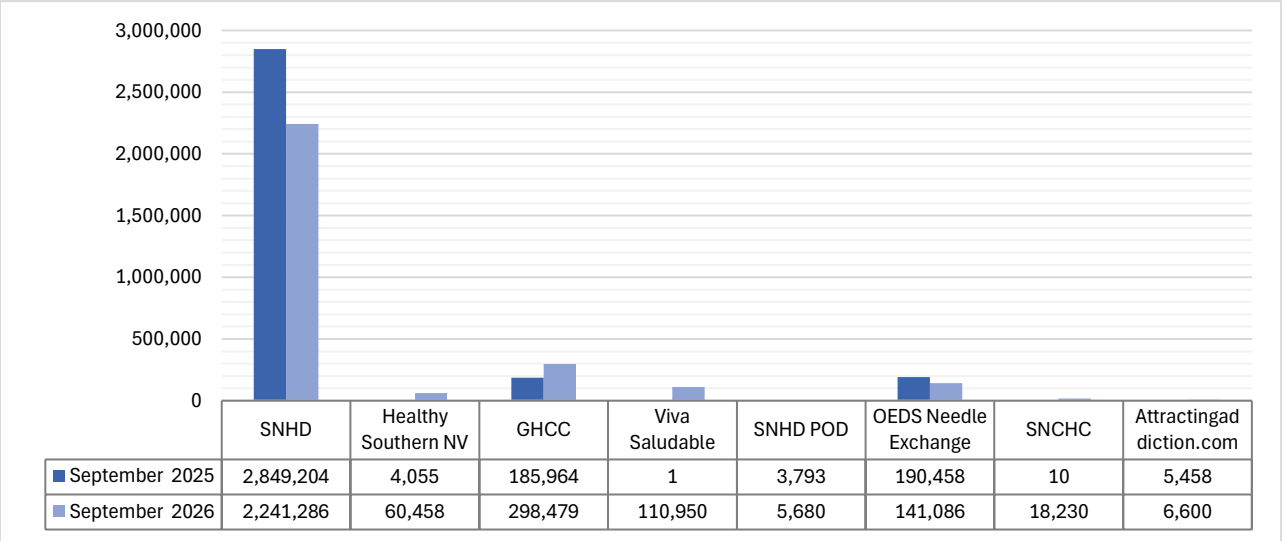
- Annual Region 9 PHIG Recipient Convening. Contact-hours: 16
  - Presented breakout session on building QI mindset/maturity
    - Preparation 5 hrs.
  - Sessions over 3 days. Returned with contacts across three states to mentor one peer and gain informal mentorship and collaboration with 2 colleagues in California.
- Team-Purchasing card administration: 6 hours

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Sept 2025**	**Sept 2026**		**YTD FY26**	**YTD FY27**	
Media – Digital/Print Articles	36	15	↓	106	85	↓
Media - Broadcast stories	148	46	↓	308	236	↓
Collateral - Advertising/Marketing Products	19	15	↓	41	44	↑
Community Outreach - Total Volunteers[1]	2	10	↑			
Community Outreach - Volunteer Hours	52	900	↑	182	2,880	↑

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

Monthly Website Page Views:



	SNHD	Healthy Southern NV	GHCC	Viva Saludable	SNHD POD	OEDS Needle Exchange	SNCHC	Attractingaddiction.com
September 2025	2,849,204	4,055	185,964	1	3,793	190,458	10	5,458
September 2026	2,241,286	60,458	298,479	110,950	5,680	141,086	18,230	6,600

Social Media Services		**Sept 2025**	**Sept 2026**		**YTD FY26**	**YTD FY27**
Facebook SNHD	Followers	13,687	14,728	↑	N/A	N/A
Facebook GHCC	Followers	6,092	6,096	↑	N/A	N/A
Facebook SHC	Followers	1,615	1,587	↓	N/A	N/A
Facebook Food Safety	Followers	179	175	↓	N/A	N/A
Instagram SNHD	Followers	5,530	6,244	↑	N/A	N/A
Instagram GetHealthyCC	Followers	336	465	↑	N/A	N/A
Instagram @Ez2stop	Followers	153	158	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	415	405	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,742	1,714	↓	N/A	N/A
X (Twitter) Food Safety	Followers	102	100	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	9,964	9,817	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	341	335	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	120	119	↓	N/A	N/A
Threads SNHD	Followers	999	1,044	↑	N/A	N/A
TikTok @Ez2stop	Views	48	53	↑	N/A	N/A
TikTok SNHD	Views	320	1,166	↑	N/A	N/A
YouTube SNHD	Views	186,689	295,300	↑	541,331	619,869

Note: Facebook, Instagram, Threads, Tiktok and X (Twitter) numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – August 29, 2026 to September 11, 2026

PAYROLL EARNINGS SUMMARY
August 29, 2026 to September 11, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2027	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 335,056.62	$ 6,369,451.31	$ 2,095,126.71	$ 9,361,710.71	22%	
ENVIRONMENTAL HEALTH	$ 688,395.55	$ 13,020,974.67	$ 4,250,694.01	$ 17,445,202.98	24%	
COMMUNITY HEALTH	$ 364,527.97	$ 6,499,009.96	$ 2,308,854.21	$ 8,524,651.64	27%	
DISEASE SURVIELLANCE & CONTROL	$ 354,755.01	$ 6,674,319.55	$ 2,213,462.28	$ 9,705,921.95	23%	
FQHC	$ 372,432.48	$ 6,721,181.34	$ 2,193,789.83	$ 10,077,384.93	22%	
ADMINISTRATION W/O ICS-COVID	$ 617,860.16	$ 12,517,437.91	$ 3,867,074.11	$ 17,951,980.28	22%	
TOTAL	**$ 2,733,027.79**	**$ 51,802,374.74**	**$ 16,929,001.15**	**$ 73,066,852.49**	23%	23%
FTE	787					
Regular Pay	$ 2,148,951.96	$ 41,675,221.62	$ 13,775,402.26			
Training	$ 2,164.68	$ 84,845.37	$ 46,299.66			
Final Payouts	$ -	$ 706,973.73	$ 434,497.45			
OT Pay	$ 14,688.94	$ 359,680.61	$ 152,256.81			
Leave Pay	$ 537,286.79	$ 7,815,658.23	$ 2,293,171.46			
Other Earnings	$ 29,935.42	$ 1,159,995.18	$ 227,373.51			
TOTAL	**$ 2,733,027.79**	**$ 51,802,374.74**	**$ 16,929,001.15**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 29, 2026 to September 11, 2026

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thede, Stacy		4.00	147.20	Duque, Armando	6.00	264.78
Arzate, Mario		4.00	143.30	Gonzales, Fabiana	12.00	465.95
Urena, Maite		4.00	143.30			
Maldonado, Julie		4.00	251.38			
Kuahiwinui-McGuire, Brandon		8.75	329.61			
Thompson, Christopher		4.00	139.68			
Murphy, Melissa		16.75	718.37			
Sanabria, Luis		8.00	271.84			
Ruelas-Villanueva, Francisco		1.00	52.60			
Herrera Ortiz, Maria		8.00	325.86			
De Lisle, Ricky		1.00	40.73			
Total Administration		**63.50**	**2563.87**		**18.00**	**730.73**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thomas, Pamela		7.50	394.50	Alford, Camille	0.38	12.98
Sanchez Garcia, Julio	PHEPLB27	3.25	244.37	Anguiano, Cristina	0.75	20.37
Gomez, Karen		0.33	13.44			
Chaingan, Carlo		7.50	276.00			
Terriquez, Elizabeth		7.50	261.89			
Kendle, Taylor		7.00	257.60			
Total Community Health Services		**33.08**	**1447.80**		**1.13**	**33.35**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Burquez-Ahuja, Lilia		0.50	24.98	Avalos, Mayra	1.13	56.64
Medina, Mirelly		2.00	92.51	Valdes-Ayala, Beatriz	0.38	11.72
				Servando, Maria Cristina	1.13	62.78
Total FQHC-Community Health Clinic		**2.50**	**117.49**		**2.64**	**131.14**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Calderon, Aracely		1.33	85.86	Calderon, Aracely	-2.75	-118.35
Arquette, Jocelyn		1.00	83.33	Hodge, Victoria	1.50	58.24
Nagai, Sage		0.25	18.80	Espenilla, Marko Rugy	0.38	9.32
Corona, Samantha		2.50	161.39			
Total Public Health & Preventative Care		**5.08**	**349.38**		**-0.87**	**-50.78**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		20.00	1582.82	Hemberger, Adriana	10.13	373.94
Navarrete, George (Larry)		0.75	59.36	Thompson, William B	4.13	187.01
Schamaun, Kris		2.00	110.74	Kuehn, Jennifer	8.63	352.41
Sheffer, Thanh		20.75	1482.84	Bieser, Nickolas	0.75	26.96
Piar, Diane		9.75	696.76	Castillo, Christopher Jay	4.50	157.80
Ortiz-Rivera, Vanessa		0.50	35.73	Edmonds, Alexus	3.00	107.83
Pontius, Kevin		7.00	500.24	Hall, Alyssa	0.75	26.30
Cummins, Veronica		0.50	31.42	Gonzalez, Kimberly	0.75	26.30
Wills, Jerry		5.00	298.66	Erickson, Sarah	1.88	65.93
Darang, Chase		1.50	85.11	Schuler, Emalee	3.00	97.51
Rakita, Daniel		11.50	636.76			
McCann, Alexandra	FDILL_25	2.00	110.74			
Michel, Guillermo		10.75	595.24			
Jones, Mallory		13.00	719.82			
Thein, Kelsey		1.25	69.21			
Craig, Jill		7.50	415.28			
Jufar, Lydia		0.25	13.48			
Ahmed, Maryam		6.50	350.46			
Hernandez, Lilian		4.00	195.01			
Herrera, Carlos		13.25	696.95			
Roberts, Jamie		0.75	39.45			
Nwaonumah, Nosa		3.25	170.95			
Hernandez, Abel		11.00	536.29			
Castro, Alexandra Mia		2.00	94.98			
He, Shuhan		0.30	13.88			
Total Environmental Health		**155.05**	**9542.18**		**37.52**	**1421.99**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Montgomery, Joshua	HIVPRV26	5.75	432.34	Raman, Devin	4.14	218.43
Alvarez, Jeffrey	HIVPRV26	5.50	235.88			
Total Disease Surveillance & Control		**11.25**	**668.22**		**4.14**	**218.43**
Combined Total		**270.46**	**14688.94**		**62.56**	**2484.86**

Appendix C – Finance – Payroll Earnings Summary – September 12, 2026 to September 25, 2026

PAYROLL EARNINGS SUMMARY
September 12, 2026 to September, 25 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2027	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 335,703.76	$ 6,705,155.07	$ 2,430,830.47	$ 9,361,710.71	26%	
ENVIRONMENTAL HEALTH	$ 692,321.50	$ 13,717,711.09	$ 4,947,430.43	$ 17,445,202.98	28%	
COMMUNITY HEALTH	$ 367,411.81	$ 6,866,421.77	$ 2,676,266.02	$ 8,524,651.64	31%	
DISEASE SURVIELLANCE & CONTROL	$ 353,876.08	$ 7,028,195.63	$ 2,567,338.36	$ 9,705,921.95	26%	
FQHC	$ 374,362.44	$ 7,140,497.43	$ 2,613,105.92	$ 10,077,384.93	26%	
ADMINISTRATION W/O ICS-COVID	$ 623,486.45	$ 13,140,924.36	$ 4,490,560.56	$ 17,951,980.28	25%	
TOTAL	**$ 2,747,162.04**	**$ 54,598,905.35**	**$ 19,725,531.76**	**$ 73,066,852.49**	27%	27%
FTE	789					
Regular Pay	$ 2,406,165.01	$ 44,092,223.62	$ 16,192,404.26			
Training	$ 142.92	$ 84,988.29	$ 46,442.58			
Final Payouts	$ -	$ 745,446.03	$ 472,969.75			
OT Pay	$ 23,768.78	$ 383,449.39	$ 176,025.59			
Leave Pay	$ 280,678.88	$ 8,096,337.11	$ 2,573,850.34			
Other Earnings	$ 36,406.45	$ 1,196,460.91	$ 263,839.24			
TOTAL	**$ 2,747,162.04**	**$ 54,598,905.35**	**$ 19,725,531.76**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
September 12, 2026 to September, 25 20266

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Taitano, Kyomi		7.00	307.64	Gilliam, Tina	3.75	153.13
Thede, Stacy		8.00	294.40	Duque, Armando	3.00	132.39
Duque, Armando		1.00	66.20			
Urena, Maite		5.25	188.09			
Maldonado, Julie		3.00	188.53			
Ines, Heinrich		0.25	8.96			
Murphy, Melissa		11.00	471.77			
Sanabria, Luis		12.00	407.76			
Herrera Ortiz, Maria		17.50	712.84			
Barajas, Wendy		1.50	59.52			
Total Administration		**66.50**	**2705.71**		**6.75**	**285.52**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thomas, Pamela		7.50	394.50	Anguiano, Cristina	3.00	81.47
Alford, Camille		0.50	25.62			
Chaingan, Carlo		7.50	276.00			
Terriquez, Elizabeth		7.50	261.89			
Kendle, Taylor		7.50	276.00			
Total Community Health Services		**30.50**	**1234.01** ###		**0.00** **3.00**	**81.47**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Avalos, Mayra		-0.75	-56.39	Avalos, Mayra	0.75	37.60
Avalos, Mayra	FP_26 NO MILEA	0.75	56.39	Valdes-Ayala, Beatriz	0.76	23.44
Diaz, Michelle		0.50	23.13			
Medina, Mirelly		2.50	115.65			
Delarmente, Joannah	FP_26 NO MILEA	0.50	37.60			
Manaloto, Xcelza	FP_26 NO MILEA	0.50	37.60			
Alfaro, Stacey		1.00	37.67			
Baltazar, Josephine Grace		0.50	32.28			
Total FQHC-Community Health Clinic		**5.50**	**283.93**		**1.51**	**61.03**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Maciel, Marisol	PPHS_26	1.00	55.37			
Corona, Samantha		2.00	129.11			
Total Public Health & Preventative Care		**3.00**	**184.48**		**0.00**	**0.00**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		15.00	1187.11	Martucci, Graciela	2.63	125.30
Gish, Christine		10.00	553.70	Cavin, Erin	7.50	357.31
Daspit, Theresa		1.00	71.46	Johnson, Rabea	10.50	487.19
Schamaun, Kris		8.00	442.96	Valadez, Alexis	9.00	340.43
Billings, Jacob		3.50	276.99	Diaz-Ontiveros, Luz	2.25	85.11
Sheffer, Thanh		25.50	1822.28	Sripramong, Jacqueline	12.38	456.99
Piar, Diane		10.25	732.48	Charfauros, Adair	4.88	180.14
Lucas, Brianna		6.75	458.48	Ahmed, Maryam	5.63	202.37
Hemberger, Adriana		3.00	166.11	Hall, Alyssa	6.00	210.40
Moreno, Kristina		6.25	413.72	Wanene, Edna	3.00	107.83
Parangan, Christopher		5.75	390.56	Schuler, Emalee	4.88	158.61
Cummins, Veronica		3.50	219.95	Stewart, Richard	12.75	435.62
Wills, Jerry		13.00	776.50	David, Anessa	9.00	284.93
Blackard, Brittanie		7.00	418.12			
Darang, Chase		9.00	510.66			
Rakita, Daniel		18.25	1010.51			
McCann, Alexandra		5.50	304.54			
Michel, Guillermo		14.25	789.04			
Calzado, Neil		9.50	526.03			
Jones, Mallory		4.75	263.01			
Thein, Kelsey		4.25	235.33			
Najera, Luisa		5.25	290.70			
Craig, Jill		4.00	221.48			
Wade, Cynthia		1.25	69.21			
Edmonds, Alexus		1.00	53.92			
Hall, Alyssa		4.25	223.55			
Concepcion, Derrell Glen		3.50	184.10			
Hernandez, Lilian		10.00	499.67			
Herrera, Carlos		23.00	1209.80			
Roberts, Jamie		13.00	683.80			
Nwaonumah, Nosa		10.75	565.45			
Hernandez, Abel		13.50	658.18			
Rivera Perez, Alexia		8.00	390.03			
Thompson, Deshawn		2.00	105.20			
Castro, Alexandra Mia		3.00	142.46			
Villasenor, Eva		0.50	23.13			
Total Environmental Health		**287.00**	**16890.22**		**90.40**	**3432.24**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
O'Connor, Kelli	HIVPRV26	6.50	464.51			
Ewing, Tabitha	HIVPRV26	7.00	500.24			
Herrera, Reyna	HIVPRV26	5.50	364.07			
Eddleman, Tabby		0.50	33.10			
Washburn, Kacie	HIVPRV26	6.00	277.54			
Uddin, Jennifer	HIVPRV26	6.00	250.45			
Burgess, Glenn	HIVPRV26	5.00	291.22			
Baltazar, Josephine Gladys	HIVPRV26	5.50	289.30			
Total Disease Surveillance & Control		**42.00**	**2470.43**		**0.00**	**0.00**
Combined Total		**434.50**	**23768.78**		**101.66**	**3860.26**

