



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 27, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

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*)
Nancy Brune – Council Member, City of Las Vegas (*in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)
- ABSENT:** Bobbette Bond – At-Large Member, Regulated Business/Industry
Brian Knudsen – Council Member, City of Las Vegas
Michelle Romero – Mayor, City of Henderson
- ALSO PRESENT:**
(In Audience) Linda Anderson, Jeri Burton, Mikelle Cieri, Georgi Collins, Harold Collins, Pattie Curry, Sharie Denton, Carlo Entorline, Alexis Esparza, Ahsaki Hardy, Tony Hedgereth, Mardie Hill, Chris Hilton, Maya Holmes, Cody Hoskins, Karissa Johnson, Jason Klumb, Giuliana Levine, Michelle Maese, Cheryl Malone, Bradley Mayer, Stephanie Montgomery, Fabiola Morales, Stacie Sasso, Gail Simpkins, Debbie Springer, Grace Vergara-Mactal, Jocelyn White, Cassidy Wilson, Thomasine Wilson
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Elizabeth Adelman, Jason Agudo, Brandon Alford, Adriana Alvarez, Rashida Alvarez, Anna Angeles, Maria Arganoza-Priess, Larry Armstrong, Maria Azzarelli, Nancy Barry, Sean Beckham, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Jennifer Bowers, Kevin Bratcher, Jazmin Bravo-Rosas, Amanda Brown, Lori Bryan, Nicole Bungum, Anna Burgess, Cory Burgess, Daniel Burns, Victoria Burris, Donna Buss, Erika Bustinza, Yvette Butac, Joe Cabanban, Serafina Cabinte, Michael Castelo, Nicole Charlton, Melissa Constantin, Andria Cordovez Mulet, Fidel Cortes Serna, Shea Crippen, Stacy Cruz, Rebecca Cruz Nanez, Beverly Cuasito, Brenda Deas, Cesar dela Pena, Aaron DelCotto, Chris DeLisle, Brandon Delise, Edna DelRosario, Karnjit Dhillon, Shannon Dickey, Jessica Dietz, Lily Dominguez, Jonabel Durga, Tara Edwards, Regena Ellis, Emily Elzeftawy, Rosemary Ensign, Lizette Enzenauer, Corina Estrella, Renee Fejeran, Brian Felgar, Alessandro Figueredo-Perello, Gimmeko Fisher-Armstrong, Jayde Fox, Jason Frame, Kimberly Franich, Peter Froio, Tina Gillam, Jacques Graham, Dianne Haddix, John Hammond, Heather Hanoff, Victoria Harding, Maria Harris, Amineh Harvey, Forrest Hasselbauer, Richard Hazeltine, Victoria Hedge, Carmen Hua, Jocelyn Huyo-A, Dan Isler, Mallory Jett Edwards, Loretta Jennings, Jessica Johnson, Michael Johnson, Horng-Yuan Kan, Theresa Ladd, Heidi Laird, Kit Lam, Fernando Lara, Cort Lohff, Josie Llorico, Cassius Lockett, Deneen Locklear, Cort Lohff, Sandy Luckett, Jonas Maratita, Nancy Mata, Robert McMahan, Maria Mendola, Kim Monahan, Gabriela Montaldo, Stephanie Montgomery, Mary Murphy, Christian Murua, Semilla Neal, Alice Ngari, Elias Nmanie, Lorraine Oliver, Veralynn Orewyler, Kyle Parkson, Melanie

Perez, Sui Ching Phung, Laura Plascencia, Tasheka Powell, Luann Province, Zuwen Qiu-Shultz, Larry Rogers, Alexis Romero, Arc Rufo, Kim Saner, Christopher Saxton, Albert Sedano, Dave Sheehan, Karla Shoup, Randy Smith, Marnita Smith Dent, Betty Souza-Lui, Bruno Stephani, Amy Stines, Deshawn Thompson, Louis Thompson, Will Thompson, Randall Ulrich, Robert Urzi, Shylo Urzi, Lizbeth Vasquez, Rosie Vielman Garcia, Yolanda Villalobos, Michelle Villanueva, Jorge Viote, Brian Weissenburger, Donnie Whitaker, Candyce White, Rebecca Wright, Edward Wynder, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:02 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Albert Sedano (Southern Nevada Community Health Center) and Brian Felgar (Office of Communications)

- 2023 Health Literacy Award for Published Materials “Sexual Health Journal for People with HIV” – Institute for Healthcare Advancement (IHA)

Mr. Sedano and Mr. Felgar received the 2023 Health Literacy Award from the Institute for Healthcare Advancement for their published brochure titled “Sexual Health Journal for People with HIV”, which focused on sexual health for people living with HIV/AIDS. The Institute for Healthcare Advancement strives to help everyone across the healthcare system to integrate health literacy into their professional practice and development. The Board of Health congratulated Mr. Sedano and Mr. Felgar on this award and thanked them for their commitment to the Health District and to our community.

Member Black joined the meeting at 9:05 a.m.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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.

Michelle Maese, SEIU President, commented that SEIU members have been in a Class and Compensation Study for over a year, and it was still not completed. Ms. Maese further advised that SEIU’s Representation Director would provide information to the Board of Health and advised that SEIU wanted to ensure a resolution for their members.

Jason Klumb, SEIU Representation Director, commented on SEIU’s disappointment and challenges surrounding the negotiations of the Class and Compensation Study. Mr. Klumb advised that SEIU developed a wage recommendation by removing the two bottom steps in the wage scale and creating two new top steps in the wage scale, moving everyone accordingly, and presented same to Human Resources. Mr. Klumb further advised that the bargaining union has done all the work. Mr. Klumb requested that the Board of Health assist in a resolution.

Rosemary Ensign commented on a fear of limited wage increases, the increase in the PERS contribution that would result in a 1% raise and requested the Board’s assistance in a resolution.

Lorraine Oliver commented on the Class and Compensation Study and that SEIU has tried to work with Human Resources. Ms. Oliver further indicated the need to have someone in charge of Human Resources that is not a contractor. Ms. Oliver commented on the issue regarding use it/lose it vacation

hours when staff are at the maximum of annual carryover, and encouraged the Board of Health to review the issue to ensure that it was resolved. Ms. Oliver suggested that workers be invited to provide their perspective on the job they are doing and what is outlined in their job description. Ms. Oliver stated that the workers wanted a decent wage. Ms. Oliver concluded by commenting on the removal of the "I/II" in certain job classifications, such as administrative assistant.

Member Brune joined the meeting at 9:19 a.m.

Grace Vergara-Mactal, SEIU Executive Director, thanked SEIU members for their work in the community. Further, Ms. Vergara-Mactal commented on the Class and Compensation Survey, which they have been trying to work with Human Resources for over a year, and requested the Board of Health to direct Health District Leadership to work with SEIU for the members to be respected, paid, and protected.

Regena Ellis commented on the movement of the Sexual Health Clinic into the Federally Qualified Health Center (FQHC). Ms. Ellis indicated that when the FQHC was being established, she did not recall a discussion about removing or replacing any of the public health services with the FQHC. Ms. Ellis indicated that the FQHC was intended to be a primary care center and function on its own. Ms. Ellis referenced the Southern Nevada Community Health Center (SNCHC) Finance and Audit Committee meeting in March 2023, wherein it was indicated that the Sexual Health Center was being brought into the FQHC as a recommendation from the HRSA Operational Site Visit conducted in 2022, and that HRSA was more interested in the number of participants receiving services rather than compliance indicators. Ms. Ellis further raised that once the Sexual Health Clinic was part of the FQHC then staffing and services would be streamlined, which indicated planned service changes to the Sexual Health Clinic. Ms. Ellis concluded by providing a statement from the providers and staff in the Sexual Health Clinic reiterating their concerns regarding the transition of the Sexual Health Clinic into the FQHC and indicated that the FQHC should continue to provide services as a separate entity. Ms. Ellis requested that the Board of Health protect public health.

Marnita Smith-Dent commented on the dedication of Health District staff for the community, that staff should be appreciated, and that staff should be provided with opportunities for advancement and that staff's salaries should reflect their dedication. Ms. Smith-Dent stated that it took a special person to work in public health, and that staff wanted the public to know that they were dedicated and wanted the Board of Health to know that staff feel they should be paid for what they provide.

Victoria Harding commented on the events since she spoke at the last Board of Health meeting, wherein she worked Friday, Monday and Tuesday and then went on vacation. Ms. Harding stated that while she was on vacation her position was eliminated, along with the entire Organizational Development team. Ms. Harding stated that she thought that the fear tactics had finished. Ms. Harding outlined how the Organizational Development team was moved out of Human Resources and then back into Human Resources. Ms. Harding indicated that the members of the Organizational Development team brought their concerns to Dr. Leguen, and they were advised that their fears were unfounded. Ms. Harding indicated that, after her comments at the last Board of Health meeting, people were upset with her comments, but no one approached her, nor spoke to her about the elimination of her position, which is found out through emails. Ms. Harding stated that she did not want to work in a place with retaliation, discrimination, or harassment. Ms. Harding indicated that she did not know if she had a job after next week. Ms. Harding concluded that three positions were made in Human Resources, but that the four staff members, including herself, in Organizational Development would have to apply for those positions.

Harold Collins commented on Agenda Item VIII.2, Petition #26-23, related to the audit and the finding of noncompliance of a revised statute. Mr. Collins stated that the issue was very lightly addressed in the petition and that there were no specifics nor accountability provided. Mr. Collins stated that he worked at the Health District for a short time and identified issues in the Human Resources Department regarding non-accountability. Mr. Collins stated that the Health District had deep issues, that the union and personnel have tried to tell the Board of Health of issues with Leadership and indicated that the Board of Health needed to take action.

The Chair advised that there was a bill sponsored by Senator Donate related to public health funding (SB118) and encouraged members to support this bill.

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

V. ADOPTION OF THE APRIL 27, 2023 MEETING AGENDA *(for possible action)*

Item VI.3 was removed from the Consent Agenda for discussion.

A motion was made by Member Black, seconded by Member Nielson, and carried unanimously to approve the April 27, 2023 Agenda, as amended.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** February 23, 2023 *(for possible action)*
2. **PETITION #24-23: Approval of the Interlocal Contract between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada (RTC) 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 the Racial and Ethical Approaches to Community Health (REACH);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. ~~**PETITION #25-23: Approval of the Agreement between the Southern Nevada Health District and FORVIS LLP, Professional Auditing Services;**~~ direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #27-23: Approval of the Intrastate Interlocal Contract between the Southern Nevada Health District and the State of Nevada, Department of Conservation and Natural Resources regarding the Safe Drinking Water Program;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #28-23: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada for the installation of two COVID-19 antigen test-kit vending machines in support of the COVID-19 Health Disparities Grant funded by the Center for Disease Surveillance and Control;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #29-23: Approval of an Amendment to the Interlocal Agreement between the Southern Nevada Health District and 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 April 2023 to March 31, 2024, with the option to extend for additional three one-year options (#606087-21);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair removed Item VI.3 from the Consent Agenda for discussion.

A motion was made by Member Hardy, seconded by Member Black, and carried unanimously to approve the April 27, 2023 Consent Agenda, as amended.

Discussion – Item V1.3: PETITION #25-23: Approval of the Agreement between the Southern Nevada Health District and FORVIS LLP, Professional Auditing Services; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, and Kevin Bratcher, Procurement Specialist, outlined the request for proposal and selection process for auditing services.

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the Agreement between the Southern Nevada Health District and FORVIS LLP, Professional Auditing Services.

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

There were no items heard.

VIII. REPORT / DISCUSSION / ACTION

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

Bradley Mayer of Argentum Partners provided the Board of Health with an update of the recent legislative session related to the following bills that affect the Health District:

- AB220 – Revises provisions relating to water conservation
- SB92 – Revises provisions relating to sidewalk vendors
- AB53 – Revises provisions relating to sale of tobacco products
- SB118 – Revises provisions relating to public health
- SB361 – Revises provisions relating to solid waste
- SB172 – Revises provisions governing the ability of a minor to consent to certain health care services
- SB439 – Revises provisions relating to communicable diseases
- SB441 – Revises provisions relating to public health (repeals SB4)

2. Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding Petition #26-23: Plan of Correction to the State of Nevada Department of Taxation to the Fiscal Year 2022 Annual Audit Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker advised that the final step in the audit process was a requirement to respond to the Department of Taxation to address the appropriation activity related to the audit finding of the Noncompliance with Nevada Revised Statutes Budget Requirements NRS 354.626. The Department of Taxation requested a plan of correction, approved by the Board of Health, to be submitted that outlines the action taken to prevent recurrence of the finding. There was a discussion on whether a budget augmentation could be completed after the close of the fiscal year (June 30th).

A motion was made by Chair Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the recommendations of the Finance Committee and approve the Plan of Correction to the State of Nevada Department of Taxation to the Fiscal Year 2022 Annual Audit Report, as presented.

3. Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding the SNHD Sliding Fee Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer, provided an overview of the Sliding Fee Schedule. Mr. Smith outlined the HRSA Sliding Fee Discount Program requirements, along with the Federal Poverty Guidelines, billing, and collection requirements. Mr. Smith further outlined the Sliding Fee charges, slide adjustments, patient payments, and a market study of fees for FQHCs in Nevada. Mr. Smith proceeded to outline the proposed sliding fees for Primary Care, Sexual Health Clinic, Family Planning, and Ryan White. Mr. Smith concluded that the majority of the fees have remained the same, with the addition of nursing visits to further reduce barriers to care for patients.

Further to an inquiry from Member Nemec regarding the fees for diagnostic imaging, clinical laboratory tests and the 340B Pharmacy, Mr. Smith advised that there were agreements with providers to perform diagnostic imaging and clinical laboratory tests. Mr. Smith further advised that the Health Center maintained relationships with specialist providers to have them see patients at a reduced cost. Mr. Smith advised that the 340B Pharmacy was available and most medication was available at no cost. Dr. Leguen further advised that the thought in time would be for the Health Center to have a fund available to support uninsured patients to assist them when they needed to go to a specialist.

Member Hardy left the meeting at 10:37 a.m. and did not return

Further to an inquiry from Member Nemec regarding the impact of billed services to an insurer, Mr. Smith advised that the charges were the same for the office fees.

Further to an inquiry from Member Brune regarding whether any additional revenue received by the Health Center was restricted to being invested back into the Health Center, Mr. Smith advised that any revenue received was to support the needs of the services and would be invested back into supporting the Health Center. Dr. Leguen added that the Health Center was operating in a negative, and was trying to expand the services available, along with increasing marketing efforts to receive more patients.

A motion was made by Chair Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the recommendations made by the Finance Committee and approve the Sliding Fee Schedule, as presented.

4. Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding the Billing Fee Schedule Updates; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

A motion was made by Member Black, seconded by Member Nemec, and carried unanimously to accept the recommendations of the Finance Committee and approve the Billing Fee Schedule Updates, as presented.

IX. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this

portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. **(Information Only)**

Member Segerblom encouraged the Human Resources Department to work the union regarding the issues raised in Public Comments to ensure that matters were resolved. The Chair requested that the Board of Health be advised once the matters have been resolved.

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

- **DHO Comments**

In addition to his written report, Dr. Leguen advised that the Human Resources Department initiated conversations with SEIU to work on the Class and Compensation Survey and the Interim Human Resources Director has had multiple meetings with SEIU representatives on the survey. Dr. Leguen confirmed that Health District Leadership will continue to work with SEIU.

Dr. Leguen advised of the intention to provide the Board of Health with presentations at each meeting on the different areas/programs of the Health District, with the first being an overview of the Southern Nevada Public Health Lab and an overview of the Southern Nevada Community Health Center.

- **Overview of the Southern Nevada Public Health Lab (SNPHL)**

Dr. Michael Johnson, Director of Community Health, accompanied with Dr. Horng-Yuan Kan, Laboratory Director, provided an overview of the Southern Nevada Public Health Lab (SNPHL).

Member Black left the meeting at 11:01 and did not return

- **Overview of the Southern Nevada Community Health Center (SNCHC)**

Mr. Smith provided an overview of the Southern Nevada Community Health Center (SNCHC).

Further to an inquiry from Member Brune, Mr. Smith advised that individuals did not have to reside in the zip codes listed to obtain services from the SNCHC. Dr. Leguen advised that the zip codes listed represented the areas where the largest portion of patients reside.

Further to an inquiry from Member Segerblom, Dr. Leguen confirmed that the SNCHC was a division of the Health District and not a separate entity. Dr. Leguen advised that the move of the Sexual Health Clinic into the SNCHC did not imply that there would be a loss of jobs or that the employees would be required to do something that was not in their job description. The services delivered to patients would remain the same. The integration of the Sexual Health Clinic would provide a better service to patients, as patients would have the ability to address various medical issues, and not just sexual health. Further to a follow-up from Member Segerblom, Dr. Leguen advised the Leadership had already met with employees, more than once, to prepare the entire team. After the initial meeting, Leadership had met with the providers individually, along with the rest of the team.

Member Segerblom left the meeting at and did not return

XI. INFORMATIONAL ITEMS

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

6. Primary & Preventive Care Division Monthly Activity Report

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

Regena Ellis commented on the movement of the Sexual Health Clinic into the Federally Qualified Health Center (FQHC) and the concern from staff about the livelihood of public health. Ms. Ellis indicated that staff supported the FQHC, as it provides access to care, but they wanted to keep what they currently had. Ms. Ellis stated that the Sexual Health Clinic was a place to go that you did not have to see a provider to be treated. Ms. Ellis commented that the FQHC was absorbing the public health services to increase the number of clients being seen. Ms. Ellis stated that staff were not afraid of change but for the survival of public health services. Ms. Ellis encouraged the Board of Health to look at the fee schedule related to people's income. Ms. Ellis stated that providers and staff from the Sexual Health Clinic have advised that they did not want to be part of the FQHC and wanted to maintain the public health services at the Health District and not inside an FQHC. Ms. Ellis concluded that the blending of services and funding was very concerning.

Rosemary Ensign commented that if employees were appreciated, Leadership would figure out a way to get them raises.

Victoria Harding commented that Leadership was not listening to issues raised, that decisions were already made, Leadership was not listening and that there was a lot of worry about things, which won't change until Leadership sits down for a conversation.

Harold Collins reiterated his comments on Agenda Item VIII.2, Petition #26-23, surrounding the audit, and indicated that the issue was with the approval of the reallocation of funds. Mr. Collins indicated that it was a symptom of a deeper issue in the organization, which had been raised by the bargaining union, due to a lack of accountability, policies and procedures. Mr. Collins commented that he tried to raise issues with Leadership while employed at the Health District and that work needed to be developed before the next public health emergency, particularly in the workforce. Mr. Collins further commented that he had written to the Board of Health that he was available to discuss issues and had not received any request for a meeting or additional information, so assumed that the Board of Health was disinterested in making improvements. The Chair advised that, at this time, the current Legislative Session was the Board's main priority.

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

XIII.ADJOURNMENT

The Chair adjourned the meeting at 11:44 a.m.

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

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 27, 2023 – 9:00 A.M.

Meeting will be conducted In-person and via Webex

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

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m45831d2a0db80b3172ce66f4857bdc82>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 345 4817](https://snhd.webex.com/snhd/j.php?MTID=m45831d2a0db80b3172ce66f4857bdc82)

NOTE:

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

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Albert Sedano (Southern Nevada Community Health Center) and Brian Felgar (Office of Communications)

- 2023 Health Literacy Award for Published Materials “Sexual Health Journal for People with HIV” – Institute for Healthcare Advancement (IHA)

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.

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- 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. **Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding Petition #26-23: Plan of Correction to the State of Nevada Department of Taxation to the Fiscal Year 2023 Annual Audit Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 3. **Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding the SNHD Sliding Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Approve Recommendations from the April 26, 2023 Finance Committee meeting regarding the Billing Fee Schedule Updates;** 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
- Overview of the Southern Nevada Public Health Lab (SNPHL)
- Overview of the Southern Nevada Community Health Center (SNCHC)

XI. **INFORMATIONAL ITEMS**

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XII. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to 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

March 23, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

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 (*via WebEx*)
Frank Nemec, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Council Member, City of North Las Vegas (*via WebEx*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*Call-in User 4 / in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*via WebEx*)
Brian Knudsen – Council Member, City of Las Vegas (*in-person*)
- ABSENT:** Michelle Romero – Mayor, City of Henderson
Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Chaunsey Chau-Duong, Harold Collins, Kathy Flanagan, Jeong
(In Audience) Jeong, Douglas Lainez, Sun Ma, Noe Martinez, Bradley Mayer, Jose Melendrez,
Jose Ortiz, Raul Sandoval, Jeff Share, Gina Stroughter, Richard Walker, Cassidy
Wilson
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Adriana Alvarez, Joey Arias, Jonna Arqueros, Jacqueline Ayala, Maria Azzarelli,
Tawana Bellamy, Haley Blake, Murphy Boudreaux, Amanda Brown, Cory
Burgess, Daniel Burns, Victoria Burris, Nicole Charlton, Lisa Cole, Alondra
Contreras-Araiza, Andria Cordovez Mulet, Fidel Cortes Serna, Rebecca Cruz,
Nanez, Aaron DelCotto, Brandon Delise, KJ Dionisio, Regina Ellis, Emily
Elzeftawy, Brian Felgar, James Foley, Jason Frame, Kimberly Franich, Mateo
Friera, Monica Galaviz, Joe Ginty, Jacques Graham, Maria Gueco, Victoria
Harding, Amineh Harvey, Richard Hazeltine, Carmen Hua, Victoria Hughes,
Jessica Johnson, Michael Johnson, Stacy Johnson, Michele Jorge, Sabine
Kamm, Horng-Yuan Kan, Theresa Ladd, Fernando Lara, Cort Lohff, Josie
Llorico, Sandy Luckett, Cassondra Major, Jonas Maratita, Chris Elaine Mariano,
Brandi Miller, Kim Monahan, Christian Murua, Semilla Neal, Veralynn Orewyler,
Kyle Parkson, Neleida Pelaez, Luann Province, Larry Rogers, Alexis Romero,
Kim Saner, Aivelhyn Santos, Christopher Saxton, Dave Sheehan, Karla Shoup,
Jennifer Sizemore, Randy Smith, Ronquie Tatum-Penegar, Will Thompson,
Greg Tordjman, Marjorie Ubando, Randall Ulrich, Shylo Urzi, Lizbeth Vasquez,
Angie Viote, Jorge Viote, Donnie Whitaker, Lourdes Yapjoco, Merylyn Yegon,

I. CALL TO ORDER and ROLL CALL

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

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Victoria Hughes, Jenny Gratzke, Julius Arias, James Foley, Michele Jorge, Lisa Cole (Linkage to Action)**

- 2023 Crushing Stigma & Silos Award – There is No Hero in Heroin (TINHIH)

Member Hardy joined the meeting at 9:05 a.m.

SNHD's Linkage to Action (L2A) team was recently awarded the "2023 Crushing Stigma & Silos" award by the There is No Hero in Heroin (TINHIH) Foundation along with the LGBTQ Center of Southern Nevada. TINHIH hosts annual events that raise awareness regarding the needs of those struggling with addiction, individuals in recovery and those lost to substance use disorder. This award recognizes the importance of the partnership between SNHD's L2A team and The Center in providing harm reduction services to community members that are at greatest risk for overdose.

The L2A team crushes stigma by being non-judgmental, supportive, valuing differences and uniqueness while offering services to vulnerable populations. The L2A team crushes silos through collaborating with multiple community providers by addressing the needs of this unique, diverse population. While SNHD's L2A team provides overdose prevention training, Narcan, fentanyl test strips and HIV testing other providers they work with address peer support, housing needs, sterile syringes, needle recovery and other services as they are available. SNHD's L2A team works to prevent fatal and non-fatal overdose through education, surveillance, and linkage. On-going collaboration with community partners like The Center ensures that outreach work supports the shared vision of providing services that meet the client's needs. These two organizations have come together to continue to provide resources to some of our most at risk and minority communities. Services historically not offered in a safe space for the LGBTQIA+ community. They partner monthly on a harm reduction outreach bringing services from their organizations, and many other organizations, out to the tunnels and bridges of Las Vegas. Services include HIV and Hep C testing, Narcan, fentanyl test strips, peer support, socks, feminine hygiene, and more. The Board of Health congratulated the L2A team for this award and thanked them for their commitment to the Health District and to our community.

2. **Lourdes Yapjoco (Chief Administrative Nurse)**

- Outstanding Women of the Year 2023 – Fil-Am News

Ms. Yapjoco has been selected as 1 of 30 women that were named the Outstanding Women of the Year in 2023 by Fil-Am News and the Philippine Times of Southern Nevada, which are Filipino-American publications. Every year they select and recognize women in Nevada for excellence, commitment, outstanding results and conduct in their professional field. This is an achievement for Ms. Yapjoco being recognized for her impact in our community, especially in the Filipino American community. As The Health District's Chief Administrative Nurse, Ms. Yapjoco strives to build bonds with her staff and community partners. To note one of many accomplishments, Ms. Yapjoco spearheaded the opening of the All Saints Sexual Health Clinic at All Saints Episcopal Church that provides valuable services to the community. The Board of Health congratulated Ms. Yapjoco on this award and thanked her for her commitment to the Health District and to our community.

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

IV. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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.

Victoria Harding, SNHD and SEIU, had been working in Organizational Development (OD) for the past three years, and before that was a Disease Investigator for 13 years. Ms. Harding further advised that she had been the Chief Steward or Vice President for over 10 years. Ms. Harding wished to address the temporary staff contracts in the Consent Agenda and stated that at some point the Health District

needed to stop relying on temporary agencies. Ms. Harding stated that the contract outlined six months and there are some temp employees that have been at the Health District for years. Ms. Harding addressed the issues previously raised by Jacque Raiche-Curl regarding finance. Ms. Harding addressed pages 69-71 of the audit report, and the fact that there was a possible breakdown of a process and that there was an actual breakdown of a process related to the vacation accruals. Ms. Harding stated that there were two different sets of numbers, ONESolution, which is the software, and a different one kept in finance on the employee's paystub. Therefore, Ms. Harding stated that due to the two systems, it put the Health District in a position where people lost vacation. Ms. Harding stated that it was not until she obtained some information from finance that she found out that there were two different sets of numbers for vacation, and she was not sure which was correct. Ms. Harding stated that there are processes and reconciliations that are not happening, as outlined in the audit report.

Member Brune joined the meeting at 9:17 a.m.

Ms. Harding indicated that there was a contract violation because if there was no contract violation, it could not be grieved, and would they rather she call it theft. Ms. Harding indicated that she provided in writing everything discussed in those meetings and only has documentation and access to her own records. Ms. Harding advised that they (HR/Finance) were upset that it was a grievance and did not want to believe that it happened. Ms. Harding indicated that they were disrespecting her and all the employees, and that they could not continue to disrespect SEIU. Ms. Harding stated that this was not the only disrespect issue. Ms. Harding raised the financial concerns and stated that she did not like to hear it being blamed on the employees. Ms. Harding stated that the finance employees stood up and kept the department running. Ms. Harding stated that the finance employees should be recognized. Ms. Harding stated that the problems in finance were known, and that the Organizational Development (OD) staff were sent in to assess the problem. Ms. Harding stated that the OD assessment was not believed so an outside agency was retained for an assessment. Ms. Harding indicated that the Health District did so many great things, but the internal infrastructure was crumbling. Ms. Harding stated that the Board needed to take notice.

Member Kirkpatrick advised that the Finance Committee would be meeting quarterly.

Regina Ellis, SEIU and SNHD, spoke regarding the sliding fee scale and how it related to the FQHC. Ms. Ellis stated that, last month, during the finance meeting there was a question about employees, that it looked on the report that there was a 38% reduction of employees in the clinical services area. Ms. Ellis stated that 38% of employees were moved from the public health section of the Health District to the FQHC. Ms. Ellis was concerned as a public health nurse and a resident of Clark County. Ms. Ellis stated that the Board and Health District leadership needed to look at what was happening to the public health services at the Health District because several of the clinics were being moved into the FQHC and out of the public health section, specifically two clinics, Ryan White and Family Planning. Ms. Ellis stated that when looking at the people who were uninsured or underinsured, if they come to public health, they were going to be charged a flat fee. However, if they came to an FQHC, they have to have an appointment with a provider, they would have to pay for the appointment, and everything related to that appointment. Ms. Ellis raised the update to the sliding fee schedule, the Sexual Health Clinic showed if patients were eligible the current range was \$20-\$60 if patients were 250% above the Federal Poverty Guidelines, patients would be charged a full charge in the Sexual Health Clinic. Ms. Ellis stated that there was belief that the sexual health services were better served by public health and not by an FQHC. Ms. Ellis advised that there was nothing wrong with a provider providing those services if someone went to a provider to receive services, but she wanted to make sure that the residents of Clark County had somewhere to go to receive services at a reasonable rate. Ms. Ellis stated that when looking at the Federal Poverty Guidelines for the Sexual Health Clinic, on the slides, there was information that was not there; it showed that if a person that makes \$22,000 per year, they would be charged \$35 to come into the Sexual Health Clinic but raised what would happen with the lab work and the pharmacy. Ms. Ellis stated that at the bottom of the slides it said no more than 5% of the patient's gross annual income would be charged. Therefore, if someone made \$21,000 or \$22,000, they could spend roughly \$1,100, which was 5% of their annual income. Ms. Ellis stated that people were reluctant to come to the FQHC before under the Sexual Health Clinic and now they would have to come to the FQHC for those services. Ms. Ellis read a statement from the staff in the Sexual Health Clinic.

Harold Collins wanted to address Item VIII.2, the single audit report. Mr. Collins asked the Board to take a close look at the audit report. He stated that the Board already discussed that there were some serious issues in the report and that the non-compliance with a Nevada Revised Statute needed attention. Mr. Collins stated that in his short 28 days at the Health District, he initially identified issues of clarity with policies and procedures at the Health District. Mr. Collins stated that he intended to address issues of succession planning which were concerns with the Health District. Mr. Collins stated that it fell on senior leadership to take care of the issues and that it was not appropriate to say that it was a high turnover rate because that responsibility fell on senior leadership.

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

V. ADOPTION OF THE MARCH 23, 2023 MEETING AGENDA *(for possible action)*

Item VI.2 was removed from the Consent Agenda for discussion.

A motion was made by Member Nemec, seconded by Member Knudsen and carried unanimously to approve the March 23, 2023 Agenda, as amended.

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: February 23, 2023 *(for possible action)*

2. ~~PETITION #21-23: Approval of the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory Expansion; direct staff accordingly or take other action as deemed necessary~~ *(for possible action)*

3. PETITION #22-23: Approval of the Professional Services Agreement between Maxim Healthcare Services Holdings, Inc., DBA Maxim Healthcare Staffing Services, Inc. and the Southern Nevada Health District; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. PETITION #23-23: Approval of the Professional Services Agreement between Health Advocates Network, Inc. DBA Staff Today; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair removed Item VI.2 from the Consent Agenda for discussion.

A motion was made by Member Knudsen, seconded by Member Nemec and carried unanimously to approve the March 23, 2023 Consent Agenda, as amended.

Discussion – Item V1.2: PETITION #21-23: Approval of the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory Expansion; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to a request from the Chair, Heather Anderson-Fintak, General Counsel, outlined the interlocal agreement between the City of Las Vegas and the Health District, which had been in the drafting process since November 2022. Ms. Anderson-Fintak confirmed that the Board approved at their last meeting the interlocal agreement with Clark County and advised that the City of North Las Vegas had agreed to a contribution of \$1M to this effort. Further to a request from the Chair, Dr. Leguen provided an overview of the discussions on expanding lab capacity. The Chair confirmed that the elected Board members were asked to revisit the feasibility of their jurisdictions to contribute to the expansion of the lab. Member Knudsen outlined the process followed by the City of Las Vegas. Dr. Leguen confirmed

that the notice of award from the City of Las Vegas was received in October 2022. Member Black advised the City of North Las Vegas recently approved a contribution for the lab expansion and confirmed that there were ongoing conversations with the City of Henderson. Member Hardy advised that Boulder City was open to further discussion. The Chair advised of discussions with the state for contribution and Dr. Leguen confirmed that the Mesquite and Boulder City also provided support.

A motion was made by Member Knudsen, seconded by Member Black and carried unanimously to approve the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory.

Dr. Leguen confirmed that Board members are able to visit the Southern Nevada Public Health Lab.

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

There were no items heard.

VIII. REPORT / DISCUSSION / ACTION

- 1. Receive and Discuss a Legislative Update;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Bradley Mayer of Argentum Partners provided the Board of Health with an update of the recent legislative session related to the following bills that affect the Health District:

- SB92 – Revises provisions relating to sidewalk vendors
- SB118 – Revises provisions relating to public health
- AB53 – Revises provisions relating to sale of tobacco products
- AB220 – Revises provisions relating to water conservation
- SB361 – Revises provisions relating to solid waste
- AB365 – Revises provisions governing federal grants
- AB357 – Revises provisions governing sexual education in public schools
- AB263 – Enacts provisions relating to the transmission of Legionnaires' disease by building water systems in certain health care facilities
- SB261 – Revises provisions relating to local governments
- AB122 – Revises provisions relating to tobacco
- SB172 – Revises provisions governing the ability of a minor to consent to certain health care services

Member Nielson inquired as to the feasibility of revisiting the fee on tires to assist in clean-up of illegal dumping. Chris Saxton, Director of Environmental Health, requested assistance from Mr. Mayer to address.

- 2. Receive, Discuss and Accept the Recommendations from the March 22, 2023 Finance Committee meeting regarding the Single Audit Report from Eide Bailly;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Nielson addressed some of the public comments related to the issues of the last audit report. Member Nielson confirmed that the Finance Committee has moved to meet quarterly rather than biannually and requested Management to prepare a plan for addressing the issues. Mr.

Nielson stated that the issues had to do with staff turnover and the inability to replace and retain key roles. Member Nielson advised that Eide Bailly issued a clean single audit and the Finance Committee has taken steps to correct some of the issues from the previous audit report.

Richard Walker of Eide Bailly attended the meeting to present the Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards (SEFA) Required by the Uniform Guidance (Single Audit Report). Mr. Walker outlined that the total federal expenditures included in the SEFA was \$84,020,096 and the following four programs were audited:

- Epidemiology & Lab Capacity – Assistance Listing 93.323
- Health Department Response to the Public Health or Healthcare Crisis – Assistance Listing 93.391
- Health Center Program Cluster – Assistance Listing 93.224 & 93.527
- HIV Prevention Activities – Assistance Listing 93.940

Mr. Walker advised that there were no noncompliance issues or matters that needed to be brought to the Board of Health, as it relates to the Health District's Major Federal Programs as well as the Schedule of Expenditures of Federal Awards, and Eide Bailly has issued an unmodified report. Mr. Walker further outlined the required communications from the financial statement audit and advised that there were no significant difficulties with management, no misstatements were identified and no disagreements with management.

A motion was made by Member Nielson, seconded by Member Black and carried unanimously to accept the recommendations of the Finance Committee and accept the Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance (Single Audit Report), as presented.

3. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the FY2023-2024 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair requested that Donnie (DJ) Whitaker, Chief Financial Officer, address the public comments related to vacation time. Ms. Whitaker advised that a meeting was held, the day before, to discuss the issues related to vacation time. Ms. Whitaker advised that there was a policy that if an employee was over a certain limit, at December 31st, the employee would lose the vacation over the limit, which depends on the employee's longevity. Ms. Whitaker advised that two months prior to December 31st, a systematic estimate was issued to the affected employees to allow them to plan any required vacation time instead of losing the time. The systematic estimate was calculated with the end of the pay period after December 31st. When it was brought to Finance's attention, a recalculation was processed based on the end date of December 31st. Ms. Whitaker advised that Human Resources advised the impacted employees of the recalculation. Ms. Anderson-Fintak advised that this issue was currently a grievance that should be resolved and then an update could be provided to the Board. Ms. Whitaker advised that there was an existing policy. The Chair requested that the policy related to vacation be provided to the Finance Committee, only as an informational item.

Ms. Whitaker presented the FY2023-2024 Budget, which begins on July 1, 2023 and ends on June 30, 2024, with the following highlights:

Highlights

- Staffing is projected to grow from 853 FTE to 873 FTE, a 2.4% increase
- General Fund revenues project at \$94.6M at 16.3% increase compared to FY23 augmented budget
- Special Revenue Fund (Grants) decrease to 93.3M an 8.5% decrease compared to FY23
- Lab Expansion Project for FY24 was approved through Interlocal Agreement total \$5.05M

Revenues – General

- Property tax revenue is expected at \$33.9M, an increase of \$2.1M or 6.9 %
- EH Licenses and Permits revenue is projected at \$26.5M, an increase of \$5.7M or 27.8% due to the expected fee increase
- FQHC new revenue model increase charges for services by \$2.6M and Pharmacy revenue is projected at \$15.3M, an increase of \$1.0M or 6.0%

Revenues – Special Revenue

- Pass-Thru Grants (State) were reduced from \$59.1M to \$52.7M, a decrease of \$6.3M or 10.7% due to some COVID grants expiring
- CDC – PHI Infrastructure Grant (5year) total of \$22.9M has been allocated to cover personnel, supplies and contractual services
- Lab Expansion Project funded through Interlocal Agreement has been awarded from Clark County and City of Las Vegas for a total of \$5.1M

Expenditures – General Fund

- General Fund Employee Salaries total \$45.2M, an increase of \$4.6M or 11.3% due to additional personnel needed to support FQHC and administration functions
- General Fund Employee Benefits total \$20.0M, an increase of \$2.9M or 16.8% mostly due to anticipated PERS contribution increase
- Pharmacy Medical Supplies increase to \$11.8M, an increase of \$1.1M

Expenditures – Special Revenue

- Special Revenue Fund salaries and benefits total \$33.5M, an increase of \$2.1M or 6.6% due to additional grant personnel and PERS contribution increase
- Lab Expansion Project funded through Interlocal Agreement has been estimated as capital improvement expense at \$5.1M

Ms. Whitaker further reviewed the:

- Expenditures and Revenues vs. Expenditures by Division
- Personnel by Division, comparing FY2022, FY2023 and FY2024
- Capital Fund
- Bond Reserve Fund
- Internal Service Fund

Further to an inquiry from Member Knudsen related to the budget for the Southern Nevada Community Health Center (SNCHC), Dr. Leguen advised that the SNCHC was a component of the Health District. The SNCHC Governing Board would review the financials related to the SNCHC. However, the financials and budget related to the Health District incorporates the financials from the SNCHC.

A motion was made by Member Nielson, seconded by Member Black and carried unanimously to accept the recommendations made by the Finance Committee and approve the FY2023-2023 Budget, as presented.

4. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Discount Scale Updates; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Leguen clarified that the presentation was related to the update to the Federal Poverty Guidelines (FPG), and the implications related to the demographics and income affected by the updated FPG. Dr. Leguen advised that a presentation related to any proposed new fees in the clinics will be presented at the next meeting and it will be the appropriate opportunity to discuss any specific fees.

Ms. Whitaker presented an Update to the Clinical Sliding Fee Discount Scale and advised that offering a Sliding Fee Schedule for qualifying patients was a requirement for HHS, HRSA and various other pass-through grants. Ms. Whitaker advised that the Sliding Fee Schedule was tied to FPG that normally changed every year in January; there was an increase of 8% this year. Dr. Leguen confirmed nobody would be denied services due to their inability to pay. The purpose of the presentation was to discuss the impact of the new FPG on the sliding fees, how the income levels were increased and how more people would benefit within the different income levels.

Member Nielson advised that the actual fees will be considered at the next meeting. Ms. Anderson-Fintak confirmed that the request today was to adopt the new FPG and if the item was postponed to the next meeting, the Health District would continue to use the current FPG. Member Nielson advised that with the adoption of the new FPG, more individuals would qualify for free/discounted services.

A motion was made by Member Nielson, seconded by Member Hardy and carried unanimously to accept the recommendations of the Finance Committee and approve the adoption of the SNHD Clinical Sliding Fee, as presented.

5. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the Financial Report, as of January 31, 2023; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the SNHD Financial Report, as of January 31, 2023, related to the Combined Funds, General Fund and Special Revenue Fund.

The Finance Committee Chair advised of the Finance Committee's positive feedback as to the format and information contained in the report. However, the Chair suggested a footnote or notation be included to provide a brief explanation, to avoid any false narrative on the report.

A motion was made by Member Nielson, seconded by Member Hardy and carried unanimously refer the format of the Financial Report back to staff to include footnotes/notations to be discussed at a future Finance Committee meeting.

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)***

There were no items raised.

Member Black left the meeting at 11:05 a.m. and did not return.

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

- DHO Comments
- SNHD Organizational Update

In addition to his written report, Dr. Leguen presented a modified organizational chart, which introduced two Deputy District Health Officers, one to oversee Administration (Communications, Facilities, Finance, Human Resources and Information Technology) and one to oversee Operations (Community Health, Disease Surveillance & Control, Environmental Health and Primary & Preventive Care). Further, Dr. Leguen stated that the Chief Medical Officer, FQHC Operations Officer, General Counsel and Workforce Director will continue to report directly to the District Health Officer.

Dr. Leguen addressed the public comment related to the Sexual Health Clinic. He advised that the vision of clinical services at the Health District was to incorporate the Sexual Health Clinic into the FQHC operations. Dr. Leguen confirmed that nothing in the way that the Sexual Health Clinic operates was going to change. Dr. Leguen advised that having the Sexual Health Clinic employees as part of the FQHC would allow the Health District to make more efficient use of the workforce and resources. Dr. Leguen emphasized that the FQHC was an integral part of the Health District. Further to an earlier public comment, Dr. Leguen advised that the Sexual Health Clinic was previously removed from the FQHC due to concerns about HRSA quality indicator requirements, but further to a recommendation from HRSA's latest Operational Site Visit, we decided to reincorporate the Sexual Health Clinic to the Health Center operations.

Dr. Leguen advised that the comment regarding the loss of 38% of employees was not accurate and confirmed that the 38% referred to the organizational structure that was explained last year, when the FQHC was initially incorporated in the Primary and Preventive Care Division and was later separated. The Chair requested an overview of the FQHC at a future meeting.

Member Hardy left the meeting at 11:05 a.m. and did not return.

Dr. Leguen outlined the following future projects:

- Funding SNHD's Public Health Lab Expansion
 - Expansion of 2nd floor at Decatur
 - Behavioral Health Center at Decatur
-
- Implications for ending the COVID-19 Public Health Emergency for Public Health

Kimberly Franich, Communicable Disease Manager presented on the implications for ending the COVID-19 Public Health Emergency declaration, on May 11, 2023. Ms. Franich advised that the CDC continued to meet regularly to discuss transmission. As of May 11, 2023, there would be no requirement to report COVID-19 test results and immunization data. Ms. Franich advised that the Health District would continue to follow-up on cluster and outbreak reports, water and syndromic surveillance, and investigate any COVID-19 related hospitalizations and deaths.

Dr. Leguen confirmed that the Health District will continue to provide the COVID-19 vaccination free of charge.

XI. INFORMATIONAL ITEMS

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

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

Regina Ellis, SEIU, wished to address the vacation accruals. Ms. Ellis stated that it was a contractual matter, and not a policy. Ms. Ellis stated that something happened in Finance within the last year and there was an error made and they have asked that it be corrected. Ms. Ellis raised the move of the Sexual Health Clinic to the FQHC. Ms. Ellis stated that it was much cheaper as a resident if they seek services in the public health department than to seek services in the FQHC as they were very different entities. Ms. Ellis advised that, as a resident and registered nurse, when there is an FQHC the idea of a clinic was that someone would be able to seek primary care services, chronic disease management,

pediatric care, behavioral health, dental, and not to come to a primary care clinic to seek services for HIV and sexual health. Ms. Ellis stated that those were public health entities. Ms. Ellis stated that there should be a Clark County department of public health and a Clark County department where they have an FQHC primary care. Ms. Ellis stated that there was no firewall with funding and that it needed to be very separate. Ms. Ellis stated that if a resident was seeking primary care services they would come to the health department, along with to get diabetes management, hypertension management, infection or for a child's physical. Ms. Ellis stated that they would not come to an FQHC to seek services for HIV, to be diagnosed with HIV or get into care for Ryan White nor for sexual health. Ms. Ellis stated that it would be much cheaper for a person to come to the public health department than to an FQHC. Ms. Ellis suggested that the Board when they review the fees next month, they look at how much it was going to cost to come to the primary care clinic and whether everything was included. Ms. Ellis stated that when people come to public health, they pay a fee, get treated and go. Ms. Ellis stated those were the concerns. Ms. Ellis raised staffing, and when someone worked in Ryan White and HIV it does not mean that they want to work in primary care, or family planning. Ms. Ellis said the one day people were working here and the next day somewhere else and that it did not work, and it was not good for the staff. Ms. Ellis stated that staff were not interested and submitted their statement earlier that it was not good for patients and clients. Ms. Ellis suggested that when thinking of an FQHC to treat it like an FQHC, to allow it to flourish and provide primary care to the residents at a low cost with a sliding fee but to leave public health as is, so people have a way to come to receive public health services.

Harold Collins, a resident of Clark County, stated that he heard through several meetings that the bargaining unit had tried to tell the Board that there were issues, primarily with organizational structure, which is confirmed that Dr. Leguen had addressed, but also regarding policy and procedures. Mr. Collins asked the Board to take these issues seriously and look at the management/leadership style of the organization. Further, Mr. Collins stated that the audit report, under the Schedule of Findings and Questioned Costs for the year end June 30, 2022, item 2022-003 stated a material non-compliance with Nevada Revised Statutes for material weakness in internal control, however, stated that the presentation today indicated no noncompliance issues, and maybe he misunderstood. Mr. Collins stated that these and other issues had been swept under the rug by management. Mr. Collins stated that he heard that the key issues were due to the high turnover of staff and believed that to be an unacceptable answer. Mr. Collins stated that if he were a commander on the battlefield and said he lost the battle because he lost too many captains, that it would not be an acceptable answer. Mr. Collins stated that there needed to be accountability and that the Health District Board needed to have accountability. Mr. Collins understood that the District Health Officer had full authority of management and organization of the Health District but stated that the Board also had oversight responsibilities to ensure that the organizational structure, policies, and procedures were adequate to serve the community.

The Chair clarified that the union had attended Board meetings when requested when issues needed to be elevated. Further, the Chair stated that the Board and the union had a good working relationship and did not want the impression that the public comments were not taken into consideration. The Chair advised that members of the bargaining unit would contact any members of the Board with issues.

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

XIII.ADJOURNMENT

The Chair adjourned the meeting at 11:38 a.m.

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

/acm



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: April 13, 2023

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

PETITION #24-23

That the Southern Nevada District Board of Health *approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the Regional Transportation Commission of Southern Nevada (RTC) to 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). The CDC refers to this grant award as Racial and Ethnic Approaches to Community Health (REACH).*

PETITIONERS:

Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Michael Johnson, PhD., *Director of Community Health* *MJ*
Maria Azzarelli, *Manager of Chronic Disease Prevention & Health Promotion* *MA*

DISCUSSION:

In an effort to promote healthy eating and increase access to fruits and vegetables, the SNHD will work with the RTC to continue a program to offer low-cost fruits and vegetables at the RTC's Bonneville Transit Center.

FUNDING:

No funding is involved.

**INTERLOCAL AGREEMENT
BETWEEN
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
AND
SOUTHERN NEVADA HEALTH DISTRICT**

This Interlocal Agreement (“**Agreement**”) is made and entered into by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV (“**RTC**”) and the Southern Nevada Health District, a political subdivision of the State of Nevada, with offices at 280 S. Decatur Boulevard, Las Vegas, NV, (“**Agency**”) and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Agency may be referred to individually as a “**Party**” or collectively as the “**Parties**”.

RECITALS

A. WHEREAS, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;

B. WHEREAS, there is a need to expand access to fresh fruits and vegetables, especially in low-income areas and areas in and near food deserts; and

C. WHEREAS, transportation has been identified by stakeholders and community members as a barrier to accessing fresh fruits and vegetables; and

D. WHEREAS, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and

E. WHEREAS, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and

F. WHEREAS, the RTC owns and operates the Bonneville Transit Center, located at 101 E. Bonneville Avenue, Las Vegas, NV, which serves as the main transit hub for the region; and

G. WHEREAS, the AGENCY, as the public health authority organized pursuant to Nevada Revised Statutes (“NRS”) Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada, seeks to enhance access to low-cost fruits and vegetables for target populations in southern Nevada; and

H. WHEREAS, the AGENCY and RTC desire to enter into a written agreement to establish their respective rights and obligations in continuing a program to offer low-cost fruits and vegetables at the Bonneville Transit Center through pop-up events;

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

AGREEMENT

1. **TERM AND TERMINATION.** This Agreement shall be effective from the date of the last signature affixed hereto through December 31, 2023 ("**Term**").
 - a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with seven (7) days written notice.
2. **SCOPE OF AGREEMENT.** The scope of work and/or services required by the Parties under this Agreement shall be as set forth in **Exhibit A – Scope of Agreement**, attached hereto and incorporated by reference.
3. **COMPENSATION.** To the extent any compensation will be due a Party hereunder, such compensation shall be made according to the terms as set forth in **Exhibit B – Compensation**, attached hereto and incorporated by reference.
4. **CONTRACT DOCUMENTS.** This Agreement and its Exhibits make up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.
5. **STATUS OF PARTIES: INDEPENDENT CONTRACTOR.** The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.
6. **BREACH: REMEDIES.** Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.
7. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
8. **LIMITED LIABILITY.** The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

9. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of terror, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.
10. INDEMNIFICATION.
- a. To the extent permitted by law, Agency agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Agency or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
 - b. To the extent permitted by law, RTC agrees to protect, defend, indemnify and hold Agency, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
 - c. Neither Party waives any right or defense to indemnification that may exist in law or equity.
11. INSURANCE. The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.

12. NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.
13. STATEMENT OF ELIGIBILITY. The Parties each acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
14. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
15. PUBLIC RECORDS: CONFIDENTIALITY. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
16. PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
17. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
18. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
19. SURVIVAL. The terms and conditions of this Agreement regarding confidentiality, payment, liability and all others that by their sense and context are intended to survive the execution, delivery, performance, termination or expiration of this Agreement survive and continue in effect.
20. GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.
21. DISPUTE RESOLUTION. The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.

22. NO THIRD-PARTY BENEFICIARIES. The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.
23. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
Angela Castro
600 S. Grand Central Parkway
Las Vegas, NV 89106
CC: Manager of Purchasing & Contracts

SOUTHERN NEVADA HEALTH DISTRICT
Attn: Contract Administrator, Legal Dept.
280 S. Decatur Blvd.
Las Vegas, NV 89107

[SIGNATURE PAGE FOLLOWS]

BY SIGNING BELOW, the Parties agree that they have read, understand, and agree to the conditions set forth herein and have caused their duly authorized representatives to execute this Agreement.

**SOUTHERN NEVADA HEALTH DISTRICT
AGENCY**

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

Date: _____

APPROVED AS TO FORM:

This document is approved as to form.

*Signatures to be affixed pursuant to Southern
Nevada Board of Health Approval*

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

**REGIONAL TRANSPORTATION COMMISSION OF
SOUTHERN NEVADA
RTC**

APPROVED:

By: _____
M.J. Maynard
Chief Executive Officer

Date: _____

ATTEST:

By: _____
Ana Diaz
Executive Secretary

Date: _____

APPROVED AS TO FORM:

By: _____
David Clyde
RTC Legal Counsel

Date: _____

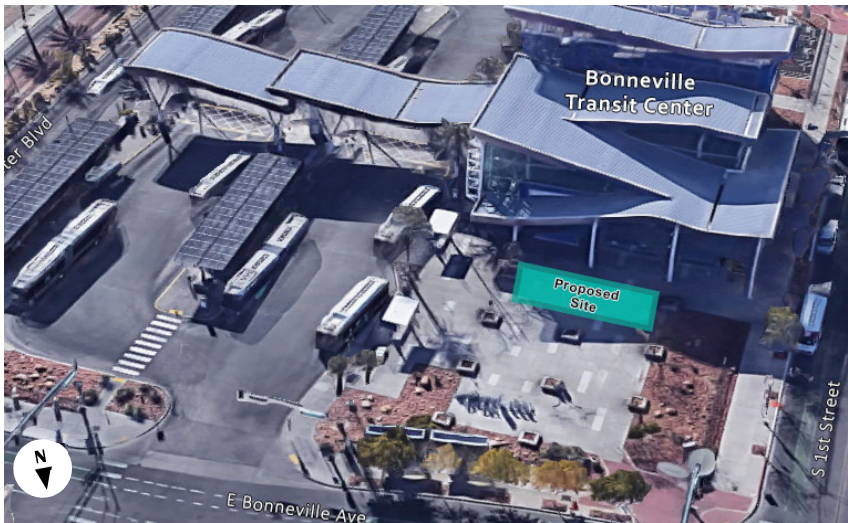
Exhibit A
Scope of Agreement

Agency Responsibilities:

1. The AGENCY shall be responsible for hosting six (6) pop-up events before December 31, 2023 at the Bonneville Transit Center during which low-cost fresh fruits and vegetables will be offered.
2. In addition to offering fresh fruits and vegetables, the AGENCY shall be responsible for ensuring additional community resources, including health literature and healthy recipe cards, are offered during the pop-up events.
3. The AGENCY shall be responsible for the procurement of fresh fruits and vegetables for the pop-up events from licensed food vendors/retailers and shall ensure that the fresh produce meets all applicable quality standards and is safe for public consumption.
4. The AGENCY shall be responsible for selecting a vendor(s), if any, to facilitate in part or in full, the pop-up events.
5. If a vendor(s) is utilized by AGENCY, the AGENCY shall ensure the vendor(s) is properly insured and that the RTC is added as an additional insured on vendors' insurance policies. The AGENCY will also ensure that any vendor(s) have the necessary permits, if applicable, for the pop-up events.
6. The AGENCY and its vendor(s) shall be responsible for any set-up and teardown required for the pop-up events. Event set-up will occur thirty (30) minutes prior to the start of each scheduled event.
7. The AGENCY and its vendor(s) shall be responsible for providing any furnishings and/or equipment – including tables, chairs, tenting, computers, etc. – needed to facilitate the pop-up events.
8. The AGENCY shall be responsible for ensuring that the site remains sanitary and free of waste and debris during and following each of the pop-up events.
9. The AGENCY and its vendors shall adhere to any and all applicable requirements and policies pertaining to COVID-19 established by the RTC, U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
10. The AGENCY shall be responsible for ensuring its representatives and the representatives of any of its vendors act in a safe and professional manner while on RTC property during the pop-up events.
11. The AGENCY shall be responsible for ensuring that any equipment and/or machinery is operated in a safe and professional manner by its representatives and representatives of any of its vendors while on RTC property during the pop-up events.
12. The AGENCY shall be responsible for promotion of the pop-up events. The AGENCY will receive RTC approval for any promotional material or collateral that references the RTC or the Bonneville Transit Center.

