



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

January 26, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Event

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

Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
Frank Nemec, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Council Member, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*via WebEx*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Brian Knudsen – Council Member, City of Las Vegas (*in-person*)
Tick Segerblom – Commissioner, Clark County (*via WebEx*)
- ABSENT:** Michelle Romero – Mayor, City of Henderson
- ALSO PRESENT:** Scott Ainsworth, Linda Anderson, Georgi Collins, Harold Collins, Taylor Hagans,
(In Audience) Cheryl Malone, Bradley Mayer, Tamara Miramontes, Mike Palmer, Rick Rodrigo,
Stacie Sasso, Richard Walker, Cassidy Wilson
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Adriana Alvarez, Jonna Arqueros, Maria Azzarelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Amanda Brown, Mary Bulloch, Nicole Bungum, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Andria Cordovez Mulet, Shea Crippen, Aaron DelCotto, Brandon Delise, Daniele Dreitzer, Regina Ellis, Emily Elzeftawy, Jason Frame, Kimberly Franich, Robert Fyda, Joe Ginty, Jacques Graham, Stephen Guinea Griffin, Arpana Gupta, Ryan Kelsch, Heather Hanoff, Amineh Harvey, Richard Hazeltine, Carmen Hua, Chris Johnson, Michael Johnson, Matthew Kappel, Theresa Ladd, Fernando Lara, Kendra Lett, Cassius Lockett, Cort Lohff, Josie Llorico, Sandy Lockett, Kim Monahan, Gabriela Montaldo, Deborah Moran, Christian Murua, Semilla Neal, Verallynn Orewyler, Kyle Parkson, Melanie Perez, Luann Province, Jacquelyn Raiche-Curl, Larry Rogers, Alexis Romero, Ruby Rosano, Christopher Saxton, Herb Sequera, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Will Thompson, Randall Ulrich, Shylo Urzi, Leo Vega, Jorge Viote, Donnie Whitaker, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:04 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

- Elected Members – Joe Hardy, Nancy Brune, Pattie Gallo

The Oath of Office was administered to members Joe Hardy, Nancy Brune, Pattie Gallo by Andria Cordovez Mulet, Executive Assistant.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Harold (Hal) Collins stated that he was a resident of Clark County and the City of North Las Vegas. He was here to address issues in Agenda Item 11: specifically, December 2022 Administrative Division Monthly Report. Mr. Collins stated that he had more than 45 years public service that includes over 20 years as a commissioned officer in the US Air Force. He was a disabled veteran and a prostate cancer survivor. Mr. Collins stated that at issue was organizational development strategy starting on page 7 of the Administration Division Monthly Report. The Southern Nevada Health District has plans to engage contractors for organizational development and strategic planning. He believed this was not good stewardship of public funds. After SNHD leadership rejected strategic planning developed by internal staff, which included a staff with advanced degrees and other highly experienced and knowledgeable staff, leadership wants to spend 10's of thousands of dollars on extensive leadership development and strategic planning. Mr. Collins stated that any reasonable person would ask is there a problem with training and knowledge or is there an issue with leadership being able to embrace diverse thoughts and ideas and be inclusive in their leadership style? Mr. Collins stated that SNHD's leadership style leads to a lack of effective and up-to-date policies and procedures for SNHD. He stated that a lack of effective policies and procedures result in misunderstandings and non-compliance. Such non-compliance with Nevada Revised Statutes (NRS) is listed on page 64 of the June 30, 2022 Draft Financial Statements of Southern Nevada Health District (...the Health District's Special Revenue Fund expenditures exceeded the available budget appropriations by \$1,697,446.). Mr. Collins stated that additional issues were addressed in his letter, dated 16 December 2022, sent to the SNHD Chair and member Scott Black and submitted the letter for the public record.

Chair Kirkpatrick inquired whether Mr. Collins was an employee or former employee. Mr. Collins advised that he was a former employee that released after 28 days of service at the Health District, with no cause, being an at-will employment state.

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

V. ADOPTION OF THE JANUARY 26, 2023 MEETING AGENDA *(for possible action)*

A motion was made by Vice-Chair Nielson, seconded by Member Black and carried unanimously to approve the January 26, 2023 Agenda, as presented.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 17, 2022 *(for possible action)*
2. **PETITION #14-23: Approval of an Amendment to the Lease Agreement between the Southern Nevada Health District and All Saints Episcopal Church;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #15-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner related to the CDC's State Unintentional Drug Overdose Reporting System ("SUDORS");** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #16-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner related to the CDC's National Violent Death Reporting Systems ("NVDRS");** direct staff accordingly or take other action as deemed necessary *(for possible action)*

PETITION #17-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County, Nevada on behalf of the Department of Family Services for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2022 to June 30, 2023; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Vice-Chair Nielson and carried unanimously to approve the January 26, 2023 Consent Agenda, as presented.

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

1. **Variance Request for an Application to Construct a Septic System located at 2727 S Bronco St, Las Vegas, NV, that would allow installation of a septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Robert Fyda, Environmental Health Engineer/Supervisor, presented the variance request for an application to construct a septic system located at 2727 S Bronco St., Las Vegas, Nevada, that would allow installation of a septic system on an undersized lot. Mr. Fyda was accompanied by the applicant's representative, Richard Rodrigo of GDS Construction Design Build. Mr. Rodrigo stated that the cost to connect to public water is over \$250,000. The applicant has agreed to the investment of a well and use advanced treatment as well.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

Further inquiry from Member Bond, Mr. Fyda advised that staff recommended approval of the application and, if the waiver was denied, the applicants would not have any other recourse and the lot may be deemed unbuildable for development, which would be a substantial investment. Mr. Fyda further stated that the current workaround had been established with the counterparts at the Southern Nevada Water Authority.

After discussion, the following motion was made:

A motion was made by Vice-Chair Nielson, seconded by Member Nemeč and carried by a vote of 9-1 to approve the Variance Request for an Application to Construct a Septic Systems located at 2727 S Bronco St., Las Vegas, Nevada with the following conditions:

1. *Petitioner will purchase the necessary non-revocable water rights for a single-family residence used as determined by the Nevada Division of Water Resources prior to issuance of the ISDS permit.*

2. *Petitioner will install an advanced treatment system in lieu of a conventional septic system.*
3. *Petitioner will meet all other requirements for septic installation as determined by staff and the SNHD ISDS Regulations.*
4. *Petitioner and their successors in interest must ensure the advanced treatment system will be maintained for the life of the system. Petitioner and their successors must maintain an active maintenance agreement and provide testing to SNHD annually for the life of system.*
5. *Petitioner and their successors in interest shall abide by all local governmental regulations requiring connection to the community sewage systems. Used of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
6. *This variance is non-transferrable shall automatically expire and be of no further force and effect should the property be sold or transferred.*
7. *Construction of the ISDS must be commenced within two (2) years of the date hereof. If the construction has not be commenced within that period, this variance shall automatically expire and be of no further force and effect, unless applicant is made and approved for an extension of time prior to the expiration date by Petitioner.*
8. *Requirement to stay on top of the water quality.*

AYES

1. Black
2. Brune
3. Gallo
4. Hardy
5. Kirkpatrick
6. Knudsen
7. Nemec
8. Nielson
9. Segerblom

NAYS

1. Bond

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

Mr. Fyda was accompanied by the applicant's representative, Scott Ainsworth of JDS Surfaces. Mr. Ainsworth stated that the applicant was requesting a variance regarding trees that were within 10 feet of the septic system. Mr. Ainsworth advised that there were 3-4 trees within 10 feet of the septic tank. He further advised that an arborist stated that the trees were 20+ years old, were fully mature trees that would not grow further, and could create more damage to the system if removed. Mr. Ainsworth advised that the applicant agreed that if and when the septic system fails, that she would remove the trees or would connect to the city sewer. Mr. Fyda advised that staff was recommending denial due to the age of the septic system. Further to an inquiry, Mr. Fyda advised that the city does not object to the variance. Mr. Fyda further advised that staff would support a one-time approval with a modification to Condition #4 in the material provided.

Dr. Nemec asked the full name of the owner of the property. He stated that he was personal friends with the individual and therefore, he felt compelled to abstain from voting on this matter.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Vice-Chair Nielson, seconded by Member Hardy and carried by a vote of 9-3-1 to approve the Variance Request for an Application to Construct a Septic Systems located at 2727 S Bronco St., Las Vegas, Nevada with the following conditions:

1. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNDH regulations governing individual sewage disposal systems.*
3. *No additional trees are allowed within 10 feet of the existing septic system.*
4. *The variance allows for the one-time approval of the proposed BBQ project and is in effect until the aforementioned project is completed or the building permit is inactivated. Any future development requiring building permits will require a variance pursuant to the SNHD ISDS Regulations. Applicant will voluntarily submit annual reports regarding the functionality of the septic system to SNHD for evaluation for a period of 3 years.*
5. *Petitioner and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>
1. Black	1. Bond	1. Nemec
2. Brune	2. Knudsen	
3. Gallo	3. Segerblom	
4. Hardy		
5. Kirkpatrick		
6. Nielson		

VII. REPORT / DISCUSSION / ACTION

2. **Review, Discuss, and Accept the Annual Comprehensive Financial Audit Report from Eide Bailly and Recommendations from the January 24, 2023 Finance Committee Meeting;** direct staff accordingly or take other action as deemed necessary *(for possible action)* **[Heard out of order]**

Dr. Leguen introduced Donnie (DJ) Whitaker as the new Chief Financial Officer, who has been with the Health District as the Controller since September 2022.

Richard Walker of Eide Bailly attended the meeting to present the Independent Auditor’s Report and the Independent Auditor’s Report under Government Auditing Standards (GAGAS Report). Mr. Walker advised that they issued an unmodified audit opinion, which is the highest and cleanest opinion that can be issued. Mr. Walker further advised that the Health District adopted the GASB Statement No. 87, which covers leases, which lead to the addition of a new lease liability and right of use assets on the balance sheet. This change resulted in something that would appear as debt on the financial statements that was not related to the pension or the OPEB. This was not due to a change in strategy by the Health District but a change in the GASB standard which was required for leases that had a term that extended past one year.

With respect to the Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters (GAGAS Report), Mr. Walker advised that there were three findings, as follows:

- o 2022-001 – Material Weakness in Financial Close and Reporting Controls
 - Condition – During the course of performing the audit, it was identified that multiple year-end account reconciliations, accruals, and adjustments had not been completed prior to the start of the audit.
 - Cause – This was due to significant management turnover in the Finance Department which resulted in the Health District not being ready to commence the audit process.
 - Recommendation – Mr. Walker advised that their recommendation was that the new management team augment existing documentation of year-end reconciliation processes to be more specific regarding the exact reports, processes, and activities required to close out

and balance all accounts. Further, they recommended that the Health District identify ways to improve management and staff retention in order to improve continuity within the controls process.

- 2022-002 – Material Weakness in Financial Close and Reporting Controls – IT Accounting System
 - Condition – During the course of performing the audit, it was identified that multiple funds were out of balance due to the accounting system recording one-sided entries across multiple funds.
 - Cause – This was due to a breakdown in the accounting system's automated processes and controls. The result was that multiple transactions were recorded where the system was recording transactions which impacted funds as one-sided journal entries. Further, the errors were not identified and corrected by Health District staff until the audit process had commenced.
 - Recommendation – Mr. Walker advised that their recommendation was that the Health District review the accounting system processes and controls, communicate with their vendor, and implement safeguards to ensure that this issue does not occur.
- 2022-003 – Material Noncompliance with Nevada Revised Statutes Budget Requirements, Material Weakness in Internal Control over Compliance
 - Condition – The Health District made transfers in excess of budget from General Fund to the Special Revenue Fund without obtaining Board approval. Additionally, the Health District's Special Revenue Fund expenditures exceeded the available budget appropriations.
 - Cause – The Health District's budget augmentation did not fully take into account the increased revenues and resource demands of the special revenue funds that result from the cost allocation plan. As a result, allocations to the Special Revenue Fund from the General Fund were not adequately budgeted.
 - Recommendations – Mr. Walker advised that their recommendation was that management revisit the Health District's process for establishing, monitoring, amending, and augmenting its final budget.

Mr. Walker stated that there were no significant difficulties encountered during the audit process and no disagreements with Management. Mr. Walker further stated that Management agreed with the findings.

Vice-Chair Nielson provided an overview of the Finance Committee meeting on January 24, 2024.

Dr. Leguen thanked the team of Eide Bailly for their support during the audit process. Dr. Leguen advised that at the end of fiscal year 2022, two consultants were brought in to review the Finance Department's performance and internal environment. Dr. Leguen advised that the results of these reports would be reviewed to implement items that will assist with staff retention and with processes in the Finance Department.

Further to an inquiry, Ms. Whitaker advised that the Health District was advised of Eide Bailly's findings shortly before it was included in the materials for the Finance Committee meeting. Mr. Walker advised that the draft report was not provided to the Health District until January 2023.

A motion was made by Vice-Chair Nielson, seconded by Member Black and carried unanimously to accept the recommendation from the Finance Committee to accept the Annual Comprehensive Financial Audit Report, as presented.

Further to an inquiry, Ms. Anderson-Fintak suggested an agenda item at the next meeting regarding committee membership.

3. PETITION #13-23 – Approval of Augmentation to the Southern Nevada Health District FY2022 Budget and Recommendations from the January 24, 2023 Finance Committee Meeting; direct staff accordingly or take other action as deemed necessary *(for possible action)* [**Heard out of order**]

Ms. Whitaker presented the two resolutions regarding the budget augmentation, as follows:

- **Resolution #01-23**
 - General Fund: Increase the appropriation of the General Fund by \$946,143, from \$59,147,054 to \$60,093,187
- **Resolution #02-23**
 - Grant Fund, Special Revenue: Decrease the Grant Fund (Special Revenue) by \$21,525,510, from \$123,554,647 to \$102,029,137

Member Nemece left the meeting at 10:47 a.m.

Member Nemece returned to the meeting at 10:52 a.m.

Member Knudsen left the meeting at 10:52 a.m.

Member Knudsen returned to the meeting at 10:54 a.m.

A motion was made by Vice-Chair Nielson, seconded by Member Black and carried unanimously to accept the recommendations from the Finance Committee to approve the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #01-23) and (ii) Grant Fund (Special Revenue) (Resolution #02-23) Budget for the Fiscal Year Ending June 30, 2023, as presented, to meet the mandatory financial requirements of NRS 354.598005.

4. Receive, Discuss and Accept Recommendations from the DHO Annual Review Committee meeting on January 23, 2023 regarding the DHO Annual Review; direct staff accordingly or take other action as deemed necessary *(for possible action)* [**Heard out of order**]

Member Black provided a brief overview of the DHO Annual Review Committee meeting on January 23, 2023.

Vice-Chair Nielson left the meeting at 10:58 a.m.

In addition to the Report on District Health Officer and Division Accomplishments for 2022 and Proposed Goals, Dr. Leguen presented the significant accomplishments and next steps. Dr. Leguen summarized the following significant accomplishments:

- Health District's 60th Anniversary celebration
- SNHD received Public Health Accreditation in January 2022
- Opened two new locations (Bonanza and Fremont Health Center)

Vice-Chair Nielson returned to the meeting at 11:01 a.m.

- Enhanced Behavioral Health services through the addition of LCSWs
- Established a Congenital Syphilis Case Management Program
- More than 783,426 COVID-19 vaccination doses administered across the County
- Provided COVID-19 support teams to the Clark County School District and schools/daycares in Clark County
- COVID-19 testing through the Health District and the College of Southern Nevada, along with mobile units
- Partnered with UNLV and the Water District on wastewater surveillance on COVID-19
- Responded to and investigated 288 Mpox cases, monitored all known contacts, provided referrals to PEP and vaccination of eligible individuals
- Successfully completed two budget augmentations
- Created a Clinical Billing unit in-house
- Implemented the non-bargaining class and compensation program

- Updated Holiday Pay, now benefiting all SNHD employees
- Completed the expansion of the 1st floor of the Public Health Lab
- The Public Health Lab is able to do whole genome sequencing for COVID-19
- Designated as a Health People 2030 Champion by the US Department of Health and Human Services
- Assisted UNLV with the passage of a tobacco-free campus policy, along with the stadiums for the Las Vegas Aviators and Las Vegas Lights
- Developed and launched media campaign focused on youth cannabis prevention
- Provided training to first responders related to opioid overdose by administering naloxone
- Hosted the 3rd annual Southern Nevada Substance Misuse and Overdose Prevention Summit
- Created a Health Equity Program
- Implemented Public Health and COVID-19 Vending Machines Project
- Developed the 2023 Food Regulations and the Board-approved 27% increase to the Environmental Health Fee Schedule
- Implemented Health Cards Online Renewals and Online Vaccine Management Systems

Dr. Leguen advised that the biggest project to initiate and complete for 2023 would be an expansion of the Public Health Lab, which provides an important service to the community. Dr. Leguen advised that Clark County, the City of Las Vegas, the City of Mesquite and Boulder City have approved an allocation of funds to support the expansion of the Public Health Lab. Further, Dr. Leguen advised of the following items for 2023:

- Restructuring a portion of the Decatur Location to support behavioral health services through the Community Health Center
- Implement dental services at the Fremont Health Center
- Utilize the Public Health Infrastructure Grant to support employee retention and engagement

Member Nemeč recognized Dr. Leguen's leadership, which resulted in more cooperation with leadership and staff.

Member Black advised the Board of Health of the discussions and recommendations from the DHO Annual Review Committee.

A motion was made by Member Black, seconded by Member Nemeč and carried unanimously to accept the recommendation from the DHO Annual Review Committee to (1) accept the District Health Officer and Division Accomplishments & Goals, (2) approve a 3% Cost of Living Adjustment (COLA), (3) approve a 2.5% salary increase, (4) approve a 5% one-time bonus, (5) explore a supplemental retirement investment plan, and (6) approve a two-year extension to the District Health Officer Employment Agreement, to February 24, 2026.

Ms. Anderson-Fintak advised that an Amended District Health Officer Employment Agreement would be presented to the Board at the next meeting.

1. **Receive and Discuss a Legislative Update;** direct staff accordingly or take other action as deemed necessary *(for possible action)* [**Heard out of order**]

Bradley Mayer of Argentum Partners provided the Board of Health with a summary of the upcoming legislative session that relates to the Health District. Mr. Mayer highlighted the following committees:

- Senate Health and Human Services Committee – Chaired by Senator Fabian Donate
- Assembly Health and Human Services Committee – Chaired by Assemblywoman Sarah Peters
- Assembly Ways and Means Committee – Chaired by Assemblywoman Daniele Monroe-Moreno
- Senate Finance Committee – Chaired by Marilyn Dondero-Loop

Mr. Mayer touched upon bills related to the following:

- Street Food Vendor Decriminalization
- Septic Systems
- Cleaning requirements under SB4
- Tobacco
- Electronic Age Verification

Member Black left the meeting at 11:45 a.m. and did not return.

- HIV Modernization Task Force
- Public Health Improvement Fund Bill

Member Nemec left the meeting at 11:49 a.m. and did not return.

Further to an inquiry from Member Bond, the Chair requested an agenda item at the next meeting to discuss a process to receive legislative updates between Board of Health meetings.

Mr. Mayor further highlighted the following bills for situational awareness:

- AB440 – email collection and electronic copies of health inspection
- SB35 – fentanyl trafficking crimes
- Loan repayment for behavioral health care
- Loan repayment for health care in underserved communities
- Open Meeting Law
- AB5 – unfunded mandates on local government

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

The Chair requested that members try to attend meetings in-person.

IX. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

Dr. Leguen provided a written report on his activities.

- COVID-19 Pandemic and RSV Update

Matthew Kappel, Senior Epidemiologist, advised that the community transmission remained red and the case rate was green. At the last Board meeting, the case rate was 41.7 per 100,000 and as of January 19th, the case rate was 23.2 per 100,000. Mr. Kappel advised that as of January 23rd there were 12,939 COVID-19 cases, 742 hospitalizations and 226 deaths reported since the last Board of Health meeting. Mr. Kappel confirmed that the true numbers were underreported due to the availability of at-home test kits. Mr. Kappel advised that between January 8th and January 21st, the 7-day moving average of hospitalizations decreased by 22%, from 28.7 to 22; deaths remained consistent, from 2.1 to 1.7; and the test positivity rate decreased by 40%, from 21.3 to 12.8. Mr. Kappel once again cautioned that the test positivity rate was underreported due to the at-home test kits. Mr. Kappel advised that the Health District had 31 in-house contact tracers and 100 contracted through March 2023. The Health District continues to support outbreak and cluster investigations in high-risk vulnerable settings and testing at three CSN locations.

Member Knudsen left the meeting at 11:57 a.m. and did not return.

Member Hardy left the meeting at 12:00 noon and did not return.

Mr. Kappel advised that there was an increase in RSV cases in 2022 compared to 2021. Since November, there has been a decrease and is similar to previous years. Further, there is a decrease in hospitalizations due to RSV.

X. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report (Nov 2022 / Dec 2022)
2. Community Health Division Monthly Activity Report (Nov 2022 / Dec 2022)
3. Community Health Center (FQHC) Division Monthly Report (Nov 2022 / Dec 2022)
4. Disease Surveillance and Control Division Monthly Activity Report (Nov 2022 / Dec 2022)
5. Environmental Health Division Monthly Activity Report (Nov 2022 / Dec 2022)
6. Primary & Preventive Care Division Monthly Activity Report (Nov 2022 / Dec 2022)

- XI. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Harold (Hal) Collins stated that it was great to hear the report for the Southern Nevada Health District and all the accomplishments that the Health District had made this year. Mr. Collins stated that he thought the need to again consider the seriousness of compliance and accountability issues; these type of issues when talking about federal grants and federal monies and how they are distributed can affect disbarment of an agency from receiving such federal grants and funds, either directly or through passthrough. Mr. Collins stated that it was a very serious issue and did not think that it would be contained by training. Mr. Collins stated that there were issues with policy and procedures that needed to be understood. Mr. Collins stated that when he was at the Health District there were almost 20 policies that were past due for revision or had no effective policy. Mr. Collins stated that it was his understanding that it had been many years since the agency had an administrative director. Mr. Collins stated that he thought it was unrealistic to expect the District Health Officer to do both jobs as the administrator and as the District Health Officer. Mr. Collins stated that he thought there needed to be a little better investigation by the Board as to the issues at the Health District. He stated that there had been a high turnover of executive staff. Mr. Collins stated he didn't know the reasons why but that there was a need to understand why there was a high turnover of executive staff, why we couldn't have accountability and compliance within the organization. Mr. Collins stated that these things resorted back to issues, not just leadership and training and leadership was not going to solve the issues. Thank you.

Regina Ellis, of SEIU and the Health District, wanted to speak about Organizational Development. Ms. Ellis stated that it was mentioned a couple of times, in the first comment and in finance, when Organizational Development was absorbed into Human Resources. Ms. Ellis stated that Organizational Development was initiated several years ago and when it was initiated there were three bargaining unit positions inside of Organizational Development, one of them was the chief steward, Victoria Harding, and there were two other employees in Organizational Development that were eligible to be in the bargaining unit. Ms. Ellis stated that these employees were notified, in roughly October, that their jobs were changing, that they would no longer be eligible to be in the bargaining unit and were asked to sign new job descriptions. Ms. Ellis stated that the SEIU was the representative and contractually was not notified of any of those changes. Ms. Ellis stated that they disagreed with the changes because Victoria Harding was the chief steward, and she was elected by the employees, and if she wasn't eligible to be in the bargaining unit, she could no longer be the chief steward. Ms. Ellis stated that there were two other employees involved. Ms. Ellis stated that the conversations they have had with the Health District, that there were really no conversations related to that. Ms. Ellis stated that any reasons that they could see that were valid related to this decision. Ms. Ellis stated that they filed multiple charges with the EMRB because of the situation and she wanted the Board to know that Organizational Development was also involved in identifying some of the situations and problems that were going on in Finance before the total breakdown in Finance and they were interested in trying to help solve some of those situations and bring them forward and have discussion and have some actions that would help before all of that happened. Ms. Ellis stated that they had a major issue with this and that their officer that

represented the whole entire general unit could not function in her capacity for the Health District. Ms. Ellis stated that they did not agree with it but wanted to bring it forward to the Board.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 12:09 p.m.

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

/acm

Harold Collins, C O L L I N S

I am a resident of Clark County and the City of North Las Vegas. I am here to address Issues in Agenda Item 11: specifically, December 2022 Administrative Division Monthly Report.

I have more than 45 Years Public Service that includes over 20 years as a Commissioned Officer in the US Air Force. I am a disabled Veteran and a Prostate Cancer Survivor.

At issue is Organizational Development Strategy starting on Page 7 of the Administration Division Monthly Report. The Southern Nevada Health District has and plans to engage with contractors for Organizational Development and Strategic Planning. I believed this is not good Stewardship of Public Funds. After SNHD leadership rejected Strategic Planning developed by an internal staff which included a Doctor (DrEd) in Leadership and Management, a Master in Business Administration (MBA), a Master in Public Administration (MPA) and other highly experienced and knowledgeable staff, leadership wants to spend 10'S of thousands of dollars on extensive Leadership Development and Strategic Planning.

Any reasonable person would ask is there a problem with training and knowledge or is there an issue with leadership being able to embrace diverse thoughts and ideas and be inclusive in their leadership style?

SNHD's leadership style leads to a lack of effective and up-to-date Policies and procedures for SNHD. Lack of effective policies and procedures result in misunderstandings and non-compliance. Such non-compliance with Nevada Revised Statutes (NRS) is listed on page 64 of the June 30, 2022 Draft Financial Statements of Southern Nevada Health District (...the Health District's Special Revenue Fund expenditures exceeded the available budget appropriations by \$1, 697,446.)

Additional Issues were address in a letter, dated 16 December 2022, sent to the SNHD Chair and member Scott Black.

I submit that letter for the public record.

Harold (Hal) Collins, MS
3913 Aracari Dr.
North Las Vegas, NV 89031

12/16/2022

Marilyn Kirkpatrick
Chair, Southern Nevada District Board of Health
500 S. Grand Central Pkwy.
Las Vegas, NV 89155

Dear Chair Kirkpatrick:

I am a resident of Clark County and the City of North Las Vegas. I have over 45 years of public service that includes over 20 years as a Commissioned Officer in the US Air Force and US Air Force Reserve. I understand the requirement for public service to have the highest degrees of ethics and integrity. It is important that there is no public perception of wrongdoing.

On 4 October 2022, I accepted an offer of employment from the Southern Nevada Health District (SNHD) as Administrative Workforce Director. This position was created to meet the requirements of the CDC OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (PHI Grant). I understood my primary responsibility was to administer and manage the planning, implementation, and reporting for the 22 million dollar PHI Grant. I was also asked to engage in other administrative responsibilities. Some personnel at SNHD saw my position as a replacement for the long vacant SNHD Administrative Director. It appeared Administration at SNHD had been neglected. Many SNHD Policies have no effective version and others are long overdue for revision. Dr. Leguen's leadership style exploits this deficiency to keep people happy and preclude any complaints.

I was terminated from my position as SNHD Administrative Workforce Director after 28 workdays without cause. My employment offer included a 6-month probationary period, which I assumed was for me to learn the job, build relationships, and demonstrate my ability to perform the job.

During my twenty-eight days, I focused on learning about the PHI Grant and listening to some of the concerns of my colleagues at SNHD. I learned that two of the key principles of the PHI Grant are 1. Using data and evidence to drive planning and 2. Implementation and directing resources to support diversity and health equity. I attempted to gather data and understand how the PHI Grant resources would be used to support diversity. I encountered resistance complying with the key principles of the PHI Grant. Resistance seemed to start when I asked the Human Resource Director to account for her time after leaving the office on a family emergency (I was her timecard approver). The response I received indicated that salaried employees were approved for 8 hours of work each workday even if they were not present for work. There was no Time and Attendance Policy for me to verify.

In the spirit of diversity, inclusion, and equal opportunity, I believe I was unjustly terminated. As an older (over 65) disabled Veteran, I would hope the SNHD could include diverse thoughts and people within its organization. This is so SNHD can ensure the best health services to the community. Perhaps because of cultural and language differences, Dr. Leguen and I had misunderstandings. When I tried to discuss issues with Dr. Leguen, he would not respond. This is no justification for my termination.

I am always open to clearing up misunderstandings privately and at the lowest level possible. I would like to meet privately with you or other Board members to discuss my observations at the SNHD and clear up any misunderstandings.

Sincerely,



Harold (Hal) Collins, Major, USAF Ret.

CC: Scott Black, City of North Las Vegas Councilman, Southern Nevada District Board of Health Member

Harold Collins

From: Harold Collins
Sent: Monday, November 14, 2022 8:34 AM
To: Sherhonda Brathwaite
Subject: Important

Sharonda,

I need accuracy and documentation on staff time. I am still waiting for clear delineation of how you are accounting for your time. Days and times you worked remotely (teleworked). Legal Counsel raked me over the coals Thursday about complaints and current investigations into inaccurate accounting for work time. They have had complaints of "Theft of Time". It is very important we have everything well documented. Do I have your Remote work agreement/schedule?

Thanks

Harold (Hal) Collins, MS
Administrative Workforce Director

Southern Nevada Health District

Phone: 702-759-1512 | Fax: 702-759-1422 | collins@snhd.org

Building Address: 280 S. Decatur, Las Vegas, NV 89107

Mailing Address: P. O. Box 3902, Las Vegas, NV 89127

60 *healthy* YEARS | SOUTHERN NEVADA
HEALTH DISTRICT

Harold Collins

From: Heather Anderson-Fintak
Sent: Monday, November 14, 2022 9:55 AM
To: Harold Collins
Cc: Fermin Leguen
Subject: RE: Outside investigator-facilities matter

Hi Hal:

We use outside counsel for this type of investigation. (It comes out of my budget, which I have a line item for such activities.) We have a number of different options, including ensuring DEI, when choosing outside investigators. This outside investigator will likely not be in person and will conduct the interviews via phone or video conference, which ultimately, saves time for those involved.

As HR is conflicted out, I did not intend to tell Sherhonda, until the investigation is complete and we need HR for any implementation. I informed you, as the director over facilities, so that staff can be made available for those interviews. However, I can contact the staff directly, if you prefer.

Heather

From: Harold Collins <collins@SNHD.ORG>
Sent: Monday, November 14, 2022 9:44 AM
To: Heather Anderson-Fintak <fintak@SNHD.ORG>
Subject: RE: Outside investigator-facilities matter

Heather,

When you say Outside investigator, do you mean outside the SNHD organization or outside the SNHD Division?

Have you informed the HR Director, or Should I do that? Who else needs to know we will have Outside Investigators on premise?

Harold (Hal) Collins, MS
Administrative Workforce Director
Southern Nevada Health District
Phone: 702-759-1512 | Fax: 702-759-1422 | collins@snhd.org
Building Address: 280 S. Decatur, Las Vegas, NV 89107
Mailing Address: P. O. Box 3902, Las Vegas, NV 89127

60 *healthy* YEARS | SOUTHERN NEVADA
HEALTH DISTRICT

From: Heather Anderson-Fintak <fintak@SNHD.ORG>
Sent: Monday, November 14, 2022 9:39 AM
To: Harold Collins <collins@SNHD.ORG>

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Harold (Hal) Collins, MS
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Southern Nevada Health District
Phone: 702-759-1512 | Fax: 702-759-1422 | collins@snhd.org
Building Address: 280 S. Decatur, Las Vegas, NV 89107
Mailing Address: P. O. Box 3902, Las Vegas, NV 89127

60 *healthy* YEARS | SOUTHERN NEVADA
HEALTH DISTRICT

From: Heather Anderson-Fintak <fintak@SNHD.ORG>
Sent: Monday, November 14, 2022 9:39 AM
To: Harold Collins <collins@SNHD.ORG>



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

January 26, 2023 – 9:00 A.M.

Meeting will be conducted In-person and via Webex Event

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

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e86df129db1c18304099ddd42e46f59b8>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2555 036 6293](https://snhd.webex.com/snhd/onstage/g.php?MTID=e86df129db1c18304099ddd42e46f59b8)

For other governmental agencies using video conferencing capability, the Video Address is:
25550366293@snhd.webex.com

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

- Elected Members – Joe Hardy, Nancy Brune, Pattie Gallo

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF THE JANUARY 26, 2023 AGENDA *(for possible action)*

- VI. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.
- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 17, 2022 *(for possible action)*
 - 2. PETITION #14-23: Approval of an Amendment to the Lease Agreement between the Southern Nevada Health District and All Saints Episcopal Church;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - 3. PETITION #15-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner related to the CDC’s State Unintentional Drug Overdose Reporting System (“SUDORS”);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - 4. PETITION #16-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner related to the CDC’s National Violent Death Reporting Systems (“NVDRS”);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 - 5. PETITION #17-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County, Nevada on behalf of the Department of Family Services for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2022 to June 30, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

- 1. Variance Request for an Application to Construct a Septic System located at 2727 S Bronco St, Las Vegas, NV, that would allow installation of a septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Variance Request for an existing septic system, SNHD Permit #ON0026656, located at 8620 Mustang St, Las Vegas, NV to allow existing trees to encroach on the septic system;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive and Discuss a Legislative Update;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Review, Discuss, and Accept the Annual Comprehensive Financial Audit Report from Eide Bailey and Recommendations from the January 24, 2023 Finance Committee Meeting;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #13-23 – Approval of Augmentation to the Southern Nevada Health District FY2022 Budget and Recommendations from the January 24, 2023 Finance Committee Meeting;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Accept Recommendations from the DHO Annual Review Committee meeting on January 23, 2023 regarding the DHO Annual Review;** 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
- COVID-19 Pandemic and RSV Update

XI. **INFORMATIONAL ITEMS**

1. Administration Division Monthly Activity Report (Nov 2022 / Dec 2022)
2. Community Health Division Monthly Activity Report (Nov 2022 / Dec 2022)
3. Community Health Center (FQHC) Division Monthly Report (Nov 2022 / Dec 2022)
4. Disease Surveillance and Control Division Monthly Activity Report (Nov 2022 / Dec 2022)
5. Environmental Health Division Monthly Activity Report (Nov 2022 / Dec 2022)
6. Primary & Preventive Care Division Monthly Activity Report (Nov 2022 / Dec 2022)

XII. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XIII. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration 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 Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

November 17, 2022 – 11:00 a.m.

Meeting was conducted In-person and via Webex Event

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

Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
Frank Nemec, Secretary – At-Large Member, Physician (*via WebEx*)
James Adams – Council Member, City of Boulder City (*in-person*)
Scott Black – Council Member, City of North Las Vegas (*via WebEx*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Olivia Diaz – Council Member, City of Las Vegas (*via WebEx*)
Karen Dutkowski – Council Member, City of Mesquite (*via WebEx*)
Tick Segerblom – Commissioner, Clark County (*via WebEx*)
- ABSENT:** Brian Knudsen – Council Member, City of Las Vegas (*in-person*)
Michelle Romero – Council Member, City of Henderson
- ALSO PRESENT:** Linda Anderson, Georgi Collins, Cara Evangelista, Timothy Grigsby, Maya
(In Audience) Holmes, Stephen Minagil, Javier Rivera-Rojas, Sabrina Santiago, Stacie Sasso,
Brisa Stephani, Virginia Valentine, Jennifer Young
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Adriana Alvarez, Rashida Alvarez, Maria Azzarelli, Tanja Baldwin, Tawana
Bellamy, Sherhonda Brathwaite, Amanda Brown, Lori Bryan, Nicole Bungum,
Victoria Burris, Harold Collins, Andria Cordovez Mulet, Stephanie Cortes, Shea
Crippen, Aaron DelCotto, Brandon Delise, Lily Dominguez, Daniele Dreitzer,
Emily Elzeftawy, Brian Felgar, Kimberly Franich, Jacques Graham, Michelle
Guzman, John Hammond, Heather Hanoff, Richard Hazeltine, Carmen Hua,
Jennifer Johnson, Jessica Johnson, Michael Johnson, Matthew Kappel, Mikki
Knowles, Fernando Lara, Josie Llorico, Brandi Miller, Christy Munaretto, Semilla
Neal, Joe O'Neill, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida
Pelaez, Luann Province, Alexis Romero, Larry Rogers, Christopher Saxton,
Karla Shoup, Candice Sims, Jennifer Sizemore, Randy Smith, Will Thompson,
Shylo Urzi, Leo Vega, Jorge Viote, Donnie Whitaker, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 11:06 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Human Resources Department

- NEOGOV Connect Advocate Award

On behalf of the Board of Health, the Chair announced that the Human Resources Department was awarded the NEOGOV Connect Advocate Award. NEOGOV provided this award to organizations that they recognize as leaders and advocates who have mastered the various products, offered in NEOGOV, and have had successful implementations. HR staff quickly mastered the Onboard product implementation, while continuing to train staff on both the Insight and Onboard products. The Board of Health congratulated the HR Department for this recognition.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Brisa Stephani, co-owner of Impact Food Safety and Environmental Health Services, commented that they have the same credentials, REHS, as the Health District inspectors but provide food safety consulting for industry. Ms. Stephani advised that they currently represent about 10% of the 23,000 permits in the City and wanted to comment on the proposed 2023 Food Regulations. Ms. Stephani wanted to thank all those involved in the process, such as Candice Sims and Aaron DelCotto, who have been great contacts and easy to work with. Ms. Stephani advised that the industry had a few concerns lingering in regards to enforcement of the proposed regulations. Ms. Stephani stated that Las Vegas was not the hardest because of the regulations, as almost every state has similar regulations, but they are the hardest because of the way they choose to enforce them or what is written. Ms. Stephani requested training, before they start issuing violations, be provided during the first inspection after the regulations are approved, so that food establishments have time to make adjustments. Further, Ms. Stephani asked for training on how the changes would be implemented, in regards to what violations would be written in the report and how many points or the value that comes with the violation. Ms. Stephani stated that another concern was regarding the certificate requirement for a person in charge that was written in Chapter 2, which stated that each permit holder must designate a certified person in charge be present at the food establishment during all hours of operation. Ms. Stephani indicated that that person had to take an 8-hour class or a self-study course and pass a proctored test to get certified. She indicated that there were only six approved programs in the country. As written, they could require every permit to have a certified person. This requirement also has the potential to overwhelm the options currently available, like what they were experiencing with health cards, where there were not enough appointments, especially in other languages. For example, Serve Safe is one of those six approved programs. Ms. Stephani indicated that, since the last Board of Health, they looked into the Nevada Restaurant Association and the number of classes they offer, in-person, for that. Ms. Stephani indicated that occupancy was limited and that the Nevada Restaurant Association offers one English class per month and only three Spanish classes per year in the whole city. She indicated that they have seen people taking advantage of that and overcharging for the same class. Also, Ms. Stephani indicated that they may start seeing fake certificates, like they see fake health cards where scams start to pop-up and take advance of people, especially disproportionately affecting those that are not fluent in English. Ms. Stephani indicated that they have seen high-level chefs with tremendous food safety knowledge that take the test for the certificate in other languages and fail multiple times because they do not translate well. Ms. Stephani appreciated that the Health District compromised by not applying the requirement to low-risk establishments and indicated that the current regulations did require that the person in charge be knowledgeable, but it did not require the certificate. Therefore, Ms. Stephani requested that a violation of that requirement be a core item as mentioned in the previous Board of Health meeting by Environmental Health management, meaning that with the current inspection report it would be a zero-point violation and would not affect the overall inspection grade. Ms. Stephani advised that the Board of Health previously discussed the possibility that the Health District develop a program so that industry can obtain the certificates more easily. Ms. Stephani requested that the Health District pursue that option and include different languages because that would help resolve the concerns about potential scammers, price gouging and provide more options for industry to access. Ms. Stephani

advised that, as consultants, they had been asked to offer the class and proctor the test. However, she advised that, although they would financially benefit from this, she was speaking against it because as it is written it is not the best for industry. Ms. Stephani advised that they could make every high-risk permit have multiple people certified to cover every shift and they could make each permit have a separate set of the certified people and that standard would be unrealistic. Ms. Stephani advised it would be really hard for industry and would be unreasonable to meet. Ms. Stephani concluded that they wanted to make sure that the enforcement level did not affect that and that it be applied in a reasonable manner, that was fair and took into consideration all the layers of food safety and prevention that already existed within each establishment. Ms. Stephanie concluded that they looked forward to the Board's response and thanked the Board for their time and careful consideration.

Cara Evangelista stated that Ms. Stephani was her business partner, and that they represent a lot of food permits from big and small. She commented on the agenda item of the proposed Food Regulations. Ms. Evangelista indicated that she would comment about moving forward, after the regulation was approved. Ms. Evangelista advised that the first item was that industry would like to be part of the conversation on how the new regulations would be implemented during an inspection. She requested something similar to public workshops where industry was allowed discussion with the Health District during the regulation process. Ms. Evangelista stated that, as she discussed previously, the Health was one of the hardest health departments in the country, not because of the regulation but because of how they do an inspection. For example, an inspection of a restaurant by the Health Department was an unannounced inspection and three violations could cause a B downgrade on that first inspection, which was recorded and posted to the public. As a comparison, in Maricopa County in Phoenix, which also adopted the FDA Food Code, there was first an unannounced inspection and if there was a downgrade during that inspection, there would be a second inspection appointment three days later. If there was a downgrade at that second inspection, the restaurant would receive a third inspection about seven days later. If there was a downgrade on the third inspection, then there was a downgrade recorded and posted to the public. The Health District would have one unannounced inspection with three violations and there was automatically a downgrade. In Maricopa County, you get three chances before they post that downgrade. Ms. Evangelista indicated that was one example, however the majority of jurisdictions were very similar, that the actual enforcement of the regulation with multiple inspections, including appointments with the facility, before posting the downgrade. Ms. Evangelista advised that industry requested consideration on how the new regulations were written and how many demerits a new violation costs because, while the new regulations look good and they appreciate everything and all the compromises, they do not have any concerns. It was how it was implemented during the inspection that could really affect a restaurant. Ms. Evangelista requested training sessions on all new changes, any new inspection forms and how many demerits the regulations will be counted as during an actual inspection. Ms. Evangelista thanked the Health District staff that previously stated they would provide procedures for the vomit clean-up plan. Ms. Evangelista requested other templates, for instance the new par cooking requirements, that will require new SOPs, logs and any other new procedures for easier implementation. Ms. Evangelista stated that, in 2010, during the new regulation, HACCP plans were submitted and backlogged for 2-3 years for approval. Ms. Evangelista advised that currently HACCP plans could take six months for approval. Ms. Evangelista advised that for the new HACCP exemptions for sushi rice, kimchi, masa, etc. they requested a simple exemption form and submittal process to avoid any large backlog or cease and desist. Ms. Evangelista requested, if possible, that the form be similar to the new dog patio exemption form found in the appendix of the new regulation for easy submittal. Ms. Evangelista further requested that the simple exemption be submitted to the regular inspector currently doing this to avoid a backlog. Ms. Evangelista thanked the Health District for putting the one-year implementation, as that was what they had asked for. Ms. Evangelista concluded that they requested that industry be allowed to be a part of the conversation on the new regulations and how they would be written during the inspection. Ms. Evangelista further requested training sessions for new regulations and the forms, new templates for easier implementation, simple exemption for submittal of sushi rice, kimchi, and masa, etc., to the regular inspector and the one-year implementation. Ms. Evangelista advised that industry partners wanted to thank Environmental Health staff and Ms. Sims for working with everyone during this process and all the phone calls and hoped that Ms. Sims would continue to lead the process through implementation and form development. Ms. Evangelista stated that their clients could not talk enough about Ms. Sims and how she was really trusted. Ms. Evangelista thanked everyone for the process.

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

V. ADOPTION OF THE NOVEMBER 17, 2022 MEETING AGENDA *(for possible action)*

A motion was made by Vice-Chair Nielson, seconded by Member Bond and carried unanimously to approve the November 17, 2022 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: October 27, 2022 *(for possible action)*

2. PETITION #12-23: Approval of an Interlocal Contract between the Southern Nevada Health District and the City of Henderson to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 5 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award #NU58DP006578-05-00), referred to as Racial and Ethnic Approaches to Community Health (REACH); direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Adams, seconded by Vice-Chair Nielson and carried unanimously to approve the November 17, 2022 Consent Agenda, as presented.

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

1. MEMORANDUM #04-23: Review, Discuss, and Approve the Proposed 2023 Food Regulations; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Candice Sims, Environmental Health Supervisor, presented the Proposed 2023 Food Regulations. Larry Rogers, Environmental Health Manager, and Aaron DelCotto, Environmental Health Manager, were also present. Ms. Sims summarized the major changes in the proposed regulation and outlined the benefits to the industry and the implementation plan.

Further to an inquiry from the Chair, Ms. Sims provided examples of critical (handwashing, food temperatures) and priority foundation (sanitizer buckets too low, chef knowledge, not leading to food borne illness) violations.

Further to an inquiry from the Chair, Ms. Sims advised that anyone would be allowed to attend the training sessions on the implementation of the revised regulations. Ms. Sims further advised that if a facility had a large enough gathering of individuals, Health District staff would bring the training to the facility.

Ms. Sims advised that the revised regulations would be effective on May 1, 2023, and that the first routine inspection after May 1, 2023, would be educational only.

Ms. Sims expressed her thanks to Health District staff, from Environmental Health and Legal Services, along with industry and other governmental agencies for their time and collaboration and the Board of Health for their dedication and comments.

Further to an inquiry from the Chair regarding the option of the Health District providing the food manager certification, Ms. Sims advised that there was no prohibition and that the Health District would educate the public on falsified certificates.

The Chair opened the Public Comment.

Cara Evangelista thanked Chair Kirkpatrick for her comments and supported the Health District making classes, especially in other languages because then people would know it was real and they were not going to price gouge. Further, Ms. Evangelista raised the issue of fake permits and that it popped up during COVID when it got backed up. Ms. Evangelista stated that there was a special processing authority that goes with HACCP at the Health District and that the Health District releases a list of approved process authorities so, possibly, they could create a list of approved people that could proctor the test or organizations. Ms. Evangelista stated that they were okay with the process outlined for new inspections as that was how it was conducted in 2010 and they did not have problems. Ms. Evangelista stated that the people would get extra help anyway and that the inspector would set them up if they had to get another inspection because of some issues. Ms. Evangelista asked that when they do train, when they do that first inspection after May 2023, like in 2010, they actually wrote what was potentially a violation for the next inspection. Ms. Evangelista thanked the Board for their support for the new certificate.

Virginia Valentine, President of the Nevada Resort Association, started with thanking Mr. Saxton, Ms. Sims and the rest of the staff. Ms. Valentine stated that early in the process they requested a red-line version of the Food Regulations and it was quickly produced. Further, Ms. Valentine stated that they requested a side-by-side comparison which was very helpful to identify where changes were made and helped with doing their review. Ms. Valentin expressed support for Ms. Evangelista's comments regarding the time frame and CFPN's. Ms. Valentine advised that she had been told that there are many version of the Spanish language and that sometimes those translations, tests and training documents do not make sense when you try to apply those across the really diverse workforce that we were fortunate to have. Ms. Valentine stated that they concurred with the recommendations and would urge staff to confirm that permitting would have no less than a calendar year before the first inspection following the effective date of the adopted food code before the new provisions are enforced for downgrade purposes. Ms. Valentine stated that compliance was a mutual goal that everyone wanted. Ms. Valentine stated that given the scope of the changes they think that the one-year timeframe is reasonable. Ms. Valentine also encouraged a very robust training program for the new food regulations. Ms. Valentine hoped that everyone was on the same page so that we all had the same understanding and the same expectations. Ms. Valentine further asked that if there were revisions or new forms being developed that it be done in collaboration with the industry, so that they have a good understanding of what the Health District is looking for and that they may have some valuable input. Ms. Valentine stated that between the training program and the one-year grace period, she thought that those things working together were going to help everyone achieve the desired outcome, which was a safe, food and easily understood food code and one that everyone had a clear understanding of the expectations. Ms. Valentine concluded by thanking everyone for working with them during the process and for being patient with their input, especially for the early draft.

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

Chair Kirkpatrick confirmed the desire to be flexible with some of the outdoor venues and inquired as to who should be contacted if there are any questions or issues that arise. Mr. DelCotto outlined that with the special events, such as the Formula 1 and Super Bowl, he would encourage vendors to talk to them about the permitting to ensure an open conversation. Mr. DelCotto advised that any issues with the new regulations can contact him or his supervisors. Ms. Sims further advised that decisions made regarding the large events would be supervisor and/or manager decisions to keep the consistency on decisions.

Member Bond stated that there may be an opportunity to have some of the workforce involved, especially on the translation when developing materials. Chair Kirkpatrick stated that there were a

lot of schools, along with training opportunities that could be contacted to ensure that we are training correctly. Ms. Sims advised that there are currently a number of staff that speak different languages, and they could involve the industry in those conversations.

Member Segerblom left the meeting at 11:48 a.m. and did not return.

A motion was made by Vice-Chair Nielson, seconded by Member Adams and carried unanimously to approve the Proposed Food Regulations, with minor reference corrections and removal of one remaining subscript, as presented, are not implemented before May 1, 2023, followed by a one-year grace period on inspections.

VII. REPORT / DISCUSSION / ACTION

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

Carmen Hua, Health Educator, and Dr. Timothy Grigsby, UNLV, presented on the Community Health Improvement Plan (CHIP). Ms. Hua provided an overview of the MAPP framework that was utilized for the development of the CHIP. Ms. Hua further outlined the implementation plan, steering committee, goals and process timeline. Dr. Grigsby highlighted the following four priority areas, and the goal of each priority area, that were selected by the community for the CHIP:

1. Chronic Disease – The goal was to decrease the prevalence of heart disease, lower respiratory disease, and cancer related deaths by smoking among the identified target populations by the Chronic Disease Sub-committee (i.e., Non-Hispanic Black/African American, 65+ and by ZIP).
2. Access to Care – The goals were to (i) increase access to care in identified target populations by Access to Care Subcommittee (i.e., uninsured and undocumented populations), (ii) increase patient confidence in choosing primary care physicians with assistance of care coordinators, and (iii) fewer undocumented and LGBTQ+ individuals will access emergency departments (ED) for non-urgent health problems.
3. Transportation – The goals were to (i) increase awareness of transportation options that facilitate access to basic needs and services, and (ii) increase availability of general transportation resources available to the community.
4. Funding – The goal was to increase the Nevada's public health system's readiness and ability to be responsive to health needs of the community.

Member Diaz left the meeting at 11:59 a.m. and did not return.

Dr. Grigsby outlined the next steps of presenting the CHIP to the Public Health Advisory Board and publish on the Healthy Southern Nevada website.

Member Black left the meeting at 12:06 p.m. and did not return.

Chair Kirkpatrick requested that a list of the Health District's programs be provided to the Public Health Advisory Board.

Further to an inquiry from Member Bond on the implementation of a "free supervisor" for the mental health provider program to students, Dr. Grigsby advised that with the high cost of education there was a barrier for students to obtain a proctorship or an individual to oversee their internship and clinical hours. The CHIP committee was trying to find ways to make this barrier less impactful and harmful to those students.

Member Bond left the meeting at 12:28 p.m.

Member Nemec raised a deficiency of training programs, both for producing doctors and medical schools and post graduate residency programs, along with retention of physicians due to the intense competition from managed care groups. Member Nemec inquired as to no attention to

fentanyl overdose, seatbelt use, and other items that promoted acute illnesses. Dr. Grigsby stated that mental health/substance use was an area discussed but was not voted into the top four areas.

Member Bond returned to the meeting at 12:30 p.m.

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

As this was his last meeting, Member Adams stated that he was proud of serving on the Board of Health.

As this was her last meeting, Member Dutkowski thanked the Board of Health.

Chair Kirkpatrick requested a regional discussion on trauma, transportation, EMS and a system of care that is beneficial. Member Bond agreed.

IX. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

On behalf of Dr. Leguen, Chris Saxton, Director of Environmental Health, presented the DHO Monthly Report and Divisional Monthly Reports.

- COVID-19 Surveillance and Contact Tracing Update

Matthew Kappel, Senior Epidemiologist, advised that the community transmission remained red and the case rate was green. On October 22nd, the case rate was 28.7 per 100,000 population and as of November 10th, the case rate was 41.7 per 100,000 population. On November 10th, the 7-day average for COVID-19 hospital admissions was 6.5 per 100,000 population and the percentage of in-patient beds used by COVID-19 patients was at 3.2%.

Member Nemec left the meeting at 12:41 p.m. and did not return.

Mr. Kappel advised that as of November 14th there were 3,465 COVID-19 cases, 174 hospitalizations and 38 deaths reported since the last Board of Health meeting. Between October 30th and November 12th, the 7-day average of cases per day decreased by 9.7% from 131 to 118.3 cases per day. Mr. Kappel confirmed that the true numbers were underreported due to the availability of at-home test kits. Between October 30th and November 12th, the 7-day average of hospitalizations increased by 30.6% from 17.3 to 22.6; the 7-day moving average of deaths declined by 64.3% from 2.8 to 1.0; and the test positivity decreased by 19.2% from 20.8 to 16.8. Mr. Kappel advised that the Health District had 35 in-house contact tracers and 100 contracted through March 2023. The Health District continues to support outbreak and cluster investigations in high-risk vulnerable settings and testing at three CSN locations.

X. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Activity Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Primary & Preventive Care Division Monthly Activity Report

XI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 12:46 p.m.

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

/acm

DRAFT



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 26, 2023**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 26, 2023

RE: *Approval of lease amendment with All Saints Episcopal Church (ASEC) to increase clinic capacity.*

PETITION #14-23

That the Southern Nevada District Board of Health *approve the amendment to the lease agreement with All Saints Episcopal Church.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cortland Lohff, MD, Chief Medical Officer/Director of Primary and Preventive Care *CL*
Lourdes Yapjoco, MSN, RN, CCM, Chief Administrative Nurse *Ly*

DISCUSSION:

The SNHD Sexual Health Clinic (SHC) has been providing sexual health and immunization services to community members at ASEC since December 2021. This is being seen as a model for how health departments can engage non-traditional partners to address health inequities and improve health outcomes. SNHD wishes to lease additional space at ASEC to accommodate expansion of services and this requires an increase in monthly lease amount.

FUNDING:

Funding for this contract is through SNHD general funds. The clinic generates revenues from third-party billing and 340B pharmacy savings to help sustain operations over the long term.



**AMENDMENT A02 TO
LEASE AGREEMENT
BETWEEN
ALL SAINTS' EPISCOPAL CHURCH
AND
SOUTHERN NEVADA HEALTH DISTRICT
C2200058**

THIS AMENDMENT A02 IS MADE WITH REFERENCE TO LEASE AGREEMENT for the lease of real property ("Lease"), Effective Date November 1, 2021, and as amended on May 2, 2022, by and between All Saints' Episcopal Church, a not-for-profit faith-based community organization ("Lessor") and the Southern Nevada Health District ("Lessee") (individually "Party," collectively "Parties").

WHEREAS, the Parties mutually desire to extend the term of the Lease.

NOW, THEREFORE, pursuant to Subsection 2.01 of the Agreement, the Parties agree to amend the Agreement as follows:

- 1) Subsection 1.02 of the Agreement is hereby deleted in its entirety and replaced by the following:
 - 1.02 The Premises includes the following:
 - a) Access to use Lessor's functioning SmartTVs, as needed;
 - b) Four (4) classrooms (Rooms 1, 2, 5 and 6);
 - c) Four (4) restrooms for use of Lessee's employees and clients, including one (1) ADA compliant restroom;
 - d) Access to a courtyard adjacent to the premises for use of Lessee's employees and clients;
 - e) Two (2) keys and gate code to open all gates and doors necessary for Lessee's use of the Premises; and
 - f) Access to Parish Hall.
- 2) Subsection 2.01 is hereby deleted in its entirety and replaced with the following:
 - 2.01 Term. This Lease is effective on November 1, 2021 ("Effective Date") through December 31, 2023 (the "Term"). This Lease may be extended upon mutual written agreement by the Parties.
- 3) Subsection 3.01 is hereby deleted in its entirety and replaced with the following:

- 3.01 Lessee shall pay rent to Lessor pursuant to this Subsection 3.01 by the 5th of each month, for the Term of this Agreement.
- a) Monthly Rent from November 1, 2021 through May 1, 2022: \$2,000
 - b) Monthly Rent from May 2, 2022 through December 31, 2022 : \$2,300
 - c) Monthly Rent from January 1, 2023 through December 31, 2023: \$3,000
- 4) Subsection 3.02 is hereby deleted in its entirety and replaced with the following:
- 3.02 Utilities. Lessor shall provide 100% of the utilities (i.e. electricity, gas, water, and trash) for the Premises, including heated and cooled central air.
- a) Lessor will provide maintenance and pay for janitorial services to ensure deep cleaning of common areas, restrooms, and supply stocking of bathrooms on the Premises every Saturday during the Term of the Lease.
 - b) Lessee will provide janitorial services for all leased areas, including the clinic floor, private restrooms in rooms 5 and 6, and the removal of non-medical waste. Lessee will ensure daily cleaning and disinfection of all leased rooms and removal of medical waste during clinic days.
 - c) Lessor will provide deep cleaning services of the clinic and restroom areas once per week at no additional charge to Lessee for the term of this Lease.
 - d) Lessor will allow Lessee to install WiFi services for the purposes of the clinic.

This Amendment A02 is effective as January 1, 2023.

Except as expressly provided in this Amendment A02, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A02 to Agreement C2200058.

LESSOR:
ALL SAINTS EPISCOPAL CHURCH

LESSEE:
SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Fr. Rafael Pereira
Priest-in-charge

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

Date: _____

Date: _____

APPROVED AS TO FORM:

This amendment is approved as to form, and
for governing body ratification;

By: January 2023
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 26, 2023**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: January 26, 2023

RE: *Approval of the Interlocal Agreement between Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #15-23

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement C2300065, between the Southern Nevada Health District (SNHD) and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the State Unintentional Drug Overdose Reporting System (SUDORS).*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, Director of Disease Surveillance and Control *CL*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on fatal drug overdose deaths and develop routine reports surrounding overdose death data in Southern Nevada.

FUNDING:

This agreement will provide funding to the CCOCME for their collaboration in the SUDORS project. This is pass through funding from the state supported by federal grant dollars, CDC Overdose Data to Action Federal Grant #NU17CE925001.



**INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2300065**

This Interlocal Agreement for Professional Services (“Agreement”) is made and entered into between the Southern Nevada Health District (“Health District”) and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner (“CCOCME”) (individually “Party” collectively “Parties”).

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

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

WHEREAS, CCOCME investigates all deaths in Clark County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds passed through by the State of Nevada Department of Health and Human Services through its Division of Public and Behavioral Health, Federal Award Identification Number (“FAIN”) NU17CE925001, CFDA Number 93.136, program entitled CDC Overdose Data to Action, funded by the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Notice of Subaward agency reference number SG 25946, sub-awarded October 23, 2022, with a total amount sub-awarded to Health District of \$233,972.00 (the “Grant”); and

WHEREAS, Health District desires to collaborate with CCOCME to support Health District’s Grant deliverables concerning the CDC’s State Unintentional Drug Overdose Reporting System (“SUDORS”) activities (“Services”), and CCOCME is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective from September 1, 2022 through August 31, 2023, unless sooner terminated by either Party as set forth in this Agreement.

- 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.
 - 1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
 - 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK
 - ATTACHMENT B: PAYMENT
 - ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION.
- 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$59,909. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$59,909; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health

District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. CCOCME will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCOCME in writing.

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

6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to CCOCME's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide CCOCME with three (3) weeks prior written notice to gain access to such CCOCME records.

- 7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

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

7.02 If CCOCME is a local government or non-profit organization that expends \$750,000 or more in federal awards during its fiscal year, the CCOCME is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

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

7.04 If a federal audit is required, CCOCME must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

- 7.05 CCOCME is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.
- 7.06 Audit documentation and audit reports must be retained by the CCOCME's auditor for a minimum of five years from the date of issuance of the audit report, unless the CCOCME's auditor is notified in writing by the Health District, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.
- 8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:
- | | |
|---|--|
| Southern Nevada Health District
Contract Administrator
Legal Department
280 S. Decatur Blvd
Las Vegas, NV 89107 | Clark County Office of the
Coroner/Medical Examiner
Melanie Rouse, Coroner
1704 Pinto Lane
Las Vegas, NV 89106 |
|---|--|
- 9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiable information will be shared with CCOCME by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.
- 10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.
- 10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.
- 11) GENERAL PROVISIONS.
- 11.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
- 11.02 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.
- 11.03 USE OF NAME AND LOGO. CCOCME may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. CCOCME agrees that Health District, in its sole

discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCOCME's right to use the Health District's name and/or logo.

- 11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).).
- 11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of Uniform Guidance, 2 CFR Part 200.
- 11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of

Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

- 11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 11.15 CODE OF CONDUCT. By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District's Code of Conduct, which is available online at:
- <https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>
- 11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Fermin Leguen, MD, MPH
District Health Officer
Health District UEID: ND67WQ2LD8B1

Date: _____

APPROVED AS TO FORM:

**This document is approved as to form.
Signatures to be affixed upon
governing body approval.**

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

**COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER**

By: _____
James B. Gibson, Chair
Board of County Commissioners
CCOCME UEID: JTQBLLAE9J35

Date: _____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

ATTACHMENT A
SCOPE OF WORK

- A. CCOCME will participate in the following activities from September 1, 2022 through August 31, 2023 (“Period of Performance”):
- A.1 Abstract drug overdose death data into CDC web-based Secure Access Management Services (“SAMS”) database and enter data to initiate cases with a target of entering 100% of identified cases each year.
 - A.2 Update and maintain a case log of all drug overdose deaths within the jurisdiction. Jurisdictional counties include Clark, Lincoln, White Pine and southern portion of Nye.
 - A.3 Identify barriers to stakeholder extraction of overdose death data and report to Health District or State Coordinator, as requested.
 - A.4 Participate in regularly scheduled calls with State Coordinator to discuss overdose death data, trends, outcomes, and workflow processes.
 - A.5 Conduct expanded toxicology testing of suspect drug overdose cases and document results as part of SUDORS case abstraction.
 - A.6 Make reasonable efforts to attend necessary State approved national and local trainings as required to assist in the development and continued maintenance of SUDORS.
 - A.7 Assist in agency representation at relevant taskforces or workgroups.
 - A.8 Help streamline systems, software, and reporting processes that aid in real time analysis and data collection methods between the state, CCOCME, and Health District.
 - A.9 Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project related materials, reports, presentations, and publications produced within the scope of this Agreement:

“This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services (“Department”) and the Southern Nevada Health District through Grant Number 6 NU17CE925001 funded by the Center for Disease Control and Prevention (“CDC”). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC.”
 - A.10 Prepare and submit programmatic reports as requested by Health District.
 - A.11 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B
PAYMENT**

A. Payment to CCOCME:

- A.1 CCOCME will be reimbursed for a total amount not-to-exceed \$59,909 for actual Services delivered from September 1, 2022 through August 31, 2023.
- A.2 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category (“Category”) as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Approved Budget Category	Not-to-Exceed Amount
Salary	\$16,114
Fringe Benefits	\$422
Consulting Services	\$14,000
Lab Testing to include expanded toxicology tests for suspected overdoses	\$29,373
Total Not-to-Exceed Amount:	<u>\$59,909</u>

- A.3 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.
- A.4 CCOCME will not bill more frequently than monthly for the term of the Agreement. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.
 - (a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.
 - (b) CCOCME invoices shall be signed by CCOCME’s official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.
 - (d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.
- A.5 CCOCME may submit its Requests for Reimbursement (“RFR(s)”) less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than

monthly, it will observe the following specific deadlines when submitting RFRs:

- (a) CCOCME's RFR for period September 1, 2022 through June 30, 2023 must be submitted in its entirety to Health District no later than July 10, 2023. CCOCME's failure to timely submit this RFR with the inclusion of all expenses prior to June 30, 2022 may result in non-reimbursement for unincurred expenses.
 - (b) CCOCME's "Final" RFR for period July 1, 2023 through August 31, 2023 must be submitted to Health District no later than September 15, 2023.
- A.6 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in subsection A.1 above, unless express written authorization to bill for such Services is received from Health District.
 - A.7 Health District shall not be liable for interest charges on late payments.
 - A.8 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, CCOCME agrees to ensure its compliance as applicable with the following:

A. GRANT-SPECIFIC REQUIREMENTS

- A.1 FUNDS INTENDED TO SUPPLEMENT. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.
- A.2 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (“GAAP”). CCOCME agrees to adopt and maintain a system of internal controls which results in the fiscal integrity and stability of its organization, including the use of GAAP.
- A.3 INSURANCE. CCOCME will comply with state insurance requirements for general, professional, and automobile liability; workers’ compensation and employer’s liability. CCOCME will provide Health District with proof of current coverage upon request.
- A.4 NO SUBCONTRACTING PERMITTED. CCOCME agrees that no portion of the Grant funds will be subcontracted without prior written approval from Health District unless expressly identified within this Agreement.
- A.5 AMERICANS WITH DISABILITIES ACT. CCOCME agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
- A.6 COMPLIANCE WITH TITLE 2 OF THE CODE OF FEDERAL REGULATIONS AND GUIDANCE FROM OFFICE OF MANAGEMENT AND BUDGET. As applicable, CCOCME agrees to comply with Title 2 of the Code of Federal Regulations, and any guidance in effect from the Office of Management and Budget (“OMB”).
- A.7 WORK ENVIRONMENT. CCOCME agrees to provide a work environment in which the use of tobacco products, alcohol, and/or illegal drugs is prohibited.
- A.8 PROHIBITED ACTIVITIES. CCOCME shall not use grant funds for any activities related to the following:
 - (a) Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - (b) Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - (c) Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or

- The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local government entity responsible for enacting local legislation, including without limitation, efforts to influence state or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
- (d) Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
- (e) Any attempt to influence:
- The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
- (f) Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.
- (g) Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.

A.9 CONFLICT OF INTEREST. CCOCME agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (“HHS”) REQUIREMENTS. CCOCME agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, as may be supplemented by federal Acts of Congress or

Executive Orders from time to time, and is available online at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Applicable terms and conditions may include, but not be limited to, the following:

- B.1 ACTIVITIES ABROAD. CCOCME must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
- B.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 91.
- B.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.
- B.4 CONTROLLED SUBSTANCES. CCOCME is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

If controlled substances are proposed to be administered as part of a research protocol or if research is to be conducted on the drugs themselves, applicants/recipients must ensure that the DEA requirements, including registration, inspection, and certification, as applicable, are met. Regional DEA offices can supply forms and information concerning the type of registration required for a particular substance for research use. The main registration office in Washington, DC, may be reached at 800-882-9539. Information also is available from the National Institute on Drug Abuse at 301-443-6300.

- B.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.
- B.6 LIMITED ENGLISH PROFICIENCY. Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against

National Origin Discrimination Affecting Limited English Proficient Persons.” This guidance, which is available at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.

B.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children’s services are provided. HHS grants are subject to these requirements only if they meet the Act’s specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity. Any questions concerning the applicability of these provisions to an HHS grant should be directed to the GMO.

B.8 PUBLIC HEALTH SECURITY AND BIOTERRORISM PREPAREDNESS AND RESPONSE ACT. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 U.S.C. 201 Note, is designed to provide protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the U.S. homeland, or other criminal acts (see 42 U.S.C. 262a). The act was implemented, in part, through regulations published by CDC at 42 CFR part 73, Select Agents and Toxins. Copies of these regulations are available from the Import Permit Program and the Select Agent Program, respectively, CDC, 1600 Clifton Road, MS E-79, Atlanta, GA 30333; telephone: 404-498-2255. These regulations also are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>.

Research involving select agents and recombinant DNA molecules also is subject to the NIH Guidelines for Research Involving DNA Molecules (see “Guidelines for Research Involving DNA Molecules and Human Gene Transfer Research” in this section).

B.9 REHABILITATION ACT OF 1973. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.

- B.10 RESOURCE CONSERVATION AND RECOVERY ACT. Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated Federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).
- B.11 RESTRICTION ON FUNDING ABORTIONS. HHS funds may not be spent for an abortion.
- B.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE, as amended by the Consolidated Appropriations Act of 2016. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug; provided that, pursuant to the Consolidation Appropriations Act of 2016, such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the CDC, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.
- B.13 UNIFORM RELOCATION ACT AND REAL PROPERTY ACQUISITION POLICIES ACT. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (the Uniform Relocation Act), 42 U.S.C. 4601 et seq., applies to all programs or projects undertaken by Federal agencies or with Federal financial assistance that cause the displacement of any person.

The HHS requirements for complying with the Uniform Relocation Act are set forth in 49 CFR part 24. Those regulations include uniform policies and procedures regarding treatment of displaced people. They encourage entities to negotiate promptly and amicably with property owners so property owners' interests are protected and litigation can be avoided.

- B.14 U.S. FLAG AIR CARRIER. Subrecipients must comply with the requirement that U.S. flag air carriers be used by domestic recipients to the maximum extent possible when commercial air transportation is the means of travel between the United States and a foreign country or between foreign countries. This requirement must not be influenced by factors of cost, convenience, or personal travel preference. The cost of travel under a ticket issued by a U.S. flag air carrier that leases space on a foreign air carrier under a code-sharing agreement is allowable if the purchase is in accordance with GSA regulations on U.S. flag air carriers and code shares (see http://www.gsa.gov/gsa/cm_attachments/GSA_DOCUMENT/110304_FTR_R2QA53_0Z5RDZ-i34K-pR.pdf). (A code-sharing agreement is an arrangement between a U.S. flag carrier and a foreign air carrier in which the U.S. flag carrier provides passenger service on the foreign air carrier's regularly scheduled commercial flights.)
- B.15 U.S.A. PATRIOT ACT. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes criminal penalties

for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see “Public Health Security and Bioterrorism Preparedness and Response Act” in this subsection).

- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.
- D. COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.
- E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200—Contract Provisions for Non-Federal Entities, CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
 - E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
 - E.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
 - E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
 - E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the

statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

- E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
- E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations

issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

- E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
- E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
- (a) Furthermore, each of CCOCME’s vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
- E.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. CCOCME certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and CCOCME has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

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

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

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

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

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



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 26, 2023**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: January 26, 2023

RE: *Approval of the Interlocal Agreement between Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #16-23

That the Southern Nevada District Board of Health approve the Interlocal Service Agreement C2300064, between the Southern Nevada Health District (SNHD) and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of violent death data for entry into the National Violent Death Reporting System.

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, Director of Disease Surveillance and Control *CL*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on violent deaths and develop routine reports surrounding violent death data in Southern Nevada.

FUNDING:

This agreement will provide funding to the CCOCME for their collaboration in the NVDRS project. This is pass through funding from the state supported by federal grant dollars, CDC NVDRS Federal Grant #NU17CE010122.



**INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2300064**

This Interlocal Agreement for Professional Services (“Agreement”) is made and entered into between the Southern Nevada Health District (“Health District”) and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner (“CCOCME”) (individually “Party” collectively “Parties”).

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

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

WHEREAS, CCOCME investigates all deaths in Clark County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds passed through by the State of Nevada Department of Health and Human Services through its Office of Analytics, Federal Award Identification Number (“FAIN”) NU17CE010122, CFDA Number 93.136, program entitled CDC National Violent Death Reporting System, funded by the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Notice of Subaward agency reference number 1341, sub-awarded November 17, 2022, with a total amount sub-awarded to Health District of \$147,782.00 (the “Grant”); and

WHEREAS, Health District desires to collaborate with CCOCME to support Health District’s Grant deliverables concerning the CDC’s National Violent Death Reporting Systems (“NVDRS”) activities (“Services”), and CCOCME is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective September 1, 2022 through August 31, 2023, unless sooner terminated by either Party as set forth in this

Agreement.

- 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.
 - 1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
 - 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK
 - ATTACHMENT B: PAYMENT
 - ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION.
- 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$47,979. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$47,979; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records,

Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. CCOCME will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCOCME in writing.

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

6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to CCOCME's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide CCOCME with three (3) weeks prior written notice to gain access to such CCOCME records.

- 7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

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

7.02 If CCOCME is a local government or non-profit organization that expends \$750,000 or more in federal awards during its fiscal year, the CCOCME is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

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

7.04 If a federal audit is required, CCOCME must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

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

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

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

Southern Nevada Health District	Clark County Office of the
Contract Administrator	Coroner/Medical Examiner
Legal Department	Melanie Rouse, Coroner
280 S. Decatur Blvd	1704 Pinto Lane
Las Vegas, NV 89107	Las Vegas, NV 89106

9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiable information will be shared with CCOCME by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.

10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

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

11) GENERAL PROVISIONS.

11.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11.02 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.

11.03 USE OF NAME AND LOGO. CCOCME may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. CCOCME agrees that Health District, in its sole discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCOCME's right to use the Health District's name and/or logo.

- 11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
- 11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of Uniform Guidance, 2 CFR Part 200.
- 11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

- 11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 11.15 CODE OF CONDUCT. By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District's Code of Conduct, which is available online at:
- <https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>
- 11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Fermin Leguen, MD, MPH
District Health Officer
Health District UEID: ND67WQ2LD8B1

Date: _____

APPROVED AS TO FORM:

**This document is approved as to form.
Signatures to be affixed upon
governing body approval.**

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

**COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER**

By: _____
James B. Gibson, Chairman
Board of County Commissioners
CCOCME UEID: JTQBLLAE9J35

Date: _____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

**ATTACHMENT A
SCOPE OF WORK**

- A. CCOCME will participate in the following activities from September 1, 2022 through August 31, 2023 (“Period of Performance”):
- A.1 Abstract violent death data into CDC web-based “Secure Access Management Services (SAMS)” database and enter data to initiate cases within 120 days of the date of death, with a target of entering 100% of identified cases each year.
 - A.2 Update and maintain a case log of all violent deaths within the jurisdiction. Jurisdictional counties include Clark, Lincoln, White Pine and southern portion of Nye.
 - A.3 Identify barriers to stakeholder extraction of violent death data and report to Health District or State Coordinator, as requested.
 - A.4 Participate in regularly scheduled calls with State Coordinator to discuss violent death data, trends, outcomes, and workflow processes.
 - A.5 Conduct toxicology testing of violent death cases and document results as part of NVDRS case abstraction.
 - A.6 Make reasonable efforts to attend necessary State approved national and local trainings as required to assist in the development and continued maintenance of NVDRS.
 - A.7 Assist in agency representation at relevant taskforces or workgroups.
 - A.8 Help streamline systems, software, and reporting processes that aid in real time analysis and data collection methods between the state, CCOCME, and Health District.
 - A.9 Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project related materials, reports, presentations, and publications produced within the scope of this Agreement:

“This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services (“Department”) and the Southern Nevada Health District through Grant Number 1 NU17CE010122-01-00 funded by the Center for Disease Control and Prevention (“CDC”). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC.”
 - A.10 Prepare and submit programmatic reports as requested by Health District.
 - A.11 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B
PAYMENT**

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of \$47,979 from September 1, 2022 through August 31, 2023.

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category (“Category”) as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Approved Budget Category	Not-to-Exceed Amount
Salary	\$16,120
Fringe Benefits	\$427
Consulting Services	\$10,000
Operating (114 Post Mortem Expanded Blood tests X \$188/each)	\$21,432
Total Not-to-Exceed Amount:	<u>\$47,979</u>

A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME’s official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement (“RFR(s)”) less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

- (a) CCOCME's RFR for period September 1, 2022 through June 30, 2023 must be submitted in its entirety to Health District no later than July 10, 2023. CCOCME's failure to timely submit this RFR with the inclusion of all expenses prior to June 30, 2022 may result in non-reimbursement for unincurred expenses.
 - (b) CCOCME's "Final" RFR for period July 1, 2023 through August 31, 2023 must be submitted to Health District no later than September 15, 2023.
- A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.
- A.6 Health District shall not be liable for interest charges on late payments.
- A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, CCOCME agrees to ensure its compliance as applicable with the following:

A. GRANT-SPECIFIC REQUIREMENTS

- A.1 FUNDS INTENDED TO SUPPLEMENT. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.
- A.2 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (“GAAP”). CCOCME agrees to adopt and maintain a system of internal controls which results in the fiscal integrity and stability of its organization, including the use of GAAP.
- A.3 INSURANCE. CCOCME will comply with state insurance requirements for general, professional, and automobile liability; workers’ compensation and employer’s liability. CCOCME will provide Health District with proof of current coverage upon request.
- A.4 NO SUBCONTRACTING PERMITTED. CCOCME agrees that no portion of the Grant funds will be subcontracted without prior written approval from Health District unless expressly identified within this Agreement.
- A.5 AMERICANS WITH DISABILITIES ACT. CCOCME agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CRF 26.101-36.999 inclusive, and any relevant program-specific regulations.
- A.6 COMPLIANCE WITH TITLE 2 OF THE CODE OF FEDERAL REGULATIONS AND GUIDANCE FROM OFFICE OF MANAGEMENT AND BUDGET. As applicable, CCOCME agrees to comply with Title 2 of the Code of Federal Regulations, and any guidance in effect from the Office of Management and Budget (“OMB”).
- A.7 WORK ENVIRONMENT. CCOCME agrees to provide a work environment in which the use of tobacco products, alcohol, and/or illegal drugs is prohibited.
- A.8 PROHIBITED ACTIVITIES. CCOCME shall not use grant funds for any activities related to the following:
- (a) Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - (b) Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - (c) Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or

- The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local government entity responsible for enacting local legislation, including without limitation, efforts to influence state or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
- (d) Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
- (e) Any attempt to influence:
- The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
- (f) Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.
- (g) Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.

A.9 CONFLICT OF INTEREST. CCOCME agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

- B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (“HHS”) REQUIREMENTS. CCOCME agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, as may be supplemented by federal Acts of Congress or Executive Orders from time to time, and is available online at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Applicable terms and conditions may include, but not be limited to, the following:
- B.1 ACTIVITIES ABROAD. CCOCME must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
 - B.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 91.
 - B.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.
 - B.4 CONTROLLED SUBSTANCES. CCOCME is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

If controlled substances are proposed to be administered as part of a research protocol or if research is to be conducted on the drugs themselves, applicants/recipients must ensure that the DEA requirements, including registration, inspection, and certification, as applicable, are met. Regional DEA offices can supply forms and information concerning the type of registration required for a particular substance for research use. The main registration office in Washington, DC, may be reached at 800-882-9539. Information also is available from the National Institute on Drug Abuse at 301-443-6300.
 - B.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.
 - B.6 LIMITED ENGLISH PROFICIENCY. Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective

communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.” This guidance, which is available at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.

B.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children’s services are provided. HHS grants are subject to these requirements only if they meet the Act’s specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity. Any questions concerning the applicability of these provisions to an HHS grant should be directed to the GMO.

B.8 PUBLIC HEALTH SECURITY AND BIOTERRORISM PREPAREDNESS AND RESPONSE ACT. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 U.S.C. 201 Note, is designed to provide protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the U.S. homeland, or other criminal acts (see 42 U.S.C. 262a). The act was implemented, in part, through regulations published by CDC at 42 CFR part 73, Select Agents and Toxins. Copies of these regulations are available from the Import Permit Program and the Select Agent Program, respectively, CDC, 1600 Clifton Road, MS E-79, Atlanta, GA 30333; telephone: 404-498-2255. These regulations also are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>.

Research involving select agents and recombinant DNA molecules also is subject to the NIH Guidelines for Research Involving DNA Molecules (see “Guidelines for Research Involving DNA Molecules and Human Gene Transfer Research” in this section).

B.9 REHABILITATION ACT OF 1973. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. These requirements pertain to the

provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.

B.10 RESOURCE CONSERVATION AND RECOVERY ACT. Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated Federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).

B.11 RESTRICTION ON FUNDING ABORTIONS. HHS funds may not be spent for an abortion.

B.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE, as amended by the Consolidated Appropriations Act of 2016. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug; provided that, pursuant to the Consolidation Appropriations Act of 2016, such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the CDC, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

B.13 UNIFORM RELOCATION ACT AND REAL PROPERTY ACQUISITION POLICIES ACT. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (the Uniform Relocation Act), 42 U.S.C. 4601 et seq., applies to all programs or projects undertaken by Federal agencies or with Federal financial assistance that cause the displacement of any person.

The HHS requirements for complying with the Uniform Relocation Act are set forth in 49 CFR part 24. Those regulations include uniform policies and procedures regarding treatment of displaced people. They encourage entities to negotiate promptly and amicably with property owners so property owners' interests are protected and litigation can be avoided.

B.14 U.S. FLAG AIR CARRIER. Subrecipients must comply with the requirement that U.S. flag air carriers be used by domestic recipients to the maximum extent possible when commercial air transportation is the means of travel between the United States and a foreign country or between foreign countries. This requirement must not be influenced by factors of cost, convenience, or personal travel preference. The cost of travel under a ticket issued by a U.S. flag air carrier that leases space on a foreign air carrier under a code-sharing agreement is allowable if the purchase is in accordance with GSA regulations on U.S. flag air carriers and code shares (see http://www.gsa.gov/gsa/cm_attachments/GSA_DOCUMENT/110304_FTR_R2QA53_0Z5RDZ-i34K-pR.pdf). (A code-sharing agreement is an arrangement between a U.S. flag carrier and a foreign air carrier in which the U.S. flag carrier provides passenger service on the foreign air carrier's regularly scheduled commercial flights.)

- B.15 U.S.A. PATRIOT ACT. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see “Public Health Security and Bioterrorism Preparedness and Response Act” in this subsection).
- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.
- D. COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.
- E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200—Contract Provisions for Non-Federal Entities, CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
- E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
- E.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
- E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
- E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act

(40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

- E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.
- E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of

amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

- E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
- E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
- (a) Furthermore, each of CCOCME’s vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
- E.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing

an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. CCOCME certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and CCOCME has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

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

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

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

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

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



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 26, 2023**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: January 26, 2023

RE: *Approval of the Interlocal Agreement Between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District*

PETITION #17-23

That the Southern Nevada District Board of Health approve the attached Interlocal Agreement between Clark County, Nevada on behalf of the Department of Family Services and the Southern Nevada Health District for services provided to the Thrive by Zero to Three Prevention Services Program for the period from July 1, 2022 to June 30, 2023.

PETITIONERS:

Margarita DeSantos, RN, BSN, Community Health Nurse Manager *MD'S*

Cortland Lohff, MD, MPH, Chief Medical Officer/Director of Primary & Preventative Care *CL*

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

DISCUSSION:

The Interlocal Agreement allows the Southern Nevada Health District to contact families and provide home visiting services to families with children ages zero to three years, who have been brought to the attention of the Department of Family Services, but do not meet the requirement of an investigation to prevent harm and neglect. Prevention services will be based on the Healthy Start model, using a Community Health Worker approach. Services provided will include parent education and skill development, referrals to needed community resources for physical, mental, emotional, and financial stability, and identifying supportive relationships for families. These services will be provided by a community health worker to ensure the safety of children ages zero to three years. The budget period is from July 1, 2022 to June 30, 2023.

FUNDING:

The funding for this agreement of \$63,867 was made available to the Southern Nevada Health District from Clark County, Nevada on behalf of the Department of Family Services. This funding will cover the following: salaries and fringe benefits for a 1.0 FTE community health worker and the annual fee for the digital educational curriculum utilized with families.

CBE NO. 606400-22

INTERLOCAL AGREEMENT FOR THRIVE BY ZERO TO THREE PREVENTION SERVICES

This INTERLOCAL AGREEMENT herein after referred to as "AGREEMENT" is entered into on this _____ day of _____, 2023 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "SNHD" for Thrive by Zero to Three Prevention Services.

WITNESSETH:

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

WHEREAS, NRS 432B.290(2)(m) authorizes an organization that has entered into a written agreement with an agency that provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services; and

WHEREAS, pursuant to NRS Chapter 439, SNHD is the public health authority for Clark County, Nevada, and has jurisdiction over all public health matters therein; and

WHEREAS, the COUNTY, through its Clark County Department of Social Service, hereinafter referred to as COUNTY, desires to have the services of SNHD to assist COUNTY in preventing harm and neglect to children ages zero to three who have come to the attention of COUNTY, but do not meet the requirement of investigation; and

WHEREAS, SNHD has the expertise, qualifications and resources available, and has agreed to provide the resources necessary to prevent and/or mitigate the effects of child neglect and abuse intervention services to children as required.

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth in Exhibit A - Scope of Work attached hereto.

ARTICLE II: TERM OF AGREEMENT

The term of this AGREEMENT shall be from July 1, 2022 through June 30, 2023.

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

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

COUNTY will provide SNHD funds for goods and/or services provided as outlined in Exhibit A - Scope of Work for not to exceed amount of \$63,867, based on approved budget appropriations.

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

Invoices shall be submitted as follows:

Clark County Social Service
Community Resources Management
1600 Pinto Lane
Las Vegas, Nevada 89106

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

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

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

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

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

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

ARTICLE VI: SUBCONTRACTS

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

ARTICLE VII: ASSIGNMENTS

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

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

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

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

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

SOUTHERN NEVADA HEALTH DISTRICT:

COUNTY OF CLARK:

BY: _____
FERMIN LEGUEN, MD, MPH
District Health Officer

BY: _____
JAMES B. GIBSON, CHAIR
Clark County Commissioners

Approved as to form:

ATTEST

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

BY: _____
LYNN MARIE GOYA
County Clerk

Approved as to form:
Steven Wolfson, District Attorney

BY: _____
ELIZABETH A. VIBERT
Deputy District Attorney

EXHIBIT A - SCOPE OF WORK

THRIVE BY 0-3 PROGRAM

AGREEMENT sets forth that SNHD proposes to prevent harm and neglect to children ages zero to three who have come to the attention of Clark County Department of Family Services (CCDFS), but do not meet the requirement of investigation, by providing prevention services and referrals to necessary resources through its Thrive by 0-3 Program, hereinafter referred to as "PROGRAM".

The PROGRAM shall use objective needs assessment data, providing prevention services to prevent and/or mitigate the effects of child abuse and neglect for 20 families living in Clark County and referred by CCDFS. The PROGRAM will increase percent of children/infants enrolled who have a medical home to 80% to ensure continued growth /developmental and health monitoring and safety.

The services and support provided by SNHD include information parents/guardians can use to take care of themselves and their children such as: Parenting education, using the research-informed home visiting curriculum Partners for a Healthy Baby; Health and child growth and development education; Nutrition and feeding counseling, using the curriculum and WIC information; Healthy lifestyle choices; Home visits to assess needs and provide education, support and necessary referrals; Referrals to other essential services such as mental or behavioral health care services, medical homes, job/vocational training, and transportation. Referrals will be made to long-standing community partners such as WIC, East Valley Family Services, Boys Town, Olive Crest, Positively Kids, Nevada Partners, etc.

The PROGRAM shall measure family acceptance of preventative education and referrals; a secondary outcome will be to increase the percent of children/infants enrolled who have a medical home to 80%. Having a medical home helps ensure the provision of preventative health services through well and sick child visits in which growth/development, illness and injury can be assessed and addressed. Education regarding growth/development and child safety is also provided by medical homes.

PROGRAM funds shall be used to pay for the Community Health Worker who will provide the direct face-to-face education and client navigation services. The paid position will be assigned to an internal staff member at the SNHD. The position will be responsible for educating, coordinating, and linking services for enrolled families and their children, including assessment of client risk factors; addressing toxic stress and delivering trauma-informed care; focusing on prevention and health promotion by providing a standard curriculum and interventions such as safe sleep education and resources.

SNHD shall provide services during the AGREEMENT fiscal year 2022/2023, as outlined in Attachment 1, "Expenditures Eligible for Reimbursement".

SNHD shall provide all services, including personnel and materials, to operate and manage the PROGRAM in accordance with Attachment 2, "Scope of Services", attached hereto and incorporated herein as if fully set forth. Changes in the Scope of Services, as described in Attachment 2, must receive prior written approval of the COUNTY.

SNHD shall provide client usage records to the Social Service Department of the COUNTY on a quarterly basis during the fiscal year beginning July 1, 2022 and ending June 30, 2023. These reports will contain, but are not limited to, the information contained in Attachment 3 "Quarterly Progress Report", to COUNTY, including any narrative report to delineate the benefit realized by the COUNTY for PROGRAM Support.

ATTACHMENT 1
EXPENDITURES ELIGIBLE FOR REIMBURSEMENT
SOUTHERN NEVADA HEALTH DISTRICT
FOR THRIVE BY 0-3

Fiscal Year 2022/2023 County Outside Agency Grant Funds

The following items may be paid with the Clark County General Funds, not to exceed \$63,687:

General Administration/Operations	\$ 400
Direct Services to County Residents	\$ 63,467
TOTAL	\$ <u>63,867</u>

ATTACHMENT 2

OBJECTIVES

THRIVE BY 0-3

Program Year 2022/2023

1. The Objectives of the PROGRAM shall be to:
 - Serve 20 families with children 0-3 years identified by CCDFS, but do not meet the requirement of investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services;
 - Increase percent of children/infants enrolled who have a medical home to 80% to ensure continued growth/developmental and health monitoring and safety.
2. SNHD shall maintain client data demonstrating client eligibility for services provided and retain such client data as well as all financial records, supporting documents, statistical records, and all other records pertinent to this AGREEMENT for a period of four (4) years.
3. SNHD shall provide to COUNTY written notice of any PROGRAM changes during the fiscal year for which COUNTY funds are allocated under the provisions of this AGREEMENT.
4. SNHD shall give priority attention to referrals for service for COUNTY-identified clients.

ATTACHMENT 3
PERFORMANCE MEASUREMENT
QUARTERLY REPORT TO CLARK COUNTY

Reflecting Months: Year:

AGENCY: SOUTHERN NEVADA HEALTH DISTRICT
PROGRAM: THRIVE BY 0-3

PROGRESS TOWARDS ACHIEVING OUTCOMES:

OUTCOMES	THIS QUARTER	YEAR TO DATE
Serve 20 families with children 0-3 years identified by CCDFS, but do not meet the requirement of investigation to prevent/mitigate the effects of child neglect/abuse through client screening, education, and navigation services	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served
Increase percent of children/infants enrolled who have a medical home to 80% to ensure continued growth/developmental and health monitoring and safety	Total # served the quarter ONLY Unduplicated Households and Individuals assisted (specify)	Total unduplicated # served

NARRATIVE REPORT: (login to ZoomGrants at <https://www.zoomgrants.com/login/> to upload report as part of your Quarterly reports due: 10/10/2022; 01/10/2023; 04/10/2023; and 07/10/2023.)

Information on how to submit the Performance Measurement Quarterly Report can be found at <https://www.youtube.com/watch?v=JP6lkJ-YsJ8&feature=youtu.be> for a quick detailed tutorial or you can email Questions@ZoomGrants.com for assistance.



Memorandum

Date: January 26, 2023

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Robert Fyda, PE, REHS, *Environmental Health Engineer/Supervisor* RF
Daniel Burns, PE, REHS, *Environmental Health Engineering Manager* DCB
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* CS
Fermin Leguen, MD, MPH, *District Health Officer* FL

Subject: Variance Request for an Application to Construct a Septic System located at 2727 S Bronco St, Las Vegas, Nevada that would allow installation of a septic system on an undersized lot.

I. BACKGROUND:

William Hallisky, Owner ("Petitioner"), is requesting a variance to permit and install an individual sewage disposal system (ISDS) on an undersized lot ("Subject Property") to be served by private well, located at Assessor's Parcel Number (APN) 163-11-603-004, also known as 2727 S Bronco St, Las Vegas, NV 89146.

Petitioner requests a variance from Section 11.20.2 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations"), which requires a minimum lot size of one (1) acre for the installation of an ISDS on a lot served by a private well. The Subject Property has an area of approximately 0.46 acres.

The Subject Property is an undeveloped lot that was created in 1980 using the minor subdivision process (parcel mapping) prior to the adoption of the current SNHD ISDS Regulations in 2009 and no subsequent changes to the Subject Property have been recorded since that time.

There are 40 existing wells located within one square mile of the proposed ISDS. The Subject Property is located in an area with an extremely high density of existing ISDS. There are 388 lots with an active, traceable ISDS permit within one square mile of the property boundaries. This exceeds by more than 225% the 119 ISDS per square mile limit recommended by the Nevada Division of Environmental Protection (see attached ISDS Density Map).

Petitioner states the following with regards to these requirements:

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

"See attached letter." [Attachment B]

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

"See attached letter." [Attachment B]

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

"Correct."

II. RECOMMENDATION:

The Subject Property has an area of approximately 0.46 acres, which is smaller than the minimum lot size of 1.0 acres required by the SNHD ISDS Regulations for a property served by a private well and ISDS. Lot size variances have been approved for other properties. The proposed ISDS can meet all the required setbacks on the undersized lot.

Water quality data obtained over a period of five (5) years from monitoring wells near the Subject Property show levels of nitrate approaching or exceeding the Safe Drinking Water Act (SDWA) Maximum Contaminant Level (MCL) standard of 10 mg/L (as depicted by the red line in Attachment F). The MCL represents the concentration determined by the US EPA to cause adverse public health effects. Elevated nitrate levels and the presence of pharmaceuticals and personal care products (PPCP) in the monitoring wells suggests that the nitrate concentration is most likely due to human activity.

Staff is of the opinion that granting the variance would not endanger public health and safety if it is subject to the conditions below. Staff recommends APPROVAL of the variance for the following reasons:

- Public sewer infrastructure is not available within a reasonable connection distance; the nearest point of connection is more than 600' from the Subject Property.
- Public water infrastructure (LVVWD) is available, but water service is not available.
- Advanced treatment systems are available, which can discharge high quality effluent and

January 26, 2023

prevent further degradation of groundwater quality.

- Denial of the variance will cause a substantial burden to the Petitioner and their property right.

If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

III. CONDITIONS:

1. Petitioner will purchase the necessary non-revocable water rights for a single-family residence use as determined by the Nevada Division of Water Resources prior to issuance of the ISDS permit.
2. Petitioner will install an advanced treatment system in lieu of a conventional septic system.
3. Petitioner will meet all other requirements for septic installation as determined by staff and the SNHD ISDS Regulations.
4. Petitioner and their successors in interest must ensure the advanced treatment system will be maintained for the life of the system. Petitioner and their successors must maintain an active maintenance agreement and provide testing to SNHD annually for the life of system.
5. Petitioner and their successors in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
6. This variance is non-transferrable shall automatically expire and be of no further force and effect should the property be sold or transferred.
7. Construction of the ISDS must be commenced within two (2) years of the date hereof. If the construction has not been commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioner.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter from Petitioners
- C. Sewer Point of Connection
- D. Proposed ISDS Plan
- E. ISDS Density Map
- F. SNWA Monitoring Well Data
- G. Public Notice

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



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

Name of Facility/Establishment: Single Family Home
Health Permit Number: N/A Date of Inquiry: 12/28/2022
Name of Operator/Agent: William Hallisky (Homeowner)
Address of Operator/Agent: 2727 S. Bronco St. LV NV 89146
Contact Information of Operator/Agent:
Office Phone: 702-873-0221 Cell Phone: 213-448-3446
Fax Number: 702-367-3565
Email Address: William.hallisky@steelmanpartners.com
If corporation, the name/title of individual to sign for Variance document:
Name: N/A
Title: N/A

OWNER INFORMATION

Name of Property Owner: William Hallisky
Address of Property Owner: 2727 S. Bronco St.
Contact Information of Property Owner: William Hallisky
Office Phone: 702-873-0221 Cell Phone: 213-448-3446
Fax Number: 702-367-3565
Email Address: William.hallisky@steelmanpartners.com

PROPERTY INFORMATION

Property Address: 2727 S. Bronco St.
Assessor's Parcel Number (APN): 16111603004
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Single Family Residence

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

Las Vegas Valley Water District Service Rules
Chapter 4 - Request for Service; 4.5 Refusal of Service: Service through existing or new service connections may be refused if:
4.5.f) District-provided water will be discharged to a septic tank or an evaporative pond.

See attached letter.
LVVWD denied Connection to city water due to sewer not available. Property needs to be serviced by Septic Tank and Domestic Well.
Property is half acre. Need Variance in order to install Domestic Well and Septic per SNHD request.

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

PART II:

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

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

See Attached Letter

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

See Attached Letter

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

Correct

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

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

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

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

Referred by: _____
(Print Name of REHS)

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

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

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

Attachment B: Justification Letter from Petitioner (Page 1 of 9)

December 29, 2022

William Hallisky
(Project) 2727 South Bronco Street
Las Vegas, Nevada 89146
(Mailing) P.O. Box 30365
Las Vegas, Nevada 89173
(702) 873-0221
(213) 448-3446 (mobile)
william.t.hallisky@steelmanpartners.com

Re: SNHD Variance – Hardship Letter

To Southern Nevada Health District:

Thank you for the opportunity to present to you my conditions of hardship related to the construction of my personal residence located at the above project site address.

Summary

Between the time of my purchase of the parcel in 2021 and the submittal for approval/permitting phases of this project, the Las Vegas Valley Water District service rules changed. My design and documentation process overlapped with this transition period. As a result of the below mentioned steps, we are kindly asking for a variance to allow for a domestic well + septic tank on a parcel less than 1 acre that was set up by this rule change.

Process

1. Prior to submitting to the Building Department, we reached out to Las Vegas Water Reclamation District and submitted a request for sanitary sewer. That request's outcome was that this parcel is *not serviceable by Sewer*. (See attached Exhibit A.) This set up the scenario in which this would be a "septic tank" project. As a result, we submitted the application for a septic tank to the Southern Nevada Health District.
2. Simultaneously, we submitted a Request for Service to the Las Vegas Valley Water District. Our request was denied because the project was being serviced by septic tank. (See Attached Exhibit B.) This set up the scenario in which we would need a domestic well to service the parcel.

Scenario Cost Impact

3. Securing water rights, mapping, et cetera + well drilling and septic tank will increase the project budget in excess of **35 percent** which is outside of the established comparable values of the neighborhood.

Attachment B: Justification Letter from Petitioner (Page 2 of 9)

4. The cost of making a sewer connection would increase the project budget by **200 percent** – deeming this parcel of land unbuildable.

Designing and building one's dream home, for many, is just that – a dream. I have had the very good fortune of being able to make that dream a reality through hard work, determination and sacrifice from many years of being the responsible stewards of my client's budgets while bringing their dreams to life in the form of the built environment.

While I have had leadership roles in the design and building of Circa and Resorts World, I am by no means a rich man. My home is simple and my budget is humble – even by "Valley" standards. The budget simply cannot absorb a 35% increase without having to make substantial changes to the scope of work.

We are willing to do that as my family needs a permanent home and kindly ask that you approve our variance request.

Sincerely,

 2022-12-29

William Hallisky

(Enclosures)

Attachment B: Justification Letter from Petitioner (Page 3 of 9)

Exhibit A

From: Miguel Gutierrez
To: obrrr9vaxdopvzxfkppof9ffiw0oxlhgvre1waalvxi_ix_7b2fa5bc18d@docs.buildertrend.net
Subject: FW: Sewer Request Single Family Home APN: 16311603004
Date: Tuesday, May 31, 2022 10:29:26 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Sewer Availability Information Below

From: Aida Rafael <arafael@cleanwaterteam.com>
Sent: Tuesday, May 31, 2022 6:52 AM
To: Miguel Gutierrez <miguel@gvslv.com>
Cc: 'Rick Rodrigo' <rick@gvslv.com>
Subject: RE: Sewer Request Single Family Home APN: 16311603004

Good Morning Miguel,

I looked into the parcel you provided and this property is not serviced by us. I believe this property is on septic. You will need to contact Southern Nevada Health District in regards to this property this is the contact information for them. 702-759-0660 , 702-759-1000 280 S Decatur Blvd. Let me know if there is anything else I can help you with.

From: Miguel Gutierrez <miguel@gvslv.com>
Sent: Friday, May 27, 2022 5:57 PM
To: Aida Rafael <arafael@cleanwaterteam.com>
Cc: 'Rick Rodrigo' <rick@gvslv.com>
Subject: Sewer Request Single Family Home APN: 16311603004

You don't often get email from miguel@gvslv.com. [Learn why this is important](#)

STOP, LOOK, THINK: This is an external email. Exercise extra caution responding to it, opening attachments and following links.

Aida,

Greetings and I figured you may be able to point me in the right direction as you were always very helpful on my commercial projects. This application is for a single-family residence new construction project we are under contract for. I have attached the Application for Sanitary Sewer Service.

Variance Request for 2727 S Bronco St
Page 10
January 26, 2023

Attachment B: Justification Letter from Petitioner (Page 4 of 9)

Please let me know if you have any questions or require further information. I do not know if sewer is available for the parcel.
Thank You and feel free to reach out with any questions.

Miguel Gutierrez | Owner
O. 702.202.1211 | C. 702.234.6893 | www.GVSLV.com



6470 W Desert Inn Rd, Las Vegas, NV 89146



Nevada Contractors Lic #80553 | Limit \$950,000

Custom homes, commercial TI, complete design build services.

Attachment B: Justification Letter from Petitioner (Page 5 of 9)

12/29/22, 8:55 AM

Building permit status check

- (09/15/2022) The District is refusing service to the proposed development per Service Rules section 4.5.. This applies if you are proposing a septic system. In order to connect to city water, you must extend city sewer to your lot.
 - The District is refusing service to the proposed development per Service Rules section 4.5.
- (09/15/2022) Other. LVVWD needs to see your sewer proposal. Please provide us with documentation supporting how you will connect to sewer.

Fire sprinklers

Not required

Other

Not required

Add Additional
Document(s)

Additional project information

Additional permit number(s)

Not available

Scope of work or additional information

0/2000 Characters

[Show comment history](#)

Clark County approval

Zoning

Pending

CC Zoning division approval is pending

Civil

12/29/22, 8:55 AM

Building permit status check

Exhibit B

Building permit status check

Status: Pending

Building permit information

Building permit number & type

BD22-45203 Residential

Received on

09/14/2022

Supporting documents and information

Plumbing plan or floor plan

(Last document uploaded 09/14/2022)

Pending

Site plan

(Last document uploaded 09/14/2022)

Pending

Septic system approval

(Last document uploaded 09/14/2022)

Pending:

Attachment B: Justification Letter from Petitioner (Page 7 of 9)

12/29/22, 8:55 AM

Building permit status check

Approved



Architecture

Pending



CC Architecture division approval is pending

Contact

Primary contact

First name

Miguel

Last name

Gutierrez

Phone

702-234-6893

Ext.

