



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 25, 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*)  
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)  
Nancy Brune – Council Member, City of Las Vegas (*Call-in User 2*)  
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)  
Joseph Hardy – Council Member, City of Boulder City (*in-person*)  
Brian Knudsen – Mayor Pro Tem, City of Las Vegas (*in-person*)
- ABSENT:** Scott Black – Mayor Pro Tem, City of North Las Vegas  
Michelle Romero – Mayor, City of Henderson  
Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Mateo Beers, Jordan Bunker, Harold Collins, Maya Holmes,  
(In Audience) Bradley Mayer, Javier Rivera-Rojas, Stacie Sasso, Cassidy Wilson
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Adriana Alvarez, Jonna Arqueros, Maria Azzarelli, Tawana Bellamy, Haley Blake, Amanda Brown, Nicole Bungum, Cory Burgess, Victoria Burris, Erika Bustinza, Joe Cabanban, Kyle Carmen, Nicole Charlton, Andria Cordovez Mulet, Corey Cunningham, Aaron DelCotto, Brandon Delise, Regena Ellis, Emily Elzeftawy, Brian Felgar, Jason Frame, Kimberly Franich, Joe Ginty, Cheri Gould, David Greer, John Hammond, Heather Hanoff, Victoria Harding, Richard Hazeltine, Carmen Hua, Jessica Johnson, Michael Johnson, Stacy Johnson, Theresa Ladd, Fernando Lara, John Mileo, Brandi Miller, Kim Monahan, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Mike Palmer, Kyle Parkson, Luann Province, Yin Jie Qin, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Christopher Saxton, Jennifer Sizemore, Margo Slater, Ronique Tatum-Penegar, Will Thompson, Greg Tordjman, Robert Urzi, Shylo Urzi, Dan Vuksanovic, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Christian Young

#### I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

#### II. PLEDGE OF ALLEGIANCE

*Member Bond joined the meeting at 9:03 a.m.*

### III. RECOGNITION

#### 1. Chris Elaine Mariano (Community Health Nurse Supervisor)

- Rising Rebel Award – UNLV Alumni School of Nursing
- The Carolyn E. Sabo Outstanding DNP Student Award – UNLV School of Nursing

Ms. Mariano was nominated, and received, the Rising Rebel Award for making a difference in the community by volunteering and creating a project that services the needs of the community. Ms. Mariano was instrumental in helping with the COVID-19 vaccination efforts. Further, Ms. Mariano was nominated, and received, the Carolyn E. Sabo Outstanding DNP Student Award, for demonstrating exemplary leadership on an interdisciplinary team through her DNP project. Using her expertise in childhood vaccinations, she worked with multiple departments to create a strategic plan to improve the rate of vaccination completion for 2-year-olds. She further identified a source of Nevada's long-standing low rate of vaccine completion and identified both a clinical and policy strategy to increase the rate of vaccine completion. The Board of Health congratulated Ms. Mariano on these awards and thanked her for her commitment to the Health District and to our community.

### 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.

Regena Ellis commented on the movement of the Sexual Health Clinic into the Federally Qualified Health Center (FQHC), specifically that staff and providers came to work in public health and not for an FQHC. Ms. Ellis advised that public health was the science of improving the wellbeing of communities, research, health programs, policies, and education, and for protecting entire populations. Ms. Ellis advised that community members with a Sexual Transmitted Infection go to the Sexual Health Clinic to be treated, and if community members have pain or high-blood pressure, they would go to an FQHC. Ms. Ellis recommended that the FQHC function on its own and not take on public health services. Ms. Ellis stated that there was a congenital syphilis program due to the very high rate in Clark County, inquired why funding was not found to fund the public health of the Sexual Health Clinic and why the Sexual Health Clinic had to become part of the FQHC. Ms. Ellis expressed 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, with separate funding. Ms. Ellis stated that providers were concerned that they had to be re-credentialed to work in the FQHC, somewhere that they did not want to work. Ms. Ellis stated that individuals come to the Health District that are uninsured, homeless or as a last resort. Ms. Ellis concluded by reiterating that the FQHC should be separate and operate on its own funding.

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

### V. ADOPTION OF THE MAY 25, 2023 MEETING AGENDA *(for possible action)*

*A motion was made by Member Nemec, seconded by Member Nielson, and carried unanimously to approve the May 25, 2023 Agenda, as presented.*

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

#### 1. APPROVE MINUTES/BOARD OF HEALTH MEETING: April 27, 2023 *(for possible action)*

#### 2. PETITION #31-23: Approval of the Interlocal Contract between the Southern Nevada Health District and the Clark County School District to provide services to support the CCSD's Safe

**Routes to School Program as well as efforts to collect and report BMI data;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #32-23: Approval of the Professional Services Agreement between the Southern Nevada Health District and GovTemps USA for professional human resources consulting services;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #33-23: Approval of Insurance Coverage Renewal through Nevada Public Agency Insurance Pool (POOL/PACT) for Southern Nevada Health District's property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal for coverage period 07/01/2023 – 07/01/2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*A motion was made by Member Hardy, seconded by Member Nemec, and carried unanimously to approve the May 25, 2023 Consent Agenda, as presented.*

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

There were no items heard.

**VIII. REPORT / DISCUSSION / ACTION**

1. **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
- SB441 – Revises provisions relating to public health (repeals SB4)
- SB118 – Revises provisions relating to public health

*Member Brune joined the meeting at 9:10 a.m.*

2. **PETITION #30-23: Receive, Discuss and Approve the Implementation of the E3 and M2 Salary Ranges as recommended by Pontifex Consulting Group;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Joe Cabanban, Human Resources Manager, presented the E3 and M2 salary ranges.

Member Nielson requested that this matter be brought forward to the next Board of Health meeting.

*A motion was made by Member Nielson, seconded by Member Hardy, and carried unanimously to defer the approval of the implementation of the E3 and M2 salary ranges to the June 22, 2023 Board of Health 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.

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

- DHO Comments

In addition to his written report, Dr. Leguen introduced Dr. Todd Nicolson as the new Workforce Director. As the Workforce Director, Dr. Nicolson would oversee the implementation of the CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (PHI Grant) across all aspects of the organization and will assure the efficacy of grant funded projects. Dr. Nicolson was the Senior Public Health Preparedness Planner at the Health District since 2015. Dr. Nicolson has a Doctorate Degree in Education and Leadership focusing on Healthcare, in addition to extensive public health experience and collaboration with multiple Health District programs and community partners.

- Finance Staffing Update **(heard out of order)**

Donnie (DJ) Whitaker, Chief Financial Officer, provided a Finance Staffing Update. Ms. Whitaker advised that in August 2022, the Finance Department experienced a change in department leadership with the Chief Financial Officer, Controller and Accounting Supervisor positions all being vacant. Ms. Whitaker further advised that to date all the department leadership positions had been filled. Ms. Whitaker then provided an update on the department's recruitment efforts.

Member Nielson advised that the update was further to a request from the Finance Committee following the audit report. Mr. Nielson advised that it became clear that the issues outlined in the audit were due to a lack of staff and supervision. Mr. Nielson stated that the Finance Committee wanted to ensure that staff were in place and that the Finance Department was fully functional.

- Overview of the Home Visiting Programs **(heard out of order)**

Dr. Leguen introduced Lourdes Yapjoco as the new Director of the Primary & Preventive Care Division. Ms. Yapjoco provided an overview of the Home Visiting Programs at the Health District.

Further to an inquiry from Chair Kirkpatrick, Ms. Yapjoco advised that patients are normally referred to the Nurse Family Partnership through community partners. Ms. Yapjoco further advised that the criteria for the program was for first-time pregnant women in a certain trimester. Further to an inquiry from Member Nemec, Ms. Yapjoco advised that there were other programs available to individuals that did not meet the criteria for the Nurse Family Partnership. Ms. Yapjoco committed to providing the Board of Health with information regarding any waiting lists for the Home Visiting Programs.

Further to an inquiry from Member Nemec, Ms. Yapjoco committed to providing the Board of Health with the number of individuals that have graduated from the Nurse Family Partnership program.

Further to an inquiry from Member Gallo, Ms. Yapjoco committed to provide the 17 target zip codes in the Embracing Health Babies program.

Further to an inquiry from Member Bond regarding how pregnant women were referred to the Congenital Syphilis Case Management Program, Ms. Yapjoco advised that pregnant women were referred through the Health District's disease investigators, after they receive a positive laboratory report.



Chair Kirkpatrick requested that Ms. Yapjoco provide her with a wish list of what would be required to ensure that pregnant women are not turned away from any programs.

- Mosquito Disease Surveillance Update (**heard out of order**)

David Greer, Senior Environment Health Specialist, and Chris Saxton, Director of Environmental Health provided a Mosquito Disease Surveillance Update.

Further to a discussion regarding jurisdictional mosquito surveillance and/or activities, Chair Kirkpatrick advised that she would coordinate a meeting with the Health District staff and individuals from the various jurisdictions to discuss a coordinated response to mosquito surveillance and/or activities.

## **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 separating the FQHC from public health. Ms. Ellis provided an example, by stating that the Refugee Program was housed in the Tuberculosis (TB) Clinic and that patients were being seen in the TB Clinic with statistics and funding being through the FQHC. Ms. Ellis stated that it appeared that staff were working in one place but provided services in another. Ms. Ellis stated that staff felt it was unethical and borderline fraud. Ms. Ellis stated that staff were concerned that the hybrid form was not clear and that staff were being utilized in two different areas but the funding was going towards the FQHC; that the funding does not go to the TB Clinic. Ms. Ellis stated that when the Refugee Program was placed in the TB Clinic, several years ago, staff in the TB Clinic voiced concern that staff wanted to work in the TB Clinic at the Health District and that staff was forced to work with refugees. Ms. Ellis stated that it was concerning to have an FQHC versus public health with no division of funds and finances. Ms. Ellis stated that it was a major concern to staff because they feel the Health District is violating its' core values of being ethical and moral.

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

## **XIII.ADJOURNMENT**

The Chair adjourned the meeting at 10:39 a.m.

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

/acm



## AGENDA

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 25, 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=m0514782ae236a81593744fdbd824090e>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2551 249 0439](https://snhd.webex.com/join?AccessCode=25512490439)

For other governmental agencies using video conferencing capability, the Video Address is:

[25512490439@snhd.webex.com](mailto:25512490439@snhd.webex.com)

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#### 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

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**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](mailto: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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- X. **HEALTH OFFICER & STAFF REPORTS** *(Information Only)*
- DHO Comments
  - Overview of the Home Visiting Programs
  - Mosquito Disease Surveillance Update
  - Finance Staffing Update
- XI. **INFORMATIONAL ITEMS**
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**XIII. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify 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

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, Julianna 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 30<sup>th</sup>).

*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



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** May 25, 2023

**RE:** *Approval of Interlocal Contract between Southern Nevada Health District and the Clark County School District*

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**PETITION #31-23**

**That the Southern Nevada District Board of Health** *approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the Clark County School District (CCSD) to provide services to support the CCSD's Safe Routes to School Program as well as efforts to collect and report BMI data. This project is included in and funded through the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award # NE11OE000081-01-00).*

**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 physical activity and safe walking and biking to school, SNHD will provide support to the CCSD's Safe Routes to School Program to increase the number of schools participating in the program and provide ongoing support and training to those already in the program. SNHD will also support CCSD's Health Services Department to collect height and weight data in 4<sup>th</sup> and 7<sup>th</sup> grades by providing support to purchase necessary supplies including privacy screens, scales, and stadiometers.

**FUNDING:**

A total of \$120,000 will be provided.



**INTERLOCAL AGREEMENT  
BETWEEN  
SOUTHERN NEVADA HEALTH DISTRICT  
AND  
CLARK COUNTY SCHOOL DISTRICT  
C2300110**

This Interlocal Agreement ("Agreement") is made and entered into between the Southern Nevada Health District ("Health District") and Clark County School District ("CCSD") (individually "Party" collectively "Parties").

**RECITALS**

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

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

WHEREAS, as the nation's fifth-largest school district, CCSD educates 64 percent of the students in Nevada, and works closely with community partners and business leaders to educate students to compete in a global economy;

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Centers for Disease Control and Prevention ("CDC"), which is an operating division of the U.S. Department of Health and Human Services ("HHS"), Federal Award Identification Number NE11OE000081, CFDA Number 93.967 Project entitled Southern Nevada Health District's Application for Funds under Strengthening the Public Health Workforce Infrastructure and Data Modernization, program entitled CDC's Collaboration with Academia to Strengthen Public Health, awarded November 29, 2022, with a total amount awarded to Health District of \$22,889,114 (the "Grant");

WHEREAS, Health District desires to collaborate with CCSD to support Health District's Grant deliverables concerning the Grant ("Services"), and CCSD is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective December 1, 2022 through November 30, 2023, unless sooner terminated by either Party as set forth in this Agreement.
  - 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
  - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either

Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.

- 1.03 Upon termination, CCSD will be entitled to payment for services provided prior to date of termination and for which CCSD has submitted an invoice but has not been paid.
  - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
  - 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK

ATTACHMENT B: PAYMENT

ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

- 3) COMPENSATION. CCSD shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCSD will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$120,000. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$120,000; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCSD will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCSD and Health District. Nothing in this Agreement or the relationship between Health District and CCSD shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCSD at any time during the term of the Agreement. CCSD will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCSD in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. CCSD will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCSD in writing.
- 6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by

each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years after final financial and narrative reports are submitted to the Office of Analytics; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

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

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

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

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

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

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

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

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

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

Southern Nevada Health District  
Contract Administrator, Legal Dept.  
280 S. Decatur Blvd

Clark County School District  
5100 W. Sahara Avenue  
Las Vegas, NV 89149



- 9) **CONFIDENTIALITY.** No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiable information will be shared with CCSD by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.
- 10) **MUTUAL COOPERATION.** The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.
  - 10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.
- 11) **GENERAL PROVISIONS.**
  - 11.01 **SEVERABILITY.** If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
  - 11.02 **ASSIGNMENT.** Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.
  - 11.03 **USE OF NAME AND LOGO.** CCSD may not use Health District's name, mark, logo, design or other Health District symbol for any purpose without Health District's prior written consent. CCSD agrees that Health District, in its sole discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCSD's right to use Health District's name and/or logo.
  - 11.04 **STATEMENT OF ELIGIBILITY.** The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
  - 11.05 **COMPLIANCE WITH LEGAL OBLIGATIONS.** CCSD shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of Uniform Guidance, 2 CFR Part 200.
  - 11.06 **NON-DISCRIMINATION.** As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including

but not limited to Title VII, and the American with Disabilities Act.

- 11.07 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—CCSD agrees 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 Health District and the Regional Office of the Environmental Protection Agency (EPA).
- 11.08 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—CCSD certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. CCSD must also disclose to Health District any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the Federal funding agency.
- 11.09 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 11.10 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 11.11 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCSD may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCSD sees fit, so long as the performance of such services does not interfere with CCSD's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 11.12 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 11.13 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 11.14 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 11.15 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public

inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

- 11.16 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 11.17 CODE OF CONDUCT. By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District's Code of Conduct, which is available online at:
- <https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>
- 11.18 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

*[SIGNATURE PAGE TO FOLLOW]*

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

**SOUTHERN NEVADA HEALTH DISTRICT**

By: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

**This document is approved as to form.**

**Signatures to be affixed after approval by**

By: **Southern Nevada District Board of Health.**

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

**CLARK COUNTY SCHOOL DISTRICT:**

By: \_\_\_\_\_

Jesus F. Jara  
Superintendent of Schools  
CCSD UEID: SRBYQ7XFBYA6

\_\_\_\_\_  
Date

By: \_\_\_\_\_

Evelyn Garcia Morales  
President, Board of Trustees

\_\_\_\_\_  
Date

By: \_\_\_\_\_

Irene Bustamante Adams  
Clerk, Board of Trustees

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

By: \_\_\_\_\_

Luke Puschnig  
General Counsel  
Clark County School District Nevada

## **ATTACHMENT A SCOPE OF WORK**

- A. CCSD will participate in the following activities from December 1, 2022 through November 30, 2023 (“Period of Performance”):

**CCSD Safe Routes to Schools will:**

- A.1 Conduct assessment of schools currently participating in Safe Routes to School (“SRTS”) program to identify SRTS school liaisons for 2023-2024 school year.
- A.2 Provide ongoing support to schools already participating in the SRTS program. Support may include training, program planning, program implementation, and/or promotion as requested by the school.
- A.3 Purchase supplies and incentives to support SRTS programs in new and existing schools. Supplies may include stickers, pencils, promotional items, and/or bike helmets to be provided to schools participating in SRTS program activities. See Attachment B.
- A.4 Recruit at least five (5) new schools to participate in the SRTS program.
- A.5 Expand by at least five (5) the number of schools participating in the SRTS Achievement Level Program.
- A.6 Prepare and submit programmatic reports using Health District-provided templates as requested by Health District
- A.7 Work with Health District staff to ensure proper close out of Period of Performance.

**CCSD Health Services will:**

- A.8 Secure supplies to support BMI data collection in CCSD schools. Supplies will be utilized at all schools collecting BMI data, and may include scales, privacy screens, stadiometers, and computer supplies. See Attachment B.
- A.9 Review the “Guide and Template for School Height and Weight Data Collection” prepared by the Nevada Division of Public and Behavioral Health, and accessible at the below link:  
  
[Guide and Template for School Height and Weight Data Collection](#)
- A.10 Prepare and submit programmatic reports using Health District-provided templates as requested by Health District.
- A.11 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B  
PAYMENT**

- B. Payments to CCSD for Services actually performed during Budget Period December 1, 2022 through November 30, 2023 are not-to-exceed \$120,000. The total not-to-exceed amount of \$120,000 consists of a not-to-exceed subtotal of \$105,000 allocated to CCSD's Health Services program, and a not-to-exceed subtotal of \$15,000 allocated to CCSD's SRTS program. Agreement-related items eligible for reimbursement during this Budget Period include the following categories:
- (a) Personnel, including temporary staff and support staff extra duty pay
  - (b) Travel (CCSD is responsible for ensuring any travel expenses incurred comply with then-current GSA standards)
  - (c) Contracts/Consultants
  - (d) Supplies:
    - Office Supplies including but not limited to foldable carts, highlighters, pens, post-its, tape, paper, tablecloths, ink, gloves
    - Height/Weight Supplies including but not limited to scales, privacy screens, and stadiometers
    - Safe Routes to School Supplies including but not limited to bikes, scooters, helmets, bike lights, safety equipment, ramps, caps, gloves, t-shirts
    - Computer Supplies including but not limited to laptop computers, computer software, computer accessories (such as mouse, keyboard)
  - (e) Other, including but not limited to printing, incentives, educational materials, stipends, postage
  - (f) Indirect Costs as approved by Health District
- B.2 CCSD agrees that any Agreement-related expenses incurred by CCSD after November 30, 2023 are not be eligible for reimbursement by Health District.
- B.3 CCSD may not bill more often than monthly for work actually completed during the term of the Agreement.
- B.4 CCSD will submit invoices to AP@snhd.org, and will reference agreement number C2300106 on each invoice submitted. CCSD is responsible for ensuring Health District timely receives invoices.
- B.5 Payments shall be based on approved CCSD invoices timely submitted in accordance with this Agreement. No payments will be made in excess of the not-to-exceed amount of this Agreement.
- (a) Each invoice will itemize specific costs incurred for each allowable Expense item as agreed upon by the Parties as identified in the Agreement.
  - (b) 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 CCSD in accordance with cost principles applicable to this Agreement.

- (c) All CCSD invoices shall be signed by the CCSD's official representative and shall include a statement certifying that the invoice is a true and accurate billing.
- (d) All Invoices are subject to approval by Health District project and fiscal staff.
- (e) CCSD must submit its final Request for Reimbursement billing to Health District no later than December 15, 2023.
- (f) CCSD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, Health District may terminate this Agreement for cause as described in Section 1. of the Agreement, and may withhold payment to CCSD, and/or require that CCSD return some or all payments made with Grant funds to Health District.
- (g) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable Expenses costs.

B.6 Health District will not be liable for interest charges on late payments.

B.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

**ATTACHMENT C**  
**ADDITIONAL GRANT INFORMATION AND REQUIREMENTS**

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

- A. In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards located at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the CDC hereby incorporates Notice of Funding Opportunity (NOFO) number OE22-2203 located at <https://www.grants.gov/web/grants/view-opportunity.html?oppld=340034>, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, and Health District application dated August 11, 2022, located at [SNHD Application for NOFO OE22-2203](#) as may be amended, both of which are hereby made a part of this Non-research award subrecipient agreement.

- A.1 Grant funds will not be used to supplant existing financial support for CCSD programs.
- A.2 Consistent with 45 CFR 75.113, subrecipients must disclose, in a timely manner in writing to the Health District, the CDC, and the HHS Office of the Inspector General, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations. Disclosures must be sent in writing to the Health District, the CDC, and to HHS OIG at the following addresses:

Southern Nevada Health District  
Legal Department, Attention: Sr. Compliance Specialist  
280 S. Decatur Blvd.  
Las Vegas, NV 89107

AND

CDC, Office of Grants Services  
Ackeem Evans, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Branch 6  
2939 Brandywine Rd  
Atlanta, GA 30341  
Email: [gtq4@cdc.gov](mailto:gtq4@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201



FAX: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

- A.3 Health District is required to report to CDC any termination of a federal award prior to the end of the Performance Period due to material failure to comply with the terms and conditions of the Grant in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS) (45 CFR 75.372(b)). Health District and/or CDC must also notify the subrecipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the Grant (45 CFR 75.373(b)).
- B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. CCSD agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, as may be supplemented by federal Acts of Congress or Executive Orders from time to time, and is available online at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Applicable terms and conditions may include, but not be limited to, the following:
- B.1 ACTIVITIES ABROAD. CCSD must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
- B.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 91.
- B.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.
- B.4 CONTROLLED SUBSTANCES. CCSD is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

If controlled substances are proposed to be administered as part of a research

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

- B.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.
- B.6 LIMITED ENGLISH PROFICIENCY. Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons." This guidance, which is available at <http://www.hhs.gov/ocr/lep/revisedlep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.
- B.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity. Any questions concerning the applicability of these provisions to an HHS grant should be

directed to the GMO.

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

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

- B.9 REHABILITATION ACT OF 1973. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.
- B.10 RESOURCE CONSERVATION AND RECOVERY ACT. Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated Federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).
- B.11 RESTRICTION ON FUNDING ABORTIONS. HHS funds may not be spent for an abortion.
- B.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE, as amended by the Consolidated Appropriations Act of 2016. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug; provided that, pursuant to the Consolidation Appropriations Act of 2016, such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the CDC, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

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

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

- B.14 U.S. FLAG AIR CARRIER. Subrecipients must comply with the requirement that U.S. flag air carriers be used by domestic recipients to the maximum extent possible when commercial air transportation is the means of travel between the United States and a foreign country or between foreign countries. This requirement must not be influenced by factors of cost, convenience, or personal travel preference. The cost of travel under a ticket issued by a U.S. flag air carrier that leases space on a foreign air carrier under a code-sharing agreement is allowable if the purchase is in accordance with GSA regulations on U.S. flag air carriers and code shares (see [http://www.gsa.gov/gsa/cm\\_attachments/GSA\\_DOCUMENT/110304\\_FTR\\_R2QA53\\_OZ5RDZ-i34K-pR.pdf](http://www.gsa.gov/gsa/cm_attachments/GSA_DOCUMENT/110304_FTR_R2QA53_OZ5RDZ-i34K-pR.pdf)). (A code-sharing agreement is an arrangement between a U.S. flag carrier and a foreign air carrier in which the U.S. flag carrier provides passenger service on the foreign air carrier's regularly scheduled commercial flights.)

- B.15 U.S.A. PATRIOT ACT. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see “Public Health Security and Bioterrorism Preparedness and Response Act” in this subsection).

- C. COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS. CCSD agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.

- C.1 2 CFR §200.322, DOMESTIC PREFERENCES FOR PROCUREMENTS. As is appropriate and to the extent consistent with law, CCSD should, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States.

- D. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200—Contract Provisions for Non-Federal Entities, CCSD agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
- D.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
  - D.2 TERMINATION. All federally funded contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
  - D.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “Federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
  - D.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give

up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

- D.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- D.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
- D.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- D.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
- D.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the

governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

- (a) Furthermore, each of CCSD’s vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

D.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

D.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

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

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

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

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

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

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

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

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

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





**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**  
**MAY 25, 2023**

**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** May 25, 2023



**RE:** *Approval of the Professional Services Agreement between the Southern Nevada Health District and GovTempsUSA, LLC*

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**PETITION #32-23**

**That the Southern Nevada District Board of Health** approve the attached Contract C2300090, Professional Services Agreement between the Southern Nevada Health District and GovTempsUSA, LLC for professional human resources consulting services.

**PETITIONERS:**

**Heather Anderson-Fintak**, *General Counsel*   
**Fermin Leguen, MD, MPH**, *District Health Officer* 

**DISCUSSION:**

Professional Services Agreement for professional human resources consulting services effective February 6, 2023 through August 11, 2023 and may exceed \$50,000.

**FUNDING:**

Funded in existing FY budget.

## **EMPLOYEE LEASING AGREEMENT C2300090**

**THIS EMPLOYEE LEASING AGREEMENT** (this "Agreement") is made by **GOVTEMPSUSA, LLC**, an Illinois limited liability company ("GovTemps"), and the **SOUTHERN NEVADA HEALTH DISTRICT** (the "Client"). GovTemps and the Client can be individually identified as a ("Party") and collectively as the ("Parties"). GovTemps and the Client agree as follows:

### **SECTION 1 SCOPE OF AGREEMENT**

1.01. Assigned Employee. The Client will lease certain employees of GovTemps, and GovTemps will lease to the Client, the personnel identified in attached Exhibit A, (the "Assigned Employee"). Exhibit A identifies the temporary position and/or assignment (the "Assignment") the Assigned Employee will fill at the Client, and it further identifies the base compensation for each Assigned Employee, as of the effective date of this Agreement. Exhibit A may be amended from time to time by a replacement Exhibit A signed by both GovTemps and the Client. GovTemps, as the common law employer of Assigned Employee, has the sole authority to assign and/or remove the Assigned Employee, provided however, that the Client may request, in writing, that GovTemps remove or reassign the Assigned Employee. Any such request will not be unreasonably withheld by GovTemps. The Parties understand and acknowledge that the Assigned Employee is subject to the Client's day-to-day supervision.

1.02. Independent Contractor. GovTemps is and remains an independent contractor, and not an employee, agent, partner of, or joint venturer with, the Client. GovTemps has no authority to bind the Client to any commitment, contract, agreement or other obligation without the Client's express written consent.

### **SECTION 2 SERVICES AND OBLIGATIONS OF GOVTEMPS AND CLIENT**

2.01. Payment of Wages. GovTemps will timely pay the wages and related payroll taxes of the Assigned Employee from GovTemp's own account in accordance with federal and Illinois law and GovTemps' standard payroll practices. GovTemps will withhold from such wages all applicable taxes and other deductions elected by the Assigned Employee. The Client acknowledges that GovTemps may engage a financial entity to maintain its financing and record keeping services, which may include the payment of wages and related payroll taxes in accordance with this Section 2.01. The Client agrees to cooperate with any such financial entity to ensure timely payment of wages, related payroll taxes, and any applicable fees pursuant to this Section 2.01. As to Assigned Employees, GovTemps will comply with the Immigration Reform and Control Act of 1986, Title VII of the Civil Rights Act of 1964, as amended, (Title VII), the Americans With Disabilities Act of 1990 (ADA), the Age Discrimination in Employment Act (ADEA), the Equal Pay Act of 1963, the Civil Rights Acts of 1866 and 1871 (42 U.S.C. § 1981), the Family and Medical Leave Act of 1993, the Fair Labor Standards Act of 1938, the National Labor Relations Act, the Employee Retirement Income Security

Act (“ERISA”) of 1974, and any other federal, state or local statute, state constitution, ordinance, order, regulation, policy or decision regulating wages and the payment of wages, prohibiting employment discrimination or otherwise establishing or relating to rights of Assigned Employee.

2.02. Workers’ Compensation. To the extent required by applicable law, GovTemps will maintain in effect workers’ compensation coverage covering its Assigned Employee’s work in an Assignment. Any applicable coverage under this Agreement terminates on the Termination Date of this Agreement. GovTemps will provide a copy of its Workers’ Compensation Certificate of Insurance to [Contracts@snhd.org](mailto:Contracts@snhd.org) prior to the commencement of Assigned Employee’s Assignment.

2.03. Employee Benefits. GovTemps will provide to Assigned Employee those employee benefits identified in the attached Exhibit B. GovTemps may amend or terminate any of its employee benefit plans according to their terms. All employee benefits, including severance benefits for Assigned Employee will be included in Fees payable to GovTemps under Section 3.01 of this Agreement.

2.04. Maintenance and Retention of Payroll and Benefit Records. GovTemps will maintain records of all wages and benefits paid and personnel actions taken by GovTemps in connection with any of the Assigned Employee(s). GovTemps will retain control of such records and make them available for inspection as required by applicable federal, state or local laws.

2.05. Other Obligations of GovTemps. GovTemps will comply with any federal, state and local law applicable to its Assigned Employee(s). GovTemps will comply with the requirements of the federal Patient Protection and Affordable Care Act (ACA).

2.06. Direction and Control. The Parties agree and acknowledge that the Client has the right of direction and control over the Assigned Employee, including matters of discipline, excluding removal or reassignment, as provided for by Section 1.01. The Assigned Employee(s) will be supervised, directly and indirectly, and exclusively by the Client's supervisory and managerial employees.

2.07. Obligations of the Client. Pursuant to this Agreement the Client covenants, agrees and acknowledges:

(a) The Client will provide the Assigned Employee with a suitable workplace, that complies with US Occupational Safety and Health Administration (“OSHA”) statutes and regulations, and all other health and safety laws, regulations, ordinances, directives, and rules applicable to the Assigned Employee and the Assigned Employee’s workplace. The Client agrees to comply, at its expense, with all health and safety directives from GovTemps’ internal and external loss control specialists, GovTemps’ workers’ compensation carrier, or any government agency having jurisdiction over the place of work. The Client will provide and ensure use of all functional personal protective equipment as required by any federal, state or local law, regulation, ordinance, directive, or rule or as deemed necessary by GovTemps’ workers’ compensation carrier. GovTemps and/or its insurance carriers have the right, during Client’s regular business hours, and with reasonable written notice tendered to Client, to inspect the Client’s premises to ensure that the Assigned Employee is not exposed to an unsafe work place. GovTemps’ rights under this paragraph do not diminish or alter the Client’s obligations to the Assigned Employee under applicable law, or its obligations to GovTemps under this Agreement;

(b) With respect to the Assigned Employee, the Client will comply with all applicable labor and employment-related laws and regulations, and any other federal, state or local statute, state constitution, ordinance, order, regulation, policy or decision, prohibiting employment discrimination, or otherwise establishing or relating to the terms and conditions of Assigned Employee's Assignment;

(c) The Client retains the right to exert sufficient direction and control over the Assigned Employee as is necessary to conduct the Client's business and operations, without which, the Client would be unable to conduct its business, operation or to comply with any applicable licensure, regulatory or statutory requirements;

(d) The Client cannot remove or reassign the Assigned Employee unless mutually agreed to in writing by GovTemps and the Client in accordance with Section 1.01 of this Agreement. Client will timely confer with GovTemps regarding any concern or complaint regarding Assigned Employee's performance or conduct under this Agreement;

(e) The Client will not pay wages, salaries or other forms of direct or indirect compensation, including employee benefits, to Assigned Employee. Client represents that its actions under this Agreement do not violate its obligations it may have under any collective bargaining agreement;

(f) The Client must report to GovTemps any injury to any Assigned Employee of which it has knowledge within twenty-four (24) hours of acquiring such knowledge. If any Assigned Employee is injured in the course of performing services for the Client, the Client must follow the procedures and practices regarding injury claims and reporting; and

(g) The Client must report all on the job illnesses, accidents and injuries of the Assigned Employee to GovTemps within twenty-four (24) hours following notification of said injury by Assigned Employee or Assigned Employee's representative.

### SECTION 3 FEES PAYABLE TO GOVTEMPS

3.01. Fees. The Client will pay GovTemps fees for the services provided under this Agreement as follows:

(a) The base compensation as fully identified on **Exhibit A**, as amended; plus

(b) Any employee benefits GovTemps paid to the Assigned Employee as identified on **Exhibit B** (if applicable), including, but not limited to, salary; wages; commissions; bonuses; sick pay; workers' compensation, health and other insurance premiums; payroll, unemployment, FICA and other taxes; vacation pay; overtime pay; severance pay; monthly automobile allowances, and any other compensation or benefits payable under any applicable GovTemps pension and welfare benefit plan or federal, state or local laws covering the Assigned Employee.

3.02. Payment Method. Every two (2) weeks during the term of this Agreement, GovTemps will invoice in writing the Client for the fees owed under this Agreement. Within thirty (30) days following receipt of such invoice, the Client must pay all invoiced amounts by check, wire transfer or electronic funds transfer to GovTemps to an account or lockbox as designated on the invoice. GovTemps may, upon written notice to Client,

suspend performance of services under this Agreement while any amount due is past due and remains unpaid.

## **SECTION 4 INSURANCE**

4.01. General and Professional Liability Insurance. The Client must maintain in full force and effect at all times during the term of this Agreement a Comprehensive (or Commercial) General Liability and Professional Liability (if applicable) insurance policy or policies (the "Policies"), with minimum coverage in the amount of \$1,000,000 per occurrence, \$3,000,000 aggregate. In the alternative, as applicable, the Client may maintain in full force and effect at all times during the term of this Agreement a self-insured retention ("SIR") which provides the same minimum coverage limits as set forth above. In the event such SIR exists and applies to this Agreement, the Client agrees to fully discuss the SIR's parameters with GovTemps and its relationship to the Policies. At a minimum, the Policies must insure against bodily injury and property damage liability caused by on-premises business operations, completed operations and/or products or professional service and non-owned automobile coverage.

4.02. Certificate of Insurance. Upon request, the Client will promptly issue to GovTemps one or more Certificates of Insurance, verifying the Client's compliance with the provisions of Section 4.01.

4.03. Automobile Liability Insurance. If the Assigned Employee drives a Municipal or personal vehicle for any reason in connection with their Assignment, the Client must maintain in effect automobile liability insurance insuring the Assigned Employee, GovTemps and the Client against liability for bodily injury, death and property damage.

## **SECTION 5 DURATION AND TERMINATION OF AGREEMENT**

5.01. Term and Effective Date. The Effective Date of this Agreement is the date that this Agreement is last signed by GovTemps on the signature page (the "Effective Date"). The period during which the Assigned Employee works at the Client is defined as the ("Term"). The Term commences on Start Date and will continue for the period identified on the attached Exhibit A, or until it is terminated in accordance with the remaining provisions of this Section 5. For the purposes of this Agreement, the date on which this Agreement expires and/or is terminated is the ("Termination Date").

5.02. Termination of Agreement for Failure to Pay Fees. If the Client fails to timely pay the fees required under this Agreement, GovTemps may give the Client notice of its intent to terminate this Agreement for such failure and if such failure is remedied within ten (10) days, the notice will be of no further effect. If such failure is not remedied within the ten (10) day period, GovTemps has the right to terminate the Agreement upon expiration of such remedy period.

5.03. Termination of Agreement for Material Breach. If either Party materially breaches this Agreement, the non-breaching Party must give the breaching Party written notice of its intent to terminate this Agreement for such breach and if such breach is remedied within ten (10) days, the notice will be of no further effect. If such breach is not remedied within the ten (10) day period, the non-breaching Party has the right to immediately terminate the Agreement upon expiration of such remedy period.

5.04. Termination of Agreement for Convenience. This Agreement may be terminated by either Party prior to the date set forth herein, provided that a termination for convenience shall not be effective until thirty (30) days after a Party has served written notice upon the other Party. Upon termination, GovTemps will be entitled to payment for services provided prior to date of termination, and for which GovTemps has submitted an invoice but has not been paid.