Memorandum

Date: October 22, 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 – September 2026

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

A. Chronic Disease Prevention Program (CDPP)

Move Your Way: In August, the 2026 Move Your Way Initiative held four (4) community events at local pools, reaching 1,832 attendees. Move Your Way promotional and educational materials were distributed to encourage physical activity and increase awareness of opportunities to be active in the community.

Verano Sin Soda (Soda Free Summer) and Muévete a Tu Manera (Move Your Way) Initiatives: CDPP staff partnered with Promotoras Las Vegas to promote physical activity, reduce sugar-sweetened beverage consumption, and provide culturally relevant resources to the Hispanic community. In August, three (3) community outreach events reached an estimated 1,850 attendees. Year-to-date, thirteen (13) outreach events have been completed, exceeding the annual goal of five (5), with an estimated 6,110 attendees reached.

Get Healthy Clark County & Viva Saludable: CDPP staff maintain and regularly update the Get Healthy Clark County and Viva Saludable websites with information about health education, events, programs, and community resources on a variety of topics, including physical activity, healthy eating, diabetes self-management, and tobacco cessation. In August, Get Healthy Clark County had 233,300 unique visitors, and Viva Saludable had 13,870 unique visitors.

Expanding Heart Health Outreach Through a New Barbershop Partnership: The Barbershop Health Outreach Project (BSHOP) welcomed a new community partner, Fade Away Barbershop, expanding access to blood pressure screenings, heart health education, and resources in the community. Fade Away Barbershop hosted its first screening event, where eleven (11) clients

received blood pressure screenings and heart health education, and two (2) clients were referred to the Tobacco Quit Line for cessation support. Screening events will be held on the second Saturday of each month, providing clients with ongoing opportunities to monitor their blood pressure and connect with valuable community resources.

BSHOP Partner Community Back-to-School Fair: The Barbershop Health Outreach Project (BSHOP) supported Hats Off Barbershop during its annual Back-to-School event, helping connect families with valuable health information and resources. The event welcomed more than 250 attendees, with five (5) participants receiving blood pressure screenings.

Double Up Food Bucks (DUFB): CDPP staff partnered with Together We Can to provide ongoing technical assistance and monthly support to markets that will match SNAP dollars spent on fruits and vegetables. In August, participating sites reported $4,825 in DUFB redemptions, bringing cumulative redemptions from February 2026 to $37,149.

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

Multi-unit Housing Technical Assistance Webinar: TCP staff partnered with the Nevada State Apartment Association (NVSAA) and the Public Health Law Center (PHLC) to develop and host a smoke-free housing webinar for NVSAA members. The webinar was held on August 21st and focused on educating property owners and managers on the benefits of adopting smoke-free housing policies, policy implementation strategies, enforcement best practices, and free resources available through SNHD. The webinar received strong participation, with more than 140 attendees. Following the webinar, staff distributed follow-up emails and resource materials to all attendees to provide continued access to information and tools to support smoke-free housing efforts.

Tobacco Flavoring Workgroup Partnership: TCP staff collaborate with Northern Nevada Public Health (NNPH), Nevada Cancer Coalition (NCC), Carson City Health and Human Services (CCHHS), and Healthy Communities Coalition of Lyon & Storey Counties (HCCLSC) to work on public health issues around tobacco flavoring. Through this workgroup, the statewide Attracting Addiction NV initiative and website were created to develop educational materials, media assets, toolkits, and social media content focused on flavored tobacco products, menthol products, and e-cigarettes. To date, over 36 assets have been created and shared statewide.

Back-to-School Media Release: TCP staff published a news release focused on youth vaping prevention and the back-to-school season, highlighting the importance of raising awareness among students, parents, educators, and the broader community about the risks associated with vaping. The news release provided timely information and prevention-focused messaging to encourage healthy choices as students returned to school. The outreach generated media interest and resulted in coverage across six (6) media outlets, helping extend the reach of TCP's youth vaping prevention message to a broader audience.

Smoke-Free Policy Expansion: The Nevada Clean Indoor Air Act does not restrict smoking outside of building entrances. However, business owners have the right to implement voluntary "no smoking" policies of their own, specifying a set distance away from their establishments where smoking can occur. Outdoor smoke-free policies for businesses are important to minimize the exposure to secondhand smoke from entering through doors, windows, ventilation systems, etc. Staff promote policy resources, provide technical assistance, and offer complimentary smoke-free signage to various businesses on an ongoing basis. In August, 18 businesses in Southern Nevada implemented voluntary smoke-free policies for their establishments.

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

A. OEMSTS – September 2025 / 2026 Data

September EMS Statistics	Sep 2025	Sep 2026		Mo. Fiscal Average 2025-2026
Total certificates issued	771	1,985	↑	299
New licenses issued	124	159	↑	70
Renewal licenses issued (recert only)	602	1,826	↑	210
Driver Only	63	48	↓	55
Active Certifications: EMT	1,079	905	↓	1,105
Active Certifications: Advanced EMT	1,897	1,755	↓	1,873
Active Certifications: Paramedic	2,232	2,273	↑	2,335
Active Certifications: RN	85	90	↑	90

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Emergency Operations Plans under review by OPHP:
   a) Community Reception Center
   b) BioWatch
   c) Recovery Annex
   d) SNHD Continuity of Operations Plan – Essential Records/Resources
   e) Threat Response Guide for Plague, Anthrax, Tularemia, and Ebola
   f) Emerging Highly Infectious Disease
2. Completion & Approved Plans
   a) SNHD Continuity of Operations Plan
   b) Emergency Operations Plan (EOP)

c) Medical Countermeasures Annex
d) Ebola Response Annex

3. State and Local Community Working Group meetings and OPHP Participation
   a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
      i. Resources & Supply Chain Work Group
      ii. Health Equity Work Group
   b) State of Nevada Office of Emergency Management
      i. Planner participated in Clark County Integrated Preparedness Planning Workshop.
   c) Planner attended Nevada National Security Site Partner Briefing
   d) Planners attended Bridging the Gap Virtual Workshop
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
   f) Impacted Persons Database Healthcare Training, Exercise, Development Working Group
   g) Resiliency Coalition Working Group

B. Training, Exercises, and Public Health Workforce Development

Attended Trainings and Events Activities

1. Planner participated in school EOP reviews for Academica's schools, and Western Youth Leadership, Engagement, and Empowerment School (WYLEES).
2. Trainers and Planner attended TEEX Readiness: Training, Identification, and Preparedness Planning RTIPP course on September 23rd – 24th at Clark County Fire Station 18.
3. Senior Planner and PHP Technician attended the O-0305 – Type 3 All Hazards Incident Management Team training.
4. Senior Planner attended the Lithium Battery Incident Response for Region 9 Readiness Network ECHO Program.
5. Senior Planner attended the Bridging the Gap: Standard Rapid Response Across Hospitals, Emergency Services & HAZMAT webinar.

Ongoing/Continuing Activities

1. OPHP continues to support the City of Las Vegas with provision of ICS 300/400/G191 training schedule. ICS 400 was provided to 14 students on September 2nd - 3rd at Las Vegas Valley Water District. ICS 300 and G191 were scheduled in September but cancelled due to insufficient registration.

2. New Hire Orientation was provided to eleven (11) new employees on September 16th at the Decatur campus. The next training is scheduled for November 18th.

3. CPR course was provided for three (3) SNHD staff/MRC volunteers on September 23rd.
4. In response to the staff call down drill held in July, staff are drafting a Just in Time training document for activation of the emergency notification system.
5. Staff are reviewing and updating all Job Action Sheets (JAS) to ensure that there is a sheet for each position in various plans organizational charts.
6. Staff are drafting an appendix for the MCM plan related to testing.

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 (RBI), and ICS Team Training.
2. Planning efforts for the 2027 Biological Functional Exercise continue.
3. Incident Command Team training scheduled for October 15th at the Decatur campus.
4. ICS 300 for SNHD only staff is tentatively planned for October 5th – 7th at the Decatur campus.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

1. SNHPC held its monthly meeting. Manager, Senior Planners, Planners, and Trainer attended.
2. OPHP Planners attended the Emergency Management Committee meetings for UMC and Dignity Health.
3. The Senior Planner, Planner, and Clinical Advisor continued planning with ProCare Hospice's active assailant full scale exercise.
4. Manager, Planner, Senior Planner, and Clinical Advisor participated in the Operation Nourishing Courage 2026 FCC Workshop.
5. Senior Planner, Planner, and Clinical Advisor met with ProCare hospice to offer subject matter expertise for exercise design.

New/Upcoming Activities

1. Ongoing coordination for the 2026 TEEX trainings:
   a) Pediatric Disaster Response and Emergency Management MGT-439 October 7th – 8th, hosted at Dignity Health San Martin Campus.
2. Cybersecurity healthcare presentation by CISA representative has been rescheduled for October 1st SNHPC meeting.

D. PHP Technician and N-95 Fit Testing

1. Fifty-one SNHD Employees were FIT tested for personal protective equipment during September.

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.
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. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC, and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern to produce monthly joint public health bulletins.

F. Grants and Administration

Ongoing/Continuing Activities

1. Our manager continues to represent the Community Health Division management on various SNHD working group committees and initiatives.
2. 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.
3. SNHD received State of Nevada Division of Public and Behavioral Health FY2027 subawards. They are being routed internally for signatures.
4. The manager continues to participate in Extreme Heat Working Group Meetings with community response partners.
5. SNHD received the BioWatch program Notice of Aware for FY2027. SNHD is directly funded for this project through FEMA.

G. Medical Reserve Corps (MRC) of Southern Nevada

1. MRC Volunteer provided blood pressure check and health education at the Nevada HAND Senior Wellness Fair. About 70 blood pressures were read and 125 preparedness calendars distributed, along with health outreach information from OCDPHP.
2. MRC Coordinator attended SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.

MRC Volunteer Hours FY2026 Q2

Activity	July	Aug	Sep
Training	3	22.5	0
Community Event	9.5	3	5.25
SNHD Clinic	66.75	116	0
Emergency Deployment		0	0
FY2026 Total Hours	**79.75**	**141.50**	**5.25**
FY2026 Economic Impact	**$2,864.10**	**$5,138.92**	**$233.68**

FY2025 Total Hours	**72.75**	**132**	**28**
FY2025 Economic Impact	**$2,952.92**	**$4,592.28**	**$1,246.28**

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. The current amount is $36.14. https://independentsector.org/research/value-of-volunteer-time/(Economic impact rates updated April 2026)

IV. VITAL RECORDS

A. September is currently showing a **7% decrease in birth certificate** sales in comparison to September 2025. **Death certificate** sales are currently showing a **1% increase** in comparison to September 2025. SNHD received revenues of $31,967 for birth registrations, $22,217 for death registrations, and an additional $7,228 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sept 2025	Sept 2026		Yr Average 09/2025 - 09/2026
Births Registered	2,967	2,176	↓	2,023
Deaths Registered	2,162	1,419	↓	1,766
Fetal Deaths Registered	17	15	↓	15

Vital Statistics Services	Sept 2025	Sept 2026		Yr Average 09/2025- 09/2026
Birth Certificates Mail	103	114	↑	108
Birth Certificates Online Orders	4,179	3,805	↓	3,436
Birth Certificates Billed	74	116	↑	119
Birth Certificates Number of Total Sales	4,356	4,035	↓	3,664
Death Certificates Mail	178	114	↓	138
Death Certificates Online Orders	7,443	7,567	↑	7,846
Death Certificates Billed	29	46	↑	47
Death Certificates Number of Total Sales	7,650	7,727	↑	8,032

Revenue	Sept 2025	Sept 2026		Yr Average 09/2025 - 09/2026
Birth Certificates ($25)	$108,900	$100,875	↓	$91,603
Death Certificates ($25)	$191,250	$193,175	↑	$200,811

Births Registrations ($13)	$35,893	$31,967	↓	$33,025
Deaths Registrations ($13)	$22,113	$22,217	↑	$22,446
Convenience Fee ($2)	$8,148	$6,840	↓	$6,841
Miscellaneous Admin	$693	$388	↓	$558
Total Vital Records Revenue	$366,997	$355,462	↓	$355,284

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment-only.

Applications	**Sept 2025**	**Sept 2026**		**Yr Average 09/2025 - 09/2026**
Passport Applications	682	451	↓	633

Revenue	**Sept 2025**	**Sept 2026**		**Yr Average 09/2025 - 09/2026**
Passport Execution/Acceptance fee ($35)	$23,870	$15,785	↓	$22,184

V. HEALTH EQUITY

Health Equity Program – September 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 September:

A. **Youth Advisory Council (YAC - SPARK)**

1. September 3rd, a Health Educator from the Health Equity Team participated in the Benefits and Wellness Expo held at the Treasure Island Hotel and Casino. An event where 160 attendees received information about SNHD programs and services, brain health and resources.
2. September 9th, the Health Equity program implemented week two of the Youth Advisory Council. YAC members completed the intro to Health Equity module and received a presentation in Informatics and program functions.
3. September 10th, a Health Educator from the Health Equity Team participated in the Benefits and Wellness Expo held at the Circus Circus Hotel and Casino. An event where 123 attendees received information about SNHD programs and services, brain health and resources. Event participants engaged with the Health Educator on site and received education on Brain Health in addition to information about programs and services provided at SNHD.