Email

miguel@gvslv.com

Confirm email

miguel@gvslv.com

[Add Additional Contact](#)

Update

Close

Attachment B: Justification Letter from Petitioner (Page 8 of 9)

12/29/22, 8:55 AM

Building permit status check

[Subscribe to our newsletter!](#)

[Sign Up](#)

[A Not-For-Profit Water Utility](#)

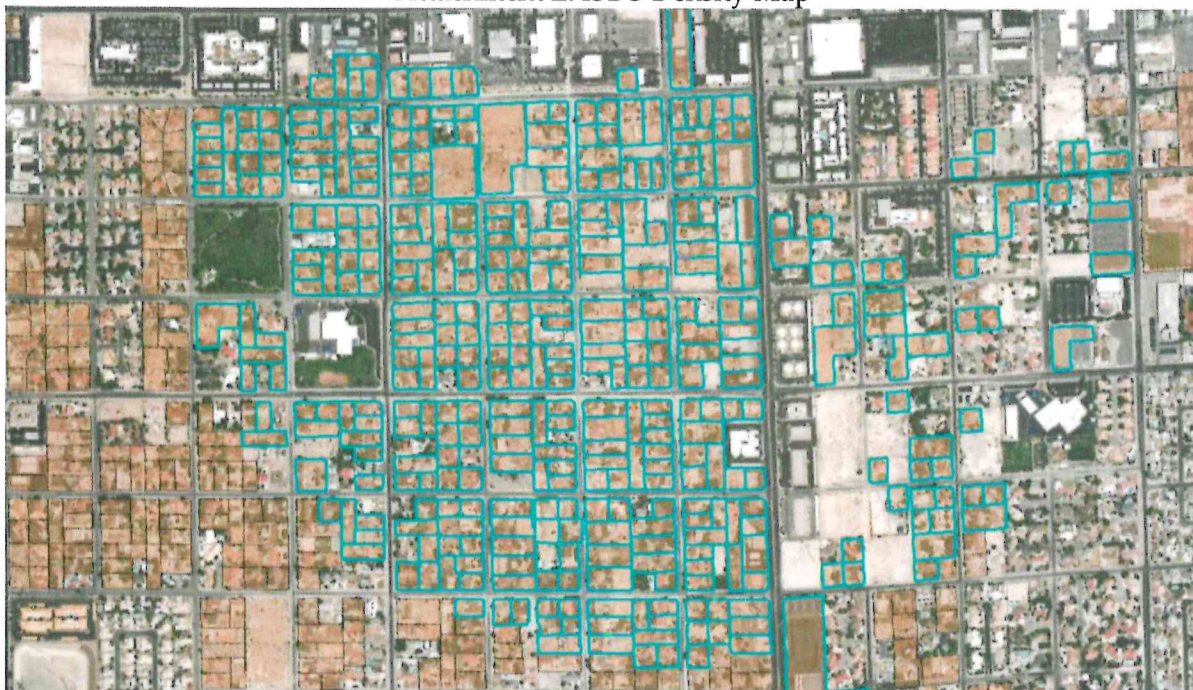
[Contact Us](#) [Privacy Policy](#) [Accessibility Policy](#) [Español](#)

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Las Vegas, Nevada 89153 702-870-2011 800-252-2011

Attachment C: Sewer Point of Connection

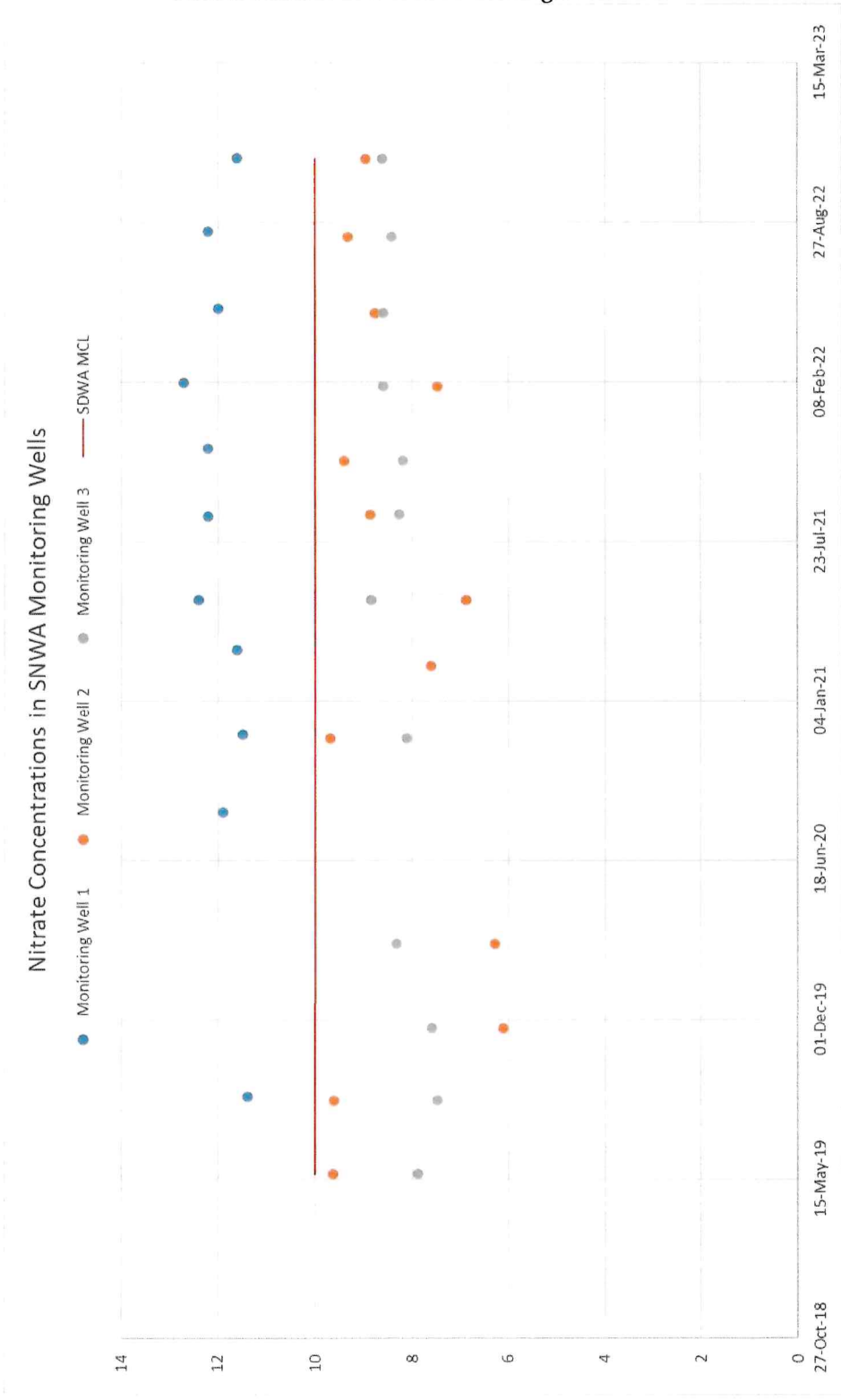


Attachment E: ISDS Density Map



There are 40 existing wells and 388 lots with an active, traceable ISDS permit within one square mile of the property boundaries.

Attachment F: SNWA Monitoring Well Data



Attachment G: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, January 26, 2023 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by William Hallisky, ("Petitioner"), to permit and install a new individual sewage disposal system on the property located at 2727 S Bronco St, Las Vegas, NV 89146, APN 163-11-603-004.

The variance request is made to allow the Petitioner to permit the installation of a septic system not in accordance with the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*. The variance will allow the Petitioners to install a septic system on an undersized lot.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by January 23, 2023 to:

Robert Fyda, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
fyda@snhd.org

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

- S -

Chris Saxton, MPH-EH, REHS
Environmental Health Director

January 10, 2023
Date



Memorandum

Date: January 26, 2023

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Robert Fyda, P.E., REHS, *Environmental Health Engineer/Supervisor* RF
Daniel Burns, P.E., REHS, *Environmental Health Engineering Manager* DCB
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* CS
Fermin Leguen, M.D., MPH, *District Health Officer* FL

Subject: Variance request for an existing septic system, SNHD Permit #ON0026656, located at 8620 Mustang St, Las Vegas, NV to allow existing trees to encroach on the septic system.

I. BACKGROUND:

Lynn Kowalski, trustee of The Nevada Cooperative Trust, ("Petitioner") is requesting a variance to obtain the approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number 125-11-602-002, also known as 8620 Mustang St, Las Vegas, NV 89131. The existing septic system was approved on April 18, 1996.

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Section 11.3 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 11.3 of the SNHD ISDS Regulations, which states that "All trees shall be at least ten feet (10') from both the septic tank and leach field." There are multiple trees on or near the leach field (see Attachment C). Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing trees to remain.

Petitioner states the following with regards to these requirements:

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

"The Site Plan clearly show the items in question are label[ed] correctly as Mountain Laurel's and Sumac which are Shrubs and Trees. The National Association of A[r]borist defines these item as Shrubs or Trees."

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

"Removing these Shrubs and Trees would probably do more damage to the Existing System than if they were left there as is. The Cost to remove these Shrubs would be in excess of \$ 30,000.00."

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

"These Shrubs and Trees have been there for 20 plus Years with No Issue. Removing them now would serve no useful purpose."

Examination of the Clark County Assessor's records and parcel genealogy show that Petitioner is the 2nd owner of the septic system and obtained the property in January 1999. An analysis of available aerial photography shows the trees in question were present in the Spring of 2001 or earlier. The property has not been improved since the adoption of the current regulations in 2009.

An analysis of the surrounding area shows that there are 48 recorded well logs and 92 permitted septic systems within a square mile of the subject property. There is sewer line within 400 feet but it is not available for connection according to the sewer agency (see Attachment E).

II. RECOMMENDATION:

The existing trees located on and near the leach field pose a risk to the septic system via root intrusion. Root intrusion can cause hydraulic failure, which may result in sewage backup into the structures being serviced by the septic system or surfacing of sewage over the leach field. However, the presence of trees allows for uptake of the effluent by the roots, which may improve treatment of the effluent.

The existing septic system is at higher risk of failure as it is approaching 27 years old where a typical septic system life span is about 30 years. Petitioner claims that the plants in question are shrubs, but that characterization appears to be contradicted by the arborist's report and classification (see Attachment F).

Staff recommends DENIAL of the variance for the following reasons:

- The age of the existing individual septic system is approaching its' life expectancy.

- Risk of tree root intrusion into the septic system could cause septic system failure.

If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.
2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.
3. No additional trees are allowed within 10 feet of the existing septic system.
4. The variance will be in effect until the existing residential septic system is inactivated, removed, fails, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.
5. Petitioner and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.

Attachments:

- A. Variance Candidate Application
- B. Justification Letter
- C. Tenant Improvement Review (SR0045192)
- D. Final Inspection Report and Plot Plan for ON0026656
- E. Sewer Connection Information
- F. Arborist Report for 8620 Mustang St
- G. Quote for Tree Removal from JDS Surfaces
- H. Public Notice

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



VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION

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

OWNER INFORMATION

Name of Property Owner: Nevada Cooperative Trust and Lynn Kowalski Trustee
Address of Property Owner: 8620 Mustang St.
Contact Information of Property Owner: Lynn Kowalski c/o JDS Surfaces, LLC, Scott R Ainsworth
Office Phone: 702-435-1607 Cell Phone: 702-624-7386
Fax Number: N/A Email Address: scott@jdssurfaces.com

PROPERTY INFORMATION

Property Address: 8620 Mustang St.
Assessor's Parcel Number (APN): 125-11-602-002
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Trees on Site Plan within 10' of Septic System

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

5.1 No Trees shall be located within ten feet (10') of a soil absorption system or Septic Tank.

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

PART II:

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

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

The Site Plan clearly show the items in question are Label correctly as Mountain Laurel's and Sumac which are Shrubs and Trees. The National Association of Arborist defines these item as Shrubs or Trees.

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

Removing these Shrubs and Trees would probably do more damage to the Existing System than if they were left there as is. The Cost to remove these Shrubs would be in excess of \$ 30,000.00.

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

These Shrubs and Trees have been there for 20 plus Years with No Issue. Removing them now would serve no useful purpose.

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

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

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
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 - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
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[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

Referred by: _____
(Print Name of REHS)

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

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

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

Attachment B: Justification Letter (Page 1 of 3)

Nevada Cooperative Trust and
Kowalski Lynn D. TRS
8260 Mustang ST
Las Vegas, NV 89131

June 30, 2022

Director of Environmental Health Division
So. Nevada Health District
P.O. Box 3902,
Las Vegas, NV 89127

RE: 8620 Mustang St. Las Vegas, NV
SNHD Permit # ON0026656

Dear Mr. Robert Fyda
Environmental Health Supervisor, Southern Nevada Health District:

I am the owner of Nevada Cooperative Trust, Lynn D Kowalski Trustee of 8620 Mustang St. Las Vegas, Nevada 89131, further described as LAND DIVISION 146-92, LOT 2 BLOCK, PARCEL NUMBER: 125-11-602-002 in Clark County, ask the Department for a Variance from Section 5.1 of the IDSD Regulations requiring no Trees within 10' of a Sewage Disposal System or a Septic Tank.

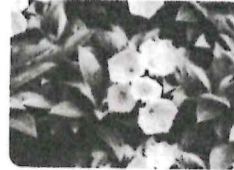
On the Site Plan submitted for the Voucher for the Issuance of the Building Permit No. BD21-60259 to Build an Outdoor BBQ on the Opposite side of the Property there is a requirement that the Trees labeled on the Plan be removed prior to Final Approval.

First the Items marked by the Inspector as Trees are Clearly Labeled to be Mountain Laurel's and Sumac which are considered Shrubs by the Arborist Society and would not require removal under the Regulations.

Secondly these Shrubs have been there since the Home was Built and the Landscaping was completed some 20 plus years ago. There have been no issues with the system functioning properly to this point. Removing these Shrubs at this point would probably do more damage than good, not to mention the Hardship it would cause me as the Homeowner to have to replace the System due to the Damage. (Please see Below Description of Mountain Laurel's and Sumac as Shrubs)

Attachment B: Justification Letter (Page 2 of 3)

Mountain laurel (*Kalmia latifolia*) is a **flowering broadleaf evergreen shrub** with a gnarly, multi-stemmed growth habit. It has beautiful spring blooms, and its elliptical, glossy deep-green leaves (resembling those of rhododendrons) and gnarled stems make it attractive in all seasons. RH 11 2022



Sumac shrubs provide intriguing visuals throughout most of the year, whether they're growing along roadsides or planted as garden accents. Large flower clusters in spring are followed by brilliantly colored fall foliage in orange, flame red, and burgundy. The flower clusters produce berrylike drupes that turn red in autumn and last well into winter where they serve as tasty snacks for wildlife.

Allowing these Shrubs to remain as is, does not generally affect other persons subject to the regulations as the Regulation is for Trees and not Shrubs. Leaving them is also better for the environment as the help with better Air Quality and a Healthier Environment.

This is a portion of the response from the Inspector as it relates to the situation.

You are correct that removing the root systems may damage the leach field (which is why we don't recommend pulling trees out of the ground), but we haven't allowed waivers like what you described, so it would be unfair to make an exception for this individual case. Do you know about how many trees would be affected (i.e., within 10' of the leach field or septic tank)? Bushes/shrubs are not considered trees.

Just cutting down the Shrubs and leaving the Root System to continue to grow as Shrubs will do serves no useful purpose in this situation.

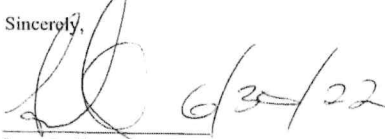
As far as connecting to the sewer system, the closest sewer to the property is about 500feet away to a City Sewer, and would be cost prohibitive.

In closing I ask the Division to either remove the Condition for the Shrubs to be removed from the Area as a Requirement to issuance of a Final Inspection or Grant a Variance allowing them to remain until the System Fails or needs Repair.

Also attached is a Notarized Letter that can be put in the File Binding me to either remove the Shrubs should we decide to Repair the System or Connect to County Sewer when and if the System Fails.

Variance Request for 8620 Mustang St
Page 9
January 26, 2023

Attachment B: Justification Letter (Page 3 of 3)

Sincerely,

Lynn D. Kowalski-Trustee
Nevada Cooperative Trust

Attachment C: Tenant Improvement Review (SR0045192) - Page 1 of 2

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

REPORT AND/OR NOTICE OF INSPECTION


EHS 1173	PERMIT NUMBER ON0026656	FACILITY Nevada Cooperative Trust and Kowalski Lynn D. TRS			ADDRESS 8620 Mustang ST Las Vegas, NV 89131-1940			
DIST 14	CITY Las Vegas	APN # 125-11-602-002			SR # SR0045192	WATER SOURCE Domestic Well		
CURRENT ACTION 628	Service Date 5/3/2022	Status	Time In	Time Out	Result			
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date	

NOTIFIED OF THE FOLLOWING

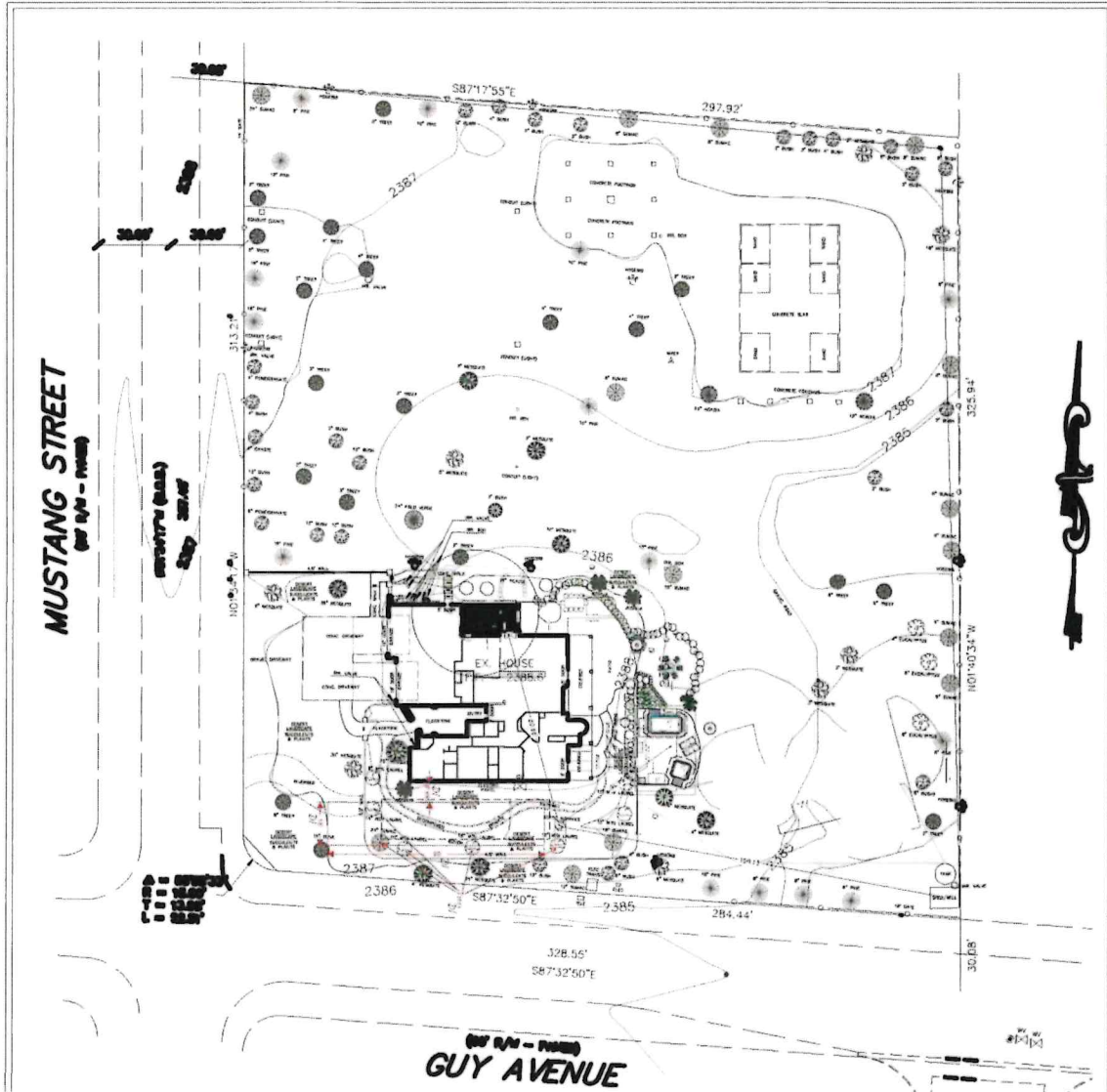
Tenant Improvement for a BBQ patio area with plumbing is **CONDITIONALLY APPROVED**. The proposed BBQ patio will include 1 additional fixture unit consisting of 1 sink @ 1 FU. The existing septic system appears to be adequate. However, there appears to be multiple trees within 10' of the septic tank and leach field. Cut down any trees encroaching on the septic system and submit photo documentation to SNHD for final approval, or provide documentation showing that the trees are more than 10' from the septic system.

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

RECEIVED BY:
 Emailed to Scott Ainsworth - JDS Surfaces
 (delivery@spaces.hightailmail.com) on 5/3/2022

ENVIRONMENTAL HEALTH SPECIALIST:

 Dan Isler
 cn=Dan Isler, o=SNHD, ou=SDS,
 email=isler@snhd.org, c=US
 2022.05.03 09:33:46 -0700

Attachment C: Tenant Improvement Review (SR0045192) - Page 2 of 2



Attachment D: Final Inspection Report and Plot Plan for ON0026656
 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane • Las Vegas, Nevada
 Telephone 363-1271 (Direct) • 385-1291 (24 Hours)

SAN	CONTROL NO.	ESTABLISHMENT	ADDRESS
	SJ794		MUSTANG ST/GUY AVE
	GJK-00	OGDEN, JOHN S & MARSHA H	8620 MUSTANG ST
			LAS VEGAS NV 89131
DIST	14	125-11-602-002 19 60 11 NE SW	PERSON INTERVIEWED
		LD 146-92 96-8235	15 MPR
CITY	09	TYPE AND CATEGORY	TELEPHONE (702)
		8811-084 1500	498-2666
		ABSORB LOT SZ FIX ASSESSOR # WATER #	
		1165 106600 27	
PREVIOUS ACTION	SAN C	ACTION	DATE
	49	6*	04/15/96
			04/16/96
			04/15/96
CURRENT ACTION	SAN C	ACTION	DATE
	17	A	4/16/96
			12:00 12:30
			PRIVATE HOUSEHOLD
	VIOLATIONS - ALLEGED	VIOLATIONS - ACTUAL	FUTURE ACTION
	15	23	2c 4/16/96

SEPTIC TANK: Total Capacity 1500 gallons

NUMBER COMPARTMENTS 2 TYPE Material F

Inside Dimensions: Length 10 ft in Width 5 ft in Liquid Depth 4 ft in

Distance From Well: 100+ ft Dir W Distance From Foundation 30 ft Dir W

Distance From Lot Line: Nearest 10 ft Dir N Front/Side/Rear

SUBSOIL DISPOSAL: Effective absorption areas 1165/620 sq. ft.

Distance From Well: 100+ ft Dir W Distance From Foundation 35 ft Dir W

Distance From Lot Line: Nearest 10 ft Dir N Front/Side/Rear

Type Disposal B Number Lines/Pits 3 Length of each Line 84 ft

Distance between lines 6 ft Total Length of Lines 252 ft in

Filter Material S Depth beneath Tile 1 ft 6 in Depth over Tile 2 ft in

Total Width/Diameter 18 ft in Total Length 90 ft in Total Depth 4 ft 6 in

COMMENTS:

SUNRISE ENT 452-3599 87

Don't approve OK to

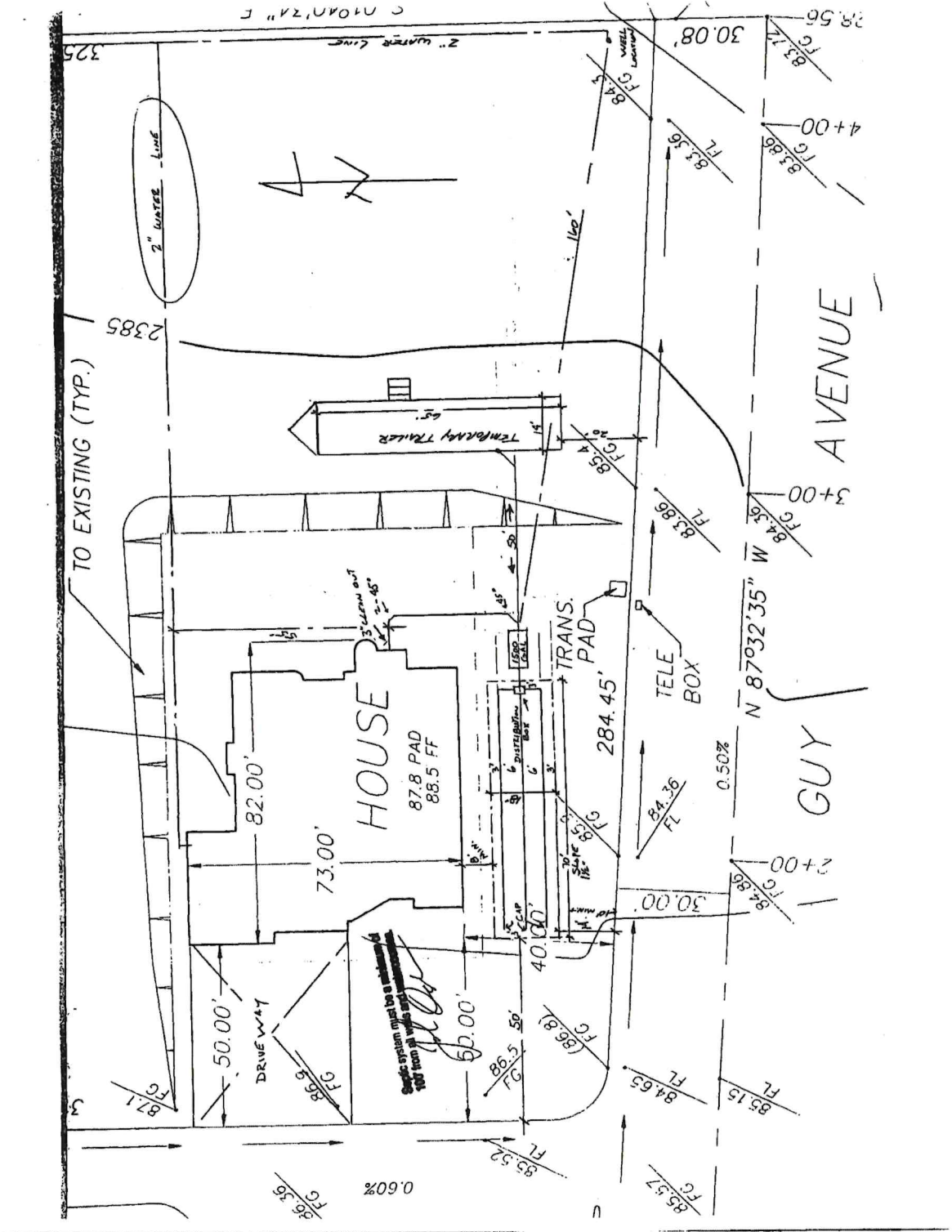
Proch...

No Directions - HAD TO WAIT FOR CONTRACTOR FOR DIRECTIONS

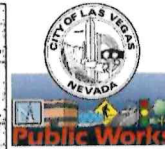
NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE DISPOSAL SYSTEM. THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

RECEIVED COPY: *[Signature]* SANITARIAN: *[Signature]* REVIEWED BY: *[Signature]* 3-18-19-96

Attachment D: Final Inspection Report and Plot Plan for ON0026656
(Page 2 of 2)



Attachment E: Sewer Connection Information (Page 1 of 2)



8620 Mustang St
Sewer Availability

GIS Maps are extremely prepared
only to meet the needs of the City
Due to continuous development activity
this map is for reference only
Geographic Information System
Created by Engineering Planning
Tel: (702) 256-6541

Attachment E: Sewer Connection Information (Page 2 of 2)



**LAS VEGAS
CITY COUNCIL**

CAROLYN G. GOODMAN
Mayor

BRIAN KNUDSEN
Mayor Pro Tem

CEDRIC CREAR
VICTORIA SEAMAN

OLIVIA DIAZ
FRANCIS ALLEN-PALENSKE
NANCY E. BRUNE

JORGE CERVANTES
City Manager

PUBLIC WORKS
MIKE JANSSEN, P.E., PTOE
EXECUTIVE DIRECTOR OF
INFRASTRUCTURE

CITY HALL
495 S. MAIN ST.
LAS VEGAS, NV 89101
702.229.6011 | VOICE
711 | TTY



December 29, 2022

Robert Fyda
Southern Nevada Health District
PO Box 3902
Las Vegas, NV 89127

RE: A.P.N. 125-11-602-002
8620 Mustang Street

Dear Mr. Fyda:

The referenced parcel is located at the northeast corner of Guy Avenue and Mustang St. The closest sewer connection point is to an existing manhole in Maverick Street and Guy Avenue intersection, approximately 325 feet east from the easternmost property line.

While the City of Las Vegas (City) continues to enforce Nevada Administrative Code and Southern Nevada Health District Regulations, and given public sewer availability within 400 feet of the nearest property line, the City takes no exception to a variance request for the existing ISDS as the property does not fit the criteria to connect at this time. If you have any questions, feel free to contact the City at 229-6541.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Parks".

Tim Parks, P.E.
Engineering Project Manager
Sanitary Sewer Engineering
Department of Public Works

Attachment F: Arborist Report for 8620 Mustang St

mrtreelv@gmail.com



mrtreelv.com

Arborist report

Scott Ainsworth
FBO: Lynn Kowalski
8620 Mustang st
Las Vegas NV 89131

July 25, 2022

Assess condition of

Tree roots affecting septic system

Re: Assess area of septic system to determine possibility of tree roots becoming invasive or disruptive to septic tank/field.

Conditions/Observations:

Septic field located right (South) side of house, side yard area covered with various desert type plants and bushes (yuccas, brittlebrush, cacti. Agaves etc..)

Trees adjacent to but not on top of septic field are 3 Texas mountain Laurel (*Sophora secundiflora*) and 1 African sumac (*Rhus lancea*) at far end corner.

Analysis:

These are mature specimens that have been established for perhaps 15-20 years.
Trees are located off the field of the septic system.
Texas Mountain Laurel is considered a small shrub-like tree.
African sumac is considered a medium sized tree.


Recommendations:

Being that these are mature specimens and well past the point of rapid root expansion, I would not expect more root development that may interfere with the septic system.
Most tree roots are to be found in the top 18 inches and seeing that these trees are supplied with drip irrigation at the base of the trees I would expect the root mat to be close too and around the base of the trees.

We hope this analysis and assessment has been helpful in your research and hope to be of further service to you should the need arise.

Sincerely, Joe Noriega Mr. Tree service  TRAQ (Tree Risk Assessment Qualified)



Supervising Arborist Joe Noriega  certified Arborist WE-9982A member # 216263
1340 E. Pebble Rd #100 Las Vegas, NV 89123 - NV state contractor license # 60522
Mr. Tree 702.401-6277 PTI Golf 702.315.5121 phone 702.891.0836 fax



Attachment G: Quote for Tree Removal from JDS Surfaces

JDS Surfaces, LLC

5080 Judson Ave.
 Las Vegas, NV 89115



Estimate

Date	Estimate #
1/5/2023	J8586

Phone #	(702) 435-1607
---------	----------------

Name / Address
Kowalski Residence 8620 Mustang St Las Vegas nV 89131

Project

Description	Qty	Total
Pricing based on Verbal Quote from Mr. Tree.		
02-100 Demolition - Remove existing Trees within 10' of the existing Septic System by hand.	60	7,500.00
02-100 Demolition - Remove existing Tree Roots by Hand within 10' of the Existing Septic System to stop the growth of new Trees	120	15,000.00
01-200 Rubbish Removal - Disposal of Waste from Tree Removal	1	750.00
02 Sitework/Demolition - Replace Landscape area of Tree Removal	1	6,650.00

Total	\$29,900.00
--------------	-------------

Sign, print and date if you agree to this estimate	
Printed Name	_____ e: _____
Signature	_____
<i>Credit cards Accepted (4% Fee)</i>	

NV Contractors Lic # 0075442 Limit \$ 350,000.00
 NV Contractors Lic # 0075441 Limit \$ 150,000.00
 NV Contractors Lic # 0067721 Limit \$ 75,000.00

Attachment H: Public Notice



PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, January 26, 2023 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Lynn Kowalski, trustee of The Nevada Cooperative Trust, ("Petitioner"), to allow existing trees to remain within 10 feet of the existing septic system (SNHD Permit # ON0026656) on the property located at 8620 Mustang St, Las Vegas, NV 89131, APN 125-11-602-002.

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

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by January 23, 2023 to:

Robert Fyda, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
fyda@snhd.org

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

- 5 -

Chris Saxton, MPH-EH, REHS
Environmental Health Director

January 9, 2023
Date



CPAs & BUSINESS ADVISORS

SOUTHERN NEVADA HEALTH DISTRICT

Financial Statement Audit – June 30, 2022

REPORTING OVERVIEW

- Reporting package includes two audit reports
 - Independent Auditors Report
 - Auditor's Report Government Auditing Standard (GAGAS Report)

INDEPENDENT AUDITORS REPORT

- Type of Report Issued
 - Unmodified
- Adoption of New Accounting Standard
 - Adoption of GASB Statement No. 87, *Leases*
 - Lead to the addition of a new lease liability and right of use assets

GAGAS REPORT

- Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters
- Findings
 - 2022-001 – Material Weakness in Financial Close and Reporting
 - 2022-002 – Material Weakness in Financial Close and Reporting – IT Environment
 - 2022-003 – Material Noncompliance with Nevada Revised Statutes Budget Requirements, Material Weakness in Internal Control over Compliance

REPORTING UPDATES

- Subsequent to posting the audit report for the finance committee some final quality review corrections were identified and made
 - Clerical corrections to the auditor's report, table of contents, footnotes, and GAGAS report
 - Change to the presentation of lease payments on the Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances to comply with GASB 87

REQUIRED COMMUNICATIONS WITH GOVERNANCE

- Major Accounting Policies can be found in footnote 1
 - Adoption of GASB 87
- Significant Estimates and Disclosures
 - OPEB and PERS Plans, GASB 87 Implementation
- No significant difficulties encountered during the audit
- No disagreements with Management



CPAs & BUSINESS ADVISORS

QUESTIONS?

This presentation is presented with the understanding that the information contained does not constitute legal, accounting or other professional advice. It is not intended to be responsive to any individual situation or concerns, as the contents of this presentation are intended for general information purposes only. Viewers are urged not to act upon the information contained in this presentation without first consulting competent legal, accounting or other professional advice regarding implications of a particular factual situation. Questions and additional information can be submitted to your Eide Bailly representative, or to the presenter of this session.

Financial Statements
June 30, 2022

Southern Nevada Health District

Draft

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Draft

Financial Section
June 30, 2022

Southern Nevada Health District

Draft

Independent Auditor's Report

To the Board of Health and
Director of Administration
Southern Nevada Health District

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the Health District) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Health District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Adoption of New Accounting Standard

As discussed in Note 1 to the financial statements, the Health District has adopted the provisions of GASB Statement No. 87, *Leases*. This adoption did not result in a restatement of net position as of July 1, 2021. Our opinions are not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 6 through 15 as well as the respective budgetary comparison for the General Fund and the Special Revenue Fund, the schedules of changes in the Health District's total OPEB liability and related ratios, the schedule of the Health District's proportionate share of the net pension liability, and the schedule of District contributions for the Health District's defined benefit pension plan on pages 50 through 56 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health District's basic financial statements. The individual fund schedules are the responsibility of management are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining and individual fund statements and schedules, capital asset schedules, and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated "date of report" on our consideration of the Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.

Eide Bailly Signature

Las Vegas, Nevada

XXXXXX

Draft

Management's Discussion and Analysis
June 30, 2022

Southern Nevada Health District

Draft

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2022.

Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by \$32,682,893. Of this amount, unrestricted net position could be used to meet the government's on-going obligations to citizens and creditors, if it were a positive number.

The Health District's total net position increased by \$6,928,462, primarily due to the increase of special revenue from COVID-19 pandemic response efforts.

The Health District's total revenue increased by \$32,204,020. This was primarily driven by the pandemic response in the special revenue fund, an increase in volume of clients served, and property tax revenues. Expenses increased by \$32,095,538, which reflects the costs of the pandemic response/outreach initiatives including but not limited to vaccine, testing, and contact tracing efforts.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Southern Nevada Health District's basic financial statements. The Health District's basic financial statements consist of three components:

Government-wide financial statements

Fund financial statements

Notes to financial statements

This report also includes supplementary information intended to furnish additional detail to support the basic financial statements themselves.

Government-wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2022. The governmental activities of the Health District are comprised of the following divisions:

Clinical Services. Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, and other clinical programs.

Environmental Health. Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

Community Health. Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

Administration. Includes programs for general administration, financial services, legal services, public information, food handler education, laboratory services, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 16 of this report.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

Governmental funds

Proprietary funds

Fiduciary funds

Governmental Funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains two individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, all of which are considered to be major funds.

The Health District adopts an annual appropriated budget for its general and special revenue fund. A budgetary comparison statement has been provided for both to demonstrate compliance with each budget.

The basic governmental fund financial statements can be found beginning on page 16 of this report.

Proprietary Fund

As of June 30, 2022, the Health District only maintains an internal service fund:

An internal service fund is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005, after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005 and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 20 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.

Notes to the Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to the financial statements can be found beginning on page 27 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 50 of this report.

Government-wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2022	2021
Assets		
Current and other assets	\$ 57,564,795	\$ 53,082,255
Net capital assets	36,662,219	27,739,485
Total assets	94,227,014	80,821,740
Deferred Outflows	51,546,231	21,197,014
Liabilities		
Short-term liabilities	22,070,057	16,284,135
Long-term liabilities	99,265,947	110,322,161
Total liabilities	121,336,004	126,606,296
Deferred Inflows	57,120,134	15,024,480
Net Position		
Net investment in capital assets	29,117,281	27,739,485
Restricted	368,975	311,088
Unrestricted	(62,169,149)	(67,662,595)
Total net position	\$ (32,682,893)	\$ (39,612,022)

Total unrestricted net position represents negative 190% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital assets (e.g., land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position increased by \$6,938,462 primarily due to increased operating grants and contributions.

Summary Statement of Changes in Net Position

	Governmental Activities	
	<u>2022</u>	<u>2021</u>
Revenues		
Program Revenues		
Charges for services	\$ 49,760,082	\$ 42,086,660
Operating grants and contributions	85,129,449	61,456,157
General Revenues		
Property tax allocation	28,258,566	26,169,886
Other income	1,061,273	821,759
Unrestricted investment income (loss)	<u>(1,382,412)</u>	<u>88,476</u>
Total Revenues	<u>162,826,958</u>	<u>130,622,938</u>
Expenses		
Public health		
Clinical services	60,865,122	45,158,133
Environmental health	23,508,809	23,094,986
Community health	86,557,971	42,328,165
Administration	<u>(15,033,406)</u>	<u>13,221,674</u>
Total Expenses	<u>155,898,496</u>	<u>123,802,958</u>
Change in Net Position	6,928,462	6,819,980
Net Position, Beginning	<u>(39,611,355)</u>	<u>(46,431,335)</u>
	<u>\$ (32,682,893)</u>	<u>\$ (39,611,355)</u>

Governmental Activities

During the current fiscal year, net position for governmental activities increased \$6,928,462 from the 2021 fiscal year to an ending balance of negative \$39,611,355.

Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

At June 30, 2022, the Health District's governmental funds reported combined fund balances of \$41,826,781, an increase of \$4,624 in comparison with the prior year. Approximately 81%, or \$33,851,254 of this amount constitutes unassigned fund balance, which is available for spending at Health District's discretion. The remainder of governmental fund balance is classified as follows: \$2,286,648 is non-spendable; \$4,883,052 is assigned to capital project improvements; restricted funds of \$279,975 is Grant-related; \$525,852 is assigned to administrative projects.

The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$34,085,452, while the total fund balance is \$36,886,107. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

Unassigned fund balance represents approximately 17.3% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 17.1% of the total governmental expenditures and transfers. The Health District's general fund balance increased by \$1,581,460 during the current fiscal year, attributable to increased revenue and property tax allocation.

Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund) and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a non-spendable and restricted fund balance of \$291,820. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and capital funds have an assigned fund balance of \$4,883,052 at the end of the current fiscal year, which decrease by \$1,700,775 as compared to the prior fiscal year. This is not a significant decrease from the prior year.

Fund Revenues by Source:

	2022		2021		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<u>General Fund Revenues</u>						
Charges for services						
Fees for service	\$ 25,661,858	33.34%	\$ 21,467,901	31.33%	\$ 4,193,957	19.54%
Regulatory revenue	21,579,715	28.04%	19,179,957	27.99%	2,399,758	12.51%
Title XIX & other	2,524,093	3.28%	1,438,802	2.10%	1,085,291	75.43%
Total charges for services	<u>49,765,666</u>	<u>64.66%</u>	<u>42,086,660</u>	<u>61.42%</u>	<u>7,679,006</u>	<u>18.25%</u>
Intergovernmental revenues						
Property tax	28,258,566	36.71%	26,169,886	38.20%	2,088,680	7.98%
General receipts						
Contributions and donations	9,136	0.01%	20,374	0.03%	(11,238)	-55.16%
Interest income	(1,270,116)	-1.65%	121,743	0.18%	(1,391,859)	-1143.28%
Other	205,013	0.27%	114,436	0.17%	90,577	79.15%
Total general fund revenues	<u>\$ 76,968,265</u>	<u>100.00%</u>	<u>\$ 68,513,099</u>	<u>100.00%</u>	<u>\$ 8,455,166</u>	<u>12.34%</u>
<u>Special Revenue Fund Revenues</u>						
Intergovernmental revenues						
Direct federal grants	\$ 14,769,382	17.19%	\$ 8,212,491	13.22%	\$ 6,556,891	79.84%
Indirect federal grants	69,327,432	80.69%	51,489,763	82.86%	17,837,669	34.64%
State funding	1,017,915	1.18%	1,733,529	2.79%	(715,614)	-41.28%
Total intergovernmental revenues	<u>85,114,729</u>	<u>99.06%</u>	<u>61,435,783</u>	<u>98.87%</u>	<u>23,678,946</u>	<u>38.54%</u>
Program Contract Services	808,427	0.94%	707,323	1.13%	101,104	14.29%
Total special fund revenues	<u>\$ 85,923,156</u>	<u>100.00%</u>	<u>\$ 62,143,106</u>	<u>100.00%</u>	<u>\$ 23,780,050</u>	<u>38.27%</u>
Combined Special Revenue and General Funds	<u>\$ 162,891,421</u>		<u>\$ 130,656,205</u>		<u>\$ 32,235,216</u>	<u>24.67%</u>

The increase in fees for service, including vital records, immunizations, and other medical services and regulatory services, is due to increased number of patients.

The increase in the property tax allocation of \$2,088,680 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for all property in the State of Nevada.

The decrease in interest income was due to decreased fair market value compared to book value at year end from investments.

Southern Nevada Health District
Management's Discussion and Analysis
June 30, 2022

	2022		2021		Increase(Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<u>General Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 33,293,099	58.85%	\$ 28,706,148	60.96%	\$ 4,586,951	15.98%
Environmental health	23,724,967	41.94%	19,136,376	40.63%	4,588,591	23.98%
Community health services	16,664,082	29.46%	9,609,519	20.40%	7,054,563	73.41%
Administration	(17,456,776)	-30.86%	(10,592,489)	-22.49%	(6,864,287)	64.80%
Capital outlay						
Public health	344,319	0.61%	234,431	0.50%	109,888	46.87%
Total general fund expenditures	<u>\$ 56,569,691</u>	<u>100.00%</u>	<u>\$ 47,093,985</u>	<u>100.00%</u>	<u>\$ 9,475,706</u>	<u>20.12%</u>
<u>Special Revenue Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 28,821,673	27.54%	\$ 15,789,174	21.35%	\$ 13,032,499	82.54%
Environmental health	1,184,048	1.13%	3,310,153	4.48%	(2,126,105)	-64.23%
Community health services	70,180,202	67.05%	31,879,874	43.10%	38,300,328	120.14%
Administration	2,577,654	2.46%	20,948,893	28.32%	(18,371,239)	-87.70%
Capital outlay						
Public health	1,900,587	1.82%	2,037,803	2.75%	(137,216)	-6.73%
Total special revenue fund expenditures	<u>\$ 104,664,164</u>	<u>100.00%</u>	<u>\$ 73,965,897</u>	<u>100.00%</u>	<u>\$ 30,698,267</u>	<u>41.50%</u>
Combined General Funds & Special Revenue	<u>\$ 161,233,855</u>		<u>\$ 121,059,882</u>		<u>\$ 40,173,973</u>	<u>33.19%</u>

General Fund Budget Highlights

Final budget compared to actual results

Current budget procedure allows funds to be moved within programs and departments. Revenues fell short of Budgeted amounts by \$771,114. Fees for services and investment earnings had been impacted due to the pandemic and economic impacts and did not meet projections.

Total budgeted expenditures exceeded actual amounts by \$4,696,245. This was primarily driven by Services and supplies as expectations for the expenditure for standard operations as well as grant funded operations were not met.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures are included in the Supplementary Information on page 50 of the Financial Report.

CAPITAL ASSETS

As of June 30, 2022, the Health District's net investment in capital assets for its governmental activities was \$36,662,219. This investment in capital assets includes land, buildings and improvements, vehicles and equipment. The net increase in capital assets for the current fiscal year was approximately \$7,263,040 or 25%, driven by construction in progress and right of use leased assets.

Governmental activities	Balance June 30, 2021	Increases	Decreases	Transfers	Balance June 30, 2022
Total governmental activities	\$ 29,399,179	\$ 7,466,033	\$ (202,993)	\$ -	\$ 36,662,219

The Health District deleted capital assets by \$561,021. This included obsolete Office and Information Technology equipment as well replaced District Vehicles.

Additional detailed information on the Health District's capital assets can be found in Note 4 of this report.

Long-term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities.

Economic Factors and Next Year's Budgets and Rates

The Health District has an improved financial position even with the continued impact of the COVID-19 pandemic. To properly respond and manage the pandemic, additional resources were required which included personnel, supplies, services, and equipment.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and must rely on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds are awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to a possible pandemic outbreak and other public health emergencies. The Board of Health continued its previous approval of \$1,000,000 of fund balance to be used if needed for that purpose.

The Health District is confronted with inflationary factors affecting the cost of equipment, supplies, and other services. In addition, benefit costs will be higher due to retirement contributions and group insurance costs.

The Health District will continue to pursue not only proportional allocation of Federal pass-through dollars through the State, but also direct funding from the Federal government. Clark County has 72.8% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional Federal support will enable the Health District to better address the needs of residents requiring services.

At present, the Health District has the financial resources and capacity to maintain current service levels. Though the Health District has a surplus of revenue over expenditures, it must be noted that the driver for that is Pandemic Relief funding. At the end of the declared emergency the Health District's expenditures will greatly exceed revenue, and to ensure operational viability the Health District must closely monitor revenues and expenditures in addition to making operational adjustments.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District
Attention: Chief Financial Officer
280 S. Decatur Blvd. P.O. Box 3902
Las Vegas, Nevada, 89127

This entire report is available online at: <http://www.southernnevadahealthdistrict.org>.

Draft

Basic Financial Statements
June 30, 2022

Southern Nevada Health District

Draft

Government-Wide Financial Statements
June 30, 2022

Southern Nevada Health District

Draft

Southern Nevada Health District
Statement of Net Position
June 30, 2022

	Governmental Activities
Assets	
Cash and equivalents, unrestricted	\$ 32,844,883
Restricted cash	89,000
Grants receivable	19,259,152
Accounts receivable, net	2,755,967
Interest receivable	58,325
Other receivables	270,820
Prepaid items	817,727
Inventories	1,468,921
Capital assets not being depreciated	
Land	3,447,236
Construction in progress	2,517,121
Capital assets, net of accumulated depreciation and amortization	
Buildings	16,412,426
Improvements other than buildings	1,883,823
Furniture, fixtures, and equipment	4,474,695
Right of use leased assets	7,525,084
Vehicles	401,834
Total assets	94,227,014
Deferred Outflows of Resources	
Deferred amounts related to pensions	47,229,699
Deferred amounts related to OPEB	4,316,532
	51,546,231
Liabilities	
Accounts payable	11,497,629
Accrued expenses	3,712,762
Workers compensation self-insurance claims	20,000
Unearned revenue	397,898
Retainage payable	23,603
Long-term liabilities, due within one year	
Compensated absences	5,547,832
Lease liability	870,333
Long-term liabilities, due in more than one year	
Compensated absences	3,731,118
Lease liability	6,674,605
Net pension liability	58,760,106
Total OPEB liability	30,100,118
Total liabilities	121,336,004
Deferred Inflows of Resources	
Deferred amounts related to pensions	48,900,707
Deferred amounts related to OPEB	8,219,427
	57,120,134
Net Position	
Net investment in capital assets	29,117,281
Restricted	368,975
Unrestricted (deficit)	(62,169,149)
Total net position	\$ (32,682,893)

See Notes to Financial Statements

Southern Nevada Health District
Statement of Activities
For the Fiscal Year Ended June 30, 2022

Function/Program	Expenses	Program Revenues		Net (Expenses) Revenues and Changes in Net Position Primary Government
		Charges for Services	Operating Grants and Contributions	Governmental Activities
Governmental activities				
Public health				
Clinical services	\$ 60,865,122	\$ 20,912,445	\$ 22,463,386	\$ (17,489,291)
Environmental health	23,508,809	21,285,048	995,194	(1,228,567)
Community health	86,557,971	7,554,321	59,445,178	(19,558,472)
Administration	(15,033,406)	8,268	2,225,691	17,267,365
Total governmental activities	<u>155,898,496</u>	<u>49,760,082</u>	<u>85,129,449</u>	<u>(21,008,965)</u>
Total function/program	<u>\$ 155,898,496</u>	<u>\$ 49,760,082</u>	<u>\$ 85,129,449</u>	<u>(21,008,965)</u>
General Revenues				
Property tax allocation				28,258,566
Other income				1,061,273
Unrestricted investment income				(1,382,412)
Total general revenues and transfers				<u>27,937,427</u>
Change in Net Position				<u>6,928,462</u>
Net Position, Beginning of Year				<u>(39,611,355)</u>
Net Position, End of Year				<u>\$ (32,682,893)</u>

Fund Financial Statements
June 30, 2022

Southern Nevada Health District

Draft

Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2022

	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
Assets				
Cash and cash equivalents	\$ 28,766,852	\$ -	\$ 4,007,820	\$ 32,774,672
Grants receivable	-	19,259,152	-	19,259,152
Accounts receivable, net	2,762,321	-	(6,354)	2,755,967
Other receivables	257,620	13,200	-	270,820
Interest receivable	51,082	-	7,118	58,200
Due from other funds	10,002,165	-	874,468	10,876,633
Inventories	1,468,921	-	-	1,468,921
Prepaid items	805,882	11,845	-	817,727
	<u>\$ 44,114,843</u>	<u>\$ 19,284,197</u>	<u>\$ 4,883,052</u>	<u>\$ 68,282,092</u>
Liabilities				
Accounts payable	\$ 3,347,734	\$ 8,096,674	\$ -	\$ 11,444,408
Accrued expenses	3,732,569	-	-	3,732,569
Unearned revenue	148,433	249,465	-	397,898
Due to other funds	-	10,880,436	-	10,880,436
	<u>7,228,736</u>	<u>19,226,575</u>	<u>-</u>	<u>26,455,311</u>
Fund Balances				
Nonspendable				
Inventories	1,468,921	-	-	1,468,921
Prepaid items	805,882	11,845	-	817,727
Restricted for				
Grants	-	279,975	-	279,975
Assigned to				
Capital improvements	-	-	4,883,052	4,883,052
Administration	525,852	-	-	525,852
Unassigned	34,085,452	(234,198)	-	33,851,254
	<u>36,886,107</u>	<u>57,622</u>	<u>4,883,052</u>	<u>41,826,781</u>
Total fund balances	<u>36,886,107</u>	<u>57,622</u>	<u>4,883,052</u>	<u>41,826,781</u>
Total liabilities and fund balances	<u>\$ 44,114,843</u>	<u>\$ 19,284,197</u>	<u>\$ 4,883,052</u>	<u>\$ 68,282,092</u>

Southern Nevada Health District
Reconciliation of the Balance Sheet - Governmental Funds to the
Statement of Net Position - Governmental Activities
June 30, 2022

Total fund balance - governmental funds		\$ 41,826,781
Amounts reported in the statement of net position are different because:		
Capital assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds		
Capital assets, net of accumulated depreciation and amortization	36,662,219	36,662,219
Long-term liabilities are not due and payable in the current period, and therefore, are not reported in governmental funds:		
Postemployment benefits other than pensions	(30,100,118)	
Deferred outflows related to postemployment benefits other than pensions	4,316,532	
Deferred inflows related to postemployment benefits other than pensions	(8,219,427)	
Compensated absences	(9,278,950)	
Lease liability	(7,544,938)	
Net pension liability	(58,760,106)	
Deferred outflows related to pensions	47,229,699	
Deferred inflows related to pensions	(48,900,707)	(111,258,015)
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund assets and liabilities included in governmental activities in the statement of net position	86,122	86,122
Total net position - governmental activities		\$ (32,682,893)

Southern Nevada Health District
Governmental Funds Statement of Revenues, Expenditures and Changes in Fund Balances
For the Fiscal Year Ended June 30, 2022

	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
Revenues				
Charges for services				
Fees for service	\$ 25,661,858	\$ -	\$ -	\$ 25,661,858
Regulatory revenue	21,579,715	-	-	21,579,715
Title XIX & other	2,524,093	-	-	2,524,093
Intergovernmental revenues				
Property tax	28,258,566	-	-	28,258,566
Direct federal grants	-	14,769,382	-	14,769,382
Indirect federal grants	-	69,327,432	-	69,327,432
State grant funds	-	1,017,915	-	1,017,915
General receipts				
Contributions and donations	9,136	-	-	9,136
Interest income	(1,270,116)	-	(109,761)	(1,379,877)
Other	205,013	808,427	-	1,013,440
Total revenues	<u>76,968,265</u>	<u>85,923,156</u>	<u>(109,761)</u>	<u>162,781,660</u>
Expenditures				
Current				
Public health				
Clinical & nursing services	33,293,099	28,821,673	-	62,114,772
Environmental health	23,724,967	1,184,048	-	24,909,015
Community health	16,664,082	70,180,202	-	86,844,284
Administration	(17,456,776)	2,577,654	76,900	(14,802,222)
Total current	<u>56,225,372</u>	<u>102,763,577</u>	<u>76,900</u>	<u>159,065,849</u>
Capital outlay	344,319	1,900,587	1,514,114	3,759,020
Total expenditures	<u>56,569,691</u>	<u>104,664,164</u>	<u>1,591,014</u>	<u>162,824,869</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>20,398,574</u>	<u>(18,741,008)</u>	<u>(1,700,775)</u>	<u>(43,209)</u>
Other Financing Sources (Uses)				
Transfers in	-	18,864,947	500,000	19,364,947
Transfers out	(18,864,947)	-	(500,000)	(19,364,947)
Proceeds from capital asset disposal	47,833	-	-	47,833
Total other financing sources (uses)	<u>(18,817,114)</u>	<u>18,864,947</u>	<u>-</u>	<u>47,833</u>
Change in Fund Balance	1,581,460	123,939	(1,700,775)	4,624
Fund Balance, Beginning of Year	<u>35,304,647</u>	<u>(66,317)</u>	<u>6,583,827</u>	<u>41,822,157</u>
Fund Balance, End of Year	<u>\$ 36,886,107</u>	<u>\$ 57,622</u>	<u>\$ 4,883,052</u>	<u>\$ 41,826,781</u>

Southern Nevada Health District
 Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances -
 Governmental Funds to the Statement of Activities - Governmental Activities
 For the Fiscal Year Ended June 30, 2022

Change in fund balances, governmental funds \$ 4,624

Amounts reported in the statement of activities are different because:

Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of capital assets is capitalized and depreciated over their estimated useful lives:

Expenditures for capital assets	3,759,020	
Less current year depreciation	(3,287,015)	
Less loss on disposal capital assets	<u>(155,160)</u>	
		316,845

The issuance of long-term debt (i.e. lease liabilities) provides current financial resources to governmental funds while the repayment of the principal of long-term debt consumes the current financial resources of the governmental funds:

Principal payments on lease liabilities	974,668	
Interest expense recognized as rent expense to the governmental funds	<u>85,611</u>	
		1,060,279

Some expenses reported in the statement of activities do not require the use of current financial resources, and therefore, are not reported as expenditures in governmental funds:

Change in postemployment benefits other than pensions	(1,949,735)	
Change in deferred outflows related to postemployment benefits other than pensions	(115,861)	
Change in deferred inflows related to postemployment benefits other than pensions	1,087,388	
Change in compensated absences	(465,258)	
Change in deferred outflows related to pensions	30,465,078	
Change in deferred inflows related to pensions	(43,183,041)	
Change in net pension liability	<u>19,710,678</u>	
		5,549,249

Internal service funds are used by management to charge the costs of certain activities to individual funds:

Internal service fund change in net position included in governmental activities in the statement of activities	<u>(2,535)</u>	<u>(2,535)</u>
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Change in net position of governmental activities \$ 6,928,462

Southern Nevada Health District
Statement of Net Position - Proprietary Funds
June 30, 2022

	Governmental Activities
	Insurance Liability Reserve
Assets	
Current Assets	
Cash and cash equivalents	\$ 70,211
Restricted cash	89,000
Interest receivable	125
Due from other funds	7
Total current assets	159,343
Liabilities	
Current Liabilities	
Accounts payable	53,221
Workers compensation self-insurance claims	20,000
Total current liabilities	73,221
Net Position	
Restricted	89,000
Unrestricted	(2,878)
Total net position	\$ 86,122

Draft

Southern Nevada Health District
Statement of Revenues, Expenses and Changes in Net Position - Proprietary Funds
For the Fiscal Year Ended June 30, 2022

	Governmental Activities
	Insurance Liability Reserve
Nonoperating Revenues	
Investment income	(2,535)
Total nonoperating revenues	(2,535)
Income Before Transfers	(2,535)
Change in Net Position	(2,535)
Net Position, Beginning of Year	88,657
Net Position, End of Year	\$ 86,122

Draft

Southern Nevada Health District
Statement of Cash Flows - Proprietary Funds
For the Fiscal Year Ended June 30, 2022

	Governmental Activities
	Insurance Liability Reserve
Cash Flows from Investing Activities	
Investment income	(2,521)
Change in Cash and Cash Equivalents	(2,521)
Cash, Restricted Cash and Cash Equivalents, Beginning of Year	161,732
Cash, Restricted Cash, and Cash Equivalents, End of Year	\$ 159,211
Reconciliation of Cash Balances at End of Year:	
Unrestricted	\$ 70,211
Restricted	89,000
	\$ 159,211

Draft

Southern Nevada Health District
Statement of Fiduciary Net Position
June 30, 2022

	<u>Custodial Fund</u>
Assets	
Cash and cash equivalents	\$ 11,439
Due from other funds	<u>3,796</u>
	15,235
Liabilities	
Accounts payable	<u>507</u>
Net Position	
Restricted for:	
Individuals and organizations	<u><u>\$ 14,728</u></u>

Draft

Southern Nevada Health District
Statement of Changes in Fiduciary Net Position
June 30, 2022

	<u>Custodial Fund</u>
Additions	
Contributions	<u>\$ 5,465</u>
Deductions	
Services and supplies	<u>2,176</u>
Change in Net Position	3,289
Net Position, Beginning of Year	<u>11,439</u>
Net Position, End of Year	<u><u>\$ 14,728</u></u>

Draft

Notes to Financial Statements
June 30, 2022

Southern Nevada Health District

Draft

Note 1 - Summary of Significant Accounting Policies

The Reporting Entity

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (the Health District). The Health District is governed by a 11-member policymaking board (the Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Basic Financial Statements

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

Government-wide Financial Statements

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

Fund Financial Statements

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, deferred outflows of resources, liabilities, deferred inflows of resources, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

The presentation emphasis in the fund financial statements is on major funds. All governmental funds are considered to be major funds and they are reported as separate columns in the fund financial statements.

The Health District reports the following major governmental funds:

General Fund. Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

Special Revenue Fund. Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

The Health District reports the following internal service fund:

The Insurance Liability Reserve Fund. Accounts for the costs associated with the self-funded workers compensation insurance.

Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide and proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered “measurable” when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual. All other revenue sources are considered to be measurable and available if they are collected within 60 days of the current fiscal year end by the Health District. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

Cash and Cash Equivalents

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District’s cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

Interfund Receivables and Payables

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund, are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

Inventories

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (the State) for use in the Health District’s clinics, which are not included in the Health District’s inventory since these vaccines remain the property of the State until they are administered. At June 30, 2022, the estimated value of such vaccines in the Health District’s possession was \$1,009,500.

Prepaid Items

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

Capital Assets

Capital assets, which include property, plant and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their estimated fair value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives are not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right of use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right of use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to please the lease asset into service. Right of use leased assets are amortized over the shorter of the lease term or useful live of the underlying asset using the straight-line method.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

	Years
Buildings	50
Improvements other than buildings	5-25
Furniture, fixtures, and equipment	5-20
Vehicles	6

Compensated Absences

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

<u>Years of Service</u>	<u>Vacation Benefits (Days)</u>
Less than one	10
One to eight	15
Eight to Thirteen	18
More than thirteen	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year, but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated. Upon termination, an employee with at least three years of service will receive 100% of the sick pay benefits accrual for accrued days up to 100 days, 50% of the accrued days between 101 and 200 days, and 25% of the accrued days greater than 200 days. Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

All vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

Lease Liabilities

Lease Liabilities represent the Health District's obligation to make lease payments arising from the lease. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments expected to be made during the lease term. The present value of lease payments are discounted based on a borrowing rate determined by the Health District.

Postemployment Benefits Other Than Pensions (OPEB)

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

For the purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense have been determined on the same basis as they are reported by PEPB. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

Deferred Inflows and Outflows of Resources

Deferred outflows of resources represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense / expenditure) until then. Deferred outflows for the changes in proportion and differences between actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience in the total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Deferred inflows of resources represent an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports 1) the differences between expected and actual pension plan experience and changes of pension plan actuarial assumptions, which are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits, 2) the net difference between projected and actual earnings on pension plan investments, which are deferred and amortized over five years, and 3) changes in assumptions or other inputs to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Fund Balance and Net Position Classifications

In the government-wide statements, equity is classified as net position and displayed in three components:

Net Investment in Capital Assets. This is the component of net position that represents capital assets net of accumulated depreciation and amortization.

Restricted. This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

Unrestricted. All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

Nonspendable. Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

Restricted. Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments; or are imposed by law (through constitutional provisions or enabling legislation).

Committed. Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

Assigned. Includes amounts that are constrained by the Health District's intent to be used for specific purposes, but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the Health District's Director of Administration. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

Unassigned. This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), or unforeseen declines in revenue and/or large unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

Use of Estimates

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

Implementation of New GASB Statement

As of July 1, 2021, the Health District adopted GASB Statement No. 87, *Leases*. The implementation of this standard establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The standard requires recognition of certain right to use leased assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. As a result of implementing this standard the Health District recognized a right of use asset and lease liability of \$1,659,694 and \$1,659,694 as of July 1, 2021, respectively. As a result of these adjustments there was no effect on beginning net position. The additional disclosures required by this standard are included in Notes 4 and 6.

Note 2 - Stewardship and Accountability

Budgets and Budgetary Accounting

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2022, were as prescribed by law.

The budget approval process is summarized as follows:

At the April Board of Health meeting, management of the Health District submits a tentative budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the tentative budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, program, or function classifications and the transfers are recorded in the official Board of Health minutes.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations. At June 30, 2022, the Health District reported the following expenditures over appropriations:

The Health District's Special Revenue Fund expenditures for the public health function exceeded appropriations by \$1,697,446. This is driven by the fact that services and supplies were underbudgeted.

NRS 354.598005 states budget appropriations in excess of budget may be transferred between funds with Board approval. The Health District made transfers of \$1,740,568 in excess of the amount budgeted from the General Fund to the Special Revenue Fund, without obtaining Board approval. Cost allocations and transfers were not properly accounted for in the original budget or in the mid-year budget augmentation.

Note 3 - Cash and Cash Equivalents

Deposits

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value and are maintained with insured banks in Nevada. At June 30, 2022, the carrying amount of the Health District's deposits was \$0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

Clark County Investment Pool

The Health District participates in Clark County's investment pool. At June 30, 2022, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.

Negotiable certificates of deposit issued by commercial banks or insured savings and loan associations (those over \$100,000 must be fully collateralized) not to exceed 1 year maturity from date of purchase with minimum ratings by at least two rating services of "B" by Thomson Bank Watch or "A-1" by Standard & Poor's or "P-1" by Moody's.

Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase the obligations must have a remaining term to maturity of no more than 5 years, are rated by a nationally recognized rating service as "A" or its equivalent, or better and cannot exceed 20% of the investment portfolio.

Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days maturity and does not exceed 20% of the portfolio.

Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.

Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days maturity. Securities used for collateral must meet the criteria listed above.

Money Market Mutual Funds which are rated "AAA" or its equivalent and invest only in securities issued by the Federal Government, U.S. agencies or repurchase agreements fully collateralized by such securities not to exceed 5 years maturity and does not exceed 20% of the portfolio.

Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.

Investment contracts for bond proceeds only, issuance for \$10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.

The State of Nevada's Local Government Investment Pool.

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions, Clark County's public deposits are in participating depositories of the Nevada Collateral Pool (the Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income's cash flows and is used to estimate the sensitivity of a security's price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2022, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.170, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2022, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was \$32,850,806.

Combined Cash and Cash Equivalents

At June 30, 2022, the Health District's cash and cash equivalents were as follows:

Cash on hand	\$ 5,516
Restricted cash	89,000
Clark County Investment Pool	<u>32,850,806</u>
Total cash and cash equivalents	<u><u>\$ 32,945,322</u></u>

At June 30, 2022, the Health District's cash and cash equivalents were presented in the District's financial statements as follows:

Governmental funds	\$ 32,774,672
Proprietary fund	159,211
Custodial funds	<u>11,439</u>
Total cash and cash equivalents	<u><u>\$ 32,945,322</u></u>

Note 4 - Capital Assets

Changes in capital assets for the year ended June 30, 2022, were as follows:

	Balance June 30, 2021	Increases	Decreases	Transfers	Balance June 30, 2022
Governmental Activities					
Capital Assets not Being Depreciated or Amortized					
Construction in progress	\$ 525,637	\$ 2,066,776	\$ -	\$ (75,292)	\$ 2,517,121
Land	<u>3,447,236</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,447,236</u>
Total capital assets not being depreciated	<u>3,972,873</u>	<u>2,066,776</u>	<u>-</u>	<u>(75,292)</u>	<u>5,964,357</u>
Capital Assets Being Depreciated or Amortized					
Buildings	21,027,013	-	-	-	21,027,013
Improvements other than buildings	5,288,999	104,118	(215,560)	75,292	5,252,849
Furniture, fixtures, and equipment	16,158,960	1,588,126	(246,137)	-	17,500,949
Right of use leased assets	1,659,694	6,994,028	-	-	8,653,722
Vehicles	<u>1,448,022</u>	<u>-</u>	<u>(99,324)</u>	<u>-</u>	<u>1,348,698</u>
Total capital assets being depreciated or amortized	<u>45,582,688</u>	<u>8,686,272</u>	<u>(561,021)</u>	<u>75,292</u>	<u>53,783,231</u>
Accumulated Depreciation and Amortization					
Buildings	(3,906,524)	(708,063)	-	-	(4,614,587)
Improvements other than buildings	(3,321,617)	(262,969)	215,560	-	(3,369,026)
Furniture, fixtures, and equipment	(12,081,918)	(987,480)	43,144	-	(13,026,254)
Right of use leased assets	-	(1,128,638)	-	-	(1,128,638)
Vehicles	<u>(846,323)</u>	<u>(199,865)</u>	<u>99,324</u>	<u>-</u>	<u>(946,864)</u>
Total accumulated depreciation and amortization	<u>(20,156,382)</u>	<u>(3,287,015)</u>	<u>358,028</u>	<u>-</u>	<u>(23,085,369)</u>
Total capital assets being depreciated or amortized, net	<u>25,426,306</u>	<u>5,399,257</u>	<u>(202,993)</u>	<u>75,292</u>	<u>30,697,862</u>
Total Governmental Activities	<u>\$ 29,399,179</u>	<u>\$ 7,466,033</u>	<u>\$ (202,993)</u>	<u>\$ -</u>	<u>\$ 36,662,219</u>

For the year ended June 30, 2022, depreciation and amortization expense was charged to the following functions and programs:

Governmental Activities	
Clinical services	\$ 145,854
Environmental health	31,446
Community health	656,532
Administration	<u>2,453,183</u>
Total depreciation and amortization expense, governmental activities	<u><u>\$ 3,287,015</u></u>

Note 5 - Interfund Balances and Transfers

Transfers in and out for the year ended June 30, 2022 are as follows:

Receivable Fund	Payable Fund	Amount
General Fund	Special Revenue Fund	\$ 10,002,165
Other governmental funds	Special Revenue Fund	874,468
Insurance Reserve	Special Revenue Fund	7
Fiduciary fund	Special Revenue Fund	<u>3,796</u>
		<u><u>\$ 10,880,436</u></u>

These balances result from the time lag between the dates that (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system and (3) payments between funds are made.

Interfund transfers for the year ended June 30, 2022, consisted of the following:

Transfers Out of Fund	Transfers In to Fund	Amount
General Fund	Special Revenue Fund	\$ 18,864,947
Bond Reserve	Capital Project Fund	<u>500,000</u>
		<u><u>\$ 19,364,947</u></u>

Transfers from were used to (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in other funds, and finance the administrative cost allocation to other funds, in accordance budgetary authorization.

Note 6 - Leases

As of July 1, 2021, the Health District implemented GASB Statement No. 87, *Leases*, see Note 1.

Lessee Activities

The Health District has entered into multiple leases for office, clinical, and warehouse space. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring from January 2023 through March 2027. The lease liability was valued using discount rates between 3.25% and 4.75%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

The Health District has entered into multiple leases for medical and office equipment. The Health District is required to make principal and interest payments on these equipment leases. These lease agreements have terms expiring from August 2022 through July 2024. The lease liability was valued using a discount rate of 3.25%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

Note 7 - Changes in Long-Term Liabilities

Long-term liabilities activity for the year ended June 30, 2022, was as follows:

	Balance June 30, 2021	Increases	Decreases	Balance June 30, 2022	Due Within One Year
Governmental Activities					
Compensated absences	\$ 8,813,692	\$ 6,279,205	\$ (5,813,947)	\$ 9,278,950	\$ 5,547,832
Lease liability	1,525,580	6,994,026	(974,668)	7,544,938	870,333
Total long-term liabilities	<u>\$ 8,813,692</u>	<u>\$ 6,279,205</u>	<u>\$ (5,813,947)</u>	<u>\$ 9,278,950</u>	<u>\$ 5,547,832</u>

Compensated absences typically have been liquidated by the general fund.

Remaining principal and interest payments on leases are as follows:

<u>For the Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2023	\$ 870,333	\$ 287,692
2024	638,295	227,401
2025	565,321	205,353
2026	571,173	186,210
2027	518,760	167,053
Thereafter	<u>4,381,055</u>	<u>840,410</u>
	<u>\$ 7,544,938</u>	<u>\$ 1,914,118</u>

Note 8 - Risk Management

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act. The Nevada Public Agency Pool Insurance (Pool) is a public entity risk pool currently operating as a common risk management and insurance program for its members.

The Health District pays an annual premium and specific deductibles, as necessary, to the Pool for its general insurance coverage. The Pool is considered a self-sustaining risk pool that will provide coverage for its members for up to \$10,000,000 per insured event with a \$10,000,000 annual aggregate per member. Additionally, coverage includes data security events up to a maximum of \$2,000,000 per event. Property, crime and equipment breakdown coverage is provided to its members up to \$300,000,000 per loss with various sub-limits established for earthquake, flood, equipment breakdown, and money and securities.

The Health District is also exposed to risks of loss related to injuries of employees. The Health District has joined together with similar public agencies (cities, counties, and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act.

The Health District pays premiums based on payroll costs to the pool, commonly referred to as the PACT, for its workers compensation insurance coverage. The PACT is considered a self-sustaining risk pool that will provide coverage for its members based on established statutory limits. The PACT obtains independent coverage for insured events in excess of the aforementioned limits.

The Health District continues to carry commercial insurance for other risks of loss not covered by the Pool (bonding and boiler coverage) and employee health and accident insurance. Amounts in excess of insurance coverage for settled claims resulting from these risks were minimal over the past three fiscal years.

Litigation

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District's legal counsel, the ultimate resolution of these matters is not ascertainable at this time and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather, records such as period costs when the services are rendered.

Note 9 - Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (the PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010, and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

- 1) 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary and 5% per year following the fourteenth anniversary, or
- 2) The average percentage increase in the Consumer Price Index (or other PERS Board approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board approved index) for the period between retirement and the date of increase.

For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with 5 years of service, at age 60 with 10 years of service, or at any age with 30 years of service. Regular members entering PERS on or after January 1, 2010, are eligible for retirement at age 65 with 5 years of service, or age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015, are eligible for retirement at age 65 with 5 years of service, or at age 62 with 10 years of service or at age 55 with 30 years of service or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985, is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983, have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

Effective July 1, 2019, the required contribution rates for regular members was 15.25% and 29.25% for employer/employee matching and EPC, respectively. The Health District's portion of contributions was \$6,744,173 for the year ended June 30, 2022.

PERS collective net pension liability was measured as of **June 30, 2021**, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an experience review completed in 2017), applied to all periods included in the measurement:

Inflation rate	2.50%
Productivity pay increase	0.50%
Investment rate of return	7.25%
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service
Other assumptions	Rates include inflation and productivity increases Same as those used in the June 30, 2021 funding actuarial valuation

Mortality rates (Regular and Police/Fire) – For healthy members it is the Headcount-Weighted RP-2014 Healthy Annuitant Table projected to 2020 with Scale MP-2016, set forward one year for spouses and beneficiaries. For ages less than 50, mortality rates are based on the Headcount – Weighted RP-2014 Employee Mortality Tables. Those mortality rates are adjusted by the ratio of the mortality rate for healthy annuitants at age 50 to the mortality rate for employees at age 50. The mortality rates are then projected to 2020 with Scale MP-2016.

The mortality table used in the actuarial valuation to project mortality rates for all disabled regular members is the Headcount – Weighted RP-2014 Disabled Retiree Table, set forward four years.

For pre-retirement members it is the Headcount – Weighted RP-2014 Employee Table, projected to 2020 with Scale MP-2016.

The RP-2014 Headcount-Weighted Mortality Tables, set forward one year for spouses and beneficiaries, reasonably reflect the projected mortality experience of the Plan as of the measurement date. The additional projection of 6 years is a provision made for future mortality improvement.

PERS's policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the Board adopted policy target asset allocation as of **June 30, 2021**:

Asset Class	Target Allocation	Long-term Geometric Expected Real Rate of Return *
U.S. stocks	42%	5.50%
International stocks	18%	5.50%
U.S. bonds	28%	0.75%
Private markets	12%	6.65%

* These geometric return rates are combined to produce the long-term expected rate of return by adding the long-term expected inflation rate of 2.50%

The discount rate used to measure the total pension liability was 7.25% as of **June 30, 2021**. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS's fiduciary net position at **June 30, 2021**, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of **June 30, 2021**.

At June 30, 2022, the Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher:

	1% Decrease in Discount Rate (6.25%)	Discount Rate (7.25%)	1% Increase in Discount Rate (8.25%)
Net Pension Liability	\$ 116,989,657	\$ 58,760,106	\$ 10,725,647

Detailed information about PERS fiduciary net position is available in the PERS ACFR, which is available on the PERS website, www.nvpers.org under publications.

The Health District's proportionate share of the collective net pension liability was \$58,760,106, which represents 0.64435% of the collective net pension liability, which is an increase from the previous year's proportionate share of 0.56339%. Contributions for employer pay dates within the fiscal year ending **June 30, 2021**, were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2022, the Health District's pension expense was \$9,332,742 and its reported deferred outflows and inflows of resources related to pensions as of June 30, 2022, were as follows:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 413,532
Net difference between projected and actual earnings on investments	6,508,835	47,946,374
Changes in proportion and differences between actual contributions and proportionate share of contributions	13,549,762	540,801
Change in assumptions	19,509,368	-
Contributions made subsequent to the measurement date	7,661,734	-
	\$ 47,229,699	\$ 48,900,707

Average expected remaining service life is 6.14 years.

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling \$7,661,734 will be recognized as a reduction of the net pension liability in the year ending June 30, 2023. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>For the Year ending June 30,</u>	
2023	\$ (4,115,156)
2024	(3,664,166)
2025	(3,824,255)
2026	(4,873,158)
2027	6,275,044
Thereafter	<u>868,949</u>
	<u><u>\$ (9,332,742)</u></u>

Note 10 - Postemployment Benefits Other Than Pensions

General Information about the Other Post Employment Benefit Plans

Plan Description: The Health District subsidizes eligible retirees' contributions to the Public Employees' Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees, however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee's Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at www.pebp.state.nv.us/informed/financial.htm.

Plan Description: The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and a health maintenance organization (HMO) plan.

Benefits Provided

PEBP plan provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer. As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

Employees Covered by Benefit Terms

At **June 30, 2021**, the following employees were covered by the benefit terms:

	PEBP	RHPP	Total all Plans
Inactive employees or beneficiaries currently receiving benefit payments	72	70	142
Active employees	-	559	559
Total	72	629	701

Total OPEB Liability

The Health District's total OPEB liability of \$30,100,118 was measured as of **June 30, 2021**, and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs: The total OPEB liability for all plans as of June 30, 2022 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	2.16%
Pre-Medicare Trend Rate	Select: 6.75%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 5.75%, Ultimate 4.0%
Mortality Table	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2020, applied on a gender-specific basis for general and safety personnel
Termination Tables	2020 NPERS Actuarial Valuation
Retirement Tables	2020 NPERS Actuarial Valuation

Rationale for Assumptions:

The demographic assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2006 through June 30, 2012. Salary scale and inflation assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2012 through June 30, 2018.

Changes in the Total OPEB Liability

	PEBP	RHPP	Total OPEB Liability
Balance Recognized at June 30, 2021	\$ 4,826,982	\$ 23,323,401	\$ 28,150,383
Changes Recognized for the Fiscal Year			
Service cost	-	1,570,297	1,570,297
Interest	104,479	546,330	650,809
Changes in assumptions	51,775	221,432	273,207
Benefit payments	(198,836)	(345,742)	(544,578)
Net Changes	(42,582)	1,992,317	1,949,735
Balance Recognized at June 30, 2022	\$ 4,784,400	\$ 25,315,718	\$ 30,100,118

Changes in Assumptions and Experience:

Certain key assumptions were changed as part of the actuary's updated study. Those changed are summarized below.

- The discount rate was updated from 2.21%, as of June 30, 2020, to 2.16%, as of June 30, 2021 (the actuarial measurement date).
- The trend rates were updated to an initial rate of 6.75% (5.75% for post-Medicare), grading down by 0.25% per year until reaching the ultimate rate of 4.00% based on current Healthcare Analytics (HCA) Consulting trend study

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (1.16 percent) or 1-percentage point higher (3.16 percent) than the current discount rate:

	1% Decrease 1.16%	Discount Rate 2.16%	1% Increase 3.16%
PEBP	\$ 5,500,000	\$ 4,784,400	\$ 4,200,000
RHPP	30,675,000	25,315,718	21,142,000
Total OPEB Liability	\$ 36,175,000	\$ 30,100,118	\$ 25,342,000

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

	1% Decrease	Trend Rates	1% Increase
PEBP	\$ 4,228,000	\$ 4,784,400	\$ 5,448,000
RHPP	21,132,000	25,315,718	30,636,000
Total OPEB Liability	\$ 25,360,000	\$ 30,100,118	\$ 36,084,000

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2022, the Health District recognized OPEB expense of \$1,511,913. The breakdown by plan is as follows:

	PEBP	RHPP	Total All Plans
OPEB Expense	\$ 156,254	\$ 1,355,659	\$ 1,511,913

At June 30, 2022, the Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
PEBP		
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	\$ 231,262	\$ -
Total PEBP	\$ 231,262	\$ -
RHPP		
Differences between expected and actual experience	\$ 2,139,718	\$ 5,779,400
Changes of assumptions or other inputs	1,643,107	2,440,027
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	302,445	-
Total RHPP	\$ 4,085,270	\$ 8,219,427
Total All Plans		
Differences between expected and actual experience	\$ 2,139,718	\$ 5,779,400
Changes of assumptions or other inputs	1,643,107	2,440,027
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	533,707	-
Total All Plans	\$ 4,316,532	\$ 8,219,427

The amount of \$533,707 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

For the Year ending June 30,	RHPP
2023	\$ (760,968)
2024	(760,968)
2025	(760,968)
2026	(485,931)
2027	(403,269)
Thereafter	(1,264,498)
	\$ (4,436,602)

Note 11 - Encumbrances

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year end. Open encumbrances at fiscal year end are included in restricted, committed or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	Assigned Fund Balance
General Fund	\$ 525,852

\$235,010 of the total encumbrance balance was assigned to purchase clinical health services. \$53,229 of the total encumbrance balance was assigned to purchase community health services. \$237,613 of the total encumbrance balance was assigned to purchase administrative services.

Required Supplementary Information
June 30, 2022

Southern Nevada Health District

Draft

Southern Nevada Health District
Schedule of Revenues, Expenditures and Changes in Fund Balance -
Budget to Actual - General Fund
For the Fiscal Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Fees for service	\$ 27,074,597	\$ 27,830,913	\$ 25,661,858	\$ (2,169,055)
General receipts	-	-	214,149	214,149
Property tax	28,258,566	28,258,566	28,258,566	-
Regulatory revenue	20,430,848	20,443,400	21,579,715	1,136,315
Title XIX & other	1,480,757	878,573	2,524,093	1,645,520
Investment earnings	327,927	327,927	(1,270,116)	(1,598,043)
Total revenues	<u>77,572,695</u>	<u>77,739,379</u>	<u>76,968,265</u>	<u>(771,114)</u>
Expenditures				
Public Health				
Clinical & nursing services				
Salaries and wages	9,657,587	9,437,718	7,256,228	(2,181,490)
Employee benefits	3,850,802	3,850,802	3,106,947	(743,855)
Services and supplies	14,956,884	14,956,884	22,929,924	7,973,040
Capital outlay	10,000	-	-	-
Total clinical & nursing services	<u>28,475,273</u>	<u>28,245,404</u>	<u>33,293,099</u>	<u>5,047,695</u>
Environmental health				
Salaries and wages	12,347,710	12,347,710	12,570,546	222,836
Employee benefits	5,278,647	5,278,647	5,097,896	(180,751)
Services and supplies	722,171	722,171	6,056,525	5,334,354
Total environmental health	<u>18,348,528</u>	<u>18,348,528</u>	<u>23,724,967</u>	<u>5,376,439</u>
Community health				
Salaries and wages	7,994,920	7,994,920	7,324,419	(670,501)
Employee benefits	3,336,107	3,629,991	2,477,101	(1,152,890)
Services and supplies	3,269,605	4,423,350	6,862,562	2,439,212
Capital outlay	124,110	51,987	3,250	(48,737)
Total community health	<u>14,724,742</u>	<u>16,100,248</u>	<u>16,667,332</u>	<u>567,084</u>
Administration				
Salaries and wages	8,428,019	8,428,019	8,816,856	388,837
Employee benefits	3,602,977	3,602,977	4,610,603	1,007,626
Services and supplies	(8,492,482)	(11,996,794)	(30,884,235)	(18,887,441)
Capital outlay	235,000	235,000	341,069	106,069
Total administration	<u>3,773,514</u>	<u>269,202</u>	<u>(17,115,707)</u>	<u>(17,384,909)</u>
Total public health	<u>65,322,057</u>	<u>62,963,382</u>	<u>56,569,691</u>	<u>(6,393,691)</u>
Total expenditures	<u>65,322,057</u>	<u>62,963,382</u>	<u>56,569,691</u>	<u>(6,393,691)</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>12,250,638</u>	<u>14,775,997</u>	<u>20,398,574</u>	<u>5,622,577</u>
Other Financing Sources (Uses)				
Transfers in	-	14,500	-	(14,500)
Transfers out	(12,250,929)	(17,124,379)	(18,864,947)	(1,740,568)
Proceeds from capital asset disposal	-	-	47,833	47,833
Total other financing sources (uses)	<u>(12,250,929)</u>	<u>(17,109,879)</u>	<u>(18,817,114)</u>	<u>(1,707,235)</u>
Change in Fund Balance	<u>(291)</u>	<u>(2,333,882)</u>	<u>1,581,460</u>	<u>3,915,342</u>
Fund Balance, Beginning of Year	<u>32,463,689</u>	<u>35,304,647</u>	<u>35,304,647</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ 32,463,398</u>	<u>\$ 32,970,765</u>	<u>\$ 36,886,107</u>	<u>\$ 3,915,342</u>

See notes to required supplementary information.

Southern Nevada Health District
 Schedule of Revenues, Expenditures and Changes in Fund Balance -
 Budget to Actual - Special Revenue Fund
 For the Fiscal Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Direct federal grants	\$ 5,183,726	\$ 14,769,382	\$ 14,769,382	\$ -
Indirect federal grants	48,314,683	69,327,432	69,327,432	-
State grant funds	-	1,017,915	1,017,915	-
Other grant funds	1,007,107	808,427	808,427	-
Total revenues	<u>54,505,516</u>	<u>85,923,156</u>	<u>85,923,156</u>	<u>-</u>
Expenditures				
Public Health				
Clinical & nursing services				
Salaries and wages	3,379,612	6,149,506	6,149,506	-
Employee benefits	1,438,038	3,310,698	3,310,698	-
Services and supplies	2,575,971	19,361,469	19,361,469	-
Capital outlay	10,420	146,828	146,828	-
Total clinical & nursing services	<u>7,404,041</u>	<u>28,968,501</u>	<u>28,968,501</u>	<u>-</u>
Environmental health				
Salaries and wages	318,269	564,380	564,380	-
Employee benefits	136,058	221,030	221,030	-
Services and supplies	489,403	398,638	398,638	-
Total environmental health	<u>943,730</u>	<u>1,184,048</u>	<u>1,184,048</u>	<u>-</u>
Community health				
Salaries and wages	12,198,067	9,887,212	9,887,212	-
Employee benefits	5,168,657	4,695,346	4,695,346	-
Services and supplies	40,354,014	53,900,198	55,597,644	1,697,446
Capital outlay	647,937	1,649,799	1,649,799	-
Total community health	<u>58,368,675</u>	<u>70,132,555</u>	<u>71,830,001</u>	<u>1,697,446</u>
Administration				
Salaries and wages	28,021	769,589	769,589	-
Employee benefits	11,979	290,569	290,569	-
Services and supplies	-	1,517,496	1,517,496	-
Capital outlay	-	103,960	103,960	-
Total administration expenditures	<u>40,000</u>	<u>2,681,614</u>	<u>2,681,614</u>	<u>-</u>
Total expenditures	<u>66,756,446</u>	<u>102,966,718</u>	<u>104,664,164</u>	<u>1,697,446</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>(12,250,930)</u>	<u>(17,043,562)</u>	<u>(18,741,008)</u>	<u>(1,697,446)</u>
Other Financing Sources (Uses)				
Transfers in	12,250,930	17,124,379	18,864,947	1,740,568
Transfers out	-	(14,500)	-	14,500
Total other financing sources (uses)	<u>12,250,930</u>	<u>17,109,879</u>	<u>18,864,947</u>	<u>1,755,068</u>
Change in Fund Balance	<u>-</u>	<u>66,317</u>	<u>123,939</u>	<u>57,622</u>
Fund Balance, Beginning of Year	<u>-</u>	<u>(66,317)</u>	<u>(66,317)</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 57,622</u>	<u>\$ 57,622</u>

See notes to required supplementary information.

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios¹
For the Year Ended June 30, 2022

PEBP Plan

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Total OPEB Liability				
Interest	\$ 104,479	\$ 132,809	\$ 142,210	\$ 158,929
Changes of benefit terms	-	-	-	-
Difference between actual and expected experience	-	240,495	-	(935)
Changes of assumptions or other inputs	51,775	770,760	196,172	(582,796)
Benefit payments	<u>(198,836)</u>	<u>(223,274)</u>	<u>(213,733)</u>	<u>(210,183)</u>
Net Change in Total OPEB Liability	(42,582)	920,790	124,649	(634,985)
Total OPEB Liability - Beginning	<u>4,826,982</u>	<u>3,906,192</u>	<u>3,781,543</u>	<u>4,416,528</u>
Total OPEB Liability - Ending	<u>\$ 4,784,400</u>	<u>\$ 4,826,982</u>	<u>\$ 3,906,192</u>	<u>\$ 3,781,543</u>
Covered Payroll	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A
	<u>2018</u>			
Total OPEB Liability				
Interest	\$ 136,641			
Changes of benefit terms	-			
Difference between actual and expected experience	(2,407)			
Changes of assumptions or other inputs	(408,034)			
Benefit payments	<u>(201,454)</u>			
Net Change in Total OPEB Liability	(475,254)			
Total OPEB Liability - Beginning	<u>4,891,782</u>			
Total OPEB Liability - Ending	<u>\$ 4,416,528</u>			
Covered Payroll	N/A			
Total OPEB Liability as a Percentage of Covered Payroll	N/A			

¹ Fiscal year 2018 is the first year of implementation, therefore only five years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios²
For the Year Ended June 30, 2022

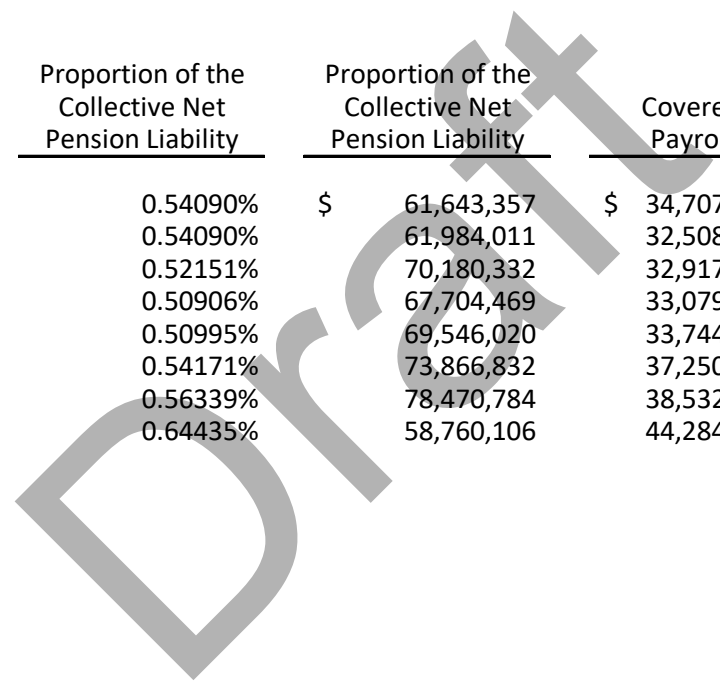
RHPP

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Total OPEB Liability				
Service cost	\$ 1,570,297	\$ 1,035,479	\$ 865,693	\$ 1,984,184
Interest	546,330	696,006	675,421	922,521
Changes of benefit terms	-	-	-	-
Difference between actual and expected experience	-	2,485,316	-	(8,138,337)
Changes of assumptions or other inputs	221,432	577,780	1,204,893	(1,686,349)
Benefit payments	<u>(345,742)</u>	<u>(643,182)</u>	<u>(322,093)</u>	<u>(236,966)</u>
Net Change in Total OPEB Liability	1,992,317	4,151,399	2,423,914	(7,154,947)
Total OPEB Liability - Beginning	<u>23,323,401</u>	<u>19,172,002</u>	<u>16,748,088</u>	<u>23,903,035</u>
Total OPEB Liability - Ending	<u>\$ 25,315,718</u>	<u>\$ 23,323,401</u>	<u>\$ 19,172,002</u>	<u>\$ 16,748,088</u>
Covered Payroll	\$ 49,853,806	\$ 40,103,356	\$ 34,918,861	\$ 34,918,861
Total OPEB Liability as a Percentage of Covered Payroll	50.78%	58.16%	54.90%	47.96%
	<u>2018</u>			
Total OPEB Liability				
Service cost	\$ 2,037,506			
Interest	753,304			
Changes of benefit terms	-			
Difference between actual and expected experience	26,065			
Changes of assumptions or other inputs	(3,119,749)			
Benefit payments	<u>(339,476)</u>			
Net Change in Total OPEB Liability	(642,350)			
Total OPEB Liability - Beginning	<u>24,545,385</u>			
Total OPEB Liability - Ending	<u>\$ 23,903,035</u>			
Covered Payroll	\$ 34,126,701			
Total OPEB Liability as a Percentage of Covered Payroll	70.04%			

² Fiscal year 2018 is the first year of implementation, therefore only five years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information³
for the Year Ended June 30, 2022

<u>For the Year Ended June 30</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Covered Payroll</u>	<u>Proportion of the Collective Pension Liability as a Percentage of Covered Payroll</u>	<u>PERS Fiduciary Net Position as a Percentage of Total Pension Liability</u>
2014	0.54090%	\$ 61,643,357	\$ 34,707,255	177.60943%	75.30000%
2015	0.54090%	61,984,011	32,508,190	190.67198%	75.13000%
2016	0.52151%	70,180,332	32,917,342	213.20170%	72.20000%
2017	0.50906%	67,704,469	33,079,430	204.67242%	74.40000%
2018	0.50995%	69,546,020	33,744,349	206.09679%	75.20000%
2019	0.54171%	73,866,832	37,250,362	198.29829%	76.50000%
2020	0.56339%	78,470,784	38,532,689	203.64731%	77.04000%
2021	0.64435%	58,760,106	44,284,315	132.68830%	86.51000%



³ Information for the multiple employer cost sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2014. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
for the Year Ended June 30, 2022 and Last Seven Fiscal Years⁴

For the Year Ended June 30	Statutorily Required Contribution	Contributions in relation to the Statutorily Required Contribution	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	\$ 4,174,514	\$ 4,174,514	\$ -	\$ 32,508,190	12.84%
2016	4,421,639	4,421,639	-	32,917,342	13.43%
2017	4,565,587	4,565,587	-	33,079,430	13.80%
2018	4,724,209	4,724,209	-	33,744,349	14.00%
2019	5,215,051	5,215,051	-	37,250,362	14.00%
2020	5,876,235	5,876,235	-	38,532,689	15.25%
2021	6,753,358	6,753,358	-	44,284,315	15.25%
2022	6,744,173	6,744,173	-	44,224,085	15.25%

Draft

⁴ Information for the multiple-employer cost-sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2015. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years. See notes to required supplementary information.

Note 1 - Postemployment Benefits Other Than Pensions

There are no assets accumulated in a trust to pay related benefits.

Changes of Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 2.21%, as of June 30, 2020, to 2.16%, as of June 30, 2021.
- The Pre-Medicare Select Trend Rate was increased from 7.0% to 6.75%.
- The Post-Medicare Select Trend Rate was increased from 6.0% to 5.75%.

Note 2 - Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

For the year ended June 30, 2022, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated **June 30, 2021**.

The actuarial valuation reports became available beginning June 30, 2014. As additional actuarial valuations are obtained these schedules will ultimately present information from the ten most recent valuations.

Additional pension plan information can be found at Note 10 to the basic financial statements.

Note 3 - Budget Information

The accompanying required supplementary schedules of revenues, expenditures and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in Note 2 to the basic financial statements.

Other Supplementary Information
June 30, 2022

Southern Nevada Health District

Draft

Nonmajor Governmental Funds
June 30, 2022

Southern Nevada Health District

Draft

Capital projects funds are used to account for financial resources that are restricted, committed, or assigned to the improvement, acquisition or construction of capital assets.

Bond Reserve

Accounts for resources that have been committed or assigned to the future acquisition of a new administration building.

Capital Projects

Accounts for resources committed or assigned to the acquisition or construction of capital assets other than a new administration building.

Draft

Southern Nevada Health District
 Schedule of Revenues, Expenditures and Changes in Fund Balance -
 Budget to Actual - Bond Reserve Fund
 For the Fiscal Year Ended June 30, 2022

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Final Budget to Actual Variance</u>
Revenues				
Interest income	\$ 55,000	\$ 55,000	\$ (27,894)	\$ (82,894)
Total revenues	<u>55,000</u>	<u>55,000</u>	<u>(27,894)</u>	<u>(82,894)</u>
Public health				
Services and supplies	<u>2,367,855</u>	<u>2,367,855</u>	<u>-</u>	<u>(2,367,855)</u>
Total expenditures	<u>2,367,855</u>	<u>2,367,855</u>	<u>-</u>	<u>(2,367,855)</u>
Deficiency of Revenues Under Expenditures	<u>(2,312,855)</u>	<u>(2,312,855)</u>	<u>(27,894)</u>	<u>2,284,961</u>
Other Financing Sources (Uses)				
Transfers out	<u>(1,250,000)</u>	<u>(1,250,000)</u>	<u>(500,000)</u>	<u>750,000</u>
Change in Fund Balance	(3,562,855)	(3,562,855)	(527,894)	3,034,961
Fund Balance, Beginning of Year	<u>3,562,855</u>	<u>3,562,855</u>	<u>3,536,394</u>	<u>(26,461)</u>
Fund Balance, End of Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,008,500</u>	<u>\$ 3,008,500</u>

Southern Nevada Health District
 Schedule of Revenues, Expenditures and Changes in Fund Balance -
 Budget to Actual - Capital Projects Fund
 For the Fiscal Year Ended June 30, 2022

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Final Budget to Actual Variance</u>
Revenues				
Interest income	\$ 80,000	\$ 80,000	\$ (81,867)	\$ (161,867)
Total revenues	<u>80,000</u>	<u>80,000</u>	<u>(81,867)</u>	<u>(161,867)</u>
Expenditures				
Public Health				
Services and supplies	-	-	76,900	76,900
Capital outlay	3,129,477	3,129,477	1,514,114	(1,615,363)
Total expenditures	<u>3,129,477</u>	<u>3,129,477</u>	<u>1,591,014</u>	<u>(1,538,463)</u>
Deficiency of Revenues Under Expenditures	<u>(3,049,477)</u>	<u>(3,049,477)</u>	<u>(1,672,881)</u>	<u>1,376,596</u>
Other Financing Sources				
Transfers in	1,250,000	1,250,000	500,000	(750,000)
Change in Fund Balance	(1,799,477)	(1,799,477)	(1,172,881)	626,596
Fund Balance, Beginning of Year	<u>1,799,477</u>	<u>1,799,477</u>	<u>3,047,433</u>	<u>1,247,956</u>
Fund Balance, End of Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,874,552</u>	<u>\$ 1,874,552</u>

Internal Service Funds
June 30, 2022

Southern Nevada Health District

Draft

Southern Nevada Health District
 Schedule of Revenues, Expenses and Changes in Net Position - Budget to Actual -
 Insurance Liability Reserve Fund
 For the Fiscal Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
Revenues				
Other operating income	\$ 5,100	\$ 5,100	\$ -	\$ (5,100)
Total revenues	5,100	5,100	-	(5,100)
Nonoperating Revenues				
Interest income	5,000	3,100	(2,535)	(5,635)
Change in Net Position	\$ 5,000	\$ 3,100	(2,535)	(5,635)
			88,657	
			\$ 86,122	

Draft

Compliance Section
June 30, 2022

Southern Nevada Health District

Draft

Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Health and
Director of Administration
Southern Nevada Health District

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (the Health District) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Southern Nevada Health District's basic financial statements, and have issued our report thereon dated **Date**.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Southern Nevada Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Southern Nevada Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of Southern Nevada Health District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified certain deficiencies in internal control, described in the accompanying Schedule of Findings and Responses OR Schedule of Findings and Questioned Costs as items 2022-001 and 2022-002.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Southern Nevada Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying Schedule of Findings and Responses OR Schedule of Findings as items 2022-003.

Southern Nevada Health District's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the findings identified in our audit and described in the accompanying Schedule of Findings and Responses. The Health District's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

EB Signature

Las Vegas, Nevada

Date

2022-001 Material Weakness in Financial Close and Reporting Controls

Criteria – The internal control structure should include procedures to ensure management is able to identify and perform material reconciliations, accruals, and adjustments in a timely as part of financial close.

Condition – During the course of performing audit procedures, we identified multiple year-end account reconciliations, accruals, and adjustments that had not been completed prior to the start of the audit.

Cause – The Health District experienced significant management turnover in the Finance department near year-end. As a result of this turnover, certain year-end reconciliations and adjustments were not completed until the audit process had begun.

Effect – A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.

Recommendation – We recommend that the new management team augment existing documentation of year-end reconciliation processes to be more specific regarding the exact reports, processes, and activities required to close out and balance all accounts. Further, we recommend that the Health District identify ways to improve management and staff retention in order to improve continuity within the controls process.

Management's Response – Management agrees with the finding.

2022-002 Material Weakness in Financial Close and Reporting Controls – IT Accounting System

Criteria – The internal control structure should include an accounting system that is capable of recording transactions and journal entries without error, and with sufficient controls to prevent errors.

Condition – During the course of performing audit procedures, we identified that multiple funds were out of balance due to the accounting system recording one-sided entries across multiple funds.

Cause – The Health District's accounting system appears to have experienced a breakdown in its automated processes and controls. The result was that multiple transactions were recorded where the system was recording transactions which impacted multiple funds as one-sided journal entries. Further, these errors were not identified and corrected by Health District personnel until the audit process had begun.

Effect – A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.

Recommendation – We recommend that the Health District review the accounting systems processes and controls, communicate with their vendor, and implement safeguards to ensure that this issue does not occur.

Management’s Response – Management agrees with the finding.

2022-003 Noncompliance with Nevada Revised Statutes Budget Requirements
Material Noncompliance
Material Weakness in Internal Control Over Compliance

Criteria – Nevada Revised Statute (NRS) 354.626, *Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions*, states that “No governing body or member thereof, officer, office, department or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

NRS 354.598005, *Procedures and requirements for augmenting or amending budget*, allows for the transfer of budget appropriations between functions and/or funds if such a transfer does not increase the total appropriation for any fiscal year and is not in conflict with other statutory provisions. Budget appropriations may be transferred in the following manner:

- (a) The person designated to administer the budget for a local government may transfer appropriations within any function.
- (b) The person designated to administer the budget may transfer appropriations between functions or programs within a fund, if:
 - (1) The governing body is advised of the action at the next regular meeting; and
 - (2) The action is recorded in the official minutes of the meeting.
- (c) Upon recommendation of the person designated to administer the budget, the governing body may authorize the transfer of appropriations between funds or from the contingency account, if:
 - (1) The governing body announces the transfer of appropriations at a regularly scheduled meeting and sets forth the exact amounts to be transferred and the accounts, functions, programs and funds affected;
 - (2) The governing body sets forth its reasons for the transfer; and
 - (3) The action is recorded in the official minutes of the meeting.

Condition – The Health District made transfers in excess of budget of \$1,740,568 from the General Fund to the Special Revenue Fund without obtaining Board approval. Additionally, the Health District’s Special Revenue Fund expenditures exceeded the available budget appropriations by \$1,697,446.

Cause – Controls over adhering to the NRS budget requirements were not properly implemented to prevent material noncompliance from occurring. The Health District’s budget augmentation did not fully take into account the increased revenues and resource demands of the special revenue funds that result from the Health District’s cost allocation plan. As a result, allocations to the Special Revenue fund from the General Fund were not adequately budgeted.

Effect – The Health District is not in compliance with the NRS budget requirements identified above.

Recommendation – We recommend management revisit the Health District’s process for establishing, monitoring, amending, and augmenting its final budget.

Management’s Response – Management agrees with the finding.

Draft

Auditor's Comments

To the Honorable Members of the Board of Health

In connection with our audit of the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the "Health District") as of and for the year ended June 30, 2022, and the related notes to the financial statements, except as noted below, nothing came to our attention that caused us to believe that the Health District, failed to comply with the specific requirements of Nevada Revised Statutes. However, our audit was not directed primarily toward obtaining knowledge of such noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding the Health District's noncompliance with the requirements of Nevada Revised Statutes cited below, insofar as they relate to accounting matters.

CURRENT YEAR STATUTE COMPLIANCE

The Health District conformed to all significant statutory constraints on its financial administration during the year except for those items identified in Note 2 of the accompanying financial statements.