5.05. Termination Due to Non-Allocation of Funding. This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, Client's state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

5.06. Termination of Agreement to execute Temp-to Hire Option. At the end of the Term, the Client may hire the Assigned Employee as a permanent or temporary employee of the Client. The substantial investment of time and resources by GovTemps under this Agreement to place its leased employee with Client is recognized by Client. If after the end of the Term, Client hires Assigned Employee as either a permanent or temporary employee it must pay two (2) weeks of the Assigned Employee's gross salary to GovTemps no later than thirty (30) days after the date the Assigned Employee becomes the Client's employee.

## **SECTION 6 NON-SOLICITATION**

6.01. Non-Solicitation. The Client acknowledges GovTemps' legitimate interest in protecting its business for a reasonable time following the termination of this Agreement. Accordingly, the Client agrees that during the Term of this Agreement and for a period of two (2) years thereafter, the Client will not solicit, request, entice or induce Assigned Employee to terminate their employment with GovTemps, and the Client will not hire Assigned Employee as a permanent or temporary employee. If a Temp-to-Hire option provided for in Section 5.06 is properly exercised by the Client, then this Section 6.01 will not apply.

6.02. Injunctive Relief. The Client recognizes that the rights and privileges granted by this Agreement are of a special, unique, and extraordinary character, the loss of which cannot reasonably or adequately be compensated for in damages in any action at law. Accordingly, the Client understands and agrees that GovTemps is entitled to equitable relief, including a temporary restraining order and preliminary and permanent injunctive relief, to prevent or enjoin a breach of Section 6.01 of this Agreement. The Client also understands and agrees that any such equitable relief is in addition to, and not in substitution for, any other relief to which GovTemps can recover.

6.03. Survival. The provisions of Section 6 survive the expiration or termination of this Agreement.

## **SECTION 7 DISCLOSURE AND INDEMNIFICATION PROVISIONS**

7.01. Indemnification by GovTemps. GovTemps agrees to indemnify, defend and hold the Client and its related entities or their agents, representatives or employees (the "Client Parties") harmless from and against all claims, liabilities, damages, costs and expenses ("Losses") (a) arising out of GovTemps' breach of its obligations under this Agreement, (b) related to the actions or conduct of GovTemps and its related business

entities, their agents, representatives, and employees (the "GovTemps Parties"), taken or not taken with respect to the Assigned Employees that relate to events or incidents occurring prior or subsequent to the term of this Agreement, and (c) arising from any act or omission on the part of GovTemps or any of the GovTemps Parties.

7.02. Indemnification by the Client. To the extent permitted by law, the Client agrees to indemnify, defend and hold the GovTemps Parties harmless from and against all Losses (a) arising out of the Client's breach of its obligations under this Agreement, (b) relating to any activities or conditions associated with the Assignment, and (c) arising from any act or omission on the part of the Client or any of the Client Parties.

7.03. Indemnification Procedures. The Party seeking indemnity (the "Indemnified Party") from the other Party (the "Indemnifying Party") pursuant to this Section 7, must give the Indemnifying Party prompt notice of any such claim, allow the Indemnifying Party to control the defense or settlement of such claim and cooperate with the Indemnifying Party in all matters related thereto. However, prior to the Indemnifying Party assuming such defense and upon the request of the Indemnified Party, the Indemnifying Party must demonstrate to the reasonable satisfaction of the Indemnified Party that the Indemnifying Party (a) is able to fully pay the reasonably anticipated indemnity amounts under this Section 7 and (b) will take steps satisfactory to the Indemnified Party to ensure its continued ability to pay such amounts. In the event the Indemnifying Party does not control the defense, the Indemnified Party may defend against any such claim at the Indemnifying Party's cost and expense, and the Indemnifying Party must fully cooperate with the Indemnified Party, at no charge to the Indemnified Party, in defending such potential Loss, including, without limitation, using reasonable commercial efforts to keep the relevant Assigned Employee available. In the event the Indemnifying Party controls the defense, the Indemnified Party is entitled, at its own expense, to participate in, but not control, such defense. The failure to promptly notify the Indemnifying Party of any claim pursuant to this Section will not relieve such Indemnifying Party of any indemnification obligation that it may have to the Indemnified Party, except to the extent that the Indemnifying Party demonstrates that the defense of such action was materially prejudiced by the Indemnified Party's failure to timely give such notice.

7.04. Survival of Indemnification Provisions. The provisions of Section 7 survive the expiration or termination of this Agreement.

## **SECTION 8 MISCELLANEOUS PROVISIONS**

8.01. Amendments. This Agreement may be amended at any time and from time to time, but any amendment must be in writing and signed by all the Parties to this Agreement, except for changes to the fees provided for in Section 3.

8.02. Binding Effect. This Agreement inures to the benefit of and binds the Parties and their respective heirs, successors, representatives and assigns. Neither Party may assign its rights or delegate its duties under this Agreement without the express written consent of the other Party, which consent will not be unreasonably withheld.

8.03. Counterpart Execution. This Agreement may be executed and delivered in any number of counterparts, each of which will be an original, but all of which together constitutes one and the same instrument. This Agreement may be executed and delivered via facsimile or electronic mail.

8.04. Entire Agreement. This Agreement constitutes the entire agreement between the Parties regarding GovTemps' placement of the Assigned Employee with the Client, and contains all of the terms, conditions, covenants, stipulations, understandings and provisions agreed upon by the Parties. This Agreement supersedes and takes precedence over all proposals, memorandum agreements, tentative agreements, and oral agreements between the Parties, made prior to and including the Effective Date of this Agreement not specifically identified and incorporated in writing into this Agreement. No agent or representative of either Party has the authority to make, and the Parties will not be bound by or liable for, any statement, representation, promise, or agreement not specifically set forth in this Agreement.

8.05. Further Assurances. The Parties will execute and deliver any and all additional papers, documents, and other assurances and do any and all acts and things reasonably necessary in connection with the performances of their obligations under this Agreement.

8.06. Gender. Whenever the context herein so requires, the masculine, feminine or neuter gender and the singular and plural number include the other.

8.07. Section Headings. Section and other headings contained in this Agreement are for reference purposes only and do not affect in any way the meaning or interpretation of this Agreement.

8.08. Severability. If any part or condition of this Agreement is held to be void, invalid or inoperative, such shall not affect any other provision hereof, which will continue to be effective as though such void, invalid or inoperative part, clause or condition had not been made.

8.09. Waiver of Provisions. The failure by one Party to require performance by the other Party shall not be deemed to be a waiver of any such breach, nor of any subsequent breach by the other Party of any provision of this Agreement, and shall not affect the validity of this Agreement, nor prejudice either Party's rights in connection with any subsequent action. Any provision of this Agreement may be waived if, but only if, such waiver is in writing signed by the Party against whom the waiver is to be effective.

8.10. Confidentiality. Each Party will protect the confidentiality of the other's records and information and must not disclose confidential information without the prior written consent of the other Party. Each Party must reasonably cooperate with the other Party regarding any Freedom of Information Act (FOIA) request calling for production of documents related to this Agreement. Additionally, the Parties acknowledge that Client is a governmental entity, and is subject to the Nevada Public Records Act pursuant to Nevada Revised Statutes Chapter 239. As such, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

8.11. Governing Law. This Agreement will be governed by and construed in accordance with the laws of the State of Nevada applicable to contracts made and to be performed entirely within such state, except the law of conflicts.

8.12. 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). If GovTemps' status changes at any time pursuant to this Subsection 8.12, GovTemps agrees to immediately notify Client in writing, and Client may terminate this Agreement for cause as described in the above Section 1.

8.13. Code of Conduct. By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Client's Code of Conduct, which is available online at:

<https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>

8.14. Force Majeure. GovTemps will not be responsible for failure or delay in assigning its Assigned Employee to Client if the failure or delay is caused by labor disputes and strikes, fire, riot, terrorism, acts of nature or of God, or any other causes beyond the control of GovTemps.

8.15. Use of Name and Logo. GovTemps may not use the Client's name, mark, logo, design or other Client symbol for any purpose without Client's prior written consent. GovTemps agrees that Client, in its sole discretion, may impose restrictions on the use of its name and/or logo. Client retains the right to terminate, with or without cause, GovTemps' right to use Client's name and/or logo.

8.16. Non-Exclusivity. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as GovTemps sees fit, so long as the performance of such services does not interfere with GovTemps' performance of obligations under this Agreement, and does not, in the opinion of Client, create a conflict of interest.

8.17. 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.

(a) 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.

## **SECTION 9 DISPUTE RESOLUTION**

9.01. Good Faith Attempt to Settle. The Parties will attempt to settle any dispute arising out of or relating to this Agreement, or the breach thereof, through good faith negotiation between the Parties.

9.02. Governing Law/Jurisdiction. If a dispute cannot be settled through good faith negotiation within thirty (30) days after the initial receipt by the allegedly offending party of written notice of the dispute, then the controversy or claim may be adjudicated by a federal or state court sitting in Clark County, Nevada. Venue and jurisdiction for any action under this Agreement is Clark County, Nevada. This Agreement and any amendments hereto will be governed by and construed in accordance with the laws of the State of Nevada.

9.03. Attorneys' Fees. The Parties agree that, in the event of litigation under this Agreement, each Party is liable for only those attorneys' fees and costs incurred by that Party.

## **SECTION 10 NOTICES**

10.01. Notices. All Notices given under this Agreement must be written and may be given by personal delivery, first class U.S. Mail, registered or certified mail return receipt requested, overnight delivery service, or electronic mail.

10.02. Notices will be deemed received at the earlier of actual receipt or three (3) days from mailing date. Notices must be sent to the Parties at their respective addresses shown below. A Party may change its address for notice by giving written notice to the other Party.

If to GovTemps:

GOVTEMPSUSA, LLC  
630 Dundee Road Suite 225  
Northbrook, Illinois 60062  
Attention: Michael J. Earl  
Telephone: 224-261-8366  
Electronic Mail: mearl@govhrusa.com

If to the Client:

SOUTHERN NEVADA HEALTH DISTRICT  
280 S. Decatur Blvd.  
Las Vegas, Nevada 89107  
Attention: Contract Administration, Legal  
Dept.  
Telephone: 702-759-11000  
Electronic Mail: Contracts@snhd.org

***[Signatures on following page]***

IN WITNESS WHEREOF, the Parties executed this Agreement on the Effective Date, which is the date this Agreement is last signed by GovTemps.

**GOVTEMPSUSA, LLC,**  
an Illinois limited liability company

**SIGNATURE REDACTED**

By \_\_\_\_\_

Name: Joellen J. Cademartori

Title: President and Co-Owner

Effective Date: February 6, 2023

**CLIENT**

**SIGNATURE REDACTED**

By \_\_\_\_\_

Name: Fermin Leguen, MD, MPH

Title: District Health Officer

**EXHIBIT A**  
**Assigned Employee and Base Compensation**

**ASSIGNED EMPLOYEE:** Kim Sander

**POSITION/ASSIGNMENT:** Temporary HR Director

**POSITION TERM:** Start Date: February 6, 2023, effective through August 11, 2023

Either Party may terminate the Agreement for convenience at any time by providing 30 days' advance written notice pursuant to Section 1 of the Agreement.

**BASE COMPENSATION:** \$105/hour. Hours per week will vary but are anticipated to average between 15-40/week. In the event of work in excess of 40 hours/week, the overtime rate will be \$157.5/hour. Employee will be paid only for hours worked.

Hours should be reported via- email to [payroll@govtempsusa.com](mailto:payroll@govtempsusa.com) on the Monday after the prior work week. Client will be invoiced every other week for hours worked.

**LODGING AND MILEAGE:** Should the client require the employee to work on site it shall be responsible for coordinating and paying for any lodging and travel expenses for the employee during the position term.

**GOVTEMPSUSA, LLC:**

**SIGNATURE REDACTED**

By: \_\_\_\_\_

Date: January 18, 2023

**CLIENT:**

**SIGNATURE REDACTED**

By: \_\_\_\_\_

Date: 01/18/2023

This Exhibit A fully replaces all Exhibits A dated prior to the Effective Date of this Agreement.

**EXHIBIT B**  
**Summary of Benefits**

DOES NOT APPLY



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**  
**MAY 25, 2023**

**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**

**DATE: May 25, 2023**

**RE:** *Approval of insurance coverage renewal through Nevada Public Agency Insurance Pool (POOL/PACT) for Southern Nevada Health District's property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal for coverage period 07/01/2023 - 07/01/2024*

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### **PETITION #33-23**

**That the Southern Nevada District Board of Health for coverage period 07/01/2023 – 07/01/2024 accept the POOL/PACT renewal proposal and approve payment of premium for the Southern Nevada Health District property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal. The premium for this coverage period is \$503,108.69.**

### **PETITIONERS:**

**Donnie Whitaker, Chief Financial Officer** *[Signature]*  
**Heather Anderson-Fintak, General Counsel** *[Signature]*  
**Fermin Leguen, MD, MPH, District Health Officer** *[Signature]*

### **FUNDING:**

Coverage: General Liability (Business Auto, Personal Injury, Employment Practices), Property, Cyber Risk, Environmental  
General Liability - \$10,000,000 aggregate limit  
Property - \$300,000,000 aggregate limit  
Cyber Risk - \$1,000,000 aggregate limit  
Environmental - \$10,000,000 aggregate limit

Annual Cost: \$503,108.69





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The Power of the POOL

# NEVADA PUBLIC AGENCY INSURANCE POOL MEMBER COVERAGE SUMMARY

Prepared For:  
Southern Nevada Health District

Prepared By:  
Willis Towers Watson

**THANK YOU FOR  
YOUR  
MEMBERSHIP!**





## NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

RENEWAL PROPOSAL	COVERAGE PERIOD	NAMED ASSURED	MAINTENANCE DEDUCTIBLE
	07/01/2023 – 07/01/2024 Standard Time	Southern Nevada Health District	\$50,000

### Property Coverage

Coverage	Limit per Loss	
Property	\$300,000,000	Per Schedule of Locations

The following sub-limits apply to Section V. C. Extensions of Property Coverage:

Accounts Receivable	\$5,000,000 per loss
Arson Reward	10% up to \$25,000 per loss
Debris Removal - Mold/ Asbestos	\$100,000
Earthquake	\$150,000,000 aggregate
Flood	\$150,000,000 aggregate \$25,000,000 aggregate - Flood Zone A
Equipment Breakdown	\$100,000,000 per loss
• Loss of Income & Extra Expense	included
• Hazardous Substance Coverage	\$250,000 per loss
• Spoilage Coverage	\$250,000 per loss
• Data Restoration	\$100,000 per loss
• Electrical Risk Improvements	\$10,000
Expediting Expenses	\$25,000 per loss
Unintentional Errors and Omissions	\$5,000,000 per loss
Money and Securities	\$500,000 per loss
Ordinance or Law – LEED Building	\$500,000
Agreed Value Vehicles	Per Attachment D, if applicable





## NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

### Liability Coverage

The Limits of Liability are as *follows*:

Coverage	Limit per <b>Named Assured</b>	Annual Aggregate Limit per <b>Named Assured</b>
<b>Per Event</b>	<b>\$10,000,000</b>	<b>\$10,000,000</b>
<i>All Sublimits are a part of and not in addition to the Limits of Liability.</i>		
<i>Liability Sublimits:</i>		
• Additional Assured (Lessors) (Section I, item 2)	\$2,000,000	
• Weed Spray Property Damage (Section IV, item 3 (B) (2) (ix))	\$250,000	\$250,000
• Emergency Response to Pollution (Section IV, item 3 (B) (2) (v))	\$1,000,000	\$1,000,000
• Criminal Defense Fees and Costs (Section VI, part C, item 4)	\$50,000	\$50,000
• Defense for Regulatory Agency Actions (Section VI, part C, item 16)	\$50,000	
<b>Sexual Abuse Sublimit</b> (Section VI, part C, item 21)	\$2,500,000	\$2,500,000
<i>Retroactive Date</i>	<i>May 1, 1987 except as shown in Attachment C</i>	



## NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

### Cyber Risk Coverage Form

CYBER SECURITY RISK COVERAGE			
PART ONE: Terms and Conditions			
SECURITY RISK COVERAGE LIMITS	Limit per <b>Named Assured</b> Per <b>PRIVACY OR SECURITY EVENT</b>	Annual Aggregate Limit Per All <b>Named Assureds</b>	
PART TWO: Privacy or Security Liability Limits	\$1,000,000	\$ 1,000,000 up to \$15,000,000 aggregate all POOL Members combined	
<b><i>The following sub-limits are a part of and not in addition to the Limits of Liability:</i></b>			
PART THREE: Security Failure/Privacy Event Management Coverage	\$100,000		
PART FOUR: Network Interruption Coverage	\$250,000		
Proof of Loss Preparation Costs (as defined), (Separate Limit)	\$50,000		
Retroactive Date		July 1, 2013	



## NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

### Environmental Liability Coverage

The Limits of Liability are as follows:

Coverage A	Third Party Claims for Bodily Injury, Property Damage or Remediation Expense
Coverage B	First Party Remediation Expense
Coverage C	Emergency Response Expense
Coverage D	Business Interruption

COVERAGE	DEDUCTIBLE	EACH INCIDENT LIMIT	AGGREGATE LIMIT
A,B,C	\$25,000	\$2,000,000	\$10,000,000

COVERAGE	DEDUCTIBLE	BUSINESS INTERRUPTION LIMIT (Days)	BUSINESS INTERRUPTION LIMIT (\$)
D	3 Days	365	\$2,000,000





**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** May 25, 2023



**RE:** *Acceptance and Implementation of the E3 and M2 salary ranges as recommended by Pontifex Consulting Group.*

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**PETITION #30-23**

**That the Southern Nevada District Board of Health** *accepts and approves the implementation of the E3 and M2 salary ranges as recommended by Pontifex Consulting Group.*

**PETITIONERS:**

**Joe Cabanban, HR Manager**   
**Fermin Leguen, MD, MPH, District Health Officer** 

**DISCUSSION:**

The E3 salary range is being added to the salary scale, calculated per the recommendation of Pontifex Consulting Group. The E3 salary range will set the salaries for the positions of Deputy District Health Officer-Administration and Deputy District Health Officer-Operations.

We are asking for the approval and implementation of the M2 salary range as recommended by Pontifex Consulting Group. This salary ranges affects the positions of FQHC Manager, Laboratory Manager, Pharmacy Manager and Public Health Informatics Manager.

**FUNDING:**

The E3 salary range being requested is \$149,578.00 - \$239,325.00. This salary range will be funded by the District's General Funds.

The M2 salary range being requested is \$107,696.00 - \$172,313.00. This salary range will be funded by existing grants already in place.



# COMPENSATION & CLASSIFICATION

Implementation of non-represented Salary  
Ranges E3 and M2

The E3 salary range is being added to the salary scale, calculated per the recommendation of Pontifex Consulting Group. The E3 salary range will set the salaries for the positions of *Deputy District Health Officer-Administration* and *Deputy District Health Officer-Operations*. These positions have not been hired or recruited for at this time.

## E3 SALARY RANGE

The E3 salary range being requested is \$149,578.00 - \$239,325.00.



We are asking for the approval and implementation of the M2 salary range as recommended by Pontifex Consulting Group. This salary range affects the positions of *FQHC Manager*, *Laboratory Manager*, *Pharmacy Manager* and *Public Health Informatics Manager*. There are individuals already in these positions; no salary changes will occur at this time.

The M2 salary range being requested is \$107,696.00 - \$172,313.00.

## M2 SALARY RANGE



Thank you







**DATE:** May 25, 2023

**TO:** Southern Nevada District Board of Health Members

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

**SUBJECT:** District Health Officer Report

---

### End of the Public Health Emergency

The Southern Nevada Health District held a public briefing on May 11, to discuss the end of the COVID-19 Public Health Emergency Declaration. The agency reinforced to the community that the end of the declaration of the public health emergency does not mean the end of the Health District's commitment to providing services or the availability of resources. It also stressed that the declaration ending does not mean the end of COVID-19. The virus is still circulating, still causing illness, hospitalizations and deaths every day. However, there are much better tools to respond to the virus than there were three years ago.

An overview of the current vaccine recommendations was provided as well as updates related to access to vaccines, treatment, testing and surveillance, including changes to cost-sharing arrangements for people with public and private insurance plans that may occur after May 11. Information shared included:

### Vaccines and Treatments

- On April 18, the emergency use authorizations for both the Moderna and Pfizer bivalent vaccines were amended to simplify the vaccination schedule for most individuals.
- As a result, the current bivalent vaccines were authorized to be used for all doses administered. The monovalent vaccines are no longer authorized.
- Other important changes to vaccination recommendations include:
  - Most individuals that have never received any COVID-19 vaccine may receive one dose of the bivalent vaccine.
  - Most individuals previously vaccinated with one or more doses of a monovalent vaccine who have not yet received a dose of the bivalent vaccine may receive a single dose of this vaccine.
  - Those 65 years of age and older may receive an additional dose of the vaccine for added protection. This additional dose may be received at least four months following the initial bivalent dose.
  - Most individuals who have already received a bivalent dose are not currently eligible for an additional dose

- Children less than 5 years of age and anyone of any age who is moderately to severely immunocompromised have different vaccination requirements. Those with children and those who are immunocompromised are encouraged to speak with their children's doctor or their own health care provider to learn more.
- It was emphasized that vaccine recommendations will likely be updated in the near future.
- Vaccines are still available for free at Health District clinic locations. Making vaccinations as accessible as possible is an ongoing priority, and vaccination clinics will continue to be available at a variety of locations throughout the year. People are encouraged to check the website at [www.snhd.info/covid-vaccine](http://www.snhd.info/covid-vaccine) for a list of locations.
- Federally purchased COVID-19 vaccines will remain free to everyone, regardless of insurance coverage. After the federal supply is exhausted, most people will continue to have access to COVID-19 vaccines through public and private insurance, and as always, the Health District remains a safety net for those who otherwise lack access to vaccination.
- Antiviral medications continue to be available at the Southern Nevada Health District and at a number of other locations to patients who meet the criteria for treatment. Most antiviral medications continue to be available for free.

#### Testing

- While the Health District testing clinic at 280 S. Decatur Blvd. will no longer operate after July 31, its two clinics at the CSN Charleston and Cheyenne campuses will offer PCR testing until March 2024. To date, this program has conducted more than 59,000 tests.
- Six self-test COVID-19 vending machines located at the RTC's Bonneville Transit Center and South Strip Transit Terminal; East Las Vegas Community Center; Fremont Public Health Center; Mesa View Regional Hospital in Mesquite; and the Regional Government Center in Laughlin are currently funded through May of 2024. The project may extend past this date, depending on the number of kits stockpiled.
- These sites offer at-home antigen test kits at no cost to the public, and people can receive five tests per month. To date, the vending program has dispensed over 20,000 kits.

#### Surveillance

- SARS-CoV-2 continues to circulate in U.S. communities. As of May 9, the US was averaging 11,000 cases a day and 160 deaths a day. Cases are undercounted due to the expanded use of at-home test kits.
- As a result, there is still a lot of virus circulating in communities. The Health District encourages people to keep testing if they have symptoms, if they have had contact with someone who has COVID, or if they will have contact with or will be visiting someone who is at higher risk for severe illness.
- Adjustments have been made to surveillance data and upcoming changes will be driven by alterations in data reporting requirements.
- During the initial stages of the pandemic, Health District staff rapidly gathered and reported valuable data to inform and guide the public health response.
- The reporting methods have been adjusted to respond to the changing nature of the virus, and these activities were integrated into the agency's regular public health practices. The agency will continue to gather, analyze and report relevant COVID-19 data to facilitate informed decision-making as the virus persists and evolves.

- With the increased availability of home COVID-19 tests, relying solely on metrics like daily case counts and percent positivity rate may no longer provide a comprehensive understanding of the community level.
- Moving forward, hospitalization data will be used to monitor community spread, death data will be used to assess the severity of illness in the community, emergency department data will continue to be used as an early warning system and wastewater will be used to track new variants.
- At this time, the agency will continue to provide additional data that is being collected. Currently, the data is posted weekly, but that frequency may change to monthly.
- Some individual reports that were no longer meaningful have already been discontinued and some individual reports that are duplicated on the COVID-19 dashboard may no longer be posted.

Updated COVID-19 information is available on the Health District website at [www.SNHD.info/covid](http://www.SNHD.info/covid).

### **Increased Incidence of Intracranial Abscesses in Pediatric Patients**

In January of this year, the Health District released a Public Health Update to health care providers regarding the increased incidence of intracranial abscesses in pediatric patients that were investigated in 2022. The investigation recently received renewed interest after the topic was presented at the Centers for Disease Control and Prevention's 2023 Annual Epidemic Intelligence Service Officer's Conference. For more information on the investigation, access the public health update on the Health District website at [www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/](http://www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/).

### **Mosquito Surveillance Season**

The Health District joined with Clark County to kick off the 2023 mosquito surveillance campaign on May 4, calling attention to a potentially early and active mosquito season. SNHD and Clark County are continuing a decades-long partnership in managing mosquitoes throughout Southern Nevada. The agencies work together in setting traps to survey mosquito quantity, species and infected mosquitoes.

During mosquito season, Health District Environmental Health staff set 50 to 60 traps per day for weeks at a time at parks, wash channels, wetland areas and other potential breeding sites across the valley. Hundreds of mosquitoes are captured in the field and transported in coolers to a laboratory at its Main Public Health Center, where they are sorted and cataloged by species and location. The samples are then sent to the Southern Nevada Public Health Laboratory to test specimens for harmful arboviruses.

The public is urged to Fight the Bite and help reduce the number of mosquitoes, which can carry serious diseases such as the [West Nile](#) and Zika viruses. Fight the Bite calls on people to eliminate standing water, which provides a perfect home for mosquito larvae; prevent mosquito bites by taking [proper precautions](#); and to report mosquito activity to the Health District's surveillance program at (702) 759-1633. To report a green pool, people should contact their local code enforcement agency. More resources and contact information are available on the Health District's [website](#).

West Nile Virus (WNV) reached unprecedented activity in Clark County in 2019, with 43 human cases, including one death. In stark contrast, there was almost no WNV activity in 2020, 2021 and 2022. For more information about mosquito surveillance, visit <https://www.southernnevadahealthdistrict.org/programs/mosquito-surveillance>.

### **Soda Free Summer Challenge**

The Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion is conducting its Soda Free Summer Challenge from May 5 through August 31. The annual campaign encourages children and adults to choose healthier beverages in favor of soda and other sugary drinks. Details on how to participate in the challenge are available at [www.GetHealthyClarkCounty.org](http://www.GetHealthyClarkCounty.org) or [www.VivaSaludable.org](http://www.VivaSaludable.org). Interested participants can find the Health District at local events to learn more about the Soda Free Summer Challenge by checking out its [community calendar](#) or Spanish [community calendar](#).

According to the U.S. Department of Agriculture, sugary drinks account for about 46 percent of the average consumption of added sugars in the U.S. Sugary drinks include sodas, sports drinks and fruit drinks, as well as tea and coffee sweetened with added sugar. Nationally, an estimated six in 10 people aged 18 or older reported having sugary drinks once daily or more. Children consume more than 30 gallons of sugary drinks, on average, every year, enough to fill an entire bathtub.

The largest source of added sugar in most people's diets comes from soda and other sweetened beverages. The daily dietary recommendations per day are approximately 25 to 36 grams of sugar for adults and 25 grams for children. Regular soda, energy drinks and juices have, on average, between 36 to 44 grams of sugar in a 12-ounce can, which translates to between nine and 11 teaspoons of sugar. People are encouraged to limit sugary drinks and opt for healthier alternatives including water, unsweetened tea, and plain milk.

Consumers are advised to read nutrition labels to determine how much added sugar is included in their drinks. For information about how to identify added sugars, visit [Get Healthy Tips for Eating Healthy](#) on the Get Health Clark County website and the Spanish language [Viva Saludable](#) website.

### **Community Meetings**

#### **Week ending 04/30:**

##### **Monthly:**

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Commissioner Segerblom, Councilwoman Gallo, Mayor Pro Tempore Black, Scott Nielson, Mayor Hardy
- 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

##### **Media/Interviews/Panelist/Presenter:**

- Presented at the Latin Chamber of Commerce Luncheon

Professional Development/Conferences:

- Attended the “Ethics: Firearm and Violent Injuries and Deaths in the U.S.” webinar facilitated by the Clark County Medical Society
- Attended the “April NILE Webinar: Importance of Immunization Rate Reporting in Nevada”

**Week ending 04/23:**

Bi-weekly (every two weeks):

- Participated in the Legislative Working Group meeting

Monthly:

- 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 Clark County Medical Society Board of Trustees meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Kirkpatrick

Professional Development/Conferences:

- Attended the “Spotlight on Mental health: The Decriminalization of Suicide” webinar facilitated by The Lancet

Ad-hoc Meetings/Events:

- Attended a meeting facilitated by the Catholic Charities on World Refugee Day events

**Week ending 04/16:**

Bi-weekly (every two weeks):

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

Monthly:

- Attended the Big Cities Health Coalition (BCHC) Monthly Member Call

Quarterly:

- Participated in the Public Health Advisory Board meeting
- Participated in the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee meeting
- Participated in the Nevada State EMS Advisory Committee meeting

Professional Development/Conferences:

- Attended the “Community of Practice” webinar facilitated by National Association of County and City Health Officials (NACCHO)
- Attended the “Listing Session with HHS Intergovernmental and External Affairs (IEA) on Reproductive Health Care” webinar facilitated by the Big Cities Health Coalition (BCHC)

Ad-hoc Meetings/Events:

- Attended a meeting with Dr. Julio Landero regarding Behavioral Health services
- Attended a COVID-19 AAR Interview by Navis Strategic Services

**Week ending 04/09:**Bi-weekly (every two weeks):

- Attended the Legislative Working Group meeting

Annually:

- Participated in the Public Health Week Breakfast for Health District staff

Ad-hoc Meetings/Events:

- Attended a meeting with Tami Bruno (Catholic Charities), Jeffrey Tilton (Catholic Charities), Milan Devatek (ECDC – African Community Center), Father Rafael Pereira (All Saints Episcopal Church) regarding refugee services and provided a tour of the Fremont Public Health Center
- Attended a meeting with Future Sync regarding leadership training opportunities

**Week ending 04/02:**Annually:

- Attended the 2023 County Health Rankings

Professional Development/Conferences:

- Attended the “Building Support for Public Health” webinar facilitated by Kaiser Permanente
- Attended the “Expanding Access to Naloxone” webinar facilitated by the FDA

Ad-hoc Meetings/Events:

- Attended the discussion on the Pandemic and All-Hazards Preparedness Act (PAHPA) Reauthorization RFI
- Attended a meeting with Commissioner Kirkpatrick regarding Environmental Health funding
- Attended a kick-off meeting with Huron Consulting regarding the Health District’s Strategic Plan

**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

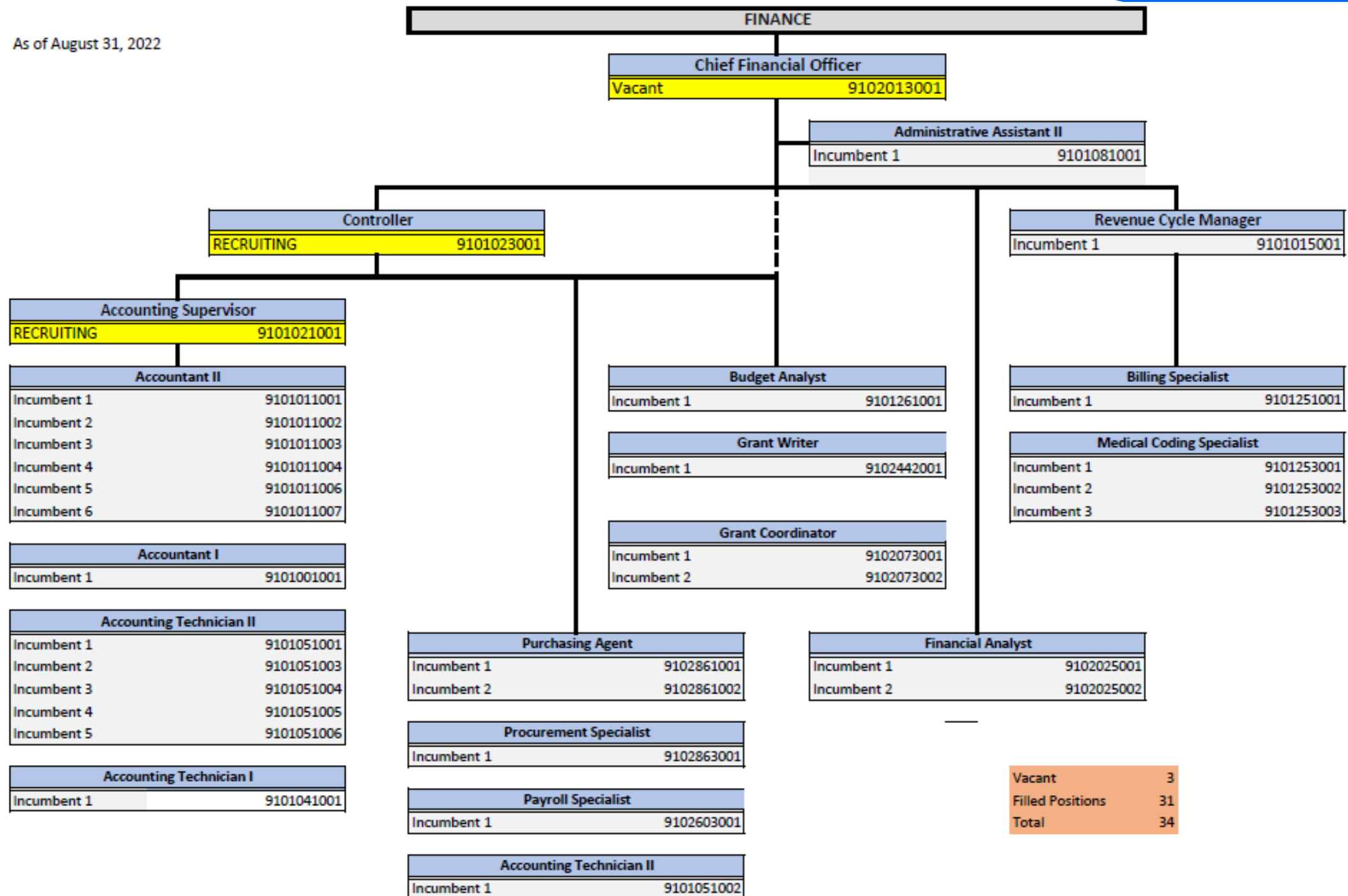
# Financial Services Department Staffing Update