RTC Responsibilities:

1. The RTC permits the AGENCY use of space at the Bonneville Transit Center courtyard (see map below) for the purposes of offering low-cost, fresh produce and other public health and nutrition resources during pop-up events.



2. RTC staff will monitor and enforce all applicable COVID-19 requirements and policies established by the U.S. Centers for Disease Control & Prevention (CDC), and/or U.S. Federal Transit Administration (FTA).
3. The RTC shall be responsible for ensuring the courtyard at the Bonneville Transit Center is sanitary and free of debris prior to each of the pop-up events.
4. The RTC's security contractor will patrol the site of the pop-up events as part of its regular BTC site patrols.
5. The RTC shall assist the AGENCY with the promotional and marketing efforts pertaining to the pop-up events.

Exhibit B

Compensation

The RTC will receive no compensation from the AGENCY or its contractor(s), if applicable, for use of the Bonneville Transit Center for the pop-up events.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: April 27, 2023

RE: *Approval of the Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District*

PETITION # 27-23

That the Southern Nevada District Board of Health *approves the Intrastate Interlocal Contract between Public Agencies, a Contract between the State of Nevada, Department of Conservation and Natural Resources, and the Southern Nevada Health District.*

PETITIONERS:

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

DISCUSSION:

The State of Nevada Department of Conservation and Natural Resources, specifically the Nevada Division of Environmental Protection (NDEP), is the state agency approved by the Environmental Protection Agency (EPA) to carry out the enforcement of federal regulations for public water systems (PWS) under the Safe Drinking Water Act. NDEP is looking for SNHD's continued participation in the Safe Drinking Water (SDW) program. SNHD's responsibilities for the SDW program include conducting and documenting sanitary surveys for community and non-community water systems that use groundwater or who source their water from one of the member agencies of the Southern Nevada Water Authority (SNWA). SNHD is responsible for issuing quarterly reports for program activities to NDEP, entering Total Coliform monitoring results, and providing oversight and assistance to PWSs in Clark County.

FUNDING:

Funding for the two (2) year contract is \$300,000 with the contract not exceeding \$150,000 per year. The funding will cover the salary and fringe for: one Environmental Health Specialist II at 80 % for Year 1 and Year 2, one senior administrative assistant at 10%, and an Environmental Health Supervisor at 5% for a total personnel cost per year of \$123,277. Additional yearly costs include postage and office supplies (\$100), travel (\$590), and overhead (\$26,033) at the maximum allowable rate of 21.00%.

CETS #:	27389
Agency Reference #:	DEP 24-001

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting by and through its

Public Entity #1:	Department of Conservation and Natural Resources, Nevada Division of Environmental Protection Hereinafter the “State”
Address:	901 S. Stewart Street
City, State, Zip Code:	Carson City, NV 89701-5429
Contact:	Stephanie Simpson
Phone:	775-687-9312
Fax:	775-687-5658
Email:	s.simpson@ndep.nv.gov

Public Entity #2:	Southern Nevada Health District Hereinafter the “Public Agency”
Address:	280 S. Decatur Blvd.
City, State, Zip Code:	Las Vegas, NV 89107-3902
Contact:	Donnie Whitaker
Phone:	702-759-0660
Fax:	
Email:	whitakerd@snhd.org

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 contract is authorized by law to perform; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada.

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS**

TERM	DEFINITION
State	The State of Nevada and any State agency identified herein, its officers, employees and immune contractors.
Contracting Entity	The public entities identified above.
Fiscal Year	The period beginning July 1 st and ending June 30 th of the following year.
Contract	Unless the context otherwise requires, ‘Contract’ means this document titled Interlocal Contract Between Public Agencies and all Attachments or Incorporated Documents.

CETS #:	27389
Agency Reference #:	DEP 24-001

3. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 4, Termination*.

Effective From:	July 1, 2023	To:	June 30, 2025
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4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in *Section 3, Contract Term*, provided that a termination shall not be effective until **30** days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All communications, including notices, required or permitted to be given under this Contract shall be in writing and directed to the parties at the addresses stated above. Notices may be given: (a) by delivery in person; (b) by a nationally recognized next day courier service, return receipt requested; or (c) by certified mail, return receipt requested. If specifically requested by the party to be notified, valid notice may be given by facsimile transmission or email to the address(es) such party has specified in writing.
6. **INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following Attachments, specifically describes the Scope of Work. This Contract incorporates the following Attachments in descending order of constructive precedence:

ATTACHMENT A:	SCOPE OF WORK AND DELIVERABLES
ATTACHMENT B:	NDEP ADDITIONAL TERMS AND CONDITIONS

Any provision, term or condition of an Attachment that contradicts the terms of this Contract, or that would change the of the State under this Contract, shall be void and unenforceable.

7. **CONSIDERATION.** The parties agree that the services specified in *Section 6, Incorporated Documents* at a cost as noted below:

\$150,000.00	per	Year
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Total Contract or installments payable at:	Monthly as invoiced by Public Agency
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Total Contract Not to Exceed:	\$300,000.00
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Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

8. **ASSENT.** The parties agree that the terms and conditions listed in the incorporated Attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. **INSPECTION & AUDIT**
- A. **Books and Records.** Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and document as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all State and federal regulations and statutes.

CETS #:	27389
Agency Reference #:	DEP 24-001

- B. **Inspection & Audit.** Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- C. **Period of Retention.** All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.
10. **BREACH - REMEDIES.** Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall not exceed \$150.00 per hour.
11. **LIMITED LIABILITY.** The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.
12. **FORCE MAJEURE.** Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, acts of public enemy, acts of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. **INDEMNIFICATION.** Neither party waives any right or defense to indemnification that may exist in law or equity.
14. **INDEPENDENT PUBLIC AGENCIES.** The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or constructed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract 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 Contract unenforceable.
17. **ASSIGNMENT.** Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

CETS #:	27389
Agency Reference #:	DEP 24-001

18. **OWNERSHIP OF PROPRIETARY INFORMATION.** Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. **CONFIDENTIALITY.** Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. **FEDERAL FUNDING.** In the event, federal funds are used for payment of all or part of this Contract, the parties agree to comply with all applicable federal laws, regulations and executive orders, including, without limitation the following:
 - A. The parties certify, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to Executive Orders 12549 and 12689 and Federal Acquisition Regulation Subpart 9.4, and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
 - B. The parties and its subcontractors shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder, including 28 C.F.R. Section 35, inclusive, and any relevant program-specific regulations.
 - C. The parties and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964 (P.L. 88-352), as amended, the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)
 - D. 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).
22. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in ***Section 6, Incorporated Documents***.
23. **GOVERNING LAW – JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.
24. **ENTIRE AGREEMENT AND MODIFICATION.** This Contract and its integrated Attachment(s) constitute the entire agreement of the parties and as such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated Attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such Attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

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

Public Entity #1 Nevada Division of Environmental Date
Protection Authorized Signature

Administrator
Title

By: _____
Public Entity #2 Southern Nevada Health District Date
Authorized Signature

District Health Officer
Title

Signature – Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On: _____
Date

Approved as to form by:

Deputy Attorney General for Attorney General

On: _____
Date

Approved as to form by:

**This document is approved as to form. Signatures to be
affixed pursuant to Southern Nevada District Board of
Health approval.**

General Counsel, Southern Nevada Health District

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**ATTACHMENT A
TO
INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES:
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION AND
THE SOUTHERN NEVADA HEALTH DISTRICT**

SCOPE OF WORK

Southern Nevada Health District (SNHD), hereinafter referred to as Public Agency, agrees to provide the following services and reports to the Nevada Division of Environmental Protection, hereinafter referred to as State:

1. The Public Agency agrees to perform the following services for public water systems assigned within Clark County to assist the State with implementation of the federal Safe Drinking Water Act, for which the State is the designated primacy agency:
 - A. Conduct and document sanitary surveys for public water systems assigned within Clark County as follows:
 - 1) Conduct and document sanitary surveys annually on at least one third of the total inventory of community and non-community public water systems served by groundwater sources, selected purchased water (GWP or SWP) sources.
 - 2) Record the results of all sanitary surveys using the Safe Water Information Field Tool (SWIFT);
 - a) Mail / E-mail Sanitary Survey Report to public water systems with Significant Deficiencies within 30 days of the site visit. All other reports should be completed within 45 days of the site visit.
 - 3) Schedule with State personnel a minimum of three joint sanitary surveys annually.
 - 4) Verify the status of public water system operators for community and non-transient non-community water systems at the time of the sanitary survey; and
 - 5) Assist the State in the review and verification of public water systems' Vulnerability Assessment reports for accuracy based on information collected from Sanitary Surveys and subsequent site visits.
 - B. Utilize the Safe Drinking Water Information System (SDWIS) for the following:
 - 1) Review and update the inventory of public water systems assigned within Clark County on at least a quarterly basis.
 - 2) Coordinate with State personnel to ensure that appropriate monitoring schedules are assigned, monitoring compliance determinations are made, and decisions are documented in the SDWIS for all public water systems.
 - 3) Enter Total Coliform monitoring results and run compliance status for all public water systems for coliform, at least monthly, and
 - a) Generate Compliance reports for coliform, run compliance, and send violation letters to public water systems.
 - b) Review Results Alert Reports, produced by State staff and delivered to Public Agency staff,

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for chemical monitoring. Coordinate any necessary monitoring schedule changes with State staff. When necessary, Public Agency will inform public water systems in writing of monitoring schedule changes or violations.

- 4) Enter sanitary survey information and associated observations into SWIFT and provide migration files for State SDWIS updates quarterly.
- C. Provide oversight and assistance to ensure public water systems assigned in Clark County comply with drinking water regulations.
- 1) Assist public water systems with, or issuance of, Boil Water Orders, timely Tier 1 Public Notices, and other Public Notices to ensure that they are appropriate and consistent with regulations and established practices.
 - 2) Work cooperatively with the State to prepare for implementation of new United States Environmental Protection Agency (USEPA) rules that have not been adopted at the state level. This may include activities such as contacting and informing public water systems of new requirements, providing data to the USEPA and assisting the USEPA with implementation of new federal rules prior to adoption by the State Environmental Commission
 - 3) Conduct and document all requirements associated with Assessments under the Revised Total Coliform Rule (RTCR), as needed, to ensure that site visit, report and subsequent follow-up activities are timely and consistent with regulations and developed procedures. State personnel will assist with training Public Agency personnel and documenting which Public Agency personnel are approved as Level 2 Assessors.
 - 4) Provide strategy to assist public water systems develop sampling plans as available.
- D. Assist State personnel in documenting public water system and/or engineering non-compliance leading to formal enforcement actions, as necessary. Assistance includes the issuance of first and second notices of violation(s), drafting Finding of Alleged Violation, overseeing steps taken by the water system to achieve compliance with State ordered actions, and participation in show cause hearing as needed.
- E. Participate in training programs, provided at no cost by the State, for the following programs:
- 1) SDWIS database and related tools such as the SWIFT sanitary survey tool.
 - 2) Sanitary Survey Training
 - 3) Backflow & Cross-Connection Training
 - 4) Lead & Copper Training
 - 5) Per- and poly-fluoroalkyl substances (PFAS)
 - 6) Vulnerability Assessment Reports Training
 - 7) Document Retention & Disposal Training
 - 8) Other EPA training opportunities as available
- F. Assist the State in preparing reports on variance and exemption requests to be presented by State staff to the State Environmental Commission.

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- G. Submit quarterly reports to the State within thirty days after the calendar quarter ends (January 30, April 30, July 30, and October 30). The quarterly report will include:
- 1) A financial report/invoice including a summary of program expenditures during the preceding quarter and fiscal year-to-date, by category.
 - 2) A summary of program activities during the preceding quarter including:
 - a) Information pertaining to all new public water systems added to the Public Agency public water system inventory.
 - b) A listing of all sanitary surveys conducted including public water system name, public water system identification number, date of the sanitary survey, date of sanitary survey report mailing/emailing, a notation as to whether or not a significant deficiency was observed, and a notation that migration files have been submitted;
 - c) A list of all significant deficiency Corrective Action Plans approved or modified.
 - d) A brief description of any actions taken as a result of Results Alert Report review.
 - e) A brief description of any water system emergencies,
 - f) The total number of and a brief description of the engineering and subdivision reviews completed of public water system water projects, including information on subdivisions that are stand-alone water systems or identification of the "parent" water system if a subdivision is connected to a larger entity;
 - g) A listing of all public water system violations, grouped by type of violation, which includes the following information:
 - 1) The name and PWS ID# of each public water system.
 - 2) The type and level of violation incurred by the public water system.
 - 3) A list of any enforcement actions, remedial follow-up visits or violations of orders occurring during the quarter
 - 4) The date and nature of the Public Agency response to violations, including where appropriate, the rationale for response.
 - 5) The date of resolution.
 - 6) Method of determining resolution; and
 - 7) Updates on actions taken during the previous quarter to address public water systems on the EPA Enforcement Targeting Tool with greater than 10 points.
- H. The Public Agency will maintain forms and applications for the Drinking Water State Revolving Fund and Grant Program, administered by the State, and will dispense information to Clark County public water systems that may be interested in these programs. To the extent resources allow, the Public Agency will participate in meetings and workshops concerning these programs.
- I. Adopt any local regulations or ordinances needed by the Public Agency to fully implement the requirements of NRS 445A.800 to 445A.955 and regulations adopted pursuant thereto. Regulations adopted by the Public Agency pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.

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- J. The Public Agency will review the files currently in its possession and determine the disposition of the files in compliance with the State's records retention schedules. All files not needing to be in possession of the Public Agency will either, as appropriate, be disposed of in the appropriate manner or sent to the State for additional retention.
 - K. Coordinate with State personnel to schedule a comprehensive Drinking Water Program review at the Public Agency office when required by US Environmental Protection Agency.
2. The State will provide the Public Agency with the following:
- A. Information on any changes or additions to NRS or NAC that pertain to public water systems.
 - B. Training to Public Agency staff on federal and state laws and regulations and database systems utilized by the State, to the extent funding allows and in excess of the attached budget.
 - C. Coordinating with and assisting the Public Agency in the review and implementation of engineering standards and drinking water project regulatory requirements. Assistance is also provided in response to public water systems and public queries as they pertain to program goals, policies and regulations, and public health concerns.
 - D. Providing technical assistance to the Public Agency, as necessary, to bring public water systems into compliance with drinking water standards and engineering requirements.
 - E. Computer software, to the extent funding allows, including but not limited to, SDWIS, SWIFT.
 - F. Update emergency response contacts and phone numbers when changes occur and contact the Public Agency when necessary for emergencies at:
 - 1) SNHD Safe Drinking Water Program, 702-759-1320 during business hours (M-F), or
 - 2) SNHD Standby, 702-759-1600, on Friday – Sunday evenings and holidays.
 - G. Upon request of the Public Agency, a list of Clark County public water system certified operators.
 - H. Perform data entry into SDWIS for Public Water System water quality data that is not Total Coliform data (i.e., "Chemical Data").
3. The Public Agency and State agree to meet at least twice each year during the term of this agreement to review their respective programs and discuss any changes needed to improve coordination between the programs.
4. The State will endeavor to identify and pursue additional funding opportunities to increase the contract amount. When such funding is secured, the State agrees to process a contract amendment for current and/or future fiscal years.

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5. The Public Agency agrees to adhere to the following budget:

July 1 - June 30			YEAR 1	YEAR 2
			NDEP	NDEP
			Total	Total
<u>Personnel</u>				
Environmental Health Specialist II (100%) Nathan Diaz				
FY24 Salary	\$89,531.00	82%	\$73,791.00	
FY25 Salary	\$92,217.00	80%		\$73,409.00
Sr. Administrative Assistant (10%) Mallory Jett-Edwards				
FY24 Salary	\$69,371.00	10%	\$6,937.00	
FY25 Salary	\$71,452.00	10%		\$7,145.00
Environmental Health Supervisor (5%) Robert Fyda				
FY24 Salary	\$115,647.00	5%	\$5,782.00	
FY25 Salary	\$119,116.00	5%		\$5,956.00
TOTAL SALARIES			\$86,510.00	\$86,510.00
FRINGE BENEFITS				
FY24 Salary	\$86,510.00	42.50%	\$36,767.00	
FY25 Salary	\$86,510.00	42.50%		\$36,767.00
TOTAL PERSONNEL			\$123,277.00	\$123,277.00
<u>Equipment and Supplies</u>				
Postage and Office supplies			\$100.00	\$100.00
<u>Travel</u>				
Personal Vehicle Mileage	\$900.00	0.655	\$590.00	\$590.00
TOTAL DIRECT EXPENSES			\$123,967.00	\$123,967.00
<u>Indirect Cost Rate</u>				
21 NDEP Allowable FY24	\$123,967.00	21.00%	\$26,033.00	
21 NDEP Allowable FY25	\$123,967.00	21.00%		\$26,033.00
<u>TOTAL BUDGET</u>			\$150,000.00	\$150,000.00

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ATTACHMENT B TO

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES:
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION AND
THE SOUTHERN NEVADA HEALTH DISTRICT

NDEP ADDITIONAL TERMS AND CONDITIONS

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection (NDEP) shall pay no more compensation per individual (including any subcontractors) than the federal Executive Schedule Level 4 daily rate (exclusive of overhead). This limitation as defined in 2 CFR § 1500.10 applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **\$88.22** per hour.
2. ***NDEP shall only reimburse the Contractor for actual cash disbursed.*** Invoices may be provided via email or facsimile and must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except:
 - at the end of the fiscal year of the State of Nevada (June 30th), at which time invoices must be received by the first Friday in August of the same calendar year;
 - at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date.

Failure of the Contractor to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Contractor shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Contractor shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. If match is required, the Contractor shall, as part of its approved Scope of Work or Workplan and budget under this Contract, provide third party match funds of not less than: **\$ N/A**. If match funds are required, the Contractor shall comply with additional record-keeping requirements as specified in 48 CFR 31.2 (which, if applicable, is attached hereto and by this reference is incorporated herein and made part of this contract).
4. Unless otherwise provided in the Scope of Work or Workplan, the Contractor shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.
5. At the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the Scope of Work /Workplan agreed to.
6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract.

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NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Contractor. The Contractor shall have no claim of any sort to such unexpended funds.

7. For contracts utilizing federal funds, the Contractor shall ensure, to the fullest extent possible, that at least the “fair share” percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to Disadvantaged Business Enterprise (DBE) organizations owned or controlled by Minority Business Enterprise (MBE) or (Women Business Enterprise (WBE).

	MBE	WBE
Construction	2%	2%
Services	1%	2%
Supplies	1%	1%
Equipment	1%	1%

The Contractor agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable “fair share” percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the “fair share” percentages;
 - b. Include qualified MBEs and WBEs on solicitation lists;
 - c. Assure that MBEs, and WBEs are solicited whenever they are potential sources;
 - d. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBEs, and WBEs;
 - e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by MBEs, and WBEs;
 - f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
 - g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.
8. The Contractor shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (EPA Form 5700-52A) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.
9. Unless otherwise provided in the Scope of Work or Workplan Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Contractor shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Contractor will ensure that NDEP is given credit in all approved official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.
10. Unless otherwise provided in the Scope of Work or Workplan Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Contractor’s expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor shall use all purchased property in accordance with

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local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Contractor, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor at the Contractor's expense. To the extent authorized by law, the Contractor shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Contractor or the Contractor's agents or employees or any subcontractor or their agents or employees.

For any project involving new or replacement equipment acquired, in whole or in part, using federal funding sources under a subgrant, the Subgrantee is subject to the terms and conditions set forth in 41 CFR § 105-71.132, which contains provisions that govern the title, use, and disposal of the equipment. Equipment means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

11. The Contractor shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.
12. The Contractor and any subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the Scope of Work or Workplan. The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.
13. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Contractor and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in 2 CFR 1500 EPA Uniform Administrative Requirements, Cost Principles, and audit requirements for federal awards. The Contractor and any of its subcontractors shall also comply with the following:
 - a. 40 CFR Part 7 - Nondiscrimination in Programs Receiving Federal Assistance From EPA
 - b. 40 CFR Part 29 - Intergovernmental Review of EPA Programs and Activities.
 - c. 2 CFR 1500 – EPA Uniform Administrative Requirements for Grants and Cooperative Agreements To State and Local Governments;
 - d. 40 CFR Part 32 – Government-wide Debarment and Suspension (Non-procurement) And Government-wide Requirements for Drug-Free Workplace (Grants);
 - e. 40 CFR Part 34 - Lobbying Activities;
 - f. 40 CFR Part 35, Subpart O - Cooperative Agreements and Superfund State Contracts For Superfund Response Actions (Superfund Only); and
 - g. The Hotel and Motel Fire Safety Act of 1990.






TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** April 27, 2023

RE: *Approval of Interlocal agreement Between the Southern Nevada Health District and the Regional Transportation Commission*

PETITION # 28-23

That the Southern Nevada District Board of Health *approve an Interlocal Agreement, C2300073, between Southern Nevada Health District (SNHD) and the Regional Transportation Commission of Southern Nevada (RTC) for the installation of two COVID-19 antigen test-kit vending machines in support of the COVID Health Disparities Grant funded by the Centers for Disease Control and Prevention (CDC)*

PETITIONERS:

Fermin Leguen, MD, MPH, *District Health Officer* 
Cassius Lockett, PhD, *Director of Disease Surveillance & Control* 
Kimberly Franich, *Communicable Disease Manager* 

DISCUSSION:

This is an interlocal agreement for the Regional Transportation Commission to host two vending machines at two locations supplying free COVID-19 antigen test kits to the community.

FUNDING:

This project was supported by the SNHD Covid Health Disparities grant directly funded by the CDC.

**INTERLOCAL AGREEMENT
BETWEEN
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
AND
SOUTHERN NEVADA HEALTH DISTRICT**

This Interlocal Agreement (“**Agreement**”) is made and entered into this ____ day of _ March, 2022, by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV (“**RTC**”) and the Southern Nevada Health District, a public health authority located in Clark County, Nevada, (“**Health District**”) and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Health District may be referred to individually as a “**Party**” or collectively as the “**Parties**”.

RECITALS

A. WHEREAS, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;

B. WHEREAS, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and

C. WHEREAS, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and

D. WHEREAS, the Health District is the public health authority organized pursuant to NRS Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada; and

F. WHEREAS, the Health District’s Acute Communicable Disease and Control Program (“**ACDCP**”) seeks to provide sustainable access to COVID-19 testing for underserved and rural populations in Clark County, and will place vending machines dispensing COVID-19 antigen test kits (“**Test Kits**”) at no cost to the public at strategic locations chosen to help reduce health disparities in populations most vulnerable to the impact of COVID-19; and

H. WHEREAS, in a collaborative effort to increase access to health services, RTC desires to permit and the Health District desires to place a Dispensing Machine at each of the Locations as defined in Section 2 of this Agreement; and

I. WHEREAS, with the execution of this Agreement, the Parties intend to set forth their respective responsibilities concerning the cooperative relationship.

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

AGREEMENT

1. TERM AND TERMINATION. This Agreement shall be effective from the date of the last signature affixed hereto through May 31, 2024 (“Term”).
 - a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with thirty (30) days written notice, unless the Parties mutually agree in writing to terminate this agreement sooner.
2. SCOPE OF AGREEMENT.
 - a. RTC Agrees to:
 - i. Host one (1) vending machine at the South Strip Transit Terminal, located at 6675 Gillespie Street, Las Vegas, NV, 89101 (“Gillespie Location”), and one (1) vending machine at the Bonneville Transit Center, located at 101 E. Bonneville Avenue, Las Vegas, NV, 89101 (“Bonneville Location”) (each a “Location” and collectively “Locations”).
 - ii. Grant the Health District, its agents, contractors, or employees a non-exclusive temporary right for the following:
 1. Ingress and Egress to the Locations,
 2. Appropriate space for placement of each Dispensing Machine within its respective Location, allowing for easy access by the target populations.
 - iii. Promote Dispensing Machines to its clients and community.
 - b. Health District Agrees to:
 - i. Purchase the Test Kits with federal funds received from the Centers for Disease Control and Prevention, which is an operating division of the U.S. Department of Health and Human Services, Federal Award Identification Number NH75OT00057, CFDA 93.391, program entitled SNHD COVID-19 Health Disparities, awarded on May 28, 2021, and as amended on August 10, 2021 and in support of this public health objective.
 - ii. Place vending machines dispensing Test Kits at no charge to the public (“Dispensing Machine(s)”) at the Locations identified in Section 2(a)(1).
 - iii. Not interfere with operation of the RTC’s operations in any manner.
 - iv. Not encumber, assign, or transfer any rights under this Agreement, as security or otherwise or sublet the Dispensing Spaces or any part thereof.
 - v. At the end of any scheduled use period, surrender possession of Dispensing Spaces in the same condition as each Dispensing Space was in when Health District first occupied, excepting ordinary wear and tear.
3. CONTRACT DOCUMENTS. This Agreement makes up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.
4. STATUS OF PARTIES: INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance

of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

5. USE OF NAME AND LOGO. A Party may not use the other Party's name, mark, logo, design or other related symbol for any purpose without the other Party's prior written consent. Each Party agrees that other Party, in its sole discretion, may impose restrictions on the use of its own name and/or logo. Each Party retains the right to terminate, with or without cause, the other Party's right to use the respective Party's name and/or logo.
6. BREACH: REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.
7. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
8. LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
9. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.
10. INDEMNIFICATION.
 - a. Health District agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations,

actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Health District or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

- b. RTC agrees to protect, defend, indemnify and hold Health District, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "**Claims**") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.
- c. Neither Party waives any right or defense to indemnification that may exist in law or equity.

- 11. INSURANCE. The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.
- 12. NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.

13. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
14. PUBLIC RECORDS: CONFIDENTIALITY. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended, or personally identifiable information will be shared with RTC during the course of the Agreement. Accordingly, no Business Associate Agreement is required.
15. 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.
16. STATEMENT OF ELIGIBILITY. Each Party acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither it 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).
17. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
18. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
19. GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.
20. DISPUTE RESOLUTION. The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.

21. NO THIRD-PARTY BENEFICIARIES. The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.
22. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
Sabrina Glenn
600 S. Grand Central Parkway
Las Vegas, NV 89106
CC: Manager of Purchasing & Contracts

SOUTHERN NEVADA HEALTH DISTRICT
Legal Department
Contract Administrator
280 S. Decatur Blvd.
Las Vegas, NV 89107

[SIGNATURE PAGE FOLLOWS]

BY SIGNING BELOW, the Parties agree that they have read, understand, and agree to the conditions set forth herein and have caused their duly authorized representatives to execute this Agreement.

**SOUTHERN NEVADA HEALTH DISTRICT
HEALTH DISTRICT**

**REGIONAL TRANSPORTATION
COMMISSION OF SOUTHERN NEVADA
RTC**

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

M.J. Maynard
Chief Executive Officer

Date: _____

Date: _____

APPROVED AS TO FORM:

Attest:

This document is approved as to form. Signatures
to be affixed pursuant to Southern Nevada
District Board of Health approval

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

Approved as to form:

RTC Legal Counsel





TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: 4/27/2023

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

PETITION #29-23

That the Southern Nevada District Board of Health *approve the attached Amendment to the 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 April 2023 (date of award) to March 31, 2024, with the option to extend for additional three one-year options, a total of four one-year options.*

PETITIONERS:

Margarita DeSantos, RN, BSN, Community Health Nurse Manager *MD* 
Lourdes Yapjoco, RN, MSN, Chief Administrative Nurse / Acting Director of Primary & Preventative Care
Fermin Leguen, MD, MPH, District Health Officer 

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 parental 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 community health workers supported by a community health nurse to ensure the safety of children ages zero to three years. The budget period for this amendment is from April 2023 to March 31, 2024 with the option to extend for additional three one-year options, a total of four one-year options.

FUNDING:

The funding for this agreement of up to \$750,000, at \$150,000 per year per option, 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 2 FTE community health workers, and 0.4 FTE of an administrative assistant for data entry and clerical support.

AMENDMENT NO. 1
CBE 606087-21
THRIVE BY ZERO TO THREE PREVENTION SERVICES

THIS AMENDMENT is made and entered into 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”).

WITNESSETH:

WHEREAS, the parties entered into an agreement under CBE 606087-21, entitled “THRIVE BY ZERO TO THREE PREVENTION” dated May 3, 2022 (hereinafter referred to as AGREEMENT); and

WHEREAS, the parties desire to amend the AGREEMENT.

NOW, THEREFORE, the parties agree to amend the AGREEMENT as follows:

1. Article II, Page 1, Term of Agreement, First Sentence

ORIGINALLY WRITTEN

The term of this AGREEMENT shall be from date of award through September 30, 2022.

REVISED TO READ

The initial term of AGREEMENT shall be from date of award **OR** through September 30, 2022, with the option to extend for four (4), one-year option(s).

2. Article III, Page 1, Price, Payment, and Submission of Invoice, First Sentence

ORIGINALLY WRITTEN

COUNTY agrees to pay SNHD for goods and/or services provided as outlines in Exhibit A, Scope of Work, for not to exceed amount of \$150,000, based on approved budget appropriations.

REVISED TO READ

COUNTY agrees to pay SNHD for goods and/or services provided as outlines in Exhibit A, Scope of Work, for not to exceed amount of \$750,000.

3. Exhibit A, Scope of Work, Page A-2, Section V, Budget

ORIGINALLY WRITTEN

Personnel Cost	Not to exceed \$150,000
TOTAL	Not to exceed \$150,000

REVISED TO READ

V. Line-Item Category:

Line-Item Category
Personnel Cost = Not to Exceed \$750,000

The revisions contained herein are effective as of September 30, 2022.

This Amendment No. 1 represents an increase of \$600,000.

Except as expressly amended herein, the terms and conditions of the AGREEMENT shall remain in full force and effect.

SNHD
SOUTHERN NEVADA HEALTH DISTRICT

COUNTY
CLARK COUNTY, NEVADA

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

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

APPROVED AS TO FORM:

ATTEST:

BY: _____
This document is approved as to form.
Signatures to be affixed after approval
by Southern Nevada District Board of Health
HEATHER ANDERSON-FINTAK, ESQ.
General Counsel
Southern Nevada Health District

BY: _____
LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

BY: _____
ELIZABETH A. VIBERT
Deputy District Attorney



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** April 27, 2023

RE: *Approval of agreement between the Southern Nevada Health District and Forvis, LLP*

PETITION #25-23

That the Southern Nevada District Board of Health *approves Agreement between the Southern Nevada Health District and Forvis LLP.*

PETITIONERS:

Donnie (DJ) Whitaker, CPA, Chief Financial Officer *DW*

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

DISCUSSION:

The Southern Nevada Health District is subject to the single audit requirement because it is the recipient of over \$750,000 in federally awarded grant funding. A three-year contract with the option of two additional one-year extensions had been previously competitively awarded to Eide Bailly, LLP to perform the mandatory audit. The requirement for the audit for fiscal year 2023 (effective April 2023 - April 2024) with the option for four additional one-year extensions was competitively bid. The requirement was advertised. Two proposals were received: Eide Bailly LLP and Forvis, LLP. Based on evaluation of proposals, per the solicitation, Forvis LLP was selected as the firm to perform the annual audit requirement. We hereby propose the Southern Nevada District Board of Health approve the selection of Forvis, LLP as independent auditor of the Health District.

FUNDING:

Year One:	\$124,000
Year Two:	\$126,000
Year Three:	\$130,000
Year Four:	\$135,000
Year Five:	\$141,000



**PROFESSIONAL SERVICES AGREEMENT
FOR FINANCIAL AUDITING SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
FORVIS LLP
C2300113**

THIS PROFESSIONAL SERVICES AGREEMENT FOR FINANCIAL AUDITING SERVICES ("Agreement") is made by and between the Southern Nevada Health District ("Health District") and FORVIS, LLP ("Consultant") (individually "Party" and collectively "Parties").

WHEREAS, pursuant to Nevada Revised Statutes ("NRS") Chapter 439, Health District is the public health authority for Clark County, Nevada with jurisdiction over all public health matters therein;

WHEREAS, Health District is in need of certain professional financial and audit consulting Services ("Services");

WHEREAS, Pursuant to Consultant's February 13, 2023 Response to Health District's Request for Proposal 23RFP004, Consultant represents its willingness to provide such Services and that it possesses the professional and technical expertise, and the personnel necessary to perform local government financial audits, and its personnel have sufficient expertise, knowledge, skill, and experience to provide such Services; and

WHEREAS, Consultant is willing to provide professional Services in accordance with the terms hereinafter provided.

NOW, THEREFORE in consideration of the mutual promises and covenants herein exchanged, and for other good and valuable consideration, the Parties agree as follows:

1. **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from April 27, 2023 through April 26, 2024, unless sooner terminated by either Party as set forth in this Agreement. This Agreement may be extended for four (4) additional one-year terms upon mutual agreement of both Parties.
 - 1.01 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause.
 - 1.02 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.03 Upon termination, Consultant will be entitled to payment for Services actually provided prior to date of termination and for which Consultant has submitted

an invoice but has not been paid. Final payment is contingent upon submission of all work to-date and the return of all Health District documents, data, and any other materials provided or received in furtherance of this Agreement; the Consultant, however, may keep a copy of any Health District records needed to determine its legal obligations and comply with professional obligations, and will not be required to destroy or return Confidential Information contained in archival computer backups maintained as part of its reasonable IT policy.

- 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 private grant funding ability, 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 and the consideration therefore shall be specifically described in the attachments to this Agreement, which are incorporated into and are specifically a part of this Agreement, as follows:

ATTACHMENT A: SCOPE OF WORK

ATTACHMENT B: PAYMENT

ATTACHMENT C: HEALTH DISTRICT RESPONSIBILITIES

ATTACHMENT D: BUSINESS ASSOCIATE AGREEMENT

ATTACHMENT E: FORVIS LLP Proposal for Professional Auditing Services
dated February 13, 2023

- 3) SERVICES/STANDARD OF PERFORMANCE. The scope of work for this Agreement is generally defined as audit Services. Consultant shall complete the Services in the Scope of Work outlined in Attachment A. Consultant shall perform its Services with the degree of skill, care, and diligence in accordance with the applicable professional standards currently recognized by such profession and observed by national firms performing the same or similar Services.

- 3.01 Consultant has, or will recruit and retain, such employees as it may need to perform the Services required by this Agreement. Consultant shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, and industry standards. Consultant shall be responsible for the professional quality, technical accuracy, completeness, and coordination of all reports furnished under this Agreement.
- 3.02 Consultant shall appoint a Manager, upon written acceptance by Health District, who will manage the performance of Services hereunder. All Services specified by this Agreement shall be performed by the Manager, or by Consultant's employees under the personal supervision of the Manager. Should the Manager, or any employee of Consultant be unable to complete his or her

responsibility for any reason, Consultant must obtain written approval by Health District prior to replacing him or her with another equally qualified person. If Consultant fails to make a required replacement within 30 days, Health District may terminate this Agreement for default.

3.03 If Consultant fails to meet applicable professional standards, Consultant shall, without additional compensation, correct or revise any errors or deficiencies in its reports.

- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to the performance of Services pursuant to this Agreement. In the performance of such Services, Consultant and any person employed by or contracted with Consultant shall at all times act as and be an independent contractor, and not an employee or agent of Health District. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

4.01 Consultant has and shall retain the right to exercise full control over the employment, direction, compensation, and discharge of all persons employed by Consultant in the performance of the Services hereunder. Consultant shall be solely responsible for all matters relating to the payment of its employees, including compliance with social security, withholding and all other wages, salaries, benefits, taxes, demands, and regulations of any nature whatsoever.

- 5) SUBCONTRACTING. Except as expressly stated herein, without Health District's prior written approval, Consultant shall not subcontract any portion of the Services required by this Agreement. Subcontracts, if any, shall contain a provision making them subject to all provisions in this Agreement.
- 6) KEY PERSONNEL. Health District's Chief Financial Officer is designated as Health District's liaison and manager of this Agreement and be the single point-of-contact for resolution of Agreement related issues.
- 7) NON-EXCLUSIVITY. This Agreement is non-exclusive, and both Parties remain free to enter into similar agreements with third parties. During the term of this Agreement, Consultant may perform Services for any other clients, persons, or companies as Consultant sees fit, so long as the performance of such Services does not interfere with Consultant's performance of obligations under this Agreement, and do not, in the opinion of Health District, create a conflict of interest.
- 8) THIRD PARTY BENEFICIARIES. This Agreement and attachments hereto, are not intended to and do not confer any rights to any person or entity not a party hereto.
- 9) AUDITS. Consultant will permit Health District to audit, at any reasonable time during the term of this Agreement and for three (3) years thereafter, Consultant's records pertaining to matters covered by this Agreement. Consultant further agrees to maintain and retain

such records for at least three (3) years, and for five (5) years if any federal funds are used, after the expiration or earlier termination of this Agreement.

10) BOOKS AND RECORDS.

10.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party for a minimum of three (3) years, and for five (5) years if any federal funds are used pursuant to this Agreement, from the date of termination of this Agreement. 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 judicial litigation which may ensue.

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

11) HIPAA/CONFIDENTIALITY.

11.01 To comply with the Health Insurance Portability and Accountability Act of 1996 as it may be amended from time to time and the Health Information Technology for Economic and Clinical Health Act, to protect the security, confidentiality, and integrity of Protected Health Information, the Parties will execute a Business Associate Agreement, attached hereto as Attachment D and expressly incorporated by reference herein.

11.02 Consistent with state and federal privacy laws, Contractor will at all times have in place procedures to ensure the privacy and maintain the confidentiality of any personal, confidential, or otherwise sensitive information received. Contractor shall exercise at least the same degree of care as it uses with its own personal, confidential, or otherwise sensitive Information, but in no event less than reasonable care. Consistent with state and federal privacy laws, Consultant will at all times have in place procedures to ensure the privacy and maintain the confidentiality of any Health District information with at least the same degree of care as it maintains the confidentiality of its own confidential information of like importance.

11.03 No such confidential information will be released to any third party without Health District's prior written consent.

12) BREACH; REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other

rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, reasonable attorneys' fees and costs.

- 13) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
- 14) LIMITED LIABILITY. Health District will not waive and intends 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. Health District agrees that Consultant's liability, if any, arising out of or related to this contract and the services provided hereunder, shall be limited to the amount of the fees paid by Health District for services rendered under this contract. This limitation shall not apply to the extent it is finally, judicially determined that the liability resulted from the intentional or willful misconduct of Consultant or if enforcement of this provision is disallowed by applicable law or professional standards.
- 15) FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event, the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.
- 16) INDEMNIFICATION. Health District cannot and by this Agreement does not agree to indemnify, hold harmless, exonerate or assume the defense of Consultant or any other person or entity whatsoever for any purpose whatsoever. To the extent caused by Consultant's negligence or willful misconduct, Consultant shall indemnify and hold harmless Health District, its board members, officers, agents, and employees from any and all claims, demands, suits, actions or proceedings of any kind or nature whatsoever, including workers' compensation claims asserted by third parties against Health District and which result from the services performed by Consultant pursuant to this Agreement.
- 17) COMPLIANCE WITH LAWS. Consultant shall keep itself informed of and in compliance with all federal, state and local laws, ordinances, regulations, and orders that may affect in any manner the provision and performance of the Services or those engaged to perform Services under this Agreement.
- 18) INSURANCE. Consultant at its sole cost and expense agrees to obtain and maintain in full force and effect during the term of this Agreement, insurance in commercially reasonable amounts calculated to protect itself and Health District from any and all claims of any kind or nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed or facilitated by this Agreement, whether these activities are performed by Consultant or anyone directly or indirectly engaged or employed by Consultant.

- 19) MUTUAL COOPERATION. The Parties agree to cooperate fully in 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.

19.01 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.

- 20) 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.

Consultant will comply with all state and federal employment discrimination statutes, including but not limited to Title VII and the American with Disabilities Act. Consultant acknowledges that Health District has an obligation to ensure that public funds are not used to subsidize private discrimination. Consultant recognizes that if it or its subcontractors are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or gender expression, age, disability, national origin, or any other protected status, Health District may declare Consultant in breach hereof, terminate the Agreement, and designate Consultant as non-responsible.

- 21) STATEMENT OF ELIGIBILITY. Consultant acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither Consultant nor any of its 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).
- 22) CERTIFICATION, RESTRICTION OF BOYCOTT OF ISRAEL. Pursuant to NRS 332.065, Consultant certifies that it is not currently engaged in, and agrees for the duration of the Agreement not to engage in, a boycott of Israel.
- 23) 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.
- 24) 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.
- 25) PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this

Agreement, and any other documents generated incidental thereto may be opened by Health District to public inspection and copying. Health District will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

- 26) 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.
- 27) ENTIRE AGREEMENT. This Agreement and attachments hereto constitute the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.
- 28) TIME. Consultant agrees that time is of the essence in this Agreement.
- 29) GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 30) NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery, overnight delivery, or via U.S. certified mail, return receipt requested, to the other Party at its address as set forth below:

Southern Nevada Health District
Contract Administrator, Legal Department
280 S. Decatur Blvd.
Las Vegas, NV 89127

FORVIS, LLP
Christopher Jones, CPA
Partner
77 West University Avenue
Mesa, AZ 85201

- 31) COUNTERPARTS. This Agreement may be signed in multiple counterparts, which shall, when executed by all the parties, constitute a single binding agreement.
- 32) ADDITIONAL TERMS.
- 32.01 **Disclaimer of Legal or Investment Advice**. Consultant's services do not constitute legal or investment advice.
- 32.02 **Maintenance of Records**. Health District agrees to assume full responsibility for maintaining its original data and records and that Consultant has no responsibility to maintain this information. Health District will not rely on Consultant to provide hosting, electronic security, or backup services, *e.g.*, business continuity or disaster recovery services, to Health District unless separately engaged to do so. Health District's access to data, records, and information from Consultant's servers, *i.e.*, portals used to exchange information, can be terminated at any time and Health District will not rely on using this to host its data and records.

- 32.03 **Workpapers.** Consultant's workpapers and documentation retained in any form of media for this engagement are the property of Consultant. Consultant can be compelled to provide information under legal process. In addition, Consultant may be requested by regulatory or enforcement bodies (including any State Board) to make certain workpapers available to them pursuant to authority granted by law or regulation. Unless Consultant is prohibited from doing so by law or regulation, Consultant will inform Health District of any such legal process or request. Health District agrees Consultant has no legal responsibility to Health District in the event Consultant determines it is obligated to provide such documents or information.
- 32.04 **Use of Deliverables and Drafts.** Health District agrees it will not modify any deliverables or drafts prepared by Consultant for internal use or for distribution to third parties. Health District also understands that Consultant may on occasion send documents marked as draft and understands that those are for Health District's review purpose only, should not be distributed in any way, and should be destroyed as soon as possible, to the extent allowed by Health District's records retention schedule.
- a) Consultant's report on any financial statements must be associated only with the financial statements that were the subject of this Agreement. Health District may make copies of Consultant's report, but only if the entire financial statements (exactly as attached to Consultant's report, including related footnotes) and any supplementary information, as appropriate, are reproduced and distributed with Consultant's report. Health District agrees not to reproduce or associate Consultant's report with any other financial statements, or portions thereof, that are not the subject of this Agreement.
- 32.05 **Offering Document.** Health District may wish to include Consultant's report(s) on financial statements in an exempt offering document. Health District agrees that any report, including any auditor's report, or reference to Consultant's firm, will not be included in any such offering document without notifying Consultant. Any agreement to perform work in connection with an exempt offering document, including providing agreement for the use of the auditor's report in the exempt offering document, will be a separate engagement.
- a) Any exempt offering document issued by Health District with which Consultant is not involved will clearly indicate that Consultant is not involved by including a disclosure such as, "FORVIS, LLP, our independent auditor, has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. FORVIS, LLP also has not performed any procedures relating to this offering document."
- 32.06 **Consultant Not a Municipal Advisor.** Consultant is not acting as Health District's municipal advisor under Section 15B of the Securities Exchange Act of 1934, as

amended. As such, Consultant is not recommending any action to Health District and does not owe Health District a fiduciary duty with respect to any information or communications regarding municipal financial products or the issuance of municipal securities. Health District should discuss such matters with internal or external advisors and experts Health District deems appropriate before acting on any such information or material provided by Consultant.

- 32.07 **Consultant Not a Fiduciary.** In providing attest services, Consultant is required by law and its professional standards to maintain independence from Health District. As such, Health District should not place upon Consultant special confidence that in the performance of these attest services Consultant will act solely in Health District's interest. Therefore, Health District acknowledges and agrees Consultant is not in a fiduciary relationship with Health District and Consultant has no fiduciary responsibilities to Health District in the performance of Consultant's services described herein.
- 32.08 **Use of Consultant Name.** Any time Health District intends to reference Consultant's firm name in any manner in any Health District created and published materials, including on an electronic site, Health District agrees to provide Consultant with draft materials for review and approval before publishing or posting such information. As Health District is a public agency, Consultant is aware that Consultant's final audit reports will be posted and agendized in compliance with Nevada Open Meeting Law; therefore, Consultant consents to this use without further review.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties agree that they have read, understood, and agreed to the conditions set forth above and have caused their duly authorized representatives to execute this Agreement.

SOUTHERN NEVADA HEALTH DISTRICT

FORVIS, LLP

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

By: _____
Christopher Jones, CPA
Partner

Date: _____

Date: _____

Approved as to form:

This document is approved as to form.

**Signatures to be affixed subject to approval by
Southern Nevada District Board of Health.**

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

ATTACHMENT A SCOPE OF WORK

A. Audit

- A.1 Consultant will plan and perform audit in accordance with generally accepted accounting principles; auditing standards generally accepted in the United State of America ("GAAS") as set forth by the American Institute of Certified Public Accountants; the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States (Government Auditing Standards), as well as the provisions of the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996 and 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).
- A.2 Consultant is to provide an "in-relation-to" report on the supporting schedules to the Annual Comprehensive Financial Report ("ACFR") based upon the auditing procedures applied during the audit of the general purpose financial statements and the combining and individual fund financial statement and schedules. Consultant shall also be responsible for performing certain limited procedures involving required supplementary information required by the Governmental Accounting Standards Board as mandated by generally accepted auditing standards. The report shall express an opinion on the fair presentation of its general purpose financial statements in conformity with generally accepted accounting principles and Consultant shall also express an opinion on the fair presentation of its combining and individual fund and account group financial statements and schedules in conformity with generally accepted accounting principles.

B. Work Plan

Consultant will perform the annual audit based on the following work plan:

- B.1 Planning: Consultant will gain an understanding of Health District, to include systems, internal controls, operating environment, key personnel, and other relevant information. Consultant will hold an entrance conference with key Health District personnel to formalize a timeline, determine key contacts and review general plan for the audit.

Consultant will gain understanding of Health District through a variety of techniques, including reviewing Health District's written policies and procedures for significant audit areas, interviewing key personnel, reviewing interim financial statements and budget documents as well as Health District's website and other literature to gain an understanding of Health District's structure, and identify significant or unusual variances from the prior year.

Consultant will develop a detailed audit plan along with a list of schedules to be prepared by Health District personnel.

- B.2 Interim Fieldwork: Consultant will review and test the internal control system, transactions, balances, compliance requirements, review board minutes and review agreements entered into during the current year. Consultant will also perform some preliminary substantive procedures and major program determination of single audit programs with initial testing of programs, significant audit estimates and assumptions. Consultant will hold a progress conference with key Financial Services personnel to discuss year-end fieldwork to be performed.
- B.3 Final Fieldwork: Consultant will perform substantive testing of financial statements, including confirming certain accounts and transactions, comparing selected transactions to source documents, analyzing account balances, making inquiries of management and others, and conducting an analytical review of various account balances and the financial statements in accordance with the schedule provided in the FORVIS LLP Proposal for professional auditing services dated February 13, 2023. Consultant will continually reevaluate risk factors identified during the Planning Stage.

C. Reporting

- C.1 Consultant is to provide an “in-relation-to” report on the schedule of federal financial assistance based on the auditing procedures applied during the audit of the financial statements. This information should be in accordance to Governmental Auditing Standards and the OMB Uniform Guidance. Consultant is to provide an opinion of the fair presentation of this schedule in relation to the general purpose financial statements taken as a whole.
- C.2 In the required reports on internal controls, Consultant shall communicate any reportable conditions found during the audit to the Chief Financial Officer. A reportable condition shall be defined as a significant deficiency in the design or operation of the internal control structure, which could adversely affect the organization’s ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. Reportable conditions that are also material weaknesses shall be identified as such in the report.
- C.3 Non-reportable conditions discovered by Consultant shall be reported in a separate letter to management, which shall be referred to in the reports on internal controls. The report on compliance shall include all instances of noncompliance.
- C.4 Consultant shall be required to make an immediate, written report of all irregularities and illegal acts or indications of which they become aware to the District Health Officer and/or Chief Financial Officer.

D. ACFR

- D.1 Following the completion of the audit of the fiscal year’s financial statements, Consultant shall issue the ACFR and all reports currently required by State and Federal grantors and by such as the American Institute of Certified Public Accountants, the Governmental Accounting Standards Board, the Government Finance Officers

Association of the United States and Canada, and any other regulatory agencies. Consultant shall likewise issue any other reports subsequently required by these or similar entities following completion of the financial or single audit.

D.2 Health District may send its ACFR to the Government Finance Officers Association of the United States and Canada for review and consideration of the Certificate of Achievement for Excellence in Financial Reporting program. Consultant will provide special assistance to Health District to meet the requirements of the program.

D.3 Consultant shall ensure that Health District's governing body, the Southern Nevada District Board of Health ("Board of Health"), is informed of each of the following and any other item as required by the regulatory agencies as noted above:

- a. Consultant's responsibility under generally accepted auditing standards and government auditing standards.
- b. Significant accounting policies.
- c. Management judgments and accounting estimates.
- d. Significant audit adjustments.
- e. Other information in documents containing audited financial statements.
- f. Disagreements with management.
- g. Management consultation with other accountants.
- h. Major issues discussed with management prior to retention.
- i. Difficulties encountered in performing the audit.

D.4 All working papers and reports must be retained for a period of at least five (5) years after the fiscal year end. Consultant shall make available all original working papers for examination by authorized representatives of Federal and State agencies, Health District's Chief Financial Officer, and any other entity to which access has been granted in writing by Health District's Chief Financial Officer.

D.5 Consultant shall respond to the reasonable inquiries of successor auditors and allow successor auditors to review working papers relating to matters of continuing financial significance.

E. Presenting to the Southern Nevada District Board of Health:

E.1 Consultant will present audit report(s), management letter, and required communications to the Southern Nevada District Board of Health at its scheduled November public meeting each year for the term of the Agreement. Comments will address significant accounting policies, management's judgments and estimates related to the financial statements, and other items related to the conduct of the audit. In addition, if audit procedures disclose the existence of reportable conditions or other matters that need to be communicated to the Board of Health, Consultant will address

these items.

F. Limitations and Fraud.

- F.1 Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit that is planned and conducted in accordance with GAAS will always detect a material misstatement or material noncompliance with federal award programs when it exists. Misstatements, including omissions, can arise from fraud or error and 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. Consultant's responsibility as auditor is limited to the period covered by each audit and does not extend to any later periods for which Consultant is not engaged as auditors.
- F.2 The risk of not detecting a material misstatement or material noncompliance 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. Noncompliance with compliance requirements is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the entity's compliance with the requirements of the federal programs as a whole.
- F.3 Consultant's understanding of internal control is not for the purpose of expressing an opinion on the effectiveness of Health District's internal control. However, Consultant will communicate in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that Consultant may identify during the audit.
- F.4 Consultant is available to perform additional procedures with regard to fraud detection and prevention at Health District's request, subject to completion of normal engagement acceptance procedures. The actual terms and fees of such an engagement would be documented in a separate contract to be signed by Health District and Consultant.

G. Opinion.

- G.1 Circumstances may arise in which Consultant's report may differ from its expected form and content based on the results of Consultant's audit. Depending on the nature of these circumstances, it may be necessary for Consultant to modify its opinion, add an emphasis-of-matter paragraph or other-matter paragraph(s) to its auditor's report, or if necessary, decline to express an opinion or withdraw from the engagement. If Consultant discovers conditions that may prohibit it from issuing a standard report, Consultant will notify Health District. In such circumstances, further arrangements may be necessary to continue this Agreement.