PROGRESS ON PRIOR YEAR STATUTE COMPLIANCE

The Health District monitored all significant constraints on its financial administration during the year ended June 30, 2022.

PRIOR YEAR RECOMMENDATIONS

We noted no material weakness and reported no significant deficiencies in internal control for the prior year.

CURRENT YEAR RECOMMENDATIONS

Current year recommendations are included in the schedule of findings and responses.

EB Signature

Las Vegas, Nevada

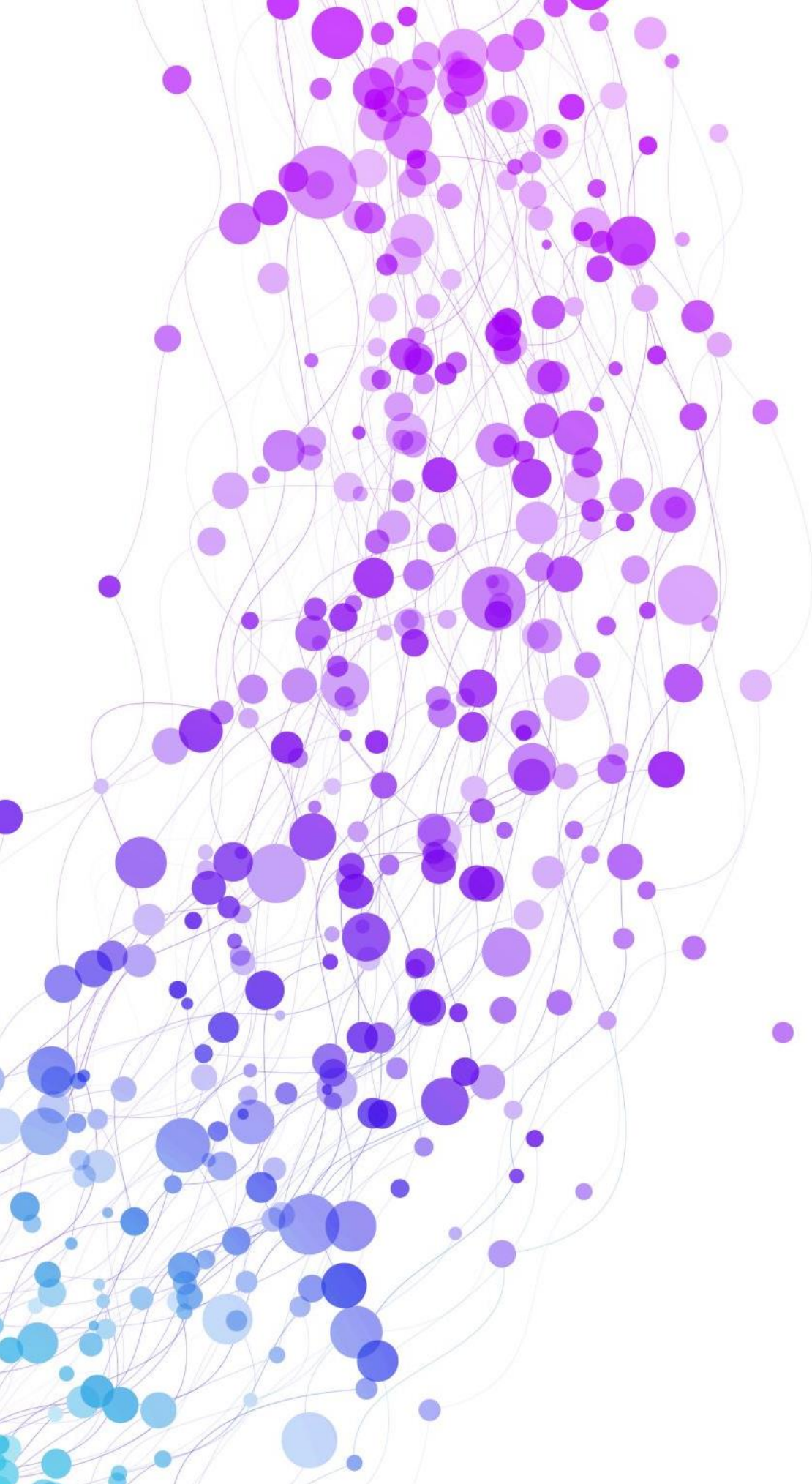
Date



FY 2022-2023 Budget Augmentation

Presented by Donnie Whitaker, CFO

January 2023

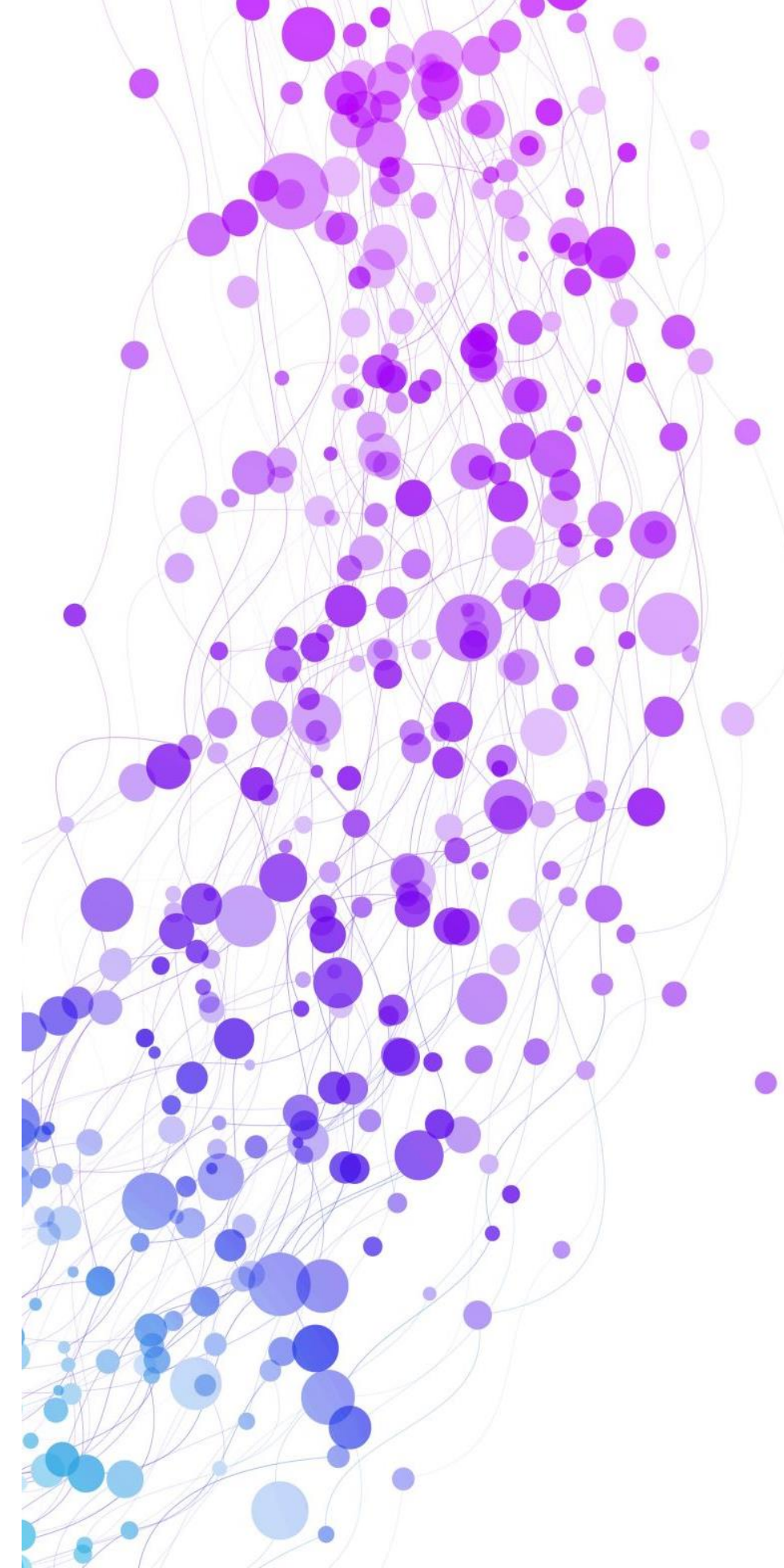


Definition

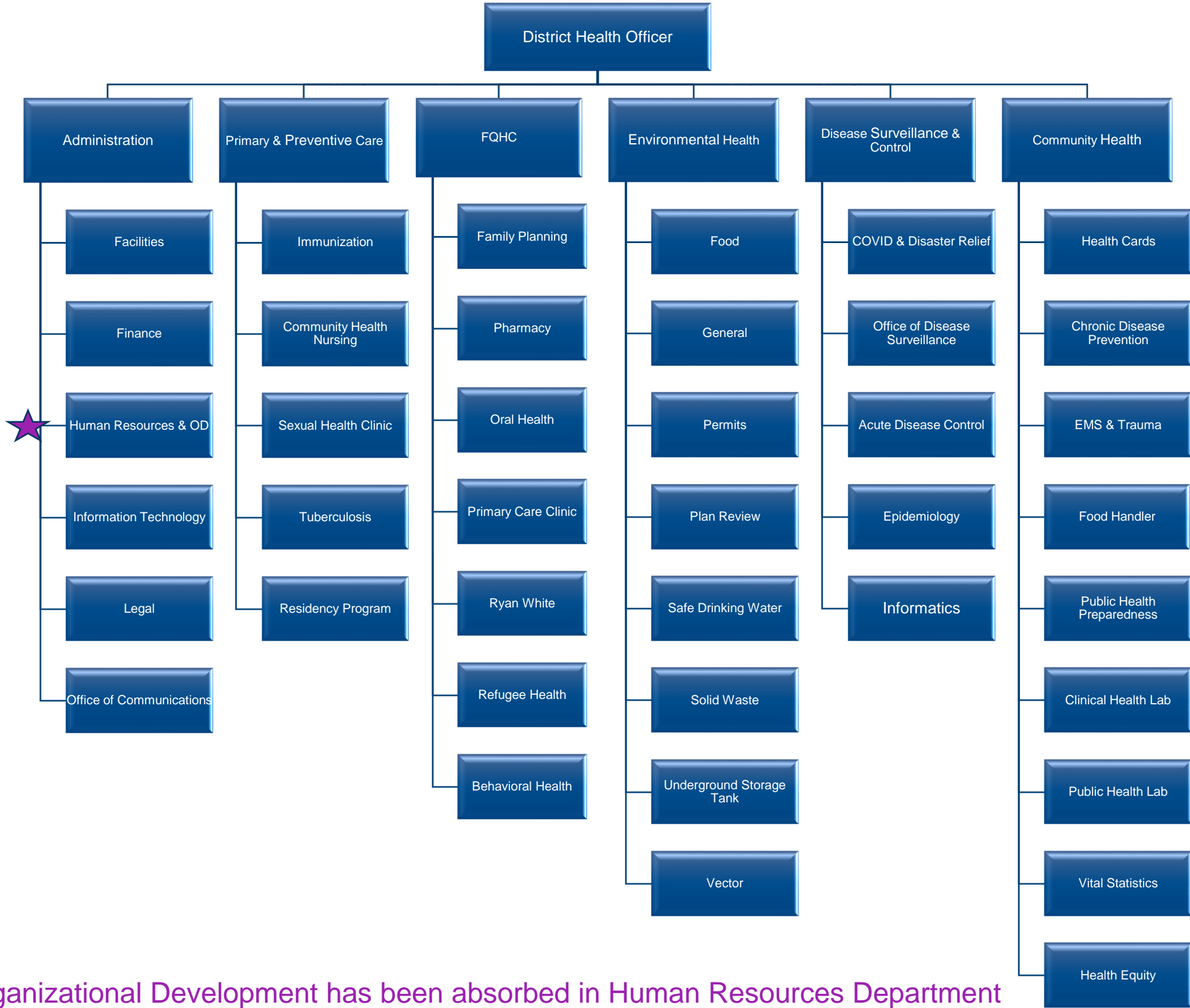
A “**Budget augmentation**” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

Nevada Revised Statute (NRS) 354.626

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



DIVISION REORGANIZATION



Legend



★ Organizational Development has been absorbed in Human Resources Department

REVENUES

GENERAL FUND HIGHLIGHTS

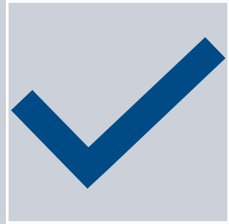
Clark County Property Tax revenue is augmented at **\$31.6 M** an increase of **\$1.9 M** or **6.6%** compared to adopted budget of **\$29.7 M**

Licenses and Permits revenue is augmented at **\$20.8 M** an increase of **\$2.0 M** or **10.5%** compared to adopted budget of **\$18.9 M**. However, the **\$5.5 M** anticipated State funds (first round) is still pending and not included in this augmentation.

Pharmacy revenue is augmented at **\$15.4 M** an increase of **\$1.4 M** or **9.9%** compared to adopted budget of **\$14.0 M**.

REVENUES

SPECIAL REVENUE FUND HIGHLIGHTS



Pass-Thru Grants were reduced from \$103.9 to **\$82.4 M**, a decrease **(\$21.5 M)** or **20.7%** compared to adopted budget to align with year-to-date actuals.



All grants issued on or before **12/31/22** are included in this augmentation.

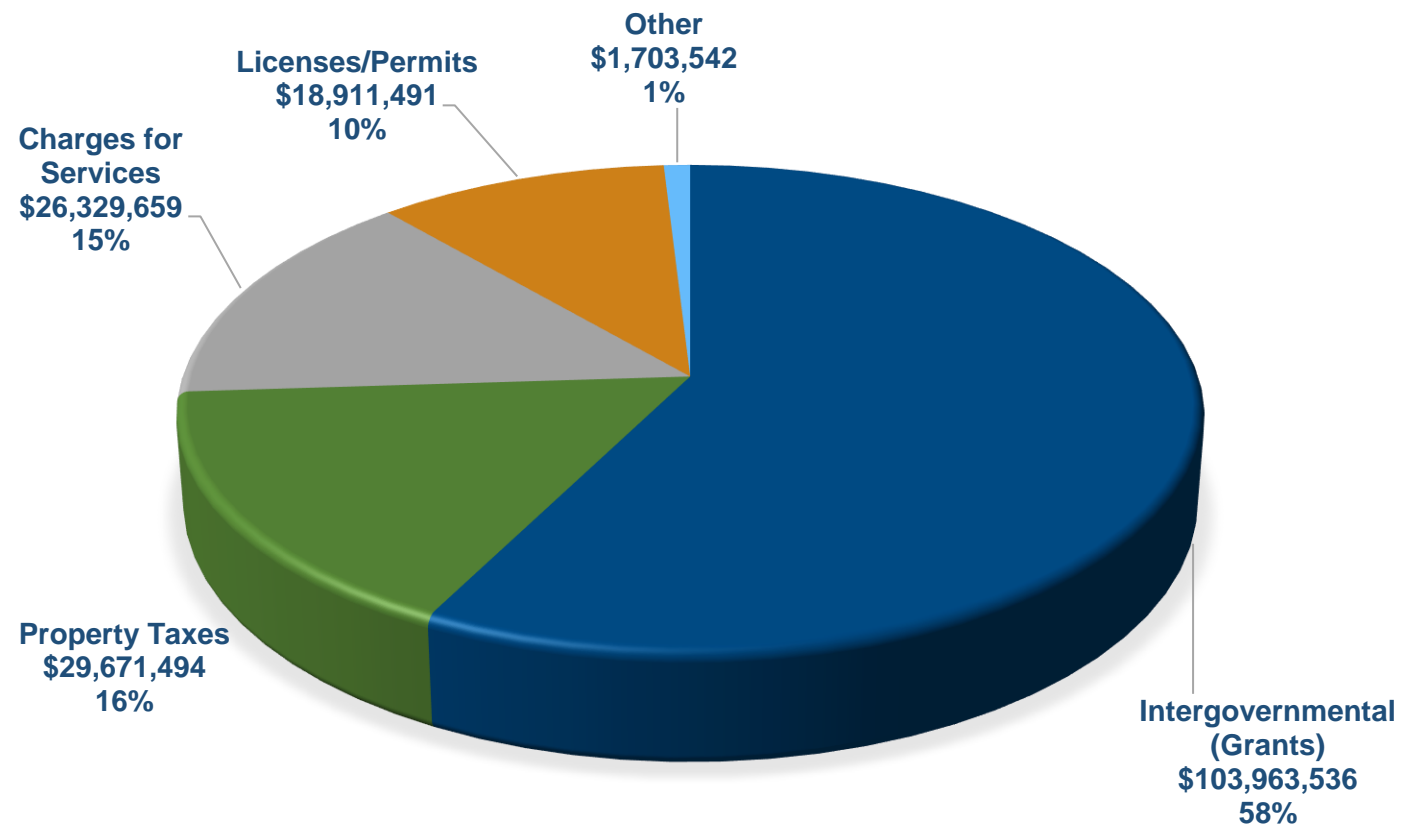


Recently awarded multi-year grant revenue projections total \$564K which are related to salaries & benefits for 16 FTEs (covering March – June 2023)

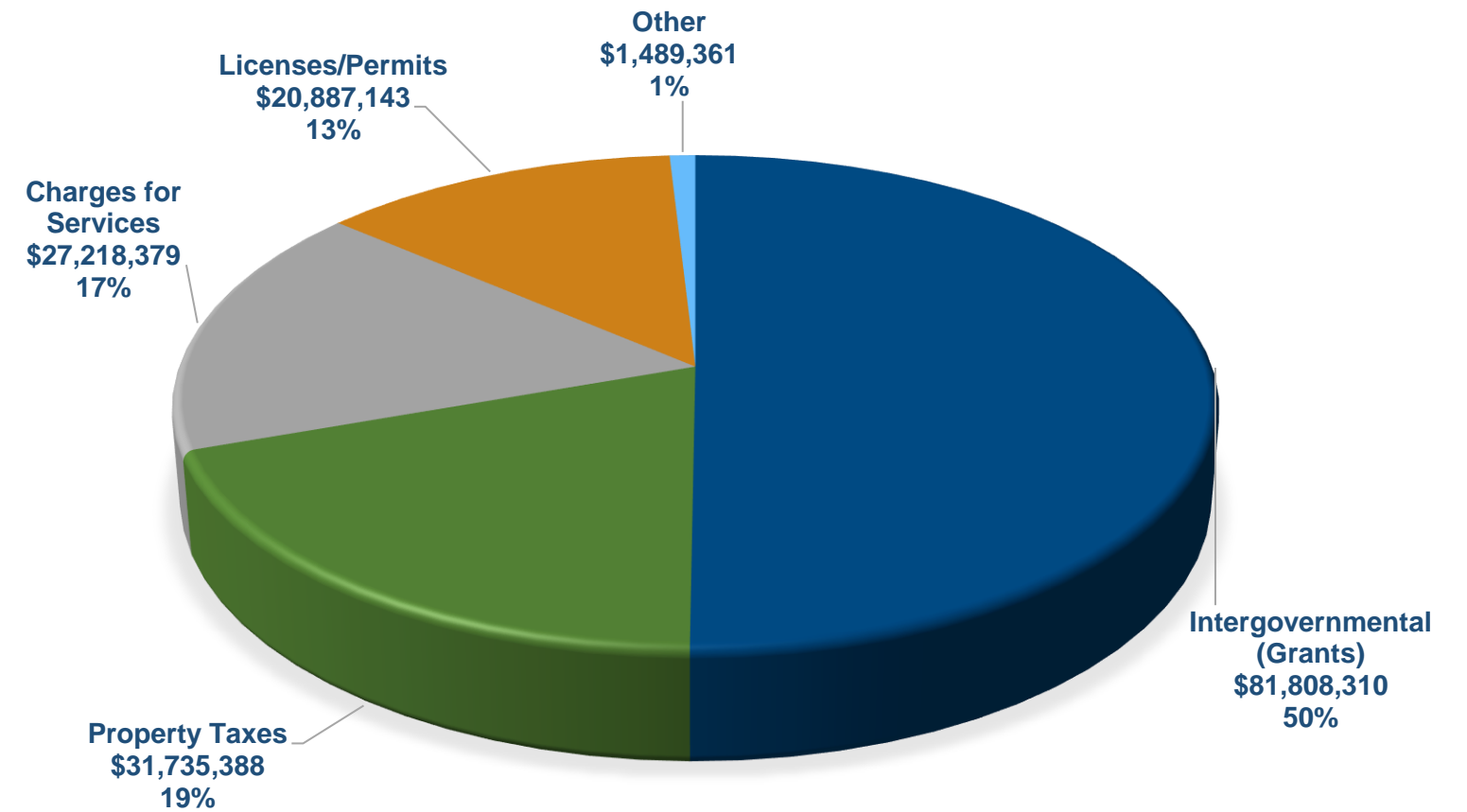
REVENUES

COMBINED REVENUES BY SOURCE – Adopted vs Augmented

FY2023 Adopted Budget
Revenue \$180.6 M



FY2023 Augmented Budget
Revenue \$163.1 M



% Percentages are based on total revenue

EXPENDITURES

GENERAL FUND HIGHLIGHTS



General Fund expenditures total augmented budget is at **\$79.6 M** an increase of **\$2.9 M** or **3.8%** compared to adopted budget of \$76.7 M.



Vaccine expenses increased from \$1.5 M to **\$3.2 M** to align with pre-pandemic levels which has a revenue offset under Insurance account.



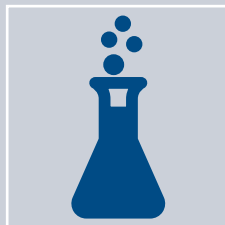
Total salaries and benefits for General Fund remained flat at **\$57.7 M** compared to \$58.6 M adopted budget.

EXPENDITURES

SPECIAL REVENUE FUND HIGHLIGHTS



Special Revenue Fund expenditures total augmented budget is at **\$101.9 M** a decrease of **17.4%** compared to adopted budget of \$123.4 M.



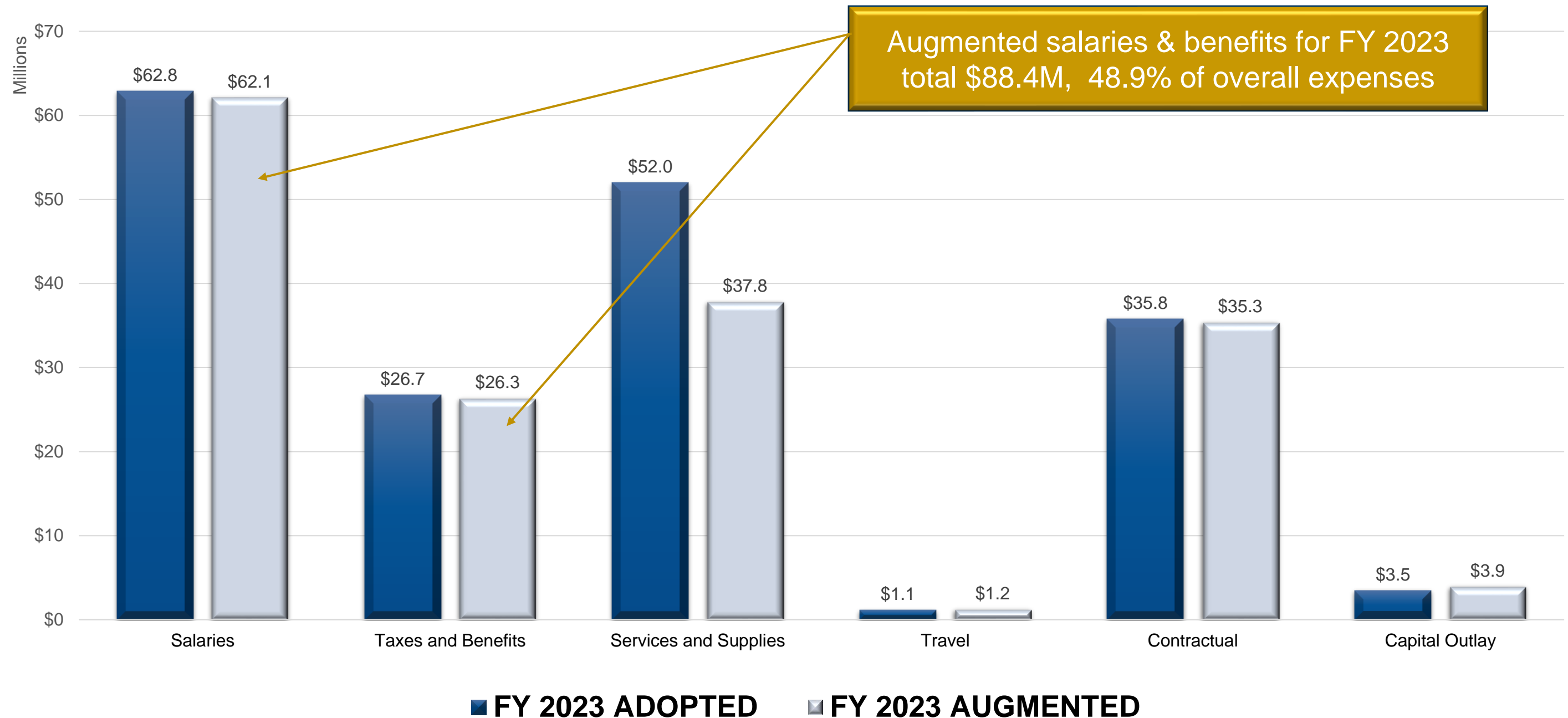
Reagents and Lab supplies expenses decreased (\$16.7 M) from \$31.4 M to **\$14.7 M** to align with year-to-date actuals.



Total salaries and benefits for Special Revenue Fund remained flat at **\$31.5 M** compared to \$31.0 M adopted budget.

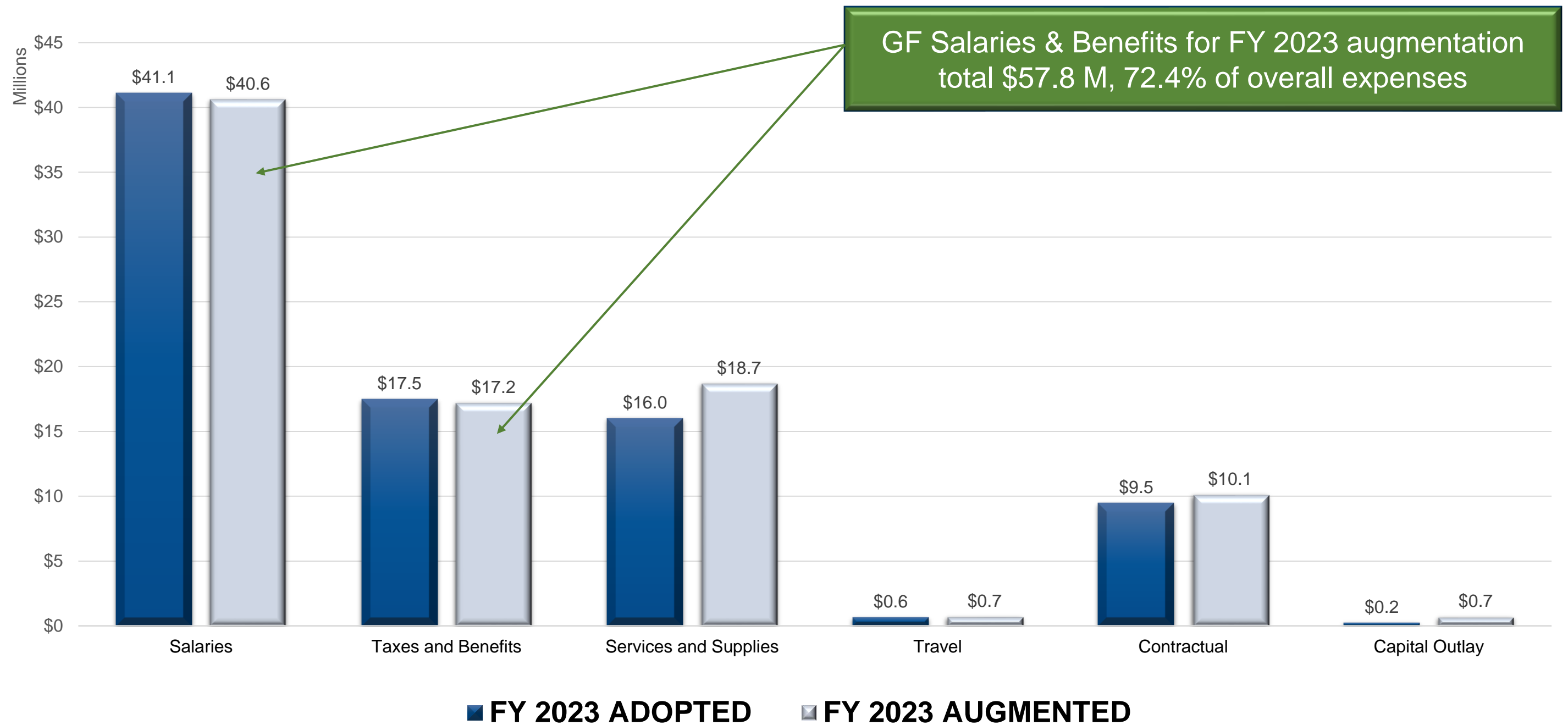
EXPENDITURES

COMBINED EXPENDITURES BY CATEGORY – Adopted vs Augmented



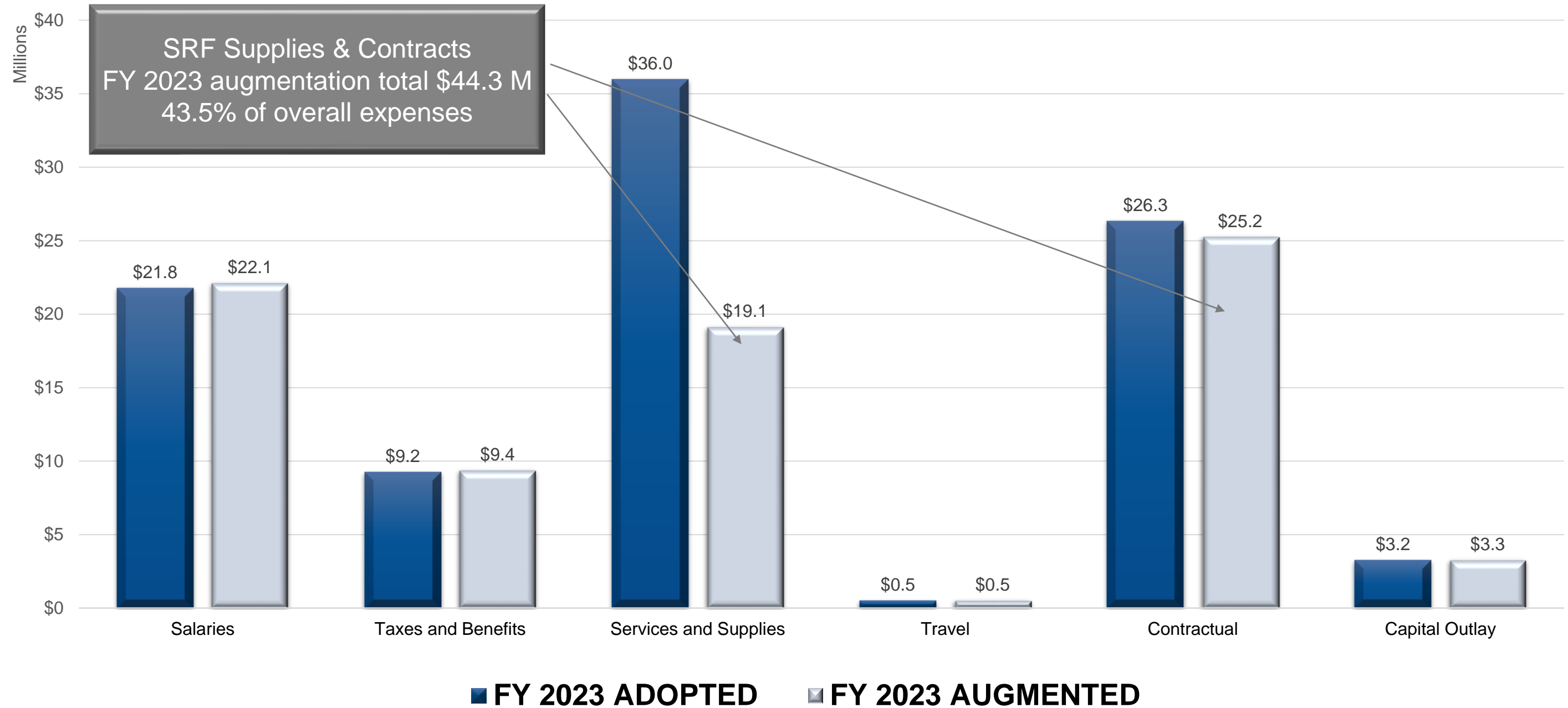
EXPENDITURES

GENERAL FUND EXPENDITURES BY CATEGORY – Adopted vs Augmented



EXPENDITURES

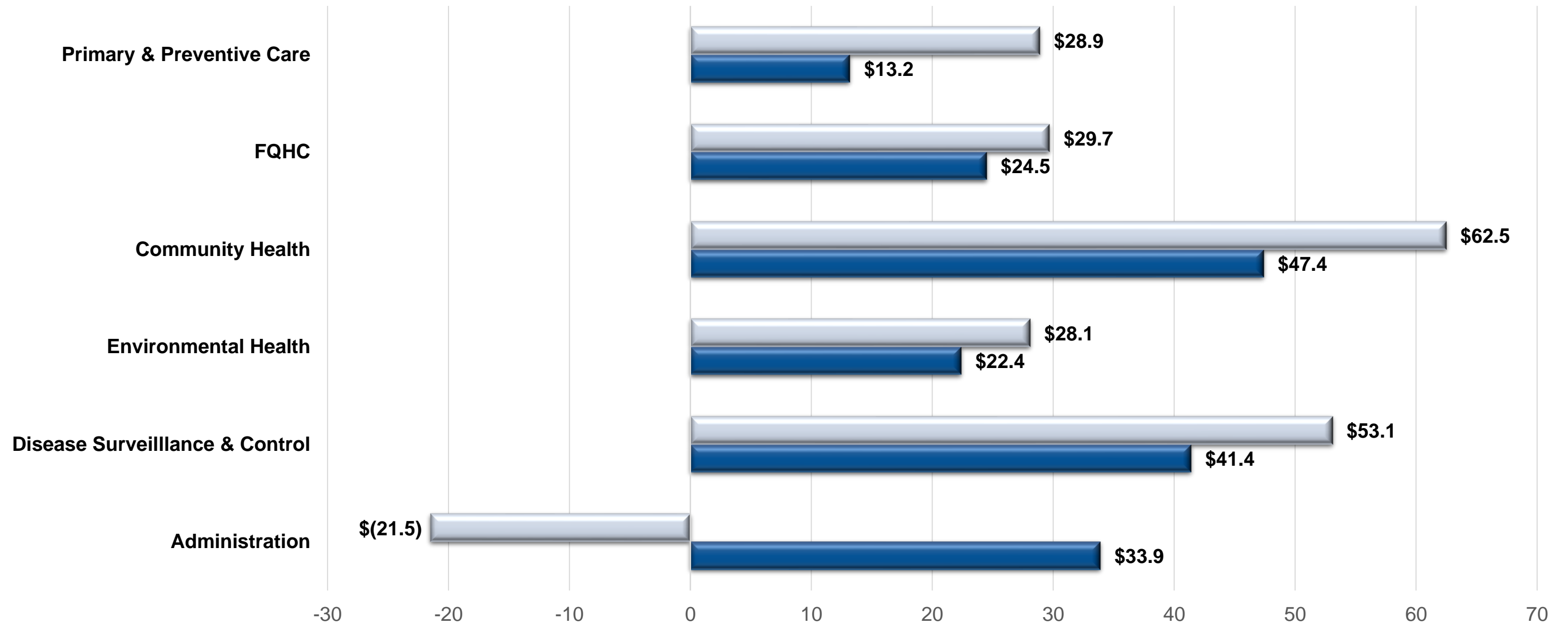
SPECIAL REVENUE FUND EXPENDITURES BY CATEGORY – Adopted vs Augmented



REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION

Expenses Revenues



Administration is negative due to Indirect Costs/Cost Allocations

CAPITAL PROJECTS FUND

YTD Analysis

FY2023 SNHD Budget (Capital Fund)									
	2021		2022		2023			\$ AD vs AM	% Change AD vs AM
	Amended	Actuals	Amended	Actuals	Adopted	Amended	Actuals YTD		
Revenue									
4501 Interest Invstmt	\$ 80,000	\$ 36,332	\$ 40,000	\$ 81,867	\$ 80,000	\$ 80,000	\$ 14,314	-	0.0%
9101 Transfers IN	1,250,000	1,250,000	500,000	500,000				-	
Total Revenues	1,330,000	1,286,332	540,000	581,867	80,000	80,000	14,314	-	0.0%
Expenses		24,500						-	
8165 Comp Software	42,000	24,500						-	
8125 Improvements	691,376		348,213		1,528,757	1,333,757		(195,000)	-12.8%
8140 Vehicles					115,000			(115,000)	-100.0%
8150 Equipment					75,000	300,000		225,000	300.0%
8165 Comp Software						395,000		395,000	100.0%
8165 Comp Software	4,750							-	
7150 Subscriptions	5,504	341,105						-	
8160 Comp Hardware	622,500	79,380	327,500		396,250	86,250	49,998	(310,000)	-78.2%
8165 Comp Software	2,530,798	405,067	1,324,287	1,514,114	167,426	167,426	1,284	-	0.0%
6225 Small Comp Equip	88,448	44,224		76,900			191,756	-	
Total Expenses	3,985,376	894,276	2,000,000	1,591,014	2,282,433	2,282,433	243,038	-	0.0%
Net Income/(Loss)	\$ (2,655,376)	\$ 392,056	\$ (1,460,000)	\$ (1,009,147)	\$ (2,202,433)	\$ (2,202,433)	\$ (228,724)	-	0.0%

No change in the adopted budget for Capital Fund. This schedule reflects transfer of funds between Facilities and Information Technology department

BOND RESERVE FUND

YTD Analysis

FY2023 SNHD Budget (Bond Reserve Fund)									
	2021		2022		2023			\$ AD vs AM	% Change AD vs AM
	Amended	Actuals	Amended	Actuals	Adopted	Amended	Actuals YTD		
Revenue									
Investment Earnings	\$ 50,000	\$ 72,376	\$ 50,000	\$ 27,894	\$ 55,000	\$ 55,000	\$ 5,966	\$ -	0.0%
Transfer In	350,000	350,000						-	
Total Revenues	400,000	422,376	50,000	27,894	55,000	55,000	5,966	-	0.0%
Expenses									
Contractual	-	-	-	-	-	-	-	-	
Capital Improvements	3,604,685	-	300,000	-	3,045,479	3,045,479	-	-	0.0%
Supplies	-	-	-	-	-	-	-	-	
Transfer Out	-	-	500,000	500,000	-	-	-	-	
Total Expenses	3,604,685	3,604,685	3,604,685	3,604,685	3,604,685	3,604,685	3,604,685	-	0.0%
Net Income/(Loss)	\$ (3,204,685)	\$ (3,182,309)	\$ (3,554,685)	\$ (3,576,791)	\$ (3,549,685)	\$ (3,549,685)	\$ (3,598,719)	\$ -	0.0%

No change in the adopted budget for Bond Reserve Fund.

STAFFING

FTE BY DIVISION

Southern Nevada Health District FY2023 FTE Count (Amended)					
Divisions	2020/2021 Actual	2021/2022 Actual	2022/2023 Adopted	2022/2023 Amended **	* Percentage Change FY2023 AD vs FY2023 AM
Administration Division	154.50	147.90	143.50	158.85	10.7%
Community Health Division	114.90	117.00	119.00	108.70	-8.7%
Disease Surveillance & Control (1)	183.00	150.25	165.00	170.65	3.4%
Environmental Health	172.00	174.00	172.00	189.75	10.3%
FQHC (2)	0.00	85.30	0.00	86.90	0.0%
Primary & Preventive Care (3) (4)	239.10	131.90	225.60	138.15	-38.8%
Total	863.50	806.35	825.10	853.00	3.4%

* Percentage Change is calculated based on Adopted and Amended

** Amended FTE count includes CDC - PHI positions and additional FTE requests

(1) Disease Surveillance & Control Division was created in FY22 formerly named Communicable Disease & Prevention

(2) FQHC Division was created in FY2023 it was formerly under Primary and Preventive Care Division

(3) Primary & Preventive Care was under Clinical Services which was renamed Primary & Preventive Care in FY22

(4) Primary & Preventive Care includes FTE for both FQHC & Primary Preventive Care in FY2021 & FY2022



TO BE DETERMINED

- Additional federal and state grants may be approved after the current cut-off of **12/31/22** and will be addressed in the next budget augmentation around May - June 2023.
 - ARPA Grant (Laboratory Expansion)
 - Other grant opportunities awaiting official notice
 - FY2022 EH fee increase payment pending from State of NV
- Additional FTE requests to be reviewed

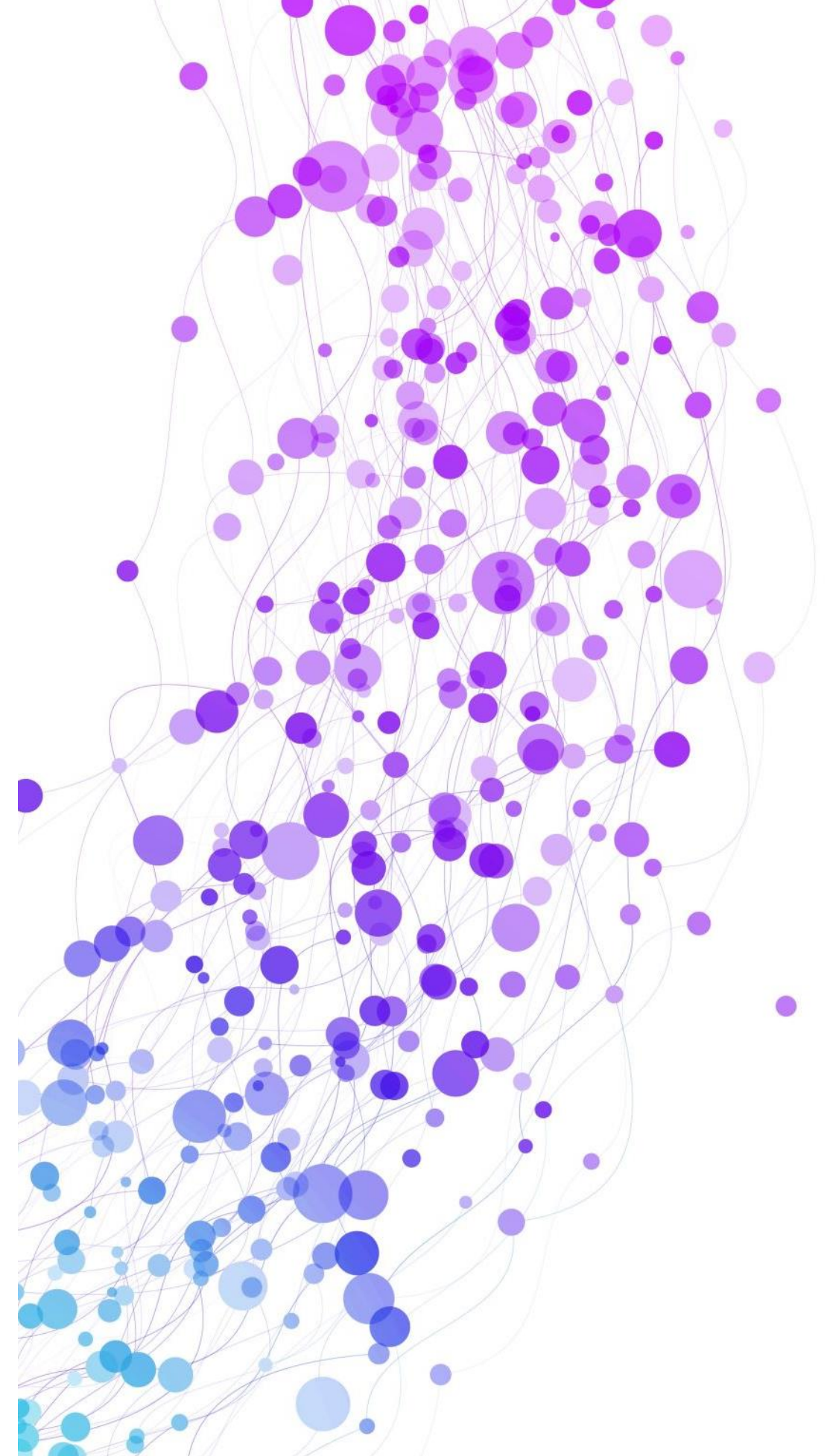


QUESTION AND ANSWER

January 2023

RECOMMENDATION

- Recommend Approval of the FY 2023 budget augmentation as presented.
 - ❖ Petition #13-23
 1. Resolution #01-23 – General Fund
 2. Resolution #02-23 – Special Revenue Fund
- Copies to be submitted to Clark County and State of Nevada, pending further instructions.





FY 2023 Budget Augmentation

Presented by Donnie Whitaker, CFO

January 2023



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** January 26, 2023

RE: Approval of the budget augmentation for Southern Nevada Health District for the fiscal year ending June 30, 2023.

PETITION ##13-23

That the Southern Nevada District Board of Health *approve the budget augmentation for the fiscal year ending June 30, 2023 to meet the financial requirements of NRS 354.598005.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Donnie Whitaker, CPA, Chief Financial Officer *DW*

DISCUSSION:

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

The increase in June 30, 2022 (FY2022) General Fund ending fund balance of \$4,220,060 (from adopted \$32,666,147 to actual is \$36,886,107) will provide additional available resources to the FY2022-2023 SNHD General Fund Budget.

The increase in total revenue sources (FY2023) in the General Fund budget of \$4,583,735 will provide additional resources to the FY2022-2023 SNHD General Fund Budget. FY2022-2023 appropriations also increased by \$946,143 from \$59,147,054 to \$60,093,197.

The increase in June 30, 2022 (FY2022) year end fund balance to the Grant Fund (Special Revenue) is \$57,622 (adopted to be \$0). The FY2023 total adopted budget revenue is \$103,963,536 and has been reduced to \$82,380,364, a decrease of (\$21,583,172) to align with year-to-date actual amounts. FY2022-2023 appropriations decreased from \$123,554,647 to \$101,971,475 to align with year-to-date actual amounts.



To complete the augmentation process, the attached Resolutions to Augment #01-23 for Southern Nevada Health District General Fund Budget and #02-23 for Southern Nevada Health District Grant (Special Revenue) Fund Budget for Fiscal Year Ending June 30, 2023 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is done.

FUNDING:

Please see attached Resolutions #01-23 for Southern Nevada Health District General Fund Budget, #02-23 for Southern Nevada Health District Grant (Special Revenue), Budget for Fiscal Year Ending June 30, 2023.



RESOLUTION #01-23

RESOLUTION TO AUGMENT THE 2021-2022 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Southern Nevada Health District (General) Fund, Southern Nevada Health District** were budgeted to be \$109,404,212 on July 1, 2022; and

WHERE AS, the total available resources are now determined to be \$118,208,007.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District (General) Fund

Ending Fund as of 6/30/2022 (Increased)	\$4,220,060
Total Revenues Sources (Increased)	\$4,583,735
Total	<u>\$8,803,795</u>

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

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its 2022-2023 budget by appropriating \$946,143 for use in the **Southern Nevada Health District (General) Fund**, thereby increasing its appropriations from \$59,147,054 to \$60,093,197. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 26th of January 2023.

AYES:

NAYS:

Absent:

By: _____

ATTEST: _____

EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	41,088,312	(512,113)	40,576,199
Employee Benefits	17,472,840	(352,060)	17,120,780
Services & Supplies	352,981	1,366,926	1,719,907
Capital Outlay	232,921	443,390	676,311
SUBTOTAL EXPENDITURES	59,147,054	946,143	60,093,197
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
To Fund 7060 (SNHD Capital Improvement)			
To Fund 7070 (SNHD Bond Reserve)			
To Fund 7090 (SNHD Grant)	19,591,111	0	19,591,111
To Fund 7620 (SNHD Proprietary Fund)			
SUBTOTAL OTHER USES	19,591,111	0	19,591,111
ENDING FUND BALANCE			
Reserved	30,666,047	7,857,652	38,523,699
Unreserved			
TOTAL ENDING FUND BALANCE	30,666,047	7,857,652	38,523,699
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	109,404,212	8,803,795	118,208,007

(Local Government)
Schedule B - Fund 7050
Southern Nevada Health District

Page _____



RESOLUTION #02-23

RESOLUTION TO AUGMENT THE 2022-2023 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Grant Fund (Special Revenue), Southern Nevada Health District** were budgeted to be \$123,554,647 on July 1, 2022; and

WHERE AS, the total available resources are now determined to be \$102,029,137.

WHEREAS, said additional unanticipated resources are as follows:

Grant Fund (Special Revenue):

Ending Fund as of 6/30/2022	\$57,622
Intergovernmental Revenues	
Federal Grants	
Department of Health & Human Services	(22,179,634)
Environmental Protection Agency	154,758
Center for Disease Control – PHI	563,683
Other Grants	
Other	<u>(121,979)</u>
	Total <u>(\$21,525,510)</u>

WHEREAS, there is a need to apply these decrease in proceeds in the **Grant Fund (Special Revenue)**.

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its FY2022-2023 budget by appropriating **(\$21,525,510)** in the **Grant Fund (Special Revenue)**, thereby decreasing its appropriations from **\$123,554,647** to **\$102,029,137**. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

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

PASSED, ADOPTED, AND APPROVED the 26th of January 2023.

AYES:

NAYS:



Absent:

By: _____

ATTEST: _____

EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	21,758,161	325,570	22,083,731
Employee Benefits	9,248,284	117,122	9,365,406
Services & Supplies	89,306,744	(22,048,864)	67,257,880
Capital Outlay	3,241,458	23,000	3,264,458
SUBTOTAL EXPENDITURES	123,554,647	(21,583,172)	101,971,475
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
To Fund 7050 (Southern NV Health District)	0	0	0
SUBTOTAL OTHER USES	0	0	0
ENDING FUND BALANCE			
Reserved	0	57,662	57,662
Unreserved			
TOTAL ENDING FUND BALANCE	0	57,662	57,662
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	123,554,647	(21,525,510)	102,029,137

(Local Government)
Schedule B - Fund 7090
Southern Nevada Health District Grant

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District Health Officer and Divisions Accomplishments 2022

January 26, 2023

Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District

SNHD Significant Accomplishments

- Health District's 60th Anniversary celebration
- SNHD received Public Health Accreditation from PHAB
- Fremont Public Health Center Opened
- Bonanza Health Center opened in partnership with City of Las Vegas
- Expanded Behavioral Health Services through the addition of LCSWs
- FQHC Mobile Unit participated in 82 remote site clinic events
- Submitted the Federal Torts Claims Act (FTCA) deeming application
- Established Congenital Syphilis Case Management Program to address the high rates of congenital syphilis in Clark County

SNHD Significant Accomplishments

- As of December 31, 2022, a grand total of 3,963,707 doses of COVID-19 vaccine were administered in Southern Nevada, 783,426 of them during the year 2022
- The SNHD COVID-19 Vaccination Program administered over 97,000 vaccinations at its static and pop-up sites in 2022
 - strike teams, home-bound and long-term care programs
- Purchased and redistributed donated PPE equipment for community partners as required by federal grants and community needs
- Doubled the number of registered MRC volunteers and actively deployed volunteers to provide support COVID operations and agency needs

SNHD Significant Accomplishments

- Provided COVID-19 support teams for CCSD and school/daycares in Clark County with designated contact tracing team to provide onsite support as needed
- Three community COVID-19 testing sites at College of Southern Nevada; contracted mobile vans and kiosks for testing at strategically placed locations in areas of need, including Mesquite and Laughlin
- Facilitated the distribution of a large donation of more than 25,000 COVID-19 antigen kits to agencies across Clark County
- Launched a COVID Wastewater Surveillance Dashboard in partnership with UNLV, DRI, and SNWA
- Responded to and investigated 288 Mpox cases, monitored all known contacts, provided referrals to PEP and vaccination of eligible individuals

SNHD Significant Accomplishments

- Received approval from Department of Taxation with no findings from FY2021 Finance Audit Report
- Successfully completed two budget augmentations in FY22
- Clinical Billing operations were brought back in-house
- Trained departments outside of Finance about the Revenue Cycle
- Medicaid WRAP report submitted for CY21 & CY22, with more than \$700,000 recovered
- Implemented the non-bargaining class and compensation program
- Updated Holiday Pay, now benefiting all SNHD employees

SNHD Significant Accomplishments

- 1st floor lab expansion at SNPHL
- Performed 132,418 COVID-19 tests mostly from samples from long-term care facilities, SNHD outreach, Decatur Clinic, CCSD, and CCDC
- Received \$3,520,054.50 to support whole genome sequencing (a total of 2130 SARS-CoV-2 whole genome sequencing performed)
- Performed Mpox testing throughout the Mpox outbreak
- Supported Public Health outbreaks investigations including COVID-19 variant of concern, Botulism cases, and Norovirus
- Laboratory approved to participate in the CDC GISP/eGISP molecular surveillance program

SNHD Significant Accomplishments

- SNHD was designated as a Health People 2030 Champion by the US Department of Health and Human Services for our commitment to public health priorities that address the major risks to health and well-being
- Assisted UNLV with the passage of a tobacco-free campus policy
- SNHD Health Equity Team provided blood pressure screening, education, and referral to all Nevada Hand Senior Properties
- Worked with the Las Vegas Lights and the Las Vegas Aviators to develop smoke and tobacco-free stadium policies
- Expanded the number of properties on the Smoke-Free Housing Directory

SNHD Significant Accomplishments

- Implemented the No Menthol May campaign in African American places of faith
- Developed website and launched a media campaign focused on youth cannabis prevention
- ICS activated to support response to Mpox and have been coordinating with community partners to manage surge of pediatric RSV
- Supported the Southern Nevada Healthcare Preparedness Coalition with staff and resources

SNHD Significant Accomplishments

- Received DHHS SAMHSA First Responders-Comprehensive Addition and Recovery Act Grants – funding to prevent loss of life related to opioid overdose by preparing first responders to administer intranasal naloxone; \$500,000 each year
- Co-facilitated a PrEP Institute for Nevada – 2-day training co-led by SNHD and the San Francisco Department of Health; 62 participants from throughout Nevada attended
- Hosted 3rd annual Southern Nevada Substance Misuse and Overdose Prevention Summit with 97 in-person registrants and 62 virtual registrants
- Launched Re-Think Nevada Campaign – increasing access to HIV testing by implementing rapid HIV testing at UMC Quick Care

SNHD Significant Accomplishments

- Created a Health Equity Program integrated by 4 Health Educators to assist in the development and implementation of Health Equity initiatives, including interventions to reduce COVID-19 disparities among higher risk and underserved populations
- COVID-19 Vending Machine Project to provide access to free COVID antigen test kits to rural communities, including Mesquite and Laughlin
- Public Health Vending Machines at SNHD's Decatur Blvd location, Fremont Public Health Center and one RTC station
- Contracted with a Family Resources Center to improve referrals to resources for clients in need of housing, food, healthcare, or other services
- Worked with the state's Resiliency Project to refer clients and contacts impacted by COVID-19 to the Resiliency Ambassadors

SNHD Significant Accomplishments

- The Environmental Health team worked with industry to develop the SNHD 2023 Food Regulations
- 27% increase to the Environmental Health Fee Schedule
- Awarded the innovation award Special District of the Year from Government Technology magazine and AT&T
- Health Cards Online Renewals and Online Vaccine Management Systems
- SNHD's main website was visited by 2,100,000 users, and over 140 interviews were offered in a range of public health topics
- Academic Affairs Program coordinated the placement of 115 students, residents, and fellows

Summary

- Health District's 60th Anniversary celebration
- SNHD received Public Health Accreditation in January 2022
- Finalized the Community Health Improvement Plan – Top 4 priorities: Access to Care, Chronic Disease, Transportation, and Public Health Funding
- 27% increase to the Environmental Health Fee Schedule, approved and implemented
- Implemented the non-bargaining class and compensation program
- Established a Congenital Syphilis Case Management Program
- New Fremont Health Center location
- Health Center successfully completed the HRSA Operational Site Visit
- Online renewal tests and certificates for Food Handler Cards

Summary

- Implemented NEOGOV as a centralized platform for recruitment and hiring
- 7,636 youth trained by the Vaping Prevention Program
- Public Health and COVID-19 Vending Machine Project implemented
- More than 783,426 COVID-19 vaccination doses administered across the County
- Immunization Program administered a total of 87,172 vaccines adult and Children regular IMMZ schedule) to 33,755 clients
- Zero findings for the FY21 SNHD Financial Audit



What's Next?



SNHD Goals

- Development and implementation of SNHD's Strategic Plan
- Implementation of the Community Health Improvement Plan
 - Top health priorities → Access to care, Chronic Diseases, Transportation, and PH funding
- Implementation of the Public Health Infrastructure Project
 - Retain, support, and sustain the public health workforce
- Public Health Laboratory expansion plan (\$10 million investment)
 - BSL-3, molecular and microbiology laboratories to support bioterrorism counter response and communicable disease surveillance
- Advocate the legislature and federal delegation for approval of sustainable public funding in NV



SNHD Goals

- Develop and implement long-term plans for COVID-19 vaccination
- Build the Behavioral Health Center at Decatur and enhance SNHD contribution to behavioral health services in the community
- Build a Dental Health Center at the Fremont Health Center



SNHD Goals

- Implement eClinicalWorks vaccine administration management system, replacing the existing state-supported platform
- Train EH staff and industry on the 2023 Food Regulations
- Develop and/or implement comprehensive media and social marketing campaigns, community outreach, social media, websites, and blogs addressing Tobacco, Vaping, the Opioid epidemic, etc.

Thank you!

Questions?

Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District



MEMORANDUM



Date: January 26, 2023
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer*
Subject: **District Health Officer and Division Accomplishments – 2022**

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Executive Summary

In summary, COVID-19 mitigation efforts took a considerable toll on our organization and employees' capacity to address critical public health needs of our community. All SNHD divisions continued to actively participate in COVID-19 response and mitigation efforts, while continuing to meet their deliverables.

Within the Administration Division, the Finance Department completed two budget augmentations and received zero audit findings for the FY21 audit. The number of awarded grants, amendments and revisions went from 182 (FY21) to 207 (FY22), which resulted in an increase in workload. The Facilities Department completed construction oversight for the new Fremont Health Center location, along with the move of staff from SNCHC, Health Cards and Environmental Health. Over the course of the year, the Human Resources Department implemented the non-bargaining class and compensation program, along with a centralized platform for recruitment and hiring (NEOGOV). The Information Technology developed and/or implemented applications for routine, travel, flu, etc. vaccines, upgraded eClinical Works, online renewal tests and certificates for Food Handler Cards, EH Inspector Validation, and deployed Entrust Multi Factor Authentication. The Legal Department continues to provide services to the entire Health District, with the most significant in Contracts Administration. The Office of Communications issued over 100 media releases and planned the Health District's 60th Anniversary celebration that included the State of the Health District.

The Community Health Division has concertedly made strides in upholding the SNHD mission statement "To assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors." Our Vital Records Team ratio does not equate to the enormous amount of registered & issued certificates they promptly provide. Online renewals from the Health Cards team has decreased in-person traffic and serviced more applicants than ever. The Office of Emergency Medical Services & Trauma System (OEMSTS) is a staple availing themselves to high standards regarding accredited examinations & licensing. Our Office of Chronic Disease Prevention and Health Promotion (OCDPHP) team offers endless events advancing the community toward full circle wellness. Their Vaping Prevention Program, shattered the original goal of 500, training 7,636 youth. With SNHD's geographical positioning, Las Vegas needed someone to mobilize the Incident Command System. Our Office of Public Health Preparedness (OPHP) embraced the challenge, joining hands with community partners to combat health hazards. The Health Equity Program undergirds our community like none other with "Pop-Up Clinic" events and campaigns targeting the underserved. The Southern Nevada Public Health Laboratory (SNPHL) completed 222,545 COVID-19 tests. They obtain real-time data & analysis that give warning and a basis for community health planning.

Within the Disease Surveillance and Control Division, staff was able to secure new funding (NDOCCD, HRSA-077, HRSA RWHAP, DHHS SAMHSA, COVID-19 Health Disparities, Center for AIDS Research, Detection & Mitigation of COVID-19 in Homeless Services Site, and the Gilead FOCUS Award). Staff in the Office of Disease Surveillance finalized the Community Health Improvement Plan outlining the top four health priorities of Access to Care, Chronic Disease, Transportation, and Public Health Fundings. The Acute Communicable Disease Control team launched COVID Vending machine project to provide access to free antigen tests to rural communities. Staff in the Office of Epidemiology investigated outbreaks at the Secret of Siam, Real Water, and various schools. The Office of Public Health Informatics maintained

the COVID-19 Dashboard, along with automating COVID-19 contact tracing efforts and patient notification.

Within the Environmental Health Division, staff received Board of Health approval for a 27% increase to the Environmental Health Fee Schedule and an annual Consumer Price Index (CPI) adjustment starting in 2024. The fee increase and CPI adjustment will be used to hire 24 additional staff and give programs sustainability as the community continues to grow. Staff in the Consumer Health area drafted regulations governing Body Art Establishments and began implementation efforts. The area of Food Operations had staff work with industry on the SNHD 2023 Food Regulations, which was met with praise by both the regulated community and BOH members for their strong partnership, flexibility, and open communication. The area of Solid Waste & Compliance completed 3,400 annual Restricted Waste inspections and approximately 1,000 Illegal Dumping responses. Staff also conducted 14 residential investigations in Clark County for Legionnaires' disease or Pontiac fever, along with 16 well water systems in rural Clark County for Legionella bacteria. As required under Senate Bill 386, staff conducted 760 resort/hotel COVID-19 prevention compliance inspections. Staff in Engineering took over Plan Review duties for the Public Accommodations Program and participated in a Septic to Sewer Conversion Working Group with Clark County, the Southern Nevada Water Authority, and Clark County Water Reclamation District.

Within the Primary and Preventive Care Division, the Preventive Medicine Residency Program lost accreditation and continued to provide training to one student, who completed his final year of residency. The Academic Affairs Program coordinated the placement of 115 students, residents, and fellows for a total of 4,012 hours of applied public health practice. The Immunization Program administered a total of 87,172 vaccines to 33,755 clients. The Sexual Health Clinic had 9,606 patient visits and established a Congenital Syphilis Case Management Program. The Refugee Health Program provided services to 443 refugees, and the Tuberculosis Program treated 52 individuals. The Community Health Nursing Program, through four separate initiatives, enrolled 201 families and provided services to 422. Along with supporting the efforts of community partners, the COVID-19 Vaccination Program administer over 97,000 vaccinations and enrolled 236 providers to administer vaccine in their clinics.

Within the Southern Nevada Community Health Center, a federally qualified health center, there were 5,724 unique patients served with a total of 13,425 patient encounters. The Health Center successfully completed the HRSA Operational Side Visit and onboarded three new patient board members. The new Fremont Public Health Center opened as the permanent flagship location for the Health Center and expanded hours of operation to better serve the community. The Health Center continued to provide COVID-19 testing and vaccination, and expanded to include Mpox vaccinations and COVID-19 therapeutics program. More than 33,000 COVID-19 vaccinations were administered. The Health Center continues to expand behavioral health services through additional Licensed Clinical Social Workers.

Administration Division

Facilities Department

- Completed construction oversight of new Fremont location.
- Moved FQHC, Health Cards and Environment of Health into Fremont location.
- Opened Bonanza clinic.
- Completed addition of 1st floor lab expansion at SNPPL.
- Expanded Health Cards and Immunization clinic at the Laughlin location.
- Identifying Fall Hazards for the roof of the main building and recommending engineered controls for employee protection.
- Workplace Violence Prevention Program review and obtaining training for verbal de-escalation as part of the requirements.
- Obtaining PPE in the form of body armor for our underserved employees and creating a department wide policy for its implementation and use.
- Multiple incident reporting investigations conducted initiated by employee complaints and management concerns. (Illegal vending equipment, Medasource and Fulgent Kiosk, confidential employee illness incidents and investigations to name a few.)
- Restructuring of Security training.
- Development of a new Security Handbook.
- Multi-department inspections for physical hazards.
- Creation of the Heat Illness Prevention Plan for Southern Nevada Health District.
- Creation of a Fire Prevention Plan for Southern Nevada Health District.

Finance Department

FINANCE

- We completed two budget augmentations in FY22 and received approval from Department of Taxation with no findings.
- Audited Financial Statements were delivered on time for FY21 and had zero audit findings, FY22 audit is still in progress.
- Bank Reconciliations and Treasury reports submitted timely to the county.
- New or active renewal grant awards were managed by the Grants Team and they continue to research new funding opportunities and are committed to retaining funding for existing programs. Total grants, amendments, revisions for FY21 – 182 and FY22 – 207.
- There were new or expansions of grants to support specific sub-populations impacted by the COVID-19 pandemic, including in jail and detention facilities and in long term care facilities.
- Accountants successfully produced grant reimbursement requests and other deliverables in acceptable timeframes in a sustained level of grant activity.
- The payroll team has managed to process increasing payroll and manage other deliverables despite new complex funding sources and continued challenges presented by software limitations. After FYE21 there were 705 employees with paid activity and at FYE22 there were 741 employees with paid activity.
- Purchasing responded to critical and time-sensitive purchasing activities related to COVID surges, relocation of services to new locations and expansion of existing facilities. Purchase Orders

processed in FY21 – 1,839 and FY22 – 1,865. Combined activity processed including p-card and purchase orders in FY21 – 4,301 and FY22 – 5,472

- The Finance team navigated the challenge of a complete turnover in their management team and the fiscal year-end and audit process as well as integrating new staff into the department in the Grants and Accounting functions.

BILLING

- Developed the Multivax/COVID project with Salesforce, State Medicaid and SNHD, and continuing with enhancements.
- Submitting claims for insured COVID-19 patients.
- Identified issues with Credentialing and implemented the process to Credential new Providers, revalidate providers and credential new facilities.
- Beginning the process of adding more Insurance Payers for billing labs for SNPHL.
- Billing was brought back in-house and the billing team was given the workflow process. They continue to bill claims, post payments and work accounts receivable among other Revenue Cycle duties.
- Board Approval to change adjustments on old accounts from 18 months to 12 months, and then auditing and processing all accounts over 12 months old to bring them current.
- Identified issues within the Revenue Cycle process and provided training.
- Developed training and trained departments outside of Finance about the Revenue Cycle and of their importance to the billing department.
- Initiated the review and amendments of Insurance Payors and Vendor contracts.
- Prepared, participated and received no findings with the HRSA Site Visit.
- WRAP Report (Medicaid reimbursement) > \$700k; submission for CY21 & CY22 (current status – CY21 submitted/accepted by state in November and CY22 filed week of 01/02/2023)

HIGH LEVEL GOALS FOR 2023

- Focus on training and cross-training activities to ensure sustained knowledge levels and business continuity and coverage for critical processes
- Update and expand procedures for processing and reporting activities within Finance
- Implement improvements to payroll processing and reporting functions overall for the department
- Grants Team continue to research new funding opportunities
- Transition immunization billing activity in-house
- Support implementation of eCW functionality to accommodate billing and reporting capabilities (current status – in progress)

Human Resources Department

COVID-19 SUPPORT

- CMS vaccine mandate policy implementation

EMPLOYEE/LABOR RELATIONS & RECRUITMENT

- Implementation of Non-Bargaining Class & Compensation program, includes approval by the Board of Health.
- Hired FQHC Operations Officer

- NEOGOV implementation – HR centralized platform for recruitment and hiring that is public sector compliant. Consists of integrated, cloud-based modules to recruit, develop, and manage the hiring process. Candidate self-service portal, comprehensive report, creation of e-forms.
- Updated Holiday Pay – Employees are now able to schedule their leave time based on their Alternative Work Schedule.
- Offers – Collaboration with management and SEIU to increase offers to nursing staff to reduce turnover while increasing new offer acceptance.

BENEFITS/HRIS/EMPLOYEE RECORDS

- Implemented an online exit survey – Capturing anonymous exit feedback.
- Implemented FMLA source – FMLA and ADA for reviewing, approving, processing, and tracking FMLA leave requests with the oversight of expert legal staff.
- Implemented HR centralized platform – For recruitment and hiring that is public sector compliance. NEOGOV consists of integrated, cloud-based modules to recruit, develop, and manage the hiring process. Candidate self-service portal, comprehensive reporting, creation of e-forms.

PERCEPTION OF HUMAN RESOURCES

- Mentoring – Implemented leadership mentoring sessions to identify needs and made recommendations on training opportunities.
- Initiated Recruitment and Retention strategy meetings – Other Collaboration and communication strategies to meet department needs and forge more HR collaboration across the organization.
- New employee orientation – Revamped the initial process of welcoming new employees to SNHD.
- Award – Received NEOGOV Advocate Award.

Information Technology Department

STAFF / AWARDS

- SNHD Information Technology was awarded the innovation award Special District of the Year from Government Technology magazine and AT&T
- SNHD was also recognized by Government Technology magazine for two projects, the Health Cards Online Renewals and Online Vaccine Management Systems.
- Jason Frame, Chief Information Officer, participated in a panel discussion on “The Balancing Act Between Data and Privacy” at the 2022 Nevada Digital Government Summit in December.

APPLICATIONS

- Added ability to include all Vaccines to the Original COVID-19 application. This allows patients to register themselves for Routine, Travel, Flu, etc. The system is dynamic enough where SNHD was quickly able to add MonkeyPox vaccine package with its corresponding screening questions.
- Integration of 3rd party billing company, MedSphere was also completed for all vaccines where insurance information is available.
- Added ability to schedule and administer 6 months-5 years for both Pfizer and Moderna.
- Added Novavax vaccine administration for COVID-19.
- Upgraded eClinicalWorks to the latest version available.
- Added registration for COVID vending machines that dispenses COVID home test kits

- Added web scrapping to show appointments for COVID tests at all locations including Non-SNHD operated locations on SNHD Website calendar for COVID Test sites.
- Food Handler Photo update application for clients who cannot be physically present for photo.
- Food Handler Online Renewal Tests, Certificate printing, and Payments.
- Launched Food Handler Limited Card appointments
- Launched “Find My Appointment” feature on our main website.
- Launched new website for GHCC <https://www/becausewematterlv.org>
- Addition of reports for SNHD staff working on COVID Testing, Food Handler, and COVID Test Kit Vending for their perspective programs.
- Automated reports of SNPDL lab results sent out to different testing locations
- Added ability to generate prefilled test request PDFs for SNPDL.
- EH Inspectors Validation which allows public to validate they are SNHD Inspectors.
- EH Camera Mobile Application updates to reduce Photo size
- Rebuilt Neon to Nature Mobile Application for new look and better user experience.
- Getting CyberSource Secure Acceptance Profile added and token generation for Accela
- GIS coordinates creation and data entry for EH Facilities to get them ready for GIS capabilities in Accela
- Updated database and documents to reflect EH Fee Schedule increase
- Data cleanup as part of readiness for data load into Accela
- Deployed next phase of Pool Operator Badging application for EH
- Email invoicing opt-in for Food and Solid Waste programs for Finance.
- Added ability to search birth and Death Certificates from WebVR and Laserfiche directly from FormsAdmin to users don’t have to log into WebVR which only operated in unsupported version of Internet Explorer.

OPERATIONS

- Completed Entrust Multi Factor Authentication deployment
- Completed Mimecast Upgrade, automatic login using Single Sign
- Completed Email to PDF plugin upgrade
- Completed upgrade of Digital War Room for Legal
- Completed network extension to Westwood location
- Completed upgrade of Conference Room Calendar Display devices
- Completed launch of Contact Center Express for FQHC Call Center
- Completed PC refresh for SNPDL
- Deployed 300+ new desktops & laptops as part of technology refresh and new deployments
- Onboarded 300+ new employees, temps, volunteers, and contractors.
- Completed IT infrastructure setup at Fremont building.
- Completed building moves
 - EH Rancho to Fremont
 - FQHC Decatur/Bonanza to Fremont
 - Health Cards Decatur to Fremont
 - Mesquite office to a new location
 - NLV office back to Decatur
 - Galleria to a different suite

- Closed down Henderson ADOC location
- Completed network expansion at SNPHL remodel.
- Completed upgrade of Rubrik backup solution and feature implementation to cover Office 365.
- Completed upgrade and of Varonis and feature implementation to cover Office 365.
- Completed implementation of new A10 Thunder enterprise load balancers
- Completed ClearPass deployment to replace Cisco ISE
- Completed deployment of VMware Horizon VDI infrastructure, migration ongoing.
- Completed virtualization of legacy web servers, decommissioned legacy physical servers.
- Completed storage network redesign using a dedicated storage fabric, installed Arista switch stack, host migration is ongoing.
- Completed installation of Guardicore for network micro segmentation, creation of labels and policies, agent rollout ongoing.
- Completed copier fleet refresh, printer fleet refresh expected to complete by EOY.
- Assisted HR in revamping employee onboarding process, implemented IT portion of onboarding procedures.
- Completed deployment of Informacast paging system, deployed it to Behavioral Health and Fremont.
- Completed migration of Cisco phone system to new cluster and decommissioning of old UCS servers.
- Completed migrating applications from and decommissioning the legacy CROTON server.
- Rolled out a new computer imaging tool – Dell ImageAssist for desktop imaging, developed a universal image compatible with all current desktop and laptop models in production.

Office of Communications

MEDIA ACTIVITIES AND EVENTS

- Between July 1, 2021 and June 30, 2022, the Office of Communications logged 440 media inquiries. These include traditional newspaper (national and local), digital news services, radio, and television outlets.
- In 2022, the Office of Communications facilitated more than 140 interviews on a range of public health topics including COVID-19; mpox; RSV; flu; the opening of the new Fremont Public Health Center; fentanyl overdoses, deaths and resource availability; COVID-19 self-testing vending machines; death of a resident infected with *Naegleria fowleri*; obesity rates; HIV/AIDS; extreme heat; Veggie Buck Truck events; West Nile virus; back to school immunizations; THC in food; updated mask recommendations; antiviral treatments; SNHD 60th Anniversary; smoke-free spaces; and more. Virtual media briefings were held as needed for COVID-19 and mpox.
 - A media availability was held with Clark County at Texas Station in January to highlight the availability of drive-thru testing services in response to a surge in demand.
- The Office of Communications planned SNHD's 60th Anniversary and State of the Health District in June. Stakeholders and media were invited to the celebration event which included the agency's State of the Health District presentation.
- Staff planned an event for SNHD's newest location — the Fremont Public Health Center. The Open House was held on September 8, and allowed the public, stakeholders and media full access to the new facility. The event was attended by community partners, elected officials, board members and media representatives. Resources, information about services and tours of the facility were provided to attendees.

- Office of Communications staff worked with its partners to host a news conference and health fair to kick off the 2023 open enrollment period for Nevada Health Link on November 1. Nevadans were invited to meet health insurance carriers offering health plans through Nevada Health Link, as well as access health-related resources through the health fair.
- The Office of Communications distributed more than 100 news releases, which included COVID-19 updates and statements, updated vaccine information, testing, treatment, and wastewater surveillance. Non-COVID-related news releases included mypox case updates, vaccine and resource information; HIV and STD testing services and resources; SNHD's 60th anniversary; public health observances; flu season and vaccine availability; increases in RSV and respiratory illnesses, fentanyl updates and the availability of resources; *Naegleria fowleri* death; *Listeria* outbreak information; pop-up produce markets and more

DIGITAL PLATFORMS

The Health District optimizes its social media platforms, e-newsletters, websites and other communication venues to provide information to the public.

- The dedicated COVID-19 website (www.snhd.info/covid), which is a top source of information on testing and vaccines for Southern Nevadans, has been visited by more than 808,000 users.
- The Southern Nevada Community Health Center's website (www.snchc.org) has been visited by more than 27,000 users seeking information about health care services.
- The main website (www.snhd.info) provides information on all other SNHD programs and services, as well as disease statistics, provider resources and more. It has been visited by 2,100,000 users.
- SNHD's Facebook followers grew more than 7 percent from 12,224 followers to 13,163 followers. Instagram followers grew 11 percent, from 3,616 to 4,041. Additionally, SNHD launched a page on Next Door to provide public health information on this app. Previously Next Door had not allowed public health agencies to use its platform.
- Social media ad campaigns to promote COVID-19 vaccine and testing locations, foodborne illness reporting, National Infant Immunization Week and the Family Planning Clinic have been seen a combined 2,428,607 times by 645,562 people.
- The Health District's publicly distributed e-newsletter, *The Public Health Perspective*, has a subscriber-based circulation of more than 12,655 contacts. Newsletter topics have included new hours of operation, extreme heat, COVID-19 vaccines, healthy resolutions, back-to-school and flu vaccine information, and the 60th Anniversary.

MARKETING AND BRANDING ACTIVITIES

- The Office of Communications developed a branding and promotional campaign celebrating the Health District's 60th anniversary. The 60 Healthy Years campaign highlights key public health moments through the agency's last 60 years, engaging the community and fostering pride in the work among new and longtime employees. The campaign kicked off with a State of the Health District event, bringing together community members and stakeholders and continues throughout the year with weekly social media posts to maintain public awareness. Commemorative items were created for employees and stakeholders including shirts, a water bottle, lapel pin, pen, and a photo book.
- Staff worked with the Ryan White program to create and update a unified system of informational materials for the program. UMC recently requested to be a partner in distributing the materials. The

system pairs information about HIV treatments with journal-style prompts for clients to complete, helping care providers explain treatment plans in a more personalized way. The personalized, interactive format of the materials works towards the clinic’s goal of increasing clients’ understanding of and adherence to treatment. Office of Communication’s staff worked with the Ryan White program to focus-test these materials with clients and continue to refine them to be more effective and client-centered.

- The Fight the Bite mosquito awareness campaign was refreshed for the Vector Surveillance Program. The campaign messaging continues to reinforce the critical public awareness and reporting component of the mosquito surveillance program.
- The Office of Communications created branding systems and outreach materials for key Office of Chronic Disease and Public Health Promotion programs including the 5210 Healthy Habits campaign, Pop-Up Produce farmers markets, the student vaping awareness program, tobacco impact infographics, and others.

COMMUNITY OUTREACH

- SNHD had a large presence at this year’s Las Vegas PRIDE Weekend. Approximately 30 SNHD employees and family members marched in the PRIDE Parade, and Office of Communications staff participated in the Pride Festival with an outreach booth that provided uniquely branded materials specifically tailored by Las Vegas Pride based on its Arm in Arm community COVID-19 vaccine campaign. Vibrant colors and an overall theme of love and community resonated with the spirit of the event while supporting SNHD’s continued focus on vaccination against COVID-19. While the campaign was initially created to specifically promote COVID-19 vaccines, the materials for PRIDE were also designed to promote an overall vaccination message, including mpox. SNHD staff wore brightly colored t-shirts and carried signs celebrating “Love and Health,” and handed out slap bracelets and temporary tattoos. Hundreds of promotional materials that promoted the Arm in Arm campaign were distributed along the Las Vegas PRIDE Parade route and at the Las Vegas PRIDE Festival.
- SNHD has also participated in outreach and sponsorship events including Discovery Children’s Museum Hispanic Heritage Month, Springs Preserve Haunted Harvest, Springs Preserve Dia De Muertos, Opportunity Village Magical Forest, and more.

Legal Department

LEGAL DEPARTMENT PROGRAMS AND PROGRAM METRICS

a) Public Record Requests

The Legal Department manages the Public Records Program and oversees Health District compliance with the Nevada’s public records law consistent with NRS Chapter 239.

Public Record Requests for 1/1/22-10/1/22: 1473
This represents a 2% increase over the same time period the prior year

b) Medical Record Requests

The Legal Department manages the Public Records Program and oversees Health District compliance with the Nevada’s public records law consistent with NRS Chapter 239.

Medical Record Requests for 1/1/22-10/1/22: 741
This represents a 25% decrease over the same time period the prior year

As of January 1, 2023, the Legal Department is turning over the medical records program to the FQHC and PPC programs to process the requests directly. However, the programs will continue to work with the Legal Department on any complicated medical records or compliance.

c) Subpoenas

The Legal Department manages all subpoenas requesting Health District business records and coordinates responses with the applicable Health District Division and all demands for employee depositions in non-party litigated matters. There were 28 subpoenas for the time period of 1/1/22 to 10/1/22, which was a 29% increase for the same time period the previous year.

d) Prosecution in Administrative Hearings

The Legal Department, primarily through the Associate General Counsel, represents the District in the prosecution of administrative hearings. On a monthly basis, the Solid Waste Management Authority convenes hearings regarding illegal dumping, unpermitted disposal, and violations by permittee’s disposal permits. On an as needed bases, the Associate General Counsel has also represented the Office of EMSTS, food operations, or day care operations for revocation, suspension, or other adverse action wherein a hearing is requested by the permittee/licensee.

Administrative Hearing Cases for 1/1/22-12/1/22: 41

e) Contracts

Beginning with a completed and signed Contract Request Form, contracts are developed and negotiated on behalf of the Health District and Community Health Center. Contracts are reviewed for form and sufficiency relative to: i) contracts with an expenditure of \$50,000 or more; ii) professional services iii) contracts requiring the disclosure of protected health information or personally identifying information; iv) interlocal contracts; v) real property and construction contracts, vi) employment contracts; and vii) affiliation agreements.

The implementation process of the contracts management database has been completed. The database will not only aid contract staff in drafting contracts, but more importantly, act as a central database for submitting contract requests, obtaining necessary approvals (previously completed with the contract request form), will link to the Finance funding code, provide a place to look up the contract status, obtain signatures, and will be a repository for the completed contract.

For the third year in a row, Contract Administration has seen an increase in the volume of contract requests. By November 1, 2022, more contracts were processed in 2022 than for the entire year of 2021.

Contract Administration Metrics Calendar Year 2022 through September 30, 2022	Requests Received	# of requests received with expectations of expedited completion	% of expedited requests received	Requests Processed
January	21	5	24%	19

February	25	8	32%	27
March	20	3	15%	24
April	25	5	20%	54
May	28	5	18%	16
June	35	20	57%	32
July	20	13	65%	31
August	45	22	49%	35
September	28	11	39%	40
Totals, Calendar Year, January 1, 2022 through September 30, 2022 (Average expedited requests received per month in the case of % of expedited requests)	247	92	37%	278

f) Southern Nevada Community Health Center

The Community Health Center (CHC) was notified in November, 2021 of an Operational Site Visit (OSV) to occur in 2022. Legal staff assisted the program with updating needed policies, the Compliance Officer prepared a list of required annual staff training, and General Counsel provided an analysis of gap areas. Once successfully completed, General Counsel and program quality staff returned to the Federal Torts Claims Act (FTCA) deeming application, which is being submitted on or before December 31, 2022 for approval to HRSA.

The Legal Department also engaged in quarterly risk management activities, as well as updating further policies to ensure FTCA compliance. If deemed, the federal government will act as medical malpractice insurance for clinical staff working in their capacity in the CHC. This will be a cost savings to the District and ensure ongoing compliance with HRSA requirements for the grant.

g) Risk Management Program

In addition to managing the insurance products for the Health District, the Legal Department identifies, evaluates, and measures the different types of risks that can impact the Health District and the Community Health Center. The Risk Management Program also prepared the Risk Management Annual Report.

General Counsel completed the certificate programs from ECRI for clinical risk management to aid in risk management activities withing the CHC.

h) Compliance Program

The Compliance Officer chairs the Compliance Committee that meets quarterly to review compliance issues and discuss areas the District may need review.

The Compliance Office investigates all cases submitted regarding allegations of ethical violations. These investigations involved reviewing documents and policies, as well as interviewing staff. In an investigation, the Compliance Officer can work with many different departments to collect this information such as HR and Security. Reports are collected and findings are sent to General Counsel and the District Health Officer.

Ethics Point Cases for 1/1/22-12/1/22: 15

Compliance completed the District's annual HIPAA Risk Assessment and assisted staff in identifying and addressing areas of concern. Collaborating with many of programs the Compliance Officer has been able to share experiences and knowledge so the program can make the best choices for the District. Although still in development, the Compliance Officer was also able to identify how the district could better conduct the risk assessment.

As the District has changed its onboarding process, the Compliance Officer attends New Hire Orientation to meet with new staff, review the Code of Conduct and review ethical issues that staff may encounter. During this meeting staff, new staff are introduced to the Speak Up hotline. They are informed how they can make a complaint over the phone, by email, or in person.

Compliance distributes a monthly email with "Compliance Food for Thought." The compliance intranet page is current with this information as well.

The 2022 Compliance Week was a huge success this year with over 471 employees responding to email questions. During the 2021 Compliance Week, only ~100 employees participated. During Compliance week, break rooms were decorated with cartoons and flyers and ads were placed on the site televisions. A word search was distributed for employees to complete with gift cards and gift baskets handed out for prizes.

The Compliance Officer was given the designation of *Certified Compliance Professional* by the Health Ethics Trust and applied for and received a grant to attend the Seton Hall School of Law's U.S. Healthcare Compliance Program, a week-long course that covered many aspects of compliance.

i) Records Information Management

Responsibilities include facilitating and maintaining the correct records management policies and procedures and integration of the records management program into the Health District's operational systems. Created new training for new employees, program liaisons, and division directors. Working with programs to update retention schedules and will be seeking approval for the updated schedules in the new year.

j) Policy Committee

The Legal Department provides direction to the Policy Committee (with the General Counsel and Associate General Counsel as co-chairs). Prior to the Committee review, one or both in house counsel reviews each policy for content, accuracy, and compliance.

Policy Hub (SNHD's Electronic Document Management system) went live July 1, 2021, with two divisions beyond the District wide policies utilizing the software. To date, 30 District wide policies have been reviewed and 55 effective District wide policies have been published, read, and acknowledged by Workforce members at a rate of 92%. Additionally, attachments, forms, and templates referenced in policies are also maintained in Policy Hub.

To further utilize the software, it is anticipated move divisions will use Policy Hub to maintain division specific policies and track compliance. However, Human Resources, as part of the Public Health Infrastructure grant purchased the full suite in NEOGOV, which includes a policy database option. The Legal Department anticipates, once fully implemented, to migrate to NEOGOV.

Community Health Division

Vital Records/Passport Services

KEY ACCOMPLISHMENTS

1. Registration, Issuance and Processing - January to November 2022.
 - a. Registered 22,673 births; issued 44,530 birth certificates, witnessed 367 Declaration or Paternities
 - b. Registered 20,533 deaths; issued 98,085 death certificates
 - c. Registered 175 fetal deaths
 - d. Processed 8,039 Passport applications

NON-COVID-19 ACCOMPLISHMENTS

1. Reinstated a Senior Vital Records position which had been held/vacant since 2016.
2. Two Vital Records (VR) staff member were accepted for promotions in other departments, which reflects positively for SNHD's career advancement and internal growth opportunities.
3. Vital Records department fully staffed.
4. Collaborated with the Nevada Office of Vital Records to improve and revamp SNHD forms.
5. Worked with Nevada Office of Vital Records on testing improvements and flow of Netsmart system.
6. Provided the community an additional option of a "Drop Box" to request birth/death records.
7. Managed and maintained messaging for Vital Records and Passport services.

COVID-19 ACCOMPLISHMENTS

1. Engaged with area physicians, medical examiners, and hospitals to correctly certify and report COVID-19 death.
2. Joined forces with OEDS to monitor, report, and register COVID-19 deaths.

HIGH LEVEL GOALS FOR 2023

1. In September 2022, SNHD VR staff will assist NV Vital Records with a significant amount of testing in Netsmart, which will be critical to the upgrades in Netsmart.
2. Working with IT to build QR codes for hospital birth applications and the reintroduction of limited kiosk services.
3. Phasing out the Laserfiche system that houses birth and death records from 1973-2006
 - a. NV Vital records preparing to grant access to SNHD users for computing records
 - b. SNHD to develop project goals, guidelines and expected complete date, with a target date of January 2023 (pending assistance from state)

Health Cards, Business Group

KEY ACCOMPLISHMENTS

1. Maintained full Food Handler Safety Training Card testing services at all locations and Body Art Card testing at the main location, accepting clients by appointment for most services, while demand remained high due to the office's COVID-related closure March 2020–April 2021.
 - a. New food handler cards January–November: 18,553
 - b. Renewed food handler cards January–November: 41,698
 - c. New body art cards January–November: 1,279

2. Opened an office in the new Fremont Public Health Center in October 2022, therefore bringing Food Handler Safety Training Card testing services back to the east side of Las Vegas for the first time since the Nellis Boulevard location closed in November 2021.
3. Introduced an online renewal system for Food Handler Safety Training Cards that allows eligible cardholders to take the 10-question test at home and, after passing the test, print a certificate that is to be carried in place of the plastic Food Handler Safety Training Card.

NON-COVID-19 ACCOMPLISHMENTS

1. Approving training certificates from courses reviewed by our Environmental Health Regulatory Support Office in lieu of students taking our in-office food safety test.
2. Launched a Limited or “Low Risk” Health Card for clients who work in food-related businesses but do not prepare or serve food and beverages.
3. Continued participation in Environmental Health’s quarterly Food Safety Partnership meetings to relay information regarding Health Cards to industry professionals.
4. Conducted three days of onsite sessions in June 2022 at Wynn / Encore to assist the backlog of 900 employees whose Food Handler Safety Training Cards had expired during the pandemic.
5. Conducted nine days of onsite sessions in July 2022 at Aria to assist the backlog of 2,700 MGM Resorts employees whose Food Handler Safety Training Cards had expired during the pandemic.
6. Moved Food Handler Safety Training Card services at the Mesquite Public Health Center into a new three-office suite that will allow the Health District to expand services to Mesquite residents.

COVID-19 ACCOMPLISHMENTS

1. Consistent oversight of Screening and Triage at the Decatur office’s main entrance.
2. Repetitive participation in OPS briefings, Tactics, and Planning meetings.

HIGH LEVEL GOALS FOR 2023

1. Transitioning cashiering services at the Decatur location from a central cashier managed by the Business Group to cashiers who work within the individual programs themselves.
2. Increasing daily appointment availability, expanding staff, and accepting limited walk-ins to ensure all working food handlers in Clark County possess a non-expired card.
3. Building awareness of the online renewal system and the new food handler certificate not only among food handlers who may prefer to renew from home but also among industry leaders who will be accepting certificates from their employees in lieu of a card for years to come.

Office of Emergency Medical Services & Trauma System

KEY ACCOMPLISHMENTS

1. Licenses Issued
 - a. Full Licenses 2407
 - b. Provisional Licenses 49
2. Licensure Exams Provided
 - a. EMT 807
 - b. AEMT 344
 - c. Paramedic 270
3. Certification Exams Provided
 - a. Onsite 178

- b. Offsite 187
- 4. Response Vehicle Inspections
 - a. Air Ambulance 9
 - b. Ground EMS Response Vehicle 450
- 5. Agency Audit
 - a. EMS 13
 - b. Training Center 4
- 6. Investigations
 - a. Complaints 3
 - b. Protocol Deviation 15
- 7. Meetings
 - a. Public 25
 - b. Closed 14

NON-COVID-19 ACCOMPLISHMENTS

1. Host the Regional Trauma Advisory Board (RTAB) Meeting which has 22 board members that oversee, disseminate information to and govern over 300 trauma services within the Southern Nevada Region
2. Partnering with the Medical Advisory Board (MAB) Meeting that has 25 board members that oversee, disseminate information to and govern over 13 different medical providers within the Southern Nevada Region
3. Held numerous public meetings to amend clinical care guidelines to provide the best prehospital care possible
4. Streamlined training to remove administrative barriers and empower training managers to concentrate on their mission
5. Responsible for maintaining maps for trauma services provided by zip code

COVID-19 ACCOMPLISHMENTS

1. Regional Trauma Coordinator was integral to external communication with stakeholders as a member of ICS

HIGH LEVEL GOALS FOR 2023

1. Collaborated with EPI on their FRCARA grant

Office of Chronic Disease Prevention and Health Promotion

KEY ACCOMPLISHMENTS

1. Relunched the Slam Dunk Health Challenge with the Clark County School District and the Las Vegas Aces. The 2022 program was implemented in 1,077 elementary school classrooms representing over 18,800 students in 114 CCSD schools.
2. Expanded the bike share network by sponsoring a new bike share kiosk in the medical district that connects to the rest of the network in downtown. Continued promotion of a reduced-fare bike share pass for Supplemental Nutrition Assistance Program (SNAP) recipients. At the end of the reporting year, 235 reduced-fare passes had been purchased by SNAP-recipients.
3. Implemented 12 pop up produce markets that accepted SNAP benefits at the Bonneville Transit Center and at SNHD. The markets resulted in over 5,200 lbs. of produce sold and \$ 6,955 in sales.

Over \$700 in Double Up Food Buck (DUFB) coupons were distributed and over 20% of total sales were WIC, SNAP/EBT or Double Up Food Buck transactions.

4. Partnered with the YMCA of Southern Nevada to offer the Healthy Heart Ambassador Blood Pressure Self-Monitoring Program. The 16-week program was offered at three (3) YMCA locations and served 50 people.
5. Provided eight (8) Diabetes Self-Management, Education & Support (DSMES) Classes (English, Spanish and virtually) serving 51 people; 80% of which completed the course.
6. Responded to 500 referrals from SNHD clinics for hypertension, diabetes, and prediabetes and provided educational follow up to referred clients.
7. Expansion of CDPP outreach and communication activities to include participation in over 150 community events, multiple social marketing campaigns on a variety of topics airing on multiple media platforms in English and Spanish including social media outlets and websites.
8. OCDPHP has been designated as a Healthy People 2030 Champion by the US Department of Health and Human Services for our commitment to public health priorities that address the major risks to health and well-being.
9. Launched a multi-component initiative to promote the 5-2-1-0 guidelines to promote healthy habits in children. The multi-component initiative included paid and earned media opportunities as well as partnerships with 17 community partners to distribute and promote the 5-2-1-0 guidelines in the community.
10. Staff assisted UNLV with the passage of a tobacco-free campus policy effective Fall 2022. The policy eliminates the use of combustible tobacco products and electronic vapor products on the main campus and leased properties.
11. Approximately 808 smoke-free units have been added to the SNHD online smoke-free multi-unit housing directory during the reporting period. Technical assistance, signage, and cessation materials are provided to property management to support smoke-free policy adoption.
12. The LGBT National Cancer Network released its 2021 state report card on LGBT outreach and educational initiatives. Nevada was 1 of 5 states who met all seven (7) best practices guidelines for educational LGBT tobacco and cancer programs. SNHD's tobacco prevention program developed in 2005 titled CRUSH is the only LGBT-focused tobacco prevention program in the state of Nevada.
13. Staff worked with the Las Vegas Lights (Men's American Professional Soccer Team) to develop a smoke and tobacco-free stadium policy. In addition to establishing a smoke and tobacco-free policy the Las Vegas Lights will also forgo any cannabis sponsorships or collaborations throughout the season.
14. Staff worked with the Las Vegas Aviators, the city's professional Triple-A baseball team of the Pacific Coast League (PCL) and affiliate of the Oakland Athletics to declare the Las Vegas Ball Park a smoke-free facility. The new policy prohibits the use of all smoke and tobacco products, including cigarette, chewing tobacco, e-cigarettes and all vapes on Ballpark property.
15. Staff worked to increase call volume to the Nevada Tobacco Quitline (State's 1-800-QUIT-NOW telephonic tobacco cessation service provider) among African Americans and Hispanics through media and outreach events. To date, 261 callers from Clark County priority populations have contacted the Quitline for tobacco cessation. Additionally, over 13,000 electronic referrals to the Quitline have been received from UMC and SNHD since the inception of the project.
16. Staff and community partners trained over 563 healthcare providers on how to conduct Brief Tobacco Use Interventions (Ask, Advise, Assist) their patients for tobacco use.

17. Staff and partners hosted and participated in 375 community events focused on reaching priority populations with a tobacco prevention and cessation message reaching over 100,000 people. Events include Las Vegas Lights soccer games, Fiestas Patrias/Mexican Independence Day, Ohana Outings (Native Hawaiian Pacific Islander), Gay Pride, Jazz in the Park series, and the Juneteenth festival.
18. 84 worksites implemented new or expanded tobacco, including minimum distance, e-cigarette restrictions, and tobacco-free campus elements. Project staff provided technical assistance, including an explanation of Nevada tobacco law and suggested enforcement strategies.
19. Staff and community partners conducted 115 tobacco retailer assessments and provided technical assistance to tobacco retailers.
20. The Tobacco Control Program partnered with the Nevada Institute for Children's Research and Policy to complete the 2022 Nevada Adult Tobacco Survey. The purpose of the Nevada Adult Tobacco Survey is to assess current rates of the use of tobacco products as well as the knowledge, attitudes, beliefs, and perceptions of tobacco product use and cessation behaviors among Nevada residents.
21. The smoke-free multi-unit housing program was selected as a Promising Practice by the National Association of County and City Health Officials (NACCHO). The application will be featured in the Model Practices Database for other local health departments to review and replicate.

NON-COVID-19 ACCOMPLISHMENTS

Physical Activity:

1. Relunched the Slam Dunk Health Challenge with the Clark County School District and the Las Vegas Aces. The 2022 program was implemented in 1,077 elementary school classrooms representing over 18,800 students in 114 CCSD schools.
2. Sponsored the expansion of a new bike share kiosk in the medical district, expanding the bike share network and connecting the network to downtown.
3. Sponsored the development of a reduced-fare bike share pass for SNAP recipients in partnership with the Regional Transportation Commission of Southern Nevada. To date, over 235 reduced-fare passes have been purchased by SNAP recipients.
4. Launched the Move Your Way – Summer initiative to promote and provide physical activity opportunities to over 3,000 people from our priority populations. SNHD Move Your Way efforts were highlighted in a 'Health.gov' blog published in February 2022.
5. Expanded and sponsored physical activity programs for over 800 youth in priority zip codes and Title one (1) schools.
6. CDPP sponsors the CCSD Safe Routes to School (SRTS) Program. With our support this year, the SRTS program completed a 'Walk and Roll' program at five (5) schools (estimated 7,000 children). SRTS also recognized over 20 schools that had made advancements in the Achievement Level Program in the spring 2022.

Nutrition:

1. As part of Breastfeeding Month, supported the Nurturing Naturally Breastfeeding Resource Fair serving over 100 families and a Human Milk Donation Drive that collected over 700oz of milk. Launched a promotional campaign to promote breastfeeding in priority populations and connect to available resources. Provided scholarships to 7 people who work with priority populations to complete lactation certification courses.

2. Implemented the Supporting Wellness at Pantries (SWAP) program in six (6) faith-based food pantries serving our priority populations. On average these pantries serve over 7,000 people per month in need of food assistance. Evidence-based physical activity and nutrition programming is also being taught in three (3) of the places of faith.
3. Launched a Verano Sin Soda (Soda Free Summer) initiative in the Latinx community to encourage reduction or elimination of sugar-sweetened beverages during the summer months. In total, over 758,000 people were directly or indirectly reached through social media, community events, and Facebook live events.
4. CDPP is partnering with the City of Henderson and Green Valley Grocery to pilot a Healthy Corner Store initiative in 2 Green Valley Grocery locations. Marketing materials including signs, logos, shelf-tags, posters, and bus stop shelters were developed. Materials highlight healthier options and SNAP-eligible foods and provide nutrition education. Marketing materials were installed in both pilot locations in May.
5. CDPP staff worked with representatives from Searchlight and the Southern Nevada Food Council (SNFC) to conduct an assessment on food resources available in Searchlight. A mailer that included available food resources was mailed to over 588 residents in Searchlight in September. CDPP also worked with the SNFC to send a letter to encourage the Denny's in Searchlight to provide grocery services to Searchlight residents, allowing them to order essential items such as bread, meats, cheese, etc. and pick them up from Denny's.

Heart Disease:

1. Activities to commemorate Heart Month reached over 600 people at five (5) BP screening events; two (2) heart health presentations in Spanish, one (1) virtual, heart-healthy youth cooking class, one (1) Black History outreach event, and paid and earned media promoting heart health.
2. Expanded blood pressure screening activities fully resumed in ten (10) barbershops that are part of the Barbershop Health Outreach Project (BSHOP) and three (3) salons that are part of the Beauty Shop Health Outreach Project (BeSHOP). During the project year, we screened over 325 people (exceeding our goal of 175) and provided culturally appropriate education and referrals. We also facilitated a 'Shop Talk' discussion to help engage African American men in discussions about hypertension, heart disease and men's health.
3. Partnered with SNHD Health Equity Team to provide blood pressure screening, education, and referral at all Nevada Hand Senior Properties.
4. Taught three (3) blood pressure courses at the Martin Luther King Jr. Senior Center. Participants in the first class reduced their blood pressure by an average of 28 pts (systolic) and 12 pts (diastolic). Participants in the second course reduced their blood pressure by an average of 11 pts (systolic) and 3 pts (diastolic).

Diabetes:

1. Submitted Annual Status Report to American Diabetes Association. Data indicates that 70% of Diabetes Self-Management, Education & Support (DSMES) class participants were still meeting the physical activity goals at 6-month follow up and 96% of class participants were 'very satisfied' with the class.
2. Provided nine (9) DSME classes serving 39 people with diabetes, prediabetes, or diabetes caretakers (83% completion rate). Courses were taught in English and Spanish, in-person and virtually.

3. Conducted training on diabetes prevention, self-management, community resources and referral options to 80 healthcare providers/students. Each participant received a jump drive with healthcare provider toolkits for diabetes, prediabetes, and hypertension.
4. Diabetes Month activities included participation at two (2) community events, one (1) presentation at a local African American church, the launch of a Lending Library for CDEs and trained Maps facilitators and paid and earned social media.
5. CDPP staff partnered with the Heinrich YMCA to pilot the Healthy Kids Diabetes Conversation Maps program for kids attending spring break camp at the YMCA in April

Obesity:

1. Continued facilitation of the Partners for a Healthy Nevada obesity prevention coalition and participation in the state Early Childhood Education Obesity workgroup.
2. Launched a multi-component initiative to promote the 5-2-1-0 guidelines to promote healthy habits in children. The multi-component initiative included paid and earned media opportunities as well as partnerships with 17 community partners to distribute and promote the 5-2-1-0 guidelines in the community.
3. Serving as a member of the state's 5-2-1-0 Core Team and a member of the Nevada Obesity Collaborative.

Tobacco:

1. Worked with the Las Vegas Lights and the Las Vegas Aviators to develop smoke and tobacco-free stadium policies.
2. Supported development and implementation of a tobacco and smoke-free policy at UNLV.
3. Maintained and expanded multiple population-specific initiatives to promote cessation and smoke and vape-free lifestyles among priority populations including Because We Matter, Por Me, Por Ti, Por Nosotros - Viva Saludable, and Breakdown.
4. As part of the Island eNVy initiative, hosted a 3-day educational summit for local Native Hawaiian and Pacific Islander youth to connect Hawaiian culture and health while promoting smoke and vape-free living. 127 students between the ages of 12-18 attended the summit.
5. Expanded the number of properties on the Smoke-Free Housing Directory.
6. Developed a vaping prevention toolkit for educators and administrators was developed and mailed to every Clark County middle and high school.
7. The SNHD African American focused program titled Because We Matter (BWM) launched a campaign to encourage tobacco cessation at Black-owned businesses popular in the African American community. Participating businesses agreed to implement minimum distance policies and display cessation information.
8. Staff implemented the No Menthol May campaign in African American places of faith. No Menthol May is a nationwide initiative to promote cessation and independence from menthol flavored products in the African American community.
9. Staff developed a website and launched a media campaign focused on youth cannabis prevention.
10. The smoke-free multi-unit housing program was selected as a Promising Practice by the National Association of County and City Health Officials (NACCHO). The application will be featured in the Model Practices Database for other local health departments to review and replicate.
11. Multiple comprehensive media campaigns focused on tobacco topics such as smoke-free worksite expansion, multi-unit housing, cessation, and youth prevention were developed.