4. September 15th, the Health Equity Department collaborated with the Cleveland Clinic and hosted a memory screening training for Community Health Workers, Health Educators and other providers. A total of sixteen (16) SNHD staff members were trained.
5. September 16th, the Brain Health program presented a workshop on Demetia risk reduction and caregiver support to 120 Nevada Hands staff members.
6. September 17th, the Health Equity team provided support to the Cleveland Clinic on their memory screening outreach event held at Sun City Aliante.
7. September 23rd, the Health Equity program implemented week three of the Youth Advisory Council. YAC members completed Using Social Media for public health messaging and received information from the Office of Communication focusing on services and programs.

VI. HEALTH CARDS

A. Locations

1. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
2. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day around 7:30 a.m. as staffing allows.
3. Same day appointments for our Laughlin and Mesquite offices are open each working day at 5 a.m.

B. Public Service

FOOD HANDLER CARDS	Apr 2026	May 2026	June 2026	July 2026	August 2026	Sept 2026
New Cards	4,844	4,505	5,493	4,902	4,327	4,296
Renewal Cards (In-person and Online)	4,422	3,680	3,717	3,726	3,553	3,378
Duplicates	582	515	479	462	472	486
CFSM (Manager) Cards	244	176	176	165	210	233
Re-Tests	1,245	954	1,033	1,023	927	915

BODY ART CARDS	Apr 2026	May 2026	June 2026	July 2026	August 2026	Sept 2026
Body Art Cards	102	110	84	116	108	106
Body Art Mentor Cards	7	13	14	9	34	27
Duplicates	0	3	2	3	1	0
Re-Test	5	4	6	5	3	5

TOTAL CLIENTS SERVED	Apr 2026	May 2026	June 2026	July 2026	August 2026	Sept 2026
	11,451	9,960	11,004	10,411	9,635	9,446

C. Passing and Paying

For the month of September, Health Cards averaged 67 "passing and paying" online renewal clients per day, with a total of 1,968 clients renewing online.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: Key Updates

1. SNHD Public Health and Preventive Care 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. SNHD FQHC Division Support

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 Gonococcal Isolate Surveillance Project (eGISP).
b) Performing NAAT (Nucleic Acid Amplification Test) and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antibiotic susceptibility patterns.
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	57	31
NAAT NG/CT	1729	1633
Syphilis	827	757
RPR/RPR Titers*	177/37	143/39
Hepatitis Total	2701	2544
HIV/differentiated	728/25	666/17

HIV RNA	161	135

*= 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 (current TAT two-day currently at / near goal).

c) In September, the average daily testing volume was 22 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	81/8
February	298/11	August	80/30
March	173/5	September	439/85
April	128/7	October	
May	128/3	November	
June	68/9	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	9	4	9	0				49
	Campy Screen	3	5	12	13	17	12	13	21	12				108
Neisseria species	Gonorrhoeae Culture	24	22	25	28	14	40	31	36	57				277

	Gram Stain/WBC	0	5	0	0	0	5	0	0	5				15
	Neisseria ID	0	0	0	0	0	0	0	0	0				0
	Haemophilus ID	0	0	0	0	1	0	0	0	0				1
Unknown ID	Bacterial ID	0	0	0	0	0	0	2	0	2				4
	WGS (PulseNet)	14	19	17	19	32	45	57	44	36				283
Salmonella	Salmonella Screen	6	12	6	10	12	30	34	32	21				163
	Salmonella Serotype	5	12	6	7	11	29	33	23	2				128
Shigella	Shigella Screen	2	3	5	2	6	6	9	11	8				52
	Shigella Serotype	1	2	3	0	5	3	6	5	0				25
STEC	STEC Screen	5	1	2	7	3	5	8	8	8				47
	STEC Serotype	3	2	2	3	0	1	4	4	2				21
Unknown	Stool Culture	1	5	0	2	2	5	4	3	5				27
Vibrio	Vibrio ID	2	0	0	4	0	0	2	1	0				9
	Vibrio Screen	3	0	1	4	0	0	5	2	0				15
Yersinia	Yersinia Culture/ID	0	1	1	0	2	1	1	2	0				8

B. **<u>Epidemiological Testing and Consultation</u>** - **Key Updates:**

1. **Outbreak Investigation Committee Participation**
   SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There were no gastrointestinal (GI) outbreak samples received for investigation in September.
2. **Influenza Surveillance Reporting**
   SNPHL continues to report influenza testing results to the CDC's National Respiratory and

Enteric Virus Surveillance System (NREVSS). In September, SNPHL performed nineteen (19) 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 September 2026, SNPHL performed 36 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 275 bacterial organisms were identified in September.

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 September 2026, SNPHL has sequenced 51 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	22	79	24	42			

7. **Vector-Borne Disease Testing**
   SNPHL provides vector testing for Environmental Services, Viral testing for Dengue, West Nile (WNV), Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team.

   a) A total of **2,456 mosquito pool samples were tested** in September.
   b) In September, there were (54) WNV-positive mosquito pool samples were identified.
   c) Results are communicated to Environmental Health and subsequently released to the public.

8. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**
   In September, SNPHL collected 49 clinical isolates:

   a) *Neisseria gonorrhoeae*: ten (10) isolates
   b) *Neisseria meningitidis*: two (2) 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 2,040 Real-Time PCR screenings for *Candida auris* in September 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. **September 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 September 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) **Ebola Testing**
   September 30th, a total of 2,465 mosquito pools were tested through the mosquito surveillance program. Surveillance activities identified 54 West Nile virus (WNV)-positive mosquito pools across Southern Nevada. To date, no mosquito pools have tested positive for St. Louis encephalitis (SLE), Western equine encephalitis (WEE), or dengue virus. These findings indicate that WNV remains the primary mosquito-borne pathogen detected during the 2026 surveillance season, while no evidence of other targeted arboviruses has been identified.
6) **BioFire Warrior Ebola Testing**
   Our SNPHL team performs the Ebola testing by using BioFire Warrior panel which can detect Bacillus anthracis, Yersinia pestis, Francisella tularensis, Coxiella burnetii, Ebola virus, and Marburg virus. Current maximum capacity is 20 samples per day, and turn-around time is 4 – 6 hours. No suspect Ebola samples were tested in September.
7) **Expansion Planning: BSL-3 Equipment**
   The Facilities team is addressing air conditioning issues in the Microbiology and storage areas to maintain appropriate environmental conditions for laboratory operations. Preventive boiler maintenance is also being performed to support reliable building heating and hot water systems.
8) **Carbapenemase Detection**
   The SNPHL has implemented the GeneXpert platform for the detection of carbapenemase-producing organisms through identification of carbapenemase genes from rectal swab specimens. This testing service became available to healthcare providers in September and supports local surveillance and infection prevention efforts.
9) **CPO Outbreak Investigation**
   The SNPHL supported a CPO outbreak investigation at Sunset Ridge Post Acute by testing approximately 45 recollected resident screening specimens after the original specimens

were not tested within the required timeframe. Carba-R testing identified a high positivity rate, including detection of KPC and NDM carbapenemase genes. The results supported resident cohorting, infection prevention measures, and outbreak control efforts at the facility.

10) **CLIA Inspection & Certification**

The SNPHL successfully completed August 30th, State inspection and renewed its CLIA certification with only one minor deviation identified. The inspection approval enabled expansion of the laboratory testing menu to include Measles PCR, Creatinine/Microalbumin testing, CRO culture and susceptibility testing, and CRO PCR colonization screening. Overall, the laboratory remains in good regulatory standing, with corrective actions implemented and new testing capabilities now available to support public health and healthcare partners throughout Southern Nevada.

F. **COMMUNITY HEALTH – SNPHL – Calendar Year Data**

September SNPHL Services	2025	2026	
Clinical Testing Services [1]	6,691	7,217	↑
Epidemiology Services [2]	395	481	↑
State Branch Public Health Laboratory Services[3]	0	0	=
All-Hazards Preparedness Services [4]	6	6	=
Environmental Health Services [5]	470	386	↓

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

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

[3] Includes COVD 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: **October 20, 2026**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer

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

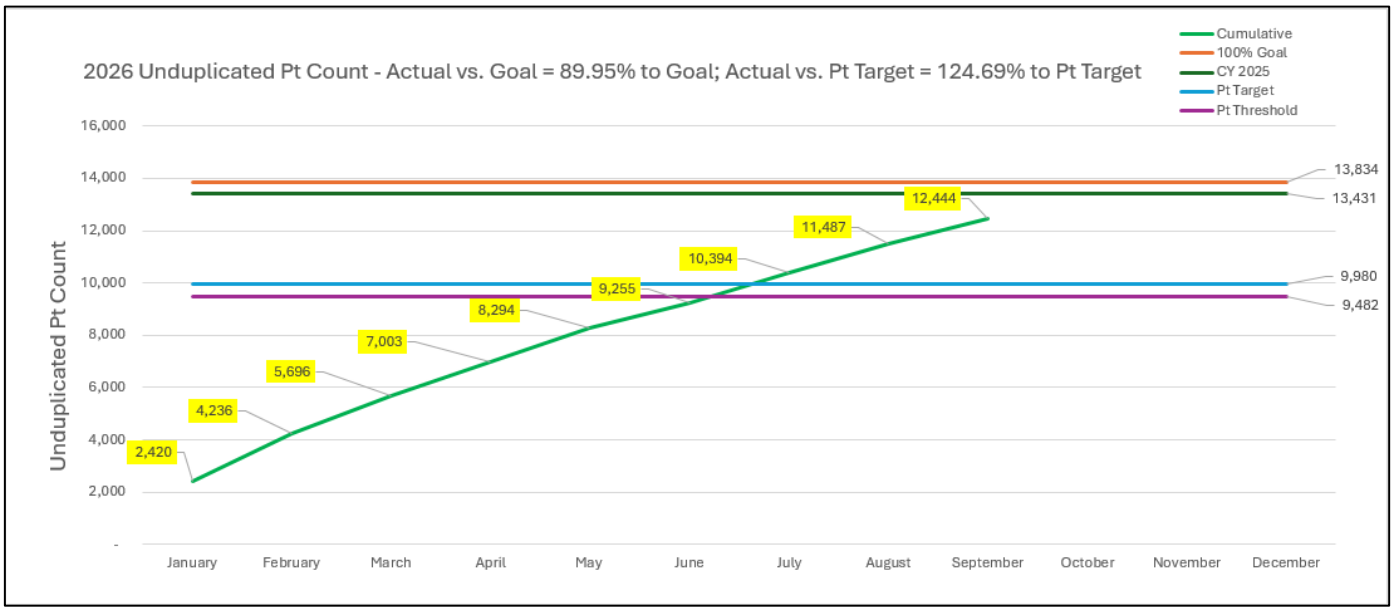
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

September Highlights - Administrative

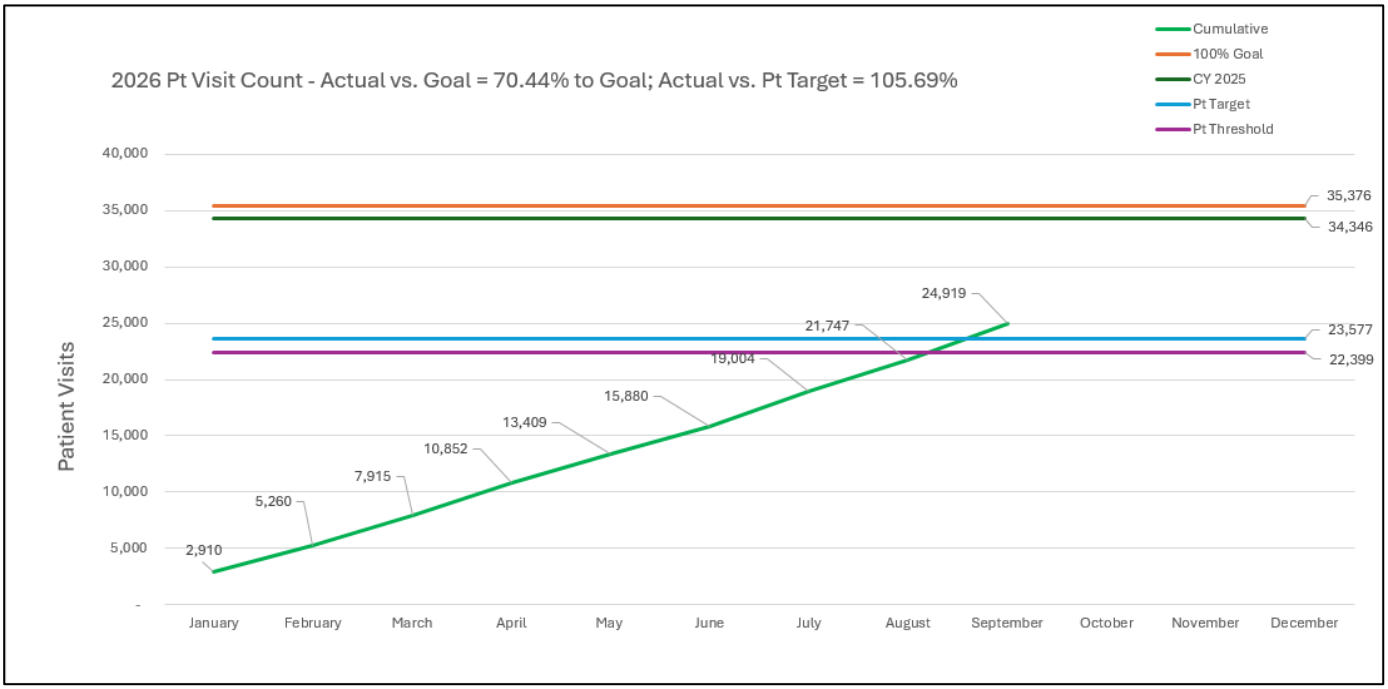
- The HRSA Non-Competing Continuous grant application for year four of four FQHC funding submitted.
- HRSA Federal Torts Claim Act (FTCA) redeeming for medical malpractice coverage for CY27 received.
- Lease negotiations for the HRSA New Access Point (NAP) health center location are underway.
- Recruitment activities for the FQHC Operations and Compliance Manager position are underway.
- Recruitment activities for an APRN to support Family Planning services at the Fremont health center are underway.
- The Change in Scope process for the Behavioral Health PPS rate is underway.