H. Written confirmations required.

H.1 As part of its audit process, Consultant will request from Health District management and, if applicable, those charged with governance written confirmation acknowledging certain responsibilities outlined in this contract and confirming:

- The availability of this information
- Certain representations made during the audit for all periods presented
- The effects of any uncorrected misstatements, if any, resulting from errors or fraud aggregated by Consultant during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

**ATTACHMENT B
PAYMENT**

A. Payment to Consultant:

A.1 Payments shall be based on approved Consultant invoices submitted in accordance with this Agreement. No payments shall be made in excess of the amounts detailed below in Section B, Budget.

B. Budget.

B.1 The budget for each year includes up to five (5) major programs. If additional programs are added during a fiscal year, or if programs are no longer active during a fiscal year, the budgeted price below will be increased or decreased accordingly by \$7,500 per program. The Not-To-Exceed budget is:

Year 1 April 27, 2023 – April 26, 2024 (2022-23 Audit)	\$124,000
Optional Year 2 (2023-24 Audit)	\$126,000
Optional Year 3 (2024-25 Audit)	\$130,000
Optional Year 4 (2025-26 Audit)	\$135,000
Optional Year 5 (2026-27 Audit)	\$141,000

B.2 Consultant may not bill more frequently than monthly for the duration of the project. Each invoice will detail hourly costs incurred for each class of professional identified in Attachment E, Proposal (FORVIS LLP Proposal for Professional Auditing Services dated February 13, 2023).

- 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 the Consultant in accordance with cost principles applicable to this Agreement.
- a. Health District reserves the right to require such additional documentation, including monthly activity reports, detailing Consultant's activities and Services rendered, as Health District deems appropriate to support payment to the Consultant.
- b. Payments will be made to Consultant within thirty (30) days, or within a mutually agreed upon period after Health District receives a complete invoice from Consultant.
- c. Consultant invoices shall be signed by the Consultant's official representative and shall include a statement certifying that the invoice is a true and accurate billing.
- d. Cost principles contained in the Federal Acquisition Regulation 48 CFR Part 31, Cost Principles for For-Profit Organizations, shall be used as criteria in the

determination of allowable costs.

B.3 Health District shall not be liable for interest charges on late payments.

B.4 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved.

ATTACHMENT C
HEALTH DISTRICT RESPONSIBILITIES

A. Financial Services Department Staff:

Health District's Financial Services Department staff and responsible management personnel will be available during the audit to assist Consultant by providing information, documentation, and explanation. The preparation of confirmations, routine correspondence, and memorandums will be the responsibility of Consultant.

B. Work Area, Telephone, Photocopying and Fax Machines:

Health District will provide Consultant with reasonable workspace, desks, and chairs. Consultant will also be provided with access to one telephone line, financial systems, photocopying facilities and fax machine.

C. C. Audit Responsibilities.

C.1 Health District's management and, if applicable, those charged with governance acknowledge and understand their responsibility for the accuracy and completeness of all information provided and for the following:

a. Audit Support – to provide Consultant with:

- Unrestricted access to persons within the entity or within components of the entity (including management, those charged with governance, and component auditors) from whom Consultant determines it necessary to obtain audit evidence
- Information of which Health District is aware that is relevant to the preparation and fair presentation of the financial statements, including access to information relevant to disclosures
- Information about events occurring or facts discovered subsequent to the date of the financial statements, of which management may become aware, that may affect the financial statements
- Information about any known or suspected fraud affecting the entity involving management, employees with significant role in internal control, and others where fraud could have a material effect on the financials
- Identification and provision of report copies of previous audits, attestation engagements, or other studies that directly relate to the objectives of the audit, including whether related recommendations have been implemented
- Additional information that Consultant may request for the purpose of the audit

b. Internal Control and Compliance – for the:

- Design, implementation, and maintenance of internal control relevant to compliance with laws and regulations and the preparation and fair presentation

of financial statements that are free from material misstatement, whether due to fraud or error

- Alignment of internal control to ensure that appropriate goals and objectives are met; that management and financial information is reliable and properly reported; and that compliance with and identification of the laws, regulations, contracts, grants, or agreements (including any federal award programs) applicable to the entity's activities is achieved

- Remedy, through timely and appropriate steps, of fraud and noncompliance with provisions of laws, regulations, contracts, or other agreements reported by the auditor

- Establishment and maintenance of processes to track the status and address findings and recommendations of auditors

c. Accounting and Reporting – for the:

- Maintenance of adequate records, selection and application of accounting principles, and the safeguard of assets

Adjustment of the financial statements to correct material misstatements and confirmation to Consultant in the representation letter that the effects of any uncorrected misstatements aggregated by Consultant are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

- Preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America (or other basis if indicated in the Agreement)

- Inclusion of the auditors' report in any document containing financial statements that indicates that such financial statements have been audited by Consultant

- Distribution of audit reports to any necessary parties

C.2 The results of Consultant's tests of compliance and internal control over financial reporting performed in connection with each audit of the financial statements may not fully meet the reasonable needs of report users. Health District's management is responsible for obtaining audits, examinations, agreed-upon procedures, or other engagements that satisfy relevant legal, regulatory, or contractual requirements or fully meet other reasonable user needs.

ATTACHMENT D
BUSINESS ASSOCIATE AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
FORVIS LLP

This Business Associate Agreement ("Agreement") is made and entered into this 27th day of April, 2023 between the Southern Nevada Health District ("Covered Entity"), and FORVIS LLP ("Business Associate"), (individually referred to as "Party" or collectively as "Parties").

WITNESSETH:

WHEREAS, the Department of Health and Human Services ("HHS") has promulgated regulations at 45 CFR Part 160 and 164, implementing the privacy and electronic security requirements set forth in the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"); and

WHEREAS, Business Associate provides services to Covered Entity pursuant to one or more contractual relationships, said Agreements are detailed below and are hereinafter referred to as "Service Agreements," and

WHEREAS, in the course of fulfilling its responsibilities under such Service Agreements, Business Associate may have access to, use, and/or disclose Protected Health Information (as defined below); and

WHEREAS, Service Agreements are hereby incorporated by reference and shall be taken and considered as a part of this document as if fully set out herein; and

WHEREAS, the enactment of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 establishes certain requirements relating to the use, disclosure, and safeguarding of protected health information by persons providing services to Covered Entities, and both Parties have mutually agreed to satisfy such requirements through this Agreement; and

NOW THEREFORE, in consideration of the Parties continuing obligations under the Service Agreement(s) and other good and valuable consideration, the Parties mutually agree to the provisions of this Agreement to address the requirements of the HIPAA Rules, establish satisfactory assurances Business Associate will appropriately safeguard any Protected Health Information received from or on behalf of Covered Entity, and, therefore, execute this Agreement.

1. AGREEMENTS AFFECTED BY THIS BUSINESS ASSOCIATE AGREEMENT

Business Associate will provide services to Covered Entity pursuant to the following Service Agreements:

PROFESSIONAL SERVICES AGREEMENT

FOR FINANCIAL AUDITING SERVICES BETWEEN SOUTHERN NEVADA HEALTH DISTRICT AND FORVIS LLP C2300113

2. DEFINITIONS

Any terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms in 45 CFR Parts 160 and 164.

- i) "Breach" means the acquisition, access, use, or disclosure of PHI a manner that is not permitted under the privacy regulations which compromises the security or privacy of the PHI. Any unpermitted access, use, or disclosure is presumed a breach absent a demonstration of a low probability that the PHI has been compromised.
- ii) "Protected Health Information" (PHI) means individually identifiable health information including, without limitation, all data, documentation, demographic, medical, and financial information collected from an individual which relates to the past, present, or future physical or mental health, condition, provision of health care, or payment for the provision of health care to an individual. PHI includes without limitation "Electronic Protected Health Information" as defined below.
- iii) "Electronic Protected Health Information" (ePHI) means PHI which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.
- iv) "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.
- v) "Required by Law" has the same meaning as the term "required by law" in 45 CFR § 164.103.
- vi) "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

3. BUSINESS ASSOCIATE CONFIDENTIALITY REQUIREMENTS (Privacy Rule)

Business Associate acknowledges and agrees:

- i) To not use or disclose PHI other than as permitted or required by this Agreement, the Service Agreements, or as Required by Law.
- ii) To use appropriate safeguards to prevent the use or disclosure of the PHI other than as provided for by this Agreement.
- iii) In case of any conflict between this Agreement and the Service Agreements, this Agreement shall govern.
- iv) All PHI created, received, maintained, or transmitted by Covered Entity and disclosed or made available in any form or format by Covered Entity or its operating units to Business Associate or is created, received maintained or transmitted by Business Associate on Covered Entity's behalf shall be subject to this Agreement.
- v) To use or disclose any PHI solely for meeting its obligations as set forth in the Service Agreement(s) and as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity.
- vi) Ensure all such uses and disclosures of PHI are subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and minimum necessary requirements.
- vii) Ensure any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restriction and conditions that apply through this Agreement to Business Associate with respect to such information (45 CFR § 164.314).

- viii) To fully cooperate in good faith and to assist Covered Entity in complying with the requirements of the HIPAA Rules.
- ix) Subject to the exceptions contained in the HITECH Act, Business Associate will not directly or indirectly receive remuneration for the sale or exchange of any PHI without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed "marketing" under the HIPAA Rules.

4. BUSINESS ASSOCIATE SECURITY REQUIREMENTS (Security Rule)

Business Associate acknowledges and agrees:

- i) To implement appropriate safeguards and internal controls to prevent the use or disclosure of PHI other than as permitted in this Agreement or by the HIPAA Rules.
- ii) To use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by the Service Agreement(s), this Agreement, or as Required by Law. This includes the implementation of administrative, physical, and technical safeguards to reasonably and appropriately protect and secure the Covered Entity's ePHI against any reasonably anticipated threats or hazards, utilizing technology commercially available to the Business Associate. (45 CFR §§ 164.308, 164.310, 164.312). Business Associate shall maintain appropriate documentation of its compliance with the Privacy Rule, including, but not limited to, its policies, procedures, records of training, and sanctions of its workforce member. (45 CFR §164.316).
- iii) To notify Covered Entity immediately of any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

In the case of an unsuccessful attempt to gain unauthorized access, Business Associate need only notify Covered Entity of an attempt that had a reasonable probability of success.

- iv) To notify Covered Entity immediately upon discovery of a breach pursuant to the terms of 45 CFR § 164.410 and cooperate in Covered Entity's breach analysis procedures, including risk assessment and final determination on whether to notify affected individuals, media, or HHS.
 - a. A breach shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate.
 - b. Business Associate shall provide Covered Entity with all required content of notification pursuant to 45 CFR § 164.410 and 45 CFR 404 within 15 business days of discovery of the Breach.
- v) For breaches determined to have resulted from the Business Associate actions and/or its subcontractors, Business Associate will handle and pay all costs for any breach notifications and/or mitigation to affected individuals and notifications to HHS and the media, on behalf of the Covered Entity.
- vi) All notifications as permitted or required pursuant to this Agreement must be in writing, and shall be made by personal delivery, overnight delivery, or via U.S. certified mail, postage prepaid to Covered Entity at the address set forth below:

Kyle Parkson, Privacy Officer

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

5. BUSINESS ASSOCIATE PERMITTED USES AND DISCLOSURES

Notwithstanding the prohibitions otherwise set forth in this Agreement, Business Associate may use and disclose PHI as follows:

- i) Subject to the limitations of this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- ii) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide Data Aggregation Services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(b).
- iii) Business Associate shall report to Covered Entity any use or disclosure of PHI which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident it becomes aware, including breaches of unsecured PHI. Notwithstanding the foregoing, the Parties acknowledge and agree that this section constitutes notice by Business Associate to Covered Entity of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined below) for which no additional notice to Covered Entity shall be required. "Unsuccessful Security Incidents" shall include, but not be limited to, ping and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incidents results in unauthorized access, use or disclosure of electronic PHI.
- iv) Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

6. SPECIFIC USE AND DISCLOSURES

- i) Business Associate agrees to make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.
- ii) Within 10 business days of a written request by Covered Entity, Business Associate shall allow Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies, and procedures governing the privacy and security of PHI; provided, however, that (i) the parties shall mutually agree in advance upon the reasonable scope, timing, and location of such inspection; (ii) Covered Entity shall protect the confidentiality of all confidential and proprietary information of Business Associate to which Covered Entity has access during the course of such inspection; and (iii) upon request of Business Associate, Covered Entity agrees to execute a nondisclosure agreement prior to such inspection, upon terms mutually agreed upon by the parties.
- iii) At Covered Entity's Request, Business Associate agrees:
 - a. To comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed and of which Business Associate has been notified.
 - b. Within 15 days of a request by Covered Entity, account for disclosures of PHI and make an account of such disclosure available to Covered Entity as required by 45 CFR § 164.528.

7. TERMINATION

- i) Covered Entity shall have the right to terminate this Agreement and the Service Agreement(s) immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement.
- ii) If Covered Entity reasonably believes that Business Associate has violated a material term of this Agreement, where practicable, Covered Entity shall either:
 - a. give written notice to Business Associate with an opportunity to reasonably and promptly cure or end the violation and terminate the Agreement if the Business Associates does not cure the breach or end the violation within the reasonable time specified; or
 - b. terminate this Agreement and the Service Agreement(s) immediately.
- iii) This Agreement shall terminate in the event that the underlying relationship, functions, or services that gives rise to the necessity of this Agreement terminates for any reason. Upon such termination, the provisions of this Agreement which expressly or by their nature survive expiration or termination will remain in effect.
- iv) Upon termination of the Service Agreement(s), this Agreement, or at the request of Covered Entity, Business Associate will return or destroy all PHI received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form. Business Associate, however, may keep one copy of the Confidential Information for the sole purpose of determining its legal obligations and compliance with professional obligations, and will not be required to destroy or return Confidential Information contained in archival computer backups maintained as part of its reasonable IT policy. Business Associate further agrees to extend any and all protections, limitations and restrictions contained in this Agreement to Business Associate's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.
 - a. If such return or destruction is not feasible, Business Associate shall provide written assurances as to the means of continued protection of the data and extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction unfeasible for so long as Business Associate maintains the same.
 - b. Business Associate shall consult with Covered Entity as necessary to ensure an appropriate means for the return and/or destruction of any PHI and notify the Covered Entity in writing when such destruction is complete.
 - c. If PHI is returned, the Parties shall document when the PHI has been received by the Covered Entity.

8. MISCELLANEOUS

- i) The Parties agree that the provisions of HIPAA and the HITECH Act that apply to Business Associate are incorporated by reference into this Agreement in their entirety.
- ii) Business Associate agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of 45 CFR § 164.526.
- iii) Except as expressly stated herein or the HIPAA Rules, the Parties to this Agreement do not intend to create any rights in any third parties.

- iv) The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Service Agreement(s) and/or the business relationship of the Parties, and shall continue to bind Business Associate, its subcontractors, agents, employees, contractors, successors, and assigns.
- v) Business Associate will indemnify and hold harmless Covered Entity and any of its officers, directors, employees, or agents against any claim, cause of action, liability, damage, cost, or expense, including reasonable attorneys' fees and court or proceeding costs, brought by a third-party against Covered Entity, to the extent caused by any breach of the terms of this Agreement, any Breach of PHI under the control of Business Associate or its agents or subcontractors that requires notification under the HIPAA Rules or state law, or any failure to perform its obligations with respect to PHI by Business Associate, its officers, employees, agents, or any person or entity under Business Associate's direction or control.
- vi) This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.
- vii) The Parties are independent entities and nothing contained herein shall be construed or deemed to create a relationship of employer and employee, principal and agent, partners, or any relationship other than that of independent parties voluntarily cooperating with each other solely for the purpose of carrying out the provisions herein.
- viii) This Agreement will be governed by the laws of the State of Nevada.
- ix) Failure to declare a breach or the actual waiver of any particular breach of the Agreement or Service Agreement(s) or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.
- x) Waiver of any term, provision or condition of this Agreement, in any one or more instances, shall not be deemed to be construed as a further waiver from any such term, provision or condition, or as a waiver of any other term, provision or condition of this Agreement.
- xi) Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and the Business Associate to comply with the HIPAA Rules.
- xii) Any reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- xiii) In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
- xiv) This Agreement is the result of the joint efforts of Covered Entity and Business Associate, and each provision hereof has been subject to the mutual consultation, negotiation and agreement of the Parties and there shall be no construction against any Party based on any presumption of that Party's involvement in the drafting thereof.
- xv) This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

COVERED ENTITY
SOUTHERN NEVADA HEALTH DISTRICT

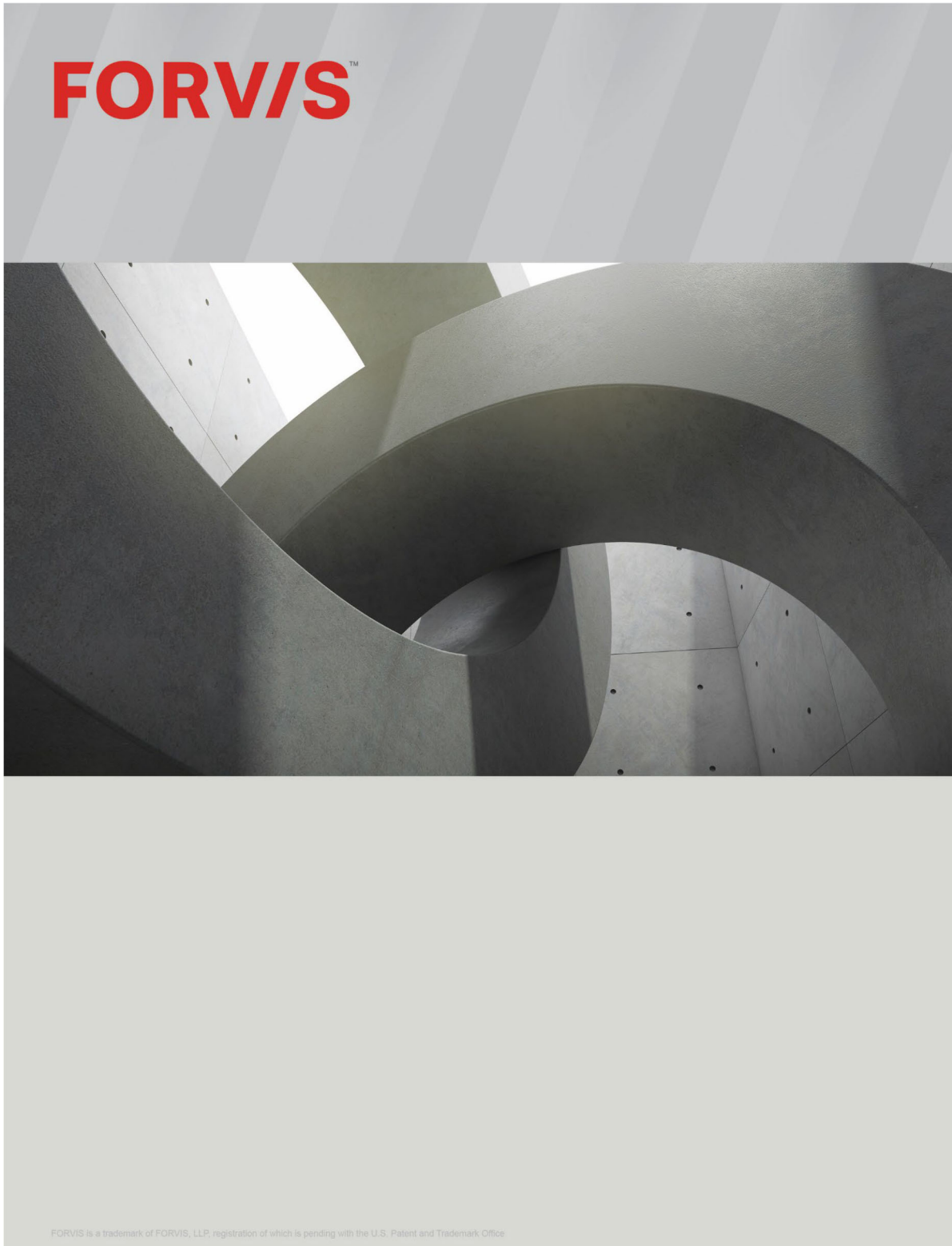
By: _____
Fermin Leguen, MD, MPH
District Health Officer

BUSINESS ASSOCIATE
FORVIS LLP

By: _____
Christopher Jones, CPA
Partner

ATTACHMENT E

FORVIS LLP Proposal for Professional Auditing Services dated February 13, 2023



FORV/S

77 West University Drive / Mesa, Arizona 85201

P 480.834.6030 / F 480.644.9877

forv/s.com

Tab 1 – Cover Letter

23RFP004 Audit Services

February 13, 2023

Mr. Kevin Bratcher
Procurement Officer
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, NV 89107

Dear Mr. Bratcher:

The healthcare industry is complex and requires attending to a myriad of challenges to continue providing the care communities need. With an emphasis on patient outcomes and overall care, Southern Nevada Health District (Health District) must carefully consider risk, payment reform, and regulatory challenges in the evolving landscape of the healthcare industry. It's also important the Health District identifies potential opportunities to improve reimbursement through revenue cycle processes and existing regulations. With no shortage of considerations, you need a forward-thinking advisor who can not only provide the audit services you're seeking, but also an advisor with responsive communication and extensive healthcare experience to help you thrive. Look no further than FORV/S.

We understand the Health District's request for audit services and stand ready to proceed according to your timeline.

FORV/S, a registered limited liability partnership, ranks among the nation's top 10 public accounting firms. FORV/S, LLP was formed in 2022 through the combination of two nearly 100 year old firms, both committed to providing Unmatched Client Experiences™—BKD, established in Kansas City and Joplin, Missouri, in 1923, and Dixon Hughes Goodman LLP (DHG), established in Norfolk, Virginia, in 1932. With more than 5,700 dedicated professionals located in 72 markets across 28 states, the UK, and Cayman Islands, FORV/S serves clients in all 50 states and across the globe. We offer a wide range of assurance, tax, advisory, and wealth management services. As a modern, forward-thinking firm, we have a virtual headquarters with professionals serving in offices throughout the country to better serve our national client base. Our address at 14241 Dallas Parkway, Suite 1100, Dallas, Texas, 75254 can be used for correspondence.

We believe our proposal will help you select our firm for efficient and objective services delivered by experienced professionals. We will call you soon to answer questions you may have about this proposal, or you may reach us by phone or email as provided below.

Respectfully Presented,



Christopher A. Jones, CPA
Partner
480.834.6030
chris.jones@forv/s.com



J. Chris Clark, CPA
Partner
972.702.8262
chris.clark@forv/s.com

III

FORV/S is a trademark of FORV/S, LLP, registration of which is pending with the U.S. Patent and Trademark Office.





ATTACHMENT A Proposal Form

Provide the following information. Indicate "None" as applicable.

The undersigned, as an authorized representative of the company named below, acknowledges that they have examined this Request for Proposals and all related documents, and hereby offers to furnish all labor, materials, tools, supplies, equipment, and services necessary to comply with the specifications, terms and conditions set forth herein.

Company name:	FORVIS, LLP
Company headquarters address:	FORVIS is a limited liability partnership under Delaware law. Its members (limited liability firm, not have a physical headquarters with professional services offices throughout the country. Further serve our nationalized base. Our Dallas, Texas, address below can be used for correspondence.
Company website:	forvis.com
Ownership type (i.e., partnership, corporation):	Limited Liability Partnership
Company officers' names, titles, and number of years providing audit services:	FORVIS' Governing Board is the policy-making body of the firm, made up of the board chair (Matt Snow - more than 30 years experience) and chief executive officer (Tom Watson - more than 30 years experience) in addition to three regional managing partners and eight partners who serve three-year terms. More than 530 partners and principals throughout FORVIS' offices have an ownership interest in FORVIS.
Number of years in business:	A
Number of employees:	Approximately 5,700
Federal tax ID number:	44-0160260
Nevada business license number:	NV20222464828
Sam.gov unique entity identifier (UEI):	FV5MAAQ7LUM8
Dun & Bradstreet D-U-N-S number:	AA
Does the proposal include exceptions to any RFP specifications or requirements?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Signer acknowledges receipt of the following addenda. Indicate "N/A" if no addenda were issued:

Addendum No. <u>N/A</u>	Issue Date <u>N/A</u>
Addendum No. _____	Issue Date _____
Addendum No. _____	Issue Date _____
Addendum No. _____	Issue Date _____

Authorized Signature:  Date: February 13, 2023
 Printed Name and Title: Partner Christopher A. Jones, CPA
 Phone: 480.834.6000 Email: chris.jones@forvis.com

A FORVIS, LLP was formed in 2022 through the combination of two nearly 100 year old firms, both committed to providing Unmatched Client Experiences—BKD, established in Kansas City and Joplin, Missouri, in 1923, and Dixon Hughes Goodman LLP (DHG), established in Norfolk, Virginia, in 1932.

*****Our DUNS number is 116722648; however, FORVIS does not supply our financial information to Dun & Bradstreet, so any information obtained may or may not be reliable. We encourage potential clients to contact us directly to receive information about the firm.***

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

FORVIS, LLP

Nevada Business Identification # NV20222464928

Expiration Date: 05/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202208012711608

You may verify this certificate
online at <http://www.sosnv.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 06/01/2022.

Barbara K. Cegay-Ske

BARBARA K. CEGAY-SKE
Secretary of State

Tab 2 – Executive Summary

Provide an executive summary not exceeding five (5) pages including a brief, concise summation of your proposal and why your firm is uniquely qualified for this engagement.

Southern Nevada Health District (Health District) faces a constantly evolving, unpredictable operating environment. While the need for better, more specialized care increases, you also must navigate new regulations, shifting technologies, and high patient expectations. Furthermore, your financial viability is crucial to maintaining the high level of care the Health District's patients have come to expect, which makes monitoring your financial position a top priority. Working with an advisor who understands the growing demands on the healthcare industry can help you be confident in the direction you're moving. FORVIS has the future-focused vision and resources to help as the Health District looks ahead.

The FORVIS Value

The Health District's choice of an advisor is important. Beyond completing your requested services on time, our goal is to provide the Health District with the technical knowledge and industry intelligence you expect from an experienced team that is focused on your needs both today and tomorrow. While FORVIS is a new name in the marketplace, we bring an established history of performance helping similar clients see improvements to operations, processes, and financial outcomes. With a fresh perspective from FORVIS, the Health District can be confident you are connected to the tools and services you need to thrive and receiving significant value through year-round thought leadership, best practice recommendations, and proactive ideas.

In addition, as evidenced by our recognition in the INSIDE Public Accounting 2022 IPA Best of the Best list, FORVIS offers value through a strong, reputable network of support and resources. Our national coverage benefits our clients, our people, and the market of the future as we focus on our commitment to deliver Unmatched Client Experiences™.



Proposed Services for the Health District

The Health District has requested information and a fee quote for a Financial Statement Audit in Accordance with Government Auditing Standards and Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the Uniform Guidance). Please see the Work Plan & Audit Approach section for a detailed explanation of our audit service approach.

The FORVIS Difference

Being a top 10 public accounting firm matters, but what sets us apart is our commitment to client service and a forward-thinking mindset focused on innovation. We prioritize investing in new technologies to help clients navigate healthcare developments, and we foster a dynamic culture of leadership and professional development. This means the Health District can work with a healthcare-focused team driven by our forward vision to help you succeed today while helping the Health District prepare for the future.

Here's what sets us apart:

- FORVIS proudly encourages and promotes diversity and an inclusive workplace. With innovative strategies for recruiting, as well as an ongoing focus on the development and implementation of internal inclusion programs, we are committed to identifying opportunities that help each individual to thrive.
- With the urgency of changing environmental, social, and governance (ESG) requirements and the expectation your organization is prepared for what comes next, our experienced advisors are ready to offer the insights and education you may need to enhance and inform your ESG strategy. Start with our ESG and climate risk FORsights™ at forvis.com/forisights.
- With a forward vision that drives our Unmatched Client Experiences, FORVIS is driven by a commitment to anticipate what's ahead so that our clients are ready to thrive when it arrives.

Why Choose FORVIS

Extensive Healthcare Experience

FORVIS provides audit services to thousands of healthcare providers nationwide, many of which are comparable in size to the Health District.

FORVIS is a leading reimbursement practice for Medicare and Medicaid cost reports and has helped healthcare providers navigate Medicare since its inception five decades ago. Few firms can compete with our year-round focus on healthcare and professional development plans, which provide a solid understanding of the complexities of Medicare, Medicaid, and other third-party reimbursement. Our experience preparing thousands of Medicare and Medicaid cost reports each year, as well as providing reimbursement consulting services to healthcare providers in nearly every state, gives FORVIS a unique advantage over many firms that may work in limited geographic or service areas. FORVIS employs a number of personnel who work solely in Medicare and Medicaid reimbursement and regulatory issues. In addition, our reimbursement professionals have built strong working relationships with the Medicare Administrative Contractors (MAC) in most regions.

Significant CHC and Single Audit Experience

Long-term financial success often depends on strategic planning and ongoing support from a trusted business advisor. We believe FORVIS' work with hundreds of CHCs nationwide positions us well to be that advisor for the Health District. According to data compiled by the Office of Management and Budget (OMB) via the Federal Audit Clearinghouse, the legacy firms comprising FORVIS audit more CHCs than any other CPA firm and audit more than double the number of the closest ranking firm. We are the third-largest provider of Single Audits overall among CPA firms, performing approximately 800 annually. Furthermore, through involvement in the National Association of Community Health Centers (NACHC) and similar organizations, FORVIS provides technical support in developing and improving CHCs across the country.

Increasing federal compliance requirements and scrutiny make implementing and documenting grant accounting and management systems a critical consideration. The Health District should be confident your CPA firm understands these matters. In addition to helping our clients navigate federal granting agency mandates, FORVIS assists with various projects focused on the establishment and ongoing maintenance of systems and controls to help manage federal funds and meet reporting requirements.

Our consultants also provide a variety of additional grant management consulting services, including assisting with completion and submission of various reports required by federal granting agencies, i.e., Federal Financial Report and Uniform Data System.

Furthermore, the Health District can benefit from advisors who focus on revenue cycle and operations issues for healthcare providers, including CHCs. We can help with fee schedule development, which includes third-party payor billing and coding compliance reviews, revenue cycle process analyses, and a variety of other services focused on improving revenue cycle compliance and operating cash flows.

A Responsive & Coordinated Audit Approach

A successful audit is more than simply an evaluation of your accounting records—it requires frequent coordination between your key staff and your audit team. FORVIS' professional standards set the expectation that we respond to your questions promptly and communicate clearly at each step of the process to help limit duplicative requests for information. In addition, you can expect your engagement professionals to offer ideas, updates, and guidance throughout the year—not just during the active service process. We believe being a trusted advisor includes being prepared to serve as a sounding board to help clients evaluate how various actions could affect their operations, so they can execute decisions efficiently and with confidence.

Primary Care Association Involvement

FORVIS works closely with numerous states and regional PCAs, including:

- Alabama Primary Care Association
- Arizona Alliance of Community Health Centers
- California Primary Care Association
- Community Health Centers of Arkansas, Inc.
- Community HealthCare Association of the Dakotas
- Illinois Primary Health Care Association
- Indiana Primary Health Care Association
- Iowa Primary Care Association
- Kansas Association for the Medically Underserved
- Kentucky Primary Care Association
- Mid-Atlantic Association of Community Health Centers
- Minnesota Association of Community Health Centers
- Mississippi Primary Health Care Association
- Missouri Primary Care Association
- Montana Primary Care Association
- New Mexico Primary Care Association
- North Carolina Primary Care Association
- Northwest Regional Primary Care Association
- Ohio Association of Community Health Centers
- Oklahoma Primary Care Association
- Pennsylvania Association of Community Health Centers
- Tennessee Primary Care Association
- Texas Association of Community Health Centers
- Virginia Primary Care Association
- West Virginia Primary Care Association
- Wisconsin Primary Care Association

Representative List of Clients

FORVIS is proud to work with FQHCs and CHCs, including:

- Central Oklahoma Family Medical Center
- Centro de Salud Familiar La Fe
- CHAS Health
- CommuniCare Health Centers
- Community Care of West Virginia
- Community Health Care
- Comprehensive Community Health Centers
- Cross Trails Medical Center
- Eastern Iowa Health Center
- Fairview Community Health Center
- Flint Hills Community Health Center
- HealthFirst Bluegrass
- Holyoke Health
- Jordan Valley Community Health
- Legacy Community Health
- Marin Community Clinics
- Missouri Ozarks Community Health
- Northeast Missouri Health Council
- Northwest Health Services
- Primary Health Care, Inc.
- Slouland Community Health Center
- Southside Medical Center
- St John's Well Child & Family Center
- Total Health Care

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Our acceptance of this engagement is subject to completion of our normal client acceptance procedures. Upon acceptance, the actual terms of our engagement will be documented in a separate letter to be signed by you and us. The information provided in this proposal is intended for informational purposes only and may not be copied, used, or modified, in whole or in part, without FORVIS' prior written approval. All information in this proposal is as of November 1, 2022, including projected statistics for FORVIS, unless otherwise noted.

FORVIS is a trademark of FORVIS, LLP. Registration of this mark is pending with the U.S. Patent and Trademark Office.

Tab 4 – Firm Qualifications & Experience

For your convenience, we have structured our proposal according to the requirements in your RFP. We believe our proposal will demonstrate our qualifications to serve the Health District.

INFORMATION CONTAINED IN FORVIS' RFP RESPONSE, WHICH IT ASSERTS AS CONFIDENTIAL, IS EITHER BUSINESS AND/OR PROPRIETARY TRADE SECRET INFORMATION NOT SUBJECT TO DISCLOSURE AS SET FORTH IN THE STATE OF NEVADA OPEN RECORDS ACT. SUCH CONFIDENTIAL INFORMATION HAS INDEPENDENT ECONOMIC VALUE TO FORVIS, IS NOT REASONABLY ASCERTAINABLE BY THIRD PARTIES, AND IS THE SUBJECT OF REASONABLE EFFORTS BY FORVIS TO MAINTAIN ITS SECRECY AND/OR CONFIDENTIALITY. SUCH INFORMATION IN THIS PROPOSAL SHALL BE DESIGNATED AS CONFIDENTIAL.

Office Location & Size of Governmental Audit Staff

1. Indicate the office location from which work on this audit engagement will be performed.
2. Indicate the size of your firm's governmental audit staff.

The Health District's requested services will be provided primarily by our Phoenix and Dallas offices.

FORVIS
77 West University Drive
Mesa, AZ 85201

FORVIS
14241 Dallas Parkway | Suite 1100
Dallas, TX 75254

FORVIS has hundreds of professionals who spend more than 50% of their billable hours providing services to clients in the nonprofit, governmental, and higher education industries, including audit services to governmental entities.

Team Biographies & Experience

3. Indicate the professional staff who will be assigned to this audit engagement.

We take team selection seriously and have the appropriate team of advisors to meet your needs. Previous experience is a primary determinant for assigning professionals to your engagement, and we have assigned individuals who are experienced in working with healthcare organizations to your engagement.



Christopher A. Jones, CPA
Client Relationship Partner

480.834.6030
chris.jones@forvis.com

Engagement Responsibilities

As client relationship partner, Chris will be responsible for serving as a point of contact and overseeing the working relationship.

Experience

Chris has more than 15 years of auditing experience. He specializes in audited and reviewed financial statements and financial analysis. Chris is passionate about making business connections, being a trusted advisor, and helping people improve their businesses. His industry expertise includes education, healthcare, construction, real estate, manufacturing, railroads, and nonprofit organizations.

Chris is a member of the American Institute of CPAs and Arizona Society of Certified Public Accountants.

He is active in the community and has served on various boards and committees.

He is a graduate of Northern Arizona University, Flagstaff, with a B.S. degree in accounting.



J. Chris Clark, CPA
Engagement Executive

972.702.8262
chris.clark@forvis.com

Engagement Responsibilities

As engagement executive, Chris will be responsible for coordinating and overseeing the engagement.

Experience

An 21-year veteran in healthcare audit and consulting, Chris is a member of the Healthcare Practice at FORVIS. He helps his clients in the nonprofit and governmental healthcare sectors improve financial performance with his experience in audit, strategic planning, reimbursement consulting, and cost report preparation services. He also prepares financial forecasts and feasibility studies and provides services to nursing homes, home health agencies, community health centers and psychiatric centers. He has served on FORVIS' Healthcare Committee as the regional healthcare industry leader since 2018. Chris oversees the expansion of FORVIS' Healthcare Practice and service offerings across Texas, Arkansas, Arizona, Oklahoma, and Mississippi.

Prior to joining FORVIS, he served as the controller for an integrated, multihospital health system with an annual revenue of \$1 billion. During his time as controller, he managed payroll, accounts payable, and final reporting functions.

Chris is a member of the American Institute of CPAs and Texas Society of Certified Public Accountants. He is past president of the board of directors for the Lone Star Chapter of the Healthcare Financial Management Association (HFMA). He also serves as board member and past board chair for PRISM Health North Texas and board member and treasurer of the Texas Chapter of the ALS Association. Chris is also a board member of the Dallas Division of the American Heart Association. As an industry thought leader, Chris has been tapped to speak at a variety of conferences and seminars for HFMA, Texas Hospital Association, and Texas Healthcare Trustees, among others.

He is a 2001 graduate of University of Central Arkansas, Conway, with a B.B.A. degree in accounting.



Andrea M. Sartin, CPA
Audit Director

972.702.8262
andrea.sartin@forvis.com

Engagement Responsibilities

As audit director, Andrea will be responsible for managing day-to-day audit procedures, including establishing and meeting key deadlines, communicating the status of the audit, coordinating resources and reviewing whether the audit process is performed in compliance with applicable regulations.

Experience

As a member of FORVIS' Healthcare Practice, Andrea has experience in healthcare audit and consulting services. She provides a variety of services, including audit, reimbursement consulting, cost report preparation, 340B HRSA compliance audits, STARK/anti-kickback compliance reviews, and financial forecasts.

She is a member of the American Institute of CPAs and TXCPA.

Andrea is a 2009 graduate of Oklahoma State University, Stillwater, with a B.S. degree in accounting, and a 2011 graduate of The University of Tulsa, Oklahoma, with an M.B.A. degree.



Ariene Turley, CPA
Audit Manager

480.834.6030
ariene.turley@forvis.com

Engagement Responsibilities

As audit manager, Ariene will be responsible for assisting with audit services and reviewing the financial statements.

Experience

Ariene has more than 15 years of audit experience, providing services to nonprofit, healthcare, manufacturing, and technology entities. In addition to financial statement audits, she is experienced with Uniform Guidance, review, and compilation engagements as well as financial report preparation. Ariene also has helped clients implement new accounting standards and review internal controls.

She is a member of the American Institute of CPAs and Arizona Society of Certified Public Accountants.

Arlene is a graduate of Villanova University, Pennsylvania, with an M.S. degree in accounting and professional consulting, and a graduate of Northern Arizona University, Flagstaff, with a B.S. degree in accounting.

Additional Resource



Jonathan D. Buchanan
Director

As a member of the FORVIS' Healthcare Practice, Jonathan focuses on reimbursement consulting. He provides Medicare and Medicaid reimbursement analysis and compliance solutions and assists with review and preparation of cost reports for hospitals, skilled nursing facilities, rural health clinics, and other healthcare providers.

In addition, as a regulatory compliance advisory team member, he provides services to healthcare facilities completing Texas Medicaid DSH/UC services/audits, wage index reviews, bad debt reviews, S-10 reviews, Medicare Geographic Classification Review Board (MGCRB) services, and Intern/resident consulting.

Jonathan is a 2010 graduate of Southeastern Oklahoma State University, Durant, with a B.B.A. degree in accounting.

4. Submit a copy of your firm's most recent external quality control review report including a statement indicating whether the review included government audit engagements.

FORVIS is committed to providing quality audit services to our clients, and we submit our work to external reviewers who challenge our approach and findings. The American Institute of CPA's (AICPA) peer review program assists us in confirming our process works and identifying potential areas for improvement that could enhance our audit quality.

Our legacy firms, BKD, LLP and Dixon Hughes Goodman LLP, regularly participated in these reviews once every three years as required by the AICPA. As the predecessor entity for peer review purposes, a copy of BKD's most recent AICPA peer review report, with the rating of "Pass"—the best rating available under current peer review standards—is contained in the Appendix.

This peer review included inspection of BKD's engagements performed under *Government Auditing Standards*.

5. Describe the results of any federal or state desk reviews or field reviews of your firm's audits during the past three (3) years. In addition, describe the circumstances and status of any disciplinary action taken or pending against your firm with any state regulatory bodies or professional organizations during the past three (3) years.

From time to time, selected audit engagements are subject to desk review by federal or other regulators. All such reviews during the past three years have shown our work to be generally satisfactory, and no disciplinary or other administrative proceedings have resulted from those reviews. There have been no disciplinary actions taken against FORVIS by the AICPA or any regulatory or licensing agency in the past three years.

Please note that FORVIS, LLP was formed on June 1, 2022, through a merger between BKD LLP ("BKD") and Dixon Hughes Goodman LLP ("DHG"). The foregoing responses also apply to BKD and DHG. More information about the merger can be found here: www.forvis.com/news-releases/forvis-begins-serving-clients-newest-top-10-public-accounting-firm.

8. For the office that will be assigned responsibility for this audit engagement, list the most significant audit engagements (maximum of 6) like this RFP, ranked accordingly, performed in the past seven (7) years. For each engagement, indicate the scope of work, dates, engagement partners, total hours, and the principal client contact's name, phone number and email address.

References

We have a track record of helping similar health systems and understand our clients are our best ambassadors. Listening to us helps, but hearing directly from your peers can be a meaningful step in your decision-making process. We encourage you to reach out to the following clients to discuss FORVIS' services and capabilities at your convenience.

El Paso County Hospital District^{Confidential}

El Paso, Texas

Scope of Work: Audit/Single Audit/Regulatory

Dates: 2008 - Present

Partners: Chris Clark

Total Hours: 1000+

Mr. Michael Nunez

Chief Financial Officer

915.521.7626

Michael.Nunez@umcelpaso.org

Dallas County Hospital District^{Confidential}

Dallas, Texas

Scope of Work: Audit/Single Audit/Regulatory

Dates: 2017 - Present

Partners: Chris Clark

Total Hours: 1000+

Mr. Richard Humphrey

Chief Financial Officer

214.590.8000

Richard.Humphrey@phhs.org

Harris County Hospital District^{Confidential}

Houston, Texas

Scope of Work: Audit/Single Audit

Dates: 2017 - Present

Partners: Chris Clark

Total Hours: 1000+

Ms. Victoria

Chief Financial Officer

346.426.0335

Victoria.Nikitin@harrishealth.org

Palo Pinto County Hospital District^{Confidential}

Mineral Wells, Texas

Scope of Work: Audit/Single Audit/Regulatory

Dates: 2016 - Present

Partners: Chris Clark / Andrea Sartin

Total Hours: 400+

Mr. William Whiddon

Chief Financial Officer

940.328.6401

wwhiddon@ppgh.com



We ask a lot of questions, and we appreciate BKD's expertise and guidance. BKD advisors are great at communication and planning.

Phil Hamilton
Pershing Health System
BKD Legacy Client

7. Describe your firm's capabilities to audit computerized systems.

Financial statement audits are not the same as a security or system assessment. Our focus is to identify potential material misstatements that may occur in the financial statements. However, gaining a detailed understanding of client systems and related controls is an evolving and expanding element in our audit process, and our capabilities for auditing in an automated environment are substantial. We deploy a mixture of electronic audit tools and data management techniques during this process.

As we gain an understanding of your environment and your IT controls, we will share any significant feedback and suggestions based on our observations.

The extent of our work will depend on our assessment of the reliance that should or could be placed on the controls in your system environment that address IT risks relevant to controls over financial reporting. Our approach may include assessing IT general controls (ITGC), such as logical security, change management, computer operations and complementary user entity controls identified by service providers in their System and Organization Controls (SOC) reports.

When controls are not present or effective, or when substantive procedures provide appropriate evidence, we may limit our work around understanding the design of your IT controls. In more complex environments where reliance on systems improves audit effectiveness and efficiency, our procedures may expand beyond understanding the design to testing the operating effectiveness of IT controls.

While the Health District's primary audit team will obtain an understanding of the flow of transactions through your systems, we also have built a team of IT assurance professionals who are focused on the procedures involved in testing the ITGCs that support these systems for the purpose of a financial statement audit.

Beyond testing your systems, FORVIS continues to invest in our own software tools that enhance our audit practice. Our tools allow us to ingest large blocks of data for trend and anomaly detection, organize unstructured data, e.g., agreements, contracts, and leases, for testing and create visualizations of data that assist in our audit procedures.

With respect to these procedures, confidentiality is not negotiable. We take care in our interactions not to interface directly with your systems in a way that may expose your data or create inappropriate security risks. As we work with your data, features such as our secure exchange portal and encrypted systems provide confidence that your data is safe and secure.

Tab 5 – Work Plan & Audit Approach

1. Provide a work plan and describe your proposed audit methodology. Include references to the applicable sources of information (i.e., budget and related materials, organizational charts, manuals and programs, and financial and other management information systems) and time estimates for completing the financial audit and single audit work.

Financial Statement Audit in Accordance with *Government Auditing Standards* & the Uniform Guidance

Auditing standards set the technical requirements for our process, culminating with the expression of our opinion on the presentation of your financial statements. Our audit will be performed 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 FORVIS Audit Experience

While auditor selection should start with evaluating technical competence, it also should extend to your expectations for a service experience. Your audit experience includes how your engagement is managed, how you and your team are treated, the quality and timeliness of communication you receive, and your confidence in the results and guidance you receive. FORVIS’ philosophy emphasizes Independence, Integrity, and quality, and we have a strong commitment to providing high quality service, through a knowledgeable engagement team.

Onboarding & Project Management

Your FORVIS audit experience starts as soon as you select us. Our priorities include building rapport with your team, developing a deeper understanding of your operations, and coordinating with you on the design and expectations of our service relationship. These efforts are part of our smooth transition approach. The proposal process has provided us with the basics of your organization but learning more will help us serve you better.

If not already completed, we will finish the details of client acceptance to confirm what we have learned and verify confidential information not already obtained, such as litigation history or other sensitive matters.

Proposed Timeline

AUDIT ACTIVITY	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Transition & Onboarding	X	X						
Audit Planning		X		X				
Risk Assessment		X	X					
Test of Internal Controls			X					
Final Fieldwork					X	X		
Draft Reports							X	
Presentation to Governing Board								X
Finalize Reports								X

We anticipate final fieldwork lasting one to two weeks beginning in August with subsequent wrap up of testing occurring in September.

Executing the Audit

Once we have established our overall process and communication plans with you, the detailed work can begin. Key elements of that work include:

Risk Assessment

We will identify and assess risks of material misstatement in your financial statements, including those from potential fraud. Our work is supported by building a strong understanding of your business environment through documents you provide and by gathering information through interviews and tests for significant transaction cycles.

Audit Design

Based on risks identified, we will design an audit approach specific to your organization. This tailoring takes into consideration the uniqueness of your operations, the design of internal controls you have implemented, and the nature of financial statement amounts and disclosures. We consider whether matters are truly important (materiality), as well as obtain input about concerns from management and the board of directors to design the tests we will perform.

Gathering Evidence

Once the plan is complete, we will execute the audit through a combination of on- and off-site work performed in accordance with the agreed-upon timeline.

Reviewing the Work

Critical to our process is a review of the team's work by our engagement executive, as well as a quality review by another executive who is independent from the detailed work. The quality review is designed to improve our deliverable by providing a fresh perspective and reinforcing quality.

Sharing Our Results

We base our audit opinion on the evidence gathered and then communicate our findings. Professional standards drive the content of our opinion and the required communication about any deficiencies and other items we may identify during the audit. Beyond these requirements, we share results formally through our letters and presentations to management and the board of directors, as well as opportunities for improvement through conversations during the audit process.

Compliance Audit in Accordance with the Uniform Guidance

FORVIS performs hundreds of Single Audits annually, focusing on two objectives: first, an audit of your financial statements and reporting on the Schedule of Expenditures of Federal Awards (SEFA) in accordance with Government Auditing Standards, and second, a compliance audit for federal awards expended during the fiscal year in accordance with the Uniform Guidance.

Many of our nonprofit and governmental clients receive federal funding. Our extensive experience with compliance testing in accordance with OMB requirements can help provide the Health District with a Single Audit performed properly and submitted on time.

Our Approach

During our audit procedures of federal award programs, we do not simply look for findings to report. We look for opportunities to advise you of more efficient ways to comply with federal regulations to reduce the risks of sanctions or reduced funding. FORVIS has developed contacts at federal agencies and has been able to work cooperatively with these agencies to help clients resolve or avoid issues.

Entities subject to the Uniform Guidance and Government Auditing Standards will benefit from FORVIS' specially designed audit programs, checklists, and database of federal audit programs.

Identification and testing of your federal programs will be performed primarily during interim fieldwork, which will typically be performed before your fiscal year-end. We have found this to be the most efficient manner in which to perform our audit services when the additional Uniform Guidance requirements are present.

Training Requirements for Single Auditors

The Health District can have confidence in FORVIS auditors' experience in testing federal funding subject to the Uniform Guidance. Our audit professionals are required to receive at least 120 hours of CPE every three years and, for auditors involved with audits performed under Government Auditing Standards, this education includes the hours required to comply with Government Auditing Standards Yellow Book guidance. Staff members attend a series of core audit and accounting courses over the first four years of their careers. Staff subsequently receive additional training on accounting and auditing for the nonprofit and governmental environment.

Audit of Federal Programs

FORVIS routinely provides compliance audits of student financial aid programs and other federally funded programs for higher education institutions, nonprofit organizations, and healthcare systems. Many of the healthcare providers served by FORVIS follow Government Auditing Standards.

Broad Audit Risk Considerations

Some risk considerations apply across nearly all of our audits. We pay particular attention to the following items:

Significant Accounting Estimates

Nearly all financial statements have significant estimates in amounts and disclosures, even when not readily apparent. Estimates may include amounts ultimately collectible from third parties, expected losses or costs occurring at a specific amount and time, etc.

We will gather information supporting management's estimates and challenge key assumptions used to develop these amounts. We also will test estimates on available data and historical trends and document our conclusions on the reasonableness of recorded amounts.

Risk of Management Override of Controls

When considering fraud, auditing standards require evaluating the risk that management could override existing controls. We will perform interviews of selected individuals, apply an element of unpredictability in our testing, and brainstorm as a team to evaluate risks and possible actions based on our observations. We also will perform journal entry testing, review estimates for bias and significant changes, and consider the business rationale for significant unusual transactions.

Procedures & Risks Specific to Healthcare

Audit procedures can vary, but they often include traditional observation, sampling and testing combined with more advanced deployment of technology for trend analysis, summarization of documents, and assessment of large data sets.

Our work with hundreds of clients in the healthcare industry means our advisors are very familiar with providers similar to the Health District. While no two audits are the same, certain activities are common to healthcare providers. Specific risk areas for the Health District are likely to include:

Patient Receivable Valuation

Valuation of patient accounts receivable is a challenging and complex area. We will use several methods to audit your estimates, including using look-back reports, reviewing historical collection methods, and assessing the aging and payor mix of your receivables.

We also will analytically review key ratios, such as days in accounts receivable, and charge-off rates compared to industry averages and prior-year results to help us reach our audit conclusions.

Self-Insured Liabilities

When self-insuring various risks, such as workers compensation, you might obtain an actuarial valuation of your potential liability each year or prepare an estimate based on claims experience.

We will audit this estimate by reviewing your actuary's report and comparing the data used in that report to your open cases and prior experience to challenge key assumptions. If no actuarial valuation is obtained, we will audit management's estimate by evaluating claims experience, including the average time between incident or service dates and claim payment dates, and consider significant claims arising subsequent to year-end.

We also will correspond with your attorneys and internal risk management personnel to gain an understanding of open cases and search for claims that may significantly affect your estimates.

Net Pension & Other Postemployment Benefit Liabilities

The Health District records estimated pension and other postemployment benefit (OPEB) liabilities based on valuations provided by an independent actuary. The estimates represent the difference between the total pension and OPEB liability and the fiduciary net position of respective plan assets and is based on a variety of assumptions including a discount rate to equate the obligation to present value at the statement of net position date. We will audit this estimate by reviewing the actuary's reports and comparing the data used in the report to source documentation. We will test the attributes of the census data used in the measurement of the total liabilities for accuracy and challenge the assumptions used in the estimate for reasonableness. We will also test the existence and value of plan assets.

Technology & Systems

The processing of patient and other information is typically highly automated through complex software and systems. Our large healthcare practice has provided us with deep experience in assessing these technologies.

As part of our planning, we will gather information and gain an understanding of the technology you deploy to design our audit approach and the extent to which we may rely on your systems.

Our tests may include walk-throughs of transactions, testing of key system controls, review of change management processes and testing of access controls and related security. Depending on the complexity and uniqueness of your systems, we may engage IT audit specialists to assist in this process.

Peer Benchmarking

The nature of healthcare providers and related reporting results in substantial peer benchmarking information that is not as common in other industries.

In addition to leveraging available benchmarking data as part of our audit procedures, we will provide benchmarking information from healthcare providers similar to you from our extensive resources.

