



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 25, 2024 – 9:00 a.m.

Meeting was 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

- 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 – Mayor Pro Tempore, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*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 (*via WebEx*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)
- ABSENT:** Jim Seebock – Council Member, City of Henderson
- ALSO PRESENT:** Samantha Barnes, David Bichsel, Jennifer Budzinski, Stephen Johnson,
(In Audience) Carme Jones, Kimberly Krumland, Deborah Kuhls, Rachel Mack, Andria Peterson, Sheri McPartlin, Vincent Queano, Lisa Rogge, Jason Roth, Stacie Sasso, Gina Stroughter, Shana Tello, Mahogany Turfley, Quintella Winebush
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Jason Agudo, Adriana Alvarez, Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Mark Bergtholdt, Haley Blake, Todd Bleak, Murphy Boudreaux, Jennifer Bowers, Rachel Bryant, Cory Burgess, Dan Burns, Victoria Burris, Donna Buss, Joe Cabanban, Matthew Catalano, Nicole Charlton, Andria Cordovez Mulet, Carol Cottam, Shea Crippen, Susan Crutchfield, Cherie Custodio, Gerard Custodio, Natalya DeCicco, Aaron DelCotto, Brandon Delise, Karin Dinda, Liliana Dominguez, Jessica Donnell, Rebecca Drew, Tabby Eddleman, Lisa Falkner, James Foley, Jason Frame, Nicolas Gabler, Cheri Gould, Jacques Graham, Maria Gueco, Sarah Hall-Lugo, Heather Hanoff, Amineh Harvey, Richard Hazeltine, Reyna Herrera, Carmen Hua, Dan Isler, Danielle Jamerson, Markia Jefferson, Loretta Jennings, Jessica Johnson, Micah King, Mikki Knowles, Dann Limuel Lat, Josie Llorico, Cassius Lockett, Randy Lockett, Sandy Lockett, Hetal Luhar, Anilkumar Mangla, Cassondra Major, Blanca Martinez, Eric McIntyre, Bernadette Meily, Samilla Neal, Todd Nicolson, Kimberly Noches, Brian Northam, Mirelly Orea-Valencia, Veralynn Orewyler, Kyle Parkson, Neleida Pelaez, Desiree Petersen, Shannon Pickering, Luann Province, Yin Jie Qin, Cheryl Radeloff, Devin Raman, Vivek Raman, Larry Rogers, Alexis Romero,

Arc Rufo, Kim Saner, Aivelhyn Santos, Chris Saxton, Rabea Sharif, Karla Shoup, Jennifer Sizemore, Randy Smith, Autum Sparlin, Amy Stines, Shaqweta Summerville, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Greg Tordjman, Sasit Udomwattawee, Lizbeth Vasquez, Gabriela Villafuerte, Jorge Viote, Donnie Whitaker, Michelle Wong, Heather Woods, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Ying Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:05 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Public Health Heroes

As an extension of Public Health Week, annually, the Health District recognized Public Health Heroes that were individuals and/or organizations whose contributions had positively affected the health and well-being of our community. This year we had the following Public Health Heroes:

- Dr. Andria Peterson, Executive Director, Roseman University of Health Sciences, EMPOWERED Program

Dr. Peterson was nominated as part of the EMPOWERED program. Dr. Peterson recognized the alarming rates of neonatal abstinence syndrome (NAS) in Nevada through her work in the neonatal intensive care unit (NICU) and took proactive measures to address this public health issue. She identified gaps in care for infants and new parents affected by substance use disorder (SUD), leading to the development of comprehensive protocols and interventions. She has been instrumental in raising public awareness about SUD and NAS, both within the healthcare community and among the general population, through education campaigns and training initiatives. As the Executive Director of the EMPOWERED Program, Dr. Peterson fostered collaborations with state, local, and grassroots stakeholders to create a network of support and facilitated access to comprehensive services for pregnant and postpartum individuals and their babies. Her involvement in policy development has helped implement training programs for healthcare providers in identifying and treating individuals with SUD. Rachel Mack, Associate Director of the EMPOWERED Program accepted the award on Dr. Peterson's behalf.

- Jennifer Budzinski, RN, Employee Occupational Health Strategy Director, and Sheri McPartlin, MEd, BSN, RN, Health Services Director III/Chief Nurse, Clark County School District, Health Services Department

Ms. Budzinski and Ms. McPartlin were nominated for their collaboration with the Health District related to a Tuberculosis exposure in the Clark County School District (CCSD). In 2023, our community experienced 5 active Tuberculosis exposures in the CCSD. SNHD's Office of Disease Surveillance conducted contact investigations for all 5 exposures. CCSD Health Services collaborated to disseminate the TB risk questionnaire to new hires for the 2023-2024 school year. Soon after, another exposure was discovered and Jennifer Budzinski stepped up, hands on, and assisted with coordination and implementation of a large-scale testing event. At this event ~250 individuals were tested. The 5th exposure was discovered during the planning phase of that event CCSD staff again stepped up to help SNHD navigate, plan and execute large scale testing. CCSD Health Services provided staff, facilities, and support. The collaboration between CCSD and the Health District has developed into a close working relationship. These exposures and testing events can be scary for parents, students and staff. CCSD has helped educate, support, and calm the community.

- Kimberly Krumland, Director III, and Stephen Johnston, Safety Coordinator, Clark County School District, Risk Management Department

Ms. Krumland and Mr. Johnston were nominated for their continued collaboration with the Health District. Ms. Krumland and Mr. Johnston supervise the CCSD Risk Management and Safety Department consisting of fifteen staff members who work tirelessly to eliminate or mitigate life-changing or life-ending hazards on school campuses throughout the Valley. These hazards include playgrounds with equipment that has potential strangulation, laceration, or puncturing hazards as well as schools with sanitary water issues, sewage spills and chemical storage hazards in custodial closets and science laboratories. They also works in conjunction with the Health District to identify infestations of rodents, mosquitos, or other vectors and to remove these infestations thus ensuring that children and school staff are not exposed to infectious diseases. In addition, they assist the Health District in responding to communicable disease outbreaks in an efficient manner by disseminating the knowledge, tools, and resources to respond to said outbreaks and facilitate the cleaning and sanitizing of effected area. Ms. Krumland and Mr. Johnston perform their duties with the utmost professionalism and courtesy; even under the most difficult circumstances they maintain their composure, goodwill, and humor.

On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the Public Health Heroes for their support and contributions to the Health District and the community.

2. Rachel Bryant, Brandon Delise, Ying Zhang, Niema Beckford, Cassius Lockett

- Co-authored "*Assessment of risk factors for Neonatal Abstinence Syndrome (NAS) using a Standardized Surveillance Case Definition in Clark County, NV*" in the publication "*Journal of Maternal and Child Health*"

The Chair recognized Rachel Bryant, the Applied Epidemiology Fellow at the Health District through the Council of State and Territorial Epidemiologists. Ms. Bryant spearheaded an article on the "*Assessment of risk factors for Neonatal Abstinence Syndrome (NAS) using a Standardized Surveillance Case Definition in Clark County*" in the *Journal of Maternal and Child Health*. NAS is a withdrawal syndrome in neonates that can occur due to drug exposure during pregnancy. The study utilized hospital discharge data from 2016 to 2022. The study resulted in the need to collect substance and diagnosis-specific data about prenatal substance use to identify unmet service care and disparities. On behalf of the Health District

and Board of Health, the Chair congratulated Ms. Bryant and the entire team for this well-deserved honor.

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

3. Southern Nevada Health District – Employees of the Month

- Carol Cottam and Desiree Petersen (December 2023)
- Ronique Tatum-Penegar and Jessica Andrade (January 2024)
- Robert (Bob) Chamberlain, Dennis Morala, and Samantha Hamilton (February 2024)
- James Foley and Amy Stines (March 2024)
- Mirelly Orea-Valencia and Toby Ashmore (April 2024)

The Chair recognized the above-named Health District employees for being awarded the Employee of the Month award. Starting in December last year, the Health District introduced a new employee recognition program – the Employee of the Month Award. Nominations were peer-to-peer and designed to recognize those that go above and beyond expectations for the Health District and our community, and that best represent our C.A.R.E.S. Values. Each month two individuals will be selected by a group of their peers. On behalf of the Health District and the Board of Health, the Chair congratulated these exceptional employees.

4. Southern Nevada Health District – Manager/Supervisor of the Quarter

- Jason Agudo and Sarah Lugo

The Chair recognized Jason Agudo, IT Manager, and Sarah Lugo, Community Health Nurse Supervisor for being awarded the Manager/Supervisor of the Quarter Award. Starting earlier this year, the Health District introduced a new employee recognition program for Supervisors and Managers – the Manager/Supervisor of the Quarter Award. Nominations were from staff and designed to recognize leadership, teamwork efforts, ideas or accomplishments, and that best embodies our C.A.R.E.S. Values. Each quarter two individuals are selected. On behalf of the Health District and Board of Health, the Chair congratulated Mr. Agudo and Ms. Lugo for their contribution to the Health District and 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.

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

V. ADOPTION OF THE APRIL 25, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the April 25, 2024 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:** March 28, 2024 *(for possible action)*
- 2. PETITION #32-24: Approval of an Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use and those vulnerable to overdose;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Nielson, and carried unanimously to approve the April 25, 2024 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, Discuss and Approve Proposed Amendments to the Southern Nevada District Board of Health By-laws and the Public Health Advisory Board By-laws;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve Proposed Amendments to the Southern Nevada District Board of Health Board Governance Policies;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel, highlighted the proposed amendments to the Southern Nevada District Board of Health By-laws, the Public Health Advisory Board By-laws, and the Board Governance Policies.

A motion was made by Member Brune, seconded by Member Bond, and carried unanimously to approve the proposed amendments to the Southern Nevada District Board of Health By-laws, the Public Health Advisory Board By-laws, and the Board Governance Policies, 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)**

The Chair indicated that, further to a request from Senator Doñate, the Health District agreed to provide his office with assistance on the food vendor program so they may do things in Spanish. The Chair confirmed that things were moving forward in Clark County. The Chair further advised that there were a couple individuals that were interested in going through the process.

The Chair indicated that Health District staff were working with Clark County on its Opioid Task Force. The Chair requested a presentation later in the summer on the Task Force's projects/initiatives.

The Chair indicated that the Health District staff reached out to the State for a presentation on the licensing process of the free-standing emergency departments. It is anticipated that the presentation will be held at either the May or June Board of Health meeting.

Member Brune requested a presentation on the outreach initiatives for the Back-to-School immunizations. The Chair requested that the calendar of events related to Back-to-School immunizations be circulated to the Board so they may share it with their constituents.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to his written report, Dr. Leguen introduced Dr. Anil Mangla, as the new Director of Disease Surveillance and Control, effective April 22, 2024.

Dr. Leguen recognized the Board members for their support and going above and beyond to coordinate events for employees across all locations of the Health District for Public Health Week.

Further, Dr. Leguen advised that, as part of Public Health Week, the Health District hosted a State of Public Health and Legislative Advocacy event. Health District staff members provided a comprehensive presentation about Congenital Syphilis. Also, Health District staff members and partners also participated in a presentation and panel discussion about the Overdose Burden in Clark County. The event was very successful.

- Identification and Rapid Expansion of *Ae. aegypti* in Clark County, NV 2017-2023

Vivek Raman, Environmental Health Supervisor, presented on the identification and rapid expansion of *Ae. aegypti* in Clark County.

Further to an inquiry from the Chair, Mr. Raman advised that the Health District worked well with the various jurisdictions, however, the issue was that municipalities handled mosquito control differently, as mosquito control is under the jurisdiction of the municipalities.

The Board was in agreement that Mr. Raman prepare a brief infomercial regarding mosquitos in the community that they may sent to their constituents. The Board requested that any messaging amplify that the community plays an important role in ensuring their properties remain free of items that contribute to mosquitos in the community.

Member Black encouraged the Board members to participate in a program for larvicide spray.

Member Segerblom left the meeting at 10:13 a.m. and did not return.

Further to an inquiry from Member Bond, Mr. Raman advised that the larvicide spray was not harmful and that in some areas it is inserted into drinking water.

Dr. Leguen advised that staff would prepare a plan, along with sustainability options, to report back to the Board so they may provide guidance to their staff.

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.

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

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:24 a.m.

XIII. CLOSED SESSION (*heard out of order*)

Go into closed session, pursuant to NRS 288.220 for the purpose of conferring with Health District attorney regarding labor issues.

The Chair started the Closed Session at 10:32 a.m.

The Chair closed the Closed Session at 10:51 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

April 25, 2024 – 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=m8391b177838fdc711f1e4bed6df3b2f7>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 896 5338](https://snhd.webex.com/snhd/j.php?MTID=m8391b177838fdc711f1e4bed6df3b2f7)

For other governmental agencies using video conferencing capability, the Video Address is:
25538965338@snhd.webex.com

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Public Health Heroes

- Dr. Andria Peterson, Executive Director, Roseman University of Health Sciences, EMPOWERED Program
- Jennifer Budzinski, RN, Employee Occupational Health Strategy Director, and Sheri McPartlin, MEd, BSN, RN, Health Services Director III/Chief Nurse, Clark County School District, Health Services Department
- Kimberly Krumland, Director III, and Stephen Johnston, Safety Coordinator, Clark County School District, Risk Management Department

2. Rachel Bryant, Brandon Delise, Ying Zhang, Niema Beckford, Cassius Lockett

- Co-authored “Assessment of risk factors for Neonatal Abstinence Syndrome (NAS) using a Standardized Surveillance Case Definition in Clark County, NV” in the publication “Journal of Maternal and Child Health”

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4. Southern Nevada Health District – Manager/Supervisor of the Quarter

- Jason Agudo and Sarah Lugo

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

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2553 896 5338. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

V. ADOPTION OF THE APRIL 25, 2024 AGENDA *(for possible action)*

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: March 28, 2024 *(for possible action)*

2. PETITION #32-24: Approval of an Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use and those vulnerable to overdose; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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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.

VIII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve Proposed Amendments to the Southern Nevada District Board of Health By-laws and the Public Health Advisory Board By-laws;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Receive, Discuss and Approve Proposed Amendments to the Southern Nevada District Board of Health Board Governance Policies;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

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

- DHO Comments
- Identification and Rapid Expansion of *Ae. aegypti* in Clark County, NV 2017-2023

XI. INFORMATIONAL ITEMS

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2. Community Health Division Monthly Activity Report
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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. **See above for instructions for submitting public comment.**

XIII. **CLOSED SESSION – To Be Held Prior to Adjournment**

Go into closed session, pursuant to NRS 288.220 for the purpose of conferring with Health District attorney regarding labor issues, and direct staff accordingly. (*for possible action*)

XIV. ADJOURNMENT

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

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices

include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 28, 2024 – 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 Nemece, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Mayor Pro Tempore, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*via WebEx*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*via WebEx*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*via WebEx*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
- ABSENT:** Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Harry Ben-Zvi, Georgi Collins, Forrest Darby, Jessika
(In Audience) Dragna, Bradley Mayer, Vincent Queano
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Malcolm Ahlo, Adriana Alvarez, Emily Anelli, Larry Armstrong, Jonna Arqueros, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Todd Bleak, Amanda Brown, Nicole Bungum, Dan Burns, Nikki Burns-Savage, Victoria Burris, Donna Buss, Joe Cabanban, Jonathan Contreras, Andria Cordovez Mulet, Shea Crippen, Corey Cunningham, Rebecca Cruz-Nanez, Cherie Custodio, Gerard Custodio, Liliana Davalos, Aaron DelCotto, Brandon Delise, Jason Frame, Jacques Graham, Heather Hanoff, Jeremy Harper, Maria Harris, Richard Hazeltine, Summer Holloway, Carmen Hua, Dan Isler, Danielle Jamerson, Heidi Laird, Ignacio Leycegui, Josie Llorico, Cassius Lockett, Erick Lopez, Randy Lockett, Sandy Lockett, Cassandra Major, Jonas Maratita, Blanca Martinez, Lourdes Medina, Bernadette Meily, Gabriela Montaldo, Samantha Morales, Annette Nakhonwong, Samilla Neal, Linda Nguyen, Brian Northam, Erin O'Malley, James Park, Kyle Parkson, Neleida Pelaez, Luann Province, Katarina Pulver, Larry Rogers, Alexis Romero, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Betty Souza-Lui, Candice Stirling, Will Thompson, Greg Tordjman, Renee Trujillo, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:01 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. 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.

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

Forrest Darby indicated that he was requesting a waiver. The Chair advised that the First Public Comment period was devoted to items appearing on the agenda and requested that Mr. Darby make his comments to the Second Public Comment period.

The Chair closed the First Public Comment period.

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

IV. ADOPTION OF THE MARCH 28, 2024 MEETING AGENDA (for possible action)

A motion was made by Member Nemeč, seconded by Member Nielson, and carried unanimously to approve the March 28, 2024 Agenda, as presented.

V. 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 22, 2024 *(for possible action)*
- 2. PETITION #29-24: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada for COVID-19 antigen test kit vending machines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #31-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada to provide services to support the Southern Nevada Health District Community Partnership**

to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC Award #NU58DP007746), referred to as Racial and Ethnic Approaches to Community Health (REACH); direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Seebeck, and carried unanimously to approve the March 28, 2024 Consent Agenda, as presented.

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

- 1. Variance Request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with three conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

Further to an inquiry from the Chair, Mr. Isler advised that the system was functioning, in good working condition, and the only issue was the location.

After discussion, the following motion was made:

A motion was made by Member Nielson, seconded by Member Seebeck, and carried unanimously to approve the Variance Request for an existing unpermitted septic system located at 339 Alpine Way, Mt. Charleston, NV 89124 to allow the septic system to encroach on the property line with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

3. *Permitting of the ISDS must be completed within one year of the date of approval of the variance. If the permit has not been approved within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioners or their successor(s) in interest.*

2. **Variance Request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with two conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0033483, located at 8520 Jakes Pl., Las Vegas, NV 89143 to allow the septic system to encroach on the property line with the following conditions:

1. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

3. **Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line. Mr. Isler advised that the staff recommended approval of the variance request, with two conditions. The petitioner was not in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

After discussion, the following motion was made:

A motion was made by Member Seebock, seconded by Member Black, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0014664, located at 499 Sari Dr., Las Vegas, NV 89110 to remain encroaching on the property line with the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*

VII. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the proposed updates to the Clinical Master Fee Schedule. Ms. Whitaker was joined by Donna Buss, Revenue Cycle Manager.

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 schedules. Ms. Whitaker outlined the review methodology and the proposed changes.

Member Nielson summarized the discussion from the Finance Committee meeting earlier in the week.

Further to an inquiry from Member Seebock, Ms. Whitaker advised that all the fees were moved to the 50th percentile mark.

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the Clinical Master Fee Schedule Updates, as presented.

- 2. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January,

with 2024 seeing an increase of 4.1% to the Consumer Price Index (CPI) from 2022 and 2023. The guidelines were used to adjust the sliding fee schedules.

A motion was made by Member Black, seconded by Chair Kirkpatrick, and carried unanimously to accept the recommendation from the Finance Committee and accept the Update Federal Poverty Level Guidelines, as presented.

3. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Schedules; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith outlined the HRSA requirements related to billing and collections. Mr. Smith confirmed that patients are seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith outlined a new Point of Care Discount, which would provide a 50% discount on fees if payment was made at the time of a visit, for patients that had an income of 200% or greater than the federal poverty level, who did not qualify for the sliding fee discount. Mr. Smith further outlined a market study of fees for FQHCs in Nevada.

Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules and advised there were no changes from last year, except a recommendation to remove the follow-up visit category for the Sexual Health Clinic. This recommendation was due to the fact that the majority of follow-up visits are performed by nurses and would be covered by the nurse visit category.