COVID-19 ACCOMPLISHMENTS

1. Received additional funding from the CDC to train influential messengers in the community to dispel myths, promote vaccine uptake, and increase accessibility to vaccines among our priority populations (African Americans and Hispanics).
2. Conducted COVID-19 and Flu Vaccination Survey Reports/Needs Assessment with African Americans and Hispanics (REACH priority populations). Needs assessment findings will be used to target intervention and social marketing efforts.
3. 230 influential messengers have been trained by SNHD staff and contractors.
4. Staff and contractors participated in multiple community events to distribute information and promote vaccination to over 61,386 people.
5. Sponsored 159 pop up vaccine clinics in priority zip codes vaccinating 4,421 people for COVID-19 and 1,099 people for flu. Over 95% of people vaccinated at these events were from one of our priority populations.
6. A targeted media campaign to promote vaccination among priority populations has resulted in over 3 million media impressions among our priority populations.
7. Partnered with Minority Health Consultants and the Nevada Faith and Health Coalition to develop a pilot project that trains Community Health Workers (CHW) to support ongoing health needs including COVID-19 and Flu vaccination within places of faith that serve African Americans. ODCPHP will work with trained CHWs to assess the health needs of the place of faith, develop a plan to implement programs and activities to address priority health needs, provide ongoing technical assistance, and connect places of faith with other community resources.

HIGH LEVEL GOALS FOR 2023

1. Explore new Scopes of Work and budgets for new or renewal subgrants: PHHS (Diabetes), 1815 (Diabetes/Heart Disease), 1817 (Heart Disease), SNAPED (Physical Activity/Nutrition), REACH (Tobacco, Nutrition, Physical Activity), REACH supplement (COVID/Flu), Nevada Clinical Services (Tobacco), CDC Core (Tobacco), Youth Vaping Prevention (Tobacco), and Cannabis prevention.
2. Develop and/or implement comprehensive media and social marketing campaigns, community outreach, social media, websites, and blogs.
3. Respond to referrals from SNHD clinics for hypertension, diabetes, and prediabetes and provided educational follow up to referred clients.
4. Maintain SNHD representation in several local, state, and national committees and coalitions. We cooperate in several SNHD internal committees. A complete listing is available upon request.
5. Actively share responsibilities in the SNHD Community Health Assessment and Community Health Improvement Plan process. Staff provided a presentation on the burden of Chronic Disease during the Community Health Assessment prioritization meeting in October 2021. Chronic Disease was selected as one of the Community Health Improvement Plan (CHIP) focus areas. CDPHP staff are part of the CHIP team.

Office of Public Health Preparedness

KEY ACCOMPLISHMENTS

1. Incident Command System (ICS) COVID19 Response Activities
 - a. For COVID19 Pandemic, OPHP agency has activated ICS and emergency response operations until demobilized with end of local and state disaster declarations. We reactivated ICS to support

response to Monkeypox (MPX) and have been coordinating with community partners to manage surge of pediatric RSV. These services continue to be provided through programs that have special federal funds to continue response activities.

- b. Supports the coordination of community-based planning and response activities for targeted outreach and vulnerable population events. OPHP grants assistance and integration with Community response partners to address new challenges to slow the spread of COVID, Monkeypox (MPX), RSV and maintaining alliance with both partner agencies and community in information sharing and resource coordination.
- c. Contribute training to public health workforce to respond to public health emergency.
- d. Extended Partnership Building with UNLV to provide opportunities for Public Health Interns to support COVID After Action focus groups and information gathering to support improvement plan development.

2. Grant Support Activities

- a. Dedicated support to the community to recoup funding through federal FEMA Public Assistance grants and continued use of Non-Congregate Shelters to support patient surge partnering with FQHC and vaccination efforts for the public.
- b. Employed existing COVID19 grants and other federal cooperative agreements through developed scopes of works and budgets to minimize the impact to agency general fund expenditures. Funding supports sustainment of responder safety and health capabilities for respirator fit testing and annual CPR recertification.
- c. Made provision to agency and expanded personnel to ensure that PPE and COVID testing supplies is available. Ensured those providing services that require higher level of PPE protection are medically cleared, trained, and fit tested to wear N-95 respirator PPE. Distributed ASPR and state stockpile masks to employees and public that did not require fit testing. Supported FQHC and ASPR initiative to get KN95 masks distributed to public and COVID rapid testing kits to agencies serving vulnerable populations.
- d. Redirected carryover and grant funding to support agency operational needs including off-site warehouse space, clearing space for SNHD to expand laboratory capacity and clinical space.
- e. Managed SNHD inventory from 280 S. Decatur, prepositioning of purchased supplies and equipment in trailers and off-site warehouse. Enabling space for lab expansion.
- f. Expended agency 6-week supply of N-95 Mask Inventory to ensure agency 24/7/365 response readiness including ensuring staff working in Isolation and Recovery Site and METS clinic have necessary respiratory protection. Commodified grants to resupply stockpiles of PPE expended during response.
- g. Conducted multiple training opportunities for Health District Staff in POD operations completing multiple drills and exercises to sustain workforce for ongoing COVID vaccination and testing operations.
- h. Purchased and redistributed donated PPE equipment for Community Partners as required by federal grants and community need.
- i. Capitalized on grant funds to secure build out, upgrade of outdated, and repair existing communication equipment, servicing mobile resources used heavily during COVID response.
- j. Doubled the number of registered MRC volunteers and actively deploying volunteers at direction of CHO to provide support to COVID operations and agency needs.

- k. Concluded activities working with State and Federal Partners to ensure level or increased funding for Public Health, educating legislators and federal oversight governing bodies.
- l. Furnished a staff member to assist agency with Employee Health Nurse duties. This Nurse updated plans to ensure respiratory fit testing program and PPE available including PAPRs are operational.
- m. Engaged with other CH and SNHD programs to fund staff on grants for grant supported activities, saving district general fund dollars.
- n. Aided Southern Nevada Healthcare Preparedness Coalition with staff and resources from HPP funding sources. This contribution benefits the entire southern Nevada Healthcare system including multiple activations of the Medical Surge Area Command and Medical Surge Support Team to address COVID surge in hospitals and ICUs. Coordinated weekly COVID calls with Hospital CEOs and County response partner leaders during peak surge.
- o. Planners persist in support to technical assistance to community partners and through liaison activities with Southern Nevada Counter-Terrorism Center
- p. Secured and fulfilled multiple trainings for SNHD staff and community partners including advanced Incident Command System and Hospital Decontamination team training.
- q. Information dissemination and coordination during COVID19 response and medical surge coordination.
- r. Increased, pro-active information sharing with local, state, tribal, and federal partners even though state and local disaster declarations ended.
- s. Discharged COVID After Action Report Activities including conducting CASPER to assess public opinion and access issues to COVID services.

NON-COVID-19 ACCOMPLISHMENTS

- 1. Morale building in Division/Offices
 - a. Purchased equipment for grant funded staff for end-of-life computer equipment and headsets for virtual meetings, continuity of operations and improved internal communication within SNHD and with community partners in meeting grant deliverables.
 - b. Leveraged grants to resupply POD supplies used during COVID to ensure readiness to respond to future emergencies.
 - c. Many activities have resumed since the implementation of agency remote work and social distancing practice during high positivity in community. Continue to monitor staff for fatigue from COVID response and ensure staff retreat on vacation for rest.
 - d. Open door policy in perpetual effect and flexibility to allow staff to participate in activities related to job duties but that also build individual professional development skills. For many of our staff, professional growth has occurred since the start of COVID as staff take on leadership roles, supporting educational professional development, and attendance through professional conferences.
 - e. Engage all staff with getting back to working on grant deliverables and non-COVID events to ensure team building and foster collective community engagement.
 - f. Hired staff into vacancies created through internal promotion of staff.
 - g. Constant service to multiple federal, state, and local working groups.
 - h. Sustained coordination activities related to active investigations of rare or unusual health incidence.
- 2. Secured New Funding Opportunities

- a. Assembled unfunded, Public Health Crisis Response Grant that may be awarded in the time of future public health emergencies.
 - b. Constructed multiple contracts for support services such as Rocky Mountain Poison Control Helpline that was expanded 7 days a week to manage surge of calls from public.
 - c. Produced the application for Public Health Crisis Response Cooperative Agreement to be activated used in future threat specific declared emergencies. This unfunded project was awarded to organization for next declared emergency use.
 - d. Support other programs managing COVID grants and funding sources ensuring deliverables are being met through ICS and COVID response operations and work performed by staff and contractors.
 - e. Executed UASI and SNCTC Funding renewal for Public Health Analyst position
 - f. Rendered renewal applications and budgets for federal cooperative agreements that started on July 1, 2022.
3. Partnership Building
- a. Streamlined coordination between OPHP and all programs supporting response to COVID19.
 - b. Allied with community partners in supporting activities: Vegas Strong Resiliency Center, Information Sharing with other preparedness and healthcare system partners.
 - c. Interacted with SNCTC and situational awareness to emerging public health threats and ongoing response activities.
 - d. Strengthened affiliation and information sharing through quarterly state and local preparedness planning, CH meetings, work committee activities using new technologies that promote social distancing but helping to keep staff connected and informed. Daily communication across divisions for COVID19 response activities and public.
 - e. Incorporated UNLV Student Interns to support COVID AAR development and Improvement planning

MONKEYPOX EFFORTS

1. Continue to assist federal, state, and local coordination activities including internal to agency supporting SNHD Divisions and programs in planning related to management of Monkeypox cases in Southern Nevada, testing through Southern Nevada Public Health Laboratory, coordination, and access planning for medical countermeasures from medical counter-measure stockpiles, incremental vaccine shipments to Nevada
2. Assisted agency in coordinating internal, volunteer staffing to support Call Surge for Monkeypox and provide public with FAQ information.
3. Continue to provide situational awareness information to community and partner agencies regarding Monkeypox emerging threat, access to treatment for cases, and post exposure prophylaxis for close contacts and vulnerable and at-risk populations.

HIGH LEVEL GOALS FOR 2023

1. Activities to support newly Public Health Accreditation Board Certification
2. Drills and Exercises with community partners, agreements, and testing emergency operation plan components such as emergency fiscal procedures
3. Ensure readiness of medical countermeasure stockpiles replacing expired medications in coordination with SNHD Pharmacy

4. Combined efforts for use of the EM Track for patient tracking in community and beta tested at multiple, large venue events.
5. Support County Hospital Area Command roll out, Completed 17 functional exercises with hospital and Fire Department support during MCI Exercises.

Health Equity

KEY ACCOMPLISHMENTS

The Health Equity (HE) team completed the development of all program components to include the execution of all program partners' contracts, the development and rollout of the HE training series and the program's internet webpage, making it completely functional to build, leverage and expand the infrastructure support for COVID-19 and control among populations that are at higher risk and underserved.

NON-COVID-19 ACCOMPLISHMENTS

1. Recruited and hired three Health Educators to complete the Health Equity Program.
2. Established relationship with NV Hands that allowed for participation in outreach events such as their senior wellness events that take place in all their communities. The HE Program also provided blood pressure screenings to 189 seniors during these events.
3. Provided technical assistance to the Ryan White Program in the implementation of their Escalate, HIV Stigma reduction project.
4. Developed and implemented health equity training series consisting of six (6) workshops covering topics such as introduction to social determinates of health, introduction to equity lens, etc.
5. Partnered with the SNHD's federally qualified community clinic and the City of Las Vegas Heal Project to improve clients' health literacy and national standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care.

COVID-19 ACCOMPLISHMENTS

1. Program partners conducted 35 COVID-19 testing and vaccination pop-up clinic events.
2. Program Partners participated in a total of 180 education and outreach events.
3. Program partners conducted three (3) En Tus Manos coalition meetings and over 70 community meetings.
4. Program partners distributed over 1000 COVID-19 home test kits.
5. 40 community public service announcements were published, and weekly social media campaigns focused on the Latino and African American communities were implemented and information on COVID -19 testing, vaccination, vaccine hesitance, and service sites. Information was published and marketed through social media, print media and radio.

MONKEYPOX EFFORTS

1. Three (3) Health Educators from the HE team will provide assistance answering calls from the public in regard to emerging monkeypox health crisis

HIGH LEVEL GOALS FOR 2023

1. Provide technical assistance to SNHD programs, community outreach, provide training to SNHD staff, develop a HE training series for lay persons that are part of the community, and implement a Health Equity Assessment. Continue to implement health equity strategies to strengthen the

organizations' capacity to provide the community compassionate, equitable and culturally responsive services.

2. Sustain support for grant partners in reducing COVID-19 health disparities among high-risk and marginalized communities.
3. Partner in assistance with the Ryan White program with technical assistance in implementing their HIV Stigma reduction project.
4. Host activities to support SNHD's community clinic goal of improving their national standards for Culturally and Linguistically Appropriate Services (CLAS).

Southern Nevada Public Health Laboratory

KEY ACCOMPLISHMENTS

1. Laboratory performed a total number of 132,418 COVID-19 tests and detected 24,355 positive samples from January 1, 2021, to December 6, 2022. The major group submitters of the COVID-19 samples are long-term care facilities, SNHD outreach, Decatur Clinic, CCSD, and CCDC.
2. Develop a new accessioning team that consists of four (4) laboratory assistants to handle sample processing, specimen pick up, data entry and sample delivery to the laboratory. This team replaces the function of the National Guards which left from laboratory in March 2022.
3. We received the new laboratory certificate issued by the state CLIA inspection for the Decatur laboratory. The expiration date for this certificate is July 29, 2023.
4. Laboratory and the Biowatch laboratory at UNLV held an exercise on April 11, 2022. The laboratory received filter samples sent by the Biowatch laboratory. Our BSL-3 laboratory performed the LRN-B testing and send out the report to the Biowatch lab through email on Monday, April 11, 2022. We also held a Biowatch hotwash on Thursday, May 12, 2022.
5. Improved the accuracy of demographic data by outreaching LTCF- SNPHL provided onsite training on how to use the newly developed SNHD electronic COVID testing ordering application to long-term care facilities. A training video was created and made available online for easier access to various facilities and organizations that submit specimens to SNPHL for COVID testing.
6. Received 100% on the LRN-B challenge test and LPX proficiency for select agent testing.
7. FSAP inspection: Successfully coordinated and completed SNPHL hybrid FSAP inspection for 2022. FSAP inspection team only found two (2) minor issues that can be easily addressed following the inspection report.
8. Purchased Tecan liquid handler to increase the WGS test capacity of COVID-19 whole genome sequencing. We will increase the weekly WGS capacity to 384 samples per week in the near future.
9. The COVID-19 samples from CCDC have been sent their COVID-19 samples back to our laboratory in late June 2022.
10. Embracing innovation by using MALDI-TOF technology to increase the speed of screening bacteria and reduce the turnaround-time for bacteria identification process.
11. Joined CDC eGISP part B program– culture-independent testing of AMR genes from remnant NAATs with associated positive N. gonorrhoeae culture
12. New assays were added to the clinical laboratory testing menu including SC2/Flu Multiplex assay, T. vaginalis, M. genitalium and SARS-CoV-2 Trimerics IgG Ab. Installed Treponema Total Assay and HIV Ag/Ab HT on the Diasorin Liaison XL as a backup resource when primary instrument is offline.
13. Received a total \$3,520,054.50 from several ELC grants to support whole genome Sequencing laboratory including purchase high throughput sequencing instruments, liquid handler station, and reagents etc.

14. Completed ELC BP-4 and PHEP grants grant applications in March 2022. We involved a total seven (7) projects.
15. Submitted ELC-BP-4 grant proposal including work plans and budget narrative on schedule in March 2022. Received a total award of \$2263,545.00 from CDC.
16. Laboratory performed a total number of 2130 SARS-CoV-2 whole genome sequencing and uploaded the sequencing data to the Terra state database. We recruited a Bioinformatic Scientist to perform the data analysis and report the lineage information weekly.
17. Reclassified the Safety Officer position and recruited a Safety Officer
18. Purchased Panther fusion instrument for the Clinic Laboratory to enhance COVID-19 and other virology testing.
19. Help Decatur Health Clinic lab to set up the Visby Medical Sexual Health Testing for GC, CT, and Trich. We also validated and implemented the Trich testing by panther instrument in the Clinical Health laboratory.
20. Identified the Monkeypox patient in Clark County and confirmed by CDC.
21. Recruited QA analyst, Renee Fejeran, to perform the laboratory quality management program. Renovated Clinical Health Laboratory on the first floor of existing building. The tentative plan for open the laboratory for the service is on the middle of January 2023.
22. Prepared and supported new Fremont laboratory at the Fremont Health Clinic in the testing and QC documents setup and obtained state clinical license.
23. Received CDC PHI grand award to support BT Coordinator/Supervisor position to enhance our emergency response team in the laboratory.
24. 100% on Laboratory Response Network proficiency test – graded in order to obtain PHEP funds.
25. Successfully passed LRN Challenge Panel BP4 with a 100% score.
26. Hired for 3 new COVID testing positions and backfilled all Microbiology openings.
27. Delivery of Tecan Dreamprep automated Library Prep instrument. Staff currently undergoing training to use this critical high-throughput device.
28. Supervisors undergoing continuous leadership training and mentoring with HR department.
29. Resumption of monthly SNPHL All Staff department meetings.
30. Establishment of SNPHL Core values (Effective Communication, Promoting Teamwork, Building Trust, Pursing Excellence).
31. Monkeypox testing- provided testing throughout the MPX outbreak with accurate results and a rapid turnaround time.
32. First Legionella ELITE certification passed with 100%.
33. Collaborative project with UCSD and SHC to provides whole genome sequencing (WGS) data of the Neisseria Gonorrhoea positive specimens for this surveillance project at Clark County.

NON-COVID-19 ACCOMPLISHMENTS

1. Warehouse/Cage space- organization and removal of old outdated supplies, equipment, and general storage from other SNHD departments has allowed the warehouse space to not only serve as a logistics supply area to support testing capacity, but also makes the space ready for future planned construction and build-out projects.
2. BSL3- TRF equipment upgraded to the most recent available versions for LRN testing. Outdated Compact extractor replaced with Magnapure 24. Equipment which was long out of use was cleared from the BSL3 to make room for existing testing.

3. MALDI-TOF- the addition of a Bruker MALDI-TOF instrument in Microbiology allows department to easily screen and identify organisms, reducing tech time and eliminating the need to keep a variety of costly reagents on hand for organism ID. The instrument is also a helpful tool in ruling in or ruling out where organism identification is uncertain with other methods.
4. Respiratory panel- Molecular department switched to screening surveillance samples with Biofire Respiratory panel 2.1. This quickly identifies SARS-COV-2 and other respiratory viruses, replacing the previous cumbersome and intensive manual Respiratory PCR panel.
5. Validation of new extraction and PCR instruments for COVID-19 testing and installed two liquid handlers to assist in reducing manual processing of samples. Staff trained on instruments and utilized in COVID-19 extraction/PCR process.
6. Supported Public Health outbreaks investigations including COVID-19 variant of concern, Botulism cases, and Norovirus and participated in public Health Investigation including Bacillus, Brucella, Burkholderia rule-outs, Legionella, AFM, Candida auris.
7. Smartvue network expansion- The addition of temperature-controlled equipment, particularly on the first floor of SNPHL, meant the need for the expansion of the automated monitoring and alarm system. The Smartvue sensor and receiver count more than doubled, and the network continues to provide valuable information about the status of all monitored equipment within SNPHL.
8. The Laboratory has approved by CDC GISP/eGISP program to participate the molecular surveillance program for 2021-2022.
9. New extraction instrument installed, and staff trained to run Bioterrorism samples on it.
10. The following assays were validated for WGS based identification for the following organisms: Shiga-toxin producing E. coli serotypes and Shigella species.
11. A total number of the reportable diseases' tests from January 1, 2022, to November 30, 2022, listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Total
Campylobacter	Campy ID	5	1	1	5	1	6	4	4	6	4	2	39
	Campy Screen	6	2	3	10	3	9	5	9	10	7	5	69
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47	47	61	46	729
	Gram Stain/WBC	16	0	0	0	0	0	0	3	0	0	0	19
	Neisseria ID	4	0	0	0	0	0	0	1	0	0	1	6
	Haemophilus ID	4	0	3	1	2	4	1	8	1	2	0	26
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0	10	10	0	23
	WGS (PulseNet)	14	16	14	18	21	28	24	21	27	28	21	232
Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12	24	21	13	164
	Salmonella Serotype	8	10	11	12	18	10	14	10	21	16	13	143
Shigella	Shigella Screen	6	1	2	5	2	7	4	5	4	6	5	47
	Shigella Serotype	5	1	1	1	0	6	3	10	0	3	2	32
STEC	STEC Screen	7	10	6	10	7	4	4	2	3	6	4	63
	STEC Serotype	2	10	1	0	2	2	3	2	0	2	3	27
Unknown	Stool Culture	0	1	19	2	2	0	0	0	0	0	1	25
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0	0	2	0	3
	Vibrio Screen	0	0	0	0	0	0	1	3	1	2	0	7

Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0	0	0	0	1
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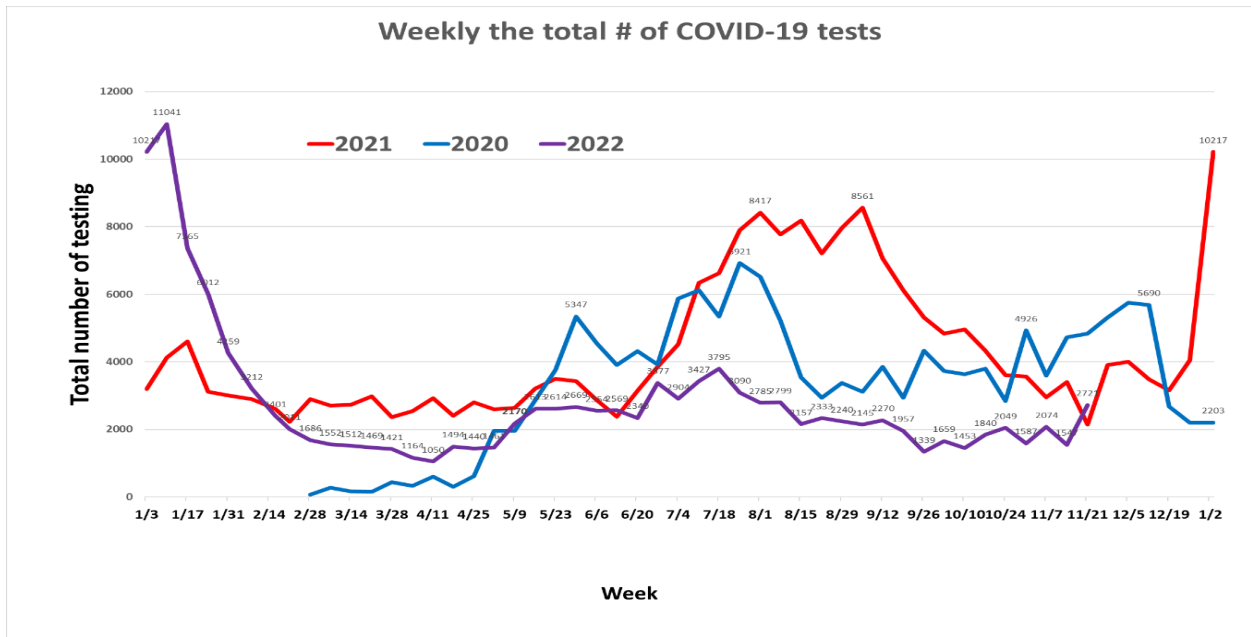
12. Installed and Validated the Diasorin Liaison XL Analyzer. The list of testing included are QuantiFERON TB Gold Plus, HCV Ab, HBsAg, HBsAb, HAV Ab, HAV IgM, HbC IgM and SARS-CoV-2 Trimerics IgG etc. This analyzer updates 2 of our outdated instruments for these assays.
13. In the Clinical laboratory, we validated Hepatitis assay from the Ortho Vitros ECiQ to the Liaison XL and validated QuantiFeron TB assay onto the Liaison XL. Clinic laboratory also acquired more clients for STD testing.
14. A total number of clinic samples tested from January 1, 2022, to November 30, 2022, listed as following table:

Test Name	Total # of test from Jan 1, 2022, to Nov 30, 2022
GC Cultures	729
NAAT NG/CT	12371
Syphilis	9512
RPR/RPR Titers	2150/954
Hepatitis Total	8579
HIV/differentiated	5535/162
HIV RNA	586

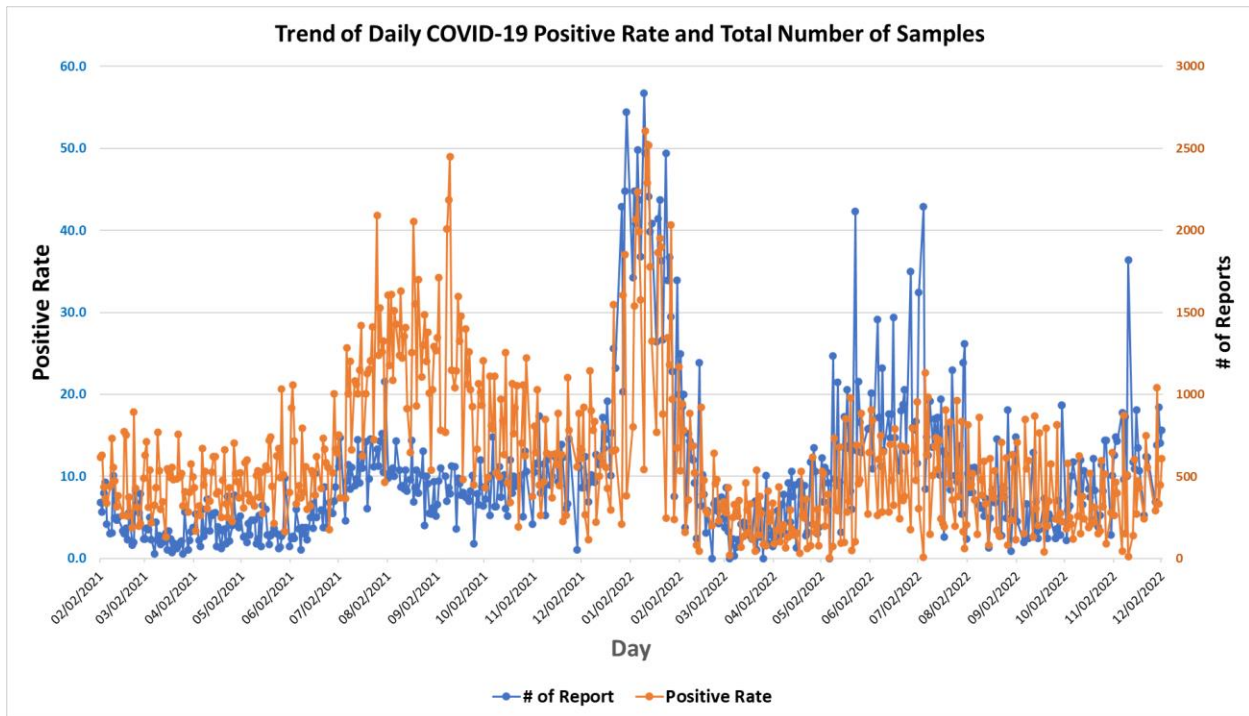
15. Vector program successfully tested 866 pools of mosquitos trapped by EH from 4/1/22-6/30/22. No arbovirus positive pools have been identified by SNPHL in 2022.
16. Set up a Level 3 BEI resources account so that control material could be ordered from them rather than CDC (CDC discontinued the control material used for SA testing).
17. Appointed as the ELC Program Coordinator for the PHL to assist the ELC Program Manager with communications and workflow.
18. Began workflow of Candida auris DNA extraction, library preparation, and Whole Genome
19. Pilot Study, New DNA Extraction Protocol, Library Preparation and Whole Genome Sequencing
20. Send sequencing data to CDC for analysis Pilot study was successful.
21. Candida auris MALDI-ToF validation completed and signed off.
22. Successfully sequenced Legionella isolates in pilot study and established pipeline to CDC. Receive CDC Legionella ELITE certificate to test Legionella environmental samples from CDC.

COVID-19 ACCOMPLISHMENTS

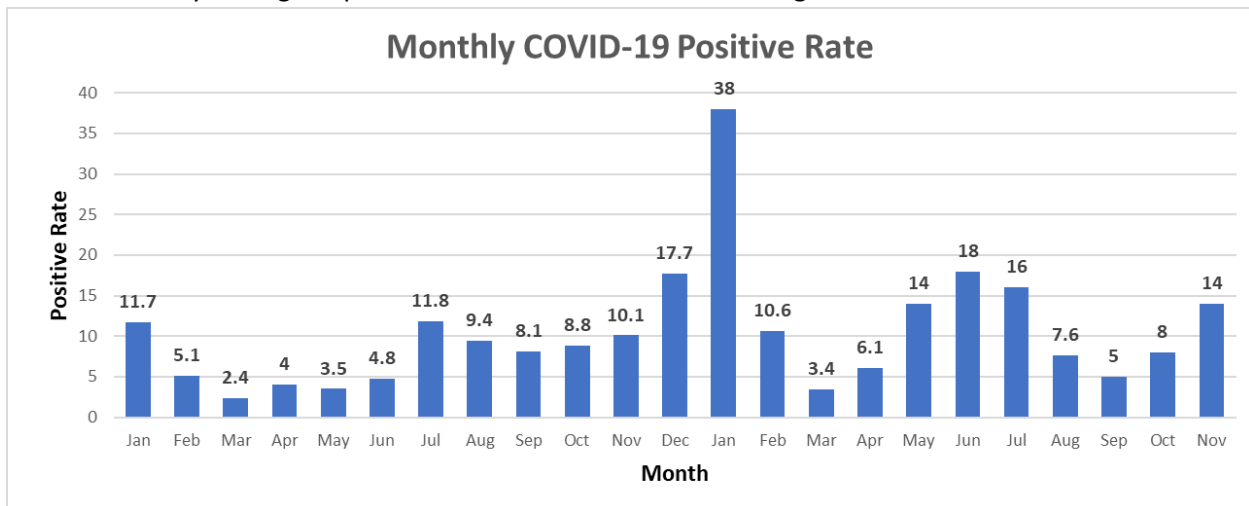
1. New and expanded instrumentation- Utilizing the Eppendorf 5073 and 5075, COVID-19 testing staff have increased the efficiency and accuracy of COVID-19 testing, while decreasing the TAT and improving throughput. The use of the Quantstudio 7 for 384 tests/run drastically saves reagent cost and waste, while sparing the older 7500 Fast DX instruments from higher daily run burdens. The addition of 2 Kingfisher Flex extraction instruments improves sample extraction TAT and supports the use of the Eppendorf 5073 and Quantstudio 7.
2. Testing numbers- SNPHL shattered the previous one-day testing record, and currently maintains an average baseline testing number that is significantly higher than in 2020 (approximately doubled from 4000 to 8000/week).



3. Redirect ELC grant to purchase two 7500DX Fast Real-Time PCR instruments, EPMotion liquid handler station, NextSeq whole Genome Sequencer, and Mini-Q water purification system to increase our COVID-19 test capacity.
4. A new MiSEQ and a new NextSeq 2000 instrument were obtained for WGS.
5. WGS, in conjunction with bioinformaticist, NSPHL, and Theigen, established Terra.bio. This is a workflow for identifying COVID variants.
6. Upgraded the panther instrument for COVID-19 testing by adding the Plus Unit which can allow us to continuously load COVID-19 samples without interrupting instrument operation when the biowaste tank is full and can increase the total capacity of COVID-19 testing volume.
7. National Guard supported our laboratory for data entry and upload of the demographic information for COVID-19 testing until March 2022.
8. Collaborated with IT department to develop the Outsourcing App which allows manifest creation to send overflow specimens to other laboratories to conduct testing and automatically send test results to the District portal for patient notification and access.
9. In the clinical laboratory, we validated new Analyzer for SARS-CoV-2 Antibody testing and installed upgrade to increase sample capacity on our Hologic Panther.
10. Successfully maintained COVID collection kit inventory for all clients all year and maintained excellent partnership with DEM/FEMA for COVID support.
11. The daily COVID-19 positivity rate verse COVID-19 test sample in SNPHL:



12. The monthly average of positive rate from the COVID-19 testing in SNPHL.



13. Completed the APHL QI grant on June 10th – SNPHL applied for this grant and was awarded \$10k as part of QI improvement that focuses on improving the Release Sample Order (RSO) from COVID-19 apps and to create a training video on how to use the apps and for trainers to go and train the nursing facilities. This grant was divided between IT (Hetal’s group) to improve the RSO apps and SNPHL.
14. Maintained Preventative Maintenance (PM) every 6 months and annual on designated instrument for Molecular and COVID-19 – All PCR and extraction instruments must have PM and OQPQ to be done on the instruments. (PCR- twice a year, extraction is once a year).
15. Performed Verification on all instruments after PM and OQPQ – 10 specimens of previously ran samples were used to verified that the instruments are working well after the PM and OQPQ services. The results were compared to the original run to ensure the serviced instrument is working well.

16. Create schedule for COVID-19 lab- The time schedule and duty schedules for COVID-19 staffs were created for 6 weeks and released at least one (1) week before the current schedule ends. This is to ensure staffs know what tasks they are assigned for the day and to ensure all staffs performed equal duty
17. To ensure we have enough supply for COVID-19 testing, we created a standing order to ensure constant delivery of supplies every 2-3 months to cover the tests for 2-3 months.
18. COVID-19 Supervisor checked the staff competencies record monthly to ensure that the staff competencies are up to date. If there is a competencies update coming up soon, supervisor will prepare specimens for staffs to be performed to ensure the staffs can keep up with the technical skills for testing.
19. Set up training with Thiegan for COVID-19 LTs and SLTs for sequencing training- This is still an ongoing training requested by Lab Director to have the LTs and SLTs to learn how to do data analysis after specimens are sequenced. This is a training supported by the CDC.
20. Continue participation Influenza Surveillance 2022- with Valley Core lab – SNPHL is part of the Influenza surveillance team with CDC where, we will collect flu specimens from hospital and performed influenza-SC2 multiplex panel to ensure there is no co-infection before performing subtyping and genotyping of the influenza specimens and upon confirmation, the VTM is shipped to CDC surveillance team.
21. Created Central Accessioning Area in the Laboratory – The goal is to have a Central accessioning area that allows the workflow in the lab to be centralized and to allow LAs rooms to learn new stuffs and exposed to different accessioning of specimens from different department.

HIGH LEVEL GOALS FOR 2023

1. The laboratory expansion plan received a total \$5.05 million funding supporting from the Clark County and the City of Las Vegas. The new laboratory will include BSL-3 and molecular and microbiology laboratories to support bioterrorism counter response and disease surveillance testing.
2. Increasing COVID-19 Sequencing capacity- Additional instrumentation, techniques, and staff to increase weekly capacity of SNPHL COVID-19 WGS testing program. Our goal for the COVID Sequencing Capacity increases from 192 to 384 samples per week
3. Other Public health testing projects- many other services have been proposed, including Legionella testing, enhanced STI testing, Norovirus sequencing, BT rapid testing with the Biofire Warrior panel, CRO testing, Metagenomic WGS, Lead testing, and General Laboratory testing for SNHD clinics.
4. Change the office layout by increasing the number of offices on the first floor from two to four. The Molecular supervisor, Clinic supervisor, LIMS, and Lab Administrative Coordinator will each have their own office. The completed date for renovation has been postponed to August 2022.
5. Warehouse storage transfer in preparation for the construction of the new Clinical Laboratory. Relocate the WGS lab instruments and other equipment from 2nd floor to the first floor into the space of the current Clinical Laboratory.
6. Initiate the use of Inventree software for inventory and supplies to improve the efficiency of stock storage and trace the real-time information of the laboratory supplies.
7. The validation of other non-COVID viruses through Next Generation sequencing.
8. Adding the ability to identify and sequence *Candida auris*.
9. Preparing for the upcoming laboratory expansion.
10. Institute year-round training schedule for the Laboratory Response Network (LRN).

11. Develop a business plan for no insurance patients from SNHD clinic and forward the samples to our laboratory rather than sent to the reference laboratory. We will bring on new clinical laboratory testing (Chemistry, Hematology, Urinalysis) to have a better serve SNHD.
12. Expand the Microbiology department to include environmental testing.
13. Move Microbiology Department to new clinical microbiology laboratory at the first floor after completed the renovation of clinical health laboratory.
14. Validate antimicrobial resistance gene detection of bacterial isolates
15. Validate new PulseNet system in Terra, since the currently used bioinformatics platform will no longer be supported in 2025 including identification, typing, and virulence gene detection in PulseNet organisms.
16. Legionella Water testing: Project timeline and budget prepared. Major equipment purchased and initial consumables received. Meetings with Rob Cole in EH regarding transition to SNPHL testing water samples currently tested by local contract laboratory. ELITE Certification panel ordered through WSLH (to arrive in August).
17. Provide laboratory training of the policies and procedures for PHL staff.
18. Implement ipassport document control software system and provide the training plan for individual module. Supervisors will be trained in August 2022.
19. Review the survey of skill matrix with all supervisors and developing a training plan to ensure competency and have sufficient competent staff for each testing method. Skill Matrixes per department will include NV State, CLIA, and SNHD Standards
20. Review and update current Monthly QA report to improve the process of collecting the information.
21. Ongoing QI RSO improvement project to see if one of the more problematic facilities will improve RSO ordering if website is tweaked and if additional training materials will help.
22. Validation Plan Meetings on going for susceptibility testing of C. auris and Bacillus, Legionella water testing, microbiology media changes, and C. auris identification.
23. Implement the new proposed organization structure in the early of January 2023. This proposed organization structure includes to create a new emergency response section and rename the COVID section as virology section.
24. Prepare the budget plan for the implementation of ISO certify clinical health laboratory and prepare the ISO 15189 training proposal.
25. Prepare to move Immunology instrument to the new laboratory and prepare to re-open the service on the middle of January 2023.
26. Monitor the progressive of the new lab expansion project with facility management team and coordinate the meeting with other SNHD departments.

Disease Surveillance and Control Division

DIVISION KEY ACCOMPLISHMENTS

- Secured New Funding
 - Nevada Department of Corrections (NDOCCD) - this project provides funding to improve Infectious Disease control within Nevada Department of corrections facilities that are in Clark County. ODS expects additional funding for this project through May 2024.
 - HRSA-077 Subrecipient - in collaboration with Yale University, Southern Nevada received funding to improve our HCV treatment cascade and subsequent partnership with linkage to treatment services.
 - HRSA RWHAP Grant Subrecipient - in collaboration with Clark County, Southern Nevada received funding to support Clinical Quality Management (CQM) program for improving patient care, health outcomes, and patient satisfaction in Clark County.
 - DHHS SAMHSA First Responders-Comprehensive Addiction and Recovery Act Grants – Southern Nevada Health District received funding to prevent loss of life related to opioid overdose in Clark County, Nevada by preparing first responders to administer intranasal naloxone through trainings conducted by SNHD. It is four years grant from 2022 to 2026. \$500,000 each year.
 - COVID-19 Health Disparities - this project supports activities to reduce COVID-19 related health disparities. Funding is expected to be extended through May 31, 2024. Funding for DSC program activities include Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved. Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
 - Center for AIDS Research- In collaboration with the NV Department of Health and Human Services and the University of California San Diego, this project will utilize molecular epidemiology strategies to prioritize HIV prevention activities. We received approval of this grant in June 2022 and started activities in August 2022.
 - Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Living Facilities- Funding through October 2024. This funding is to support COVID-19 testing and mitigation in homeless service sites, encampments, and other congregate settings like group homes in addition to coordination of all homeless services providers stakeholders, for enhanced communication disease reporting and outbreak reporting and response. ACDC will work with a liaison to establish sustained meetings and communications with stakeholder providing services to the homeless community.
 - Gilead FOCUS Award- Funding will allow the expansion of routine HIV screening and linkage to care within the Clark County Detention Center and the Las Vegas Detention Center. Program efforts support DSC efforts to provide integrated services to incarcerated population in Clark County. Expansion of services through FOCUS grant to begin in January, 2023.
- Peer reviewed publications: (DSC authors in bold)
 - Sean T. Allen, Allison O'Rourke, Jessica. A. Johnson, Chelsi Cheatom, Ying Zhang, Brandon Delise, Kellie Watkins, Kathleen Reich, Rick Reich & Cassius Lockett (2022) Evaluating the impact of naloxone dispensation at public health vending machines in Clark County, Nevada, Annals of Medicine, 54:1, 2692-2700, DOI: 10.1080/07853890.2022.2121418
- Other contributions:

- Mpox data gathered from DSC Mpox investigation data contributed to the CDC MMWR publication, Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022

DIVISION UPCOMING/ONGOING PROJECTS/GOALS

- Complete the Medical Examiner and Coroner Systems (CME) upgrade for Clark County Coroner Office.
- Working with NV HIE to improve eCR reporting.
- Working with UNLV to apply GIS technology for COVID-19 response.
- Continue to work with local healthcare providers and CDC to onboard eCRs.
- Implement Laboratory Response Network (LRN) interface to submit data to the LRN network with the CDC.
- Continue to maintain and enhance SNPHL LIMS system including Harvest security updates, SMTPS integration, and build a NSPHL/SNPHL Bi-directional orders/results interface
- Update SNHPL dashboard with Power BI deployment and integration
- Enhance the Syringe Vending Machine online sign-up project to accommodate a new medical vending machine.
- Continue to collaborate with universities (University of Washington and Yale university) on National Network of Sexually Transmitted Diseases Clinical Prevention Project and HIV/HCV coinfection case conferencing project.
- Collaborate with University of California San Diego on HIV/STD patient social network and genetic modeling project.
- Continue to enhance data warehouse to Integrate data from multiple mission critical systems to produce more data accessibility across the organization and enable interdepartmental analytics and visualization.
- Improve data interoperability across the district.
- Leverage COVID-19 automation technology for other disease notifications. Our first disease will be Chlamydia.
- Data migration from TriSano to Epitrax and implementation of Epitrax as a statewide system. Staff have completed two rounds of testing and provided feedback to the statewide implementation team. ODS and ACDC staff have attended numerous trainings in preparation for go live.
- Continue efforts through the DIIS trainer to create or identify enhancement trainings to build DIIS investigation skills.
- Working with 3rd party facilitator to finalize Community Health Improvement Plan (CHIP). This is expected to be presented to the Board of Health in November 2022 and PHAB in January 2023.
- Will work directly with a CBO to hire a homeless coordinator position to act as a liaison between SNHD DSC and the homeless services providers to improve their infectious disease detection including covid, enhance their testing plans, and response to outbreaks.
- Expand and enhance the outbreak response team by adding additional training and tools within the new Surveillance System Epitrax and hiring DDCS II's with more flexibility to work on response regardless of the disease type or name.
- Improve efficiency in receiving communicable disease reports, by increasing provider use of online morbidity report portal to decrease manual entry and improve overall response time to disease investigation/response

- Implement new surveillance system EpiTrax and modify outbreak workflows to improve response to reported clusters and outbreaks.
- Add DDCS and DIIS positions to ODS/ACDC teams to allow for more flexibility in responding to emergence public health threats and disease.
- Working to secure new funding to enhance disease surveillance efforts.
- Public Health Infrastructure Project- solidify budgets, workplans and evaluation plans

Office of Disease Surveillance

KEY ACCOMPLISHMENTS

- Finalized Community Health Improvement plan in December 2022, for wide dissemination in January 2023. The top 4 health priorities that will be focused on in the Community Health Improvement Plan: Access to Care, Chronic Disease, Transportation, and Public Health Funding.
- The Health Education Team provided 64 trainings to 1282 trainees to date. This team has also conducted 69 presentations to state or national agencies.
- Health educator led the passing of SNHD's first District-wide suicide awareness policy that will place SNHD as leaders in suicide awareness efforts in the state.
- Deployed EPT online referral form through eCW to simplify the process and encourage more EPT referrals.
- Received funding for new positions in our STD Supplemental grant that will work specifically to address Congenital Syphilis: CS Health Educator and the CS Nurse Case manager (collaboration with the Sexual Health Clinic) conducted 23 provider visits. In addition to meeting with providers, leave behind tool kits were given that includes posters about testing, info graphs about syphilis awareness, and provider talking points on how to take a sexual history The CS Nurse Case Manager transported 8 clients to their clinic appointments who would have otherwise missed syphilis treatment and enrolled 29 CS clients for case management through Q3 2022.
- Supported ACDC Mpox investigative efforts by temporarily reassigning 4 ODS DIIS to that team. Also supported by providing funding that supported Mpox surveillance efforts through our STD grant.
- Collaboration with NV Department of Corrections (NDOC) to expand investigation teams to address increased morbidity in the High Desert and Florence McClure prisons. This team investigated 321 cases between Florence McClure Women's Correctional Facility, High Desert Correctional Facility, and Southern Desert Correctional Facility.
- Co-facilitated a PrEP Institute for Nevada. This was a 2-day training co-led by SNHD and The San Francisco Department of Health to engage community partners throughout the State in PrEP conversation and initiation. 62 participants from throughout Nevada attended.
- In partnership with OOIE, implemented enhanced gonorrhea surveillance using systematic random sampling methodology to select 20% of gonorrhea cases for enhanced investigation. The purpose of enhanced surveillance is to gather other important demographic, clinical, and behavioral variables, such as race/ethnicity, HIV status, and gender of sex partners, which could help better describe the GC epidemic and inform prevention strategies. This allows the findings to be generalizable to all GC cases in Clark County. The pilot study for this project was implemented October 2021. Official eGC surveillance began in January 2022 and 1172 GC cases have been sampled and investigated.
- Harm Reductions Efforts
- Hosted 3rd annual Southern Nevada Substance Misuse and Overdose Prevention Summit (SNSMOPS) through ODTA efforts with 97 in-person registrants and 62 virtual registrants during hybrid event. Celebrated one year anniversary of Fentanyl Test Strip Program with 26 participating agencies and

over 27,000 FTS distributed to community. 364 unique individuals trained this year. The Fentanyl Test Strips Program received the Public Health Program of the Year from the Nevada Public Health Association.

- Implemented public health vending machine at SNHD Main location in Decatur, Fremont Public Health Center, and one RTC station.

MARKETING EFFORTS

- Launched Re-Think Nevada Campaign- increasing access to HIV testing by implementing rapid HIV testing at UMC Quick Care- addressing Pillar 1 in Clark County’s Ending the HIV Epidemic Plan. Continue to promote POC HIV testing, PrEP/PEP services, rapid start and linkage to care services
- Ongoing promotion and awareness via SNHD social media, FB, Instagram and web site to promote Collect2Protect (C2P- at home testing for HIV and STIs), PrEP/PEP services and condom distribution in a statewide effort.
- Partnered with UCSD on CFAR Molecular Surveillance project to address Pillar 4 in Clark County’s the Ending the HIV Epidemic Plan.
- Worked with community partners to help support implementation of POC HIV testing within their agencies.
- Worked with the State to begin conversations with the Tribal communities to include awareness and access to Collect2Protect services.
- Developed new partnerships with community partners/agencies to create new outreach efforts in non-traditional settings.
- Increased public health detailing efforts within the community targeting providers on PrEP/PEP and Congenital syphilis awareness.

OUTREACH/TESTING EFFORTS

UMC Quick Care- ODS worked closely with UMC to develop their capacity to offer POC HIV testing to their Quick Care clients. In this reporting period, UMC started rapid HIV POC testing at 10 Quick Care locations. 4103 POC tests for HIV have been performed and 15 newly diagnosed individuals were identified and referred to rapid care immediately.

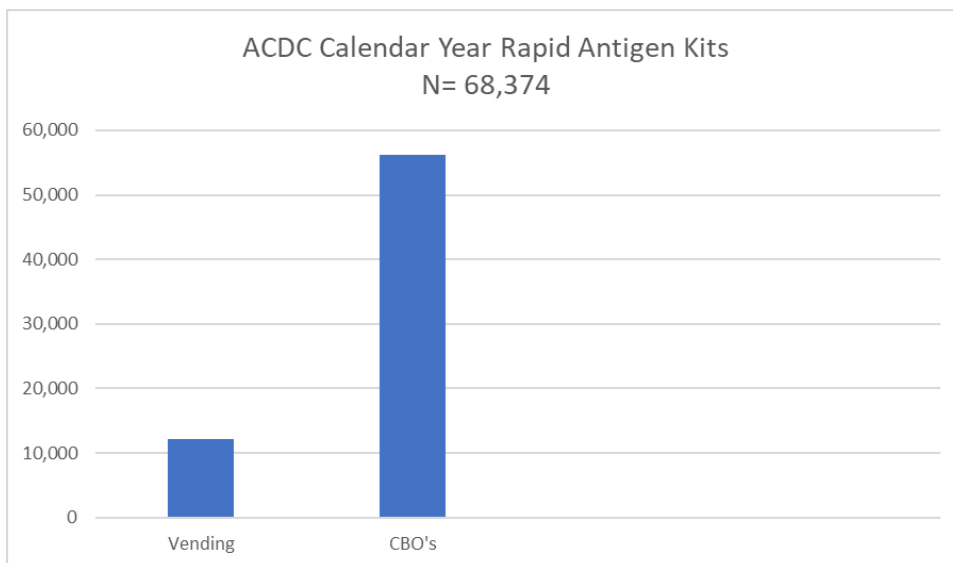
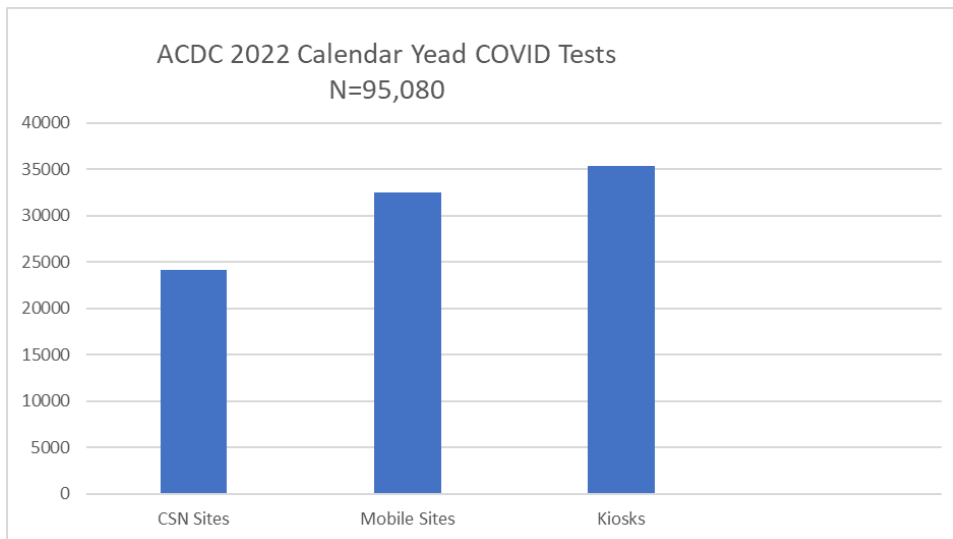
Prevention - SNHD HIV Testing	2022
Outreach/Targeted Testing	10,132
Clinic Screening (SHC/FPC/TB)	3064
Outreach Screening (Jails, SAPTA)	1370
Collect2 Protect	248
TOTAL	14814
Outreach/Targeted Testing POSITIVE	67
Clinic Screening (SHC/FPC/TB) POSITIVE	4
Outreach Screening (Jails, SAPTA) POSITIVE	4
Collect2 Protect POSITIVE	0
TOTAL POSITIVES	75

Acute Communicable Disease Control

KEY ACCOMPLISHMENTS

- Launched Covid Vending machine project on May 25, 2022 providing access to free covid antigen test kits to rural communities, including Mesquite and Laughlin and other accessible locations that serve minority and underserved populations. 12,106 antigen kits were distributed (through Dec 6, 2022). A total of 6 machines have been implemented with the most recent three going live in the first week of December 2022.
- Partnered with UNLV to implement wastewater surveillance for SARS-CoV-2. Launched a Covid Wastewater Surveillance Dashboard in Partnership with UNLV, DRI, and SNWA.
- Partnered with UNLV to create the infrastructure for a continuing medical education delivery system initially focused on COVID-19 but with long term implications of growing past this into other disease educational resources. The educational programs are utilizing a clinical format known as Project ECHO (Extension for Community Healthcare Outcomes). Once UNLV is approved as a CME provider, SNHD will be able to partner more easily to creating presentations, conferences, and public health updates that offer CME to our medical providers in Clark County.
- Contracted with a Family Resource Center to improve referrals to resources for clients in need of housing, food, healthcare, or other services.
- Partnered with 35 with multiple community-based organizations to assist in covid home antigen test distribution to minority/underserved populations and at-risk groups. Distributed 56,268 antigen test kits this year through CBO's (through December 6, 2022).
- Conducted 55 provider educations to Clark County medical providers to ensure compliance with communicable disease reporting. 34 ACDC contact tracers received a Nevada Laboratory Assistant license which allows sustained community testing activities beyond the end of the Declared Public health emergency in Nevada.
- Worked with the state's Resiliency Project to refer clients and contacts impacted by COVID-19 to the Resiliency Ambassadors. This effort required technical assistance with informatics to develop variables within TriSano to capture whether a person was interested in being contacted by an RA.
- Incorporated WGS findings from SNPHL as an early cluster identification mechanism and potential early outbreak identification for several enteric illnesses.
- Responded to and investigated 288 Mpox cases, monitored all known contacts, provided referrals to PEP and partnered with Primary and Preventative Care programs to vaccinate eligible individuals.
- Funded and supported a MPOX vaccine outreach team to vaccinate eligible people during non-traditional hours and non-traditional locations focusing on LGBTQ populations.
- Funded a Mpox social media campaign to provide awareness, education and vaccination information.
- Added a referral process for notifying Environmental Health's Aquatic program for any cases/illness with diseases that had potential risk from recreational water exposures.
- SNHD ACDC Workforce investigated 69,328 COVID cases in 2022.
- Sustained COVID support teams for CCSD and school/daycares in Clark County with designated contact tracing team to provide onsite support as needed and maintain a 24/7 standby duty line and email address for school support. Developed and outbreak response procedure and protocol for local school systems.
- Senior DIIS presented at CSTE's annual conference as part of a pre-conference workshop panel on best practices related to Legionnaires' Disease (Legionnaires' Disease: Distilling Down Best Practices and the Latest and Greatest Guidance for Legionnaires' Disease).

- Stood up a drive-thru test site serving thousands of Clark County residents during the omicron surge.
- Secured and executed contracts to sustained three community covid testing sites at College of Southern Nevada staffed by ACDC internal contact tracers performing 24, 184 tests (through Dec 6, 2022). ACDC secured and maintained contracts with mobile vans for testing and kiosks testing to strategically place testing locations in areas of need and allow equal access to testing across the valley including locations in Mesquite and Laughlin. Partnered with Fulgent, Medasource and Curative to provide more than 70,896.
- Facilitated the distribution of a large donation of more than 25,000 covid antigen kits to agencies across Clark County.
- Various testing sites developed to reach community (large drive-thru, smaller targeted sites in “red” zip codes, strike teams).
- Initiated development process for an automated Bot system to clear COVID 19 case back log and improve the surveillance data.



Office of Epidemiology and Public Health Informatics

KEY ACCOMPLISHMENTS

- Building partnerships, applied for new grants, and maintained existing grant deliverables.
- Led or support COVID-19 responses
 - Support the maintenance of SNHD's COVID-19 dashboard.
 - Conduct quality assurance review for COVID-19 death investigations.
 - Led the Situational Unit for SNHD's immunization campaign.
 - Led the Homebound Survey Project for the health disparities grant.
 - Led the evaluation of the vaccine magnet reminder program.
 - Coordinate with officials from the state and Immunize Nevada on the coordination of vaccine and testing sites in Clark County.
 - Maintain the internal tracking sheet for SNHD and community partner immunization clinics.
 - Issued an RFP to the community partners to collaborate and address health disparity issues.
- Led the Cardiff Violence Injury Prevention Project
 - Successfully applied a CSTE grant to explore a data science toolbox to support the implementation of the Cardiff Violence Prevention Model in Clark County.
- Support drug overdose prevention efforts through the OD2A grant.
- Support the EMS and traumatic injury surveillance and prevention.
- Applied and was awarded with the 4-year FR-CARA grant.
- Applied and was awarded with the Sate Opioid Response sub-award to purchase \$300k worth of naloxone.
- Maintain childhood lead poisoning surveillance to support Nevada Childhood Lead Poisoning Prevention program.
- Maintain PHEP grant activities.
- Fulfill data requests from community partners in a timely manner
 - Managed Vaccine Requests and Final Allocations for SNHD and Community Partner Clinics.
 - Media data requests for heat related deaths.
 - Fentanyl overdose mortality and morbidity data summary for press release.
- Presentations to Community
 - Quarterly TB Cohort, in partnership with ODS.
 - Epi 101 presentations for internal medicine residents and students from UNLV School of Public Health, UNLV School of Medicine, UNLV School of Nursing, CSN Nursing, and CCSD.
 - Death certificate presentation for the internal medicine residents.
 - Naloxone trainings for the first responders, law enforcement, and other community partners
 - Drug overdose data presentations for state and local legislators.
 - County Health Rankings presentation to SNHD partners, in partnership with ODS.
 - HIV/STD epi profile presentations for CDC, state, community-based organizations, medical providers, and SNHD staff.
- Participate in committees and provide epidemiology technical support
 - Statewide Epidemiology Organization Workgroup (SEOW) Committee
 - Southern Nevada Opioid Advisory Council (SNOAC)
 - CSTE Injury Epidemiology and Surveillance Subcommittee (co-chair)
 - CSTE Substance Use and Mental Health Subcommittee
 - International Overdose Awareness Day (IOAD) Planning Committee

- BIO Watch Advisory Committee
- NACCHO Academy of Science Board
- Nevada State Antimicrobial Stewardship Board
- Statewide CRE Surveillance Workgroup
- Statewide Hepatitis Outbreak Response Plan Workgroup
- Congenital Syphilis Review Board
- Created and maintained epidemiological reports
 - COVID-19 daily aggregate report
 - COVID-19 daily trend reports (for public use and for official use)
 - Daily situational report for the immunization campaign
 - Daily vaccine dashboard data
 - Daily legionella report
 - Daily MPOX report
 - Daily RSV surveillance report
 - Weekly vaccine administration report
 - Weekly vaccine breakdown report
 - Weekly vaccine snapshot report
 - Weekly COVID case rate by zip code report
 - Weekly flu vaccine administration report for FQHC
 - Weekly COVID-19 city reports
 - Weekly COVID-19 report for CCSD (children under 18 years old)
 - Weekly COVID-19 breakthrough report
 - Weekly Hepatitis C QA report
 - Weekly influenza surveillance report
 - Monthly COVID-19 immunization clinic map overlay with 30-day case rate
 - Monthly and quarterly disease statistics reports
 - Monthly moving average charts for trend monitoring and outbreak detection
 - Monthly flu vaccine administration report for FQHC
 - Quarterly CDC lead testing data submission
 - Quarterly CLPPP lead testing data submission
 - Annual pediatric drowning/submersion report
 - Annual leading causes of death report
 - Biannual antibiogram
 - Support TriSano data warehouse transition to EpiTrax
- Lead outbreak investigations
 - Secret of Siam THC toxicity outbreak investigation
 - Real Water acute nonviral hepatitis investigation
 - COVID school outbreak investigations
 - Reevaluated and updated syphilis reactor grid
 - Implemented enhanced gonorrhea surveillance using systematic random sampling methodology to select 20% of Gonorrhea cases for enhanced investigation
 - Trac-B IDU investigation after increases in new HIV diagnoses were reported by Trac-B
- Workforce recruitment and development

- Hired one senior epidemiologist and one epidemiologist to work on health disparity issues related to the COVID-19 pandemic.
- Secured support from the CDC Foundation to have two epidemiologists assist the COVID-19 health disparity grant activities.
- Secured training opportunities and provided to staff for workforce development
 - One staff members completed CSTE LEAD (Leading Epidemiologists, Advancing Data) training
 - Four staff members complete HL7 international certificates
 - Six staff members completed courses at Epidemiology Summer Institutes offered by Johns Hopkins University and University of Michigan
 - Six staff members attended workshops at the CSTE Annual Conference
 - Two staff attended eCW user Conference
 - One staff STD Clinic Conference
 - Three staff members attended ESRI GIS online trainings
 - Expanded epidemiology book library for staff
- Expand informatics team and hired 4 public health informatics scientists to enhance informatics capacity for COVID-19 response and EpiTrax implementation.
- Provide support for Office of Disease Surveillance (ODS), Office of Epidemiology, Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.
- Enhanced TriSano and EMSA system infrastructure to meet the needs of surging COVID-19 surveillance activities. Maintain and update COVID-19 dashboard, COVID-19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- Maintain and enhance data warehouse and BI tools to ensure timely data analysis and reporting.
- Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems.
 - Updated LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
 - Upgraded LIMS upgrade to the latest version including validations to meet increased testing and laboratory growth
 - Developed an inventory management system for SNPHL.
 - Completed CDC Public Health Laboratory Interoperability Project (PHLIP).
- Maintain and enhance an application for Collect 2 Protect project (Online Testing Kit).
- Develop an application for the linkage to action project for HIV patient referral and outreach.
- Develop and enhance the Syringe Vending Machine (SVM) application.
- Work with IT to maintain and upgrade the Electronic Health Record (EHR) system to adapt to changing workflows for COVID-19 test ordering and COVID-19 vaccination.
- Continue to support Clark County Coroner's Office (CCCO) to upgrade its Coroner and Medical Examiner (CME) information system, streamline work processes to ease staff workload, data requests and reports.
- Completed EpiTrax system implementation for TriSano upgrade and assist the state to migrate state NBS to EpiTrax. Completed COVID-19, HIV & TB, and other diseases custom logic migration for EpiTrax.

- Developed and completed various reports to support Clinical Services for healthcare quality improvement, program management and grant deliverables such as UDS reports, RSR reports and monthly departmental reports.
- Onboarded total 492 contact tracers to Trisano for COVID-19 response.
- Onboarded 262 providers for COVID-19 ELR reporting
- Onboarded 189 providers for eCR reporting and authorized 103 reportable conditions in the Reportable Conditions Knowledge Management System (RCKMS).
- Continue to provide prompt informatics support for SNHD internal programs and external partners such as the State and UNLV.
- Provide informatics supports for SNHD Clinical Services grants (5 new and 3 existing grants).
- Produced reports for FHQC and Ryan White HIV/AIDS Program (RWHAP) programs.
- Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- Upgrade SNHPL LIMS to latest version including HL7 2.5.1 interface and security updates. Work with the CDC and APLH for Public Health Laboratory Interoperability Project.
- Update EMSA logics and TriSano for all reportable conditions based on CDC requirement.
- Developed a WGS Interface To Orchard and import WGS results into TriSano
- Updated Opioid and Child Lead Poisoning Presentation Program Dashboards
- Updated State Syndromic Surveillance System to adopt HIE data Feed Changes

OFFICE OF PUBLIC HEALTH INFORMATICS COVID-19 ACCOMPLISHMENTS

- Processed over 5 million ELRs and performed daily ELRs data QA.
- Update EMSA logic for COVID-19 case investigation and contact tracing.
- Maintain applications to automate COVID-19 contacts upload for contact tracing and testing referral and produce COVID-19 DECIPHER report.
- Developed automated COVID-19 patient notification application and perform QA for contact tracing and identification.
- Maintain and enhance COVID-19 lab results portal to include NSPHL overflow test results.
- Enhance SNPHL infrastructure and overflow process to meet testing surge. Onboard NSPHL, Medasource and MDX labs as SNPHL overflow labs for COVID-19 testing.
- Work with IT to develop COVID-19 interface between instruments, COVID-19 POD app and Orchard, COVID-19 testing, and reporting needed for SNPHL.
- COVID-19 testing and vaccination reports by linking eCW with WebIZ and Orchard.
- Provided daily tracking of case and death count at the height of new cases for Clark County Coroner office. Work with CDC and Completed Public Health Laboratory Interoperability Project (PHLIP) project.
- Developed SNPHL Dashboard/Reporting for COVID-19 testing
- Developed a COVID-19 patient referral process for the DHHS Nevada Resilience Project (COVID-19 Resilience Ambassador program).
- Developed various reports from EHR and CAREWare for Clinic Services' COVID-19 response needs.
- Developed applications to consume COVID-19 testing results in multiple formats from various labs/facilities
- Worked with IT and developed an interface to exchange data between Salesforces application and ECW and submit COVID-19 vaccine demographic information to the state immunization registry.

- Developed several interfaces to exchange COVID-19 testing data between UMC and NSPHL with IT COVID-19 App.
- Worked with UNLV to apply GIS technology and produce spatial analysis reports via hot spot analysis, disease mapping, and their associations with socioeconomic and other area risk factors relating to populations experiencing a disproportionate burden of COVID-19 infection.
- Worked with NV HIE to increase and improve the electronic Health Information Exchange data collection and quality relating to populations experiencing a disproportionate burden of COVID 19 infection.

Environmental Health Division

Environmental Health staff received Board of Health approval for a 27% increase to the Environmental Health Fee Schedule and annual Consumer Price Index (CPI) adjustments starting in 2024. The fee increases and CPI adjustments will be used to hire 24 additional staff and give programs sustainability as the community continues to grow.

Consumer Health

AQUATIC HEALTH (AH) OPERATIONS:

- Staff developed a risk-based inspection protocol for aquatic facilities to improve inspection quality and efficiency.
- The program supervisor wrote an article for the Nevada Chapter of Community Associations Institute Community Interests magazine.

AQUATIC HEALTH PLAN REVIEW:

- Staff hosted several Industry Outreach meetings to discuss various plan review topics, including updating the regulated community on changes to suction entrapment avoidance standards.
- Staff managed a 46% increase in plan review projects.

FACILITIES PLAN REVIEW:

- The program supervisor presented to the local chapter of the International Association of Plumbing and Mechanical Officials.

SPECIAL PROGRAMS:

- One staff member presented at the Nevada Environmental Health Association (NEHA) Annual Educational Conference (AEC) on how to get local regulations passed in the State of Nevada.
- Staff successfully drafted regulations governing Body Art Establishments and began implementation efforts.
- Staff developed a risk-based inspection protocol for schools to improve inspection quality and efficiency.

HIGH LEVEL GOALS FOR 2023:

- Revise the Child Care Regulations
- Expand the Aquatic Health Operations program into two offices
- Revise the Aquatic Facilities Regulations

Food Operations - Inspections

- Staff hosted quarterly Food Safety Partnership (FSP) meetings remotely to maintain Industry outreach, communication, and education.
- Staff identified gaps in the invoicing process and developed an outstanding balance policy.
- Staff worked with industry to get the SNHD 2023 Food Regulations approved by the Board of Health (BOH). The final product was met with praise by both the regulated community and BOH members for our strong partnership, flexibility, and open communication.
- Staff developed a sixth food office in Food Operations.

HIGH LEVEL GOALS FOR 2023:

- Train Staff and industry on the 2023 Food Regulations
- Participate in National Association of County and City Health Officials (NACCHO) mentorship program

Food Operations – Regulatory Support

SPECIALIZED FOOD OPERATIONS:

- Staff members significantly contributed to the accreditation process with the Public Health Accreditation Board (PHAB) for Domain 6 and assisted with Domain 2.
- Staff volunteered to participate in the COVID-19 Incident Command System (ICS) response and was assigned as the Safety Officer for eight months.
- Staff received the Carol Selman award for excellence in foodborne illness response.

SPECIALIZED FOODS OFFICE:

- At the request of the NEHA, staff traveled to Guam and trained Guam Environmental Health personnel on water vending and manufacturing inspections.
- Staff participated and presented at the second annual Mobile Vendor Expo, along with other local government agencies.
- Staff attended and was a speaker for Standard 3 at the Food and Drug Administration (FDA) Retail Program Standards Symposium.

REGULATORY SUPPORT OFFICE:

- Staff members were speakers and panelists at the FDA Retail Program Standard Symposium.
- Staff presented, “The Power of Partnership” at the Maricopa County Environmental Health Services Department.
- Staff gave a presentation at the Association of Food and Drug Officials (AFDO) Annual Educational Conference (AEC) about food additives and label requirements.

HIGH LEVEL GOALS FOR 2023:

- Continue with the Food Safety Culture study; this year we will conclude the interviews and surveys from industry
- Launch SNHD’s Certified Food Protection Manager (CFPM) training program
- Start inspections for facilities with Hazard and Critical Control Point (HACCP) plans
- Coordinate more combined unpermitted food vending investigations with other agencies

Solid Waste & Compliance

ILLEGAL DUMPING / RESTRICTED WASTE MANAGEMENT (RWM) PROGRAMS:

- The Illegal Dumping and Restricted Waste Management Programs were reorganized geographically into North and South offices.
- Staff met with Business License agencies (Clark County, City of Las Vegas, City of Henderson, and City of North Las Vegas) and established referral processes for non-compliant Restricted Waste facilities.
- Staff completed over 3,400 annual Restricted Waste inspections and conducted approximately 1,000 Illegal Dumping responses.
- Staff are participating in the Las Vegas Metropolitan Police Department (LVMPD) Place Network Investigation (PNI) program which is similar to a County Multi Agency Response Team (CMART) but also includes the City of Las Vegas.

LEGIONELLA TESTING PROGRAM:

- Staff conducted 14 residential investigations for Clark County residents who tested positive for Legionnaires' disease or Pontiac fever. Nevada is one of only three states performing residential Legionella testing.
- Staff tested 16 well water systems for Legionella bacteria in rural Clark County as part of the Environmental Health Capacity grant.

MOSQUITO DISEASE:

- Staff set 3,247 traps and submitted over 43,000 mosquitoes to the Southern Nevada Public Health Laboratory for disease analysis; all samples were negative for West Nile Virus and no human cases of disease were reported.
- Staff identified the ongoing expansion of *Aedes aegypti* across Clark County, with the highly invasive urban mosquito being identified across the Las Vegas valley.

PUBLIC ACCOMMODATIONS:

- Staff conducted 760 resort/hotel COVID-19 prevention compliance inspections as required under Senate Bill 386.

PERMITTED DISPOSAL FACILITIES (PDF) PROGRAM:

- Staff assisted with planning and notification for the City of Henderson mercury collection event.

UNDERGROUND STORAGE TANK (UST) PROGRAM:

- Staff completed over 850 routine annual facility inspections to maintain compliance with the Nevada Division of Environmental Protection (NDEP) contract.

HIGH LEVEL GOALS FOR 2023:

- Expand outreach and provide education on the illegal dumping program
- Revise the Public Accommodation Regulations
- Prepare the 2022 Mosquito Disease Surveillance Report and archive 2022 trapping data
- Work with EH leadership and Finance to submit the 2023 ELC Grant application
- Develop strategies to expand *Aedes aegypti* specific surveillance
- Develop long-term sustainable funding for Legionella investigations
- Have two staff pass the Environmental Protection Agency (EPA) Lead Risk Assessor Certification Exam

Engineering

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) PROGRAM:

- Staff are working with the University of Nevada Las Vegas (UNLV) to develop environmental health informatics capability.
- Staff concluded outreach and a water testing event in Sandy Valley as part of grant activities that included groundwater and Legionella sampling for residential properties.
- Staff is working to establish a groundwater advisory board in the Moapa Valley region.
- ISDS staff participated in a Septic to Sewer Conversion Working Group with Clark County, the Southern Nevada Water Authority, and Clark County Water Reclamation District (CCWRD).

PUBLIC ACCOMMODATION PLAN REVIEW:

- Staff took over Plan Review duties for the Public Accommodations Program.

SAFE DRINKING WATER (SDW) PROGRAM:

- Staff worked to address SDW compliance issues in Trout Canyon.
- Staff coordinate technical assistance from the State for at-risk public water systems in Clark County.

SUBDIVISION PLAN REVIEW:

- Staff worked with local water and sewer agencies [City of Henderson, City of Las Vegas, City of North Las Vegas, and CCWRD] to resolve required review comments in situations that are routinely deemed acceptable by the applicable jurisdiction. Staff are working through similar issues with the Las Vegas Valley Water District.

SOLID WASTE PLAN REVIEW:

- To streamline the Solid Waste Plan Review application process, staff revised the application package from the former ten section paper submittal format to a three-part format that is easier to submit electronically.
- Staff reviewed and approved a new municipal waste cell at the Republic Services APEX Regional Class I Landfill.

HIGH LEVEL GOALS FOR 2023:

- Work with other agencies/jurisdictions on a septic system conversion program
- Conduct groundwater testing in partnership with the Southern Nevada Water Authority (SNWA) to improve the accuracy of groundwater quality data
- Revise the Individual Sewage Disposal System Regulations
- Continue to work with local jurisdictions so that new construction applications are submitted to SNHD before construction begins

Primary and Preventive Care Division

Residency/Academic Affairs Program

- The Residency Program continued to provide training to Dr. Michael Zhang, who completed his second, and final year, of his residency training.
- The Academic Affairs Program coordinated the placement of 115 students, residents, and fellows for a total of 4,012 hours of applied public health practice.

Immunization Program

- The Immunization Program administered a total of 87,172 vaccines to 33,755 clients at its four locations.
- The Immunization Program supported the development of a new registration and documentation system which came on-line in July 2022.

Sexual Health Clinic

- The Sexual Health Clinic provided care to 9,606 patients at its two locations.
- The Sexual Health Clinic established its Congenital Syphilis Case Management Program to address the high rates of congenital syphilis in Clark County.

Tuberculosis/Refugee Health Clinic

- The Refugee Health Program provided health services to 443 refugees.
- The Tuberculosis Program treated 52 individuals with active TB, including one with MDR-TB.

Community Health Nursing Program

- Through its four separate initiatives, the Community Health Nursing Program enrolled 201 families and provided services to 422.

COVID-19 Vaccination Program

- The COVID-19 Vaccination Program administered over 97,000 vaccinations at its static and pop-up sites, through its strike teams, and through its home-bound and long-term care programs.
- The COVID-19 Vaccination Program supported the efforts of community partners who conducted their own vaccination efforts. This support included providing training, vaccine, supplies and support for data entry.
- The COVID-19 Vaccination Program continued its efforts to get healthcare providers to administer vaccine in their clinics. As of this report, a total of 236 providers are now enrolled in a program with 43 the actively hold vaccine in their office.
- As of December 19, 2022, a total of 3,945,499 doses of COVID-19 vaccine have been administered in Southern Nevada since a vaccine first became available in December 2020.

High-level Goals for 2023

- Address deficiencies with the Preventive Medicine Residency Program.

- Implement eClinicalWorks vaccine administration management system, replacing the existing state-supported platform.
- Develop and implement long-term plans for COVID-19 vaccination.

Southern Nevada Community Health Center (FQHC)

General Activities (Family Planning, Primary Care, Ryan White, Behavioral Health, Pharmacy, and Dietician)

- As of November 30, 2022, there was a total of 5,724 unique patients served.
- As of November 30, 2022, there was a total of 13,425 total encounters provided
 - Family Planning: 5,642
 - Primary Care: 4,414
 - Ryan White: 2,080
 - Behavioral Health: 951
 - Pharmacy: 174
 - Dietician: 164
- Implemented in-house billing services
- Improved revenue cycle process
- Established additional 3rd party payor contracts
- Improved insurance credentialing process
- New monthly FQHC finance meeting implemented
- Implemented new Sliding Fee Scale
- Developed workflow for receiving PPS Wrap Payments. Received approximately \$700k in back payments for FY21 and FY22
- Implemented 4/10 schedule for staff
- Onboarded FQHC Operations Officer, one (1) Licensed Clinical Social Workers (LCSW), one (1) Advanced Practice Registered Nurse (APRN), Senior Administrative Assistant and various administrative staff joined the Health Center
- The Health Center now has the following providers: 3 Family Planning, 2 Primary Care, 2.1 Ryan White, 3 Behavioral/Mental Health Providers, and 1 Registered Dietician
- Staff completed Cultural and Linguistically Appropriate Service (CLAS) standards training
- New credentialing and privileging process implemented for clinical staff
- Opened new Fremont Public Health Center as permanent flagship SNCHC site
- Enlarged HRSA Service Area to encompass patients residing in zip codes in east Las Vegas
- Expanded hours of operation to Monday – Friday 8am – 6pm
- Expanded Behavioral Health Services through the addition of LCSWs
- Successfully completed the HRSA Operational Site Visit (OSV)
- Onboarded three new patient board members
- Received Continuation funding New Access Point and Primary Care HIV Prevention
- Completed application to become Federal Tort Claims Act (FTCA) deemed
- Modified appointment templates increasing access to care by 15%
- Implemented new daily Care Team and Management Huddles
- Implemented new staff meeting and training schedules
- Provided training for Providers on HIV, PEP and PrEP treatment and care planning
- Obtained patient satisfaction overall rating in the 90th percentile throughout the year
- FQHC Mobile Unit participated on 82 remote site clinic events – Primary Care, Infectious Disease, Family Planning, Ryan White, and COVID-19 testing, and Vaccinations
- Enhanced program-specific website

- Distributed 70,000 mailer postcards, along with billboard, bus and bus station advertisements
- Distributed mailer postcards announcing the new Fremont Public Health Center to residents living in ZIP codes 89030, 89101, 89104, 89106, 89110, 89121, 89122, 89142, 89156

Grants Received

- Noncompeting Continuation funding for New Access Point and Primary Care HIV Prevention grant
- COVID-19 vaccine ARPA grant
- COVID-19 capacity and construction grant
- COVID-19 ECV grant
- Ryan White Capacity Building grant
- Health Plan of Nevada Community Catalyst grant
- Title X grant funding (new)
- Title X Telehealth grant (new)
- Continuation of Family Planning of Nevada grant
- Ryan White Part A funding (new)
- Continuation of Ryan White Part B funding
- HIV Epidemic grant – Rapid stART (new)

COVID-19 and Mpox Activities

- Continued COVID-19 testing and vaccination site at SNCHC Decatur location
- Expanded COVID-19 and Mpox vaccinations to Fremont
- Operated a Distribution Center for PPE and COVID-19 at-home test kits for the community
- Administered more than 33,000 COVID-19 vaccinations
- Provided more than 48,000 COVID-19 tests, including both, point of care and PCR COVID-19 tests
- Implemented COVID-19 therapeutics program

Community Partnerships

- All Saints Episcopal Church
- University of Las Vegas, Nevada (UNLV)
- Mexican Consulate
- El Salvador Consulate
- Racial and Ethnic Approaches to Community Health (REACH)
- North Las Vegas Community Correctional Center
- Health Center Controlled Networks (HCCN)
- Arizona Association of Community Health Centers (AACHC)
- Nevada Primary Care Association (NVPCA)
- Local FQHCs, etc.

High-level Goals for 2023

- Optimize and expand services at the Fremont Public Health Center
- Build the Behavioral Health clinic at Decatur and enhance services

- Build dental operatories and develop Oral Health program at Fremont Public Health Center
- Complete the Services Area Competition for ongoing HRSA funding
- Increase the number of unique patients serviced
- Enhance health center marketing interventions

High-Level Goals for 2023

- Focus on training and cross-training activities to ensure sustained knowledge levels and business continuity and coverage for critical processes
- Update and expand procedures for processing and reporting activities within Finance
- Implement improvements to payroll processing and reporting functions overall for the department
- Grants Team continue to research new funding opportunities
- Transition immunization billing activity in-house
- Support implementation of eCW functionality to accommodate billing and reporting capabilities (current status – in progress)
- In September 2022, SNHD VR staff will assist NV Vital Records with a significant amount of testing in Netsmart, which will be critical to the upgrades in Netsmart.
- Working with IT to build QR codes for hospital birth applications and the reintroduction of limited kiosk services.
- Phasing out the Laserfiche system that houses birth and death records from 1973-2006
 - NV Vital records preparing to grant access to SNHD users for computing records
 - SNHD to develop project goals, guidelines and expected complete date, with a target date of January 2023 (pending assistance from state)
- Transitioning cashiering services at the Decatur location from a central cashier managed by the Business Group to cashiers who work within the individual programs themselves.
- Increasing daily appointment availability, expanding staff, and accepting limited walk-ins to ensure all working food handlers in Clark County possess a non-expired card.
- Building awareness of the online renewal system and the new food handler certificate not only among food handlers who may prefer to renew from home but also among industry leaders who will be accepting certificates from their employees in lieu of a card for years to come.
- Collaborated with EPI on their FRCARA grant
- Explore new Scopes of Work and budgets for new or renewal subgrants: PHHS (Diabetes), 1815 (Diabetes/Heart Disease), 1817 (Heart Disease), SNAPED (Physical Activity/Nutrition), REACH (Tobacco, Nutrition, Physical Activity), REACH supplement (COVD/Flu), Nevada Clinical Services (Tobacco), CDC Core (Tobacco), Youth Vaping Prevention (Tobacco), and Cannabis prevention.
- Develop and/or implement comprehensive media and social marketing campaigns, community outreach, social media, websites, and blogs.
- Respond to referrals from SNHD clinics for hypertension, diabetes, and prediabetes and provided educational follow up to referred clients.
- Maintain SNHD representation in several local, state, and national committees and coalitions. We cooperate in several SNHD internal committees. A complete listing is available upon request.
- Actively share responsibilities in the SNHD Community Health Assessment and Community Health Improvement Plan process. Staff provided a presentation on the burden of Chronic Disease during the Community Health Assessment prioritization meeting in October 2021. Chronic Disease was selected as one of the Community Health Improvement Plan (CHIP) focus areas. CDPHP staff are part of the CHIP team.
- Activities to support newly Public Health Accreditation Board Certification
- Drills and Exercises with community partners, agreements, and testing emergency operation plan components such as emergency fiscal procedures
- Ensure readiness of medical countermeasure stockpiles replacing expired medications in coordination with SNHD Pharmacy
- Combined efforts for use of the EM Track for patient tracking in community and beta tested at multiple, large venue events.
- Support County Hospital Area Command roll out, Completed 17 functional exercises with hospital and Fire Department support during MCI Exercises.

- Provide technical assistance to SNHD programs, community outreach, provide training to SNHD staff, develop a HE training series for lay persons that are part of the community, and implement a Health Equity Assessment. Continue to implement health equity strategies to strengthen the organizations' capacity to provide the community compassionate, equitable and culturally responsive services.
- Sustain support for grant partners in reducing COVID-19 health disparities among high-risk and marginalized communities.
- Partner in assistance with the Ryan White program with technical assistance in implementing their HIV Stigma reduction project.
- Host activities to support SNHD's community clinic goal of improving their national standards for Culturally and Linguistically Appropriate Services (CLAS).
- The laboratory expansion plan received a total \$5.05 million funding supporting from the Clark County and the City of Las Vegas. The new laboratory will include BSL-3 and molecular and microbiology laboratories to support bioterrorism counter response and disease surveillance testing.
- Increasing COVID-19 Sequencing capacity- Additional instrumentation, techniques, and staff to increase weekly capacity of SNPHL COVID-19 WGS testing program. Our goal for the COVID Sequencing Capacity increases from 192 to 384 samples per week
- Other Public health testing projects- many other services have been proposed, including Legionella testing, enhanced STI testing, Norovirus sequencing, BT rapid testing with the Biofire Warrior panel, CRO testing, Metagenomic WGS, Lead testing, and General Laboratory testing for SNHD clinics.
- Change the office layout by increasing the number of offices on the first floor from two to four. The Molecular supervisor, Clinic supervisor, LIMS, and Lab Administrative Coordinator will each have their own office. The completed date for renovation has been postponed to August 2022.
- Warehouse storage transfer in preparation for the construction of the new Clinical Laboratory. Relocate the WGS lab instruments and other equipment from 2nd floor to the first floor into the space of the current Clinical Laboratory.
- Initiate the use of Inventree software for inventory and supplies to improve the efficiency of stock storage and trace the real-time information of the laboratory supplies.
- The validation of other non-COVID viruses through Next Generation sequencing.
- Adding the ability to identify and sequence Candida auris.
- Preparing for the upcoming laboratory expansion.
- Institute year-round training schedule for the Laboratory Response Network (LRN).
- Develop a business plan for no insurance patients from SNHD clinic and forward the samples to our laboratory rather than sent to the reference laboratory. We will bring on new clinical laboratory testing (Chemistry, Hematology, Urinalysis) to have a better serve SNHD.
- Expand the Microbiology department to include environmental testing.
- Move Microbiology Department to new clinical microbiology laboratory at the first floor after completed the renovation of clinical health laboratory.
- Validate antimicrobial resistance gene detection of bacterial isolates
- Validate new PulseNet system in Terra, since the currently used bioinformatics platform will no longer be supported in 2025 including identification, typing, and virulence gene detection in PulseNet organisms.
- Legionella Water testing: Project timeline and budget prepared. Major equipment purchased and initial consumables received. Meetings with Rob Cole in EH regarding transition to SNPHL testing water samples currently tested by local contract laboratory. ELITE Certification panel ordered through WSLH (to arrive in August).
- Provide laboratory training of the policies and procedures for PHL staff.
- Implement ipassport document control software system and provide the training plan for individual module. Supervisors will be trained in August 2022.
- Review the survey of skill matrix with all supervisors and developing a training plan to ensure competency and have sufficient competent staff for each testing method. Skill Matrixes per department will include NV State, CLIA, and SNHD Standards
- Review and update current Monthly QA report to improve the process of collecting the information.

- Ongoing QI RSO improvement project to see if one of the more problematic facilities will improve RSO ordering if website is tweaked and if additional training materials will help.
- Validation Plan Meetings on going for susceptibility testing of C. auris and Bacillus, Legionella water testing, microbiology media changes, and C. auris identification.
- Implement the new proposed organization structure in the early of January 2023. This proposed organization structure includes to create a new emergency response section and rename the COVID section as virology section.
- Prepare the budget plan for the implementation of ISO certify clinical health laboratory and prepare the ISO 15189 training proposal.
- Prepare to move Immunology instrument to the new laboratory and prepare to re-open the service on the middle of January 2023.
- Monitor the progressive of the new lab expansion project with facility management team and coordinate the meeting with other SNHD departments.
- Complete the Medical Examiner and Coroner Systems (CME) upgrade for Clark County Coroner Office.
- Working with NV HIE to improve eCR reporting.
- Working with UNLV to apply GIS technology for COVID-19 response.
- Continue to work with local healthcare providers and CDC to onboard eCRs.
- Implement Laboratory Response Network (LRN) interface to submit data to the LRN network with the CDC.
- Continue to maintain and enhance SNHPL LIMS system including Harvest security updates, SMTPS integration, and build a NSPHL/SNPHL Bi-directional orders/results interface
- Update SNHPL dashboard with Power BI deployment and integration
- Enhance the Syringe Vending Machine online sign-up project to accommodate a new medical vending machine.
- Continue to collaborate with universities (University of Washington and Yale university) on National Network of Sexually Transmitted Diseases Clinical Prevention Project and HIV/HCV coinfection case conferencing project.
- Collaborate with University of California San Diego on HIV/STD patient social network and genetic modeling project.
- Continue to enhance data warehouse to Integrate data from multiple mission critical systems to produce more data accessibility across the organization and enable interdepartmental analytics and visualization.
- Improve data interoperability across the district.
- Leverage COVID-19 automation technology for other disease notifications. Our first disease will be Chlamydia.
- Data migration from TriSano to Epitrax and implementation of Epitrax as a statewide system. Staff have completed two rounds of testing and provided feedback to the statewide implementation team. ODS and ACDC staff have attended numerous trainings in preparation for go live.
- Continue efforts through the DIIS trainer to create or identify enhancement trainings to build DIIS investigation skills.
- Working with 3rd party facilitator to finalize Community Health Improvement Plan (CHIP). This is expected to be presented to the Board of Health in November 2022 and PHAB in January 2023.
- Will work directly with a CBO to hire a homeless coordinator position to act as a liaison between SNHD DSC and the homeless services providers to improve their infectious disease detection including covid, enhance their testing plans, and response to outbreaks.
- Expand and enhance the outbreak response team by adding additional training and tools within the new Surveillance System Epitrax and hiring DDCCS II's with more flexibility to work on response regardless of the disease type or name.
- Improve efficiency in receiving communicable disease reports, by increasing provider use of online morbidity report portal to decrease manual entry and improve overall response time to disease investigation/response
- Implement new surveillance system Epitrax and modify outbreak workflows to improve response to reported clusters and outbreaks.

- Add DDCS and DIIS positions to ODS/ACDC teams to allow for more flexibility in responding to emergence public health threats and disease.
- Working to secure new funding to enhance disease surveillance efforts.
- Public Health Infrastructure Project- solidify budgets, workplans and evaluation plans
- Revise the Child Care Regulations
- Expand the Aquatic Health Operations program into two offices
- Revise the Aquatic Facilities Regulations
- Train Staff and industry on the 2023 Food Regulations
- Participate in National Association of County and City Health Officials (NACCHO) mentorship program
- Continue with the Food Safety Culture study; this year we will conclude the interviews and surveys from industry
- Launch SNHD's Certified Food Protection Manager (CFPM) training program
- Start inspections for facilities with Hazard and Critical Control Point (HACCP) plans
- Coordinate more combined unpermitted food vending investigations with other agencies
- Expand outreach and provide education on the illegal dumping program
- Revise the Public Accommodation Regulations
- Prepare the 2022 Mosquito Disease Surveillance Report and archive 2022 trapping data
- Work with EH leadership and Finance to submit the 2023 ELC Grant application
- Develop strategies to expand Aedes aegypti specific surveillance
- Develop long-term sustainable funding for Legionella investigations
- Have two staff pass the Environmental Protection Agency (EPA) Lead Risk Assessor Certification Exam
- Work with other agencies/jurisdictions on a septic system conversion program
- Conduct groundwater testing in partnership with the Southern Nevada Water Authority (SNWA) to improve the accuracy of groundwater quality data
- Revise the Individual Sewage Disposal System Regulations
- Continue to work with local jurisdictions so that new construction applications are submitted to SNHD before construction begins
- Address deficiencies with the Preventive Medicine Residency Program.
- Implement eClinicalWorks vaccine administration management system, replacing the existing state-supported platform.
- Develop and implement long-term plans for COVID-19 vaccination.
- Optimize and expand services at the Fremont Public Health Center
- Build the Behavioral Health clinic at Decatur and enhance services
- Build dental operatories and develop Oral Health program at Fremont Public Health Center
- Complete the Services Area Competition for ongoing HRSA funding
- Increase the number of unique patients serviced
- Enhance health center marketing interventions



DATE: January 26, 2023

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

COVID-19 Update

COVID-19 Vaccine

Following the FDA's and CDC's expanded authorization and recommendation for use of updated (bivalent) COVID-19 vaccines in children ages 6 months through 5 years, the Southern Nevada Health District began offering the vaccine for this age group in all [SNHD COVID-19 clinics](#) in December.

Moderna: Children ages 6 months to 5 years who previously completed their primary series are eligible to receive a Moderna bivalent booster 2 months after their final primary series dose.

Pfizer: Children ages 6 months through 4 years who are currently completing a Pfizer primary series will receive a Pfizer bivalent vaccine as their third primary dose.

Up-to-date information about COVID-19 resources and SNHD community clinics is available at www.SNHD.info/covid.

COVID-19 Self-test Kit Vending Sites

On December 12, SNHD announced three new COVID-19 self-test kit vending machines were operational in Clark County, further improving access to this vital tool for mitigating transmission of the virus. SNHD partnered with the City of Las Vegas and the Regional Transportation Commission (RTC) to install COVID-19 at-home test kit vending machines at the East Las Vegas Community Center and the South Strip Transit Terminal, respectively. The third additional machine was installed at the Fremont Public Health Center, operated by SNHD. Three other machines were installed previously at locations in Las Vegas, Mesquite and Laughlin.

The at-home antigen test kits are free. People who want to access the machines must register at www.snhd.info/testkit. A PIN, issued once registration is completed, allows people to access any of the Southern Nevada vending machines and receive up to five tests per month.

The vending machine initiative is funded through support from the Centers for Disease Control and Prevention's national initiative to address COVID-19 health disparities among populations that are at high risk for infection and who are underserved, including minority and rural communities.

Testing continues to play a key role in identifying infected individuals and helping to prevent further person-to-person transmission of COVID-19. Testing also allows infected people to seek and start

treatment earlier when it is most effective at preventing severe disease. Test results for at-home tests are available within minutes. If a positive test result is received, people are advised to self-isolate for at least five days after the test date. If there are no symptoms of illness, a person can leave isolation after five days but must wear a mask around other people for five more days. If a fever develops, isolation must continue until the fever goes away. More details about what to do after a positive COVID-19 test, are available on the CDC's [Quarantine and Isolation](#) page. Additionally, the SNHD website offers up-to-date, online information and resources on COVID-19 testing and vaccine clinic locations. Visit www.snhd.info/covid.

The three additional COVID-19 self-test kit vending machine sites are located at:

East Las Vegas Community Center

250 N. Eastern Ave., Las Vegas 89101

RTC South Strip Transit Terminal

6675 Gillespie St., Las Vegas 89119

Southern Nevada Health District Fremont Public Health Center

2830 E. Fremont St., Las Vegas 89104

RSV

In 2022, 5,602 cases of RSV were reported in Clark County. A total of 1,171 cases were reported in October 2022, with cases peaking in November at 2,318 and 967 cases being reported in December. The total number since Oct. 1 is 4,456. As of Jan. 19, 2023, 230 cases of RSV have been reported, a trend similar to January 2022. The age distribution of cases is:

- 0-4 years of age – 68%
- 05-17 years of age – 7%
- 18+ years of age – 25%

No deaths due to RSV have been reported in Clark County. SNHD provided information to the public advising them that while most people who get RSV will recover in a week or two, it can cause more serious illness in infants less than 6 months of age, children under the age of 2, and older adults with underlying health conditions such as asthma or congestive heart failure. There is no vaccine, and treatment consists of managing symptoms. RSV is a seasonal virus that typically peaks in winter, and the Centers for Disease Control and Prevention (CDC) noted its pattern of circulation, as well as that of other seasonal respiratory viruses, had been disrupted since the start of the COVID-19 pandemic.

Influenza Surveillance

In Clark County, for the season as of January 7, 2023, there have been 649 influenza-associated hospitalizations and 29 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for influenza-like-illness (ILI) decreased from 7.3% in week 52 to 4.8% in week 01. Approximately 41.2% of area emergency department and urgent care clinic visits for ILI were made by children 0-17 years of age, which was higher than week 52 (39%). Influenza A has been the dominant type circulating. Nationwide, during week 01, seasonal influenza activity continues but is

declining in most areas. Among the 55 states/jurisdictions, the ILI activity level in Nevada decreased from moderate to low. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older. SNHD will continue to update the public on the progression of the influenza season and encourage vaccination for everyone 6 months and older. Flu vaccines are available at [SNHD clinics](#) as well as doctors' offices and pharmacies throughout Clark County.

World AIDS Day

SNHD commemorated World AIDS Day with community partners on December 1, 2022. The theme was *Putting Ourselves to the Test: Achieving Equity to End HIV*, and the aim was to encourage people to unite globally with the goal of eliminating disparities and inequities that create barriers to HIV testing.

In the past 40 years, more than 32 million people around the world, including 700,000 in the United States, have died from AIDS-related illnesses. In Clark County, more than 11,000 people are living with HIV and 441 were newly diagnosed in 2021. People who are at risk of HIV but do not have it can take a daily pill called PrEP, which is highly effective at preventing HIV. SNHD has prescribed PrEP to more than 1,411 patients.

In Southern Nevada, SNHD is focused on four areas:

- **Diagnose** all people with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

World AIDS Day events included:

- SNHD's Office of Disease Surveillance and Stigma Reduction Team participated in a Community Health Vendor Fair hosted by The Center. Speakers included District Health Official Dr. Fermin Leguen, Dr. Lealah Pollock of the University of California San Francisco and Well Project Program Manager Ciarra Covin. Community member Maria Montes also discussed her HIV advocacy efforts.
- SNHD and Delta Sigma Theta Sorority offered Rapid HIV testing at Boulevard Mall. Testing was offered in the SNHD L2A Mobile Testing Unit.

Additional activities included:

- SNHD offered Rapid HIV testing options including HOME HIV test kits. The program, [Collect2Protect](#), allows users to conveniently and privately order an at-home HIV test kit for free and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee.
- Express Testing was also available at SNHD's main public health center, 280 S. Decatur, Las Vegas.

All Saints Sexual Health Clinic

All Saints Episcopal Church and SNHD's All Saints Sexual Health Clinic celebrated the clinic's first anniversary this past December. The clinic opened on Dec. 1, 2021. The free, public event featured community partners including the Just One Project (providing on-site food distribution), R.E.A.C.H., The Center, SNHD's Linkage to Action Mobile Outreach Unit, and eligibility specialists and Ryan White Program representatives from the Southern Nevada Community Health Center. Free flu shots were also available for attendees.

The All Saints Sexual Health Clinic provides sexual health and immunization services to community members at the All Saints Episcopal Church campus. This clinic has served as a model for how health departments can engage non-traditional partners to address health inequities and improve health outcomes. The clinic plays an important role in the community, offering services that include testing for HIV and STDs, pre-exposure prophylaxis (PrEP) to prevent HIV infection, telehealth visits with an SNHD provider, sexual health education and condoms. Services are available by appointment; clients can call (702) 759-1700.