Donnie (DJ) Whitaker  
Chief Financial Officer  
Southern Nevada Health District



As of August 31, 2022



Vacant	3
Filled Positions	31
Total	34

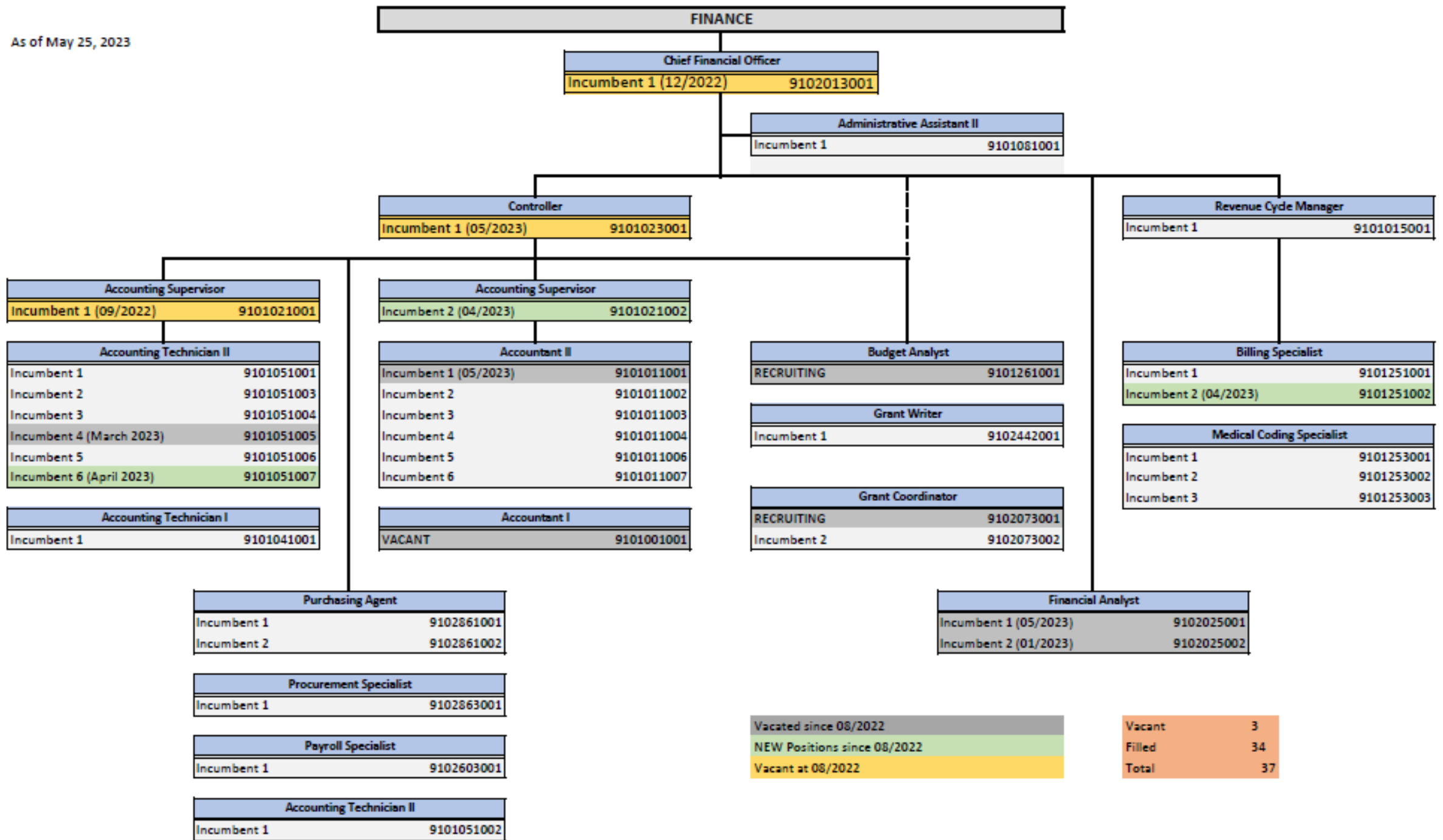
# Finance Department Staffing

	August 2022	May 2023
<b>VACANT</b>		
Management	3	0
Staff	0	3
<b>FILLED</b>		
Management	1	5
Staff	30	29
<b>TOTAL</b>	<b>34</b>	<b>37</b>

# Recruitment Efforts

Position	Status	Comments
Controller	Hired	05/15/2023
Accounting Supervisor	Hired	(internal hire) 04/03/2023 New
Financial Analyst	Hired	(internal hire) 05/29/2023
Accounting Technician II	Hired	03/27/2023 New
Accounting Technician II	Hired	04/10/2023
Billing Specialist	Hired	(internal hire) 04/03/2023 New
Budget Analyst	Recruiting	vacated by internal department hiring
Grant Coordinator	Recruiting	vacated by internal SNHD hiring
Accountant I	Vacant	vacated by internal department hiring
Accountant II	Hired	05/01/2023 Retirement

As of May 25, 2023



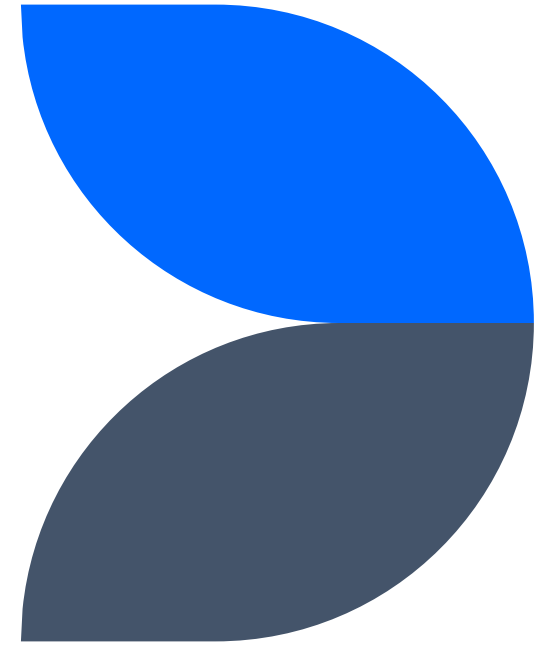
Vacated since 08/2022
NEW Positions since 08/2022
Vacant at 08/2022

Vacant	3
Filled	34
Total	37

# Questions?

# Thank you

Donnie (DJ) Whitaker  
Chief Financial Officer  
Southern Nevada Health District





# SOUTHERN NEVADA HEALTH DISTRICT **PRIMARY AND PREVENTIVE CARE DIVISION**

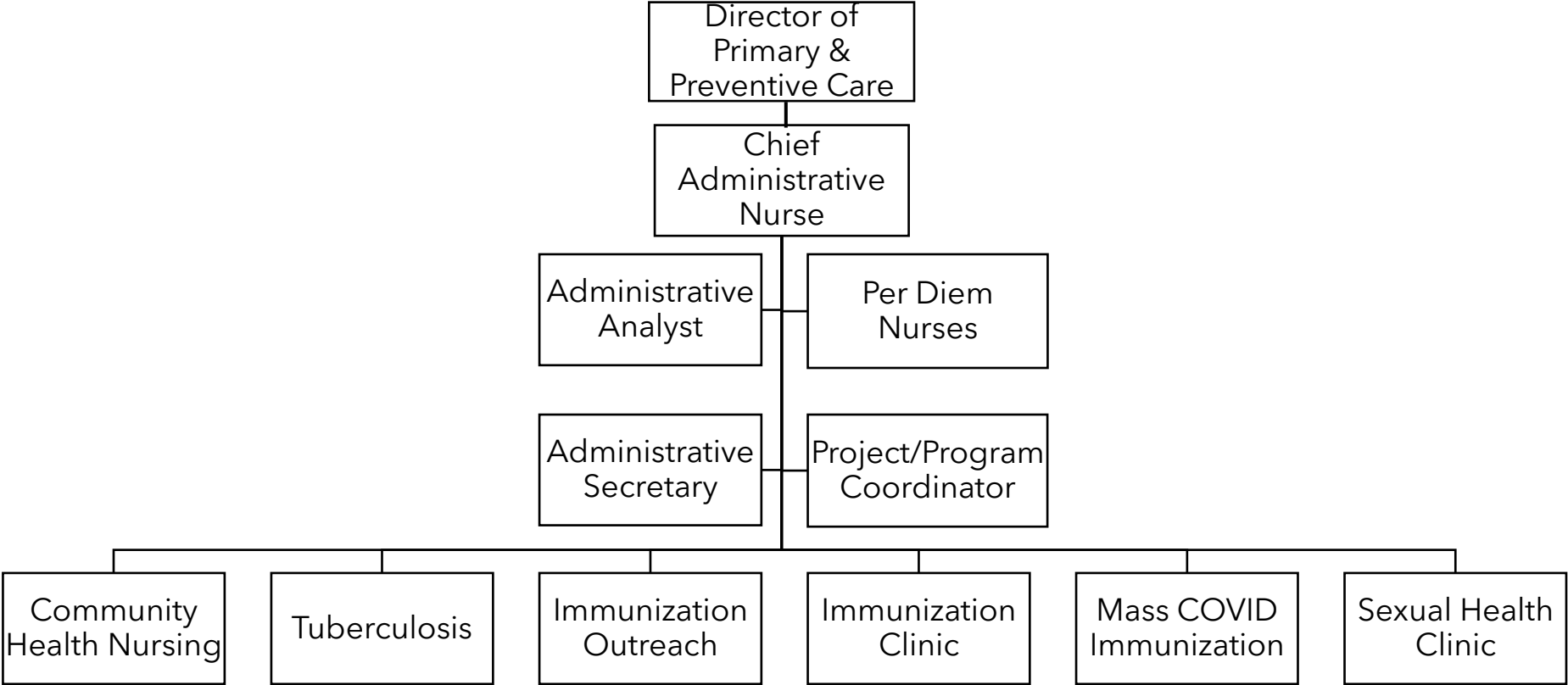
Lourdes Yapjoco, MSN, RN  
Chief Administrative Nurse



# Primary and Preventive Care Division (PPC) Objectives

- Provide an Overview of the Division
- Division Goals and Priorities
- Home Visiting Programs Update
- Share programs successes and challenges

# Organizational Chart





# Home Visiting Programs

- Maternal Child Health Program (including CPS liaison)
- Nurse Family Partnership
- Embracing Healthy Babies and Thrive from 0-3
- Congenital Syphilis Case Management Program
- TB Case Management and Directly Observed Therapy

# Program Highlights

## Maternal and Child Health

Child Protective Services Nurse Liaison and an MCH Nurse Home Visitor provide guidance, education, assessments, health screenings, and referrals, as needed.

### The CPS Nurse Liaison

- Receives referrals directly from Child Protective Services
- Partners with a CPS worker; provides a nursing component to the CPS case plans; children from birth to 4 years old born in Clark County

### The MCH Nurse

- Provides nursing case management for children with elevated blood lead levels
- Provides support and nursing assessments for the Embracing Healthy Baby Program
- Receives referrals for abnormal Newborn Screening
- Educate all families served regarding childhood safety issues (car seats, back-to-sleep)

# Nurse Family Partnership

Helping first time parents succeed

- Goals: Improve pregnancy outcomes, child health and development, and families' economic self-sufficiency
- Evidence-based program
- Serves low-income, first time, pregnant moms from early pregnancy until child reaches 2 years of age
- Specially trained nurses visit patients in their homes
- FY 2022, 117 new mothers enrolled, and 248 families were served

## Outcomes summary:

NFP Outcomes	Nevada	National
<b>Breastfeeding initiation rate</b>	<b>96.3%</b>	<b>90.4%</b>
<b>Breastfeeding at 6 months</b>	<b>48.7%</b>	<b>41.9%</b>
<b>Immunization: up-to-date at 6 months</b>	<b>94.4%</b>	<b>92.4%</b>



# Embracing Healthy Babies

\*Thrive by 0- 3



Goal: to strengthen families and improve child health outcomes

- Serves low socio-economic, \*African-American women and their children through age 1
- Residing in 17 target zip codes
- Participation is voluntary
- Community Health Workers conduct home visitations

\*Thrive By 0-3- subprogram

- Referred by DFS
- Prevent and mitigate effects of child abuse and neglect

\*will serve all women within zip codes

# Congenital Syphilis Case Management Program

Goal: Reduce the number of congenital syphilis (CS) cases, educate providers about AB 192,

- Case Management activities
  - Increase access to syphilis treatment for pregnant persons diagnosed with syphilis and their partner/s
  - Provide prevention education to pregnant and post-partum persons
  - Referral to comprehensive core medical and psychosocial services
- Participate in Academic Detailing to OB providers (in partnership with Office of Disease Surveillance) - syphilis testing requirement during pregnancy
- 62 pregnant women completed Syphilis treatment since inception
- 31 newborns/infants served

# Clark County CS Cases: Quick Stats



CS cases increased 1,567% from 2014 to 2022



66% of CS cases were drop-in deliveries in 2022



85% of the CS cases were asymptomatic in 2022



4 stillbirths in 2019; 3 in 2020, 2 in 2021 and 4 in 2022



63% of mothers had no prenatal care in 2022



59% of mothers had positive toxicology screening 2022

# General Maternal Child Health Home Visiting Program

- Voluntary service for families referred by other agencies
- Screening, teaching, counseling and referrals to appropriate and available services, including medical home
- Case management all children with lead poisoning (including environmental assessment)
- Follow-up of newborns with abnormal newborn screening test for additional diagnostic testing
- Child Protective Services Liaison- partners with a CPS worker; provides a nursing component to the CPS case plans; eligible children from birth to 4 years old born in Clark County

# TB Nurse Case Management and Directly Observed Therapy (DOT)

Goal of TB Treatment and Control: reduce incidence of TB in the community through treatment and case management; including preventative treatment for LTBI

- Case management
  - Adherence to TB treatment
  - Psycho-social support through referrals for other services, including housing, food, mental and behavioral health services
- Directly Observed Therapy (DOT)
  - DOT provided in clinic, via video, or daily field visits
  - Purpose is to monitor clinical improvement to treatment, side effects, and adherence to meds



# Notes from the field

~decisions are guided by patient preference

**Client # 1** Referred to \*Foundation for an Independent Tomorrow (FIT) and became a dental assistant and was hired by Absolute dental. She then proceeded to work on her Dental Hygiene degree.

**Client # 2** Completed her bachelor's degree in political science and is working for a nonprofit Nevada political group.

**Client # 3** Client finished her MA certificate and was offered employment at her child's pediatrician office.

**Client # 4 & 5** Both completed MA certifications and both are employed at local doctor's offices.

**Client # 6** Completed her Community Health Worker certificate and works for planned parenthood.

**Client # 7** Pregnant client successfully linked to needle exchange program, completed full course of Hepatitis C treatment, completed full syphilis treatment during pregnancy

\*FIT provides job training, coaching and support based on job seeker's individual needs and skills sought by employer



Questions?





**Mosquito Disease Surveillance Update**  
**Southern Nevada Health**  
**Environmental Health Division**



# Mosquito Surveillance

Monitor Populations

Disease Status

Prevention Information

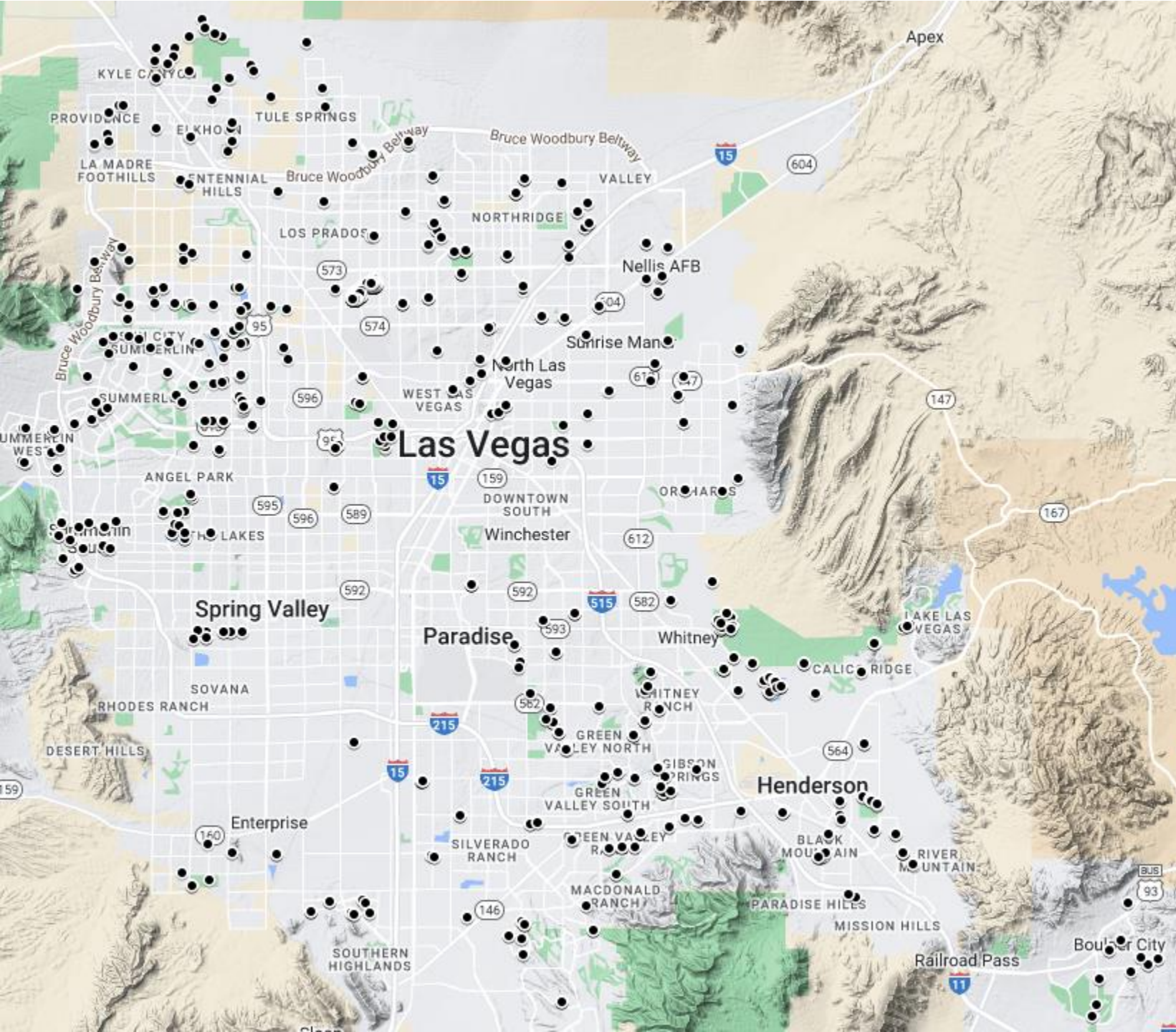
Not an Abatement Agency



# 2018 – 2022 Surveillance Summary

YEAR	MOSQUITO TRAPS SET	MOSQUITOES TESTED	MOSQUITO POOLS TESTED	WNV + MOSQUITO POOLS	SLEV+ MOSQUITO POOLS
2018	1,978	37,093	1756	2	0
2019	2,752	43,219	2,262	268	30
2020	4,145	54,905	3324	13	0
2021	2,725	27,991	2,010	2	0
2022	3,247	43,516	3,280	0	0

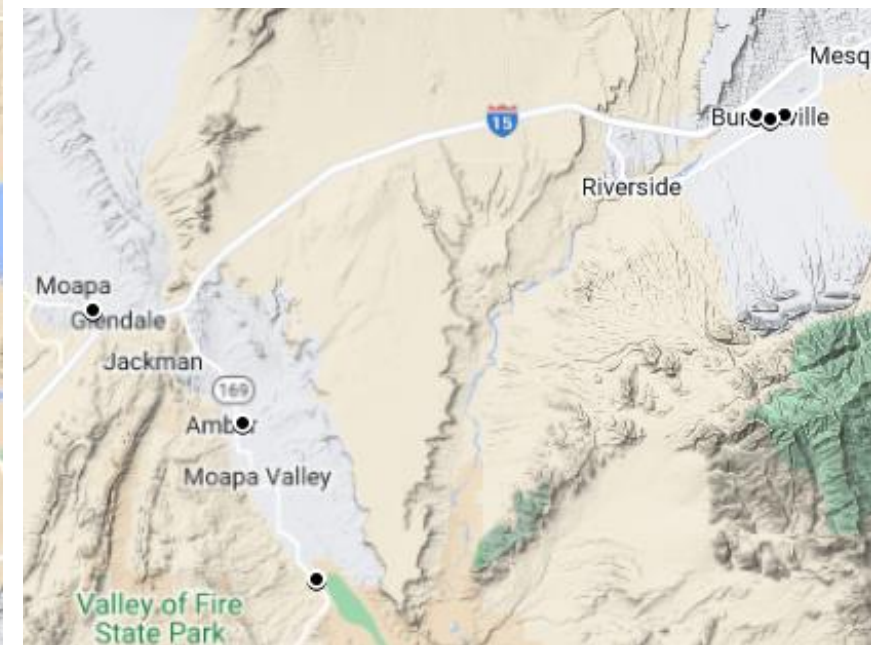




**2022**

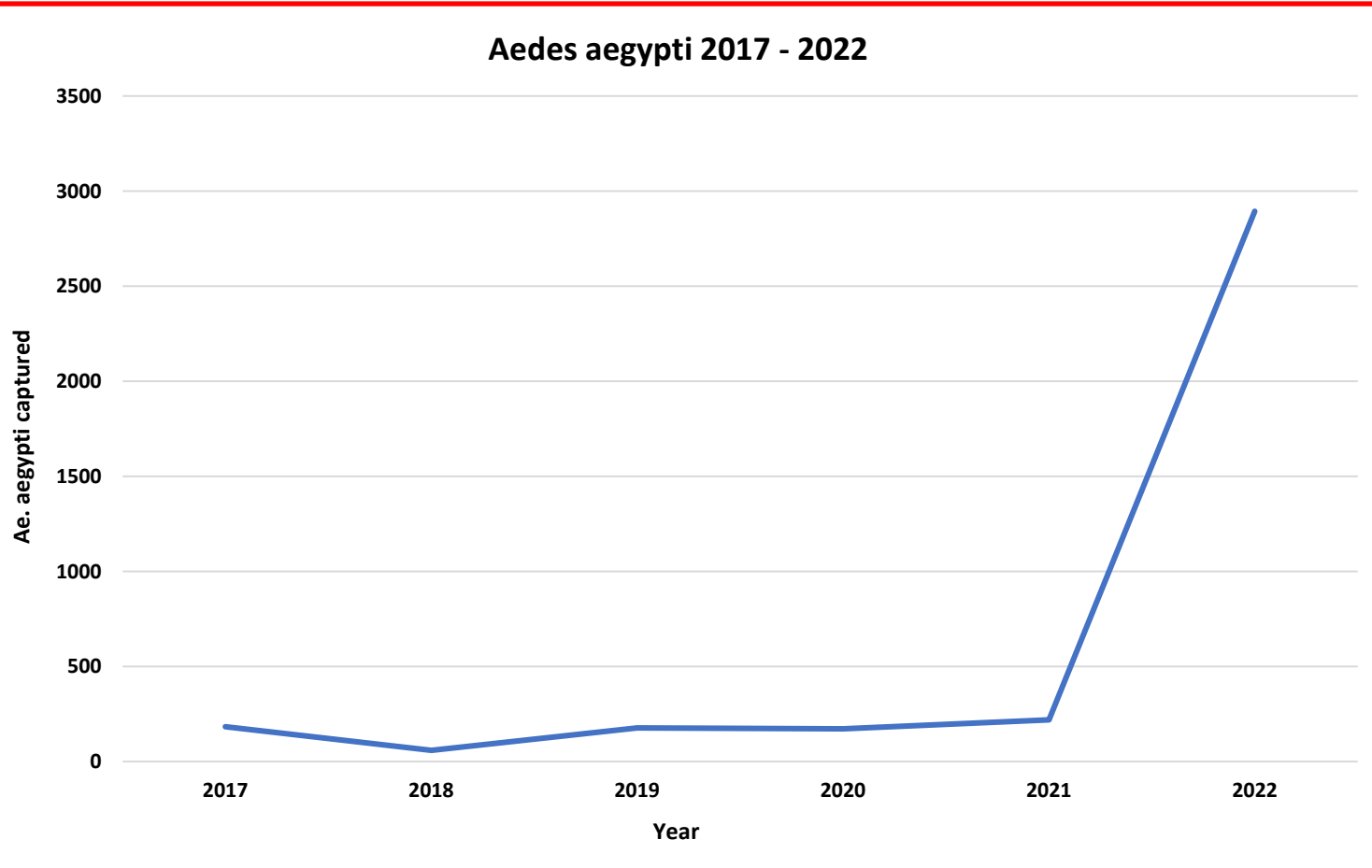
**3,427 Traps**

**351 Sites**



# *Aedes aegypti*

## Most important emerging vector threat in Nevada





# *Aedes aegypti*

**Invasive urban mosquito**

**Zika, Dengue, Yellow Fever, Chikungunya**

**Active during the day – persistent biter**

**Cryptic Breeder – small sources**

**Hearty eggs – resist desiccation**

**Short flight range**







**Water Fountain**



**Plant Saucers**



**Bird Baths**



**Bromeliad**



**Yard Clutter**



**Kids Toys**



**Recyclables**



**Aquatic Plants**



**Unused Tires**

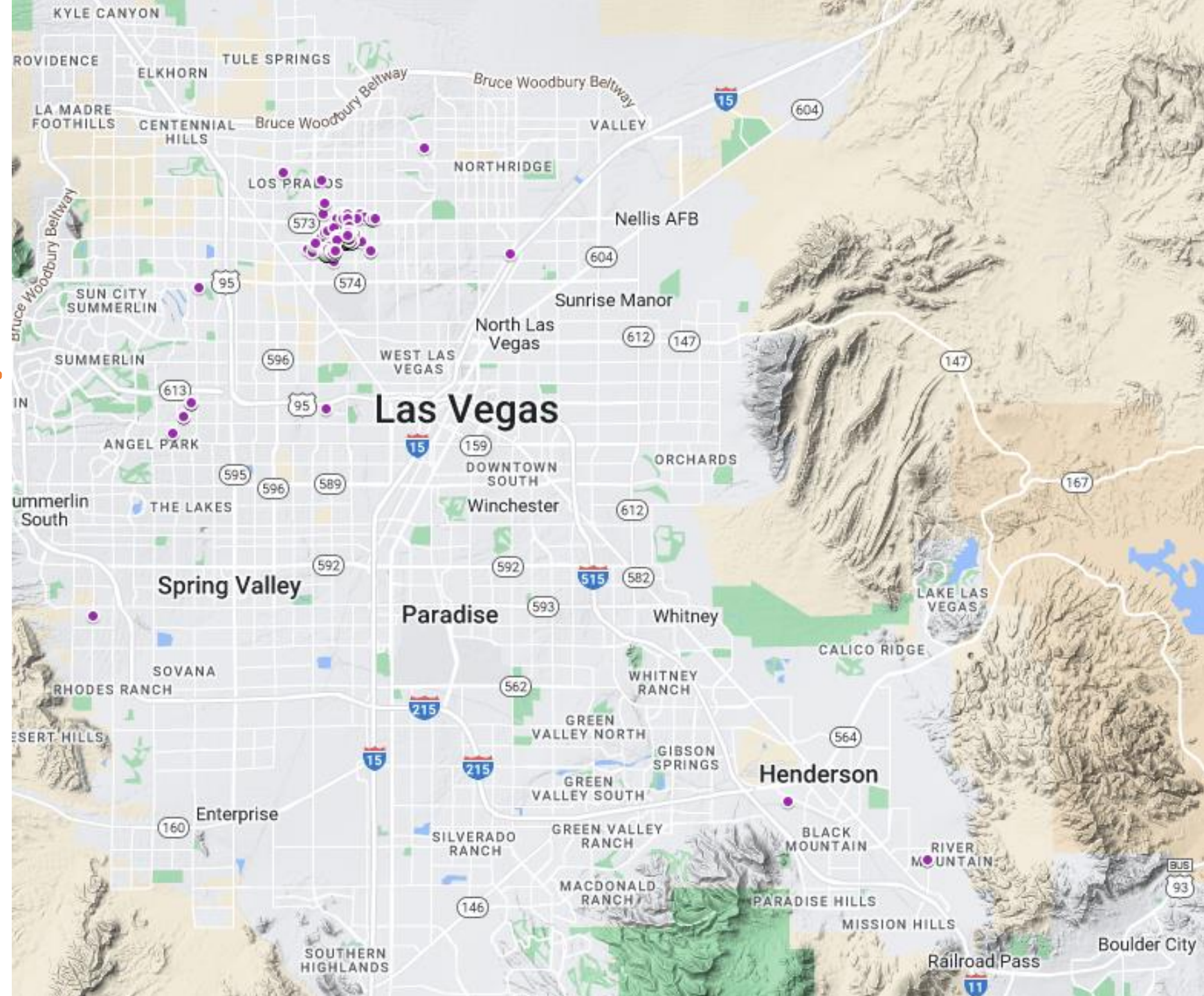
## **“Cryptic” Breeding Sources**

**Slide: San Gabriel Valley Mosquito and Vector Control District**



# 2017 - 2021

<u><i>Ae. aegypti</i></u>		<u>Zip Codes</u>
2017	<b>183</b>	<b>4</b>
2018	<b>59</b>	<b>2</b>
2019	<b>177</b>	<b>3</b>
2020	<b>173</b>	<b>7</b>
2021	<b>220</b>	<b>6</b>





# 2022

**2,894** *Ae. aegypti*

## 12 Zip Codes

# Rapid expansion

## Increased calls for service

## No coordinated control



# Regional Program - Comparisons

	<u>Population</u>	<u>Budget</u>
Clark County	2,292,000	\$537,851
Maricopa County	4,497,000	\$4,199,997
San Diego	3,286,000	\$8,755,383
Coachella Valley	463,000	\$15,378,140
Orange County	3,162,000	\$17,198,764





# Looking Forward

Continue surveillance and arbovirus testing - SNPHL

Educating public and jurisdictional counterparts on prevention

Collaborative opportunities – CDC, UNLV

# MEMORANDUM



**Date:** May 25, 2023  
**To:** Southern Nevada District Board of Health  
**From:** Fermin Leguen, MD, MPH, *District Health Officer* *FL*  
**Subject:** **Administration Division Monthly Report – April 2023**

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## Executive Summary

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The first week of April marked National Public Health Week with employee recognition activities, including a breakfast for staff, along with the Walk Around Nevada employee engagement event. The Office of Communications issued five News Releases and responded to several media requests for interviews/statements from staff, on rare brain infections, infant immunizations, food truck expo, National Transgender HIV Testing days, and more. As of April 28, 2023, the Health District had 787 active employees, with a total number of vacancies of 6.4 FTEs and a total number of positions in recruitment of 40 FTEs. The Human Resources Department arranged 122 interviews, extended 30 job offers (five offers declined) and successfully completed 18 new hires, including one rehire. There were 18 recruitments that were posted. Health District Leadership has commenced work on the 3-year Strategic Plan, to be issued prior to the end of 2023.

## Office of Communications

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### **News Releases Disseminated:**

- April 26, 2023: Clark County and Health District to hold Fight the Bite media event
- April 25, 2023: Southern Nevada Health District observes National Infant Immunization Week

- April 17, 2023: April 18 is National Transgender HIV Testing Day
- April 11, 2023: April is National Minority Health Month
- April 10, 2023: Biomedical HIV Prevention Summit set for April 11 and 12

**Press:**

During April, public health topics in the media included:

- Rare brain infections in Southern Nevada children
- Infant immunizations
- Food truck expo
- National Transgender HIV Testing Day
- National Minority Health Month
- Prevalence of syphilis in Southern Nevada
- Xylazine-related deaths

379 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 [202304-PI-report.pdf](#).

**Informational Products, Campaigns and Collateral Materials:**

In April, staff produced several materials for National Public Health Week employee recognition activities and the Walk Around Nevada employee engagement event. Staff provided support for Office of Chronic Disease Prevention and Health Promotion initiatives including smoking cessation, diabetes management and nutrition. Staff created media plans and began developing content for the Fight the Bite and Family Planning summer advertising campaigns. Staff worked on graphics, logo designs and produced collateral and signage material. Staff provided support and performed updates for all departments on the Southern Nevada Health District websites, including [gethealthyclarkcounty.org](#) and [covid.snhd.org](#). Staff also provided translation services to several departments within the Health District.

On social media staff focused on National Public Health Week, promoted Back to School Immunization CCSD clinics, Walk Around Nevada, the Arm in Arm campaign, COVID-19 and Mpox updates, Vaxfacts, NACCHO Preparedness Summit, and National Infant Immunization Week.