Further to an inquiry from Member Nemeč, Mr. Smith advised that generally a self-attestation was completed for patients to declare and confirm their income.

A motion was made by Chair Kirkpatrick, seconded by Member Bond, and carried unanimously to accept the recommendation from the Finance Committee and approve the SNHD Clinical Sliding Fee Schedules, as presented.

4. Receive, Discuss and Approve the Recommendations from the March 25, 2024 Finance Committee meeting regarding the FY2025 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY2025 Budget, which begins on July 1, 2024 and ends on June 30, 2025, with the following highlights:

Highlights

- Staffing is projected to increase to 866.5 FTE, compared to 865 FTE.
- General Fund revenues project at \$106.9M, an increase of \$5.4M from FY24 augmented budget.
- Special Revenue Fund (Grants) decrease to \$64.2M, a decrease of \$25.6M from FY24 augmented budget
 - SB118 funding is expected to start in FY25, total of \$10.95M; an estimated \$6.1M is anticipated to be utilized in FY25.

- Lab Expansion Project is currently underway is expected to continue in FY25 with \$4.1M carryover budget.

Ms. Whitaker advised that the presented budget did not include any salary, COLA, or merit increases.

Revenues – General & Grants Fund

- Property tax revenue is expected at \$36.6M, an increase of \$2.5M or 7.4% compared to FY2024.
- General Fund Revenue increased from \$101.5M to \$106.9M, a \$5.4M or 5.3% increase from FY2024.
- Special Revenue Funds decreased from \$89.8M to \$64.2M due to the conclusion of grants, examples, state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2025 total \$68.6M an increase of \$6.9M to 11% from FY2024. FY2025 budget includes a full year of expense for vacant positions that were partially accounted for in the FY2024 augmented budget.
- Additional personnel needed to support Environmental Health and the transition of positions back to General Fund from grant funding contributed to the increase in salaries and benefits along with conversion of Grant Funded FTEs to General Fund.
- Pharmacy Medical Supplies increase from \$17.6M to \$20.2M, an increase of \$2.6M or 15% which has a revenue offset account.

Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from \$96.8 M to \$69.6 M due to the conclusion of grants. Examples: state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.
- SB118 total new revenue is estimated at \$6.0 M in FY25. Anticipated FTE total is 13.5 positions (6 new) with estimated salaries and benefits of \$1.4M.
- PHI Grant estimated revenue total in FY25 is \$6.7M. Anticipated FTE total is 50 positions with estimated salaries & benefits of \$5.7M.

Ms. Whitaker further reviewed the:

- Expenditures and Revenues vs. Expenditures by Division
- Personnel by Division, comparing FY2023, FY2024 and FY2025
- Capital Fund
- General Fund – Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund, and Internal Service Fund

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance Committee and approve the FY2025 Budget, as presented.

5. **Receive, Discuss and Approve Recommendations from the March 25, 2024 Finance Committee regard the Financial Report, as of December 31, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

Member Nielson advised that the financial report was information and there was no action required. Heather Anderson-Fintak, General Counsel, confirmed that the Finance Committee requested regular financial reports and no voting was required.

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

The Chair reminded the Board members that April was Public Health Week and encouraged Board members to recognize and highlight the work of the Health District staff.

The Chair requested that staff cease the use of waivers of lifeguards at facilities. The Chair further indicated that at many locations the technology was not working as thought and to pull back waivers as needed.

The Chair requested a meeting in April for the Free-standing Emergency Departments Working Group. Dr. Leguen advised that initially a meeting would be established with the Chair to obtain feedback on the information that staff had obtained, followed by a meeting of the working group.

- IX. HEALTH OFFICER & STAFF REPORTS (*Information Only*)**

- DHO Comments

In addition to his written report, Dr. Leguen advised that the first week in April was Public Health Week and a number of events were scheduled throughout the week for Health District staff.

Dr. Leguen further advised that March 24th was recognized as World TB Day. As Clark County had experienced several cases of TB in recent months in the school system, Dr. Leguen recognized the work by Health District staff and the strong collaboration with members of the Clark County School District (CCSD). Dr. Leguen advised that the Health District had spent over \$200,000 on the recent investigations.

- X. 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

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

Member Black left the meeting at 10:28 p.m. and did not return.

Forrest Darby represented Tiburon Estates and advised that, last year, their community jacuzzi was closed due to an imminent health hazard. Mr. Darby further advised that replacement pool covers were purchased and installed; photographs of the replacement pool covers were provided to the Board. Mr. Darby indicated that a pool inspection was performed, and the inspector noted that the serial numbers on the pool covers were different. Mr. Darby indicated that the inspector advised that the community would no longer be grandfathered in and would require that the jacuzzi was re-plumbed. Mr. Darby requested that the community be placed under the self-regulation category as outlined in the Aquatic Facility Regulations.

Harry Ben-Zvi, of Tayor Association Management, spoke regarding Tiburon Estates III, which was a townhome community at Flamingo and Pecos. Mr. Ben-Zvi clarified that the community pool was not closed by the Health District, as the issue of the pool cover was discovered before the pool was opened. Mr. Ben-Zvi advised that the community has governing documents with a good track record of complying with the governing documents and operating their pools safely. Mr. Ben-Zvi indicated that the self-regulation category would be advantageous for the community as the homeowner association was funded solely by the owner. The self-regulation category would allow the community to maintain their pools safely, which currently costs the homeowners association approximately \$22,000 annually.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 10:35 a.m.

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

/acm



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: April 25, 2024

RE: *Approval of Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department*

PETITION # 32-24

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement between the Southern Nevada Health District (SNHD) and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use and those vulnerable to overdose.*

PETITIONERS:

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

Cassius Lockett, PhD, District Deputy Health Officer-Operations *CL*

Victoria Burris, MPH, Acting Director of Disease Surveillance and Control/ Communicable Disease Manager *VB*

DISCUSSION:

This is an agreement to support and collaborate with the Las Vegas Metropolitan Police Department's Law Community Engagement/HOT (CEP) Program to expand their training programs through internal capacity building.

FUNDING:

This agreement will provide funding to the Las Vegas Metropolitan Police Department for their collaboration in post overdose response and diversion efforts funded through an award from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance 15PBJA-23-GG-02351-COAP.



**INTERLOCAL AGREEMENT FOR PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
C2400113**

This Interlocal Agreement for Professional Services (“Agreement”) is made and entered into by and between the Southern Nevada Health District (“Health District”) and Las Vegas Metropolitan Police Department (“LVMPD”) (individually “Party” and 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 (“NRS”), Chapter 439, with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, LVMPD is a law enforcement agency created pursuant to NRS Chapter 280, serving the residents of the City of Las Vegas and unincorporated areas of Clark County, in addition to visitors to those locations;

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Department of Justice (“DOJ”), Office of Justice Programs (“OJP”), Bureau of Justice Assistance (“BJA”), Award Number 15PBJA-23-GG-02351-COAP, Assistance Listing Number 16.838, project entitled SPORTS – Southern Nevada Post-Overdose Response Team Support, awarded September 25, 2023, with a total amount awarded to Health District of \$1,600,000 (the “Grant”);

WHEREAS, as part of DOJ, OJP, BJA’s Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (“COSSUP”), Health District will engage with select community partners in support of Grant deliverables in efforts to reduce fatal drug overdoses in Clark County, Nevada; and

WHEREAS, as a sub-recipient of Grant funds, LVMPD represents it has the expertise, qualifications and resources available to support the above services as required.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from the date of the last signature affixed hereto through September 30, 2024, 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 paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause.
 - 1.03 Upon termination, LVMPD will be entitled to payment for services provided prior to date of termination and for which LVMPD 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. LVMPD shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. LVMPD will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$43,979, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. LVMPD will provide Services to Health District under this Agreement as an independent contractor. Nothing in this Agreement or the relationship between Health District and LVMPD will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, or to create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, and during LVMPD's regular business hours, conduct a fiscal monitoring of LVMPD at any time during the term of the Agreement. LVMPD will be notified in writing at least two (2) weeks prior to the visit, outlining documents that must be available prior to Health District's visit. In the event a regulatory body requests access to LVMPD records for fiscal monitoring, Health District will provide as much advance written notice to LVMPD as is reasonably possible. Health District shall notify LVMPD 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. LVMPD 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 LVMPD in writing.

6) FEDERAL AUDIT REQUIREMENTS WITH SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT.

6.01 LVMPD 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.

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

6.03 If LVMPD 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").

6.04 LVMPD must send a copy of the confirmation from the Federal Audit Clearinghouse to contracts@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.

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

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

7) BOOKS AND RECORDS.

7.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully

disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Schedule, or for a minimum of five (5) years from the date of termination of this Agreement; 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.

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

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

Southern Nevada Health District
Contract Administrator
Legal Department
280 S. Decatur Blvd
Las Vegas, NV 89107

Las Vegas Metropolitan Police Department
Attn: Gillian Culver
Budget Section
400 S. Martin L. King Boulevard, Bldg B
Las Vegas, NV 89106

- 9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended from time-to-time, or personally identifiable information will be shared with LVMPD during the course of this Agreement. Accordingly, no Business Associate Agreement is required. Consistent with state and federal privacy laws, LVMPD will at all times have in place procedures to ensure the privacy and maintain the confidentiality of any Health District information with at least the same degree of care as it maintains the confidentiality of its own confidential information of like importance. No such confidential information will be released to any third party without Health District's prior written consent.

- 10) MUTUAL COOPERATION. Each Party shall fully cooperate with the other in the furtherance of this Agreement, and will 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 additional actions or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

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

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

12) **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

13) **GENERAL PROVISIONS.**

13.01 **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.

13.02 **ASSIGNMENT.** LVMPD shall not assign, transfer, or delegate any rights, obligations or duties under this Agreement without the Health District's prior written consent.

13.03 **USE OF NAME AND LOGO.** LVMPD may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. LVMPD 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, LVMPD's right to use the Health District's name and/or logo.

13.04 **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.

13.05 **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).

13.06 **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.

13.07 **COMPLIANCE WITH LEGAL OBLIGATIONS.** LVMPD 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 and 45 CFR Part 75.

- 13.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 13.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. LVMPD may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as LVMPD sees fit, so long as the performance of such services does not interfere with LVMPD's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 13.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Neither Party will be subject to Agreement-related punitive damages.
- 13.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 13.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 13.13 PUBLIC RECORDS. Health District is a public entity subject to Nevada's Public Records Act pursuant to NRS Chapter 239. Accordingly, 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.
- 13.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 13.15 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). If LVMPD status changes at any time pursuant to this Subsection 13.17, LVMPD agrees to immediately notify Health District in writing, and Health District may terminate this Agreement for cause as described in the above Section 1.

- 13.16 CODE OF CONDUCT. By executing the Agreement, LVMPD acknowledges it has read and agrees 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>

- 13.17 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

**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT**

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

By: _____
Kevin McMahill
Sheriff
LVMPD UEI: DCJLHJL4WQ94

Date: _____

Date: _____

APPROVED AS TO FORM:

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

By: _____
Edward Wynder, Esq.
Associate General Counsel
Southern Nevada Health District

ATTACHMENT A
Scope of Work

A. Description of Services, Scope of Work and Deliverables, Performance Period January 29, 2024 through September 30, 2024.

A.1 LVMPD will assist Health District with the following activities:

<u>Objective</u>	<u>Activities</u>	<u>Output</u>	<u>Due Date</u>	<u>Evaluation</u>
1. Goal 1: Receive training and education as well as learn best trends and practices from other agencies regarding prescription drugs, opioids, and other illicit drugs.				
1.1. CIT International Conference; Detroit, Michigan (August)	1.1.1 LVMPD Community Engagement/HOT Program (“CEP”) officers will attend training and exchange ideas with other policing agencies who have a law enforcement drug diversion program. LVMPD members will learn about the deterrence, handling of citizens with drug dependence, triumphs and practices to better grow LVMPD’s program.	The number of officers who attended the training will be reported upon completion of the conference.	October 2024	Quarterly report – Copy of course agenda
1.2. RX and Illicit Drug Summit conference; Atlanta, Georgia (April)	1.2.1. LVMPD’s officers will attend educational events to be shared while joining annual stakeholder gatherings to discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported upon completion of the conference.	July 2024	Quarterly report – Copy of course agenda

1.3. RISE conference; Houston, Texas (June)	1.3.1. LVMPD's CEP Law Enforcement Intervention for Mental Health and Addiction program ("LIMA") officers will attend training and educational classes to learn about and discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported upon completion of the conference.	July 2024	Quarterly report – Copy of course agenda
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<u>Objective</u>	<u>Activities</u>	<u>Outputs</u>	<u>Due Date</u>	<u>Evaluation</u>
2. Goal 2: Continue training other officers about drug diversion resources throughout the LVMPD.				
2.1. LVMPD's CEP employees will continue to train officers about non-violent drug offenders.	<p>2.1.1. LVMPD's CEP Unit will continue to train officers throughout the LVMPD. Visits will be made to each patrol briefing occurring at each area command.</p> <p>2.2.1. In-person training classes will be available to be scheduled through the LVMPD Organizational Development Bureau Advanced Training Section as well as training material will be made accessible in University of Metro Las Vegas. Information obtained from the CIT International, RX and Illicit Drug Summit and RISE conferences will be shared with attendees.</p>	The number of officers trained per area command will be reported each quarter.	Ongoing through the performance period.	Quarterly report of outcomes

<u>Objective</u>	<u>Activities</u>	<u>Outputs</u>	<u>Due Date</u>	<u>Evaluation</u>
3. Goal 3: Provide direct connection to resources to citizens in need of behavioral health support with a clinician from a partnering agency.				

3.1. LVMPD’s Office of Community Engagement officers will connect citizens in need of behavioral health services with a clinician from Clark County Social Services or the Eighth Judicial District Court	3.2.1. When linking a citizen with a behavioral health clinician, the LVMPD’s CEP will track and report the type of call the officer responded to resulting in the need for diversion services.	The number of citizens assisted by clinicians will be reported each quarter.	Ongoing through the performance period	Quarterly report of outcomes
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<u>Objective</u>	<u>Activities</u>	<u>Outputs</u>	<u>Due Date</u>	<u>Evaluation</u>
4. Goal 4: Utilize overtime funds to pay officers during non-work to participate in pre-planned, proactive site visits to provide diversion resources. Overtime funds may also be used to train LVMPD officers during non-work hours.				
4.1. Overtime will aid CEP to respond during non-work hours to assist those in need of immediate diversion.	<p>4.1.1. CEP, LIMA, and Crisis Intervention Team (“CIT”) officers will complete case reviews to lessen the backlog of citizens who need behavioral health support. The case reviews will prepare the officer with background information to determine if a clinician is required and to ensure the best resources are offered during the home visit.</p> <p>4.1.2 LIMA and CIT officers assigned to CEP will deploy to complete site visits at the citizens home or in/out- patient facility who need behavioral health assistance by connecting the person in need with a collaborating clinician. If the social service provider is unable to respond in-person, the officer will provide resource guides to provide information where the citizen may find housing, mental health, and a myriad of other assistance.</p>	<p>The number of and type of case reviews will be reported each quarter.</p> <p>The number of call outs will be reported each quarter.</p>	Quarterly	Quarterly report of outcomes

4.2. Overtime will be used to pay LVMPD's CEP officers when training sessions are requested outside of work hours.	4.2.1. Officers assigned to CEP will provide in-person training classes during normal work hours as well as during non- work hours to provide training to various shifts of officers. Visits will also be made to area commands during normal work hours, but some overtime will be used to make it possible to visit the patrol briefing during various work shifts at LVMPD's ten (10) different area commands.	The number of employees who receive training will be reported each quarter.	Quarterly	Quarterly report of outcomes
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A.2 LVMPD will:

- (a) Submit programmatic reports on time, and as directed by Health District project staff. All programmatic and financial reports will be reviewed by Health District project staff to ensure LVMPD is on track with project deliverables.
- (b) Work closely with Health District project staff to ensure proper close-out of Grant related obligations.

**ATTACHMENT B
PAYMENT**

A. Payments to LVMPD during Budget Period January 29, 2024 through September 30, 2024 are not-to-exceed **\$43,979**. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period January 29, 2024 through September 30, 2024						
<u>CATEGORY: PERSONNEL</u>			Total Estimated Amount Budgeted:			\$18,060
<u>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</u>						
<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Overtime - PO II (Training) (Year 1 to 3)	\$10,912.00	0.000%	100.000%	12	100.00%	\$10,912
Overtime - PO Sgt (Training) (Year 1 to 3)	\$5,356.00	0.000%	100.000%	12	100.00%	\$5,356
Overtime - PO Lt (Training) (Year 1 to 3)	\$1,792.00	0.000%	100.000%	12	100.00%	\$1,792
<u>Justification:</u>						
<p>Personnel</p> <p>LVMPD requests \$18,060 to pay for overtime costs. The funds will cover an approximate 12-month period. During non-work hours, LVMPD’s Community Engagement/HOT Program (“CEP”) Behavioral Health Unit officers will proactively complete 5-7 case file reviews per shift. Depending on the time it takes to complete the case reviews, officers may respond to the residence of 5-7 citizens who requiring interactive mental health and immediate diversion assistance during the same shift or during an ensuing work period. When a request is submitted for diversion, CEP will position officers to complete site visits in collaboration with clinicians from the Eighth Judicial District Court and Clark County Social Services at the citizen’s home, in/out-patient facility and occasionally the Clark County Detention Center. Officers will work roughly eight hours during an overtime shift.</p> <p>During non-work hours, LVMPD officers will train patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, house police officers and police supervisors, who attend patrol briefings prior to each shift, so one to two CEP officers will attend briefings and train groups of officers on the opioid trends and benefits of diverting drug offenders. Most of the training will be completed during regular work hours, but there will be times when lessons will need to be provided outside of work hours and grant funds will be used to pay</p>						

for training provided in overtime.

§ PO II (Training)

o \$10,912

- \$62- Average overtime rate
- 176 - Average hours to be worked

§ PO Sgt (Training)

o \$5,356

- \$103 - Average overtime rate
- 52 - Average hours to be worked

§ PO Lt (Training)

o \$1,792

- \$128 - Average overtime rate
- 14 - Average hours to be worked

CATEGORY: TRAVEL	Total Estimated Amount Budgeted:	\$18,737
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LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.

<u>Out-of-State Travel</u>	\$18,737
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<u>CIT International Conference (Detroit, MI)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,120	1		3	\$3,360	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$64	1	4.5	3	\$864	

Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$133	1	4	3	\$1,596	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$6,312
<u>RX and Illicit Drug Summit (Atlanta, GA)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,000	1		3	\$3,000	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$74	1	4.5	3	\$999	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$163	1	4	3	\$1,956	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$6,447

<u>RISE (Houston, TX)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,030	1		3	\$3,090	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$69	1	4.5	3	\$932	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$122	1	4	3	\$1,464	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$5,978
<u>Justification:</u> LVMPD requests \$18,737 in travel reimbursements to send three (3) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
<u>CATEGORY: TRAINING</u>						
					Total Estimated Amount Budgeted: \$7,182	
<u>CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)</u>			\$1,275.00			
<u>CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)</u>			\$1,125.00			

<u>CIT Annual Membership</u>			\$72.00			
<u>RX and Illicit Drug Summit Conference Registration (Atlanta, GA)</u>			\$2,025.00			
<u>RISE Conference Registration (Houston, TX)</u>			\$2,685.00			
<p>1. LVMPD will send three (3) CEP team members to attend the CIT International Conference in Detroit, Michigan, which provides the substance necessary to encourage community and local solutions to assist those with addictions and mental health issues</p> <p>2. LVMPD will send three (3) CEP team members to the RX and Illicit Drug Summit conference, held in Atlanta, Georgia, which will provide current and relevant training to the Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends regarding the treatments working for those with addictions.</p> <p>3. LVMPD will send three (3) CEP team members to the RISE conference, held in Houston, Texas, which will provide current and relevant training to LVMPD’s Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends surrounding those with substance and mental health illnesses.</p>						
TOTAL DIRECT CHARGES						\$43,979
<u>CATEGORY: INDIRECT CHARGES</u>	Indirect Methodology: 0% indirect is charged					\$0
Budget Period January 29, 2024 through September 30, 2024, Total Not-to-Exceed Amount:						\$43,979

- A.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.
 - (a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.
- A.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period January 29, 2024 through September 30, 2024 as shown above.
- A.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Each invoice will itemize specific costs incurred for

each allowable item as agreed upon by the Parties as identified in the Agreement, and will reference this Agreement number C2400113.