Community Meetings

Week ending 12/25:

N/A

Week ending 12/18:

Bi-weekly (every two weeks):

- Attended the Mpox Briefing facilitated by the HHS Office of Intergovernmental and External Affairs (IEA)

Monthly:

- Participated in the Monthly County Health Officers meeting

Professional Development/Conferences/Webinars:

- Attended the "COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines" webinar facilitated by Clinician Outreach and Communication Activity (COCA)
- Attended the "Strategic Planning: Preparing in Times of Uncertainty" webinar facilitated by Capital Link

Ad-hoc Meetings:

- Participated in the Elevate Year in Review with the National Association of Community Health Centers (NACHC)
- Participated in a meeting regarding EpiTrax with state representatives
- Participated in a meeting with Nancy Bowen (NVPCA)

Week ending 12/11:

Weekly:

- Attended the Respiratory Syncytial Virus (RSV) Stakeholder Briefing facilitated by the HHS Office of Intergovernmental and External Affairs (IEA)

Monthly:

- Participated in the Big Cities Health Coalition (BCHC) Monthly Members meeting

Professional Development/Conferences/Webinars:

- Attended “An Introduction to the Urban Health Agenda and Discussion on Interagency Collaboration with Anneta Arno, Director of the Office of Health Equity at the District of Columbia Department of Health” facilitated by the Big Cities Health Coalition (BCHC)
- Attended the “Research Seminar Series: Building, Registering and Publishing Protocols for Evidence-Based Research” webinar facilitated by the Kirk Kerkorian School of Medicine at UNLV – Office of Research
- Attended the “Health Career Connection – Summer Inters” webinar facilitated by the Big Cities Health Coalition (BCHC)

Ad-hoc Meetings:

- Attended a CDC Telebriefing: Update on Respiratory Disease Circulation
- Participated in a site visit of the Decatur location with Dr. Matthew Bonello
- Attended the Refugee Providers Meeting and Local Consultation meeting facilitated by the Catholic Charities of Southern Nevada
- Participated in the Orientation Call for OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (PHI Grant)

Week ending 12/04:

Weekly:

- Attended the Monkeypox Briefing facilitated by the HHS Office of Intergovernmental and External Affairs (IEA)

Quarterly:

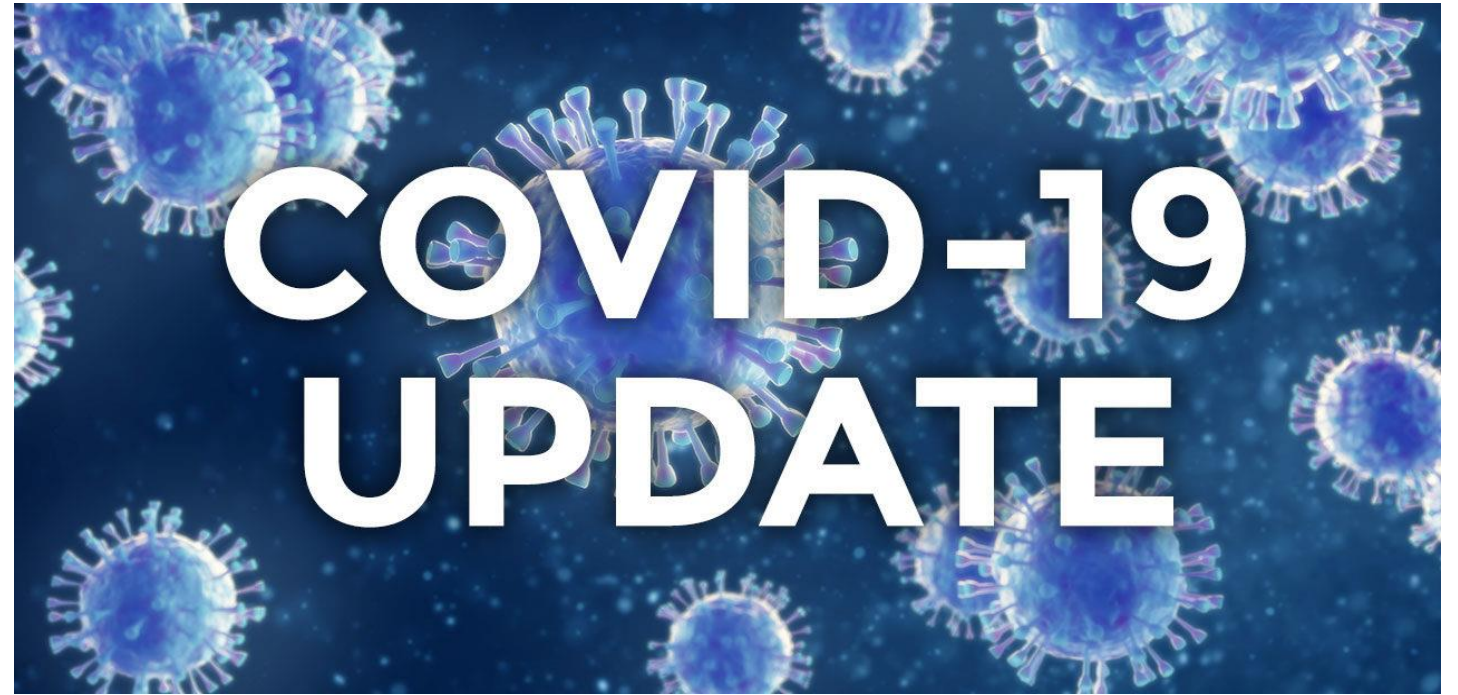
- Participated in the Nevada State Board of Health meeting

Media/Interviews/Panelist/Presenter:

- Speaker at the World AIDS Day Event at The Center

Ad-hoc Meetings:

- Participated in a meeting with representatives from Clark County and the hospitals regarding hospital staffing shortages due to RSV
- Participated in a follow-up meeting with representatives from Clark County and the hospitals regarding hospital staffing shortages due to RSV
- Participated in a meeting with Tim Robb, Governor’s Office, regarding RSV



MATTHEW KAPPEL, MPH
SENIOR EPIDEMIOLOGIST

Division of Disease Surveillance & Control

January 26, 2023

Community Transmission

	01/17/2023	01/18/2023	01/19/2023
COVID Positive Test Rate (7-Day Average)	15.4%	14.8%	14.3%
New cases per 100,000 population per 7 days	25.5	24.5	23.2

Testing and Vaccination Status

	01/17/2023	01/18/2023	01/19/2023
Persons tested per 1,000 population per 7 days	3.3	3.3	3.3
% Population 16 Yrs and Older that Initiated Vaccination	85.0%	85.0%	85.0%

Community Level

	01/17/2023	01/18/2023	01/19/2023
New COVID admissions per 100,000 population per 7 days	6.3	6.6	6.8
% Inpatient beds used by COVID patients (7-Day Average)	3.2%	3.2%	3.2%
% ED visits due to COVID (7-Day Average)	2.9%	2.8%	2.8%

RISK METRICS

SNHD COVID-19 DASHBOARD: CASES

Summary

Dashboard updated on:
January 25, 2023

Data as of: January 23, 2023

Total Confirmed Cases:
597,341 (25767.7 per 100K)

Total Reinfection Cases:
30,422

Total Probable Cases:
41,813 (19.3 per 100K per 30-Day Period)

Probable Cases (14 Day Average):
9

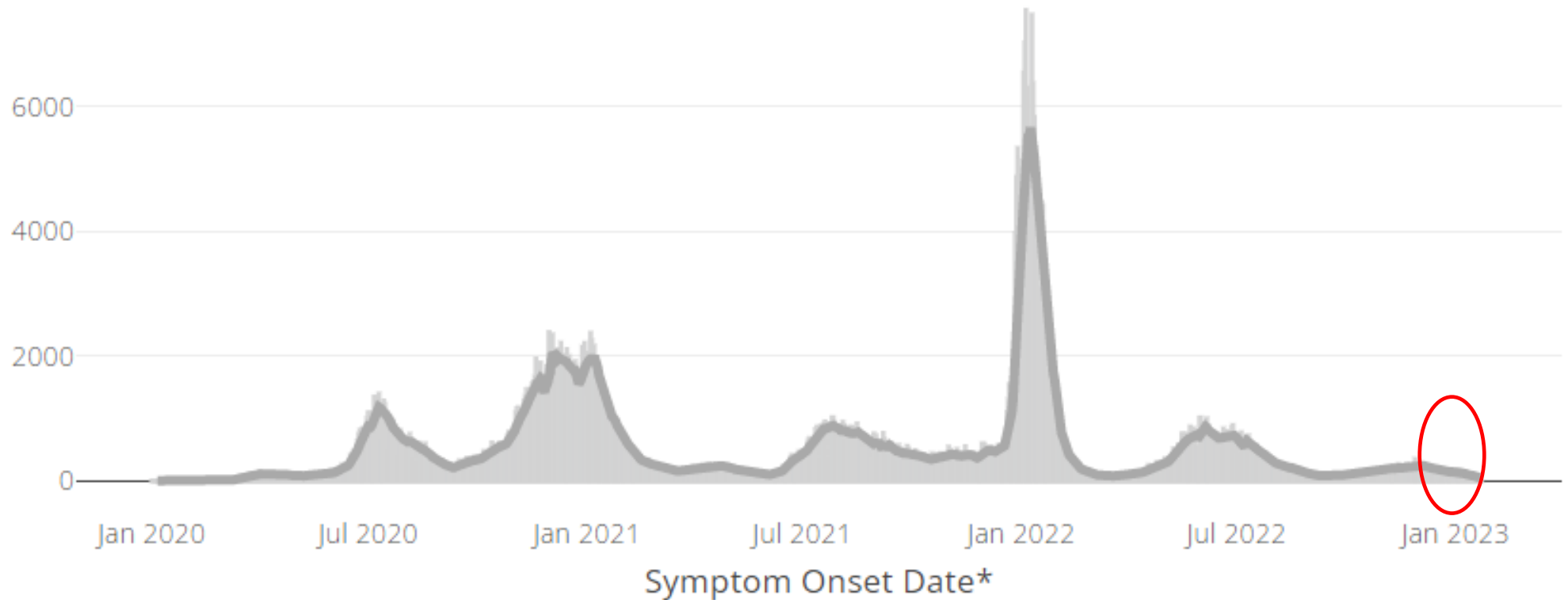
Multisystem Inflammatory Syndrome in Children (MIS-C) Cases:
115

Total Hospitalizations:
29,629 (1278.1 per 100K)

Total Deaths:
9,284 (400.5 per 100K)

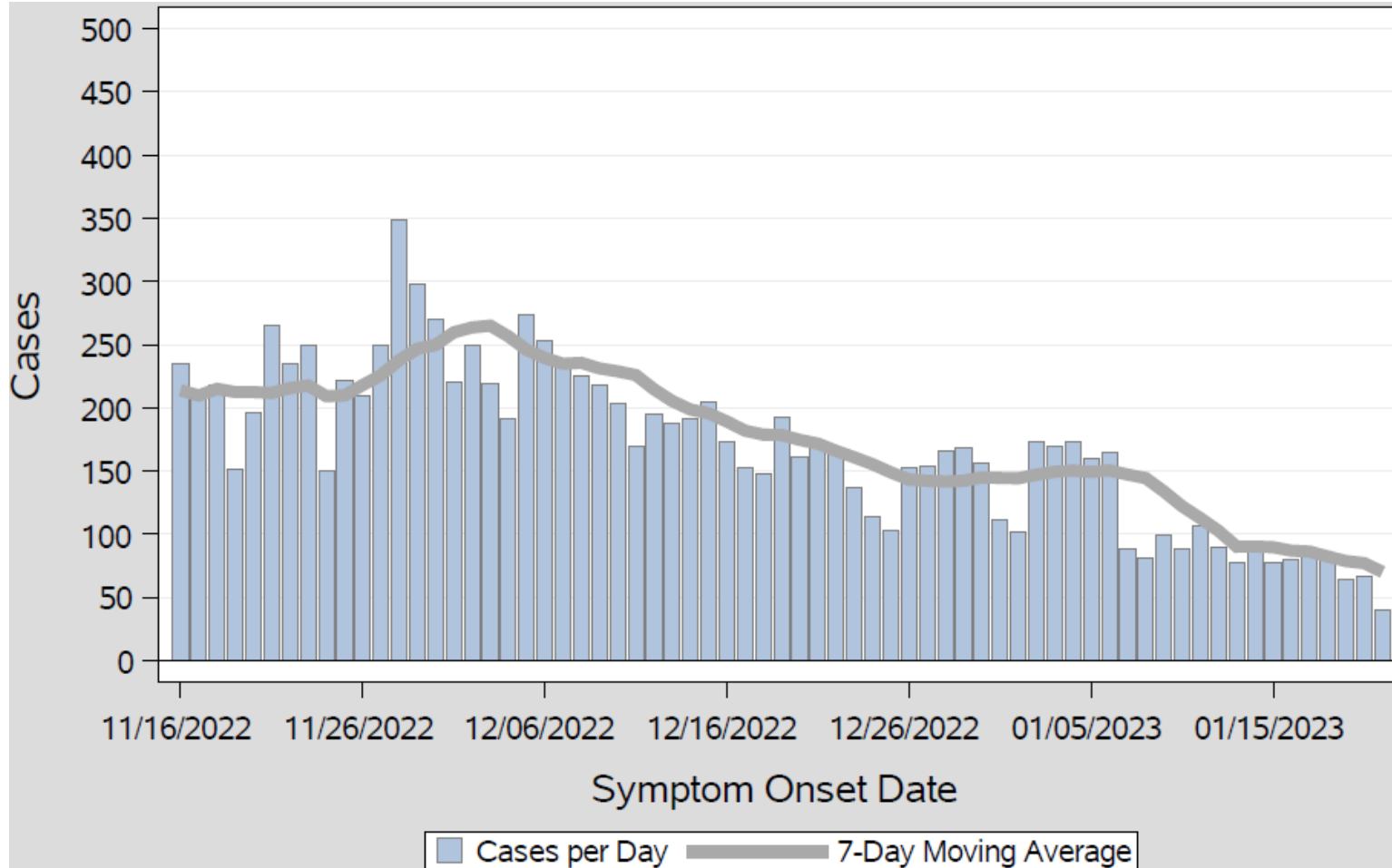
Cases Reported in Last 7 Days:
643 (27.7 per 100K)

Daily COVID-19 Confirmed Cases Clark County, NV



<http://covid.southernnevadahealthdistrict.org/data/>

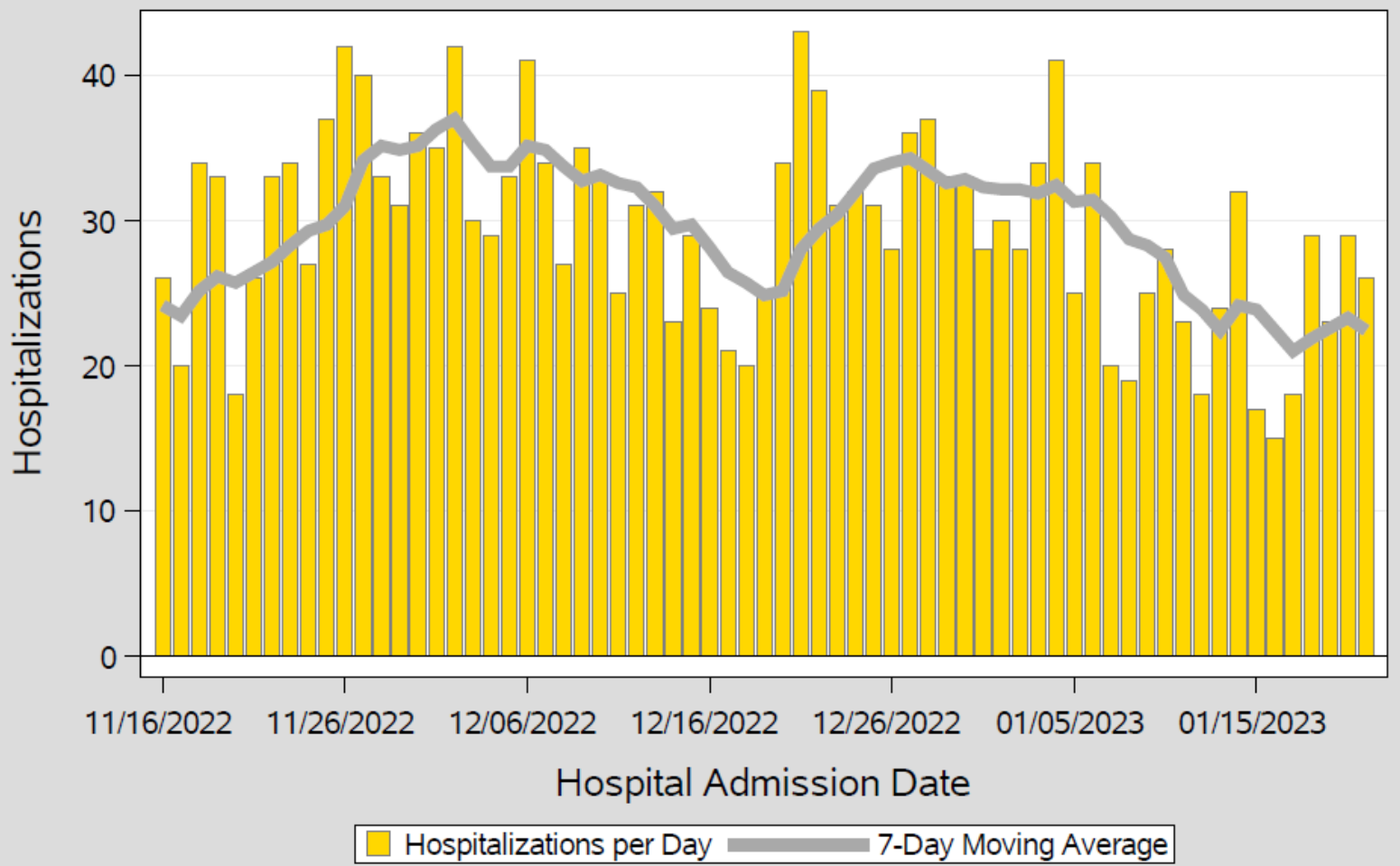
COVID-19 Cases per Day, Clark County, Nevada



Data as of Jan 25th

COVID-19 CASES
RECENT TRENDS

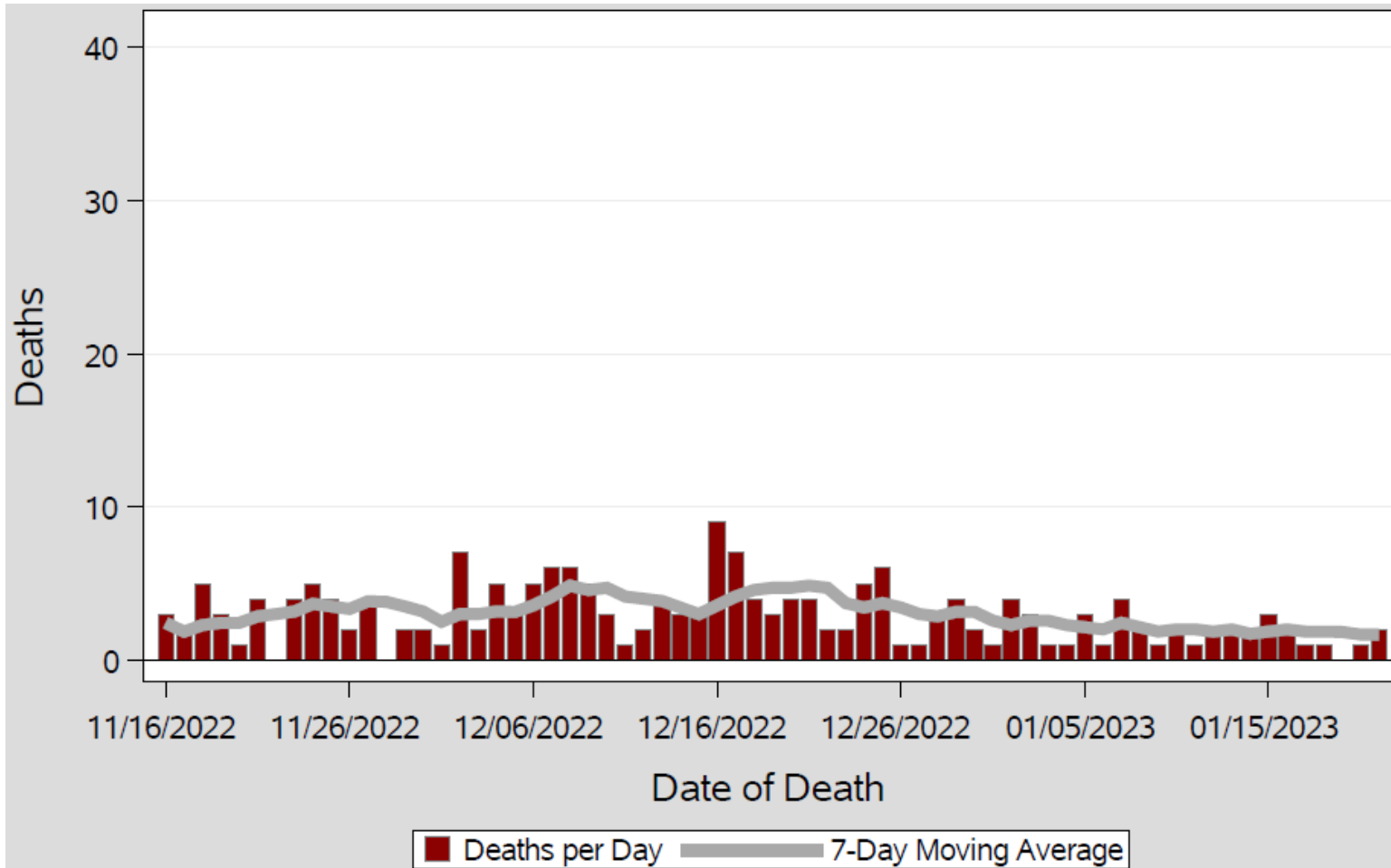
COVID-19 Hospitalizations, Clark County NV



Data as of Jan 25th

COVID-19
HOSPITALIZATION
RECENT TRENDS

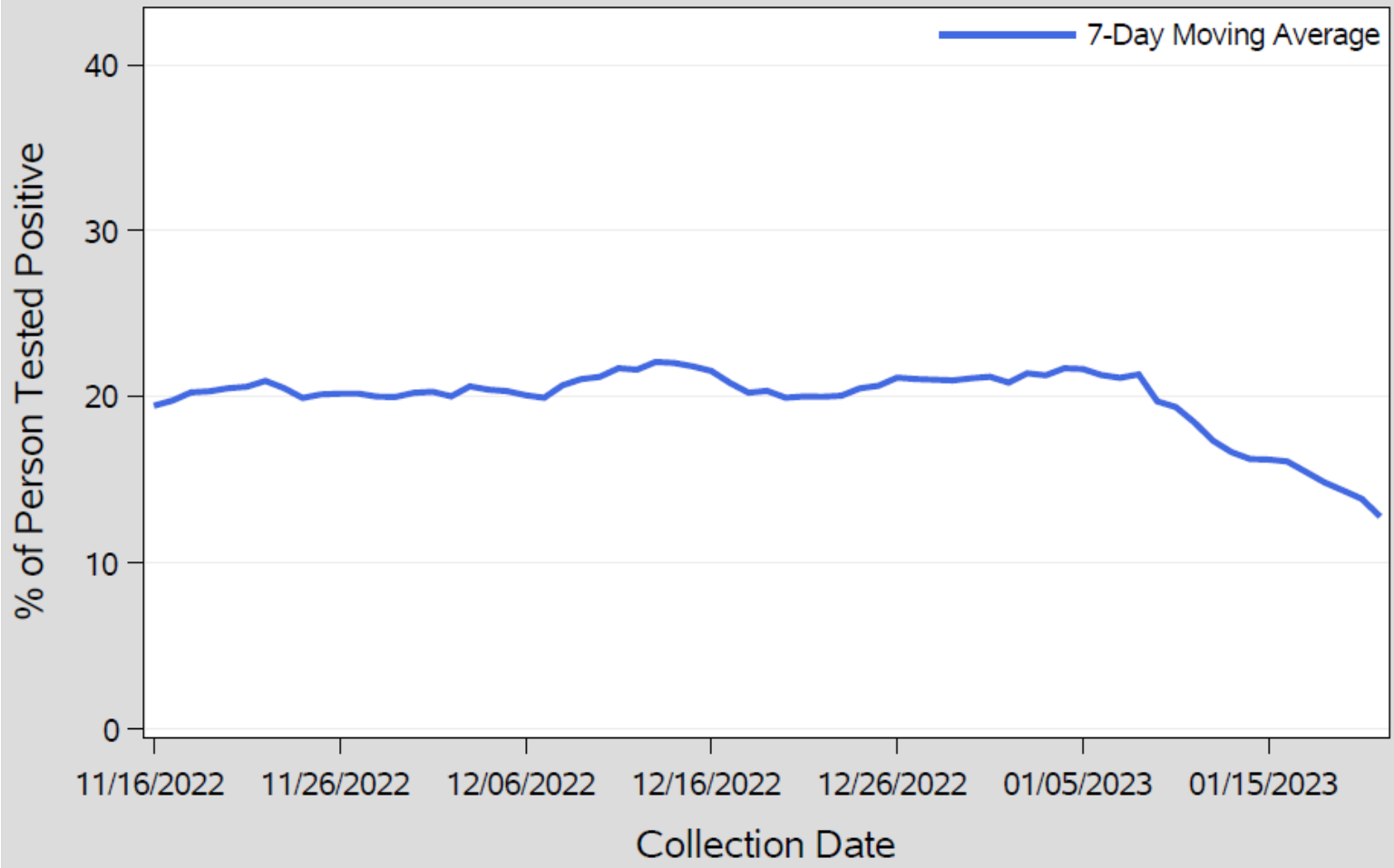
COVID-19 Deaths per Day, Clark County, NV



Data as of Jan 25th

COVID-19 DEATHS
RECENT TRENDS

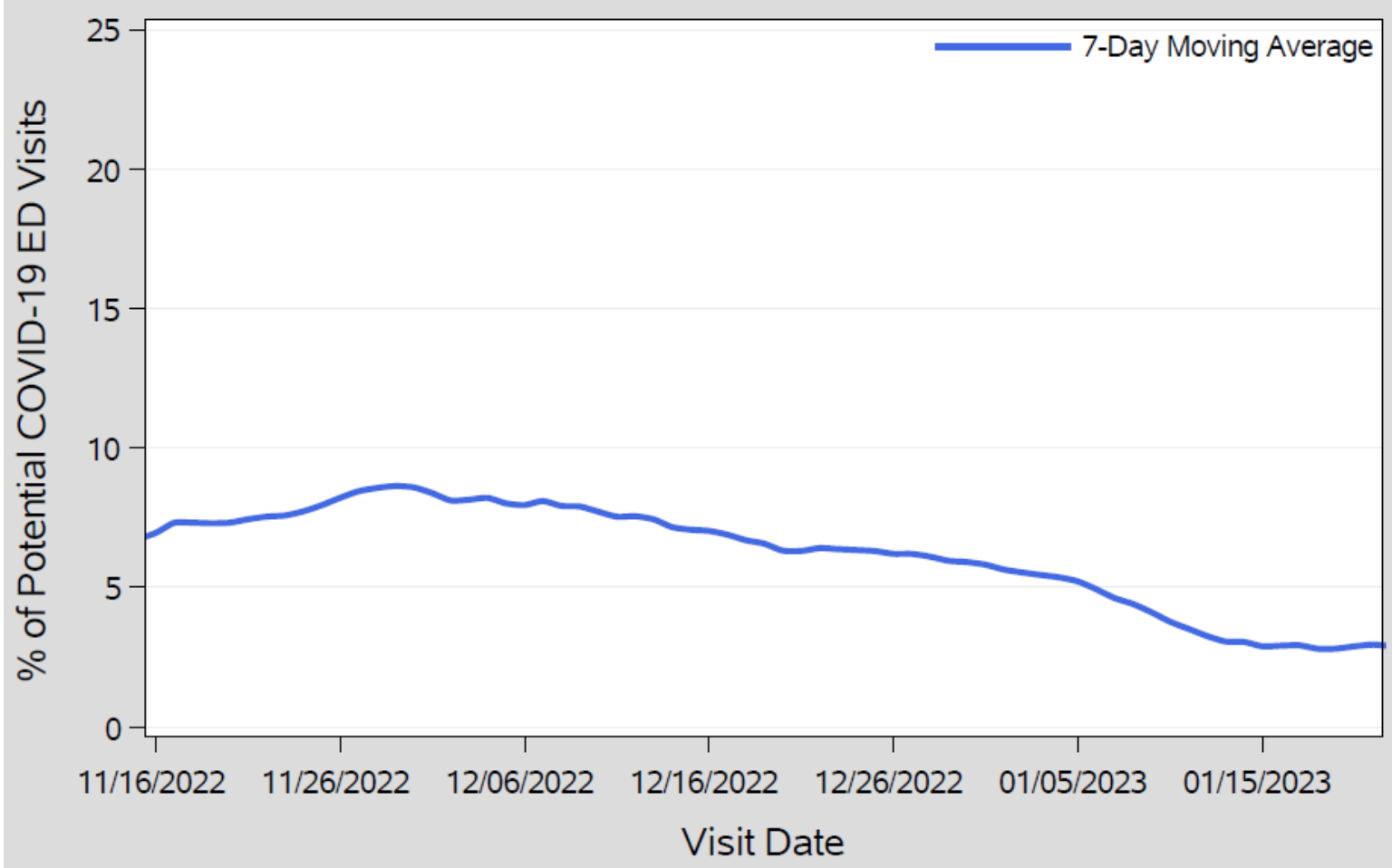
Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results



Data as of Jan 25th

COVID-19 VIRAL TESTS

Syndromic Surveillance: Percent of ED Visits Potentially Related to COVID-19



Data as of Jan 25th

**SYNDROMIC
SURVEILLANCE**

INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

Case Investigations and Contact Tracers

ELC CT Staff: 31 in house

- Priority COVID investigations including outbreaks and school support team
- Conduct COVID-19 testing and sample collection:
 - Community testing sites
 - Facilitating Covid Rapid Antigen Test kit distribution to CBO's serving the underserved and minority populations.
 - Three CSN testing sites
 - METS clinic at SNHD (support staff coverage as needed)
 - Strike team response for onsite testing for suspected clusters or outbreaks as needed

100 contracted CTs on original team; contract extended through March 2023.



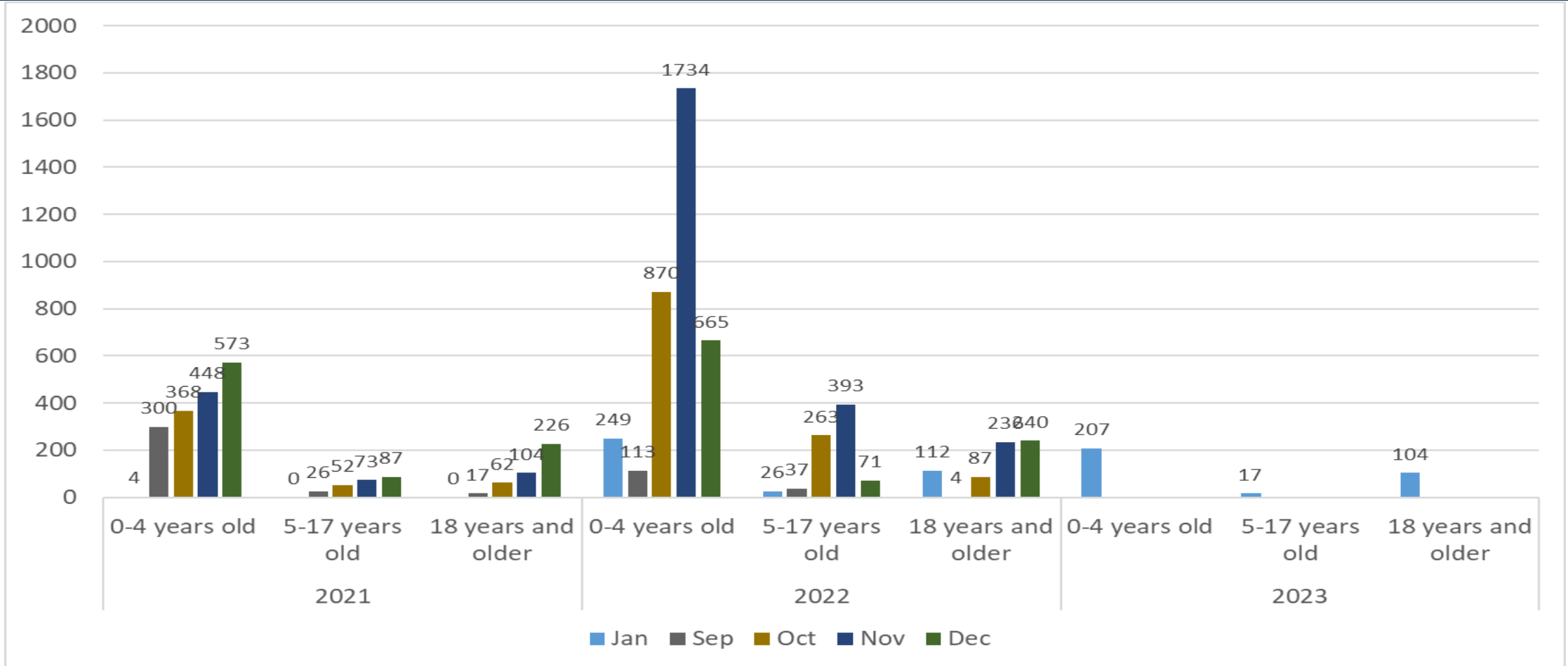
RSV Update

MATTHEW KAPPEL, MPH
SENIOR EPIDEMIOLOGIST

Division of Disease Surveillance & Control

January 26, 2023

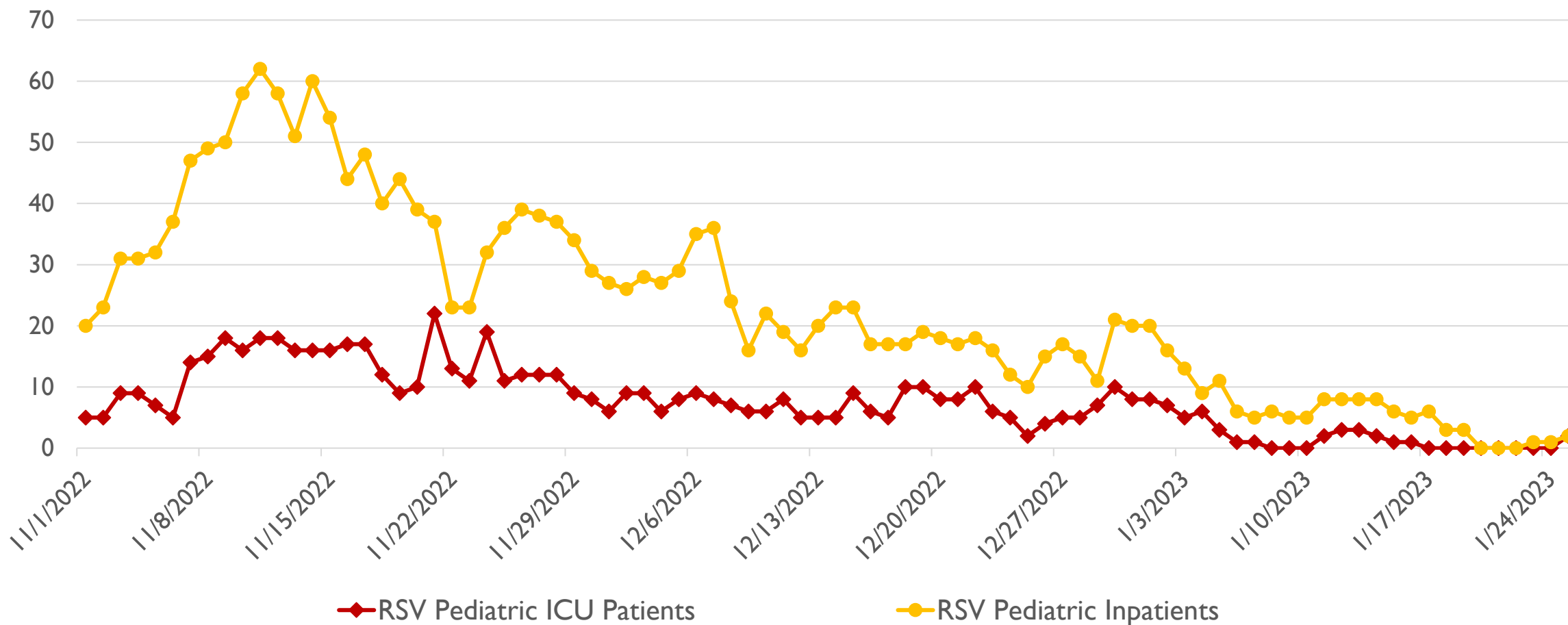
NUMBER OF RSV CASES BY AGE GROUP AND MONTH



Data Source: SNHD disease surveillance data

Note: November/December 2022 and January 2023 data are preliminary and subject to change

PEDIATRIC RSV HOSPITALIZATIONS



Data Source: Nevada Hospital Association

Questions



MEMORANDUM



Date: January 26, 2023
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Subject: **Administration Division Monthly Report – November 2022**

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Executive Summary

In summary, all the departments continue to see an increase in activity and outreach. The Office of Communications issued seven News Releases and responded to several media requests for interviews/statements from staff, mainly on flu hospitalizations/deaths, consumption of certain raw oysters, public health vending machines, bivalent COVID-19 vaccine, RSV, and other topics. As of November 25, 2022, the Health District had 772 active employees, with a total number of vacancies of 15.4 FTEs and a total number of positions in recruitment of 28 FTEs. The Human Resources Department arranged 35 interviews, extended 19 job offers and successfully completed 10 new hires, including 9 promotions.

Office of Communications

News Releases Disseminated:

- November 29, 2022: First flu deaths of the season reported in Clark County
- November 29, 2022: Health District and partners to observe World AIDS Day

- November 21, 2022: Public health vending machine to be unveiled at Southern Nevada Health District
- November 16, 2022: Don't spend your holidays with COVID-19 and other respiratory viruses
- November 15, 2022: The Great American Smokeout is Thursday, November 17
- November 7, 2022: Health District warns of increase in RSV and other respiratory viruses
- November 2, 2022: November is American Diabetes Month

Press:

During November, public health topics in the media included:

- Flu hospitalizations and deaths
- Warning against consumption of certain raw oysters
- Public health vending machines
- Bivalent COVID-19 boosters
- Increase in cases of RSV and other respiratory illnesses
- Additional topics included a Listeria outbreak tied to enoki mushrooms; the Great American Smokeout; illegal dumping; and open enrollment for Nevada's health insurance exchange

Nearly 500 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in November. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at 202211-oc-media-report.pdf (southernnevadahealthdistrict.org).

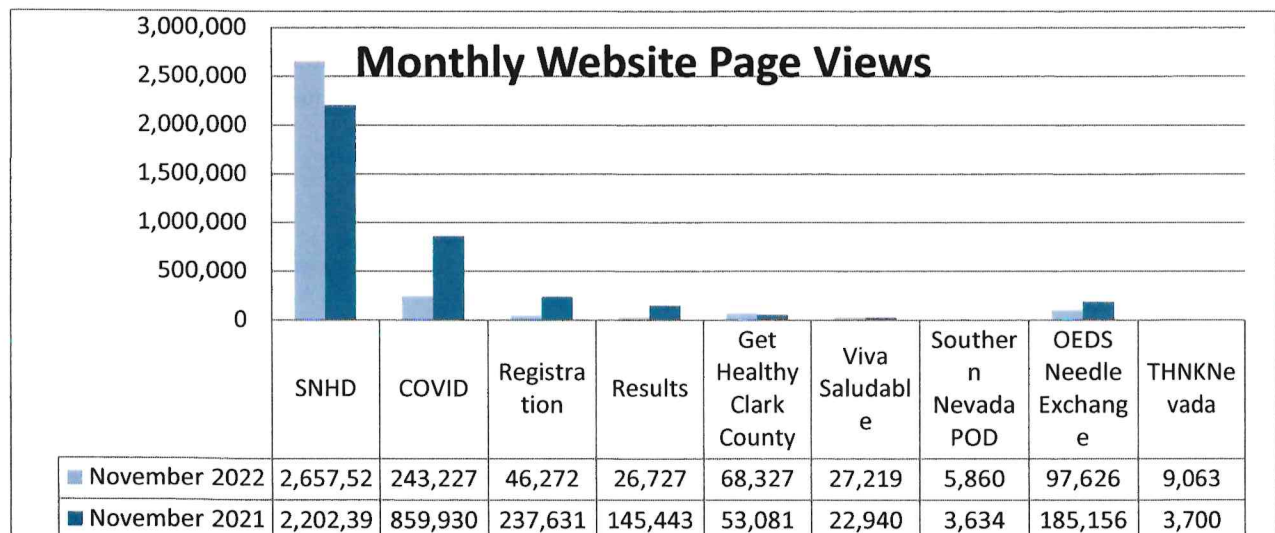
<https://media.southernnevadahealthdistrict.org/download/oc/202211-oc-media-report-revised.pdf>.

Media, Collateral and Community Outreach Services:

	Nov 2021	Nov 2022		YTD FY22	YTD FY23	
Media - Print Articles	59	36	↓	474	548	↑
Media - Broadcast stories	176	119	↓	1,317	989	↓
Collateral - Advertising/Marketing Products	55	46	↓	299	244	↓
Community Outreach - Total Volunteers ¹	7	7	=			
Community Outreach - Volunteer Hours	576	464	↓	2,580	2,457	↓

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

Monthly Website Page Views:



Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
November 1 - 30, 2022	23	12	52%	30

Facilities

Monthly Work Orders	Nov 2021	Nov 2022		YTD FY22	YTD FY23	
Maintenance Responses	146	224	↑	730	850	↑
Electrical Work Orders	8	2	↓	52	35	↓
HVAC Work Orders	4	10	↑	36	42	↑
Plumbing Work Orders	8	7	↓	36	28	↓
Preventive Maintenance	19	18	↓	103	100	↓
Security Responses	1125	2334	↑	5533	9426	↑

Finance

Total Monthly Work Orders by Department	Nov 2021	Nov 2022		YTD FY22	YTD FY23	
Purchase Orders Issued	424	381	↓	2224	2631	↑
Grants Pending – Pre-Award	11	3	↓	40	14	↓
Grants in Progress – Post-Award	15	16	↑	98	52	↓

* Grant applications created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

Grants Expired – November 2022						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State NV - ELC Enhancing Detection Supplemental HD17802 - COVID-19 (elcd2_20)	P-CDC	11/17/2022	\$53,439,508	end of performance period	250.77	SNHD has not been notified of carryover funds from the State.

Grants Awarded – November 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
NV Childhood Lead Poisoning Prevention amendment #1 (nclpp_22)	P-CDC	11/7/2022	9/30/2021	9/29/2023	\$50,000.00	Continued effort / Amendment #1	0.32

Grants Awarded – November 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State NV - TB - SG25998 Ukraine Supplemental Funds (UUTB_23)	P-CDC	11/1/2022	7/1/2022	12/31/2022	\$45,708.00	New effort	0.53
Nevada home Visiting TANF (nfptf_23)	P-ACF	11/2/2022	7/1/2022	6/30/2023	\$760,470	FY2023 renewal award	6.40
Office of Analytics National Violent Death Reporting System, (nvdrs_23)	P-CDC	11/22/22	9/1/2022	8/31/2023	\$147,782	FY2023 Renewal award	0.93
Supplemental Nutrition Assistance Program Education, Year 2 of 2 (snaped23)	P-USDA	11/7/2022	10/1/2022	9/30/2023	\$73,030	FY2023 Renewal award / auto-renew	0.60
Nevada Home Visiting Year 1 of 2 (nfp_23)	P-HRSA	11/1/2022	9/30/2022	9/29/2023	\$282,153	Continued effort/multi-year project	1.80
Substance Abuse M. Tuberculosis Prevention Program (saptb_23)	P-SAMHSA	11/29/2022	10/1/2022	9/30/2023	\$38,902	FY2023 Renewal award	0.30
Immunization influenza Vaccination (immflu23)	P-CDC	11/28/2022	7/1/2022	6/30/2023	\$116,141	FY2023 Renewal award	1.02
Nevada State Immunization Program COVID-19 Round 5, (immcv_23)	P-CDC	11/28/2023	7/1/2022	6/30/2023	\$1,892,888	Continued effort/round 5 award	1.02
Health Center Program, Year 4 (hcnap_23)		11/29/2022	2/1/2023	1/31/2024	\$724,500	Non compete continuation	65.38
Strengthening the Public Health Workforce	F-CDC	11/29/2022	12/1/2022	11/30/2023	\$22,889,114.00	Initial award amount, pending	53

Grants Awarded – November 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
(phia2_23 & phiad_23)						budget revision	

Human Resources

Employment/Recruitment:

- 0 New job titles for November
- 772 active employees as of November 25, 2022
- 10 New Hires, including 0 rehires and 0 reinstatement
- 3 Terminations, including 0 retirements
- 9 Promotions, including 2 Flex-reclass
- 0 Transfers
- 0 Demotion
- 43 Annual Increases
- 42 Evaluations received and recorded in One Solution
- Total number of vacancies: 15.4 FTEs
- Total number of positions in recruitment: 28 FTEs
- 35 Interviews
- 19 Offers extended (1 offers declined)
- 15 Recruitments posted
- Turn Over Rates
 - Administration: 1.32%
 - Community Health: 1.92%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.58%
 - Primary & Preventive Care: 1.63%
 - FQHC: 1.23%

Temporary Employees

- 66 Temporary Staff
- 1 New Agency Temporary Staff Member
- 2 Agency Temporary Staff Member assignment ended (1) canceled (0) resigned (0)
- 1 converted to SNHD Employee (0) Term (0)
- 33 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
- 17 temporary staff from Maxim with 1 pending positions open
- 14 temporary staff from Robert Half with 1 pending positions
- 1 temporary staff from Manpower with 0 pending positions
- 1 temporary employee from RPHontheGO with 0 pending positions

Benefits

- Nov & Dec will be on next month's combined

Employee/Labor Relations

- 0 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Termination, 0 Probationary Releases
- 0 Grievance
- 0 Arbitrations
- 10 hours of Labor Meetings (with Union)
- 40 hours Investigatory Meetings
- 2 Investigations
- 4 Complaints & Concerns
- 40 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 2

Administrative Activity

- Bilingual Process
- NEOGOV maintenance and configuration
- Procedural & communication updates
- Licensure updates
- NPDB Registration/Privileging Process
- Application & registration of Fremont Clinic location as an NHSC site
- ONESolution and Employee Information updates
- New Hire Processing - background checks, Onboarding Part One, new hire communications, create ID badges, and manage new hire packages
- Administration of performance evaluations, licensure updates, Annual Increase forms
- Provide Recruitment and Benefits team with administrative assistance
- Records and HR Forms Management
- SharePoint site maintenance
- Verifications of Employment
- Employee assistance, correspondence, and communication

Meetings

- ER/LR/Recruitment Team Meeting
- Strategic Training meetings with Departments – Recruitment
- NEOGOV Recruitment Meeting
- HR Team Meetings
- Privileging Process Meetings
- Monthly Case Updates with Pool Pack Attorneys
- Monthly JLMC Meeting
- SEIU Meetings
- Benefit Orientation
- IPMA Class Discussion

Projects/Other items:

- Chamberlain Job Fair
- LVCVA Job Fair
- IPMA HR Course
- Procedure documentation for privileging process

- Distributing prizes from HR's Halloween event
- Prepare for the Employee Service Awards
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- Memorandum of Agreement (MOA) re: Holiday Pay
- Notification to Union re: Holiday Pay and 4/10s schedule
- Leadership Training

Information Technology

	Nov 2021	Nov 2022		YTD FY22	YTD FY23	
Service Requests						
Service Requests Completed	930	1101	↑	4543	5319	↑
Service Requests Opened	963	1099	↑	4538	5420	↑
Service Requests Open over 30 days	135	105	↑	525	634	↑

Information Services System Availability 24/7

Total System	99.83	99.58	↓	99.90	99.52	↑
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Total Monthly Work Orders by Department

Administration	344	313	↑	1640	1676	↑
Community Health	179	271	↑	1030	1200	↑
Environmental Health	132	180	↑	553	759	↑
Clinical Services	275	337	↑	1320	1774	↑

First Call Resolution & Lock-Out Calls

Total number of calls received	963	1099	↑	4538	5420	↑
Number of first call resolutions	0	0	→	1	1	↓
Number of Lock-out calls	2	0	↓	15	0	↓

Appendix A – Office of Communications

Informational Products, Campaigns and Collateral Materials:

- Advertising activities focused on the rollout of the Get the Facts, Get the Vax advertising series in support of the ongoing Arm in Arm COVID-19 campaign. Advertisements for print media, outdoor, web, and in-store displays like hand sanitizer stations were produced. Flyers and collateral material supporting flu, COVID-19 and mpox clinics were created to support program activities.
- Print collateral materials produced included a community resource manual for Health Equity, and ongoing materials supporting Office of Chronic Disease Prevention and Health Promotion programs.
- Social media included Arm in Arm Thanksgiving themed posts, COVID-19 vaccination and testing clinics updates, mpox clinic and second dose posts, Vax Facts and more, Opportunity Village Magical Forest Arm in Arm sponsorship posts and more.
- Website postings and updates included public meetings, influenza surveillance reports, mpox and COVID-19 updates and general client and public information.
- Video and photography activities included Board recognitions and Tobacco Control program activities.
- Staff conducted ongoing website updates supporting public meetings, influenza surveillance notices, and general client and public information.

Community Outreach:

- November 22, 2022: COVID 19 vaccine flyer distribution (La Tapatia, Mision y Compromiso)
- Arm in Arm Campaign Activities:
 - November 4-6, 2022: Dia de los Muertos — Las Vegas Springs Preserve
 - Opportunity Village Magical Forest
 - Arm in Arm-branded tree on display Nov. 25-27, Dec. 1-4, Dec. 8-11, Dec. 15-31, 2022
 - UNLV Athletics
 - Arm in Arm sponsorship and marketing campaign with branded collateral the began running week of November 7. The sponsorship includes: In-Game Video Board Commercial; Radio Spot; Portal Signs; LED Scorer; LED Fascia; Fan365 Digital Banners (Winter)
 - Henderson Silver Knights, Golden Knights, IGNITE sponsorship
 - Empowered, Embodied, and Engaged Event
 - CSN North Las Vegas Campus — November 2, 2022
 - Campus Life Luncheon
 - CSN North Las Vegas Campus — November 10, 2022
 - 32nd Street #Majorsmatter — November 17, 2022
 - Blessed Giving at Pearson Community Center — November 21, 2022

Community/ Partner Meetings and Events of Note:

- November 1, 2022: Nevada Health Link Open Enrollment Kick-off Press Conference and Health Fair
- November 9, 2022: SNHD COVID-19 Arm in Arm Bi-Weekly meeting
- November 9, 2022: Accreditation Part 2 meeting
- November 15, 2022: CDC-CDPH Joint COVID-19 Misinformation briefing
- November 17, 2022: SNHD Arm in Arm Quarter One Planning Meeting
- November 21, 2022: CDC STLT Update call
- November 23, 2022: SNHD COVID-19 Arm in Arm Bi-Weekly meeting
- November 28, 2022: United Way Meeting- Junta Comunitaria Sector Social
- November 29, 2022: EPIC Webinar: Flu, RSV, COVID-19 and other Respiratory Threats this Fall and Winter

- November 29, 2022: Monkeypox Community Partner Collaboration meeting
- November 30, 2022: CDC/NPHIC Monthly Communication call
- November 30, 2022: Safety Monitoring SCSEP/Equus Workforce meeting

Social Media Services		Nov 2021	Nov 2022		YTD FY22	YTD FY23
*Facebook SNHD	Likes/Followers	12,136	13,088	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6,290	6,108	↓	N/A	N/A
*Facebook SHC	Likes/Followers	1,711	1,637	↓	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5,638	5,501	↓	N/A	N/A
*Facebook SNHD THNK Project	Likes/Followers	48	44	↓	N/A	N/A
*Facebook Food Safety	Likes/Followers	100	121	↑	N/A	N/A
*Instagram SNHD	Followers	3,590	4,027	↑	N/A	N/A
*Instagram Food Safety	Followers	526	524	↓	N/A	N/A
*Twitter EZ2Stop	Followers	437	433	↓	N/A	N/A
*Twitter SNHDflu	Followers	1,902	1,885	↑	N/A	N/A
*Twitter Food Safety	Followers	91	97	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	345	343	↓	N/A	N/A
*Twitter SNHDinfo	Followers	10,198	10,393	↑	N/A	N/A
*Twitter TuSNHD	Followers	330	342	↑	N/A	N/A
*Twitter THNK/ UseCondomSense	Followers	721	708	↓	N/A	N/A
*Twitter SoNVTraumaSyst	Followers	129	130	↑	N/A	N/A
YouTube SNHD	Views	45,556	88,180	↓	430,487	272,450
YouTube THNK/UseCondomSense	Views	289	245	↓	1,299	1,273

*Facebook, Instagram and Twitter numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – October 29 to November 11, 2022

PAYROLL EARNINGS SUMMARY
October 29, 2022 to November 11, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurring Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 327,269.70	\$ 7,947,321.80	\$ 3,402,848.20	\$ 10,370,400.00	33%	
ENVIRONMENTAL HEALTH	\$ 545,021.71	\$ 12,334,237.49	\$ 5,572,797.91	\$ 14,404,469.00	39%	
COMMUNITY HEALTH	\$ 318,626.13	\$ 7,685,554.16	\$ 3,426,955.86	\$ 9,377,765.00	37%	
DISEASE SURVIELLANCE & CONTROL	\$ 395,652.95	\$ 8,651,550.14	\$ 3,998,805.15	\$ 12,188,879.00	33%	
FQHC	\$ 219,623.62	\$ 4,364,303.35	\$ 2,123,749.76	\$ 6,478,743.00	33%	
ADMINISTRATION W/O ICS-COVID	\$ 386,713.57	\$ 9,016,079.19	\$ 4,096,097.27	\$ 10,026,217.00	41%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,192,907.68	\$ 49,999,046.13	\$ 22,621,254.15	\$ 62,846,473.00	36%	38%
FTE	772					
Regular Pay	\$ 1,776,953.51	\$ 40,773,828.19	\$ 18,333,412.17			
Training	\$ 11,322.20	\$ 221,264.35	\$ 113,555.51			
Final Payouts	\$ 1,713.65	\$ 1,001,919.76	\$ 579,388.47			
OT Pay	\$ 15,630.99	\$ 518,474.42	\$ 264,570.30			
Leave Pay	\$ 366,482.45	\$ 6,677,765.58	\$ 3,066,643.18			
Other Earnings	\$ 20,804.88	\$ 805,793.83	\$ 263,684.52			
TOTAL	\$ 2,192,907.68	\$ 49,999,046.13	\$ 22,621,254.15			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
October 29, 2022 to November 11, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
KUAHWINUI-MCGUIRE, BRANDON		3.00	84.92			
MASTERS, CHRISTOPHER		8.75	254.89			
THEDE, STACY		1.00	29.13			
URENA, MAITE		0.50	14.15			
ARRIAGA, JOCELYN		4.50	156.60			
TAITANO, KYOMI		5.00	161.40			
UBANDO, MARJORIE K		13.25	611.36			
SILVA MINNICH, ROSANNA		4.00	238.32			
VIOTE, JORGE		5.00	313.43			
Total Administration		45.00	1864.20		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
SMITH, SHARDA	CVDOC_21	6.00	225.72	ANDRADE, JESSICA N	2.25	49.57
Total Community Health Services		6.00	225.72		2.25	49.57

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
DELARMENTE, JOANNAH	FP_22	1.00	62.69			
DELGADO, DIANA		7.50	424.69			
DIAZ, MICHELLE I		0.50	18.81			
MANALOTO, XCELZA		0.25	15.26			
NAITO, LANI	FP_22	0.50	14.15			
SERVANDO, MARIA CRISTINA		1.00	65.96			
VALDES AYALA, BEATRIZ	FPNV_23	1.00	36.62			
ANDERSON, RENITA		0.50	17.40			
DEL ROSARIO, EDNA		1.00	38.55			
LEE, MIRIAM	HCVD4_21	0.50	28.31			
MENDOZA, WENDY		3.00	94.28			
MORENO, LAURA J	HCNAP_22	3.00	101.84			
CUSTODIO, CHERIE	RWAADM22	8.00	333.24			
Total FQHC-Community Health Clinic		27.75	1251.80		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
MACIEL PEREZ, MARISOL	IMMEQ_22	2.75	126.89	HODGE, VICTORIA	0.38	11.54
MCTIER, CHIKA	IMMFLU23	6.25	391.78			
ROSSI BOUDREAU THIB, LESTER A	IMMFLU23	6.25	273.94			
SPRANCE GROGAN, CAROLYN S		10.00	537.30			
LITON, CELESTE M	STD_22	3.00	208.26			
ARQUETTE, JOCELYN M	IMMEQ_22	2.25	160.21			
ATENCIO, TONIA	IMMEQ_22	1.00	31.43			
BINGHAM, JULIE	IMMEQ_22	0.25	15.26			
WALKER, AMBER	IMMCD_22	22.50	803.93			
Total Primary & Preventative Care		54.25	2549.00		0.38	11.54

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BLACKARD, BRITTANIE		4.00	189.18	BROUNSTEIN, JODI	1.88	78.36
BROWN, TEVIN		12.50	520.69	CAVIN, ERIN M	10.88	454.47
BUCHER, BRADON		3.25	138.99	DIAZ-ONTIVEROS, LUZ	12.75	363.50
CUMMINS, YERONICA J		6.25	311.06	JONES, MALLORY	9.75	270.76
DIAZ-ONTIVEROS, LUZ		4.25	177.03	NAJERA, LUISA	3.75	104.14
FENG, YUZHEN		5.75	301.27	REYES, ABEGAIL	7.50	219.15
KAPLAN, KRISTOPHER		2.25	114.95	SABANDITH, VETAHYA	3.75	104.14
LETT, KENDRA A		12.75	721.97	SANDERS, JENNIFER C	1.88	57.68
LIZON, ANDREW		0.50	20.83	SANTIAGO, ANTHONY T	4.50	178.74
MICHEL, GUILLERMO		12.75	531.10	SHARIF, RABEA	1.13	41.34
MORALES, SAMANTHA		3.00	121.73	SRIPRAMONG, JACQUELINE	2.25	62.48
MORENO, KRISTINA N		1.50	78.59	WHITING, WILLANDRA C	6.00	220.50
PARANGAN, CHRISTOPHER D		10.00	510.90	WUBE, SABA	4.88	161.75
PIAR, DIANE M		7.25	420.97			
RAKITA, DANIEL		9.50	395.72			
RICH, VICTORIA		9.25	497.00			
SHEFFER, THANH V		6.00	348.39			
SOUTHAM, JACLYN		3.00	141.89			
SRIPRAMONG, JACQUELINE		3.50	144.72			
VALADEZ, ALEXIS		1.25	53.46			
WARD, JESSICA Y	FDILL_23	1.00	43.83			
WELLS, JORDAN		9.25	385.31			
DIPRETE, LAUREN K	FDILL_23	0.25	16.49			
NAVARRETE, GEORGE	FDILL_23	1.00	69.42			
JONES, ALEXANDRIA		3.00	124.97			
FRANCHINO, DOMINICK		6.50	396.83			
HALL, LATONIA V		12.75	721.97			
KURTTI, DONNA M		3.00	145.71			
SAKAMURA LOW, MIKI K		3.00	188.06			
COOPER, MARY J		15.50	679.37			
MARTENS II, GARY G		0.50	24.29			
Total Environmental Health		174.25	8536.69		70.88	2317.00

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
EWING, TABITHA L	HIVPRV22	8.00	453.00			
O'CONNOR, KELLI J	HIVPRV22	0.00	429.84			
YAMAMOTO, NINA	HIVPRV22	7.50	320.74			
Total Disease Surveillance & Control		23.50	1203.58		0.00	0.00
Combined Total		330.75	15630.99		73.50	2378.10

Appendix C – Finance – Payroll Earnings Summary – November 12 to 25, 2022

PAYROLL EARNINGS SUMMARY
November 12, 2022 to November 25, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurring Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 331,334.71	\$ 8,314,782.38	\$ 3,770,308.78	\$ 10,370,400.00	36%	
ENVIRONMENTAL HEALTH	\$ 541,089.07	\$ 12,952,425.22	\$ 6,190,985.64	\$ 14,404,469.00	43%	
COMMUNITY HEALTH	\$ 347,145.40	\$ 8,073,541.69	\$ 3,814,943.39	\$ 9,377,765.00	41%	
DISEASE SURVEILLANCE & CONTROL	\$ 354,142.37	\$ 9,035,274.98	\$ 4,382,529.99	\$ 12,188,879.00	36%	
FQHC	\$ 216,399.92	\$ 4,586,794.54	\$ 2,346,240.95	\$ 6,478,743.00	36%	
ADMINISTRATION W/O ICS-COVID	\$ 423,408.93	\$ 9,472,452.13	\$ 4,552,470.21	\$ 10,026,217.00	45%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,213,520.40	\$ 52,435,270.94	\$ 25,057,478.96	\$ 62,846,473.00	40%	42%
FTE	778					
Regular Pay	\$ 1,528,160.36	\$ 42,301,988.55	\$ 19,861,572.53			
Training	\$ 13,308.73	\$ 234,573.08	\$ 126,864.24			
Final Payouts	\$ 81.62	\$ 1,002,001.38	\$ 579,470.09			
OT Pay	\$ 11,313.82	\$ 529,788.24	\$ 275,884.12			
Leave Pay	\$ 634,800.43	\$ 7,312,566.01	\$ 3,701,443.61			
Other Earnings	\$ 25,855.44	\$ 1,054,353.68	\$ 512,244.37			
TOTAL	\$ 2,213,520.40	\$ 52,435,270.94	\$ 25,057,478.96			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
November 12, 2022 to November 25, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CARMEN, KYLE	IMMCD_22	18.75	546.19			
DEW, DARNITA	IMMCD_22	10.25	290.13			
INES, HEINRICH	IMMCD_22	3.25	91.99			
KRUETH, MARIA		1.50	42.46			
LOPEZ, CECILIA		1.50	42.46			
MASTERS, CHRISTOPHER		13.25	385.97			
STEVENS, MICHAEL P		1.50	64.15			
VIERA, BELEN		1.50	42.46			
ARRIAGA, JOCELYN		8.00	278.40			
DREITZER, DANIELE		5.00	275.63			
DUNN, STEPHANIE L		8.00	342.12			
UBANDO, MARJORIE K		13.50	622.89			
Total Administration		86.00	3024.85		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
ENGLIS, TERENCE		1.00	34.80			
OCHOA, BEATRIZ	EL3LB_21	1.00	43.83			
Total Community Health Services		2.00	78.63		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CUSTODIO, CHERIE		5.50	229.10	VILLALOBOS, YOLANDA	1.50	35.73
DELARMENTE, JOANNAH	FP_22	0.25	15.67			
MANALOTO, XCELZA	FP_22	0.25	15.26			
VALDES AYALA, BEATRIZ	FPNV_23	0.50	18.31			
ANDERSON, RENITA		0.75	26.10			
CARREON, GABRIELA		2.00	66.09			
DEL ROSARIO, EDNA		0.75	28.91			
LEE, MIRIAM	HCVD4_21	1.50	84.94			
MORENO, LAURA J	HCNAP_22	1.50	50.92			
MORENO, LAURA J	HCVD4_21	5.00	169.72			
READ, KARINA E	HCVD4_21	3.50	115.66			
Total FQHC-Community Health Clinic		21.50	820.68		1.50	35.73

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CUSTODIO, VRENELI		0.25	15.26			
AGBAYANI, ANGELINE	IMMEQ_22	1.00	56.63			
ARQUETTE, JOCELYN M	IMMCD_22	0.50	35.60			
ARQUETTE, JOCELYN M	IMMEQ_22	1.00	71.21			
AYALA, JACQUELINE	IMMEQ_22	1.00	31.43			
DOIDGE, GABRIELLE	IMMEQ_22	0.25	7.86			
MACIEL PEREZ, MARISOL	IMMCD_22	6.00	276.84			
NAGAI, SAGE	IMMEQ_22	0.25	14.16			
PETERSON, HOLLY	IMMCD_22	0.50	32.98			
WALKER, AMBER	IMMCD_22	14.50	518.09			
Total Primary & Preventative Care		25.25	1060.06		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BROWN, TEVIN		7.25	302.00	CALZADO, NEIL	9.00	249.93
CUMMINS, VERONICA J		1.00	49.77	CASTRO, SHANAE C	3.00	110.25
DARANG, CHASE		1.50	64.15	GUZMAN, MICHELLE D	2.25	98.93
JONES, MALLORY		10.00	416.55	HINSEN, JUSTIN B	4.50	149.31
KAPLAN, KRISTOPHER		3.00	153.27	JONES, MALLORY	7.13	197.86
LETT, KENDRA A		0.50	28.31	JUFAR, LYDIA	0.75	20.29
ORTIZ RIVERA, VANESSA		4.00	232.26	LIZON, ANDREW	0.38	10.41
PARANGAN, CHRISTOPHER D		6.25	319.31	PONTIUS, KEVIN	3.75	141.56
PIAR, DIANE M		8.00	464.52	ROBINSON, GARY P	2.25	91.58
RICH, VICTORIA		31.75	1,705.93	SHARIF, RABEA	15.00	551.25
SHARIF, RABEA		6.00	330.75	SMITH, JESS W	1.88	63.86
SHEFFER, THANH V		3.00	174.20	THEIN, KELSEY	3.75	104.14
DIPRETE, LAUREN K	FDILL_23	1.50	98.93	WILLS, JERRY A	6.00	194.28
NAVARRETE, GEORGE		1.50	104.13	WUBE, SABA	2.25	74.66
FRANCHINO, DOMINICK		3.00	183.15	SMITH, JESS W	3.75	127.73
COOPER, MARY J		13.75	602.66			
LUTHER, JENNIFER		1.75	72.90			
Total Environmental Health		103.75	5302.79		65.63	2186.03

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
EWING, TABITHA L	NDOCCD22	0.50	28.31			
JOHNSON, MONIQUE	HVPRV22	7.00	357.63			
JORGE, MICHELELEE	HVPRV22	5.00	197.93			
O'CONNOR, KELLI J	HVPRV22	8.00	429.84			
PEREZ, MELANIE J		0.25	13.10			
Total Disease Surveillance & Control		20.75	1026.81		0.00	0.00
Combined Total		259.25	11313.82		67.13	2221.76

MEMORANDUM



Date: January 26, 2023
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Subject: **Administration Division Monthly Report – December 2022**

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Executive Summary

In summary, all the departments continue to see an increase in activity and outreach. The Office of Communications issued six News Releases and responded to several media requests for interviews/statements from staff, mainly on COVID-19 self-test kit vending machines, COVID-19 vaccines, “triple-demic” in southern Nevada and other topics. As of December 23, 2022, the Health District had 778 active employees, with a total number of vacancies of 15 FTEs and a total number of positions in recruitment of 24 FTEs. The Human Resources Department arranged 78 interviews, extended 17 job offers and successfully completed 6 new hires, including 1 promotion.

Office of Communications

News Releases Disseminated:

- December 19, 2022: Keep foodborne illness off the menu this holiday season
- December 15, 2022: Updated COVID-19 vaccines authorized for children 6 months through 5 years
- December 12, 2022: Three new COVID-19 self-test kit vending machines added in Southern Nevada
- December 12, 2022: All Saints Sexual Health Clinic to celebrate one-year anniversary

- December 7, 2022: All Saints Sexual Health Clinic to celebrate one-year anniversary
- December 2, 2022: SNHD recommends continued prevention measures as RSV, COVID and seasonal flu cases increase in the community

Press:

During December, public health topics in the media included:

- COVID-19 self-test kit vending machines
- COVID-19 vaccines
- “Tripledemic” in southern Nevada
- Additional topics included the All Saints Sexual Health Clinic anniversary and SNHD’s partnership with the Silver Knights

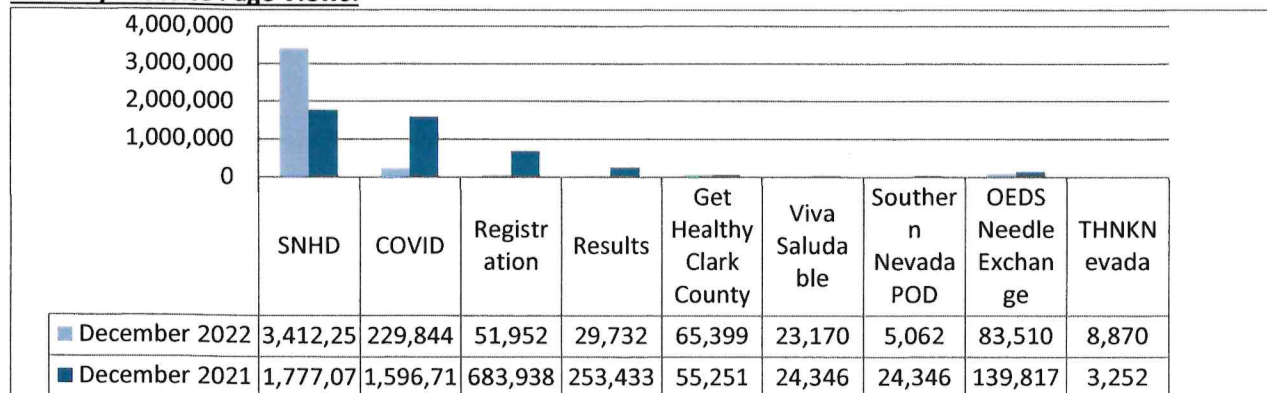
More than 600 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in November. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202212-oc-media-report.pdf](https://southernnevadahealthdistrict.org/202212-oc-media-report.pdf) (southernnevadahealthdistrict.org).

Media, Collateral and Community Outreach Services:

	Dec 2021	Dec 2022		YTD FY22	YTD FY23	
Media - Print Articles	54	24	↓	528	572	↑
Media - Broadcast stories	165	112	↓	1,482	1,101	↓
Collateral - Advertising/Marketing Products	65	53	↓	364	290	↓
Community Outreach - Total Volunteers ¹	5	7	↓	2,782		
Community Outreach - Volunteer Hours	475	325	↓	3,055		↓

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

Monthly Website Page Views:



Please see Appendix A for the following:

- Information Products, Campaigns and Collateral Materials
- Community Outreach
- Community/Partner Meetings and Events of Note
- Social Media Services

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
December 1 - 31, 2022	21	7	33%	22

Facilities

Monthly Work Orders	Dec 2021	Dec 2022		YTD FY22	YTD FY23	
Maintenance Responses	129	153	↑	859	1003	↑
Electrical Work Orders	2	10	↑	54	45	↓
HVAC Work Orders	5	8	↑	41	50	↑
Plumbing Work Orders	9	6	↓	45	34	↓
Preventive Maintenance	21	17	↓	121	117	↓
Security Responses	1129	2254	↑	6662	11680	↑

Finance

Total Monthly Work Orders by Department	Dec 2021	Dec 2022		YTD FY22	YTD FY23	
Purchase Orders Issued	420	373	↓	2644	3004	↑
Grants Pending – Pre-Award	10	4	↓	50	18	↓
Grants in Progress – Post-Award	27	13	↓	125	65	↓

* Grant applications created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

Grants Expired – December 2022						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
American College of Preventive Medicine COVID-19 (hcvapm22)	P-CDC	12/1/2022	\$150,000	end of budget period	0.13	FY2023 carryover and renewal in progress
HIV Prevention Program (hivprv22)	P-CDC	12/31/2022	\$1,772,611	end of budget period	15.70	FY2023 project renewal in progress
HIV Surveillance Program (hivsrv22)	P-CDC	12/31/2022	\$152,276	end of budget period	1.45	FY2023 project renewal in progress
Retail Food Retail - Conformance with Retail Program Standards (rfbase22)	P-FDA	12/31/2022	\$50,773	end of performance period	0.27	FY2023 project application approved

Grants Expired – December 2022						
<i>Project Name</i>	<i>Grantor</i>	<i>End Date</i>	<i>Amount</i>	<i>Reason</i>	<i>FTE</i>	<i>Comments</i>
Retail Food Retail - Update of Food Establishment Resource Library Documents (rfferl22)	P-FDA	12/31/2022	\$16,347	end of performance period	0.10	FY2023 project application approved
Retail Food Retail - Mentorship Project (rfment22)	P-FDA	12/31/2022	\$17,889	end of performance period	0.01	FY2023 project application approved
Retail Food Retail - Attendance at Pacific Region Seminar (rftrn_22)	P-FDA	12/31/2022	\$7,305	end of performance period	0.00	FY2023 project application approved
STD Prevention and Control Program (std_22)	P-CDC	12/31/2022	\$606,015	end of budget period	3.85	FY2023 project renewal in progress
Tuberculosis Program (tb_22)	P-CDC	12/31/2022	\$348,834	end of budget period	2.75	FY2023 project renewal in progress
State NV - TB - SG25998 Ukraine Supplemental Funds (uutb_23)	P-CDC	12/31/2022	\$45,708	end of budget period	0.53	FY2023 project renewal in progress

Grants Awarded – December 2022							
<i>Project Name</i>	<i>Grantor</i>	<i>Received</i>	<i>Start Date</i>	<i>End Date</i>	<i>Amount</i>	<i>Reason</i>	<i>FTE</i>
Las Vegas Environmental Sampling DHS Biowatch project/UNLV Subaward #GR16592 (envspl22)	P-NV DHHS	12/2/2022	5/1/2022	4/30/2023	\$18,000.00	Continued effort	0.10
H8GCS48013-01 Affordable Care Act Grants for New and Expanded Services Under the Health Center Program - FY 2023 Expanding COVID-19 Vaccination (hcvd5_23)	F-HRSA	12/2/2022	12/1/2022	5/31/2023	\$111,100	New effort	6.07
State of Nevada Home Visiting COVID-19, Year 2 of 3 (nfpcvd23)	P-HRSA	12/13/2022	10/1/2022	9/30/2023	\$13,860.00	FY2023 renewal award	0.00

Grants Awarded – December 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
STD Surveillance Program Supplemental Continuation, amendment #1 (stds2_22)	P-CDC	12/28/2022	3/1/2022	12/31/2022	\$123,896	Amended adjustments to Budget	0.00
Tuberculosis Program, Year 3 of 4 (tb_23)	P-CDC	12/30/2022	1/1/2023	12/31/2023	\$356,898	FY2023 renewal award	2.675
STD Prevention & Control Program, Year 4 of 4 (std_23)	P-CDC	12/30/2022	1/1/2023	12/31/2023	\$606,015	FY2023 renewal award	4.25

Human Resources

Employment/Recruitment:

- 0 New job titles for December
- 778 active employees as of December 23, 2022
- 6 New Hires, including 0 rehires and 0 reinstatement
- 12 Terminations, including 2 retirements
- 1 Promotions, including 10 Flex-reclass
- 2 Transfers
- 0 Demotion
- 127 Annual Increases
- 38 Evaluations received and recorded in One Solution
- Total number of vacancies: 15 FTEs
- Total number of positions in recruitment: 24 FTEs
- 78 Interviews
- 17 Offers extended (3 offers declined)
- 7 Recruitments posted
- Turn Over Rates
 - Administration: 1.86%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.72%
 - Environmental Health: 0.00%
 - Primary & Preventive Care: 4.96%
 - FQHC: 1.25%

Temporary Employees

- 62 Temporary Staff
- 1 New Agency Temporary Staff Member
- 0 Agency Temporary Staff Member assignment ended (1) canceled (3) resigned (0) converted to SNHD Employee (1) Term (0)
- 32 temporary staff from MedaSource supporting the LVCC Vaccination Clinics

- 17 temporary staff from Maxim with 3 pending positions open
- 11 temporary staff from Robert Half with 0 pending positions
- 1 temporary staff from Manpower with 0 pending positions
- 1 temporary employee from RPHontheGO with 0 pending positions

Benefits (November and December 2022)

- FMLA
 - 22 New
 - 22 Short/Long Intermittent during 2022
 - 0 Block of FMLA Leave during 2022
 - 0 Recertifications
 - 0 Denials
- RETIREMENT: Empower/PERS:
 - 2 Processed withdrawals, rollovers, purchase of service credits
 - 0 Loans
 - 5 Plan change
 - 11 New accounts
- 9 Tuition Reimbursements
- 0 Worker's Compensation claims or incident reports
- 7 Benefit Employee Facilitated Meetings
- Benefit Administration
 - 23 New hires/ 21 Benefit changes/ 9 Terminations
 - 0 Open Enrollment Changes
 - 0 Flexible Spending
 - 3 Short-term disability claims
 - 21 Immediate benefit changes
 - 12 COBRA & COBRA QE Notices

Employee/Labor Relations

- 0 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Termination, 1 Probationary Releases
- 1 Grievance
- 0 Arbitrations
- 10 hours of Labor Meetings (with Union)
- 40 hours Investigatory Meetings
- 2 Investigations
- 8 Complaints & Concerns
- 40 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

Administrative Activity

- Bilingual Process
- NEOGOV maintenance, configuration and training
- Procedural & communication updates
- Licensure updates
- NPDB Registration/Privileging Process
- Application & registration of Fremont Clinic location as an NHSC site

- ONESolution and Employee Information updates
- New Hire Processing - background checks, Onboarding Part One, new hire communications, create ID badges, and manage new hire packages
- Administration of performance evaluations, licensure updates, Annual Increase forms
- Provide Recruitment and Benefits team with administrative assistance
- Records and HR Forms Management
- SharePoint site maintenance
- Verifications of Employment
- Employee assistance, correspondence, and communication

Meetings

- ER/LR/Recruitment Team Meeting
- Strategic Training meetings with Departments – Recruitment
- NEOGOV Recruitment Meeting
- Webinars
- HR Team Meetings
- Privileging Process Meetings
- Monthly Case Updates with Pool Pack Attorneys
- Monthly JLMC Meeting
- SEIU Meetings
- Benefit Orientation
- IPMA Class Discussion

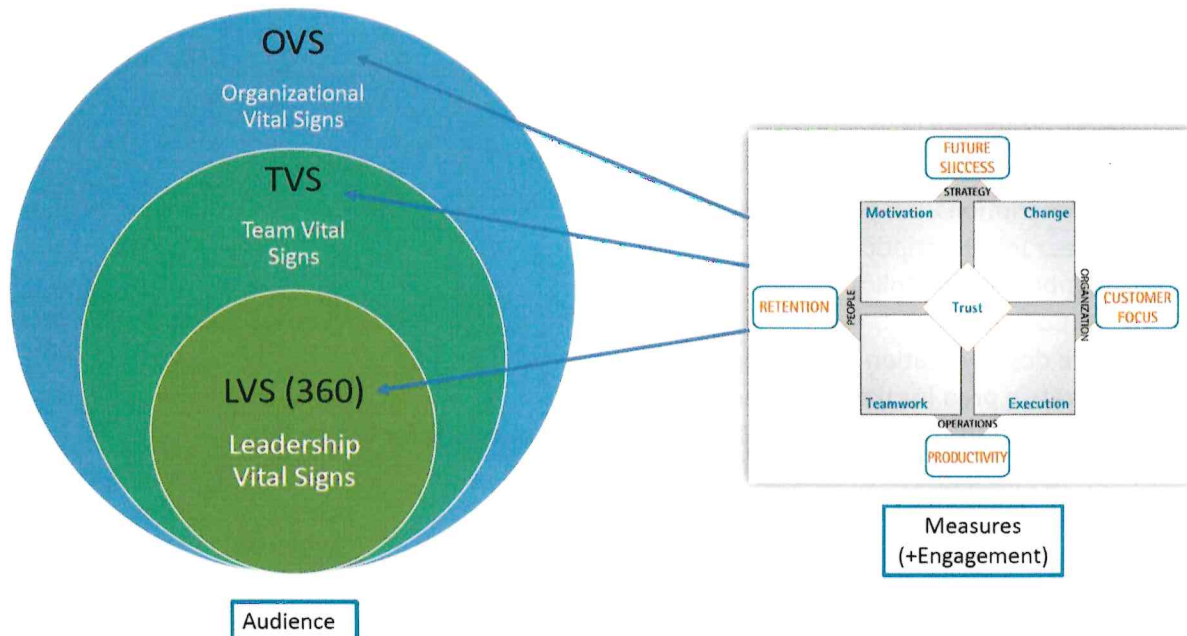
Projects/Other items:

- Lab SLT Wages
- Lab Job Descriptions
- EH Engineer Job Description
- CME Reimbursement Policy
- IPMA HR Course
- Procedure documentation for privileging process
- Administrative prep for the Employee Service Awards
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- Notification to Union re: Holiday Pay and 4/10s Schedule
- Leadership Training

Organizational Development and Strategy:

- Workforce Development
 - LMS (Learning Management System) deployment
 - Invested in 8 hours of consulting time for skills in additional configuration including public facing training
 - Spent 10 human-hours in demos with NeoGov for consideration of their LMS module
 - 8 hours invested in financial analysis of supporting the current system vs. cutting over to NeoGov
 - Decision made to transition to the NeoGov system making administrative work on Learning much more productive while saving tens of thousands of dollars
 - Working with UNR School of Public Health to conduct a training needs assessment to measure or workforce needs against other agencies and the state as a whole

- We will also contract with this group to design and facilitate select leadership development modules based on findings of the assessment above.
- Finalized PHI Grant budget and workplans for \$550,000 worth of engagement, learning, and leadership development programs over 5 years
 - OVS (Organizational Vital Signs) will be the District wide engagement survey conducted annually to set the baseline and allow measurement of intervention success. Combining this project with the two assessments, below, will enable a transformation of our leadership capability and happiness/productivity of our staff.
 - Team Vital Signs (TVS) surveys capture perceptions of team members and will utilize the same metrics as the engagement surveys allowing analysis of team performance against division and overall District performance in metrics including motivation, execution, ability to change, teamwork, trust and engagement. This ability to compare will help us design more effective and targeted interventions to improve performance of leaders and teams. The cost of these surveys is conducive to administering pre and post surveys to track progress.
 - Leadership Vital Signs 360 (LVS 360) assessments. These assessments give a holistic view of performance of a leader from their team and others in the workforce. This, too, uses the same metrics as the engagement and team surveys to allow better analysis and planning of additional learning opportunities targeting leaders out of norm with their division or the District as a whole. This will also help us identify leaders that excel in these metrics allowing the sharing of best practices and potentially mentoring capabilities.



- Group coaching for leaders including self-assessments and MCC or higher virtual coaches working with our leaders over 12 weeks in multiple cohorts. We will start leaders in public cohorts throughout the year.
- Will certify 2 more facilitators for Emotional Intelligence and LIFO (Life Orientations) to add self-awareness and teaming skills to staff at all levels.
- Accreditation
 - Conferred with the QI/Accreditation consultant to review Annual Report and discuss relationship of forthcoming Strategic Plan and CHA / CHIP and QI & Performance Management plans.

- Fine tuned the SNPHL QI project for submission in our annual report
- We look forward to two more annual reports followed by a mock reaccreditation document upload (reviewed but not graded) and the formal reaccreditation package to be uploaded in March 2027
- Strategic Planning meeting
 - Huron Consulting Services being contracted to facilitate the deliverables of District Strategy
 - They expect to deliver strategies and key activities by December 2022 through in-person and virtual facilitation sessions.
 - Outcome: first published plan since 2019
 - Will drive a new, combined, Performance Management/Quality Improvement Plan and Workforce Development Plan

Information Technology

Service Requests	Dec 2021	Dec 2022		YTD FY22	YTD FY23	
Service Requests Completed	718	998	↑	5261	6317	↑
Service Requests Opened	727	980	↑	5265	6400	↑
Service Requests Open over 30 days	159	111	↓	684	745	↑

Information Services System Availability 24/7

Total System	99.98	98.78	↓	99.95	99.15	↓
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Total Monthly Work Orders by Department

Administration	263	284	↓	1903	1960	↑
Community Health	156	201	↑	1186	1401	↑
Environmental Health	93	174	↑	646	933	↑
Clinical Services	206	339	↑	1526	2113	↑

First Call Resolution & Lock-Out Calls

Total number of calls received	727	980	↑	5265	6400	↑
Number of first call resolutions	2	0	↓	3	1	↓
Number of Lock-out calls	1	0	↓	16	0	↓

Appendix A – Office of Communications

Informational Products, Campaigns and Collateral Materials:

- The 2022-2025 Community Health Improvement Plan (CHIP) was a major focus of print collateral design activities in December. This report presented the culmination of several years of collaborative work in the community in what will be an accessible, visually interesting format.
- Additional collateral materials produced included flu and COVID vaccine clinic flyers, All Saints Sexual Health Clinic flyer, food inspection grade cards, Cutting Edge newsletter, 2023 Food Regulation postcard, Nevada Tobacco Partnership workheets updates, ODS community resource handouts, tobacco control program infographic and more.
- The SNHD website was updated to adopt the “mpox” name change.
- Promoted a Health Holiday campaign with videos and social media graphics on all social media graphics including tailoring the Arm in Arm campaign with holiday themed messages.
- “Flu – A Guide for Parents” article in Spanish was placed in the wellness section of the *Las Vegas Review Journal*.
- Staff conducted ongoing website updates supporting public meetings, influenza surveillance notices, and general client and public information.

Community Outreach:

- December 1, 2022: World AIDS Day at The Center
- December 17, 2022:
- Arm in Arm Campaign Activities:
 - Opportunity Village Magical Forest
 - Arm in Arm-branded tree on display Nov. 25-27, Dec. 1-4, Dec. 8-11, Dec. 15-31, 2022
 - Joy to the Streets at Villa Capri — December 10, 2022
 - Blood Drive w/American Red Cross at Clark County Library — December 12, 2022
 - Christmas Jubilee at Whitney Recreation — December 17, 2022
 - Kindercare and Hill Preschool facilities — December 21, 2022

Community/ Partner Meetings and Events of Note:

- December 7, 2022: SNHD COVID-19 Arm in Arm Bi-Weekly meeting
- December 7, 2022: AI Planning meeting
- December 8, 2022: Cross-Sector Language Access Working Session
- December 9, 2022: BCHC PIO/Communications Monthly meeting
- December 9, 2022: United Way Junta Comunitaria Sector Social
- December 12, 2022: Legislative Update meeting
- December 13, 2022: CDC-CDPH Joint COVID-19 Misinformation briefing
- December 15, 2022: CDC COVID-19 Related Response Strategies
- December 19, 2022: CDC STLT Update call
- December 19, 2022: RAD Outreach
- December 21, 2022: SNHD COVID-19 Arm in Arm Bi-Weekly meeting

Social Media Services		Dec 202481	Dec 2022		YTD FY22	YTD FY23
*Facebook SNHD	Likes/Followers	12,224	13,173	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6,195	6,111	↓	N/A	N/A
*Facebook SHC	Likes/Followers	1,693	1,637	↓	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5,594	5,450	↓	N/A	N/A

Social Media Services		Dec 202481	Dec 2022		YTD FY22	YTD FY23
*Facebook SNHD THNK Project	Likes/Followers	48	44	↑	N/A	N/A
*Facebook Food Safety	Likes/Followers	101	121	↑	N/A	N/A
*Instagram SNHD	Followers	3,616	4,033	↑	N/A	N/A
*Instagram Food Safety	Followers	525	524	↓	N/A	N/A
*Twitter EZ2Stop	Followers	437	433	↓	N/A	N/A
*Twitter SNHDflu	Followers	1,905	1,885	↓	N/A	N/A
*Twitter Food Safety	Followers	91	97	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	346	342	↓	N/A	N/A
*Twitter SNHDinfo	Followers	10,229	10,410	↑	N/A	N/A
*Twitter TuSNHD	Followers	335	342	↑	N/A	N/A
*Twitter THNK/ UseCondomSense	Followers	721	707	↓	N/A	N/A
*Twitter SoNVTraumaSyst	Followers	129	130	↑	N/A	N/A
YouTube SNHD	Views	36,954	139,037	↑	467,441	411,487
YouTube THNK/UseCondomSense	Views	292	239	↓	1,591	1,512

*Facebook, Instagram and Twitter numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – November 26 to December 9, 2022

PAYROLL EARNINGS SUMMARY
November 26, 2022 to December 9, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 325,569.22	\$ 8,645,693.41	\$ 4,101,219.81	\$ 10,370,400.00	40%	
ENVIRONMENTAL HEALTH	\$ 542,650.83	\$ 13,495,076.05	\$ 6,733,636.47	\$ 14,404,469.00	47%	
COMMUNITY HEALTH	\$ 334,241.18	\$ 8,411,887.67	\$ 4,153,289.37	\$ 9,377,765.00	44%	
DISEASE SURVEILLANCE & CONTROL	\$ 398,275.71	\$ 9,433,550.69	\$ 4,780,805.70	\$ 12,188,879.00	39%	
FQHC	\$ 213,218.74	\$ 4,800,013.28	\$ 2,559,459.69	\$ 6,478,743.00	40%	
ADMINISTRATION W/O ICS-COVID	\$ 386,245.94	\$ 9,877,933.49	\$ 4,957,951.57		49%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ 10,026,217.00	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,200,201.62	\$ 54,664,154.59	\$ 27,286,362.61	\$ 62,846,473.00	43%	46%
FTE	778					
Regular Pay	\$ 1,898,504.85	\$ 44,210,036.98	\$ 21,769,620.96			
Training	\$ 8,535.98	\$ 243,109.06	\$ 135,400.22			
Final Payouts	\$ -	\$ 1,016,269.98	\$ 593,738.69			
OT Pay	\$ 12,563.16	\$ 542,351.40	\$ 288,447.28			
Leave Pay	\$ 261,738.61	\$ 7,579,106.47	\$ 3,967,984.07			
Other Earnings	\$ 18,859.02	\$ 1,073,280.70	\$ 531,171.39			
TOTAL	\$ 2,200,201.62	\$ 54,664,154.59	\$ 27,286,362.61			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
November 26, 2022 to December 9, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
DEW, DARNITA	IMMCD_22	3.50	99.07			
FISHER, BRANDYN		10.00	322.80			
INES, HEINRICH	IMMCD_22	4.00	113.22			
MASTERS, CHRISTOPHER		16.50	480.65			
STEVENS, MICHAEL P		1.00	42.77			
URENA, MAITE	IMMCD_22	10.00	283.05			
ARRIAGA, JOCELYN		8.00	278.40			
TAITANO, KYOMI		9.75	314.73			
UBANDO, MARJORIE K		7.50	346.05			
WILCOX, TERESA E		1.25	68.91			
Total Administration		71.50	2349.65		0.00	0.00

COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
CHAN, WESTIN	EL3LB_21	0.25	13.78	BARRY, NANCY	0.38	11.82
PAGAN, WENDY	HPP_23	6.00	416.52	THOMAS, PAMELA S	1.50	43.83
SMITH, SHARDA		8.00	300.96			
Total Community Health Services		14.25	731.26		1.88	55.65

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
DELGADO, DIANA	FP_22	0.25	14.16	DIAZ, MICHELLE I	1.13	28.22
MANALOTO, XCELZA	FP_22	0.50	30.53			
SERVANDO, MARIA CRISTINA		0.75	49.47			
ANDERSON, RENITA		1.00	34.80			
LEE, MIRIAM	HCVD4_21	2.00	116.13			
Total FQHC-Community Health Clinic		4.50	245.09		1.13	28.22

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
ENZENAUER, LIZETTE		4.00	204.36	BRANTNER, LONITA A	0.75	21.92
CONTRERAS ARAIZA, ALONDRA	IMMFLU23	2.50	164.89	YOUNG, MAITA WEBB	0.38	15.26
JOHNSON, JESSICA L	IMMFLU23	2.00	128.64			
CUSTODIO, VRENELI		0.50	30.53			
PEREZ, JOSE A		1.00	35.73			
PICKERING, SHANNON L		0.50	32.98			
ARQUETTE, JOCELYN M	IMMEQ_22	0.50	35.60			
MACIEL PEREZ, MARISOL	IMMCD_22	5.00	230.70			
PETERSON, HOLLY	IMMEQ_22	2.00	131.91			
WALKER, AMBER	IMMCD_22	9.00	321.57			
WONG, MICHELLE	IMMEQ_22	0.50	29.03			
YUEN, TEARRA	IMMCD_22	5.50	196.52			
Total Primary & Preventative Care		33.00	1542.46		1.13	37.18

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BILLINGS, JACOB T		1.25	80.40	BLACKARD, BRITTANIE	1.88	59.12
BROUNSTEIN, JODI		1.50	94.03	CAVIN, ERIN M	2.25	78.36
BUCHER, BRADON		7.25	310.05	DIAZ-ONTIVEROS, LUZ	4.13	147.76
CUMMINS, VERONICA J		5.75	286.18	FENG, YUZHEN	1.13	45.79
FENG, YUZHEN		2.00	104.79	GOODSSELL, MICHELLE	5.25	230.84
KAPLAN, KRISTOPHER		1.75	89.41	GUZMAN, MICHELLE D	3.00	83.31
LETT, KENDRA A		18.25	1,033.41	MICHEL, GUILLERMO	0.75	20.29
MICHEL, GUILLERMO		3.00	124.97	MORALES, SAMANTHA	4.13	117.60
NAJERA, LUISA	FDILL_23	2.50	104.14	RAKITA, DANIEL	7.50	230.70
PARANGAN, CHRISTOPHER D		8.50	434.27	SANDERS, JENNIFER C	2.25	60.86
PIAR, DIANE M		12.00	696.78	WADE, CYNTHIA	2.25	91.58
SHEFFER, THANH V		12.00	696.78	GOODSSELL, MICHELLE	0.38	12.77
NAVARRETE, GEORGE		8.25	572.72	SMITH, JESS W		
NORTHAM, KORIE		5.50	362.75			
WALTON, SHAUNTE A		1.75	85.00			
HALL, LATONIA V		3.25	184.03			
COOPER, MARY J		12.50	547.88			
LUTHER, JENNIFER		2.25	93.72			
Total Environmental Health		109.25	5901.31		36.75	1243.12

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BALTAZAR, JOSEPHINE G	EL3MD_21	6.00	219.69	FUQUA, MATTHEW	7.50	213.83
CABINTE, SERAFINO	EL3MD_21	6.00	225.72			
EWING, TABITHA L	HIVPRV22	8.00	453.00			
MONTGOMERY, JOSHUA M	EL3MD_21	7.00	406.46			
MONTGOMERY, JOSHUA M	HIVPRV22	3.50	198.19			
SHINGU, MICHELE	HIVPRV22	5.00	290.33			
Total Disease Surveillance & Control		35.50	1793.39		7.50	213.83

Combined Total		268.00	12563.16		48.38	1577.99
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Appendix C – Finance – Payroll Earnings Summary – December 10 to 23, 2022

PAYROLL EARNINGS SUMMARY
December 10, 2022 to December 23, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 330,039.05	\$ 8,975,732.46	\$ 4,431,258.86	\$ 10,370,400.00	43%	
ENVIRONMENTAL HEALTH	\$ 548,169.80	\$ 14,043,245.85	\$ 7,281,806.27	\$ 14,404,469.00	51%	
COMMUNITY HEALTH	\$ 343,547.19	\$ 8,755,434.86	\$ 4,496,836.56	\$ 9,377,765.00	48%	
DISEASE SURVIELLANCE & CONTROL	\$ 384,466.73	\$ 9,820,117.87	\$ 5,167,372.88	\$ 12,188,879.00	42%	
FQHC	\$ 205,220.04	\$ 5,036,337.96	\$ 2,795,784.37	\$ 6,478,743.00	43%	
ADMINISTRATION W/O ICS-COVID	\$ 389,125.07	\$ 10,270,591.90	\$ 5,350,609.98	\$ 10,026,217.00	53%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,200,567.88	\$ 56,901,460.90	\$ 29,523,668.92	\$ 62,846,473.00	47%	50%
FTE		779				
Regular Pay	\$ 1,704,213.33	\$ 45,920,373.11	\$ 23,479,957.09			
Training	\$ 5,937.17	\$ 249,046.23	\$ 141,337.39			
Final Payouts	\$ 406.51	\$ 1,047,092.12	\$ 624,560.83			
OT Pay	\$ 9,174.63	\$ 551,526.03	\$ 297,621.91			
Leave Pay	\$ 467,414.05	\$ 8,046,520.52	\$ 4,435,398.12			
Other Earnings	\$ 13,422.19	\$ 1,086,902.89	\$ 544,793.58			
TOTAL	\$ 2,200,567.88	\$ 56,901,460.90	\$ 29,523,668.92			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
December 10, 2022 to December 23, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
MUNFORD, ELIZABETH		1.00	48.57			
ARZATE, MARIO		10.00	283.05			
DEW, DARNITA	IMMCD_22	4.50	127.37			
GOMEZ, ESTEBAN		3.00	91.89			
INES, HEINRICH	IMMCD_22	3.25	91.99			
MASTERS, CHRISTOPHER	IMMCD_22	24.50	713.69			
ARRIAGA, JOCELYN		13.00	452.40			
TAITANO, KYOMI		1.50	48.42			
UBANDO, MARJORIE K		8.25	380.66			
ZIELINSKI, LYNDIA S		10.00	694.20			
CASTELO, MICHAEL		1.50	59.38			
Total Administration		80.50	2991.62		0.00	0.00
COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				ANDRADE, JESSICA N	1.88	41.31
Total Community Health Services		0.00	0.00		1.88	41.31

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
VALDES AYALA, BEATRIZ	FPNV_23	0.50	18.31			
ANDERSON, RENITA		1.50	52.20			
FAJARDO, CLAUDETTE	HCNAP_22	0.75	27.46			
LEE, MIRIAM	HCVD4_21	2.50	145.16			
LANGDOK, LAURIE C	RWB2NM22	3.00	138.42			
Total FQHC-Community Health Clinic		8.25	381.55		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CUSTODIO, VRENELI		0.25	15.26			
ARQUETTE, JOCELYN M	IMMEQ_22	1.00	71.21			
ARQUETTE, JOCELYN M	IMMPOX22	0.50	35.60			
ATENCIO, TONIA	IMMCD_22	0.50	15.71			
BINGHAM, JULIE	IMMPOX22	0.25	15.26			
LUONG, STEPHEN	IMMEQ_22	0.50	28.31			
MACIEL PEREZ, MARISOL	IMMEQ_22	2.00	92.28			
WALKER, AMBER	IMMCD_22	6.50	232.25			
WONG, MICHELLE	IMMEQ_22	0.25	14.52			
YUEN, TEARRA	IMMEQ_22	2.50	89.33			
Total Primary & Preventative Care		14.25	609.73		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BILLINGS, JACOB T		2.00	131.91	CALZADO, NEIL	3.00	83.31
CUMMINS, VERONICA J		9.50	472.82	CRAIG, JILL	2.25	62.48
DARANG, CHASE		4.00	171.06	MCCANN, ALEXANDRA	3.75	104.14
MORENO, KRISTINA N		1.75	91.69	SABANDITH, VETAHYA	3.00	83.31
PARANGAN, CHRISTOPHER D		8.50	434.27	SANDERS, JENNIFER C	2.63	80.75
RAKITA, DANIEL		4.25	181.75	THOMPSON, WILLIAM B	10.88	389.54
RICH, VICTORIA		1.50	80.60	VALADEZ, ALEXIS	7.88	224.52
SANDERS, JENNIFER C		2.00	92.28	SMITH, JESS W	0.38	12.77
SHEFFER, THANH V		9.00	522.59			
THEIN, KELSEY		2.50	104.14			
NAVARRETE, GEORGE		4.25	295.04			
HALL, LATONIA V		6.50	368.06			
COOPER, MARY J		8.00	350.64			
Total Environmental Health		63.75	3296.85		33.75	1040.82

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BALTAZAR, JOSEPHINE G	EL3MD_21	1.00	36.62	FUQUA, MATTHEW	4.50	128.30
ESTRELLA, CORINA	EL3MD_21	5.50	206.91			
GIANG, KHANG B	EL3MD_21	10.00	376.20			
GREENE, TAMARA	EL3MD_21	9.75	357.00			
THOMPSON, DESHAWN	EL3MD_21	9.00	329.54			
EWING, TABITHA L	EL3MD_21	6.00	339.75			
SHINGU, MICHELE	HIVPRV22	3.00	174.20			
ASHRAF, BENJAMIN	IMMEQ_22	1.50	74.66			
Total Disease Surveillance & Control		45.75	1894.88		4.50	128.30

Combined Total		212.50	9174.63		40.13	1210.42
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Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

MJ

Subject: Community Health Division Monthly Activity Report – November 2022

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP partnered with Girls on the Run and Greater Youth Sports Association to provide scholarships for local youth to participate in sports and physical activity programs. The Girls on the Run program is operating at Manch Elementary School in the Pathway from Poverty service area. There are 15 girls on the team. The fall program will run through December. The basketball season at Greater Youth Sports Association began in August and finished in October. 749 youth participated in the season (167 females and 582 males). 60% of participants qualified for Free and Reduced Lunch.

Our CDPP team provided scholarships for four (4) nurses and CHWs from SNHD's Nurse Family Partnership and Embracing Healthy Babies program to take the Certified Lactation Consultant course. This initiative is in support of our effort to promote and support breastfeeding among priority populations. In addition, CDPP partnered with the Southern Nevada Breastfeeding Coalition to sponsor the "Nursing Nook" at the Las Vegas Baby Expo. The coalition hosted a breastfeeding resource table, where copies of the Breastfeeding Resource Guide were distributed. Over 100 families participated in this event.

CDPP is partnering with the Clark County School District to support the Safe Routes to Schools (SRTS) program. In October, ten (10) schools (approximately 1,300 students) participated in Walk 'n Roll to School Day. An additional 21 schools (approximately 5,151 students) participated in Walk to School Day. Virgin Valley ES was the chosen media school and SRTS staff, Mesquite police, and many parents accompanied students and staff from Virgin Valley on their walk to school.

CDPP staff completed a virtual Diabetes Self-Management Support and Education (DSMES) class in English. Three (3) people completed the course.

The CDPP partnered with 100 Black Men of Las Vegas to provide a virtual cooking class for kids. The program provides ingredients and a virtual cooking class for participating youth and their families to cook a healthy meal together. In October, 50 families participated with an estimated 30 children.

B. Tobacco Control Program (TCP)

Three (3) multi-unit housing properties implemented or expanded their smoke-free policy. As a result, 357 additional apartment units were added to the online smoke-free housing directory. Three (3) local businesses also expanded their tobacco-free policy in October.

In November, TCP staff developed an online ordering system, featuring new educational materials for healthcare provider referrals to the Nevada Tobacco Quitline. SNHD staff also mailed educational materials with a letter summarizing tobacco cessation resources and the e-referral process, to all behavioral health and substance abuse treatment facilities in Southern Nevada. A brief survey form was included in this mailer to assess current tobacco screening and smoke-free policies at their facilities.

This month staff partnered with Mater Academy ELV to promote cessation resources at their Fall Festival and resources fair. This is the second consecutive year of partnership with this school. Mater Academy ELV serves K-12, predominantly low-income Spanish-speaking families and students. Staff was provided with various platforms to reach attendees. This included tabling, live announcements and signage throughout the event's premises. Staff handed out cessation resources in Spanish and English. Ongoing announcements to promote the Spanish Tobacco Quitline and a smoke-free lifestyle were made. There was an estimated attendance of over 1500 people.

TCP Staff was invited to speak on a Spanish radio show La Voz Nevada KENO 1460. Staff talked about tobacco related disparities among Hispanics, including the dangers of vaping use and the importance of being smoke-free. Staff promoted cessation resources through the Spanish tobacco Quitline.

Staff worked with local jurisdictions and community organizations to disseminate information about Tobacco 21 law in various newsletters. In conjunction our staff is preparing a mailing that will be sent to tobacco retailers informing them of resources to assist them in complying with AB 360 which takes effect on 1/1/23 and requires use of scanning technology to verify age in advance of the sale of tobacco products.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. During October:

- Project evaluation staff provided preliminary findings from the young adult Hispanic/Latinx survey conducted in September 2022. Overall, survey respondents supported vaccinations in general, although the COVID vaccine was viewed with more hesitation. The most common reasons for COVID vaccine hesitancy, were that participants are concerned about side effects, vaccines being too new, do not have enough information, and believe that the vaccine is not the way to go. Survey participants support incentives to encourage vaccination; cash payment was the most common incentive reported by participants to motivate COVID vaccination. Participants were generally less hesitant toward obtaining a flu vaccine. The most common reasons reported for flu vaccine hesitance and delay were that respondents do not believe the vaccine is necessary. Among all flu and COVID messaging samples shared, protecting children was the most effective message to encourage vaccination as well.
- To date, 230 community-level spokespersons have been trained.
- Two (2) community events to distribute information and promote vaccination occurred in October reaching 21,000 individuals. To date, 60 events have occurred serving 40,386 people. 54% of those reached at events have been from our priority populations.
- Six (6) pop up vaccine clinics were offered in October vaccinating 84 people for COVID and 45 for flu. A total of 5,391 individuals have been vaccinated to date through these efforts. 94% of individuals vaccinated at the pop-up clinics have been from our priority populations.
- In October, SNHD staff worked with the contracted media firm to develop a multi-faceted English/Spanish language Flu media campaign to reach priority populations (African American/Hispanics). The campaign consists of paid print, radio, social media (Instagram/Facebook), e-blasts and online banners. This year, a new campaign element focusing on pregnant people was incorporated. Healthcare providers are also being targeted through print publications. In October, 1,238,062 people were reached through the campaign.

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

A. Education Committee

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

The Committee finalized education outlines for all agencies on the recent changes to the Transport Destination protocol, as well as discussing potential education for the Trauma Field Triage Protocol.

B. Drug/Device/Protocol Committee (DDP)

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

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols including the addition of Ibuprofen as a non-narcotic analgesic.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer’s role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include:

- One (1) medical director of each firefighting/franchised agency;
- One (1) operational director of each firefighting/franchised agency;
- Chairman of the Regional Trauma Advisory Board; and
- An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member. The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

D. OEMSTS – November 2021 / 2022 Data

November EMS Statistics	November 2021	November 2022	
Total certificates issued	61	70	↑
New licenses issued	55	61	↑
Renewal licenses issued (recert only)	0	0	=
Driver Only	14	30	↑
Active Certifications: EMT	830	808	↓
Active Certifications: Advanced EMT	1606	1630	↑
Active Certifications: Paramedic	1795	1854	↑
Active Certifications: RN	60	64	↑

III. **OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

A. **Planning and Preparedness**

1. OPHP staff continue to assist the Health District and the community in responding to the Monkeypox pandemic. Many staff remain in SNHD activated ICS.
2. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.
3. Personnel are avidly working with internal staff who have been responding to the COVID response along with external partners to develop an interim action report for SNHD and the region.
4. The OPHP Team is constantly working with the County and the SNHD contractor to develop the regional and SNHD COVID After Action Report.

B. **PHP Training and PH Workforce Development:**

1. Keeping in line with the direction of SNHD's leadership, all non-essential training has been postponed focusing on the COVID response and training needs
2. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 21 fit tests completed.
3. November 1st, attended SNS Summit in Sacramento, California.
4. November 8th, attended Critical Incident TTX at Las Vegas Metro Police Department.
5. November 9th, attended the State of Nevada's drought workshop at the Orleans Hotel and meeting with State and rural partners to discuss the state's inventory management program ICAMS and possible alternatives
6. November 10th, held quarterly Closed POD Working Group meeting
7. November 14th, reviewed Closed POD Agreement for City of North Las Vegas, awaiting signatures from CNLV and Legal
8. November 17th, attended the CDC Monkeypox update meeting

B. **Hospital Preparedness Program (HPP):** OPHP dispensed a Hospital Preparedness Program Liaison

1. November 3rd – hosted the monthly Southern Nevada Healthcare Preparedness Coalition. The HCC Coordinator provided two (2) presentations to the coalition members: 1) Medical Surge Support Team: Supporting the Healthcare and Jurisdictional Communities; and 2) Exercise overview to provide common understanding of exercises by type. Also, the coalition reviewed the October 2022 All-Hospital Radio Test and received updates from community partners.

2. November 7th – The Hospital/Healthcare Preparedness Program met with the Administrator and Chief Operating Officer for the Spring Valley Surgical Center to discuss the relationship, support, and technical assistance provided through association with the Southern Nevada Healthcare Preparedness Coalition. Introductions were made followed by the public/private partnership of the coalition, the hazard vulnerability process and purpose, communications plan, community exercises, and the requirement for an emerging infectious disease annex in the emergency operations plan. A technical assistance review of their emergency operations plan will also be provided as part of the HPP support.
3. November 8th – The Healthcare Coalition Coordinator/Lead Planner for the Coalition’s Chemical Response Functional Exercise hosted the Master Scenario Events List (MSEL) Meeting for the organizational planners of participants to construct the MSEL list for the upcoming exercise. The MSEL will require an additional meeting.
4. November 9th – The Healthcare Coalition Coordinator participated in the SNHD and Public Health Foundation’s Drought Planning Workshop for southern Nevada. The workshop was well attended and well received with many ideas, critical thoughts, and input to planning for our community.
5. November 17th – The Healthcare Coalition Coordinator hosted a meeting to review the High Demand Medical Supply List for the Southern Nevada Healthcare Preparedness Coalition’s Response Plan. This is a review of the current list of twenty-five items in the current version of the response plan.
6. November 22nd – The Healthcare Coalition Coordinator participated in the National Emerging Special Pathogens Training and Education Center (NETEC) Webinar titled: Lab Samples and Suspect Cases: How to handle, package, and ship specimens from high-risk patients. This included a breakdown of families of diseases, categories of viruses based on Category A and Category B, and precautions when shipping these viruses to the CDC.
7. November 28th - 30th – The HPP Liaison attended the National Healthcare Coalition Preparedness Conference in Anaheim. The HPP Liaison attended the workshops titled Benefits of EMS being including in Healthcare Coalitions and How to build a mutually beneficial relationship; and Prepare to Live – Refuse to be a victim, also he attended the keynote speaker, how to plan, train, and exercise for a burn surge incident, and transitioning from planning to operations during a crisis.