Access

Unduplicated Patients – September 2026



Patient Visits Count – September 2026



Provider Visits by Program and Site – September 2026

Facility	Program	SEPT '26	SEPT '25	SEPT YoY %	FY27 YTD	FY26 YTD	FY YTD YoY%
Decatur	Family Health	825	729	12%	2,230	2,483	-11%
Fremont	Family Health	652	492	25%	1,711	1,428	17%
Total	**Family Health**	**1,477**	**1,221**	**17%**	**3,941**	**3,911**	**1%**
Decatur	Family Planning	108	126	-17%	518	273	47%
Fremont	Family Planning	218	186	15%	586	584	0%
Total	**Family Planning**	**326**	**312**	**4%**	**1,104**	**857**	**22%**
Decatur	Sexual Health	727	522	28%	2,022	1,673	17%
Fremont	Sexual Health	117	126	-8%	387	382	1%
Total	**Sexual Health**	**844**	**648**	**23%**	**2,409**	**2,055**	**15%**
Decatur	Behavioral Health	207	173	16%	609	539	11%
Fremont	Behavioral Health	168	127	24%	492	421	14%
Total	**Behavioral Health**	**375**	**300**	**20%**	**1,101**	**960**	**13%**
Decatur	Ryan White	263	259	2%	690	751	-9%
Fremont	Ryan White	25	32	-28%	83	77	7%
Total	**Ryan White**	**288**	**291**	**-1%**	**773**	**828**	**-7%**
FQHC Total		**3,310**	**2,772**	**16%**	**9,328**	**8,611**	**8%**

Pharmacy Services

	26-Sep	25-Sep		FY27 YTD	FY26 YTD		% Change YoY
Patient Encounters (Pharmacy)	1,848	1,764	↑	5,456	5,218	↑	**4.6%**
Prescriptions Filled	3,424	3,356	↑	10,234	9,648	↑	**6.1%**
Patient Clinic Encounters (Pharmacist)	54	52	↑	197	166	↑	**18.7%**
Financial Assistance Provided	16	9	↑	43	33	↑	**30.3%**
Insurance Assistance Provided	17	6	↑	58	27	↑	**114.8%**

A. 3,424 prescriptions dispensed to 1,848 patients.
B. 54 patient clinic encounters completed by a pharmacist.
C. 16 patients assisted with obtaining medication financial assistance.
D. 17 patients assisted with insurance approvals.

Behavioral Health Services

A. Behavioral Health (BH) continues to focus on closing care gaps related to Depression Remission at 12 months.

B. BH continues to demonstrate steady integration across both Decatur and Fremont sites.

Family Planning Services

A. Family Planning program access was 4% in September and is up 22% year-over-year. Program team administrators and clinical staff continue to work with SNHD's Quality Improvement and Accreditation Program Manager on quality improvement projects designed to increase access to care. Same day walk-ins have been identified as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Monday through Thursday. This project is ongoing.

B. Data improvement projects are underway and are being monitored monthly to enhance data quality, integrity, documentation practices, EHR mapping, and results for the annual FPAR 2.0 report.

C. A new Title X Notice of Funding Opportunity for the period of April 1, 2027, through March 31, 2032, has been announced. The application is due in early January 2027.

D. A vacancy for an APRN position providing family planning services is in recruitment. This position will support the delivery of comprehensive Title X Family planning services at the Fremont health center.

HIV/Ryan White Program Services

A. The Ryan White program received 74 referrals between September 1st and September 30th. There were three (3) pediatric clients referred to the Medical Case Management in September, and the program received two (2) referrals for a pregnant women living with HIV during this time.

B. There were 736 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 353 unique clients served under these programs in September.

C. The Ryan White ambulatory clinic provided a total of 524 visits in the month of September, including 17 initial provider visits, 241 established provider visits, and five (5) tele-visits to established patients. Additionally, there were 26 nursing visits and 240 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 September. There were twelve (12) Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in September.

D. The Ryan White clinic provides Rapid stART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were seven (7) patients seen under the Rapid stART Program in September.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic continues to provide accessible walk-in services for sexually transmitted infection (STI) testing, treatment, and prevention. The clinic also maintains a strong focus on HIV prevention through PrEP and PEP services and continues to collaborate closely with the SHOPP program to provide Express Testing.

B. The Sexual Health Clinic provided 161 PrEP visits for HIV prevention. These services included both oral and injectable treatment options.

C. The clinic collected 40 gonorrhea culture specimens through the CARGOS program. These specimens are collected from patients presenting with urethral discharge and are inoculated onto culture plates to support gonorrhea surveillance and laboratory testing.

D. The sexual health nurses conducted 89 nurse visits during September.

E. The clinic facilitated two (2) referrals for Expedited Partner Therapy (EPT). In support of expanding EPT services, all FQHC staff participated in training with the Office of Disease Surveillance (ODS) on September 21st to evaluate and implement an EPT protocol within the clinic. Following the training, clinic staff assisted two (2) patients in accessing EPT for their partners. The clinic has started a Quality Improvement Charter to improve the provision of this essential service.

F. The clinic made one (1) NEON referral in September. The NEON program supports the linkage of patients experiencing symptoms concerning neurosyphilis to appropriate care at UMC Hospital for evaluation and treatment.

G. The Sexual Health Clinic continues to meet monthly with ODS to review workflows, identify operational challenges, and implement improvements to clinic processes and patient services.

H. In September, the clinic also provided testing for several priority STIs and communicable diseases:

- 16 patients tested for mpox
- 456 patients tested for syphilis
- 591 patients tested for chlamydia and gonorrhea.

These services demonstrate the clinic's continued commitment to accessible STI prevention, testing, treatment, partner services, disease surveillance, and linkage to appropriate care throughout the community.

Refugee Health Program (RHP)

Refugee Health Program for the month of September.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	2
Clients encounter by program (adults)	22
Refugee Health Screening for September 2026	24
Total for FY26-27	55

Outreach/In Reach Activity

Number of events (September 2026)	2 – Outreach 0 – In reach
Number of people reached	289
Number of people linked to the clinic	0
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.

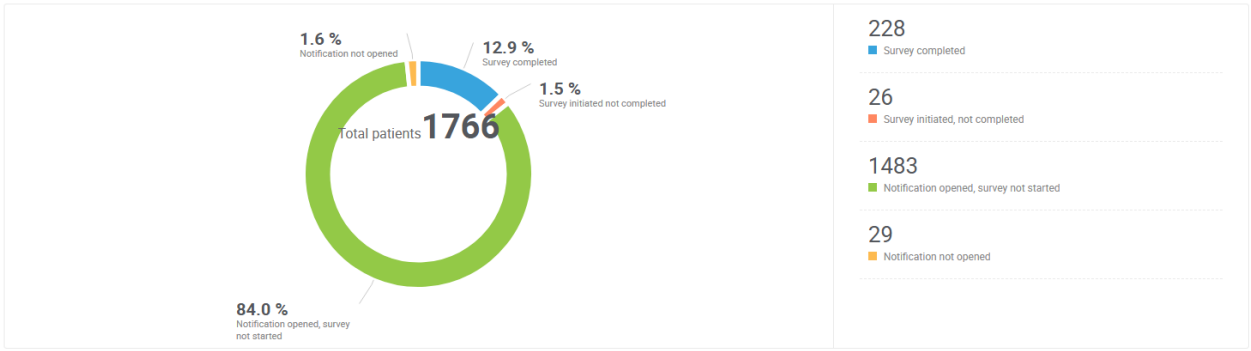
September 2026	Decatur	Fremont	Total
Medicaid	13	0	13
SNAP	6	1	7
Recert	13	0	13

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 – September 2026

Overview

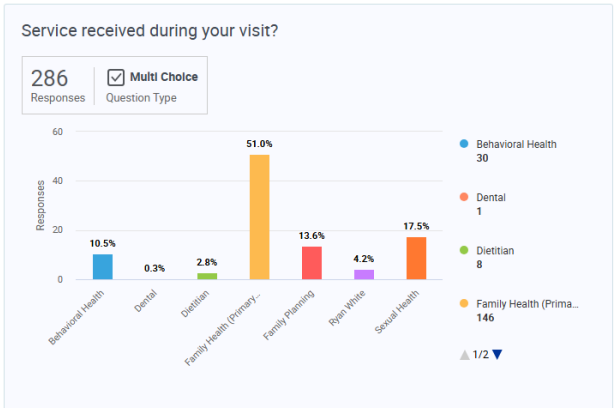


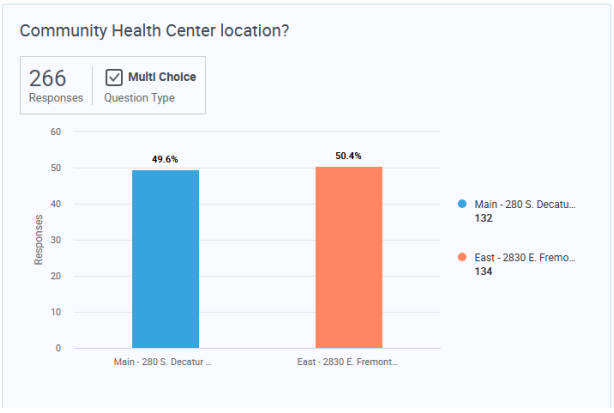
Gender





Service and Location

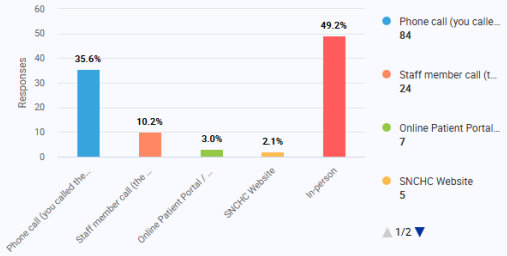




Provider, Staff, and Facility

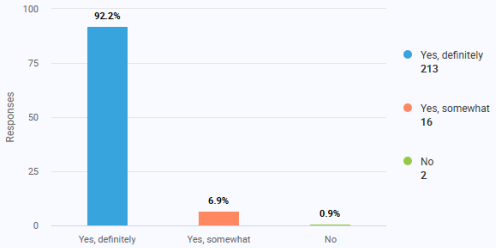
Thinking about your most recent visit, how did you make an appointment?

236 Responses | Multi Choice Question Type



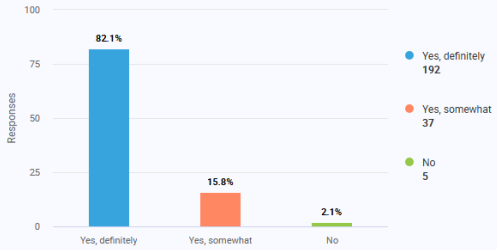
Thinking about your recent visit, was it easy to schedule an appointment?

231 Responses | Multi Choice Question Type



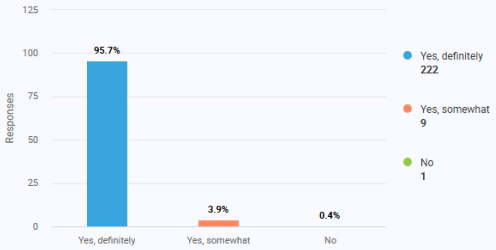
Was the recent visit as soon as you needed?

234 Responses | Multi Choice Question Type



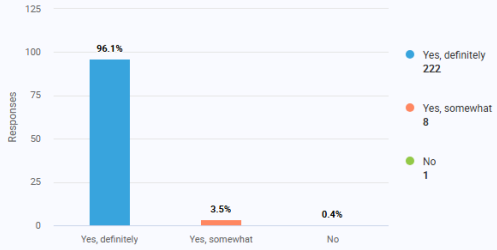
Did the provider explain things in a way that was easy to understand?

232 Responses | Multi Choice Question Type



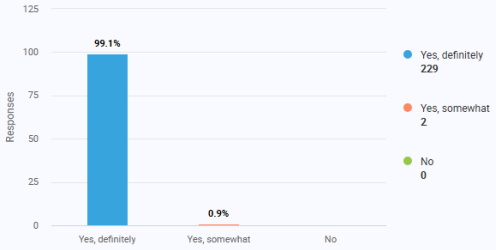
Did the provider listen carefully to you?

231 Responses | Multi Choice Question Type



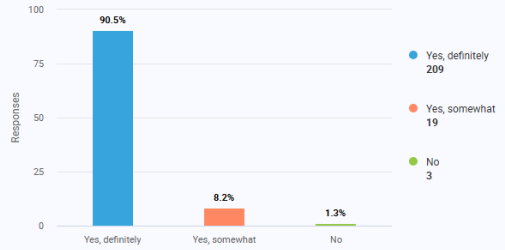
Did the provider show respect for what you had to say?

231 Responses | Multi Choice Question Type



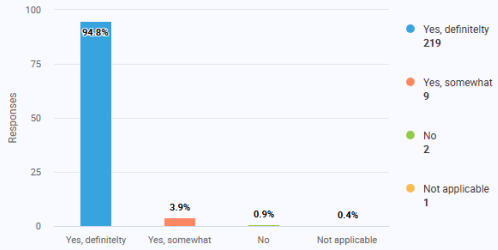
Did the provider spend enough time with you?

231 Responses | Multi Choice Question Type



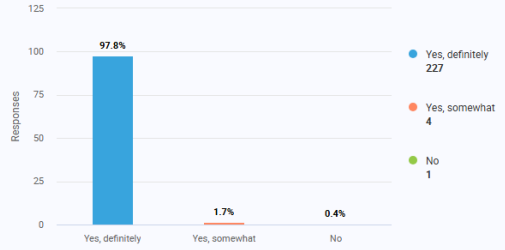
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

231 Responses | Multi Choice Question Type



Did the staff treat you with courtesy and respect?