- (a) LVMPD will bill Health District for reimbursement of services actually provided in a timely manner. Additionally, LVMPD will submit its final Request for Reimbursement to Health District for Budget Period January 31, 2024 through September 30, 2024 no later than October 21, 2024.
- (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 the LVMPD in accordance with cost principles applicable to this Agreement.
- (c) LVMPD invoices shall be signed by the LVMPD's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
- (d) Invoices are subject to approval by Health District project and fiscal staff.
- (e) LVMPD 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, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.
- (f) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 Health District will not be liable for interest charges on late payments.

A.5 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 subrecipient of Grant funds, LVMPD agrees to ensure its compliance as is applicable with the following requirements:

A. Grant specific requirements relating to the use of Grant funds:

- A.1 COMPLIANCE WITH DOJ REGULATIONS PERTAINING TO CIVIL RIGHTS AND NONDISCRIMINATION - 28 C.F.R. PART 54. LVMPD (and any LVMPD subrecipient) must comply with all applicable requirements of 28 C.F.R. Part 54, which relates to nondiscrimination on the basis of sex in certain "education programs."
- A.2 COMPLIANCE WITH DOJ REGULATIONS PERTAINING TO CIVIL RIGHTS AND NON-DISCRIMINATION—28 C.F.R. PART 38. LVMPD (and any LVMPD subrecipient) must comply with all applicable requirements of 28 C.F.R. Part 38 (as may be applicable from time to time), specifically including any applicable requirements regarding written notice to program beneficiaries and prospective program beneficiaries. Currently, among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief, or refusal to attend or participate in a religious practice. Part 38, currently, also sets out rules and requirements that pertain to recipient and subrecipient organizations that engage in or conduct explicitly religious activities, as well as rules and requirements that pertain to recipients and subrecipients that are faith-based or religious organizations. The text of 28 C.F.R. Part 38 is available via the Electronic Code of Federal Regulations (currently accessible at <https://www.ecfr.gov/cgi-bin/ECFR?page=browse>), by browsing to Title 28-Judicial Administration, Chapter 1, Part 38, under e-CFR "current" data.
- A.3 COMPLIANCE WITH DOJ REGULATIONS PERTAINING TO CIVIL RIGHTS AND NONDISCRIMINATION - 28 C.F.R. PART 42. LVMPD (and any LVMPD subrecipient) must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity program.
- A.4 The Office for Civil Rights ("OCR"), OJP, DOJ has been delegated the responsibility for ensuring that recipients of federal financial assistance from the OJP, the Office of Community Oriented Policing Services ("COPS"), and the Office on Violence against Women ("OVW") are not engaged in discrimination prohibited by law. Several federal civil rights laws, such as Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, require recipients of federal financial assistance to give assurances that they will comply with those laws. Taken together, these civil rights laws prohibit recipients of federal financial assistance from DOJ from

discriminating in services and employment because of race, color, national origin, religion, disability, sex, sexual orientation and gender identity. Sub-recipients are also prohibited from discriminating in services because of age. For a complete review of these civil rights laws and nondiscrimination requirements, in connection with DOJ awards, visit:

<https://ojp.gov/funding/Explore/LegalOverview/CivilRightsRequirements.htm>

- (a) Under the delegation of authority, the OCR investigates allegations of discrimination against recipients from individuals, entities, or groups. In addition, the OCR conducts limited compliance reviews and audits based on regulatory criteria.
- (b) These reviews and audits permit the OCR to evaluate whether sub-recipients of financial assistance from the Department are providing services in a nondiscriminatory manner to their service population or have employment practices that meet equal-opportunity standards.
- (c) If LVMPD is a subrecipient of grant awards under the Omnibus Crime Control and Safe Streets Act or the Juvenile Justice and Delinquency Prevention Act and LVMPD is part of a criminal justice system, there are two additional obligations that may apply in connection with the awards: (1) complying with the regulation relating to Equal Employment Opportunity Programs (“EEOP(s)”); and (2) submitting findings of discrimination to OCR. For additional information regarding the EEOP requirement, see 28 CFR Part 42, subpart E, and for additional information regarding requirements when there is an adverse finding, see 28 C.F.R. §§ 42.204(c), .205(c)(5).
- (d) The OCR is available to help LVMPD meet the civil rights requirements that are associated with DOJ grant funding. If LVMPD requires OCR assistance in fulfilling LVMPD’s civil rights or nondiscrimination responsibilities as a subrecipient of federal financial assistance, questions may be submitted to OCR at askOCR@ojp.usdoj.gov.

A.5 MEMO REGARDING NATIONAL ENVIRONMENTAL PROTECTION ACT (“NEPA”), NEPA LETTER TYPE OJP – CATEGORICAL EXCLUSION. Grant funds will be used to develop, implement, or expand comprehensive programs in response to illicit opioids, stimulants, or other substances of abuse. None of the following activities will be conducted whether under the Office of Justice Programs federal action or a related third party action:

- (a) New construction.
- (b) Renovation or remodeling of a property located in an environmentally or historically sensitive area, including property (a) listed on or eligible for listing on the National Register of Historic Places, or (b) located within a 100-year flood plain, a wetland, or habitat for an endangered species.

- (c) A renovation that will change the basic prior use of a facility or significantly change its size.
- (d) Research and technology whose anticipated and future application could be expected to have an effect on the environment.
- (e) Implementation of a program involving the use of chemicals.

Additionally, the proposed action is neither a phase nor a segment of a project which when reviewed in its entirety would not meet the criteria for a categorical exclusion. Consequently, the subject federal action meets the Office of Justice Programs' criteria for a categorical exclusion as contained in paragraph 4(b) of Appendix D to Part 61 of Title 28 of the Code of Federal Regulations.

A.6 COMPLIANCE WITH RESTRICTIONS ON THE USE OF FEDERAL FUNDS--PROHIBITED AND CONTROLLED EQUIPMENT UNDER OJP AWARDS. Consistent with Executive Order 14074, "Advancing Effective, Accountable Policing and Criminal Justice Practices To Enhance Public Trust and Public Safety," OJP has prohibited the use of federal funds under this award for purchases or transfers of specified equipment by law enforcement agencies. In addition, OJP requires LVMPD and any LVMPD subrecipient, to put in place specified controls prior to using federal funds under the Grant to acquire or transfer any property identified on the "controlled equipment" list. The details of the requirement are posted on the OJP web site at <https://www.ojp.gov/funding/explore/prohibited-and-controlled-equipment> (Grant condition: Compliance with restrictions on the use of federal funds--prohibited and controlled equipment under OJP awards), and are incorporated by reference here.

A.7 COMPLIANCE WITH 41 U.S.C. 4712 (INCLUDING PROHIBITIONS ON REPRISAL; NOTICE TO EMPLOYEES). LVMPD (and any LVMPD subrecipient) must comply with, and is subject to, all applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

- (a) LVMPD also must inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.
- (b) Should a question arise as to the applicability of the provisions of 41 U.S.C. 4712 to this Agreement, LVMPD will contact Health District to facilitate guidance from the DOJ awarding agency..

A.8 APPLICABILITY OF PART 200 UNIFORM REQUIREMENTS. The Uniform

Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by DOJ in 2 C.F.R. Part 2800 (together, the "Part 200 Uniform Requirements") apply to this award from OJP. For more information and resources on the Part 200 Uniform Requirements as they relate to OJP awards and subawards see the OJP website at <https://ojp.gov/funding/Part200UniformRequirements.htm>.

- (a) Record retention and access: Records pertinent to the award that the subrecipient must retain -- typically for a period of 3 years from the date of submission of the final expenditure report (SF 425), unless a different retention period applies -- and to which the subrecipient must provide access, include performance measurement information, in addition to the financial records, supporting documents, statistical records, and other pertinent records indicated at 2 C.F.R. 200.334.
 - (b) In the event that an award-related question arises from documents or other materials prepared or distributed by OJP that may appear to conflict with, or differ in some way from, the provisions of the Part 200 Uniform Requirements, LVMPD is to contact Health District promptly to facilitate clarification with OJP.
- A.9 COMPLIANCE WITH APPLICABLE RULES REGARDING APPROVAL, PLANNING, AND REPORTING OF CONFERENCES, MEETINGS, TRAININGS, AND OTHER EVENTS. LVMPD (and any LVMPD subrecipient) must comply with all applicable laws, regulations, policies, and official DOJ guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (as that term is defined by DOJ), including the provision of food and/or beverages at such conferences, and costs of attendance at such conferences. Information on the pertinent DOJ definition of conferences and the rules applicable to this award appears in the DOJ Grants Financial Guide (currently, as section 3.10 of "Postaward Requirements" in the "DOJ Grants Financial Guide").
- A.10 REQUIREMENT FOR DATA ON PERFORMANCE AND EFFECTIVENESS UNDER THE GRANT. Health District must collect and maintain data from LVMPD that measure the performance and effectiveness of work under this award, and LVMPD must timely cooperate with Health District's collection efforts. The data must be provided by Health District to OJP in the manner (including within the timeframes) specified by OJP in the program solicitation or other applicable written guidance. Data collection supports compliance with the Government Performance and Results Act (GPRA) and the GPRA Modernization Act of 2010, and other applicable laws.
- A.11 COMPLIANCE WITH DOJ GRANTS FINANCIAL GUIDE. References to the DOJ Grants Financial Guide are to the DOJ Grants Financial Guide as posted on the

OJP website (currently, the "DOJ Grants Financial Guide" available at <https://ojp.gov/financialguide/DOJ/index.htm>), including any updated version that may be posted during the period of performance. LVMPD agrees to comply with the DOJ Grants Financial Guide.

A.12 COMPLIANCE WITH GENERAL APPROPRIATIONS-LAW RESTRICTIONS ON THE USE OF FEDERAL FUNDS. LVMPD (and any LVMPD subrecipients) must comply with all applicable restrictions on the use of federal funds set out in federal appropriations statutes. Pertinent restrictions, including from various "general provisions" in the Consolidated Appropriations Act, 2022, are set out at <https://www.ojp.gov/funding/Explore/FY22AppropriationsRestrictions.htm>, and are incorporated by reference here.

- (a) Should a question arise as to whether a particular use of federal funds by LVMPD (or any LVMPD subrecipient) would or might fall within the scope of an appropriations-law restriction, LVMPD is to contact Health District to facilitate OJP guidance, and may not proceed without the express prior written approval of Health District.

A.13 EFFECT OF FAILURE TO ADDRESS AUDIT ISSUES. LVMPD understands and agrees that the Health District may withhold payment of Grant funds, or may impose other related requirements, if (as determined by Health District and/or the DOJ awarding agency) LVMPD does not satisfactorily and promptly address outstanding issues from audits required by the Part 200 Uniform Requirements (or by the terms the Agreement), or other outstanding issues that arise in connection with audits, investigations, or reviews of DOJ awards.

A.14 REQUIREMENTS OF THE GRANT; REMEDIES FOR NON-COMPLIANCE OR FOR MATERIALLY FALSE STATEMENTS. The conditions of this Agreement are material Grant requirements. Compliance with any assurances or certifications submitted by or on behalf of LVMPD that relate to conduct during the period of performance also is a material requirement for use of Grant funds.

- (a) Limited Exceptions. In certain special circumstances, Health District and/or the DOJ may determine that it will not enforce, or enforce only in part, one or more requirements otherwise applicable to the Grant. Any such exceptions regarding enforcement, including any such exceptions made during the period of performance, are (or will be during the period of performance) set out through the Office of Justice Programs ("OJP") webpage entitled "Legal Notices: Special circumstances as to particular award conditions" (ojp.gov/funding/Explore/LegalNotices-AwardReqs.htm), and incorporated by reference into the Agreement.

- (b) By signing and accepting this Agreement, the authorized LVMPD's signing

official accepts all material requirements of the Grant, and specifically adopts, as if personally executed by LVMPD's signing official, all assurances or certifications submitted by or on behalf of LVMPD that relate to conduct during the period of performance.

- (c) Failure to comply with one or more Grant requirements -- whether a condition set out in full below, a condition incorporated by reference below, or an assurance or certification related to conduct during the term of the Agreement-- may result in Health District and/or OJP taking appropriate action with respect to LVMPD and the Grant. Among other things, the Health District and/or OJP may withhold Grant funds, disallow costs, or suspend or terminate the Sub-award. Health District and/or DOJ, including OJP, also may take other legal action as appropriate.
- (d) Any materially false, fictitious, or fraudulent statement to the federal government related to the Grant (or concealment or omission of a material fact) may be the subject of criminal prosecution (including under 18 U.S.C. 1001 and/or 1621, and/or 34 U.S.C. 10271-10273), and also may lead to imposition of civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. 3729-3730 and 3801-3812).
- (e) Should any provision of a requirement of the Grant be held to be invalid or unenforceable by its terms, that provision shall first be applied with a limited construction so as to give it the maximum effect permitted by law. Should it be held, instead, that the provision is utterly invalid or -unenforceable, such provision shall be deemed severable from this Agreement..

A.15 EMPLOYMENT ELIGIBILITY VERIFICATION FOR HIRING UNDER THE GRANT.

- 1) LVMPD (and any LVMPD subrecipient) must:
 - (a) Ensure that, as part of the hiring process for any position within the United States that is or will be funded (in whole or in part) with Grant funds, LVMPD (or any LVMPD subrecipient) properly verifies the employment eligibility of the individual who is being hired, consistent with the provisions of 8 U.S.C. 1324a(a)(1).
 - (b) Notify all persons associated with LVMPD (including any LVMPD subrecipient)) who are or will be involved in activities under this award of both:
 - (1) this award requirement for verification of employment eligibility, and
 - (c) (2) the associated provisions in 8 U.S.C. 1324a(a)(1) that, generally speaking, make it unlawful, in the United States, to hire (or recruit for employment) certain aliens. Provide training (to the extent necessary) to those persons required by this condition to be notified of the award requirement for employment eligibility verification and of the associated provisions of 8 U.S.C. 1324a(a)(1).

- (d) As part of the recordkeeping for the Grant (including pursuant to the Part 200 Uniform Requirements), maintain records of all employment eligibility verifications pertinent to compliance with this Grant condition in accordance with Form I-9 record retention requirements, as well as records of all pertinent notifications and trainings.
- 2) Monitoring
 - (a) LVMPD's monitoring responsibilities include monitoring of LVMPD subrecipient compliance with this condition.
 - 3) Allowable costs
 - (a) To the extent that such costs are not reimbursed under any other federal program, Grant funds may be obligated for the reasonable, necessary, and allocable costs (if any) of actions designed to ensure compliance with this condition.
 - 4) Rules of construction
 - (a) Staff involved in the hiring process. For purposes of this condition, persons "who are or will be involved in activities under the Grant specifically includes (without limitation) any and all LVMPD (or any LVMPD subrecipient) officials or other staff who are or will be involved in the hiring process with respect to a position that is or will be funded (in whole or in part) with Grant funds.
 - (b) Employment eligibility confirmation with E-Verify. For purposes of satisfying the requirement of this condition regarding verification of employment eligibility, LVMPD (or any LVMPD subrecipient) may choose to participate in, and use, E-Verify (www.e-verify.gov), provided an appropriate person authorized to act on behalf of LVMPD uses E-Verify (and follows the proper E-Verify procedures, including in the event of a "Tentative Nonconfirmation" or a "Final Nonconfirmation") to confirm employment eligibility for each hiring for a position in the United States that is or will be funded (in whole or in part) with Grant funds.
 - (c) "United States" specifically includes the District of Columbia, Puerto Rico, Guam, the Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands.
 - (d) Nothing in this condition shall be understood to authorize or require LVMPD, any LVMPD subrecipient, or any person or other entity, to violate any federal law, including any applicable civil rights or nondiscrimination law.
 - (e) Nothing in this condition, including in the above paragraph 4.b., shall be understood to relieve LVMPD, any LVMPD subrecipient, or any person or other entity, of any obligation otherwise imposed by law, including 8 U.S.C. 1324a(a)(1).

Questions about E-Verify should be directed to the U.S. Department of Homeland Security. For more information about E-Verify visit the E-Verify website (<https://www.e-verify.gov/>) or email E-Verify at E-Verify@dhs.gov. E-Verify employer agents can email E-Verify at E-VerifyEmployerAgent@dhs.gov.

A.16 OJP Training Guiding Principles. Any training or training materials that LVMPD, or any LVMPD subrecipient, develops or delivers with OJP award funds must adhere to the OJP Training Guiding Principles for Grantees and Subgrantees, available at <https://www.ojp.gov/funding/implement/training-guiding-principles-grantees-and-subgrantees>.

A.17 Determination of suitability to interact with participating minors. SCOPE. This condition applies to this award if it is indicated -- in the application for the award (as approved by DOJ)(or in the application for any subaward, at any tier), the DOJ funding announcement (solicitation), or an associated federal statute -- that a purpose of some or all of the activities to be carried out under the award (whether by the recipient, or a subrecipient at any tier) is to benefit a set of individuals under 18 years of age.

(a) LVMPD, and any LVMPD subrecipient, must make determinations of suitability before certain individuals may interact with participating minors. This requirement applies regardless of an individual's employment status.

(b) The details of this requirement are posted on the OJP web site at <https://ojp.gov/funding/Explore/Interact-Minors.htm> (Grant condition: Determination of suitability required, in advance, for certain individuals who may interact with participating minors), and are incorporated by reference here.

A.18 Potential imposition of additional requirements. LVMPD agrees to comply with any additional requirements that may be imposed by the DOJ awarding agency (OJP or OVW, as appropriate) during the period of performance for this award, if LVMPD is designated as "high- risk" for purposes of the DOJ high-risk grantee list.

A.19 Restrictions and certifications regarding non-disclosure agreements and related matters. Neither LVMPD or LVMPD subrecipients, nor any entity that receives a procurement contract or subcontract with any funds under the Grant, may require any employee or contractor to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.

The foregoing is not intended, and shall not be understood by Health District or DOJ, to contravene requirements applicable to Standard Form 312 (which

relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department or agency governing the nondisclosure of classified information.

- 1) In executing this Agreement, , LVMPD--
 - (a) represents that it neither requires nor has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and
 - (b) certifies that, if it learns or is notified that it is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds, will provide prompt written notification to the federal agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.
- 2) If the LVMPD does or is authorized under this award to make subawards ("subgrants"), procurement contracts, or both--
 - (a) it represents that--
 - (1) it has determined that no other entity that LVMPD proposes may or will receive Grant funds (whether through a subaward ("subgrant"), procurement contract, or subcontract under a procurement contract) either requires or has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and
 - (2) it has made appropriate inquiry, or otherwise has an adequate factual basis, to support this representation; and
 - (b) it certifies that, if it learns or is notified that any subrecipient, contractor, or subcontractor entity that receives funds under the Grant is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of Grant funds to or by that entity, will provide prompt written notification to Health District, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by Health District.