C. Grants and Administration:

1. OPHP staff are supporting COVID response and logistical needs.
2. OPHP staff are supporting monkeypox call line logistics.

D. **Medical Reserve Corps (MRC) of Southern Nevada:** MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID response.

In October, volunteers performed blood pressure checks and distributed preparedness and health information at the Clark County Government Center’s health fair. Total “accepted” volunteers stand at about 409. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers. MRC also attended monthly NACCHO MRC Workgroup meetings. The table below summarizes volunteer hours served in the second quarter of this fiscal year.

MRC Volunteer Hours FY2023 Q2 COVID Response and Non-Emergency Economic impact rates updated October 2022

Activity	October	November	December
Health Fair	28		
SNHD COVID VAX OUTREACH	0		
SNHD SHC	0		
SNHD Monkeypox	0		
Total Hours	28		
Economic impact	\$1,423.24		

IV. VITAL RECORDS

A. November 2022 is currently showing an 5.2% increase in birth certificate sales in comparison to November 2021. Death certificate sales currently showing a 16% decrease in comparison to November 2021. SNHD received revenues of \$33,969 for birth registrations, \$22,230 for death registrations; and an additional \$7,976 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data						
Vital Statistics Services	Nov 2021	Nov 2022		FY 22-22 (Nov)	FY 22-23 (Nov)	
Births Registered	2,119	2,221	↑	10,691	10,624	↓
Deaths Registered	1,893	1,788	↓	10,178	8,434	↓
Fetal Deaths Registered	15	13	↓	83	80	↓

COMMUNITY HEALTH Vital Statistics Services – Fiscal Year Data

Vital Statistics Services	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates Sold (walk-in)	47	58	↑	159	239	↑
Birth Certificates Mail	88	85	↓	510	560	↑
Birth Certificates Online Orders	3,225	3,416	↑	19,829	18,495	↓
Birth Certificates Billed	100	83	↓	475	534	↑
Birth Certificates Number of Total Sales	3,460	3,642	↑	20,973	19,828	↓
Death Certificates Sold (walk-in)	31	25	↓	163	73	↓
Death Certificates Mail	120	184	↑	559	797	↑
Death Certificates Online Orders	9,459	7,874	↓	47,320	38,918	↓
Death Certificates Billed	59	24	↓	290	165	↓
Death Certificates Number of Total Sales	9,669	8,107	↓	48,332	39,953	↓

COMMUNITY HEALTH Vital Statistics Sales by Source - Fiscal Year Data

Vital Statistics Sales by Source	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates Sold Valley View (walk-in)	1.4%	1.6%	↑	.8%	1.2%	↑
Birth Certificates Mail	2.5%	2.3%	↓	2.4%	2.8%	↑
Birth Certificates Online Orders	93.2%	93.8%	↑	94.5%	93.3%	↓
Birth Certificates Billed	2.9%	2.3%	↓	2.3%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.3%		.3%	.2%	↓
Death Certificates Mail	1.2%	2.3%	↑	1.2%	2%	↑
Death Certificates Online Orders	98.8%	97.1%	↓	97.9%	97.4%	↓
Death Certificates Billed	.6	.3%	↓	.6%	.4%	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates (\$25)	\$86,500	\$91,050	↑	\$524,325	\$495,700	↓
Death Certificates (\$25)	\$241,725	\$202,675	↓	\$1,208,300	\$998,825	↓
Births Registrations (\$13)	\$32,682	\$33,969	↑	\$198,796	\$183,547	↓
Deaths Registrations (\$13)	\$26,286	\$22,230	↓	\$138,333	\$112,541	↓
Convenience Fee (\$2)	\$6,994	\$7,328	↑	\$42,356	\$39,508	↓
Miscellaneous Admin	\$940	\$648	↓	\$4,925	\$2,909	↓
Total Vital Records Revenue	\$395,127	\$357,900	↓	\$2,117,035	\$1,833,033	↓

*Numbers will change once stable

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Passport Applications	534	681	↑	2,935	3,670	↑
Revenue	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Passport Execution/Acceptance fee (\$35)	\$18,690	\$23,835	↑	\$102,725	\$128,450	↑

V. HEALTH CARDS

A. New Leadership

1. Cory Burgess, formerly a publication specialist in the Office of Communications, promoted into the role of Health Records Supervisor after Ray Chua’s retirement.

B. COVID Activities:

1. Perpetual oversight of door screener as ICS is demobilizing, with plans to perpetuate until instructed to cease screening and triage at front door.

C. Food Handling / Health Cards:

1. Appointments
 - a. Consistently adding 100 “next day” early morning and late afternoon appointments at Decatur and Henderson offices every afternoon as space allows.
 - b. Adding all Fremont appointments for the following week every Thursday at 5 p.m.
2. Preparations continue for the closure of the central cashier and rollout of cashiering in SHC/Annex A, Immunization Clinic and Environmental Health in January 2023.
3. Online Renewals.
 - a. For the month of November, averaging 92 “passing and paying” clients per day.

- b. Total online renewals for the month of November = 2,773 clients.
- 4. Total for month: 2,773 online + 7,837 in-person = 10,610 paying clients.

<u>CLIENTS SERVED</u>	Nov 2022	Oct 2022	Sep 2022	Aug 2022	July 2022
Food Handler Cards – New	3,016	2,573	2,107	2,663	1,639
FH Cards – Renewals	3,440	3,126	3,266	4,364	4,567
FH Cards – Online Renewals	2,794	2,965	3,181	4,222	1,958
Duplicates	232	239	228	277	167
CFSM (Manager) Cards	155	132	154	195	156
Re-Tests	906	810	876	1,252	891
Body Art Cards	67	108	107	86	89
TOTALS	10,610	9,953	9,919	13,059	9,467

VI. HEALTH EQUITY

- A. The Health Equity program received funding from the Center for Disease Control (CDC) to build, leverage, and expand infrastructure support for COVID prevention and control among populations that are at higher risk and underserved.
 - 1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
 - 1. On November 18, 2022, the Health Equity Team attended and participated as a vendor at the Nevada Minority Health Equity Coalition Impact Summit hosted at the Las Vegas City Hall.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

- 1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
- 2. SNHD STD department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of N. gonorrhoeae isolates and submits isolates to a reference laboratory for the determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
- 3. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	46	66
NAAT NG/CT	1147	1124
Syphilis	807	864
RPR/RPR Titers	193/69	195/87
Hepatitis Total	856	779
HIV/differentiated	36/10	503/15
HIV RNA	70	53

4. COVID testing:

- SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
- SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For November, the average daily testing was 432 and the average turnaround time was 38 hours days for PCR testing from the collection date to the release the of the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 937 tests per week.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station

A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	35322/14313	July	14236/1860
February	11532/1407	August	11492/790
March	6890/219	September	8991/410
April	5576/308	October	6291/549
May	9130/1165	November	8643/1059
June	11975/1999	December	

5. Reportable disease reports:

- SNPHL continues to perform 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.
- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Campylobacter	Campy ID	5	1	1	5	1	6	4	4	6	4	2	
	Campy Screen	6	2	3	10	3	9	5	9	10	7	5	
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47	47	61	46	
	Gram Stain/WBC	16	0	0	0	0	0	0	3	0	0	0	
	Neisseria ID	4	0	0	0	0	0	0	1	0	0	1	
	Haemophilus ID	4	0	3	1	2	4	1	8	1	2	0	
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0	1	10	0	
	WGS (PulseNet)	14	16	14	18	21	28	24	21	27	28	21	
Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12	24	21	13	
	Salmonella Serotype	8	10	11	12	18	10	14	10	21	16	13	
Shigella	Shigella Screen	6	1	2	5	2	7	4	5	4	6	5	
	Shigella Serotype	5	1	1	1	0	6	3	10	0	3	2	
STEC	STEC Screen	7	10	6	10	7	4	4	2	0	6	4	
	STEC Serotype	2	10	1	0	2	2	3	2	0	2	3	

Unknown	Stool Culture	0	1	19	2	2	0	0	0	0	0	1	
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0	0	2	0	
	Vibrio Screen	0	0	0	0	0	0	1	3	1	2	0	
Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0	0	0	0	

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was no case for outbreak investigation in November.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In November, SNPHL performed 52 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2022	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	0	4	1	0	0	1	3	9	

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

4. SNPHL performed 21 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in November 2022.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of November 2022, SNPHL has sequenced 254 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2	0	14	0	13	1	0	4	

10. SNPHL provides vector testing for Environmental Services; testing for Zika, West Nile, Western / Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team. In November, we test a total 653 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in November, a total of 46 clinical isolates, Neisseria gonorrhoeae 46 isolates) and Neisseria meningitidis (0 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

D. All-Hazards Preparedness:

1. SNPHL provides / assists testing for SNHD COVID Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. October 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The renovation of the clinical laboratory is almost completed now. Laboratory plan to move the clinical laboratory to the new lab in November. This new 1,400 sf of the laboratory will be added to the urine analysis, clinical chemistry, and TB testing for uninsured patients in the future.
3. The new liquid handler, Tecan, has been calibrated in the laboratory. This instrument will reduce human error and increase the capacity of the process the COVIS whole genome sequencing. The scripts of various WGS testing have been installed and laboratory staff has been trained in the first week of December.
4. SNPHL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the Monkeypox testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor intensive.
5. According to the WGS and genomic data analysis, the Omicron variant BA.5, BQ.1 and BQ1.1 lineages are dominant lineage in November, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. The new SNPHL website provides an electronic order form and automatically populates the demographic information after providers select their facility name. Our SNPHL

homepage on the APHL website has also been updated. The MONKEYPOX testing service also is available in the SNPHL website.

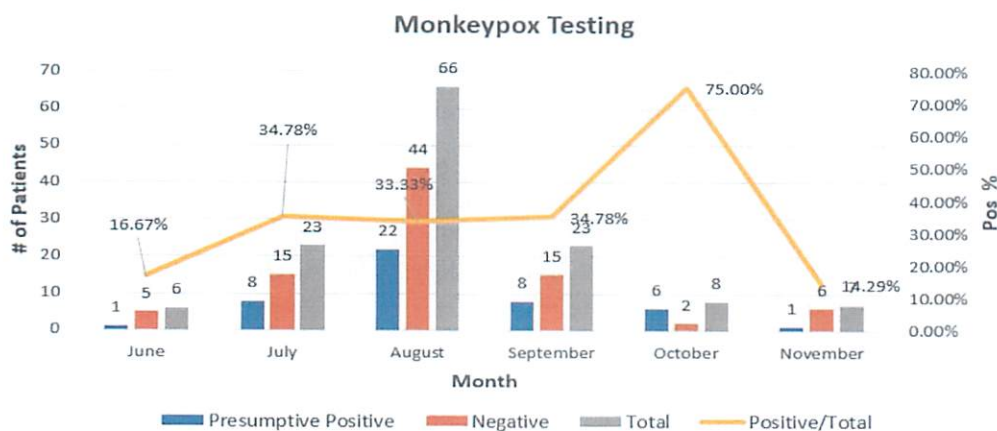
7. MP-24 nucleic acid extraction instrument has been validated and will be used in the MONKEYPOX testing in the BSL-3 laboratory.
8. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:
9. Laboratory received CDC/DOD approval to purchase Biofire instrument and Warrior panel for Ebola testing. We are waiting the Biofire company to deliver the instrument.

Monkeypox testing from SNPHL*

	June	July	August	September	October	November	Total
Presumptive Positive	1	8	22	8	6	1	46
Negative	5	15	44	15	2	6	87
Total	6	23	66	23	8	7	118
Positive/Total	16.67%	34.78%	33.33%	34.78%	75.00%	14.29%	38.98%

* Per patient

11/30/2022 updated



F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

November Services	2021	2022	
Clinical Testing Services ¹	3503	3895	↑
Epidemiology Services ²	339	534	↑
State Branch Public Health Laboratory Services ³	13,535	8,233	↓
All-Hazards Preparedness Services ⁴	10	13	↓
Environmental Health Services ⁵	0	0	↓

- ¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID Ab immunologic tests.
- ² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.
- ³ Includes COVID PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.
- ⁴ Includes Preparedness training, teleconferences, and Inspections.
- ⁵ Includes vector testing



Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, Director of Community Health
Fermin Leguen, MD, MPH, District Health Officer *FL*

MJ

Subject: Community Health Division Monthly Activity Report – December 2022

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

A. Chronic Disease Prevention Program (CDPP)

In commemoration of Diabetes Month in November, the CDPP planned and implemented several activities including a social marketing campaign to promote diabetes awareness and connect people to available resources including our free DSMES classes. CDPP staff also taught two (2) in-person DSMES classes, one (1) in English and one (1) in Spanish. Eleven people participated (eight (8) Spanish; three (3) English) and eight (8) of those 11 completed the course (five (5) Spanish and three (3) English). CDPP staff presented diabetes prevention and self-management resources to 80 Touro University medical students. Each student received a jump drive with healthcare provider toolkits for diabetes, prediabetes, stroke, and hypertension. Our Promotora Partners provided prediabetes outreach and screening in Spanish at the Dia de los Muertos event at the Springs Preserve, screening, educating, and referring 23 people for prediabetes. Finally, CDPP staff submitted our ADA Program Recognition renewal application in November. SNHD's current 4-year recognition expires January 30, 2023.

The Pop-Up Produce Markets completed their fall schedule in November with markets held at the RTC Bonneville Transit Center and at SNHD. Markets provide low-cost, fresh fruits and vegetables and accept cash, debit, credit, and SNAP/EBT. Customers that use SNAP are eligible for a Double Up Food Bucks (DUFEB) coupon, which is a federally funded nutrition incentive program for people with SNAP benefits. Including October, the markets sold over 1,580 pounds of produce and distributed \$190 worth of DUFEB coupons. Nearly 25% of all produce sales were SNAP sales.

To provide enhanced breast/chest feeding support to priority populations, CDPP provided scholarships to the online Certified Lactation Consultant course with four (4) nurses and/or CHWs from SNHD's Nurse Family Partnership (NFP) and Embracing Healthy Babies (EHB) programs. In addition, an additional scholarship is being provided to a member of the Southern Nevada Breastfeeding Coalition who works with priority population members in supporting breast/chest feeding. CDPP is also providing SNHD NFP and EHB programs with culturally and linguistically appropriate education and training materials for distribution to clients.

One of our REACH grant partners, the UNLV School of Public Health presented a poster focused on the development and implementation of the Decision Support Tool (DST) at the American Public Health Association Annual Meeting in Boston in November. The DST is a tool for planning, public works, and transportation professionals to use to integrate health, safety, and equity-related considerations into land use decisions to support safe, walkable, bikeable and connected communities.

B. Tobacco Control Program (TCP)

The SNHD TCP advocated for the American Dental Association's (ADA) passage of a resolution titled "Advocacy for Dentists to Refer to Tobacco and Vaping Cessation Quitlines." The resolution passed and is expected to increase tobacco and vaping cessation counseling and referral to Quitlines from Nevada's dental providers. Staff are currently working with the UNLV School of Dentistry to establish electronic referral to the Quitline.

Our Because We Matter initiative continues to have a presence in the African American community through media campaigns, outreach events, and community collaborations. This month staff distributed culturally and linguistically competent educational materials at Sigma Gamma Rho Centennial event. Educational materials include tobacco prevention messaging and encourage cessation by promoting the Nevada Tobacco Quitline.

Seven (7) local restaurants expanded their tobacco free policy in November. Staff provided technical assistance and signage to support the businesses in their efforts. Five (5) of the businesses are African American owned and these businesses agreed to distribute tobacco cessation information to their patrons.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. During November:

- Project evaluation staff provided preliminary findings from the young adult Hispanic/Latinx survey conducted in September 2022. Overall, survey respondents supported vaccinations in general, although the COVID vaccine was viewed with more hesitation. The most common reasons for COVID vaccine hesitancy, were that participants are concerned about side effects, vaccines being too new, do not have enough information, and believe that the

vaccine is not the way to go. Survey participants support incentives to encourage vaccination; cash payment was the most common incentive reported by participants to motivate COVID vaccination. Participants were generally less hesitant toward obtaining a flu vaccine. The most common reasons reported for flu vaccine hesitance and delay were that respondents do not believe the vaccine is necessary. Among all flu and COVID messaging samples shared, protecting children was the most effective message to encourage vaccination as well.

- To date, 230 community-level spokespersons have been trained.
- Two (2) community events to distribute information and promote vaccination occurred in November reaching 3,000 individuals.
- Four (4) pop up vaccine clinics were offered in November vaccinating 45 people for COVID and 18 for flu. A total of 5,838 vaccines have been provided to date through these efforts. 90% of individuals vaccinated at the pop-up clinics have been from our priority populations.
- The multi-component, English/Spanish language Flu media campaign to reach priority populations continued to air. The campaign consists of paid print, radio, social media (Instagram/Facebook), e-blasts and online banners. This year, a new campaign element focusing on pregnant people was incorporated. Healthcare providers are also being targeted through print publications. In November, 1,242,425 people were reached through the campaign.

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

A. Education Committee

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

The Committee accepted revisions to Article III, Section I of their bylaws allowing for two (2) At-Large representatives from local EMS agencies to EMS training programs to be added.

B. Drug/Device/Protocol Committee (DDP)

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

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer’s role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include:

- One (1) medical director of each firefighting/franchised agency;
- One (1) operational director of each firefighting/franchised agency;
- Chairman of the Regional Trauma Advisory Board; and
- An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member. The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

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

D. OEMSTS – December 2021 / 2022 Data

<u>December EMS Statistics</u>	December 2021	December 2022	
Total certificates issued	84	105	↑
New licenses issued	82	101	↑
Renewal licenses issued (recert only)	1	2	↑
Driver Only	15	30	↑
Active Certifications: EMT	838	830	↓
Active Certifications: Advanced EMT	1622	1630	↑
Active Certifications: Paramedic	1866	1895	↑
Active Certifications: RN	60	63	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff continue to assist the Health District and the community in responding to the Monkeypox pandemic. Many staff remain in SNHD activated ICS.
2. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.

3. Personnel are avidly working with internal staff who have been responding to the COVID response along with external partners to develop an interim action report for SNHD and the region.
4. The OPHP Team is constantly working with the County and the SNHD contractor to develop the regional and SNHD COVID After Action Report.

B. PHP Training and PH Workforce Development:

1. Keeping in line with the direction of SNHD's leadership, all non-essential training has been postponed focusing on the COVID response and training needs
2. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 21 fit tests completed.
3. December 5th, we sent comments for Mass Care Annex shelter sites for Clark County.
4. December 13th, our team attended the Medical Response Surge Exercise C&O meeting.
5. December 20th, we were able to complete the Closed POD Agreement with City of North Las Vegas.

B. Hospital Preparedness Program (HPP): OPHP dispensed a Hospital Preparedness Program Liaison

1. December 1st & 2nd – The Healthcare Coalition Coordinator finished attendance at the National Healthcare Coalition Preparedness Conference by attending the general session on Active Shooter. Real life stories of tragedy and triumph, also the presentations on Care site outreach support Teams and Coalitions, Evacuation of people with disabilities from buildings and the work required to develop a plan, developing an Incident Response Team in the Coalition which provides an additional capability to the rural portion of Clark County, Nevada, and finally, are you prepared for the next cyber-attack -which touts the use of resources to combat this phenomenon. On December 2, the Healthcare Coalition Coordinator attended the Cedars-Sinai Special Pathogens Preparedness workshop in Los Angeles. The workshop included presentations by Cedars-Sinai Regional Emerging Special Pathogens Treatment Center, Los Angeles County Department of Public Health and Emergency Medical Services preparedness, University of California at Los Angeles, Kaiser hospital, the Children's Hospital of Los Angeles with a perspective of preparing for the impact of the emerging special pathogens on children, and a tour of the High-Risk Ambulance and Mobile Command Center supporting this endeavor.
2. December 5th – The Hospital Preparedness Program Liaison met with the Assistant Chief of Special Operations for the Las Vegas Fire & Rescue HazMat Team confirming that the

HazMat team will be the transportation asset for any Ebola/Special Emerging Pathogens in Clark County.

3. December 7th – The Hospital Preparedness Program Liaison attended the quarterly Public Health Preparedness Partners Meeting in Las Vegas, Nevada. Several topics were covered by the partners like potential new reporting format, due date of the upcoming HPP budget and Scope of Work (DRAFT) for submission through the Coalition Assessment Tool (CAT), and training requirements covered through the HPP grant.
4. December 8th – The Healthcare Coalition Coordinator finalized the location for the Pediatric Disaster Response and Emergency Preparedness Course provided by the Texas A&M Engineering Extension Services (TEEX). The SNHPC Hospital Partner, Southern Hills Hospital & Medical Center volunteered to host this two-day training course which will be followed by a TEEX presentation to the Southern Nevada Healthcare Preparedness Coalition. Also, the HCC Coordinator attended the University Medical Center of Southern Nevada's Emergency Management Committee Meeting providing information on the upcoming Healthcare Coalition meeting in January 2023 which includes officer elections and introduction of new FBI attendees, upcoming planning meetings and the information on the upcoming Chemical Response Functional Exercise.
5. December 12th – The HPP liaison participated in the Concepts and Objectives meeting for the Public Health Emergency Program's full-scale exercise based on a Point of Dispensing Mega site at Thomas & Mack in 2023.
6. December 13th – The Healthcare Coalition Coordinator hosted the final planning meeting for the Chemical Response Functional Exercise for the Southern Nevada Healthcare Preparedness Coalition. Multiple agencies participated in the final planning meeting.
7. December 20th – The Healthcare Coalition Coordinator participated in a call from the Centers for Disease Control and Prevention's Clinician Outreach and Communication Activity (COCA) discussion the current Ebola outbreak in Africa. On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of Ebola disease caused by Sudan ebolavirus (SUDV). This is the fifth outbreak caused by SUDV in Uganda since 2000. No probable or confirmed cases related to this outbreak have yet been reported in the United States. During this COCA Call, subject matter experts from the Centers for Disease Control and Prevention (CDC) will discuss signs and symptoms of Ebola, disease progression, importance of alternative diagnoses or treatments, and the utility of a CDC clinical consult. Presenters will also review specimen handling and testing biosafety, and infection prevention and control recommendations.

C. Grants and Administration:

1. OPHP staff are supporting COVID response and logistical needs.
2. OPHP staff are supporting monkeypox call line logistics.

D. Medical Reserve Corps (MRC) of Southern Nevada: MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID response.

In November, volunteers distributed preparedness calendars and provided a first aid station at the Project Homeless Connect. One Volunteer continues to give COVID vaccinations at outreach events. Three volunteers assisted the SNHD SHC with office support. Total “accepted” volunteers stand at about 399. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers. MRC continues to advocate for use of volunteers within SNHD. MRC also attended monthly NACCHO MRC Workgroup meetings. The table below summarizes volunteer hours served in the second quarter of this fiscal year.

MRC Volunteer Hours FY2023 Q2 COVID Response and Non-Emergency Economic impact rates updated November 2022

Activity	October	November	December
Health Fair	28	17	
SNHD COVID VAX OUTREACH	0	10	
SNHD SHC	0	16	
SNHD Monkeypox	0	0	
Total Hours	28	43	
Economic impact	\$1,423.24	\$1,287.85	

IV. VITAL RECORDS

- A. December 2022 is currently showing an 4.8% increase in birth certificate sales in comparison to December 2021. Death certificate sales currently showing a 10.5% decrease in comparison to December 2021. SNHD received revenues of \$30,836 for birth registrations, \$23,348 for death registrations; and an additional \$7,110 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec 2021	Dec 2022		FY 22-22 (Dec)	FY 22-23 (Dec)	
Births Registered	2,006	1,980	↓	13,091	12,599	↓
Deaths Registered	2,119	1,868	↓	12,297	10,302	↓
Fetal Deaths Registered	21	16	↓	104	96	↓

COMMUNITY HEALTH Vital Statistics Services – Fiscal Year Data

Vital Statistics Services	Dec 2021	Dec 2022		FY 21-22 (Dec)	FY 22-23 (Dec)	
Birth Certificates Sold (walk-in)	62	57	↓	221	296	↑
Birth Certificates Mail	57	130	↑	567	690	↑
Birth Certificates Online Orders	2,949	2,952	↑	22,778	21,447	↓
Birth Certificates Billed	81	162	↑	556	696	↑
Birth Certificates Number of Total Sales	3,149	3,301	↑	24,122	23,129	↓
Death Certificates Sold (walk-in)	26	30	↑	189	103	↓
Death Certificates Mail	90	123	↑	649	920	↑
Death Certificates Online Orders	9,260	8,247	↓	56,580	47,165	↓
Death Certificates Billed	53	33	↓	343	198	↓
Death Certificates Number of Total Sales	9,429	8,433	↓	57,761	48,386	↓

COMMUNITY HEALTH Vital Statistics Sales by Source - Fiscal Year Data

Vital Statistics Sales by Source	Dec 2021	Dec 2022		FY 21-22 (Dec)	FY 22-23 (Dec)	
Birth Certificates Sold Valley View (walk-in)	2%	1.7%	↓	.9%	1.3%	↑
Birth Certificates Mail	1.8%	3.9%	↑	2.4%	3%	↑
Birth Certificates Online Orders	93.6%	89.4%	↓	94.4%	92.7%	↓
Birth Certificates Billed	2.6%	4.9%	↑	2.3%	3%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.4%	↑	.3%	.2%	↓
Death Certificates Mail	1%	1.5%	↑	1.1%	1.9%	↑
Death Certificates Online Orders	98.2%	97.8%	↓	98%	97.5%	↓
Death Certificates Billed	.6	.4%	↓	.6%	.4%	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Dec 2021	Dec 2022		FY 21-22 (Dec)	FY 22-23 (Dec)	
Birth Certificates (\$25)	\$78,725	\$82,525	↑	\$603,050	\$578,225	↓
Death Certificates (\$25)	\$235,725	\$210,825	↓	\$1,444,025	\$1,209,650	↓
Births Registrations (\$13)	\$29,861	\$30,836	↑	\$228,657	\$214,383	↓
Deaths Registrations (\$13)	\$26,663	\$23,348	↓	\$164,996	\$135,889	↓
Convenience Fee (\$2)	\$6,526	\$6,438	↓	\$48,882	\$45,946	↓
Miscellaneous Admin	\$660	\$672	↑	\$5,585	\$3,581	↓
Total Vital Records Revenue	\$378,160	\$354,644	↓	\$2,495,195	\$2,187,674	↓

*Numbers will change once stable

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Dec 2021	Dec 2022		FY 21-22 (Dec)	FY 22-23 (Dec)	
Passport Applications	533	659	↑	3,468	4,329	↑

Revenue	Dec 2021	Dec 2022		FY 21-22 (Dec)	FY 22-23 (Dec)	
Passport Execution/Acceptance fee (\$35)	\$18,655	\$23,065	↑	\$121,380	\$151,515	↑

V. HEALTH CARDS

A. COVID Activities:

1. Perpetual oversight of door screener as ICS is demobilizing, with plans to perpetuate until instructed to cease screening and triage at front door.

B. Food Handling / Health Cards:

1. Appointments
 - a. Consistently adding 100 “next day” early morning and late afternoon appointments at Decatur and Henderson offices for the following week every Thursday at 5 p.m.
 - b. Adding all Fremont appointments for the following week every Thursday at 5 p.m.

- c. First week of January 2023 appointments for all five locations opened December 22 with an additional week of slots being opened every Thursday at 5 p.m. going forward.
- 2. Preparations continue for the closure of the central cashier and rollout of cashiering in SHC/Annex A, Immunization Clinic and Environmental Health in January 2023.
- 3. Online Renewals.
 - a. For the month of December, averaging 97 “passing and paying” clients per day.
 - b. Total online renewals for the month of December = 3,021 clients.
- 4. Total for month: 3,021 online + 8,828 in-person = 11,849

<u>CLIENTS SERVED</u>	Dec 2022	Nov 2022	Oct 2022	Sep 2022	Aug 2022
Food Handler Cards – New	3,175	3,016	2,573	2,107	2,663
FH Cards – Renewals	3,924	3,440	3,126	3,266	4,364
FH Cards – Online Renewals	3,021	2,794	2,965	3,181	4,222
Duplicates	244	232	239	228	277
CFSM (Manager) Cards	162	155	132	154	195
Re-Tests	1,254	906	810	876	1,252
Body Art Cards	69	67	108	107	86
TOTALS	11,849	10,610	9,953	9,919	13,059

VI. HEALTH EQUITY

- A. The Health Equity program received funding from the Center for Disease Control (CDC) to build, leverage, and expand infrastructure support for COVID prevention and control among populations that are at higher risk and underserved.
 - 1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
 - 1. On December 1, 2022, the Health Equity Team in collaboration with SNHD’s Ryan White program and the LGBTQ Center, hosted a World AIDS Day event. The event included notable speakers on the topic of HIV and vendors providing services and resources.
 - 2. On December 15, 2022, the HE program disseminated its 2nd quarterly program newsletter. Newsletter registration and access is located at <https://www.southernnevadahealthdistrict.org/programs/health-equity/newsletters/>.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
2. SNHD STD department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits isolates to a reference laboratory for the determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	48	65
NAAT NG/CT	1023	1116
Syphilis	808	860
RPR/RPR Titers	180/66	194/85
Hepatitis Total	758	766
HIV/differentiated	396/9	530/14
HIV RNA	57	54

4. COVID testing:
 - SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
 - SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
 - For December, the average daily testing was 469 and the average turnaround time was 35 hours days for PCR testing from the collection date to the release the of the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 1,035 tests per week.
 - IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
 - Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station

A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVD	# PCR\$ NAAT/#POS
January	35322/14313	July	14236/1860
February	11532/1407	August	11492/790
March	6890/219	September	8991/410
April	5576/308	October	6291/549
May	9130/1165	November	8643/1059
June	11975/1999	December	9858/1135

5. Reportable disease reports:

- SNPHL continues to perform 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.
- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	5	1	1	5	1	6	4	4	6	4	2	1	40
	Campy Screen	6	2	3	10	3	9	5	9	10	7	5	2	71
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47	47	61	46	48	777
	Gram Stain/WBC	16	0	0	0	0	0	0	3	0	0	0	3	22
	Neisseria ID	4	0	0	0	0	0	0	1	0	0	1	0	6
	Haemophilus ID	4	0	3	1	2	4	1	8	1	2	0	5	31
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0	10	10	0	0	23
	WGS (PulseNet)	14	16	14	18	21	28	24	21	27	28	21	6	238

Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12	24	21	13	8	172
	Salmonella Serotype	8	10	11	12	18	10	14	10	21	16	13	5	148
Shigella	Shigella Screen	6	1	2	5	2	7	4	5	4	6	5	1	48
	Shigella Serotype	5	1	1	1	0	6	3	10	0	3	2	0	32
STEC	STEC Screen	7	10	6	10	7	4	4	2	3	6	4	7	70
	STEC Serotype	2	10	1	0	2	2	3	2	0	2	3	0	27
Unknown	Stool Culture	0	1	19	2	2	0	0	0	0	0	1	0	25
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0	0	2	0	0	3
	Vibrio Screen	0	0	0	0	0	0	1	3	1	2	0	0	7
Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0	0	0	0	0	1

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was no case for outbreak investigation in December.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In December, SNPHL performed 69 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance

- SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2022	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	0	4	1	0	0	1	3	9	0

- SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
- SNPHL performed six (6) Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in December 2022.
- SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
- SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
- SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of December 2022, SNPHL has sequenced 225 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.
- SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
- SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2	0	14	0	13	1	0	4	7

10. SNPHL provides vector testing for Environmental Services, testing for Zika, West Nile, Western / Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team. In December, we tested a total 0 mosquito pools samples.

11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in November, a total of 48 clinical isolates, Neisseria gonorrhoeae 46 isolates) and Neisseria meningitidis (0 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

D. All-Hazards Preparedness:

1. SNPHL provides / assists testing for SNHD COVID Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

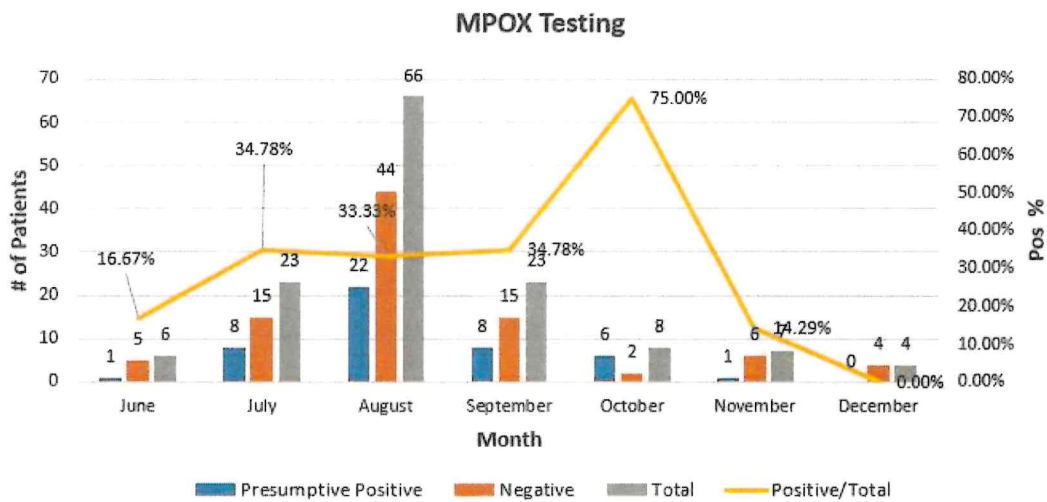
E. December 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The renovation of the clinical laboratory is almost completed now. Laboratory plan to move the clinical laboratory to the new lab in the second week of January 2023. This new 1,400 sf of the laboratory will be added to the urine analysis, clinical chemistry, and TB testing for uninsured patients in the future.
3. The staff from molecular laboratory has been trained for the new liquid handler, Tecan, in December 2022. This instrument will reduce human error and increase the capacity of the process the COVIS whole genome sequencing. The scripts of various WGS testing have been installed and laboratory staff has been trained in the first week of December.
4. SNPHL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the Monkeypox testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor intensive.
5. We received CDC approval for purchasing Biofire instruments and other reagents on Friday, December 15, 2022. We started to install and validate the warrior panel and verification process with CDC. CDC is also under development and validating the new PCR methods for the identification of the Ebola Sudan strain.
6. According to the WGS and genomic data analysis, the Omicron variant BA.5, BQ.1 and BQ1.1 lineages are domain lineage in November, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
7. SNPHL still remain the service for the Monkeypox testing for the residents of Clark County even the ICS for Monkeypox has been demobilized.
8. Laboratory received a CDC Legionella ELITE certificate last Friday. That allows us to perform Legionella testing from the environmental samples. This is the ELC project that we like to cooperate with Robert Cole from the environmental health division.
9. MP-24 nucleic acid extraction instrument has been validated and will be used in the MONKEYPOX testing in the BSL-3 laboratory.
10. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:

MPOX testing from SNPHL*								
	June	July	August	September	October	November	December	Total
Presumptive Positive	1	8	22	8	6	1	0	46
Negative	5	15	44	15	2	6	4	91
Total	6	23	66	23	8	7	4	118
Positive/Total	16.67%	34.78%	33.33%	34.78%	75.00%	14.29%	0.00%	38.98%

* Per patient

12/28/2022 updated



F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

December Services	2021	2022	
Clinical Testing Services ¹	3,296	3,942	↑
Epidemiology Services ²	400	766	↑
State Branch Public Health Laboratory Services ³	17,304	9,474	↓
All-Hazards Preparedness Services ⁴	9	7	↓
Environmental Health Services ⁵	0	0	

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

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

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

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing

Memorandum

Date: January 17, 2023
To: Southern Nevada Community Health Center Governing Board
From: Randy Smith, FQHC Operations Officer *RS*
 Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – NOVEMBER 2022

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.

HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 25 referrals between November 1 through November 16. There were 2 pediatric clients referred to the program in November and the program did not receive any referrals for pregnant women living with HIV during this time.
- B. There were 287 total service encounters in the month of November provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 173 unduplicated clients served under these programs in November.
- C. The Ryan White ambulatory clinic had a total of 168 visits in the month of November: 11 initial provider visits, 58 established provider visits, 7 tele-visits (established clients). There were 7 Nurse visits and 85 lab visits. There were 21 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of November.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 7 patients enrolled and seen under the Rapid stART program in November.

Family Planning (FP)

Unduplicated Patients	Nov 2021	Nov 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	71	111	↑	667	495	↓
Number of Pt: Decatur PHC	311	328	↑	1,047	1,248	↑

Duplicated Patients	Nov 2021	Nov 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	71	111	↑	845	653	↓
Number of Pt: Decatur PHC	325	354	↑	1,399	1,758	↑

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 465 clients: 439 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 111 clients: 111 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 354 clients: 328 of them were unduplicated.

Pharmacy Services

Pharmacy Services	Nov-21	Nov-22		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1110	1144	↑	5161	5837	↑	13.1%
Prescriptions Filled	1393	1537	↑	6548	7748	↑	18.3%
Client Clinic Encounters (Pharmacist)	24	30	↑	152	240	↑	57.9%
Financial Assistance Provided	9	8	↓	39	36	↓	-7.7%
Insurance Assistance Provided	8	2	↓	18	7	↓	-61.1%

- A. Dispensed 1537 prescriptions for 1144 clients.
- B. Pharmacist assessed/counseled 30 clients in clinics.
- C. Assisted 8 clients to obtain medication financial assistance.
- D. Assisted 2 clients with insurance approvals.

Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
November 2022		
Total number of referrals received	565	
Total number of referrals inactive/cancelled	TANF: 1	
Total number of applications submitted	Medicaid only: 53	SNAP only: 14
	Medicaid/SNAP: 36	Hardship: 2

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of November 2022.

Clients seen November 2022	52
Client required medical follow- up for Communicable Diseases	3
Referrals for TB issues	1
Referrals for Chronic Hep B	3
Referrals for STD	2
Pediatric Refugee Exams	18
Clients encounter by program	52
Total for fiscal year (FY22-23)	222

Quality & Risk Management

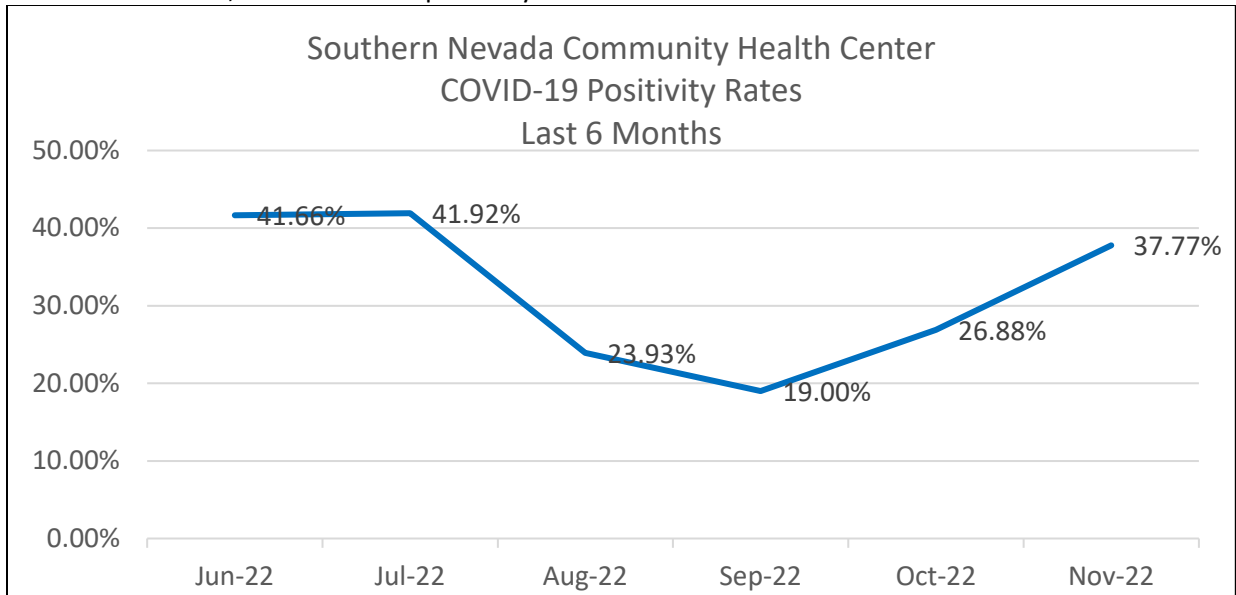
A. Quality

COVID-19 Testing

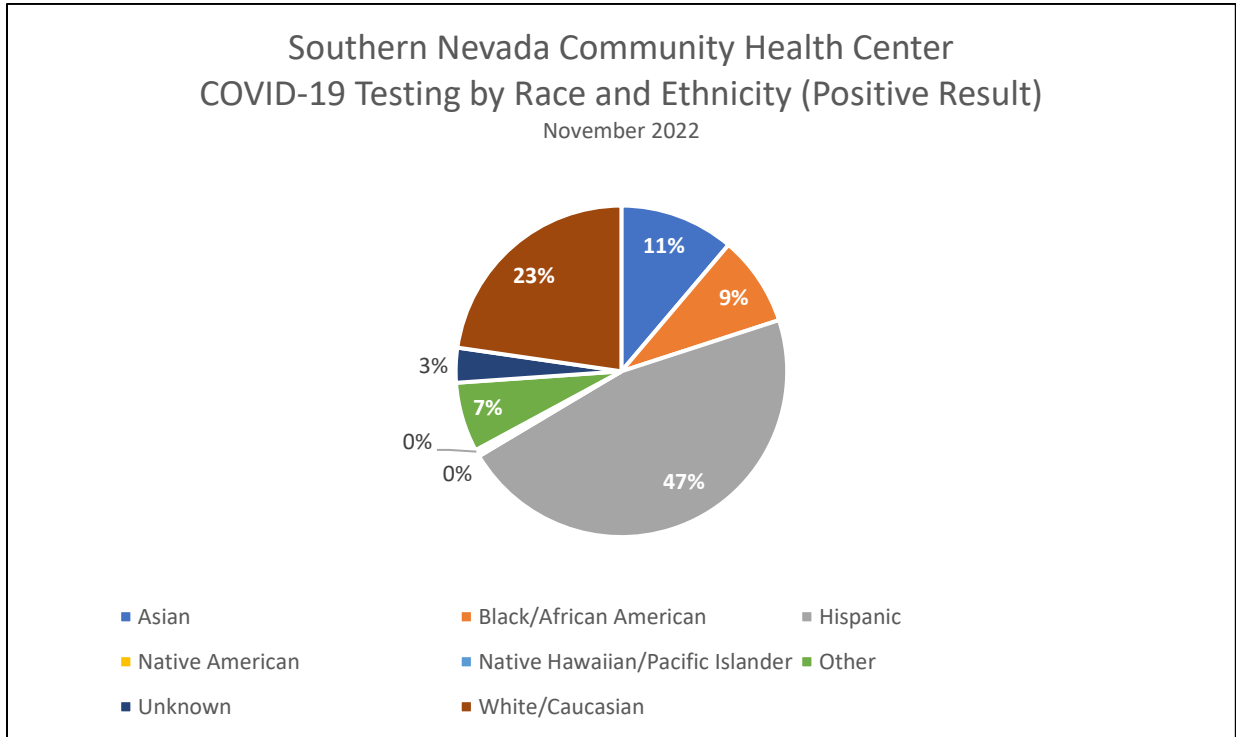
From April 2020 to November 2022 the Southern Nevada Community Health Center completed 97,428 COVID-19 tests, 781 of which were conducted in November of 2022.

The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

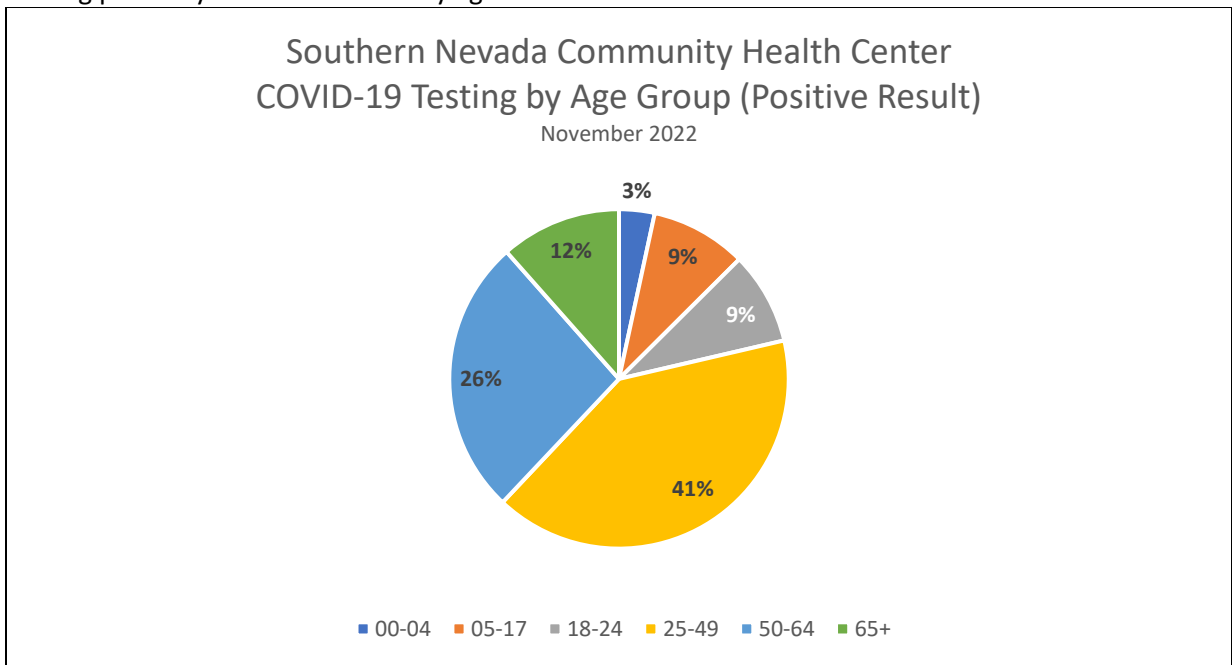
In November 2022, the COVID test positivity rate was 37.77%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program

The Southern Nevada Community Health Center administered 970 COVID doses in the month of November.

C. Monkeypox

The Southern Nevada Community Health Center administered 286 Monkeypox doses in the month of November.

D. Telehealth

The Health Center saw 58 patients in November via telehealth, 3.77% of the patients that were seen in our clinics.

E. Health Center Visits

The Health Center scheduled 1,538 patient appointments in November. Of scheduled patients, 64.30% kept their appointments. There was a 31.92% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

- There were no HIPAA breaches at the Health Center in November.

Exposure Incidents:

- There were no exposure incidents at the Health Center in November.

Medical Events:

- There were no medical events at the Health Center in November.

Patient Satisfaction:

- See survey results.

The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Health Center Visit Report Summary – November 2022



	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits						Total Scheduled Patients	
	Provider Visits						Audio Visit	Televisit	Total Telehealth Visits					
Family Health Clinic	320	20.81%	72	4.68%	137	8.91%	37	63.79%	4	6.90%	41	2.67%	570	37.06%
Behavioral Health Clinic*		0.00%		0.00%		0.00%	6	10.34%		0.00%	6	0.39%	6	0.39%
Family Planning Clinic	270	17.56%	14	0.91%	105	6.83%		0.00%		0.00%	0	0.00%	389	25.29%
Refugee Clinic	89	5.79%		0.00%	21	1.37%		0.00%		0.00%	0	0.00%	110	7.15%
Ryan White	310	20.16%	43	2.80%	99	6.44%	2	7.00%	9	15.52%	11	0.72%	463	30.10%
Totals	989	64.30%	129	8.39%	362	23.54%	45	77.59%	13	22.41%	58	3.77%	1538	100.00%

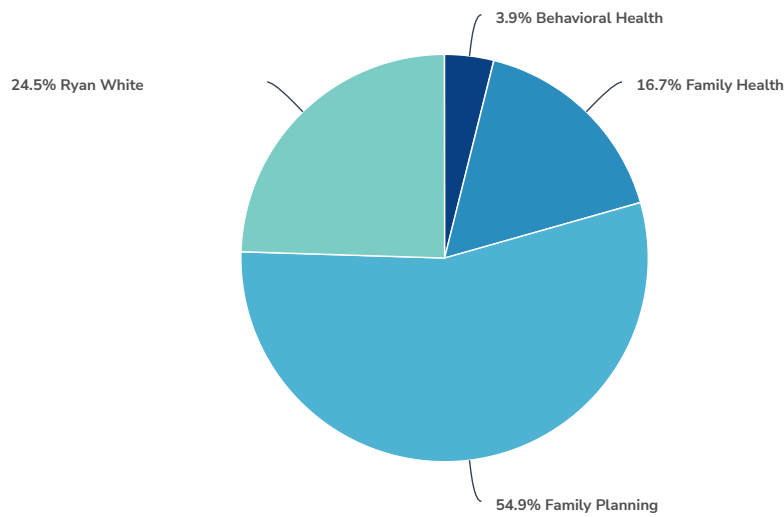
*Visits included in Family Planning Clinic

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

Response Counts

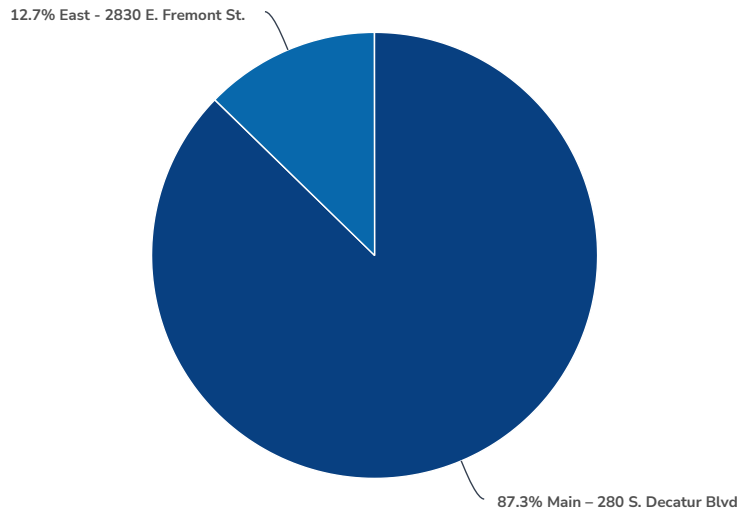
Completion Rate:	87%	
	Complete	100
	Partial	15
		Totals: 115

1. Service received during your visit



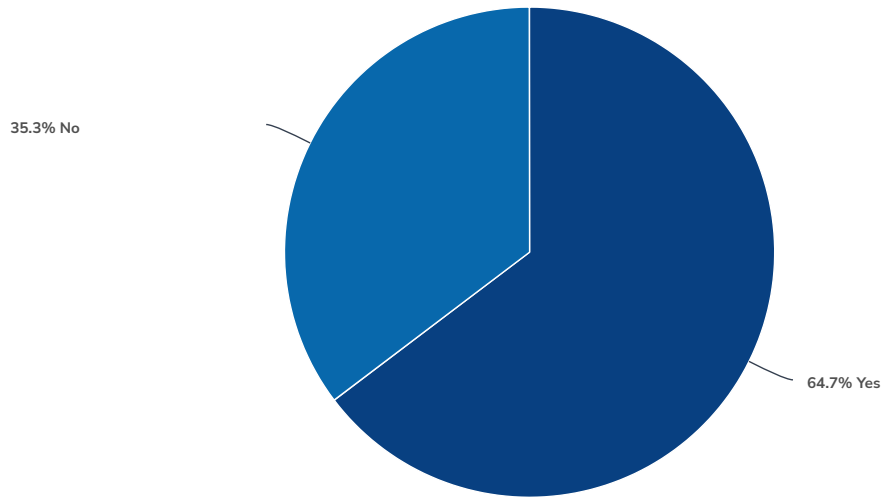
Value	Percent	Responses
Behavioral Health	3.9% <input type="text"/>	4
Family Health	16.7% <input type="text"/>	17
Family Planning	54.9% <input type="text"/>	56
Ryan White	24.5% <input type="text"/>	25
		Totals: 102

2. Southern Nevada Health District (SNHD) location



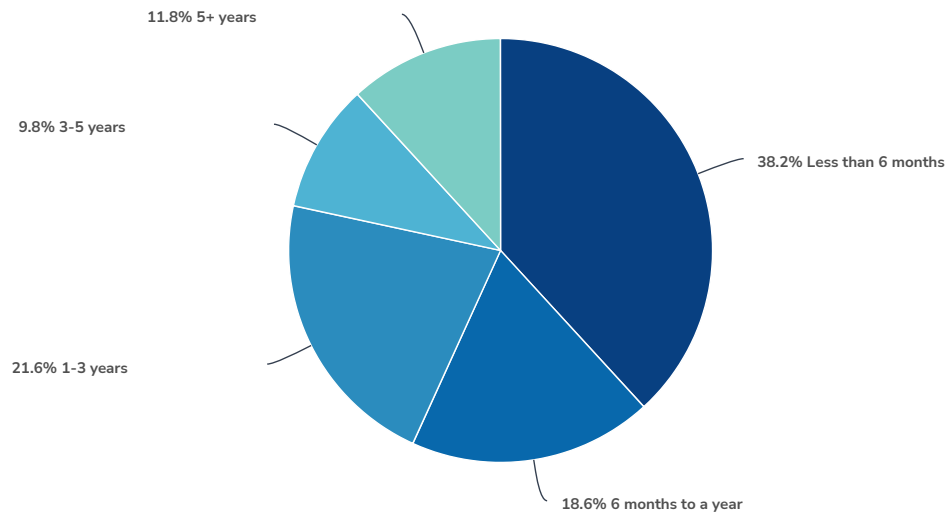
Value	Percent	Responses
Main - 280 S. Decatur Blvd	87.3%	89
East - 2830 E. Fremont St.	12.7%	13
		Totals: 102

3. Do you have health insurance?



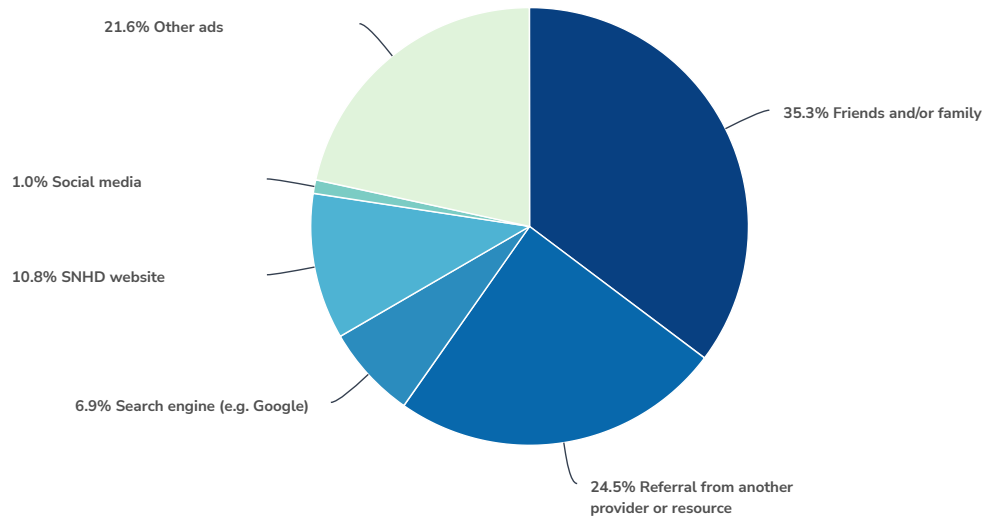
Value	Percent	Responses
Yes	64.7%	66
No	35.3%	36
		Totals: 102

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Responses
Less than 6 months	38.2%	39
6 months to a year	18.6%	19
1-3 years	21.6%	22
3-5 years	9.8%	10
5+ years	11.8%	12
		Totals: 102

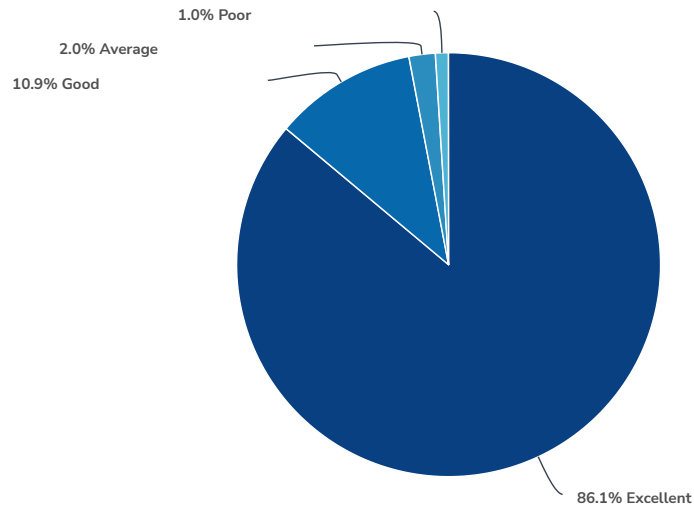
5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	35.3%	36
Referral from another provider or resource	24.5%	25
		Totals: 102

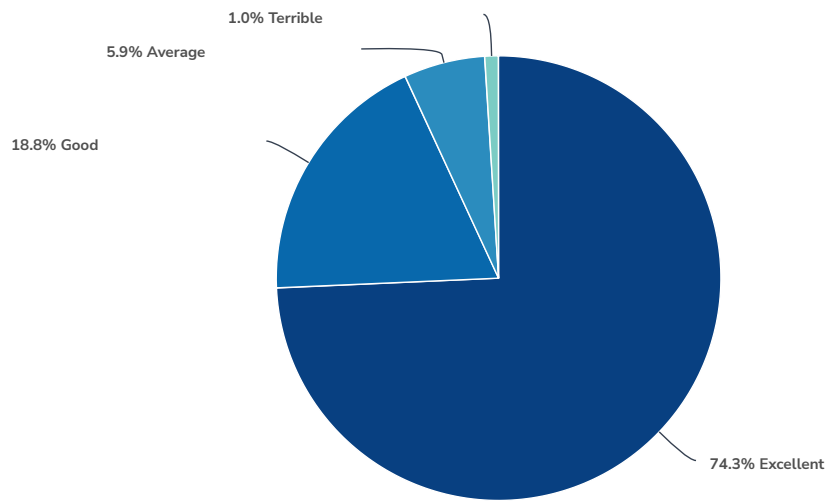
Value	Percent	Responses
Search engine (e.g. Google)	6.9%	7
SNHD website	10.8%	11
Social media	1.0%	1
Other ads	21.6%	22
		Totals: 102

6. Ease of scheduling an appointment



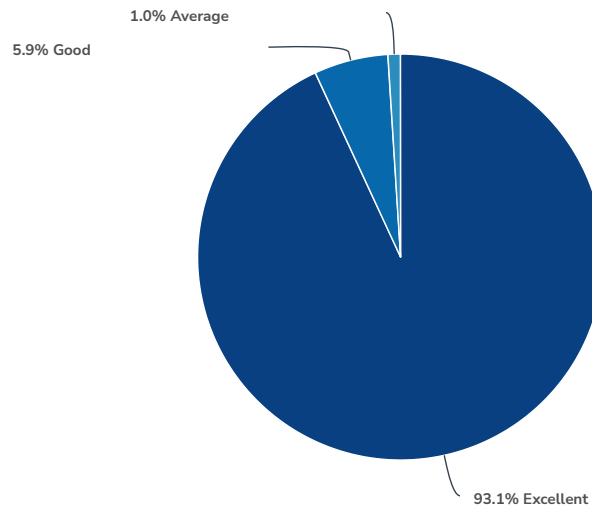
Value	Percent	Responses
Excellent	86.1%	87
Good	10.9%	11
Average	2.0%	2
Poor	1.0%	1
		Totals: 101

7. Wait time to see provider



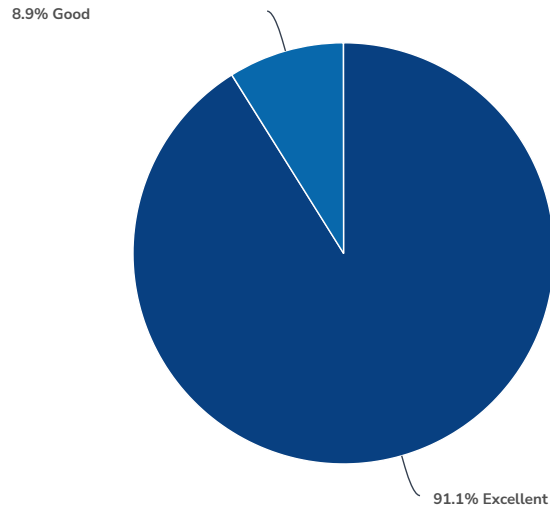
Value	Percent	Responses
Excellent	74.3%	75
Good	18.8%	19
Average	5.9%	6
Terrible	1.0%	1
		Totals: 101

8. Care received from providers and staff



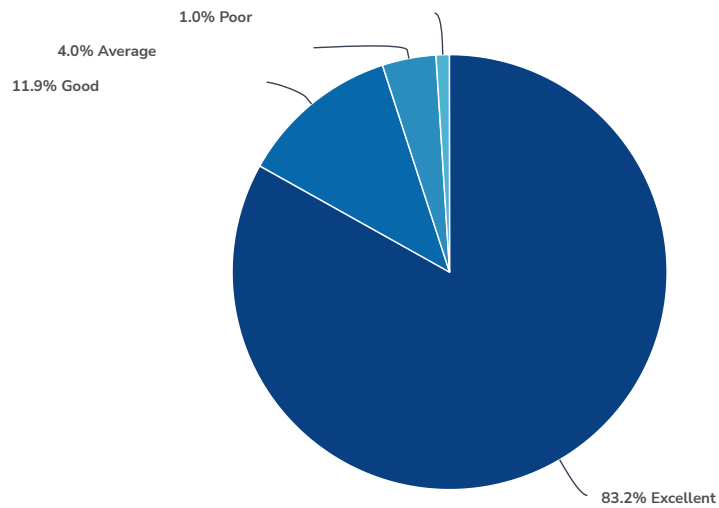
Value	Percent	Responses
Excellent	93.1%	94
Good	5.9%	6
Average	1.0%	1
		Totals: 101

9. Understanding of health care instructions following your visit



Value	Percent	Responses
Excellent	91.1%	92
Good	8.9%	9
		Totals: 101

10. Hours of operation

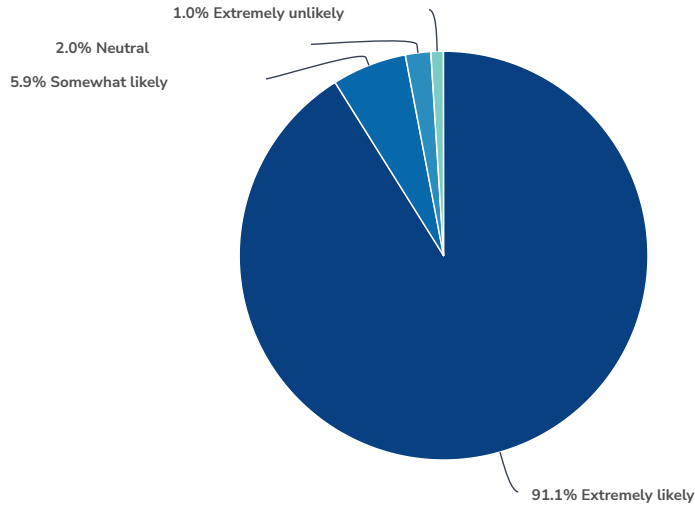


Value	Percent	Responses
Excellent	83.2%	84
Good	11.9%	12
Average	4.0%	4
		Totals: 101

Value	Percent	Responses
Poor	1.0%	1

Totals: 101

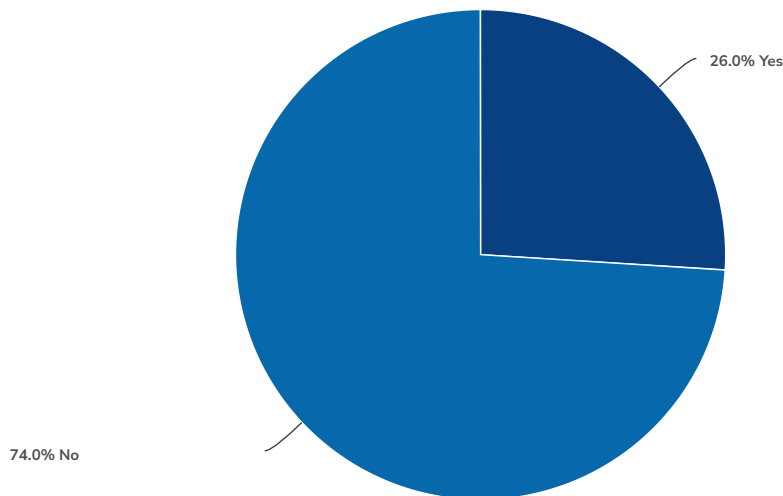
11. Recommendation of our health center to friends and family



Value	Percent	Responses
Extremely likely	91.1%	92
Somewhat likely	5.9%	6
Neutral	2.0%	2
Extremely unlikely	1.0%	1

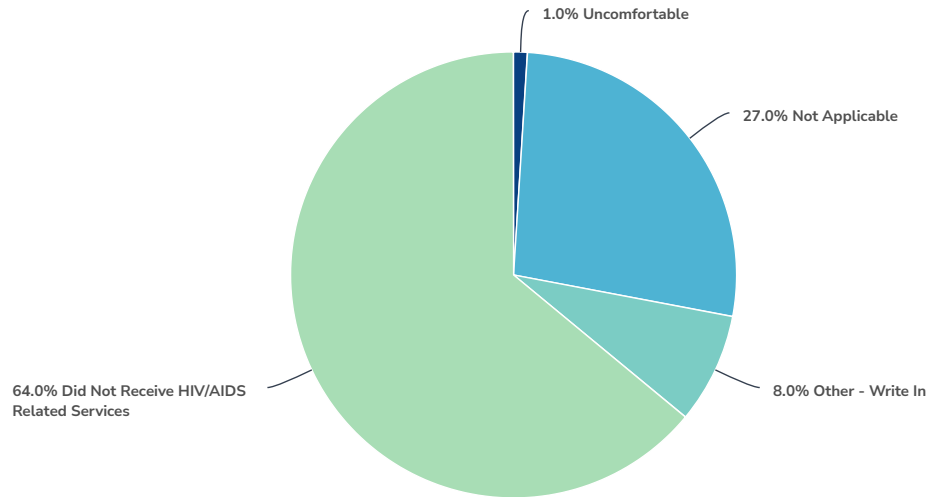
Totals: 101

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



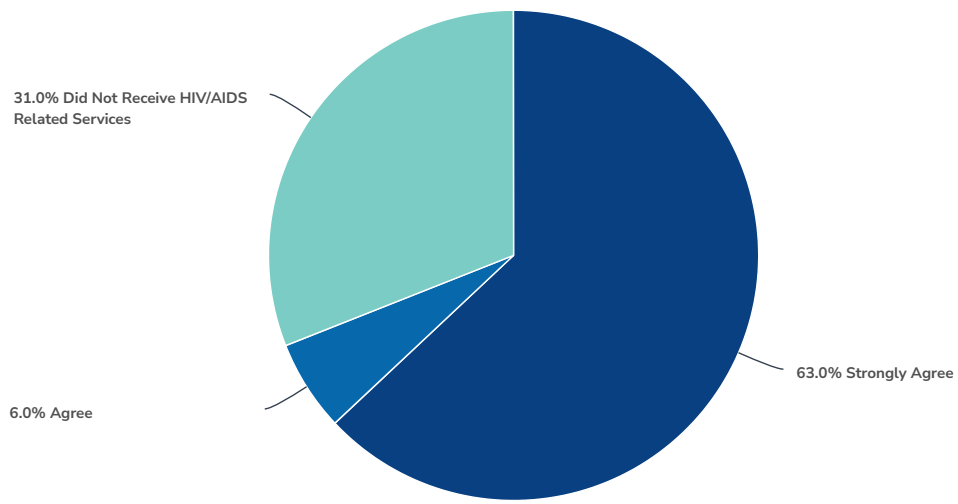
Value	Percent	Responses
Yes	26.0%	26
No	74.0%	74
Totals: 100		

13. Based on your HIV status, at any moment during your visit, did you feel...



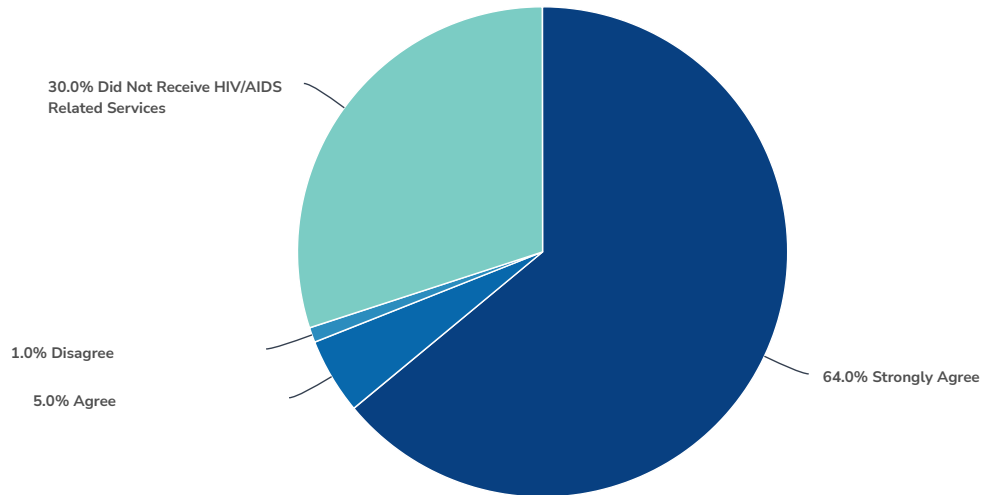
Value	Percent	Responses
Uncomfortable	1.0%	1
Not Applicable	27.0%	27
Other - Write In (click to view)	8.0%	8
Did Not Receive HIV/AIDS Related Services	64.0%	64
Totals: 100		

14. During your visit, did you feel that staff members treated you with care?



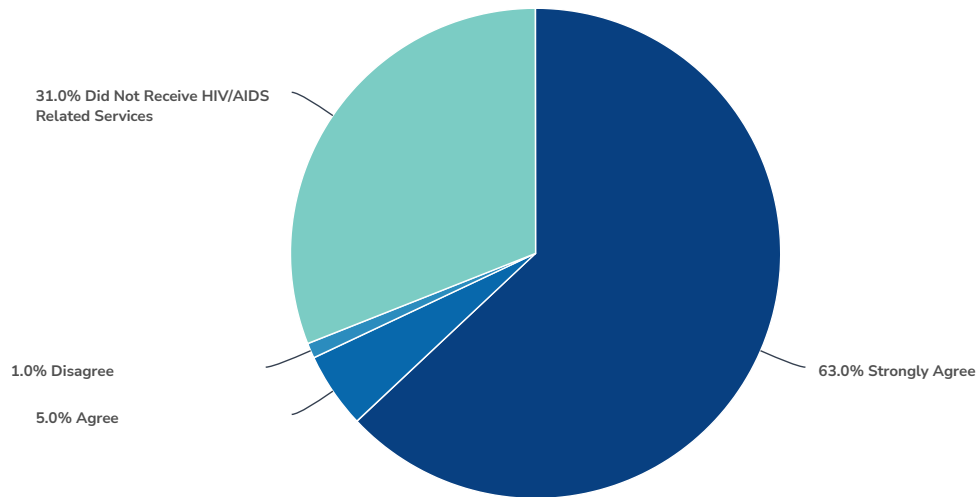
Value	Percent	Responses
Strongly Agree	63.0%	63
Agree	6.0%	6
Did Not Receive HIV/AIDS Related Services	31.0%	31
		Totals: 100

15. During your visit, did you feel that staff members treated you with respect



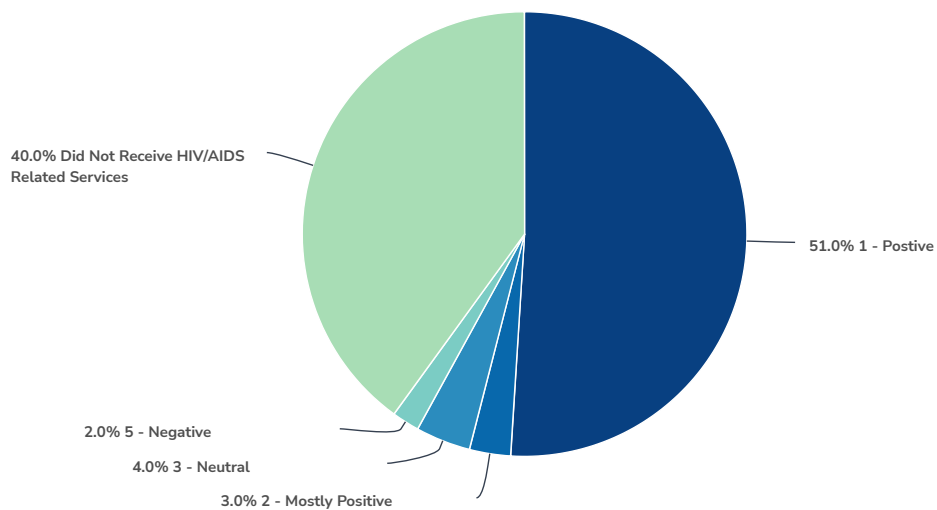
Value	Percent	Responses
Strongly Agree	64.0%	64
Agree	5.0%	5
Disagree	1.0%	1
Did Not Receive HIV/AIDS Related Services	30.0%	30
		Totals: 100

16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	63.0%	63
Agree	5.0%	5
Disagree	1.0%	1
Did Not Receive HIV/AIDS Related Services	31.0%	31
		Totals: 100

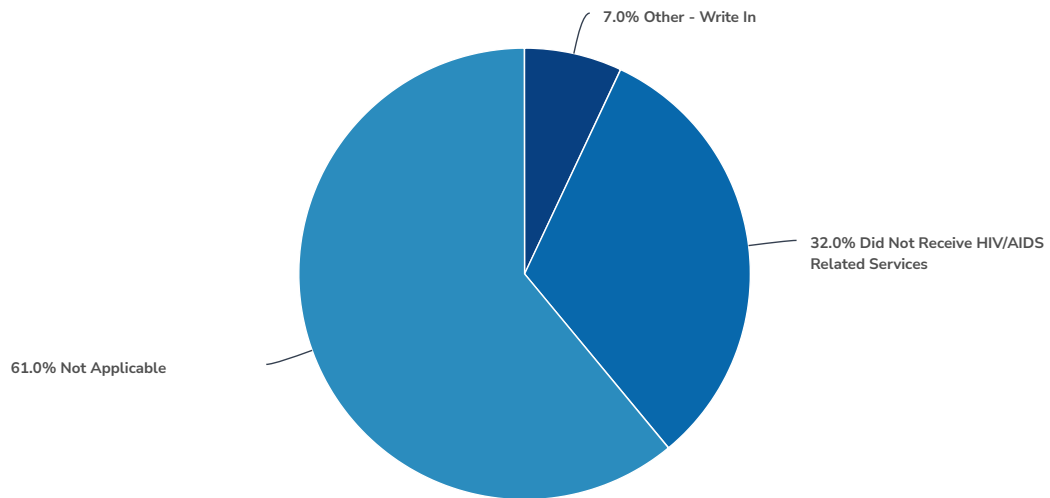
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	51.0%	51
		Totals: 100

Value	Percent	Responses
2 - Mostly Positive	3.0%	3
3 - Neutral	4.0%	4
5 - Negative	2.0%	2
Did Not Receive HIV/AIDS Related Services	40.0%	40
		Totals: 100

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



Value	Percent	Responses
Other - Write In (click to view)	7.0%	7
Did Not Receive HIV/AIDS Related Services	32.0%	32
Not Applicable	61.0%	61
		Totals: 100

19. Comments

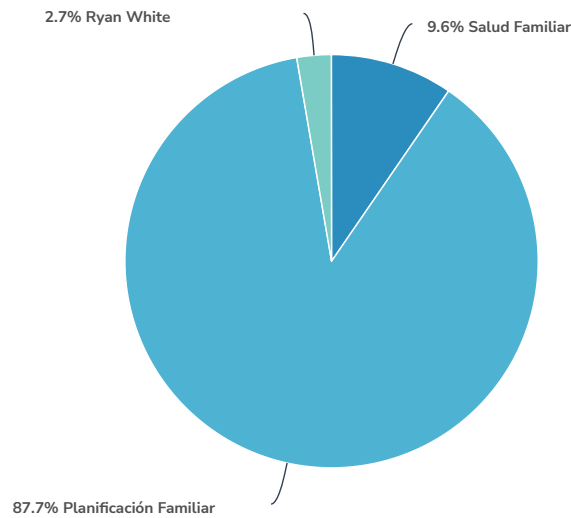
[Show Responses](#) ▾

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

Response Counts

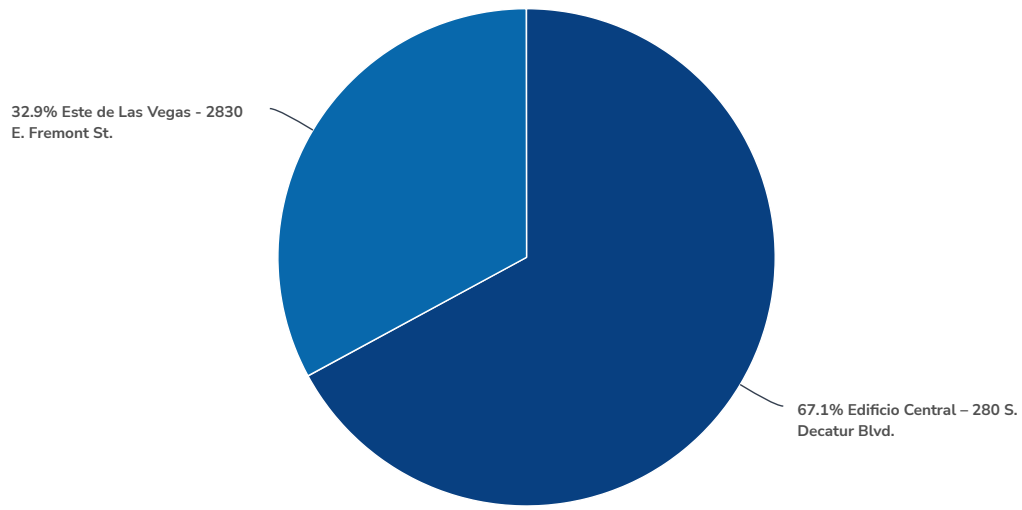
Completion Rate:	94.5%	
Complete		69
Partial		4
		Totals: 73

1. Marque los servicios recibidos durante su visita



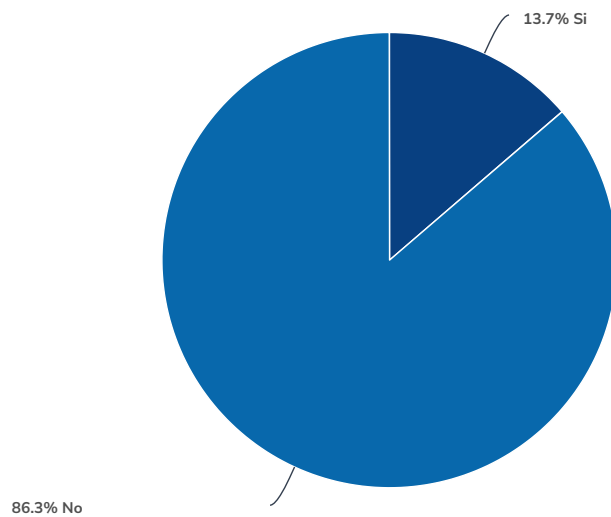
Value	Percent	Responses
Salud Familiar	9.6%	7
Planificación Familiar	87.7%	64
Ryan White	2.7%	2
		Totals: 73

2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



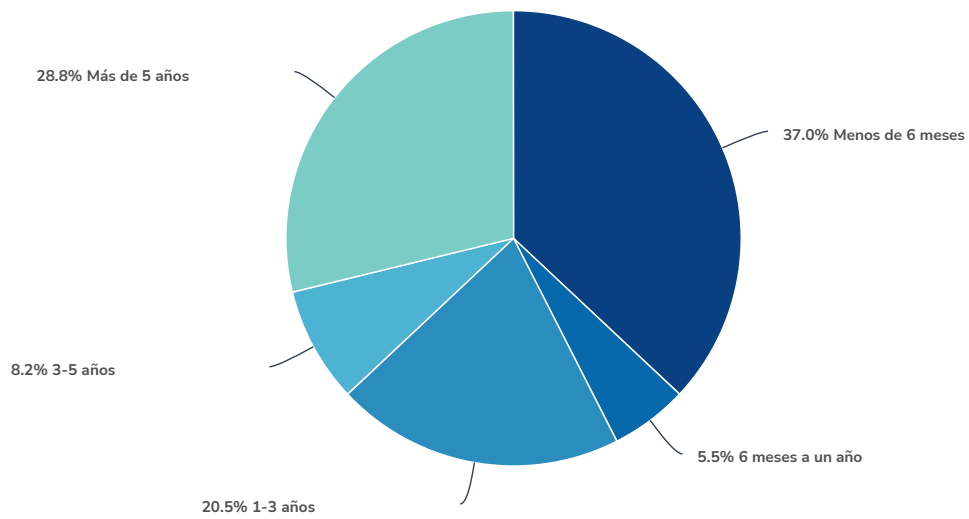
Value	Percent	Responses
Edificio Central – 280 S. Decatur Blvd.	67.1%	49
Este de Las Vegas - 2830 E. Fremont St.	32.9%	24
		Totals: 73

3. ¿Tiene seguro médico?



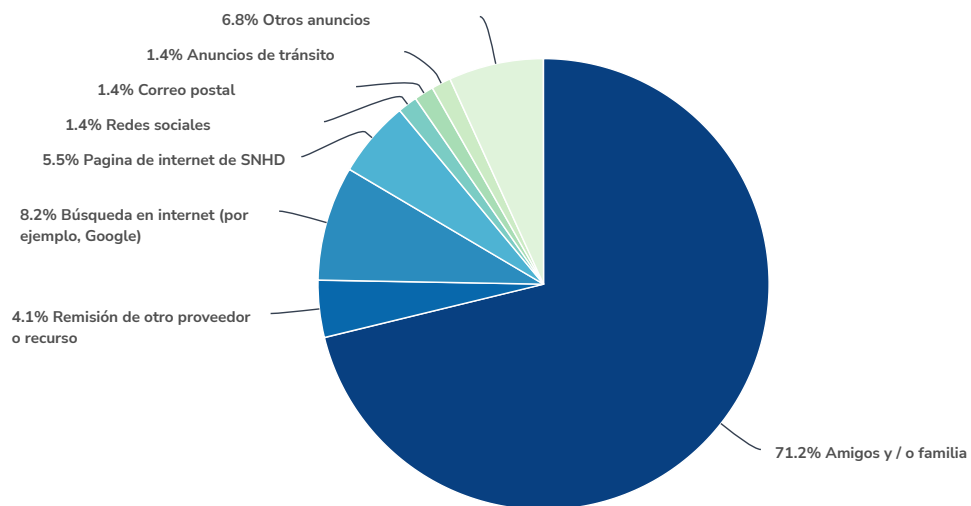
Value	Percent	Responses
Si	13.7%	10
No	86.3%	63
		Totals: 73

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	37.0%	27
6 meses a un año	5.5%	4
1-3 años	20.5%	15
3-5 años	8.2%	6
Más de 5 años	28.8%	21
		Totals: 73

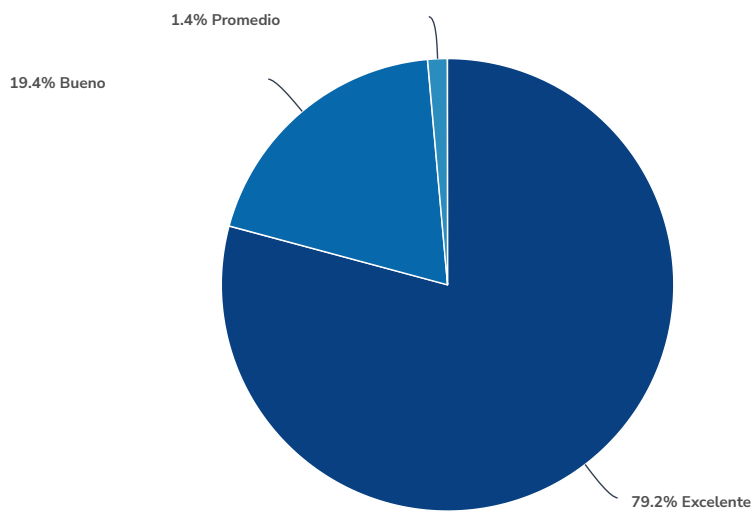
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	71.2%	52
		Totals: 73

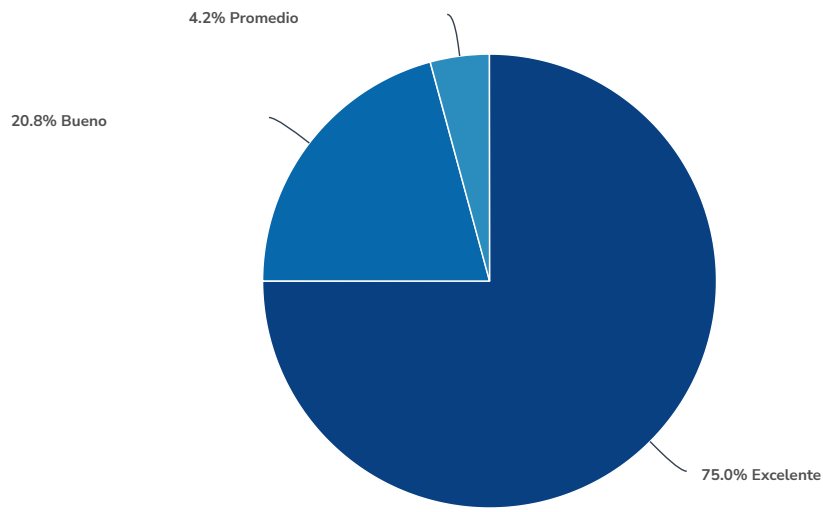
Value	Percent	Responses
Remisión de otro proveedor o recurso	4.1%	3
Búsqueda en internet (por ejemplo, Google)	8.2%	6
Página de internet de SNHD	5.5%	4
Redes sociales	1.4%	1
Correo postal	1.4%	1
Anuncios de tránsito	1.4%	1
Otros anuncios	6.8%	5
		Totals: 73

6. Facilidad para programar una cita



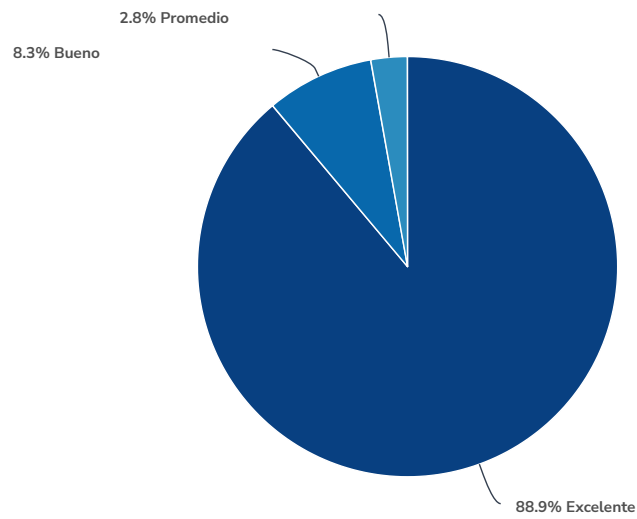
Value	Percent	Responses
Excelente	79.2%	57
Bueno	19.4%	14
Promedio	1.4%	1
		Totals: 72

7. Tiempo de espera para ver a un proveedor de salud



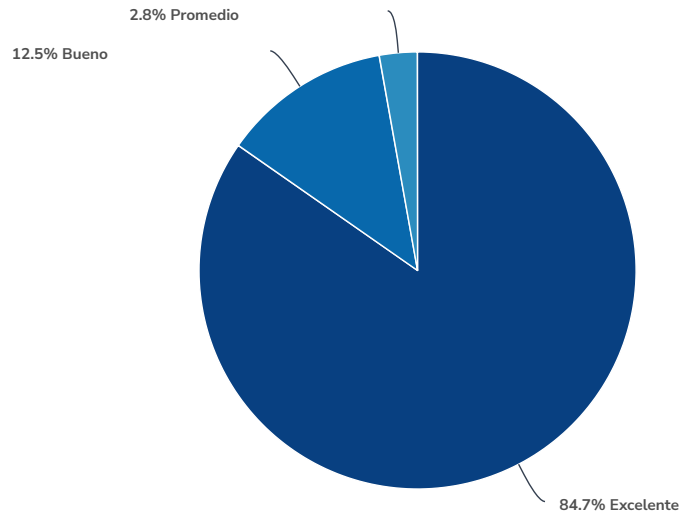
Value	Percent	Responses
Excelente	75.0%	54
Bueno	20.8%	15
Promedio	4.2%	3
		Totals: 72

8. Atención recibida de los proveedores y personal



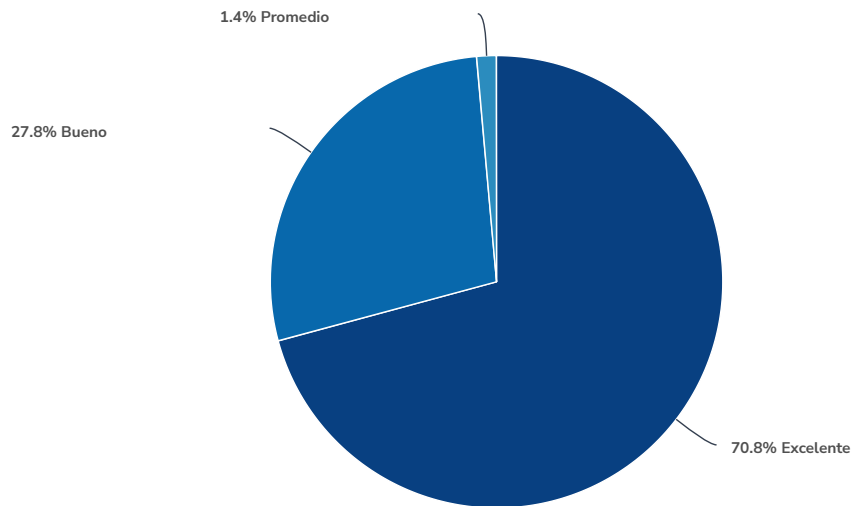
Value	Percent	Responses
Excelente	88.9%	64
Bueno	8.3%	6
Promedio	2.8%	2
		Totals: 72

9. Comprensión de las instrucciones del cuidado de salud después de su visita



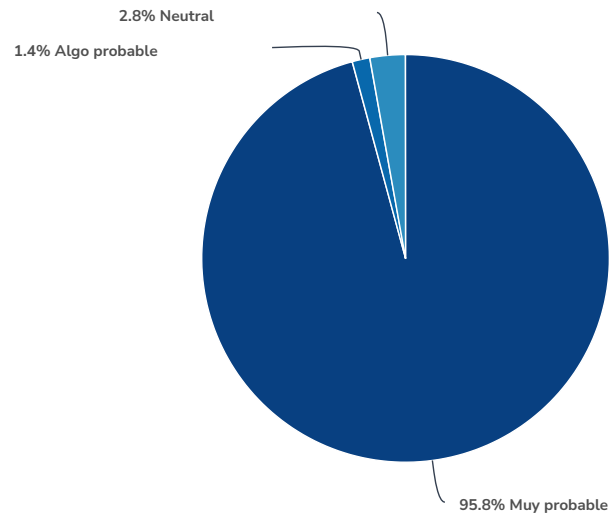
Value	Percent	Responses
Excelente	84.7%	61
Bueno	12.5%	9
Promedio	2.8%	2
		Totals: 72

10. Horarios de operación



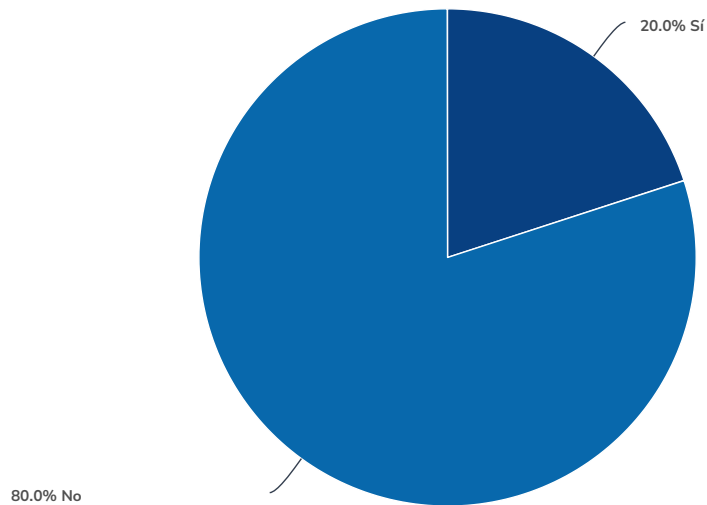
Value	Percent	Responses
Excelente	70.8%	51
Bueno	27.8%	20
Promedio	1.4%	1
		Totals: 72

11. Recomendaría nuestro centro de salud a amigos y familiares



Value	Percent	Responses
Muy probable	95.8%	69
Algo probable	1.4%	1
Neutral	2.8%	2
		Totals: 72

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?

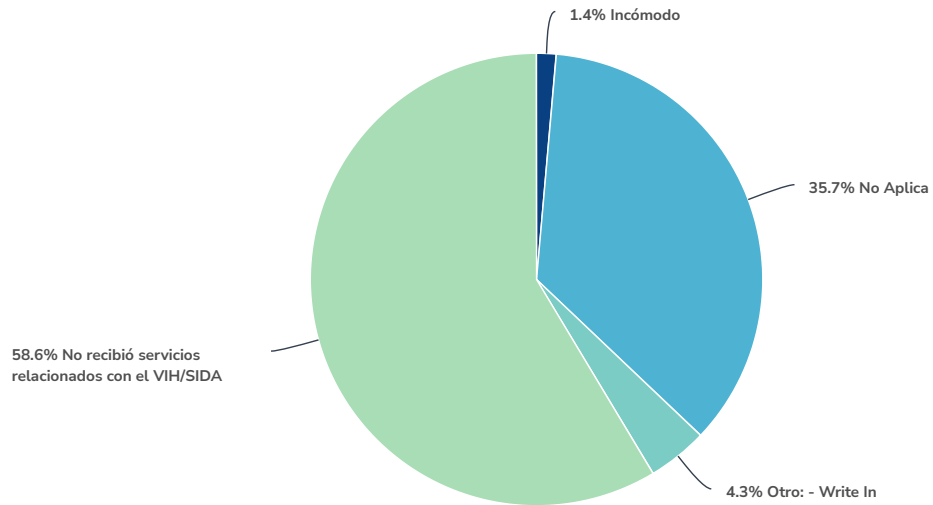


Value	Percent	Responses
Sí	20.0%	14
		Totals: 70

Value	Percent	Responses
No	80.0%	56

Totals: 70

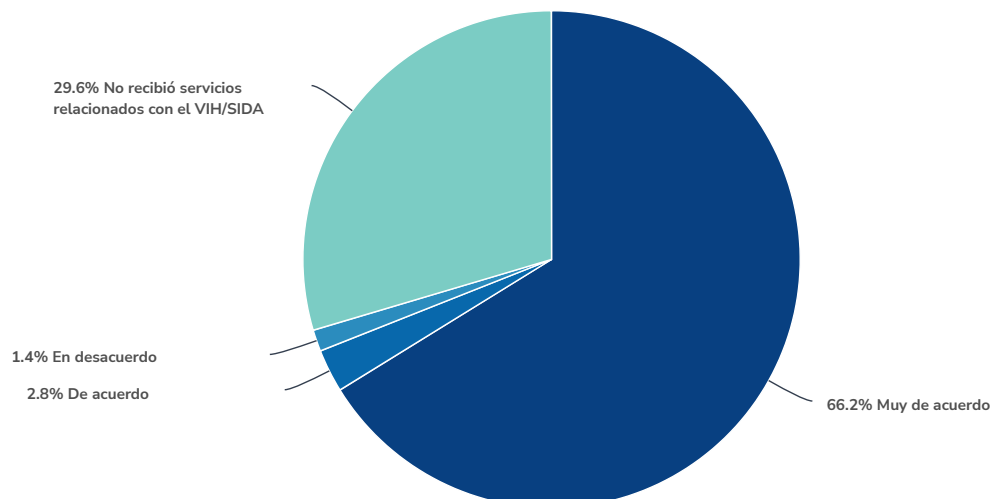
13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Incómodo	1.4%	1
No Aplica	35.7%	25
<u>Otro: - Write In (click to view).</u>	4.3%	3
No recibió servicios relacionados con el VIH/SIDA	58.6%	41

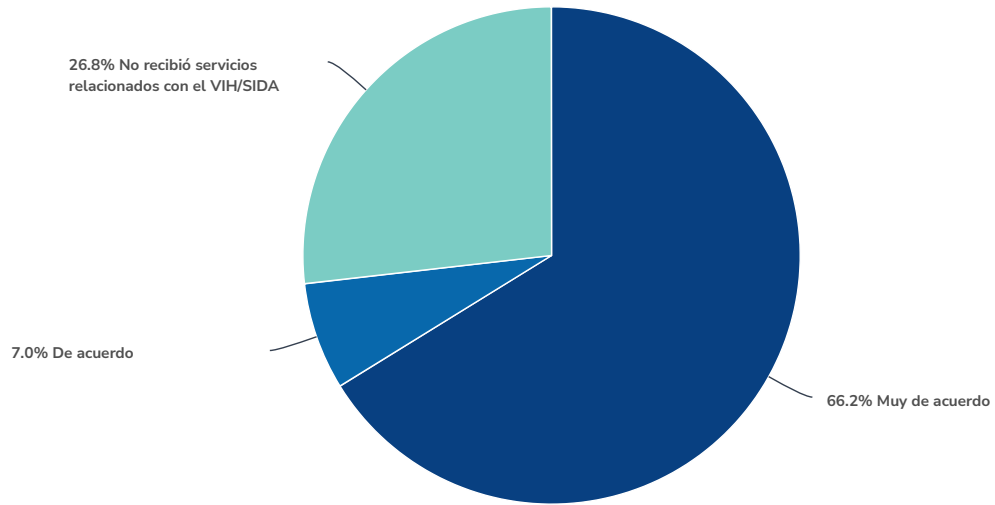
Totals: 70

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



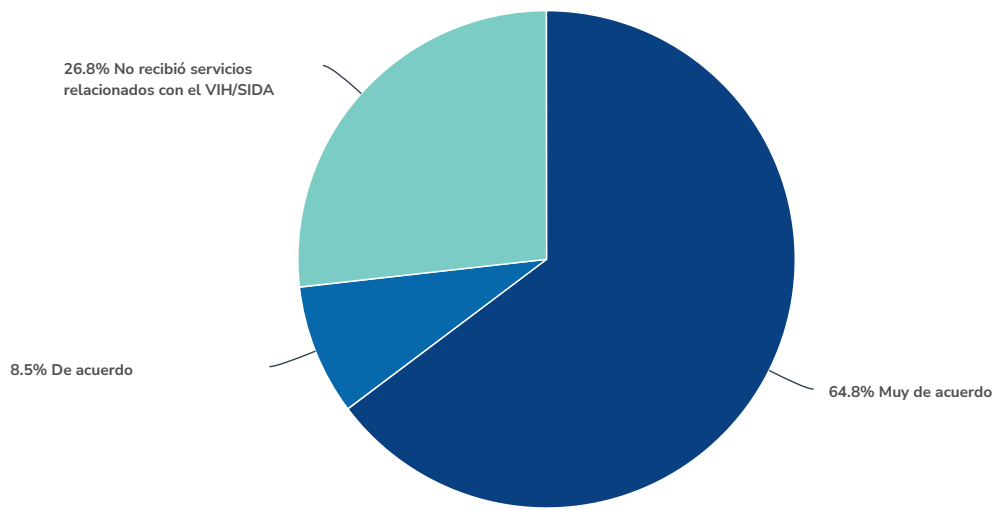
Value	Percent	Responses
Muy de acuerdo	66.2%	47
De acuerdo	2.8%	2
En desacuerdo	1.4%	1
No recibió servicios relacionados con el VIH/SIDA	29.6%	21
		Totals: 71

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



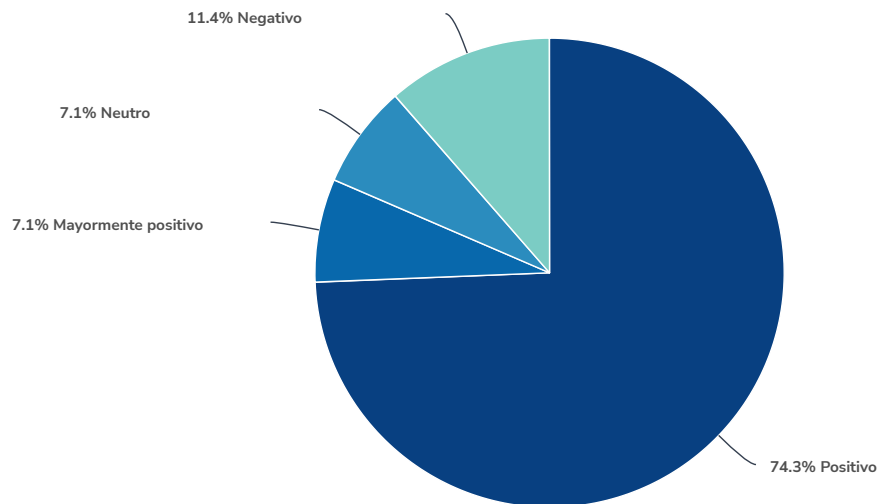
Value	Percent	Responses
Muy de acuerdo	66.2%	47
De acuerdo	7.0%	5
No recibió servicios relacionados con el VIH/SIDA	26.8%	19
		Totals: 71

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



Value	Percent	Responses
Muy de acuerdo	64.8%	46
De acuerdo	8.5%	6
No recibió servicios relacionados con el VIH/SIDA	26.8%	19
		Totals: 71

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?