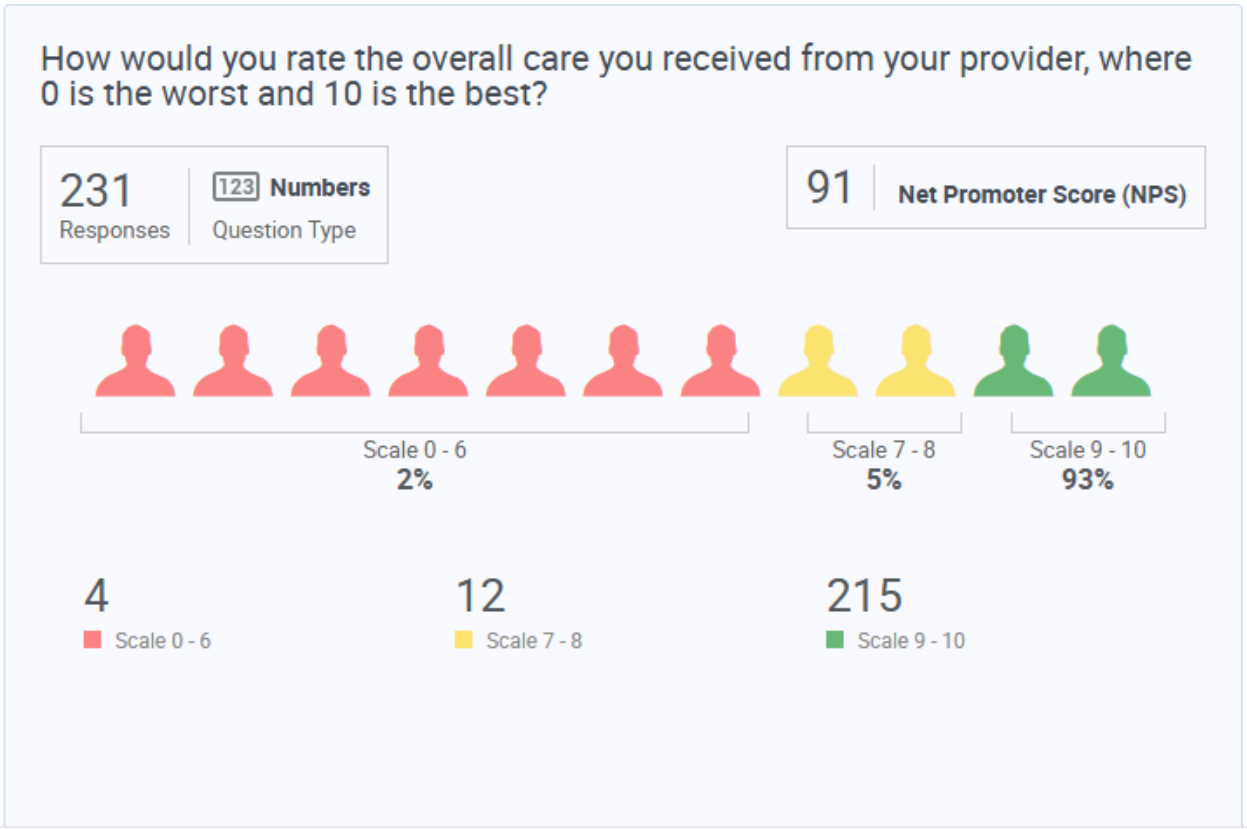
232 Responses | Multi Choice Question Type



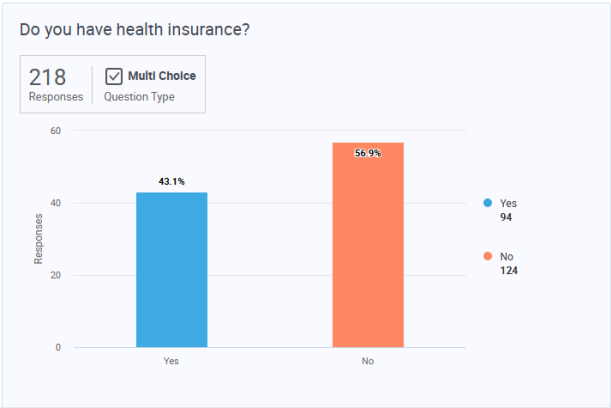
Thinking about the facility, how was the overall cleanliness and appearance?

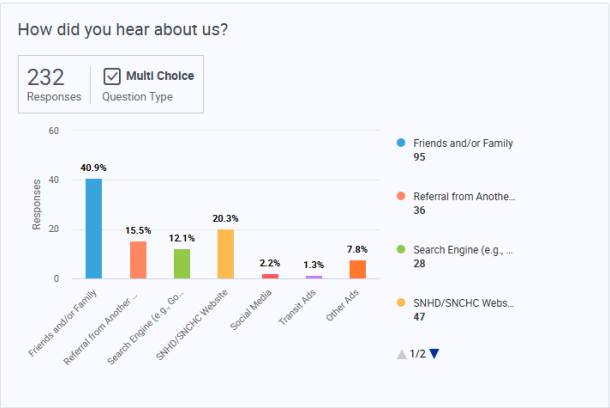
232 Responses | Multi Choice Question Type





General Information





Memorandum

Date: October 22, 2026

To: Southern Nevada District Board of Health

From: **Victoria Burris, MPH,** *Acting Director of Disease Surveillance & Control* VB
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – September 2026

A. Division of Disease Surveillance and Control

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

	September 2025	September 2026		YTD 25	YTD 26	
Sexually Transmitted						
Chlamydia	1032	982	↓	9111	9294	↑
Gonorrhea	386	452	↑	3748	3724	↓
Primary Syphilis	5	4	↓	73	46	↓
Secondary Syphilis	6	4	↓	83	69	↓
Early Non-Primary, Non-Secondary[1]	34	5	↓	281	191	↓
Syphilis Unknown Duration or Late[2]	84	34	↓	1016	787	↓
Congenital Syphilis (presumptive)	1	0	↓	27	16	↓
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	5	1	↓	43	25	↓
Pregnant Syphilis Cases	29	21	↓	194	258	↑
Perinatally Exposed to HIV	1	3	↑	32	16	↓
Vaccine Preventable						
Haemophilus influenzae, invasive disease	0	0	→	25	39	↑
Hepatitis A	0	0	→	1	4	↑

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

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

[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.

	September 2025	September 2026		YTD 25	YTD 26	
Hepatitis B, acute	3	0	↓	26	23	↓
Influenza Hospitalizations and Deaths	20	72	↑	1242	1301	↑
Meningococcal disease (Neisseria meningitidis)	0	0	→	1	1	→
MPOX	0	3	↑	2	27	↑
Mumps	0	1	↑	1	2	↑
COVID-19 Hospitalizations and Deaths	194	35	↓	1127	302	↓
Pertussis	5	1	↓	53	94	↑
RSV	23	16	↓	2263	2506	↑
Enteric Illness						
Amebiasis	0	0	→	8	4	↓
Campylobacteriosis	27	9	↓	195	175	↓
Cryptosporidiosis	4	3	↓	25	20	↓
Giardiasis	4	1	↓	42	43	↑
Rotavirus	8	5	↓	225	144	↓
Salmonellosis	20	17	↓	164	189	↑
Shiga toxin-producing Escherichia coli (STEC)	10	4	↓	76	69	↓
Shigellosis	7	8	↑	60	71	↑
Vibriosis (non-cholera Vibrio species infection)	1	0	↓	10	17	↑
Yersiniosis	3	0	↓	72	37	↓
Other						
Coccidioidomycosis	13	11	↓	188	179	↓
Cryptococcosis	0	0	→	0	4	↑
Cyclosporiasis	1	0	↓	9	13	↑
Dengue	0	0	→	5	6	↑
Hepatitis C, acute	0	0	→	7	11	↑
Invasive Pneumococcal Disease	21	9	↓	181	151	↓
Lead Poisoning	18	14	↓	131	213	↑
Legionellosis	7	1	↓	39	14	↓
Lyme Disease	0	1	↑	5	9	↑
Meningitis, Aseptic	3	0	↓	17	6	↓
Meningitis, Bacterial Other	0	1	↑	5	8	↑
Streptococcal Toxic Shock Syndrome (STSS)	0	0	→	21	23	↑
New Active TB Cases Counted (<15 yo)	0	0	→	0	2	↑
New Active TB Cases Counted (>= 15 yo)	4	1	↓	50	41	↓

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	12	0	37	0
Gonorrhea	10	0	21	0
Syphilis	14	1	166	0
HIV/AIDS (New to Care/Returning to Care)	11	2	69	0
Tuberculosis	40	0	3	0
TOTAL	87	3	296	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 September 30, 2026, Clark County had 367 cases of mpox since the first reported case in 2022. Mpox cases have increased in September; therefore, an outbreak was declared on September 28, 2026. As of September 30, 2026, 17 outbreak cases (9 confirmed, 4 probable, and 4 suspect) have been reported.
b. **Cyclosporiasis:** As of September 24, 2026, thirteen total cases of cyclosporiasis have been reported in Clark County since January 1, 2026. Four cases are associated with the multistate outbreak and traveled outside Clark County but within the United States during the incubation period and NO travel to countries outside the US.4
c. **Hand, Foot and Mouth:** Four schools reported cases of hand, foot and mouth illness. EH was notified, and each school provided a line list. A survey was developed and sent to the parents of the cases. These investigations are closed.

4. Non-communicable Reports and Updates

a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer naloxone. ODS has also been given permission at the Clark County Detention Center to place naloxone in a person's property at the facility.

The following naloxone distributions took place in the month of September:

Naloxone Distribution	Agency	# of Naloxone doses distributed
9/1/2026	NDOC - High Desert	600
9/3/2026	SNHD - L2A	360
9/10/2026	Las Vegas Fire and Rescue	360
9/10/2026	Nevada Homeless Alliance	384
9/17/2026	SNHD - Pharmacy	34

Naloxone Distribution	Agency	# of Naloxone doses distributed
Total		1738

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS), Xylazine (XTS), and Medetomidine (MTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS, MTS, and XTS during the month of September:

Date:	Agency:	FTS:	XTS:	MTS:	QTY:
9/2/2026	Valley View Community Cares	2,000	0	0	2,000
9/2/2026	Foundation for Recovery	0	0	2,000	2,000
9/2/2026	Trac-B	0	0	300	300
9/2/2026	SNHD L2A Team	0	0	300	300
TOTALS:		2,000	0	2,600	4,600

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. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. On September 9, 2026, ODS returned to Adonis Health Club located at 2225 E. Flamingo Rd., Building 2. Adonis is primarily a men's gym/bathhouse focused on serving the LGBTQ community. We provided full service offerings of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, along with educational/informational navigation. On September 12, 2026, we also returned to another regular community partner, McDonalds located at 3010 North Las Vegas Blvd (next to Broadacres Swap meet) to offer our full services. We also participated in a second outreach on September 12, 2026, hosted by the Sin Sity Sisters. The Sisters held their Project Nunway Drag and Fashion Show at Gipsy Nightclub, 4633 Paradise Rd, Las Vegas, NV 89169. We were able to provide our full-service offerings.

c. TB Surveillance developed a laminated flyer titled “Is it TB?” The content includes messaging that encourages providers to “think TB” when talking to their patients about their risks and symptoms. Distribution is ongoing. 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	**Sept-25**	**Sept-26**		**YTD 25**	**YTD 26**	
Outreach/Targeted Testing	1092	496	↓	10525	9275	↓
Clinic Screening (SHC/FPC/TB)	388	119	↓	4988	2552	↓
Outreach Screening (Jails)	100	0	↓	1359	622	↓
Collect2 Protect	5	2	↓	65	43	↓
TOTAL	1585	617	↓	16937	12492	↓
Outreach/Targeted Testing POSITIVE	1	1	→	39	36	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	4	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	6	2	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	2	1	↓	49	40	↓

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. 09/01/2026- 09/30/2026: HAI team facilitated 2-weekly EVS trainings for two skilled nursing facilities; 6-8 facility staff in attendance at each session, 1 ACDC staff and 1 EH staff in attendance.
2. 09/01/2026: Facilitated Overdose Prevention Training with High Desert Correctional; 45 people in attendance; 1 ODS staff in attendance.
3. 09/02/2026: Facilitated Medetomidine Test Strip Kick Off Training and Listening Session; 19 people in attendance; 12 SNHD staff in attendance.
4. 09/02/2026: Facilitated Provider Education at Las Vegas Urology Smoke Ranch; 1 person in attendance; 2 ODS staff member in attendance.
5. 09/02/2026: Facilitated Provider Education at Sagebrush Health; 1 staff member in attendance; 2 ODS staff member in attendance.
6. 09/02/2026: Facilitated Provider Education at Northwest Career College; 3 staff member attendees; 2 ODS staff member in attendance.
7. 09/02/2026: Facilitated Provider Education at WHASN Summerlin; 3 staff members in attendance; 2 ODS staff member in attendance.
8. 09/02/2026: Facilitated Provider Education with Dr. Sheldon J. Freedman; 1 staff member in attendance; 2 ODS staff member in attendance.

9. 09/02/2026: Facilitated Provider Education at Chic la Vie/Lane F. Smith Plastic Surgery Institute/Vasectomy Pro; 1 staff member in attendance; 2 ODS staff member attendees.
10. 09/02/2026: Facilitated Provider Education at Las Vegas Urology Trinity Peak; 1 staff member in attendance, 2 ODS staff member in attendance.
11. 09/02/2026: Facilitated Provider Education at Dr. Mulugeta Kassahun/Dr. Finkelstein; 1 staff member in attendance; 2 ODS staff member in attendance.
12. 09/02/2026: Facilitated PrEP/PEP Provider Education at Decatur Family Practice; 1 person in attendance; 2 ODS staff member in attendance.
13. 09/03/2026: Facilitated SNOAC Executive Committee Meeting; 12 people in attendance; 4 ODS staff in in attendance.
14. 09/04/2026: Presented Community Health Improvement Plan Report to Clark County Children's Mental Health Consortium Meeting; 40 people in attendance; 3 ODS Health Educators in attendance.
15. 09/09/2026: Facilitated Empower Change Rapid HIV Testing Training; 9 participants in attendance; 6 SNHD staff in attendance.
16. 09/10/2026: Facilitated Empower Change Rapid HIV Testing Training; 9 participants in attendance; 6 SNHD staff in attendance.
17. 09/12/2026: Facilitated Outreach at Drug Prevention Event with HIDTA hosted by CCSDPD; 100 people in attendance; 1 SNHD Health Educator in attendance.
18. 09/14/2026: Attended Brookings-UNLV: Fentanyl and Deadly Drugs: Nevada Ground Realities and National Policies Working Group as SNHD Representative; 15 people in attendance, 2 ODS staff in attendance.
19. 09/14/2026: Attended Nevada Essentials for Childhood Strategic Planning/Evaluation Committee Meeting as SNHD Representative; 6 people in attendance; 2 ODS Health Educators in attendance.
20. 09/16/2026: 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.
21. 09/16/2026: Presented on SNHD's Suicide Awareness Program at the Environmental Health Staff Meeting; 161 people in attendance; 2 SNHD ODS staff in attendance.
22. 09/17/2026: Presented on SNHD's Suicide Awareness Program at the Epidemiology Staff Meeting; 20 people in attendance; 2 SNHD ODS staff in attendance.
23. 09/17/2026: Facilitated Overdose Response Training of Trainers; 18 people in attendance; 2 SNHD staff in attendance.
24. 09/17-20/2026: Attended USCHA Conference held in Anaheim, CA; 5 ODS staff in attendance.
25. 09/18/2026: Facilitated PHVM Technical Assistance with New Mexico on Building Capacity for Vending; 2 people in attendance, 1 ODS staff in attendance.
26. 09/18/2026: Facilitated PHVM Technical Assistance with Longview, Texas on Building Capacity for Vending; 4 people in attendance, 1 ODS staff in attendance.
27. 09/19/2026: Facilitated iPoster Presentation "Meeting Providers Where they are" Using Hospital Huddles for Community Collaboration and Perinatal HIV Prevention Education in Southern Nevada at USCHA 2026; 10 people in attendance; 6 ODS staff in attendance.
28. 09/21-23/2026: Attended CDC Childhood Lead Poisoning Prevention Grant Meeting held in Atlanta, GA; 1 EPI staff in attendance.
29. 09/23/2026: Facilitated “SafeTALK Suicide Prevention” Training; 18 people in attendance; 5 SNHD ODS staff in attendance.
30. 09/24/2026: Attended the Child Sexual Abuse Prevention Task Force Meeting; 22 people in attendance; 1 SNHD ODS staff in attendance.