A.20 Reclassification of various statutory provisions to a new Title 34 of the United States Code. On September 1, 2017, various statutory provisions previously

codified elsewhere in the U.S. Code were editorially reclassified (that is, moved and renumbered) to a new Title 34, entitled "Crime Control and Law Enforcement." The reclassification encompassed a number of statutory provisions pertinent to OJP awards (that is, OJP grants and cooperative agreements), including many provisions previously codified in Title 42 of the U.S. Code.

- (a) Effective as of September 1, 2017, any reference in this Agreement to a statutory provision that has been reclassified to the new Title 34 of the U.S. Code is to be read as a reference to that statutory provision as reclassified to Title 34. This rule of construction specifically includes references set out in award conditions, references set out in material incorporated by reference through award conditions, and references set out in other award requirements.
- A.21 Requirement to report actual or imminent breach of personally identifiable information (PII). LVMPD (and any LVMPD subrecipient must have written procedures in place to respond in the event of an actual or imminent "breach" (OMB M-17-12) if it (or a subrecipient) -- (1) creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of "Personally Identifiable Information (PII)" (2 CFR 200.1) within the scope of an OJP grant-funded program or activity, or (2) uses or operates a "Federal information system" (OMB Circular A-130). LVMPD's breach procedures must include a requirement to report actual or imminent breach of PII to Health District and an OJP Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.
 - A.22 Requirement to disclose whether LVMPD is designated "high risk" by a federal grant-making agency outside of DOJ. If LVMPD is designated "high risk" by a federal grant-making agency outside of DOJ, currently or at any time during the course of the period of performance under this Agreement, the LVMPD must promptly disclose that fact and certain related information to Health District by email at procurement@snhd.org. For purposes of this disclosure, high risk includes any status under which a federal awarding agency provides additional oversight due to LVMPD's past performance, or other programmatic or financial concerns with LVMPD. LVMPD's disclosure must include the following: 1. The federal awarding agency that currently designates LVMPD high risk, 2. The date LVMPD was designated high risk, 3. The high-risk point of contact at that federal awarding agency (name, phone number, and email address), and 4. The reasons for the high-risk status, as set out by the federal awarding agency.
 - A.23 Encouragement of policies to ban text messaging while driving. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), DOJ encourages recipients and subrecipients to adopt and enforce policies banning

employees from text messaging while driving any vehicle during the course of performing work funded by the Grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

A.24 All LVMPD subawards must have specific Health District and federal authorization. LVMPD (and any LVMPD subrecipients) must comply with all applicable requirements for authorization of any subaward. This condition applies to agreements that -- for purposes of federal grants administrative requirements -- OJP considers a "subaward" (and therefore does not consider a procurement "contract").

(a) As the pass-through funding entity, Health District will facilitate all Agreement-related activities concerning authorization of any LVMPD subawards. For informational purposes only, the details of the requirement for federal authorization of any subaward are posted on the OJP web site at <https://ojp.gov/funding/Explore/SubawardAuthorization.htm> (Grant condition: All subawards must have specific federal authorization via Health District as the pass-through entity), and are incorporated by reference here.

A.25 Specific post-award approval required to use a noncompetitive approach in any procurement contract that would exceed \$250,000. LVMPD, and any LVMPD subrecipient must comply with all applicable requirements to obtain specific advance approval to use a noncompetitive approach in any procurement contract that would exceed the Simplified Acquisition Threshold (currently, \$250,000). This condition applies to agreements that -- for purposes of federal grants administrative requirements -- OJP considers a procurement "contract" (and therefore does not consider a subaward).

(a) As the pass-through funding entity, Health District will facilitate all Agreement-related activities concerning advance approval to use a non-competitive approach in a procurement contract under the Grant. For informational purposes only, the details of the requirement for advance approval to use a noncompetitive approach in a procurement contract under an OJP award are posted on the OJP web site at <https://ojp.gov/funding/Explore/NoncompetitiveProcurement.htm> (Grant condition: Specific post-award approval required to use a noncompetitive approach in a procurement contract (if contract would exceed \$250,000)), and are incorporated by reference herein.

A.26 Requirements pertaining to prohibited conduct related to trafficking in persons (including reporting requirements and OJP authority to terminate award). LVMPD, and any LVMPD subrecipient at any tier, must comply with all applicable requirements (including requirements to report allegations) pertaining to prohibited conduct related to the trafficking of persons, whether on the part of LVMPD, LVMPD subrecipients, or individuals defined

(for purposes of this condition) as "employees" of LVMPD or of any LVMPD subrecipient.

- (a) The details of the LVMPD's obligations related to prohibited conduct related to trafficking in persons are posted on the OJP web site at <https://ojp.gov/funding/Explore/ProhibitedConduct-Trafficking.htm> (Grant condition: Prohibited conduct by recipients and subrecipients related to trafficking in persons (including reporting requirements and OJP authority to terminate award)), and are incorporated by reference here.

A.27 Reporting potential fraud, waste, and abuse, and similar misconduct. LVMPD, and any LVMPD subrecipients, must promptly refer to Health District and the DOJ Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, subrecipient, contractor, subcontractor, or other person has, in connection with funds under this award-- (1) submitted a claim that violates the False Claims Act; or (2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct.

- (a) Potential fraud, waste, abuse, or misconduct involving or relating to funds under the Grant should be reported to Health District and the OIG by—(1) Prompt notification to Health District at ComplianceSpecialist@snhd.org AND Contracts@snhd.org; and (2) online submission accessible via the OIG webpage at <https://oig.justice.gov/hotline/contact-grants.htm> (select "Submit Report Online"); (3) mail directed to: U.S. Department of Justice, Office of the Inspector General, Investigations Division, ATTN: Grantee Reporting, 950 Pennsylvania Ave., NW, Washington, DC 20530; and/or (4) by facsimile directed to the DOJ OIG Investigations Division (Attn: Grantee Reporting) at (202) 616-9881 (fax). Additional information is available from the DOJ OIG website at <https://oig.justice.gov/hotline>.

A.28 Requirements related to System for Award Management and Universal Identifier Requirements. LVMPD (and any LVMPD subrecipient) must comply with applicable requirements regarding the System for Award Management (SAM), currently accessible at <https://www.sam.gov/>. This includes applicable requirements regarding registration with SAM, as well as maintaining the currency of information in SAM.

- (a) LVMPD also must comply with applicable restrictions on LVMPD subawards, including restrictions on subawards to entities that do not acquire and provide (to LVMPD) the unique entity identifier required for SAM registration.
- (b) The details of the LVMPD's obligations related to SAM and to unique entity identifiers are posted on the OJP web site at <https://ojp.gov/funding/Explore/SAM.htm> (Grant condition: System for Award Management (SAM) and Universal Identifier Requirements), and are

incorporated by reference here. This condition does not apply to an award to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).

- A.29 Restrictions on "lobbying". In general, as a matter of federal law, federal funds awarded by OJP may not be used by LVMPD, or any subrecipient, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)
- (a) Another federal law generally prohibits federal funds awarded by OJP from being used by theLVMPD, or any LVMPD subrecipient, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.
 - (b) Should any question arise as to whether a particular use of federal funds by LVMPD (or LVMPD subrecipient) would or might fall within the scope of these prohibitions, the LVMPD is to contact Health District for facilitation of OJP guidance, and may not proceed without the express prior written approval of Health District.
- A.30 Restrictions on "lobbying". In general, as a matter of federal law, federal funds awarded by OJP may not be used by LVMPD, or any LVMPD subrecipient, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)
- (a) Another federal law generally prohibits federal funds awarded by OJP from being used by LVMPD , or any LVMPD subrecipient, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

- (b) Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, LVMPD is to contact Health District for facilitation of OJP guidance, and may not proceed without the express prior written approval of Health District.
- A.31 Confidentiality of data. LVMPD (and any LVMPD subrecipient) must comply with all confidentiality requirements of 34 U.S.C. 10231 and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information.
- A.32 Justice Information Sharing. Information sharing projects funded by the Grant must comply with DOJ's Global Justice Information Sharing Initiative (Global) guidelines. LVMPD (and any LVMPD subrecipient) must conform to the Global Standards Package (GSP) and all constituent elements, where applicable, as described at: https://it.ojp.gov/gsp_grantcondition. LVMPD (and any LVMPD subrecipient) must document planned approaches to information sharing and describe compliance with the GSP and appropriate privacy policy that protects shared information, or provide detailed justification for why an alternative approach is recommended.
- A.33 Justice Information Sharing. Information sharing projects funded under this award must comply with DOJ's Global Justice Information Sharing Initiative (Global) guidelines. The recipient (and any subrecipient at any tier) must conform to the Global Standards Package (GSP) and all constituent elements, where applicable, as described at: https://it.ojp.gov/gsp_grantcondition. LVMPD (and any LVMPD subrecipient) must document planned approaches to information sharing and describe compliance with the GSP and appropriate privacy policy that protects shared information, or provide detailed justification for why an alternative approach is recommended.
- A.34 LVMPD agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any Grant-related .
- A.35 Protection of human research subjects. LVMPD (and any LVMPD subrecipient) must comply with the requirements of 28 C.F.R. Part 46 and all OJP policies and procedures regarding the protection of human research subjects, including obtainment of Institutional Review Board approval, if appropriate, and subject to informed consent.
- A.36 Required monitoring of subawards. LVMPD must monitor LVMPD subrecipients receiving Grant funding in accordance with all applicable statutes, regulations, award conditions, and the DOJ Grants Financial Guide, and must include the applicable conditions of this Grant in any subaward. Among other things, LVMPD is responsible for oversight of LVMPD

subrecipient spending and monitoring of specific outcomes and benefits attributable to use of Grant funds by LVMPD subrecipients. LVMPD agrees to submit, upon request, documentation of its policies and procedures for monitoring of subawards under this award.

A.37 LVMPD agrees to submit to Health District for review and approval any product (e.g., curricula, training materials, publications, reports, videos, or any other written, web-based, or audio-visual, or other materials) that will be developed and published under this award at least forty-five (45) working days prior to the targeted dissemination date. The current edition of the DOJ Grants Financial Guide provides guidance on allowable printing and publication activities. Any products developed under the Grant, (with the exception of press releases, web sites, and mobile applications), shall contain the following statements: "This project was supported by Grant No. 15PBJA-23-GG-02351-COAP awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice." (Note: A separate disclaimer has been developed and is required for web sites and mobile applications. No disclaimer is required for press releases.)

A.38 Any Web site that is funded in whole or in part under this award must include the following statement on the home page, on all major entry pages (i.e., pages (exclusive of documents) whose primary purpose is to navigate the user to interior content), and on any pages from which a visitor may access or use a Web-based service, including any pages that provide results or outputs from the service: "This Web site is funded through a grant from the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided)."

(a) The full text of the foregoing statement must be clearly visible on the home page. On other pages, the statement may be included through a link, entitled "Notice of Federal Funding and Federal Disclaimer," to the full text of the statement.

A.39 LVMPD must ensure that Limited English Proficiency persons have meaningful access to Grant-funded services. National origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with Title VI and the Safe Streets Act, LVMPD is required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation when necessary.

The U.S. Department of Justice has issued guidance for grantees and subrecipients to help them comply with Title VI requirements. The guidance document can be accessed on the Internet at www.lep.gov.

- A.40 Limit on use of Grant funds for LVMPD' (and LVMPD subrecipients') employees' salaries. With respect to the Grant, federal funds may not be used to pay cash compensation (salary plus bonuses) to any employee of LVMPD (or LVMPD subrecipients) at a rate that exceeds 110% of the maximum annual salary payable to a member of the federal government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. (An Grant recipient or subrecipient may compensate an employee at a higher rate, provided the amount in excess of this compensation limitation is paid with non-federal funds.)
- (a) This limitation on compensation rates allowable under this award may be waived on an individual basis at the discretion of the OJP official indicated in the program announcement under which the Grant is made, to be coordinated by Health District as the pass-through entity.
- A.41 LVMPD integrity and performance matters: Requirement to report information on certain civil, criminal, and administrative proceedings to SAM and FAPIIS. LVMPD must comply with any and all applicable requirements regarding reporting of information on civil, criminal, and administrative proceedings connected with (or connected to the performance of) either this OJP Grant or any other grant, cooperative agreement, or procurement contract from the federal government. Under certain circumstances, recipients of OJP awards are required to report information about such proceedings, through the federal System for Award Management (known as "SAM"), to the designated federal integrity and performance system (currently, "FAPIIS").
- (a) The details of LVMPD's obligations regarding the required reporting (and updating) of information on certain civil, criminal, and administrative proceedings to the federal designated integrity and performance system (currently, "FAPIIS") within SAM are posted on the OJP web site at <https://ojp.gov/funding/FAPIIS.htm> (Award condition: Recipient Integrity and Performance Matters, including Recipient Reporting to FAPIIS), and are incorporated by reference here. LVMPD will ensure Health District receives prompt notice of any SAM and FAPIIS reporting made by submitting copies of reports to both Contracts@snhd.org and ComplianceSpecialist@snhd.org.
- A.42 Regarding medication-assisted treatment (MAT), LVMPD understands and agrees that federal funds shall not be used to support activities that violate the Controlled Substances Act, 21 U.S.C. 801-904.
- A.43 By executing the Agreement, LVMPD certifies it has read and understands the information presented in this Section A of this Attachment C, Additional

Grant Information and Requirements.

- B. 2 CFR §200.317, PROCUREMENT BY STATES. When procuring property and services under a federal award, a state (or political subdivision of a state) must follow the same policies and procedures it uses for procurements from its non-federal funds. A state receiving federal funds will comply with §§ 200.321, 200.322, and 200.323 and ensure that every purchase order or other contract includes any clauses required by § 200.327. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 200.318 through 200.327.
- C. COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS. LVMPD 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, LVMPD 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, LVMPD 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 LVMPD’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. LVMPD will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of “Build America, Buy America (BABA) requirements across government. OMB’s proposed action, dated February 9, 2023, can be reviewed online at <https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements>. Public Law 117-58 may be reviewed online at <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>.
- F. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. LVMPD 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 LVMPD has not and will not use federal funds to:
- (1) Procure or obtain;
 - (2) Extend or renew a contract to procure or obtain; or
 - (3) Enter into a contract to procure or obtain;
 - (i) equipment, services, or systems using covered telecommunications equipment

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

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

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

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

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

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



SOUTHERN NEVADA DISTRICT BOARD OF HEALTH BY-LAWS

ARTICLE 1: NAME

- 1.1 The name of this board shall be the Southern Nevada District Board of Health, hereinafter referred to as the Board.

ARTICLE 2: AUTHORITY

- 2.1 The Board is authorized pursuant to Nevada Revised Statutes (NRS) Chapter 439.
- 2.2 The Board is the governing body of the Southern Nevada Health District, a health department operating under the direction of a District Health Officer and the Board, which has jurisdiction over all public health matters in the incorporated and unincorporated areas of Clark County, Nevada.

ARTICLE 3: PURPOSE AND FUNCTION

- 3.1 The purposes and functions of the Board are to:
 - a) Protect and promote the public health generally.
 - b) Adopt, amend, and enforce reasonable regulations consistent with law in the areas outlined in NRS Chapters 439, 441A, 444, 446, 450B, and all other statutes providing authority to adopt, amend, and enforce regulations consistent with law.
 - c) Adopt a schedule of reasonable fees to be collected for providing of public health services, including but not limited to issuing or renewing any health permit or a license required to be obtained from the Board or the Health District pursuant to applicable law, with such permit or license fees being collected for the sole purpose of defraying the cost and expenses of the procedures for issuing licenses and permits, and investigation related thereto, and not for the purposes of general revenue.
 - d) Prepare and submit to the Board of County Commissioners an annual operating budget for the Health District as required by law.
 - e) Appoint a District Health Officer for the Health District who shall have full authority as a County Health Officer in the incorporated and unincorporated areas of Clark County, Nevada.
 - f) Adopt written policies and procedures for administering the Board.
 - g) Oversee the Health District's Public Health Advisory Board.
 - h) Approve the District Health Officer's job description, qualifications and compensation, and oversee any recruitment and selection process.
 - i) Exercise all powers, duties, and limitations as now or hereafter provided by law for the creation and conduct of the Board of Health.

ARTICLE 4: COMPOSITION

- 4.1 The composition of the Board and the terms of its members is prescribed by law as follows:
- a) Members of the Board serve terms of two years.
 - 1) Representatives selected by the following entities from among their elected members:
 - i. Two representatives of the board of county commissioners;
 - ii. Two representatives of the governing body of the largest incorporated city in the county; and
 - iii. One representative of the governing body of each other city in the county;~~and~~
 - b) The following representatives, selected by the elected representatives of the Board selected pursuant to paragraph (a), who shall represent the Health District at large and who must be selected based on their qualifications without regard to ~~the location within the Health District of~~ their residence or their place of employment, as long as they are Clark County residents:
 - 1) One representative who is a physician licensed to practice medicine in this State;
 - 2) One representative of a nongaming business or from an industry that is subject to regulation by the Health District; and
 - 3) One representative of the association of gaming establishments.
 - c) A committee of the Board shall review applications for selection as an at-large member, assess qualifications of applicants, and make recommendations to the Board prior to selection of at-large members by the elected representatives of the Board.
- 4.2 Board officers shall be elected by the Board at the Board's meeting in July of each year, and shall include a Board Chair, Board Vice-Chair, and Board Secretary.
- 4.3 The Board Chair shall:
- a) Preside at all meetings of the full Board, and enforce the parliamentary rules and order of business pursuant to the Agenda and Nevada's open meeting law.
 - b) Have the right to offer resolutions and to discuss questions.
 - c) Have the power to vote on all matters, except as otherwise prohibited by law.
 - d) Call special meetings of the Board whenever there is sufficient business to come before the Board, or upon written request of at least three (3) members of the Board.

- e) Advise the District Health Officer on Agenda preparation for the meetings.
 - f) Sign all papers and documents as required by law or as authorized by action of the Board.
 - g) Administer oaths or affirmations to witnesses at hearings.
 - h) ~~Appoint a Chair and members of Board committees.~~
 - i) Exercise such other powers as may be delegated by the Board.
- 4.4 The Board Vice-Chair shall, in the absence of the Board Chair, serve in the capacity and assume the duties of the Board Chair, taking actions appropriate to fulfill said responsibilities.
- 4.5 The Board Secretary shall:
- a) Call the Board meetings to order in the absence of the Board Chair and Board Vice-Chair, and serve in the capacity of the Board Chair and assume the duties of the Board Chair.
 - b) Exercise such other powers that may be delegated by the Board.
- 4.6 Committees which include non-Board members may be created by Board action and the size and membership determined by the Board.
- 4.7 The Board will appoint the members of the Board committees. The committee will appoint a committee chair at their first meeting.
- ~~4.7~~ No member of the Board can bind the Board by word or action unless the Board has, in its capacity as governing body, designated such member as its agent for some specific purpose and for that purpose only.