2. Provide your audit approach and related information as follows:

a. Segmentation of the engagement

b. Level of staff to be assigned to and the estimated hours for each proposed segment

Task/Event	Completed	Personnel	Hours
Planning, Onboarding & Project Management			30
Completion of Initial client acceptance details (Initial year only)	March	Partner/Director	
Review of prior auditor workpapers (Initial year only)	April	Partner/Director	
Planning meeting/entrance conference with management to establish or confirm various milestones & deadlines	April	Partner/Director	
Initial set up of online client portal to facilitate communication with your team	April	Manager	
Risk Assessment			50
Gather an understanding of your internal controls & overall environment	May	The Health District	
Assess IT general controls & related elements of control environment	May/June	Director/Manager	
Perform preliminary analysis of balances & activity	May/June	Director/Manager	
Interview key management & review key documents (minutes, agreements, etc.)	May/June	Partner/Director/Manager	
Provide pre-audit communications to those charged with governance	May/June	Partner	
Audit Design & Gathering Evidence			260
Meet with management to discuss needs & reconfirm commitments	July	Director/Manager	
Tailor our audit approach for risks & circumstances	July	Partner/Director	
Perform Single Audit testing	August/September	Audit Team	
Gather evidence related to the significant accounts & disclosures in the financial statements	August/September	Audit Team	
Reviewing the Work			40
Submit completed work to engagement executive & quality reviews to assess completeness & accuracy	September	Audit Team	
Finalize drafts & core documentation to review with management	October	Partner/Director	
Sharing Our Results			20
Deliver drafts of materials	October	Partner	
Meet with management at the completion of primary work production	October	Partner/Director	
Finalize financial statements & other letters or materials	November	Audit Team	
Presentation to the governing board	November	Partner/Director	
TOTAL HOURS			400

Enhancing Our Services with Technology

People and their judgement and skills make the biggest difference in our services, but when our teams have access to and leverage technology effectively, we can enhance our delivery results. Ultimately, we work to deploy the right solutions that fit the needs of each client, but that requires a deep bench of technology solutions. Our audit, tax, and consulting teams each have innovation leadership and significant project teams dedicated to advancing our capabilities in these areas.

The following are some of those technologies that may impact your services along with discussion demonstrating how FORVIS is a leader in these areas.

Getting & Using Data

A significant challenge for some clients can be providing the reporting and data required for our services. Solutions we use include:

- Providing a proprietary online client portal and collaboration site for sharing requests and exchanging documents
- Using market-leading ingestion software to directly connect with certain general ledger packages to obtain required transaction detail with limited client effort and reduced additional requests

Efficient Analysis

While still in its infancy, technologies such as artificial intelligence (AI) are being leveraged along with other tools to efficiently analyze increasing volumes of data. Our efforts with data analytics, including AI, include:

- Training data champions who are using market-leading quantitative data analytics tools to not just ingest data, but to analyze and identify anomalies or unexpected results
- Leveraging market-leading software that uses language processing and machine learning to help our analysis of written documents, such as leases, contracts, acquisition contracts, and debt agreements
- Identifying new tools to increase efficiencies

Workflows & the Cloud

Many firms rely on outdated software or manual approaches to executing their work, while FORVIS is building or buying new tools to speed our efforts and better manage our delivery to clients. Our approaches include:

- Investing significant talent and financial support with the AICPA and a number of other large firms to help build an audit technology designed to transform our practice and our ability to serve our clients in the future
- Using market leading tools and building our own proprietary solution to deliver a better client experience through cloud-based questionnaires, integrated risk assessment, and response workflows that better enable us to execute our engagements and deliver results to our clients
- Increasing automation of our workflow and redundant tasks through robotic process automation (RPA) and application programming interfaces (API)

d. Type and extent of analytical procedures to be used in the engagement

Analytical procedures involve auditing a material assertion or account balance by investigating its relationship to an expectation such as other accounts, historical trends, or other related measures. FORVIS recognizes stronger analytical procedures can help reduce or eliminate other substantive procedures that are usually more time consuming. We would typically consider:

- **Ratio analysis** – comparing relationships among account balances, ratios, nonfinancial data, budgets, or industry averages
- **Reasonableness tests** – using financial and/or nonfinancial data to develop an expectation of an account balance

Successfully using analytical procedures requires auditors to ask the questions:

- What is the risk of material misstatement
- How would we find those misstatements
- Have I gathered enough audit evidence

When analytical procedures provide sufficient evidence, other substantive audit procedures should not be necessary. If analytical procedures are not sufficient, some combination of analytical and substantive procedures is likely to be the preferred approach.

e. Approach to obtain and document your understanding of the Health District's internal control structure

Understanding your operations and the design of your controls helps create an effective and efficient audit process. When performing our first audit, this effort is more substantial. There are several data sources we intend to use, including your prior auditor.

Our first objective is to identify those resources that might advance our understanding without extra effort on your part. If you have documentation of your organizational structure, control environment (including technology), and the controls you have in place, along with any testing of those controls, we can often just read and supplement that information as needed. Even when clients have effective controls, their documentation is often limited, so additional effort may be required. When starting with limited documentation, we will:

- Perform a risk assessment using your financial statements to identify the relevant areas for documenting our understanding and related testing; while we want to understand your operations, it isn't necessary for us to document every control, particularly when a control is not related to a significant audit area
- Ask you to complete industry-specific questionnaires that summarize your control structure; you might complete these forms directly or we may interview you to guide the process, or some combination of both; this process includes understanding your information system and related controls
- Identify who performs or can perform control activities; we can use industry-based assignment of duties forms to capture those assignments
- Assess and/or identify key controls you have in place for significant areas of risk we will look for gaps in your design and potential overlapping assignments of duties that could or should be segregated
- Perform limited tests of design effectiveness of control activities; these tests will help us evaluate whether our documentation matches the activities occurring
- Consider extended tests of controls; in some cases, your information may be so complex or voluminous that extended control testing is needed to rely on your control and reduce other substantive testing in our audit

- Summarize recommendations for your consideration; for minor deficiencies or suggestions, we may discuss changes during our audit; for others, including significant deficiencies or material weaknesses, we will prepare written recommendations for your consideration
- In periods following our first audit, the majority of our understanding and documentation will be complete; going forward, we focus on changes that have occurred and continue performing tests of design effectiveness or expanded testing to evaluate whether control design has remained the same

f. Approach to determine laws and regulations that will be subject to audit test work

Identification of applicable laws and regulations will begin with an inquiry of the Health District as to your understanding of applicable laws and regulations. In addition, our reviews of various documents, indentures, agreements, etc., will be designed to encompass known laws and regulations within the scope of the audit. We are experienced in auditing healthcare organizations in the state of Nevada and are familiar with the laws and regulatory environment in which you operate.

g. Approach to select audit samples for tests of compliance

Although it is not possible to set absolute rules for identifying sample sizes, we apply our professional judgment in identifying the appropriate sample size. The objective is to test the population to obtain reasonable confidence that the test objectives have been met. Sample sizes are controlled by the following considerations:

- **Tolerable error (precision)** – as the expected monetary conclusion becomes more critical, sample size should increase to tighten the range of the extrapolated estimate
- **Significance of the account to the financial statements** – as the significance increases, sample size should increase
- **Assessment of internal control risk** – as assessed risk is reduced, sample size for substantive tests should decrease
- **Extent of other substantive audit procedures related to same audit objective (tests of detail, as well as analytical review)** – as the extent of other procedures increase, sample size should decrease
- **Frequency and magnitude of expected errors** – as the frequency and magnitude of expected errors increase, sample size should increase
- **The size of the population to be sampled and whether a sample is appropriate**

We anticipate using certain data extraction tools in selecting and testing samples or complete populations, where appropriate. These effective tools allow us to efficiently test larger amounts of data.

3. Identify any anticipated potential audit problems, your firm's approach to resolving these problems and any special assistance that will be requested from the Health District.

While we do not anticipate significant audit problems, we understand the importance of good channels of communication with key engagement team members to facilitate the discussion of issues that may arise. Once we begin final fieldwork, we would ask for management's participation in weekly progress meetings that would facilitate such communication and allow for timely identification and response to problems that may be encountered.

4. Describe your firm's approach to and understanding of the provision of technical assistance and advice concerning accounting and auditing issues that may arise during the audit.

When accounting issues arise, e.g., potential errors or interpretation differences, communication becomes even more important. Our communication process essentially consists of the following actions:

- **Coming to You First** – we will make you aware of the potential issue, even if we may not yet have all the facts to result in a conclusion
- **Understanding Your Analysis** – we will listen to your analysis of the facts that led to the accounting decision or disclosures considered
- **Seeking Help** – In addition to the Immediate team's research, we may reach out to others with specialized industry or service experience to provide guidance and may consult with regional and national resources to evaluate the issue as required
- **Finding the Appropriate Resolution** – we will share the facts as we have them, the guidance we have used and the conclusions we think are appropriate for resolution

Your engagement executive, Partner Chris Clark, is responsible for communicating accounting and audit-related issues with management and will take the lead on any significant accounting matters.

5. Describe your firm's approach to the level and amount of accounting staff support necessary to complete the work.

In working with similar clients, we have developed efficient approaches that aim to avoid wasted effort. Your participation helps control costs, reduce unnecessary disruptions, and meet deadlines.

We need your team to maintain records in good condition, provide the necessary schedules, and cooperate with our audit team. Most clients routinely prepare these records and schedules during their normal monthly or annual closing process.

Specific assistance from your personnel may include:

- Preparing a complete and accurate general ledger trial balance by account, to which very few adjustments are needed
- Preparing accurate audit schedules to support all significant balance sheet and certain other accounts
- Responding to auditor inquiries
- Preparing confirmation and other letters
- Pulling selected invoices and other documents from files
- Helping to resolve any differences or exceptions noted
- Completing documentation of internal controls
- Completing financial statements and footnote information

We will provide a list of the needed schedules well in advance of any deadlines, as well as spreadsheet templates for many of these schedules. We also will meet with your staff, as needed, to help them clearly understand what we need.

Tab 6 – Other References

Describe your recent (within the past three (3) years) local/regional auditing experience like this RFP for three (3) clients. For each audit engagement, provide the principal client contact's name, phone number and email address. These references are in addition to those listed in the section titled Similar Engagements with Other Government Entities.

Community Health Care, Inc. *Confidential*

Davenport, Iowa
Mr. Kevin Hagedorn
Chief Financial Officer
563.336.3005
khagedorn@chcqca.org

Legacy Community Health *Confidential*

Houston, Texas
Mr. Ben Gilsan
Chief Financial Officer
832.769.9835
bgilsan@legacycommunityhealth.com

Hawaiian Island CHC *Confidential*

Kailua Kona, Hawaii
Ms. Diane Pautz
Chief Financial Officer
808.326.3883
DPautz@westhawaii.chc.org

“

Terms that come to mind when thinking of BKD include: knowledgeable, responsive, professional, forward thinking, reasonable, respected and trusted. Also, BKD has always been very fair and reasonable in the way they price their services which is important in a long term relationship.

Brian S. Kline
Penn Highlands Healthcare
BKD Legacy Client

Tab 7 – Additional Data & Other Information

Provide any additional information considered essential to your proposal. If no additional information is presented, indicate, "We wish to present no additional information."

Independence

To the best of our knowledge, FORVIS is independent with respect to the Health District as defined by:

- The Code of Professional Conduct of the American Institute of CPAs (AICPA)
- U.S. Government Accountability Office's *Government Auditing Standards*

We are not aware of any relationship that would impair our independence.

Thinking of Your Future

In addition to the Health District's requested service, FORVIS has an extensive variety of service offerings that could be relevant to you now or in the future. If the need arises, we believe the following service(s) could benefit the Health District. If you would like more information, please contact Chris Jones at your convenience.

Cost Report Preparation

FORVIS works on cost reports and reimbursement issues with health systems, large urban medical centers, rural hospitals, CHCs, skilled nursing facilities, home care agencies, and other providers. We can put our reimbursement experience to work for the Health District. Our experience is recognized by Medicare Administrative Contractors, state and national healthcare associations, and industry leaders.

Our cost report preparers, reviewers, and reimbursement professionals are dedicated to working in the healthcare industry and have a solid understanding of Medicare and Medicaid reimbursement. Many of our team members previously worked for Medicare contractors.

Pharmacy & 340B Drug Pricing Program Assistance

Section 340B of the *Public Health Service Act* has become even more important to many healthcare providers as they seek ways to manage the cost of outpatient drugs. Since the program can result in savings of up to 20 to 50 percent for Medicare participating providers, you need a firm with significant Medicare reimbursement experience to help you take advantage of the benefits of the 340B Program.

FORVIS can help the Health District:

- Fulfill Office of Pharmacy Affairs (OPA) requirements
- Research other opportunities for additional savings, e.g., the 340B Prime Vendor Program and establishing relationships with contracted pharmacies
- Install a split-billing vendor
- Perform procedures to help the Health District analyze potential compliance concerns
- Perform additional procedures so the Health District has controls in place to help maintain compliance with the pending OPA requirements
- Identify whether current contract pharmacy relationships are performing at expected potential
- Implement an internal audit function or review of current internal audit processes/procedures being performed

- Analyze current structure of the 340B Program
- Evaluate compliance requirements through an agreed-upon procedures engagement
- Address Health Resources and Services Administration (HRSA) audit response, self-disclosures, and corrective action plans

Tab 8 – Execution of Offer

ATTACHMENT B

Execution of Offer

This Execution of Offer must be completed, signed, and included in proposal. Failure to complete, sign, and include this Execution of Offer with proposal may result in rejection of the proposal.

A. By signature hereon, Proposer (Audit firm) represents and warrants that:

1. Audit firm has the necessary experience, knowledge, abilities, skills, and resources to perform all the services requested in this RFP.
2. Audit firm is aware of, is fully informed about, and is in full compliance with all applicable federal, state, and local laws, rules, regulations, and ordinances.
3. Audit firm, if selected, will provide (a) copies of all insurance policies, (b) a Certificate of Insurance reflecting the insurance companies that are providing coverage and insurance limits for Commercial General Liability, Workers' Compensation, Professional Liability and Auto Liability, and (c) copies of all applicable policies and endorsements.
4. Audit firm acknowledges that (a) all statements, information and representations prepared and submitted in response to this RFP are current, complete, true, and accurate, and (b) the Health District will rely on such statements, information, and representations in selecting the successful Audit firm. Audit firm, if selected, will immediately notify the Health District of any material change in any statement, representation, or information provided.

B. Audit firm offers and agrees to furnish the products, services, and price more particularly described in its proposal to the Health District and complies with all terms, conditions, requirements, and specifications set forth in this RFP.

C. Audit firm affirms that it has not given or offered to give, nor does Audit firm intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with its submitted proposal.

D. Audit firm hereby certifies that neither Audit firm nor any firm, corporation, partnership, or institution represented by Audit firm, or anyone acting for such firm, corporation, or institution, has violated the antitrust laws of the State of Nevada, or the Federal antitrust laws, nor communicated directly or indirectly the proposal made to any competitor or any other person engaged in such line of business.

E. Audit firm certifies that the individual signing this document and any related RFP documents is authorized to sign such documents on behalf of Audit firm and to bind Audit firm under any agreements and other contractual arrangements that may result from the submission of Audit firm's proposal.

F. Audit firm certifies that if a Nevada address is shown as the address of the Audit firm, Audit firm qualifies as a Nevada Resident Audit firm as defined in [NRS 628](#).

- G. Audit firm certifies that (a) no relationship, whether by blood, marriage, business association, capital funding agreement or by any other such kinship or connection exists between the owner of any Audit firm that is a sole proprietorship, the officers or directors of any Audit firm that is a corporation, the partners of any Audit firm that is a partnership, the joint ventures of any Audit firm that is a joint venture or the members or managers of any Audit firm that is a limited liability company, on one hand, and an employee of any the Health District's component, on the other hand, other than the relationships which have been previously disclosed to the Health District in writing, and (b) Audit firm has not been an employee of any component institution of the Health District within the immediate twelve (12) months prior to the Submittal Deadline. All disclosures by Audit firm in connection with this certification will be subject to administrative review and approval before the Health District executes a contract with Audit firm.
- H. Audit firm shall disclose and has disclosed as part of its proposal any exceptions to the certifications stated in the Execution of Offer. All such disclosures will be subject to administrative review and approval prior to the Health District's award or execution of a contract with Audit firm.

Authorized Signature:  Date: February 13, 2023
Printed Name and Title: Partner Christopher A. Jones, CPA
Phone: 480.834.6030 Email: chris.jones@forvis.com

Tab 9 – Cost Proposal

Please see our separately attached Pricing Form for FORVIS' proposed fees.

The proposed fees are inclusive of the financial statement audit and single audit. The single audit fee estimate is based on the number of major programs indicated in Attachment C. If the number of major programs increases or decreases, the fee will be increased or reduced accordingly.

The proposed fees are also inclusive of an administrative fee of 5 percent to cover items such as copies, postage and other delivery charges, supplies, technology-related costs, such as computer processing, software licensing, research and library databases, and similar expense items.

Our fees may increase if our duties or responsibilities change because of new rules, regulations, and accounting or auditing standards.

Appendix

AICPA Peer Review Letter



National Peer
Review Committee

December 11, 2020

Theodore Dickman
BKD, LLP
810 E Saint Louis ST Ste 400
Springfield, MO 65806-2570

Dear Theodore Dickman:

It is my pleasure to notify you that on December 11, 2020, the National Peer Review Committee accepted the report on the most recent System Review of your firm. The due date for your next review is November 30, 2023. This is the date by which all review documents should be completed and submitted to the administering entity.

As you know, the report had a peer review rating of pass. The Committee asked me to convey its congratulations to the firm.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Michael Fawley".

Michael Fawley
Chair, National PRC
+1.919.402.4502

cc: Candace Wright, L. Bennett

Firm Number: 900010002800

Review Number: 577534

220 Leigh Farm Road, Durham, NC 27707-8118
T: +1.919.402.4502 F: +1.919.419.4713
aicpaglobal.com | cimsglobal.com | aicpa.org | cima.org

BKD Peer Review Report



8550 United Plaza Blvd., Ste. 1001 — Baton Rouge, LA 70809
225-932-4600 Phone — 225-932-4611 Fax — pnpcpa.com

Postlethwaite & Netterville and Associates, L.L.C.

Report on the Firm's System of Quality Control

To the Partners of BKD, LLP
and the National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of BKD, LLP (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2020. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/peerreview. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remedialing weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; an audit of a broker-dealer; and examinations of service organizations (SOC 1 and SOC 2 engagements).

As part of our peer review, we considered reviews by regulatory entities as communicated to the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of BKD, LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2020, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency (pass)*, or *fail*. BKD, LLP has received a peer review rating of *pass*.

Postlethwaite & Netterville

Baton Rouge, Louisiana
November 2, 2020

About FORVIS

FORVIS

An Enhanced Professional Services Firm

What's going to happen tomorrow? You can't predict the future, but you can prepare for it. To thrive in an environment that moves faster every day, business leaders must be able to look ahead and be ready for what comes next.

That's where FORVIS can help. Driven by the desire to anticipate what's next in the economic landscape, our goal is to help our clients be ready when the future becomes the present. We're committed to using our exceptional vision to provide each of our clients with an **Unmatched Client Experience™** that drives business forward.

FORVIS was created by the merger of equals between BKD and DHG. We aim to carry on our respective legacies of high-touch personal service delivered with remarkable integrity, care, and innovation—all now backed by the resources of a top 10 U.S. public accounting firm.

“

With national coverage and international presence, we're stronger: for our clients, our people, and the market of the future.

”



Tom Watson
Chief Executive
Officer

Forward Vision Drives Our Unmatched Client Experiences

As a FORVIS client, you will benefit from a single organization with the enhanced capabilities of an expanded national platform, deepened industry experience, greater resources, and innovative advisory services. Our aim is to provide assurance, tax, and advisory services that help clients succeed today while preparing them to forge ahead into a clear future.

Our eye on the future isn't exclusively directed toward our clients. We want our people—at every level, in every office—to be motivated by engaging career paths that challenge and inspire them to grow personally and professionally. Our partners and staff are the foundation of the firm, and when they have the opportunity to flourish, the result is Unmatched Client Experiences.

We are FORVIS—driven by a commitment to anticipating what's ahead so our clients are ready to thrive when it arrives.

8th

Largest
U.S. Firm*

530+

Partners &
Principals

28

States + U.K. &
Cayman Islands**

10+

Industries

5,700+

Team Members

72

Markets



FORVIS is a member of Praxity™, an international alliance of independent accounting firms that offers collaborative client access to resources around the world.
* FORVIS was ranked number eight on Inside Public Accounting's 2022 annual ranking of accounting firms by revenue.
** Services outside the United States are provided through our subsidiaries and/or affiliates.

FORVIS

Healthcare / 26

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office.

FORV/S

FORV/S is a trademark of FORV/S, LLP, registration of which is pending with the U.S. Patent and Trademark Office

FORVIS™



A PROPOSAL FOR

Southern Nevada Health District

23RFP004 Cost Proposal

Your Investment

Proposed Fees

Our goal is to be candid, timely, answer your questions about fees upfront, and avoid fee surprises. We determine our fees by evaluating a number of variables: the complexity of the work, the project's scope, the time we will spend, and the level of professional staff needed. The proposed fee is inclusive of billed travel costs and an administrative fee of 5%. This fee covers items such as copies, postage and other delivery charges, supplies, technology-related costs, such as computer processing, software licensing, research and library databases, and similar expense items.

Our fees may increase if our duties or responsibilities change because of new rules, regulations, and accounting or auditing standards. We will consult with you should this happen.

These fees do not include any time that may be required to address a restatement of previously audited financial statements. Accordingly, any such work will be billed based on our hourly rates.

Our acceptance of this engagement is subject to completion of our normal client acceptance procedures. Upon acceptance, the actual terms of our engagement will be documented in a separate letter to be signed by you and us. The information provided in this proposal is intended for informational purposes only and may not be copied, used, or modified, in whole or in part, without FORVIS' prior written approval. All information in this proposal is as of November 1, 2022, including projected statistics for FORVIS, unless otherwise noted.

ATTACHMENT C

Pricing Form

Complete and submit Attachment C signed by Proposer's authorized representative. The Total All-Inclusive Maximum Price shall contain all direct and indirect costs including all out-of-pocket expenses necessary to provide the scope of services required per this RFP. The hourly billing rates are requested apart from the Total All-Inclusive Maximum Price.

A. Total All-Inclusive Maximum Price

Year 1 (2022-23 Audit)	\$ <u>124,000</u>
Number of Single Audit Major Programs Included: <u>5</u>	
Cost for each additional Major Program \$ <u>7,500</u>	
Optional Year 2 (2023-24 Audit)	\$ <u>126,000</u>
Optional Year 3 (2024-25 Audit)	\$ <u>130,000</u>
Optional Year 4 (2025-26 Audit)	\$ <u>135,000</u>
Optional Year 5 (2026-27 Audit)	\$ <u>141,000</u>

B. Hourly Billing Rates

<u>Position</u>	<u>Rate</u>
Partner	\$ <u>450-550</u>
Manager	\$ <u>275-350</u>
Supervisor	\$ <u>225-275</u>
Senior	\$ <u>175-225</u>
Junior	\$ <u>125-175</u>
Other: <u>Director</u>	\$ <u>350-425</u>

Authorized Signature:  Date: February 13, 2023
Printed Name and Title: Partner Christopher A. Jones, CPA
Phone: 480.834.6030 Email: chris.jones@forvis.com

FORV/S

FORV/S is a trademark of FORV/S, LLP registration of which is pending with the U.S. Patent and Trademark Office.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: April 27, 2023

RE: *Approval of Plan of Correction to the State of Nevada Department of Taxation to the Fiscal Year 2022 Annual Audit Report, Finding Note 3: Noncompliance with Nevada Revised Statutes Budget Requirements*

PETITION #26-23

That the Southern Nevada District Board of Health *adopt the attached response and recommendation to the Fiscal Year 2022 Annual Audit Report, note 3: Noncompliance with Nevada Revised Statutes Budget Requirements NRS 354.626, (page 33-34 of audit report) to forward said response to the State of Nevada Department of Taxation*

PETITIONERS:

Donnie (DJ) Whitaker, CPA, Chief Financial Officer *DW*

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

DISCUSSION:

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.”

The Southern Nevada Health District’s Special Revenue Fund expenditures exceeded the available approved appropriation by \$1,697,446 due to underbudgeting services and supplies for grants in the amended Fiscal Year 2021-2022 budget that was submitted in June 2022.

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.

The Southern Nevada 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 or including a sufficient adjustment in the June 2022 budget augmentation for Fiscal Year 2021-2022.

Staff is aware of responsibilities in reporting budget changes per NRS 354 and will continue to review budget status regularly; review and refine projection methods to estimate budget levels and prepare budget augmentations as needed to minimize the potential for transfers and expenditures exceeding approved budget levels.

FUNDING:

No funds are required in approving the above requested action.



Memorandum

Date: April 17, 2023

To: Fermin Leguen, MD, MPH, District Health Officer

From: Donnie (DJ) Whitaker, CPA, Chief Financial Officer

RE: Response to State of Nevada Department of Taxation, Annual Audit Report - Fiscal Year 2022

Response to State of Nevada Department of Taxation, Annual Audit Report - Fiscal Year 2022
Noncompliance with Nevada Revised Statutes Budget Requirements; 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."

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- (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 – Southern Nevada 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 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 followed 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.

Views of Responsible Officials: Agree

Management's Response:

Although a budget augmentation was presented and approved for Fiscal Year 2021-2022, the approved budget for grant funded supplies utilized in the public health laboratory were not adequate to accommodate the actual expenditures recorded at June 30, 2022. Additionally, transfers from the general fund to the special revenue fund were not estimated at a sufficient level to accommodate the increased activity in cost allocations and related transfers.

To remediate budgetary noncompliance issues in the future, the budget will continue to be reviewed regularly and in depth at least twice during each fiscal year to determine if a budget augmentation is needed. Analytical and projection methods will be reviewed and refined to provide additional confidence in establishing budgetary estimates. Any budget augmentation will be completed and presented to the board of health for review and approval.



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>
Call Center: (866) 962-3707

LAS VEGAS OFFICE
700 E. Warm Springs Rd, Suite 200
Las Vegas, Nevada 89119
Phone (702) 486-2300
Fax (702) 486-2373

JOE LOMBARDO
Governor
TONY WREN
Chair, Nevada Tax Commission
SHELLIE HUGHES
Executive Director

CARSON CITY OFFICE
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000
Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane, Suite L235
Reno, NV 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

March 13, 2023

Norlon Munroe
South Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127

Re: Annual Audit Report – Fiscal Year 2022

Dear Mr. Munroe:

Pursuant to NRS 354.6245, the Department of Taxation is charged with the review of all annual audits to determine their compliance with statutes and/or regulations. The department must also identify all violations of statute and/or regulations reported therein. Your audit meets the provisions required in NRS 354.624 and NRS 354.6241.

In our review of your audit, we identified a violation of NRS 354.626 that was noted by your auditor on page 34.

The Health's District's Special Revenue Fund expenditures for the public health function exceeded appropriations by \$1,697,446.

Within 60 days after delivery of the annual audit to the local government, the governing body shall advise the department what action has been taken to prevent recurrence of violation of law or regulation and to correct each continuing violation.

If you have any questions, please call me at 775-684-2065 or e-mail me at Kgrahmann@tax.state.nv.us.

Sincerely,

Kellie Grahmann
Budget Analyst
Local Government Finance

RECEIVED

MAR 20 2023

FINANCIAL SERVICES

SNCHC Sliding Fee Discount Schedule

Randy Smith, FQHC Operations Officer

HRSA Sliding Fee Discount Program Requirements

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

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

HRSA Sliding Fee Discount Program Requirements

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

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

HRSA Billing & Collection Requirements

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

- ▶ The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.
- ▶ The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts

Sliding Fee Program in Action

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

Sliding Fee Discount Schedule Analysis

- ▶ Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.
 - ▶ Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs
- ▶ Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.
 - ▶ Participation rate of making payments on Nominal fees among SNCHC patients seen in calendar year 2022 (CY22)

Market Study of Fees for FQHCs in Nevada

- ▶ Eight (8) Health Centers queried in March 2023. They include:
 - ▶ All for Health, Health for All
 - ▶ Community Health Alliance
 - ▶ Firstmed Health & Wellness
 - ▶ First Person Care Clinic
 - ▶ Hope Christian Health Center
 - ▶ Nevada Health Centers
 - ▶ Northern Nevada Hopes
 - ▶ Silver State Health

Market Study of Fees for FQHCs in Nevada

FQHC	SNCHC	A	B	C	D	E	F	G	H
Lowest Slide Scale Fee	\$20	\$20	\$20	\$0	\$40	\$35	\$10	\$35	No Answer Not Available
Highest Slide Scale Fee	\$55	\$75	\$90	\$75	\$70	\$95	\$50	\$90	No Answer Not Available
Full Price Fee	\$200	\$75	\$100	\$75	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit	\$100	No Answer Not Available

CY22 Payments on Claims for Uninsured Patients with Incomes at or Below 100% of the Federal Poverty Level

DEPARTMENT	Claim Count	Claim without a Payment	% of Claims with Payment
FQHC - Behavioral Health	482	53	89%
FQHC - Family Planning	304	218	28%
FQHC - Primary & Preventative Care	1,954	296	85%
FQHC - Refugee Health	18	18	0%
FQHC - Ryan White	282	207	27%
Sexual Health	2,199	426	81%
TOTALS	5,239	1218	77%

77% of claims have a payment as of 12/31/22 and the average of that payment is \$18.80.

Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

Sexual Health Clinic Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
SHC Follow Up Fees	\$11	\$18	\$24	\$29	\$105
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

Current schedule includes discounts @ 200% - 250% FPL
Proposed new schedule aligns with HRSA requirements

Family Planning Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	70%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$60	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$12	\$40

Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-300%	301-399%+	400%+
Program Code	P0	P1	P2	P3	P4		
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%	0%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$200	\$200	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$40	\$40	\$40
No charges beyond ____% of pt.'s gross annual income	0%	5%	5%	5%	7%	10%	N/A

The background features abstract, overlapping geometric shapes in various shades of blue, primarily on the right side of the slide, creating a modern, layered effect.

Questions?

Thank you!

Southern Nevada Health District

Board of Health

April 27, 2023

- ▶ Updates to SNHD Billing Fee Schedule 2023
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

REFERENCES

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



Questions



Exhibit A

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Pathology & Laboratory			
81002	Urinalysis nonauto w/o scope	\$ 6.00	\$ 18.00
81025	Urine pregnancy test	\$ 17.00	\$ 34.00
82947	Blood glucose-monitoring device	\$ 8.09	\$ 22.00
83655	Lead - Clia	\$ 35.00	\$ 50.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 2.44	\$ 14.00
86403	Strep A	\$ 20.97	\$ 39.00
86704	Hep b core antibody total	\$ -	\$ 101.00
86705	Hepatitis B core IgM	\$ -	\$ 12.00
86708	Hepatitis A Total Ab	\$ -	\$ 18.00
86709	Hepatitis A IgM	\$ -	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ -	\$ 70.00
87071	Gonorrhea Culture, Isolation and Presumptive Identification	\$ 67.00	\$ 120.00
87210	Smear wet mount saline/ink	\$ 22.00	\$ 23.00
87340	Hepatitis B Surface Antigen	\$ -	\$ 19.00
87389	Hiv-1 ag w/hiv-1&-2 ab ag ia	\$ 39.00	\$ 126.00
87390	HIV-1 AG, EIA	\$ 36.00	\$ 73.00
87490	Chlmyd trach dna dir probe	\$ -	\$ 91.00
87521	Hepatitis c probe&rvrs trnsc	\$ -	\$ 487.00
87522	Hepatitis C Quantitative RNA	\$ -	\$ 43.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Pathology & Laboratory (continued)			
87635	SARS-CoV-2 NAAT	\$ -	\$ 52.00
87804	Influenza - Clia	\$ 24.66	\$ 43.00
87806	Hiv ag w/hiv1&2 antb w/optic	\$ 54.00	\$ 80.00
87807	RSV - Clia	\$ 24.66	\$ 43.00
87808	Trichomonas assay w/optic	\$ 17.00	\$ 48.00
88164	Cytopathology, slides, cervical or vaginal/V, MANUAL	\$ 15.00	\$ 48.00
Immunizations/Vaccines			
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 20.00	\$ 23.00
90471	Admin Fee 1st Vaccine	\$ 20.00	\$ 23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 8.00	\$ 15.00
90632	Hepatitis A (Adult)	\$ 130.00	\$ 135.00
90633	Hepatitis A (Child)	\$ 60.00	\$ 79.00
90636	Hepatitis A & B (Twinrix)	\$ 175.00	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ -	\$ 11.00
90647	Hib PRP-OMP	\$ 57.00	\$ 60.00
90648	Hib PRP-T	\$ 25.00	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ -	\$ 275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ -	\$ 274.00
90662	Influenza- High Dose Seasonal	\$ 84.00	\$ 88.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Immunizations/Vaccines (continued)			
90677	PCV20 (Pevnar 20)	\$ 450.00	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 164.00	\$ 165.00
90691	Typhoid	\$ 155.00	\$ 187.00
90696	DTaP-IPV	\$ 106.00	\$ 116.00
90700	DTap	\$ 45.00	\$ 62.00
90715	Tdap	\$ 75.00	\$ 89.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 150.00	\$ 166.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 185.00	\$ 218.00
90744	Hepatitis B (Child)	\$ 48.00	\$ 70.00
90746	Hepatitis B (Adult)	\$ 90.00	\$ 141.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 45.00	\$ 48.00
Mental Health			
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 146.39	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 161.94	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 71.59	\$ 117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 95.22	\$ 158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 142.42	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 122.04	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ -	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ -	\$ 90.00
90845	PSYCHOANALYSIS	\$ 101.05	\$ 167.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Medical Nutrition Therapy			
97802	MEDICAL NUTRITION, INDIV, IN	\$ 40.00	\$ 67.00
Office Visits & Preventive Care			
99202	E&M New Outpatient, Expanded Problem Focused	\$ 159.00	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 231.00	\$ 234.00
99204	E&M New Outpatient Comprehensive Problem	\$ 352.00	\$ 357.00
99205	E&M New Outpatient, Very Comprehensive Problem Focused	\$ 454.00	\$ 469.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00	\$ 105.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 154.00	\$ 159.00
99214	E&M Established Outpatient Problem Focused	\$ 228.00	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 320.00	\$ 330.00
99381	Preventive Medicine, New patient, <1 Year Old	\$ 184.00	\$ 202.00
99382	Preventive Medicine, New patient, 1-4 Years Old	\$ 189.00	\$ 206.00
99383	Preventive Medicine, New patient, 5-11 Years Old	\$ 191.00	\$ 211.00
99384	Preventive Medicine, New patient, 12-17 Years Old	\$ 210.00	\$ 234.00
99385	New Preventative Medicine, 18-39 yrs	\$ 240.00	\$ 264.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$ 269.00	\$ 294.00
99387	Preventive Medicine, New patient, 65+ Years Old	\$ 274.00	\$ 301.00
99391	Preventive Medicine, Established patient, <1 Year Old	\$ 172.00	\$ 181.00
99392	Preventive Medicine, Established patient, 1-4 Years Old	\$ 172.00	\$ 192.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Office Visits & Preventive Care (continued)			
99393	Preventive Medicine, Established patient, 5-11 Years Old	\$ 172.00	\$ 189.00
99394	Established Preventive Medicine, 12-17 yrs	\$ 186.00	\$ 203.00
99395	Established Preventive Medicine, 18-39 yrs	\$ 209.00	\$ 229.00
99396	Preventive Medicine, Established patient, 40-64 Years Old	\$ 225.00	\$ 243.00
99397	Preventive Medicine, Established patient, 65+ Years Old	\$ 235.00	\$ 253.00
Telemedicine			
99423	OL DIG E/M SVC 21+ MIN	\$ 93.02	\$ 107.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 77.00	\$ 142.00
Fee based on comparison to Medicare reimbursement rate			
Fee based on comparison to 50th percentile of local healthcare community billing rates			

Southern Nevada Health District

Board of Health

April 27, 2023

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
10060	I&D Abscess	\$ 267.00
10120	Foreign Body- SKIN- Simple	\$ 340.00
11981	Implant - Insertion	\$ 304.00
11982	Implant - Removal	\$ 320.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
16000	Burn Care- Initial	\$ 306.00
36415	Collection of Venous Blood	\$ 23.00
36416	Collection of Capillary Blood	\$ 22.00
36416	Newborn Screening (Capillary specimen)	\$ 22.00
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
57410	PELVIC EXAMINATION	\$ 112.31
58300	IUD Insertion	\$ 207.00
58301	IUD Removal	\$ 211.00
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 33.33
80053	COMPREHEN METABOLIC PANEL	\$ 12.00
80061	LIPID PANEL	\$ 15.00
80074	Acute Hepatitis Panel w/reflex	\$ 105.00
80076	Hepatic Function Panel (Liver Panel)	\$ 18.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 14.21
81002	UA Dipstick	\$ 18.00
81025	Urine Pregnancy Test	\$ 34.00
82044	Microalbumin	\$ 11.00
82270	Hemocult - Clia	\$ 8.00
82465	Cholesterol - Clia	\$ 7.00
82465	SNHD Cholesterol - Clia	\$ 6.00
82947	Blood glucose- monitoring device	\$ 22.00
83036	Hemoglobin A1c - Clia	\$ 22.00
83036	SNHD Hemoglobin A1c - Clia	\$ 19.98
83655	Lead - Clia	\$ 50.00
83718	ASSAY OF LIPOPROTEIN	\$ 9.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 14.00
84478	ASSAY OF TRIGLYCERIDES	\$ 6.00
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 9.00
86308	Mononucleosis	\$ 12.00
86317	Hepatitis B surface Ab- quantitative	\$ 33.00
86403	Strep A	\$ 39.00
86480	Quantiferon	\$ 65.00
86580	Tuberculosis Skin Testing	\$ 32.00
86592	RPR- non treponemal qualitative	\$ 42.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86701	HIV-1 antibody (Multispot)	\$ 220.00
86702	HIV-2 antibody (Multispot)	\$ 117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86704	Hep b core antibody total	\$ 0.01
86705	Hepatitis B core IgM	\$ 12.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86706	Hepatitis B surface Ab- qualitative	\$ 18.00
86708	Hepatitis A Total Ab	\$ 18.00
86709	Hepatitis A IgM	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ 0.01
86780	Syphilis IgG antibody (treponemal)	\$ 65.00
86780	TPPA antibody (treponemal)	\$ 65.00
86803	Hep C- Rapid- Oraquick	\$ 32.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87340	Hepatitis B Surface Antigen	\$ 19.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87390	HIV-1 AG- EIA	\$ 73.00
87490	Chlmyd trach dna dir probe	\$ 0.01
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00
87521	Hepatitis c probe&rvrs trnsc	\$ 0.01
87522	Hepatitis C Quantitative RNA	\$ 43.00
87536	HIV-1- DNA- QUANT	\$ 95.00
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 53.00
87624	HPV (AMP)	\$ 36.00
87635	SARS-CoV-2 NAAT	\$ 52.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 80.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87905	Bacterial Vaginosis	\$ 17.00
87905	SNHD Bacterial Vaginosis	\$ 15.00
88150	Pap Smear	\$ 56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult)	\$ 135.00
90633	Hepatitis A (Child)	\$ 79.00
90634	HEP A VACC- PED/ADOL- 3 DOSE	\$ 0.01
90636	Hepatitis A & B (Twinrix)	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ 0.01
90647	Hib PRP-OMP	\$ 60.00
90648	Hib PRP-T	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 0.01
90650	HPV TYP BIVAL 3 DOSE IM	\$ 0.01
90653	Influenza-trivalent-adjuvanted (Fluad)	\$ 105.00
90662	Influenza- High Dose Seasonal	\$ 88.00
90670	Pneumococcal (Prevnar 13)	\$ 420.00
90671	PCV15 (Vaxneuvance)	\$ 420.00
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00
90675	Rabies	\$ 570.00
90677	PCV20 (Prevnar 20)	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 165.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 240.00
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00
90688	Influenza- inj- quad- pres Fluzone MDV	\$ 35.00
90691	Typhoid	\$ 187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTaP-IPV (Kinrix)	\$ 116.00
90696	DTaP-IPV - Quadracel	\$ 116.00
90697	DTaP-IPV-HepB-Hib - PFS	\$ 245.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 245.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 195.00
90700	DTap	\$ 62.00
90702	DT	\$ 120.00
90707	MMR	\$ 160.00
90710	MMRV	\$ 450.00
90713	IPV (Polio)	\$ 70.00
90714	Td Grifols	\$ 65.00
90715	Tdap	\$ 89.00
90715	Tdap Boostrix	\$ 75.00
90715	Tdap Boostrix PFS	\$ 75.00
90716	Chicken Pox (Varicella)	\$ 275.00
90717	Yellow Fever	\$ 325.00
90717	Yellow Fever Stamaril	\$ 325.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 166.00
90732	Pneumococcal (Pneumovax 23)	\$ 215.00
90732	Pneumococcal - Pneumovax 23 PFS	\$ 215.00
90734	Meningococcal (MCV4) Menactra	\$ 230.00
90734	Meningococcal (MCV4) Menveo	\$ 230.00
90738	Japanese encephalitis IM	\$ 520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 218.00
90744	Hepatitis B (Child)	\$ 70.00
90746	Hepatitis B (Adult)	\$ 141.00
90750	Zoster- recombinant (Shingrix)	\$ 325.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00
90845	PSYCHOANALYSIS	\$ 167.00
92551	Audiometry/screening test- pure tone- air only	\$ 34.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92567	TYMPANOMETRY	\$ 18.00
93000	ECG w/interpretation	\$ 34.00
93040	ECG- Rhythm Strip	\$ 76.00
94010	SPIROMETRY	\$ 135.00
94060	Spirometry- Pre and Post	\$ 132.00
94640	Nebulizer/Inhalation Treatment	\$ 51.00
94664	Nebulizer - demo/eval of pt use	\$ 70.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 6.00
96110	ASQ (developmental screening)	\$ 59.00
96372	Therapeutic IM/SC Injection	\$ 65.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00
97804	MEDICAL NUTRITION- GROUP	\$ 18.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 18.34
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 8.82
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 6.44
99000	Collection of Other Lab Spec	\$ 22.00
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 234.00
99204	Class B (Peds) E&M New Outpatient Comprehensive Problem	\$ 357.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 469.00
99211	E&M Established Outpatient - RN Only	\$ 60.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00
99213	Class B (Peds) E&M Established Outpatient Expanded Problem Focused	\$ 159.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 330.00
99241	Office Consultation Level 1	\$ 183.00
99242	Office Consultation Level 2	\$ 289.00
99243	Office Consultation Level 3	\$ 375.00
99244	Office Consultation Level 4	\$ 536.00
99245	Office Consultation Level 5	\$ 689.00
99324	DOMICIL/R-HOME VISIT NEW PAT	\$ 126.00
99325	DOMICIL/R-HOME VISIT NEW PAT	\$ 199.00
99326	DOMICIL/R-HOME VISIT NEW PAT	\$ 340.00
99327	DOMICIL/R-HOME VISIT NEW PAT	\$ 456.00
99334	DOMICIL/R-HOME VISIT EST PAT	\$ 157.00
99335	DOMICIL/R-HOME VISIT EST PAT	\$ 237.00
99336	DOMICIL/R-HOME VISIT EST PAT	\$ 322.00
99337	DOMICIL/R-HOME VISIT EST PAT	\$ 422.00
99354	Prolonged/30-74 min additional	\$ 178.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 202.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 206.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 211.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 234.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 264.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00
99387	Preventive Medicine- New patient- 65+ Years Old	\$ 301.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 181.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 192.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 189.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 203.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 229.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 243.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 253.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 78.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 117.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 163.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 160.00
99406	Tobacco counseling/3-10 min	\$ 32.00
99407	Tobacco counseling>10 min	\$ 62.00
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 107.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 47.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 142.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 157.00
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
*90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00
*90471	Admin Fee 1st Vaccine	\$ 23.00
*90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 40.00
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 28.39
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	\$ 40.00
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	\$ 40.00
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	\$ 40.00
0031A	ADM SARSCOV2 VAC AD26 .5ML	\$ 40.00
0034A	ADM SARSCOV2 VAC AD26 .5ML B	\$ 40.00
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	\$ 40.00
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	\$ 40.00
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	\$ 40.00
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	\$ 40.00
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	\$ 40.00
0054A	ADM SARSCV2 30MCG TRS-SUCR B	\$ 40.00
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	\$ 40.00
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	\$ 40.00
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	\$ 40.00
0074A	ADM SARSBV 10 MCG TRS-SUCR	\$ 40.00
0081A	ADM SARSCOV 2 PFIZER 6MO-4 YRS 1ST	\$ 40.00
0082A	ADM SARSCOV 2 PFIZER 6MOS-4YR 2ND	\$ 40.00
0083A	ADM SARSCOV 2 PFIZER 6MOS-4YRS 3RD	\$ 40.00
0091A	ADM SARSCOV MOD 6-11YR 1ST	\$ 40.00
0093A	ADM SARSCOV2 6-11YRS 3RD	\$ 40.00
0094A	ADM SARSCOV2 6-11 YRS BOOSTER	\$ 40.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0111A	ADM SARSCOV2 MOD 6MO-5YR	\$ 40.00
0112A	ADM SARSCOV2 MOD 6MO-5YR 2ND	\$ 40.00
0124A	ADM SARSCO2 BV 12+	\$ 40.00
0134A	ADM SARSCOV2 MOD BIVALENT BOOSTER	\$ 40.00
0144A	ADM SARSCOV2 MOD 6-11 BV	\$ 40.00
0154A	ADM SARSCOV2 BV 5-11YR	\$ 40.00
0164A	ADM SARSCOV2 MOD BV 6OS-5YRS	\$ 40.00
0173A	ADM SARSCOV2 BV 6mo - 4yr	\$ 40.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50
A6250	Silver Sulfadiazine 1% cream	\$ 0.26
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00
D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 84.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 90.00
G0071	Comm svcs by rhc/fqhc 5 min	\$ 24.31
G0101	CA Screen/Breast Exam	\$ 58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0344	Welcome to Medicare Exam	\$ 275.00
G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$ 139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0466	FQHC VISIT NEW PATIENT	\$ 244.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00
G0468	FQHC VISIT IPPE/AWV	\$ 244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00
G2010	Remot image submit by pt	\$ 14.00
G2012	Brief check in by md/qhp	\$ 16.00
G2025	Telehealth	\$ 92.03
G8598	Aspirin 325mg (ASA)	\$ 0.02
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.43
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$ 312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$ 160.50
J0558	Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100-000 per unit)	\$ 128.85
J0561	Bicillin 2.4 Long Acting	\$ 13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68
J1030	Methylprednisolone 40mg INJ	\$ 8.94
J1040	Methylprednisolone 80mg INJ	\$ 14.69
J1050	Medroxyprogesterone 150mg/ml IM	\$ 57.80
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 38.25
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.49
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.84
J1324	Nevirapine 50mg/5mL	\$ 0.79
J1580	Gentamicin 80mg/mL 2ML	\$ 1.14
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 2.96
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11
J2405	Ondansetron ODT 4mg TAB	\$ 19.07
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 30.57
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$ 8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.48
J3490	Capastat Injectable (1gr = 10ml)	\$ 221.31
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$ 117.18
J3490	Triumeq 600/50/300mg (30 tabs)	\$ 96.05
J3490	Tivicay 50mg (30 tabs)	\$ 56.76
J3490	Metronidazole Vaginal Gel TUBE	\$ 23.28
J3490	Clotrimazole vag Cream 1%	\$ 8.84
J3490	Paser 4gm	\$ 6.85
J7296	Kyleena- 19.5 mg	\$ 1,180.00
J7297	IUD Device - Liletta	\$ 200.00
J7298	IUD Device - Mirena	\$ 753.00
J7300	IUD Device - Paragard	\$ 568.00
J7301	IUD Device - Skyla	\$ 550.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7307	Implant Device - Nexplanon	\$ 825.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.41
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.14
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 1.97
J7620	Ipratropium BR 0.02% SOLN	\$ 1.51
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$ 19.76
J8499	Linezolid 600mg Tab	\$ 146.94
J8499	Genvoya 150-200-10	\$ 100.86
J8499	Triumeq 600/50/300mg	\$ 96.05
J8499	Odefsey 200-25-25	\$ 91.79
J8499	Streptomycin 1 gram VIAL	\$ 80.00
J8499	Erythromycin 500mg	\$ 73.52
J8499	Cycloserine 250mg	\$ 66.88
J8499	Prezcobix 800/150mg	\$ 61.86
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83
J8499	Descovy 200mg/25mg (30 tabs)	\$ 57.38
J8499	Truvada 200-300mg	\$ 57.38
J8499	Tivicay 50mg	\$ 56.76
J8499	Prezista 800mg	\$ 54.12
J8499	Avelox 400mg	\$ 31.27
J8499	Levaquin 750mg	\$ 30.88
J8499	Moxifloxacin 400 mg Tab	\$ 26.76
J8499	Cefixime 400mg	\$ 23.83
J8499	Levaquin 500mg	\$ 17.20
J8499	Rifampin 150mg	\$ 16.95
J8499	Fluconazole 150mg	\$ 15.87
J8499	Mycobutin 150mg	\$ 14.98
J8499	Tindamax 500mg	\$ 14.66
J8499	Levaquin 250mg	\$ 14.39
J8499	Rifampin 300mg	\$ 14.03
J8499	Azithromycin 500mg	\$ 13.33
J8499	Zyvox 600mg	\$ 10.97
J8499	Ethambutol 100mg	\$ 8.20
J8499	Diflucan 100mg	\$ 7.54
J8499	Fluconazole 100mg	\$ 7.54
J8499	Hurricane Gyno-Gel	\$ 7.40
J8499	Ethionamide 250 mg	\$ 5.67
J8499	Metronidazole 500 mg	\$ 5.55
J8499	Priftin 150mg	\$ 3.90
J8499	Rifapentine 150mg	\$ 3.90
J8499	Acyclovir 800mg	\$ 3.14
J8499	Dapsone 100mg	\$ 2.59
J8499	Pyrazinamide 500mg	\$ 2.45
J8499	Acyclovir 400mg	\$ 1.61
J8499	Cephalexin 500mg	\$ 1.14
J8499	Ethambutol 400 mg	\$ 1.13
J8499	Bactrim DS 800/160mg	\$ 0.99
J8499	Penicillin VK 500mg	\$ 0.67
J8499	Isoniazid 300mg	\$ 0.43

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J8499	Metronidazole 250 mg	\$ 0.41
J8499	Doxycycline 100mg	\$ 0.20
J8499	Zidovud Syrp 50mg/5mL 240mL	\$ 0.20
J8499	Isoniazid 100mg	\$ 0.13
J8499	Mylanta	\$ 0.09
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Vitamin B-6 50mg	\$ 0.02
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0144	Azithromycin 600mg	\$ 15.99
Q0144	Azithromycin Powder 1gm	\$ 15.99
Q0144	Azithromycin 500mg	\$ 13.33
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$ 2,100.00
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$ 122.35
S4993	Birth Control Pills - Micronor (28 tabs)	\$ 56.12
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Nora - B (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$ 33.68
S4993	Birth Control Pills - Aviane (28 tabs)	\$ 33.13
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94
S4993	Emergency Birth Control - Plan B	\$ 31.20
S4993	Birth Control Pills - Sprintec (28 tabs)	\$ 30.78
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$ 29.41
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
T1013	Sign Lang/Oral Interpreter	\$ 23.00
TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0002	Covid-19 lab test non-cdc	\$ 100.00
U0003	Cov-19 amp prb hgh thruput	\$ 100.00

Proposed fee change for 2023



DATE: April 27, 2023

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

National Transgender HIV Testing Day

The Southern Nevada Health District commemorated National Transgender HIV Testing Day (NTHTD) on April 18, encouraging transgender and nonbinary persons to get tested for HIV and other sexually transmitted infections as well as learn about HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). NTHTD is a day to recognize the importance of routine HIV testing, status awareness and continued focus on HIV prevention and treatment for transgender and nonbinary people in the community.

The Health District offers Express HIV Testing Monday through Thursday from 7:30 a.m. – 4 p.m. at its [Sexual Health Clinic](#), 280 S. Decatur Blvd., Las Vegas, NV 89107. Walk-ins are accepted on a first-come, first-served basis, patients are encouraged to arrive early, and they must be asymptomatic. Testing also includes syphilis, gonorrhea and chlamydia.

Additionally, free HIV testing is available in the Arleen Cooper Clinic at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. Services are offered Monday through Thursday from 1 – 6 p.m. and on Fridays and Saturdays from 9 a.m. – 2 p.m. Appointments are preferred, but walk-ins are accepted.

The Health District also offers at-home HIV, chlamydia and gonorrhea testing through its Collect2Protect program. The HIV test is free; the other tests are fee-based. The kits are available on the Health District's website at [Collect2Protect](#) and provide a convenient and private testing option.

Early diagnosis is critical for people with HIV so that they can benefit from antiretroviral therapy (ART). ART reduces HIV levels in the bloodstream, reduces HIV-related illnesses, and lowers the risk of transmitting HIV to intimate partners. With ART, HIV-positive people can remain healthy for many years.

According to the Centers for Disease Control and Prevention (CDC), nearly one million people identify as transgender in the United States, and transgender people made up 2 percent of new HIV diagnoses in 2019. Likewise in Clark County, transgender people made up 3.4 percent of new HIV diagnoses from 2017-2021. For more information, visit the CDC's [HIV and Transgender People: HIV Prevalence](#) page.