31. 09/24/2026: Facilitated Better Care in Action Training at Roseman University Henderson; 32 people in attendance; 1 SNHD staff in attendance.
32. 09/29/2026: Presented on CredibleMind to Olive Crest; 2 people in attendance; 1 SNHD ODS staff in attendance.
33. 09/29/2026: Facilitated Overdose Response with Naloxone Training at Olive Crest; 13 people in attendance; 1 SNHD staff in attendance.
34. 09/30/2026: Facilitated PrEP/PEP Provider Education at The Vice Practice; 1 staff member attendee; 1 ODS staff member in attendance.
35. 09/30/2026: Facilitated PrEP/PEP Provider Education at Paradise Primary Care; 1 staff member attendee; 1 ODS staff member in attendance.
36. 09/30/2026: Facilitated PrEP/PEP Provider Education at Desert Primary Care; 1 staff member attendee; 1 ODS staff member in attendance.
37. 09/30/2026: Facilitated PrEP/PEP Provider Education at Nevada Health Care Providers, Cambridge Family Health Center; 1 staff member attendee; 1 ODS staff member in attendance.
38. 09/30/2026: Facilitated PrEP/PEP Provider Education at Absolute Primary Care; 1 staff member attendee; 1 ODS staff member in attendance.
39. 09/30/2026: Facilitated PrEP/PEP Provider Education at Andux Family Care; 1 staff member attendee; 1 ODS staff member in attendance.
40. 09/30/2026: Attended Ryan White Las Vegas TGA Committee Meeting as SNHD Representative, 25 people in attendance, 2 ODS staff in attendance.
41. 9/30/2026: Presented on public health partnerships during non-infectious foodborne outbreak responses at CSTE NIFOR Workshop: Partnerships in Response; 120 people in attendance; 4 SNHD EPI 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: August 2026 disease statistics are below. Please note that these data are retrieved as of September 29, 2026. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (August 2026)

August 2026: Clark County Disease Statistics* Data as of 09/29/2026

	2024		2025		2026	
Disease	**August**	**YTD**	**August**	**YTD**	**August**	**YTD**
VACCINE PREVENTABLE						
COVID-19	2,589	13,880	2,515	7,572	777	2,539
Haemophilus influenzae, invasive	2	32	2	25	4	39
Hepatitis A	1	7	0	1	0	4
Hepatitis B, acute	2	28	1	23	2	23
Hepatitis B, chronic	108	912	75	775	84	641
Influenza	7	723	23	1,220	38	1,227
Meningococcal disease (*N. meningitidis*)	0	2	0	1	0	1
MPOX	1	8	1	2	3	24
Mumps	0	3	0	1	0	1
Pertussis	2	41	4	48	3	93
RSV	9	1,944	12	2,240	11	2,490
SEXUALLY TRANSMITTED						
Chlamydia	1,131	8,647	1,029	8,079	1,090	8,314
Gonorrhea	487	3,585	427	3,362	493	3,272
HIV	42	398	38	323	19	252
Stage 3 HIV (AIDS)	20	126	19	145	4	103
Syphilis (Early non-primary, non-secondary)	47	409	21	247	19	186
Syphilis (Primary & Secondary)	35	280	17	145	14	105
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	3	1	1	0	1
Congenital Syphilis	2	27	3	26	4	16
ENTERICS						
Amebiasis	0	5	1	8	1	4
Campylobacteriosis	13	154	23	168	29	166
Cryptosporidiosis	1	21	4	21	5	17
Cyclosporiasis	1	9	0	8	1	13
Giardiasis	7	48	3	38	1	42
Rotavirus	8	116	16	217	10	139
Salmonellosis	15	111	31	144	28	172
Shiga toxin-producing *E. coli* (STEC)	14	66	7	66	8	65
Shigellosis	15	100	6	53	11	63
Vibriosis (Non-cholera *Vibrio* species infection)	2	12	2	9	3	17
Yersiniosis	3	29	2	39	9	37
OTHER						
Coccidioidomycosis	27	177	17	175	13	166
Exposure, Chemical or Biological	0	2	0	2	0	2
Hepatitis C, acute	2	10	0	7	0	11
Hepatitis C, chronic	119	1,071	234	1,397	165	1,034
Invasive Pneumococcal Disease	10	169	12	160	2	142
Lead Poisoning	18	121	14	113	20	199
Legionellosis	2	21	6	32	1	13
Listeriosis	0	4	0	1	0	0
Lyme Disease	2	8	0	5	1	8
Malaria	0	4	0	3	0	1
Meningitis, Aseptic	4	23	1	14	1	6
Meningitis, Bacterial Other	1	4	1	5	0	7
Meningitis, Fungal	0	3	0	1	0	1
Streptococcal Toxic Shock Syndrome (STSS)	3	28	3	21	2	23
Tuberculosis (Active)	4	46	4	46	5	42
West Nile virus neuroinvasive disease	1	14	0	0	0	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: October 22, 2026

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health DE for CS*
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	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Routine Inspections	2,342	2,358	↑	7,242	6,632	↓
Reinspections	184	164	↓	614	532	↓
Downgrades	181	159	↓	609	532	↓
Closures	16	4	↓	49	37	↓
Special Events	78	77	↓	209	186	↓
Temporary Food Establishments & Tasting Event Booths	758	702	↓	1,365	1,220	↓
TOTALS	**3,559**	**3,464**	↓	**10,088**	**9,139**	↓

↑ *(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. K-SSAMBAP, 3909 W. Sahara Ave.:** On September 10, the facility was closed for excessive demerits. The inspector documented 58 demerits. The facility was reinspected and reopened with zero demerits on September 25.
   - **B. Main Street Kitchens Commissary, 809 S. Main St.:** On September 14, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on September 15.

C. Two Sisters Broasted Chicken and Ribs, 1469 E. Lake Mead Pkwy.: On September 29, the facility was closed due to a change of ownership with an inspection exceeding 15 demerits. The inspector documented 27 demerits. The facility remains closed at this time.

D. Staff conducted unpermitted food vending complaint investigations with Las Vegas Metropolitan Police Department and City of North Las Vegas Business License representatives.

E. Staff closed 23 unpermitted food vending complaint investigations.

2. Food Safety Assessment Meetings (FSAMs):

An FSAM was held with the following facility: BYM Kitchen, 2100 N. Boulder Hwy.

3. Supervisory/Managerial Conferences:

A. Conferences were held with the following facilities: Pho Kim Long II, 4023 Spring Mountain Rd.; and Hashtag India, 855 E. Twain Ave.

ENVIRONMENTAL HEALTH Outbreak Support – Fiscal Year Data

Outbreak Support	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Childhood Elevated Blood Lead Levels	0	0	→	6	0	↓
Foodborne Illness Investigations	10	4	↓	29	21	↓
Healthcare Associated Infections (HAI)	0	2	↑	0	9	↑
Legionella Travel Associated Investigations	0	3	↑	3	7	↑
Legionella Residential Investigations	10	2	↓	14	5	↓
Legionella HAI Investigations	0	0	→	0	1	↑

4. 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.

5. Foodborne Illness Response:

A. Arby's, 4830 S. Fort Apache Rd.: On September 9, staff responded to multiple complaints of illness. Staff observed risk factors that could lead to illness including improper handwashing practices. The inspection resulted in an A grade.

B. Mon Ami Gabi, 3365 S. Las Vegas Blvd.: On September 9, staff responded to a confirmed case of Shiga toxin-producing E. coli (STEC). Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.

C. Scoops Y Cafe, 2442 N. Las Vegas Blvd.: On September 10, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing and warewashing practices. The inspection resulted in a B downgrade. The facility passed its reinspection with an A grade.

D. KFC, 4420 W. Sahara Ave.: On September 25, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness including improper

handwashing practices, cross-contamination of single use items from raw foods, and unsanitary dishware. 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	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Notices of Violations (New & Remails)	0	2	↑	12	15	↑
Adjudicated Hearing Cases	8	8	→	8	8	→
Total Cases Received	82	60	↓	236	192	↓
Total Cases Referred to Other Agencies	13	18	↑	39	40	↑
Hearing Penalties Assessed	$8,000	$8,138	↑	$8,000	$8,138	↑

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	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Inspections	271	138	↓	819	555	↓

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

Underground Storage Tanks	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Compliance Inspections	0	105	↑	126	293	↑
Final Installation/Upgrade/Repair Inspections	0	2	↑	5	8	↑
Closure Inspections	1	0	↓	2	3	↑
Spill Report Investigations	1	2	↑	3	7	↑

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

Permitted Disposal Facilities	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Inspections	9	21	↑	72	54	↓
Reinspections	2	0	↓	7	1	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
West Nile Virus Surveillance Traps Set	447	479	↑	1,204	1,407	↑
West Nile Virus Surveillance Mosquitoes Tested	6,340	4,544	↓	17,046	13,727	↓
West Nile Virus Surveillance Submission Pools Tested	402	282	↓	1,049	861	↓
West Nile Virus Surveillance Positive Mosquitoes	0	44	↑	545	1,147	↑
West Nile Virus Surveillance Positive Submission Pools	0	1	↑	14	32	↑
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	49	19	↓	373	74	↓
Public Accommodations Inspections	11	8	↓	35	19	↓
Public Accommodations Complaints	16	20	↑	52	53	↑
Mobile Home/Recreational Vehicle Park Inspections	0	0	→	4	1	↓
Mobile Home/Recreational Vehicle Park Complaints	0	0	→	2	2	→

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 (7); Transfer Station (1); and Materials Recovery Facilities (2)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in October: Phoenix Group Metals (Recycling Center)

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Asbestos Permits Issued	62	35	↓	178	151	↓
Revised Asbestos Permits Issued	3	5	↑	10	16	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Tentative Maps-Received	16	13	↓	39	35	↓
Tentative Maps-Lot Count	655	886	↑	1,420	1,740	↑
Final Maps-Received	29	21	↓	66	53	↓
Final Maps-Lot Count	1,269	972	↓	2,258	2,003	↓
Final Maps-Signed	12	25	↑	53	50	↓
Final Maps (Signed)-Lot Count	156	1,550	↑	1,465	2,383	↑
Improvement Plans-Received	30	19	↓	71	44	↓
Improvement Plans-Lot Count	1,278	952	↓	2,310	1,916	↓
Expedited Improvement Plans-Received	0	0	→	0	1	↑
Expedited Improvement Plans-Lot Count	0	0	→	0	7	↑

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

Individual Sewage Disposal Systems	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Residential ISDS Permits	6	6	→	16	17	↑
Commercial ISDS Permits	0	0	→	0	2	↑
Commercial Holding Tank Permits	1	1	→	17	12	↓
Residential Tenant Improvements	16	22	↑	60	70	↑
Residential Certifications	0	0	→	2	2	→
Compliance Issues	8	9	↑	27	27	→

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Public Water System Sanitary Surveys	19	24	↑	41	24	↓
Public Water System Violations Issued	26	4	↓	39	10	↓

2. <u>Safe Drinking Water Activity:</u>

A. Eight *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:

- **Las Vegas Valley Water District:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
- **Primm Valley Casino Resorts:** One routine sample was *coliform*-positive. Three repeat samples were *coliform*-positive. This outcome triggered a Level 1 Treatment Technique Assessment; that assessment and corrective action report are due from the permittee by October 6.
- **North Las Vegas Utilities:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
- **City of Henderson:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
- **Terrible Herbst 392:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative

B. Sandy Valley High School Clark County School District (CCSD): CCSD representatives resolved and reported the January and April 2026, Level 2 Assessments on September 8. The Tier 1 "Boil Water Order" was rescinded on September 9. During September, CCSD underwent continued formal enforcement by the Nevada Division of Environmental Protection (NDEP) for past due corrective action reporting and public notice certification reporting between January and September 2026.

C. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and the Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
School and Child Care Kitchen Inspections	97	115	↑	169	129	↓
School Facility Inspections and Surveys	109	114	↑	200	115	↓
Summer Food Service Surveys	12	2	↓	8	7	↓
Child Care Facility Inspections and Surveys	26	35	↑	132	90	↓
Body Art Facility Inspections and Surveys	35	35	→	193	85	↓
Body Art Special Event Inspections	4	10	↑	150	14	↓
Complaints	13	17	↑	28	20	↓
Total Program Services Completed	296	328	↑	880	460	↓

1. Schools:

A. Hyde Park Jr. High School, 900 Hinson St.: A complaint alleging that classes were being held in classrooms with low temperatures was verified. Exposure to low temperatures for extended periods of time can lead to shivering, fatigue, and confusion. School staff were instructed that students in classrooms with low temperatures must be relocated and that classes in affected classrooms could not resume until adequate temperatures were restored. The classrooms remain closed at this time.

B. Ruby Duncan Elementary School, 250 W. Rome Blvd.: During a routine inspection, staff observed evidence of a bat infestation that resulted in a compliance

schedule. Staff observed droppings which CCSD staff stated came from bats which were previously observed in an enclosed area on school grounds. Bats carry diseases which can be transmitted to people and make them sick. SNHD staff instructed CCSD staff to provide proof that the Nevada Department of Wildlife (NDoW) was contacted to obtain guidance on how to safely remove and exclude bats from school grounds since bats are a protected species. Following communication and guidance from NDoW, which was provided to SNHD staff as required, CCSD staff identified entry points into the enclosed area and will begin exclusion measures.