ARTICLE 5: MEETINGS

- 5.1 The Board shall hold its regular meetings as frequently as determined by the Board, generally on the fourth Thursday of the month unless such interferes with holidays or circumstances which justify the setting otherwise.
- 5.2 Members of the Board may participate in a meeting by means of ~~conference telephone or similar communication equipment~~ a remote technology system ~~by means~~ of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting.
- 5.3 The Agenda for Board meetings shall be prepared by the District Health Officer. The order of business as specified on the Agenda for Board meetings may be changed at the discretion of the Board Chair, and shall generally be as follows:
- Call to Order and Roll Call
 - Pledge of Allegiance
 - ~~Board-Recognitions-Items~~
 - First Public Comment
 - Adoption of the Agenda

Consent Agenda
~~Any Closed Session~~
Public Hearing/Action
Report/Discussion/Action
Board Reports
Health Officer and Staff Reports
Informational Items
Second Public Comment
Closed Session, if applicable
Adjournment

- 5.4 As prescribed by law, a majority of the members of the Board constitutes a quorum.
- 5.5 Motions on action items shall require a second.
- 5.6 Any action of the Board shall require majority vote of the members in attendance and eligible to vote, except when adopting regulations or amending these Bylaws whereby an affirmative vote of a majority of all members of the Board is required.
- 5.7 A roll call vote of record of the Board shall be had upon request of any Board member.
- 5.8 Special meetings may be held upon notice to each member of the Board as often and in such places within the Clark County as the needs of the Board require.
- 5.9 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Nevada Revised Statutes and these Bylaws.
- 5.10 In all cases, public notice of meetings shall be provided at a time and in a manner consistent with the requirements of the then current Nevada Open Meeting Law, NRS Chapter 241.

ARTICLE 6: STAFFING

- 6.1 Staff to the Board shall be provided by the Southern Nevada Health District for purposes of secretarial, research, and other needs.
- 6.2 The District Health Officer shall act as Executive Secretary to the Board.

ARTICLE 7: AMENDMENTS

- 7.1 These Bylaws may be amended by affirmative vote of a majority of all members of the Board.

ARTICLE 8: EFFECTIVE DATE

- 8.1 These Bylaws shall become effective and binding upon the Board of Health immediately upon their adoption.



SOUTHERN NEVADA DISTRICT BOARD OF HEALTH BY-LAWS

Adopted by the Southern Nevada District Board of Health February 23, 2006

Amended March 23, 2006

Amended September 22, 2011

Amended June 25, 2015

Amended August 26, 2021



SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD BY-LAWS

ARTICLE 1: NAME

- 1.1 The name of this board shall be the Southern Nevada District Board of Health Public Health Advisory Board, hereinafter referred to as the Advisory Board.

ARTICLE 2: AUTHORITY

- 2.1 The Advisory Board is an eight (8) member standing board authorized pursuant to Nevada Revised Statutes (NRS) Chapter 439.362. It has no legislative, administrative, or programmatic authority and is advisory only.

ARTICLE 3: PURPOSE AND FUNCTION

- 3.1 The Advisory Board serves as an advisory body to the Board of Health. The Advisory Board:
 - a) Makes recommendations to the Board of Health on major policy matters concerning the nature, scope, and extent of public health services;
 - b) Makes recommendations to the Board of Health relating to improvement of the delivery of public health services; and
 - c) May assume other responsibilities as requested by the Board of Health.

ARTICLE 4: COMPOSITION

- 4.1 The Advisory Board and the term of its members are prescribed by law. the Advisory Board will consist of:
 - a) One (1) resident of each city in the county selected by that city's governing body;
 - b) A physician licensed to practice medicine in this State, selected on the basis of their education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;
 - c) A nurse licensed to practice nursing in this State; and
 - d) An individual with a background or expertise in environmental health or environmental health services.

ARTICLE 5: TERM

- 5.1 Members of the Advisory Board serve terms of two (2) years.
 - a) The physician, nurse, and environmental health representative on the initial Advisory Board will serve a term of one (1) year.
- 5.2 Vacancies must be filled in the same manner as the original selection for the remainder of the unexpired term.



SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD BY-LAWS

ARTICLE 6: OFFICERS

- 6.1 The officers of the Advisory Board shall be a Chair and Vice-Chair. ~~Appointment~~Election of officers shall occur annually at the July ~~Advisory~~ Board of Health meeting.
- 6.2 Duties:
1. The Chair shall:
 - a) Preside at all meetings of the full Advisory Board, and enforce the parliamentary rules and order of business pursuant to the Agenda and Nevada's Open Meeting Law.
 - b) Have the right to offer resolutions and to discuss questions.
 - c) Have the power to vote on all matters, except as otherwise prohibited by law.
 - d) Call special meetings of the Advisory Board whenever there is sufficient business to come before the Advisory Board or upon written request of at least three (3) members of the Advisory Board.
 - e) Advise the District Health Officer on Agenda preparation for the meetings.
 - f) Appoint a Chair and members of Advisory Board committees.
 - g) Exercise such other powers as may be delegated by the Advisory Board.
 2. The Vice-Chair shall:
 - a) In the absence of the Chair, serve in the capacity and assume the duties of the Chair, taking actions appropriate to fulfill said responsibilities.
- 6.3 Committees which include non-Advisory Board members may be created by Advisory Board action and the size and membership determined by the Advisory Board.
- 6.4 No member of the Advisory Board can bind the Advisory Board by word or action unless the Advisory Board has, in its capacity as a body, designated such member as its agent for that specific purpose.

ARTICLE 7: MEETINGS

- 7.1 The Advisory Board shall hold
1. Four regular meetings each year.
 2. Special meetings as called by the Chair.
- 7.2 Advisory Board members may participate in a meeting by means of a remote technology system~~conference telephone or similar communication equipment by means~~ of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting.



SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD BY-LAWS

- 7.3 The Agenda for Advisory Board meetings shall be prepared by the District Health Officer. The order of business as specified on the Agenda for Advisory Board meetings may be changed at the discretion of the Chair, and shall generally be as follows:
- Call to Order and Roll Call
 - Pledge of Allegiance
 - First Public Comment
 - Adoption of the Agenda
 - Consent Agenda
 - Report/Discussion/Action
 - Board Reports
 - Health Officer and Staff Reports
 - Second Public Comment
 - Adjournment
- 7.4 A majority of the members of the Advisory Board constitutes a quorum.
- 7.5 Motions on action items shall require a second.
- 7.6 Any action of the Advisory Board shall require a majority vote of the members in attendance and eligible to vote.
- 7.7 A roll call vote of record of the Advisory Board shall be had upon request of any Advisory Board member.
- 7.8 Each member shall be entitled to one (1) vote.
- 7.9 Special meetings may be held upon notice to each member of the Advisory Board as often and in such places within the Clark County as the needs of the Advisory Board require.
- 7.10 Meetings will generally follow the parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Nevada Revised Statutes and these Bylaws.
- 7.11 In all cases, meetings shall be noticed and held in a manner consistent with the then current Nevada Open Meeting Law, NRS Chapter 241.
- 7.12 Members are expected to attend all meetings of the Advisory Board.
- 7.13 Any Member who has been absent from three (3) meetings will be subject to removal by the Board of Health.



**SOUTHERN NEVADA HEALTH DISTRICT
PUBLIC HEALTH ADVISORY BOARD
BY-LAWS**

ARTICLE 8: STAFFING

- 8.1 Staff for Advisory Board meetings shall be provided by the Southern Nevada Health District for purposes of secretarial, research, and other needs.
- 8.2 The District Health Officer shall act as Executive Secretary to the Advisory Board.

ARTICLE 9: AMENDMENTS

- 9.1 These Bylaws may be amended by affirmative vote of a majority of all members of the Advisory Board.

ARTICLE 10: EFFECTIVE DATE

- 10.1 These Bylaws and any amendments shall become effective and binding upon the Advisory Board immediately upon approval by the Board of Health.

Approved by the Southern Nevada District Board of Health on April 28, 2016

Adopted by the Southern Health Nevada District Advisory Board on May 16, 2016

Approved by the Southern Nevada District Board of Health on January 27, 2022

The Executive Secretary to the Southern Nevada District Board of Health (Board, in consultation with the Board Chair, shall prepare an agenda for all regular and special Board meetings, and those of its committees, and ensure that copies are provided as required by Nevada's Open Meeting Law (OML). Backup materials sufficient to allow Board members to give their prior consideration to the agenda items shall be provided to the Board members and the public in addition to the agenda. In preparing the agenda, the following procedures will be followed:

1. Availability of Agenda:

- A. The agenda shall be sent to each Board member in advance of the meetings, and posted on the Board website no later than Thursday the week prior to the Board meeting, or as soon thereafter as possible. Back-up materials, if any, will be posted at the same time or as soon thereafter as possible.
- B. Deadline for receipt by the Board's Executive Secretary's office of agenda items and related reference materials, is ten (10) business days prior to the meeting.
- C. If a holiday occurs during any of the periods specified herein, the deadlines may be adjusted.

2. Agenda Preparation and Approval:

- A. According to the posting dates of the agenda, the Board's Executive Secretary will review all items submitted by Health District management for the agenda. A draft of the agenda will be prepared and submitted in a timely manner to the Board's Executive Secretary, the Board Chair and Board legal counsel for review and recommendation on consent agenda and staff action items. The Board Chair has final approval.
- B. Except in an emergency, and in accordance with Nevada's Open Meeting Law (OML), no member can place an item on the agenda less than 72 hours in advance of a meeting.

3. Order of Agenda Items:

- A. The first item on the agenda following the Call to Order, Pledge of Allegiance, Oaths of Office and recognitions will be the consideration of any tabled and/or reconsideration items.
 - i. An agenda item which has previously been considered and decided by the Board within the past year may only be placed on the agenda for reconsideration by a Board member who was on the prevailing side of the previous decision. The agenda item will be preceded by a specific agenda item to address whether the item should be reconsidered.
- B. The remainder of the agenda will, generally, be in the following order: Public Comment (the first of two), Adoption of the Agenda, Consent Agenda ~~and Approval of Agenda~~ (which includes approval of meeting Minutes), Public Hearings, ~~Closed Session~~, Report/Discussion/Action Items, Board Reports, District Health Officer & Staff Reports, Information Items, ~~and~~ Public Comment, and Closed Session.

4. Closed Sessions:

- A. Board members or the Board's Executive Secretary may request a Closed Session. The requestor shall, prior to the meeting, arrange for the item to be placed on the agenda and provide backup material and information when available. Closed Session must be in

compliance with OML.

- B. This request must be reviewed by Board legal counsel for recommendation with regard to OML compliance.
- C. If a person is to be discussed in the Closed Session, he or she must be notified as per the provisions of OML.

5. Agenda Item Requests:

- A. All business for consideration shall be included on the approved agenda. The Chair shall rule as "~~out~~Out of Order" the consideration of any matter not on the agenda.
- B. All matters to be considered by the Board at any regular meeting shall be submitted to the Board's Executive Secretary so that he/she may calendar the item for consideration in conformance with the procedures established by the OML and any necessary supporting documentation prepared on the subject. Board member requested items shall be handled in the following manner:

- i. At any time during a discussion on an agenda item or following public comment, individual Board members may make a motion that the matter be placed on a future agenda.

At all other times, Board member requests shall be submitted in writing (which includes e-mail requests) within the time specified in 1(B) above, to both the Board Chair and the Board's Executive Secretary with a clear description of the requested item, the rationale and background for the item, and any supporting documents. If the Board Chair, in consultation with the Board's Executive Secretary deems the agenda request to be relevant to the mission of the Board and within the Board's authority, consideration of the request as a future agenda item will be placed on the agenda as a discussion item. If, after discussion, the Board deems the request to warrant further discussion and/or action, the Board may move to bring the item back to the Board at a later date for further discussion and/or possible action and the item will be calendared accordingly.

- ii. Public requests for agenda items must be in writing and submitted with supporting documents, if any, at least twenty (20) days before the scheduled meeting date. Public requests shall be sent to the attention of the Board's Executive Secretary via US Mail, fax (702-759-1422), or by email (board.of.health@snhdmail.org). All requests will be forwarded to the Board Chair for consideration and approval. The Board Chair, in consultation with the Board's Executive Secretary, will approve or deny any such requests.

- a. Elected officials and members of the legislature may request agenda items directly through the Board Chair or another Board member.

- iii. All requested agenda items must be relevant to the mission of the Southern Nevada District Board of Health, and must fall under the purview of the same.
 - iv. The Board's Executive Secretary may place items of a ministerial nature on the agenda, e.g., consent, informational, follow-up, public hearing, and staff recognition items, staff reports and Health District contracts. As a general practice, routine contracts are appropriate for placement on the Consent Agenda. Examples of routine contracts include, without limitation, Interlocal agreements, ~~renewal~~

~~contracts, and grants contracts over the Board authorization for associated costs. However, contracts such as employment and professional services, renewal contracts with substantive term changes, and major capital purchases should be placed on the agenda as a Report/Discussion/Action Item. Contracts that have not been brought to the Board in over five years should be agendaized for administrative review and, as necessary, removed from the consent agenda. The District Health Officer's Employment Contract is placed in Report/Discussion/Action Item section of the agenda.~~

- a. All contracts are subject to review by the **Board** Chair prior to being placed on the agenda. The **Board** Chair may, in her/her discussion, make the final determination regarding placement of an item on the agenda.
- b. After the initial discussion and consideration of any contract, and unless otherwise directed by the Board, the contract may be itemized on the Consent Agenda.
- c. Any Board member may request that a contract be removed from the Consent Agenda and placed on the regular agenda as a discussion/action item.
- v. In the event that the Board Chair, in consultation with the Board's Executive Secretary, deems an agenda request to be irrelevant to the mission of the Board or outside of the Board's authority, the Board member requesting the agenda item will be so informed. If the Board member wishes to pursue his/her request, the item may be resubmitted to the Board's Executive Secretary for inclusion in the agenda as a discussion/action item. All such resubmissions must be sponsored by no less than two (2) Board members representing differing jurisdictions and/or industries.
- vi. The Board Chair will exercise his/her discussion with respect to the actual calendaring of the Board member request submitted pursuant to 4.B.i or 4.B.v above. The Board Chair will make all reasonable efforts to ensure that the request is heard within a reasonable time period after submission.

6. Notice of Board of Health Meetings:

- A. Notices of the meetings of the Southern Nevada District Board of Health and its committees shall be posted in accordance with the OML.

Adopted: 1/27/2011

Amended: 7/23/2015

1. Voting Procedures:

- A. With the following exceptions, all members of the Southern Nevada District Board of Health (Board) are eligible to vote on all matters coming before the Board:
 - i. In accordance with the Nevada Revised Statutes (NRS) and the Southern Nevada District Board of Health By-laws, with the exception of the selection of at-large members as provided in NRS 439.362(2)(b); and
 - ii. Advisory board members serve as nonvoting members as provided in NRS 439.362(b)(4).
- B. The elected representatives of the Board shall select three (3) members who shall represent the Health District at-large and who must be selected based on their qualifications without regard to ~~the location within the Health District of~~ their residence or place of employment, as long as they are Clark County residents.
- C. The Board Chair shall have the same right as any other Board member to initiate a motion, question, or debate, and vote on a motion.
- D. All voting procedures shall be in accordance with parliamentary authority. The Board Chair may call for a roll call vote on any item as he/she deems appropriate and/or necessary.
- E. All Board members shall abide by the requirements of Nevada's Ethics in Government law (NRS 281A.420). Whenever possible, the Board member with a potential conflict of interest shall disclose the potential conflict prior to casting their vote. Unless abstention is required per NRS 281A.420 or pursuant to advice of Board legal counsel, the disclosing Board member will cast his/her vote.
- F. Board Members shall recognize that a Board member may only vote during an official meeting and that the member has no legal status to bind the Board outside such meetings. A quorum of Board members may not meet, deliberate and vote regarding matters within the Board's jurisdiction except in open meetings or approved Close Sessions as provided in Open Meeting Law, NRS Chapter 241.
- G. Action may only be taken by a quorum of members of the Board. A majority of the members of the Board shall constitute a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum unless otherwise required by law.

2. Board Member Attendance Requirements:

- A. Board members shall make every effort to attend every Board meeting in person.
- B. If an emergency prevents the Board member from attending the Board meeting, he/she may call the Board's Executive Secretary or his/her Executive Assistant to notify the Board Chair of his/her absence. Board members s may call (702)~~497-0314~~ 759-1201 to report a last-minute absence.
- C. Telephonic and video conference participation is permitted when a Board member is unavailable to personally attend a Board meeting.
 - i. In order to attend telephonically, the Board member is encouraged to contact the Board's Executive Secretary no later than 4:30 p.m. the day prior to the scheduled meeting to advise of his/her intent to participate telephonically.

- ii. In the event an emergency necessitates ~~telephonic~~remote technology participation on the day of a meeting, the participant~~e~~ must contact the Board's Executive Secretary as soon as possible so ~~telephonic~~ arrangements can be made.
- iii. When participating ~~telephonically~~with remote technology, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
- iv. When attending ~~telephonically~~with remote technology, the Board member is reminded that background noise is to be avoided as it is disruptive to the meeting and interferes with transcription of the minutes.

3. Electronic Devices:

- A. Cell phones and other electronic devices shall be silenced or placed in vibration mode during Board ~~members~~meetings.

Adopted: 12/16/2010

Amended: 7/23/2015

The Southern Nevada District Board of Health recognizes that its deliberative process benefits greatly from public input and perspective. At the same time, it wishes to organize its agendas and use its meeting time effectively, and ensure an equitable allocation of time to speakers.

Additionally, in order to be responsive to the public, the Board desires that appropriate staff members be present and prepared to respond to general areas of concern identified by potential speakers; therefore, it is the policy of the Board that members of the public shall have the right and shall be encouraged to be heard at Board meetings. This right may be exercised in the following way:

1. Public Hearings:

Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Speakers will be given five (5) minutes to address the Board.

- A. No person may yield his or her time to another person. The time limit will also be clearly stated on the meeting agenda.
- B. In those situations where large groups of people desire to address the Board on the same matter, the Board Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group.
- C. Once the public hearing is closed, no additional public comment will be accepted.

2. Public Comments:

There will be two public comment periods. One at the beginning of the meeting before any items on which action may be taken are heard and one before adjournment. The public comment period at the beginning of the meeting will be limited to those items listed on the agenda. The public comment period held before adjournment is a general public comment period and speakers may address the Board about any issues within its jurisdiction. Speakers will be given five (5) minutes to address the Board.

- A. The Board is unable to take action on any issue raised on these comments until the matter itself has been specifically included on an agenda item as an item upon which action may be taken pursuant to NRS 241.020. However, the Board can provide direction to staff.
 - B. Once the public comment period is closed, no additional public comment will be accepted.
3. Comments may be prohibited if not relevant to, within the authority of the Board, or willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, irrational, amounting to personal attacks, or interfering with the rights of other speakers.
 4. The Board reserves the right to waive or alter this procedure if in the opinion of the Board it is warranted by the circumstances of any particular meeting.
 5. At each meeting, the Board Chair may read speaker guidelines prior to receiving public input.

5-6. At each meeting, prior to the first public comment period, staff will provide clear and complete instructions for a member of the general public to be able to call in to the meeting to provide public comment, including, without limitation, a telephone number or any necessary identification number of the meeting or other access code.



**SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
BGP-003: PUBLIC HEARINGS / PUBLIC COMMENT**

Adopted: 1/27/2011

Amended: 8/25/2011

This policy applies to any group formed by Southern Nevada District Board of Health (Board) action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the District Health Officer.

1. Establishing a Committee:

- A. Board committees will be organized as needed to assist with tasks that belong to the Board. The Board ~~Chair~~ will appoint the ~~chairperson and~~ members of Board committees.
 - i. Proposals for Board-appointed committees may be initiated by any regularly-seated Board member in the form of a request for consideration to the Board Chair at a regularly scheduled meeting of the Board.
 - ii. At a minimum, proposals for Board-appointed committees will include the following information:
 - a. The defined purpose and scope of the committee, including the specific issues to be reviewed or considered for the provision of recommendations to the full Board; and
 - b. The composition of the committee, including any specific Board positions required to be represented on the committee.
 - iii. Special (ad hoc) committees are formed for a specific purpose. Upon completion of the assigned project, the committee automatically dissolves unless assigned additional projects by the Board. Each special (ad hoc) committee shall select a committee chair unless the Board Chair appoints one.
 - iv. Standing advisory committees are formed to do their assigned duties on an on-going basis. Unless the Board Chair otherwise limits the duration, advisory committees are formed with a continued existence. The Board is responsible for providing committee members on-going training in governance issues.
 - v. Board members are encouraged to volunteer for committee membership.