Health care providers are the foundation of gender-affirming HIV screening, prevention and care. Included among these providers are The Center, the Henderson Equality Center and the Las Vegas TransPride Center, all members of the Southern Nevada Health Consortium.

In addition, the Las Vegas TransPride Center, located at 727 S. 9th Street, Ste. B, Las Vegas, NV 89101, offers a space for the trans community to gather for activities and events. Services include a food pantry, clothing boutique, book exchange, a "Binder" program for trans masculine individuals, help with name change, medical advocacy, and chaplaincy or hospital visits.

Pop-Up Produce Stands

The Pop-Up Produce stands are returning for 2023. The stands provide people increased access to affordable, locally grown, organic fresh fruits and vegetables. Open to everyone, six pop-ups are scheduled throughout 2023 at the Bonneville Transit Center (BTC) in Las Vegas, starting in early May. Customers can use their SNAP/EBT card, cash, debit, or credit cards.

The program is a partnership among the Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada (RTC) and Prevail Marketplace. The BTC, located at 101 E. Bonneville Ave., Las Vegas, NV 89101, will be the site of Pop-Up Produce Stands on the following dates:

- Tuesday, May 2
- Tuesday, June 6
- Tuesday, September 5
- Tuesday, October 3
- Tuesday, November 7
- Tuesday, December 5

The stand will be open from noon until 3 p.m., or while supplies last. Last year's markets resulted in over 5,200 pounds of produce sold and \$6,955 in total sales, with over 20% of total sales from SNAP/EBT transactions.

Healthy recipe cards, nutrition education and other health resources will also be available at the pop-ups. For more information, people can call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page. The website also has a list of local farmers markets, including those that accept EBT, SNAP, and debit or credit cards.

Minority Health Month

April is [National Minority Health Month](#), calling attention to health disparities that affect people from racial and ethnic minority groups. It is also a time to encourage action through health education, early detection and control of disease complications. The theme for 2023 is "Better Health Through Better Understanding."

Racial and ethnic minorities face the greatest health disparities in the United States, and for the Health District, Minority Health Month is a time to reflect on its responsibility to understand health care barriers that disproportionately affect minorities, and its continuing efforts to support better health outcomes and create a more culturally responsive environment for all its clients.

The Health District continues to offer quality and affordable care options to underserved people in the community, such as the [Fremont Public Health Center](#), located at 2830 E. Fremont St., Las

Vegas, NV 89104. The Federally Qualified Health Center (FQHC) offers primary medical care, family planning services, HIV/AIDS care, and behavioral health services. Other Health District services, programs and resources that focus on increasing health equity include:

- [Diabetes Prevention and Self-Management Program](#) – offering free diabetes self-management, education and support classes in Spanish
- [Barbershop Health Outreach Program](#) – offering free blood pressure and prediabetes screenings, education and referrals to health care providers as needed
- [Faithful Families Classes](#) – classes in healthy eating and physical activity, provided in Spanish
- [Grocery Store Tours](#) – led by a registered dietitian, helping people learn how to shop healthier
- [Viva Saludable Website](#) – information on a variety of health topics provided in Spanish
- Spanish-Language social media sites – Instagram: vivasaludablesnv; Facebook: Viva Saludable
- [Healthier Tomorrow Radio Program](#) – a monthly call-in show focusing on health topics of concern to the African American community
- [Because We Matter](#) – a smoking and vaping prevention initiative for African Americans
- [Por mi. Por ti. Por nosotros. Viva saludable!](#) – an initiative to encourage Hispanic/Latinos to quit smoking and vaping
- [Island eNVy](#) – supporting healthy lifestyles through education and engagement with Native Hawaiians and the Pacific Islander community in Southern Nevada
- [CRUSH](#) – supporting the LGBTQ+ community to quit smoking and vaping

The Health District also partners with All Saints Episcopal Church to provide [Sexual Health Clinic](#) services at the church. Located at 4201 W. Washington Ave., Las Vegas, NV 89107, the clinic provides a safe, welcoming and non-traditional location for the community to seek screening, treatment and preventive sexual health services.

Health organizations use the [Culturally and Linguistically Appropriate Services](#) (CLAS) standards to serve as a blueprint to help better the quality of services provided to all individuals, advance health equity and help eliminate health care disparities. Last fall, all Health District community health center staff members completed a CLAS standards survey to ensure they are actively finding ways to increase access to health care and offer services that are culturally responsive to our diverse community.

The clinics currently offer the following services to clients:

- Bilingual staff members certified to provide interpretation services (Spanish and Swahili)
- Interpreting services
- UBI DUO machine used for clients who are deaf or hard of hearing
- Materials translated in Spanish and English
- Case management, care coordination and insurance enrollment and eligibility assistance
- Transportation assistance

In addition, the clinics continually explore other ways to best serve clients, improve clinical quality, reduce access disparities, and achieve health equity.

Biomedical HIV Prevention Summit

The Southern Nevada Health District and Washoe County Health District welcomed the [Biomedical HIV Prevention Summit](#) to the Cosmopolitan in Las Vegas, on April 11 and 12. Presented by the [National Minority AIDS Council](#) (NMAC), the summit convened more than 1,400 leaders, advocates and educators to share ideas and learn about new approaches to preventing HIV infection.

The annual event focused on implementing biomedical tools in prevention and treatment efforts to ultimately end the HIV epidemic in communities of color. The summit featured sessions on the need for a national Pre-Exposure Prophylaxis (PrEP) program, community participation in research, insurance for PrEP and other topics.

The Health Districts hosted “Community Corner” presentations during the summit, with the Southern Nevada Health District covering the topic of PrEP Navigation and PrEP Academic/Public Health Detailing efforts, and Washoe County Health District addressing the launch of a PrEP pilot program using non-traditional funding sources.

In 2021, 89 percent of Nevada’s newly diagnosed HIV cases were in Clark County. An additional 7.7 percent of newly diagnosed cases were in Washoe County. According to the Centers for Disease Control and Prevention (CDC), Black/African American people have a disproportionately higher number of new HIV diagnoses and people living with HIV, compared to other races and ethnicities. These disparities are driven by factors including racism, HIV stigma, homophobia, poverty and barriers to health care. SNHD and WCHD support efforts by NMAC to lessen the burdens of these social determinants of health.

As part of efforts to reduce new HIV infections, the Health District is among the participants in the Ending the HIV Epidemic in the U.S. initiative (EHE), led by the U.S. Department of Health and Human Services. The initiative aims to reduce new HIV infections in the United States by 90 percent by 2030 by scaling up key HIV prevention and treatment strategies. EHE provides a targeted infusion of resources and support to 50 local areas, including Clark County, that account for more than half of new HIV diagnoses in the U.S. Washoe County Health District supports EHE initiatives on a smaller scale and partners with the Southern Nevada Health District on many initiatives.

Influenza Surveillance

In Clark County, for the season as of April 8, 2023, there have been 859 influenza-associated hospitalizations and 48 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for influenza-like-illness (ILI) increased slightly from 2.8% in week 13 to 3.5% in week 14. Influenza A has been the dominant type circulating. Nationwide, during week 14, seasonal influenza activity is low. Among the 55 states/jurisdictions, the ILI activity level in Nevada remains minimal. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older. Flu vaccines are available at [SNHD clinics](#) as well as doctors’ offices and pharmacies throughout Clark County.

Community Meetings

Week ending 03/26:

Weekly:

- Attended the Legislative Working Group meeting

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Mayor Pro Tempore Black, Scott Nielson, Councilwoman Gallo, Councilwoman Nancy Brune, Mayor Hardy
- Participated in the Southern Nevada Community Health Center Finance Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health Finance Committee meeting
- Participated in the Southern Nevada District Board of Health meeting
- Attended the Big Cities Health Coalition (BCHC) Monthly Member call

Professional Development/Conferences:

- Attended the “CDC Response All STLT Update Call re COVID-19 and Mpox” webinar facilitated by the CDC

Ad-hoc Meetings/Events:

- Facilitated the New Board of Health Member Orientation for Councilwoman Brune and Councilwoman Gallo
- Participated in a meeting with the Mayor Michelle Romero, representatives of the City of Henderson, Bradley Mayer, and Mayor Pro Tempore Scott Black regarding funding for the Southern Nevada Public Health Lab (SNPHL) expansion
- Attended the City of North Las Vegas State of the City

Week ending 03/19:

Weekly:

- Attended the Legislative Working Group meeting

Quarterly:

- Attended the Graduate Medical Education Committee (GMEC) meeting
- Nevada Primary Care Association (NVPCA) Finance Committee meeting

Professional Development/Conferences:

- Attended the “Exploring the New Foundational Public Health Services (FPHS) Capacity and Cost Assessment” webinar series facilitated by the Public Health National Center for Innovations (PHNCI) at the Public Health Accreditation Board (PHAB)

Ad-hoc Meetings/Events:

- Meeting with the Catholic Charities of Southern Nevada regarding Refugee Providers and Community Consultation

Week ending 03/05:

Bi-weekly (every two weeks):

- Attended the Mpox Briefing facilitated by the HHS Office of Intergovernmental and External Affairs (IEA)

Quarterly:

- Participated in the State Board of Health meeting

Professional Development/Conferences:

- Attended the “Latest Update on Urgent Virus Outbreaks” webinar

Ad-hoc Meetings/Events:

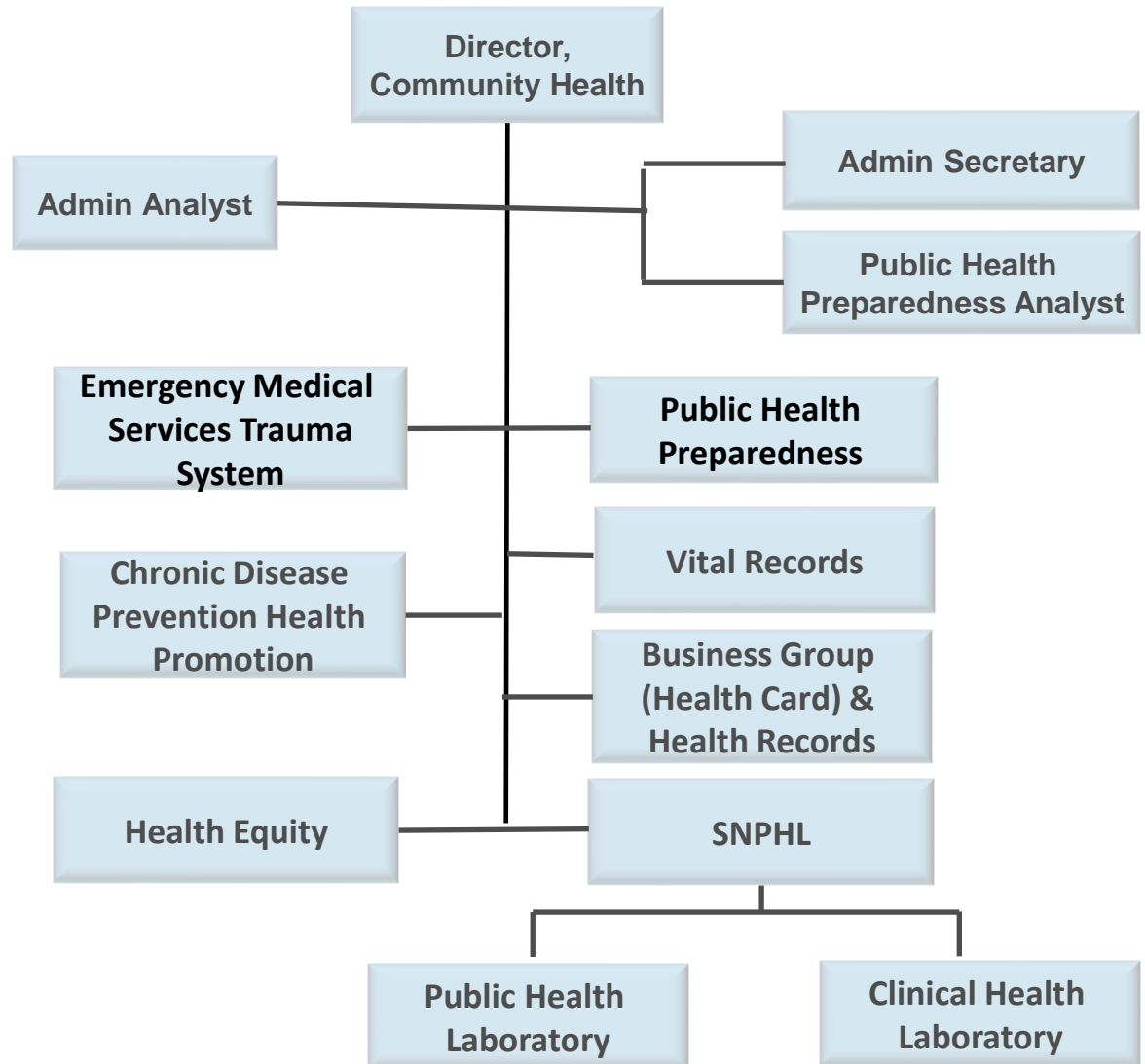
- Attended the Winter 2023 In-Person Member Meeting facilitated by the Big Cities Health Coalition (BCHC)
- Attended a visit to Capitol Hill with BCHC and NACCHO member leadership

Dr. Michael Johnson
Community Health
Division Director
4/27/2023

Southern Nevada Public Health Laboratory Update



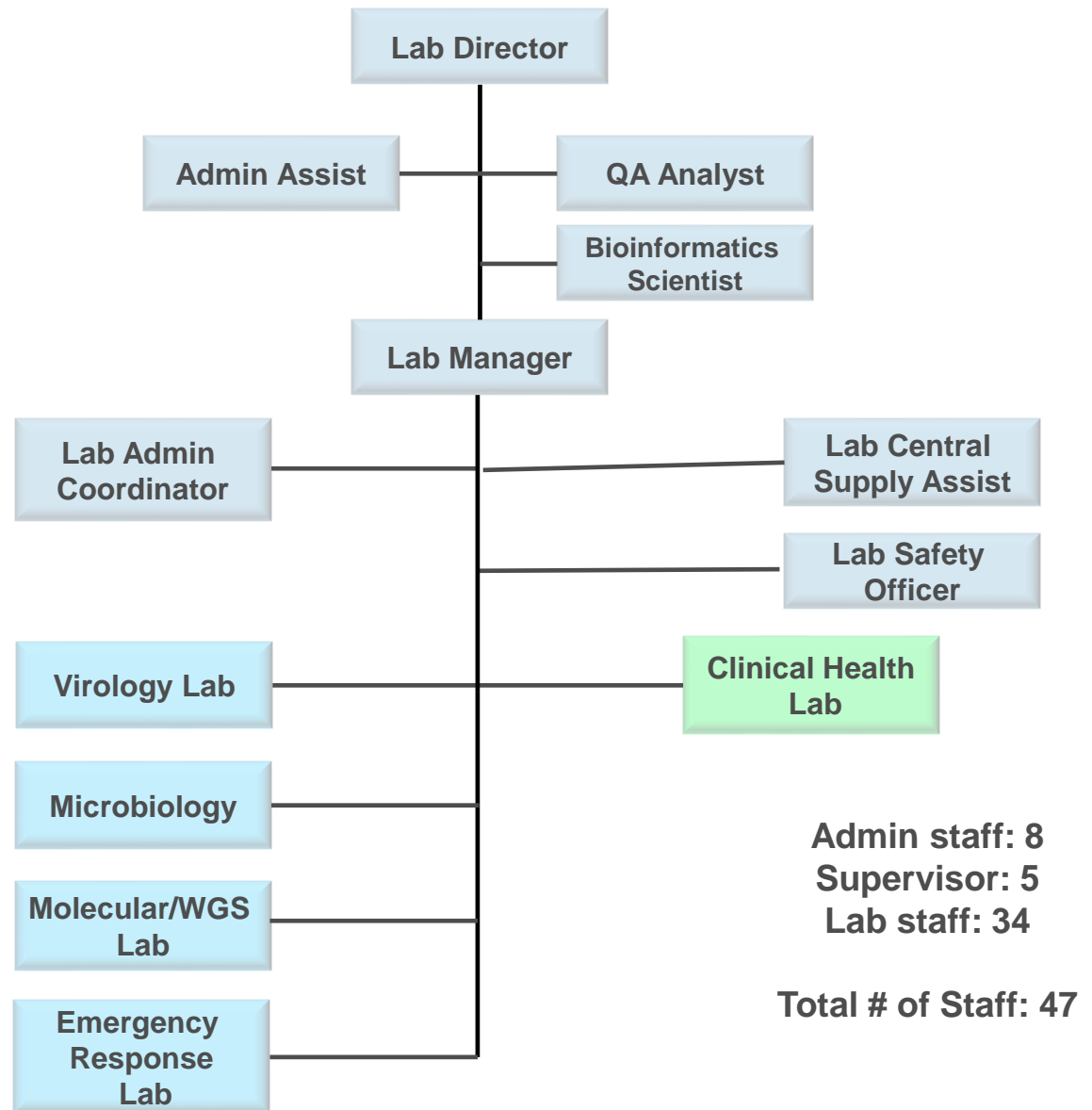
Organization Chart of Division of Community Health



Organization Chart of SNPHL

Organization Chart of SNPHL

Organization Chart of SNPHL



Programs of SNP HL

- **Disease Prevention, Control, and Surveillance**
 - Foodborne pathogen surveillance
 - Respiratory virus surveillance
 - Mosquito disease (Arbovirus) surveillance
 - Vaccine-Preventable disease surveillance
 - Gastrointestinal disease outbreak investigations
 - Respiratory viruses outbreak investigations
 - Microbiology laboratory (NRS submissible isolates)
- **Public Health Preparedness and Response.**
 - Select agent and toxin testing for law enforcement samples
 - Confirmation test for BioWatch lab
 - Clinical specimens from hospitals and sentinel laboratories

Programs of SNPHL

Clinical Health Laboratory

- **Primary Preventive Care:**
 - *Community Health Nursing*
 - *Sexual Health Clinic*
 - *Tuberculosis*
- **Disease Surveillance & Control:**
 - *Disease Surveillance*
 - *Epidemiology*
 - *Informatics*
- **FQHC:**
 - *Family planning*
 - *Primary Care Clinic*
 - *Ryan White*

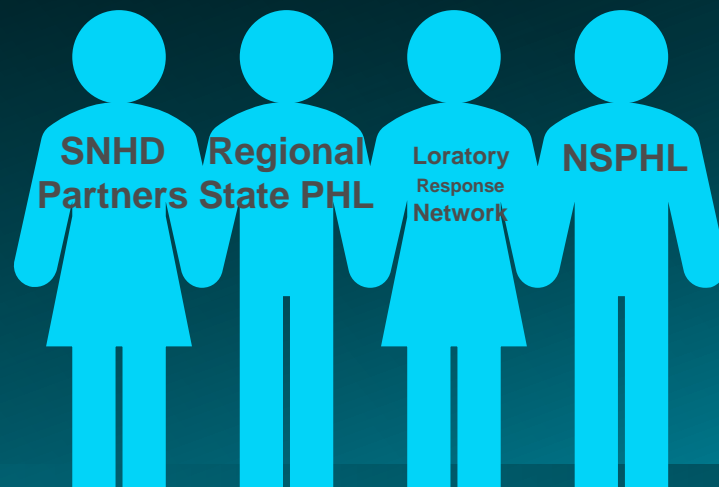
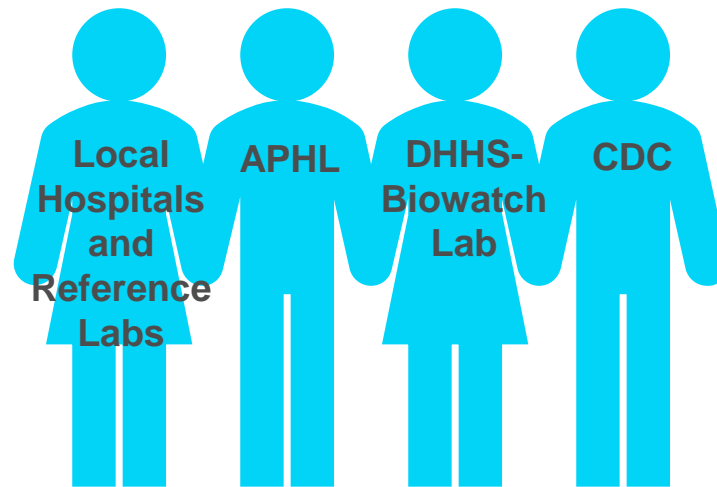
Current service menu

- ❖ HIV and STD
- ❖ Hepatitis
- ❖ TB
- ❖ SARS-CoV-2

Proposed new service menu

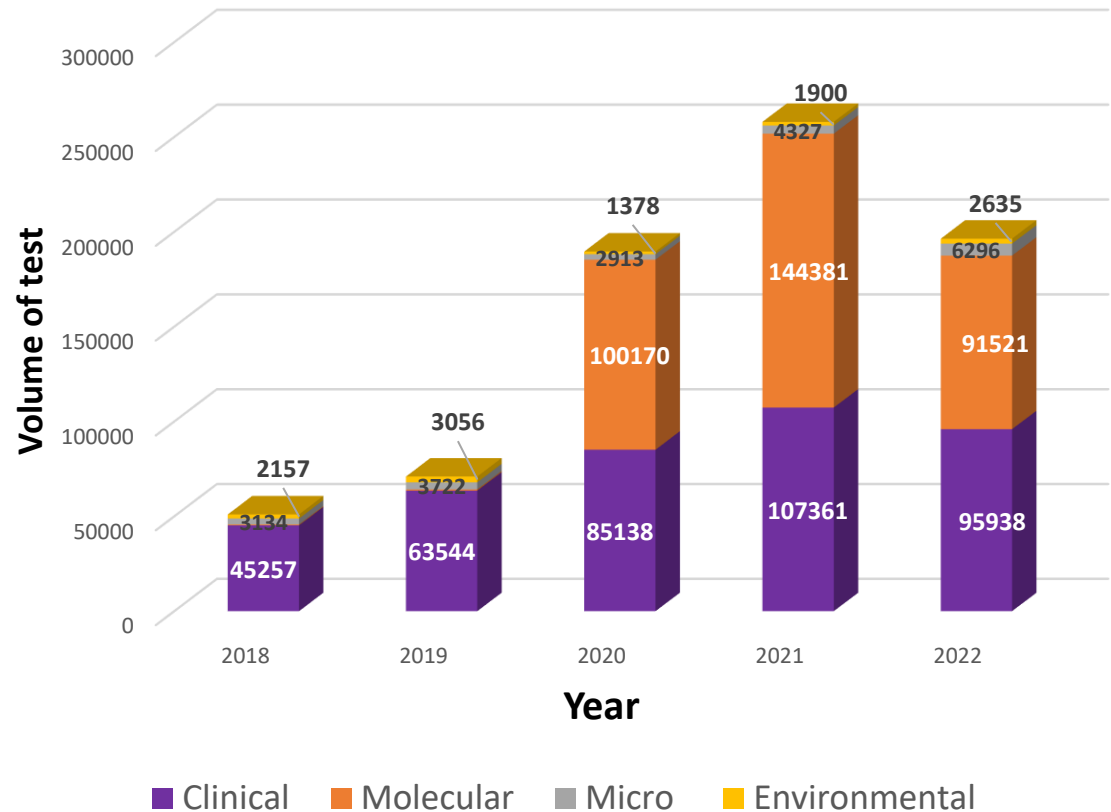
- ❖ Clinical Chemistry
- ❖ Hematology
- ❖ Urine analysis

Partners of SNPHL



What we Learn from the Impact of the COVID-19 Pandemic

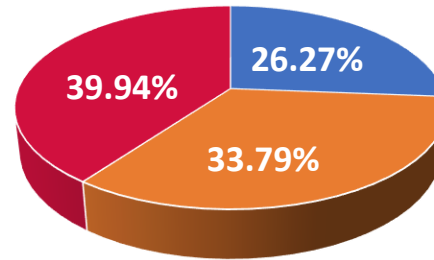
The Test Volume Before and After COVID-19 Pandemic



Lab	2018	2019	2020	2021	2022
Clinical	100%	140%	188%	237%	212%
Molecular	100%	147%	22211%	32014%	20293%
Micro	100%	119%	93%	138%	201%
Environmental	100%	142%	64%	88%	122%

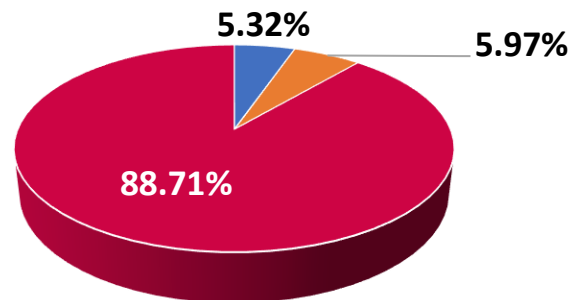
Laboratory Funding Support

Funding Support for Laboratory Operation Before COVID-19 Pandemic



■ GFPHL ■ GFCL ■ Federal Grant Funds

Funding Support for Laboratory Operation after COVID-19 Pandemic



■ GFPHL ■ GFCL ■ Federal Grant Funds

Funding support:

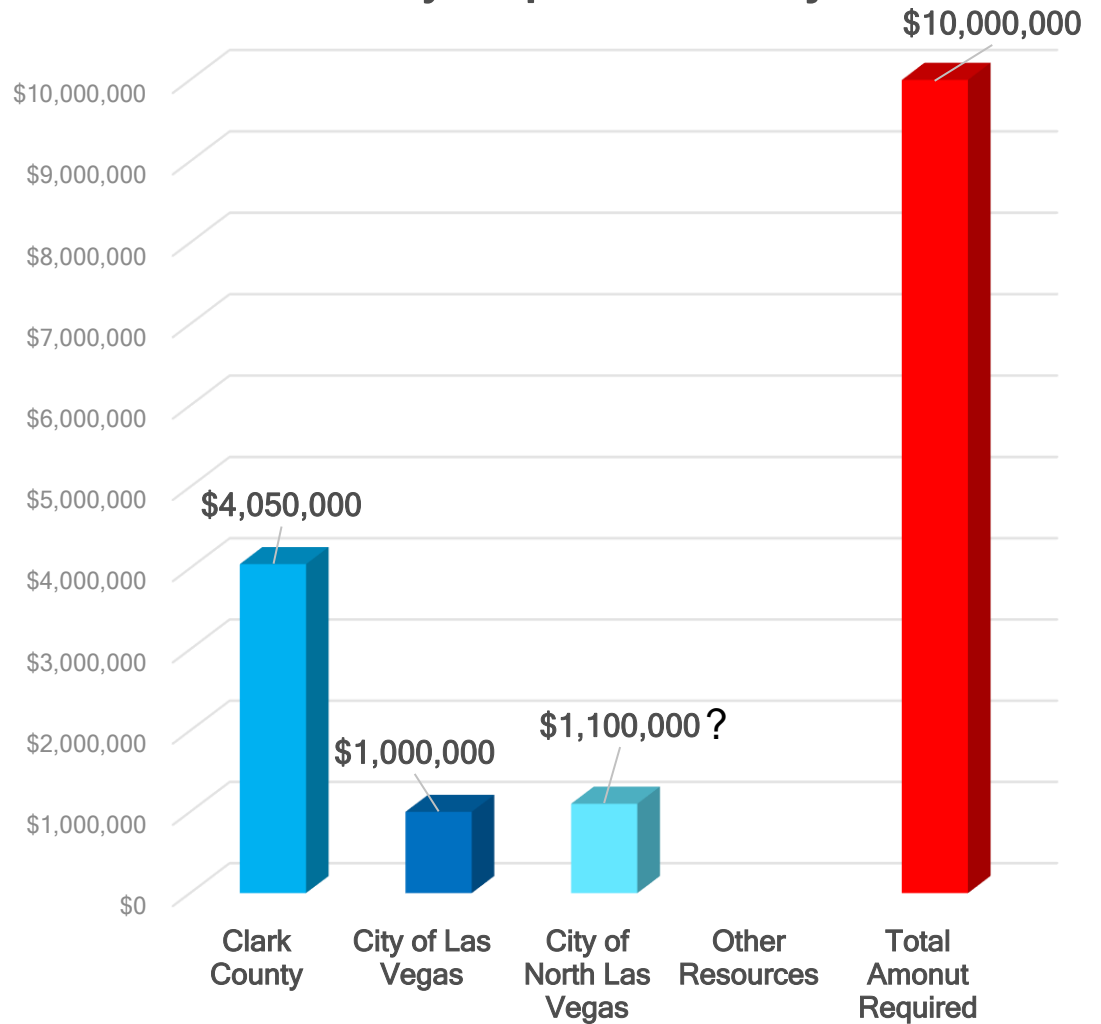
- Federal Grant Fund
 - ELC Core, PHEP
- Local fund
 - General fund (Clark County property tax dollars) for PHL and Clinical Laboratories
- The total expenditure for FY19 is \$2,778,491.88

Funding support:

- Federal Grant Fund
 - ELC Core, PHEP, ELC COVID, PHI
- Local fund
 - General fund (Clark County property tax dollars) for PHL and Clinical Laboratories
- The total expenditure for FY22 is \$18,453,955.92

Laboratory Funding Support

Funding Support for SNPHL Laboratory Expansion Project



Projects Proposed for the SNPHL Annex Building

Projects for SNPHL Annex Building

- **Enhance viral pathogens and outbreak investigation.**

Expand the lab space and allow SNPHL to add an automated liquid handler, nucleic acid extractor, and PCR testing platforms in preparation for potential future pandemic surge response.

- **Increase the whole genome sequencing (WGS) capacity and capability across all pathogen testing at SNPHL.**

Continue to meet the standard for monitoring SARS-CoV-2 as well as other human pathogens, providing data for genotyping, active surveillance, and epidemiological linkage between cases and environmental (e.g. GC/CT, Mpox, RSV, Legionella, Norovirus, and C. auris etc.) exposures.

- **Provide SNPHL with a modern LRN-B BSL-3 laboratory.**

Allow our laboratory to increase test volume and LRN-B capabilities to match the growing population and tourism in Clark County. Continue to serve as SNPHL's primary function for PHEP activities and Bioterrorism response.

- **Provide a dedicated training space for BSL-3 activities.**

A new and modern BSL-3 in the Annex building would allow us to use the existing BSL-3 for training purposes and could serve as a backup BSL-3 in extenuating circumstances.

Projects Proposed for the SNPHL Annex Building

Projects for SNPHL Annex Building

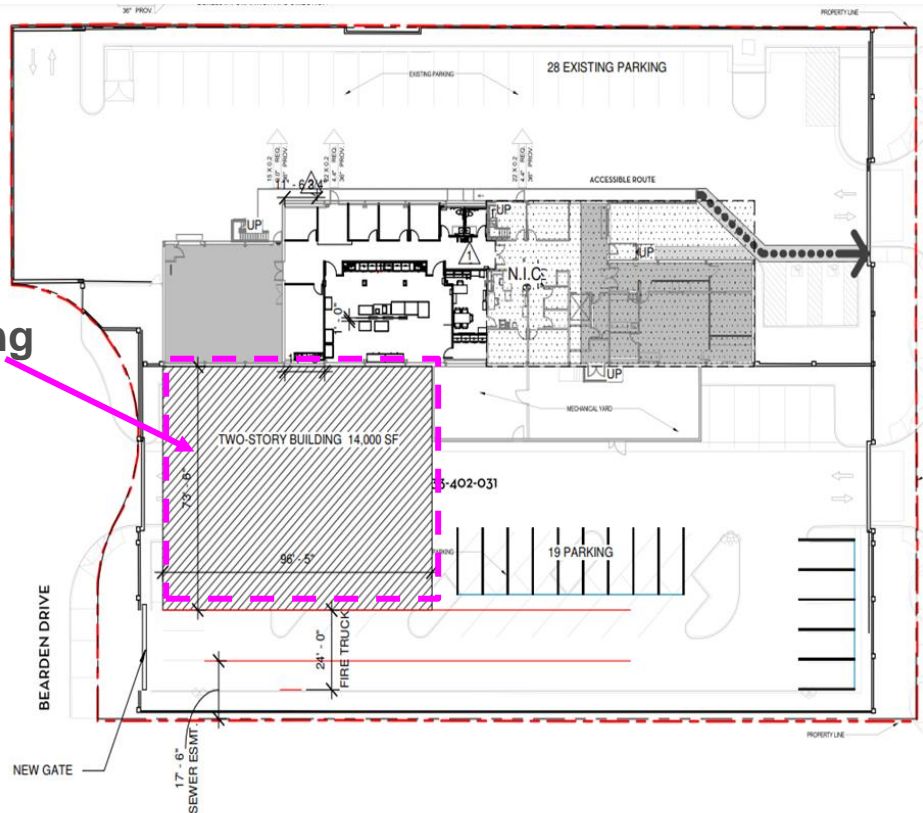
- **Enhance clinical microbiology surveillance program.**
 - Growth of environmental microbiology testing to include Legionella water testing and food testing in a new Microbiology environmental surveillance space.
 - Bacterial pathogens including Candida auris and Carbapenem Resistant Organisms (CRO) could be added.
- **Additional space for surge accessioning, shipping, or other lab logistics.**

Additional space is needed for laboratory logistics and an area where National Guard or other surge entities may be set up to help in pandemic other emergency responses.
- **Prepare for increased test volumes over the next 10 years.**

As public health responses and surveillance change with emerging threats or pandemics, the SNPHL space can be set up and grown to accommodate these sudden changes in testing demand.

Location of SNPHL Annex Building

Annex Building



Lab Expansion:

- Two Floor Building
- Total 14,000 SF
- Phase I and II
- 1st Floor: Molecular/WGS; Security; Accessioning; Conference Room
- 2nd Floor: BSL-3; Clinical Micro; Chemistry Lab; Offices

P3

OPTION#3

SNHD LAB EXPANSION

Southern Nevada Health District



Orientation

IZ design studio

design...sustainability...architecture.

7229 W Sahara Ave, Suite 120, Las Vegas, NV 89117 PH:702.441.0026 FX:702.475.4755 www.izdesignstudio.com

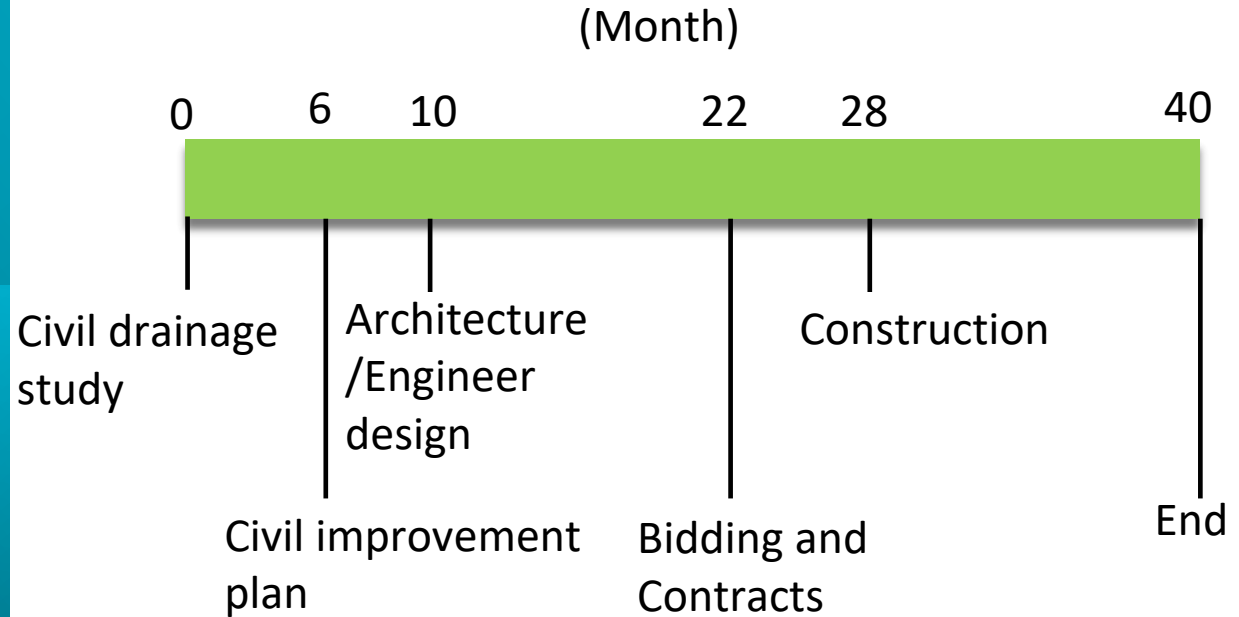
Scale 1" = 30'-0"

Date: 08/03/22



Timeframe for Building the New Annex Lab Building

Timeline for the Major Milestones of the Laboratory Expansion



❖ Estimated timeline is July 2023 to November 2026



Questions



Federally Qualified Health Centers (FQHC)

Randy Smith, FQHC Operations Officer



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center (SNCHC)

Established in October 2019 through a Health Resources & Services Administration (HRSA) New Access Point (NAP) grant.

SNCHC Mission Statement

*The mission of the Southern Nevada Community Health Center (SNCHC) is to serve residents of the **89107** ZIP code area in addition to Clark County residents from other underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.*

May 2022: 89030, 89104, 89110, 89115, 89121, 89122, 89142, 89156

Services and Calendar Year (CY22)Utilization

- Services include:
 - Primary Medical – Health Center Program
 - Family Planning – Title X
 - HIV/AIDS Care – Ryan White
 - COVID-19
 - Behavioral Health – *(new clinic site at Decatur in CY23)*
 - Pharmacy – 340b Program
 - Oral Health *(future clinic at the Fremont Public Health Center)*
- CY22:
 - 6,343 patients served
 - 16,642 visits provided

SNCHC Provider Team for FY24

- 1.0 FTE Medical Director
- 2.0 FTE Staff Physician
- 6.0 FTE Mid-Level Provider (APRNs)
- 1.0 FTE Behavioral Health Manager
- 2.0 FTE Licensed Clinical Social Worker (LCSWs)
- 1.0 FTE Psychiatric APRN
- 1.0 FTE Registered Dietician
- 0.3 FTE Infectious Disease MD (contracted)

HRSA Health Program

Bureau of Primary Health Care

Federal Qualified Health Center (FQHC)

Nearly 1,400 organizations providing services nationwide through 15,000 clinic sites.

Who can be designated?

- Non-Profit Organizations
- Public Agency Organizations
- Tribal or Urban Indian Organizations

What are they?

Health centers are **community-based** and **patient-directed** organizations that **provide affordable, accessible, high-quality primary health care services** to individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

The **Target Population** for FQHCs are individuals and families with incomes **below 200% of the Federal Poverty Guideline**.

Community Need – New Access Points

New Access Point (NAP) grants provide an opportunity to apply to receive designation as a FQHC

NAPs are funded to support the needs of:

Medically Underserved Areas (MUPs) or Medically Underserved Populations (MUPs)

- MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services

Health Professional Shortage Areas (HPSA)

- A geographic area or population with a shortage of primary medical, dental, or mental/behavioral health providers
- Service Area Competition (SAC) every three years to maintain designation

Required Services & Delivery Method

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care			
Diagnostic Laboratory			
Diagnostic Radiology			
Screenings			
Coverage for Emergencies During and After Hours			
Voluntary Family Planning			
Immunizations			
Well Child Services			
Gynecological Care			
Obstetrical Care			
• Prenatal Care			
• Intrapartum Care (Labor & Delivery)			
• Postpartum Care			
Preventive Dental			
Pharmaceutical Services			
HCH Required Substance Use Disorder Services			
Case Management			
Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation			

Additional Services

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services			
• Substance Use Disorder Services			
Optometry			
Recuperative Care Program Services			
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition			
Complementary and Alternative Medicine			
Additional Enabling/Supportive Services			

Clinical Staffing

- The health center must provide the required primary and approved additional health services of the center **through employed staff or through contracts or cooperative arrangements.**
- The health center must provide the health services of the center so that such **services are available and accessible promptly, as appropriate, and in a manner that will assure continuity of service** to the residents of the center's service area.
- The health center must utilize staff that are **qualified by training and experience** to carry out the activities of the center.
 - Credentialing and Privileging

Accessible Locations and Hours of Operation

The **required primary health services of the health center must be available and accessible** in the service area of the center promptly, as appropriate, and in a manner which ensures continuity of service to the residents of the center's service area.

- Decatur and Fremont
- Monday – Friday 8am – 6pm
- Telehealth

Responding to Emergencies & Continuity of Care

Provisions for promptly **responding to patient medical emergencies during** the health center's regularly scheduled hours; and

Clearly defined arrangements for promptly **responding to patient medical emergencies after** the health center's regularly scheduled hours.

- Nurse advise line and on-call providers

The health center must develop an ongoing referral relationship with one or more hospitals.

- UMC

Quality Improvement/Assurance (QI/QA)

The health center must have an **ongoing (QI/QA)** system that includes **clinical services** and **clinical management** and **maintains the confidentiality of patient records**.

The health center's ongoing QI/QA system must provide the following:

- **Organizational arrangements**, including a focus of responsibility to support the quality assurance program and the provision of high-quality patient care; and
- **Periodic assessment of the appropriateness of the utilization of services and the quality of services** provided or proposed to be provided to individuals served by the center.
 - Quality Improvement and Risk Management Plans
 - Provider Peer Review

Collaborative Relationships

The health center must make every reasonable effort to **establish and maintain collaborative relationships**, including with other health care providers that provide care within the service area, local hospitals, and specialty providers, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.

To the extent possible, the health center must **coordinate and integrate project activities** with the activities of other federally-funded, as well as State and local, health services delivery projects and programs serving the same population.

Sliding Fee Discount Program

No patient denied services for inability to pay.

Prepare a schedule of discounts [sliding fee discount schedule] to be applied to the payment of such fees or payments, by which **discounts are adjusted on the basis of the patient's ability to pay.**

Billing and Collections

- The health center must make and continue to **make every reasonable effort to collect appropriate reimbursement for its costs on the basis of the full amount of fees and payments for health center services** without application of any discount when providing health services to persons who are entitled to:
 - Medicare coverage under title XVIII of the SSA [42 U.S.C. 1395 et seq.];
 - Medicaid coverage under a State plan approved under title XIX of the SSA [42 U.S.C.1396 et seq.]; or
 - Assistance for medical expenses under any other public assistance program (for example, CHIP), grant program, or private health insurance or benefit program.

Prospective Payment System (PPS) Reimbursement

- Eligible for PPS reimbursement rate for qualifying claims
 - Medicaid
 - Medicare
- This enhanced reimbursement rate helps to defray the costs of providing uncompensated care to uninsured patients as well as the cost of providing enabling services:
 - Interpreting Services
 - Transportation Assistances
 - Care Coordination
 - Eligibility/Enrollment Assistances

Governing Board

Composition Requirements – no less than 51% patient

The health center must establish a governing board that has specific **responsibility for oversight of the Health Center Program project**.

The health center governing board must have **authority for establishing or adopting policies for the conduct** of the Health Center Program project and for updating these policies when needed.

The health center governing board **must approve the selection and termination/dismissal** of the health center's Project Director/Chief Executive Officer (CEO).



Thank you.

MEMORANDUM



Date: April 27, 2023
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Subject: **Administration Division Monthly Report – March 2023**

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Executive Summary

In summary, all the departments continue to see an increase in activity and outreach, with the commencement of the Legislative Session. The Office of Communications issued six News Releases and responded to several media requests for interviews/statements from staff, on fentanyl, street vendors, HIV among women and girls, Narcan availability, increase in Candida auris cases, and more. As of March 31, 2023, the Health District had 768 active employees, with a total number of vacancies of 11.4 FTEs and a total number of positions in recruitment of 30 FTEs. The Human Resources Department arranged 147 interviews, extended 44 job offers (five offers declined) and successfully completed 15 new hires, including one rehire and one promotion. There were 14 recruitments that were posted.

Office of Communications

News Releases Disseminated:

- March 29, 2023: 2023 County Health Rankings Released
- March 27, 2023: Southern Nevada Health District hosts County Health Rankings briefing
- March 23, 2023: World TB Day calls attention to global disease
- March 16, 2023: American Diabetes Alert Day is March 28

- March 09, 2023: March 10 is National Women and Girls HIV/AIDS Awareness Day
- March 03, 2023: Health District investigating cases of Legionnaires' disease

Press:

During March, public health topics in the media included:

- Fentanyl
- Street vendors
- School breakfast week
- HIV among women and girls
- Narcan availability
- Diabetes Alert Day
- COVID-19 anniversary
- Increase in Candida auris cases
- County Health Rankings
- Legionnaire's Disease reported at Orleans Hotel

480 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in March. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202303-oc-media-report](#).

Informational Products, Campaigns and Collateral Materials:

Event planning for Walk Around Nevada and the National Public Health Week were a focus this month. Staff provided support for the Walk Around Nevada employee engagement event and prepared for National Public Health Week recognition activities for Health District employees. Digital content was developed for National Public Health Week.

Staff continued to promote the Arm in Arm COVID-19 booster vaccine campaign and vaccine and testing clinics on social media. #VaxFacts, #NationalNutritionMonth, #StopHIVtogether, National Women and Girls HIV/AIDS Awareness Day, #MotivationalMonday, an event featuring the Mammovan at the Fremont Public Health Center, homebound vaccine services, the County Health Rankings, the Legionnaires' outbreak survey, Long COVID-19 survey, and Boosty the Bear were all promoted on digital platforms. Videos posted this month included the employee Walk Around Nevada Challenge at Springs Preserve and a Back-to-School clinic.

Ongoing updates were completed for all departments on the Southern Nevada Health District website. Staff provided support for Office of Chronic Disease Prevention and Health Promotion initiatives including smoking cessation, diabetes management and nutrition. Graphics were produced for National Tuberculosis Day, the Health Equity, Workforce Diversity, and Southern Nevada Substance Misuse and Overdose Prevention Summit Logo. Staff produced collateral/signage material for Ryan White, Back to School, mpox, immunizations, COVID-19, and the Mammovan event. Translation services were also provided for several departments within the Health District.

Community Outreach:

- March 24, 2023: World TB Day
- March 27, 2023: Valley High School Back to School Vaccination Clinic
- Arm in Arm Campaign activities:
 - March 1, 2023: UNLV vs Utah State Basketball game – tabling and collateral distribution
 - March 1, 2023: Nevada Children's Reading Week @ Booker Elementary School – collateral distribution

- March 6, 2023: American Red Cross Blood Drive – collateral distribution
- March 18, 2023: Sandra Harris Women’s Conference – collateral distribution
- March 18, 2023: Bunny Hop Pearson Community Center – tabling and collateral distribution
- March 19, 2023: Blackyard Boogie at Majestic Park – tabling and collateral distribution
- March 22, 2023: Food & Grove at Parkdale Recreation and Senior Center – collateral distribution
- March 22, 2023: Nurturing Parents & Families at West Las Vegas Library – collateral distribution

Community/ Partner Meetings and Events of Note:

- March 01, 2023: COVID-19 Arm in Arm Bi-weekly meeting
- March 03, 2023: NPHA Weekly Legislative call
- March 07, 2023: National Public Health Week meeting
- March 10, 2023: NPHA Weekly Legislative call
- March 10, 2023: Big Cities Health Coalition PIO monthly communications call
- March 14, 2023: Getting Ready for the 2023 County Health Rankings Release! webinar
- March 14, 2023: Mobile Health Collaborative meeting
- March 15, 2023: COVID-19 Arm in Arm Bi-weekly
- March 16, 2023: CVDIS Monthly meeting
- March 17, 2023: NPHA Weekly Legislative call
- March 20, 2023: CDC Response All-STLT Update call
- March 22, 2023: NPHIC/CDC Monthly Communications call
- March 29, 2023: County Health Rankings
- March 30, 2023: FQHC Monthly Update meeting

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
March 1-30, 2023	30	16	53%	37

Facilities

March statistics will be submitted with next month’s report

Finance

Total Monthly Work Orders by Department	Mar 2022	Mar 2023		YTD FY22	YTD FY23	
Purchase Orders Issued	490	601	↑	3894	4525	↑

Grants Pending – Pre-Award

Grants in Progress – Post-Award

* Grant applications created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

6	6		64	33	↓
22	13	↓	189	100	↓

Grants Expired – March 2023						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Ryan White Part B Non-Medical Case Management (rwb2nm22)	PT-HRSA	3/14/2022	\$184,016	FY2022 renewal	2.30	FY23 is pending
Family Planning Program FY2022 (fp_22)	P-OASH	3/30/2022	\$1,948,216	FY2022 renewal	0.00	Year 1 of 2
NIH - CFAR/ARC/EHE Supplemental (UCSD) - Amendment 1 (cfar-23)	PT-NIH	3/31/2023	\$119,724	amendment 1	0.40	CFAR_23 submitted
Bloomberg - Groundwater Advisory Board (gwadv_22)	Johns Hopkins	3/31/2023	\$17,953	end of contract	0.55	SNHD will discuss additional opportunities with funder
HRSA - HC COVID Response funding #4 (hcvd4_21)	F-HRSA	3/31/2023	\$2,892,000	end of grant period	11.68	hcvd5 is active
State NV - RWB CM - HRSA/Rebates SG25628 (RWB2CM22)	PT-NV-DHHS	3/31/2023	\$341,984	end of subaward period; FY23 is pending	2.65	FY23 is pending
NIH - Opportunities for HIV PrEP Engagement (UCSD) (shucsd23)	PT-NIH	3/31/2023	\$91,498	amendment 1	0.77	end of performance period; SNHD is discussing no cost extension
University of Washington Scaling up HIV Prev Srvcs UWSC13075 (stdsc_21)	PT-CDC	3/31/2023	\$70,409	stdsc_23 in progress	0.40	stdsc_23 is in progress
University of Washington Scaling up HIV UWS13075 (stdsc_21 A1) (stdsc_22)	PT-CDC	3/31/2023	\$73,499	stdsc_23 in progress	0.45	stdsc_23 is in progress

Grants Awarded – March 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
American College of Preventive Medicine COVID-19 (hcvapm22)	PT-CDC	3/1/2023	12/2/2022	7/30/2023	\$100,000	Amendment #2	0
State of NV - Homeland Security Grant Program (snctc_23)	P-DHS	3/6/2023	10/1/2022	9/30/2024	\$118,980	FY2023 renewal award	1
Council of State and Territorial Epidemiologists, Data Science Team Training (dstt_23)	O-CSTE	3/22/2023	1/1/2023	12/31/2023	\$10,000	New effort	0
HRSA American Rescue Plan - Health Center Construction and Capital Improvements COVID-19 (hccvd_22)	F-HRSA	3/17/2023	9/15/2021	9/14/2024	\$600,474		0
Tobacco Control Program, amendment #1 (tob_22)	P-CDC	3/22/2023	4/29/2022	4/28/2023	\$170,000	additional funds	0
COVID-19 Health Disparities, Amendment #1 (ndoccd22)	P-CDC	3/21/2023	7/1/2021	5/31/2024	\$326,020.00	Amendment #1	2.00
STD Surveillance Program Supplemental (stdsp_23)	P-CDC	3/30/2023	2/1/2023	12/31/2023	\$1,201,394	New effort	12.8
Title X, Family Planning Program, Yr 1 of 2 (fp_23)	F-OASH	3/21/2023	4/1/2023	3/31/2024	\$1,643,365	New effort	12.2

Contracts Awarded – March 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
City of Las Vegas - Health Equity and Literacy (hcheal23)	ILA	3/20/2023	7/1/2022	6/30/2023	\$247,346.00	Interlocal agreement	0.15
American Cancer Society, Inc., HPV Collaborative	Contract	3/21/2023	1/1/2023	12/31/2023	\$15,000.00	New effort	0.055

Contracts Awarded – March 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Project (acshpv23)							

Human Resources

Employment/Recruitment:

- 0 New job titles for March
- 768 active employees as of March 31, 2023
- 15 New Hires, including 1 rehires and 1 reinstatement
- 14 Terminations, including 5 retirements
- 5 Promotions, including 1 Flex-reclass
- 2 Transfers
- 0 Demotion
- 44 Annual Increases
- 35 Evaluations received and recorded in One Solution
- Total number of vacancies: 11.4 FTEs
- Total number of positions in recruitment: 30 FTEs
- 147 Interviews
- 44 Offers extended (5 offers declined)
- 14 Recruitments posted
- Turn Over Rates
 - Administration: 0.61%
 - Community Health: 2.08%
 - Disease Surveillance & Control: 2.22%
 - Environmental Health: 1.69%
 - Primary & Preventive Care: 1.68%
 - FQHC: 2.47%

Temporary Employees

- 55 Temporary Staff
- 4 New Agency Temporary Staff Member
- 1 Agency Temporary Staff Member assignment ended
- 0 canceled
- 2 resigned
- 0 converted to SNHD Employee
- 2 term
- 26 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
- 14 temporary staff from Maxim with 0 pending positions open
- 14 temporary staff from Robert Half with 1 pending positions
- 0 temporary staff from Manpower with 0 pending positions
- 1 temporary employee from RPHontheGO with 0 pending positions

Benefits

*March statistics will be submitted with next month's report

Employee/Labor Relations

- 1 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 1 Final Written Warnings, 1 Termination, 3 Probationary Releases
- 3 Grievances
- 0 Arbitrations
- 20 hours of Labor Meetings (with Union)
- 60 hours Investigatory Meetings
- 6 Investigations
- 20 Complaints & Concerns
- 80 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 7

Administrative Activity

- Bilingual Process
- Compile and publish HR Newsletter
- NEOGOV maintenance, configuration, and training
- Licensure updates
- Credentialing/Privileging Process
- 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
- Assist OD with updating POOL/PACT statuses

Meetings

- ER/LR/Recruitment Team Meeting
- Strategic Training meetings with Departments – Recruitment
- Webinars
- Roseman University Job Fair
- UNLV School of Public Health Job Fair
- Monthly Case Updates with Pool Pact Attorneys
- Monthly JLMC Meeting
- SEIU Meetings
- Benefit Orientation

Projects/Other items:

- Job Descriptions
- Procedure documentation for privileging process
- Attendance policy
- PTO/Vacation Conversion

- Personnel Code
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- Leadership Development Training
- File room cleaning
- Participating in planning Public Health Week for employees
- Typing training

Organizational Development and Strategy:

- Workforce Development
 - LMS (Learning Management System) deployment
 - Moving from the legacy learning management system to one integrated with NeoGov holding all employee data and training data for compliance and developmental training
 - The new system holds promise to collect, record, and remind of expirations of certifications and credentials which could include providers in the clinics
 - Leveraging Pool Pact for facilitation of Essential Management Skills aimed at first time supervisors
 - 4 days of live instruction, offsite, spread across April and May
 - Participants will receive a certificate
 - No additional cost for SNHD
 - 3 staff members from Boulder City joined the course with one additional from the 8th Judicial Special District
 - CSN supported this effort with access to a classroom at the W. Charleston campus for all four days
- Launched the first District Engagement survey since 2019
 - 68% response rate with the lowest division returning over 58% of staff responses
 - Measured motivation, execution, ability to change, teamwork, trust, and engagement.
 - The team is reviewing the data and preparing to announce immediate interventions to drive engagement and performance
 - Focus groups have been enlisted to dive deeper into some data that does not map clearly to an intervention
 - Per requests from staff, a dedicated intranet page will list updates on progress and programs stemming from the survey
- SNHD 3-year Strategic Plan
 - Held the kickoff meeting with Board members regarding formulation of agency strategic plan
 - Estimate publishing no later than 11/30/2023
- Quality Improvement
 - Administered HR Customer Satisfaction Survey
 - Collaborating on interventions with HR and other departments
 - Interventions around improvement in onboarding for new staff has already begun
 - The survey pointed to a lack of awareness of benefits already available. Benefits Fairs and some focus groups will focus on identifying new opportunities for staff
 - Staff member is halfway through 6-month blended learning course re. Managing QI through Institute for Healthcare Improvement.
 - Focusing on managing a successful QI program and mindset agency-wide

- New templates and simplified forms and deeper ways to measure and validate data have been implemented in some projects
- The annual report to retain PHAB Accreditation status was submitted.
 - The bulk of the submission was a completed QI project at SNPHL to demonstrate the District's growth after attaining Accreditation in March of 2022 in fulfilling the 10 Domains established by PHAB.
 - 2022 was the first year that QI /Performance Management received a dedicated domain in the PHAB standards and measures

Information Technology

Service Requests	Mar 2022	Mar 2023		YTD FY22	YTD FY23	
Service Requests Completed	966	1,293	↑	8,429	9,859	↑
Service Requests Opened	961	1,401	↑	8372	10,034	↑

Information Services System Availability 24/7

Total System	99.95	99.42	↓	99.94	99.25	↓
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*Total Monthly Work Orders by Department

Administration	388	445	↑	2,367	2,983	↑
Community Health	232	169	↓	1,834	2,090	↑
Environmental Health	103	155	↑	1,069	1,381	↑
**Primary & Preventive Care		231			466	
**Disease Surveillance & Control		202			333	
**FQHC		155			298	
Other		12			25	

First Call Resolution & Lock-Out Calls

Total number of calls received	949	1,401	↑	8,360	10,034	↑
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*The section has been updated to reflect the more current Department Organizational Structure.