2. **Child Care:**
   - **A. Bizzy Bee Preschool, 709 E. Horizon Ridge Pkwy.:** A complaint alleging unsanitary conditions and a pest infestation at the facility was verified. Staff observed dishes that were not properly sanitized being used to feed children. Dishes that are not properly sanitized expose children to pathogens that can make them sick. Additional sanitation violations were identified including dirty floors and walls and improper cleaning of tables, toys, and diapering areas. No live pests were present but household pesticides, which are prohibited from being in the facility, were observed. The facility was placed on non-complaint status, and a reinspection is still pending.
3. **Body Art:**
   - **A. Rock Star Ink at Neonopolis, 450 Fremont St.:** A complaint alleging unsanitary conditions at the facility was verified. Staff observed improper sterilization of equipment and biohazardous waste not being stored and disposed of properly. Improper sterilization of equipment and biohazardous waste that is not stored and disposed of properly exposes patrons to pathogens that can make them sick. The facility was placed on non-complaint status, and a reinspection is still pending.
   - **B. Rockin' Ink Tattoo at Westgate Hotel, 3000 Paradise Rd.:** During a routine inspection, staff observed multiple violations that resulted in a non-compliant inspection**.** Staff observed improper sterilization of piercing equipment. Documentation of required testing of sterilization equipment and documentation of proper biohazardous waste disposal could not be provided upon request. A Cease-and-Desist Order for piercing services was issued. A reinspection is still pending.
   - **C. Bloodline Tattoo Kollective, 9155 S. Las Vegas Blvd.:** A reinspection of the facility, previously placed on non-compliant status, resulted in a failed inspection due to repeat violations. The permit holder continued to allow body art procedures to be performed by individuals without SNHD Body Art cards. Documentation of proper storage and disposal of biohazardous waste could not be provided upon request and patron consent and aftercare forms were missing required information. The facility remains on a non-compliant status. A reinspection is still pending.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Total Pre-Permitting Services	864	597	↓	2,988	1,806	↓
New Project Submissions	182	370	↑	754	829	↑
Completed Projects	228	227	↓	800	785	↓
Total Service Requests Currently in Pre-Permitting	1,234	1,504	↑			

1. **Enforcement Actions and Investigations:**
   - **A. Anthony's Brunch Buffet at M Resort, 12300 S. Las Vegas Blvd.:** While reviewing the plans for a Sunday brunch buffet, staff noted that an omelet and carving station were planned with a portable hand sink. SNHD Regulations for open food handling in a buffet require a permanently plumbed hand sink. Plans were not approved. The applicant resubmitted plans showing that the omelet and carving stations were relocated to existing permitted areas with plumbed hand sinks. The revised plans were approved. A final inspection is still pending.
   - **B. Mystic Cafe, 9151 S. Las Vegas Blvd.:** During a final permitting inspection, staff observed a blender, soup warmer, hot dog roller, toaster, milk frother, and warming unit that were not sanitation listed. All food equipment must be rated for commercial use and sanitation listed to American National Standards Institute (ANSI)/National Sanitation Foundation (NSF) standards. The permit was approved with the stipulation that all unapproved equipment is removed or replaced with equipment that is compliant with SNHD Regulations.
   - **C. W Las Vegas VIP Lounge Daily Buffet, 3950 S. Las Vegas Blvd.:** A final remodel inspection was not approved due to active construction and missing food service equipment. SNHD Regulations require all construction and installations to be complete. Construction was finished, equipment was installed, and a reinspection was approved.
   - **D. Ready Cut Vegetables, 3700 Capella Ave.:** Plans were not approved for a remodel that included installation of a new three-compartment sink and a barrel washer. The three-compartment sink was missing one drain board due to space constraints. SNHD Regulations require two integral drainboards on warewashing sinks. A resubmission of plans with approved equipment is still pending.
   - **E. Soup Dumplings, 5300 Spring Mountain Rd.:** A final permitting inspection failed due to unapproved equipment. Staff observed the three-compartment sink with only one integral drainboard. A reinspection is still pending.
   - **F. First Watch #1188, 6557 S. Las Vegas Blvd.:** During the final permitting inspection, the restaurant prep sink was improperly installed and directly plumbed to the sewer. The dish machine was not sanitizing properly, and the wash cycle did not reach the required temperature. SNHD Regulations require the dish machine to properly sanitize with chlorine at 50–100 parts per million (ppm) and the wash cycle to reach 120°F. Prep sinks must drain indirectly to the sewer. The dish machine was placed out-of-service, and the prep sink drain was indirectly plumbed to sewer during the inspection. The health permit was approved.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Total Operation Inspections	568	421	↓	1,838	1,281	↓
Complaint Investigations	15	30	↑	149	86	↓
Inactive Body of Water Surveys	2	6	↑	16	9	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	4	1	↓	15	12	↓
Total Program Services Completed	589	458	↓	2,018	1,388	↓

1. **Aquatic Health Operations**
   - **A. Stone Creek North Homeowners Association (HOA), 7115 Dire Wolf Ave.:** A routine inspection conducted at the spa resulted in an IHH closure for damage to drain covers. A broken or damaged drain cover can present a potential suction entrapment hazard. A reinspection is still pending.
   - **B. Smoke Ranch Maintenance District, 2750 Chandler Mews Dr.:** A routine inspection conducted at the spa resulted in an IHH closure for multiple violations. The spa had high levels of chlorine and cyanuric acid. High chlorine concentrations can cause skin, eye, and lung irritation. High cyanuric acid inhibits the effectiveness of chlorine. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **C. Evora, 6159 S. Buffalo Dr.:** A routine inspection conducted at the Southwest Pool resulted in an IHH closure for a gate that was not self-closing and another gate that was propped open. An improperly working gate can allow unattended access to the enclosure and pose an increased drowning risk for children. Immediate corrections were made, and the pool was reinspected the same day and approved to reopen.
   - **D. Las Vegas Grand Apartments, 818 E. Flamingo Rd.:** A routine inspection conducted at the pool resulted in an IHH closure for multiple violations. A gate was not self-closing, another gate was propped open, the pool had low chlorine, and the circulation pump was off. A circulation system not continuously operating exposes bathers to water that is not filtered and disinfected, increasing bather exposure to pathogens that can make them sick. A reinspection is still pending.
   - **E. The Plaza Hotel, 1 S. Main St.:** A complaint alleging that the pool had black algae was verified. The pool was management closed and the chlorine pump was disconnected. A disinfection system not continuously operating will not maintain chlorine residue, exposing bathers to unknown pathogens. The permit holder was given a compliance schedule to reinstall the chlorine pump before reopening the pool.
   - **F. Vestra at UnCommons, 6850 Ruby Duncan St.:** A routine inspection conducted at Southwest Spa 1 resulted in an IHH closure for no detectable disinfectant residual. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **G. Lifetime Athletic, 121 Carnegie St.:** A routine inspection at the Indoor Women's Spa resulted in an IHH closure for a broken drain cover. A reinspection is still pending.
   - **H. Parc Haven, 250 S. City Pkwy.:** A routine inspection at the pool resulted in an IHH closure for a broken drain cover. A reinspection is still pending.

I. **Sand Creek, 2627 S. Lamb Blvd.:** A routine inspection at the pool resulted in an IHH closure for a gate not self-latching. Immediate corrections were made, and the pool was reinspected the same day and approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Sept. 2025	Sept. 2026		FY 25-26	FY 26-27	
Total Pre-Permitting Services	297	258	↓	1,275	690	↓
New Project Submissions	71	75	↑	334	315	↓
Completed Projects	90	24	↓	361	310	↓
Total Projects Currently in Plan Review	466	281	↓			

2. <u>Aquatic Health Plan Review</u>:
   - A. **Solevita Condominiums, 2120 Ramrod Ave.:** A final permitting inspection for a new spa resulted in failure because many items for the new aquatic venue were not completed. A reinspection is still pending.
   - B. **Los Prados Family Pool, 5150 Los Prados Cir.:** A final inspection for an enclosure remodel resulted in failure due to an incorrect enclosure height, which could result in unauthorized access to the aquatic venue by children. Verification of correction is still pending.
   - C. **Silverton Hyatt Place Spa**, **8380 Dean Martin Dr.:** A final inspection for a heater remodel was not approved because the equipment was not connected. A reinspection is still pending.
   - D. **Tuscany Apartments, 725 S. Hualapai Way:** A pre-plaster inspection for new construction resulted in failure due to an insufficient enclosure height. Verification of correction is required prior to scheduling the final inspection.
   - E. **Wellington Park; 9710 Ravine Ave.:** A final inspection for an enclosure remodel failed due to non-compliance, which could allow unauthorized access to the aquatic venue by children. A reinspection is still pending.
   - F. **Village of Woodbury/Woodcroft HOA, 4034 Claybrooke Way:** A final inspection for an enclosure remodel failed due to non-compliance. A reinspection is still pending.

VIII. <u>TRAINING OFFICE</u>

1. Staff provided onsite intervention training to: Chicago Joe's, 820 S. 4th St.; and Tacos El Compita #2, 7622 W. Westcliff Dr.
2. Staff supported Environmental Health administrative staff in responding to industry partner inquiries and assisted walk-in customers with Accela-related questions throughout the month.
3. Staff attended the 2026 Partnership for Regulatory Education and Training Seminar on September 28.

IX. <u>REGULATORY SUPPORT</u>

1. 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; Retail Flexible Funding Model (RFFM) mentorship site visit with Central Nevada Health District; Retail Laboratory Training System (RLTS) Mentorship introductory meeting with Archuleta County, Colorado; RLTS Competency Profile Reviews; RLTS Steering Committee meeting; Association of Food and Drug Officials (AFDO) Healthy People 2030 Noro Communications meeting; and Risk Factor Study data collection.

2. SNHD was asked to take an additional RFFM mentee mid-program (Archuleta County, Colorado) due to their mentor no longer being available. This increased the RFMENT26 grant award by $3,000. In addition, the mentorship program will have an in-person meeting which also increased the RFMENT26 grant award by $3,000, totaling $18,000 for the program.
3. The Regulatory Support Office supervisor attended the CFP Executive Board meeting in Keasbey, New Jersey on September 14 and 15.
4. Staff updated the cottage food page on the SNHD website to properly reference Nevada Revised Statute (NRS) 580, including the updated gross sales amount.
5. Label Review staff continued working on a new procedure and staff training for ongoing label review processes and succession planning. Staff met with subject matter experts for label review program training and coordinated with Training Office staff to develop training on the new procedure and refresher training on label requirements. This training will be provided at the October Food Operations General Staff meeting.
6. 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 (HACCP) plans.
7. Special Processes staff received three new submissions and released six special process files affecting six facilities. There are currently 14 files in review.
8. Label Review staff received 10 new submissions and released 18 label files consisting of 41 labels. There are currently 33 active files in review.
9. Cottage Food Operations staff completed 32 new registrations, three updated registrations, and 94 new inquiries, frequently with multiple follow-up inquiries per individual.

Chart data provisional due to implementation of new software system.

DB/hh

Memorandum

Date: October 22, 2026

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care
Cassius Lockett, PhD, District Health Officer

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – September 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. Workplace/Community Vaccination and Screening Program: The Immunization Clinic implemented the Workplace/Community Vaccination and Screening Program on July 7, 2026. The program provides selected occupational and community screening services, including QuantiFERON-TB Gold (QFT), Tuberculin Skin Testing (TST), and vaccinations to support employers, employees, and community members in meeting tuberculosis screening requirements. Services continued through the Back-To-School Season. TST and QFT testing at the Main Public Health Center had a total of 80 TSTs and 29 QFT tests completed to date. The Mesquite Public Health Center continues to provide TST services with seven TSTs completed, showing a slight increase in demand.

2. During the reporting period, a total of 1,592 clients were seen across the Southern Nevada Health District's four public health centers. In total, 2,956 vaccines were administered to individuals in the Southern Nevada community.

3. The four public health centers (PHC) continue to accommodate same-day appointments to promote timely and accessible care. A total of 303 same-day appointments were provided across the PHCs during this reporting period.

4. COVID-19 vaccine administration remains lower, with 37 COVID-19 vaccines administered during the reporting period. The Health District continues to maintain COVID-19 vaccine availability and provide education regarding the benefits of vaccination, particularly for populations at increased risk for severe illness. Influenza vaccination activities have increased with the start of the 2026–2027 influenza season, with 433 influenza vaccines administered during the reporting period. The Immunization Program continues to promote seasonal vaccination and provide education on the importance of protecting against respiratory illness, particularly as influenza activity increases during the fall and winter months.

B. Immunization Outreach Activities

1. Immunization outreach clinics in September 2026 - four clinics, 156 vaccines were administered to 72 clients. The clinics were held at CCSD Family Support Center, Mexican Consulate, and Harm Reduction.

II. Community Health Nursing

A. Maternal Child Health

The Maternal Child Health (MCH) Nurse for Lead and Newborn screen received one (1) referral for elevated blood lead levels (EBLL) and eight (8) newborn screen referrals. There were two new clients in the lead program, making a total of seven (7) active clients who are enrolled and receiving case management services for EBLL

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) has 138 active participants. Ninety-one (91) are participating in the Maternal Infant and early Childhood Home Visiting (MIECHV) Program. Twenty-eight (28) are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health. The team spent a lot of time this month connecting, sharing, and learning about community programs and available services that can help our clients. They also participated in multiple community events plus a MIECHV site visit and a Legislative meeting.

C. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start (HS) Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There were ninety-two (92) families served in September 2026. In-person program outreach was conducted at the following places: Henderson Equality Center, Iglesia Torreon Fuerte Centro Cristiano, Catholic Charities Henderson WIC Office, Society of St. Vincent de Paul Army Henderson Food Pantry, Henderson District Office, East Las Vegas Library, Clark County Library, Sahara West Library, Doolittle Community Center, Pearson Community Center, Children's Learn and Play, Mommy's Angels Childcare & Preschool, Nevada Health Centers -WIC Bonanza, Nevada health Centers-WIC Cambridge, Nevada Health Centers -WIC MLK, East Valley Family Services, Dolores Huerta Resource Center, East Las Vegas Community Center, Henderson United Presbyterian Church Food Bank, St. Paul's Charismatic Episcopal Church, Giving Life Ministries, HopeLink of Southern Nevada, Clark County Department of Family Services, YMCA, Signs of Hope, Meadows Mall, Care Source Home Health, Southern Nevada Community Health Center, Winchester Cultural Center, Desert Breeze Community Center, Olive Crest, Nevada Department of Human Services, Three Square, Help of Southern Nevada, Second Baptist Church, Mirabelli Community Center, City Impact Center, Pearson Community Center, and Moliza Palooza Community Event. Program outreach was also conducted at various DWSS locations. Our Community Health Worker II (CHW) continues to create community partnerships to grow our program and our consortium. She facilitated workgroup meetings in the month of September to work on deliverables for our Community Consortium Action Plan. The workgroup 1 (Access to Care) continued planning a Community Health Fair that is scheduled to take place at Pearson Community Center in October.

D. Embracing Fatherhood

Embracing Fatherhood (EF) home visiting program continues to support father's and father figures with children 0-3 years in the greater Las Vegas area. Home visits include education, community resources, and screenings. Two (2) new families enrolled during the month of September. Currently, there are a total of 10 active families enrolled in Embracing Fatherhood program. The program lead and supervisor had a meeting with SNHD's Barbershop initiative, regarding opportunities for EF to join them during some outreach events. In the month of September, in-person program outreach was conducted at the following locations: Silverado Ranch Community, Dignity Health Women's Center, Paseo Verde Library, Henderson Multigenerational Center, Green Valley Library, The Children's Cabinet (Henderson), and Whitnye Ranch Community Center.

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 229 screening encounters for the month of September. 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 active clients and provided one community training.

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 were 4 clients navigated for neurosyphilis in August.

D. SHOPP's **Pathways to Better Health *(*PBH)** program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program has 47 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 CHWs who focus on engagement and linkage to identified community resources, including housing, insurance, and psychosocial services. One new CHW joined the team and began orientation and an existing SNHD team CHW has been assigned partial time to support the SM team outreach efforts.

B. Street Medicine team engaged 125 clients by providing resources including education and items related to heat mitigation. SM completed 37 primary care visits in September.

C. Community Engagement & Collaboration
The Street Medicine team in collaboration with Help of Southern Nevada, City of Henderson/ Salvation Army, Whitney Library/ Clean the World Showers, Clark County CARE Outreach, Friends Helping Friends at St. Timothy's, and Goodness Gracious Outreach at Sunset Park provided primary care to clients at multiple outreach events for the unhoused.

D. Approach & Intent
This primary care initiative embraces a harm-reduction and trauma-informed care model-focused on building trust through consistent outreach, nonjudgemental engagement, and accountability in meeting patients where they are. Community partnerships play an instrumental role in both piloting and scaling the program effectively.