2. Committee Composition:

- A. All committee shall consist of at least three (3) Board members, and no more than five (5) members.
 - i. When appropriate, non-members of the Board may serve as non-voting committee members; and, shall not serve as a committee chair.
 - ii. Committee membership shall reflect the diversity of the Southern Nevada Health District community.

3. Roles, Responsibilities and Expectations of Board Committees:

- A. Committees will be used sparingly and ordinarily in an ad hoc capacity. When used, committees will ensure that the Health District's needs and interests are asserted over personal and/or business relationships. The Board will approve the committee's objective, determine a timeline and allocate an appropriate budget (if needed). Voting rights of non-member committee members will be determined by majority vote of the Board.

- i. Committee Chair:
 - a. Provide leadership to the committee.
 - b. Review the committee meeting agenda with the Executive Secretary and set the tone for the committee work.
 - c. Report to the full ~~h~~B Board on the committee's recommendations.
- ii. Board Committees:
 - a. Support the Board in doing its jobs, not to help or advise the staff. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
 - b. Cannot exercise authority over staff.
 - c. Will ensure all meetings comply with Nevada's Open Meeting Law and generally following parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Bylaws or applicable law.
- iii. Committee members:
 - a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the District Health Officer. Decisions made by a committee do not carry the authority of the full Board unless it is a Board committee of the whole.
 - b. Will avoid over-identification with organizational parts rather than the whole. Therefore, a Board committee that has helped the Board create policy on some topic will not be used to monitor organizational performance on that same subject.
- iv. Committee Meetings, Report and Recommendations:
 - a. Reports and recommendations should be based upon objective criteria in furtherance of the Health District's current and future needs.
 - b. Meetings will be presided over by the committee chair. The committee chair shall be appointed by the committee at their first meeting.
 - c. The committee chair will coordinate with the Executive Secretary and assigned staff to determine meeting schedules, approve agenda items, facilitate the meeting, direct discussion, delegate assignments, assign a facilitator in the absence of the chair, work with the Board Chair to keep the full Board informed to the committee's progress, and assume the commonly accepted responsibility of the position.
 - d. The Executive Secretary will provide a mechanism for official committee communications.

- e. Committees may establish a schedule of meetings as necessary and practical to carry out their assigned charge, review and discuss information and formulate recommendations for presentation to the full Board.
- f. Unless specifically approved by the Board, committee members shall not speak to issues that have not been officially decided by the Board.
- g. Reports from Board committees shall be agendaized as part of the regular meeting of the full Board when necessary or as requested by the Board Chair. Reports shall include any supporting documentation that may be necessary and available.
- h. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

4. Review and Evaluation of Board Committees:

- A. Board committees shall be reviewed annually by the full Board at its August meeting including confirmation of the necessity for the committee, its stated purpose or charge, and current membership.
- B. Appointment and/or re-appointment of committee members shall take place at the August Board meeting.

Adopted: 5/26/2011

Amended: 7/23/2015

1. Terms of Office:

- A. An officer of the Southern Nevada District Board of Health (Board) serves a term of one (1) year, or until a successor is elected. No Board member may serve more than three (3) successive terms in any one particular office and no person shall hold more than one (1) office at a time.
- B. Members of the Board serve terms of two (2) years.

2. Board Composition:

- A. The Board shall be comprised of elected and non-elected members as follows:
 - i. Two representatives of the Board of County Commissioners;
 - ii. Two representatives of the governing body of the largest incorporated city in the county;
 - iii. One representative of the governing body of each other city in the county;
 - iv. One physician licensed to practice medicine in this State;
 - v. One representative of a non-gaming business or from an industry that is subject to regulation by the Health District; and
 - vi. One representative from the association of gaming establishments.
- B. Elected members will be selected for Board membership by the elected members of their respective entities. At-Large members will be selected upon nomination by the elected Board members.

3. Officer Composition:

- A. The officers of the Board shall be a Board Chair, a Board Vice Chair, and a Board Secretary. The Board Chair, Board Vice Chair, and Board Secretary shall be elected annually at the July meeting from among the voting Board members and will include at least one (1) elected member.

4. Selection Committee:

- A. Officers
 - i. The Board Chair will form a Nomination of Officers Committee which will include, at a minimum, the current Board officers and convene no later than July of each year. The Nomination of Officers Committee will receive nominations for Board officers, discuss the nominations and make a recommendation to the full Board for annual election in July.
- B. At-Large Members
 - i. The Board Chair will form an At-Large Member Selection Committee which will include, at a minimum, two (2) current elected Board members, to receive and review nominations and/or applications for at-large membership, discuss the nominations, and make recommendations to the elected members of the Board at the next regularly scheduled meeting.

- ii. At-large members shall represent the Health District at large and must be selected based on their qualifications without regard to the location within the Health District of their residence or place of employment.

5. Election:

- A. To select officers and at-large members, the following procedure will be used one office and/or at-large position at a time:
 - i. Any Board member may nominate for any office or at-large position (including the nomination of oneself):
 - ii. Nominations do not need to be seconded; and
 - iii. A motion, a second, and a vote will close nominations.
- B. Although the full Board may participate in discussion of the nominees, only elected Board members may vote on at-large members. At-large voting requires a quorum of elected Board members be present in person or via telephone.
- C. To be elected to an office, a nominee must receive a majority vote of the members in attendance.

6. Compensation:

- A. Members serve without additional compensation for their services; but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of the Board.

7. Vacancies:

- A. Vacancies must be filled in the same manner as the original selection for the remainder of any unexpired term.
- B. Elections shall take place as soon as possible at a meeting following receipt of notice of the vacancy and in accordance with Nevada's Open Meeting Law.
- C. If the office of the Board Chair becomes vacant, the Board Vice Chair shall fill the vacancy until the election of a successor.

Adopted: 5/26/2011

Amended: 8/25/2011

Amended: 7/23/2015

Amended: 7/22/2021

The Southern Nevada District Board of Health (Board) is accountable to the people of Clark County for the competent and effective accomplishment of its objectives.

1. Governance Process:

- A. The Board's role is to provide leadership and oversight of the activities of the Southern Nevada Health District (Health District). In both areas, it strives to represent the public health interests of represented jurisdictions and the broader community.
- B. In providing leadership, the Board, in consultation with the District Health Officer acting in his/her capacity as the Board's Executive Secretary, will look toward the future while reviewing the Health District's mission and identifying the desired ends. In providing oversight, the Board will assess organizational performance in relation to the ends set by its policy goals and adherence to budget, rather than by examining or advising on day-to-day decisions.
 - i. Global Governance Commitment
 - a. The Board is committed to ensuring the Health District achieves appropriate results at a reasonable cost while avoiding unethical and illegal actions and situations.
 - ii. Governing Style
 - a. The Board will govern with a style that promotes vision, strategic leadership and collective decision-making.
 - b. Board governance will emphasize:
 - 1. Outward vision rather than internal preoccupation;
 - 2. Encouragement of diversity in viewpoint;
 - 3. Strategic leadership more than administrative detail;
 - 4. Clear distinction of Board and Executive Secretary roles;
 - 5. Collective rather than individual decisions;
 - 6. The future rather than past or present; and
 - 7. Proactive conduct through express value statements versus conduct that is reactive to specific events/decisions.
 - c. The Board will not allow any offer, individual Board member or committee of the Board to be a reason for not fulfilling its commitment.
 - iii. Unity of Control

The Board acknowledges that all actions are by majority rule.

 - a. The Board's group decision, as determined through input, discussion, and voting, must be unambiguous.
 - 1. Only officially passed motions of the Board are binding.

2. Instructions of individual Board members are binding on the District Health Officer and Health District staff once the Board has specifically approved such individual authority.
- iv. Cost of Governance
- a. The cost of governance includes leadership excellence as well as ensuring adequate resources to achieve the desired outcomes of Board policies. The Board commits to investing in its own capabilities to govern with excellence and uphold the principles of accountability and transparency.
 - b. Accordingly, the Board may:
 1. Ensure Board development includes training and orientation for new members and continuing education for existing members to maintain and increase their skills and understandings;
 2. Facilitate an annual Board self-evaluation; and
 3. Ensure associated costs are incurred prudently, though not at the expense of good governance.

2. Board's Responsibilities:

- A. The Board's governance role is distinct from the Health District's management role. In its governance role, the Board sets broad policies (with input from management). By contrast, management's role involves implementation and day-to-day management of Board policies. Because the Board's voice is expressed through its policies, Board decision-making is always an amendment of, or in addition to, existing policy.
- i. The Board will produce written governing policies that, at the broadest levels, address the following categories of organizational decision-making:
 - a. *Board Governance Process*: Identifies the Board's philosophy and how it carries out its responsibilities and governs itself;
 - b. *Ends*: Written with a long-term perspective, defines what results are to be achieved, for whom, and at what cost;
 - c. *Executive Limitations*: Establishes the acceptable boundaries within which the identified ends will be achieved;
 - d. *Board-Executive Secretary Linkage*: Clarifies the Executive Secretary's authority; how authority is delegated, and how the Board evaluates performance in relation to ends and limitations.
 - ii. Board governance policies (BGP) establish overall parameters within which the Board, management, and staff operate. By contrast, management policies, developed and implemented by the District Health Officer, specify how the Health District and staff operate within Board policy parameters.
 - a. The Board recognizes the distinction between Board policies and management policies.

- b. Individual Board members, Board committee members, or the District Health Officer in his/her capacity as the Board's Executive Secretary may propose Board policies.
- c. The Board Chair, in consultation with the District Health officer in his/her capacity as the Executive Secretary, will review all proposed policies for applicability to ensure they do not duplicate or contradict existing policies or Board Bylaws.

3. Role of the Board Chair:

- A. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Board Chair ensures the integrity of the Board's processes and, as needed, represents the Board to outside parties.
- B. The Board Chair:
 - i. Provides leadership to the Board in convening and chairing its meetings, including special meetings and Closed Sessions;
 - ii. Ensures the Board behaves consistently with its own rules and those legitimately imposed upon it externally;
 - iii. Ensures the meeting discussion content will be only those issues, which according to Board policy, clearly belong to the Board to decide;
 - iv. Ensures deliberation is fair, open, and thorough, but also timely, orderly, and to the point;
 - v. Drives the Board towards consensus and resolution of issues and clear conclusions on Board positions;
 - vi. Acts as the voice of the Board with respect to Board agreed positions;
 - vii. Supports the Board's Executive Secretary as requested and necessary; and
 - viii. Carries out other duties as requested by the Board's Executive Secretary and Board as a whole, depending on need and circumstances.
- C. The Board Chair has no authority to make independent decisions regarding the Board's Ends and Executive Limitations policies.
- D. Although the Board Chair may delegate his/her authority, he/she remains accountable for its use.

4. Role of the Board Vice Chair:

- A. The Board Vice Chair's responsibilities are to assist the Board Chair and fulfill the Board Chair's role in the event of an absence or recusal resulting from a conflict of interest.

5. Role of the Board Secretary:

- A. The Board Secretary's responsibilities are to assist the Board Chair and Board Vice Chair, and fulfill the Board Chair's or Board Vice Chair's role in the event of an absence or recusal resulting from a conflict of interest.

6. Role of the Executive Secretary:

- A. The District Health Officer serves as the Board’s Executive Secretary. The Executive Secretary, in coordination with the board or committee chair, will prepare and distribute a written agenda and related materials for all board and committee meetings.

Adopted: 6/23/2011

Amended: 7/23/2015



DATE: April 25, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

2024 Public Health Week

National Public Health Week is celebrated the first full week of April each year. The Southern Nevada Health District observes the occurrence by highlighting the contributions of public health and highlighting issues that are important to protecting the community's health and well-being as well as recognizing the contributions of its employees.

As part of this year's celebration, the Health District hosted a State of Public Health and Legislative Advocacy event. The event featured policymakers, community partners and staff members. Health District staff members provided a comprehensive presentation about Congenital Syphilis that provided an overview of the issue, challenges the community is facing, resources and services that are provided, and program and policy recommendations. Health District staff members and partners also participated in a presentation and panel discussion about the Overdose Burden in Clark County.

The panelists discussed their insights and perspectives on the increase in the use of and contribution of fentanyl to overdose and deaths; the COVID-19 pandemic's role in exacerbating the trends; the availability of resources in the community; harm reduction strategies and more.

The State of Public Health is available to view on the Health District website [here](#), and the presentation is available [here](#).

Public Health Heroes

During Public Health Week, the Health District presents Public Health Hero Awards to individuals or organizations whose efforts positively impact the health and well-being of the community. This year's recipients are:

Dr. Andria Peterson with the EMPOWERED Program at Roseman University. Dr. Peterson is recognized for outstanding contributions to improving the health and well-being of pregnant and postpartum individuals with substance use disorder (SUD) through her leadership as the Executive Director of the EMPOWERED Program. Dr. Peterson has fostered collaborations with state, local and grassroots stakeholders to create a network of support, as well as facilitated access to comprehensive services for pregnant and postpartum individuals and their babies. Her involvement in policy development has helped implement training programs for health care providers in identifying and treating individuals with SUD. Dr. Peterson's role as an Assistant Professor of Pharmacy Practice at

Roseman University also ensures the training of future health care professionals in the management of SUD and related complications.

Jennifer Budzinski/Sheri McPartlin at Clark County School District, Health Services. In 2023, Health District staff conducted five investigations related to active tuberculosis disease exposures in the Clark County School District. After the first three investigations, the Health District developed intervention tools in the form of a voluntary risk questionnaire and guidance for testing and treatment. CCSD Health Services collaborated to disseminate the TB risk questionnaire to new hires for the 2023-2024 school year. Soon after, another exposure was discovered, and CCSD stepped up and assisted with the coordination and implementation of a large-scale testing event. At this event, approximately 250 individuals were tested. The fifth exposure was discovered during the planning phase of that event and approximately 550 individuals were identified as needing testing. CCSD staff again stepped up to help Health District staff navigate, plan and execute large-scale testing. CCSD Health Services provided staff, facilities and support. The collaboration between CCSD and the Health District has developed into a close working relationship.

Kimberly Krumland, Stephen Johnston and the Safety Department Staff at Clark County School District, Risk Management Department. Director Kimberly Krumland and Safety Coordinator Stephen Johnston of the CCSD Risk Management are responsible for ensuring that the 300,000+ students enrolled in the CCSD attend schools that meet or exceed the Health and Safety requirements of the Nevada Administrative Code.

As leaders, they supervise a department consisting of fifteen staff members who work tirelessly to eliminate or mitigate life-changing or life-ending hazards on school campuses throughout the Valley. These hazards include playgrounds with equipment that has potential strangulation, laceration, or puncturing hazards as well as schools with sanitary water issues, sewage spills and chemical storage hazards in custodial closets and science laboratories. The Safety Department works in conjunction with the Health District to identify infestations of rodents, mosquitos, or other vectors and to remove these infestations thus ensuring that children and school staff are not exposed to infectious diseases. In addition, Ms. Krumland and Mr. Johnston assist the Health District in responding to communicable disease outbreaks in an efficient manner by disseminating the knowledge, tools, and resources to respond to said outbreaks and facilitate the cleaning and sanitizing of affected areas.

Public Health Heroes are nominated by Health District staff members for their efforts in supporting one or more of the 10 Essential Public Health Services:

1. Assess and monitor population health status, factors that influence health, and communities needs and assets.
2. Investigate and diagnose and address health problems and hazards affecting the population.
3. Communicated effectively to inform and educate people and health, factors that influence it, and how to improve it.
4. Strengthen, support and mobilize communities and partnerships to improve health.
5. Create, champion and implement policies, plans and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.

9. Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

National Minority Health Month

April is National Minority Health Month, and this year's theme is "Be the Source for Better Health," with a focus on improving the health of racial and ethnic minority communities and reducing health disparities. In connection with this observance, the Health District is calling attention to a pair of programs that support minority health while striving to decrease health inequities.

Nurse-Family Partnership

The Health District's Nurse-Family Partnership (NFP), a network partner of the national NFP, is an evidence-based community health program that helps pregnant, first-time mothers improve their lives and create better futures for themselves and their children.

Nationally, NFP has supported thousands of families facing socioeconomic barriers across 41 states, including Nevada and many tribal communities. The program is free and voluntary. Participants get their own personal nurse who provides education, resources, and significant support during regularly scheduled home visits from pregnancy until the child is 2 years old. In Clark County, the program has supported 1,543 families during 13,843 in-person visits since its inception in 2008.

Every day, hundreds of children are born in the United States to mothers facing economic inequity. In some cases, mothers also face additional challenges like relationships, homelessness, substance use and intimate partner violence.

The first 1,000 days of a child's development, combined with the partnership that is built between the new mother and the NFP nurse, create positive changes that can have a lasting impact on brain development, school readiness, preventing child abuse and neglect, uplifting families and breaking the cycle of poverty.

In 2023, the Health District's Nurse-Family Partnership exceeded national NFP rates in several health outcomes:

- 8% of babies had low birth weight, compared to the national NFP rate of 13.2%.
- 100% of babies were current with their immunizations at 6 months, compared to the national NFP rate of 92.2%.
- 100% of babies were current with their immunizations at two years, compared to the national NFP rate of 90.2%.

Healthy Start

Another Health District program that supports the goals of National Minority Health Month is Healthy Start, a free and voluntary home-visiting program that aims to improve health outcomes for women during and after pregnancy, and for their children. Enrollment for families began in February 2024, with a focus on African American women who are pregnant or of childbearing age. However, the program is open to all races and ethnicities. Participants receive education, resources and support from community

health workers and community health nurses, with a goal of reducing racial/ethnic differences in the rates of infant death and adverse perinatal outcomes.

Participants are encouraged to stay in Healthy Start until their child is 18 months old. The families and partners of women who enroll in the program are also welcome to participate in-home visits.

For additional information about National Minority Health Month, visit [National Minority Health Month \(nih.gov\)](#). To learn more about the Nurse-Family Partnership, go to [Southern Nevada Health District Nurse-Family Partnership \(youtube.com\)](#) or [Nurse-Family Partnership – Southern Nevada Health District](#). For more information about Healthy Start, call (702) 759-1677.

Influenza Season

Influenza surveillance in Clark County includes data collected from local acute care hospitals and other health care providers. In Clark County, as of March 2, 2024, there have been 1,299 influenza-associated hospitalizations and 81 deaths reported. Seventy-nine percent of deaths were in persons 65 years of age or older. The percentage of emergency department visits and urgent care clinic visits for influenza-like illness (ILI) held steady at 3.4% between week 12 and week 13. Influenza A has been the dominant type circulating. Of the patients reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 3% were due to respiratory illness that included ILI. This percentage was above the national baseline of 2.9%. Among 55 states and jurisdictions, the respiratory illness activity level in the state of Nevada is minimal.

Flu surveillance in Clark County for the 2023-2024 influenza season begins October 1 and runs through May 18. The weekly Influenza Surveillance Snapshot and Influenza Report by Age Group is available on the Health District's website.