**No historical info from previous years to report, YTD beginning Feb 2023

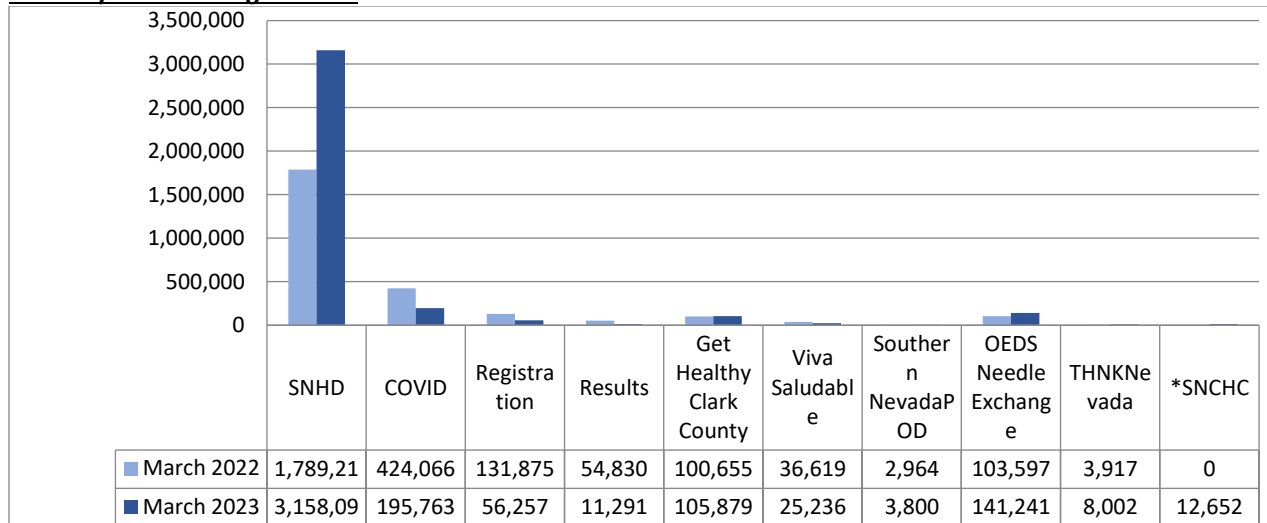
Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

	Mar 2022	Mar 2023		YTD FY22	YTD FY23	
Media - Print Articles	64	28	↓	774	637	↓
Media - Broadcast stories	145	89	↓	2,058	1,359	↓
Collateral - Advertising/Marketing Products	101	137	↑	557	509	↓
Community Outreach - Total Volunteers ¹	6	8	↑			
Community Outreach - Volunteer Hours	566	516	↓	4,581	4,348	↓

¹Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



*SNCHC website views not captured in 2022.

Social Media Services		Mar 2022	Mar 2023		YTD FY22	YTD FY23
*Facebook SNHD	Likes/Followers	12,861	13,245	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6,160	6,112	↓	N/A	N/A
*Facebook SHC	Likes/Followers	1,686	1,637	↓	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5,567	5,422	↓	N/A	N/A
*Facebook SNHD THNK Project	Likes/Followers	47	45	↓	N/A	N/A
*Facebook Food Safety	Likes/Followers	114	134	↑	N/A	N/A
*Instagram SNHD	Followers	3,761	4,130	↑	N/A	N/A
*Instagram Food Safety	Followers	525	524	↓	N/A	N/A
*Twitter EZ2Stop	Followers	436	434	↓	N/A	N/A
*Twitter SNHDflu	Followers	1,923	1,875	↓	N/A	N/A
*Twitter Food Safety	Followers	94	99	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	344	3,465	↑	N/A	N/A
*Twitter SNHDinfo	Followers	10,389	10,507	↑	N/A	N/A
*Twitter TuSNHD	Followers	338	342	↑	N/A	N/A
*Twitter THNK/ UseCondomSense	Followers	718	703	↓	N/A	N/A
*Twitter SoNVTraumaSyst	Followers	128	130	↑	N/A	N/A
YouTube SNHD	Views	52,525	187,117	↑	685,886	972,073
YouTube THNK/UseCondomSense	Views	309	310	↑	2,739	2,750

*Facebook, Instagram and Twitter numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – March 4 to 17, 2023

PAYROLL EARNINGS SUMMARY March 4, 2023 to March 17, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 344,544.54	\$ 2,037,630.80	\$ 6,468,899.77	\$ 10,370,400.00	62%	
ENVIRONMENTAL HEALTH	\$ 545,392.83	\$ 3,366,638.88	\$ 10,648,445.15	\$ 14,404,469.00	74%	
COMMUNITY HEALTH	\$ 337,590.01	\$ 2,123,417.26	\$ 6,620,253.82	\$ 9,377,765.00	71%	
DISEASE SURVEILLANCE & CONTROL	\$ 398,161.48	\$ 2,471,921.37	\$ 7,639,294.25	\$ 12,188,879.00	63%	
FQHC	\$ 245,503.45	\$ 1,349,473.65	\$ 4,145,258.02	\$ 6,478,743.00	64%	
ADMINISTRATION W/O ICS-COVID	\$ 390,751.90	\$ 2,449,748.55	\$ 7,800,358.53	\$ 10,026,217.00	78%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,261,944.21	\$ 13,798,830.51	\$ 43,322,509.54	\$ 62,846,473.00	69%	73%

FTE 767

Regular Pay	\$ 1,928,247.36	\$ 10,933,280.90	\$ 34,413,237.99
Training	\$ 10,671.26	\$ 70,074.83	\$ 211,412.22
Final Payouts	\$ 1,699.96	\$ 253,492.43	\$ 878,063.37
OT Pay	\$ 35,276.88	\$ 127,025.89	\$ 424,647.80
Leave Pay	\$ 255,932.06	\$ 2,227,517.97	\$ 6,662,916.09
Other Earnings	\$ 30,116.69	\$ 187,438.49	\$ 732,232.07
TOTAL	\$ 2,261,944.21	\$ 13,798,830.51	\$ 43,322,509.54

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT March 4, 2023 to March 17, 2023

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	14.00	407.82	GILLIAM, TINA	15.00	537.30
CORTES SERNAS, FIDEL		8.00	258.24			
CUSTODIO, GERARD DARWIN		15.00	424.58			
DEW, DARNITA	IMMCD_22	8.00	233.04			
INES, HEINRICH	IMMCD_22	12.00	339.66			
LOPEZ, CECILIA		7.00	198.14			
MASTERS, CHRISTOPHER	IMMCD_22	24.50	713.69			
MILEO, JOHN		8.00	308.40			
STEVENS, MICHAEL P		23.50	1,004.98			
VIERA, BELEN		7.00	198.14			
ARRIAGA, JOCELYN		10.00	357.30			
GALAVIZ, MONICA		2.00	122.10			
KEEGAN, DAHLIA J		10.00	485.70			
MALDONADO, JULIE		10.00	510.90			
TAITANO, KYOMI		10.00	322.80			
UBANDO, MARJORIE K		7.00	322.98			
ALVAREZ, RASHIDA J		0.50	21.89			
Total Administration		176.50	6230.36		15.00	537.30

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>
GRIEGO, REY R	PHEPLB23	8.00	488.40	RAMAN, DEVIN C	1.13	52.07
				ANDRADE, JESSICA N	2.25	49.57
Total Community Health Services		8.00	488.40		3.38	101.63

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	HCVD4_21	16.00	666.48			
ANDRADE, DAYSI	FP_22	0.25	8.07			
AVALOS, MAYRA L	FP_21	18.50	1,047.56			
CARREON, GABRIELA		9.00	297.41			
DELGADO, DIANA	FP_22	10.00	580.65			
MANALOTO, XCELZA	FP_21	0.25	15.67			
VALDES AYALA, BEATRIZ	FPNV_23	10.00	366.15			
LEE, MIRIAM	HCVD4_21	0.50	29.03			
LEVINSKY, JUSTIN		5.00	141.53			
MENDOZA, WENDY		1.50	47.14			
LOYSAGA, JENNIFER		7.00	219.98			
Total FQHC-Community Health Clinic		78.00	3419.67		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>
HODGE, VICTORIA	IMMPOX22	6.00	276.84	BRANTNER, LONITA A	0.38	10.96
VALDIVIESO ESTRADA, ISABEL		0.25	13.43	HODGE, VICTORIA	0.38	11.54
FALKNER, LISA M		5.00	178.65	NGUYEN, NORRIS M	1.13	45.79
MORALA, DENNIS	IMMPOX22	9.00	549.45			
PICKERING, SHANNON L	GSSHC_23	1.75	115.42			
ARQUETTE, JOCELYN M	IMMEQ_22	11.75	836.66			
ATENCIO, TONIA	IMMEQ_22	17.00	534.23			
BATACLAN, MARIA	IMMEQ_22	19.00	613.32			
BINGHAM, JULIE	IMMEQ_22	9.5	579.98			
BINGHAM, JULIE	IMMPOX22	9.25	564.71			
DREW, REBECCA M	IMMEQ_22	5.50	186.70			
HENRIQUEZ, SERGIO	IMMEQ_22	8.00	226.44			
LUONG, STEPHEN	IMMEQ_22	26.50	1,538.72			
MACIEL PEREZ, MARISOL	IMMEQ_22	6.50	299.91			
NAGAI, SAGE	IMMEQ_22	18.75	1,144.69			
PETERSON, HOLLY	IMMEQ_22	11.50	758.48			
WALKER, AMBER	IMMCD_22	16.00	571.68			
WONG, MICHELLE	IMMPOX22	6.50	377.42			
Total Primary & Preventative Care		187.75	9366.73		1.88	68.28

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		7.50	494.66	CALZADO, NEIL	17.25	479.03
BUCHER, BRADON		6.25	267.28	CRAIG, JILL	3.75	104.14
CALZADO, NEIL		1.75	72.90	GUZMAN, MICHELLE D	1.50	65.96
CHARFAUROS, ADAIR		2.75	114.55	HERNANDEZ, ALLISON M	7.88	213.02
LUCAS, BRIANNA A		4.25	234.28	JONES, MALLORY	4.13	114.55
MICHEL, GUILLERMO		3.25	135.38	LIZON, ANDREW	0.38	10.41
PARANGAN, CHRISTOPHER D		16.25	830.21	MCCANN, ALEXANDRA	1.88	52.07
RAKITA, DANIEL		9.00	384.89	NAJERA, LUISA	7.50	208.28
RICH, VICTORIA		9.50	510.44	NORTHAM, KORIE	10.50	473.34
SHEFFER, THANH V		14.00	812.91	PONTIUS, KEVIN	1.50	56.63
SRIPRAMONG, JACQUELINE		2.50	104.14	RAKITA, DANIEL	3.38	96.22
THEIN, KELSEY		1.75	72.90	RIEHLE, JOSHUA	0.75	22.48
WHITING, WILLANDRA C		2.00	113.25	ROSS, ALYSSA	3.75	101.44
EDWARDS, TARA A		2.00	128.64	SABANDITH, VETAHYA	1.50	41.66
GUZMAN, MICHELLE D		10.00	659.55	SABOUR, ISABELLA	6.00	162.30
NAVARRETE, GEORGE		6.75	468.59	SHARIF, RABEA	5.63	212.34
PARK, JAMES B		6.00	298.62	SMITH, JESS W	4.88	166.04
SAKAMURA LOW, MIKI K		7.00	438.80	VALADEZ, ALEXIS	1.88	53.46
				WADE, CYNTHIA	1.13	31.24
				WILLS, JERRY A	15.38	497.84
				MCGAHEN, RYAN	3.00	107.46
Total Environmental Health		112.50	6141.99		103.50	3269.90

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>
CABINTE, SERAFINO	EL3MD_21	9.50	366.23	PEREZ, MELANIE J	0.75	26.20
FLOURNOY, TIFFANY D	CFAR_23	13.50	689.72			
GIANG, KHANG B	EL3MD_21	5.00	188.10			
GRIFFIN, ROBERTO G	EL3MD_21	24.50	944.48			
ALLAN-RIVERA, BRIANNA L	CFAR_23	5.00	208.28			
DIGOREGORIO, AMANDA L	CFAR_23	8.00	369.12			
EWING, TABITHA L	CFAR_23	15.50	877.69			
HERRERA, REYNA A	CFAR_23	16.50	864.52			
JOHNSON, JESSICA A	ODTAP_23	3.50	213.68			
JOHNSON, MONIQUE	CFAR_23	22.75	1,162.30			
MONTGOMERY, JOSHUA M	CFAR_23	25.50	1,480.66			
O'CONNOR, KELLI J	CFAR_23	7.50	435.49			
REYES, REBECCA	CFAR_23	3.50	198.19			
SHINGU, MICHELE	HIVPRV23	4.5	268.11			
SHINGU, MICHELE	STD_23	1.5	89.37			
YAMAMOTO, NINA	CFAR_23	9.00	415.26			
ASHRAF, BENJAMIN	IMMEQ_22	17.25	858.53			
Total Disease Surveillance & Control		192.50	9629.73		0.75	26.20
Combined Total		755.25	35276.88		124.50	4003.31

Appendix C – Finance – Payroll Earnings Summary – March 18-31, 2023

PAYROLL EARNINGS SUMMARY March 18, 2023 to March 31, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 344,066.92	\$ 2,381,697.72	\$ 6,812,966.69	\$ 10,370,400.00	66%	
ENVIRONMENTAL HEALTH	\$ 555,795.35	\$ 3,922,434.23	\$ 11,204,240.50	\$ 14,404,469.00	78%	
COMMUNITY HEALTH	\$ 340,472.64	\$ 2,463,889.90	\$ 6,960,726.46	\$ 9,377,765.00	74%	
DISEASE SURVEILLANCE & CONTROL	\$ 404,686.06	\$ 2,876,607.43	\$ 8,043,980.31	\$ 12,188,879.00	66%	
FQHC	\$ 242,366.13	\$ 1,591,839.78	\$ 4,387,624.15	\$ 6,478,743.00	68%	
ADMINISTRATION W/O ICS-COVID	\$ 396,261.15	\$ 2,846,009.70	\$ 8,196,619.68	\$ 10,026,217.00	82%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,283,648.25	\$ 16,082,478.76	\$ 45,606,157.79	\$ 62,846,473.00	73%	77%

FTE 777

Regular Pay	\$ 1,990,785.99	\$ 12,924,066.89	\$ 36,404,023.98
Training	\$ 5,207.04	\$ 75,281.87	\$ 216,619.26
Final Payouts	\$ 6,140.35	\$ 259,632.78	\$ 884,203.72
OT Pay	\$ 30,102.58	\$ 157,128.47	\$ 454,750.38
Leave Pay	\$ 214,187.86	\$ 2,441,705.83	\$ 6,877,103.95
Other Earnings	\$ 37,224.43	\$ 224,662.92	\$ 769,456.50
TOTAL	\$ 2,283,648.25	\$ 16,082,478.76	\$ 45,606,157.79

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT March 18, 2023 to March 31, 2023

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
ARZATE, MARIO	IMMCD_22	18.00	524.34			
CORTES SERNAS, FIDEL		12.00	387.36			
CUSTODIO, GERARD DARWIN		8.00	233.04			
DEW, DARNITA	IMMCD_22	4.00	116.52			
INES, HEINRICH	IMMCD_22	10.00	283.05			
KUAHIWINUI-MCGUIRE, BRANDON		1.00	28.31			
MASTERS, CHRISTOPHER		15.25	444.23			
STEVENS, MICHAEL P		8.00	342.12			
THEDE, STACY	IMMCD_22	8.00	238.44			
URENA, MAITE	IMMCD_22	9.50	276.74			
MALDONADO, JULIE		19.00	970.71			
STAPLE, DANIELE		7.50	413.44			
TAITANO, KYOMI		4.50	145.26			
ZIELINSKI, LYNDIA S		16.00	1,110.72			
YUMUL, JOSEPH Y		1.00	62.69			
Total Administration		141.75	5576.97		0.00	0.00

COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				BARRY, NANCY	0.75	23.65
Total Community Health Services		0.00	0.00		0.75	23.65

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>
CUSTODIO, CHERIE	HCVD4_21	16.00	666.48	MENDOZA, MARIA	1.13	45.79
AVALOS, MAYRA L	FP_21	0.50	28.31			
CARREON, GABRIELA		9.00	297.41			
DELGADO, DIANA	FP_21	0.50	29.03			
DIAZ, MICHELLE I		0.75	28.22			
DUARTE, JOCELYNE		0.25	7.08			
VALDES AYALA, BEATRIZ	FPNV_23	5.00	183.08			
LEE, MIRIAM	HCVD4_21	1.50	87.10			
LOYSAGA, JENNIFER		3.00	94.28			
Total FQHC-Community Health Clinic		36.50	1420.99		1.13	45.79

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>
HODGE, VICTORIA	IMMPOX22	6.00	276.84	BRANTNER, LONITA A	1.13	32.87
JAIME, JENNIFER	IMMFLU23	0.50	18.31	NGUYEN, NORRIS M	1.13	45.79
SPARLIN, AUTUM	IMMPOX22	9.00	509.63	VILLANUEVA, MICHELLE	3.75	164.89
ZARRET, MARIAM	IMMPOX22	9.00	522.59			
PICKERING, SHANNON L	GSSHC_23	7.50	494.66			
AGBAYANI, ANGELINE	IMMEQ_22	0.50	29.03			
ARQUETTE, JOCELYN M	IMMEQ_22	9.25	658.65			
ATENCIO, TONIA	IMMEQ_22	1.50	47.14			
BATACLAN, MARIA	IMMEQ_22	7.50	242.10			
DREW, REBECCA M	IMMEQ_22	7.00	237.62			
LUONG, STEPHEN	IMMPOX22	8.00	464.52			
MACIEL PEREZ, MARISOL	IMMEQ_22	2.50	115.35			
PETERSON, HOLLY	IMMCD_22	7.00	461.69			
WALKER, AMBER	IMMCD_22	6.50	232.25			
WONG, MICHELLE	IMMEQ_22	7.25	420.97			
Total Primary & Preventative Care		89.00	4731.35		6.00	243.55

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		3.00	197.87	AHMED, MARYAM	4.88	131.87
BUCHER, BRADON		3.00	128.30	CALZADO, NEIL	3.00	83.31
CHARFAUROS, ADAIR		1.00	41.66	DIAZ-ONTIVEROS, LUZ	12.00	342.12
CUMMINS, VERONICA J		1.00	49.77	FENG, YUZHEN	7.50	268.65
KAPLAN, KRISTOPHER	FDILL_23	9.50	485.36	JONES, MALLORY	3.00	83.31
LETT, KENDRA A		0.25	14.16	KADERLIK, PATRICIA A	4.50	188.06
MICHEL, GUILLERMO		13.75	572.76	LIZON, ANDREW	3.38	93.72
MORENO, KRISTINA N		2.25	117.89	NAVARRETE, GEORGE	12.00	555.36
PARANGAN, CHRISTOPHER D		8.00	408.72	NORTHAM, KORIE	3.00	135.24
PIAR, DIANE M		4.50	261.29	RAKITA, DANIEL	10.50	299.36
RAKITA, DANIEL		2.50	106.91	ROSS, ALYSSA	5.63	152.16
RICH, VICTORIA		7.00	376.11	SABANDITH, VETAHYA	6.75	187.45
RIEHLE, JOSHUA		9.25	415.83	SABOUR, ISABELLA	9.75	263.74
SHARIF, RABEA		5.75	325.59	SANTIAGO, ANTHONY T	2.63	104.27
SHEFFER, THANH V		18.50	1,074.20	WADE, CYNTHIA	4.50	124.97
SRIPRAMONG, JACQUELINE		3.75	156.21	SMITH, JESS W	2.63	89.41
THEIN, KELSEY		3.00	124.97			
WELLS, JORDAN		3.00	124.97			
WHITING, WILLANDRA C		7.25	410.53			
EDWARDS, TARA A		3.25	209.04			
GUZMAN, MICHELLE D		18.75	1,236.66			
HERNANDEZ, STEPHANIE		3.00	157.19			
NAVARRETE, GEORGE		24.75	1,718.15			
NORTHAM, KORIE		17.25	1,166.45			
FRANCHINO, DOMINICK		2.00	122.10			
HOUSTON, DONNA		1.00	69.42			
Total Environmental Health		176.25	10072.11		95.63	3102.97

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	10.00	366.15	JORGE, MICHELELEE	8.25	217.72
ESTRELLA, CORINA	EL3MD_21	5.50	212.03			
GIANG, KHANG B	EL3MD_21	5.50	206.91			
GRIFFIN, ROBERTO G	EL3MD_21	9.00	346.95			
THOMPSON, DESHAWN	EL3MD_21	11.00	402.77			
ALLAN-RIVERA, BRIANNA L	CFAR_23	6.00	249.93			
BOWERS, JENNIFER D	TBSURV23	2.00	138.84			
CASTRO, JANET V	HIVPRV23	10.00	461.40			
DIGOREGORIO, AMANDA L	CFAR_23	8.50	392.19			
DONNELL, JESSICA M	TBSURV23	2.50	141.56			
EWING, TABITHA L	CFAR_23	13.50	764.44			
HERRERA, REYNA A	CFAR_23	19.50	1,021.70			
JOHNSON, MONIQUE	CFAR_23	6.75	344.86			
JOHNSON, MONIQUE	HIVPRV23	6.25	319.31			
MARTINEZ SAINZ, JOSE R	HIVPRV23	7.00	284.03			
MARTINEZ, EVA	CFAR_23	7.00	291.59			
MONTGOMERY, JOSHUA M	CFAR_23	6.50	377.42			
O'CONNOR, KELLI J	HIVPRV23	14.00	812.91			
REYES, REBECCA	CFAR_23	3.50	198.19			
ROSSI BOUDREAUX THIB, DUSTIN M	CFAR_23	10.00	610.50			
SHINGU, MICHELE	CFAR_23	6.00	357.48			
Total Disease Surveillance & Control		170.00	8301.16		8.25	217.72
Combined Total		613.50	30102.58		111.75	3633.67



Memorandum

Date: April 20, 2023

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, *Director of Community Health*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – April 2023

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

A. Chronic Disease Prevention Program (CDPP)

In February, the CDPP coordinated multiple activities to commemorate Heart Month and raise awareness of hypertension and cardiovascular disease in priority communities. Activities included:

- CDPP staff was a guest on the KCEP Healthier Tomorrow radio program and invited BSHOP partners to join as a guest. Following the show, a listener inquired about how his barbershop could get involved with BSHOP. Staff followed up with the owner.
- A blog post and "Cutting Edge" newsletter was created and posted on the GH website.
- The Office of Communications developed a press release for heart month and CDPP staff participated on the Silver Knights radio show to discuss heart health.
- In partnership with the 100 Black Men, the youth cooking class recipe in January featured a heart healthy dish. In February, heart health educational materials and heart healthy cookbook were disseminated to participants who joined the February virtual class (50 participants).
- BeSHOP: The Beautiful Studio celebrated "Wear Red" Day and held a BP screening event. CDPP CHW screened and educated ten women.
- BSHOP: Seven screening events were held at our BSHOP partner locations during February.
- In partnership with one of BSHOP partners, CDPP joined Robert Taylor's "Health is Wealth Tour" by coordinating a "Move to the Beat" walk at Craig Ranch Park. Over 50 people participated in the event and CDPP staff conducted nine BP screenings.
- Community screening events – four events held screening 56 participants.

- CDPP is partnering with the YMCA to offer a free Healthy Hearts Ambassador Self-Monitoring Blood Pressure Program at the YMCA. Recruitment began in February and is ongoing until class meets full enrollment.

In February, CDPP worked with Promotoras Las Vegas to conduct prediabetes outreach, awareness, and screening in the Hispanic community. CDPP staff trained promotoras and provided outreach materials. Promotoras participated in four community outreach events and conducted over 100 prediabetes screenings. Participants at risk for prediabetes were provided with educational materials and referred to participating clinical partners for education and follow up as appropriate. In addition, prediabetes educational materials in Spanish were distributed in 19 different community locations that serve the Hispanic community.

B. Tobacco Control Program (TCP)

Staff continues to encourage and support the implementation of tobacco-free policies in multi-unit housing through media campaigns, direct calls, in-person visits as needed. Signage and cessation materials are provided as an incentive for policy adoption. This month, five apartment complexes implemented or expanded their smoke-free policy. The online housing directory totals 54,744 smoke-free units.

SNHD staff developed and distributed a web video highlighting the findings of the latest Nevada Youth Risk Behavior Survey report. This video was featured in the February 2023 Tobacco Control Program electronic newsletter.

This month, an African American focused tobacco cessation campaign titled, You Can Do It-Quit For Us, was launched on TV, radio, social media, and web to educate and increase awareness of tobacco-related issues and promote the Nevada Tobacco Quitline. Additionally, staff participated in several African American focused community events to distribute tobacco prevention and cessation information.

This month 25 businesses implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance in the way of model policy language and signage. The policy expansion resulted from a mailer that was sent to businesses in southern Nevada.

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 February:

- SNHD staff trained 24 community-level spokespersons. To date, 289 community-level spokespersons have been trained.
- Three (3) community events to distribute information and promote vaccination occurred in reaching 530 individuals.

- Two (2) pop up vaccine clinics were offered vaccinating 31 people for COVID and 27 for flu. A total of 6,058 vaccines have been provided to date through these efforts.
- The multi-component, English/Spanish language Flu media campaign to reach priority populations continued to air. This 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 January, 1,121,648 people were reached through the campaign.

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

A. OEMSTS – February 2022 / 2023 Data

February EMS Statistics	March 2022	March 2023	
Total certificates issued	644	921	↑
New licenses issued	85	57	↓
Renewal licenses issued (recert only)	369	855	↑
Driver Only	17	33	↑
Active Certifications: EMT	766	853	↑
Active Certifications: Advanced EMT	1587	1640	↑
Active Certifications: Paramedic	1840	1916	↑
Active Certifications: RN	59	70	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff began planning for a full-scale exercise to be conducted in October 2023.
2. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.
3. OPHP extensively works with the SNHD contractor to develop the regional and SNHD COVID After Action Report.
4. Our personnel have avidly been planning with community partners for the upcoming Formula 1 and Super Bowl LVIII special events.
5. The OPHP Team is identifying a vendor to conduct a recovery seminar and workshop.

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. 15 Fit tests completed.
3. Developed training manuals for OPHP to use for ICS training. Beginning to work with PHP trainers to come up with a training program for SNHD staff in ICS roles.
4. March 1st, staff attended a Critical Asset Risk Management training at CCFD.
5. March 2nd, we were present at the Critical Infrastructure Resilience and Community Lifeline training at CCFD.
6. March 6th, our team participated in the Public Health Infrastructure State Health Improvement Planning Subcommittee meeting.
7. March 9th, we began the jurisdictional risk assessment process by reviewing SME ideas with Planning team, submitted requests to community partners for feedback.
8. March 14th OPHP engaged in the MPM for SNHD FSE.
9. March 27th, aided Clark County by having a meeting to review the new ESF-6 Appendix.
10. March 28th – 29th, corroborated in the FBI/CDC Join Criminal/Epi Investigation Course.
11. March 30th, engaged in a demonstration for new inventory management system.

C. Hospital Preparedness Program (HPP): OPHP dispensed a Hospital Preparedness Program Liaison

1. March 2nd – Our HPP team presented at the Southern Nevada Healthcare Preparedness Coalition providing updates on Chemical Response Functional Exercise After-Action Meeting on 16 March 2023, the National Association of County and City Health Officials (NACCHO) Preparedness Summit – April 24 – 27, 2023, and the National Disaster Medical System/Federal Coordinating Center Full-Scale Exercise with the Veterans Health Administration in May. Also provided was the All-hospital Radio Test, updates from the community partners, and closing out the meeting was updates on upcoming training and exercise opportunities for the coalition members.
2. March 7th – HPP Liaison fulfilled commitment in the State of Nevada Micro-Planning Session for COVID-19 Vaccination distribution. This meeting included updates from the

state on status of vaccines, deliveries, and partnerships. This also included an update from the Southern Nevada Health District Team.

3. March 9th – The HPP Liaison participated in the University Medical Center of Southern Nevada's Emergency Management Committee meeting for the month of March 2023. Updates included the FBI Epi/Criminology Workshop, The CDC Public Health Legal and Preparedness Workshop, the following TEEX courses: Pediatric Disaster and Emergency Preparedness Course, Medical Preparation for Bombing Incidents, and Medical Counter-Measures Course.
4. March 10th – HPP contributed to the Division of Public and Behavioral Health's discussion on the budget for BP4 and planning the budget for BP5.
5. March 14th – The Senior Public Health Preparedness Planner for the Hospital Preparedness Program participated in the Public Health Emergency Program's Midterm Planning Meeting for the Full-Scale Exercise based on an Anthrax release, establishing a Mega Point of Dispensing (MegaPOD), and demobilization of response assets. HPP will support through coordination with hospitals on their participation in the exercise.
6. March 16th – Our Senior Public Health Preparedness Planner for the Hospital Preparedness Program hosted the Chemical Response Functional Exercise, Chubby Yellow Rain, After-Action Meeting for the participants, evaluators, controllers, and observers. The goal of the After-Action Meeting (AAM) was to brief the group on the outcome of the exercise, meeting the objectives, realizing strengths, and identifying challenges for the group and identifying a lead to take on the role of Corrective Action Lead. The DRAFT After-Action Report/Improvement Plan was provided to the group prior to this meeting with the additional goal of finalizing that document. The Senior Public Health Preparedness Planner for the Hospital Preparedness Program also participated in the Southern Nevada Health District's All-Hands Meeting with District leadership.
7. March 20th – HPP accommodated the State of Nevada's Microplanning session for COVID-19 vaccine distribution within southern Nevada. This meeting included updates from the state on status of vaccines, deliveries, and partnerships. This also included an update from the Southern Nevada Health District Team. Today's updates included information on the MPox vaccination and the vaccination team at the Nevada Department of Corrections – Indian Springs location.
8. March 22nd – The HPP team subscribed to a discussion with the Encompass Care emergency management tracer conducted by the Joint Commission. The discussion focused on types of emergencies the organization faced in the previous 12 months, 24 months, and 36 months that required activations on their emergency operations plan, the impact on the organization due to these real emergency management issues, and

status of active shooter training, exercises, and incorporation of lessons learned into the organizational emergency operations plan.

9. March 28th – HPP met with Las Vegas Fire and Rescue and other community partners to discuss the Community Risk Assessment/Standards of Cover for Las Vegas Fire. Meeting was held at City Hall. The goal of the meeting was to evaluate ten critical services provided by Las Vegas Fire and Rescue, compare the ten to each other, and submit our assessment.

D. Grants and Administration:

1. OPHP staff are working with the State Division of Public and Behavioral Health on carryforward from Budget Period 3 for both the HPP and PHEP grants.
2. OPHP staff are working with the Division of Emergency Management to submit the UASI grant application to maintain a public health analyst at the Southern Nevada Counterterrorism Center.

E. Medical Reserve Corps (MRC) of Southern Nevada: MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID response.

MRC Volunteers assisted at Nevada Partners COVID vaccine clinic and attended Psychological First Aid training in February. MRC Coordinator planned training activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers. MRC Coordinator attended monthly NACCHO MRC and PPAG Workgroup meetings, as well as SNHPC.

MRC Volunteer Hours FY2023 Q3

(Economic impact rates updated March 2023):

Activity	January	February	March
Psychological First Aid Training	0	48	
COVID Vax Outreach	0	10	
Total Hours	0	58	
Economic impact	0	\$1,877.03	

IV. VITAL RECORDS

- A. March 2023 is currently showing 2.5% decrease in birth certificate sales in comparison to March 2022. Death certificate sales currently showing a 9% decrease in comparison to March 2022. SNHD received revenues of \$43,602 for birth registrations, \$24,726 for death registrations; and an additional 10,149 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data

Vital Statistics Services	March 2022	March 2023		FY 21-22 (Mar)	FY 22-23 (Mar)	
Births Registered	2,117	1,837	↓	19,175	18,454	↓
Deaths Registered	2,095	1,988	↓	19,096	16,113	↓
Fetal Deaths Registered	17	17		149	147	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data

Vital Statistics Services	March 2022	March 2023		FY 21-22 (Mar)	FY 22-23 (Mar)	
Birth Certificates Sold (walk-in)	2	8	↑	243	326	↑
Birth Certificates Mail	172	177	↑	995	1,091	↑
Birth Certificates Online Orders	4,540	4,403	↓	34,668	33,146	↓
Birth Certificates Billed	137	139	↑	896	1,023	↑
Birth Certificates Number of Total Sales	4,851	4,727	↓	36,802	35,586	↓
Death Certificates Sold (walk-in)	11	23	↑	231	149	↓
Death Certificates Mail	194	226	↑	1,212	1,473	↑
Death Certificates Online Orders	9,578	8,665	↓	89,158	73,820	↓
Death Certificates Billed	62	49	↓	508	313	↓
Death Certificates Number of Total Sales	9,845	8,963	↓	91,109	75,755	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data

Vital Statistics Sales by Source	March 2022	March 2023		FY 21-22 (Mar)	FY 22-23 (Mar)	
Birth Certificates Sold Valley View (walk-in)		.2%	↑	.7%	.9%	↑
Birth Certificates Mail	3.5%	3.7%	↑	2.7%	3.1%	↑
Birth Certificates Online Orders	93.6%	93.1%	↓	94.2%	93.1%	↓
Birth Certificates Billed	2.8%	2.9%	↑	2.4%	2.9%	↑
Death Certificates Sold Valley View (walk-in)	.1%	.3%	↑	.3%	.2%	↓
Death Certificates Mail	2%	2.5%	↑	1.3%	1.9%	↑
Death Certificates Online Orders	97.3%	96.7%	↓	97.9%	97.4%	↓
Death Certificates Billed	.6%	.5%	↓	.6%	.4%	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data

Revenue	March 2022	March 2023		FY 21-22 (Mar)	FY 22-23 (Mar)	
Birth Certificates (\$25)	\$121,275	\$118,175	↓	\$920,050	\$889,650	↓
Death Certificates (\$25)	\$246,125	\$224,075	↓	\$2,277,725	\$1,893,875	↓
Births Registrations (\$13)	\$46,644	\$43,602	↓	\$350,272	\$330,798	↓
Deaths Registrations (\$13)	\$28,067	\$24,726	↓	\$257,452	\$210,223	↓
Convenience Fee (\$2)	\$9,742	\$9,280	↓	\$74,440	\$71,154	↓
Miscellaneous Admin	\$951	\$869	↓	\$8,853	\$5,877	↓
Total Vital Records Revenue	\$452,804	\$420,727	↓	\$3,888,792	\$3,401,577	↓

*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	March 2022	March 2023		FY 21-22 (Mar)	FY 22-23 (Mar)	
Passport Applications	854	998	↑	5,672	6,916	↑
Revenue	Feb 2022	Feb 2023		FY 21-22 (Feb)	FY 22-23 (Feb)	
Passport Execution/Acceptance fee (\$35)	\$29,890	\$34,930	↑	\$198,520	\$242,060	↑

V. HEALTH CARDS

A. COVID Activities:

1. Perpetual oversight of door screener at the SNHD Decatur Building, with plans to perpetuate until instructed to cease screening and triage at front door.

B. Food Handling / Health Cards:

1. In early March, we started opening appointments on every weekday for our Decatur, Fremont, and Henderson offices. Now, clients can check for open appointments every morning Monday through Friday rather than only on one day of the week. On Wednesdays, the appointments are on the very same day, which is designed to help those who need a card prior to starting a new job. On other weekdays, they are advance appointments for that day in the following week. No appointment is more than a week in the future. For the greatest availability, we encourage clients to self-schedule at www.snhd.info/foodhandlerappointments prior to 8 or 9 a.m.
2. For the month of March, we averaged 97 “passing and paying” online renewal clients per day, with a total of 3,004 clients renewing online.

C. Body Art Cards

1. Clients are taking advantage of the Body Art Card appointments that were recently added at our Fremont and Henderson offices. However, most still use our Decatur office, with which they were familiar.

D. Other

1. Recruitment is underway to replace two (2) temporary workers with two FTE, as the need was proven to remain at these staffing levels for the long run.

<u>CLIENTS SERVED</u>	Mar 2023	Feb 2023	Jan 2023	Dec 2022	Nov 2022	Oct 2022
Food Handler Cards – New	4,539	3,953	3,698	3,175	3,016	2,573
FH Cards – Renewals	3,294	3,312	4,143	3,924	3,440	3,126
FH Cards – Online Renewals	3,004	3,563	4,513	3,021	2,794	2,965
Duplicates	382	362	406	244	232	239
CFSM (Manager) Cards	320	264	315	162	155	132
Re-Tests	1,471	1,238	1,513	1,254	906	810
Body Art Cards	83	80	77	69	67	108
TOTALS	13,093	12,772	14,665	11,849	10,610	9,953

VI. HEALTH EQUITY

- A. The Health Equity program received a No Cost Extension from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID-19 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. March 29th, 2023, the Health Equity program presented at the 2023 Southern Nevada Health Rankings.

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	34	66
NAAT NG/CT	1210	1146
Syphilis	1138	923
RPR/RPR Titers	241/101	207/84
Hepatitis Total	887	862
HIV/differentiated	767/23	542/13
HIV RNA	76	68

[illegible]

	Campy Screen	7	10	6										
Neisseria species	Gonorrhoeae Culture	70	66	34										
	Gram Stain/WBC	0	0	0										
	Neisseria ID	0	0	0										
	Haemophilus ID	0	0	8										
Unknown ID	Bacterial ID	0	0	0										
	WGS (PulseNet)	24	21	24										
Salmonella	Salmonella Screen	16	14	13										
	Salmonella Serotype	15	10	12										
Shigella	Shigella Screen	4	7	10										
	Shigella Serotype	4	5	12										
STEC	STEC Screen	4	0	7										
	STEC Serotype	4	0	1										
Unknown	Stool Culture	3	14	2										
Vibrio	Vibrio ID	0	1	0										
	Vibrio Screen	0	0	1										
Yersinia	Yersinia Culture/ID	0	0	1										

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was one case for outbreak investigation in March.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed March, 46 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.

2023	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	2									

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 24 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in March 2023.
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 March 2023, SNPHL has sequenced 64

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.

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	7	1	24									

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 February, we tested a total 0 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in March, a total of 34 clinical isolates, Neisseria gonorrhoeae 66 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.

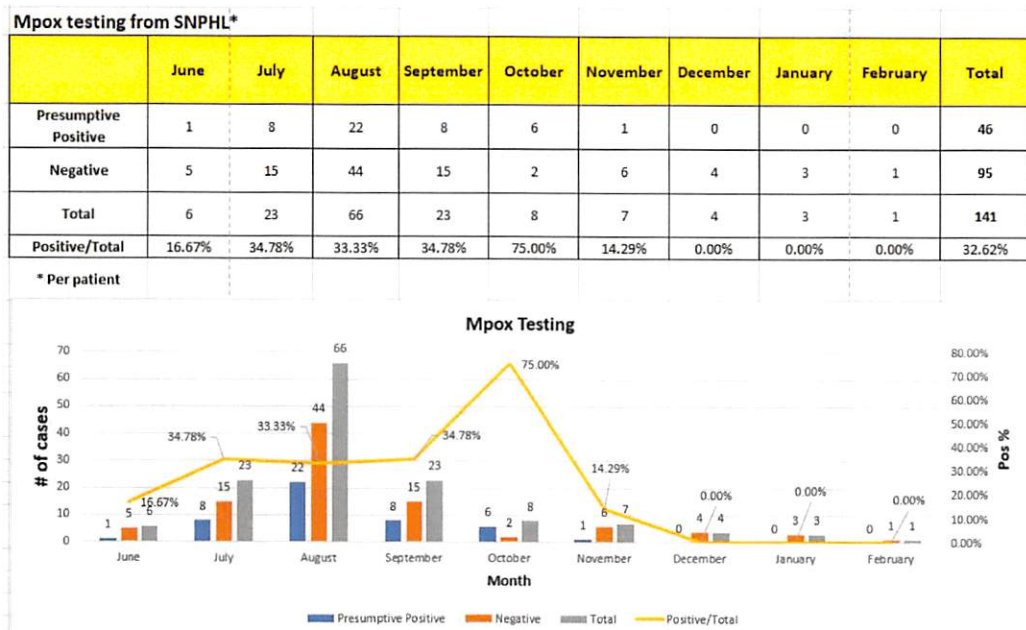
D. All-Hazards Preparedness:

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. March 2023 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 March 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 relocation of WGS instruments including three MiSeq and one NextSeq has completed in the late of March. The validation of those instruments has been completed.
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 insensitive.
5. Emergency Response laboratory started to 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 XBB.1.5, lineages is domain lineage, 100%, in March, 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. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtype of influenza and the percentage of ratio between two subtypes are 80% and 20%, respectively. There was one positive A/H1 and A/H each case in March.
9. Safety concerns is for the SNPHL facility security camera upgrade which currently under process by Facilities.
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:



F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

February Services	2022	2023	
Clinical Testing Services ¹	4,656	5,308	↑
Epidemiology Services ²	649	2,554	↑
State Branch Public Health Laboratory Services ³	6,892	4,602	↓
All-Hazards Preparedness Services ⁴	10	6	↓
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: April 18, 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 – MARCH 2023

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.

March Highlights:

Operations

- 1,350 unduplicated patients seen in March.
- 318 new patients seen.

Administrative

- 2022 UDS Report received final acceptance by HRSA
- 2022 FPAR Report received final acceptance by HRSA
- Service Area Competition (SAC) grant NOFO anticipated to be released in a few weeks and due to HRSA in August 2023
- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April
- Ryan White services projected to begin at Fremont in Q2 of 2023
- Title X Family Planning program audit scheduled to occur in September 2023

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic providing services at Fremont, Decatur and outreach locations
- COVID-19 Services – Additional HRSA funding to support this work through May 2023

HIV / Ryan White Care Program

- A. The Ryan White program received 49 referrals between March 1st and March 31st. There were three (3) pediatric clients referred to the MCM (Medical Case management) program in March and the program received one (1) referral for pregnant women living with HIV during this time.

- B. There were 519 total service encounters in the month of March provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 219 unduplicated clients served under these programs in March.
- C. The Ryan White ambulatory clinic had a total of 394 visits in the month of March: 24 initial provider visits, 144 established provider visits, 10 tele-visits (established clients). There were 33 Nurse visits and 183 lab visits. There were 33 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of March.
- 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 14 patients enrolled and seen under the Rapid stART program in March

Family Planning (FP)

Unduplicated Patients	Mar 2022	Mar 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	157	230	↑	954	860	↓
Number of Pt: Decatur PHC	304	307	↑	1,619	1,822	↑

Duplicated Patients	Mar 2022	Mar 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	164	245	↑	1,434	1,413	↓
Number of Pt: Decatur PHC	322	319	↓	2,504	3,045	↑

- A. FP Program services at Fremont and Decatur Public Health Centers served 564 clients: 537 of them were unduplicated.

Pharmacy Services

Pharmacy Services	Mar-22	Mar-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1341	1243	↓	9776	10437	↑	6.8%
Prescriptions Filled	1711	1744	↑	12432	14023	↑	12.8%
Client Clinic Encounters (Pharmacist)	36	36	→	258	424	↑	64.3%
Financial Assistance Provided	15	17	↑	97	78	↓	-19.6%
Insurance Assistance Provided	5	0	↓	36	17	↓	-52.8%

- A. Dispensed 1744 prescriptions for 1243 clients.
- B. Pharmacist assessed/counseled 36 clients in clinics.
- C. Assisted 17 clients to obtain medication financial assistance.
- D. Assisted ZERO clients with insurance approvals.

Eligibility Case Narrative and Monthly Report

As a team Eligibility Workers (EW) submitted a total of 183 applications for the month of March 2023.

- EW's had 707 Referrals issued between the team of five (5) EW's.
- Of the 183 submitted applications:
 - 157 applications were Approved, 41 of which were started/pending from Jan 2023 & Feb 2023.
 - 72 were Denied, 28 of those were started/pending from Jan 2023 & Feb 2023.
 - 47 are in Pending status.
- Medicaid applications submitted: 108
- SNAP applications submitted: 67
- TANF applications: 1
- Hardships: 8

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of March 2023.

Client required medical follow- up for Communicable Diseases	11
Referrals for TB issues	7
Referrals for Chronic Hep B	3
Referrals for STD	1
Pediatric Refugee Exams	11
Clients encounter by program (adults)	54
Total for FY22-23	392

Quality & Risk Management

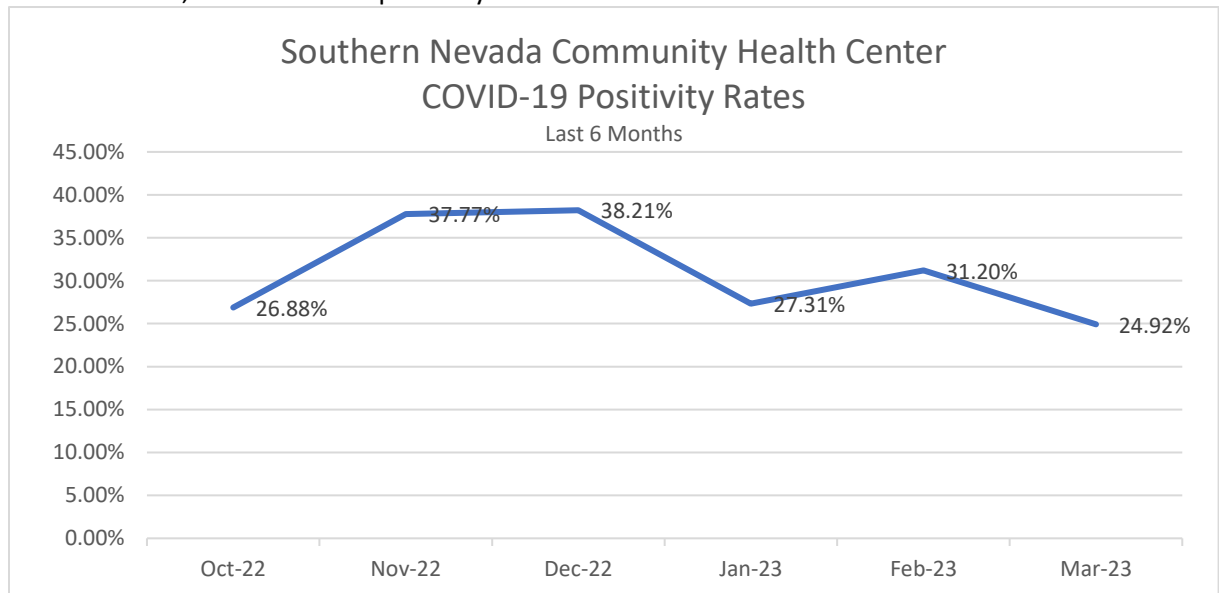
A. Quality

COVID-19 Testing

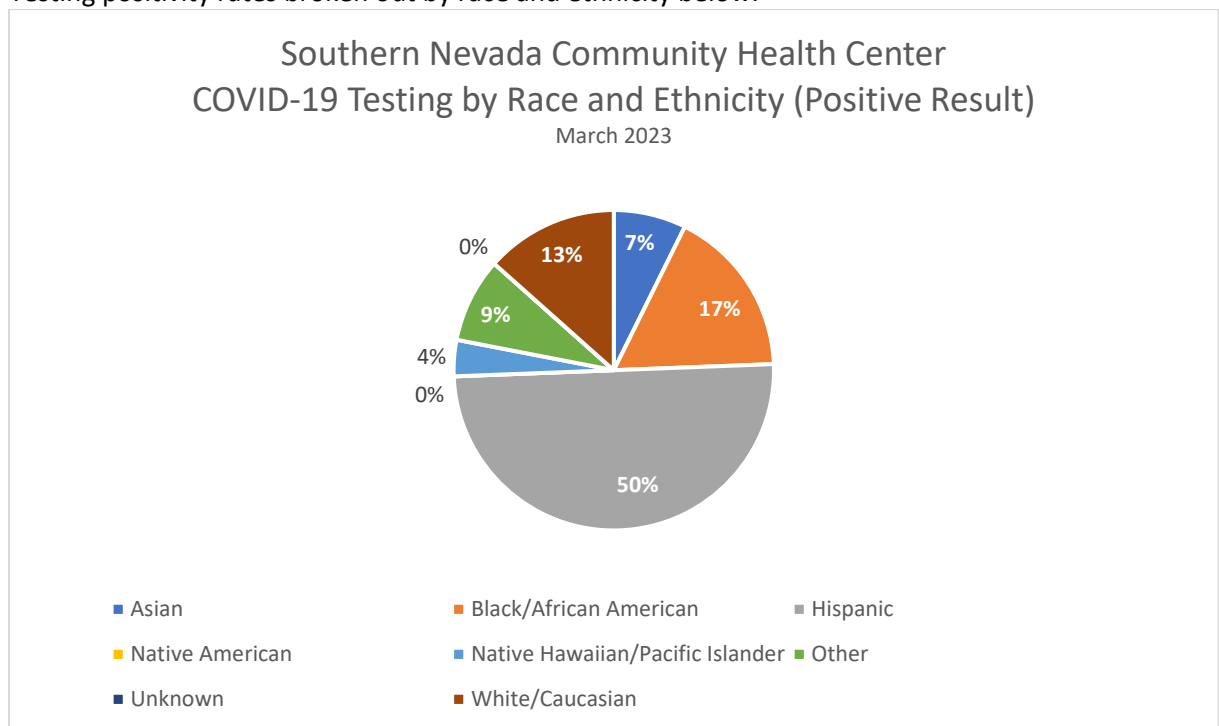
From January 2021 to March 2023 the Southern Nevada Community Health Center completed 70,573 COVID-19 tests, 328 of which were conducted in March of 2023.

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.