V. Tuberculosis (TB) Clinic

TB clinic has two (2) new adult TB active cases and zero (0) pediatric cases for the month of September 2026.

VI. Employee Health Nursing – September 2026

A. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catchup TB testing is ongoing. Nineteen (19) Tuberculosis tests were completed.

B. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Twenty-one (21) medical clearances were completed.

C. Vaccine Administration
    1. Employees Total: 26
    2. Total vaccines given: 36
        a) Flu – 23
        b) Fluad – 1
        c) COVID-19 – 10
        d) Hepatitis B employee vaccine – 1
        e) Other vaccines - 1

D. New Hire/Onboarding: Seven (7) new hires were onboarded.

E. Employee Health Nurse Accomplishments:
    1. Six (6) TB/Immunizations confirmations completed.
    2. Hosted Skills Fair
    3. Hosted Flu Clinic at Fremont
    4. Instructed CPR class

F. Policies and procedures continue to be reviewed and updated.

VII. PPC Administration

A. Tuberculosis Clinic, and Community Health's Healthy Start Initiative received sub awards for the month of September.

B. The Project/Program Coordinator supported and advanced a range of quality improvement (QI) initiatives, Including the ongoing optimization of the electronic health record (EHR/eCW) system to streamline workflows, enhance clinical decision-making and patient safety, improve operational efficiency, and strengthen data quality. Key accomplishments include improved compliance with the timely and appropriate "locking" of patient charts; implementation of new structured data elements in the TB Clinic to inform clinical practice and support meaningful reporting, adoption of signature pad technology to streamline patient registration and consent processes; and improved accuracy of Vaccine Management Team inventory by reconciling data across separate electronic systems with physical inventory counts.

Client Encounters by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Cinic	TOTAL
Immunization Clinics and Outreach	979	347	234	32	0		0	12	60		1,664
Immunization Records Issued and Transcription	101	52	17	3	0						173
QFT/TST Test	109	0	0	7	0						116
SHOPP Express Testing (ET)	151		10	1	18	36	13	0			229
TB Treatment & Control	1,188										1,188
CHN Home Visits ^	429										429
TOTAL	2,957	399	261	43	18	36	13	12	60	0	3,799

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	Sep 2025	Sep 2026		FY 25-26	FY 26-27	
Immunization Clinics and Outreach**	1,992	1,664	↓	9,693	8,064	↓
Immunization Records Issued and Transcription	257	173	↓	1,604	1,754	↑
SHOPP Express Testing	205	229	↑	666	760	↑
TB Treatment & Control	1,613	1,188	↓	4,900	3,902	↓
CHN Home Visits^	331	429	↑	682	1,062	↑
TOTAL	4,398	3,254	↓	17,545	15,542	↓

^ 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	1,786	719	400	51	0		0	28	128		3,112

*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	Sep 2025	Sep 2026		FY 25-26	FY 26-27	
Total Immunizations Administered	4,435	3,112	↓	21,428	16,729	↓

Immunization Clinic and Outreach Programs

Immunizations	Sep 2025	Sep 2026		FY 25-26	FY 26-27	
Flu Vaccine Given	300	433	↑	300	433	↑
COVID Vaccine Given	95	37	↓	107	62	↓
TB Skin Test	9	87	↑	23	187	↑
QFT Test *		29	↑		59	↑
Newborn Screening	2	3	↑	2	3	↑
Immunization Record Review and Release Only*	238	152	↓	1,490	1,652	↑
Transcription of Immunization Records Only*	19	21	↑	114	102	↓
Same Day Appts *	379	303	↓	3,058	2,740	↓
Referred to Civil Surgeon for Medical Assessment*	11	0	↓	16	0	↓
Vaccine Counseled **	70	69	↓	229	243	↑

*Started data collection 07/01/2026

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

Vaccines for Children (VFC)	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Number of VFC Compliance Visits	10	14	↑	13	17	↑
Number of IQIP Visits	0	14	↑	0	14	↑
Number of Follow Up Contacts	62	27	↓	104	91	↓
Number of Annual Provider Training	10	14	↑	13	16	↑
Number of State Requested Visits	20	13	↓	34	66	↑

Perinatal Hepatitis B	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
# of Newly Identified Pregnant Women^		1	↑		8	↑
# of Infants Delivered - Established		0	→		3	↑
# of Infants Not Previously Identified		0	→		1	↑
# of Closed Infant Cases- Goals Met		3	↑		8	↑

^*Data reporting started 07/01/2026*

Childcare Program	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Childcare Audits	16	10	↓	19	14	↓
Baseline Immunization Rate	88%	84%	↓	90%	87%	↓
# of Final Audits	16	10	↓	19	14	↓
Final Immunization Rate	96%	99%	↑	96%	100%	↑
# of Records Reviewed	977	541	↓	1180	704	↓

Community Health Program

Nursing Field Services	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
MCH Team Home Visit Encounters	2	8	↑	39	27	↓

NFP (Team 1)	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Referrals	21	22	↑	44	43	↓
Enrolled	5	18	↑	22	33	↑
Active	149	138	↓			

NFP (Expansion Team)**	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Referrals	0	4	↑	0	21	↑
Enrolled	0	3	↑	0	7	↑
Active	0	28	↑			

Staff recruitment in process 2026

MCH	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
# of Referrals Received	0	9	↑	14	11	↓
# from CPS	0	0	→	8	0	↓
# of Lead Referrals	0	1	↑	4	2	↓
# of Total Admissions	0	2	↑	10	2	↓

Thrive by 0 - 3	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Referrals	73	52	↓	164	137	↓
One-Time Home Visits	4	9	↑	6	27	↑
Enrolled	2	2	→	10	9	↓
Active	19	10	↓			

Healthy Start	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Referrals	45	33	↓	88	103	↑
Enrolled	10	9	↓	23	25	↑
Active	84	92	↑			

Embracing Fatherhood	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Referrals	4	2	↓	8	7	↓
Enrolled	2	2	↑	4	4	→
Active	15	10	↓			

Tuberculosis Program

Tuberculosis	Sept 2025	Sept 2026		FY 25-26	FY 26-27	
Number of Case Manager Encounters^	93	112	↑	239	460	↑
Number of Unduplicated Clients Seen by a Provider^	54	32	↓	183	101	↓
Number of Clients encounters by TB Clinic Nurse^(duplicated patients)	457	298	↓	1316	891	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	128	35	↓	339	174	↓
New Active Clients^	1	2	↑	8	16	↑
Number of Clients Receiving LTBI Treatment^	263	181	↓	832	530	↓
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	6	2	↓	19	17	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,559	746	↓	4,571	3,151	↓

Sexual Health Outreach and Prevention Program (SHOPP)						
SHOPP - Express Testing (Asymptomatic Patients)	**Sept 2025**	**Sept 2026**		**FY 25-26**	**FY 26-27**	
# of Screening encounters	205	248	↑	666	804	↑
# of Clients Screened	205	229	↑	666	764	↑
# of Clients with positive STI identified	21	22	↑	61	64	↑
STI Positivity Rate %*	10%	10%	→	9%	8%	↓
SHOPP All CHW Resources/ Linkages	**Sept 2025**	**Sept 2026**		**FY 25-26**	**FY 26-27**	
# of clients referred to Resources	19	7	↓	67	25	↓
# of clients linked to care	19	7	↓	67	25	↓
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	**Sept 2025**	**Sept 2026**		**FY 25-26**	**FY 26-27**	
# of Referrals (pregnant, post-partum, infants)	7	3	↓	22	21	↓
# of Clients enrolled in CM	5	2	↓	13	12	↓
# of Active pregnant/ postpartum clients (current caseload)	40	38	↓			
# of Infants being followed	11	13	↑			
# of Provider/ Community trainings	6	1	↓	18	4	↓
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	**Sept 2025**	**Sept 2026**		**FY 25-26**	**FY 26-27**	
# of Outreach events	7	9	↑	23	37	↑
SHOPP- Complex STI Navigation	**Sept 2025**	**Sept 2026**		**FY 25-26**	**FY 26-27**	
# of Clients referred	5	3	↓	22	7	↓
# of Clients navigated	5	4	↓	21	6	↓
# of Home administrered treatment of STI (HATS)*	0	0	→	1	2	↑
Non- cumulative						
*completed by CSCMP						

Street Medicine Program						
Street Medicine	**Sept 2025**	**Sept 2026**		**FY 24-25**	**FY 25-26**	
Number of Clients Engaged^		122	↑		474	↑
Number of Primary Care Service Initial Visits^		20	↑		55	↑
Number of Primary Care Service Follow Up Visits^		17	↑		56	↑
Number of Referrals / Linkage to Resources^		57	↑		148	↑
^ No data available; data reporting started 1/1/2026						

From:	cheftravelartJB
To:	board.of.health
Cc:	clarks@snhdmail.org
Subject:	FORMAL PUBLIC COMMENT FOR THE NEXT BOARD OF HEALTH MEETING – NRS 241 OPEN MEETING LAW SUBMISSION
Date:	Friday, October 2, 2026 8:36:16 PM

"Under Nevada Open Meeting Law (NRS 241) and SNHD Board Governance Policy BGP-003, I am submitting this written material as a formal public comment for the next scheduled meeting of the Southern Nevada District Board of Health. I explicitly request that the Executive Secretary distribute this complete document to all 11 Board Members prior to the meeting and append it in full to the official public record and minutes."

To Chair Scott Black and Members of the Southern Nevada District Board of Health:

This is a report of operational gross negligence regarding internal software management that is directly resulting in severe plan review backlogs, harming local economic infrastructure. It contains information from employees within SNHD who want it made public because of the significant financial harm the current situation is causing local businesses.

SNHD's new Accela software system is causing a major permitting backlog across Southern Nevada, with plan reviews that historically took 3–4 weeks now taking roughly three months as of October, and internal concerns estimate that waits could reach SIX MONTHS for even a simple Review by December. Businesses are reportedly losing substantial money and, in some cases, even closing while waiting to open or complete remodels due to the backlog for Plan Review.

This is affecting more than restaurants. Bars, tattoo establishments, child-care facilities, hotels, and other businesses requiring SNHD approval are reportedly caught in the same backlog.

According to employees and those familiar with SNHD operations:

- Accela was selected roughly five years ago to replace the old permitting system.
- The system was internally tested from approximately November 2025 through May 2026.
- Inspectors and supervisors reportedly submitted repeated QA warnings that the system was not ready and could severely disrupt permitting.
- SNHD nevertheless went live with Accela in May 2026.
- There are now reportedly more than 1,000 outstanding software/work tickets since May.
- Accela has reportedly informed SNHD that it has reached its maximum allotted number of work tickets and cannot continue submitting additional tickets, despite numerous unresolved software problems.
- SNHD receives roughly 15–20 new applications per day, while administrative staff can process only about 10.
- Roughly 300 applications are reportedly waiting simply to be processed by administrative staff and assigned for review.

- Management is considering shifting application processing to health inspectors, which could then create additional delays in field inspections.

Employees also point to significant problems involving Accela implementations in other jurisdictions, including agencies in Oakland, Northern California, and Southern California. They report that some public agencies have experienced "***losses in the millions of dollars***" associated with failed or problematic implementations, and that lawsuits have been filed against Accela by government agencies over software performance and implementation issues.

The concern internally is that SNHD not only had access to those outside examples, but internal QA testing conducted by inspectors and supervisors from Nov 2025 until April 2026--with internal testing confirming that launch would cause exactly the delays now being experiences with the Plan Review system.

Businesses with active leases are being hit especially hard, paying months of rent and carrying costs with no operating income. Multiple businesses have reportedly suffered major losses or closed while waiting on approvals.

The Palms has also reportedly escalated an issue to county officials after being unable to obtain a simple permit for a taco cart due to delays.

The SNHD managers whose roles in the rollout and response may warrant examination include Chris Saxton, Larry Rodgers, and Aaron Delcotto.

There are also allegations concerning the original Accela procurement, including alleged kickbacks. We cannot independently substantiate those claims, but the contract, procurement process, and related communications would be worth reviewing.

Useful public-records inquiries would include the Accela contract and amendments, total expenditures, QA/testing reports from November 2025–May 2026, emails regarding launch readiness, work-ticket counts and correspondence regarding the work-ticket limit, current and historical plan-review times, and internal communications regarding the backlog.

The core story is simple: **a software rollout that SNHD employees reportedly warned was not ready is now delaying business openings and remodels across Las Vegas, with potentially millions of dollars in economic impact to the city, and more to local businesses large and small — while similar problems with the same software have reportedly occurred in other jurisdictions.**

From: RC1221Y
To: SNHD Public Comments
Subject: PUBLIC COMMENT FOR MEETING 22 OCTOBER 2026
Date: Sunday, October 18, 2026 5:27:42 PM

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FOR THE PUBLIC COMMENT OF 22 OCTOBER 2026

Email Desde Google Translate:
Board Members:

I am a concerned citizen, and my zip code is 89149. I am an immigrant from Oaxaca and a very hard worker. My attorney advised me to write to you, but to remain anonymous. I am writing to you today because I am very stressed and angered by the massive delays caused by the health district's new permit system.

Right now, my restaurant is in limbo. I did everything strictly by the letter, but my paperwork is just sitting there solely because of your new software. Before, these reviews took a few weeks; now, they take months.

I am paying rent, insurance, and bills for a commercial space that is completely closed. I am not receiving a single dollar of income. I moved to this country to start a business, move forward, and contribute to the local economy. Instead, this system is ruining my dream before I can even open the doors.

I am neither a politician nor a computer expert. I am just a person trying to open a business. It is not fair that small business owners have to suffer the consequences and lose thousands of dollars because the health district purchased a computer system that does not work.

We need you to give us a hand. If the new system does not work, please find another way to review our applications manually so we can open our doors and survive.

Email original:
Miembros de la Junta:

Soy un ciudadano preocupado y mi código postal es el 89149. Soy inmigrante de Oaxaca y una persona muy trabajadora. Mi abogado me aconsejó que les escribiera, pero de manera anónima. Les escribo hoy porque estoy muy estresado y encabritado por los retrasos tan enormes que hay con el nuevo sistema de permisos del distrito de salud.

Ahorita, mi restaurante está en el limbo. Yo hice todo al pie de la letra, pero mi papeleo está ahí parado nomás por culpa de su nuevo software. Antes, estas revisiones tardaban unas cuantas semanas; ahora, se toman meses.

Estoy pagando renta, seguro y biles de un local que está completamente cerrado. No me está cayendo ni un dollarde ingresos. Yo me mudé a este país para poner un negocio, salir adelante y aportar a la economía local. En lugar de eso, este sistema está echando a perder mi sueño antes de que pueda siquiera abrir las puertas.

Yo no soy político ni experto en computación. Solo soy una persona que está tratando de abrir un negocio. No se vale que los pequeños comerciantes tengamos que pagar los platos rotos y perder miles de dólares porque el distrito de salud compró un sistema de sistemas que no sirve.

Necesitamos que nos echen la mano. Si el nuevo sistema no funciona, por favor busquen otra manera de revisar nuestras solicitudes a mano para que podamos abrir nuestras puertas y sobrevivir.