**Community Outreach:**

- Arm in Arm Campaign Activities:
  - April 5: Silver Knights Radio Interview w/Health Educator Pitchaya Pattasema
  - April 14: LV Diversity Tournament
  - April 15: Annual Family Jam at Lorenzi Park
  - April 25: Urban Chamber Health Care Roundtable
  - April 26: Fiesta 98.1 Festival de Nino Radio Interview w/Jorge Viote
  - April 26: Spread the Word Nevada Partnership (35k Boosty the Bear Books — 24k English and 11k Spanish distributed to 56 elementary schools)
  - April 28: Latin Chamber of Commerce 2sponsorship w/Dr. Leguen presenting
  - April 29: Festival de Nino
- April 17: Centennial High School – BTS immunization event

**Community/ Partner Meetings and Events of Note:**

- April 4-5: National Public Health Week Breakfasts
- April 4: Refugee Services meeting
- April 7: NPHA Legislative Update meeting



- April 11: COVID-19 After Action report
- April 12: Arm in Arm planning meeting
- April 13: Urban Chamber of Commerce Healthcare Roundtable planning meeting
- April 14: BCHC/PIO Communications Monthly call
- April 17: NPHA Legislative Updated meeting
- April 21: World Refugee planning meeting
- April 24-27: NACCHO Preparedness Summit
- April 25: Urban Chamber of Commerce Healthcare roundtable
- April 26: Arm in Arm Campaign planning meeting
- April 28: Latin Chamber of Commerce Luncheon

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
April 1-30, 2023	21	7	33%	13

## Facilities

Monthly Work Orders	Mar 2022	Mar 2022		YTD FY22	YTD FY23	
Maintenance Responses	150	193	↑	1,429	1,362	↓
Electrical Work Orders	18	14	↓	87	89	↑
HVAC Work Orders	9	6	↓	116	51	↓
Plumbing Work Orders	6	5	↓	65	66	↑
Preventive Maintenance	12	32	↑	141	201	↑
Security Responses	1,091	1,704	↑	8,550	10,956	↑

Monthly Work Orders	Apr 2022	Apr 2022		YTD FY22	YTD FY23	
Maintenance Responses	164	244	↑	1,526	1,785	↑
Electrical Work Orders	4	6	↑	93	72	↑
HVAC Work Orders	4	22	↑	55	82	↑
Plumbing Work Orders	10	8	↓	76	61	↓
Preventive Maintenance	22	22	=	201	195	↓
Security Responses	1,450	2,775	↑	12,406	22,185	↑



## Finance

<b>Total Monthly Work Orders by Department</b>	<b>Apr 2022</b>	<b>Apr 2023</b>		<b>YTD FY22</b>	<b>YTD FY23</b>	
Purchase Orders Issued	457	578	↑	4,351	5,103	↑
Grants Pending – Pre-Award	0	7	↑	64	40	↓
Grants in Progress – Post-Award	18	6	↓	207	106	↓

\* Grant applications created and submitted to agency

\*\* Subgrants routed for signature and grant amendments submitted

<b>Grants Expired – April 2023</b>						
<b>Project Name</b>	<b>Grantor</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>	<b>Comments</b>
State of Nevada, Hepatitis Prevention and Control (aduhep22)	P-CDC	4/30/2023	\$24,749	end of project period	0.15	Renewal in progress
Las Vegas Environmental Sampling DHS Biowatch project/UNLV Subaward #GR16592 (envspl22)	P-NV DHHS	4/30/2023	\$18,000.00	end of project period	0.10	Renewal in progress
State of Nevada, Tobacco Control Program, Year 3 of 5 (tob_22)	P-CDC	4/28/2023	\$604,898.00	end of project period	0.45	Renewal in progress for year 4

<b>Grants Awarded – April 2023</b>							
<b>Project Name</b>	<b>Grantor</b>	<b>Received</b>	<b>Start Date</b>	<b>End Date</b>	<b>Amount</b>	<b>Reason</b>	<b>FTE</b>
State of Nevada, Tuberculosis Program, Uniting for Ukraine, (utb2_23)	P-CDC	3/6/2023	1/1/2023	12/31/2023	\$77,526.00	Expanding efforts to provide TB services to Ukraine refugees	0.70
State of Nevada, Tuberculosis Program, Uniting for Ukraine, Amendment #1 (utb2_23)	P-CDC	4/19/2023	1/1/2023	9/30/2023	\$28,289.00	Amendment #1 to shorten end date	1.56
State of Nevada, Ryan White Part B Medical Case Management, Year 1 of 5 (hcrwbm23)	P-HRSA	4/24/2023	4/1/2023	3/31/2024	\$257,287.00	New effort	1.75

Grants Awarded – April 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Ryan White Part B Retention-In-Care, Year 1 of 5 (hcrwbr23)	P-HRSA	4/24/2023	4/1/2023	3/31/2024	\$87,639.00	New effort	1.10
State of Nevada, Ryan White Part B Eligibility, Year 1 of 5 (hcrwbe23)	P-HRSA	4/24/2023	4/1/2023	3/31/2024	\$101,638.00	New effort	1.10

Contracts Awarded – April 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Thrive by Zero to Three Prevention Services (oagth_23), Interlocal Agreement	O-Clark County	4/6/2023	7/1/2022	6/30/2023	\$63,867	New effort	0.95

## Human Resources

### Employment/Recruitment:

- 0 New job titles for April
- 787 active employees as of April 28, 2023
- 18 New Hires, including 1 rehire and 0 reinstatement
- 9 Terminations, including 1 retirement
- 17 Promotions, including 9 Flex-reclass
- 2 Transfers
- 0 Demotion
- 0 Annual Increases
- 34 Evaluations received and recorded in One Solution
- Total number of vacancies: 6.4 FTEs
- Total number of positions in recruitment: 40 FTEs
- 122 Interviews
- 30 Offers extended (5 offers declined)
- 18 Recruitments posted
- Turn Over Rates
  - Administration: 0.60%
  - Community Health: 1.06%
  - Disease Surveillance & Control: 0.75%
  - Environmental Health: 1.11%
  - Primary & Preventive Care: 0.83%
  - FQHC: 3.75%

### **Temporary Employees**

- 54 Temporary Staff
- 3 New Agency Temporary Staff Member
- 0 Agency Temporary Staff Member assignment ended
- 0 canceled
- 0 resigned
- 2 converted to SNHD Employee
- 1 term
- 29 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
- 12 temporary staff from Maxim with 0 pending positions open
- 12 temporary staff from Robert Half with 1 pending positions
- 0 temporary staff from Manpower with 0 pending positions
- 1 temporary employee from RPHontheGO with 1 pending position

### **Benefits**

March:

- FMLA
  - 18 New
  - 18 Short/Long Intermittent
  - 0 Block of FMLA Leave
  - 0 Recertifications
  - 0 Denials
- RETIREMENT: Empower/PERS:
  - 0 Processed withdrawals, rollovers, purchase of service credits
  - 4 Loans
  - 3 Plan change
  - 5 New accounts
- 2 Tuition Reimbursements
- 1 Worker's Compensation claim or incident report
- 4 Benefit Employee Facilitated Meetings
- Benefit Administration
  - 12 New hires/ 9 Benefit changes/ 14 Terminations
  - 0 Open Enrollment Changes
  - 0 Flexible Spending
  - 4 Short-term disability claims
  - 21 Immediate benefit changes
  - 12 COBRA & COBRA QE Notices

April:

- FMLA
  - 17 New
  - 17 Short/Long Intermittent
  - 0 Block of FMLA Leave
  - 0 Recertifications
  - 0 Denials

- RETIREMENT: Empower/PERS:
  - 0 Processed withdrawals, rollovers, purchase of service credits
  - 2 Loans
  - 4 Plan change
  - 2 New accounts
- 2 Tuition Reimbursements
- 1 Worker's Compensation claim or incident report
- 4 Benefit Employee Facilitated Meetings
- Benefit Administration
  - 6 New hires/ 4 Benefit changes/ 8 Terminations
  - 0 Open Enrollment Changes
  - 0 Flexible Spending
  - 4 Short-term disability claims
  - 10 Immediate benefit changes
  - 8 COBRA & COBRA QE Notices

### **Employee/Labor Relations**

- 1 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 1 Final Written Warnings, 1 Termination, 3 Probationary Release
- 3 Grievances
- 1 Arbitration
- 30 hours of Labor Meetings (with Union)
- 60 hours Investigatory Meetings
- 6 Investigations
- 21 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
- 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

### **Meetings**

- ER/LR/Recruitment Team Meeting
- Strategy/Training meetings with Departments
- Recruitment meetings

- Webinars
- Manager's Toolkit meetings
- HR Team meetings
- Monthly Case Updates with Pool Pact Attorneys
- Monthly JLMC Meeting
- SEIU Meetings
- Benefit Orientation

**Projects/Other items:**

- Job Descriptions
- Clark County Spring Public Sector Job Fair
- 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
- Assist in Employee Events Committee activities

**Organizational Development and Strategy:**

- Workforce Development
  - LMS (Learning Management System) deployment
    - Successful launch in a 2-week cutover timeframe vs. the 12 weeks recommended by the vendor
      - All courseware and reporting was built, tested, and launched in record time with no downtime for learners
    - Over 170 e-learning courses completed in the first week
    - Improved integration and access for learners and admin
  - 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
    - 15 District Managers certified with 3 Boulder City government attendees
  - Streamlining training process for volunteers to get them the right training for compliance and risk management.
    - The new LMS will house training records and make volunteer onboarding more efficient and consistent
- SNHD 3-year Strategic Plan
  - Moving forward with data gathering and focus groups of leadership and external stakeholders / partners
  - Estimate publishing no later than 11/30/2023
- Quality Improvement
  - Staff member is 80% complete with 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
- Data gathering is underway to improve New Hire Orientation
  - Survey results show gaps that can improve to drive productivity and retention

## Information Technology

<b>Service Requests</b>	<b>Apr 2022</b>	<b>Apr 2023</b>		<b>YTD FY22</b>	<b>YTD FY23</b>	
Service Requests Completed	960	1,155	↑	9,389	11,014	↑
Service Requests Opened	971	1,293	↑	3,343	11,327	↑

### Information Services System Availability 24/7

Total System	99.98	98.73	↓	99.96	99.07	↓
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### \*Total Monthly Work Orders by Department

Administration	323	385	↑	3,413	3,368	↑
Community Health	254	135	↓	2,180	2,225	↑
Environmental Health	116	167	↑	1,129	1,548	↑
**Primary & Preventive Care		264			730	
**Disease Surveillance & Control		147			480	
**FQHC		146			144	
Other		10			35	

### First Call Resolution & Lock-Out Calls

Total number of calls received	830	1,293	↑	9,343	11,327	↑
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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

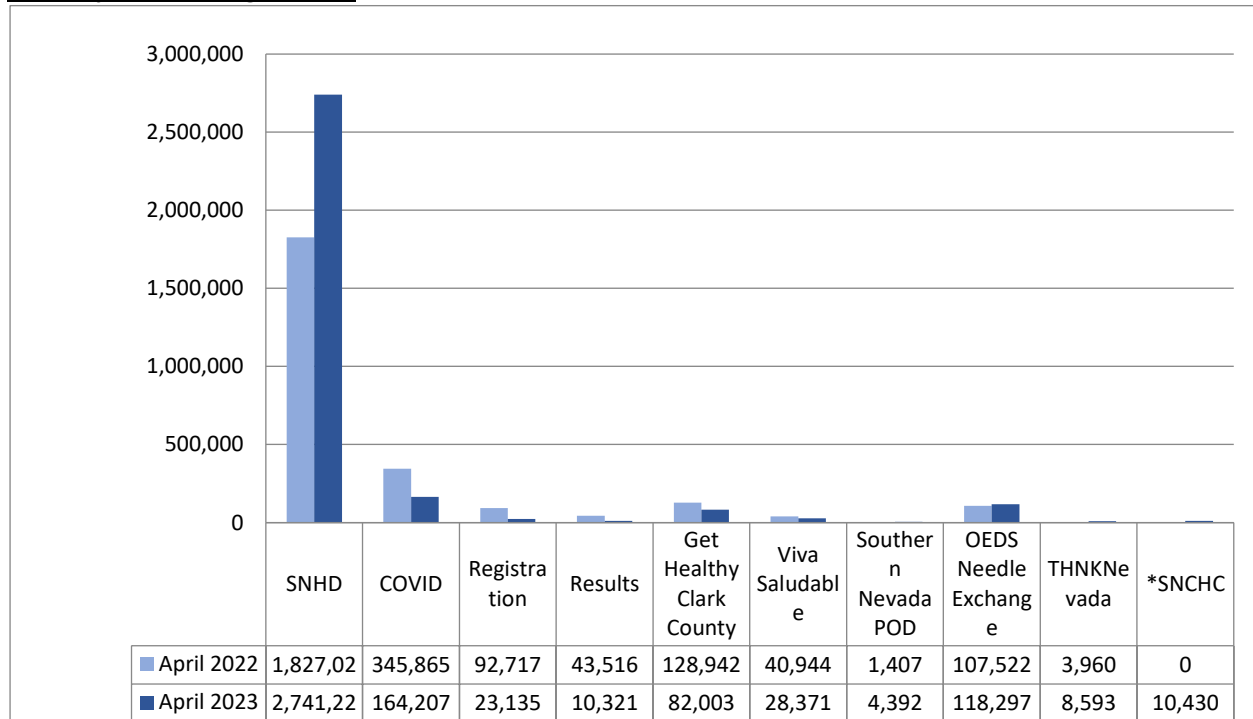
## Appendix A – Office of Communications

### Media, Collateral and Community Outreach Services:

	Apr 2022	Apr 2023		YTD FY22	YTD FY23	
Media - Print Articles	57	23	↓	831	660	↓
Media - Broadcast stories	108	49	↓	2,166	1,408	↓
Collateral - Advertising/Marketing Products	77	103	↑	634	612	↓
Community Outreach - Total Volunteers <sup>1</sup>	6	9	↑			
Community Outreach - Volunteer Hours	576	648	↓	5,157	4,996	↓

<sup>1</sup>Total 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		Apr 2022	Apr 2023		YTD FY22	YTD FY23
*Facebook SNHD	Likes/Followers	12,918	13,248	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6,162	6,109	↓	N/A	N/A
*Facebook SHC	Likes/Followers	1,685	1,637	↓	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5,556	5,418	↓	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	3,785	4,151	↑	N/A	N/A
*Instagram Food Safety	Followers	525	529	↑	N/A	N/A
*Twitter EZ2Stop	Followers	432	434	↑	N/A	N/A
*Twitter SNHDflu	Followers	1,912	1,871	↓	N/A	N/A
*Twitter Food Safety	Followers	95	99	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	340	n/a	=	N/A	N/A
*Twitter SNHDinfo	Followers	10,363	10,499	↑	N/A	N/A
*Twitter TuSNHD	Followers	337	341	↑	N/A	N/A

Social Media Services		Apr 2022	Apr 2023		YTD FY22	YTD FY23
*Twitter THNK/ UseCondomSense	Followers	716	697	↓	N/A	N/A
*Twitter SoNVTraumaSyst	Followers	130	128	↓	N/A	N/A
YouTube SNHD	Views	48,399	176,865	↑	734,285	1,148,938
YouTube THNK/UseCondomSense	Views	415	340	↓	3,154	3,090

\*Facebook, Instagram and Twitter numbers are not cumulative.



## Appendix B – Finance – Payroll Earnings Summary – April 1 to 14, 2023

### PAYROLL EARNINGS SUMMARY April 01, 2023 to April 14, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 341,720.08	\$ 2,723,417.80	\$ 7,154,686.77	\$ 10,370,400.00	69%	
ENVIRONMENTAL HEALTH	\$ 556,818.93	\$ 4,479,253.16	\$ 11,761,059.43	\$ 14,404,469.00	82%	
COMMUNITY HEALTH	\$ 339,597.38	\$ 2,808,725.47	\$ 7,305,562.03	\$ 9,377,765.00	78%	
DISEASE SURVEILLANCE & CONTROL	\$ 405,440.50	\$ 3,282,047.93	\$ 8,449,420.81	\$ 12,188,879.00	69%	
FQHC	\$ 221,674.49	\$ 1,830,509.70	\$ 4,637,783.32	\$ 6,478,743.00	72%	
ADMINISTRATION W/O ICS-COVID	\$ 405,089.11	\$ 3,251,098.81	\$ 8,614,772.15	\$ 10,026,217.00	86%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
<b>TOTAL</b>	<b>\$ 2,270,340.49</b>	<b>\$ 18,375,052.87</b>	<b>\$ 47,923,284.51</b>	<b>\$ 62,846,473.00</b>	<b>76%</b>	<b>81%</b>

FTE 778

Regular Pay	\$ 2,024,385.33	\$ 14,949,207.02	\$ 38,429,164.11
Training	\$ 9,408.96	\$ 84,690.83	\$ 226,028.22
Final Payouts	\$ 2,700.82	\$ 282,860.82	\$ 907,431.76
OT Pay	\$ 23,942.68	\$ 181,071.15	\$ 478,693.06
Leave Pay	\$ 184,313.04	\$ 2,626,895.47	\$ 7,062,293.59
Other Earnings	\$ 25,589.66	\$ 250,327.58	\$ 819,673.77
<b>TOTAL</b>	<b>\$ 2,270,340.49</b>	<b>\$ 18,375,052.87</b>	<b>\$ 47,923,284.51</b>

### BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT April 01, 2023 to April 14, 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	5.50	160.22			
CUSTODIO, GERARD DARWIN		8.00	233.04			
DEW, DARNITA	IMMCD_22	16.00	466.08			
FISHER, BRANDYN	IMMCD_22	5.00	161.40			
GUTIERREZ, LEI		1.00	48.57			
INES, HEINRICH	IMMCD_22	2.00	57.44			
MASTERS, CHRISTOPHER	IMMCD_22	26.00	757.38			
STEVENS, MICHAEL P		10.00	427.65			
THEDE, STACY		11.00	327.86			
ARRIAGA, JOCELYN		4.00	142.92			
DUNN, STEPHANIE L		11.00	482.13			
KEEGAN, DAHLIA J		20.00	971.40			
MALDONADO, JULIE		5.00	255.45			
STAPLE, DANIELE		12.50	689.06			
TAITANO, KYOMI		5.00	161.40			
Total Administration		142.00	5342.00		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				RAMAN, DEVIN C	2.63	121.49
				THOMAS, PAMELA S	1.50	43.83
Total Community Health Services		0.00	0.00		4.13	165.32

**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	RWAADM23	10.00	416.55	MENDOZA, MARIA	1.13	45.79
FAJARDO, CLAUDETTE		10.50	384.46			
SEDANO, ALBERT	FP_23	5.00	208.28			
Total FQHC-Community Health Clinic		<b>25.50</b>	<b>1009.29</b>		<b>1.13</b>	<b>45.79</b>

**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>
SALOMON, VICKI L		0.75	32.87	HILARIO, CHRISTIAN J	0.38	10.96
FINCHER, INA B		0.25	17.36	VILLANUEVA, MICHELLE	3.75	164.89
MORALA, DENNIS	IMMPOX22	9.00	549.45			
PICKERING, SHANNON L	GSSHC_23	7.00	461.69			
VILLA, MAYRA	UUTB2_23	0.50	15.71			
DREW, REBECCA M	IMMEQ_22	0.50	16.97			
MACIEL PEREZ, MARISOL	IMMEQ_22	0.50	23.07			
WALKER, AMBER	IMMCD_22	7.00	250.11			
WONG, MICHELLE	IMMEQ_22	0.25	14.52			
Total Primary & Preventative Care		<b>25.75</b>	<b>1381.75</b>		<b>4.13</b>	<b>175.85</b>

**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		13.00	857.42	BROUNSTEIN, JODI	1.50	62.69
BROWN, TEVIN		4.00	166.62	AHMED, MARYAM	1.88	50.72
BUCHER, BRADON		3.00	128.30	DIAZ-ONTIVEROS, LUZ	4.88	138.99
CHARFAUROS, ADAIR		4.00	166.62	FENG, YUZHEN	10.88	389.54
CUMMINS, VERONICA J		1.00	49.77	HINSEN, JUSTIN B	4.88	161.75
KAPLAN, KRISTOPHER		4.00	204.36	JONES, MALLORY	6.38	177.03
LETT, KENDRA A		7.00	396.38	LIZON, ANDREW	9.00	249.93
MICHEL, GUILLERMO		6.25	260.34	MCCANN, ALEXANDRA	3.75	104.14
NAJERA, LUISA		2.25	93.72	REYES, ABEGAIL	3.38	106.41
PARANGAN, CHRISTOPHER D		19.25	983.48	ROBINSON, GARY P	5.63	228.94
PIAR, DIANE M		1.00	58.07	ROSS, ALYSSA	0.38	10.14
RAKITA, DANIEL		7.50	320.74	SABOUR, ISABELLA	1.13	30.43
RICH, VICTORIA		11.50	617.90	SANDERS, JENNIFER C	3.75	115.35
SHARIF, RABEA		8.50	481.31	SHARIF, RABEA	6.75	254.81
SHEFFER, THANH V		7.00	406.46	SRIPRAMONG, JACQUELINE	5.25	145.79
TAYLOR JR, GEORGE E		8.00	501.48	THOMPSON, WILLIAM B	7.13	255.22
WELLS, JORDAN		0.50	20.83	WADE, CYNTHIA	1.88	52.07
DIPRETE, LAUREN K	FDILL_23	1.50	101.43			
GUZMAN, MICHELLE D		13.25	873.90			
NAVARRETE, GEORGE		10.00	694.20			
NORTHAM, KORIE		16.00	1,081.92			
ROSS, ALYSSA		1.75	71.01			
HALL, LATONIA V		3.50	203.23			
COOPER, MARY J		5.25	230.11			
Total Environmental Health		<b>159.00</b>	<b>8969.60</b>		<b>78.38</b>	<b>2533.95</b>

**DISEASE SURVEILLANCE & CONTROL**

<u>Employee</u>	<u>Project/Grant</u> <u>Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BALTAZAR, JOSEPHINE G	EL3MD_21	7.50	274.61	THOMAS, TAYLOR	6.00	166.62
CABINTE, SERAFINO	EL3MD_21	5.50	212.03	VALENCIA, MARISSA Y	3.38	109.28
GIANG, KHANG B	EL3MD_21	5.00	188.10			
GRIFFIN, ROBERTO G	EL3MD_21	4.00	154.20			
THOMPSON, DESHAWN	EL3MD_21	11.00	402.77			
ALLAN-RIVERA, BRIANNA L	CFAR2_23	9.50	395.72			
BOWERS, JENNIFER D	TBSURV23	1.00	69.42			
CASTRO, JANET V	CFAR2_23	5.00	230.70			
DIGOREGORIO, AMANDA L	CFAR2_23	6.00	276.84			
DONNELL, JESSICA M	TBSURV23	2.50	141.56			
EWING, TABITHA L	CFAR2_23	24.50	1,387.31			
HERRERA, REYNA A		10.50	550.15			
JOHNSON, MONIQUE	CFAR2_23	10.00	510.90			
MONTGOMERY, JOSHUA M	CFAR2_23	8.50	493.55			
O'CONNOR, KELLI J		12.00	696.78			
ROSSI BOUDREAUX THIB, DUSTIN M	CFAR2_23	14.00	854.70			
VALENCIA, MARISSA Y	CFAR2_23	8.25	400.70			
Total Disease Surveillance & Control		<b>144.75</b>	<b>7240.04</b>		<b>9.38</b>	<b>275.90</b>
<b>Combined Total</b>		<b>497.00</b>	<b>23942.68</b>		<b>97.13</b>	<b>3196.80</b>

## Appendix C – Finance – Payroll Earnings Summary – April 15 to 28, 2023

### PAYROLL EARNINGS SUMMARY April 15, 2023 to April 28, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2023	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 348,477.79	\$ 3,075,078.00	\$ 7,506,346.97	\$ 10,370,400.00	72%	
ENVIRONMENTAL HEALTH	\$ 572,438.63	\$ 5,051,691.79	\$ 12,333,498.06	\$ 14,404,469.00	86%	
COMMUNITY HEALTH	\$ 337,690.41	\$ 3,147,810.53	\$ 7,644,647.09	\$ 9,377,765.00	82%	
DISEASE SURVEILLANCE & CONTROL	\$ 399,103.81	\$ 3,681,151.74	\$ 8,848,524.62	\$ 12,188,879.00	73%	
FQHC	\$ 234,794.27	\$ 2,065,303.97	\$ 4,872,577.59	\$ 6,478,743.00	75%	
ADMINISTRATION W/O ICS-COVID	\$ 504,015.02	\$ 3,755,113.83	\$ 9,118,787.17	\$ 10,026,217.00	91%	
ICS-COVID General Fund	\$ -	\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
<b>TOTAL</b>	<b>\$ 2,396,519.93</b>	<b>\$ 20,776,149.86</b>	<b>\$ 50,324,381.50</b>	<b>\$ 62,846,473.00</b>	<b>80%</b>	<b>85%</b>
FTE	786					
Regular Pay	\$ 2,011,449.19	\$ 16,961,825.73	\$ 40,441,782.82			
Training	\$ 25,353.69	\$ 110,044.52	\$ 251,381.91			
Final Payouts	\$ 102,709.57	\$ 387,224.73	\$ 1,011,795.67			
OT Pay	\$ 26,621.37	\$ 207,692.52	\$ 505,314.43			
Leave Pay	\$ 194,920.78	\$ 2,823,569.45	\$ 7,258,967.57			
Other Earnings	\$ 35,465.33	\$ 285,792.91	\$ 855,139.10			
<b>TOTAL</b>	<b>\$ 2,396,519.93</b>	<b>\$ 20,776,149.86</b>	<b>\$ 50,324,381.50</b>			

### BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT April 15, 2023 to April 28, 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>
MUNFORD, ELIZABETH		1.00	48.57			
CARMEN, KYLE	IMMCD_22	20.50	597.17			
DEW, DARNITA	IMMCD_22	4.00	116.52			
INES, HEINRICH	IMMCD_22	10.00	291.30			
MASTERS, CHRISTOPHER	IMMCD_22	19.50	568.04			
GALAVIZ, MONICA		7.50	457.88			
KEEGAN, DAHLIA J		20.00	971.40			
MALDONADO, JULIE		7.00	357.63			
STAPLE, DANIELE		4.50	248.06			
TAITANO, KYOMI		4.50	145.26			
UBANDO, MARJORIE K		2.00	94.59			
ZIELINSKI, LYNDIA S		11.00	763.62			
Total Administration		111.50	4660.04		0.00	0.00

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				ANDRADE, JESSICA N	1.88	41.31
Total Community Health Services		0.00	0.00		1.88	41.31

**FQHC-COMMUNITY HEALTH CLINIC**

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CUSTODIO, CHERIE		16.00	666.48	MENDOZA, MARIA	4.50	183.15
NAITO, LANI		6.00	188.55			
Total FQHC-Community Health Clinic		<b>22.00</b>	<b>855.03</b>		<b>4.50</b>	<b>183.15</b>

**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>
FALKNER, LISA M		7.00	250.11	BRANTNER, LONITA A	1.88	54.79
FINCHER, INA B		0.25	17.36	NGUYEN, NORRIS M	1.88	76.31
PICKERING, SHANNON L	GSSHC_23	2.00	131.91			
ARQUETTE, JOCELYN M	IMMEQ_22	5.50	391.63			
ATENCIO, TONIA	IMMEQ_22	5.00	157.13			
BINGHAM, JULIE	IMMCD_22	5.50	344.77			
DREW, REBECCA M	IMMEQ_22	4.50	152.75			
HENRIQUEZ, SERGIO	IMMEQ_22	5.00	141.53			
JEFFERSON, MARKIA	IMMEQ_22	0.25	10.14			
LUONG, STEPHEN	IMMEQ_22	6.00	348.39			
MACIEL PEREZ, MARISOL	IMMEQ_22	8.50	392.19			
NAGAI, SAGE	IMMEQ_22	5.00	305.25			
WALKER, AMBER	IMMCD_22	15.50	553.82			
WONG, MICHELLE	IMMEQ_22	6.50	377.42			
Total Primary & Preventative Care		<b>76.50</b>	<b>3574.40</b>		<b>3.75</b>	<b>131.10</b>

**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		3.25	214.35	BROUNSTEIN, JODI	9.00	376.11
BUCHER, BRADON	EHINC_23	7.00	299.36	CAVIN, ERIN M	4.13	172.38
CUMMINS, VERONICA J		3.50	174.20	CHARFAUROS, ADAIR	10.50	291.59
JONES, MALLORY		12.25	510.27	FENG, YUZHEN	1.50	53.73
LETT, KENDRA A		2.00	113.25	PONTIUS, KEVIN	5.25	203.23
LUCAS, BRIANNA A		6.00	330.75	REYES, ABEGAIL	1.50	47.30
MICHEL, GUILLERMO		5.00	208.28	ROBINSON, GARY P	9.00	366.30
MORALES, SAMANTHA		3.00	124.97	ROSS, ALYSSA	1.13	31.24
MORENO, KRISTINA N		6.00	314.37	SABOUR, ISABELLA	5.25	142.01
NAJERA, LUISA		1.50	62.48	SHARIF, RABEA	0.38	14.16
PARANGAN, CHRISTOPHER D		6.25	319.31	SRIPRAMONG, JACQUELINE	3.00	83.31
PIAR, DIANE M		7.75	450.00	WUBE, SABA	6.75	223.97
RICH, VICTORIA		5.75	316.97	SHARIF, RABEA	2.63	99.09
RIEHLE, JOSHUA		4.25	191.06	SMITH, JESS W	0.38	13.10
SHARIF, RABEA		18.50	1,047.56			
SHEFFER, THANH V		13.50	783.88			
SRIPRAMONG, JACQUELINE		5.00	208.28			
THEIN, KELSEY		2.25	93.72			
AHMED, MARYAM		1.75	71.01			
GUZMAN, MICHELLE D		1.25	82.44			
NAVARRETE, GEORGE		12.25	850.40			
FENG, YUZHEN		13.25	711.92			
HALL, LATONIA V		3.50	203.23			
KARNS, ALFRED J		2.25	141.04			
COOPER, MARY J		2.00	87.66			
Total Environmental Health		<b>149.00</b>	<b>7910.76</b>		<b>60.38</b>	<b>2117.51</b>

**DISEASE SURVEILLANCE & CONTROL**

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BALTAZAR, JOSEPHINE G	EL3MD_21	1.00	36.62	GRANDT, NICOLE	11.25	373.28
CABINTE, SERAFINO	EL3MD_21	5.00	192.75	MARTINEZ, EVA	10.13	281.17
ESTRELLA, CORINA	EL3DS_21	5.50	212.03	PEREZ, MELANIE J	0.38	13.43
GRIFFIN, ROBERTO G	EL3MD_21	21.50	828.83			
THOMPSON, DESHAWN	EL3MD_21	10.00	366.15			
CASTRO, JANET V	CFAR2_23	7.00	322.98			
DIGOREGORIO, AMANDA L	CFAR2_23	1.00	46.14			
DIGOREGORIO, AMANDA L	HIVPRV23	6.00	276.84			
EWING, TABITHA L	CFAR2_23	7.00	396.38			
EWING, TABITHA L	HIVPRV23	6.00	339.75			
HERRERA, REYNA A	CFAR2_23	23.00	1,205.09			
JOHNSON, MONIQUE	CFAR2_23	22.50	1,171.72			
MARTINEZ, EVA	CFAR2_23	3.75	156.21			
MONTGOMERY, JOSHUA M	CFAR2_23	22.00	1,277.43			
O'CONNOR, KELLI J	CFAR2_23	30.50	1,770.98			
ROSSI BOUDREAU THIB, DUSTIN M	CFAR2_23	1.00	61.05			
ROSSI BOUDREAU THIB, DUSTIN M	HIVPRV23	6.00	366.30			
SHINGU, MICHELE	HIVPRV23	6.00	357.48			
ASHRAF, BENJAMIN	IMMEQ_22	4.75	236.41			
Total Disease Surveillance & Control		<b>189.50</b>	<b>9621.14</b>		<b>21.75</b>	<b>667.88</b>
<b>Combined Total</b>		<b>548.50</b>	<b>26621.37</b>		<b>92.25</b>	<b>3140.94</b>



# Memorandum

**Date:** May 25, 2023

**To:** Southern Nevada District Board of Health

**From:** Michael Johnson, PhD, *Director of Community Health*  
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

*MJ*

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**Subject:** Community Health Division Monthly Activity Report – April 2023

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

### **A. Chronic Disease Prevention Program (CDPP)**

The CDPP is working with community partners to provide sports and physical activity opportunities to low-income children. The CDPP is sponsoring the Girls on the Run team at Manch Elementary School and piloting the Parent Run Club for parents and guardians as part of the Pathways from Poverty Initiative. CDPP is also sponsoring sports leagues through the Greater Youth Sports Association. In March, the flag football season wrapped up. A total of 714 students from 31 elementary schools participated. 95% of students qualified for free or reduced lunch and through our partnership, 48 were provided a full scholarship. Over 70% of participants identified as a racial or ethnic minority group.

The CDPP is partnering with the City of Henderson to assist 12 local elementary schools obtain their producer's certificate which will allow them to sell produce from their school garden. All 12 schools will be participating in a City of Henderson farmers' market in May and four (4) will be participating in a separate market in Summerlin. Additionally, as part of the partnership, four (4) schools received hydroponic gardening systems which are being implemented by Green Our Planet.

A new 'With Every Heartbeat is Life' (WEHIL) class, began in March at the Martin Luther King Jr. Senior Center. WEHIL is a cardiovascular health class developed specifically for the African American community and designed to be taught in community settings using health educators and community health workers. The course ran through April.



SNHD issued a press release for Diabetes Alert Day in March which generated two (2) earned media opportunities on Channel 3 and Channel 5. In recognition of Diabetes Alert Day, the CDDP offered two (2) Diabetes Self-Management & Education classes in Spanish during March. A total of 11 people attended at least one session and 10 people completed the course.

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

A web-based media campaign to educate the public about flavored tobacco products ran in English in Spanish throughout the month of March.

Staff distributed educational material to youth and adults in four (4) African American churches and at a women's conference in March. The focus of the project is to educate on the dangers of e-cigarettes, flavored tobacco products, and cessation resources. Staff also appeared on the "I Heart Radio" Community Affairs show. The program included information on, flavored tobacco products and menthol, cessation resources, and tobacco-related disparities within the African American community. Staff wrote an editorial for the March issue of Black Image magazine. The article provided information on smoking and vaping health concerns, second-hand smoke exposure, menthol flavoring, tobacco marketing, and tobacco-related health disparities.

Staff also promoted cessation resources and the Spanish language Quitline at several events including a Spring festival focused on the Latino community. Cessation resource materials were also distributed to numerous pediatric and behavioral health clinics. A Spanish-language media campaign promoting both in-person and telephonic cessation options aired in March.

In March, 15 worksites expanded their tobacco-free policy. All the worksites were food establishments. Staff provided technical assistance, model policy language, and signage. Staff attended a Market Trends event to promote the smoke-free housing initiative. There were over 250 attendees which included multi-unit housing managers, multi-unit housing owners and other stakeholders within the multi-unit housing industry. Strategic distribution of smoke-free housing resources included the direct placement of tailored smoke-free resource packages on individual seats at the event site. Staff also took part in tabling break outs where attendees had an opportunity to interact with staff directly.

#### **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 March:

- SNHD staff trained seven (7) community-level spokespersons. To date, 296 community-level spokespersons have been trained.
- Seven (7) community events to distribute information and promote vaccination occurred in reaching 1,190 individuals.
- Four (4) pop up vaccine clinics were offered vaccinating 10 people for COVID and four (4) for flu. A total of 6,072 vaccines have been provided to date through these efforts.



- OCDPHP staff began working with our media firm to develop new messaging highlighting changes that will occur as a result of the end of the public health emergency declaration and to encourage vaccination among priority populations.

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

### **A. April Meetings:**

#### **1. Education Committee**

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

The Committee elected Rebecca Carmody to serve as an At-Large Member and continued its discussion of the education outline for the Adult/Pediatric Pain Management protocols and the Adult/Pediatric Overdose protocols.

#### **2. Drug/Device/Protocol Committee (DDP)**

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

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

#### **3. Medical Advisory Board (MAB)**

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

The Board approved the addition of Levalbuterol to the drug inventory as an equivalent to Albuterol. The Board also heard reports from the Education and Drug/Device/Protocol sub-committees.

#### **4. Regional Trauma Advisory Board**

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board reviewed the 4th Quarter 2022 trauma transport data, as well as approved the nominations for Non-Standing RTAB Member Seats for terms expiring 6/30/2023.

**B. CLARK COUNTY TRAUMA TRANSPORT DATA (07/01/2022 to 12/31/2022):**

Total Transports	Step 1	Step 2	Step 3	Step 4	Discharged	Admitted	OR	ICU	Death	Transfer
7330	7%	6%	32%	55%	54%	33%	3%	6%	1%	2%

Out of Area (OOA) Transports	
533	7%

Prepared by the Office of Emergency Medical Services & Trauma System and Office of Informatics

**Notes:**

1. Out of Area Transports does not include non-trauma hospitals.
2. Out of Area defines compliance with EMS catchment zones. All EMS transports are protocol identified trauma patients delivered to a trauma center outside of their designated catchment zone.
3. Out of Area review threshold is 5% as was established by the Regional Trauma Advisory Board (RTAB). All data is reviewed by the RTAB on a quarterly basis. Current Out of Area overage is being evaluated by the RTAB as an ongoing perspective review of data.

**C. OEMSTS – April 2022 / 2023 Data**

April EMS Statistics	April 2022	April 2023	
Total certificates issued	81	88	↑
New licenses issued	70	36	↓
Renewal licenses issued (recert only)	0	0	=
Driver Only	17	32	↑
Active Certifications: EMT	778	859	↑
Active Certifications: Advanced EMT	1630	1689	↑
Active Certifications: Paramedic	1806	1930	↑
Active Certifications: RN	58	68	↑

**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 on June 1, 2023.

**B. PHP Training and PH Workforce Development:**

1. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 15 Fit tests completed.
2. 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.
3. April 11<sup>th</sup>, staff met with Reliance Health Care to go over their Closed POD Program Plan.
4. April 13<sup>th</sup>, collaborated with representatives from SNHD's Environmental Health (EH) and Disease Surveillance Control (ODS) and Clark County Mass Care Support Plan.
5. April 17<sup>th</sup>, our team participated in the State Health Improvement Program Public Health Infrastructure subcommittee meeting.
6. April 19<sup>th</sup>-20<sup>th</sup>, hosted a Public Health Law, Legal Epi, and Legal Preparedness workshop conducted by CDC.
7. April 24<sup>th</sup>-27<sup>th</sup>, represented SNHD at the NACCHO Preparedness Summit in Atlanta, GA.

**C. Hospital Preparedness Program (HPP): OPHP dispensed a Hospital Preparedness Program Liaison**

1. April 3<sup>rd</sup> – Our HPP team participated in a meeting with the State of Nevada's Division of Public and Behavioral Health about funding, current and future grants. The Deputy Administrator (Future Administrator) was present, provided comments, and commitments to the group.



2. April 4<sup>th</sup> – HPP represented at the State of Nevada’s Microplanning meeting with SNHD identifying ongoing vaccine delivery strategies across the spectrum of community needs, (i.e. Department of Corrections, Medical Offices, etc.) and current guidance from the Center of Disease Control and Prevention
3. April 6<sup>th</sup> – Healthcare Coordinator fulfilled commitment at the Southern Nevada Healthcare Preparedness Coalition’s monthly meeting providing updates on upcoming training, exercises, and information sharing. The Medical Reserve Corps provided an informational presentation to the members of the coalition. The Chair of the healthcare coalition also identified future presentations for the members in the out months.
4. April 11<sup>th</sup> – The Healthcare Coalition Coordinator participated in the SNHD All-Hands meeting discussing the Organizational Vital Signs survey results.
5. April 13<sup>th</sup> – HPP contributed to a meeting with the State of Nevada’s Division of Public and Behavioral Health about funding, current and future grants. Discussion centered around carry-over funds and projects that require funding.
6. April 17<sup>th</sup> – Our HPP Team participated in a meeting with the State of Nevada’s Division of Public and Behavioral Health about funding, current and future grants. Discussion centered around carry-over funds and projects that require funding.
7. April 18<sup>th</sup> – HPP served in the State of Nevada’s Microplanning meeting with SNHD identifying ongoing vaccine delivery strategies across the spectrum of community needs, i.e. Department of Corrections, Medical Offices, etc. and current guidance from the Center of Disease Control and Prevention.
8. April 21<sup>st</sup> – The HPP Liaison participated in the National Healthcare Coalition Preparedness Conference Program Advisory Committee (PAC) Kickoff Meeting. Members of the PAC were briefed on total number of abstract submissions, duties to review abstracts, and a planning timeline to keep the PAC on schedule. The Executive Director of the MESH Coalition welcomed the team and praised their experience, work, and expertise the PAC members bring to planning this national level conference.
9. April 24<sup>th</sup>-27<sup>th</sup> – The HPP Liaison attended the NACCHO Preparedness Summit in Atlanta, GA. This year’s theme for the 2023 Preparedness Summit is Recover. Renew: Reprioritizing All-Hazards Preparedness. The preparedness summit had three (3) plenary sessions for the entire participant population starting with *Preparedness in a Shared Environment; Renewing our commitment to One Health*; this was followed by *Paths to Recovery: Empowering resilient communities*, and finally, the final plenary to close-out the conference was *Reprioritizing Climate change in an All-Hazards World*. Also on the first day, a late breaking session focused on *The End of the Public Health Emergency Declaration*. This session touched on changes with the end of the PHE declaration and what is not changing.