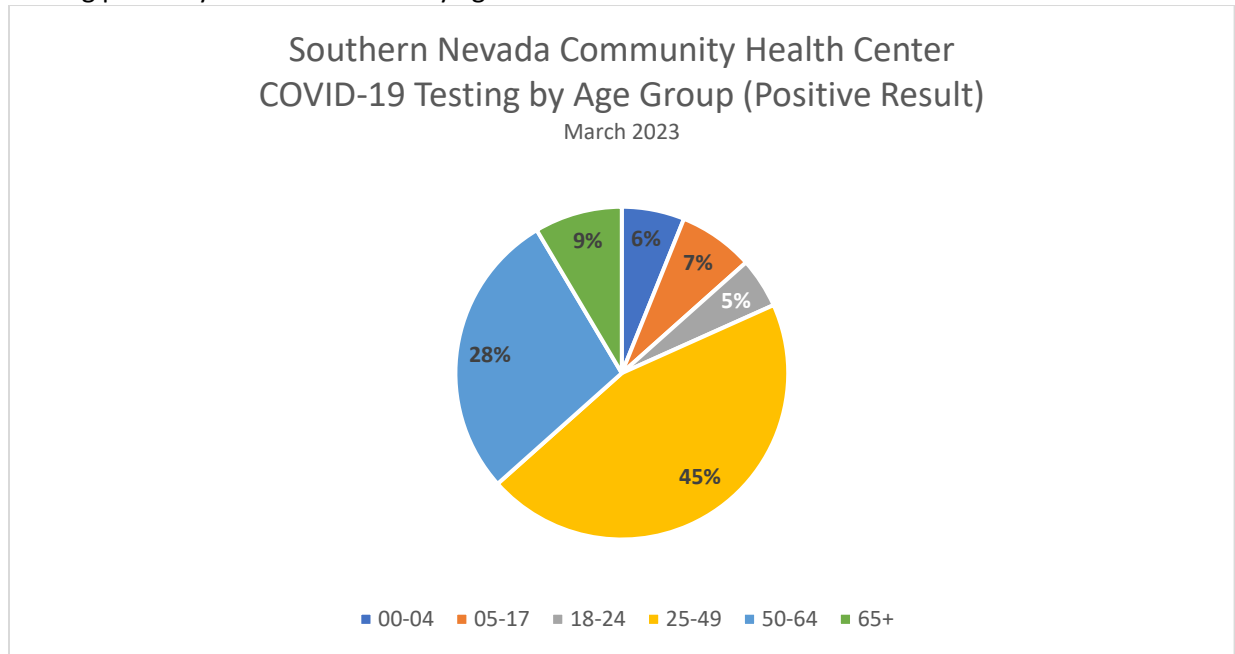
In March 2023, the COVID test positivity rate was 24.92%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program and Monkeypox

The Southern Nevada Community Health Center administered 456 COVID/Monkeypox doses YTD.

C. Telehealth

The Health Center saw 37 patients via tele-health or 2.19% of the patients that were seen in our clinics in March.

D. Health Center Visits

The Health Center scheduled 1691 patient appointments in March. There was a 33.77% no-show and same day cancellation rate.

E. Behavioral Health Clinic

The Health Center scheduled 221 Behavioral Health patient appointments in March. There were 37 no-show and 62 cancelled visits.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

- There were zero (0) HIPAA breaches at the Health Center in March.

Exposure Incidents:

- There were zero (0) exposure incidents at the Health Center in March.

Medical Events:

- There were zero (0) medical events at the Health Center in March

Patient Satisfaction:

- See attached survey results.

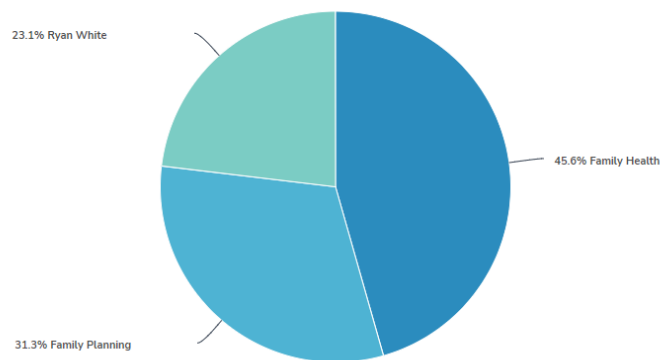
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Report for Southern Nevada Community Health Center Patient Satisfaction Survey (English)

Response Counts

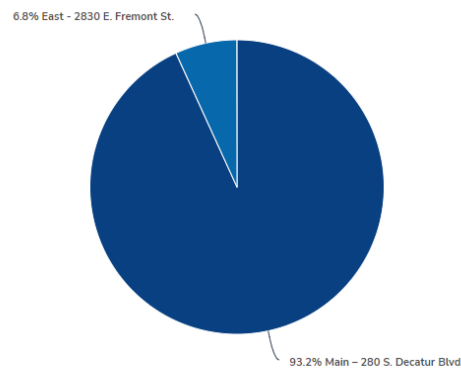


1. Service received during your visit



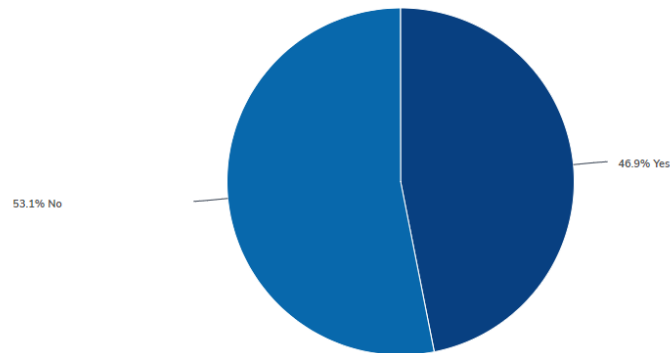
Value	Percent	Responses
Family Health	45.6%	67
Family Planning	31.3%	46
Ryan White	23.1%	34
Totals: 147		

2. Southern Nevada Health District (SNHD) location



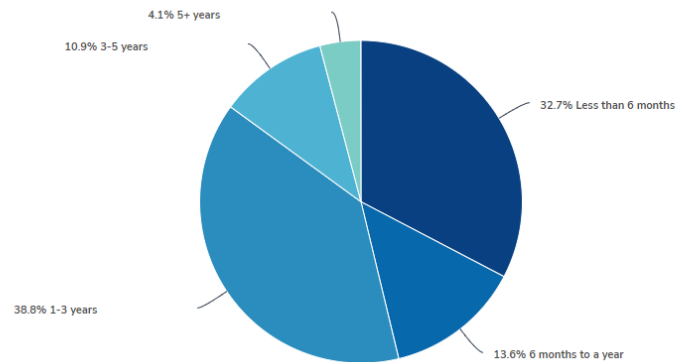
Value	Percent	Responses
Main - 280 S. Decatur Blvd	93.2%	137
East - 2830 E. Fremont St.	6.8%	10
Totals: 147		

3. Do you have health insurance?



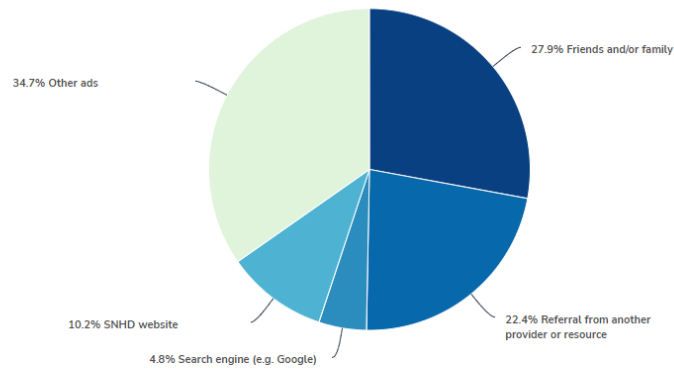
Value	Percent	Responses
Yes	46.9%	69
No	53.1%	78
Totals: 147		

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



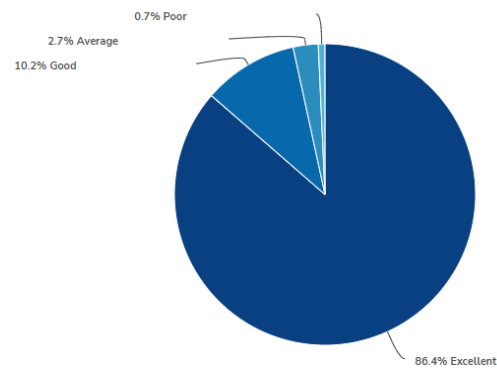
Value	Percent	Responses
Less than 6 months	32.7%	48
6 months to a year	13.6%	20
1-3 years	38.8%	57
3-5 years	10.9%	16
5+ years	4.1%	6
Totals: 147		

5. How did you hear about us?



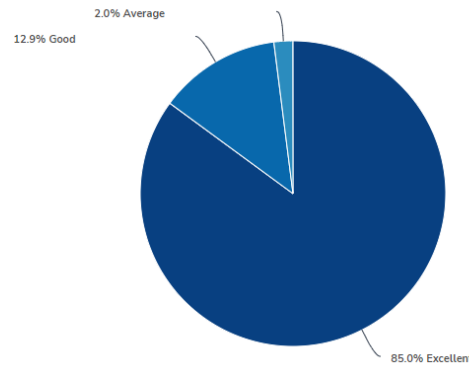
Value	Percent		Responses
Friends and/or family	27.9%	<div><div></div></div>	41
Referral from another provider or resource	22.4%	<div><div></div></div>	33
Search engine (e.g. Google)	4.8%	<div><div></div></div>	7
SNHD website	10.2%	<div><div></div></div>	15
Other ads	34.7%	<div><div></div></div>	51
Totals: 147			

6. Ease of scheduling an appointment



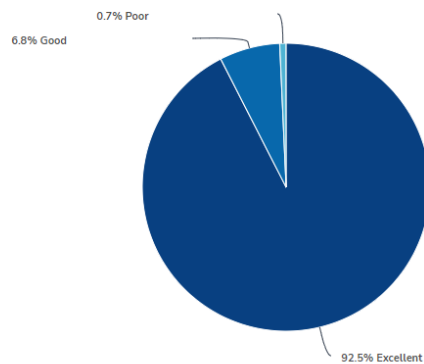
Value	Percent		Responses
Excellent	86.4%	<div><div></div></div>	127
Good	10.2%	<div><div></div></div>	15
Average	2.7%	<div><div></div></div>	4
Poor	0.7%	<div><div></div></div>	1
Totals: 147			

7. Wait time to see provider



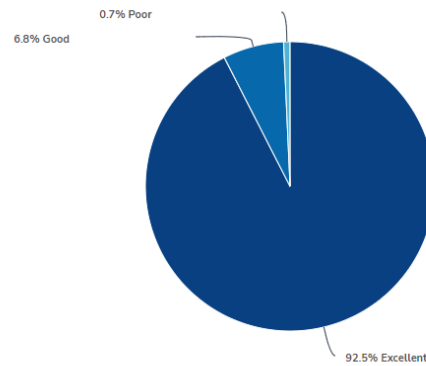
Value	Percent	Responses
Excellent	85.0%	125
Good	12.9%	19
Average	2.0%	3
Totals: 147		

8. Care received from providers and staff



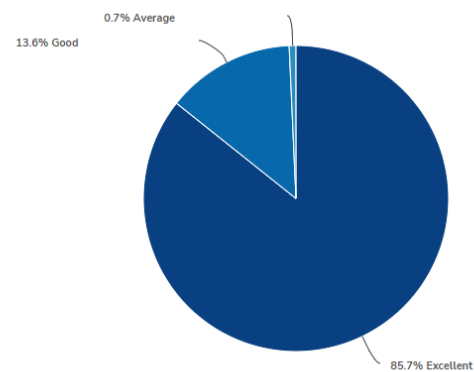
Value	Percent	Responses
Excellent	92.5%	136
Good	6.8%	10
Poor	0.7%	1
Totals: 147		

9. Understanding of health care instructions following your visit



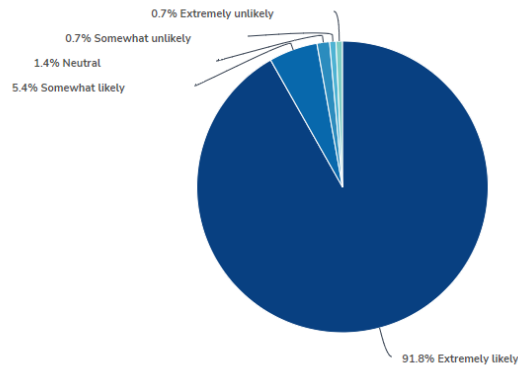
Value	Percent	Responses
Excellent	92.5%	136
Good	6.8%	10
Poor	0.7%	1
Totals: 147		

10. Hours of operation



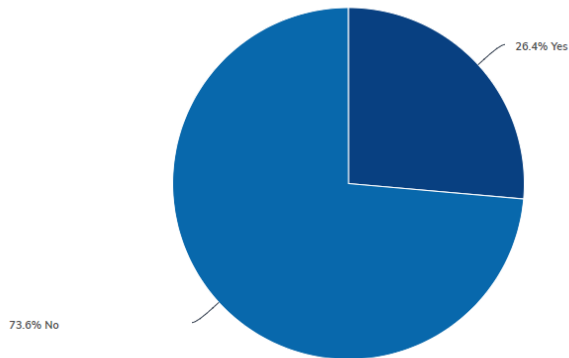
Value	Percent	Responses
Excellent	85.7%	126
Good	13.6%	20
Average	0.7%	1
Totals: 147		

11. Recommendation of our health center to friends and family



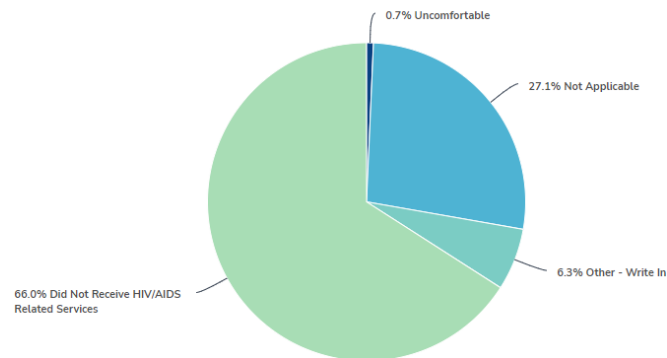
Value	Percent	Responses
Extremely likely	91.8%	135
Somewhat likely	5.4%	8
Neutral	1.4%	2
Somewhat unlikely	0.7%	1
Extremely unlikely	0.7%	1
Totals: 147		

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



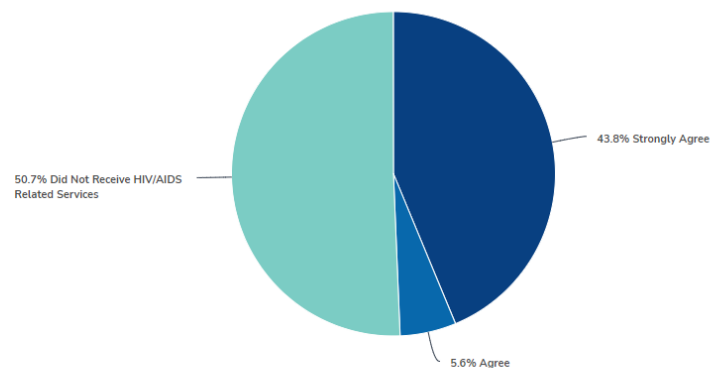
Value	Percent	Responses
Yes	26.4%	38
No	73.6%	106
Totals: 144		

13. Based on your HIV status, at any moment during your visit, did you feel...



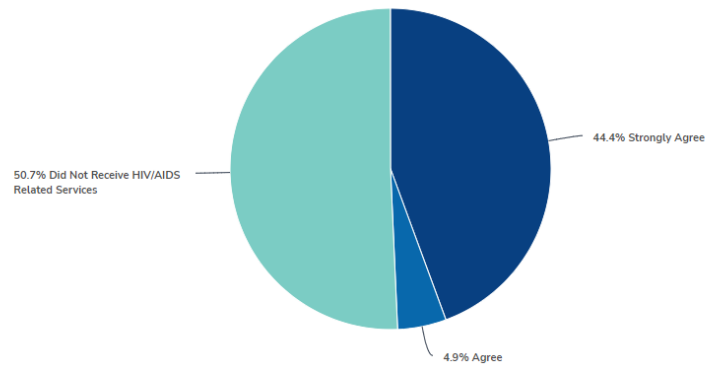
Value	Percent		Responses
Uncomfortable	0.7%	<div><div></div></div>	1
Not Applicable	27.1%	<div><div></div></div>	39
Other - Write In (click to view)	6.3%	<div><div></div></div>	9
Did Not Receive HIV/AIDS Related Services	66.0%	<div><div></div></div>	95
Totals: 144			

14. During your visit, did you feel that staff members treated you with care?



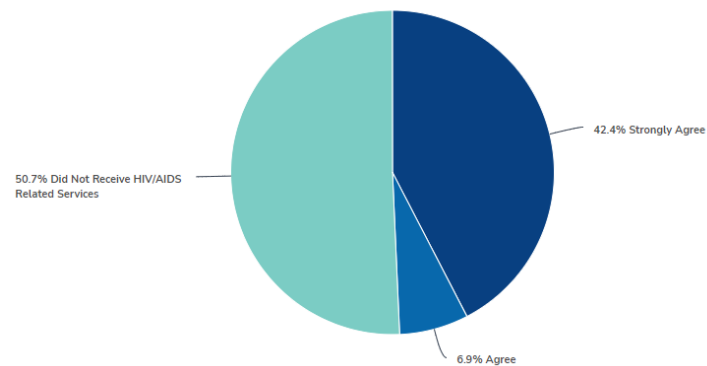
Value	Percent		Responses
Strongly Agree	43.8%	<div><div></div></div>	63
Agree	5.6%	<div><div></div></div>	8
Did Not Receive HIV/AIDS Related Services	50.7%	<div><div></div></div>	73
Totals: 144			

15. During your visit, did you feel that staff members treated you with respect



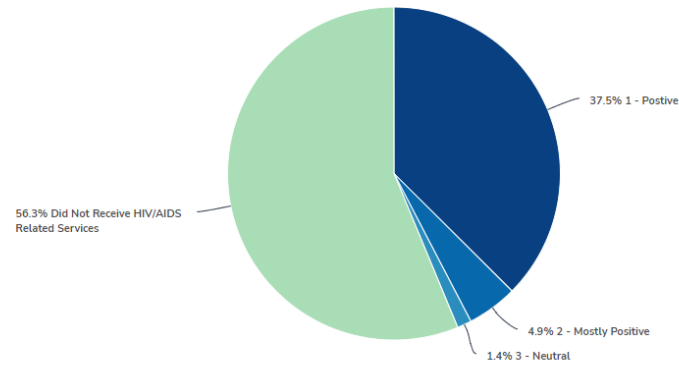
Value	Percent	Responses
Strongly Agree	44.4%	64
Agree	4.9%	7
Did Not Receive HIV/AIDS Related Services	50.7%	73
Totals: 144		

16. During your visit, did you feel that staff members were supportive?



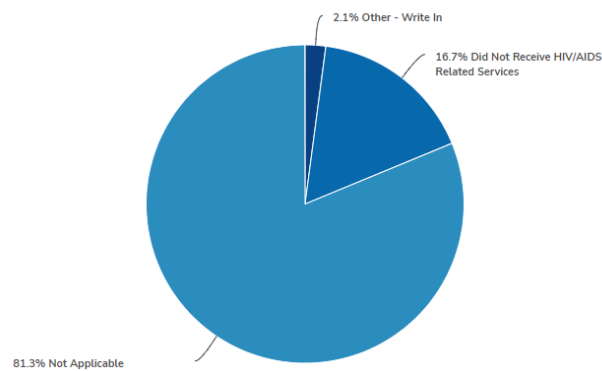
Value	Percent	Responses
Strongly Agree	42.4%	61
Agree	6.9%	10
Did Not Receive HIV/AIDS Related Services	50.7%	73
Totals: 144		

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	37.5%	54
2 - Mostly Positive	4.9%	7
3 - Neutral	1.4%	2
Did Not Receive HIV/AIDS Related Services	56.3%	81
Totals: 144		

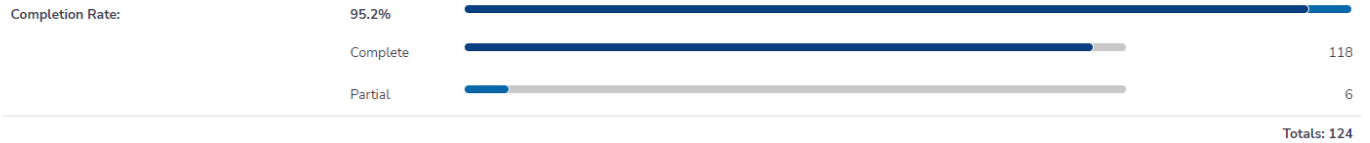
18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



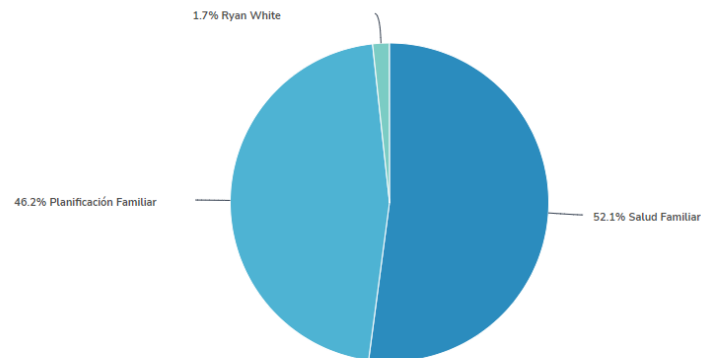
Value	Percent	Responses
Other - Write In (click to view)	2.1%	3
Did Not Receive HIV/AIDS Related Services	16.7%	24
Not Applicable	81.3%	117
Totals: 144		

Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) March 2023

Response Counts

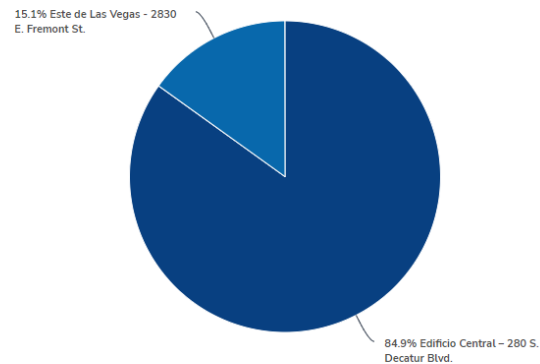


1. Marque los servicios recibidos durante su visita



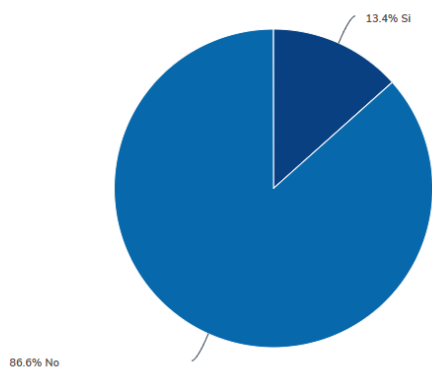
Value	Percent	Responses
Salud Familiar	52.1%	62
Planificación Familiar	46.2%	55
Ryan White	1.7%	2
Totals: 119		

2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



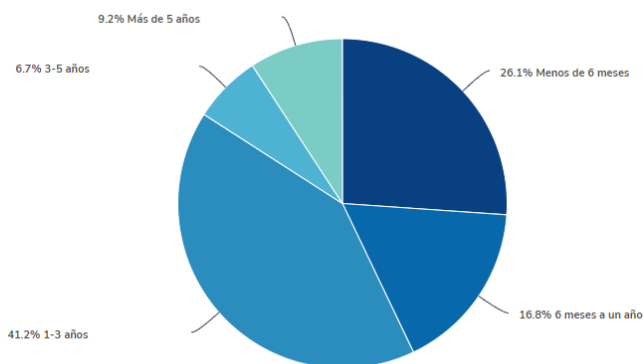
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	84.9%	101
Este de Las Vegas - 2830 E. Fremont St.	15.1%	18
Totals: 119		

3. ¿Tiene seguro médico?



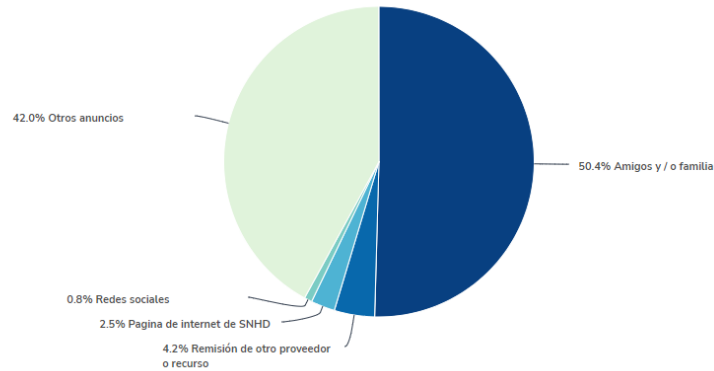
Value	Percent	Responses
Si	13.4%	16
No	86.6%	103
Totals: 119		

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



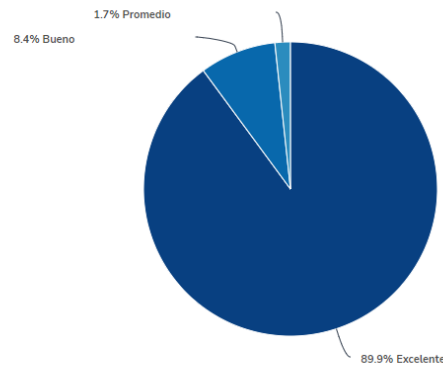
Value	Percent	Responses
Menos de 6 meses	26.1%	31
6 meses a un año	16.8%	20
1-3 años	41.2%	49
3-5 años	6.7%	8
Más de 5 años	9.2%	11
Totals: 119		

5. ¿Como usted supo de nosotros?



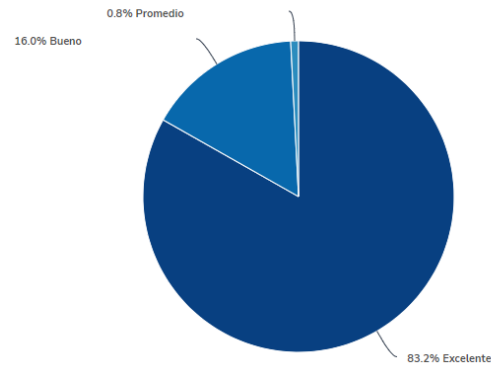
Value	Percent	Responses
Amigos y / o familia	50.4%	60
Remisión de otro proveedor o recurso	4.2%	5
Pagina de internet de SNHD	2.5%	3
Redes sociales	0.8%	1
Otros anuncios	42.0%	50
Totals: 119		

6. Facilidad para programar una cita



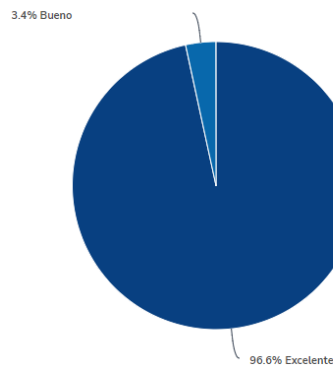
Value	Percent	Responses
Excelente	89.9%	107
Bueno	8.4%	10
Promedio	1.7%	2
Totals: 119		

7. Tiempo de espera para ver a un proveedor de salud



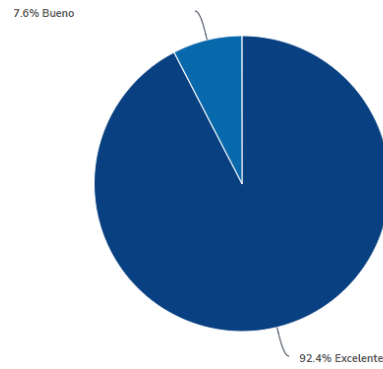
Value	Percent	Responses
Excelente	83.2%	99
Bueno	16.0%	19
Promedio	0.8%	1
Totals: 119		

8. Atención recibida de los proveedores y personal



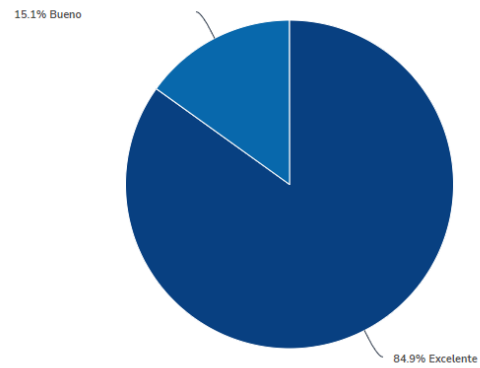
Value	Percent	Responses
Excelente	96.6%	115
Bueno	3.4%	4
Totals: 119		

9. Comprensión de las instrucciones del cuidado de salud después de su visita



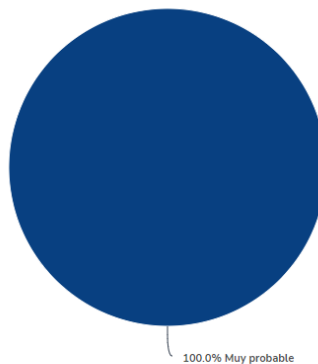
Value	Percent		Responses
Excelente	92.4%	<div><div></div></div>	110
Bueno	7.6%	<div><div></div></div>	9
Totals: 119			

10. Horarios de operación



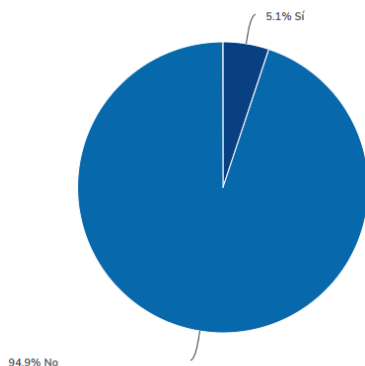
Value	Percent		Responses
Excelente	84.9%	<div><div></div></div>	101
Bueno	15.1%	<div><div></div></div>	18
Totals: 119			

11. Recomendaría nuestro centro de salud a amigos y familiares



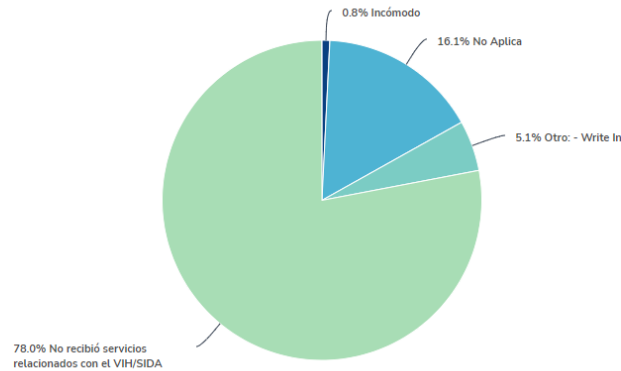
Value	Percent	Responses
Muy probable	100.0%	119
Totals: 119		

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



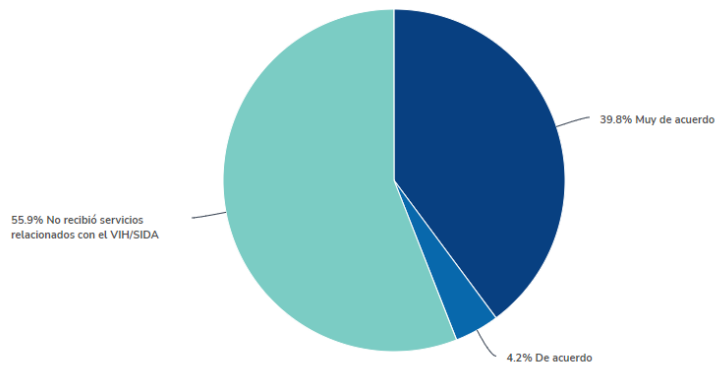
Value	Percent	Responses
Sí	5.1%	6
No	94.9%	112
Totals: 118		

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



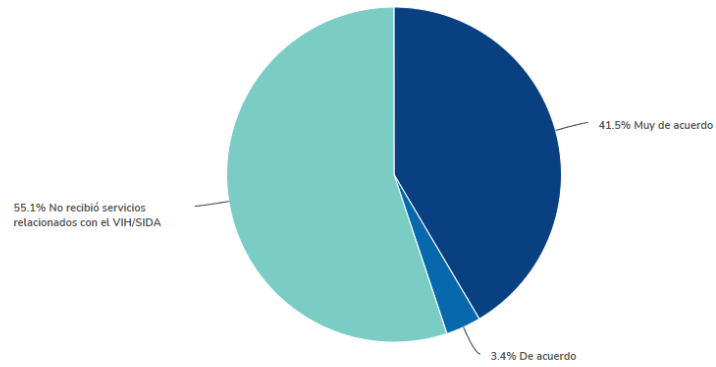
Totals: 118

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



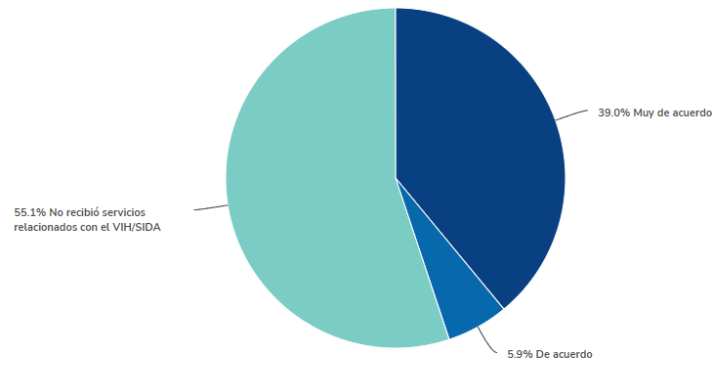
Totals: 118

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



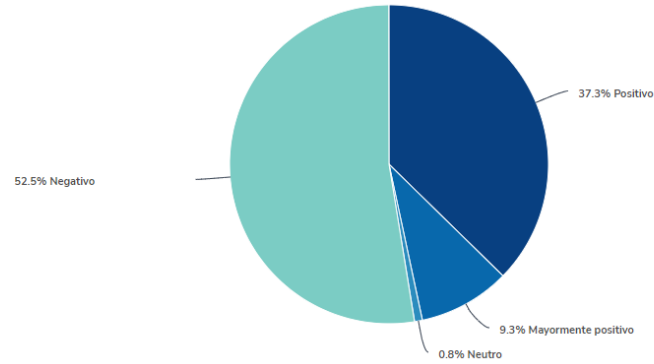
Value	Percent	Responses
Muy de acuerdo	41.5%	49
De acuerdo	3.4%	4
No recibió servicios relacionados con el VIH/SIDA	55.1%	65
Totals: 118		

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



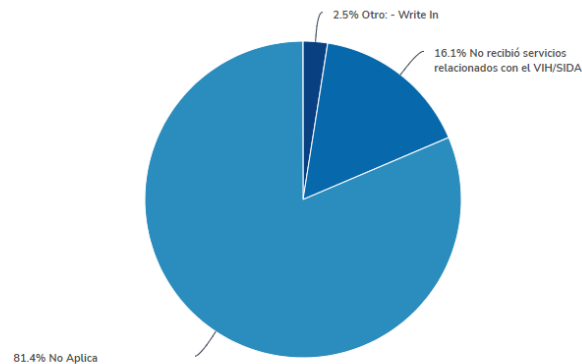
Value	Percent	Responses
Muy de acuerdo	39.0%	46
De acuerdo	5.9%	7
No recibió servicios relacionados con el VIH/SIDA	55.1%	65
Totals: 118		

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	37.3%	44
Mayormente positivo	9.3%	11
Neutro	0.8%	1
Negativo	52.5%	62
Totals: 118		

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)	2.5%	3
No recibió servicios relacionados con el VIH/SIDA	16.1%	19
No Aplica	81.4%	96
Totals: 118		



Memorandum

Date: April 6, 2023

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, Director of Disease Surveillance & Control
Fermin Leguen, MD, MPH, District Health Officer

FL *gj*

Subject: Disease Surveillance & Control Division Monthly Activity Report – March 2023

A. Division of Disease Surveillance and Control

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

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	Mar 2022	Mar 2023		YTD 22	YTD 23	
Sexually Transmitted						
Chlamydia	1144	1150	↑	3049	3129	↑
Gonorrhea	593	449	↓	1596	1377	↓
Primary Syphilis	20	6	↓	55	48	↓
Secondary Syphilis	31	12	↓	103	70	↓
Early Non-Primary, Non-Secondary ¹	54	24	↓	154	129	↓
Syphilis Unknown Duration or Late ²	114	72	↓	341	286	↓
Congenital Syphilis (presumptive)	7	1	↓	17	17	→
Moms and Babies Surveillance						
HIV Pregnant Cases	2	3	↑	10	10	→
Syphilis Pregnant Cases	28	14	↓	56	66	↑
Perinatally Exposed to HIV	0	3	↑	3	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	Mar 2022	Mar 2023		YTD 22	YTD 23	
Haemophilus influenzae, invasive disease	2	0	↓	4	12	↑
Hepatitis A	1	0	↓	2	0	↓
Hepatitis B, acute	2	0	↓	9	2	↓

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	Mar 2022	Mar 2023		YTD 22	YTD 23	
Influenza	104	8	↓	144	82	↓
Pertussis	9	1	↓	20	4	↓
Enteric Illness						
Campylobacteriosis	6	16	↑	17	42	↑
Cryptosporidiosis	2	0	↓	3	2	↓
Giardiasis	2	2	→	13	8	↓
Rotavirus	28	3	↓	45	8	↓
Salmonellosis	10	5	↓	34	31	↓
Shiga toxin-producing Escherichia coli (STEC)	11	1	↓	26	7	↓
Shigellosis	1	7	↑	6	13	↑
Other						
Coccidioidomycosis	7	1	↓	31	16	↓
Hepatitis C, acute	0	0	→	2	1	↓
Invasive Pneumococcal Disease	14	29	↑	57	83	↑
Lead Poisoning	18	12	↓	41	32	↓
Legionellosis	0	3	↑	6	6	→
Meningitis, aseptic	1	0	↓	3	2	↓
Meningitis, Bacterial Other	1	0	↓	2	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	0	6	↑	2	18	↑
New Active TB Cases Counted (<15 yo)	1	0	↓	1	0	↓
New Active TB Cases Counted (>= 15 yo)	4	4	→	12	12	→

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	38	0	63	0
Gonorrhea	17	0	31	0
Syphilis	56	5	199	2
HIV/AIDS (New to Care/Returning to Care)	18	1	70	0
Tuberculosis	32	0	9	0
TOTAL	161	6	372	2
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

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- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 29
 - 1. Lead CTs – 5
 - 2. Contact Tracers; investigators and outreach – 24
 - 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 is low across the country. Statewide, the Outpatient Respiratory Illness Activity in Nevada is at the minimal level as well. Locally, as of 3/25/2023, for the 2022 - 2023 influenza season, 844 influenza-associated hospitalizations and 47 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. This is an ongoing surveillance.
 - b. **2019 Novel Coronavirus (COVID-19):** As of March 27, 2023, Clark County had 602,273 cases; 9,335 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 March 31, 2023, Clark County had 295 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 at non-traditional locations and times. This response is ongoing.
- d. **Acute Gastroenteritis Investigation – Daycare Facility:** DSC received a notification of gastrointestinal illnesses of unknown etiology at a local day care. Preliminary information received stated approximately more than 30 children and staff complained of experiencing nausea, projectile vomiting, diarrhea, fever, and cramps. DSC initiated an outbreak investigation and conducted a site visit at the facility. No causative agent was identified. This investigation has been closed.
- e. **Acute Gastroenteritis Investigation – Catered Event:** DSC received notification of gastrointestinal illnesses of unknown etiology at a catered, private event. Preliminary information received stated approximately 40 attendees complained of experiencing headache, nausea, vomiting, and diarrhea. DSC conducted an outbreak investigation. No causative agent was identified. This investigation has been closed.
- f. **Orleans Legionella Outbreak Investigation:** At the end of January, DSC received two notifications of legionellosis in people who had stayed at the Orleans Hotel in late December 2022 and early January 2023. DSC and EH conducted environmental sampling in the cases' rooms and received positive results. Case finding activities are in progress and an investigation has been initiated. Remediation of the affected tower has been completed and follow up testing will take place. Post remediation sampling all came back non detect. Case finding activities have stopped, the remaining cases are being completed to begin the outbreak report.

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.

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The following Naloxone trainings/distributions have taken place in the month of March:

- 3/1/2023 - Clark County Animal Protections (27 trained, 54 doses distributed)
- 3/6/2023 - Nevada State College Nursing Students (8 trained, 18 doses distributed)
- 3/7/2023 - Nevada Partners (5 trained, 10 doses distributed)
- 3/7/2023 - Treasure Island (2 trained, 24 doses distributed)
- 3/13/2023 - Rural Court Administrators (20 trained, 42 doses distributed)
- 3/20/2023 - Nye County Community Partners (21 trained)
- 3/21/2023 - SNHD - Security Staff (8 trained, 20 doses distributed)
- 3/22/2023 - SNHD - Security Staff - Fremont (6 trained, 14 doses distributed)
- 3/22/2023 - SNHD - L2A (48 doses distributed)
- 3/27/2023 - Sober Testing Services (8 trained, 18 doses distributed)
- 3/28/2023 - SNHD - Staff - Virtual (7 trained)
- 3/29/2023 - Southern Desert Correctional Center (48 trained, 80 doses distributed)
- 3/30/2023 - CCSD Police (48 doses distributed)
- 3/30/2023 - The Center (100 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 March:

- 03/01/2023 SNHD ODS Health Education (100 Strips)
- 03/02/2023 SNHD Linkage to Action Team (100 Strips)
- 03/07/2023 Shine A Light (300 Strips)
- 03/10/2023 SWAID (1000 Strips)
- 03/14/2023 SNHD Linkage to Action Team (200 Strips)
- 03/15/2023 The Cupcake Girls (300 Strips)
- 03/27/2023 Bartender Supply (2400 Strips)
- 03/29/2023 PACT Coalition (2400 Strips)
- 03/29/2023 Roseman University (300 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of Collect2Protect (C2P), an 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. This month we observed National Women and Girls HIV/AIDS Awareness Day on March 10th. To commemorate National Women and Girls HIV/AIDS Awareness Day, the Southern Nevada Health District (SNHD) ODS participated with The Center and the Southern Nevada Health Consortium in their "It's 'T'EA Time" event to talk about HIV with women. We hosted a table with tea, safe sex kits and education about pre- and post-exposure prophylaxis (PrEP, PEP) at The Center's location of 401 S. Maryland Pkwy. National Women and Girls HIV/AIDS Awareness Day is an opportunity to highlight efforts to reduce HIV infections, reduce sexually transmitted disease and address HIV stigma in women and girls. In 2019, women made up 18 percent of new HIV/AIDS diagnoses. The highest number of new diagnoses were among women ages 25 to 44. These events encourage testing and awareness so women can learn their HIV status and begin to receive treatment if they are HIV-positive.

Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107. In addition, free at-home HIV test kits are available through SNHD's [Collect2Protect](#) program.

b. Express Testing services in SHC/Annex A continues to do well. The [Collect2Protect](#) program allows users to conveniently and privately order an at-home HIV test kit at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. 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 Oddfellows Bar and Las Vegas TransPride Center. In addition, ODS has been offering outreach services to certain 7-11 and Walgreens locations throughout the valley targeting zip codes with high reporting HIV morbidity. 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.

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Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Mar -22	Mar -23		YTD 22	YTD 23	
Outreach/Targeted Testing	904	542	↓	2581	2243	↓
Clinic Screening (SHC/FPC/TB)	276	277	↑	902	1073	↑
Outreach Screening (Jails, SAPTA)	82	329	↑	145	526	↑
Collect2 Protect	22	12	↓	76	48	↓
TOTAL	1284	1160	↓	2421	3890	↑
Outreach/Targeted Testing POSITIVE	9	3	↓	26	13	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	1	↓	4	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	1	→	1	2	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	12	5	↓	19	17	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 03/01/2023: Facilitated Congenital Syphilis training for Women's Services Division at Henderson Hospital; 15 people in attendance; 1 ODS Health Educator attendee.
- 03/01/2023: Academic Detailing Modeling for UNLV School of Nursing (SON) Students; 4 people in attendance; 1 ODS Health Educator attendee.
- 03/01/2023: Facilitated Naloxone Training - Clark County Animal Protection Services; 27 people in attendance; 1 ODS Health Educator attendee.
- 03/03/2023: 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.
- 03/04/2023: Presented on SNHD sexual health services for the Center's "Sex and Candy" event regarding Trans and Gender Non-Conforming Health; ~20 people in attendance; 1 ODS Health Educator attendee.
- 03/06/2023: Facilitated Naloxone Training - Nevada State College Nursing Students; 8 people in attendance; 1 ODS Health Educator attendee.
- 03/07/2023: Facilitated Naloxone Training - Nevada Partners; 5 people in attendance; 1 ODS Health Educator attendee.
- 03/07/2023: Facilitated Naloxone Training - Treasure Island; 2 people in attendance; 1 ODS Health Educator attendee.
- 03/07/2023: Public Health Vending Machine News Channel 8 Interview; 1 ODS Health Educator interviewed.
- 03/07/2023: School Safety Action Committee meeting presentation by ODS Health Educator Staff; ~45 people in attendance from multiple agencies including CCSD and LVMPD; 1 SNHD ODS staff attendee.
- 03/08/2023: "Mental Health First Aid for Adults" training facilitated by ODS Health Educator Staff; 10 people in attendance; 9 SNHD ODS staff attendees.

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12. 03/08/2023: Presented on "Sexualities and 60+" for the Wise Women Group at The Center; ~10 people in attendance; 1 ODS Health Educator attendee.
13. 03/09/2023: Co-presented with Jen Howell and Senator Dallas Harris on behalf of SB 172 for the Senate Judiciary Committee at Grant Sawyer Building; ~30 people in attendance; 1 ODS Health Educator attendee.
14. 03/09/2023: Latinx Steering Committee meeting attended by ODS Health Educator as a representative; 18 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
15. 03/09/2023: Facilitated Congenital Syphilis training for Women's Services Division at Henderson Hospital; 5 people in attendance; 1 ODS Health Educator attendee.
16. 03/13/2023: "Health Equity 101" training attended by ODS Health Educator; ~20 people in attendance; 17 SNHD ODS staff attendees.
17. 03/13/2023: Overdose Data to Action (ODTA) 2.0 Local National Information Call facilitated by the CDC; ~200 people in attendance; 2 ODS Health Educator attendees.
18. 03/13/2023: "2023 Biomedical HIV Prevention Summit Planning" facilitated by Nevada Department of Health and Human Services (NVDHHS), Office of HIV; 20 people in attendance; 5 ODS Staff attendees.
19. 03/13/2023: Facilitated Naloxone Training - Rural Court Administrators; 26 people in attendance; 1 ODS Health Educator attendee.
20. 03/14/2023: Co-presented to Nevada Health Centers at All Provider meeting on SNHD Harm Reduction programs; ~80 people in attendance; 2 ODS Health Educator attendees.
21. 03/14/2023: Nevada Partners Harm Reduction Program Pitch facilitated by ODS Health Educators; ~25 people in attendance; 2 ODS Health Educator attendees.
22. 03/14/2023: Beyond Stock Images Training facilitated by ODS Health Educator; 9 people in attendance; 2 ODS Health Educator attendees.
23. 03/15/2023: Presented "Autumn Update" (11/19-11/20/22) as well as presented on information presented at the "Prescription for Protection" Event held at the Center on 02/09/23 for the ODS Staff Meeting; 50 people in attendance; 2 Health Educators presented.
24. 03/20/2023: Evaluation of Practice Webinar of Public Health Vending Machines; 50 people in attendance; 1 ODS Health Educator attendee.
25. 03/20/2023: Facilitated Naloxone Training - Nye County Community Partners; 21 people in attendance; 1 ODS Health Educator attendee.
26. 03/21/2023: Co-facilitated Public Health Vending with Naloxone Training - SNHD Decatur; 16 people in attendance; 2 ODS Health Educator attendees.
27. 03/21/2023: Fentanyl Test Strip Training facilitated by ODS Health Educator; 6 people in attendance; 1 ODS Health Educator attendee.
28. 03/21/2023 - 03/23/2023: OT21-2103 Spring Symposium: Capacity and Collaboration to Reduce COVID 19; ~200 people in attendance; 4 ODS Staff attendees

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29. 03/21/2023: Attended Congenital Syphilis Review Board (CSRB) Steering Committee meeting as representative; 10 people in attendance; 4 ODS Staff attendees.
30. 03/22/2023: Co-facilitated Public Health Vending with Naloxone Training - SNHD Fremont; 12 people in attendance 2 ODS Health Educator attendees.
31. 03/27/2023: Facilitated Naloxone Training - Sober Testing Services; 8 people in attendance; 1 ODS Health Educator attendee.
32. 03/28/2023: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 19 people in attendance; 8 SNHD ODS staff attendees.
33. 03/28/2023: Southern Nevada Misuse and Overdose Prevention Summit (SNSMOPS) Planning Meeting facilitated by ODS Health Educator; 9 people in attendance; 1 ODS Health Educator attendee.
34. 03/28/2023: Co-facilitated Public Health Vending with Naloxone Training - SNHD Decatur; 7 people in attendance; 2 ODS Health Educator attendees.
35. 3/28/2023: Attended and presented a two-day FBI/CDC Joint Crim-Epi Course; approximately 100 in attendance, 15 DSC staff attendees (2 staff presented).
36. 03/29/2023: Facilitated Naloxone Training - Southern Desert Correctional Facility; 50 people in attendance; 1 ODS Health Educator attendee.
37. 03/29/2023: 2023 Southern Nevada County Health Rankings Presentation facilitated and presented by 2 ODS Health Educators; 50 people in attendance; 15 SNHD ODS Staff attendees.
38. 03/31/2023: Secondary Trauma & Burnout training attended by ODS Health Educator Staff; ~60 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.

D. Other

1. Communicable Disease Statistics: February 2023 disease statistics are attached (see Table 1).

MONTHLY REPORT – March 2023

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Trisano**
 - i. Continue to maintain and enhance Disease Surveillance System.
 - ii. Ongoing user account support, access issues, and data corrections.
 - iii. MMG Template validated.
- B. Electronic Message Staging Area (EMSA)**
 - i. Maintain and enhance systems and provide support to staff.
 - ii. Onboarded 1 new provider.
- C. Southern Nevada Public Health Laboratory (SNPHL)**

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- i. Continue to work on the Laboratory Information Management System (LIMS) to interoperate with other internal and external systems, with continuous interface upkeep, security updates, and server maintenance.
 - ii. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support. Completed PHLIP feed additional assays validation procedure. CDC is validating data.
 - iii. Continue working on Laboratory Response Network- Biological Agents (LRN-B) interface and automated delivery feed.
 - iv. Continue SNPHL data warehouse cleanup and maintenance.
 - v. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Implementing combined testing for SNPHL of Covid/Flu for certain testing locations. Modifications will be needed for the current automated processes to support this change.
 - vi. Completed Steinberg Diagnostics (SDMI) Feed facilities consolidation and mapping.
 - vii. Purchase and install of software for micro and virology.
 - viii. AETNA/Molina insurance setup and reporting.
- D. Electronic Health Record (EHR) System**
- i. Maintain the system for COVID test ordering and COVID vaccination. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
 - ii. Planning and Preparations to submit the Family Planning Annual Report (FPAR) have begun.
 - iii. Continue data transfer to Wellpartner on prescription notification from eClinicalWorks (eCW).
 - iv. Completed FPAR 2.0 package install.
 - v. Steinberg Diagnostics feed redirect with eCW.
- E. Clark County Coroner's Office (CCCO)**
- i. Continue to provide support to CCCO on new CME implementation, testing, data requests, and reports.
 - ii. Internal data requests: Infant co-sleeping deaths and cold homicide case search.
 - iii. Repairs of numerous issues with Cognos reporting software.
- F. COVID19 Support**
- i. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Added Ordering Provider to the interface.
 - ii. Provide support by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance. Completed HIE SFTP setup for CCDA.
 - iii. Maintain and update COVID19 dashboard to include COVID19 reinfections, COVID19 maps, lab testing, ED admission trend analysis and other urgent data requests.

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- iv. Maintain and enhance COVID19 lab results portal. Completed eCW Lab Notifications Cleanup for COVID labs.
 - v. Attend bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
 - vi. Attend bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- G. EpiTrax and Data Warehouse**
- i. Continue to work with Epi and Surveillance teams to test applications and systems.
 - 1. Trisano data migration is validated through Disease Surveillance workflows.
 - ii. Deployment of merged consortium branch and master SNHD branch.
 - iii. Continue working on issues that were reported through End User Validation.
 - iv. Completed SSL certificate configuration for EpiTrax (db01.cchd.org) and EMSA (emsa-db.cchd.org) database servers.
 - v. Pentaho report updates being completed.
 - vi. Completed EpiTrax PDF Generation.
 - vii. Completed NMI application configuration.
 - viii. Working on Airflow scripts and scheduling.
 - ix. EpiTrax Production Implementation Plan completed. Continue EpiTrax implementation and weekly meetings.
- H. API Server**
- i. Continue new API server testing for internal processes and 3rd party app.
- I. Data Modernization Initiative (DMI)**
- i. Continue to work with state on DMI project.
 - ii. eCR onboarding and RCKMS training.
- J. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)**
- i. Continue to enhance syndromic system for new providers and future support.
 - ii. Completed testing with UHS. Preparing for UHS switch from HealthSentry to Public Health Surveillance platform.
 - iii. Completed reprocessing of messages.
- K. Grant Updates**
- i. SDY/SUID grant Pre-award meeting Collaboration on new grant opportunity between SNHD and CCCOME. Grant application in process.
 - ii. Completed Hepatitis Grant Application (SNPHL and Clinic Service).
 - iii. Submitted UNLV contract amendment.
 - iv. Submitted ELC grant Monthly Reports.