Community Meetings

Week ending 03/31:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Gallo, Bobbette Bond, Councilman Seebeck, Mayor Hardy, Councilman Black
- Participated in the Southern Nevada District Board of Health Finance Committee meeting
- Participated in the Southern Nevada District Board of Health meeting

Annually:

- Attended the City of North Las Vegas 2024 State of the City

Ad-hoc Meetings:

- Attended a meeting in preparation for the Joint Interim Standing Committee on Health and Human Services

Week ending 03/24:

Monthly:

- Participated in the Southern Nevada Community Health Center Finance and Audit Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Clark County Medical Society (CCMS) Board of Trustees meeting

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Kirkpatrick and Commissioner Segerblom

Annually:

- Attended the Southern Nevada County Health Rankings and Roadmaps meeting

Bi-annually (every two years):

- Attended the Southern Nevada Counter Terrorism Center Board of Governors Bi-Annual meeting

Ad-hoc Meetings:

- Attended two meetings in preparation for the Joint Interim Standing Committee on Health and Human Services

Week ending 03/17:

Quarterly:

- Participated in the County Health Officers meeting

Professional Development/Conferences:

- Attended the “Preview of the 2024 County Health Rankings & Roadmaps Annual Data Release” webinar
- Attended the “Just Play it Cool: Community Health Center Resources to Address Heat and Climate Change” webinar facilitated by the National Association of Community Health Centers (NACHC)
- Attended the “Breathe PA 2024 TB Conference” webinar facilitated by Rutgers
- Attended the “Briefing on Health Center Funding” webinar facilitated by the National Association of Community Health Centers (NACHC)

Ad-hoc Meetings:

- Attended a meeting with Vinson Guthreau and Amy Hyne-Sutherland of the Nevada Association of Counties regarding SB118

Week ending 03/10:

Monthly:

- Participated in the Electronic Health Information Advisory Group Inaugural meeting

Media/Interviews/Panelist/Presenter/Events:

- Presented at the Clark County Board of Commissioners meeting on the Southern Nevada Health District programs and services

Professional Development/Conferences:

- Attended the Immunize Nevada Special Community meeting on RSV
- Attended the “Stakeholder Briefing on State of the Union Announcements and Accomplishments” webinar facilitated by the Department of Health and Human Services

Ad-hoc Meetings:

- Attended a meeting with Julia Peek, Deputy Administrator, DHHS

Week ending 03/03:

Quarterly:

- Participated in the State Board of Health meeting

Professional Development/Conferences:

- Attended the Big Cities Health Coalition (BCHC) Winter Meeting

Identification and Rapid Expansion of *Ae. aegypti* in Clark County, NV

2017 - 2023

Southern Nevada Health District

Environmental Health - Program Objectives



Routine surveillance to determine species, abundance and disease status



Counterpart notification for breeding site interventions (Code Enforcement, Parks & Recreation, Public Works)



Community education on breeding, biting and disease prevention



No coordinated mosquito abatement across Clark County



**A Practical Guide to Building
Local Mosquito Control Capacity**

July 2021



Aedes aegypti

Invasive urban mosquito

Zika, Dengue, Yellow Fever, Chikungunya

Active during the day – persistent biter

Short flight range



Flower pot saucers



Buckets/Containers



Fountains



Trash cans



Furniture



Rain Barrels



Tarps



Kids' toys



Kiddie Pools



Wheelbarrows



Birdbaths



Watering Cans

Cryptic breeding sources
Hearty eggs resist desiccation





2017

Year	<i>Ae. aegypti</i> *	Zip Codes
17	183	4

*Male and Female

	DISTINCT SITES	SUBMISSIONS	TRAPS	MOSQUITOS
2017	598	2191	2249	59912
Total:	598	2191	2249	59912



2017 - 2021

Year	<i>Ae. aegypti</i> *	Zip Codes
17	183	4
18	59	2
19	177	3
20	173	7
21	220	6

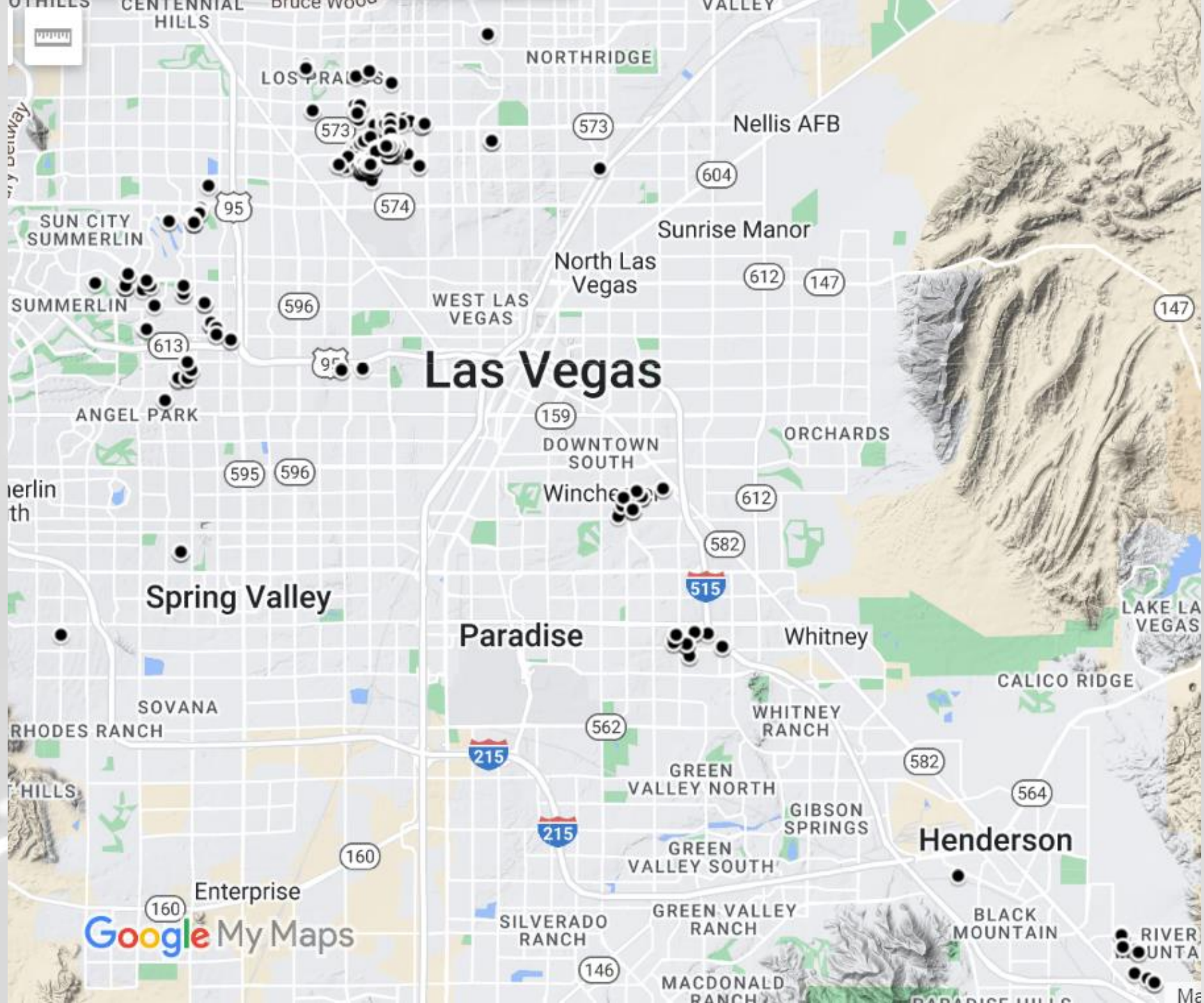
*Male and Female



2017 - 2022

Year	<i>Ae. aegypti</i> *	Zip Codes
17	183	4
18	59	2
19	177	3
20	173	7
21	220	6
22	2,984	12

*Male and Female



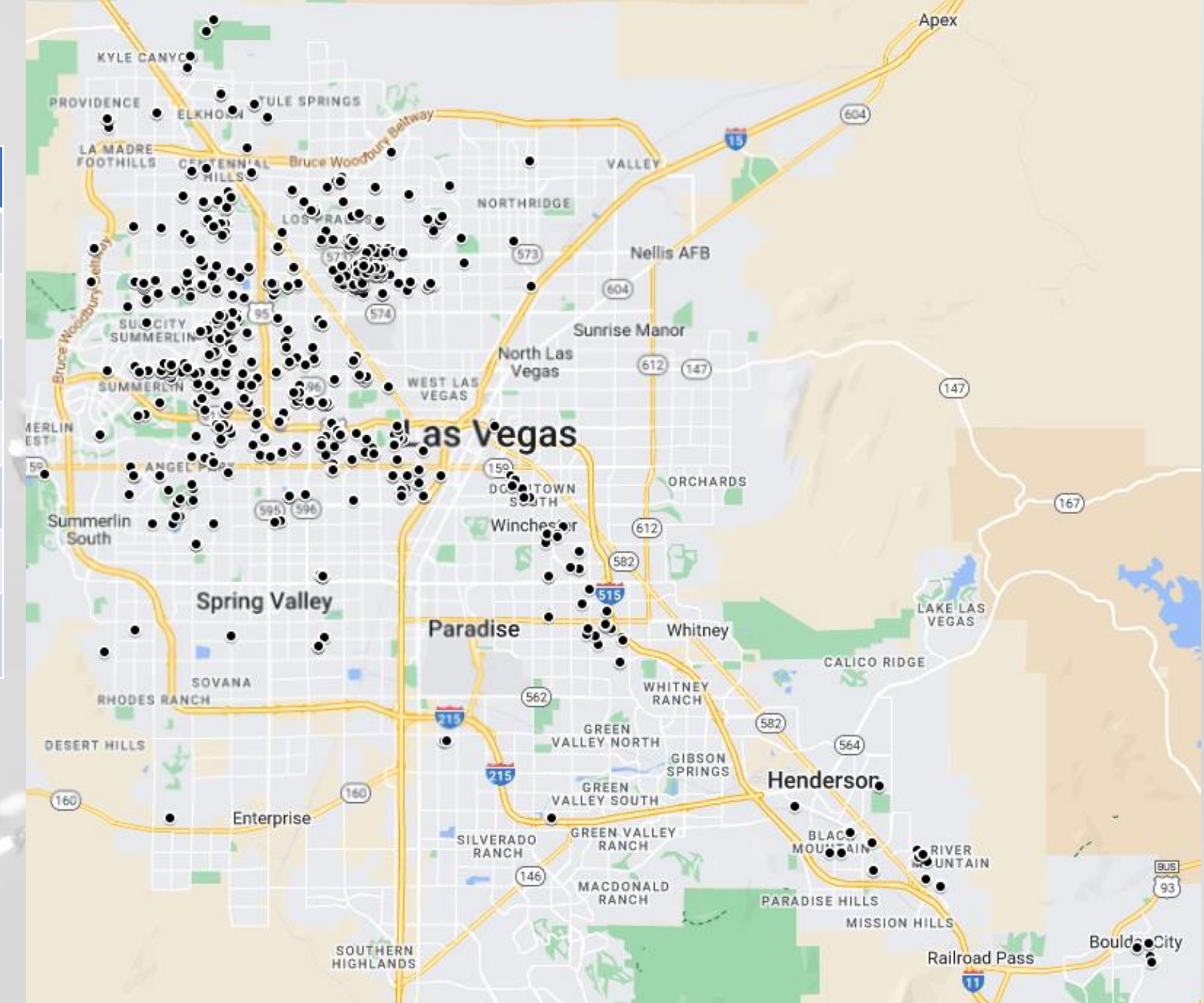
2017 - 2023

Year	<i>Ae. aegypti</i> *	Zip Codes
17	183	4
18	59	2
19	177	3
20	173	7
21	220	6
22	2,984	12
23	12,998	43

* Male and Female

Explosive expansion

Increased trap counts

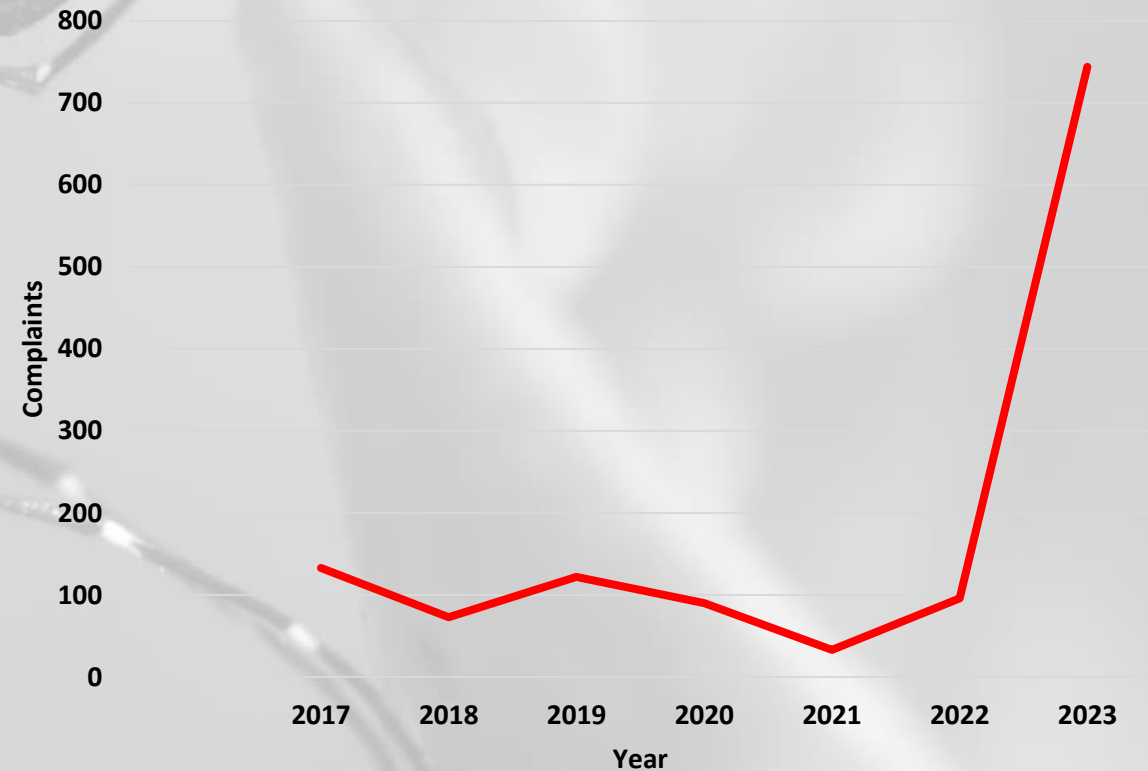


Ae. aegypti Counts & Citizen Complaints 2017 - 2023

***Ae. aegypti* Counts 2017 - 2023**

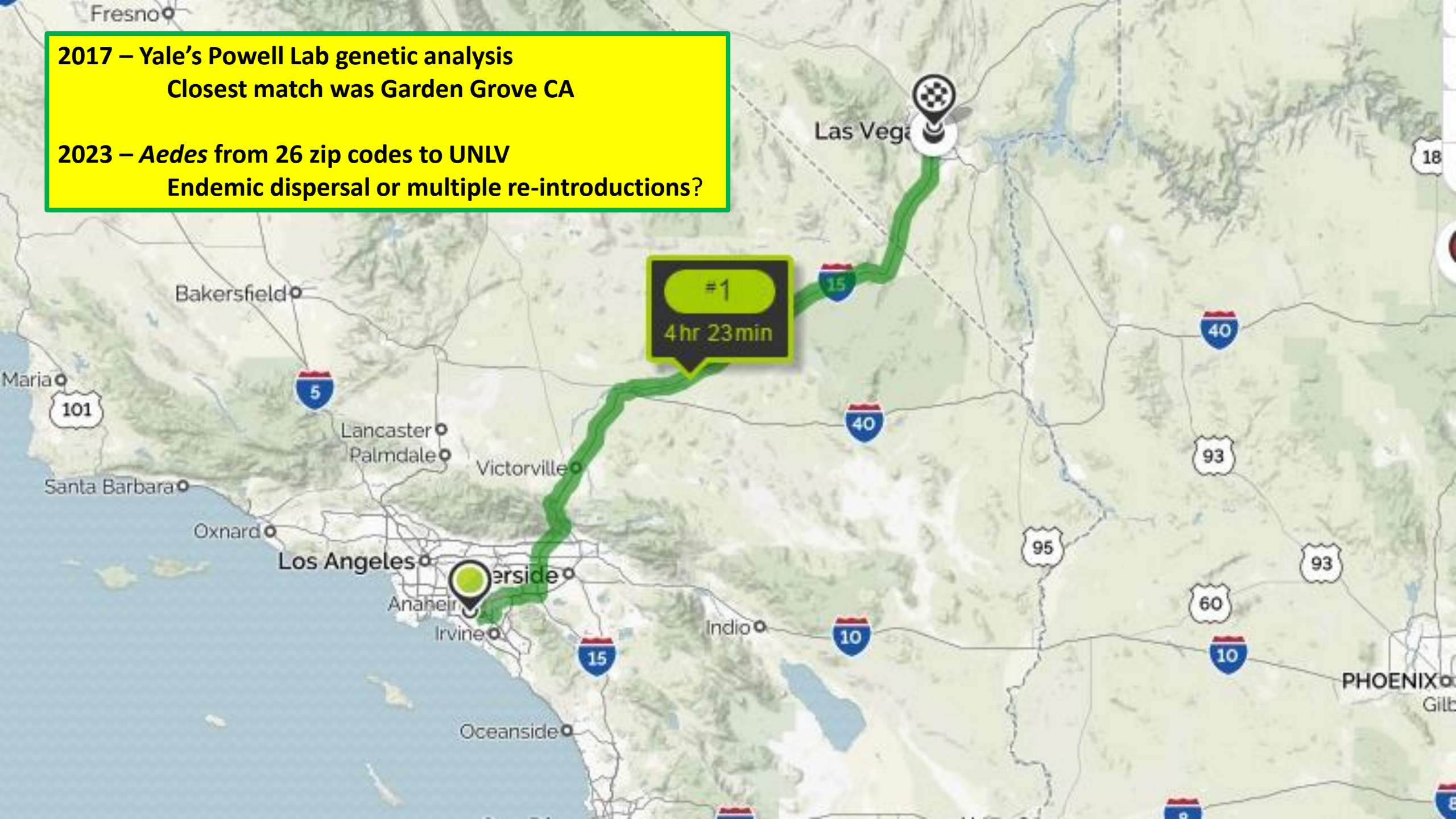


Mosquito Activity Complaints 2017 - 2023



2017 – Yale’s Powell Lab genetic analysis
Closest match was Garden Grove CA

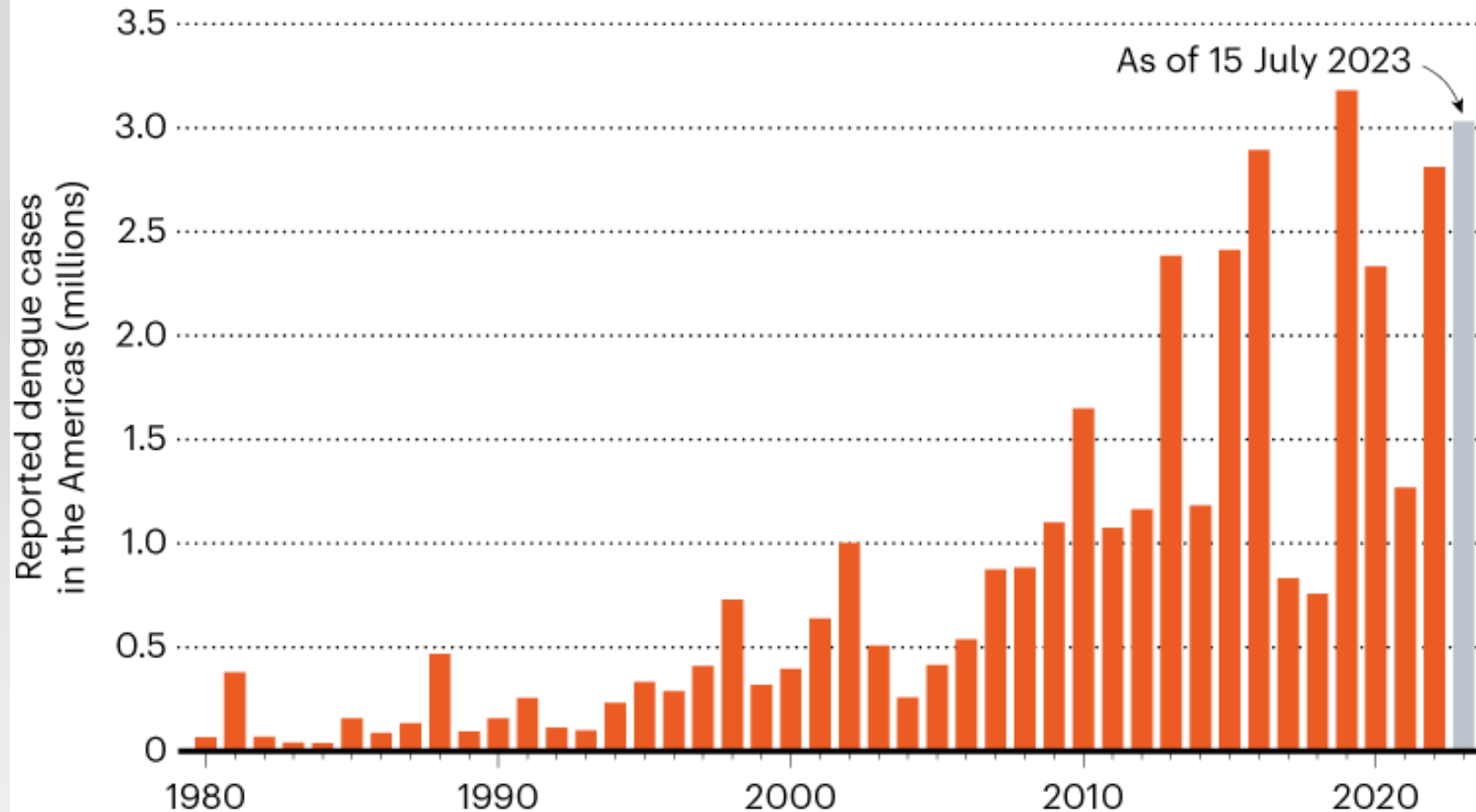
2023 – *Aedes* from 26 zip codes to UNLV
Endemic dispersal or multiple re-introductions?