**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 hosted Cultural Competency training at SNHD in March 2023. Attendees totaled 32, including eight (8) MRC Volunteers and 24 SNHD Nursing and Disease Investigation staff. MRC Coordinator planned training and 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 April 2023):

Activity	January	February	March
Psychological First Aid Training	0	0	32
COVID Vax Outreach	0	48	0
Total Hours	0	58	32
Economic impact	0	\$1,877.03	\$958.40

**IV. VITAL RECORDS**

- A. April 2023 is currently showing 10.6% decrease in birth certificate sales in comparison to April 2022. Death certificate sales currently showing an 8.5% decrease in comparison to April 2022. SNHD received revenues of \$31,967 for birth registrations, \$21,775 for death registrations; and an additional \$8,117 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data**

Vital Statistics Services	April 2022	April 2023	FY 21-22 (Apr)	FY 22-23 (Apr)
---------------------------	---------------	---------------	-------------------	-------------------

<b>Births Registered</b>	1,674	1,672	↓	20,843	20,120	↓
<b>Deaths Registered</b>	1,767	1,633	↓	20,863	17,733	↓
<b>Fetal Deaths Registered</b>	11	19	↑	160	166	↑

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data**

<b>Vital Statistics Services</b>	<b>April 2022</b>	<b>April 2023</b>		<b>FY 21-22 (Apr)</b>	<b>FY 22-23 (Apr)</b>	
Birth Certificates Sold (walk-in)	1	2	↑	244	328	↑
Birth Certificates Mail	147	140	↓	1,142	1,231	↑
Birth Certificates Online Orders	3,686	3,329	↓	38,354	36,475	↓
Birth Certificates Billed	105	47	↓	1,001	1,070	↑
<b>Birth Certificates Number of Total Sales</b>	<b>3,939</b>	<b>3,518</b>	<b>↓</b>	<b>40,741</b>	<b>39,104</b>	<b>↓</b>
Death Certificates Sold (walk-in)	7	22	↑	238	171	↓
Death Certificates Mail	159	188	↑	1,371	1,661	↑
Death Certificates Online Orders	8,288	7,529	↓	97,446	81,349	↓
Death Certificates Billed	47	39	↓	555	352	↓
<b>Death Certificates Number of Total Sales</b>	<b>8,501</b>	<b>7,778</b>	<b>↓</b>	<b>99,610</b>	<b>83,533</b>	<b>↓</b>

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data**

<b>Vital Statistics Sales by Source</b>	<b>April 2022</b>	<b>April 2023</b>		<b>FY 21-22 (Apr)</b>	<b>FY 22-23 (Apr)</b>	
Birth Certificates Sold Valley View (walk-in)		.1%		.6%	.8%	↑
Birth Certificates Mail	3.7%	4%	↑	2.8%	3.1%	↑
Birth Certificates Online Orders	93.6%	94.6%	↑	94.1%	93.3%	↓
Birth Certificates Billed	2.7%	1.3%	↓	2.5%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	.1%	.3%	↑	.2%	.2%	
Death Certificates Mail	1.9%	2.4%	↑	1.4%	2%	↑
Death Certificates Online Orders	97.5%	96.8%	↓	97.8%	97.4%	↓
Death Certificates Billed	.6%	.5%	↓	.6%	.4%	↓



**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data**

Revenue	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Birth Certificates (\$25)	\$ 98,475	\$87,950	↓	\$1,018,525	977,600	↓
Death Certificates (\$25)	\$212,525	\$194,450	↓	\$2,490,250	\$2,088,325	↓
Births Registrations (\$13)	\$36,816	\$31,967	↓	\$387,088	\$362,765	↓
Deaths Registrations (\$13)	\$24,401	\$21,775	↓	\$281,853	\$231,998	↓
Convenience Fee (\$2)	\$7,956	\$7,146	↓	\$82,396	\$78,300	↓
Miscellaneous Admin	\$651	\$971	↑	\$9,504	\$6,848	↓
Total Vital Records Revenue	\$380,824	\$344,259	↓	\$4,269,616	\$3,734,836	↓

\*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	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Passport Applications	807	827	↑	6,479	7,743	↑
Revenue	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Passport Execution/Acceptance fee (\$35)	\$28,245	\$28,945	↑	\$226,765	\$271,005	↑

**V. HEALTH CARDS**

**A. COVID Activities:**

- As of April 6, 2023, per new guidance from SNHD Human Resources, our screener and greeter at our main public health center discontinued asking clients to take and don a mask before entering the clinical areas. Greeters continue to have free masks available for those who ask for one.

**B. Food Handling / Health Cards:**

- Appointments continue to be opened early every weekday morning for our Decatur, Fremont and Henderson offices. On Wednesdays, the appointments are opened for 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. We encourage our clients to

check [www.snhd.info/foodhandlerappointments](http://www.snhd.info/foodhandlerappointments) prior to 8 or 9 a.m. Monday through Friday for the greatest appointment availability.

2. For the month of April, we averaged 58 “passing and paying” online renewal clients per day, with a total of 1,754 clients renewing online. This is a 42% decrease from the previous month.

#### 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. Hiring is underway to backfill one position and fill two new FTE positions.

<u>CLIENTS SERVED</u>	<b>April 2023</b>	<b>Mar 2023</b>	<b>Feb 2023</b>	<b>Jan 2023</b>	<b>Dec 2022</b>	<b>Nov 2022</b>
Food Handler Cards – New	4,035	4,539	3,953	3,698	3,175	3,016
FH Cards – Renewals	2,619	3,294	3,312	4,143	3,924	3,440
FH Cards – Online Renewals	1,754	3,004	3,563	4,513	3,021	2,794
Duplicates	306	382	362	406	244	232
CFSM (Manager) Cards	257	320	264	315	162	155
Re-Tests	1,242	1,471	1,238	1,513	1,254	906
Body Art Cards	115	83	80	77	69	67
<b>TOTALS</b>	<b>10,328</b>	<b>13,093</b>	<b>12,772</b>	<b>14,665</b>	<b>11,849</b>	<b>10,610</b>

## 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.
  2. During April 10<sup>th</sup> – 27<sup>th</sup>, program staff participated in the 2023 Preparedness Summit sponsored by the National Association of County and City Health Officials.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.



1. On April 18th, 2023, the program submitted a grant application for the Advancing Equity in Adolescent Health through Replication of Evidence-based Teen Pregnancy Prevention Programs and Services funded by the Office of Populations Affairs.
2. April 19th, 2023, the program participated in the NV Hands employee wellness fair. Staff provided information resources available at SNHD.
3. During the month of April, the Health Equity program implemented five (5) workshops with staff.

## **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	56	57
NAAT NG/CT	883	1081
Syphilis	930	925
RPR/RPR Titers	182/83	201/84
Hepatitis Total	776	844
HIV/differentiated	607/11	558/13
HIV RNA	50	64

4. COVID testing:
  - SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
  - SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).

- A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	8775/722	July	
February	6614/542	August	
March	6676/497	September	
April	5174/4335	October	
May		November	
June		December	

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.
- A monthly summary of reportable diseases tests is listed as follows:

[illegible]

	Gram Stain/WBC	0	0	0	5									
	Neisseria ID	0	0	0	0									
	Haemophilus ID	0	0	8	2									
Unknown ID	Bacterial ID	0	0	0	3									
	WGS (PulseNet)	24	21	24	33									
Salmonella	Salmonella Screen	16	14	13	17									
	Salmonella Serotype	15	10	12	17									
Shigella	Shigella Screen	4	7	10	10									
	Shigella Serotype	4	5	12	3									
STEC	STEC Screen	4	0	7	8									
	STEC Serotype	4	0	1	2									
Unknown	Stool Culture	3	14	2	4									
Vibrio	Vibrio ID	0	1	0	0									
	Vibrio Screen	0	0	1	1									
Yersinia	Yersinia Culture/ID	0	0	1	0									

**B. Epidemiological Testing and Consultation:**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed April, 35 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	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 April 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 April 2023, SNPHL has sequenced 28 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	8								

10. SNPHL provides vector testing for Environmental Services, Viral 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 April, a total of 56 clinical isolates, Neisseria gonorrhoeae 25 isolates and Neisseria meningitidis (2 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. April 2023 SNP HL Activity Highlights:**

1. SNP HL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The CLIA inspector came to laboratory to perform the lab inspection on Tuesday, April 4 and Wednesday, April 5, 2023. Laboratory has received the formal inspection report on Friday, April 20, 2023. Laboratory submitted the correct report and documented to inspector on Wednesday, April 19, 2023.
3. The clinical health laboratory is in the process to purchase three instruments for clinical testing for the chemistry, hematology, and urine analysis for enhance the community health service.
4. SNP HL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the MONKEYPOX testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor intensive.
5. The supervisor of the emergency response laboratory reports to work on Monday, May 1, 2023. She is responsible for handling the BSL-3 staff training and testing.
6. Emergency Response laboratory started to validate the warrior panel and verification process with CDC.
7. According to the WGS and genomic data analysis, the Omicron variant XBB.1.5, lineages is domain lineage, 100%, in April, 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.
8. SNP HL still remain the service for the Monkeypox testing for the residents of Clark County even the ICS for Monkeypox has been demobilized.
9. 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.
10. Safety concerns is for the SNP HL facility security camera upgrade which currently under process by Facilities.
11. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:

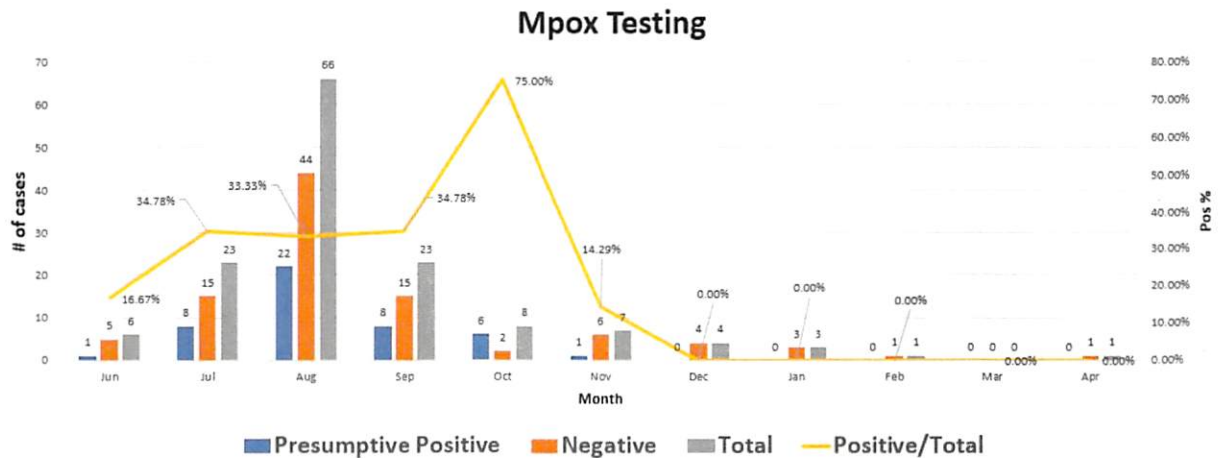


Mpox testing from SNPHL\*

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
<b>Presumptive Positive</b>	1	8	22	8	6	1	0	0	0	0	0	<b>46</b>
<b>Negative</b>	5	15	44	15	2	6	4	3	1	0	1	<b>96</b>
<b>Total</b>	6	23	66	23	8	7	4	3	1	0	1	<b>142</b>
<b>Positive/Total</b>	16.67%	34.78%	33.33%	34.78%	75.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	<b>32.39%</b>

\* Per patient

3/31/2023 updated



**F. COMMUNITY HEALTH – SNPHL – Calendar Year Data**

April Services	2022	2023	
Clinical Testing Services <sup>1</sup>	4,294	4,380	↑
Epidemiology Services <sup>2</sup>	470	1,601	↑
State Branch Public Health Laboratory Services <sup>3</sup>	5,304	4,310	↓
All-Hazards Preparedness Services <sup>4</sup>	9	7	↓
Environmental Health Services <sup>5</sup>	0	0	

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

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

<sup>3</sup> 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.

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing

# Memorandum

**Date:** May 16, 2023

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, FQHC Operations Officer *RS*  
Fermin Leguen, MD, MPH, District Health Officer *PL*

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**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – APRIL 2023**

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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.

## April Highlights

### Operations

- 847 unduplicated patients seen in April
- 214 new patients seen

### Administrative

- Behavioral health buildout finalized

### COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic services available at Fremont, Decatur, and outreach locations
- COVID-19 Services – Grant funding to support testing, treatment, and vaccinations available through July 31, 2023

## HIV / Ryan White Care Program

- A. The Ryan White program received 42 referrals between April 1<sup>st</sup> and April 30<sup>th</sup>. There were four (4) pediatric clients referred to the MCM (Medical Case Management) program; no referrals for pregnant women living with HIV were received.
- B. A total of 1,418 total service encounters provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian, and Health Educator) in April. There were 472 unduplicated clients served under these programs.
- C. The Ryan White ambulatory clinic provided 353 visits in the month of April: 23 initial provider visits, 139 established provider visits, 7 tele-visits (established clients). There were 19 Nurse visits and 165 lab visits provided. There were 13 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker and the Psychiatric APRN.

- 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 six (6) patients enrolled and seen under the Rapid stART program in April.

## Family Planning (FP)

Unduplicated Patients	April 2022	April 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	175	203	↑	1,029	965	↓
Number of Pt: Decatur PHC	315	181	↓	1,780	1,870	↑

Duplicated Patients	April 2022	April 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	178	220	↑	1,612	1,633	↑
Number of Pt: Decatur PHC	340	188	↓	2,844	3,233	↑
New Patients	153	83	↓	1,232	1,251	↑
Number of Pt: Fremont PHC	42	65	↑	380	436	↑
Number of Pt: Decatur PHC	111	18	↓	852	815	↓
APRN Visits	403	283	↓	3,197	3,499	↑
Number of Pt: Fremont PHC	127	167	↑	1,052	1,123	↑
Number of Pt: Decatur PHC	276	116	↓	2,145	2,376	↑

- A. FP Program services at Fremont Public Health Center and Decatur Public Health Center served 408 clients: 384 of them were unduplicated.

## Pharmacy Services

Pharmacy Services	Apr-22	Apr-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1,190	1,059	↓	10,966	11,496	↑	4.8%
Prescriptions Filled	1,564	1,496	↓	13,996	15,519	↑	10.9%
Client Clinic Encounters (Pharmacist)	40	48	↑	298	472	↑	58.4%
Financial Assistance Provided	8	19	↑	105	97	↓	-7.6%
Insurance Assistance Provided	8	3	↓	44	20	↓	-54.5%

- A. Dispensed 1,496 prescriptions for 1,059 clients.  
 B. Pharmacist completed 48 client clinic encounters.  
 C. Assisted 19 clients to obtain medication financial assistance.  
 D. Assisted three (3) clients with insurance approvals.



## Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 131 Applications for the month of April 2023.

- 63 applications were Approved
- 22 were Denied
- 46 are in currently Pending status

## Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of April 2023.

Client required medical follow- up for Communicable Diseases	5
Referrals for TB issues	1
Referrals for Chronic Hep B	2
Referrals for STD	2
Pediatric Refugee Exams	9
Clients encounter by program (adults)	40
Refugee Health screening for April 2023	40 adults
<b>Total for FY22-23</b>	<b>432</b>

## Quality & Risk Management

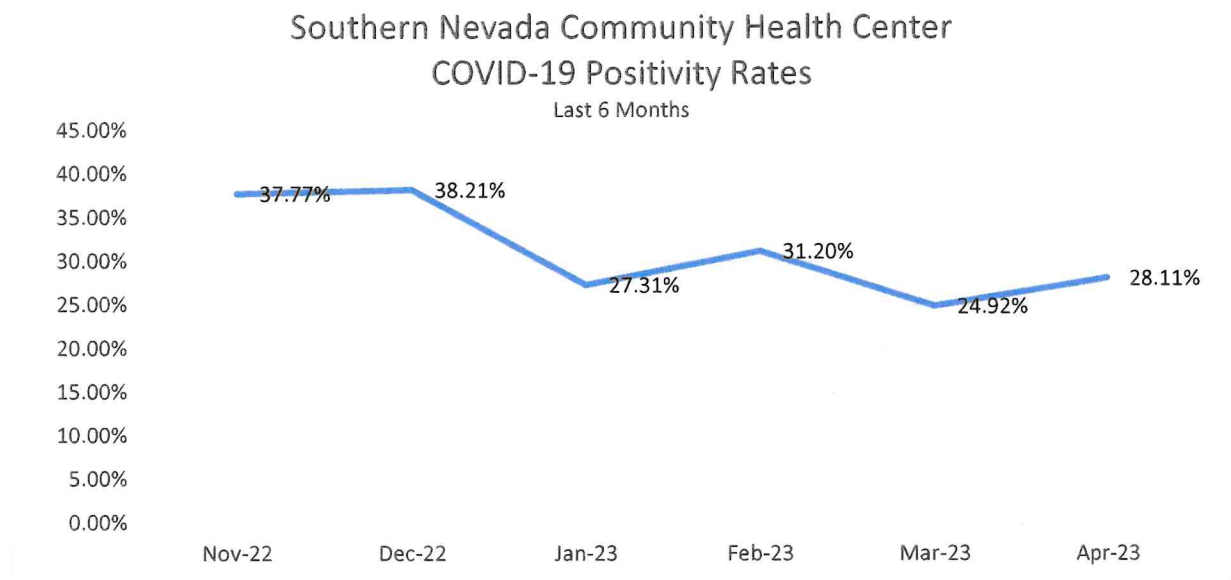
### A. Quality

#### COVID-19 Testing

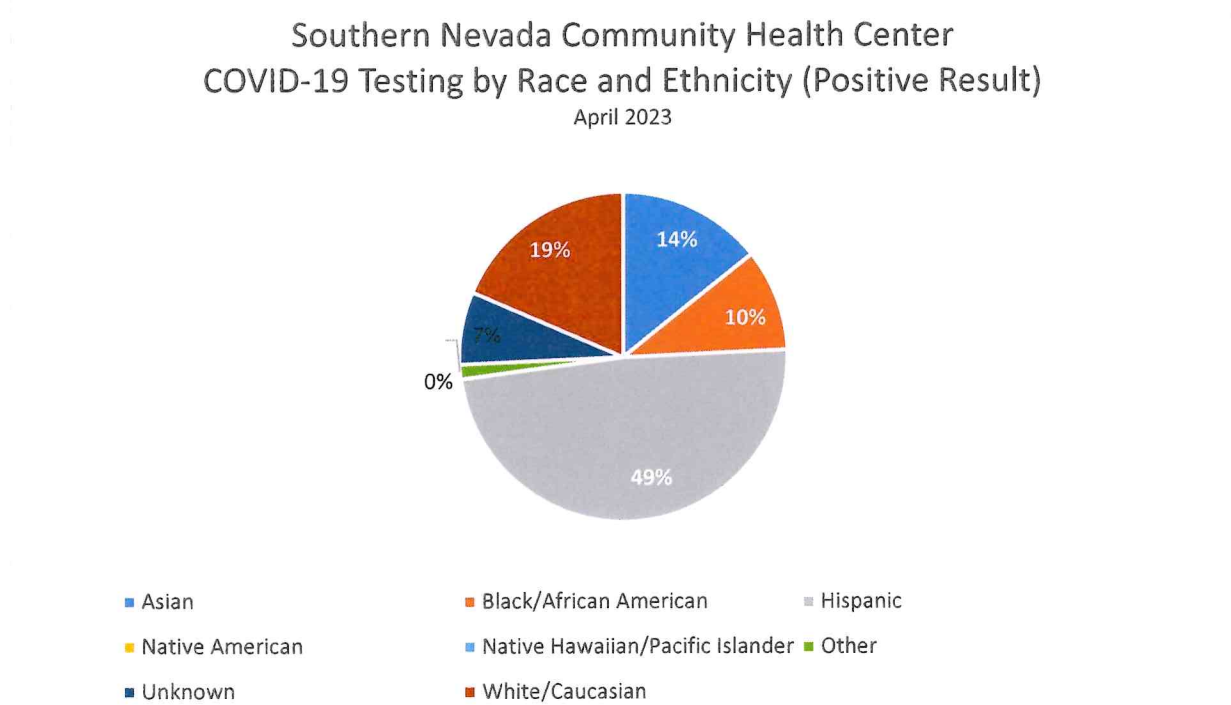
From January 2021 to April 2023 the Southern Nevada Community Health Center completed 100,016 COVID-19 tests, 249 of which were conducted in April of 2023.

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 April 2023, the COVID test positivity rate was 28.11%.

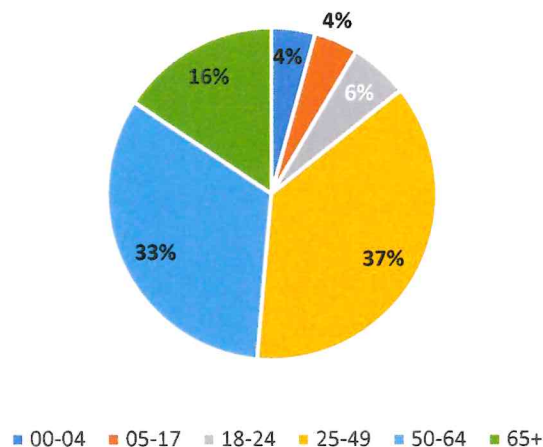


Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:

Southern Nevada Community Health Center  
 COVID-19 Testing by Age Group (Positive Result)  
 April 2023



#### B. COVID-19 Vaccine Program and Monkeypox

The Southern Nevada Community Health Center administered 380 COVID/Monkeypox doses in April 2023.

#### C. Telehealth

The Health Center tele-health services to 51 patients or 3.24% of the patients that were seen in our clinics in April.

#### D. Health Center Visits

The Health Center scheduled 1,572 patient appointments in April. There was a 35.94% no-show and same day cancellation rate.

#### E. Behavioral Health Clinic


The Health Center scheduled 180 Behavioral Health patient appointments in April. There were 39 no-show and 31 cancelled visits.

### Risk Management

- Medical Events (Dr. Bluebird) – Zero (0)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)



# Health Center Visit Report Summary – April 2023

 <small>AT THE SOUTHERN NEVADA HEALTH DISTRICT</small>	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits				Total Scheduled Patients
	Provider Visits						Audio Visit		Tele-Visit	Total Telehealth Visits	
Family Health Clinic	388	24.68%	74	4.71%	168	10.69%	28	54.90%	4	32	662
Behavioral Health Clinic	104	6.62%	31	1.97%	39	2.48%	6	11.76%		6	180
Family Planning Clinic	281	17.88%	31	1.97%	100	6.36%	3	5.88%	2	5	417
Refugee Clinic	2	0.13%		0.00%	1	0.06%		0.00%		0	3
Ryan White	181	11.51%	55	3.50%	66	4.20%	1	7.00%	7	8	310
Totals	956	60.81%	191	12.15%	374	23.79%	38	74.51%	13	51	1,572
											100.00%

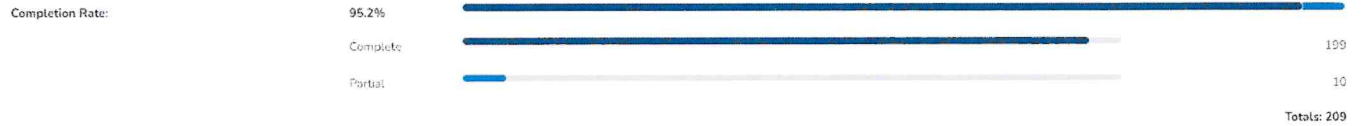
Patient Satisfaction:

- See attached survey results.

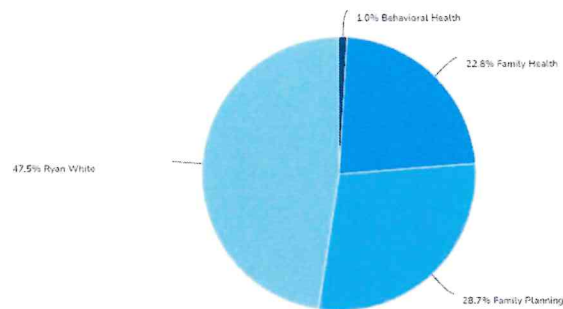
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

## April 2023 Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English)

### Response Counts

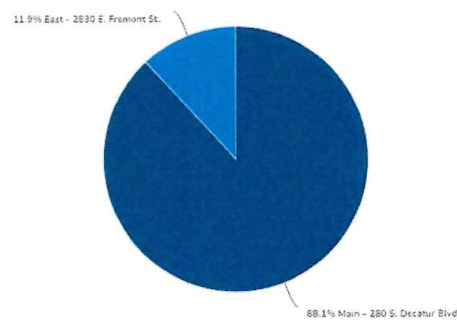


### 1. Service received during your visit



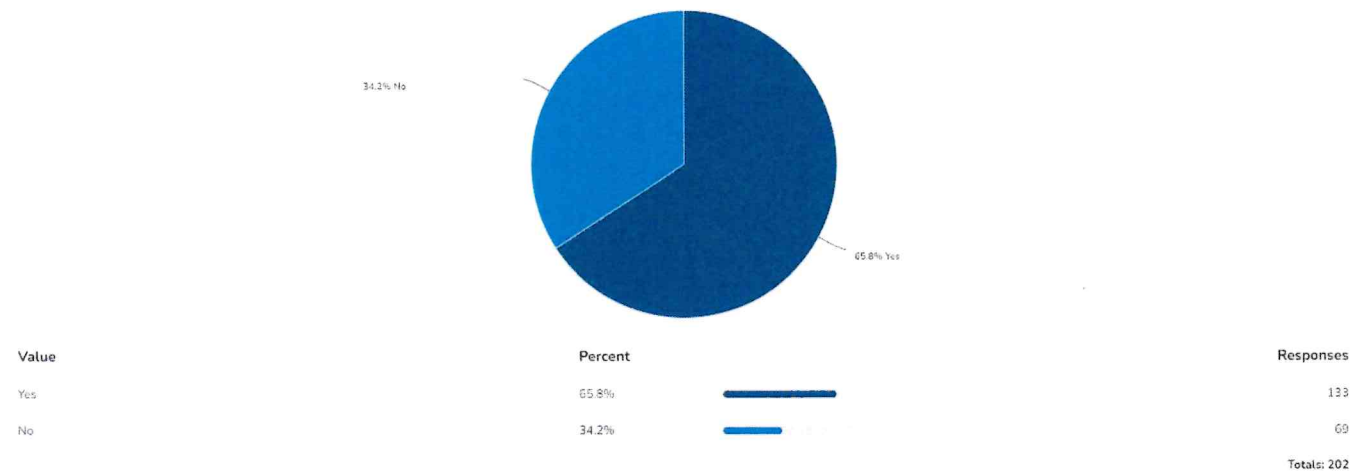
Value	Percent	Responses
Behavioral Health	1.0%	2
Family Health	22.8%	46
Family Planning	28.7%	58
Ryan White	47.5%	96
		Totals: 202

### 2. Southern Nevada Health District (SNHD) location

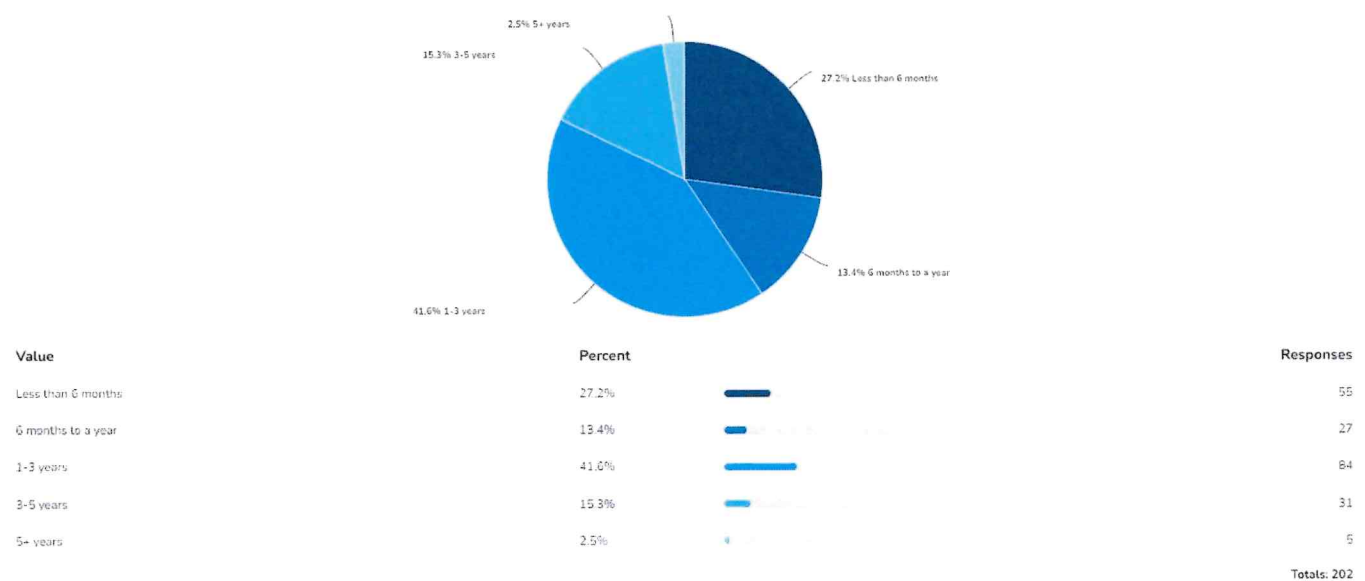


Value	Percent	Responses
Main - 280 S. Decatur Blvd	88.1%	178
East - 2830 E. Fremont St.	11.9%	24
		Totals: 202

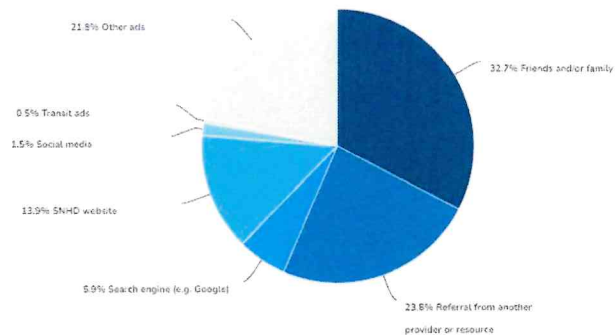
3. Do you have health insurance?



4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?