L. Reports

- i. The following FQHC/Clinical reports were completed and submitted:
 - FOCUS reports
 - Immunization Clinic monthly report
 - CQM report
 - NEON referral report, Provider Productivity report, Brothel Testing report and Trichomonas report for SHC
 - HRSA Immunization COVID report
 - 6 ASEC reports and analysis
 - QHC Productivity report
 - RW reports for RWCAP_23 Progress Report, RSR, and HIV Quality Measures Data Report
 - RSR Report for RW
 - Monthly Immunization COVID report
 - TB Skype DOT report
 - 5 reports for Family Planning
 - RSR Report validation and submission
 - Semi-Annual EHE report for CDC submission
 - EHE Report for University of Washington
 - Reports for FQHC: BOH, Jan and Feb reports, Patient Appointment Notification, HIV Prevention and Test reports for PrEP, PEP, ICD-10 and CPT.
 - HCV rest report with specific patient age
 - LabCorp and Quest Lab report
 - SNCHC Appointment report for IT
 - Remote home visit report for Community Health Department
 - COVID-MPOX Popup Report for Disease Surveillance
 - Relocation report in CAREWare
 - 12 OCDPHP Quarterly Reports
 - Customized finance report
- ii. Coroner's Office reports:
 - Jumping suicide report
 - Q4 2022 Trauma reports
 - 2022 EOY MVA report for DPS
 - Undetermined Homicide cases
 - Opioid deaths
 - Fentanyl deaths by age group and cases where cause of death was never determined
 - Homeless deaths
 - Child death breakdown by demographic
- iii. Other report updates:
 - Working on Sunrise ELR reporting issue
 - Daily, weekly, and monthly SNPHL reports and upkeep

M. Training

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - CSTE DMI Summit in Atlanta
 - eClinicalWorks UDS + Software and Services Webinar
 - Policy Hub acknowledgements
 - QIAGEN's Public Health Lab Bioinformatics Summit (online)
 - Attended SNHD All Hands Meeting

N. Other Projects

- i. Continue to maintain and enhance iCircle web application for OEDS. User account support, site maintenance and data corrections and updates.
- ii. Completed automated creation of 600+ campaigns, upload of contacts and specific message generation per campaign for the Alchemer Email Survey.
- iii. Continue working on the Yale project with Epi office for case conferencing.

- iv. UNLV Base model project, kickoff meeting.
- v. UNLV Wastewater training planning.
- vi. Informatics Service Requests completed.
- vii. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- viii. Support online sign-up application for Syringe Vending (harm reduction) for Trac-b.
- ix. Working on Women's Health Associates of Southern Nevada (WHASN) ELR implementation.
- x. Staff completed Organizational Vital Signs survey.
- xi. Completed the Outbreak Investigation protocol update.
- xii. Working with State to identify and resolve immunization issues.
- xiii. Completed the AMPH John Hopkins code modeling training plan, RSV Case and Morbidity data.



February 2023: Clark County Disease Statistics*

Disease	2021		2022		2023	
	February	YTD	February	YTD	February	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	1	0	2	6	12
Hepatitis A	0	1	0	1	0	0
Hepatitis B, acute	0	3	5	7	2	2
Hepatitis B, chronic	36	73	62	121	48	94
Influenza	3	15	24	40	20	73
Pertussis	0	0	6	11	2	3
SEXUALLY TRANSMITTED						
Chlamydia	1069	2092	982	1905	905	1950
Gonorrhea	655	1254	502	1003	446	916
HIV	38	62	30	68	25	63
Stage 3 HIV (AIDS)	9	23	13	22	9	29
Syphilis (Early non-primary, non-secondary)	48	107	52	100	44	104
Syphilis (Primary & Secondary)	66	124	53	107	50	100
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	1	0	0	0	0
Congenital Syphilis	0	5	5	10	5	16
ENTERICS						
Campylobacteriosis	12	15	5	11	10	26
Cryptosporidiosis	2	4	0	1	1	2
Giardiasis	3	7	4	11	3	6
Rotavirus	1	1	15	17	3	5
Salmonellosis	13	26	18	24	13	26
Shiga toxin-producing <i>E. coli</i> (STEC)	2	4	7	15	1	6
Shigellosis	6	8	1	5	3	6
Yersiniosis	0	0	1	1	0	0
OTHER						
Coccidioidomycosis	13	28	12	24	2	15
Exposure, Chemical or Biological	0	1	0	0	0	1
Hepatitis C, acute	0	0	1	2	1	1
Hepatitis C, chronic	264	556	259	481	206	409
Invasive Pneumococcal Disease	13	24	8	43	25	54
Lead Poisoning	7	22	8	23	9	20
Legionellosis	1	2	2	6	2	3
Listeriosis	0	0	0	1	0	0
Lyme Disease	0	1	0	0	0	0
Malaria	0	0	0	1	0	1
Meningitis, Aseptic	7	10	1	2	1	2
Meningitis, Bacterial Other	0	0	0	1	0	0
RSV	2	6	127	511	129	534
Rabies, exposure to a rabies susceptible animal	18	43	23	56	29	58
Streptococcal Toxic Shock Syndrome (STSS)	3	5	1	2	7	12
Tuberculosis (Active)	6	9	5	9	3	4

*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:** April 27, 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

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## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

| Food Operation Services                              | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Routine Inspections                                  | 2,432        | 2,731        | ↑ | 17,394      | 18,478      | ↑ |
| Reinspections                                        | 218          | 224          | ↑ | 1,415       | 1,608       | ↑ |
| Downgrades                                           | 227          | 220          | ↓ | 1,354       | 1,538       | ↑ |
| Closures                                             | 19           | 16           | ↓ | 145         | 116         | ↓ |
| Special Events                                       | 93           | 88           | ↓ | 531         | 783         | ↑ |
| Temporary Food Establishments & Tasting Event Booths | 704          | 1,082        | ↑ | 4,315       | 6,183       | ↑ |
| TOTALS                                               | 3,693        | 4,361        | ↑ | 25,154      | 28,706      | ↑ |

#### 1. Enforcement Actions and Investigations:

- A. **Sakana Restaurant and Sushi Bar, 3949 S. Maryland Pkwy.:** On March 1, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The inspector documented 25 demerits for the restaurant and 10 demerits for the sushi bar. The facility was reinspected and reopened with six demerits for the restaurant and zero demerits for the sushi bar on March 3.
- B. **David Wong's Pan Asian, 2980 S. Durango Rd.:** During a complaint investigation on March 2, the facility was closed for too many demerits on an unapproved change of permit holder (CPH) inspection. The Inspector documented 29 demerits. Violations included out of temperature food, improperly stocked hand sinks, and insufficient refrigeration. The operator applied for a health permit and was approved to reopen with eight demerits on March 24.

- C. **Buffalo Wild Wings Restaurant #587, 3663 S. Las Vegas Blvd.:** On March 7, the facility was closed for an IHH, sewage backup throughout the kitchen. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on March 8.
- D. **Punjabi Zayka, 1935 Fremont St.:** On March 9, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 19 demerits. Other violations included: food handler not properly washing hands; ventilation hood turned off during active cooking; food products double stacked without a barrier; food located in the splash zone of a sink; and open employee drinks/food stored on food contact surfaces. The unit was reinspected and reopened with zero demerits on March 14.
- E. **Public Works Coffee, 222 S. Water St.:** The facility was closed in January for an IHH, no hot water. The hot water heater was replaced, and hot water was restored. The facility was reinspected and reopened with zero demerits on March 9.
- F. **Olivo Taco, 2025 E. Sahara Ave.:** On March 14, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 31 demerits. Other violations included: food handler not properly washing hands; multiple time/temperature control for safety (TCS) foods in the temperature danger zone; employee food stored with customer food; complete absence of sanitizer solution in food areas during active food preparation; hand sink blocked; Person-in-Charge (PIC) not able to convey required knowledge to ensure active managerial control; and PIC unable to convey an employee health policy. The facility was reinspected and reopened with zero demerits on March 17.
- G. **Chick-Fil-A, 1991 N. Rainbow Blvd.:** On March 15, the facility was closed for an IHH, no hot water. The inspector documented 11 demerits. The facility was reinspected and reopened with six demerits on March 18.
- H. **Southwest Border Flavor Processing, 2580 W. Brooks Ave.:** On March 16, the facility was closed for failing a scheduled reinspection of a C downgrade. The inspector documented 12 demerits. Violations included: food contact surfaces dirty or unsanitary; hand sink not stocked appropriately (no paper towels, soap, or trash receptacle); exterior doors not tightly fitted, weatherproof, or left open, allowing an entry point for vermin; ready-to-eat TCS food not properly labeled; and food produced onsite and sold for consumption off premises not labeled or labeled properly. The facility was reinspected and reopened with zero demerits on March 21.
- I. **T-Mobile Arena and Surrounding Las Vegas Strip area:** On March 17, staff conducted a joint complaint investigation for unpermitted food vending with representatives from Clark County Business License and Metro Convention Center Area Command (CCAC). Food was confiscated from 16 unpermitted food vendors.
- J. **New York Street Dog, 9955 S. Eastern Ave.:** On March 23, the facility was closed for two IHHs, no potable water or hot water and lack of adequate refrigeration. The inspector documented 39 demerits. Other violations included: facility not in compliance with an approved operational plan; TCS foods in the temperature danger zone; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; in-use utensil improperly stored; open employee drinks and food stored on food contact surfaces; complete absence of sanitizer solution in food areas during active food preparation; and hand sink not stocked appropriately (no soap or paper towels). The facility remains closed at this time.
- K. **Downtown Las Vegas:** On March 24, staff conducted a joint complaint investigation for unpermitted food vending with representatives from City of Las Vegas Business



License and Metro Downtown Area Command (DTAC). No unpermitted food vendors were observed during the investigation.

- L. **Pellegrini Pizza, 101 S. Rainbow Blvd.:** On March 29, the facility was closed for an IHH, pest infestation. The inspector documented 26 demerits. The facility was reinspected and reopened with zero demerits on March 30.
  - M. **La Pupusa Loka, 1956 E. Charleston Blvd.:** On March 29, the facility was closed for an IHH, pest infestation. The inspector documented 33 demerits. The facility was reinspected and reopened with three demerits on March 31.
  - N. **Wendy's #3704, 2601 S. Eastern Ave.:** On March 30, the facility was closed for an IHH, lack of adequate employee toilets. The inspector documented nine demerits. The facility was reinspected and reopened with zero demerits on March 31.
  - O. **El Yaquesito Portable Unit for the Service of Food (PUSF), 2905 W. Washington Ave.:** On March 31, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. Other violations included: not reporting to a commissary or servicing depot daily when in operation; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; food contact surfaces dirty or unsanitary; hand sink not stocked appropriately (no paper towels); screen windows and mesh door left open in active food preparation area; food stored in refrigerator or freezer above the load limit; thermometer broken or not accurate to  $\pm 2^{\circ}\text{F}$ ; five staff working on the mobile unit without food handler cards; prepared foods not labeled with a use by date consistent with the shortest expiration date on ingredients; and no reminder statement for food requiring consumer advisory. The inspector documented 34 demerits. The facility was reinspected and reopened with zero demerits on April 6.
  - P. **Downtown 3rd Marketplace Farmer's Market High Risk (FMHR), 300 N. Casino Center Blvd.:** On March 31, the permitted area was closed for an inspection exceeding the allowed 15 demerits on a FMHR permit. Other violations included: food handler not properly washing hands; selling homemade foods; water temperature  $< 100^{\circ}\text{F}$  at handwashing sinks; employee food stored with customer food; handwash sink not an approved setup; wastewater not draining into an enclosed container; probe-type thermometer not available; and no employee health policy. The inspector documented 30 demerits. The facility remains closed at this time.
  - Q. Staff closed 45 unpermitted food vending complaint investigations.
2. **Foodborne Illness Investigations:**
- A. **Bouncy World, 4559 Blue Diamond Rd.:** On March 1, staff responded to multiple complaints of illness. The investigation resulted in an A grade.
  - B. **Oleander Street Catering:** On March 17, staff responded to multiple complaints of illness. This operation does not have a valid food permit. Staff contacted the operator by phone and certified letter notifying them to obtain a food permit.
  - C. **Ohjah Japanese Restaurant, 2051 N. Rainbow Blvd.:** On March 27, staff responded to multiple complaints of illness. The investigation identified risk factors that could lead to illness including changing tasks without washing hands and cross contamination. The investigation resulted in a C downgrade. The facility passed their reinspection and returned to an A grade on April 5.
  - D. **Taquizas Charlys:** On March 28, staff responded to multiple complaints of illness. This operation does not have a valid food permit. Staff called the operator in English and Spanish and sent a certified letter in English and Spanish notifying them to obtain a food permit.

3. **Onsite Intervention Training:**

A. Onsite Intervention Training was held with the following facilities: Laos Thai Street Food, 860 E. Twain Ave.; Olivo Taco, 2025 E. Sahara Ave.; El Canelo Restaurant–Mariscos Sinaloa, 23 N. Mojave Rd.; Michi Ramen Japanese Noodle House, 1018 W. Sunset Rd.; and Sbarro #119, 3645 S. Las Vegas Blvd.

4. **Supervisory/Managerial Conferences:**

A. A conference was held with the following facility: Sakana Sushi Bar, 3949 S. Maryland Pkwy.

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 | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|---------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Notices of Violations (New & Remails)       | 8            | 11           | ↑ | 68          | 50          | ↓ |
| Adjudicated Hearing Cases                   | 5            | 5            | → | 54          | 34          | ↓ |
| Total Cases Received                        | 92           | 75           | ↓ | 820         | 654         | ↓ |
| Total Cases Referred to Other Agencies      | 15           | 22           | ↑ | 180         | 180         | → |
| Hearing Penalties Assessed                  | \$7,000      | \$4,750      | ↓ | \$88,200    | \$62,250    | ↓ |

**ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data**

| Restricted Waste Management | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------|--------------|--------------|---|-------------|-------------|---|
| Inspections                 | 370          | 443          | ↑ | 2,530       | 2,331       | ↓ |

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

| Underground Storage Tanks                     | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Compliance Inspections                        | 89           | 96           | ↑ | 557         | 703         | ↑ |
| Final Installation/Upgrade/Repair Inspections | 1            | 2            | ↑ | 31          | 18          | ↓ |
| Closure Inspections                           | 0            | 0            | → | 8           | 6           | ↓ |
| Spill Report Investigations                   | 0            | 1            | ↑ | 7           | 6           | ↓ |

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

| Permitted Disposal Facilities | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-------------------------------|--------------|--------------|---|-------------|-------------|---|
| Inspections                   | 17           | 19           | ↑ | 179         | 183         | ↑ |
| Reinspections                 | 3            | 2            | ↓ | 18          | 23          | ↑ |



**1. Solid Waste Plan Review Program (SWPR):**

- A. Permits Issued** – Nevada State Recycling (Modification)
- 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 (4); Materials Recovery Facility (1); and Waste Grease (1)
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in April:**  
Clean Harbors Environmental Services (Recycling Center)

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

| Asbestos Permitting Services    | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|---------------------------------|--------------|--------------|---|-------------|-------------|---|
| Asbestos Permits Issued         | 84           | 89           | ↑ | 662         | 786         | ↑ |
| Revised Asbestos Permits Issued | 9            | 13           | ↑ | 65          | 101         | ↑ |

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

| Subdivision Plan Review               | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|---------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Tentative Maps-Received               | 31           | 18           | ↓ | 197         | 139         | ↓ |
| Tentative Maps-Lot Count              | 2,108        | 958          | ↓ | 16,353      | 9,225       | ↓ |
| Final Maps-Received                   | 34           | 38           | ↑ | 278         | 209         | ↓ |
| Final Maps-Lot Count                  | 1,295        | 1,384        | ↑ | 14,391      | 9,081       | ↓ |
| Final Maps-Signed                     | 35           | 22           | ↓ | 183         | 188         | ↑ |
| Final Maps (Signed)-Lot Count         | 2,114        | 1,198        | ↓ | 9,374       | 8,997       | ↓ |
| Improvement Plans-Received            | 35           | 22           | ↓ | 258         | 191         | ↓ |
| Improvement Plans-Lot Count           | 1,321        | 1,126        | ↓ | 13,824      | 9,429       | ↓ |
| Expedited Improvement Plans-Received  | 0            | 0            | → | 1           | 2           | ↑ |
| Expedited Improvement Plans-Lot Count | 0            | 0            | → | 1           | 17          | ↑ |

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

| Individual Sewage Disposal Systems | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Residential ISDS Permits           | 14           | 9            | ↓ | 95          | 59          | ↓ |
| Commercial ISDS Permits            | 1            | 0            | ↓ | 6           | 2           | ↓ |
| Commercial Holding Tank Permits    | 2            | 2            | → | 15          | 27          | ↑ |
| Residential Tenant Improvements    | 34           | 30           | ↓ | 245         | 236         | ↓ |
| Residential Certifications         | 0            | 0            | → | 12          | 3           | ↓ |
| Compliance Issues                  | 11           | 12           | ↑ | 60          | 88          | ↑ |

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

| Safe Drinking Water Program           | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|---------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Public Water System Sanitary Surveys  | 2            | 0            | ↓ | 51          | 33          | ↓ |
| Public Water System Violations Issued | 1            | 10           | ↑ | 19          | 43          | ↑ |
| Public Water System Complaints        | 0            | 0            | → | 0           | 0           | → |

**2. Safe Drinking Water Activity:**

- A. Five *coliform*-present results (Shetland Water District, three *coliform*-present results - Level 2 Assessment triggered and Sunrise Acres Water Association, two *coliform*-present results - Level 1 Assessment triggered) were reported from routine monitoring events. 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.

### III. VECTOR CONTROL OFFICE

#### ENVIRONMENTAL HEALTH Vector Control and Other EH Services - Fiscal Year Data

| Vector Control and Other EH Services                   | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|--------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| West Nile Virus Surveillance Traps Set                 | 0            | 0            | → | 1,571       | 1,722       | ↑ |
| West Nile Virus Surveillance Mosquitoes Tested         | 0            | 0            | → | 18,250      | 28,845      | ↑ |
| West Nile Virus Surveillance Submission Pools Tested   | 0            | 0            | → | 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            | 0            | → | 20          | 73          | ↑ |
| Elevated Blood Level Home Investigations               | 0            | 1            | ↑ | 1           | 3           | ↑ |
| Legionella Residential Investigations                  | 1            | 3            | ↑ | 7           | 15          | ↑ |
| Legionella Travel Associated Investigations            | 1            | 4            | ↑ | 8           | 20          | ↑ |
| Public Accommodations Inspections                      | 62           | 43           | ↓ | 346         | 342         | ↓ |
| Public Accommodations SB4 Inspections                  | 93           | 86           | ↓ | 692         | 688         | ↓ |
| Public Accommodations Complaints                       | 15           | 10           | ↓ | 142         | 95          | ↓ |
| Mobile Home/Recreational Vehicle Park Inspections      | 36           | 51           | ↑ | 163         | 180         | ↑ |
| Mobile Home/Recreational Vehicle Park Complaints       | 1            | 1            | → | 9           | 13          | ↑ |



#### IV. SPECIAL PROGRAMS

##### ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

| Special Programs                          | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| School Food Facility Inspections          | 126          | 97           | ↓ | 729         | 705         | ↓ |
| School Food Facility Complaints           | 0            | 0            | → | 3           | 5           | ↑ |
| School Facility Inspections               | 159          | 118          | ↓ | 852         | 840         | ↓ |
| School Facility Complaints                | 4            | 2            | ↓ | 48          | 32          | ↓ |
| Summer Food Service Surveys               | 0            | 1            | ↑ | 40          | 59          | ↑ |
| Child Care Facility Inspections           | 48           | 47           | ↓ | 303         | 210         | ↓ |
| Child Care Facility Complaints            | 3            | 4            | ↑ | 14          | 19          | ↑ |
| Body Art Facility Inspections             | 60           | 13           | ↓ | 351         | 264         | ↓ |
| Body Art Facility Complaints              | 1            | 3            | ↑ | 21          | 40          | ↑ |
| Body Art Artist Special Event Inspections | 1            | 2            | ↑ | 14          | 182         | ↑ |
| Total Program Services Completed          | 402          | 287          | ↓ | 2,375       | 2,356       | ↓ |

#### 1. Schools:

A. **J.O.Y. Academy of Southern Nevada, 3883 E. Mesa Vista Way:** Staff met with facility representatives to discuss the various options available to prepare and serve food. Staff provided information on approved methods of food distribution and the types of permits available, as well as applications to begin the process of obtaining a health permit. School representatives have not yet applied for a food permit.

#### 2. Child Care:

A. **Foundations Preschool, 7625 S. Rainbow Blvd.:** During a routine inspection, staff found multiple violations that required correction. Violations included: improper diapering procedures; unprotected and exposed electrical outlets; extension cords within reach of children; employees working in the kitchen without food handler cards; and staff working in the infant room without dedicated footwear. Staff will return within thirty days to ensure that all violations are corrected.

#### 3. Body Art:

A. **West Coast Tattoo, 5597 S. Rainbow Blvd.:** Staff investigated a complaint alleging that unsanitary conditions were present in the facility. The PIC described the cleaning procedures used and the explanations were adequate. The complaint was not substantiated.

B. **4723 Maryland Pkwy.:** Staff investigated a complaint that a tattoo shop began operating without a permit at this address on March 1. Staff was unable to find the address but did find a tattoo shop nearby that had recently been issued a health permit. The complaint was not substantiated.

C. **Classic Tattoo, 4845 S. Fort Apache Rd.:** During a routine inspection, staff found that the permit holder had recently installed an autoclave without SNHD approval. The autoclave was being used to sterilize reusable body art tools and was in a utility room lacking the required hand sink or two-compartment sink. There was also no spore test or other documentation confirming that the autoclave was functioning properly. The autoclave was taken out of use and the permit holder was instructed to cease use of any instruments processed in the autoclave. The permit holder was also instructed to apply for a remodel.

**V. PLAN REVIEW PROGRAM**

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

|                                                           | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Food Pre-Permitting Services</b>                       |              |              |   |             |             |   |
| <b>Food Safety Assessment Meetings</b>                    | 0            | 0            | → | 5           | 6           | ↑ |
| <b>Total Pre-Permitting Services</b>                      | 1,570        | 1,233        | ↓ | 11,605      | 11,197      | ↓ |
| <b>New Project Submissions</b>                            | 570          | 253          | ↓ | 2,703       | 2,458       | ↓ |
| <b>Released Projects</b>                                  | 317          | 245          | ↓ | 2,607       | 2,294       | ↓ |
| <b>Total Service Requests Currently in Pre-Permitting</b> | 1,504        | 1,584        | ↑ |             |             |   |

**1. Enforcement Actions and Investigations:**

- A. Epicurean Catering, 4650 W. Post Rd.:** During a CPH inspection, staff discovered two shipping container boxes outside the facility. One was holding frozen food and the other was holding maintenance supplies. SNHD Regulations do not allow food to be stored in an unapproved location. Since the food in the refrigerated shipping container was at the proper temperature, the applicant was allowed to continue storing the food until a permit is issued. The applicant is in the process of applying for a storage permit.
- B. Ocha Thai Food, 873 S. Rainbow Blvd.:** During a review of the CPH application, staff determined that the layout of the equipment under the hood had been modified. A new floor sink, prep sink, and ice machine had been added. The owner was directed to apply for a remodel. A plan review was conducted, and plans were approved with a stipulation to obtain approvals from the Building Department and Fire Prevention. The CPH and remodel inspections will be scheduled once approval from the other agencies is provided.
- C. Myungin Dumpling and Authentic Mexican Grill, 6085 S. Rainbow Blvd.:** During a CPH inspection, an unapproved remodel of the cookline was found. The layout of the cookline had been reconfigured and new cooking equipment had been installed without SNHD approval. SNHD Regulations require the submission of plans for review and approval before a food establishment is remodeled. The facility submitted a remodel application, and the inspection will be scheduled after Fire Prevention approves the changes.
- D. Fat Tuesday #1 at Forum, 3500 S. Las Vegas Blvd.:** At a final permitting inspection, staff found one reach-in cooler holding a temperature of 85°F and the hot water at the three-compartment sink was 96-105°F. SNHD Regulations require refrigeration to hold food at 41°F or less and hot water must be provided at a minimum of 120°F at the three-compartment sink. The operator was in the process of replacing the reach-in cooler and the water heater was adjusted to provide the proper hot water temperature. The permit was approved.
- E. Quality Custom Distribution, 6810 S. Decatur Blvd.:** Staff found the facility fully stocked and operating without a health permit. The operator was referred to Plan Review and immediately started the application process for the 88,000 square foot storage facility. The plans were approved, and a final permitting inspection is still pending.
- F. Pure Green, 9850 S. Maryland Pkwy.:** A review of plumbing plans indicated no grease abatement method. Staff referred the applicant to the Clark County Water



Reclamation District (CCWRD) to determine grease capture requirements. The applicant will need to submit revised plumbing plans to show the planned location and any additional plumbing changes if a grease interceptor is required by CCWRD. A final permitting inspection will be conducted after the revised plans are approved.

- G. **Aria Pool Bar, 3730 S. Las Vegas Blvd.:** Staff arrived for a scheduled remodel inspection and the facility was still under active construction. Ladders, tools, and equipment were present throughout the area. Installation of the ice machine, soda dispensers, and frozen drink dispenser was not completed. Liquid waste was pooling on the bar floor and the hand sinks were not stocked. SNHD Regulations require equipment to be operable and the area to be clean and free of potential hazards at the final inspection. Staff reinspected and approved the remodel after construction and equipment installation was completed.
- H. **Bizzy Bee Daycare, 1915 Simmons St.:** A final permitting inspection resulted in failure due to an inadequate number of handwashing sinks and toilets. SNHD Regulations require that all new or extensively remodeled childcare centers provide a minimum of one child-appropriate height handwashing sink for every fifteen children or fraction thereof. The operator is in the process of installing the additional handwashing sinks and toilets at appropriate heights. The final permitting inspection is still pending.
- I. **China Mama Express, 4250 S. Rainbow Blvd.:** A CPH inspection was conducted, and staff determined that an unapproved deep fryer had been added to the cook line. The new permit was approved, and the PIC was instructed to apply for a remodel within five business days for the installation of the deep fryer. Following approval of plans and an inspection, the remodel for the fryer installation was approved.

## VI. AQUATIC HEALTH PROGRAM

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

| Aquatic Health Operations                                                     | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-------------------------------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| <b>Total Operation Inspections</b>                                            | 457          | 508          | ↑ | 3,500       | 4,835       | ↑ |
| <b>Complaint Investigations</b>                                               | 9            | 14           | ↑ | 131         | 173         | ↑ |
| <b>Inactive Body of Water Surveys</b>                                         | 7            | 8            | ↑ | 56          | 61          | ↑ |
| <b>Drowning/Near Drowning/Accident Investigations at Permitted Facilities</b> | 10           | 8            | ↓ | 22          | 27          | ↑ |
| <b>Total Program Services Completed</b>                                       | 483          | 538          | ↑ | 3,622       | 5,096       | ↑ |

#### 1. Aquatic Health Operations

- A. **St. Clair Apartments, 5450 S. Fort Apache Rd.:** A routine inspection at the spa resulted in an IHH closure due to gates not self-closing and self-latching. Improperly functioning gates can allow unauthorized access to the aquatic venue and increase the risk of drowning for children. The spa remains closed at this time.
- B. **Coronado Bay Club Apartments., 7600 S. Jones Blvd.:** A routine inspection at the pool resulted in closure due to several IHHs. The gate into the enclosure failed to self-latch, the pool had no detectable disinfectant, and the underwater lights did not have ground fault circuit interrupter (GFCI) protection. Lack of GFCI protection increases electrical risk to bathers. The pool remains closed at this time.



- C. The Palms at Peccole Ranch, 9599 W. Charleston Blvd.:** Routine inspections at the office lap pool and office spa resulted in closures due to several IHHs. The pool filter pump was intermittently turning off, resulting in unreliable filtration and circulation, and exposing bathers to improperly treated water. Additionally, the pump had been replaced without SNHD approval. The spa free chlorine tested high, increasing the risk for eye and skin irritation. The operator was instructed to submit a remodel application for the new pump. The pool and spa remain closed at this time.
- D. Lyric Apartments, 304 E. Silverado Ranch Blvd.:** A routine inspection at the spa resulted in an IHH closure due to excessive chlorine and cyanuric acid levels. High chlorine increases the risk of eye and skin irritation, and high cyanuric acid reduces the effectiveness of the disinfectant. The spa remains closed at this time.
- E. Elysian at the Palms, 3850 W. Nevso Dr.:** Routine inspections at the pool and spa resulted in IHH closures. The free chlorine in both venues measured high. The pool and spa remain closed at this time.
- F. Tides at Cheyenne, 3240 N. Las Vegas Blvd.:** A survey to follow-up on a compliance schedule at the pool resulted in continued closure due to failure to test the water supply backflow prevention device as directed. Regular testing of the backflow prevention device protects the potable water supply from possible contamination. A supervisory conference with facility management was conducted. The facility manager has since provided evidence of a passed backflow test. The pool remains closed at this time and a reinspection is still pending.
- G. Hampton Inn Las Vegas North Speedway, 2852 E. Craig Rd.:** A routine inspection at the pool resulted in closure due to multiple IHHs. The north and west gates were not self-closing, and the pool had no detectable disinfectant. A reinspection was conducted, and the pool was reopened.
- H. The Edge at Traverse Point Apartments, 1131 Wigwam Pkwy.:** Routine inspections at the east and west pools and spas resulted in closures for multiple IHHs. The free chlorine measured high in the west pool, west spa, and east pool. The east spa had no detectable disinfectant. The west pool, east pool, and east spa had excessive cyanuric acid. The east pool pump was not functioning. One gate at the east enclosure was propped open, allowing unauthorized access to the aquatic venue. The aquatic venues remain closed at this time.
- I. Bristol at Sunset Apartments, 2001 Ramrod Ave.:** A complaint investigation alleging that the pool water was green was verified. The enclosure was not accessible to bathers, but the pool water was green, and the pool bottom was not visible, which is an IHH because it would prevent seeing a bather needing rescue. The qualified operator drained the pool within the allowed 72-hour timeline and provided photographs showing the condition corrected and the hazard eliminated.

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

| Aquatic Health Plan Review              | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Total Pre-Permitting Services           | 720          | 626          | ↓ | 5,770       | 5,843       | ↑ |
| New Project Submissions                 | 199          | 126          | ↓ | 721         | 765         | ↑ |
| Released Projects                       | 86           | 53           | ↓ | 566         | 675         | ↑ |
| Total Projects Currently in Plan Review | 382          | 551          | ↑ |             |             |   |



2. **Aquatic Health Plan Review:**

- A. **Anthem Country Club at Willow Knolls, 2 Panther Creek Ct.:** A survey was conducted at the request of the management company following the replastering of the pool and spa to discuss questions about the suction outlet fitting assemblies (SOFAs). Seven of nine SOFAs were confirmed to have been changed without SNHD approval. Additionally, an in-wall vacuum port was equipped with a wall inlet fitting instead of an appropriate locking vacuum cover, presenting a suction risk to bathers. The permit holder was instructed to keep the venues closed until the required remodel applications were submitted and approved and a proper vacuum port cover was installed. An application has been submitted for the pool but not the spa, and follow-up related to the vacuum port is still pending.
- B. **Cordillera Homeowner's Association, 11860 Stone Run Ave.:** An excavation inspection for the pool was not approved. The deep portion of the excavation was less than required to correspond to the finished depth shown on the approved plans. The contractor corrected the excavation depth, and a reinspection was approved.
- C. **Mera Henderson, 2300 Via Inspirada:** A pre-plaster inspection was not approved at the pool. Violations included no ultraviolet (UV) protection over the equipment enclosure, insufficient area and equipment room lighting, improperly installed flow meter, and no safety equipment. A reinspection was conducted and approved.
- D. **Kingsway Apartments, 2710 Merritt Ave.:** A final remodel inspection for the installation of new interior plaster was conducted at the pool. The interior was acceptable, so the inspection was approved; however, the disinfection feeder had been removed from the filtration system. The operator was instructed to keep the pool closed until the feeder was reinstalled and to provide documentation to SNHD before opening. The required follow-up is still pending.
- E. **Red Rock Casino, 11011 W. Charleston Blvd.:** Final remodel inspections for the installation of chemical feed equipment at the three Backyard Express Pools were attempted; however, the contractor did not arrive to provide access to the equipment room so the equipment could not be inspected. The venues were still accessible, and two of the three had broken SOFAs. The contractor and property representative were notified, via email, to keep the pools closed until the SOFAs were replaced. The SOFAs were replaced, and the final remodel inspections were approved.
- F. **Skypointe Pool, 8303 Nebula Cloud Ave.:** A final remodel inspection for the installation of a new filter pump was conducted at the pool. The calculated flow was within the acceptable range, so the remodel was approved; however, the SOFAs for the main drains and skimmer equalizer lines had been changed without SNHD approval. The operator was instructed to return to the approved SOFAs or submit an after-the-fact remodel. The facility has not yet followed up.
- G. **Heritage Oaks III, 5249 Dickens Dr.:** A final remodel inspection was conducted for the replacement of the interior finish of the pool. Four out of eight depth markers indicated incorrect depths. The inspection was approved, contingent upon receipt of documentation that the incorrect depth markers had been corrected. Follow-up has not yet been received.

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) 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 meetings, Retail Flexible Funding Model (RFFM) Mentorship Program meetings, NEHA

Leadership Academy mentor meetings; Violation Standards Document updates, Food Establishment Inspection Report Form updates, and regulation training preparation meetings.

2. RSO Supervisor attended Healthy People 2030 Norovirus at Retail strategic planning in-person meeting in Atlanta, Georgia on March 14-15.
3. Special Processes staff attended the FBI/CDC Criminal-Epidemiological Joint Investigation Workshop on March 28-29.
4. Special Processes staff met with operators, in a virtual setting via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently five cook chill/sous vide plans, five 2-barrier plans, 15 other HACCP plans, 11 waivers, and two operational plans in review.

### VIII. SPECIAL PROCESSES

#### ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

| Label Review                      | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-----------------------------------|--------------|--------------|---|-------------|-------------|---|
| Facility Label Review Submissions | 19           | 42           | ↑ | 202         | 214         | ↑ |
| Facility Label Review Releases    | 23           | 30           | ↑ | 221         | 199         | ↓ |
| Number of Labels Approved         | 384          | 302          | ↓ | 3,146       | 2,584       | ↓ |

#### ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

| Special Processes Review                                                                                                            | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Cook Chill/Sous Vide Submissions                                                                                                    | 0            | 0            | → | 2           | 3           | ↑ |
| Cook Chill/Sous Vide Releases                                                                                                       | 0            | 2            | ↑ | 3           | 5           | ↑ |
| 2-Barrier ROP Submissions                                                                                                           | 0            | 0            | → | 0           | 6           | ↑ |
| 2-Barrier ROP Releases                                                                                                              | 0            | 1            | ↑ | 0           | 8           | ↑ |
| Other HACCP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.) | 0            | 0            | → | 2           | 5           | ↑ |
| Other Special Processes Releases                                                                                                    | 0            | 1            | ↑ | 2           | 5           | ↑ |

**ENVIRONMENTAL HEALTH Special Processes Waivers & Operational Plans Review - Fiscal Year Data**

| Waivers & Operational Plans Review | Mar.<br>2022 | Mar.<br>2023 |   | FY<br>21-22 | FY<br>22-23 |   |
|------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Waiver Review Submissions          | 0            | 2            | ↑ | 13          | 10          | ↓ |
| Waiver Review Releases             | 1            | 1            | → | 11          | 10          | ↓ |
| Operational Plan Submissions       | 1            | 1            | → | 2           | 2           | → |
| Operational Plan Releases          | 0            | 0            | → | 4           | 2           | ↓ |

CDS/hh





# Memorandum



**Date:** April 13, 2023

**To:** Southern Nevada District Board of Health

**From:** Lourdes Yapjoco, MSN-PH, RN, CCM, Interim Director of Primary & Preventive Care   
Fermin Leguen, MD, MPH, District Health Officer 

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**RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – March 2023**

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## **I. Immunization Program**

### **A. Immunization Program Activities**

1. A total of 328 COVID-19 Vaccines were administered, 271 COVID-19 Monovalent Vaccines, and 57 COVID-19 Bivalent Vaccines.
2. Reminder Postcards/Texts are ongoing. Continuing to work with Reminder Postcards with Adolescent Reminder Program.
3. Reminder phone calls were placed on hold due to staffing and employee transitions.
4. The Immunizations Program has transitioned 100% to e-EClinicalWorks (ECW). Key team members continue to finetune the use of this EHR during this early implementation phase.
5. The Immunization Program is continuing to work with the American Cancer Society (ACS) and the HPV Learning Collaborative in collaboration with ODS to develop strategies to increase initiation and completion rates of HPV vaccines for adolescents.

### **B. Immunization Outreach Activities**

1. A total of 3 outreach clinics were conducted in partnership with community organizations – REACH, Clark County School District and Nevada Homeless Alliance. A total of 66 vaccines were administered to 34 clients. Funding for the clinics came from the State Flu grant.
2. Administrative Assistants and Nursing staff continue rotations at Decatur Immunization clinic to maintain skills and learn eCW.
3. There were 3 clinics at Shannon West Homeless Youth Center. A total of 33 clients were assessed and tested for tuberculosis. Funding is from State of NV Substance Abuse and Prevention Tuberculosis (SAPTb) grant.
4. Two clinics were conducted at the Clark County School District Support Center. A total of 538 vaccines were administered to 168 clients. This walk-in clinic serves the needs of new students in Clark County. Immunization records are reviewed, and missing vaccinations required or recommended are administered. All immunizations administered are uploaded in Nevada State WebIZ.
5. From March 6- May 22, 2023, CCSD Adolescent Clinics were added to outreach clinics. The walk-in clinics are scheduled on Mondays from 3pm-6pm. CCSD selected four schools- Centennial, Cheyenne, Liberty, and Valley high schools. For the month of March, a total of 112 vaccines were administered to 46 students.

## **II. COVID-19 Vaccine Campaign**

### **A. Community COVID-19 Vaccine Static Clinics**

1. There were 304 COVID-19 and 51 influenza vaccines administered at four static sites held at two CSN campuses, Galleria Mall, and Boulevard Mall.
2. The 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 330 COVID-19 and 132 influenza vaccines administered through 24 pop-up and community partner clinics. These activities include clinics focused on the following population groups: long-term care facilities, congregate housing, underserved communities, and individuals with disabilities.
2. Community partnerships administering COVID-19 vaccinations included: Touro University, Clark County School District, Nevada Homeless Alliance, Silver Summit, Community Outreach Medical Center, and Puentes Las Vegas.
3. As requested from State partners, long term care facilities continue to be provided vaccination services through SNHD during the last month. In addition, a new clinic at Nevada Department of Corrections was conducted and will be continued regularly.
4. Homebound vaccination services continue to be provided to patients who have disabilities affecting mobility or are immunocompromised. A specialized strike team continues to be available for patients with cognitive disabilities.

### **C. MPOX vaccinations**

1. There were an estimated 13 vaccines administered at three static and one community partner sites during the last month.
2. Through a collaborative effort with the Office of Acute Communicable Disease Control, an additional 12 MPOX vaccine late night clinics were held at strategic locations. An estimated 13 MPOX vaccinations were administered at these clinics.

### **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 data collection, analysis, and interpretation of a vaccine reminder magnet project geared towards COVID-19 vaccine uptake. Once approved by leadership the results of a preliminary analysis of this project will be presented to state partners.
2. With the assistance of staff members from 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. Revisions to the project are currently under review.
3. The Healthcare Provider GET IT. GIVE IT. COVID-19 Vaccine Initiative has been launched to increase the COVID-19 vaccine rates for healthcare providers who carry and administer COVID-19 vaccine in their clinic, hospital, or long term care facility. Mobilization of the SNHD's Healthcare Provider Team provide substantial support to healthcare providers during the Nevada State Immunization Program's enrollment process, as well as provide training on vaccine storage and handling, and management of inventory and reconciliation of the COVID-19 vaccines.

## **III. Community Health Nursing**

### **A. Maternal Child Health**

1. There were no new childhood lead cases for the month of March.



2. There were no new referrals 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 170 active families. Forty-nine are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Forty-seven clients are being served by the NFP expansion team. Grants from the Nevada Division of Public and Behavioral Health make these programs possible.

The two newest nurse home visitors completed the required NFP Units 1 and 2 training. These nurse home visitors are shadowing experienced nurse home visitors on home visits. They are also beginning to build their caseloads, are conducting outreach activities at different Division of Welfare and Supportive Services (DWSS) offices and continue to learn about the community resources available for families served. The established nurse home visitors continue to serve eligible families providing education, support, and referrals to needed resources during in-person visits.

**C. Embracing Healthy Baby**

The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with support 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 in the month of March was performed at University Medical Center's Baby Steps program and at the Clark County Rainbow Library. The caseloads are at full capacity.

**IV. Sexual Health Clinic (SHC)**

- A. The Sexual Health Clinic (SHC) clinic provided 999 unique services to 802 unduplicated patients for the month of March. There were 100 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. Express Testing serviced 155 patients. There are currently 82 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The 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. The SHC participated in the CDC site visit, including a tour of the SHC clinic and highlights of the SHC STI treatment, testing and prevention services offered through SNHD. SHC leadership met with a representative from the Office of Communications, Policy, Planning and Partnerships, Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, TD, and tuberculosis Prevention, Centers for Disease

Control and Prevention to provide information about SHC programs for the purpose of "Highlighting Creative STI Prevention and Treatment Approaches". The success of the SHC ASEC Outreach Clinic was a topic of special interest in the virtual meeting. Our status neutral approach to care for HIV Rapid stART referral and HIV prevention services and injectable PrEP services were included in the discussion. SHC administrative assistant (AA) staff began providing cashier services in SHC.

- 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 seven 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 27 active participants in the month of March. Four cases were closed in March.
- E. The SHC staff continues to see patients for Monkeypox evaluation and referral for vaccine.
- F. SHC is in the recruitment process to fill one vacant CHN I position and one AA position. Two vacant CHN I/II, one vacant medical assistant and one new medical assistant positions have been filled. The new hire started orientation for the SHC Community Health Worker (CHW) in the congenital syphilis case management program.

#### **V. Tuberculosis Clinic**

- A. 5 new active adult TB cases were reported by the TB Clinic in the month of March 2023. There were no new pediatric TB cases.

#### **VI. Employee Health Nurse**

- A. There were Thirty (30) SNHD Employees who tested for COVID-19 in March 2023. This includes three (3) PCR tests, Four (4) Rapid Antigen tests, and twenty-six (26) from outside entities. Nine (9) employees tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of March. Annual catch-up TB testing is ongoing. Fifty-Nine (59) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of March. Fifteen (15) medical clearances were conducted.
- D. There were no employee Blood Borne Pathogens exposure cases for the month of March.
- E. There are no new employee TB exposure cases for the month of February.
- F. Vaccine Clinics need numbers
  - March 1-31, 2023
    - Employees 10
      - 2 Bi-valent COVID-19
      - 1 Influenza
      - 0 Monkeypox Vaccine
      - 8 other vaccines
      - Total vaccines given 11



- Community Vaccinations
  - 0 COVID-19 Vaccines
  - 0 Influenza Vaccines
  - 0 Other vaccine

G. Policies and procedures continue to be reviewed and updated.

## **VII. Academic Affairs**

- A. There was a total of 14 Interns and 372 applied public health practice hours for March 2023.

## **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 were 4 CEU's offered in March.

LY: ms

Attachments: March 2023 Statistical Report

**PRIMARY AND PREVENTIVE CARE**  
**MONTHLY REPORT**  
**March 2023**

**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                | 1,144          | 625        | 237         | 43              | 0        | 0                | 0                    | 0                       | 2,049        |
| Immunization Records Issued | 206            | 48         | 11          | 1               |          |                  |                      |                         | 266          |
| Newborn Metabolic Screening | 0              | 1          | 0           | 0               |          |                  |                      |                         | 1            |
| Sexual Health Clinic        | 999            |            |             |                 |          |                  |                      |                         | 999          |
| TB Treatment & Control      | 1,269          |            |             |                 |          |                  |                      |                         | 1,269        |
| SAPTA Services              |                |            |             |                 |          |                  |                      | 33                      | 33           |
| <b>TOTAL</b>                | <b>3,618</b>   | <b>674</b> | <b>248</b>  | <b>44</b>       | <b>0</b> | <b>0</b>         | <b>0</b>             | <b>33</b>               | <b>4,617</b> |

**Client Encounters by Program**

| Program                     | March<br>2022 | March<br>2023 |          | FY 21-22     | FY 22-23     |          |
|-----------------------------|---------------|---------------|----------|--------------|--------------|----------|
| Immunizations               | 2,768         | 2,049         | ↓        | 31,119       | 32,276       | ↑        |
| Immunization Records Issued | 532           | 266           | ↓        | 2,834        | 4,548        | ↑        |
| COVID-19 Vaccine Given*     | 2218          | 634           | ↓        | 25,815       | 9,685        | ↓        |
| Newborn Met. Screening      | 0             | 1             | ↑        | 0            | 1            | ↑        |
| Sexual Health Clinic        | 1,325         | 999           | ↓        | 11,413       | 10,481       | ↓        |
| TB Treatment & Control      | 1043          | 1,269         | ↑        | 7,936        | 10,647       | ↑        |
| SAPTA Services              | 47            | 33            | ↓        | 230          | 408          | ↑        |
| <b>TOTAL</b>                | <b>7933</b>   | <b>5,251</b>  | <b>↓</b> | <b>79347</b> | <b>68046</b> | <b>↓</b> |

\*Funded by COVID Grant Funds-Data Collection started January 2022

## Immunization Program

| Immunizations     | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|-------------------|---------------|---------------|---|----------|----------|---|
| Flu Vaccine Given | 772           | 708           | ↓ | 8,504    | 7,671    | ↓ |
| Gratis            | 168           | 81            | ↓ | 1,822    | 81       | ↓ |
| COVID Vaccine*    | 400           | 328           | ↓ | 4,822    | 2,057    | ↓ |

\*Given by Immunization Clinics

| Vaccines for Children (VFC)*       | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|------------------------------------|---------------|---------------|---|----------|----------|---|
| Number of VFC Compliance Visits    | 5             | 1             | ↓ | 58       | 43       | ↓ |
| Number of IQIP Visits*             | 9             | 6             | ↓ | 30       | 66       | ↑ |
| Number of Follow Up Contacts       | 55            | 10            | ↓ | 385      | 230      | ↓ |
| Number of Annual Provider Training | 4             | 10            | ↑ | 51       | 40       | ↓ |
| Number of State Requested Visits   | 219           | 130           | ↓ | 1,051    | 827      | ↓ |

| Perinatal Hepatitis B        | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|---------------|---------------|---|----------|----------|---|
| # of Expectant Women         | 19            | 18            | ↓ | 16       | 19       | ↑ |
| # of Infants                 | 98            | 91            | ↓ | 79       | 82       | ↑ |
| Total # of Infants Delivered | 5             | 9             | ↑ | 31       | 35       | ↑ |
| New Cases                    | 8             | 9             | ↑ | 38       | 44       | ↑ |
| Closed Cases                 | 7             | 6             | ↓ | 41       | 34       | ↓ |

| Childcare Program          | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|----------------------------|---------------|---------------|---|----------|----------|---|
| Childcare Audits           | 13            | 3             | ↓ | 59       | 54       | ↓ |
| Baseline Immunization Rate | 61%           | 69%           | ↑ | 73%      | 71%      | ↓ |
| # of Final Audits          | 12            | 3             | ↓ | 63       | 54       | ↓ |
| Final Immunization Rate    | 91%           | 93%           | ↓ | 93%      | 93%      | → |
| # of Records Reviewed      | 821           | 147           | ↓ | 4611     | 3653     | ↓ |

## Covid-19 Vaccine Campaign

| COVID-19 Vaccine Campaign                                  | March<br>2022 | March<br>2023 |   | FY 21-22* | FY 22-23 |   |
|------------------------------------------------------------|---------------|---------------|---|-----------|----------|---|
| # of COVID-19 Vaccines administered                        | 2218          | 634           | ↓ | 25,815    | 9,685    | ↓ |
| # of Monkeypox Vaccine administered*                       | 0             | 13            | ↑ | 0         | 537      | ↑ |
| # of Influenza Vaccine administered*                       | 0             | 183           | ↑ | 0         | 1160     | ↑ |
| # of Healthcare Provider Compliance Visits                 | 9             | 6             | ↓ | 45        | 29       | ↓ |
| # of Newly Enrolled Healthcare Provider Education Sessions | 6             | 6             | → | 40        | 53       | ↑ |
| # of Potential Healthcare Provider Recruitment Sessions    | 3             | 6             | ↑ | 50        | 39       | ↓ |
| # of Healthcare Provider Contacts                          | 108           | 115           | ↑ | 954       | 535      | ↓ |

\* Vaccine administration started October 2022

## Community Health Program

|                                | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|--------------------------------|---------------|---------------|---|----------|----------|---|
| Nursing Field Services         |               |               |   |          |          |   |
| MCH Team Home Visit Encounters | 15            | 14            | ↓ | 99       | 69       | ↓ |

|              | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|--------------|---------------|---------------|---|----------|----------|---|
| NFP (Team 1) |               |               |   |          |          |   |
| Referrals    | 21            | 9             | ↓ | 160      | 81       | ↓ |
| Enrolled     | 12            | 7             | ↓ | 85       | 54       | ↓ |
| Active       | 132           | 123           | ↓ |          |          |   |

|                      | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|----------------------|---------------|---------------|---|----------|----------|---|
| NFP (Expansion Team) |               |               |   |          |          |   |
| Referrals            | N/A           | 6             | ↓ | N/A      | 81       | ↓ |
| Enrolled             | N/A           | 3             | ↓ | N/A      | 46       | ↓ |
| Active               | N/A           | 47            | ↓ |          |          |   |

|                           | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|---------------------------|---------------|---------------|---|----------|----------|---|
| MCH                       |               |               |   |          |          |   |
| # of Referrals Received** | 3             | 3             | → | 24       | 34       | ↑ |
| # from CPS*               | 1             | 3             | ↑ | 12       | 23       | ↑ |
| # of Lead Referrals       | 1             | 0             | ↓ | 4        | 3        | ↓ |
| # of Total Admissions     | 1             | 4             | ↑ | 10       | 21       | ↑ |

|           | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|-----------|---------------|---------------|---|----------|----------|---|
| EHB       |               |               |   |          |          |   |
| Referrals | 6             | 5             | ↓ | 137      | 60       | ↓ |
| Enrolled  | 4             | 3             | ↓ | 62       | 44       | ↓ |
| Active    | 57            | 57            | → |          |          |   |

|                      | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|----------------------|---------------|---------------|---|----------|----------|---|
| Thrive by 0 - 3      |               |               |   |          |          |   |
| Referrals            | 57            | 57            | ↓ | 692      | 579      | ↓ |
| One-Time Home Visits | N/A           | 2             | ↓ | N/A      | 29       | ↓ |
| Enrolled             | 1             | 1             | → | 14       | 22       | ↑ |
| Active               | 12            | 15            | ↑ |          |          |   |



## Tuberculosis Program

| Tuberculosis                                                                                      | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|---------------------------------------------------------------------------------------------------|---------------|---------------|---|----------|----------|---|
| Number of Case Management Activities*                                                             | 180           | 262           | ↑ | 2,088    | 1,988    | ↓ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen                                        | 20            | 26            | ↑ | 198      | 303      | ↑ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)                       | 17            | 28            | ↑ | 108      | 198      | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 2             | 4             | ↑ | 6        | 45       | ↑ |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters                            | 830           | 1,007         | ↑ | 5,543    | 8,253    | ↑ |

\*New EMR system- Counting only successful activities

| Substance Abuse Prevention & Treatment Agency (SAPTA) | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|-------------------------------------------------------|---------------|---------------|---|----------|----------|---|
| # of Site Visits                                      | 5             | 3             | ↓ | 24       | 32       | ↑ |
| # of Clients Screened                                 | 47            | 33            | ↓ | 230      | 408      | ↑ |
| # of TB Tests                                         | 40            | 29            | ↓ | 195      | 350      | ↑ |
| # of Assessments only                                 | 7             | 4             | ↓ | 35       | 58       | ↑ |

## Sexual Health Clinic Program

| STD Services                 | March<br>2022 | March<br>2023 |   | FY 21-22 | FY 22-23 |   |
|------------------------------|---------------|---------------|---|----------|----------|---|
| STD treatment/screening/exam | 1,325         | 999           | ↓ | 11,413   | 10,481   | ↓ |
| Total # of patients served   | 844           | 802           | ↓ | 7,471    | 7,992    | ↑ |

## Interns and Clinical Rotations

| Interns /Rotations                   | March<br>2023 | YTD FY22-23 |
|--------------------------------------|---------------|-------------|
| Total Number of Interns <sup>1</sup> | 14            | 28          |
| Internship Hours <sup>2</sup>        | 372           | 1,026       |

<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