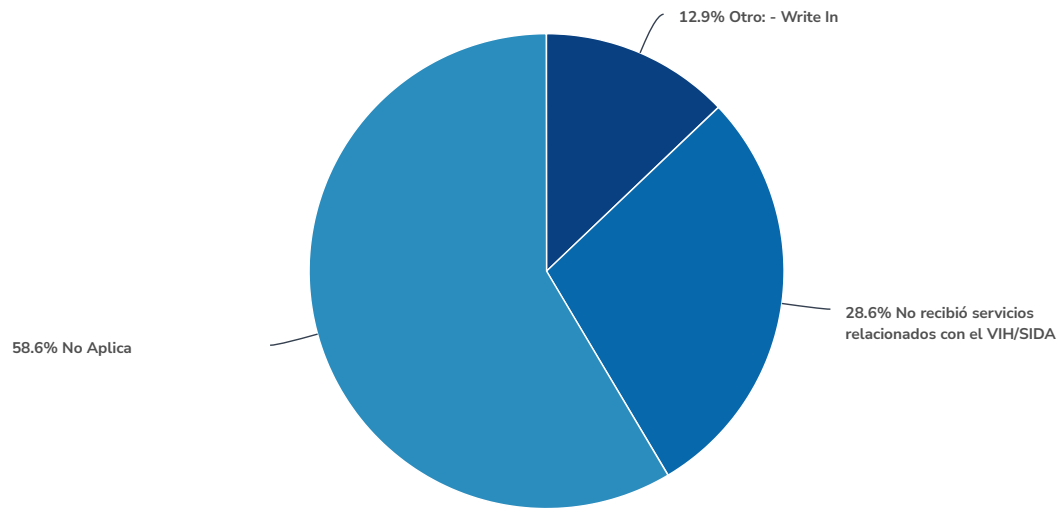


Value	Percent	Responses
Positivo	74.3%	52
Mayormente positivo	7.1%	5
Neutro	7.1%	5
		Totals: 70

Value	Percent	Responses
Negativo	11.4%	8

Totals: 70

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
Otro: - Write In (click to view)	12.9%	9
No recibió servicios relacionados con el VIH/SIDA	28.6%	20
No Aplica	58.6%	41

Totals: 70

19. Comentarios

[Show Responses](#)

20.

Memorandum

Date: January 17, 2023

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – DECEMBER 2022

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.

December Highlights:

Operations

Total unduplicated patient count for 2022 - 6,048
Total number of visits for 2022 - 14,820

Administrative

- HRSA Grant Project Period ends 1/31/2024
- New Medical Director started on January 3, 2023
- Annual UDS Report due mid-February

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic now providing services at Fremont and Decatur
- COVID-19 Services – New HRSA funding to support this work through May 2023

HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 20 referrals between December 1st through December 31st. There was 1 pediatric client referred to the program in December and the program received 2 referrals for pregnant women living with HIV during this time.
- B. There were 426 total service encounters in the month of December provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 199 unduplicated clients served under these programs in December.

- C. The Ryan White ambulatory clinic had a total of 322 visits in the month of December: 23 initial provider visits, 123 established provider visits, 9 tele-visits (established clients). There were 18 Nurse visits and 148 lab visits. There were 32 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of December.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 8 patients enrolled and seen under the Rapid stART program in December.

Family Planning (FP)

Unduplicated Patients	Dec 2021	Dec 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	114	184	↑	727	584	↓
Number of Pt: Decatur PHC	271	310	↑	1,200	1,396	↑
Duplicated Patients	Dec 2021	Dec 2022		FY 21-22	FY 22-23	
Number of Pt: East LV PHC	114	193	↑	959	846	↓
Number of Pt: Decatur PHC	280	340	↑	1,679	2,098	↑

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 533 clients: 494 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 193 clients: 184 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 340 clients: 310 of them were unduplicated.

Pharmacy Services

Pharmacy Services	Dec-21	Dec-22		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1084	1076	↓	6245	6913	↑	10.7%
Prescriptions Filled	1396	1460	↑	7944	9208	↑	15.9%
Client Clinic Encounters (Pharmacist)	14	24	↑	166	264	↑	59.0%
Financial Assistance Provided	21	5	↓	60	41	↓	-31.7%
Insurance Assistance Provided	2	0	↓	20	7	↓	-65.0%

- A. Dispensed 1460 prescriptions for 1076 clients.
- B. Pharmacist assessed/counseled 24 clients in clinics.
- C. Assisted 5 clients to obtain medication financial assistance.
- D. Assisted zero clients with insurance approvals.

Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report- EW Team		
December 2022		
Total number of referrals received	630	
Total number of referrals inactive/cancelled	TANF: 1	
Total number of applications submitted	Medicaid only: 56	SNAP only: 33
	Medicaid/SNAP: 47	Hardship: 2

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of December 2022.

Clients seen December 2022	31
Client required medical follow- up for Communicable Diseases	12
Referrals for TB issues	6
Referrals for Chronic Hep B	3
Referrals for STD	2
Pediatric Refugee Exams	2
Clients encounter by program	31
Total for FY22-23	253

Quality & Risk Management

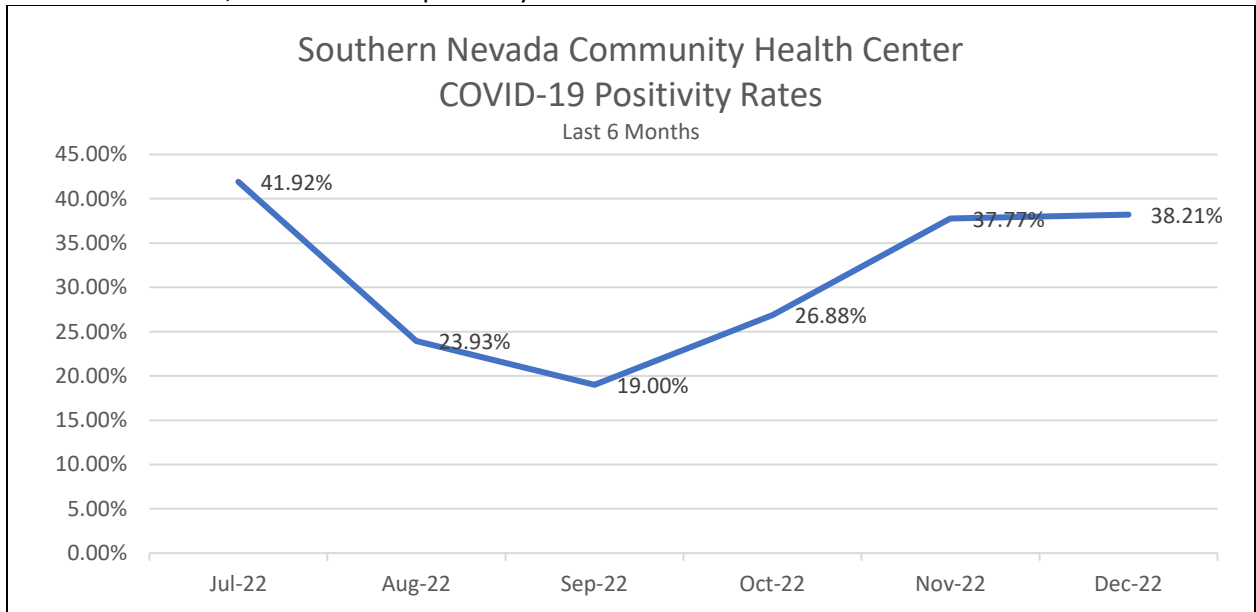
A. Quality

COVID-19 Testing

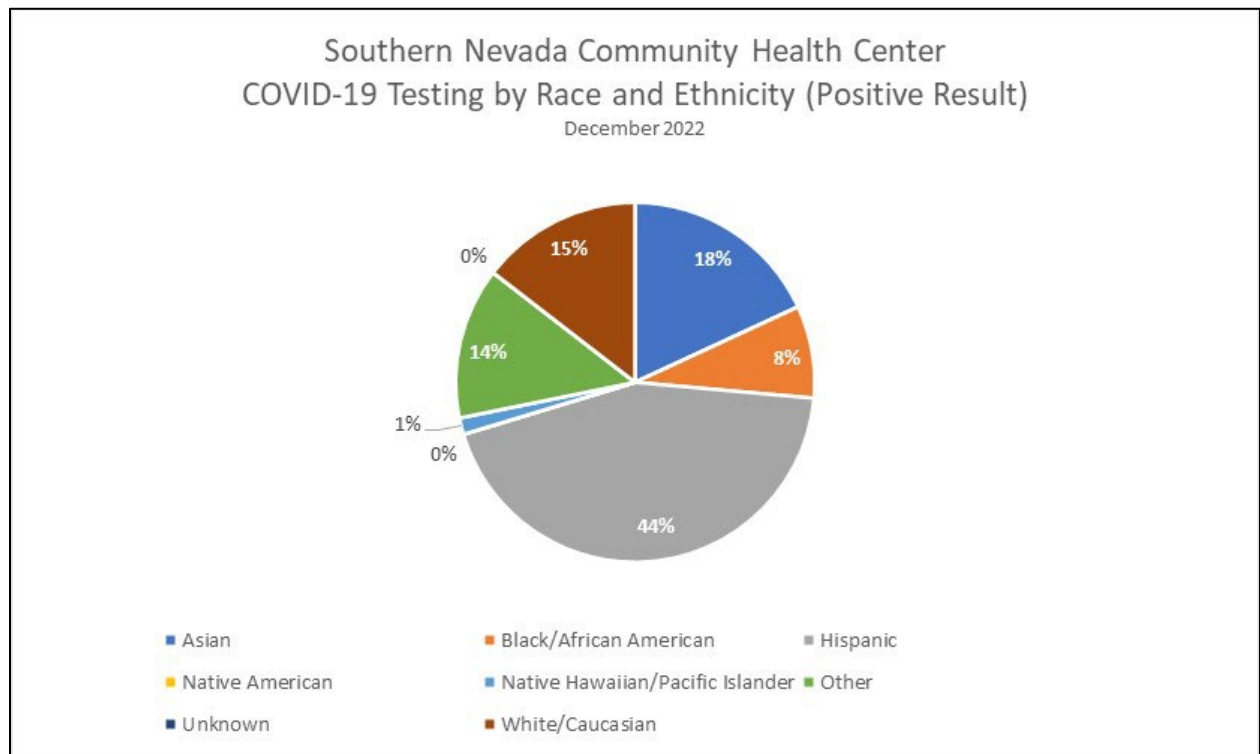
From April 2020 to December 2022 the Southern Nevada Community Health Center completed 98,323 COVID-19 tests, 895 of which were conducted in December of 2022.

The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

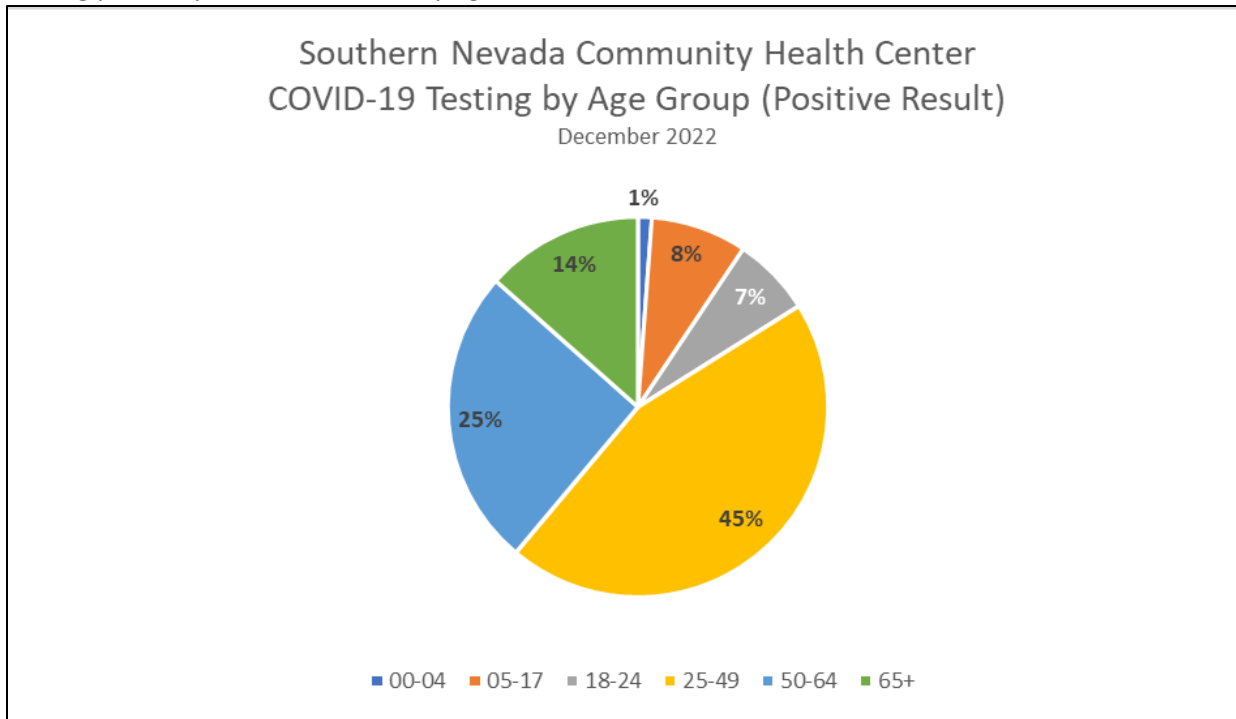
In December 2022, the COVID test positivity rate was 38.21%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program

The Southern Nevada Community Health Center administered 647 COVID doses in the month of December.

C. Monkeypox

The Southern Nevada Community Health Center administered 140 Monkeypox doses in the month of December.

D. Telehealth

The Health Center saw 82 patients via telehealth, 8.22% of the patients that were seen in our clinics.

E. Health Center Visits

The Health Center scheduled 1505 patient appointments in December. Of scheduled patients, 60.80% kept their appointments. There was a 33.75% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

- There were no HIPAA breaches at the Health Center in December.

Exposure Incidents:

- There were no exposure incidents at the Health Center in December.

Medical Events:

- There were two (2) medical events at the Health Center in December.

Refugee Patients

- < 18 – Zero (0)

Family Health Patients

- < 18 – Two (2)

Patient Satisfaction:

- See survey results.

The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Health Center Visit Report Summary – December 2022



	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits						Total Scheduled Patients	
	Provider Visits						Audio Visit		Televisit		Total Telehealth Visits			
Family Health Clinic	277	18.41%	67	4.45%	130	8.64%	53	64.63%	7	8.54%	60	3.99%	534	35.48%
Behavioral Health Clinic*		0.00%		0.00%		0.00%	3	3.66%		0.00%	3	0.20%	3	0.20%
Family Planning Clinic	248	16.48%	8	0.53%	103	6.84%		0.00%	2	2.44%	2	0.13%	361	23.99%
Refugee Clinic	51	3.39%	9	0.60%	22	1.46%		0.00%		0.00%	0	0.00%	82	5.45%
Ryan White	339	22.52%	24	1.59%	145	9.63%	3	7.00%	14	17.07%	17	1.13%	525	34.88%
Totals	915	60.80%	108	7.18%	400	26.58%	59	71.95%	23	28.05%	82	5.45%	1505	100.00%

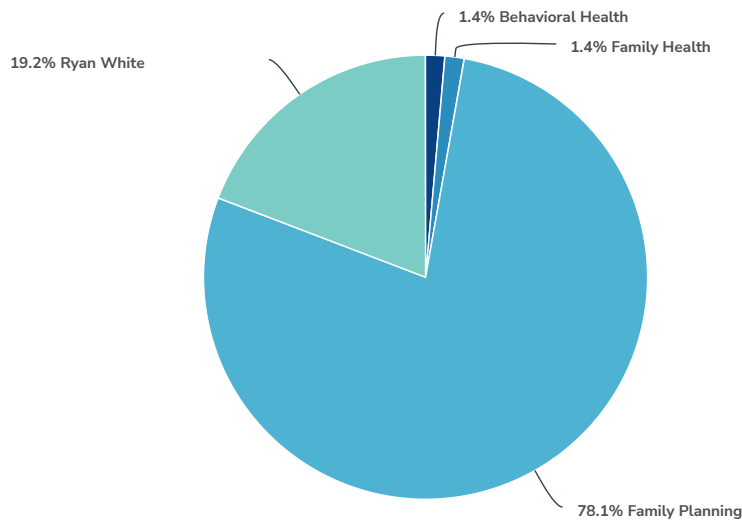
*Visits included in Family Planning Clinic

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey

Response Counts

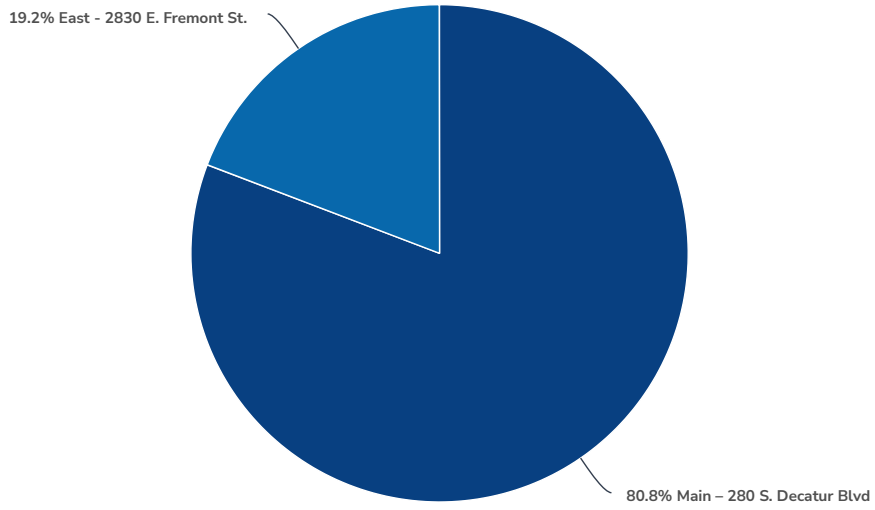
Completion Rate:	98.6%	
	Complete	73
	Partial	1
		Totals: 74

1. Service received during your visit



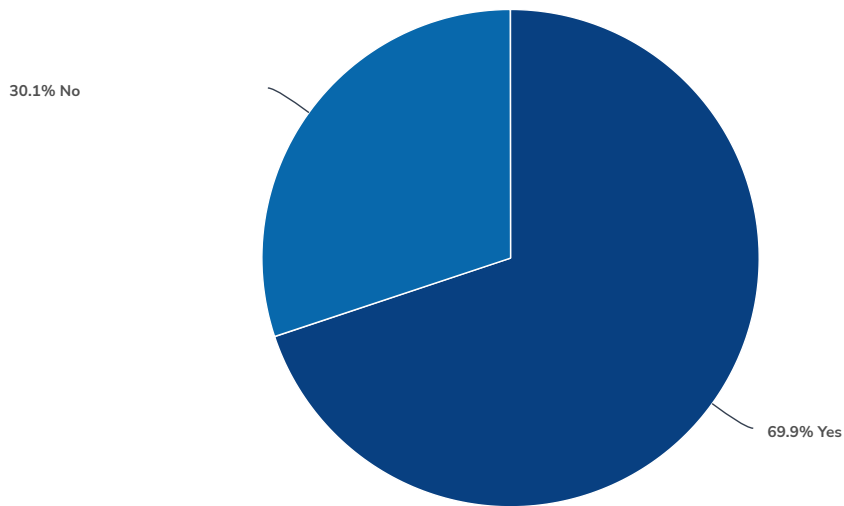
Value	Percent	Responses
Behavioral Health	1.4%	1
Family Health	1.4%	1
Family Planning	78.1%	57
Ryan White	19.2%	14
		Totals: 73

2. Southern Nevada Health District (SNHD) location



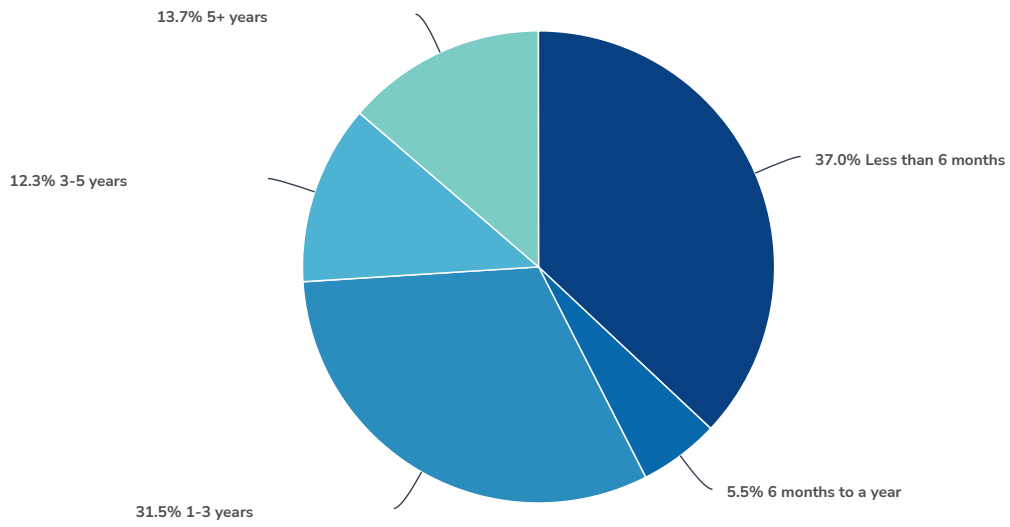
Value	Percent	Responses
Main - 280 S. Decatur Blvd	80.8%	59
East - 2830 E. Fremont St.	19.2%	14
		Totals: 73

3. Do you have health insurance?



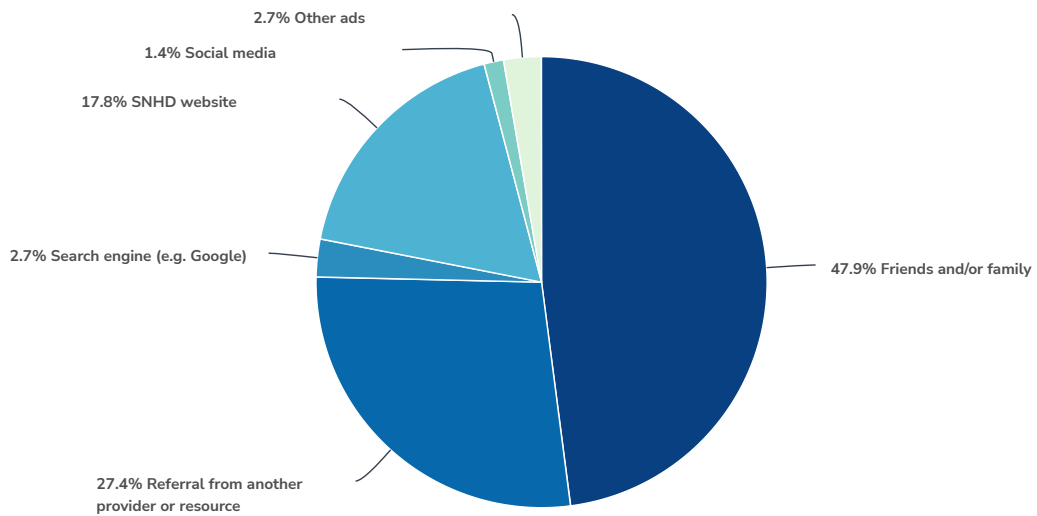
Value	Percent	Responses
Yes	69.9%	51
No	30.1%	22
		Totals: 73

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Responses
Less than 6 months	37.0%	27
6 months to a year	5.5%	4
1-3 years	31.5%	23
3-5 years	12.3%	9
5+ years	13.7%	10
		Totals: 73

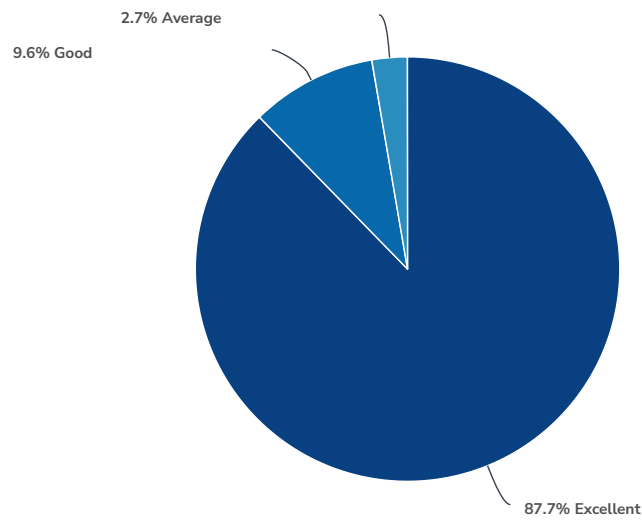
5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	47.9%	35
		Totals: 73

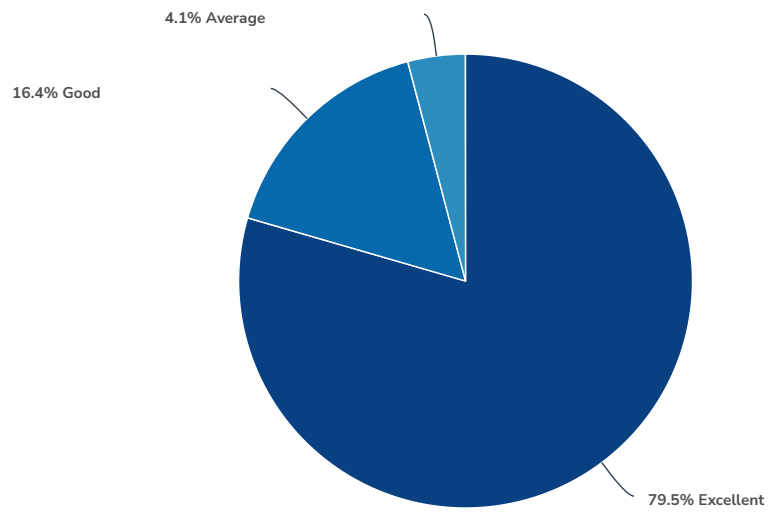
Value	Percent	Responses
Referral from another provider or resource	27.4%	20
Search engine (e.g. Google)	2.7%	2
SNHD website	17.8%	13
Social media	1.4%	1
Other ads	2.7%	2
		Totals: 73

6. Ease of scheduling an appointment



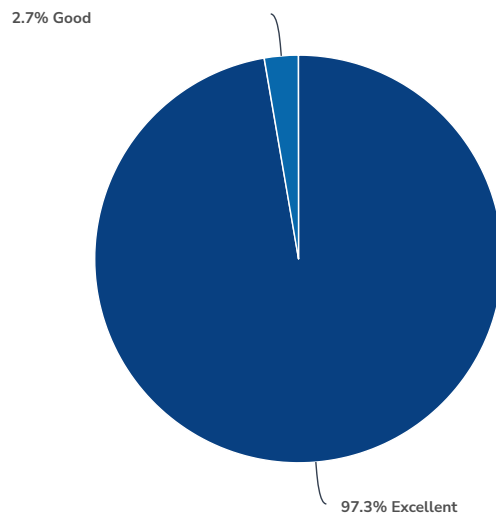
Value	Percent	Responses
Excellent	87.7%	64
Good	9.6%	7
Average	2.7%	2
		Totals: 73

7. Wait time to see provider



Value	Percent	Responses
Excellent	79.5%	58
Good	16.4%	12
Average	4.1%	3
		Totals: 73

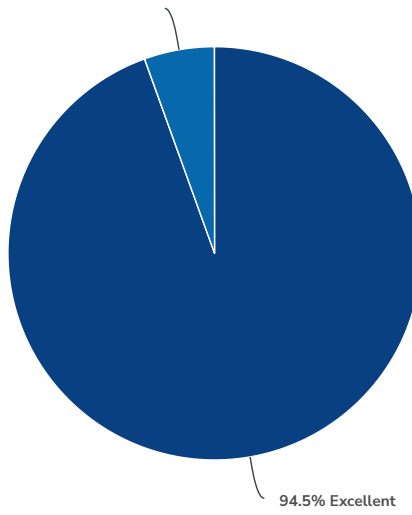
8. Care received from providers and staff



Value	Percent	Responses
Excellent	97.3%	71
Good	2.7%	2
		Totals: 73

9. Understanding of health care instructions following your visit

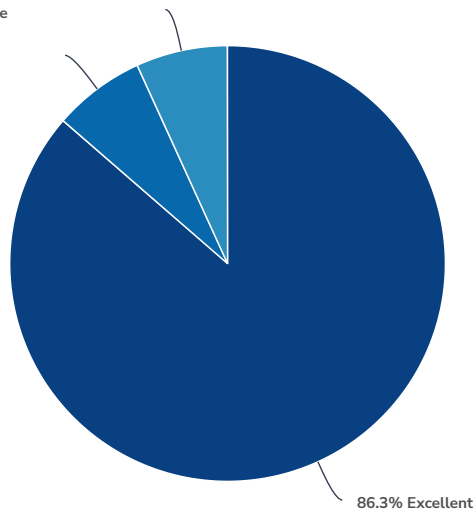
5.5% Good



Value	Percent	Responses
Excellent	94.5%	69
Good	5.5%	4
		Totals: 73

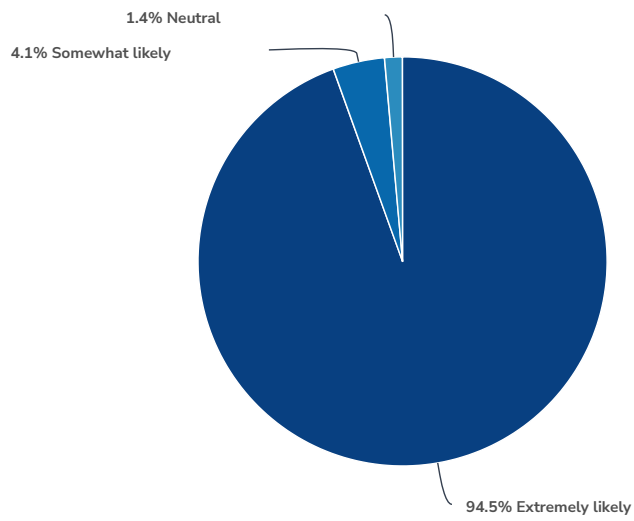
10. Hours of operation

6.8% Average
6.8% Good



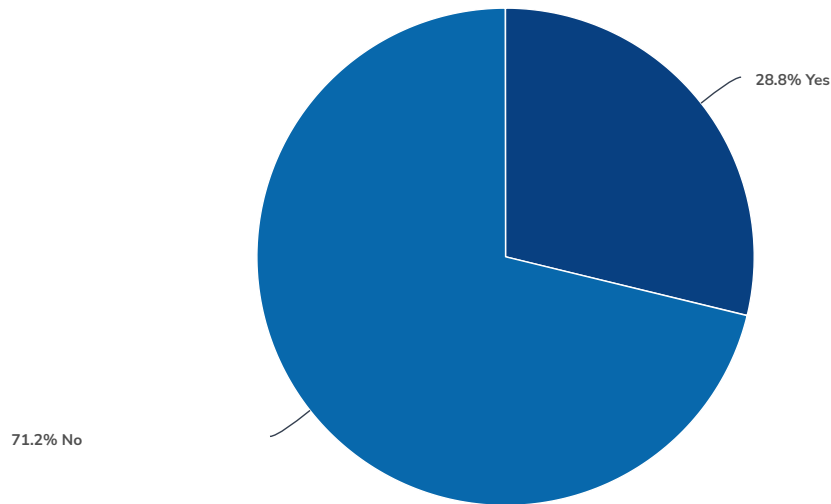
Value	Percent	Responses
Excellent	86.3%	63
Good	6.8%	5
Average	6.8%	5
		Totals: 73

11. Recommendation of our health center to friends and family



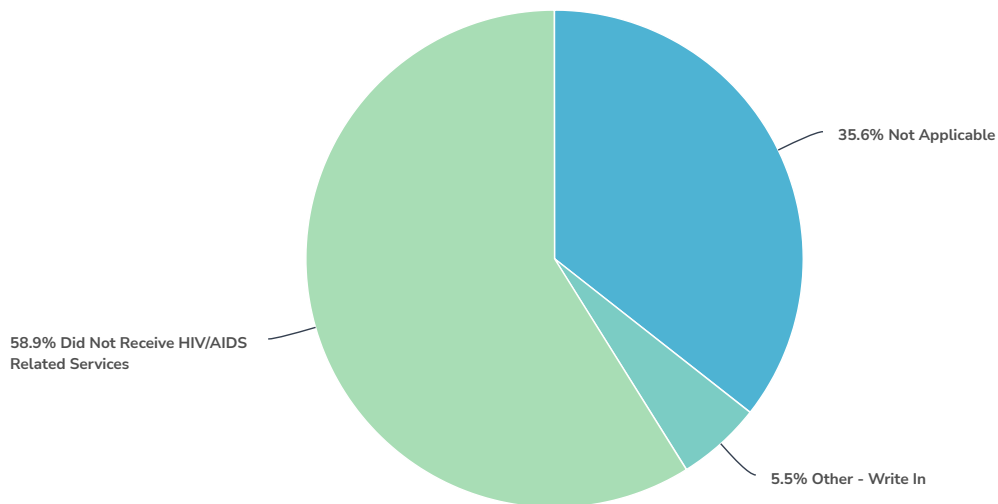
Value	Percent	Responses
Extremely likely	94.5%	69
Somewhat likely	4.1%	3
Neutral	1.4%	1
		Totals: 73

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



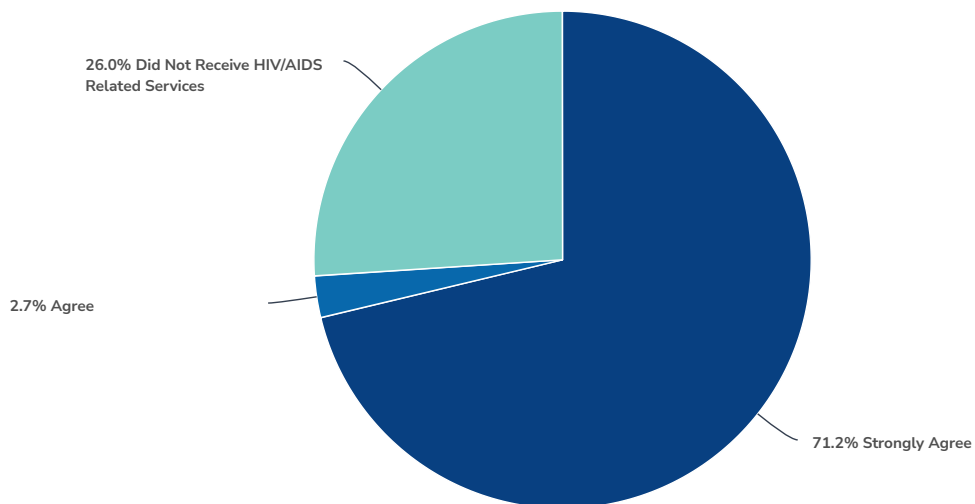
Value	Percent	Responses
Yes	28.8%	21
No	71.2%	52
		Totals: 73

13. Based on your HIV status, at any moment during your visit, did you feel...



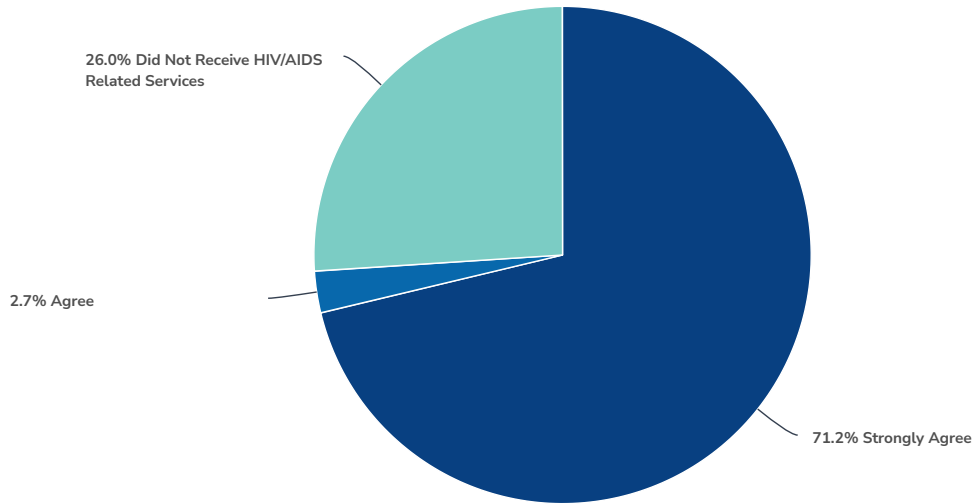
Value	Percent	Responses
Not Applicable	35.6%	26
<u>Other - Write In (click to view).</u>	5.5%	4
Did Not Receive HIV/AIDS Related Services	58.9%	43
		Totals: 73

14. During your visit, did you feel that staff members treated you with care?



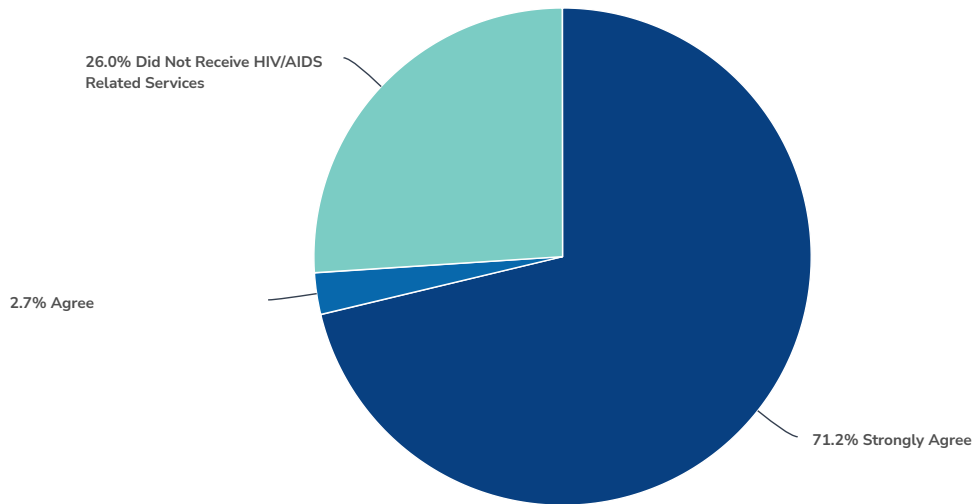
Value	Percent	Responses
Strongly Agree	71.2%	52
Agree	2.7%	2
Did Not Receive HIV/AIDS Related Services	26.0%	19
		Totals: 73

15. During your visit, did you feel that staff members treated you with respect



Value	Percent	Responses
Strongly Agree	71.2%	52
Agree	2.7%	2
Did Not Receive HIV/AIDS Related Services	26.0%	19
		Totals: 73

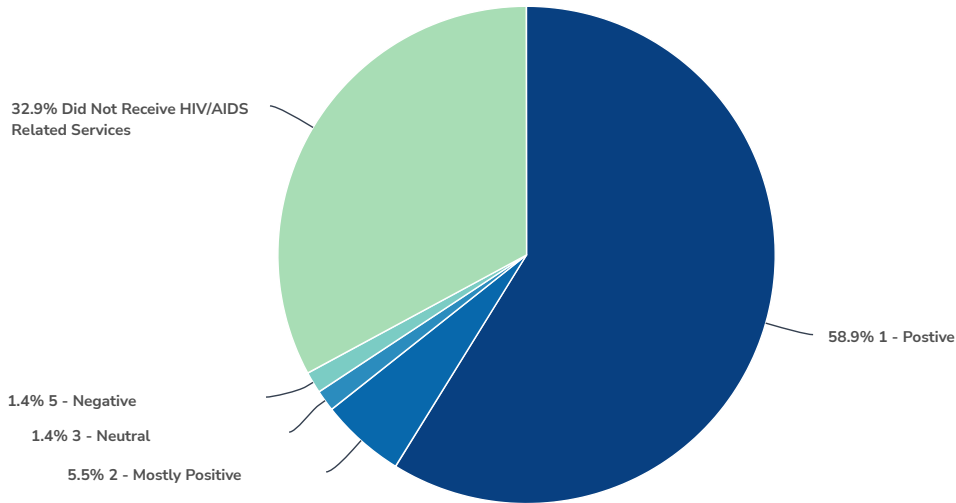
16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	71.2%	52
Agree	2.7%	2
		Totals: 73

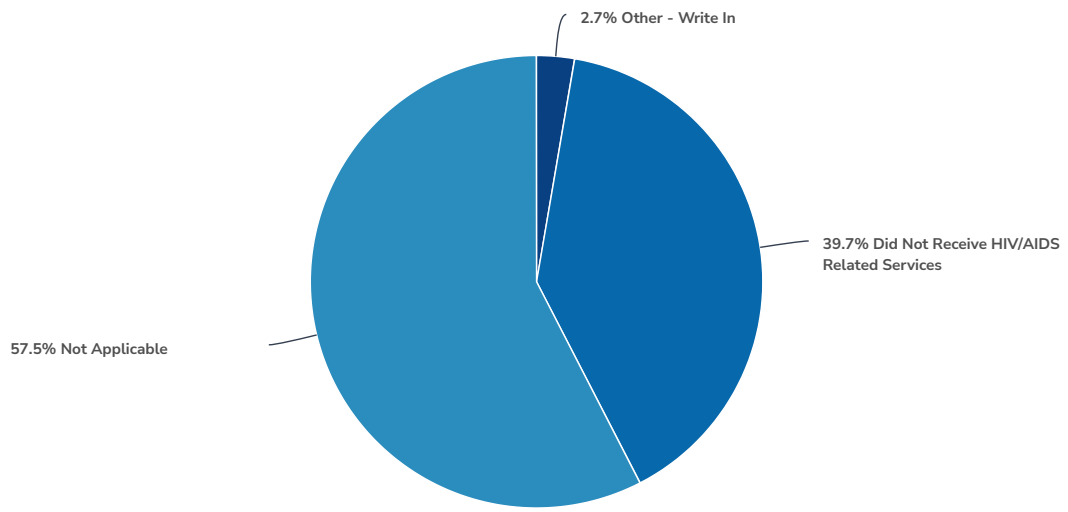
Value	Percent	Responses
Did Not Receive HIV/AIDS Related Services	26.0%	19
Totals: 73		

17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	58.9%	43
2 - Mostly Positive	5.5%	4
3 - Neutral	1.4%	1
5 - Negative	1.4%	1
Did Not Receive HIV/AIDS Related Services	32.9%	24
Totals: 73		

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



Value	Percent	Responses
Other - Write In (click to view)	2.7%	2
Did Not Receive HIV/AIDS Related Services	39.7%	29
Not Applicable	57.5%	42
		Totals: 73

19. Comments

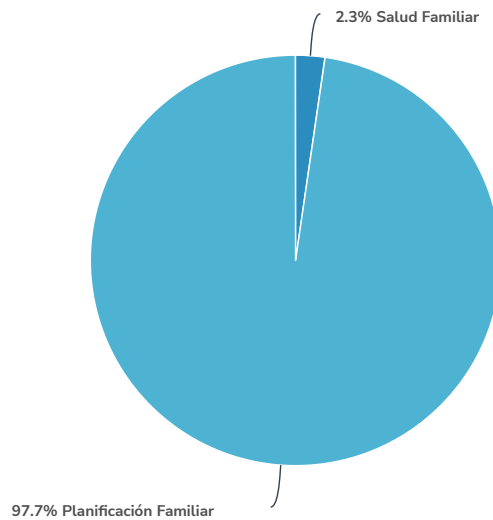
[Show Responses](#) ▾

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC)

Response Counts

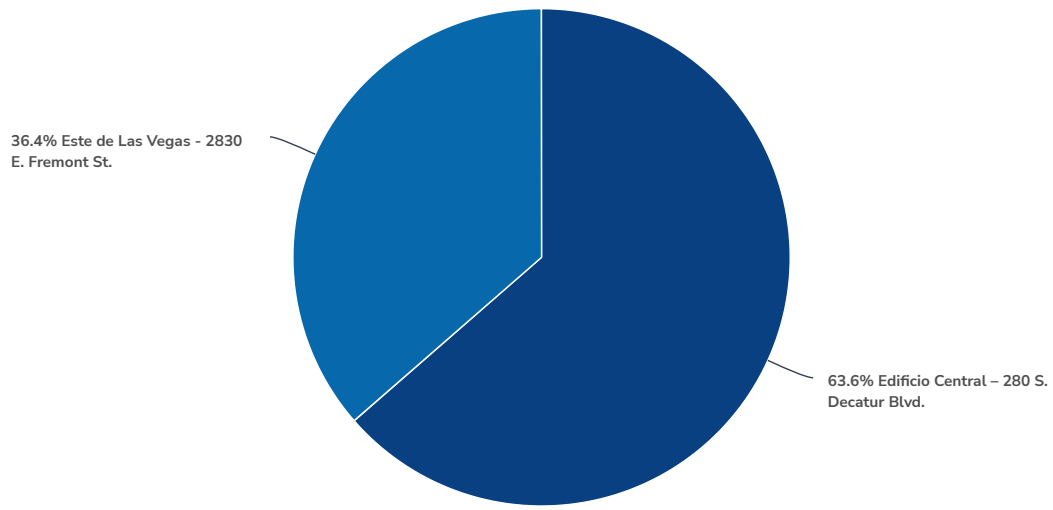
Completion Rate:	93.5%	
	Complete	43
	Partial	3
		Totals: 46

1. Marque los servicios recibidos durante su visita



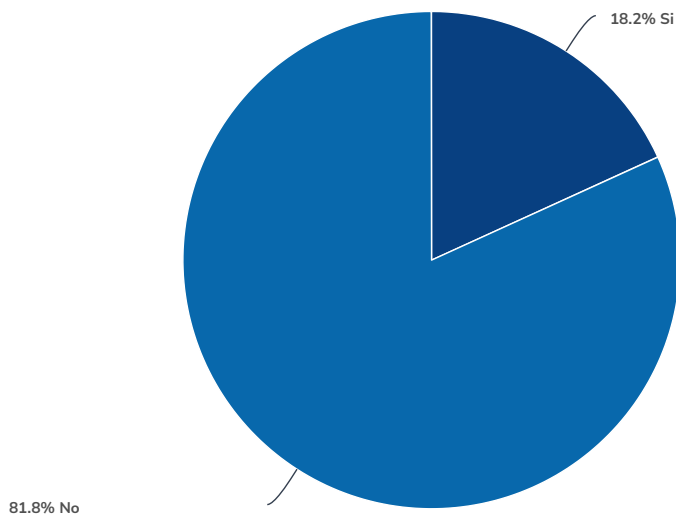
Value	Percent	Responses
Salud Familiar	2.3%	1
Planificación Familiar	97.7%	43
		Totals: 44

2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



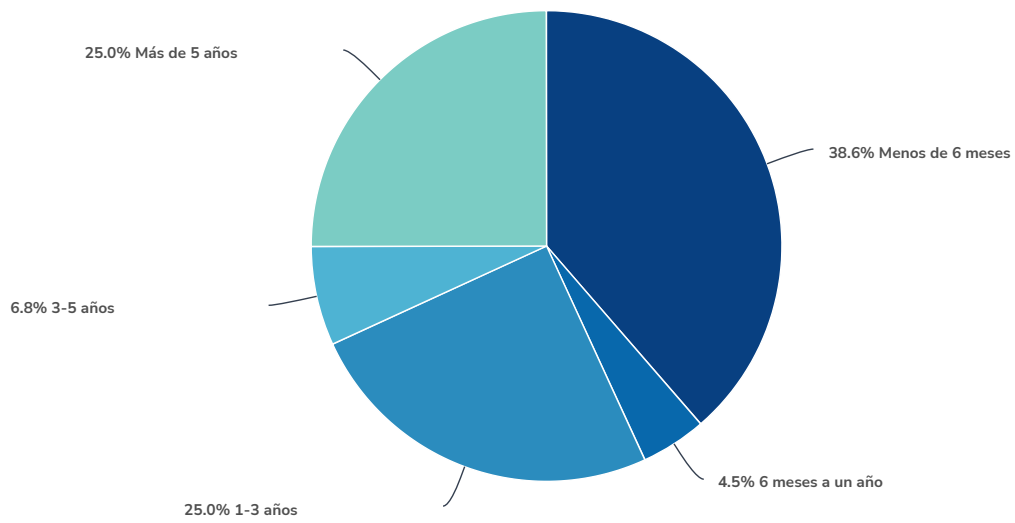
Value	Percent	Responses
Edificio Central – 280 S. Decatur Blvd.	63.6%	28
Este de Las Vegas - 2830 E. Fremont St.	36.4%	16
		Totals: 44

3. ¿Tiene seguro médico?



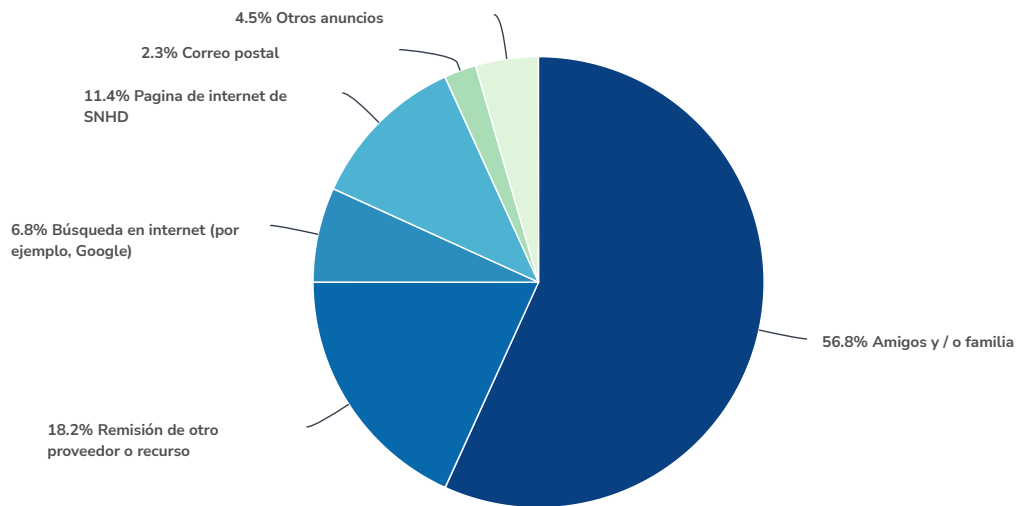
Value	Percent	Responses
Si	18.2%	8
No	81.8%	36
		Totals: 44

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	38.6%	17
6 meses a un año	4.5%	2
1-3 años	25.0%	11
3-5 años	6.8%	3
Más de 5 años	25.0%	11
		Totals: 44

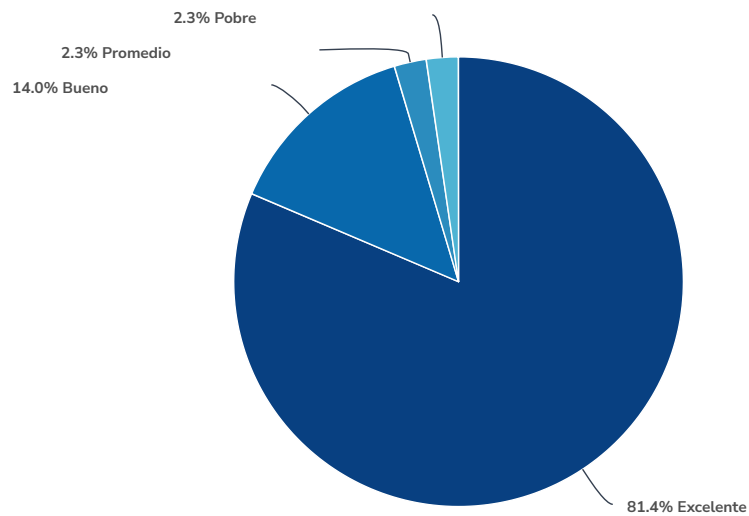
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	56.8%	25
		Totals: 44

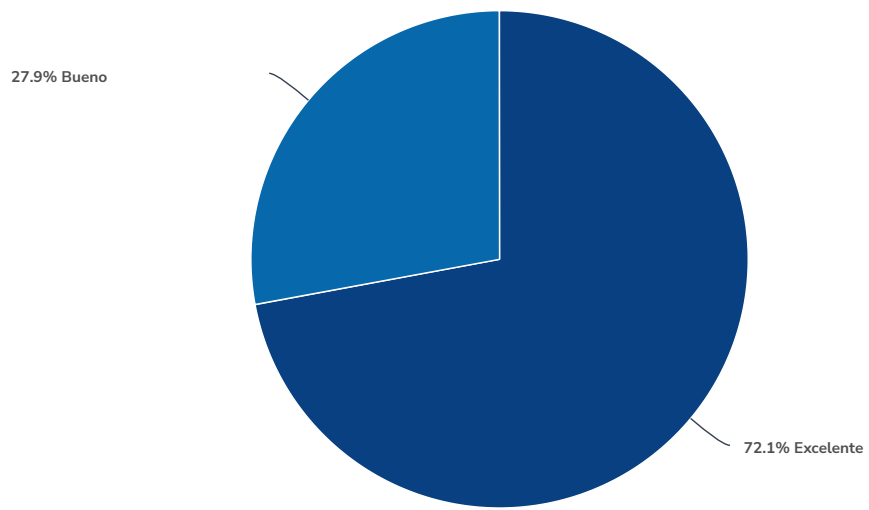
Value	Percent	Responses
Remisión de otro proveedor o recurso	18.2%	8
Búsqueda en internet (por ejemplo, Google)	6.8%	3
Página de internet de SNHD	11.4%	5
Correo postal	2.3%	1
Otros anuncios	4.5%	2
		Totals: 44

6. Facilidad para programar una cita



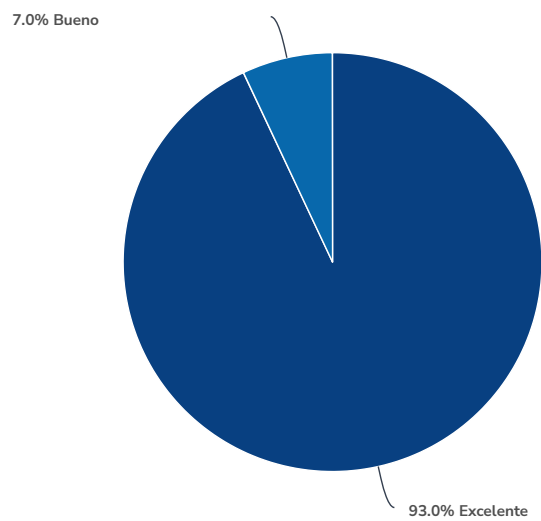
Value	Percent	Responses
Excelente	81.4%	35
Bueno	14.0%	6
Promedio	2.3%	1
Pobre	2.3%	1
		Totals: 43

7. Tiempo de espera para ver a un proveedor de salud



Value	Percent	Responses
Excelente	72.1%	31
Bueno	27.9%	12
		Totals: 43

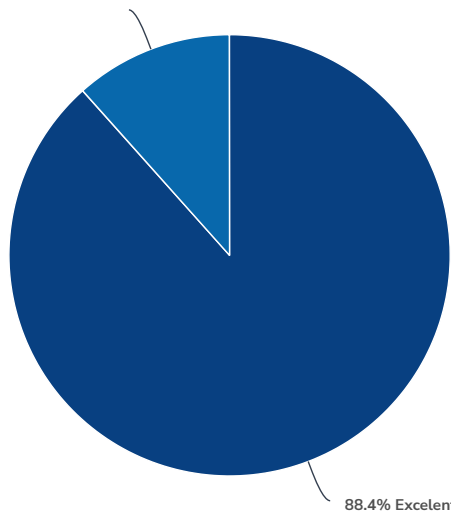
8. Atención recibida de los proveedores y personal



Value	Percent	Responses
Excelente	93.0%	40
Bueno	7.0%	3
		Totals: 43

9. Comprensión de las instrucciones del cuidado de salud después de su visita

11.6% Bueno

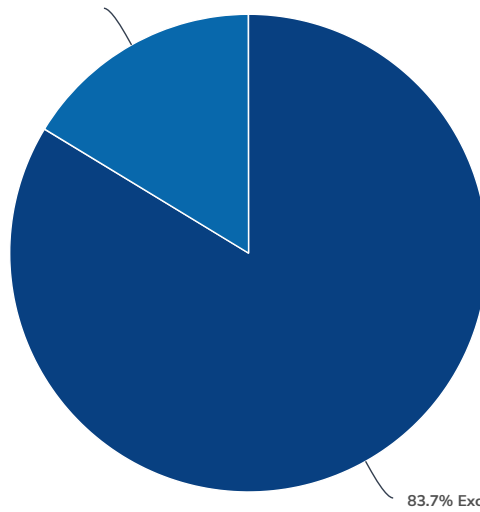


88.4% Excelente

Value	Percent	Responses
Excelente	88.4%	38
Bueno	11.6%	5
		Totals: 43

10. Horarios de operación

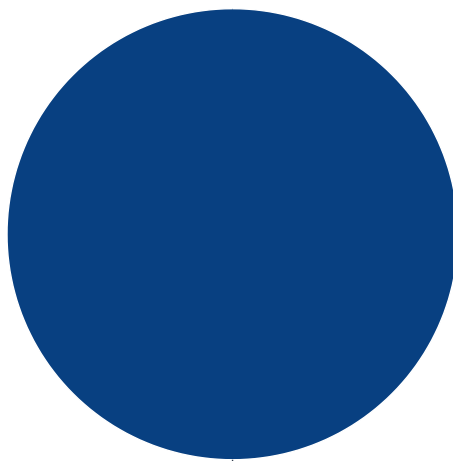
16.3% Bueno



83.7% Excelente

Value	Percent	Responses
Excelente	83.7%	36
Bueno	16.3%	7
		Totals: 43

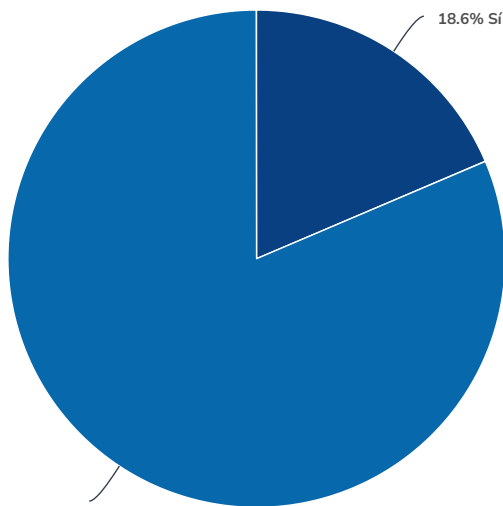
11. Recomendaría nuestro centro de salud a amigos y familiares



100.0% Muy probable

Value	Percent	Responses
Muy probable	100.0%	43
		Totals: 43

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?

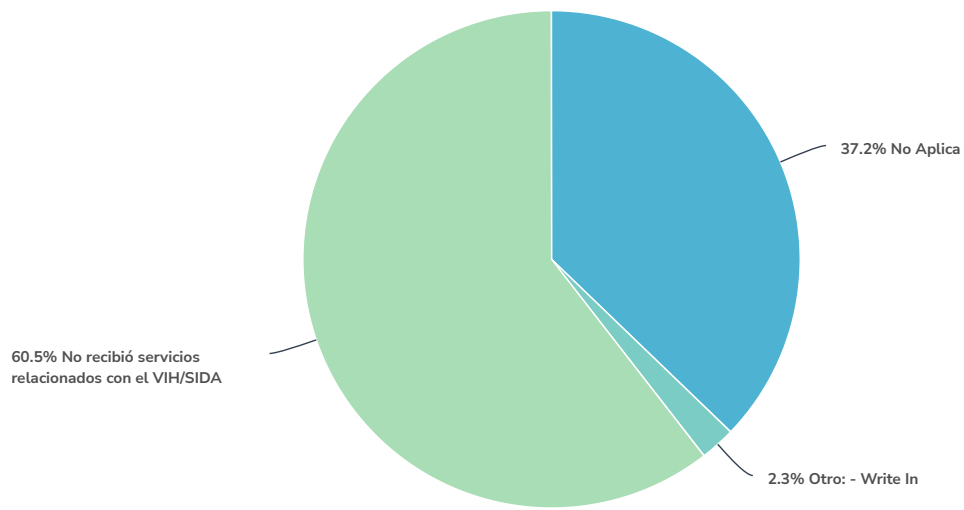


18.6% Sí

81.4% No

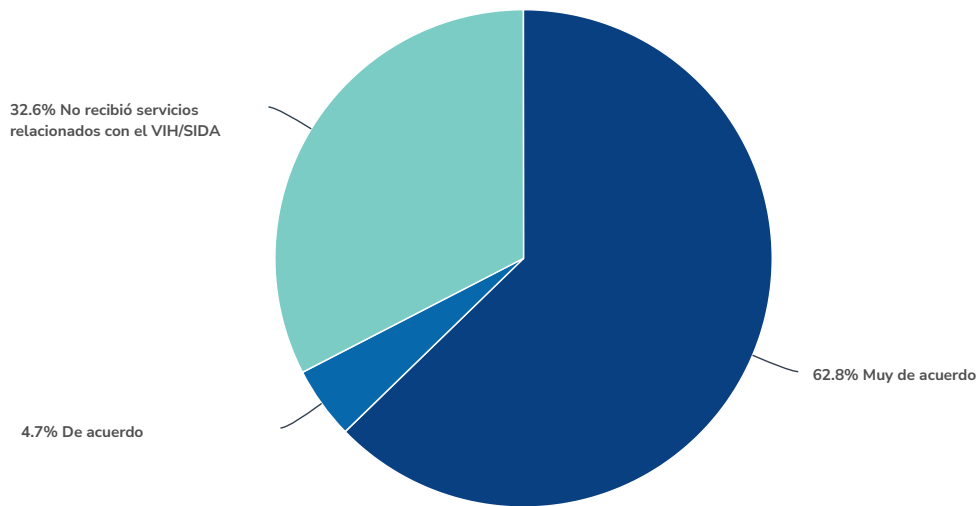
Value	Percent	Responses
Sí	18.6%	8
No	81.4%	35
		Totals: 43

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



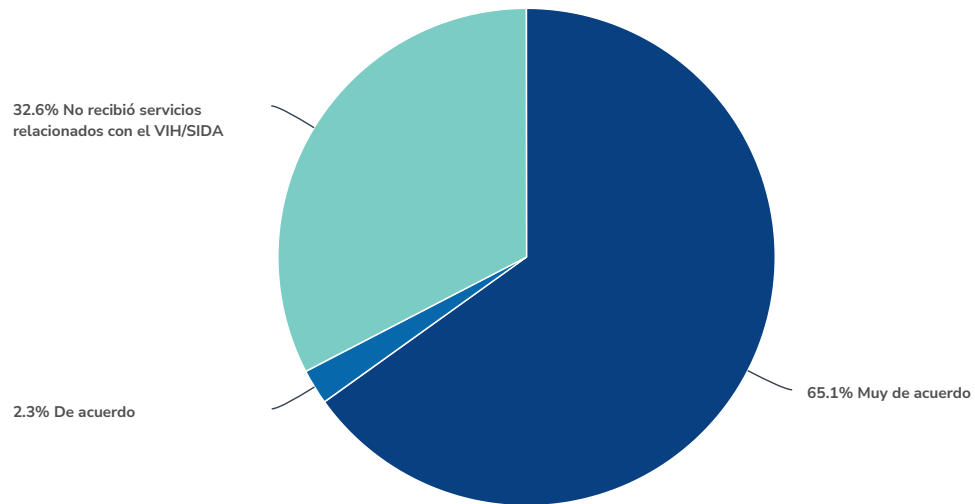
Value	Percent	Responses
No Aplica	37.2%	16
Otro: - Write In (click to view)	2.3%	1
No recibió servicios relacionados con el VIH/SIDA	60.5%	26
		Totals: 43

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



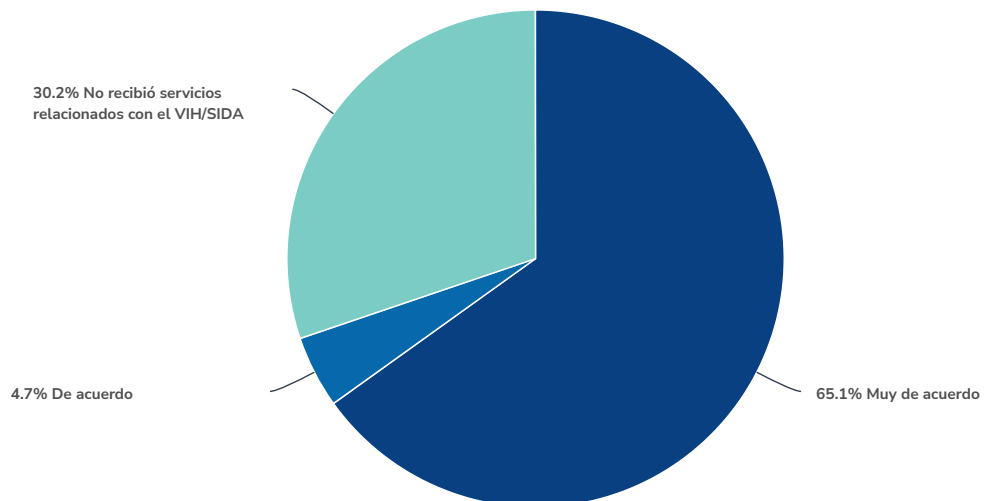
Value	Percent	Responses
Muy de acuerdo	62.8%	27
De acuerdo	4.7%	2
No recibió servicios relacionados con el VIH/SIDA	32.6%	14
		Totals: 43

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value	Percent	Responses
Muy de acuerdo	65.1%	28
De acuerdo	2.3%	1
No recibió servicios relacionados con el VIH/SIDA	32.6%	14
		Totals: 43

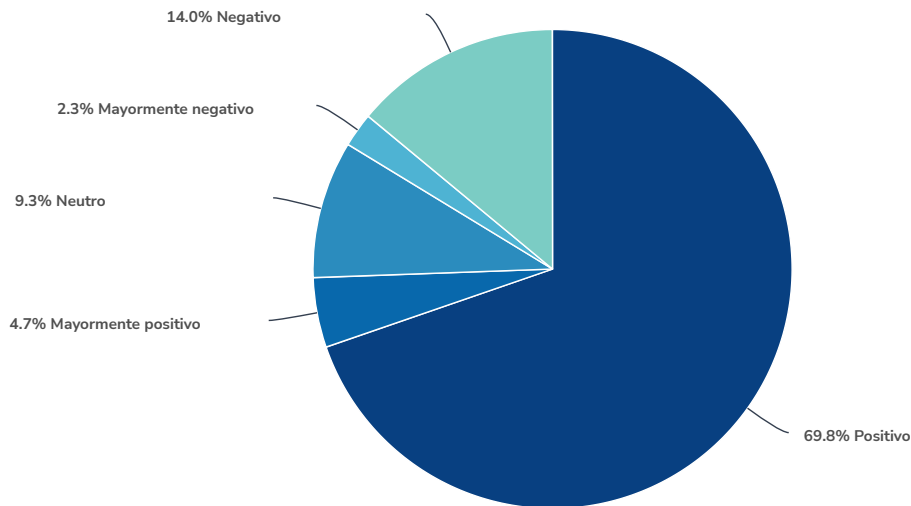
16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



Value	Percent	Responses
Muy de acuerdo	65.1%	28
De acuerdo	4.7%	2
		Totals: 43

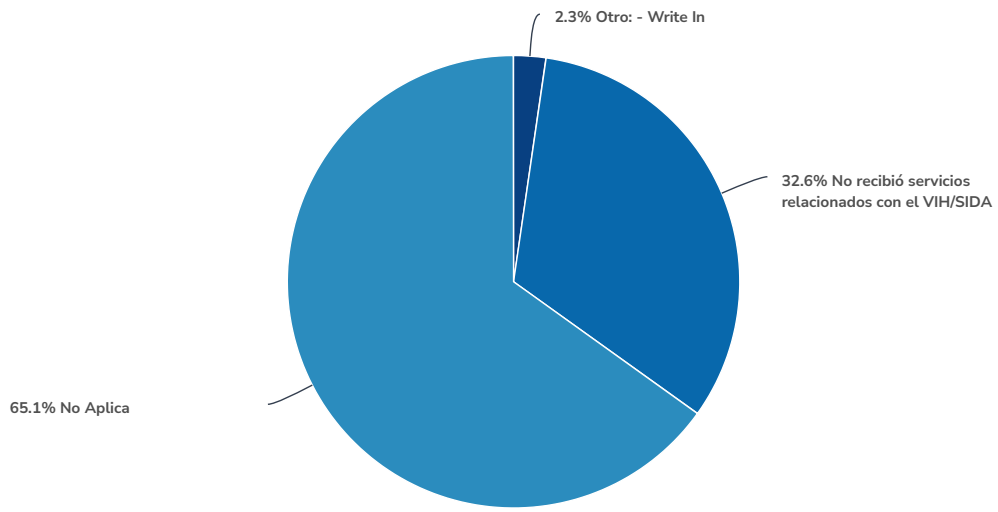
Value	Percent	Responses
No recibió servicios relacionados con el VIH/SIDA	30.2%	13
Totals: 43		

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	69.8%	30
Mayormente positivo	4.7%	2
Neutro	9.3%	4
Mayormente negativo	2.3%	1
Negativo	14.0%	6
Totals: 43		

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
Otro: - Write In (click to view)	2.3%	1
No recibió servicios relacionados con el VIH/SIDA	32.6%	14
No Aplica	65.1%	28
		Totals: 43

19. Comentarios

[Show Responses](#) ▾

20.



Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *Director of Disease Surveillance & Control* *CL*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – **November 2022**

A. Division of Disease Surveillance and Control

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

	Nov 2021	Nov 2022		FYYTD 21-22	FYYTD 22-23	
Sexually Transmitted						
Chlamydia	986	772	↓	5238	5031	↓
Gonorrhea	551	405	↓	2957	2505	↓
Primary Syphilis	26	7	↓	127	119	↓
Secondary Syphilis	32	12	↓	176	171	↓
Early Non-Primary, Non-Secondary ¹	53	30	↓	288	292	↑
Syphilis Unknown Duration or Late ²	116	52	↓	596	570	↓
Congenital Syphilis (presumptive)	1	1	→	12	10	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	0	2	↑	6	12	↑
Syphilis Pregnant Cases	8	16	↑	94	95	↑
Perinatally Exposed to HIV	1	1	→	5	6	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	2	→	12	20	↑
Hepatitis A	1	1	→	2	7	↑
Hepatitis B, acute	1	2	↑	13	19	↑
Influenza	8	189	↑	57	631	↑
Pertussis	4	1	↓	21	68	↑
Enteric Illness						

	Nov 2021	Nov 2022		FYTD 21-22	FYTD 22-23	
Campylobacteriosis	5	12	↑	118	121	↑
Cryptosporidiosis	1	0	↓	14	13	↓
Giardiasis	1	4	↑	39	39	→
Rotavirus	2	2	→	28	130	↑
Salmonellosis	10	11	↑	140	143	↑
Shiga toxin-producing Escherichia coli (STEC)	1	3	↑	51	61	↑
Shigellosis	3	5	↑	67	69	↑
Other						
Coccidioidomycosis	21	8	↓	160	99	↓
Hepatitis C, acute	0	0	→	2	2	→
Invasive Pneumococcal Disease	15	35	↑	103	174	↑
Lead Poisoning	6	7	↑	89	115	↑
Legionellosis	2	1	↓	21	23	↑
Lyme Disease	3	1	↓	13	7	↓
Meningitis, aseptic	4	2	↓	32	32	→
Meningitis, Bacterial Other	2	1	↓	11	9	↓
Streptococcal Toxic Shock Syndrome (STSS)	0	3	↑	17	9	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	9	3	↓	23	22	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	46	1	67	0
Gonorrhea	50	2	83	0
Syphilis	65	4	215	0
HIV/AIDS (New to Care/Returning to Care)	16	1	63	0
Tuberculosis	51	0	18	0
TOTAL	228	8	446	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. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 35
 - 1. Lead CTs – 6
 - 2. Contact Tracers; investigators and outreach – 29
 - ii. Contracted Contact Tracers, Current Total: 100

1. CSAA team of 100
 - b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii.
 - iii. Strike teams for testing are deployed for outbreak and clusters identified
 - iv. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - v. Coordinating Covid Antigen test kit Distribution through CBO partnerships
 - c. Contact Tracing/Outreach/Outbreak Investigations
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.
4. Disease and Outbreak Investigations
 - a. **Influenza:** The 2022-2023 influenza season surveillance in Clark County, Nevada started on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, the seasonal influenza activity is high across the country. Statewide, the Outpatient Respiratory Illness Activity in Nevada has been at the high level as well. Locally, as of 12/3/2022, for the 2022 - 2023 influenza season, 217 influenza-associated hospitalizations and 2 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/20/2023.
 - b. **2019 Novel Coronavirus (COVID-19):** As of November 30, Clark County had 587,297 cases; 9,105 deaths, and 115 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC is making recommendations of isolation and quarantine for individuals that are diagnosed with COVID-19 or have been identified as exposed to someone with COVID-19 through use of technology as capacity allows. Currently SNHD has contact tracers including staff from SNHD and CSAA to follow up on the reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.
 - c. **Monkeypox:** As of November 30, Clark County had 287 cases of monkeypox. ACDC monitors contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases. Additionally, DSC

staff have been trained in monkeypox investigations to assist with the response.

- d. **Ebola:** Airport screenings for persons who are arriving from Uganda are occurring. Persons who arrive in Clark County will be monitored for symptoms by SNHD for up to 21 days after their last possible date of exposure.
- e. **Sapovirus:** ACDC is investigating reports of patrons becoming ill after consuming raw oysters from a local restaurant. Symptoms being reported include diarrhea, fever, nausea, vomiting, abdominal pain, fatigue, body aches, constipation, chills, headache, weakness, and shaking. Onset dates ranged from 10/29/2022 – 11/6/2022. 1 ill person agreed to test and was positive for Sapovirus. The FDA released a Food Safety Alert based on our investigation. Oysters have been collected from the restaurant and submitted to the lab for testing. A self-reporting survey has been created to capture individuals that became ill after food consumption. This is an ongoing investigation.
- f. **Listeriosis:** An individual became ill after consuming a dish that contained enoki mushrooms from a local restaurant. Symptoms reported included neck stiffness, body aches, fever, chills, fatigue, nausea, diarrhea, and altered mental status. Onset date was 10/1/2022. Culture was positive for *Listeria monocytogenes*. The CDC declared an outbreak on 11/17/2022 with cases in Michigan and Nevada.

5. Non-communicable Reports and Updates

- a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of November:

- 11/01/22: SNHD – Sexual Health Clinic (12 trained, 24 doses distributed)
- 11/08/22: Office of the District Attorney (20 trained, 24 doses distributed)
- 11/09/22: North Las Vegas PD (48 doses distributed)
- 11/10/22: City of Henderson – Corrections (500 doses distributed)
- 11/10/22: Casers Resorts Security (1200 doses distributed)
- 11/10/22: High Risk Pregnancy Center (48 doses distributed)
- 11/15/22: The Center (96 doses distributed)
- 11/16/22: Desert Hope (32 trained, 64 doses distributed)
- 11/17/22: SNHD – Immunizations (9 trained, 20 doses distributed)

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of November:

- 11/02/2022: Comprehensive Treatment Center (300 Strips)
- 11/02/2022: Nevada Partnership for Homeless Youth (300 Strips)
- 11/03/2022: Behavioral Health Group (3600 Strips)
- 11/03/2022: SNHD Office of Disease Surveillance (200 Strips)
- 11/09/2022: City of Henderson (3600 Strips)
- 11/09/2022: SNHD Linkage to Action Team (100 Strips)
- 11/10/2022: Community Counseling Center (300 Strips)
- 11/15/2022: The Center (3600 Strips)
- 11/17/2022: SNHD Clinics (500 Strips)
- 11/22/2022: UNLV Student Health Center (200 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. 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, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing services in SHC/Annex A continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events targeting MSM at Hawks Gym and Fun Hog Bar have been moved to quarterly. We continued to offer the MTU services to the 7-11 location this month and included community partners and Immunizations to offer additional resources.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being 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	Nov -21	Nov-22		FY 21-22	FY 22-23	
Outreach/Targeted Testing	898	541	↓	4919	4755	↓
Clinic Screening (SHC/FPC/TB)	193	361	↑	1209	1612	↑
Outreach Screening (Jails, SAPTA)	45	61	↑	292	816	↑
Collect2 Protect	32	8	↓	66	96	↑
TOTAL	1168	971	↓	6486	7279	↑
Outreach/Targeted Testing POSITIVE	6	2	↓	38	22	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	5	0	↓

Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	2	3	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	6	3	↓	45	25	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 11/01/2022: Harm Reduction in Action facilitated by ODS Health Educator; 32 people in attendance; 2 ODS Health Educators in attendance.
2. 11/01/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff with Office of Suicide Prevention; 43 people in attendance including staff from Henderson Police Department; 1 SNHD ODS staff attendee.
3. 11/02/2022: Academic detailing visit with Clinica Medica Del Pueblo; 5 people in attendance; 2 SNHD ODS Staff in attendance.
4. 11/02/2022: Academic detailing visit with MyOBGYN; 9 people in attendance; 1 SNHD ODS Health Educator attendee.
5. 11/03/2022: Narcan Training facilitated by ODS Health Educator; 4 people in attendance; 2 ODS Health Educators in attendance.
6. 11/03/2022: Mayor's Faith Initiative's Virtual Conference: Reforming the Juvenile Justice System attended by ODS Health Educator Staff as representative; ~60 people in attendance; 1 SNHD ODS staff attendee.
7. 11/04/2022: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~40 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
8. 11/07/2022: Collective Impact Training facilitated by ODS Health Educator; ~50 people in attendance; 8 ODS Health educators in attendance.
9. 11/08/2022: Harm Reduction in Action facilitated by ODS Health educator; ~20 people in attendance; 2 ODS Health educators in attendance.
10. 11/08/2022: Community of Practice (COP) Zero Suicide Implementation meeting attended by ODS Health Educator Staff as a representative; ~15 people in attendance; 3 SNHD ODS staff attendees.
11. 11/08/2022: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 4 people in attendance; 3 SNHD ODS staff attendees.
12. 11/08/2022: Presented Community Health Improvement Plan (CHIP) Update at the Executive Leadership Team Meeting; 12 people in attendance; 3 ODS Staff attendees.
13. 11/08/2022: Sexual Health presentation at WestCare Las Vegas facilitated by ODS Health Educator and Empowered at Roseman University; 34 people in attendance; 1 ODS Health Educator facilitator.
14. 11/09/2022: Academic Detailing Provider visits/follow-up visits with 2 SNHD employees; 5 people in attendance; 2 SNHD ODS Staff attendees.
15. 11/09/2022: SNHD Accreditation Part 2 Update Meeting; 15 people in attendance; 3 ODS Staff attendees.
16. 11/09/2022: Fentanyl Test Strip Training facilitated by ODS Health Educator; 25 people in attendance; 2 ODS Health Educators in attendance.
17. 11/15/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 11 people in attendance; 9 SNHD ODS staff attendees.

18. 11/15/2022: Coordinated multi-state Public Health Vending Machine (PHVM) collaborative; 40 people in attendance; 1 ODS Staff member attendee.
19. 11/16/2022: Harm Reduction 201 facilitated by ODS Health Educators; 17 people in attendance; 3 ODS health educators in attendance.
20. 11/16/2022: Vending 101 Training facilitated by Trac-B; 10 people in attendance; 6 ODS Health Educators in attendance.
21. 11/16/2022: Presented on Public Health Vending Machines to SAMHSA's State Opioid Response program; 75 people in attendance; 1 ODS Staff attendee.
22. 11/17/2022: Presented to the SNHD Board of Health – Community Health Improvement Plan Update; ~40 people in attendance; 3 ODS Staff attendees.
23. 11/17/2022: Attended the National Coalition of STF Directors (NCSD) Bicillin Delivery Group Three Month Follow Up and presented on the status of SNHD's Home Administered Treatment for Syphilis proposal; 1 SNHD ODS staff in attendance and ~4 other participants from Orange County, NY and Southeastern Idaho Public Health along with 2 moderators from NCSD.
24. 11/19/2022-11/20-2022: Attended UNR HIV Autumn Update in Incline Village, NV. 2 ODS Health Educators in attendance along with participants from the Nevada Division of Public Health, Clark County Social Services, Washoe Health Department, UMC, ~180 people in attendance.
25. 11/21/2022: Launched SNHD Public Health Vending Machine for public use; SNHD ODS Health Educator Completed 3 interviews; 8 news stories.
26. 11/21/2022: Evaluated PrEP Navigators Public Health Detailing visits with 2 Ob/GYN providers; 1 ODS Health Educator in attendance.
27. 11/28/2022: Facilitated TOPSAFE: Field Safety course for 7 ODS DIIS, DDCS and MPX staff; 1 ODS Health Educator served as trainer.
28. 11/28/2022: Attended "2023 Biomedical HIV Prevention Summit Planning", facilitated by NVDHHS; 20 people in attendance; 5 ODS Staff attendees.
29. 11/29/2022: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; ~12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
30. 11/30/2022: Interview with Clark County School District (CCSD) student on youth HIV/STI rates, sex education curriculum in NV; 1 SNHD ODS Health Educator attendee.
31. 11/30/2022: Harm Reduction in Action facilitated by ODS Health educator; ~12 people in attendance; 2 OD Health educators in attendance.

D. Other

Communicable Disease Statistics: October 2022 and Quarter 3 2022 disease statistics are attached (see Table 1).

MONTHLY REPORT – October 2022

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A.** Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections. Updated monkeypox investigation forms.
- B.** Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems. Continue to support staff and work on exceptions that are requested by staff. Continue to convert COVID lab results from csv files into HL7 messages. Onboarded 9 new labs.
- C.** Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Apply SNOMED and LOINC codes to microbiology tests. PHLIP reverse validation with CDC is nearing completion. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) validation. Created monthly reports for Fremont Health Center and completed turnaround time, fax completion QA report.
- D.** Received PHEP funding for LRN-B interface to help speed up the process. Is being completed manually, the goal is to close out the project by July 2023.
- E.** Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
- F.** Continue SNPHL data warehouse cleanup and maintenance.
- G.** Maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import of COVID testing demographic data from POC application into eCW. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services. A plan is being developed to migrate eCW to the eCW cloud. Modifications to eCW interface to accommodate SNPHL lab matching and Express testing results.
- H.** Working on eCW Integration with CareWare. Completed benchmark and baseline numbers for CareWare part B.
- I.** Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- J.** Continue to maintain and enhance the iCircle web application for OEDS. Finalizing new reports for HIV Linkage data.
- K.** Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests, and reports. Assisted with completion of the Coroner's office supplemental gap analysis for the new CME. Collected additional data for our grant abstractors to assist with overdose processing. Helped with the process of onboarding the new interns by providing details of the office functions that pertain to their associated assignments.
- L.** Continue to support COVID19 surveillance by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- M.** Continue working with Wellpartner on prescription notification from eCW and real time data transfer.
- N.** Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- O.** Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- P.** Maintain and enhance COVID19 lab results portal.

- Q.** Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and to produce COVID19 and Monkeypox DECIPHER reports.
- R.** Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Trisano Data migration being validated through Disease Surveillance workflows. Final validation of Pentaho reports to be completed when EpiTrax production has data for the launch links. Work with IT and set up EpiTrax production server environment. Set up Keycloak connection with EMSA and EpiTrax and reverse proxy authentication for external EpiTrax users. Retest EpiTrax and EMSA database migration.
- S.** Continue working with Epi team for 2022 Antibigram data that is being exported to data warehouse.
- T.** Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. Continue working on End User validation. NETTS Trisano export completed.
- U.** Continue new API server testing for internal processes and 3rd party app.
- V.** Completed testing of API connection with state WebIZ production server.
- W.** Continue to work with state on DMI project including eCR onboarding and RCKMS training. Authored 12 new conditions that are reportable to SNHD through RCKMS.
- X.** Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
- Y.** Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- Z.** Continue bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- AA.** Completed various reports including, SBIRT reports, Focus Reports, 12 Chronic Disease Prevention and Health Promotion Reports, Monthly Monkeypox report, 2021 Finance Wrap report revision, Account for Family Planning (AFP) Quarterly Reports and Fremont FP lab report.
- BB.** 2021 STD reconciliation completed.
- CC.** Continue working on the Yale project with Epi office for case conferencing. Completed project cost analysis for Quarter 3 and 4.
- DD.** NVCLPPP lead dashboard data updates completed.
- EE.** 2 staff attended eCW Conference, 1 staff attended STD Clinic Conference.
- FF.** Submitted CSTE data science project application.
- GG.** Completed ELC and PHEP quarterly grant progress reports.



October 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	Oct	YTD	Oct	YTD	Oct	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	8	1	10	2	17
Hepatitis A	1	15	0	1	0	6
Hepatitis B, acute	2	11	1	12	1	17
Hepatitis B, chronic	42	392	45	456	40	556
Influenza	0	864	2	49	18	443
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0
Pertussis	0	6	4	17	4	66
SEXUALLY TRANSMITTED						
Chlamydia	1168	11035	1079	11029	951	10477
Gonorrhea	599	4599	553	6082	522	5265
HIV	29	284	36	389	13	370
Stage 3 HIV (AIDS)	8	114	11	157	13	152
Syphilis (Early non-primary, non-secondary)	44	321	51	566	69	557
Syphilis (Primary & Secondary)	58	532	71	633	61	613
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	2	5	0	0
Congenital Syphilis	1	31	4	26	2	38
ENTERICS						
Amebiasis	1	8	0	2	0	1
Campylobacteriosis	12	104	8	113	17	109
Cryptosporidiosis	0	9	0	13	1	13
Giardiasis	1	23	7	38	2	33
Rotavirus	4	19	4	26	2	128
Salmonellosis	9	111	13	130	12	132
Shiga toxin-producing <i>E. coli</i> (STEC)	2	20	1	50	4	58
Shigellosis	3	44	8	64	9	63
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	1	3	1	6
Yersiniosis	0	4	1	9	0	6
OTHER						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	14	134	18	139	0	85
Exposure, Chemical or Biological	0	0	0	2	0	9
Hepatitis C, acute	0	4	0	2	0	2
Hepatitis C, chronic	286	3270	273	2686	248	2422
Invasive Pneumococcal Disease	5	155	7	88	13	139
Lead Poisoning	7	82	4	83	9	106
Legionellosis	2	23	3	19	0	21
Listeriosis	0	1	1	1	1	4
Lyme Disease	0	3	0	10	0	6
Malaria	0	1	1	2	0	7
Meningitis, Aseptic	5	60	2	28	3	22
Meningitis, Bacterial Other	2	16	1	9	2	7
Meningitis, Fungal	1	4	0	4	0	7
Q Fever, acute	0	0	0	1	0	0
RSV	2	1727	462	1177	1078	2213
Rabies, exposure to a rabies susceptible animal	12	122	25	228	22	271
Spotted Fever Rickettsiosis	0	0	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	1	20	0	17	2	7
Tuberculosis (Active)	7	46	6	44	3	46

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

--Diseases not reported in the past two years or during the current reporting period are not included in this report.

---Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

----Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



Quarter 3, 2022: Clark County Disease Statistics*

Disease	2020		2021		2022		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2017-2021 aggregated)	Qtr 3 (2022)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	0	8	7	9	6	14	0.05	.	↑
Hepatitis A	1	14	0	1	3	6	0.11	.	↓
Hepatitis B, acute	5	9	3	11	3	16	0.06	.	↓
Hepatitis B, chronic	123	350	145	413	169	516	1.73	2.39	↓X
Influenza	2	864	10	47	22	425	0.17	0.31	↑
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0	.	.	No Change
Mumps	0	0	0	0	1	1	.	.	↑
Pertussis	0	6	7	13	17	61	0.07	0.24	↓X
SEXUALLY TRANSMITTED									
Chlamydia	3457	9867	3173	9950	3264	9430	44.96	46.14	↓
Gonorrhea	1607	4000	1853	5528	1554	4699	19.60	21.97	↓X
HIV	69	237	121	348	131	335	1.22	1.85	↓X
Stage 3 HIV (AIDS)	28	90	50	145	36	115	0.46	0.54	↑
Syphilis (Primary & Secondary)	150	474	174	562	197	544	2.05	2.78	↓X
Syphilis (Early non-primary, non-secondary)	91	277	184	515	180	480	1.56	2.54	↓X
CONGENITAL CONDITIONS									
Congenital Syphilis	11	30	7	24	7	36	0.11	.	↓
Hepatitis C, Perinatal infection	0	0	1	3	0	0	.	.	↓
ENTERICS									
Amebiasis	2	7	0	2	0	1	.	.	↓
Campylobacteriosis	43	92	24	103	40	92	0.43	0.57	↑
Cryptosporidiosis	2	9	8	13	3	12	0.06	.	↓
Giardiasis	5	22	13	31	12	31	0.16	0.17	↓
Rotavirus	1	15	8	22	5	126	0.08	.	↓
Salmonellosis	52	102	33	117	40	118	0.69	0.57	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	5	18	22	49	10	54	0.15	.	↓
Shigellosis	14	41	15	56	26	53	0.27	0.37	↑
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	2	2	5	5	.	.	↑
Yersiniosis	1	4	1	8	3	6	.	.	↑
OTHER									
Coccidioidomycosis	39	120	33	121	22	85	0.44	0.31	↓
Encephalitis	1	1	1	1	3	4	.	.	↑
Exposure, Chemical or Biological	0	0	1	2	8	9	.	.	↑
Hepatitis C, acute	2	4	0	2	0	2	0.06	.	↓
Hepatitis C, chronic	883	2984	808	2411	669	2168	9.86	9.46	↑
Invasive Pneumococcal Disease	16	150	25	81	23	126	0.27	0.33	↑
Lead Poisoning	16	75	25	79	24	96	0.33	0.34	↓
Legionellosis	3	21	7	16	5	20	0.07	.	↓
Listeriosis	1	1	0	0	0	3	.	.	↓
Lyme Disease	0	3	5	10	3	6	0.04	.	↑
Malaria	0	1	1	1	4	7	.	.	↑
Meningitis, Aseptic	13	55	6	26	1	10	0.17	.	↓
Meningitis, Bacterial Other	4	14	3	8	2	4	0.07	.	↓
Meningitis, Fungal	1	3	0	4	4	4	.	.	↑
RSV	5	1725	632	694	253	1096	1.73	3.58	↓X
Spotted Fever Rickettsiosis	0	0	0	1	0	0	.	.	↓
Streptococcal Toxic Shock Syndrome (STSS)	2	19	1	17	17	20	0.05	0.24	↓X
Tuberculosis, Active	11	39	8	38	14	39	0.17	0.20	↑

*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

-Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

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



Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *Director of Disease Surveillance & Control* *CL*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – **December 2022**

A. Division of Disease Surveillance and Control

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

	Dec 2021	Dec 2022		FYTD 21-22	FYTD 22-23	
Sexually Transmitted						
Chlamydia	1013	984	↓	6251	6065	↓
Gonorrhea	553	492	↓	3510	3026	↓
Primary Syphilis	16	0	↓	143	131	↓
Secondary Syphilis	26	12	↓	202	196	↓
Early Non-Primary, Non-Secondary ¹	43	36	↓	331	375	↑
Syphilis Unknown Duration or Late ²	110	53	↓	706	687	↓
Congenital Syphilis (presumptive)	6	3	↓	18	17	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	3	0	↓	9	12	↑
Syphilis Pregnant Cases	19	10	↓	113	106	↓
Perinatally Exposed to HIV	0	0	→	5	7	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	1	3	↑	13	23	↑
Hepatitis A	1	0	↓	3	7	↑
Hepatitis B, acute	2	0	↓	15	19	↑
Influenza	16	313	↑	73	979	↑
Pertussis	3	0	↓	24	79	↑
Enteric Illness						

	Dec 2021	Dec 2022		FYTD 21-22	FYTD 22-23	
Campylobacteriosis	7	6	↓	125	127	↑
Cryptosporidiosis	2	4	↑	16	17	↑
Giardiasis	5	2	↓	44	41	↓
Rotavirus	1	3	↑	29	133	↑
Salmonellosis	10	2	↓	150	145	↓
Shiga toxin-producing Escherichia coli (STEC)	3	6	↑	54	68	↑
Shigellosis	6	1	↓	73	70	↓
Other						
Coccidioidomycosis	9	9	→	169	124	↓
Hepatitis C, acute	0	0	→	2	2	→
Invasive Pneumococcal Disease	27	41	↑	130	216	↑
Lead Poisoning	8	10	↑	97	126	↑
Legionellosis	1	1	→	22	25	↑
Lyme Disease	0	0	→	13	7	↓
Meningitis, aseptic	1	0	↓	33	33	→
Meningitis, Bacterial Other	1	0	↓	12	10	↓
Streptococcal Toxic Shock Syndrome (STSS)	0	4	↑	17	12	↓
New Active TB Cases Counted (<15 yo)	3	0	↓	3	0	↓
New Active TB Cases Counted (>= 15 yo)	2	1	↓	28	22	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	26	0	47	0
Gonorrhea	26	0	28	0
Syphilis	50	1	140	0
HIV/AIDS (New to Care/Returning to Care)	8	1	40	0
Tuberculosis	31	0	15	0
TOTAL	141	2	270	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. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 34
 - 1. Lead CTs – 6
 - 2. Contact Tracers; investigators and outreach – 28
 - ii. Contracted Contact Tracers, Current Total: 100

1. CSAA team of 100
 - b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii. Strike teams for testing are deployed for outbreak and clusters identified as necessary
 - iii. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - iv. Coordinating Covid Antigen test kit Distribution through CBO partnerships
 - c. Contact Tracing/Outreach/Outbreak Investigations
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.
4. Disease and Outbreak Investigations
 - a. **Influenza:** The 2022-2023 influenza season surveillance in Clark County, Nevada started on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, the seasonal influenza activity remains high but is declining in most areas. Statewide, the Outpatient Respiratory Illness Activity in Nevada has been at the high level as well. Locally, as of 12/24/2022, for the 2022 - 2023 influenza season, 440 influenza-associated hospitalizations and 11 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/20/2023.
 - b. **2019 Novel Coronavirus (COVID-19):** As of December 31, 2022, Clark County had 593,975 cases; 9,200 deaths, and 115 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC is providing public health recommendations related to masking, isolation and other public health mitigation measures to prevent the spread of Covid-19 during times of low, medium and high community levels. Currently SNHD continues to monitor trends, investigate cases, provide guidance and maintain community testing sites. This is an ongoing response effort.
 - c. **Monkeypox:** As of December 31, 2022, Clark County had 291 cases of monkeypox. ACDC continues to monitor contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases. DSC has partnered with the SNHD vaccination team to provide vaccines to non-traditional locations and times. This response is ongoing.

- d. **Ebola:** Airport screenings for persons who are arriving from Uganda are occurring. Persons who arrive in Clark County will be monitored for symptoms by SNHD for up to 21 days after their last possible date of exposure.
- e. **Sapovirus:** ACDC and OIE is investigating reports of patrons becoming ill after consuming raw oysters from a local restaurant. Symptoms being reported include diarrhea, fever, nausea, vomiting, abdominal pain, fatigue, body aches, constipation, chills, headache, weakness, and shaking. Onset dates ranged from 10/29/2022 – 11/6/2022. 1 ill person agreed to test and was positive for Sapovirus. The FDA released a Food Safety Alert based on our investigation. Oysters have been collected from the restaurant and submitted to the lab for testing. The oyster samples were positive for norovirus (GII) sub 1 of 3. This investigation has been closed.
- f. **Listeriosis:** An individual became ill after consuming a dish that contained enoki mushrooms from a local restaurant. Symptoms reported included neck stiffness, body aches, fever, chills, fatigue, nausea, diarrhea, and altered mental status. Onset date was 10/1/2022. Culture was positive for *Listeria monocytogenes*. The CDC declared an outbreak on 11/17/2022 with cases in Michigan and Nevada. On 12/21/2022 Environmental Health reported the mushrooms did test positive for *Listeria*. The State, CDC, and FDA were notified. This investigation has been closed.

5. Non-communicable Reports and Updates

- a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone through SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant which began on September 30, 2022. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of December:

12/5/2022: Planned Parenthood (7 trained, 15 doses distributed)

12/7/2022: F.A.I.T.H. Behavioral Services and Wellness Center (11 trained, 22 doses distributed)

12/11/2022: The Center (30 doses distributed)

12/12/2022: Coral Academy of Science - Windmill Campus (3 trained, 6 doses distributed)

12/12/2022: The Gold Coast Hotel (Boyd Gaming) (10 doses distributed)

12/15/2022: Founders Classical Academy of Las Vegas (8 trained, 14 doses distributed)

12/15/2022: M Resort and Casino (60 doses distributed)

12/21/2022: SNHD - L2A (30 doses distributed)

- b. **Overdose Data to Action (ODTA):** The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of December:

- 12/06/2022: Comprehensive Treatment Center (300 Strips)
- 12/07/2022: Nye Communities Coalition (300 Strips)
- 12/07/2022: SNHD Linkage to Action Team (100 Strips)
- 12/13/2022: City of Henderson (2400 Strips)
- 12/14/2022: PACT Coalition (300 Strips)
- 12/21/2022: SNHD Linkage to Action Team (200 Strips)
- 12/21/2022: SNHD Office of Disease Surveillance (100 Strips)
- 12/28/2022: FAITH Behavioral Services and Wellness Center (300 Strips)
- 12/29/2022: SNHD Office of Disease Surveillance (200 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. 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, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.
- b. Express Testing services in SHC/Annex A continues to do well. This month ODS observed World AIDS Day on Dec 1st. SNHD's Office of Disease Surveillance and Stigma Reduction Team collaborated with The Center and the local community to help end the stigma associated with people living with HIV. Some of the events included the following: The Center, located at 401 S. Maryland Parkway, Las Vegas, will host a Community Health Vendor Fair from 10 a.m. – 1 p.m. There will be speakers from 1:30 – 3 p.m. including District Health Official Dr. Fermin Leguen, Dr. Lealah Pollock of the University of California San Francisco and Well Project Program Manager Ciarra Covin. Also speaking will be community member Maria Montes, who will discuss her passion and purpose in her HIV advocacy efforts. SNHD and Delta Sigma Theta Sorority will offer Rapid HIV testing at Boulevard Mall, 352 S. Maryland Parkway, Las Vegas, from 10 a.m. – 3 p.m. Testing will be offered in the SNHD L2A Mobile Testing Unit, parked near the main entrance of the mall. Additional activities: SNHD offers rapid HIV testing options including HOME HIV test kits. The program, [Collect2Protect](#), allows users to conveniently and privately order an at-home HIV test kit for free 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, Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. Express Testing is offered Monday – Thursday, 8 a.m. – 4:30 p.m.
- c. ODS continues to offer outreaches on the MTU targeting MSM at Hawks Gym and Fun Hog Ranch. At these sites HIV rapid and syphilis testing is offered along with information on PrEP/PEP, condoms and resources for additional services.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being 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	Dec -21	Dec -22		FY 21-22	FY 22-23	
Outreach/Targeted Testing	801	468	↓	5720	3751	↓
Clinic Screening (SHC/FPC/TB)	143	361	↑	1352	1858	↑
Outreach Screening (Jails, SAPTA)	53	92	↑	345	926	↑
Collect2 Protect	51	8	↓	117	112	↓
TOTAL	1048	929	↓	7534	6647	↓
Outreach/Targeted Testing POSITIVE	10	3	↓	48	37	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	5	0	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	2	3	↑
Collect2 Protect POSITIVE	1	0	↓	1	0	↓
TOTAL POSITIVES	11	3	↓	56	40	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 12/01/2022: World Aids Day event facilitated by ODS Health Educator and The Center; ~50 people in attendance; 10 ODS staff in attendance.
- 12/05/2022: Provided Narcan Training - Planned Parenthood; 3 people in attendance; 1 ODS Health Educator attendee.
- 12/05/2022: Presented Naloxone Distribution (FR Cara) program to National Action Network at their monthly meeting; ~40 people in attendance; 2 ODS Staff attendees.
- 12/07/2022: Organized WebEx panel "Hotwash" for Congenital Syphilis Public Health Detailing efforts with UNLV School of Nursing 350 class: Population Focused Nursing in the Community; 8 nursing students in attendance, 1 UNLV Faculty, 2 ODS, 1 SNHD Epidemiologist.
- 12/07/2022: Provided Narcan Training - FAITH Behavioral Health; 8 people in attendance; 1 ODS Health Educator attendee.
- 12/08/2022: SB 275 Advisory Task Force on HIV Exposure Modernization meeting. 1 ODS staff in attendance along with other Task Force members.
- 12/08/2022: UNLV Student Presentation Judging Panel Public Health; 25 people in attendance; 1 ODS Health Educator in attendance as judge.
- 12/12/2022: Provided Narcan Training - Coral Academy of Las Vegas; 3 people in attendance; 1 ODS Health Educator attendee.
- 12/12/2022-12/13/2022: Empower Change Rapid HIV Testing Training at Henderson Equality Center. 4 ODS staff in attendance, 1 vendor from Abbott, and 10 participants from the Center LV, the Henderson Equality Center, Huntridge Clinic, SNHD, and Sagebrush Health.
- 12/13/2022: Presented the Community Health Improvement Plan to SNHD Senior Leadership/Executive Team; ~50 people in attendance; 4 ODS Staff attendees.
- 12/15/2022: Provided Narcan Training - Founders Classical Academy; 8 people in attendance; 1 ODS Health Educator attendee.

12. 12/20/2022: Fentanyl Test Strip Program provider education facilitated by ODS Health Educator; 2 people in attendance; 1 ODS Health Educator attendee.
13. 12/21/2022: Fentanyl Test Strip Training facilitated by ODS Health Educator; 9 people in attendance; 1 ODS Health Educator attendee.

D. Other

1. Publications:

Katarina Pulver, BA, was published in the November 2022 edition of *Mental Health Spectrum- Substance Use: Addition and Recovery (Vol. 1) Edition* for her article titled: "Hope in Harm Reduction: Understanding Fentanyl and Overdose Prevention." The article can be viewed via this link: https://www.tuffservices.org/MHS_Vol2_Iss4_November.pdf

2. Ying Zhang, Senior Scientist, was selected to be the Workforce Steering Committee Vice Chair at the Council of State and Territorial Epidemiologists (CSTE).
3. Communicable Disease Statistics: November 2022 disease statistics are attached (see Table 1).

MONTHLY REPORT – November and December 2022

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A.** Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections.
- B.** Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems. Continue to support staff and work on exceptions that are requested by staff. Continue to convert COVID lab results from csv files into HL7 messages.
- C.** Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Completed reconciliation conflicts between SNPHL and CDC SNOMED and LOINC codes. PHLIP 2.5.1 feed in full production. Manual COVID reporting (PHLIS) changed to automated reporting (PHLIP), validations complete. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) validation.
- D.** LRN-B interface kickoff. Imprinted bidirectional interfacing for immunology testing that is being completed manually; the goal is to close out the project by July 2023.
- E.** Continue SNPHL data warehouse cleanup and maintenance.
- F.** Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Exploring ways to support SNPHL in combined testing of Covid/Flu for certain testing locations. Modifications will be needed to current automated processes to support this change.
- G.** Maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services. Planning and Preparations to submit the Family Planning Annual Report (FPAR) have begun. Completed CareWare data upload from eCW.
- H.** Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.

- I. Continue to maintain and enhance the iCircle web application for OEDS.
- J. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests, and reports. Submitted Gap analysis to vendor for proposed system changes. Assisted Clark County IT Department with locating FBI in cloud documents. Completed 2022 data reconciliation between SNHD and Coroner's office.
- K. Generated 2017, 2018, and 2019 coroner's data sets for Clemson decomposition study.
- L. Continue to support COVID19 surveillance by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- M. Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- N. Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- ~~O.~~ Maintain and enhance COVID19 lab results portal.
- P. Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and to produce COVID19 and Monkeypox DECIPHER reports.
- Q. Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Trisano Data migration being validated through Disease Surveillance workflows. Final validation of Pentaho reports to be completed (pending 1 report and URL launch updates). Worked with IT to set up EpiTrax production server environment. Retest EpiTrax and EMSA database migration and investigate issues.
- R. Built new Mirth Server for EpiTrax and ELR processing. EMSA/Mirth channel setup and debugged. Continue troubleshooting and resolution. Continue working on EpiTrax migration from Trisano and address issues Continue working on End User validation.
- S. Continue data transfer to Wellpartner on prescription notification from eCW in real time.
- T. Continue working with Epi team for 2022 Antibigram data that is being exported to data warehouse.
- ~~U.~~ Completed 2021 NETTS data reconciliation.
- ~~V.~~ Continue NVCLPPP lead dashboard data updates.
- W. Continue new API server testing for internal processes and 3rd party app. Working with IT to resolve issues.
- X. Working with Epi team to set up Alchemer surveys through API.
- Y. Completed data extraction and API for AI Bot project integration. Working on script for csv generation of incomplete records for EpiTrax and Trisano.
- Z. Continue to work with state on DMI project including eCR onboarding and RCKMS training. Authored 12 new conditions that are reportable to SNHD through RCKMS. Completed production and updates for AIMS eICR.