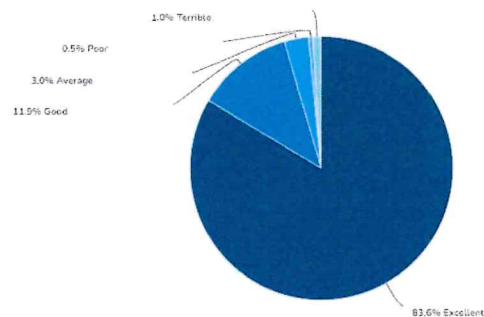


5. How did you hear about us?



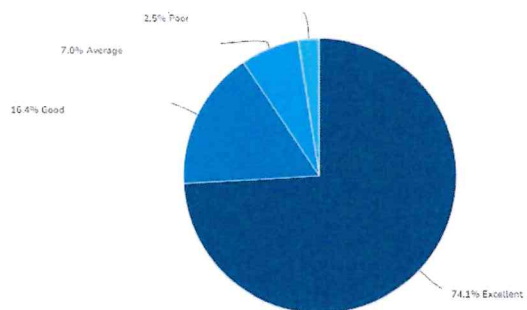
Value	Percent	Responses
Friends and/or family	32.7%	66
Referral from another provider or resource	23.8%	48
Search engine (e.g. Google)	5.9%	12
SNHD website	13.9%	28
Social media	1.5%	3
Transit ads	0.5%	1
Other ads	21.8%	44
<b>Totals:</b>		<b>202</b>

6. Ease of scheduling an appointment



Value	Percent	Responses
Excellent	83.6%	168
Good	11.9%	24
Average	3.0%	6
Poor	0.5%	1
Terrible	1.0%	2
<b>Totals:</b>		<b>201</b>

7. Wait time to see provider



Value

Excellent

Good

Average

Poor

Percent

74.1%

16.4%

7.0%

2.5%

Responses

149

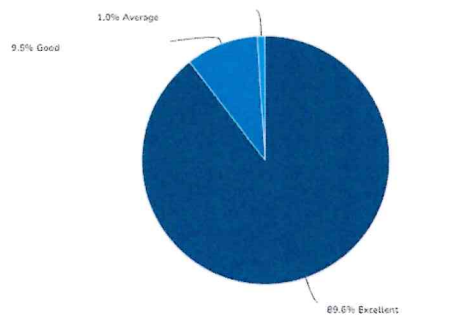
33

14

5

Totals: 201

8. Care received from providers and staff



Value

Excellent

Good

Average

Percent

89.6%

9.5%

1.0%

Responses

180

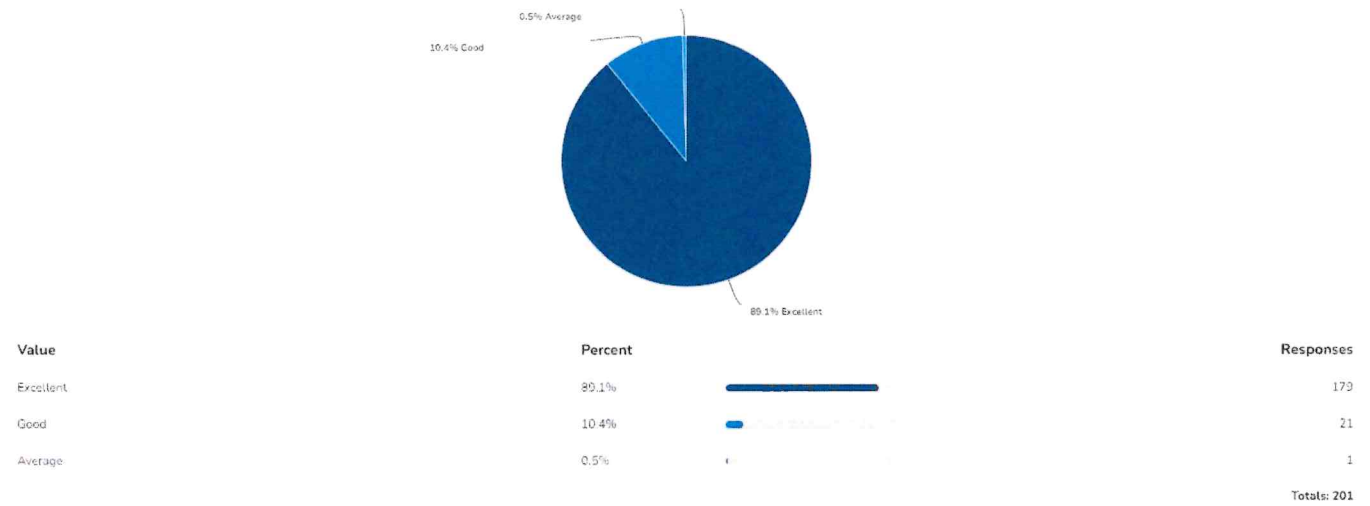
19

2

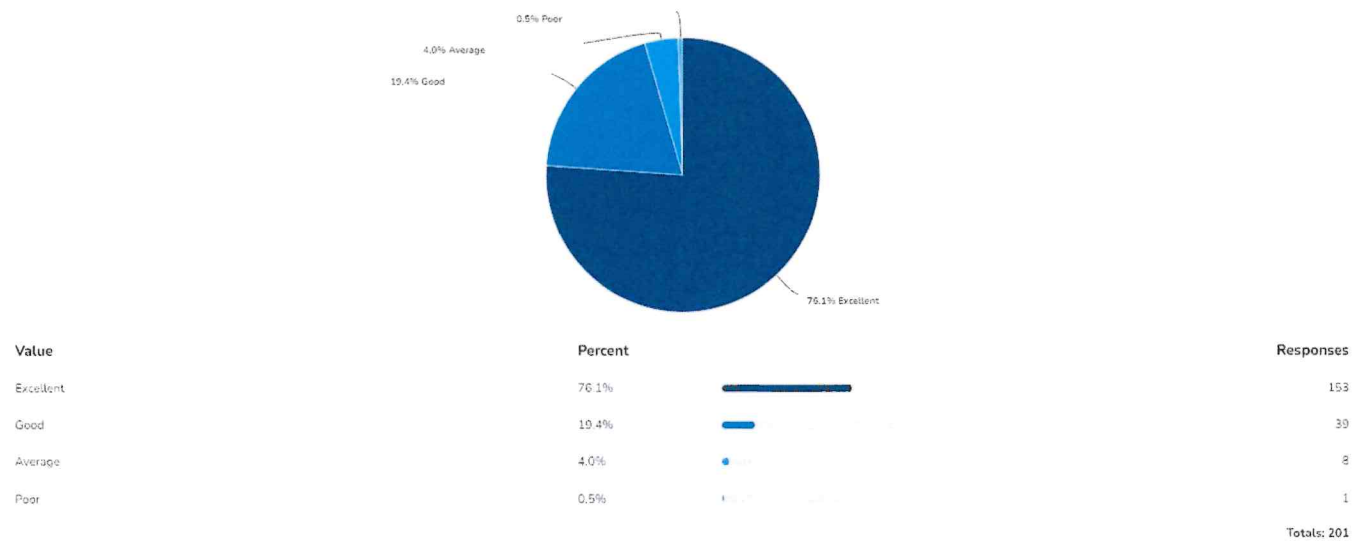
Totals: 201



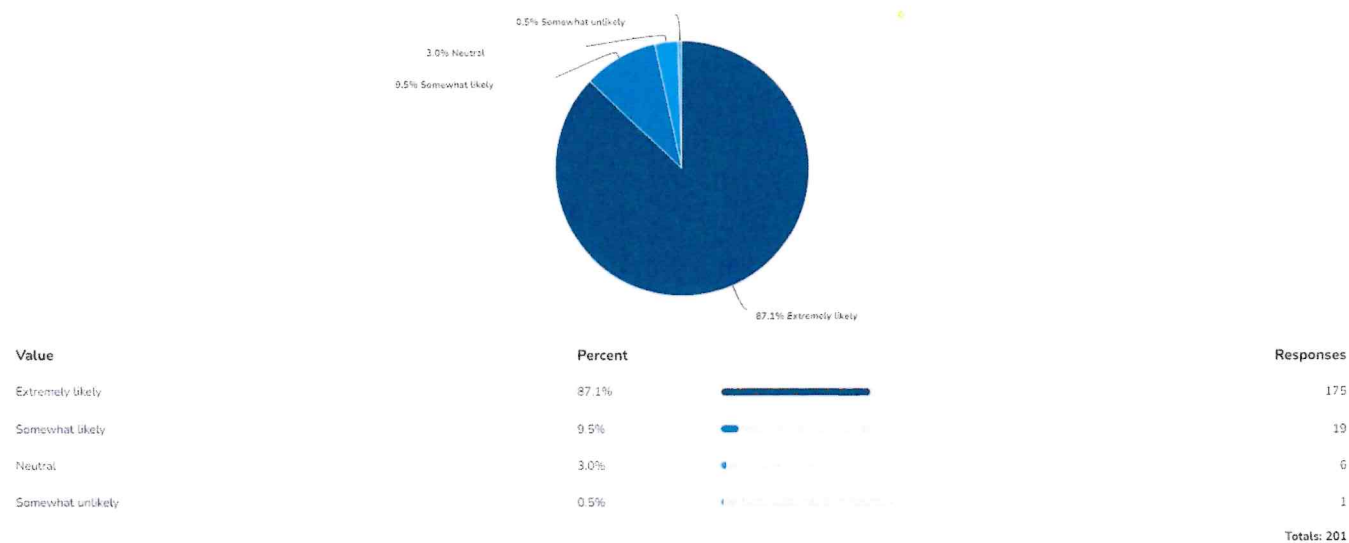
9. Understanding of health care instructions following your visit



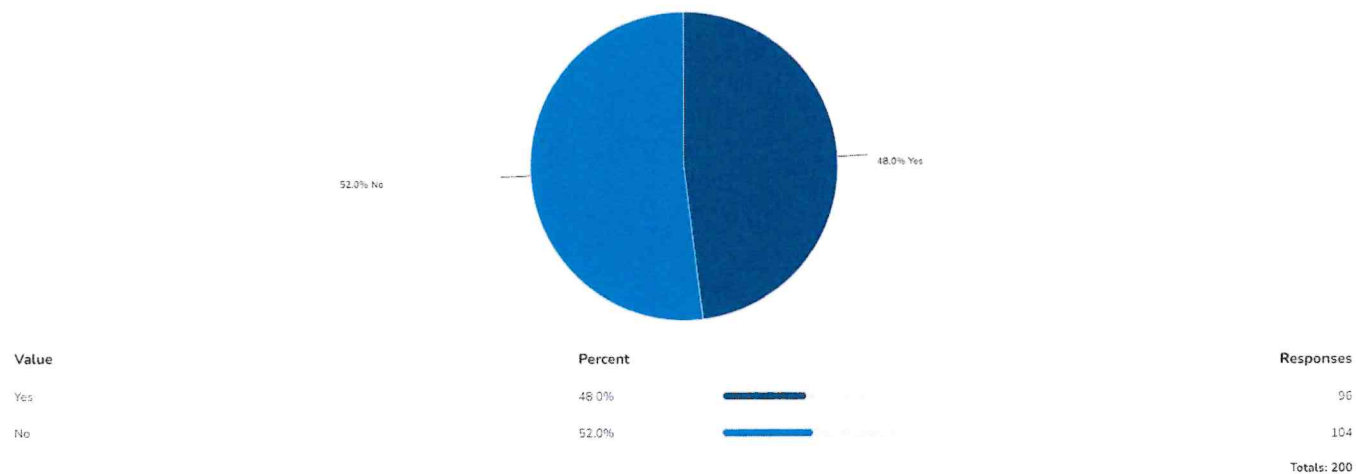
10. Hours of operation



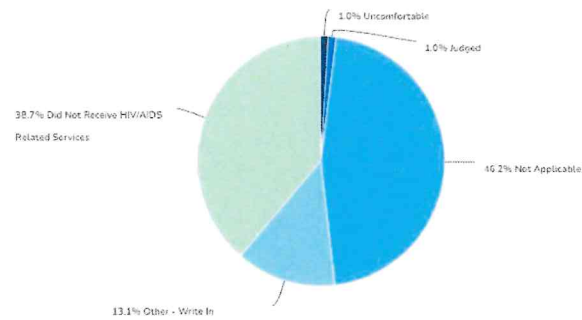
11. Recommendation of our health center to friends and family



12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?

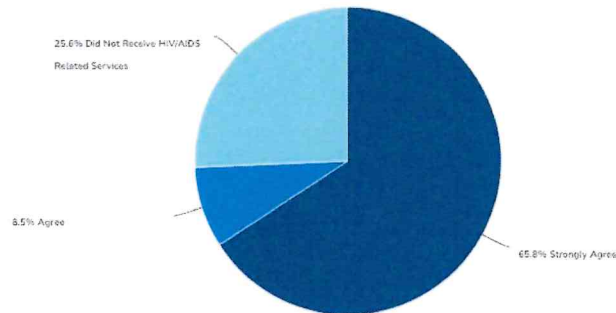


13. Based on your HIV status, at any moment during your visit, did you feel...



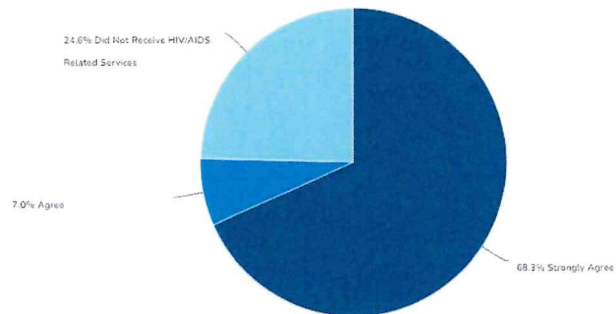
Value	Percent	Responses
Uncomfortable	1.0%	2
Judged	1.0%	2
Not Applicable	46.2%	92
Other - Write In (click to view)	13.1%	26
Did Not Receive HIV/AIDS Related Services	38.7%	77
		Totals: 199

14. During your visit, did you feel that staff members treated you with care?



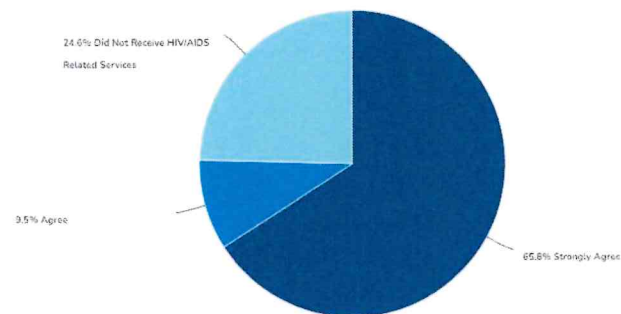
Value	Percent	Responses
Strongly Agree	65.8%	131
Agree	8.5%	17
Did Not Receive HIV/AIDS Related Services	25.6%	51
		Totals: 199

15. During your visit, did you feel that staff members treated you with respect



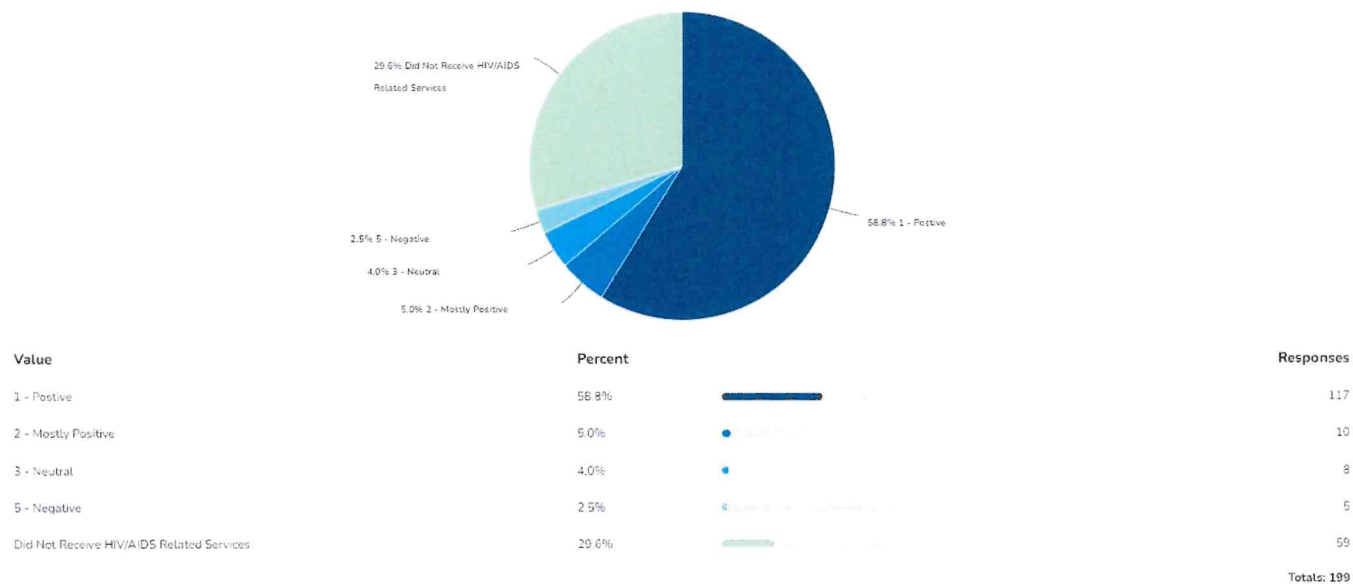
Value	Percent	Responses
Strongly Agree	68.3%	136
Agree	7.0%	14
Did Not Receive HIV/AIDS Related Services	24.6%	49
		Totals: 199

16. During your visit, did you feel that staff members were supportive?

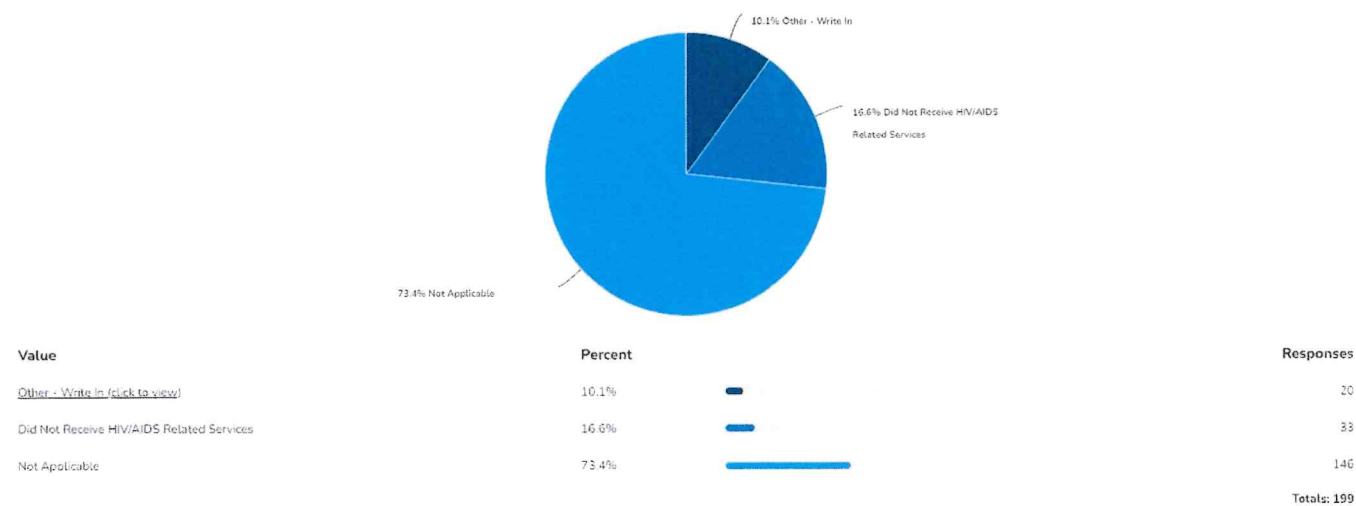


Value	Percent	Responses
Strongly Agree	65.8%	131
Agree	9.5%	19
Did Not Receive HIV/AIDS Related Services	24.6%	49
		Totals: 199

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?



18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.

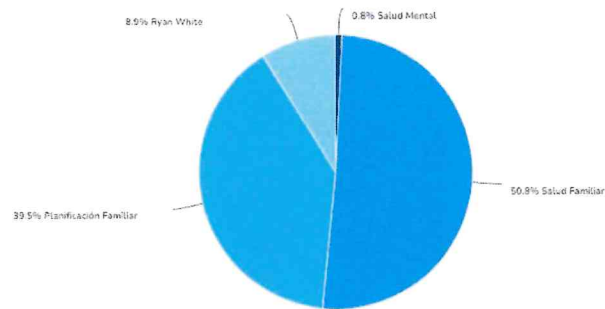


## April 2023 Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish)

### Response Counts

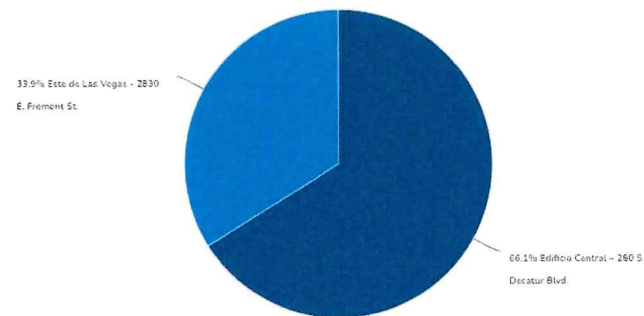


### 1. Marque los servicios recibidos durante su visita



Value	Percent	Responses
Salud Mental	0.8%	1
Salud Familiar	50.8%	63
Planificación Familiar	39.5%	49
Ryan White	8.9%	11
		Totals: 124

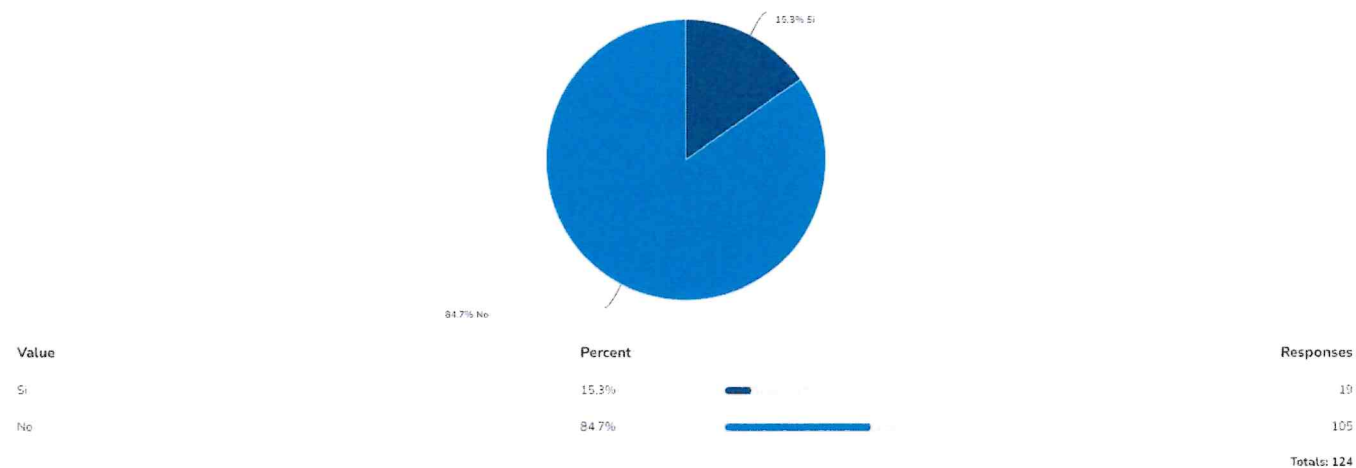
### 2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



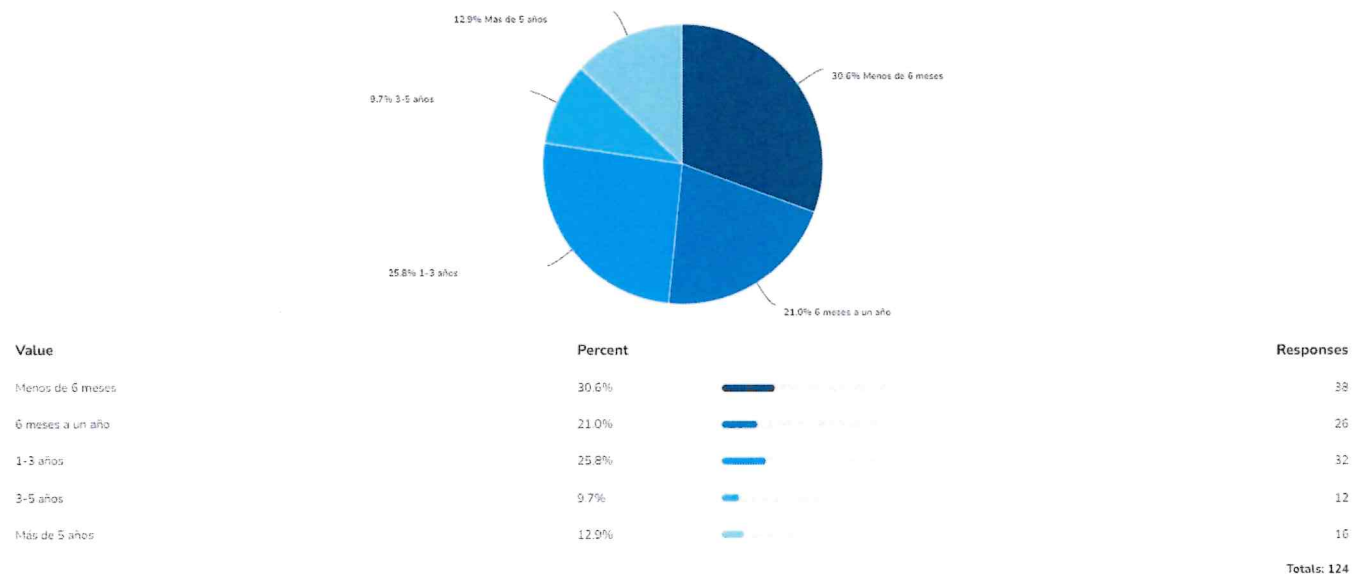
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd	66.1%	82
Este de Las Vegas - 2830 E. Fremont St.	33.9%	42
		Totals: 124



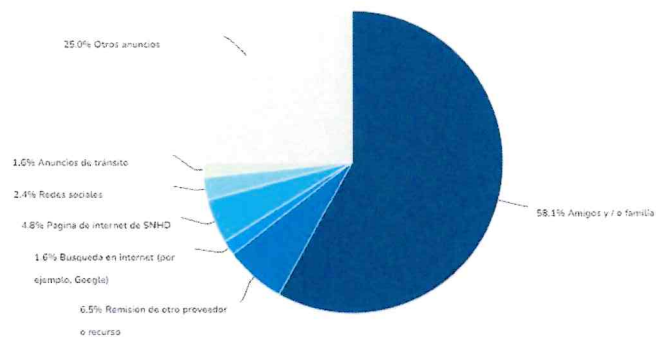
3. ¿Tiene seguro médico?



4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?

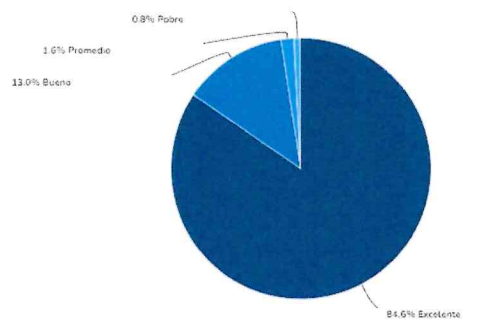


### 5. ¿Como usted supo de nosotros?



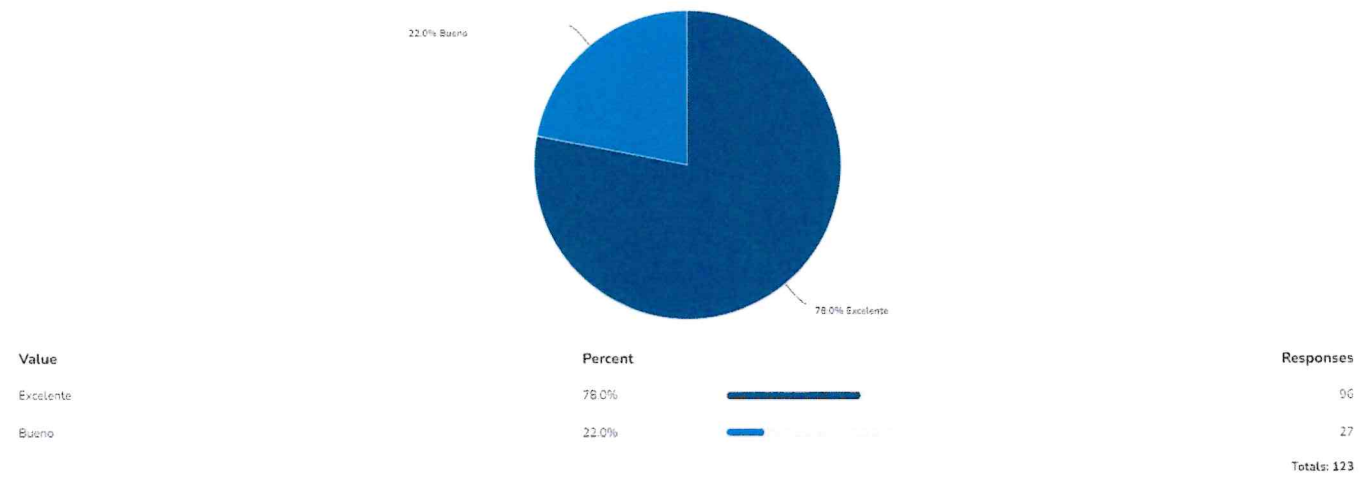
Value	Percent	Responses
Amigos y/o familia	58.1%	72
Remisión de otro proveedor o recurso	6.5%	8
Busqueda en internet (por ejemplo, Google)	1.6%	2
Pagina de internet de SNHD	4.8%	6
Redes sociales	2.4%	3
Anuncios de tránsito	1.6%	2
Otros anuncios	25.0%	31
		Totals: 124

### 6. Facilidad para programar una cita

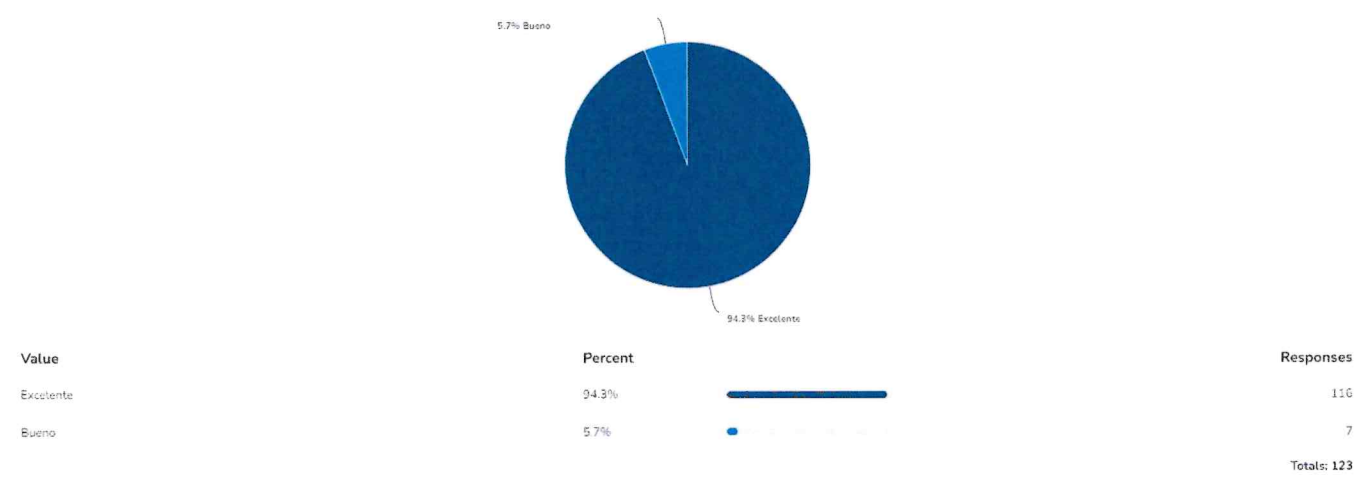


Value	Percent	Responses
Excelente	84.6%	104
Buena	13.0%	16
Promedio	1.6%	2
Pobre	0.8%	1
		Totals: 123

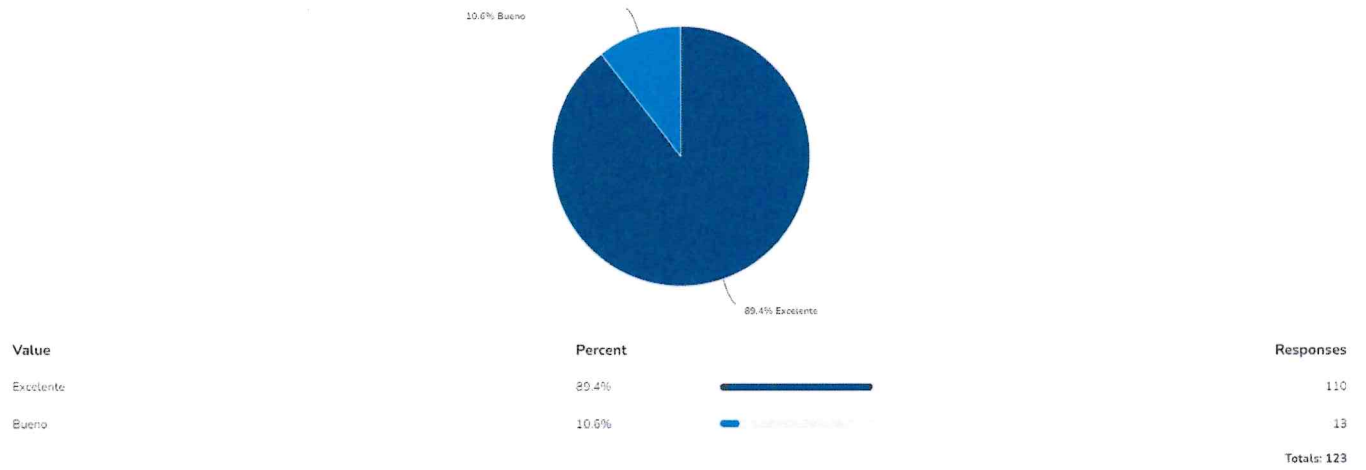
7. Tiempo de espera para ver a un proveedor de salud



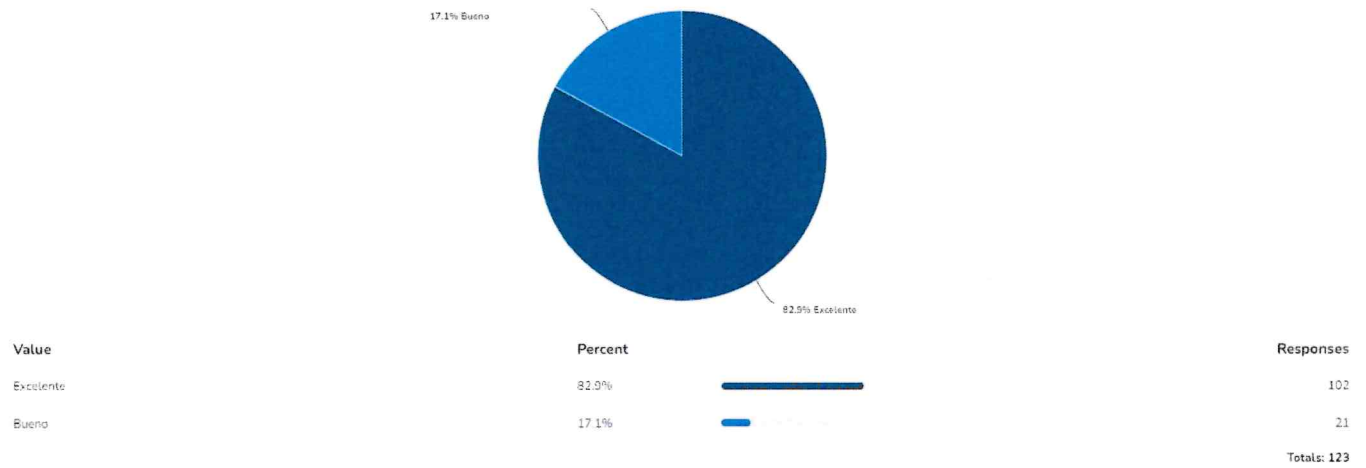
8. Atención recibida de los proveedores y personal



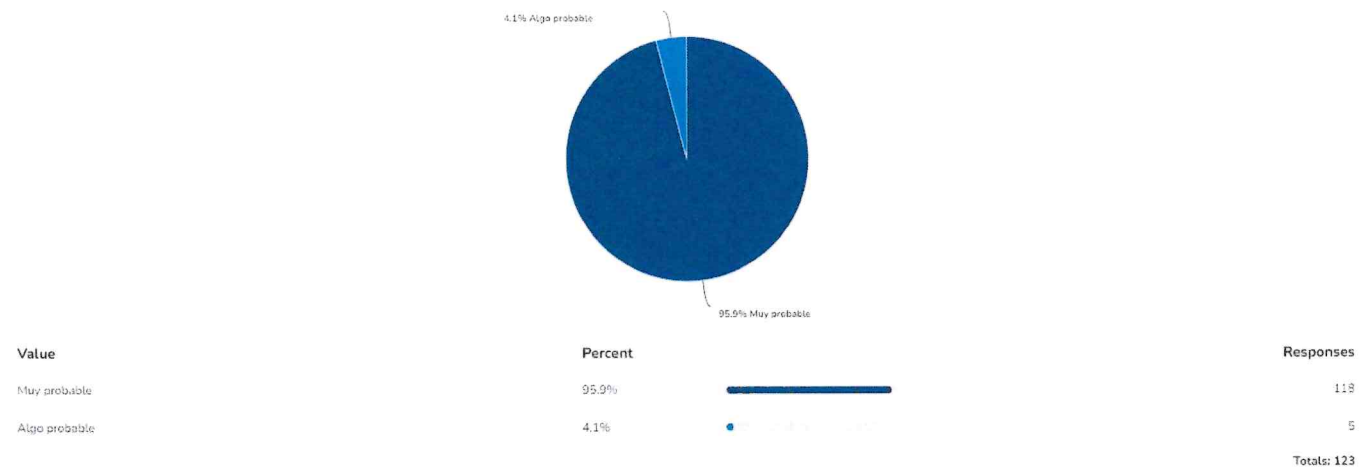
9. Comprensión de las instrucciones del cuidado de salud después de su visita



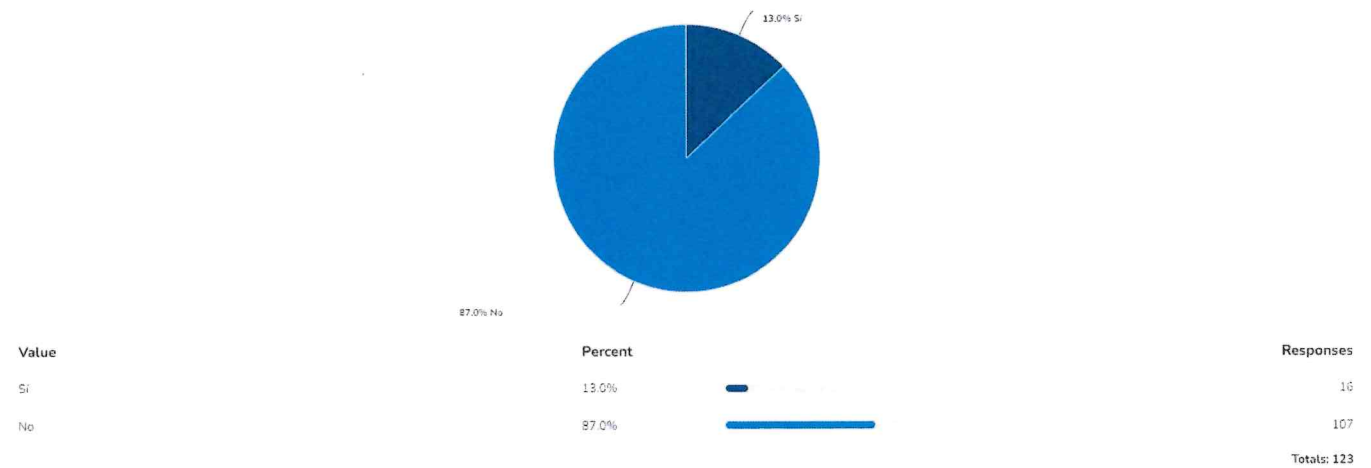
10. Horarios de operación



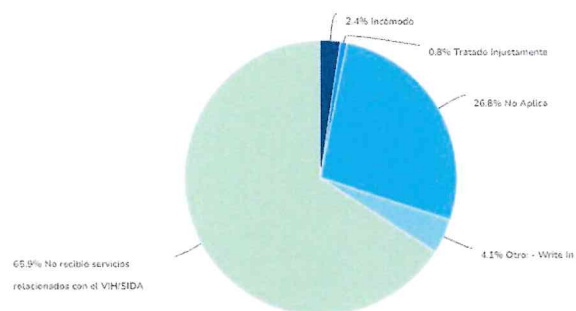
11. Recomendaría nuestro centro de salud a amigos y familiares



12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?

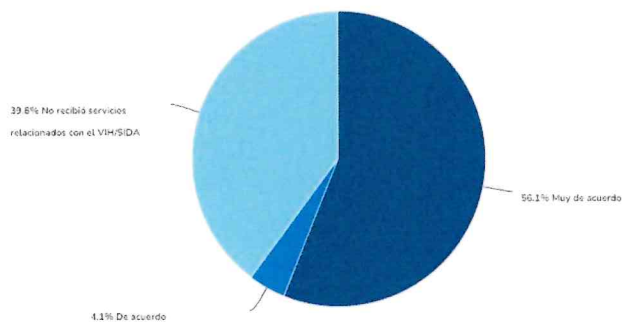


13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Incómodo	2.4%	3
Tratado Injustamente	0.8%	1
No Aplica	20.8%	33
Otro: - Write in (click to view)	4.1%	5
No recibí servicios relacionados con el VIH/SIDA	65.9%	81
		Totals: 123

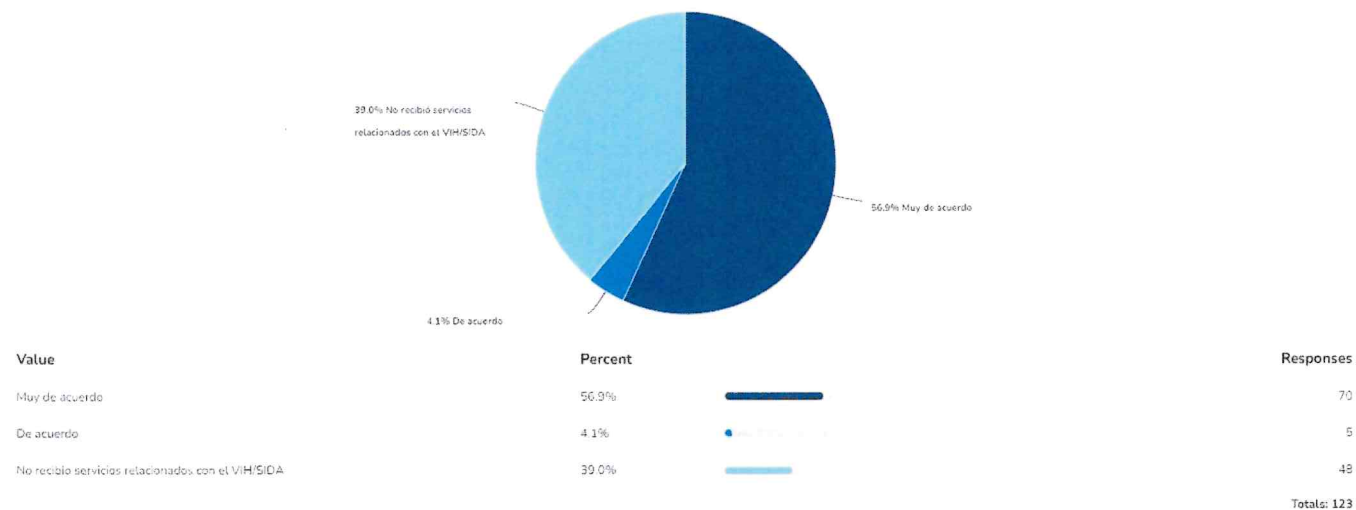
14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



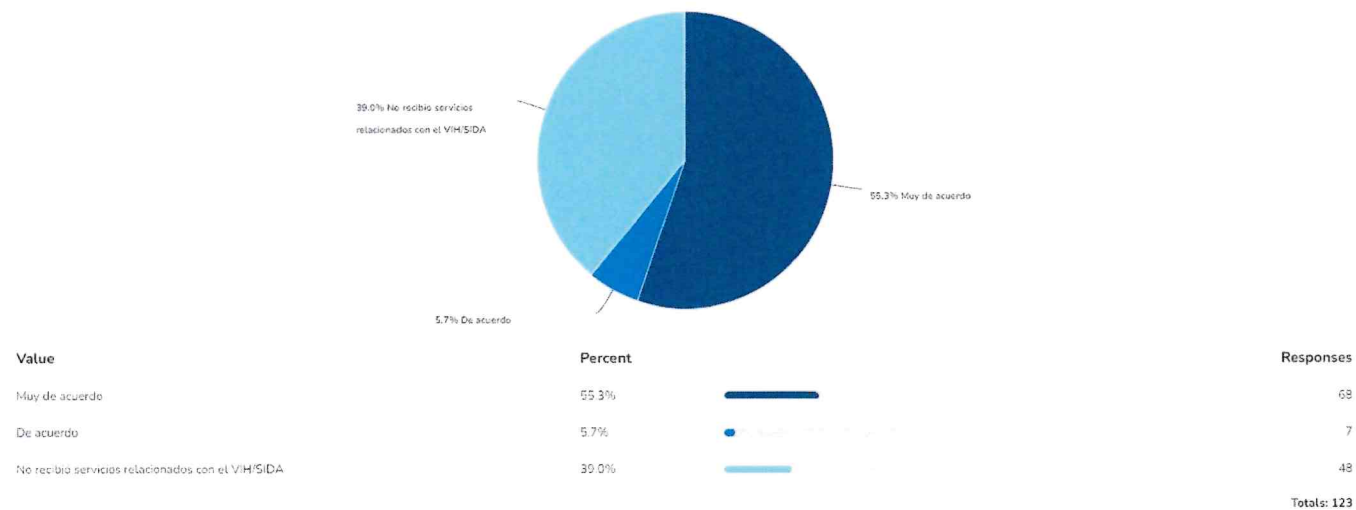
Value	Percent	Responses
Muy de acuerdo	50.1%	69
De acuerdo	4.1%	5
No recibí servicios relacionados con el VIH/SIDA	39.8%	49
		Totals: 123



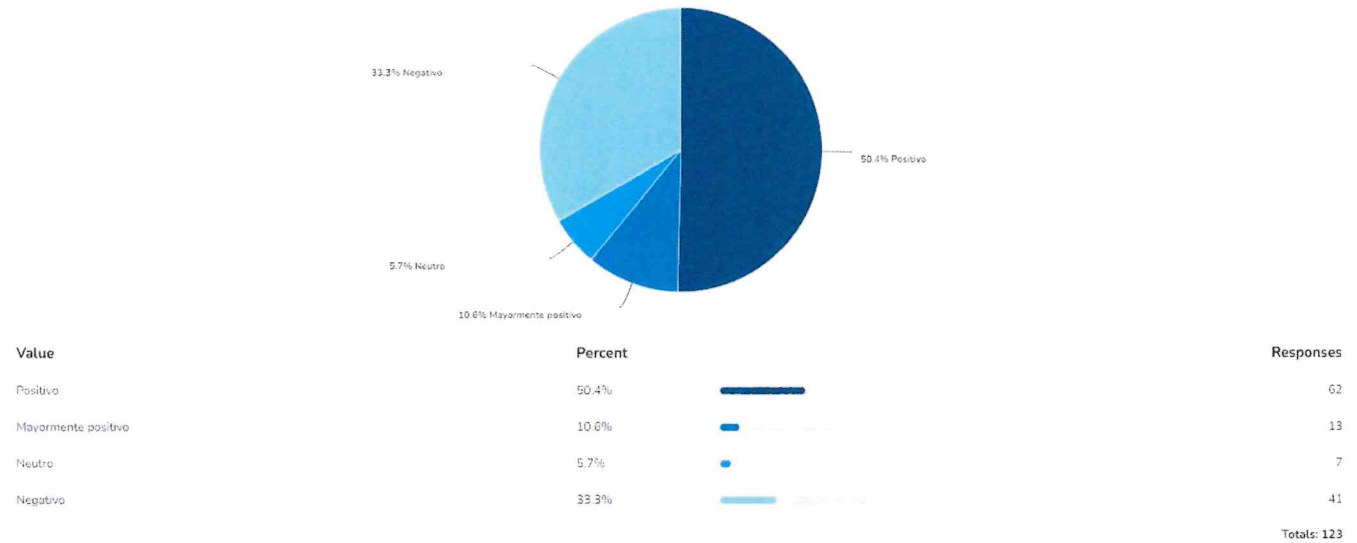
15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



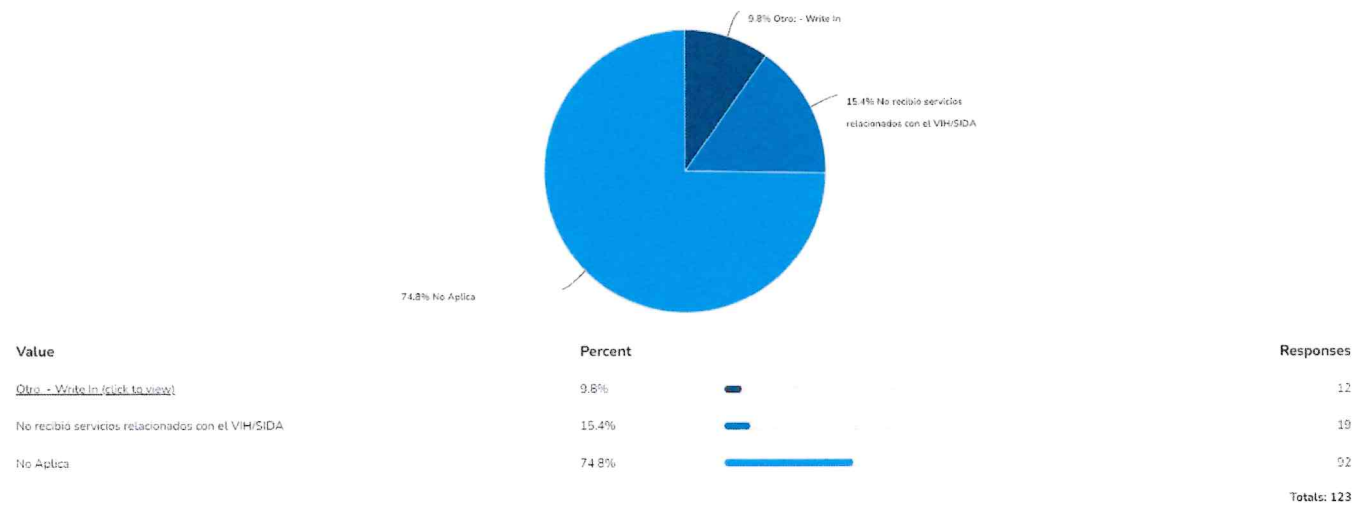
16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



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?



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.





# Memorandum

**Date:** May 8, 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*

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – April 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.

	April 2022	April 2023		YTD 22	YTD 23	
<b>Sexually Transmitted</b>						
Chlamydia	1089	974	↓	4139	4183	↑
Gonorrhea	578	493	↓	2174	1914	↓
Primary Syphilis	23	10	↓	78	70	↓
Secondary Syphilis	30	13	↓	133	97	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	44	22	↓	198	182	↓
Syphilis Unknown Duration or Late <sup>2</sup>	119	61	↓	460	401	↓
Congenital Syphilis (presumptive)	3	3	→	20	22	↑
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	5	0	↓	15	7	↓
Syphilis Pregnant Cases	22	20	↓	77	87	↑
Perinatally Exposed to HIV	0	3	↑	3	9	↑
<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary <sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
<b>Vaccine Preventable</b>	April 2022	April 2023		YTD 22	YTD 23	
Haemophilus influenzae, invasive disease	2	0	↓	4	12	↑

	April 2022	April 2023		YTD 22	YTD 23	
Hepatitis A	1	0	↓	2	0	↓
Hepatitis B, acute	2	0	↓	9	2	↓
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)	0*	0*	→	3*	0*	↓
New Active TB Cases Counted (>= 15 yo)	6*	15*	↑	16*	27*	↑

\*ODS has transitioned to a new surveillance system and is currently working on updating reports to align with reporting requirements. Sections with asterisks are either preliminary data or unable to report at this time.

## 2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	9	0	28	0
Gonorrhea	9	0	18	0
Syphilis	46	3	177	0
HIV/AIDS (New to Care/Returning to Care)	11	1	47	0
Tuberculosis	40	0	15	0
TOTAL	115	4	285	0

<sup>1</sup>	Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
<sup>2</sup>	Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
<sup>3</sup>	OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
	Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

### 3. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
  - i. SNHD staff, Current Total: 28
    - 1. Lead CTs – 5
    - 2. Contact Tracers; investigators and outreach – 23
- 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. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but 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 4/22/2023, for the 2022 - 2023 influenza season, 860 influenza-associated hospitalizations and 50 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 April 24, 2023, Clark County had 603,693 cases; 9,366 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 April 30, 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 notification of gastrointestinal illnesses of unknown etiology at a daycare institution. At initial report, 14 children and 3 staff members were ill, with 7 children and 1 employee having been sent home that day. Symptoms reported included fever, abdominal pain, vomiting, and diarrhea. DSC initiated an outbreak investigation and conducted a site visit at the facility. SNHD received one positive lab result from a student that tested positive for sapovirus.
- e. ***Acute Gastroenteritis Investigation – Wedding Event:*** DSC received notification of gastrointestinal illnesses of unknown etiology at a private wedding event held at a local reception hall. Preliminary information stated that of the 107 attendees, approximately 34 persons complained of profuse vomiting and/or diarrhea. At latest update, 49 persons reported illness, with some also reporting fever, chills, and stomach pain. DSC initiated an outbreak investigation and conducted a site visit at the facility. No causative agent was identified. This investigation is ongoing.
- f. ***Acute Gastroenteritis Investigation – Elementary School:*** DSC received notification of gastrointestinal illnesses of unknown etiology at an elementary school. School staff reported that 14 students were absent from school with gastrointestinal symptoms, namely vomiting and diarrhea, and 1 student was sent home after an emetic event. All students were from the same classroom. DSC initiated an outbreak investigation and conducted a site visit at the facility, as well as soliciting specimens from affected children. Three samples were obtained, two of which tested positive for norovirus; the third result has not been received. This investigation is ongoing.
- g. ***Acute Gastroenteritis Investigation – Elementary School:*** DSC received notification of gastrointestinal illnesses of unknown etiology at an elementary school. School staff reported that 5 children in a



single classroom had called out sick with similar gastrointestinal issues; two children had emetic events in the classroom and were sent home; overnight two more children called out sick, and the following day one child was sent home with vomiting and diarrhea. DSC initiated an outbreak investigation and solicited specimens from affected children; two samples were obtained, one of which has come back positive for norovirus, the other is pending.

- h. ***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. Follow-up investigation and case finding activities were conducted. The online survey was closed on April 10, 2023. In total, DSC received 336 responses from the online survey, 283 of which were completed. Out of those 283, 116 possible cases were investigated. None were identified as confirmed Legionnaire's disease, 10 were classified as probable Legionnaire's disease and 22 were classified as probable Pontiac Fever. Finally, the last confirmed case associated with this outbreak reported a stay in January 2023. Remediation of the affected towers have also been completed and post remediation sampling all came back non detectable. This investigation is now closed.

## 5. Non-communicable Reports and Updates

- a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone through SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant which began on September 30, 2022. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of April:

4/3/2023: Southern Desert Correctional Center (28 doses distributed)

4/3/2023: Resorts World (21 trained, 60 doses distributed)

4/3/2023: SNHD – L2A (32 doses distributed)

4/4/2023: Stratosphere/Arizona Charlie's/Golden Entertainment (80 doses distributed)

4/4/2023: Las Vegas Comprehensive Treatment Center (40 doses distributed)

4/4/2023: Edgewater Casino Laughlin (80 doses distributed)

4/5/2023: The Summit Summerlin (48 doses distributed)

4/5/2023: SNHD – Security Decatur (4 doses distributed)

4/6/2023: Grad Students – UNLV (1 trained, 8 doses distributed)  
 4/10/2023: SNHD L2A - April Shipment (100 doses distributed)  
 4/10/2023: Clark County Office of the Coroner/Medical Examiner (7 trained, 14 doses distributed)  
 4/10/2023: Resorts World (192 doses distributed)  
 4/11/2023: Community Ambulance (192 doses distributed)  
 4/12/2023: Department of Motor Vehicles (20 trained, 60 doses distributed)  
 4/18/2023: Desert Hope Treatment Center (17 trained, 40 doses distributed)  
 4/18/2023: Downtown Bar Managers/Staff (10 trained, 28 doses distributed)  
 4/20/2023: The Center - Clinic Staff (10 doses distributed)  
 4/20/2023: North Las Vegas Police Department (196 doses distributed)  
 4/24/2023: Red Rock Search and Rescue (70 trained, 144 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 April:

04/17/2023 Signs of Hope (300 Strips)  
 04/24/2023 SNHD Linkage to Action Team (200 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 Transgender HIV Testing Day on April 18th. To commemorate National Transgender Testing Day, the Southern Nevada Health District (SNHD) ODS participated with The Las Vegas TransPride Center to offer onsite rapid HIV testing, syphilis testing, safer sex kits, onsite pre- and post- exposure prophylaxis education and navigation, and incentives for those who tested. Las Vegas TransPride is located at 727 S 9th St Suite B in the heart of downtown. Nearly 1 million people identify as transgender in the United States (US), and transgender people made up 2% (671) of new HIV diagnoses in the US and dependent areas in 2019. In a CDC HIV surveillance study done in 7 cities between 2019-2020 of transgender women, it found 42% of the just over 1600 trans women interviewed were HIV positive. These events encourage testing and awareness so transgender and nonbinary persons can



learn their HIV status and begin to receive treatment if they are HIV-positive. We also had the great fortune to partner with UMC in their inaugural Spring Wellness event held at the Clark County Government Center. ODS and our MTU were onsite to offer rapid HIV testing, syphilis testing, safe sex kits, and educational materials. The event was an immense success with over 1200 attendees. Having a presence at general public events like this go a long way to destigmatizing HIV/STI testing which is key to ending the HIV epidemic.

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 offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	April -22	April -23		YTD 22	YTD 23	
Outreach/Targeted Testing	849	563*	↓	3430	3443*	↑
Clinic Screening (SHC/FPC/TB)	207	135*	↓	1110	1208*	↑
Outreach Screening (Jails, SAPTA)	86	282	↑	231	808	↑
Collect2 Protect	13	7	↓	89	55	↓
TOTAL	1155	987*	↓	4860	5514*	↑
Outreach/Targeted Testing POSITIVE	5	*		31	*	
Clinic Screening (SHC/FPC/TB) POSITIVE	0	*		4	*	
Outreach Screening (Jails, SAPTA) POSITIVE	0	*		1	*	
Collect2 Protect POSITIVE	0	*		0	*	
TOTAL POSITIVES	5	*		36	*	

\*ODS has transitioned to a new surveillance system and is currently working on updating reports to align with reporting requirements. Sections with asterisks are either preliminary data or unable to report at this time.

#### C. Staff Facilitated/Attended the following Trainings/Presentations

- 04/03/2023: Signs of Hope Visit facilitated by ODS Health Educator; 10 people in attendance; 2 ODS Health Educator attendees.
- 04/03/2023: "2023 Biomedical HIV Prevention Summit Planning" facilitated by Nevada Division of Human & Health Services (NVDHHS) Office of HIV; 20 people in attendance; 5 ODS staff attendees.
- 04/04/2023: Zero Suicide Implementation Team monthly meeting facilitated by ODS Health Educator Staff; 9 people in attendance; 3 SNHD ODS staff attendees.
- 04/04/2023: Facilitated Mock Interview for UNLV School of Public Health student final; 2 people in attendance; 1 ODS Health Educator facilitator.
- 04/05/2023: "Mental Health First Aid for Youth" facilitated by ODS Health Educator Staff; 11 people in attendance; 9 SNHD ODS staff attendees.
- 04/05/2023: UNLV School of Nursing (SON) Student Academic Detail (AD) debrief, facilitated by UNLV SON; 9 people in attendance; 1 ODS Health Educator attendee.
- 04/05/2023: Facilitated Southern Nevada HIV Prevention and Planning Group (HPPG) meeting and presented the Community Health Improvement Plan (CHIP) update; ~30 people in attendance; 3 ODS Health Educator attendees.
- 04/06/2023: Attended the Congenital Syphilis Review Board meeting on Case Review; 80 people in attendance; 10 ODS Staff attendees.
- 04/07/2023: "Advocacy and Policy Committee Monthly Call" facilitated by the Nevada Public Health Association; 20 people in attendance; 2 ODS Health Educator attendees.

10. 04/07/2023: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~35 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
11. 04/10/2023 – 04/13/2023: Attended the Rx and Illicit Drug Summit in Atlanta, Georgia, ~3,000 people in attendance; 4 ODS Staff attendees.
12. 04/10/2023: Facilitated a discussion on "Syndemics" for the PACE Listening Session held at Huntridge Clinic; ~30 people in attendance; 2 SNHD ODS Health Educator attendees.
13. 04/10/2023: UNLV Student Mock Interview facilitated by ODS Health Educator; 2 people in attendance; 1 ODS Health Educator attendee.
14. 04/11/2023 - 04/12/2023: Attended the Biomedical HIV Prevention Summit at the Cosmopolitan Las Vegas; 1400 people in attendance; 2 ODS Health Educator attendees.
15. 04/12/2023: UNLV Student Mock Interview facilitated by ODS Health Educator; 2 people in attendance; 1 ODS Health Educator attendee.
16. 04/13/2023: *Looking After Our Mental Health in the Workforce* presentation facilitated by ODS Health Educator Staff; ~20 people in attendance; 1 SNHD ODS staff attendee.
17. 04/17/2023: Harm Reduction 101 training facilitated by ODS Health Educators; 21 people in attendance; 3 ODS Health Educator attendees.
18. 04/18/2023: Mental Health and Substance Use State Health Improvement Plan (SHIP) Subcommittee meeting attended by ODS Health Educator as a representative; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
19. 04/18/2023: Attended Public Health Vending Machine (PHVM) Round Table; 30 people in attendance; 2 ODS Health Educator attendees.
20. 04/19 – 04/20/2023: Public Health Emergency Law and Legal Epidemiology Workshop; attended by 6 Office of Informatics and Epidemiology (OIE) staff.
21. 04/19/2023 - 4/20/2023: Empower Change Rapid HIV Testing and Training hosted by SNHD and NDPBH; 15 people in attendance; 2 ODS Health Educator attendees.
22. 04/20/2023: Attended State Health Improvement Plan Access to Care Steering Committee meeting as SNHD Representative; 12 people in attendance; 1 ODS Health Educator attendee.
23. 04/20/2023: Intermountain West Harm Reduction Conference Planning Meeting facilitated by Intermountain West Conference Chair; 25 in attendance; 1 ODS Health Educator attendee.
24. 04/23/2023: "OT21-2103 COVID-19 Health Disparities Grant Recipient Regional Summit" facilitated by National Association of County and City Officials; 1 Informatician and 2 epidemiologists from ODS attended.
25. 04/23/2023: "National Association of County and City Officials Preparedness Summit"; 1 Informatician and 2 epidemiologists from ODS attended.
26. 04/24/2023-04/27/2023: "OT21-2103 COVID-19 Health Disparities Grant Recipient Regional Summit" facilitated by National Association of County and City Officials; 1 Informatician and 2 epidemiologists from ODS attended.



27. 04/25/2023: "HIV Stigma Training" facilitated by the Stigma Reduction Team at SNHD; 30 people in attendance; 1 ODS Health Educator attendee.
28. 04/25/2023: Public Health Vending Machine (PHVM) TA - Brandeis University; 2 people in attendance; 1 ODS Health Educator attendee.
29. 04/25/2023 - 04/27/2023: Presented and attended 2023 Arizona Integrated HIV/STI/Hep C Symposium in Mesa, Arizona "Howdy Neighbor: Southern Nevada Responses to HIV/STIs"; 25 people in attendance; 2 ODS Staff attendees.
30. 04/25/2023: SHIELD Training Discussion Meeting facilitated by SHIELD Training Lead; 10 people in attendance; 3 ODS Health Educator attendee.
31. 04/25/2023: Southern Nevada Substance Misuse Overdose Prevention Summit (SNSMOPS) Planning Committee Meeting Facilitated by ODS Health Educator; 11 people in attendance; 2 ODS Health Educator attendees.
32. 04/25/2023: Fentanyl Test Strip Training for Roseman University facilitated by ODS Health Educator; 13 people in attendance; 1 ODS Health Educator attendee.
33. 04/25/2023: Presented Community Health Improvement Plan Update to the Urban Chamber of Commerce Healthcare Roundtable; 30 people in attendance; 1 ODS Health Educator presented.
34. 04/25/2023 – 04/26/2023: Attended 2023 Health Equity Summit from Association of State and Territorial Health Officials (ASTHO); 300 people in attendance; 1 ODS Health Educator attendee.
35. 04/26/2023: Attended and presented the Community Health Improvement Plan (CHIP) report at the Monthly ODS April Staff Meeting; 40 people in attendance; 1 ODS Health Educator presented.
36. 04/26/2023: Nevada Minority Health and Equity Coalition's Zoom Meeting attended by ODS Health Educator Staff as a representative; ~10 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
37. 04/26/2023: Facilitated Naloxone Training – National Alliance of Mental Illness (NAMI); 8 people in attendance; 1 ODS Health Educator trainer.
38. 04/26/2023-04/28/23: Suicide Research Symposium attended by ODS Health Educator Staff; ~1700 people in attendance from multiple agencies across the US; 1 SNHD ODS staff attendee.
39. 04/27/2023: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; ~10 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
40. 04/27/2023: Community Health Nurses suicide screening and SNHD procedure presentation facilitated by ODS Health Educator Staff as a representative; ~25 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
41. 04/28/2023: Co-facilitated Public Health Vending with Naloxone Training; 19 people in attendance; 2 ODS Health Educator trainers.

**D. Other**

1. Communicable Disease Statistics: March 2023 disease statistics are attached (see Table 1).



## **MONTHLY REPORT – April 2023**

### **OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Trisano**
  - i. Maintain and enhance Disease Surveillance System.
  - ii. User account support, access issues, data updates and corrections.
  - iii. Completed working on migrating internal processes from Trisano to EpiTrax.
  - iv. Converted Trisano into read-only reference archive after successful migration to EpiTrax.
  
- B. Electronic Message Staging Area (EMSA)**
  - i. Maintain and enhance systems and provide support to staff.
  - ii. Continue to work on EMSA2: mapping new codes, incoming labs, data processing and review logic for exceptions and errors.
  - iii. Onboarded 1 new provider.
  
- C. Southern Nevada Public Health Laboratory (SNPHL)**
  - i. Continue to work on the Laboratory Information Management System (LIMS) to interoperate with other internal and external systems. Continuous interface upkeep, security updates, and server maintenance.
  - ii. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
  - iii. Continue working on Laboratory Response Network- Biological Agents (LRN-B) interface and automated delivery feed.
  - iv. Completed LRN procedure write-up.
  - v. Continue SNPHL data warehouse cleanup and maintenance.
  - vi. 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.
  
- 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. Family Planning Annual Report (FPAR) was submitted and accepted by the Office of Population Affairs (OPA)
  - iii. Continue data transfer to Wellpartner on prescription notification from eClinicalWorks (eCW).
  - iv. Steinberg Diagnostics feed redirect with eCW.
  - v. Completed eCW eHX interface with HIE.
  - vi. eCW lab upload to CAREWare from SNHD
  
- E. Clark County Coroner's Office (CCCO)**
  - i. Continue to provide support to CCCO on new CME implementation, testing, data requests, and reports.
  - ii. Completed research project on the correlation between heat conditions and amphetamine deaths. Data set generated and approved.

**F. COVID19 Support**

- i. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
- ii. Provide support by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- iii. Maintain and update COVID19 dashboard to include COVID19 reinfections, COVID19 maps, lab testing, ED admission trend analysis and other urgent data requests.
- iv. Maintain and enhance COVID19 lab results portal.
- v. Completed COVID report automation.
- vi. Attend bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- vii. Attend bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting. Completed HIE trigger code set lists.
- viii. Completed COVID-19 After Action Review interview (IT, Informatics and Epi).
- ix. Completed COVID Resilience Ambassador transition.

**G. EpiTrax and Data Warehouse**

- i. Successfully Merged EpiTrax source code consortium branch and master SNHD branch.
- ii. EpiTrax production servers set up.
- iii. Completed EpiTrax data migration and documentation.
- iv. Completed EpiTrax production implementation on 04/17/2023.
- v. Work with Epi and Surveillance teams to monitor system and applications, and investigate, review, troubleshoot, and resolve issues.
- vi. Continue to update and enhance Data Warehouse. Completed eCW export.
- vii. Continue working on Pentaho report updates.
- viii. Continue migrating scheduled tasks to Airflow server.
- ix. Perform daily task review with Informatics team, and weekly review with Epi and Surveillance teams.

**H. API Server**

- i. Continue new API server testing for internal processes and 3<sup>rd</sup> party app.
- ii. Pending data from vendors to develop API for OCR workflow project. Attending ongoing meetings.

**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. Preparing for UHS switch from HealthSentry to Public Health Surveillance platform.

**K. Grant Updates**

- i. Continue collaboration on new SDY/SUID grant opportunity between SNHD and CCOCME. Initial proposal submitted by SNHD.
- ii. Submitted ELC grant progress report for Quarter 3.
- iii. Completed Health Disparity grant redirect
- iv. Completed PHEP Q10 report

**L. Reports**

- i. The following FQHC/Clinical reports were completed and submitted:
  - SHC 7-month report for FQHC
  - 3 FQHC monthly reports
  - Monthly Immunization COVID Report for HRSA
  - eCW lab upload from SNHD
  - March Focus reports
  - COVID-19 Outreach report (Race and Ethnicity of individuals vaccinated at Galleria Mall)
  - FQHC monthly & YTD reports
  - PEP and PrEP report for 8 News
  - 2022 COVID Vaccine numbers for FQHC
  - FPNV Quarterly Reports
  - Focus report for Q1 2023
  - SHC PrEP RX Pool report
- ii. Coroner's Office reports:
  - Q1 2023 MVA report to DPS
  - Suicide prevention report for HHS
  - Histology destruction log for forensics
  - 2023 YTD under 18 deaths, both pending ID/NOK and non-pending.
  - Heat-related Methamphetamine deaths for data study
  - Report to track body release timeframes
- iii. Other report updates:
  - Working on Sunrise ELR reporting issue
  - Daily, weekly, and monthly SNPHL reports and upkeep
  - Completed GISP/eGISP reporting
  - Mosquito testing reporting
  - State NETSS weekly/YTD report

**M. Training**

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
  - Attended NACCHO Preparedness Summit
  - Completed Policy Hub acknowledgements
  - Attended UNLV Wastewater Surveillance Workshop.
  - Attended John Hopkins Applied Modeling for Public Health (AMPH) Workshop

**N. Other Projects**

- i. Continue to maintain and enhance iCircle web application for OEDS. Continuous user account support, site maintenance, data corrections and updates.
- ii. Working on data export to EpiTrax. Completed export for negative results clients and PrEP data.
- iii. Mobile phone contacts upload to Alchemer. Created SMS messages with invitation to opt in for the Alchemer Survey.
- iv. Continue working on the Yale project with Epi office for case conferencing.
- v. UNLV Base model project, kickoff meeting.
- vi. UNLV Wastewater training planning.
- vii. Informatics Service Requests completed.
- viii. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- ix. Support online sign-up application for Syringe Vending (harm reduction) for Trac-b.
- x. Working on Women's Health Associates of Southern Nevada (WHASN) ELR implementation.
- xi. Working with State to identify and resolve immunization issues. Completed Out of State immunizations.
- xii. Completed the AMPH John Hopkins: Race/ethnicity disparities in RSV.
- xiii. Completed office budget objectives.

**O.**



## March 2023: Clark County Disease Statistics\*

Disease	2021		2022		2023	
	March	YTD	March	YTD	March	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	0	1	2	4	0	12
Hepatitis A	0	1	1	2	0	0
Hepatitis B, acute	0	3	2	9	0	2
Hepatitis B, chronic	53	126	62	183	72	167
Influenza	6	21	104	144	9	84
Pertussis	0	0	9	20	0	5
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1277	3393	1159	3097	1214	3265
Gonorrhea	656	1927	617	1647	485	1458
HIV	43	105	41	109	46	112
Stage 3 HIV (AIDS)	17	40	18	40	6	36
Syphilis (Early non-primary, non-secondary)	68	197	62	179	67	203
Syphilis (Primary & Secondary)	75	222	69	201	45	160
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	1	0	0	0	0
Congenital Syphilis	2	16	11	39	8	46
<b>ENTERICS</b>						
Amebiasis	1	1	0	0	1	1
Campylobacteriosis	11	26	6	17	17	43
Cryptosporidiosis	0	4	2	3	0	2
Giardiasis	5	12	2	13	2	8
Rotavirus	2	3	28	45	3	8
Salmonellosis	15	41	10	34	14	40
Shiga toxin-producing <i>E. coli</i> (STEC)	4	8	11	26	1	7
Shigellosis	5	13	1	6	9	15
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	0	1	1
Yersiniosis	1	1	1	2	2	2
<b>OTHER</b>						
Coccidioidomycosis	14	42	8	32	16	55
Exposure, Chemical or Biological	0	1	1	1	0	1
Hepatitis C, acute	1	1	0	2	0	1
Hepatitis C, chronic	301	855	293	774	231	641
Invasive Pneumococcal Disease	11	35	14	57	30	84
Lead Poisoning	8	30	18	41	17	39
Legionellosis	3	5	0	6	3	7
Listeriosis	0	0	0	1	0	0
Lyme Disease	1	2	0	0	0	0
Malaria	0	0	0	1	0	1
Meningitis, Aseptic	3	13	1	3	0	2
Meningitis, Bacterial Other	3	3	1	2	0	0
Meningitis, Fungal	2	2	0	0	0	0
Q Fever, acute	0	0	0	0	1	1
RSV	3	9	97	608	42	579
Rabies, exposure to a rabies susceptible animal	15	58	26	82	25	83
Streptococcal Toxic Shock Syndrome (STSS)	2	7	0	2	3	14
Tuberculosis (Active)	6	15	3	12	3	11

\*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:** May 25, 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

**Subject:** Environmental Health Division Monthly Report

## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	April 2022	April 2023		FY 21-22	FY 22-23	
Routine Inspections	2,138	2,211	↑	19,532	20,689	↑
Reinspections	183	169	↓	1,598	1,777	↑
Downgrades	152	190	↑	1,506	1,728	↑
Closures	8	12	↑	153	128	↓
Special Events	95	114	↑	626	897	↑
Temporary Food Establishments & Tasting Event Booths	726	889	↑	5,041	7,072	↑
TOTALS	3,302	3,585	↑	28,456	32,291	↑

#### 1. Enforcement Actions and Investigations:

- A. **T-Mobile Arena and Surrounding Las Vegas Strip Area:** On April 1, staff conducted a joint complaint investigation for unpermitted food vending with Clark County Business License and Las Vegas Metropolitan Police Department (LVMPD) Convention Center Area Command (CCAC) representatives.
- B. **Chabelitas Mexican Grill, 3085 N. Rainbow Blvd.:** On April 4, the facility was closed during a scheduled reinspection for an Imminent Health Hazard (IHH), no hot water. The inspector documented five demerits. The facility was reinspected and reopened with three demerits on April 5.
- C. **PT'S Cantina, 3085 N. Rainbow Blvd.:** On April 4, the facility was closed for an IHH, no hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on April 5.