- AA. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.

- BB.** Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
Continue bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- CC.** Continue working on the Yale project with Epi office for case conferencing.
- DD.** Completed various reports including, SBIRT reports, Focus Reports, UDS reports, Provider Productivity reports, Family Participation reports, FQHC/Clinic reports, RW annual referral, PHQ9, and client reports, Homeless Death report, Motor Vehicle report, Zip code-based Suicide Report, and 2022-year end Death Reports. Revision of Q3 2022 Trauma Death report for SNHD and case list report for LVMPD.
- EE.** Grant updates: Completed COVID Health Disparities grant report, budget revision and no cost extension. Updated budget and application for PH Infrastructure Grant. ELC EDX Grant workplan update for extension. Finalized support letter for APHL Informatics Messaging Services (AIMS)/S3 ISC grant.
- FF.** All staff completed the annual HHST Training, 1 Staff completed the HL7 Fundamentals Course, 3 staff attended Power BI Dashboard Training.



November 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	Nov	YTD	Nov	YTD	Nov	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	8	2	12	2	20
Hepatitis A	3	18	1	2	1	7
Hepatitis B, acute	0	11	1	13	3	19
Hepatitis B, chronic	35	427	40	498	45	601
influenza	6	870	8	57	206	648
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0
Pertussis	0	6	4	21	7	77
SEXUALLY TRANSMITTED						
Chlamydia	1001	12036	986	12015	806	11344
Gonorrhea	594	5193	551	6633	425	5718
HIV	36	320	30	419	34	440
Stage 3 HIV (AIDS)	13	127	15	172	11	167
Syphilis (Early non-primary, non-secondary)	37	358	53	619	70	637
Syphilis (Primary & Secondary)	59	591	58	691	37	660
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	2	2	0	5	0	0
Congenital Syphilis	6	37	1	29	4	43
ENTERICS						
Amebiasis	0	8	0	2	0	1
Campylobacteriosis	11	115	5	118	12	121
Cryptosporidiosis	1	10	1	14	0	13
Giardiasis	4	27	1	39	4	39
Rotavirus	2	21	2	28	2	130
Salmonellosis	7	118	10	140	11	143
Shiga toxin-producing <i>E. coli</i> (STEC)	2	22	1	51	4	62
Shigellosis	5	49	3	67	5	69
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	0	3	0	7
Yersiniosis	0	4	1	10	2	8
OTHER						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	17	151	21	160	10	101
Exposure, Chemical or Biological	0	0	0	2	0	9
Hepatitis C, acute	0	4	0	2	0	2
Hepatitis C, chronic	233	3503	210	2896	155	2570
Invasive Pneumococcal Disease	15	170	15	103	36	175
Lead Poisoning	6	88	6	89	8	116
Legionellosis	1	24	2	21	2	24
Listeriosis	1	2	1	2	0	4
Lyme Disease	0	3	3	13	1	7
Malaria	0	1	0	2	0	7
Meningitis, Aseptic	3	63	4	32	2	32
Meningitis, Bacterial Other	7	23	2	11	1	9
Meningitis, Fungal	0	4	0	4	0	8
Q Fever, acute	0	0	0	1	0	0
RSV	2	1729	625	1802	2339	4684
Rabies, exposure to a rabies susceptible animal	10	132	20	248	23	295
Spotted Fever Rickettsiosis	0	0	0	1	0	1
Streptococcal Toxic Shock Syndrome (STSS)	0	20	0	17	2	8
Tuberculosis (Active)	2	48	9	53	3	50

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

~~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



# Memorandum

**Date:** January 26, 2023

**To:** Southern Nevada District Board of Health

**From:** Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health CS*  
 Fermin Leguen, MD, MPH, *District Health Officer FL*

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**Subject:** Environmental Health Division Monthly Report – November 2022

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## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

| Food Operation Services                                         | Nov. 2021    | Nov. 2022    |          | FY 21-22      | FY 22-23      |          |
|-----------------------------------------------------------------|--------------|--------------|----------|---------------|---------------|----------|
| <b>Routine Inspections</b>                                      | 1,754        | 1,515        | ↓        | 9,895         | 10,130        | ↑        |
| <b>Reinspections</b>                                            | 115          | 124          | ↑        | 775           | 925           | ↑        |
| <b>Downgrades</b>                                               | 117          | 119          | ↑        | 695           | 844           | ↑        |
| <b>Closures</b>                                                 | 8            | 11           | ↑        | 102           | 73            | ↓        |
| <b>Special Events</b>                                           | 73           | 114          | ↑        | 316           | 472           | ↑        |
| <b>Temporary Food Establishments &amp; Tasting Event Booths</b> | 625          | 741          | ↑        | 2,584         | 3,345         | ↑        |
| <b>TOTALS</b>                                                   | <b>2,692</b> | <b>2,624</b> | <b>↓</b> | <b>14,367</b> | <b>15,789</b> | <b>↑</b> |

#### 1. Enforcement Actions and Investigations:

- A. **Rico Cafe, 3438 E. Sahara Ave.:** On November 3, the facility was closed for exceeding the allowable demerits on a change of permit holder (CPH) inspection. The inspector documented 27 demerits. The operator is required to attend a Food Safety Assessment meeting and be reinspected prior to reopening. The facility remains closed at this time.
- B. **El Cevichon SD, 63 N. 30th St.:** On November 4, the facility was closed for an Imminent Health Hazard (IHH), other conditions or circumstances that may endanger public health. Violations included: food stored in an unapproved area; storing raw animal products over ready-to-eat foods; and open employee drinks stored on food contact surfaces. The inspector documented 14 demerits. The facility was reinspected and reopened with zero demerits on November 7.

- C. **Chamango Mexican Snacks, 3528 S. Maryland Pkwy.:** On November 11, the facility was closed for non-payment of past due health permit fees. The facility remains closed at this time.
  - D. **Amalfi and Old Homestead at Caesars Palace, 3570 S. Las Vegas Blvd.:** On November 14, a complaint investigation revealed that two restaurants were operating with an IHH, no hot water. Both facilities were closed with five demerits each. The facilities were reinspected and reopened with zero demerits on November 15.
  - E. **Rivas Mexican Grill #6, 4733 S. Maryland Pkwy.:** On November 16, the facility was closed for a failed CPH inspection. The inspector documented 33 demerits. The facility was reinspected and reopened with three demerits on November 28.
  - F. **Antojitos Poblanos, 2025 E. Sahara Ave.:** On November 17, staff verified a complaint, and the unit was closed for an IHH due to liquid waste not being disposed of in an approved manner. Violations included: mobile unit dumping wastewater and water onto the ground; parking at a residence; excessive amounts of wastewater and debris observed on the ground around the truck; and putrid odor coming from the wastewater. The inspector documented 13 demerits. The unit was reinspected and reopened with zero demerits on December 6.
  - G. **Sinaloa Tacos #3 Portable Unit for the Service of Food (PUSF), 2218 E. Cheyenne Ave.:** On November 17, the unit was closed for an IHH, liquid waste not being disposed of in an approved manner. Violations included: food handler not properly washing hands when required; multiple time/temperature control for safety (TCS) foods in the temperature danger zone; cooking when the hood was turned off; chlorine sanitizer solution measured at zero parts per million (ppm) concentration; wiping cloth used without sanitizer residual on the cloth; hand sink not stocked appropriately (disposable towels not available); side window opened directly into the food preparation area; side door with partial lift opening left open; probe-type thermometer not available; refrigerated ready-to-eat TCS food not properly labeled with a seven-day use by date. The inspector documented 38 demerits. The unit remains closed at this time.
  - H. **8 Kitchen, 2560 Saint Rose Pkwy.:** During a routine inspection on November 22, the facility was closed for an IHH, no hot water. The inspector documented 11 demerits. The hot water was restored, and the facility was reopened with three demerits on November 23.
  - I. **Riliberto's, 734 N. Nellis Blvd.:** On November 30, the facility was closed for failing to apply for a CPH and an inspection resulting in 41 demerits. Violations included: improper handwashing; improperly cooled food; food stored uncovered; sanitizer buckets with excessive chlorine concentration; and operating without a valid business license. The operator obtained a health permit under Birria House and was approved to operate with zero demerits on December 8.
  - J. Staff closed 18 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**  
A. An FSAM was held with the following facility: Tamales Dona Rosa, 439 Rock Quarry Way.
3. **Foodborne Illness Investigations:**  
A. **888 Korean BBQ, 4215 Spring Mountain Rd.:** On November 9, staff responded to several reports of illness after eating oysters. The investigation resulted in a B downgrade, a Health Alert from the Food and Drug Administration (FDA) regarding the risk of Dai One brand frozen half shell oysters, and a voluntary recall from the manufacturer. On November 14, the establishment passed its reinspection and returned to an A grade.

**B. Hachi, 3410 S. Jones Blvd.:** On November 15, staff responded to a case of foodborne illness linked to eating enoki mushrooms. Enoki mushrooms have been linked to a multistate outbreak and SNHD has been working with the state, Centers for Disease Control and Prevention (CDC), and FDA to identify the source of the mushrooms. Hachi retained their A grade.

**4. Onsite Intervention Training:**

**A.** Onsite Intervention Training was held with the following facility: Antojitos Jalisco, 2510 E. Lake Mead Blvd.

**II. SOLID WASTE AND COMPLIANCE PROGRAMS**

**ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data**

| Illegal Dumping and Hearing Officer Process | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------|-----------|-----------|---|----------|----------|---|
| Notices of Violations (New & Remails)       | 0         | 0         | → | 38       | 19       | ↓ |
| Adjudicated Hearing Cases                   | 9         | 0         | ↓ | 27       | 14       | ↓ |
| Total Cases Received                        | 100       | 80        | ↓ | 497      | 398      | ↓ |
| Total Cases Referred to Other Agencies      | 21        | 20        | ↓ | 102      | 101      | ↓ |
| Hearing Penalties Assessed                  | \$16,500  | \$0       | ↓ | \$51,700 | \$31,500 | ↓ |

**ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data**

| Restricted Waste Management | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                 | 252       | 243       | ↓ | 1,338    | 1,225    | ↓ |

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

| Underground Storage Tanks                     | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------------------------|-----------|-----------|---|----------|----------|---|
| Compliance Inspections                        | 10        | 38        | ↑ | 216      | 345      | ↑ |
| Final Installation/Upgrade/Repair Inspections | 6         | 2         | ↓ | 18       | 13       | ↓ |
| Closure Inspections                           | 1         | 0         | ↓ | 6        | 2        | ↓ |
| Spill Report Investigations                   | 2         | 0         | ↓ | 7        | 4        | ↓ |

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

| Permitted Disposal Facilities | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                   | 16        | 24        | ↑ | 100      | 109      | ↑ |
| Reinspections                 | 6         | 3         | ↓ | 12       | 16       | ↑ |

**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 (5); and Waste Grease (2)**

**D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in December: None**

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

| Asbestos Permitting Services    | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------|-----------|-----------|---|----------|----------|---|
| Asbestos Permits Issued         | 63        | 86        | ↑ | 406      | 450      | ↑ |
| Revised Asbestos Permits Issued | 12        | 11        | ↓ | 38       | 63       | ↑ |

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

| Subdivision Plan Review               | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------|-----------|-----------|---|----------|----------|---|
| Tentative Maps-Received               | 19        | 15        | ↓ | 98       | 77       | ↓ |
| Tentative Maps-Lot Count              | 1,542     | 760       | ↓ | 8,183    | 4,944    | ↓ |
| Final Maps-Received                   | 31        | 25        | ↓ | 141      | 113      | ↓ |
| Final Maps-Lot Count                  | 1,530     | 456       | ↓ | 8,302    | 5,493    | ↓ |
| Final Maps-Signed                     | 27        | 21        | ↓ | 102      | 121      | ↑ |
| Final Maps (Signed)-Lot Count         | 1,228     | 1,051     | ↓ | 5,099    | 5,870    | ↑ |
| Improvement Plans-Received            | 32        | 20        | ↓ | 140      | 105      | ↓ |
| Improvement Plans-Lot Count           | 1,588     | 374       | ↓ | 8,104    | 5,697    | ↓ |
| Expedited Improvement Plans-Received  | 0         | 0         | → | 0        | 0        | → |
| Expedited Improvement Plans-Lot Count | 0         | 0         | → | 0        | 0        | → |

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

| Individual Sewage Disposal Systems | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------------|-----------|-----------|---|----------|----------|---|
| Residential ISDS Permits           | 6         | 5         | ↓ | 49       | 32       | ↓ |
| Commercial ISDS Permits            | 1         | 0         | ↓ | 4        | 0        | ↓ |
| Commercial Holding Tank Permits    | 0         | 0         | → | 6        | 20       | ↑ |
| Residential Tenant Improvements    | 18        | 11        | ↓ | 125      | 144      | ↑ |
| Residential Certifications         | 1         | 2         | ↑ | 9        | 2        | ↓ |
| Compliance Issues                  | 4         | 7         | ↑ | 30       | 55       | ↑ |



**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

| Safe Drinking Water Program                       | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------------|-----------|-----------|---|----------|----------|---|
| <b>Public Water System (PWS) Sanitary Surveys</b> | 13        | 14        | ↑ | 36       | 32       | ↓ |
| <b>PWS Violations Issued</b>                      | 1         | 0         | ↓ | 10       | 7        | ↓ |
| <b>PWS Complaints</b>                             | 0         | 0         | → | 0        | 0        | → |

**2. Safe Drinking Water Activity:**

- A.** Six *coliform*-present results were reported from routine monitoring events: Corn Creek Field Station FWS (two *coliform*-present results), Desert Southwest Conference (three *coliform*-present results), and Shetland Water District (one *coliform*-present result). All original and repeat samples were *Escherichia coli*-absent.
- B.** Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon, Laker Plaza, Red Rock Campground, Spring Mountain Youth Camp, and Cowboy Trail Rides.
- C. Trout Canyon Land and Water Users Association (NV0004060):** The remaining legal follow-up was deferred to the Nevada Division of Environmental Protection (NDEP) Bureau of Safe Drinking Water (BSDW) Bureau Chief.
- D. Blue Diamond Rainbow NW Plaza (PWS NV0004131):** On November 2, staff conducted an unannounced visit of the PWS to verify observance of the Cease and Desist Order for food operations. No issues were noted, and public notification was appropriately posted.

**III. VECTOR CONTROL OFFICE**

**ENVIRONMENTAL HEALTH Vector Control and Other EH Services -  
Fiscal Year Data**

| Vector Control and Other EH Services                   | Nov.<br>2021 | Nov.<br>2022 |   | FY<br>21-22 | FY<br>22-23 |   |
|--------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| West Nile Virus Surveillance Traps Set                 | 0            | 1            | ↑ | 1,571       | 1,722       | ↑ |
| West Nile Virus Surveillance Mosquitoes Tested         | 2,231        | 1            | ↓ | 18,250      | 28,845      | ↑ |
| West Nile Virus Surveillance Submission Pools Tested   | 158          | 1            | ↓ | 1,337       | 2,132       | ↑ |
| West Nile Virus Surveillance Positive Mosquitoes       | 0            | 0            | → | 42          | 0           | ↓ |
| West Nile Virus Surveillance Positive Submission Pools | 0            | 0            | → | 1           | 0           | ↓ |
| Saint Louis Encephalitis Positive Mosquitoes           | 0            | 0            | → | 0           | 0           | → |
| Saint Louis Encephalitis Positive Submission Pools     | 0            | 0            | → | 0           | 0           | → |
| Western Equine Encephalitis Positive Mosquitoes        | 0            | 0            | → | 0           | 0           | → |
| Western Equine Encephalitis Positive Pools             | 0            | 0            | → | 0           | 0           | → |
| Mosquito Activity Complaints                           | 0            | 1            | ↑ | 20          | 73          | ↑ |
| Elevated Blood Level Home Investigations               | 0            | 0            | → | 1           | 2           | ↑ |
| Legionella Residential Investigations                  | 0            | 0            | → | 4           | 8           | ↑ |
| Legionella Travel Associated Investigations            | 3            | 0            | ↓ | 6           | 3           | ↓ |
| Public Accommodations Inspections                      | 71           | 69           | ↓ | 151         | 182         | ↑ |
| Public Accommodations SB4 Inspections                  | 95           | 112          | ↑ | 343         | 398         | ↑ |
| Public Accommodations Complaints                       | 17           | 13           | ↓ | 83          | 62          | ↓ |
| Mobile Home/Recreational Vehicle Park Inspections      | 4            | 10           | ↑ | 10          | 21          | ↑ |
| Mobile Home/Recreational Vehicle Park Complaints       | 1            | 0            | ↓ | 7           | 10          | ↑ |

**IV. SPECIAL PROGRAMS**

**ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data**

| Special Programs                          | Nov.<br>2021 | Nov.<br>2022 |          | FY<br>21-22  | FY<br>22-23  |          |
|-------------------------------------------|--------------|--------------|----------|--------------|--------------|----------|
| School Food Facility Inspections          | 93           | 106          | ↑        | 402          | 422          | ↑        |
| School Food Facility Complaints           | 0            | 3            | ↑        | 1            | 4            | ↑        |
| School Facility Inspections               | 116          | 111          | ↓        | 479          | 503          | ↑        |
| School Facility Complaints                | 5            | 1            | ↓        | 30           | 14           | ↓        |
| Summer Food Service Surveys               | 17           | 3            | ↓        | 28           | 57           | ↑        |
| Child Care Facility Inspections           | 36           | 15           | ↓        | 173          | 115          | ↓        |
| Child Care Facility Complaints            | 0            | 4            | ↑        | 7            | 12           | ↑        |
| Body Art Facility Inspections             | 23           | 32           | ↑        | 182          | 159          | ↓        |
| Body Art Facility Complaints              | 0            | 4            | ↑        | 4            | 25           | ↑        |
| Body Art Artist Special Event Inspections | 2            | 1            | ↓        | 10           | 169          | ↑        |
| <b>Total Program Services Completed</b>   | <b>292</b>   | <b>280</b>   | <b>↓</b> | <b>1,316</b> | <b>1,350</b> | <b>↑</b> |

**1. Schools:**

- A. Chaparral High School, 3850 Annie Oakley Dr.:** Staff responded to a complaint alleging that student restrooms were kept locked during the school day. Staff found that only some restrooms were available to students, while the remainder of the restrooms were locked. School administration reported that all the restrooms were locked during the breaks between classes and others are locked during all lunch periods to minimize vandalism by the students. The only restrooms available for students to use the entire day were greater than 250 feet for more than half the classrooms, which is a violation of Nevada Administrative Code (NAC) 444. The complaint was valid. A follow-up survey was conducted later in the month and accessibility of the student restrooms had not changed. Staff advised school administration that they were again in violation of the NAC. Staff will advise Clark County School District (CCSD) administration of the findings and failure of school administration to provide an adequate number of restrooms in accordance with NAC.
- B. Katz Elementary School, 1800 Rock Springs Dr.:** During a routine inspection, staff found the school without heat. Air temperatures throughout the school were between 60°F and 63°F. The NAC requires room temperatures to be maintained not less than 65°F and to report noncompliant conditions to SNHD. CCSD administration was notified and confirmed later that day that the heat was reestablished.
- C. J.O.Y. Academy of Southern Nevada, 3883 E. Mesa Vista Way:** During a routine inspection, school staff was serving students open foods without a permit. School staff reported that the food had been dropped off by an operator holding an annual itinerant permit. The annual itinerant operator prepares the food in their commissary, then drops it off at the school for serving. The annual itinerant operator then returns to pick up the equipment and dishes. Per SNHD Regulations, annual itinerants can only operate at special events. School administration was issued a Cease and Desist Order for serving open food without a health permit. The annual itinerant was advised that they were operating outside the parameters of their health permit and their assigned Food Operations inspector was notified.

- D. Mack Jerome Middle School, 4250 Karen Ave.:** Staff investigated a complaint that alleged a smell of sewage in the school cafeteria was causing children to become ill. Staff spoke with the school administrator who reported that a sewage odor occurs about two times a month. When the odor occurs, it does not last long and is isolated to a small area of the school. The odor improves when the doors to the area are left open. The school administrator also reported that a recent adjustment to the ventilation system had improved the condition and that the school is scheduled for upgrades to various systems including the plumbing. At the time of the investigation, no sewer smell was detected.
- E. Boulder City High School, 1101 5th St.:** During a routine inspection, staff found the gym concession stand operating outside the parameters of the permit. Staff observed a household crockpot, hot dogs, and an unpermitted hot dog roller inside the gym concession stand. School staff were instructed to remove those items. The football home concession stand, which has a food establishment permit for the sale of prepackaged food only, was also found operating outside the parameters of the permit by serving a variety of open foods. The posted menu included hamburgers, hot dogs, pizza, nachos, pretzels, pickles, and snow cones. Staff found hot dogs and various condiments present in the concession stand, along with several serving dishes and utensils near the sink. Additionally, school administration had installed a soda dispensing machine and a three-compartment sink without applying for a remodel with SNHD. School administration reported that they were working on getting a grease interceptor installed so that they could apply for a permit to serve open foods. School administration was issued a Cease and Desist for all sales of open foods until the plan review process is completed and the facility is approved for expanded operations.

**2. Child Care:**

- A. Learning Jungle Lone Mountain, 6863 W. Lone Mountain Rd.:** Staff investigated several complaints alleging mold was present in the facility. Mold had been reported in a single room resulting from a leak in the roof drainage system that occurred in September. The facility self-closed while the extent of the water intrusion was examined by a third party. During the complaint investigation, water intrusions were being repaired and mold was being remediated. Facility staff reported that no remediation was occurring while staff or children were onsite.
- B. Temple Beth Shalom, 10700 Havenwood Ln.:** Staff responded to a complaint alleging unsanitary conditions in the kitchen and found numerous surfaces in need of deep cleaning. The permitted kitchen is shared with the adjoining synagogue who uses it daily for food distribution to members. Staff recommended that school administration work with synagogue staff to keep the kitchen clean and sanitary and that all foods used for the school be stored separately and labeled. The complaint was valid.
- C. Imagination Station at Sunset Station, 1310 W. Warm Springs Rd.:** Staff responded to a complaint alleging that equipment and toys were not being properly sanitized, and that children who had coughs and runny noses were touching shared areas. A routine inspection was completed during the complaint investigation and the facility was clean and following proper cleaning and sanitizing/disinfecting procedures. Staff did not observe children with possible symptoms of respiratory illness, such as coughing or runny noses, and verified that the illness log was being maintained. The facility director was able to describe proper exclusion procedures for children who exhibit or develop symptoms that require exclusion. The complaint was not substantiated.

3. **Body Art:**

**A. Fool’s Gold Tattoo, 5025 S. Eastern Ave.:** Staff responded to a complaint alleging that a piercing station was not clean, and that the facility was infested with cockroaches. The facility does not have a piercing permit and the operator reported that they do not offer piercing. Staff found no piercing equipment and no pest infestation. Staff also reviewed the consent forms and did not find any consent forms for piercing. The complaint was not substantiated.

V. **PLAN REVIEW PROGRAM**

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

| Food Pre-Permitting Services                              | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| <b>Food Safety Assessment Meetings</b>                    | 0         | 0         | → | 3        | 2        | ↓ |
| <b>Total Pre-Permitting Services</b>                      | 1,128     | 1,168     | ↑ | 6,596    | 6,581    | ↓ |
| <b>New Project Submissions</b>                            | 254       | 261       | ↑ | 1,482    | 1,434    | ↓ |
| <b>Released Projects</b>                                  | 242       | 213       | ↓ | 1,545    | 1,337    | ↓ |
| <b>Total Service Requests Currently in Pre-Permitting</b> | 1,325     | 1,506     | ↑ |          |          |   |

1. **Enforcement Actions and Investigations:**

**A. Mellow Tea, 4160 S. Fort Apache Rd.:** A pre-permitting inspection was conducted, and staff found that the three-compartment sink was not large enough to accommodate washing the large carafes, urns, and other pots. SNHD Regulations require that sink compartments be at least large enough to submerge half of the largest piece of equipment for proper ware washing. A larger three-compartment sink was installed, the final permitting inspection was conducted, and the permit was approved.

**B. Winchell’s Donuts #14587, 1961 N. Nellis Blvd.:** A pre-permitting inspection was conducted, and staff found no handwashing sink in the ware washing area. SNHD Regulations require a handwashing sink to be installed and located to allow convenient use by employees in areas used to prepare food and wash utensils. The applicant must submit revised plans showing a handwashing sink. Once installed, the final permitting inspection will be scheduled.

**C. Sol Mexican Cocina at Forum Shops, 3500 S. Las Vegas Blvd.:** A pre-permitting inspection was conducted of an existing kitchen, a remodeled dining area, and a new bar. The bar had minor violations such as exposed copper drain lines over ice bins, gaps around penetrations under the bar top, and unapproved wood baseboard in the dry storage area. Violations in the kitchen included an HVAC overflow drain line over a food service area, a hand sink missing in the drink service area, insufficient hot water at some hand sinks, buckled floor panels inside the keg walk-in cooler, and soiled surfaces throughout. SNHD Regulations require hand sinks to be conveniently located and provide at least 100°F hot water. SNHD Regulations also require potential cross-contamination to be avoided by sealing copper lines, terminating overflow drain lines away from food areas, and maintaining overall cleanliness. Violations were corrected, the final permitting inspection was conducted, and the permit was approved.

- D. Pho Ga Bac Bac, 3775 Spring Mountain Rd.:** A CPH inspection resulted in failure due to 33 demerits. Violations included: expired, improperly cooled, and unlabeled food; cooking without hood filters installed; improperly stocked hand sinks; improper handwashing; unlabeled chemicals stored next to wares; and no sanitizer setup during active food preparation. The expired and improperly cooled food was discarded during the inspection. After the violations were corrected, a reinspection was conducted, and the permit was approved.
- E. US Pharmatech, 7210 W. Post Rd.:** The plans indicated that there would be a two-compartment sink and no hand sink in the ware washing area. There was also no hand sink planned for the production room. SNHD Regulations require a three-compartment sink in ware washing areas and hand sink in ware washing and food handling areas. A pre-permitting inspection was conducted in-person to assess the facility and discuss the ware washing and handwashing requirements. The applicant will install a designated handwashing room for employees to use before entering the production room and a three-compartment sink and hand sink in the ware washing room. Revised plans have not been submitted yet.
- F. MLK Arco AM/PM Snack Bar, 1570 W. Cheyenne Ave.:** A CPH inspection was conducted and approved. Minor violations included burned out light bulbs and broken thermometers in one reach-in refrigerator. SNHD Regulations require at least 50 foot-candles of light in food preparation and ware washing areas and working thermometers in each cold-holding unit. An unannounced follow-up inspection is still pending.

## VI. AQUATIC HEALTH PROGRAM

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

| Aquatic Health Operations                                                     | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| <b>Total Operation Inspections</b>                                            | 424       | 426       | ↑ | 2,824    | 3,312    | ↑ |
| <b>Complaint Investigations</b>                                               | 5         | 9         | ↑ | 105      | 121      | ↑ |
| <b>Inactive Body of Water Surveys</b>                                         | 7         | 13        | ↑ | 35       | 54       | ↑ |
| <b>Drowning/Near Drowning/Accident Investigations at Permitted Facilities</b> | 0         | 0         | → | 18       | 27       | ↑ |
| <b>Total Program Services Completed</b>                                       | 436       | 448       | ↑ | 2,982    | 3,514    | ↑ |

#### 1. Aquatic Health Operations

- A. Home 2 Suites by Hilton LV Strip South, 7740 S. Las Vegas Blvd.:** Routine inspections of the pool and spa resulted in IHH closures due to multiple violations. The chlorine measured high, the gates were not self-latching in both the pool and spa, and the pool operator was not qualified to perform services. Failure to maintain proper chemical concentrations is a health hazard to bathers. Failure to maintain self-closing and self-latching gates presents a drowning hazard. Failure to maintain a certified operator is a hazard to maintaining consistent water quality. Six days later, staff verified that all IHHs had been corrected and the pool and spa were reopened.
- B. Avanti Apartments, 10697 W. Centennial Pkwy.:** Routine inspections of the pool and spa resulted in IHH closures due to excessive chlorine which presents a health

hazard to bathers. The aquatic venue was approved to resume operations following a reinspection two weeks later.

- C. Artisan Apartments, 4550 W. Sahara Ave.:** Routine inspections of the pool and spa resulted in IHH closures due to multiple violations by an unknowledgeable qualified operator. The service logs were incomplete, multiple entries indicated no chlorine in the pool, and no corrective actions were taken. The chemical test kit in use was not an approved kit. The cyanuric acid level in the pool was too high and the chemical controller was not functioning. The circulation system in the spa had been turned off. Failure to operate the circulation system prevents both filtration of water and the addition of disinfectant. A lack of disinfectant can allow infectious organisms to be spread between bathers and high cyanuric acid prevents disinfectants from interacting with infectious organisms. The pool company is currently performing repairs and reviewing the performance of this qualified operator. Staff is awaiting a reinspection request and will ensure that the pool and spa remain closed until approved to reopen.
- D. Vibe Apartments, 1121 Lulu Ave.:** An inspection of the management closed pool resulted in a written compliance schedule for flow rate verification and pool deck repair. The circulation pump was making a loud knocking noise and the system flow rate did not meet the minimum requirements. Insufficient flow could be hazardous to bathers due to inadequate filtration. The pool deck was significantly cracked creating a tripping hazard for bathers. After three weeks staff received notice of repairs; however, the pump was incorrectly replaced with a more powerful pump, so the operator was instructed to apply for a remodel. Staff is awaiting the remodel submission.
- E. Alicante Apartments, 4370 S. Grand Canyon Dr.:** Annual routine inspections conducted for the management closed pool and spa resulted in a written compliance schedule. Cyanuric acid levels in the pool exceeded regulatory requirements, which is an IHH as it reduces the efficacy of the disinfectant. Other violations observed included incorrect signage and underwater lights in disrepair at both aquatic venues. Facility management provided verification that the pool had been drained to reduce cyanuric acid levels prior to reopening.
- F. 24 Hour Fitness Summerlin, 2090 Village Center Cir.:** Staff responded to a complaint alleging that there were no paper towels at hand sinks in the men's locker room and that homeless people were using the showers. Management stated that there had been an issue with an individual using showers for extended periods and using the showers to wash clothes. The individual had been asked to leave and was no longer allowed at the facility. Staff could not confirm unauthorized use of the showers in the men's locker room during the investigation. There were no paper towels in the men's locker room, but there were two hand dryers next to the hand sinks which complies with the 2018 Aquatic Facilities Regulations. The complaint was unsubstantiated at the time of the investigation.
- G. Miro at The Parc, 1651 American Pacific Dr.:** A CPH inspection on the spa resulted in approval to operate with a 30-day written compliance schedule. The backflow prevention device failed prior certification testing and required repair to reduce the risk of contaminating the water supply. The circulation pump flow gauges were nonfunctional and illegible. Ensuring adequate system flow is essential to evenly disinfect the aquatic venue and provide sufficient water flow to remove debris. The qualified operator provided documentation of the corrected compliance items the next business day.
- H. Longhorn Motel, 5288 Boulder Hwy.:** A routine inspection resulted in IHH closures. The gate failed to self-close and self-latch, which could allow unauthorized access.

The circulation system for the spa had been shut off, the cyanuric acid level was high, and the chlorine level was low. Water chemistry violations and lack of circulation could result in ineffective disinfection and filtration of the water, creating a health hazard for bathers. All IHHs were corrected, and the reinspection was approved.

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

| Aquatic Health Plan Review                     | Nov.<br>2021 | Nov.<br>2022 |   | FY<br>21-22 | FY<br>22-23 |   |
|------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Total Pre-Permitting Services</b>           | 657          | 605          | ↓ | 3,095       | 2,976       | ↓ |
| <b>New Project Submissions</b>                 | 35           | 79           | ↑ | 276         | 393         | ↑ |
| <b>Released Projects</b>                       | 48           | 68           | ↑ | 334         | 465         | ↑ |
| <b>Total Projects Currently in Plan Review</b> | 364          | 396          | ↑ |             |             |   |

**2. Aquatic Health Plan Review:**

- A. Hampton Inn North Speedway, 2852 E. Craig Rd.:** A final remodel inspection for the replacement of the interior finish was conducted at the pool. Several of the new depth markers did not match the water depth where installed, so the inspection was not approved. An after-the-fact heater remodel was also identified. The remodel application for the heater was received and approved and a reinspection is scheduled.
- B. Lindell Living, 1230 Lindell Rd.:** Pre-plaster reinspections were not approved at the pool and spa. Violations included area lighting not turned on for the inspection, missing deck depth markers, uneven deck pavers, an unapproved water feature pump, and an untested backflow prevention device. At the next reinspections, all violations were still present, so the reinspections failed again. At the third reinspection, the deck pavers, deck depth markers, and backflow prevention device were still not addressed, but the inspections were approved contingent upon the outstanding violations being addressed by the final permitting inspections. Final permitting inspections are still pending.
- C. Greystone Apartments, 2635 Karen Ct.:** A final remodel inspection was conducted for the installation of a new enclosure at the pool. Violations included a portion of the enclosure less than six feet in height and not installed above a solid surface, gate hardware that did not allow exit without a key, and no means to permanently lock the gates. The inspection was not approved. A reinspection is still pending.
- D. Tudor Park at Queensridge, 9165 Dalmahoy Pl.:** A final remodel inspection for the installation of an automated disinfectant system was conducted at the pool. One of the two required interlocks was not installed in an acceptable location and needed to be relocated. The inspection was approved contingent upon the relocation of the interlock and documentation sent to SNHD within 30 days. Documentation is still pending.
- E. Portraits at Painted Desert, 4900 N. Painted Dawn Dr.:** A final remodel inspection was conducted for the installation of a filter pump, filter, and jet pump at the spa. The installed filter pump was not the approved model, and the filtration system was not operating within the range required by SNHD Regulations. The contractor elected to submit revised plans to replace the filtration pump but has not done so yet.



**VII. REGULATORY SUPPORT**

1. Regulatory Support Office (RSO) staff participated in or performed the following activities and participated in the following external meetings: Conference for Food Protection (CFP) Allergen Committee, CFP Food Safety Management Systems Committee, CFP Program Standards SubCommittee #1, and National Environmental Health Association (NEHA) Food Safety Program Committee, Association of Food and Drug Officials (AFDO) Partnership for Food Protection (PFP) Training and Credentialing and Review of Survey Competencies meetings, NEHA Leadership Academy mentor meetings; National Association of County and City Health Officials (NACCHO) Mentorship meetings; Mentorship Cohort calls and meetings; CFP Executive Board meetings; Violation Standards Document updates, and Standardization workbook updates.
2. Special Processes staff attended Food Operations staff meetings to answer questions and clarify special process procedures on November 1, 7, and 17.
3. Special Processes staff planned and facilitated the Special Processes Course for SNHD staff and food industry members on November 9 and 10.
4. Special Processes staff toured Venetian Palazzo, at the request of the facility, to assist in editing the facility's submitted Hazard and Critical Control Point (HACCP) plans on November 17.
5. Special Processes staff planned and facilitated the Risk Factor Study Classroom Training for the 2023 Risk Factor Data Collection on November 30.
6. Special Processes staff met with various operators, in a virtual setting via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and HACCP plans. There are currently seven cook chill/sous vide plans, seven 2-barrier plans, 17 other HACCP plans, 10 waivers, and one operational plan in review.

**VIII. SPECIAL PROCESSES**

**ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data**

| Label Review                      | Nov. 2021 | Nov. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------------|-----------|-----------|---|----------|----------|---|
| Facility Label Review Submissions | 19        | 29        | ↑ | 114      | 108      | ↓ |
| Facility Label Review Releases    | 18        | 26        | ↑ | 129      | 111      | ↓ |
| Number of Labels Approved         | 108       | 438       | ↑ | 1,928    | 1,455    | ↓ |

**ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data**

| <b>Special Processes Review</b>                                                                                                            | <b>Nov. 2021</b> | <b>Nov. 2022</b> |   | <b>FY 21-22</b> | <b>FY 22-23</b> |   |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|---|-----------------|-----------------|---|
| <b>Cook Chill/Sous Vide Submissions</b>                                                                                                    | 1                | 0                | ↓ | 2               | 2               | → |
| <b>Cook Chill/Sous Vide Releases</b>                                                                                                       | 0                | 0                | → | 3               | 2               | ↓ |
| <b>2-Barrier ROP Submissions</b>                                                                                                           | 0                | 0                | → | 0               | 5               | ↑ |
| <b>2-Barrier ROP Releases</b>                                                                                                              | 0                | 1                | ↑ | 0               | 5               | ↑ |
| <b>Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)</b> | 0                | 0                | → | 1               | 4               | ↑ |
| <b>Other Special Processes Releases</b>                                                                                                    | 0                | 1                | ↑ | 1               | 2               | ↑ |

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

| <b>Waivers &amp; Operational Plans Review</b> | <b>Nov. 2021</b> | <b>Nov. 2022</b> |   | <b>FY 21-22</b> | <b>FY 22-23</b> |   |
|-----------------------------------------------|------------------|------------------|---|-----------------|-----------------|---|
| <b>Waiver Review Submissions</b>              | 0                | 1                | ↑ | 7               | 6               | ↓ |
| <b>Waiver Review Releases</b>                 | 2                | 4                | ↑ | 7               | 7               | → |
| <b>Operational Plan Submissions</b>           | 1                | 0                | ↓ | 1               | 1               | → |
| <b>Operational Plan Releases</b>              | 0                | 2                | ↑ | 3               | 2               | ↓ |

CDS/hh



# Memorandum

**Date:** January 26, 2023

**To:** Southern Nevada District Board of Health

**From:** Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS  
 Fermin Leguen, MD, MPH, *District Health Officer* FL

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**Subject:** Environmental Health Division Monthly Report - December

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## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

| Food Operation Services                              | Dec. 2021    | Dec. 2022    |          | FY 21-22      | FY 22-23      |          |
|------------------------------------------------------|--------------|--------------|----------|---------------|---------------|----------|
| Routine Inspections                                  | 1,307        | 1,158        | ↓        | 11,202        | 11,288        | ↑        |
| Reinspections                                        | 128          | 117          | ↓        | 903           | 1,042         | ↑        |
| Downgrades                                           | 108          | 117          | ↑        | 803           | 961           | ↑        |
| Closures                                             | 5            | 6            | ↑        | 107           | 79            | ↓        |
| Special Events                                       | 46           | 81           | ↑        | 362           | 553           | ↑        |
| Temporary Food Establishments & Tasting Event Booths | 255          | 491          | ↑        | 2,839         | 3,836         | ↑        |
| <b>TOTALS</b>                                        | <b>1,849</b> | <b>1,970</b> | <b>↑</b> | <b>16,216</b> | <b>17,759</b> | <b>↑</b> |

### 1. Enforcement Actions and Investigations:

- A. **Olivo Taco, 2025 E. Sahara Ave.:** On December 8, the facility was closed for an Imminent Health Hazard (IHH), sewage or liquid waste not disposed of in an approved manner. The inspector documented 14 demerits. Other violations included: multiple unlabeled, in-use chemical spray bottles; multiple items stored in the basin of the only hand sink during active food service; and insect screen not in place for main entry door during open food handling. The facility was reinspected and reopened with zero demerits on December 9.
- B. **Waterlicious (Sunset Water Store), 1004 W. Sunset Rd.:** On December 14, the facility was closed for an unapproved change of permit holder (CPH)/operating without a valid health permit. Other violations included: three-compartment sink faucet severely corroded with calcium buildup and unable to reach all three

compartments; hot water handle corroded and unable to turn on; water profusely leaking due to improper attachment of piping; hand sink not properly stocked with soap and disposable paper towels; and no backflow prevention device installed. The inspector documented 14 demerits. Per Plan Review staff, the operator was given permission to open and operate the next day while processing the CPH.

- C. Carnitas Don Claudio Portable Unit for the Service of Food (PUSF), 3020 E. Bonanza Rd.:** On December 15, the unit was closed for an IHH, liquid waste not disposed of in an approved manner. Other violations included: water at hand sink and three-compartment sink at 56°F; water heater not turned on; time/temperature control for safety (TCS) food in the temperature danger zone; liquid petroleum system not maintained to meet local Fire Department standards and other applicable laws; cooking under hood when hood is turned off; employee food intermingled with food for customers; and complete absence of sanitizer solution in open food areas during active food preparation. The inspector documented 27 demerits. The unit was reinspected and reopened with zero demerits on December 21.
- D. Southern Express Soul Food, 2810 S. Maryland Pkwy.:** On December 27, the facility was closed for failure to meet a 48-hour compliance schedule deadline for hot water repairs. After the necessary repairs were made, the facility was reopened on December 28.
- E. Fogo de Chao, 360 E. Flamingo Rd.:** On December 28, inspectors responded to a complaint and closed the facility for an IHH, no hot water. The inspectors documented 22 demerits. Other violations included: expired foods; foods exposed to possible contamination; and a hand sink not functioning properly. The facility was reinspected and reopened with six demerits on December 29.
- F.** Staff closed 11 unpermitted food vending complaint investigations.
- 2. Food Safety Assessment Meetings (FSAMs):**

  - A.** An FSAM was held with the following facility: Luvbeth's Catering PUSF, 3755 W. Hacienda Ave.
- 3. Foodborne Illness Investigations:**

  - A. 888 Korean BBQ, 4215 Spring Mountain Rd. – Investigation Update:** An unopened box of oysters was sampled, and lab tested at the request of the State with support from the Centers of Disease Control and Prevention (CDC) and Food and Drug Administration (FDA). The oysters tested positive for norovirus and were contaminated before reaching the restaurant. The manufacturer instituted a recall and all remaining product at the restaurant and supplier was discarded. No further illnesses have been reported.
  - B. Hachi, 3410 S. Jones Blvd. – Investigation Update:** Unopened packages of enoki mushrooms were sampled from the supplier and lab tested at the request of the State with support from the CDC and FDA. The mushrooms tested positive for listeria and were contaminated before reaching the restaurant. The manufacturer recalled the mushrooms, and all remaining product was discarded. No further illnesses have been reported
- 4. Onsite Intervention Training:**

  - A.** Onsite Intervention Training was held with the following facilities: Mr. Chopstix, 6135 S. Fort Apache Rd.; New China Cuisine Restaurant, 5515 Camino Al Norte; Top Dogg BBQ Smokehouse, 4955 E. Craig Rd.; Sinaloa Tacos #3 PUSF, 2218 E. Cheyenne Ave.; and The Smashed Pig, 509 Fremont St.

## II. SOLID WASTE AND COMPLIANCE PROGRAMS

### ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

| Illegal Dumping and Hearing Officer Process | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------|-----------|-----------|---|----------|----------|---|
| Notices of Violations (New & Remails)       | 15        | 12        | ↓ | 53       | 31       | ↓ |
| Adjudicated Hearing Cases                   | 10        | 6         | ↓ | 37       | 20       | ↓ |
| Total Cases Received                        | 58        | 79        | ↑ | 555      | 477      | ↓ |
| Total Cases Referred to Other Agencies      | 16        | 16        | → | 118      | 117      | ↓ |
| Hearing Penalties Assessed                  | \$6,000   | \$14,250  | ↑ | \$57,700 | \$45,750 | ↓ |

### ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

| Restricted Waste Management | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                 | 197       | 187       | ↓ | 1,535    | 1,412    | ↓ |

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

| Underground Storage Tanks                     | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------------------------|-----------|-----------|---|----------|----------|---|
| Compliance Inspections                        | 3         | 0         | ↓ | 21       | 13       | ↓ |
| Final Installation/Upgrade/Repair Inspections | 1         | 3         | ↑ | 7        | 5        | ↓ |
| Closure Inspections                           | 0         | 1         | ↑ | 7        | 5        | ↓ |
| Spill Report Investigations                   | 0         | 0         | → | 0        | 0        | → |

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

| Permitted Disposal Facilities | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                   | 19        | 15        | ↓ | 119      | 124      | ↑ |
| Reinspections                 | 2         | 2         | → | 14       | 18       | ↑ |

#### 1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – APEX Materials – Cape Horn (Recycling); Clean Harbors (Waste Grease); and Western Automotive Cores (Recycling)
- 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 (5) and Waste Grease (2)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in**

January: None

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

| Asbestos Permitting Services    | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------|-----------|-----------|---|----------|----------|---|
| Asbestos Permits Issued         | 51        | 67        | ↑ | 439      | 517      | ↑ |
| Revised Asbestos Permits Issued | 5         | 11        | ↑ | 43       | 74       | ↑ |

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

| Subdivision Plan Review               | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------|-----------|-----------|---|----------|----------|---|
| Tentative Maps-Received               | 22        | 13        | ↓ | 120      | 90       | ↓ |
| Tentative Maps-Lot Count              | 1,429     | 1,367     | ↓ | 9,612    | 6,311    | ↓ |
| Final Maps-Received                   | 36        | 17        | ↓ | 177      | 131      | ↓ |
| Final Maps-Lot Count                  | 1,705     | 754       | ↓ | 10,007   | 6,248    | ↓ |
| Final Maps-Signed                     | 202       | 9         | ↓ | 122      | 130      | ↑ |
| Final Maps (Signed)-Lot Count         | 835       | 434       | ↓ | 5,931    | 6,304    | ↑ |
| Improvement Plans-Received            | 28        | 16        | ↓ | 168      | 121      | ↓ |
| Improvement Plans-Lot Count           | 1,568     | 912       | ↓ | 9,672    | 6,609    | ↓ |
| Expedited Improvement Plans-Received  | 0         | 0         | → | 0        | 0        | → |
| Expedited Improvement Plans-Lot Count | 0         | 0         | → | 0        | 0        | → |

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

| Individual Sewage Disposal Systems | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------------|-----------|-----------|---|----------|----------|---|
| Residential ISDS Permits           | 12        | 7         | ↓ | 61       | 39       | ↓ |
| Commercial ISDS Permits            | 0         | 2         | ↑ | 4        | 2        | ↓ |
| Commercial Holding Tank Permits    | 4         | 0         | ↓ | 10       | 20       | ↑ |
| Residential Tenant Improvements    | 17        | 25        | ↑ | 142      | 169      | ↑ |
| Residential Certifications         | 0         | 0         | → | 9        | 2        | ↓ |
| Compliance Issues                  | 3         | 7         | ↑ | 33       | 62       | ↑ |

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

| Safe Drinking Water Program           | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------|-----------|-----------|---|----------|----------|---|
| Public Water System Sanitary Surveys  | 12        | 1         | ↓ | 48       | 33       | ↓ |
| Public Water System Violations Issued | 0         | 1         | ↑ | 10       | 8        | ↓ |
| Public Water System Complaints        | 0         | 0         | → | 0        | 0        | → |

2. **Safe Drinking Water Activity:**

- A. Five *coliform*-present results were reported from routine monitoring events: City of Henderson (one *coliform*-present result); Red Rock Canyon Visitor Center BLM (three *coliform*-present results); and Trout Canyon Land and Water Users Association (one *coliform*-present result). All original and repeat samples were *Escherichia coli*-absent.
- B. Staff continued to monitor water hauling activities for multiple public water systems (PWSs): Trout Canyon; Laker Plaza; Red Rock Campground; Spring Mountain Youth Camp; and Cowboy Trail Rides.
- C. Staff continued to field and guide complainants regarding water quality issues and water availability within private residence, rental properties, and commercial facilities.
- D. **Blue Diamond Water Coop Inc. (NV0000092):** On December 1, staff counselled the PWS team about duties following an emergency event. The event discussed was caused by a heavy excavator striking and subsequently rupturing a water transmission line between Blue Diamond and Cactus Joes. Staff outlined Tier 1 Public Notification, customer listing, disinfection, and water quality testing efforts. On December 2, the PWS team accomplished the following: repairs of the damaged transmission line and physical delivery of Tier 1 Public Notification to their service area. On December 8, staff checked on the PWS team's recommissioning efforts (disinfection and water quality testing). The PWS team stated that their lead operator was out of town, and PWS staff had been unable to complete disinfection and water quality testing; Tier 1 notification was still in effect. Staff counselled the PWS team about ongoing follow-up with their service area. On December 14, staff talked to the PWS's lead operator. The PWS was still operating under their Tier 1 Public Notification; disinfection and water quality testing had not yet occurred. On December 21, the PWS team accounted for their recommissioning process. Disinfection was completed on December 20, and the first of two consecutive days of *coliform* testing was confirmed. Laboratory results were reported by email from the laboratory on December 28. All results were *coliform*-absent and residual disinfectant levels had normalized (0.8 to 1.15 mg/L free chlorine).
- E. **Red Rock Canyon Visitor Center BLM (NV0005011):** On December 14, staff counselled the PWS team about having a treatment technique trigger. This trigger occurred after having two *coliform*-positive results (three total). The PWS's Level 1 Assessment (self-administered) and corrective actions are required to be reported by January 14, 2023.

**III. VECTOR CONTROL OFFICE**

**ENVIRONMENTAL HEALTH Vector Control and Other EH Services -  
Fiscal Year Data**

| <b>Vector Control and Other EH Services</b>                   | <b>Dec.<br/>2021</b> | <b>Dec.<br/>2022</b> |   | <b>FY<br/>21-22</b> | <b>FY<br/>22-23</b> |   |
|---------------------------------------------------------------|----------------------|----------------------|---|---------------------|---------------------|---|
| <b>West Nile Virus Surveillance Traps Set</b>                 | 0                    | 1                    | ↑ | 1,571               | 1,722               | ↑ |
| <b>West Nile Virus Surveillance Mosquitoes Tested</b>         | 2,231                | 1                    | ↓ | 18,250              | 28,845              | ↑ |
| <b>West Nile Virus Surveillance Submission Pools Tested</b>   | 158                  | 1                    | ↓ | 1,337               | 2,132               | ↑ |
| <b>West Nile Virus Surveillance Positive Mosquitoes</b>       | 0                    | 0                    | → | 42                  | 0                   | ↓ |
| <b>West Nile Virus Surveillance Positive Submission Pools</b> | 0                    | 0                    | → | 1                   | 0                   | ↓ |
| <b>Saint Louis Encephalitis Positive Mosquitoes</b>           | 0                    | 0                    | → | 0                   | 0                   | → |
| <b>Saint Louis Encephalitis Positive Submission Pools</b>     | 0                    | 0                    | → | 0                   | 0                   | → |
| <b>Western Equine Encephalitis Positive Mosquitoes</b>        | 0                    | 0                    | → | 0                   | 0                   | → |
| <b>Western Equine Encephalitis Positive Pools</b>             | 0                    | 0                    | → | 0                   | 0                   | → |
| <b>Mosquito Activity Complaints</b>                           | 0                    | 0                    | → | 20                  | 73                  | ↑ |
| <b>Elevated Blood Level Home Investigations</b>               | 0                    | 0                    | → | 1                   | 2                   | ↑ |
| <b>Legionella Residential Investigations</b>                  | 0                    | 1                    | ↑ | 4                   | 9                   | ↑ |
| <b>Legionella Travel Associated Investigations</b>            | 1                    | 9                    | ↑ | 7                   | 12                  | ↑ |
| <b>Public Accommodations Inspections</b>                      | 44                   | 18                   | ↓ | 184                 | 200                 | ↑ |
| <b>Public Accommodations SB4 Inspections</b>                  | 99                   | 46                   | ↓ | 442                 | 444                 | ↑ |
| <b>Public Accommodations Complaints</b>                       | 10                   | 3                    | ↓ | 93                  | 65                  | ↓ |
| <b>Mobile Home/Recreational Vehicle Park Inspections</b>      | 1                    | 4                    | ↑ | 13                  | 29                  | ↑ |
| <b>Mobile Home/Recreational Vehicle Park Complaints</b>       | 1                    | 1                    | → | 8                   | 11                  | ↑ |



**IV. SPECIAL PROGRAMS**

**ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data**

| Special Programs                          | Dec.<br>2021 | Dec.<br>2022 |          | FY<br>21-22  | FY<br>22-23  |          |
|-------------------------------------------|--------------|--------------|----------|--------------|--------------|----------|
| School Food Facility Inspections          | 24           | 11           | ↓        | 426          | 433          | ↑        |
| School Food Facility Complaints           | 1            | 0            | ↓        | 2            | 4            | ↑        |
| School Facility Inspections               | 27           | 8            | ↓        | 506          | 511          | ↑        |
| School Facility Complaints                | 2            | 2            | →        | 32           | 16           | ↓        |
| Summer Food Service Surveys               | 9            | 0            | ↓        | 40           | 57           | ↑        |
| Child Care Facility Inspections           | 50           | 3            | ↓        | 223          | 121          | ↓        |
| Child Care Facility Complaints            | 3            | 6            | ↑        | 10           | 15           | ↑        |
| Body Art Facility Inspections             | 69           | 53           | ↓        | 251          | 212          | ↓        |
| Body Art Facility Complaints              | 1            | 4            | ↑        | 5            | 29           | ↑        |
| Body Art Artist Special Event Inspections | 0            | 2            | ↑        | 10           | 171          | ↑        |
| <b>Total Program Services Completed</b>   | <b>202</b>   | <b>89</b>    | <b>↓</b> | <b>1,505</b> | <b>1,569</b> | <b>↑</b> |

**1. Schools:**

**A. Mack Middle School, 4250 Karen Ave.:** Staff investigated a complaint alleging that the restrooms were inoperable with nonfunctioning faucets and overflowing toilets that created a bad sewage smell in the cafeteria. School administration reported that they have not had any issues with toilets flooding and that the sinks were operational; however, vandalism by the students causes the sinks to flood the counter tops. Staff observed that the toilets and faucets were working as required without overflowing. The sewer smell had been investigated by staff following a complaint in November. There is sometimes a sewer smell in the cafeteria on Monday after the pipes have dried out over the weekend. The smell occurs in the cafeteria restrooms and custodian closet but goes away once the toilets start getting used. The school will be going through a modernization soon that will include improving the sewer system. Staff detected a slight sewer odor inside the custodial closet near the mop sink. No smell was detected outside the closet. The complaint was not substantiated at the time of the investigation.

**2. Child Care:**

**A. Kids R Us Academy, 2760 S. Jones Blvd.:** Staff investigated a complaint alleging that the facility had a cockroach infestation. Staff found no evidence of infestation and the facility was receiving monthly pest control as required by regulation. The complaint was not substantiated at the time of the investigation.

**B. Imagination Station Early Learning Center, 4185 Vegas Valley Dr.:** Staff investigated a complaint alleging that unsanitary practices were occurring. The classrooms were clean, and the infant room was supplied with booties to prevent contamination from outside areas. Facility staff were able to demonstrate and explain disinfecting and sanitation procedures for various activities and appropriate products were being used for sanitizing and disinfecting. The complaint was not substantiated at the time of the investigation.

**3. Body Art:**

**A. Top Cat Tattoo Club, 1056 S. Main St.:** Staff investigated a complaint alleging that the facility was causing infections in tattoo patrons and was operating without a valid

health permit. Staff surveyed the facility and found tattoo stations fully stocked with equipment and supplies, as well as a feline pet. A representative of the business reported that the business had been open for approximately two months after moving from a previous permitted location. The business representative was informed that the shop did not have a valid health permit and could not transfer the permit from its previous location. A Cease and Desist Order for all body art activities was issued and the representative was instructed to contact Plan Review to apply for a permit.

**V. PLAN REVIEW PROGRAM**

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

| Food Pre-Permitting Services                              | Dec.<br>2021 | Dec.<br>2022 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Food Safety Assessment Meetings</b>                    | 0            | 3            | ↑ | 3           | 5           | ↑ |
| <b>Total Pre-Permitting Services</b>                      | 1,272        | 821          | ↓ | 7,898       | 7,448       | ↓ |
| <b>New Project Submissions</b>                            | 161          | 208          | ↑ | 1,643       | 1,647       | ↑ |
| <b>Released Projects</b>                                  | 300          | 227          | ↓ | 1,856       | 1,578       | ↓ |
| <b>Total Service Requests Currently in Pre-Permitting</b> | 1,176        | 1,479        | ↑ |             |             |   |

**1. Enforcement Actions and Investigations:**

- A. Top Sushi and Oyster 2, 9830 S. Las Vegas Blvd.:** A final permitting inspection was conducted but the facility did not have a Certificate of Occupancy (CO) from the Building Department or verification that the drinking water was disinfected after construction. Additionally, the floor plan was different than the approved plan. Food establishments that undergo construction must have approval from the Building Department to occupy the space before receiving health permit approval. When new plumbing supply lines are installed, SNHD Regulations require testing to verify the absence of harmful bacteria in the drinking water. The permit is pending receipt of the CO, water testing results, and an updated floor plan.
- B. Allen Brothers, 6560 S. Tioga Way:** Staff conducted a CPH inspection of a meat processing warehouse where meat is cut, portioned, and packaged for local facilities. The concrete floor was not smooth and easily cleanable. Throughout the facility, the floor was crumbling around the trough drains and exhibited cracks, divots, exposed aggregate, and pooled water. The applicant agreed to resurface or replace the flooring within six months and will notify SNHD when the work is scheduled. The permit was approved with stipulations.
- C. Happyfastdelicious, 2625 S. Decatur Blvd.:** Staff found the following violations at a final permitting inspection: the tile floor was improperly repaired; caulking at the three-compartment sink and hand sink was in disrepair; a light bulb was out and missing a shield in the hood; there was a gap between the hood filters; and there was a storage unit from the previous owner that was left outside by the back door. SNHD Regulations require floors to be smooth and easily cleanable, seams must be sealed, light bulbs must be shielded and operable, and hood filters must be tight-fitting. The applicant agreed to make repairs, and the permit was approved with stipulations.

- D. Memaw's Gumbo, 1725 E. Warm Springs Rd.:** During a CPH inspection, staff found several maintenance items requiring correction including: soiled restrooms and ware washing areas; holes in walls; chipped floors; lights with no protective shields; and storage of unused equipment. SNHD Regulations require that floors and walls be smooth and easily cleanable, lights above open food preparation areas must be shielded or shatterproof, and the facility must be maintained in a clean condition. The permit was approved with a stipulation to correct the maintenance issues within 10 days.
- E. Pollo Campero, 4521 E. Charleston Blvd.:** A CPH inspection failed due to excessive demerits. Violations included improper handwashing; hand sinks with no hot water; unlabeled chemicals; sanitizer solution too strong; soiled dishes stored as clean; gaps at exterior doors that could allow pest entry; inaccurate thermometers; and inadequate refrigeration. SNHD Regulations require food handlers to scrub their hands for at least 15 seconds under warm running water, chemicals must be labeled and used at the proper strength, dishes must be washed thoroughly, doors to the exterior must be pest-proof, and refrigeration must hold food at 41° or below. An FSAM was conducted to ensure that the person-in-charge (PIC) had adequate food safety knowledge. After all critical and major violations were corrected, a second final permitting inspection was approved.

## VI. AQUATIC HEALTH PROGRAM

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

| Aquatic Health Operations                                                     | Dec.<br>2021 | Dec.<br>2022 |   | FY<br>21-22 | FY<br>22-23 |   |
|-------------------------------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Total Operation Inspections</b>                                            | 261          | 262          | ↑ | 3,085       | 3,574       | ↑ |
| <b>Complaint Investigations</b>                                               | 3            | 11           | ↑ | 108         | 132         | ↑ |
| <b>Inactive Body of Water Surveys</b>                                         | 10           | 3            | ↓ | 45          | 57          | ↑ |
| <b>Drowning/Near Drowning/Accident Investigations at Permitted Facilities</b> | 1            | 0            | ↓ | 19          | 27          | ↑ |
| <b>Total Program Services Completed</b>                                       | 265          | 276          | ↑ | 3,257       | 3,790       | ↑ |

#### 1. Aquatic Health Operations

- A. La Serena at the Heights NW Spa, 2951 Siena Heights Dr.:** Routine inspections were conducted for the pool and spa and the spa was closed. The chlorine level was high in the spa, above 30 parts per million (ppm). Failure to maintain proper chemical concentrations is a health hazard to bathers. Also, the south gate was not self-latching which could allow the entry of unsupervised children. All IHHs were corrected at the reinspection and the spa was reopened.
- B. Santiago Estate, 4650 Carey Ave.:** A routine inspection of the seasonally closed pool resulted in the assignment of two compliance schedules. A section of the barrier was missing a screw, which compromised the strength of the barrier making it easier for a person to gain access. The circulation pump had been replaced without the required remodel submission. A remodel protects bather health by ensuring changed equipment will maintain proper turnover times, flow rates, filtration, and disinfection for the system. Venue management has provided proof of the repaired barrier and the remodel application is still pending submission.

- C. Tides On Hacienda, 5272 Tamarus St.:** A survey to evaluate the backflow prevention device resulted in an IHH closure for a gap in the barrier exceeding seven inches. Failure to maintain the barrier to prevent unauthorized access increases the risk of near drowning/drowning incidents. A plywood board was temporarily installed by onsite maintenance to eliminate the risk. A reinspection is pending the completion of permanent repairs.
- D. 24 Hour Fitness, 2090 Village Center Cir.:** A complaint investigation was valid due to black and green mold-like substances in the men's locker room area. Mold is an indicator of unsanitary conditions and evidence that required cleaning and disinfecting procedures are not being followed. Property management and the qualified operator (QO) were notified immediately, and maintenance began cleaning and disinfecting the area.
- E. Coronado Palms Condos, 8000 Badura Ave.:** Routine inspections of the pool and spa resulted in an IHH closure of the spa due to chlorine levels being too low and the amount of cyanuric acid being too high. Low disinfectant combined with high cyanuric acid prevent adequate disinfection of the water. The aquatic venue was approved to resume operations following a reinspection the following week.
- F. Treasure Island Hotel and Casino, 3300 S. Las Vegas Blvd.:** Routine inspections were performed and one spa with a bromine level of 0.5 ppm was closed. Bromine disinfectant levels are required to be between 3 and 8 ppm. Lack of disinfectant is an IHH due to the increased likelihood of infectious organisms being spread between bathers. The operator indicated that there had been issues with the automated chemical feed system earlier that week and provided proof that a work order was pending for repairs. The required water chemistry logs showed multiple days with bromine levels below acceptable levels. The QO demonstrated knowledge of the acceptable minimum bromine levels but had not been logging the post-correction bromine levels. The QO was informed that he must log corrected chemical levels. A reinspection was performed to verify completed repairs for the chemical feeder and all chemical levels were within acceptable ranges. The logs indicated that all chemical levels were acceptable for the week between the inspection and reinspection. The spa was allowed to reopen to the public.
- G. MB Delano Bathhouse, 3950 S. Las Vegas Blvd.:** Routine inspections conducted for the women's and men's spas resulted in written compliance schedules. A 30-day compliance schedule was issued for the backflow prevention device. Certified testing is required annually to reduce the risk of contaminating the water supply. A 15-day compliance schedule was issued to submit a remodel application to Plan Review for chemical controller equipment that has been replaced without SNHD approval. Staff is currently awaiting compliance verification.
- H. Ann Losee Village 4, 5485 Ayers Cliff St.:** A routine inspection of the pool resulted in closure for several IHHs. Upon arrival, the entrance gate was not self-closing which could allow the entry of unsupervised children; no functional piece of safety equipment was present within the enclosure; and chlorine levels were too low. Without safety equipment, the aquatic facility cannot ensure public safety by preventing potential drownings and low chlorine levels can lead to the spread of disease. Management and the QO were notified. A reinspection is still pending.

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

| Aquatic Health Plan Review                     | Dec.<br>2021 | Dec.<br>2022 |   | FY<br>21-22 | FY<br>22-23 |   |
|------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Total Pre-Permitting Services</b>           | 449          | 518          | ↑ | 3,520       | 3,401       | ↓ |
| <b>New Project Submissions</b>                 | 82           | 88           | ↑ | 358         | 480         | ↑ |
| <b>Released Projects</b>                       | 36           | 44           | ↑ | 370         | 509         | ↑ |
| <b>Total Projects Currently in Plan Review</b> | 346          | 446          | ↑ |             |             |   |

**2. Aquatic Health Plan Review:**

- A. Tropical Vista, 6100 Schmidt St.:** Pre-plaster inspections were conducted and not approved at the pool and wading pool. A portion of the enclosure was less than six feet high, the gate latching hardware had been installed less than 42 inches from the finished grade, hand/footholds were present in the enclosure, and gates were not self-closing and self-latching. SNHD Regulations include specific requirements for barriers and enclosures to reduce the likelihood of unattended children accessing the pool area. Additionally, the handrails and grab rails had not been installed, construction of the hygiene facility was not completed, the filtration equipment was not installed, and equipment room lighting was less than 30-foot candles. Reinspections are still pending.
- B. Fairways at Southern Highlands, 10925 Southern Highlands Pkwy.:** A plumbing inspection for the installation of new suction outlet fitting assemblies (SOFAs) and skimmers was conducted at the spa. The sumps for the SOFAs were compliant and the approved skimmers were onsite but had not yet been installed. The inspection was approved contingent upon the contractor submitting photos of the installed skimmers. When the photos were submitted, staff saw that the deck around the spa had been removed, but that work had not been included in the approved application. The contractor revised the application, and it was approved. A final inspection is still pending.
- C. Deer Springs Apartments, 8850 Echelon Point Dr.:** A resubmitted plan review was conducted and not approved on the Building 1 pool and spa because the design flow was too low for the system, the total dynamic head requirement for the system to operate effectively under both clean and dirty filter conditions was not provided, and the pipe size was too small. The contractor was instructed to make necessary corrections and submit revised plans. Revised plans are still pending.
- D. Luxor Hotel and Casino, 3900 S. Las Vegas Blvd.:** A plumbing inspection was not approved for one of the spas which was undergoing a remodel to replace all SOFAs. The locations of the suction outlets for the hydrotherapy jet and equalizer line had been switched, and the distance between the suction outlets for the filtration system did not meet the required minimum distance of 36 inches. The contractor submitted a revised application with the required corrections and the plumbing inspection was approved. A final inspection is still pending.

**VII. REGULATORY SUPPORT**

- 1. Regulatory Support Office (RSO) staff participated in or performed the following activities and participated in the following external meetings: Conference for Food Protection (CFP) Allergen Committee, CFP Food Safety Management Systems Committee, National Environmental Health Association (NEHA) Food Safety Program Committee, Association of Food and Drug Officials (AFDO) Partnership for Food Protection (PFP)

Training and Credentialing and Review of Survey Competencies meetings, NEHA Leadership Academy mentor meetings; National Association of County and City Health Officials (NACCHO) Mentorship meetings; cohort calls and meetings; Violation Standards Document updates, and standardization workbook updates.

2. RSO staff provided pre-standardization training for 11 staff on December 12.
3. Special Processes staff facilitated the Risk Factor Study Classroom Training for the 2023 Risk Factor Data Collection and conducted field training on December 14 and 16.
4. Special Processes staff began preparing for the 2024 Intervention Strategy with planning meetings and collecting cooling data throughout the month.
5. Special Processes staff began preparing for inspecting facilities that have Hazard and Critical Control Point (HACCP) plans with planning meetings and reviewing facility files.
6. Special Processes staff met with various operators, in a virtual setting via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and HACCP plans. There are currently seven cook chill/sous vide plans, six 2-barrier plans, 16 other HACCP plans, 10 waivers, and one operational plan in review.

### VIII. SPECIAL PROCESSES

#### ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

| Label Review                      | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------------|-----------|-----------|---|----------|----------|---|
| Facility Label Review Submissions | 21        | 17        | ↓ | 135      | 125      | ↓ |
| Facility Label Review Releases    | 24        | 14        | ↓ | 153      | 125      | ↓ |
| Number of Labels Approved         | 278       | 162       | ↓ | 2,206    | 1,617    | ↓ |

#### ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

| Special Processes Review                                                                                                            | Dec. 2021 | Dec. 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| Cook Chill/Sous Vide Submissions                                                                                                    | 0         | 0         | → | 2        | 2        | → |
| Cook Chill/Sous Vide Releases                                                                                                       | 0         | 0         | → | 3        | 2        | ↓ |
| 2-Barrier ROP Submissions                                                                                                           | 0         | 1         | ↑ | 0        | 6        | ↑ |
| 2-Barrier ROP Releases                                                                                                              | 0         | 2         | ↑ | 0        | 7        | ↑ |
| Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.) | 0         | 0         | → | 1        | 4        | ↑ |
| Other Special Processes Releases                                                                                                    | 1         | 1         | → | 2        | 3        | ↑ |

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

| <b>Waivers &amp; Operational Plans Review</b> | <b>Dec.<br/>2021</b> | <b>Dec.<br/>2022</b> |   | <b>FY<br/>21-22</b> | <b>FY<br/>22-23</b> |   |
|-----------------------------------------------|----------------------|----------------------|---|---------------------|---------------------|---|
| <b>Waiver Review Submissions</b>              | 0                    | 1                    | ↑ | 7                   | 7                   | → |
| <b>Waiver Review Releases</b>                 | 0                    | 1                    | ↑ | 7                   | 8                   | ↑ |
| <b>Operational Plan Submissions</b>           | 0                    | 0                    | → | 1                   | 1                   | → |
| <b>Operational Plan Releases</b>              | 0                    | 0                    | → | 3                   | 2                   | ↓ |

CDS/hh

# Memorandum



**Date:** January 26, 2023

**To:** Southern Nevada District Board of Health

**From:** Cortland Lohff, Chief Medical Officer, Director of Primary & Preventive Services - *CL*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

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**RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT - November 2022**

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## **I. Immunization Program**

### **A. Immunization Program Activities**

1. A total of 275 Covid-19 vaccines were administered; 93 Covid-19 Monovalent vaccines and 182 Covid-19 Bivalent vaccines
2. The Immunization program is in the process of transitioning the Salesforce electronic health record platform to the EClinical Works (ECW) platform. Collaboration of this effort continues through IT and Program Coordinator.

### **B. Immunization Outreach Activities**

1. A total of 9 outreach clinics were conducted in partnership with community organizations. A total of 438 vaccines were administered to 215 clients. The State flu grant was utilized for these activities.
  - a. Boulder City Library
  - b. Project Homeless Connect
  - c. 7-11 Clinic collaboration with Office of Epidemiology and Disease Surveillance
  - d. Clark County Detention Center
  - e. Clark County School District,
  - f. REACH
  - g. Courtyard
  - h. Impact
  - i. Silver Summit
2. Outreach Program Nursing and Admin staff continue rotations in the SNHD Decatur Immunization Clinic to develop and refresh clinic competencies skills.
3. Staff conducted TB testing at Shannon West Homeless Youth Center on Tuesdays. This month a total of 51 clients were seen. Funding is from the State of Nevada Substance Abuse and Prevention Tuberculosis Grant (SAPTB).
4. Immunization Project had a success site visit with the Nevada State Immunization Program on November 15, 2022.
5. Staff attended Narcan Training on November 17, 2022.21

## **II. COVID-19 Vaccine Campaign**

### **A. Community COVID-19 Vaccine Static Clinics**

1. There were 1,070 COVID-19 and 219 influenza vaccines administered at four static sites held at two CSN campuses, Galleria Mall, and Boulevard Mall.
2. COVID-19 Vaccination program continue to utilize both contract companies and community partners to assist with vaccination sites.



B. Community COVID-19 Pop-Up Sites

1. There were 218 COVID-19 and 20 influenza vaccines administered through 22 pop-up, community partner, and strike team activities. These include health equity areas, long-term care facilities, underserved, occupational, and homebound clinics.
2. Community partnerships administering vaccine included: Touro University and Care with Purpose Medical Center.
3. As requested from State partners, COVID-19 and other vaccines were administered to long term care facilities.
4. Weekly homebound services were provided by SNHD COVID Team throughout Clark County.

C. MPX vaccine

1. There were 75 vaccines administered at two static and one pop-up site during November.
2. Collaborative efforts were implemented with the Office of Disease and Surveillance to train and mobilize MPX strike teams to increase access to targeted populations by providing vaccine at untraditional sites and times.

D. Additional projects

1. The COVID-19 Vaccine Team completely transitioned out of 2240 Civic Center Drive, North Las Vegas, 89030 to Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, Nevada 89107. A special thank you goes to the City of North Las Vegas for allowing the utilization of their space.
2. In conjunction with the SNHD Office of Informatics and Epidemiology, the COVID-19 Vaccine Program continues to assist with the collection and implementation of a reminder project geared towards COVID-19 vaccine uptake.
3. In collaboration with the SNHD Office of Informatics and Epidemiology, COVID-19 staff members are developing a text-message based reminder/recall project geared toward COVID-19 vaccine uptake in the population.

**III. Community Health Nursing**

A. Maternal Child Health

1. There were no new childhood lead cases for the month of November.
2. There was one new referral for the Newborn Screening Program that required follow-up by the field nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 136 active clients. Forty-eight are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Twelve clients are in the NFP expansion team. Grants from the Nevada Division of Public and Behavioral Health make these programs possible.

Six nurse home visitors are providing education, support, and referrals to needed resources to families during in-person visits while continuing to screen for COVID-19 infection. Three nurses from the expansion team are regularly conducting outreach activities at various Department of Welfare and Social Services offices. They are also enrolling eligible clients to build caseloads to meet grant benchmarks and NFP program goals.

C. Embracing Healthy Baby

The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with minimal guidance from the program Community Health Nurse. Telephone and home visits continue with enrolled families. The program is providing services primarily through home visits. Education and referrals to needed services continue to be provided to families.

Program outreach conducted in the month of November included HELP of Southern Nevada and the Las Vegas Urban League.

**IV. Sexual Health Clinic**

- A. The clinic provided 1,233 unique services to 840 unduplicated patients for the month of November. One hundred thirty-four unduplicated patients were seen at the All Saints Episcopal Church (ASEC) Outreach Clinic. Forty-three patients are currently receiving injectable treatment for HIV prevention (PrEP).
- B. The Sexual Health Clinic (SHC) is participating in a Learning Collaborative under the Ending the HIV Epidemic efforts: STD Specialty Clinic Learning Community through the University of Washington's Prevention Training Center with the goal of scaling up HIV preventive services in STD specialty clinics. The SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The Sexual Health Clinic supervisor, team lead CHN, and CSCM conducted a Webex meeting with the Louisiana Department of Public Health Congenital Syphilis Case Manager (CSCM) and her supervisor to obtain information on their Syphilis Home Treatment (SHOT) program for pregnant women diagnosed with syphilis. The SHC formalized an agreement to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC was awarded a Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The SHC CHN supervisor attended the eClinical Works (eCW) national update conference in Orlando, Florida. Ideas for maximizing performance in current practice and preview of upcoming changes to the eCW system were shared. Two SHC providers attended "Safe Talk" suicide prevention training. The Chief Administrative Nurse (CAN) and one provider attended the and presented on the impact on the delivery of care in SHC resulting from SHC's participation in the STD Specialty Clinic Learning Community through the University of Washington's Prevention Training Center. This CDC conference, "Navigating, surviving, and Thriving STD Clinical Care and Innovation in an Evolving Landscape", was held in Atlanta, Georgia.
- D. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The SHC nurse case manager has enrolled nine new program participants this month. This is value-added service to patients accessing the SHC and clinicians have seen the difference in outcomes among patients who are partnered with the nurse. There are 34 active participants in the month of October.
- E. The SHC staff continues to see patients for Monkeypox specimen collections, treatment, and referral for vaccine.
- F. The SHC nurse team lead position has been filled and has begun orientation. SHC is in the recruitment process to fill a vacant CHN I position

## **V. Tuberculosis Clinic**

- A. Six new active adult TB cases were reported by the TB Clinic in the month of October. There were no new pediatric TB cases.
  
- B. The Refugee Clinic served 53 adults in November.

## **VI. Employee Health Nurse**

- A. There were thirty-six (36) SNHD Employees who tested for COVID-19 in November. This includes nineteen (19) PCR tests, fourteen (14) Rapid Antigen tests, and nineteen (19) from outside entities. Nineteen (19) employees tested positive for COVID.
  
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of November. Annual catch-up TB testing is ongoing. Six (6) Tuberculosis tests were completed.
  
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of November. Eleven (11) medical clearances were conducted.
  
- D. There were no employee Blood Borne Pathogens exposure cases for the month of November.
  
- E. There are no new employee TB exposure cases for the month of November.
  
- F. November Vaccine Clinics
  - 1. Twenty-four Employees were vaccinated
    - a. 11 COVID-19 Vaccines
    - b. 12 Influenza Vaccines
    - c. 3 Smallpox/Monkeypox Vaccine
    - d. 17 Other vaccines
  - 2. Three Community Vaccinations
    - a. 1 COVID-19 Vaccines
    - b. 1 Influenza Vaccines
  
- G. Policies and procedures continue to be reviewed and updated.

## **VII. Academic Affairs**

- A. There was a total of 20 Interns and 460 applied public health practice hours for the month of November.

## **VIII. Preventive Care Administration**

- A. Clinical Services Division continues to retain Nevada State Board of Nursing approval to provide Continuing Education credits for SNHD Nursing staff. There was no CEU's offered in November.

CL: ms

Attachments: November 2022 Statistical Report

**PRIMARY AND PREVENTIVE CARE  
MONTHLY REPORT  
November 2022**

**Client Encounters by Locations**

| Location                    | DECATUR<br>PHC | ELV<br>PHC | Hend<br>PHC | Mesquite<br>PHC | Laughlin | Mobile<br>Clinic | Homeless<br>Outreach | Targeted<br>Populations | TOTAL        |
|-----------------------------|----------------|------------|-------------|-----------------|----------|------------------|----------------------|-------------------------|--------------|
| Immunization                | 1,899          | 496        | 299         | 125             | 0        | 0                | 71                   | 180                     | 3,070        |
| Immunization Records Issued | 287            | 54         | 0           | 0               |          |                  |                      |                         | 341          |
| Newborn Metabolic Screening | 0              | 0          | 0           | 0               |          |                  |                      |                         | 0            |
| Sexual Health Clinic        | 1,233          |            |             |                 |          |                  |                      |                         |              |
| TB Treatment & Control      | 1,150          |            |             |                 |          |                  |                      |                         |              |
| SAPTA Services              |                |            |             |                 |          |                  |                      | 51                      |              |
| <b>TOTAL</b>                | <b>4,569</b>   | <b>550</b> | <b>299</b>  | <b>125</b>      | <b>0</b> | <b>0</b>         | <b>71</b>            | <b>231</b>              | <b>3,411</b> |

**Client Encounters by Program**

| Program                     | Nov<br>2021 | Nov<br>2022 |          | FY 21-22     | FY 22-23     |          |
|-----------------------------|-------------|-------------|----------|--------------|--------------|----------|
| Immunizations               | 3,505       | 3,070       | ↓        | 50,197       | 49,555       | ↓        |
| Immunization Records Issued | 699         | 341         | ↓        | 3,729        | 3,007        | ↓        |
| COVID-19 Vaccine Given*     | 0           | 1288        | ↑        | 0            | 6805         | ↑        |
| Newborn Met. Screening      | 1           | 0           | ↓        | 2            | 1            | ↓        |
| Sexual Health Clinic        | 1,421       | 1,233       | ↓        | 6,053        | 6,823        | ↑        |
| TB Treatment & Control      | 983         | 1,150       | ↑        | 3,974        | 6,235        | ↑        |
| SAPTA Services              | 23          | 51          | ↑        | 97           | 260          | ↑        |
| <b>TOTAL</b>                | <b>6632</b> | <b>7133</b> | <b>↑</b> | <b>64052</b> | <b>72686</b> | <b>↑</b> |

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

## Immunization Program

| Immunizations     | Nov 2021 | Nov 2022 |   | FY 20-21 | FY 21-22 |   |
|-------------------|----------|----------|---|----------|----------|---|
| Flu Vaccine Given | 2,244    | 1,845    | ↓ | 3,385    | 2,845    | ↓ |
| Gratis            | 223      | 173      | ↓ | 1,079    | 1,289    | ↑ |
| COVID Vaccine*    | 324      | 329      | ↑ | 1,838    | 1,873    | ↑ |

\*Given by Immunization Clinics

| Vaccines for Children (VFC)*       | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------------|----------|----------|---|----------|----------|---|
| Number of VFC Compliance Visits    | 12       | 3        | ↓ | 38       | 33       | ↓ |
| Number of IQIP Visits*             | 1        | 0        | ↓ | 1        | 22       | ↑ |
| Number of Follow Up Contacts       | 38       | 25       | ↓ | 213      | 160      | ↓ |
| Number of Annual Provider Training | 12       | 2        | ↓ | 29       | 18       | ↓ |
| Number of State Requested Visits   | 70       | 111      | ↑ | 467      | 436      | ↓ |

| Perinatal Hepatitis B        | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|----------|----------|---|----------|----------|---|
| # of Expectant Women         | 13       | 18       | ↑ | 15       | 20       | ↑ |
| # of Infants                 | 77       | 79       | ↑ | 77       | 79       | ↑ |
| Total # of Infants Delivered | 1        | 6        | ↑ | 4        | 16       | ↑ |
| New Cases                    | 0        | 9        | ↑ | 17       | 25       | ↑ |
| Closed Cases                 | 2        | 10       | ↑ | 20       | 27       | ↑ |

| Childcare Program          | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|----------------------------|----------|----------|---|----------|----------|---|
| Childcare Audits           | 4        | 9        | ↑ | 25       | 23       | ↓ |
| Baseline Immunization Rate | 77%      | 88%      | ↑ | 73%      | 74%      | ↑ |
| # of Re-Audits             | 9        | 9        | → | 28       | 22       | ↓ |
| Re-Audit Immunization Rate | 90       | 96%      | ↓ | 92%      | 96%      | ↑ |
| # of Records Reviewed      | 499      | 804      | ↑ | 2086     | 1737     | ↓ |

## Covid-19 Vaccine Campaign

| COVID-19 Vaccine Campaign                                  | Nov 2021 | Nov 2022 |   | FY 21-22* | FY 22-23 |   |
|------------------------------------------------------------|----------|----------|---|-----------|----------|---|
| # of COVID-19 Vaccines administered                        | 0        | 1288     | ↑ | 28,130    | 6,805    | ↓ |
| # of Monkeypox Vaccine administered**                      | 0        | 75       | ↑ | 0         | 370      | ↑ |
| # of Influenza Vaccine administered**                      | 0        | 239      | ↑ | 0         | 626      | ↑ |
| # of Healthcare Provider Compliance Visits                 | 0        | 1        | ↑ | 45        | 8        | ↓ |
| # of Newly Enrolled Healthcare Provider Education Sessions | 0        | 8        | ↑ | 40        | 40       | → |
| # of Potential Healthcare Provider Recruitment Sessions*   | 0        | 6        | ↑ | 50        | 26       | ↓ |
| # of Healthcare Provider Contacts                          | 0        | 60       | ↑ | 954       | 373      | ↓ |

\*Data collection started January 2022

\*\* Vaccine administration started October 2022

**Community Health Program**

| Nursing Field Services         | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|--------------------------------|----------|----------|---|----------|----------|---|
| MCH Team Home Visit Encounters | 12       | 13       | ↑ | 59       | 24       | ↓ |

| NFP (Team 1) | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|--------------|----------|----------|---|----------|----------|---|
| Referrals    | 24       | 5        | ↓ | 89       | 49       | ↓ |
| Enrolled     | 13       | 6        | ↓ | 52       | 35       | ↓ |
| Active       | 142      | 126      | ↓ |          |          |   |

| NFP (Team 2) | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|--------------|----------|----------|---|----------|----------|---|
| Referrals    | N/A      | 17       | ↓ | N/A      | 28       | ↓ |
| Enrolled     | N/A      | 3        | ↓ | N/A      | 8        | ↓ |
| Active       | N/A      | 12       | ↓ |          |          |   |

| MCH                       | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------|----------|----------|---|----------|----------|---|
| # of Referrals Received** | 1        | 4        | ↑ | 13       | 19       | ↑ |
| # from CPS*               | 1        | 3        | ↑ | 5        | 14       | ↑ |
| # of Lead Referrals       | 0        | 0        | → | 3        | 2        | ↓ |
| # of Total Admissions     | 2        | 2        | → | 6        | 12       | ↑ |

| EHB       | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------|----------|----------|---|----------|----------|---|
| Referrals | 36       | 7        | ↓ | 89       | 31       | ↓ |
| Enrolled  | 7        | 7        | → | 32       | 21       | ↓ |
| Active    | 45       | 52       | ↑ |          |          |   |

| Thrive by 0 - 3      | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|----------------------|----------|----------|---|----------|----------|---|
| Referrals            | 85       | 58       | ↓ | 429      | 343      | ↓ |
| One-Time Home Visits | N/A      | 4        | → | N/A      | 19       | ↓ |
| Enrolled             | 3        | 2        | ↓ | 9        | 14       | ↑ |
| Active               | 17       | 15       | ↓ |          |          |   |

**Tuberculosis Program**

| Tuberculosis                                                                                      | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------------------------------------------------------------|----------|----------|---|----------|----------|---|
| Number of Case Management Activities*                                                             | 369      | 247      | ↑ | 1067     | 1155     | ↑ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen                                        | 28       | 29       | ↑ | 115      | 204      | ↑ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)                       | 16       | 14       | ↓ | 3        | 112      | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 0        | 3        | ↑ | 0        | 30       | ↑ |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters                            | 567      | 882      | ↑ | 3,075    | 4,674    | ↑ |

\*New EMR system- Counting only successful activities

| Substance Abuse Prevention & Treatment Agency (SAPTA) | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------------------------------|----------|----------|---|----------|----------|---|
| # of Site Visits                                      | 2        | 4        | ↑ | 10       | 19       | ↑ |
| # of Clients Screened                                 | 23       | 51       | ↑ | 97       | 260      | ↑ |
| # of TB Tests                                         | 18       | 40       | ↑ | 83       | 218      | ↑ |
| # of Assessments only                                 | 5        | 4        | ↓ | 14       | 35       | ↑ |

**Sexual Health Clinic Program**

| STD Services                 | Nov 2021 | Nov 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|----------|----------|---|----------|----------|---|
| STD treatment/screening/exam | 1,421    | 1,233    | ↓ | 6,053    | 6,823    | ↑ |
| Total # of patients served   | 881      | 840      | ↓ | 4,115    | 4,538    | ↑ |

**Interns and Clinical Rotations**

| Interns /Rotations                   | Nov 2022 | YTD FY22-23 |
|--------------------------------------|----------|-------------|
| Total Number of Interns <sup>1</sup> | 20       | 55          |
| Internship Hours <sup>2</sup>        | 460      | 2,374       |

<sup>1</sup> Total number of students, residents, and fellows

<sup>2</sup> Approximate hours students, residents, and fellows worked in applied public health practice

# Memorandum



**Date:** January 26, 2023

**To:** Southern Nevada District Board of Health

**From:** Cortland Lohff, Chief Medical Officer, Director of Primary & Preventive Services - *CL*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

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**RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT - December 2022**

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## **I. Immunization Program**

### **A. Immunization Program Activities**

1. A total of 201 Covid-19 vaccines were administered; 87 Covid-19 Monovalent vaccines and 114 Covid-19 Bivalent vaccines
2. Reminder postcards/texts are currently on hold due to contract updating.
3. Reminder phone calls were placed on hold due to staffing and employee transitions.
4. The Immunization Program is in the process of transitioning Electronic Health Record platforms from Salesforce to E-Clinical Works (ECW). Collaboration continues with IT and the Program Coordinator. Henderson Public Health Center has transitioned to E-Clinical Works.

### **B. Immunization Outreach Activities**

1. A total of 6 outreach clinics were conducted in partnership with Community Organizations that include REACH, Boulder City Library, Clark County School District, The Courtyard (2 clinics) and Harm Reduction. A total of 303 vaccines were administered to 98 clients. Funding for the clinics came from the State Flu grant.
2. Administrative Assistants and Nursing staff continue rotations at the Decatur Immunization Clinic to maintain skills.
3. There were 3 clinics at the Shannon West Homeless Youth Center. A total of 27 clients were vaccinated. Funding is from the State of NV Substance Abuse and Prevention Tuberculosis (SAPTB) grant.
4. Staff presented an Immunization Education class for nurses at Schofield Middle School on December 2, 2022.

## **II. COVID-19 Vaccine Campaign**

### **A. Community COVID-19 Vaccine Static Clinics**

1. There were an estimated 915 COVID-19, and 141 influenza vaccines were administered at four static sites held at two CSN campuses, Galleria Mall, and Boulevard Mall.
2. COVID-19 Vaccination program continue to utilize both contract companies, and community partners to assist with vaccination sites.

### **B. Community COVID-19 Pop-Up Sites**

1. There were an estimated 148 COVID-19, and 31 influenza vaccines were administered through 18 pop-up, community partner, and strike team activities. These include health equity areas, long-term care facilities, underserved and homebound clinics.
2. Community partnerships administering vaccine included: Touro University.



3. As requested from State partners, long term care facilities were administered vaccinations through SNHD this month.
4. Homebound services were provided by SNHD staff for all jurisdictions throughout Clark County.

C. Monkeypox vaccine

1. There were an estimated 60 vaccines administered at two static and one pop-up site during the last month.
2. Through a collaborative effort with disease surveillance, a total of 8 MPOX vaccine clinics were held in the month of December where an estimated 47 vaccines were administered.

D. Additional projects

1. In conjunction with staff members from the SNHD Office of Informatics and Epidemiology, COVID-19 staff members are continuing to assist with the collection and implementation of a reminder project geared towards COVID-19 vaccine uptake.
2. With the assistance of staff members from the SNHD Office of Informatics and Epidemiology, COVID-19 staff members have developed a text-message based reminder/recall project geared toward COVID-19 vaccine uptake in the population which will be implemented in 1/2023.

**III. Community Health Nursing**

A. Maternal Child Health

1. There were no new childhood lead cases for the month of December.
2. There was one new referral for the Newborn Screening Program that required follow-up by the field nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 138 active clients. Forty- six are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Twenty-four clients are served by the NFP expansion team. Grants from the Nevada Division of Public and Behavioral Health make the programs possible.

The nurse home visitors continue to serve eligible families providing education, support, and referrals to needed resources during in-person visits while continuing to screen for COVID-19 infection. The two nurses from the expansion team are regularly conducting outreach activities at various Department of Welfare and Social Services offices. They are also enrolling eligible clients to build caseloads to meet grant benchmarks and NFP program goals.

C. Embracing Healthy Baby

The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with minimal guidance from the program Community Health Nurse. Telephone and home visits continue with enrolled families. The program is providing services primarily through home visits. Education and referrals to needed services continue to be provided to families.

There was no program outreach conducted in the month of December. The caseloads are at full capacity.

#### **IV. Sexual Health Clinic**

- A. The clinic provided 920 unique services to 772 unduplicated patients for the month of December. Ninety unduplicated patients were seen at the All Saints Episcopal Church (ASEC) Outreach Clinic. Seventy-two patients are currently receiving injectable treatment for HIV prevention (PrEP).
- B. The Sexual Health Clinic (SHC) is participating in a Learning Collaborative under the Ending the HIV Epidemic efforts: STD Specialty Clinic Learning Community through the University of Washington's Prevention Training Center with the goal of scaling up HIV preventive services in STD specialty clinics. The SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is participating in a Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. ASEC Sexual Health Outreach Clinic celebrated its 1<sup>st</sup> Anniversary on December 12, 2022, in collaboration with ASEC and over 15 community partners providing information, education, and services to over 200 community members. SHC participated in World's AIDS Day, providing free HIV testing for patients.
- D. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The SHC nurse case manager has enrolled 4 new program participants this month. This is value-added service to patients accessing the SHC and clinicians have seen the difference in outcomes among patients who are partnered with the nurse. There are 29 active participants in the month of December. Seven cases were closed in December.
- E. The SHC staff continues to see patients for Monkeypox specimen collections, treatment, and referral for vaccine.
- F. SHC has filled one CHN I position and is in the recruitment process to fill a vacant CHN I position

#### **V. Tuberculosis Clinic**

- A. Two new active adult TB cases were reported by the TB Clinic in the month of December 2022. There were no new pediatric TB cases.
- B. The Refugee Clinic served 31 adults in December.

#### **VI. Employee Health Nurse**

- A. There were forty-nine (49) SNHD Employees who tested for COVID-19 in December. This includes twenty-two (21) PCR tests, Twenty-five (25) Rapid Antigen tests, and twenty-three (23) from outside entities. Fourteen (14) employees tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of November. Annual catch-up TB testing is ongoing. Fifteen (15) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of December. Twelve (12) medical clearances were conducted.

- D. There were no employee Blood Borne Pathogens exposure cases for the month of December.
- E. There were no new employee TB exposure cases for the month of December.
- F. There were 29 vaccines provided to staff in December, which included Bivalent Covid-19, 11 Influenza, 2 Monkeypox vaccines and 6 other vaccines
- G. There were 40 Influenza vaccines provide to Community clients.
- H. Policies and procedures continue to be reviewed and updated.

**VII. Academic Affairs**

- A. There was a total of 20 Interns and 276 applied public health practice hours for the month of December.

**VIII. Preventive Care Administration**

- A. Clinical Services Division continues to retain Nevada State Board of Nursing approval to provide Continuing Education credits for SNHD Nursing staff. There was no CEU's offered in December.

CL: ms

Attachments: December 2022 Statistical Report

**PRIMARY AND PREVENTIVE CARE  
MONTHLY REPORT  
December 2022**

**Client Encounters by Locations**

| Location                    | DECATUR<br>PHC | ELV<br>PHC | Hend<br>PHC | Mesquite<br>PHC | Laughlin | Mobile<br>Clinic | Homeless<br>Outreach | Targeted<br>Populations | TOTAL        |
|-----------------------------|----------------|------------|-------------|-----------------|----------|------------------|----------------------|-------------------------|--------------|
| Immunization                | 1,331          | 492        | 205         | 42              | 0        | 0                | 29                   | 130                     | 2,229        |
| Immunization Records Issued | 176            | 39         | 8           | 0               |          |                  |                      |                         | 223          |
| Newborn Metabolic Screening | 1              | 1          | 0           | 0               |          |                  |                      |                         | 2            |
| Sexual Health Clinic        | 920            |            |             |                 |          |                  |                      |                         |              |
| TB Treatment & Control      | 1,103          |            |             |                 |          |                  |                      |                         | 1,103        |
| SAPTA Services              |                |            |             |                 |          |                  |                      | 27                      |              |
| <b>TOTAL</b>                | <b>3,531</b>   | <b>532</b> | <b>213</b>  | <b>42</b>       | <b>0</b> | <b>0</b>         | <b>29</b>            | <b>157</b>              | <b>3,557</b> |

**Client Encounters by Program**

| Program                     | Dec<br>2021 | Dec<br>2022  |          | FY 21-22     | FY 22-23     |          |
|-----------------------------|-------------|--------------|----------|--------------|--------------|----------|
| Immunizations               | 5,430       | 5,258        | ↓        | 55,627       | 54,813       | ↓        |
| Immunization Records Issued | 544         | 223          | ↓        | 8,439        | 3,830        | ↓        |
| COVID-19 Vaccine Given*     | 0           | 1064         | ↑        | 0            | 7869         | ↑        |
| Newborn Met. Screening      | 0           | 2            | ↑        | 3            | 3            | →        |
| Sexual Health Clinic        | 1,309       | 920          | ↓        | 7,362        | 7,743        | ↑        |
| TB Treatment & Control      | 801         | 1,103        | ↑        | 5,000        | 7,338        | ↑        |
| SAPTA Services              | 21          | 27           | ↑        | 118          | 287          | ↑        |
| <b>TOTAL</b>                | <b>8105</b> | <b>8,597</b> | <b>↑</b> | <b>76549</b> | <b>81883</b> | <b>↑</b> |

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

## Immunization Program

| Immunizations     | Dec 2021 | Dec 2022 |   | FY 20-21 | FY 21-22 |   |
|-------------------|----------|----------|---|----------|----------|---|
| Flu Vaccine Given | 986      | 1,005    | ↑ | 6,048    | 5,364    | ↓ |
| Gratis            | 153      | 106      | ↓ | 1,368    | 1,548    | ↑ |
| COVID Vaccine*    | 654      | 201      | ↓ | 3,325    | 1,278    | ↓ |

\*Given by Immunization Clinics

| Vaccines for Children (VFC)*       | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------------|----------|----------|---|----------|----------|---|
| Number of VFC Compliance Visits    | 4        | 7        | ↑ | 42       | 40       | ↓ |
| Number of IQIP Visits*             | 6        | 13       | ↑ | 7        | 35       | ↑ |
| Number of Follow Up Contacts       | 21       | 10       | ↓ | 234      | 170      | ↓ |
| Number of Annual Provider Training | 0        | 7        | ↑ | 29       | 25       | ↓ |
| Number of State Requested Visits   | 125      | 72       | ↓ | 592      | 508      | ↓ |

| Perinatal Hepatitis B        | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|----------|----------|---|----------|----------|---|
| # of Expectant Women         | 13       | 15       | ↑ | 15       | 19       | ↑ |
| # of Infants                 | 72       | 74       | ↑ | 76       | 79       | ↑ |
| Total # of Infants Delivered | 3        | 4        | ↑ | 21       | 20       | ↓ |
| New Cases                    | 5        | 1        | ↓ | 22       | 26       | ↑ |
| Closed Cases                 | 7        | 0        | ↓ | 27       | 27       | → |

| Childcare Program          | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|----------------------------|----------|----------|---|----------|----------|---|
| Childcare Audits           | 5        | 5        | → | 30       | 28       | ↓ |
| Baseline Immunization Rate | 69%      | 63%      | ↓ | 74%      | 71%      | ↓ |
| # of Final Audits          | 6        | 5        | ↓ | 34       | 27       | ↓ |
| Final Immunization Rate    | 95       | 94%      | ↓ | 93%      | 96%      | ↑ |
| # of Records Reviewed      | 526      | 180      | ↓ | 2612     | 1917     | ↓ |

## Covid-19 Vaccine Campaign

| COVID-19 Vaccine Campaign                                  | Dec 2021 | Dec 2022 |   | FY 21-22* | FY 22-23 |   |
|------------------------------------------------------------|----------|----------|---|-----------|----------|---|
| # of COVID-19 Vaccines administered                        | 0        | 1064     | ↑ | 28,130    | 7,869    | ↓ |
| # of Monkeypox Vaccine administered**                      | 0        | 107      | ↑ | 0         | 477      | ↑ |
| # of Influenza Vaccine administered**                      | 0        | 172      | ↑ | 0         | 798      | ↑ |
| # of Healthcare Provider Compliance Visits                 | 0        | 2        | ↑ | 45        | 10       | ↓ |
| # of Newly Enrolled Healthcare Provider Education Sessions | 0        | 7        | ↑ | 40        | 47       | ↑ |
| # of Potential Healthcare Provider Recruitment Sessions*   | 0        | 7        | ↑ | 50        | 33       | ↓ |
| # of Healthcare Provider Contacts                          | 0        | 40       | ↑ | 954       | 413      | ↓ |

\*Data collection started January 2022

\*\* Vaccine administration started October 2022

**Community Health Program**

|                                | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|--------------------------------|----------|----------|---|----------|----------|---|
| <b>Nursing Field Services</b>  |          |          |   |          |          |   |
| MCH Team Home Visit Encounters | 2        | 8        | ↑ | 61       | 32       | ↓ |

|                     | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------|----------|----------|---|----------|----------|---|
| <b>NFP (Team 1)</b> |          |          |   |          |          |   |
| Referrals           | 18       | 4        | ↓ | 107      | 53       | ↓ |
| Enrolled            | 8        | 1        | ↓ | 60       | 36       | ↓ |
| Active              | 138      | 114      | ↓ |          |          |   |

|                             | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|-----------------------------|----------|----------|---|----------|----------|---|
| <b>NFP (Expansion Team)</b> |          |          |   |          |          |   |
| Referrals                   | N/A      | 19       | ↓ | N/A      | 47       | ↓ |
| Enrolled                    | N/A      | 12       | ↓ | N/A      | 20       | ↓ |
| Active                      | N/A      | 24       | ↓ |          |          |   |

|                           | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------|----------|----------|---|----------|----------|---|
| <b>MCH</b>                |          |          |   |          |          |   |
| # of Referrals Received** | 5        | 2        | ↓ | 18       | 21       | ↑ |
| # from CPS*               | 3        | 1        | ↓ | 8        | 15       | ↑ |
| # of Lead Referrals       | 0        | 0        | → | 3        | 2        | ↓ |
| # of Total Admissions     | 0        | 1        | ↑ | 6        | 13       | ↑ |

|            | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|------------|----------|----------|---|----------|----------|---|
| <b>EHB</b> |          |          |   |          |          |   |
| Referrals  | 18       | 9        | ↓ | 107      | 40       | ↓ |
| Enrolled   | 10       | 5        | ↓ | 42       | 26       | ↓ |
| Active     | 51       | 55       | ↑ |          |          |   |

|                        | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------|----------|----------|---|----------|----------|---|
| <b>Thrive by 0 - 3</b> |          |          |   |          |          |   |
| Referrals              | 80       | 68       | ↓ | 509      | 411      | ↓ |
| One-Time Home Visits   | N/A      | 5        | ↓ | N/A      | 24       | ↓ |
| Enrolled               | 1        | 5        | ↑ | 10       | 19       | ↑ |
| Active                 | 13       | 19       | ↑ |          |          |   |

**Tuberculosis Program**

| Tuberculosis                                                                                      | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------------------------------------------------------------|----------|----------|---|----------|----------|---|
| Number of Case Management Activities*                                                             | 246      | 181      | ↑ | 1,313    | 1,336    | ↑ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen                                        | 21       | 20       | ↓ | 137      | 224      | ↑ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)                       | 2        | 23       | ↑ | 66       | 135      | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 3        | 4        | ↑ | 0        | 34       | ↑ |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters                            | 801      | 922      | ↑ | 3,482    | 5,596    | ↑ |

\*New EMR system- Counting only successful activities

| Substance Abuse Prevention & Treatment Agency (SAPTA) | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------------------------------|----------|----------|---|----------|----------|---|
| # of Site Visits                                      | 2        | 3        | ↑ | 12       | 22       | ↑ |
| # of Clients Screened                                 | 21       | 27       | ↑ | 118      | 287      | ↑ |
| # of TB Tests                                         | 17       | 23       | ↑ | 100      | 241      | ↑ |
| # of Assessments only                                 | 4        | 4        | → | 18       | 46       | ↑ |

**Sexual Health Clinic Program**

| STD Services                 | Dec 2021 | Dec 2022 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|----------|----------|---|----------|----------|---|
| STD treatment/screening/exam | 1,309    | 920      | ↓ | 7,362    | 7,743    | ↑ |
| Total # of patients served   | 822      | 772      | ↓ | 4,937    | 5,310    | ↑ |

**Interns and Clinical Rotations**

| Interns /Rotations                   | Dec 2022 | YTD FY22-23 |
|--------------------------------------|----------|-------------|
| Total Number of Interns <sup>1</sup> | 20       | 55          |
| Internship Hours <sup>2</sup>        | 276      | 2,650       |

<sup>1</sup> Total number of students, residents, and fellows

<sup>2</sup> Approximate hours students, residents, and fellows worked in applied public health practice