- D. **Fat Burger at Red Rock Station, 11011 W. Charleston Blvd.:** On April 5, the facility was closed for an IHH, sewage backups from the hand and floor sinks. The inspector documented 14 demerits. The facility was reinspected and reopened with three demerits on April 5.
- E. **Alex Food Catering, 4181 Pioneer Ave.:** On April 6, the unit was closed for several IHHs, no potable water or hot water and gross unsanitary conditions. The inspector documented 52 demerits. Other violations included: unit operating outside of the approved permit; food handler using bare hands to handle ready-to-eat food; time/temperature control for safety (TCS) food in the temperature danger zone; cooking when the hood is turned off or not operational; fire suppression system overdue for inspection; ventilation hood filters not National Sanitation Foundation (NSF) or equivalent; in-use utensil improperly stored; improper storage of raw animal products; improper storage of chemicals; bottle of personal medication stored directly over food contact surface; no chlorine in sanitizer; and window open without insect screen during active food preparation. Due to repeated noncompliance on routine inspections, the operator is entering the administrative process. The unit was reinspected and reopened with zero demerits on April 20.
- F. **RJ Mini Mart Snack Bar, 1330 Karen Ave.:** On April 7, the facility was closed for an IHH, no hot water. The inspector documented 11 demerits. The facility remains closed at this time.
- G. **Habachi Boss, 3085 S. Nellis Blvd.:** On April 13, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 34 demerits. Other violations included: hot water not available or less than 120°F; improper storage of chemicals; employee drinks stored on or over food or food contact surfaces; no sanitizer; hand sink blocked; opening on side of truck allowing entry for pests; no thermometer; foods served undercooked not marked on the menu; and no consumer advisory on the menu. The unit remains closed at this time.
- H. **C & E Catering at MGM Arena, 3799 S. Las Vegas Blvd.:** On April 20, a Cease-and-Desist Order was issued for operating without a health permit. The operator began and did not complete the permitting process in 2022. A temporary food establishment permit was issued until April 30. The Plan Review final inspection is scheduled for May 10.
- I. **China Kitchen, 4750 E. Tropicana Ave.:** During a complaint investigation on April 21, the facility was closed for an IHH, pest infestation. The facility was reinspected and reopened with three demerits on April 27.
- J. **Downtown Las Vegas:** On April 22, staff conducted a joint complaint investigation for unpermitted food vending with City of Las Vegas Business License and LVMPD Downtown Area Command (DTAC) representatives.
- K. **Vons Gas #1963 Convenience Store Deli, 1185 E. Twain Ave.:** On April 25, the facility was closed for an IHH, no hot water. The inspector documented eight demerits. The facility remains closed at this time.
- L. **Los Gorditos Mexican Food Portable Unit for the Service of Food (PUSF), 2808 W. Craig Rd.:** During a complaint investigation on April 26, the unit was closed due to other conditions or circumstances that may endanger public health. The inspector documented ten demerits. Violations included: operators actively storing and preparing various food products and supplies in a residential garage and operators loading foods and food supplies intended for consumers into a personal vehicle for transport to the PUSF unit. The facility was reinspected and reopened with zero demerits on May 1.

- M. Nekter Juice Bar 7500, 1990 Village Center Cir.:** On April 26, the facility was closed for an IHH, no hot water. The inspector documented 31 demerits. The facility was reinspected and reopened with eight demerits on April 27.
- N. Caesars Vista Lounge Service Bar, 3570 S. Las Vegas Blvd.:** On April 28, the area was closed for an IHH, lack of handwashing facilities due to the hand sink being removed during an unapproved remodel. The inspector documented 11 demerits. The permitted area remains closed at this time.
- O. Staff closed 32 unpermitted food vending complaint investigations.**
- 2. Foodborne Illness Investigations:**
- A. Mercato Della Pescheria, 3377 S. Las Vegas Blvd.:** On April 5, staff responded to multiple complaints of illness. SNHD observed risk factors that could lead to illness including not washing hands when required. The investigation resulted in a B downgrade. The facility passed its reinspection and returned to an A grade on April 10.
- B. Capriotti's, 7540 Oso Blanco Rd.:** On April 10, staff responded to multiple complaints of illness. The investigation resulted in an A grade.
- C. Bear's Best Las Vegas, 11111 W. Flamingo Rd.:** On April 18, staff responded to multiple complaints of illness. The investigation resulted in an A grade.
- 3. Onsite Intervention Training:**
- A. Onsite Intervention Training** was held with the following facilities: Hibachi Grill and Supreme Buffet, 313 N. Nellis Blvd.; Alex Food Catering, 4181 Pioneer Ave.; and China Kitchen, 4570 E. Tropicana Ave.

## II. SOLID WASTE AND COMPLIANCE

### ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	April 2022	April 2023		FY 21-22	FY 22-23	
Notices of Violations (New & Remails)	12	3	↓	80	53	↓
Adjudicated Hearing Cases	6	5	↓	60	39	↓
Total Cases Received	86	68	↓	906	724	↓
Total Cases Referred to Other Agencies	23	25	↑	203	205	↑
Hearing Penalties Assessed	\$13,500	\$6,750	↓	\$101,700	\$69,000	↓

### ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	April 2022	April 2023		FY 21-22	FY 22-23	
Inspections	319	365	↑	2,849	2,696	↓

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

Underground Storage Tanks	April 2022	April 2023		FY 21-22	FY 22-23	
Compliance Inspections	60	89	↑	617	792	↑
Final Installation/Upgrade/Repair Inspections	3	3	→	34	21	↓
Closure Inspections	0	1	↑	8	7	↓
Spill Report Investigations	0	2	↑	7	8	↑

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

Permitted Disposal Facilities	April 2022	April 2023		FY 21-22	FY 22-23	
Inspections	23	29	↑	202	212	↑
Reinspections	1	2	↑	19	25	↑



### III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	April 2022	April 2023		FY 21-22	FY 22-23	
West Nile Virus Surveillance Traps Set	310	381	↑	1,889	2,117	↑
West Nile Virus Surveillance Mosquitoes Tested	1,889	168	↓	21,516	29,024	↑
West Nile Virus Surveillance Submission Pools Tested	192	82	↓	1,560	2,219	↑
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	82	0	↓
West Nile Virus Surveillance Positive Submission Pools	0	0	→	2	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	1	2	↑	21	75	↑
Elevated Blood Level Home Investigations	1	0	↓	3	3	→
Legionella Residential Investigations	0	1	↑	7	16	↑
Legionella Travel Associated Investigations	2	5	↑	10	25	↑
Public Accommodations Inspections	19	23	↑	364	365	↑
Public Accommodations SB4 Inspections	73	22	↓	765	710	↓
Public Accommodations Complaints	12	8	↓	153	103	↓
Mobile Home/Recreational Vehicle Park Inspections	3	8	↑	166	188	↑
Mobile Home/Recreational Vehicle Park Complaints	0	1	↑	9	14	↑

### IV. EH ENGINEERING

#### 1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Discount Dumpsters (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); and Waste Grease (2)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in May:**  
None

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

Asbestos Permitting Services	April 2022	April 2023		FY 21-22	FY 22-23	
Asbestos Permits Issued	81	88	↑	743	874	↑
Revised Asbestos Permits Issued	5	8	↑	70	109	↑

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

Subdivision Plan Review	April 2022	April 2023		FY 21-22	FY 22-23	
Tentative Maps-Received	19	18	↓	215	157	↓
Tentative Maps-Lot Count	921	808	↓	17,074	10,024	↓
Final Maps-Received	27	23	↓	304	234	↓
Final Maps-Lot Count	1,030	1,319	↑	15,420	10,402	↓
Final Maps-Signed	21	22	↑	204	209	↑
Final Maps (Signed)-Lot Count	1,282	1,103	↓	10,656	10,099	↓
Improvement Plans-Received	23	18	↓	280	211	↓
Improvement Plans-Lot Count	1,019	801	↓	14,842	10,232	↓
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	April 2022	April 2023		FY 21-22	FY 22-23	
Residential ISDS Permits	7	7	→	102	66	↓
Commercial ISDS Permits	3	0	↓	9	2	↓
Commercial Holding Tank Permits	1	0	↓	16	27	↑
Residential Tenant Improvements	27	23	↓	272	259	↓
Residential Certifications	0	0	→	12	3	↓
Compliance Issues	12	5	↓	72	93	↑

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

Safe Drinking Water Program	April 2022	April 2023		FY 21-22	FY 22-23	
Public Water System Sanitary Surveys	3	0	↓	54	33	↓
Public Water System Violations Issued	9	55	↑	28	98	↑
Public Water System Complaints	0	0	→	0	0	→

**2. Safe Drinking Water Activity:**

A. No *coliform*-present results were reported from routine monitoring events.



- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Spring Mountain Youth Camp; and Cowboy Trail Rides.
- C. On April 25, staff hosted a meeting with the Bureau of Safe Drinking Water's Source Water Protection group. The meeting included a discussion about goals for future collaborations within Clark County.

## V. SPECIAL PROGRAMS

### ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	April 2022	April 2023		FY 21-22	FY 22-23	
School Food Facility Inspections	75	103	↑	804	808	↑
School Food Facility Complaints	3	1	↓	6	6	→
School Facility Inspections	118	129	↑	970	970	→
School Facility Complaints	2	2	→	50	34	↓
Summer Food Service Surveys	0	0	→	36	59	↑
Child Care Facility Inspections	57	17	↓	360	243	↓
Child Care Facility Complaints	2	0	↓	16	3	↓
Body Art Facility Inspections	48	17	↓	399	281	↓
Body Art Facility Complaints	11	4	↓	32	44	↑
Body Art Artist Special Event Inspections	33	3	↓	177	55	↓
Total Program Services Completed	349	276	↓	2,850	2,503	↓

#### 1. Schools:

- A. **Faith Lutheran High School, 2015 S. Hualapai Way:** During a routine inspection, staff identified sewage residue under one of the cooling towers. School Administration reported that the sewage residue was a result of a backup through the floor drain under the outside cooling tower. The sewer blockage had been cleared by an outside contractor, but the area had not been decontaminated and the sewage spill had not been reported to SNHD as required. Staff reminded School Administration of the requirement to report health hazards. School Administration will provide a written report on the spill, the repairs, the cleanup, and the decontamination to SNHD staff when the work is completed.
- B. **Clifford J. Lawrence Junior High School, 4410 S. Juliano Rd.:** Staff investigated a complaint alleging that there was an unpleasant odor in the cafeteria. Staff saw no evidence of sewage spills or overflowing floor drains/fixtures. An odor in the cafeteria was attributed to the cooking of broccoli. The complaint was not substantiated.
- C. **Silverado High School, 1650 Silver Hawk Ave.:** Staff investigated a complaint alleging that only one set of restrooms on campus was available for use by the students. Staff found all restrooms open and operational. School Administration reported that restrooms are only closed when in need of repair. The complaint was not substantiated.

#### 2. Body Art:

- A. **Unpermitted Mobile Tattoo Business:** Representatives from the City of Las Vegas Business License Department reported that an unpermitted mobile tattoo business



was being operated throughout the valley. Staff used the information provided and determined that the business was operating at a residence inside the jurisdiction of Clark County. The complaint was forwarded to Clark County Code Enforcement for investigation and action.

- B. Dolce Salon and Beauty Bar, 4175 N. Rancho Dr.:** Staff responded to a complaint alleging that a tattooing procedure at the facility resulted in an infection. The complaint also alleged that the consent and aftercare forms were not reviewed or provided. Staff determined that the artist who provided the services was not permitted by SNHD and observed several unsanitary practices including open personal items mingled with tattooing equipment. A Cease-and-Desist Order was issued, and the complaint was referred to the City of Las Vegas Code Enforcement for investigation and action.
- C. Death or Glory Tattoo, 4110 S. Maryland Pkwy.:** During a routine inspection, staff observed that the workstation and restroom handwashing sinks did not have hot water. Facility staff attempted to repair the hot water system during the inspection but were unsuccessful. SNHD staff required that the workstation be removed from service until hot water was restored. Staff returned later that day and found both handwashing sinks providing water above 90°, and the workstation was put back into use.

## VI. PLAN REVIEW PROGRAM

### ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	April 2022	April 2023		FY 21-22	FY 22-23	
<b>Food Safety Assessment Meetings</b>	1	0	↓	6	6	→
<b>Total Pre-Permitting Services</b>	1,641	1,154	↓	13,546	12,430	↓
<b>New Project Submissions</b>	246	247	↑	2,949	2,729	↓
<b>Released Projects</b>	435	206	↓	3,095	2,542	↓
<b>Total Service Requests Currently in Pre-Permitting</b>	1,265	1,614	↑			

#### 1. Enforcement Actions and Investigations:

- A. L & L Hawaiian BBQ, 2595 S. Maryland Pkwy.:** During a Change of Permit Holder (CPH) inspection, staff found violations such as household equipment, open seams, rusted shelving, and broken trim strips. Additionally, Time as a Public Health Control (TPHC) was used without a written procedure. TPHC is a method that food establishments can use to ensure food safety while holding food outside of safe temperatures. A written procedure for TPHC is required to ensure potentially hazardous foods are not held in the temperature danger zone for too long. The permit was approved with stipulations.
- B. Port of Subs #54,10260 W. Charleston Blvd.:** A CPH inspection resulted in a referral to the City of Las Vegas Public Works Department (CLVPWD) due to lack of a grease interceptor. SNHD Regulations require installation of a grease interceptor when required by the sewer authority. If the grease interceptor must be installed indoors, the permit holder must apply for a remodel with SNHD. The permit was approved with the stipulation to apply for a remodel if an interceptor is required.

- C. Angelina's Pizzeria, 5025 S. Eastern Ave.:** A survey was conducted to assess plumbing in the dishwashing room. Facility management had removed a dishwasher, three-compartment sink, and handwashing sink from service due to plumbing problems with the floor sink and main waste lines. Fortunately, there was another three-compartment sink in the facility that could be used for ware washing. Since the dishwashing room fixtures are not operational, the operator may opt to remove the fixtures or reroute the drain lines. SNHD Regulations require that changes to plumbing fixtures or equipment have prior Plan Review approval. The permit holder was directed to apply for a remodel.
- D. Purified Water to Go, 4155 S. Buffalo Dr.:** A CPH inspection resulted in closure after algae-like growth was observed throughout the water filtration system. Additionally, the filtration media used in the alkalized water system was not approved due to lack of proof that it was safe for use in food applications. SNHD Regulations require water filters to be made of approved materials and that system flushing and disinfection occur if there are suspected contaminants. The water system was disinfected and flushed, and a water test was provided to SNHD. A reinspection resulted in permit approval with a stipulation to provide additional information for the alkaline filter media prior to use. The permit holder contracted with a Food Safety Consultant to assist with regulatory compliance.
- E. 7-Eleven #24799C, 2683 S. Maryland Pkwy.:** During a CPH inspection, staff found that the facility did not have a grease interceptor. SNHD Regulations require a grease interceptor in any food establishment that generates grease that could enter a sewer system. The permit holder was referred to Clark County Water Reclamation District to ensure compliance with grease capture. The permits were approved with stipulations.
- F. Flip N Out Xtreme Henderson, 1235 W. Warm Springs Rd.:** During a CPH inspection, staff found no violations, but the owner stated that his two-door refrigerator will be exchanged for a two-door freezer as all the foods are stored frozen. SNHD Regulations allow for the replacement of equipment without submitting remodel plans if the equipment is similar in design, function, use, maintenance, and does not alter the overall layout of the facility. The permit was approved.
- G. John C. Fremont Middle School, 1100 E. Saint Louis Ave.:** A final permitting inspection of a new middle school and kitchen resulted in approval. During the plan review process, the school made major revisions to include removal of playgrounds, a kitchen redesign, and addition of a gym. The original plan was submitted for grades K-8 but changed to grades 6-8. There are several specialty classrooms including medical labs, robotics, and a band room with roll-up doors so that equipment can be moved in and out easily.



## VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	April 2022	April 2023		FY 21-22	FY 22-23	
Total Operation Inspections	645	583	↓	3,957	5,343	↑
Complaint Investigations	31	16	↓	140	187	↑
Inactive Body of Water Surveys	2	11	↑	63	69	↑
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	4	0	↓	32	35	↑
Total Program Services Completed	682	610	↓	4,192	5,634	↑

#### 1. Aquatic Health Operations

- A. **Mariner Shores, 2201 N. Buffalo Dr.:** Routine inspections at the pool and spa resulted in IHH closures for a gate not self-closing. Improperly functioning gates can allow unauthorized access to the aquatic venue and increase the risk of drowning for children. A reinspection was conducted, and the pool and spa were reopened.
- B. **Three Crowns Mobile Home Park, 867 N. Lamb Blvd.:** Routine inspections at the pool and spa resulted in IHH closures due to no detectable disinfectant in either venue, potentially exposing bathers to pathogens. Additionally, the spa pump was not operating, exposing bathers to water that was not filtered or circulated. A reinspection is still pending.
- C. **The Pearl at St. Rose, 10250 Spencer St.:** Routine inspections at the pool and spa resulted in closures for IHHs. A gate was not self-closing and self-latching, and the pool and spa disinfectant levels were low. The pool also had excessive cyanuric acid, which reduces the effectiveness of the disinfectant. A reinspection is still pending.
- D. **Hawthorn Suites, 910 S. Boulder Hwy.:** Routine inspections at the pool and spa resulted in closures for IHHs. The ground fault circuit interrupter (GFCI) for the underwater lights was not working, posing an electrocution risk to bathers. The spa had no detectable disinfectant and two broken drain covers, creating an entrapment risk. A reinspection is still pending.
- E. **Village at Viking Road Apartments, 3513 E. Viking Rd.:** A routine inspection at the pool resulted in an IHH closure due to excessive disinfectant and cyanuric acid levels. High levels of disinfectant can result in skin and eye irritation to bathers. A reinspection is still pending.
- F. **Cannery Hotel and Casino, 2121 E. Craig Rd.:** Routine inspections at the pool and spa resulted in IHH closures. All the enclosure gates failed to self-close, and the pool and spa had no detectable disinfectant residual. The aquatic venues were reopened after reinspections were conducted and approved.
- G. **Cimarron West Homeowner's Association, 817 Pepperwood Ln.:** A routine inspection at the south pool resulted in an IHH closure due to lack of self-latching hardware on the gate. A reinspection is still pending.
- H. **Resort at the Lakes, 9999 W. Katie Ave.:** Routine inspections at the pools and spas resulted in IHH closures. The phase one spa had no detectable disinfectant, and the phase two pool and spa had low disinfectant. The aquatic venues were reopened after reinspections were conducted and approved.
- I. **Tides on Valley View, 2301 S. Valley View Blvd.:** A complaint investigation resulted in closure for an IHH. The pool water was green with no detectable disinfectant, and

the main drain was not visible. Water that is not clear prevents seeing a bather in need of rescue. Additionally, a space of more than seven inches was present under the enclosure, creating a risk for unauthorized access of children to the pool. Onsite maintenance addressed the enclosure violation during the complaint investigation. The water was cleaned within the allowed 72-hour timeframe, and a photo was provided showing the condition corrected. A reinspection is still pending.

- J. The Gramercy Residencies, 9255 W. Russell Rd.:** A routine inspection at the spa resulted in closure for IHHs. The disinfectant residual measured high, and the water temperature was over 104°F. High water temperature can lead to heat stress, dehydration, burns, and rashes. Elevated disinfectant levels can result in irritation of skin and mucous membranes. The aquatic venue was reopened after a reinspection was conducted and approved.

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

Aquatic Health Plan Review	April 2022	April 2023		FY 21-22	FY 22-23	
Total Pre-Permitting Services	539	560	↑	6,309	6,403	↑
New Project Submissions	100	78	↓	816	843	↑
Released Projects	118	97	↓	681	772	↑
Total Projects Currently in Plan Review	451	518	↑			

#### 2. Aquatic Health Plan Review:

- A. Suncoast Hotel and Casino, 9090 Alta Dr.:** A pre-plaster inspection for the new spa was not approved due to noncompliant stairs, equipment room lighting, and area lighting. The contractor was able to correct the noncompliant stairs and a reinspection was approved on the same day contingent upon lighting issues being corrected by the final permitting inspection. All corrections were completed, and the final permitting inspection was approved.
- B. Desert Club Resort Holiday Inn, 3950 Koval Ln.:** A final permitting inspection was conducted for the activity pool and spa. The permits were not approved due to a noncompliant enclosure, equipment installed not in accordance with approved plans, leaking chemical feeders, missing aquatic facility signage, and unbalanced chemicals in bodies of water. A reinspection was conducted, and the permits were approved once corrections had been made and an operational plan was submitted for the enclosure.
- C. Red Rock Casino, 11011 W. Charleston Blvd.:** A final remodel inspection was conducted on the lap spa. The remodel scope of work was approved but the drain covers at the bottom of the spa were chipped. Any submerged drain covers that are in disrepair can cause suction entrapments. The spa was not approved to reopen until the drain covers were replaced. The permit holder made the necessary corrections, and the lap spa was approved to reopen.
- D. Parq at Camino Apartments, 4555 N. Camino Al Norte:** Lighting surveys and pre-plaster inspections were conducted for the new pool and spa. Lighting did not meet the required illumination levels on the water surface and deck area, the landscaping was incomplete, and the gate self-latching hardware was not compliant. A pre-plaster inspection cannot be approved until all work in the enclosure is completed and the aquatic venue enclosure is compliant. Reinspections are still pending.



- E. Tides on Tropicana, 4800 E. Tropicana Ave.:** A plumbing inspection was conducted on the pool, which was undergoing replaster, installation of drain covers, and installation of vertical depth markers. The existing plumbing configuration for one of the proposed drain covers did not meet the pipe size requirements, so the applicant will need to provide an alternate model. A final remodel inspection is still pending.
- F. Virgin Hotel, 4455 S. Paradise Rd.:** During a plumbing inspection at the main pool for new drain covers, multiple suction lines were obstructed with foam and plaster. Obstructions in plumbing can result in improper flow through the suction system, as well as present an entrapment risk. The contractor was able to remove the obstructions and the inspection was approved.
- G. Tarry Towne Pool, 2450 Old Forge Ln.:** A plumbing inspection for the pool drain cover replacement was conducted, and the measured sump depths for the skimmer equalizer line did not meet the required sump depth per the manufacturer's requirements. Improper sump depth can lead to a possible entrapment hazard for bathers. The contractor was required to excavate the minimum 3-inch sump depth and submit corrections to SNHD prior to replaster. Follow-up documentation indicating that sump requirements were met was received.

#### **VIII. 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, Food and Drug Administration (FDA) 50-State Conference call regarding CFP issues, AFDO Regulator Calls for CFP issues, 2<sup>nd</sup> Quarter Food Safety Partnership meeting, CFP Council Orientation, NEHA Leadership Academy mentor meetings; Violation Standards Document updates, Food Establishment Inspection Report Form updates, and regulation training preparation meetings.
2. RSO Supervisor attended CFP Biennial meeting as a board member and Council II voting member in Houston, Texas from April 23 to 28.
3. RSO staff welcomed four new hires: Joy Bidinger, Joy Goldman, Kaleya Baker, and Sandra Andres-Mejia to the food inspection training program on April 28.
4. RSO staff released Alyssa Ross to the Paradise Office on April 28.
5. Staff provided industry training for the new 2023 Food Regulations on April 3, 4, 6, and 12, including three hybrid, in-person/virtual, industry training sessions on April 6 and April 12. Topics included the major changes to the regulations and a review of the updated food establishment inspection form.
6. RSO Special Processes staff met with various operators in a virtual setting, via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and 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.

**IX. SPECIAL PROCESSES**

**ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data**

Label Review	April 2022	April 2023		FY 21-22	FY 22-23	
Facility Label Review Submissions	24	13	↓	226	227	↑
Facility Label Review Releases	30	23	↓	251	222	↓
Number of Labels Approved	269	372	↑	3,415	2,956	↓

**ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data**

Special Processes Review	April 2022	April 2023		FY 21-22	FY 22-23	
Cook Chill/Sous Vide Submissions	1	0	↓	3	3	→
Cook Chill/Sous Vide Releases	0	0	→	3	5	↑
2-Barrier ROP Submissions	0	0	→	0	6	↑
2-Barrier ROP Releases	0	0	→	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	0	→	2	5	↑

**ENVIRONMENTAL HEALTH Special Processes Waivers & Operational Plans Review - Fiscal Year Data**

Waivers & Operational Plans Review	April 2022	April 2023		FY 21-22	FY 22-23	
Waiver Review Submissions	0	0	→	13	10	↓
Waiver Review Releases	0	0	→	11	9	↓
Operational Plan Submissions	1	0	↓	3	1	↓
Operational Plan Releases	0	0	→	4	2	↓



# Memorandum



**Date:** May 11, 2023

**To:** Southern Nevada District Board of Health

**From:** Lourdes Yapjoco, MSN-PH, RN, CCM, Interim Director of Primary & Preventive Care *LY*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

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**RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – April 2023**

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## **I. Immunization Program**

### **A. Immunization Program Activities**

1. A total of 275 COVID-19 Vaccines were administered, 93 COVID-19 Monovalent Vaccines, and 182 COVID-19 Bivalent Vaccines.
2. Reminder Postcards/Texts are ongoing. 31 were uploaded for under 5 years of age who are not up to date with the Pneumonia Vaccine. 12,215 were uploaded for the 50 years and above who are not updated with Tdap, Flu, Pneumonia and Shingles vaccine.
3. Reminder phone calls were placed on hold due to staffing and employee transitions.
4. The Immunizations Program is in the process of transitioning Electronic Health Record platforms from the Salesforce to EClinical Works (ECW). Collaboration continues with IT and the Program Coordinator.

### **B. Immunization Outreach Activities**

1. A total of 6 outreach clinics were conducted in partnership with community organizations – REACH and Clark County School District. A total of 595 vaccines were administered to 255 clients. Flu grant funded the clinics.
2. Administrative Assistants and Nursing staff continue rotations at Decatur Immunization clinic to maintain skills in clinic processes and eCW data entry.
3. One clinic was conducted at Shannon West Homeless Youth Center. A total of 24 clients were assessed and tested for tuberculosis. Funding is from the State of NV Substance Abuse and Prevention Tuberculosis (SAPTB) grant.
4. A total of 6 clinics were conducted in partnership with Clark County School District. 2 clinics were at the CCSD Support Center, and 4 clinics were at Cheyenne, Valley, Centennial, and Liberty high schools. A total of 579 vaccines were administered to 246 clients. These are walk-in clinics for the community.

## **II. COVID-19 Vaccine Campaign**

### **A. Community COVID-19 Vaccine Static Clinics**

1. There were 341 COVID-19, and 49 influenza vaccines administered at five static sites held at two CSN campuses, Galleria Mall, Boulevard Mall, and the SNHD Fremont Clinic.
2. The COVID-19 Vaccination program continues to utilize both contract companies, and community partners to assist with vaccination sites.

### **B. Community COVID-19 Pop-Up Sites**

1. There were 167 COVID-19, and 64 influenza vaccines administered through 34 pop-up, community partner, and strike team activities. These activities include clinics

focused on the following population groups: individuals 65 and older, historically underserved communities, homeless, and individuals who are homebound.

2. Community partnerships administering COVID-19 vaccinations included: Touro University.
3. As requested from State partners, long term care facilities continue to be provided vaccination services through SNHD during the last month.
4. Homebound vaccination services continue to be provided by SNHD staff for all jurisdictions throughout Clark County.

C. MPOX vaccinations

1. There were 7 vaccines administered throughout the month at three static and one community partner sites during the last month. The new community partner site is The Center.
2. Through a collaborative effort with the Office of Acute Communicable Disease Control, a total of 12 MPOX vaccine clinics were held during the month of March. An estimated 3 MPOX vaccinations were administered at these clinics.

D. Additional projects

1. The SNHD COVID-19 Call Center was launched after the state COVID-19 Call Center was demobilized.
2. In conjunction with staff members from the SNHD Office of Informatics and Epidemiology, a preliminary analysis was completed for vaccine reminder magnet project geared towards COVID-19 vaccine uptake. Additional data is now being collected to evaluate the associated costs of this program.
3. The Healthcare Provider GET IT. GIVE IT. COVID-19 Vaccine Initiative continues to provide support, encouragement, and awareness for health care providers to carry and administer vaccine on-site.

### III. **Community Health Nursing**

A. Maternal Child Health

1. There were no new childhood lead cases for the month of April.
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 169 active families. Forty-eight are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Fifty clients are being served by the NFP expansion team. Grants from the Nevada Division of Public and Behavioral Health make these programs possible.

A site visit was conducted by the Nevada Division of Public and Behavioral Health's Home Visiting program in April. It was noted that the teams are meeting program and funder goals and benchmarks.

The nurse home visitors continue to enroll and serve eligible families providing education, support, and referrals to needed resources during mostly in-person visits. Occasional telephone visits continue.

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.

No program outreach was conducted in April. The program currently has a waiting list. Families on the list are enrolled within a month.

#### **IV. Sexual Health Clinic (SHC)**

- A. The Sexual Health Clinic (SHC) clinic provided 999 unique services to 874 unduplicated patients for the month of April. There were 123 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. Express Testing serviced 117 patients. There are currently 96 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 clinical team attended a series of trainings on providing Gender Affirming Care services. The SHC Supervisor and Congenital Syphilis (CS) Nurse Case Manager participated in the quarterly CS Review Board Meeting. An SHC provider, the SHC Supervisor, CHW PrEP Navigator gave a presentation and participated in a discussion with the UCSF HIV Prevention Training Center Team on injectable PrEP retention in care and health equity.
- 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 two new program participants in April. 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 23 active participants in the month of April and eight cases closed.
- 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 Administrative Assistant position. Two CHN nurses and two Medical Assistants began orientation in SHC in April. One CHN, one LPN, and the CS CHW are continuing their SHC orientations.

#### **V. Tuberculosis Clinic**

- A. 12 new active adult TB cases were reported by the TB Clinic in the month of April 2023. There were two new pediatric TB cases.



## **VI. Employee Health Nurse**

- A. There were twelve SNHD Employees who tested for COVID-19 in April 2023. This includes two PCR tests, three Rapid Antigen tests, and seventeen from outside entities. Eight employees tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of April. Annual catch-up TB testing is ongoing. Twenty-three Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of April. Sixteen medical clearances were conducted.
- D. There were no employee Blood Borne Pathogens exposure cases for the month of April.
- E. There are no new employee TB exposure cases for the month of April.
- F. April Employee Vaccine Clinics – 8 SNHD Employees
  - 1. Vaccinations given 11
    - a. 0 Bi-valent COVID-19
    - b. 1 Influenza
    - c. 0 Monkeypox Vaccine
    - d. 9 Other vaccines
    - e. Total vaccines given 10
  - 2. Community Vaccinations
    - a. 0 COVID-19 Vaccines
    - b. 0 Influenza Vaccines
    - c. 0 Other vaccines
- G. Policies and procedures continue to be reviewed and updated.

## **VII. Academic Affairs**

- A. There was a total of 7 Interns and 92 applied public health practice hours for April,

## **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 no CEU's offered in April.

LY: ms

Attachments: April 2023 Statistical Report

**PRIMARY AND PREVENTIVE CARE**  
**MONTHLY REPORT**  
**April 2023**

**Client Encounters by Locations**

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	TOTAL
Immunization	1,039	647	234	38	0	0	0	0	1,958
Immunization Records Issued	187	63	11	0					261
Newborn Metabolic Screening	0	0	0	0					0
Sexual Health Clinic	1,055								1,055
TB Treatment & Control	1,266								1,266
SAPTA Services								24	24
<b>TOTAL</b>	<b>3,547</b>	<b>710</b>	<b>245</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>4,564</b>

**Client Encounters by Program**

Program	April 2022	April 2023		FY 21-22	FY 22-23	
Immunizations	2,678	1,958	↓	33,797	34,234	↑
Immunization Records Issued	521	261	↓	7,701	4,809	↓
COVID-19 Vaccine Given*	2798	508	↓	25,815	10,183	↓
Newborn Met. Screening	1	0	↓	8	1	↓
Sexual Health Clinic	1,259	1,055	↓	12,672	11,536	↓
TB Treatment & Control	1,107	1,266	↑	9,043	11,914	↑
SAPTA Services	48	24	↓	278	432	↑
<b>TOTAL</b>	<b>8412</b>	<b>5,072</b>	<b>↓</b>	<b>89314</b>	<b>73109</b>	<b>↓</b>

\*Funded by COVID Grant Funds-Data Collection started January 2022



## Immunization Program

Immunizations	April 2022	April 2023		FY 21-22	FY 22-23	
Flu Vaccine Given	523	543	↑	9,027	8,214	↓
Gratis	261	57	↓	2,083	2,051	↓
COVID Vaccine*	325	289	↓	5,147	2,346	↓

\*Given by Immunization Clinics

Vaccines for Children (VFC)*	April 2022	April 2023		FY 21-22	FY 22-23	
Number of VFC Compliance Visits	10	2	↓	68	45	↓
Number of IQIP Visits*	3	15	↑	33	81	↑
Number of Follow Up Contacts	32	31	↓	417	261	↓
Number of Annual Provider Training	11	14	↑	62	54	↓
Number of State Requested Visits	152	59	↓	1,203	886	↓

Perinatal Hepatitis B	April 2022	April 2023		FY 21-22	FY 22-23	
# of Expectant Women	18	19	↑	16	19	↑
# of Infants	98	69	↓	81	80	↓
Total # of Infants Delivered	2	2	→	33	37	↑
New Cases	2	6	↑	40	50	↑
Closed Cases	2	25	↑	43	59	↑

Childcare Program	April 2022	April 2023		FY 21-22	FY 22-23	
Childcare Audits	2	2	→	61	56	↓
Baseline Immunization Rate	61%	82%	↑	73%	72%	↓
# of Final Audits	3	2	↓	66	56	↓
Final Immunization Rate	85	90%	↓	92%	93%	↑
# of Records Reviewed	64	106	↑	4675	3759	↓

## Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	April 2022	April 2023		FY 21-22*	FY 22-23	
# of COVID-19 Vaccines administered	2798	508	↓	25,815	10,193	↓
# of Monkeypox Vaccine administered*	0	10	↑	0	547	↑
# of Influenza Vaccine administered*	0	113	↑	0	1273	↑
# of Healthcare Provider Compliance Visits	8	1	↓	45	30	↓
# of Newly Enrolled Healthcare Provider Education Sessions	1	0	↓	40	53	↑
# of Potential Healthcare Provider Recruitment Sessions	9	0	↓	50	39	↓
# of Healthcare Provider Contacts	257	110	↓	954	645	↓

\* Vaccine administration started October 2022

## Community Health Program

	April 2022	April 2023		FY 21-22	FY 22-23	
Nursing Field Services						
MCH Team Home Visit Encounters	14	11	↓	113	80	↓

	April 2022	April 2023		FY 21-22	FY 22-23	
NFP (Team 1)						
Referrals	21	4	↓	181	85	↓
Enrolled	11	5	↓	96	59	↓
Active	137	119	↓			

	April 2022	April 2023		FY 21-22	FY 22-23	
NFP (Expansion Team)						
Referrals	N/A	6	↓	N/A	87	↓
Enrolled	N/A	3	↓	N/A	49	↓
Active	N/A	50	↓			

	April 2022	April 2023		FY 21-22	FY 22-23	
MCH						
# of Referrals Received**	5	1	↓	29	35	↑
# from CPS*	1	1	→	13	24	↑
# of Lead Referrals	1	0	↓	5	3	↓
# of Total Admissions	2	0	↓	12	21	↑

	April 2022	April 2023		FY 21-22	FY 22-23	
EHB						
Referrals	5	6	↑	142	66	↓
Enrolled	3	4	↑	65	48	↓
Active	56	56	→			

	April 2022	April 2023		FY 21-22	FY 22-23	
Thrive by 0 - 3						
Referrals	51	29	↑	743	608	↓
One-Time Home Visits	N/A	4	↑	N/A	33	↓
Enrolled	1	3	↑	15	25	↑
Active	13	17	↑			

## Tuberculosis Program

Tuberculosis	April 2022	April 2023		FY 21-22	FY 22-23	
Number of Case Management Activities*	312	199	↑	2,400	2,187	↓
Number of Monthly Pulmonary Specialist Clinic Clients Seen	34	20	↓	232	330	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	10	27	↑	118	135	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	2	5	↑	8	53	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,107	1,266	↑	6,288	9,519	↑

\*New EMR system- Counting only successful activities

Substance Abuse Prevention & Treatment Agency (SAPTA)	April 2022	April 2023		FY 21-22	FY 22-23	
# of Site Visits	4	1	↓	28	33	↑
# of Clients Screened	48	24	↓	278	432	↑
# of TB Tests	44	21	↓	239	371	↑
# of Assessments only	4	3	↓	39	61	↑

## Sexual Health Clinic Program

STD Services	April 2022	April 2023		FY 21-22	FY 22-23	
STD treatment/screening/exam	1,259	1,055	↓	12,672	11,536	↓
Total # of patients served	860	874	↓	8,331	8,866	↑

## Interns and Clinical Rotations

Interns /Rotations	April 2023	YTD FY22-23
Total Number of Interns <sup>1</sup>	7	33
Internship Hours <sup>2</sup>	92	1,118

<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