40.8 million visitors in 2023

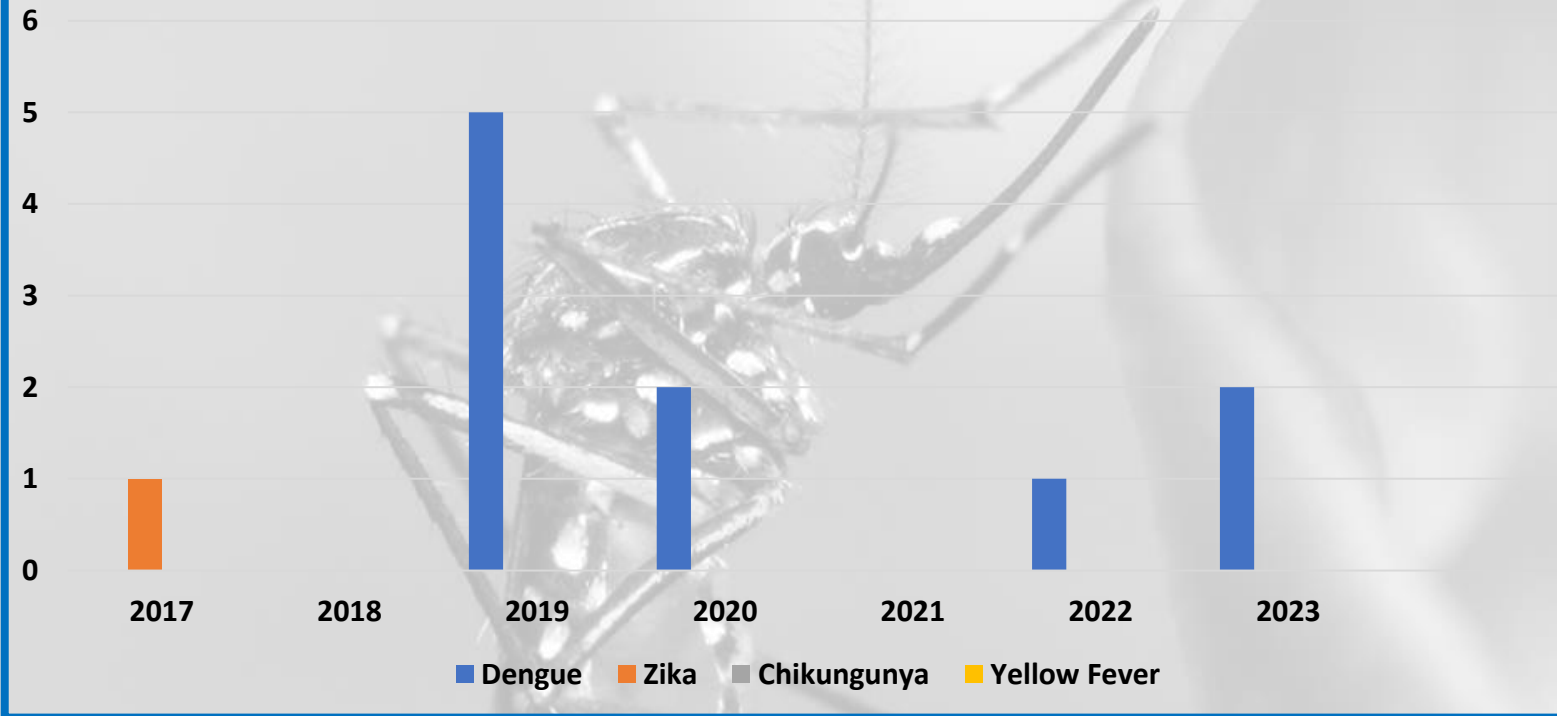
DENGUE ON THE RISE

Changes in temperature and rainfall patterns in the Americas might help to explain high incidences of dengue in recent years.



Origin Region	2023 Prelim
Canada	1,419,050
Mexico	1,084,840
Total North America	2,503,890
Europe	1,175,600
Western Europe	1,120,220
Eastern Europe	55,380
Asia	480,620
Northeast Asia	372,640
Southeast Asia	56,230
South Asia	51,750
Oceania	300,540
South America	187,420
Central America	33,960
Middle East	23,420
Caribbean	18,540
Africa	12,730
Total Overseas	2,230,000
Total International	4,740,000

Aedes aegypti - Associated Diseases Confirmed Clark County 2017-2023



	2017	2018	2019	2020	2021	2022	2023
Chikungunya	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0
Zika	1	0	0	0	0	0	0
Dengue	0	0	5	2	0	1	2

Long Term Community Impact

No single, coordinated mosquito control program across Clark County



Aedes aegypti will continue to expand and entrench itself – calls for service



Community needs a consistent and organized IMM Plan / MAD



Develop emergency abatement responses: Zika, Dengue, West Nile

MEMORANDUM



Date: April 25, 2024

To: Southern Nevada District Board of Health

From: Kim Saner, SPHR, *Deputy District Health Officer-Administration* *KS*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: **Administration Division Monthly Report – March 2024**

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Executive Summary

The Office of Communications issued five News Release and distributed a Save the Date for the Health District’s State of Public Health and Legislative Advocacy event to be held in April. Staff developed creative materials, including event branding, a Power Point presentation, agenda, and fact sheets. Staff replied to 130 public information email inquiries and completed 98 project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services. Facilities staff completed several buildouts at the Decatur Location, including a call center, storage areas and offices. Security staff has a new podium to maintain a visual presence in the immunization area at the Decatur Location. Health Cards served a total of 10,208 clients, which included 1,071 clients renewing online. As of April 3, 2024, the Health District had 813 active employees. Human Resources arranged 74 interviews, extended 18 job offers (one offer declined) and onboarded 12 staff. There were four terminations, two promotions, four flex-reclasses, no transfers and two demotions. There were 12 employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Health District raises awareness of diabetes epidemic
- March 10 is National Women and Girls HIV/AIDS Awareness Day
- County Health Rankings
- World TB Day calls attention to global disease
- Southern Nevada Health District Environmental Health Invoice Payment Clients Alerted of Security Incident

Press:

- Data security breach
- County health rankings
- Fentanyl overdose deaths
- Diabetes
- Measles

Seven hundred and seventy-six 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 [202403-PI-report.pdf \(southernnevadahealthdistrict.org\)](#)

Advertisements, Projects Completed and Social Media Summary:

In March, staff distributed a Save the Date for the Health District's State of Public Health and Legislative Advocacy event to be held in April as part of its National Public Health Week events. Staff developed creative materials for the State of Public Health event, including event branding, a Power Point presentation, agenda, and fact sheets. Staff developed a new layout design and executed production of the Spring 2023 employee newsletter, District Dish. Staff continue to develop and produce creative advertising concepts for a Congenital Syphilis awareness campaign with the Office of Disease Surveillance and provide ongoing support for the Office of Chronic Disease Prevention and Health Promotion initiatives, including smoking cessation and nutrition. The Office of Communications department received and replied to one hundred thirty public information email inquiries, and completed ninety-eight internal project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services.

On social media, staff focused on promoting the upcoming State of Public Health Livestream, National Public Health Week, HPV vaccine reminders, COVID19 vaccine, World TB Day, Max Your Vax, TB clinic, County Health Rankings, National Native HIV/AIDS Awareness Day, Get Outdoors Nevada Community Volunteer Event, National Nutrition Month, St. Patrick's Day, Diabetes Classes, Southern Nevada Health Consortium 'Spill the Tea on HIV', International Women's Day, Women and Girls HIV/AIDS Awareness Day, and Stop the Bleed Class.

Meetings and Events of Note:

- March 1: CDC Website Preview
- March 11: Joint Interim Standing Committee on Health and Human Services
- March 11: Healthy Southern Nevada Stakeholders Meeting
- March 13: Accreditation check-in meeting

- March 13: National Association of Community Health Centers: Community Health Center Resources to Address Health and Climate Change webinar
- March 14: National Public Health Week Planning meeting
- March 16: SNHD Community Outreach event w/Get Outdoors NV
- March 18: Three Square Food Bank site visit
- March 20: Clark County Health Rankings
- March 21: CDC’s Office of Health Equity Health Equity Science and Data for Action webinar
- March 28: Credible Mind/SNHD Kickoff meeting

Other:

Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 177

Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families Program: 45

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
March 1-31, 2024	23	14	61%	29

Facilities

Monthly Work Orders	Mar 2023	Mar 2024		YTD FY23	YTD FY24	
Maintenance Responses	203	209	↑	1541	1719	↑
Electrical Work Orders	4	6	↑	66	83	↑
HVAC Work Orders	0	16	↑	60	185	↑
Plumbing Work Orders	11	3	↓	53	74	↑
Preventive Maintenance	22	34	↑	173	247	↑
Security Responses	3125	2102	↓	19410	23007	↑

Current Projects

Decatur Location

- Vacated temporary NCS structure, moved employee into main building
- Buildout new FQHC call center to house five employees
- Buildout two new offices for the Quality Improvement & Accreditation Team

- Buildout new storage area for Community Health Nurse and FQHC teams
- Furnished new security podium to maintain a visual presence in the public lobby area

Fremont Location

- Completed Verkada camera upgrade

Finance

Total Monthly Work Orders by Department	Mar 2023	Mar 2024		YTD FY23	YTD FY24	
Purchase Orders Issued	601	508	↓	4294	4369	↑
Grants Pending – Pre-Award	6	3	↓	33	38	↑
Grants in Progress – Post-Award	13	10	↓	100	102	↑

* Grant applications created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – March 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
NU58DP006578-05-03, Southern Nevada Health District Community Partnership to Promote Health Equity(reactd_23)	F-CDC	3/29/2024	\$496,845	End of budget period	0.20	End of project and not expected to renew
NU58DP006578-05-02, Southern Nevada Health District Community Partnership to Promote Health Equity(reach_23)	F-CDC	3/29/2024	\$850,171	End of project period	1.15	FY2024, Year 1 of 5 currently active
FPHPA006516-02-01 Title X, Family Planning Program, Yr 1 of 2 (fp_23)	F-OASH	3/31/2024	\$1,884,879	End of budget period	11.11	The renewal for FY2024 is in progress, will be Year 2 of 2
State of Nevada, Ryan White Part B Eligibility, Year 1 of 5 (hcrwbe23)	P-HRSA	3/31/2024	\$101,638	End of budget period	1.10	The renewal for FY2024 is in progress, will be Year 2 of 5
State of Nevada, Ryan White Part B Medical Case Management, Year 1 of 5 (hcrwbm23)	P-HRSA	3/31/2024	\$257,287	End of budget period	1.75	The renewal for FY2024 is in progress, will be Year 2 of 5

Grants Expired – March 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Ryan White Part B Non-Medical Case Management, Year 1 of 5 (hcrwnb23)	P-HRSA	3/31/2024	\$459,369	End of budget period	4.65	The renewal for FY2024 is in progress, will be Year 2 of 5
State of Nevada, Ryan White Part B Retention-In-Care, Year 1 of 5 (hcrwbr23)	P-HRSA	3/31/2024	\$87,639	End of budget period	1.10	The renewal for FY2024 is in progress, will be Year 2 of 5
Opportunities for HIV PrEP Engagement UCSD (shucsd23)	P-NIH	3/31/2024	\$119,569	End of project period	0.50	End of project and not expected to renew
University of Washington, National Network of STD Clinical Prevention Training Centers, Monkeypox Activities (stdsc_23)	P-CDC	3/31/2024	\$100,000	End of project period	1.17	End of project and not expected to renew

Grants Awarded – March 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
H8FCS40915, Health Care Covid Response Funding (hcvd4_21)	F-HRSA	3/14/2024	4/1/2021	3/31/2023	\$(108,152)	De-obligation of funds and closeout	0.00
FPHPA006516-03-00 Title X, Southern Nevada Family Planning Program, Year 3 of 5 (fp_24)	F-OASH	3/20/2024	4/1/2024	3/31/2025	\$560,000	FFY 2024 Continuing Resolution partial funding waiting for enactment of a FFY 2024 appropriation	11.15
State of Nevada, Office of State Epidemiology, Epidemiology and Laboratory Capacity Program (el2con24)	P-CDC	3/20/2024	8/1/2023	7/31/2024	\$429,419	Additional Award	0.00

Grants Awarded – March 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Nevada Home Visiting, Maternal, Infant and Early Childhood Home Visiting Grant Program, Year 2 of 2, Amendment #1 (nfp_24)	P-HRSA	3/21/2024	9/30/2023	9/29/2024	\$22,000	Addition of funds to other and indirect	0.00

Health Cards

- We have continued to conduct Food Handler Safety Training Card testing at the Decatur, Fremont and Henderson offices changed as follows:
 - Advance appointments open each weekday morning at 6 a.m. for that day in the following week.
 - Walk-in clients are accepted throughout the day as capacity allows.
- For the month of March, we averaged 35 “passing and paying” online renewal clients per day, with a total of 1,071 clients renewing online.

CLIENTS SERVED	Mar 2024	Feb 2024	Jan 2024	Dec 2023	Nov 2023	Oct 2023
FH Cards – New	6,428	6,181	6,932	4,946	5,314	5,640
FH Cards – Renewals	551	458	485	356	479	626
FH Cards – Online Renewals	1,071	638	712	459	668	883
Duplicates	469	537	521	324	420	433
CFSM (Manager) Cards	195	241	290	160	228	283
Re-Tests	1,369	1,333	1,443	1,109	1,039	1,193
Body Art Cards	125	112	128	77	106	118
TOTALS	10,208	9,500	10,511	7,431	8,254	9,176

Human Resources (HR)

Employment/Recruitment:

- 5 New job titles for March
- 813 active employees as of April 3, 2024
- 12 New Hires, including 1 rehire and 0 reinstatements
- 4 Termination, including 2 retirement
- 1 Promotion, 4 Flex-reclass
- 0 Transfer

- 2 Demotions
- 40 Annual Increases
- 23 Evaluations received and recorded in Financial Enterprise
- 74 Interviews
- 18 Offers extended (1 offer declined)
- 12 Recruitments posted
- Turn Over Rates
 - Administration: 0.58%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 0.52%
 - Primary & Preventive Care: 1.95%
 - FQHC: 0.93%

Temporary Employees

- 27 Temporary Staff
- 0 New Agency Temporary Staff Member
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

- 3 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 1 Probationary Releases
- 1 Grievance
- 2 Arbitrations
- 40 Hours of Labor Meetings (with Union)
- 40 hours investigatory meetings
- 3 Investigations
- 14 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 2

Academic Affairs Program

There was a total of 26 interns and 3,644 applied public health practice hours in March 2024.

Interns and Clinical Rotations	Mar 2024	YTD
Total Number of Interns ¹	26	71
Internship Hours ²	628	3,644

¹Total number of students, residents, and fellows

² Approximate hours students, residents, and fellows worked in applied public health practice

Information Technology (IT)

Service Requests	Mar 2023	Mar 2024		YTD FY23	YTD FY24	
Service Requests Completed	1,293	1,070	↓	9,859	9,523	↓
Service Requests Opened	1,401	1,188	↓	8,372	10,653	↑

Information Services System Availability
24/7

Total System	99.42	98.48	↓	99.25	98.73	↓
*Total Monthly Work Orders by Department						
Administration	445	270	↓	2,983	2,547	↓
Community Health	169	115	↓	2,090	1,028	↓
Environmental Health	155	204	↑	1,381	1,683	↑
**Primary & Preventive Care	231	218	↓	466	2,021	↑
**Disease Surveillance & Control	202	195	↓	333	1,378	↑
**FQHC	155	159	↑	298	1,489	↑
Other	12	16	↑	25	126	↑
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,401	1,188	↓	8,360	10,653	↑

*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

Workforce Team – Public Health Infrastructure Grant (PHIG)

- Workforce engagements
 - Meetings with following Divisions/Departments
 - PHIG Project Officer
 - Monthly meeting to discuss PHIG across the enterprise
 - Human Resources
 - Weekly meetings to discuss PHIG Projects led by HR
 - PHIG Project Leads in Southern Nevada Health District
 - Status of current projects and future projects
 - Education and Training for PHIG
 - New Approaches to Investing in the Next Generation of Public Health Leaders presented by CDC and APHA
 - Participated in the PHIG Local Workforce Directors Peer Network Monthly Meeting: Briefing on salary survey
 - Attended the NACCHO Preparedness Summit with an interest in equity in vaccines delivery within the LGBTQ+ communities, successes and challenges
 - PHIG Meetings
 - Met with members of SNHD working project under PHIG to discuss the program, expectations, and answer questions
 - Performance Management
 - Completed VMSG dashboard Training for 40 staff members
 - Provided additional assistance to 8 team members
 - Finishing data entry for reporting
 - Preparing to input Accreditation projects and progress to further utilize the tool
 - Completed the Performance Management / Quality Improvement Plan
 - Approved by DHO
 - Sets the framework for performance management through tools like the Strategic Plan powered by QI at the department level with line of sight to District objectives

- Quality Improvement (QI)
 - Continued work with ASTHO re: building a QI culture at SNHD for high performance and exceeding PHAB Reaccreditation standards
 - Content will be provided as change management training for supervisors to encourage more QI work
 - BSL (Boundary Spanning Leadership) is the framework for this training and will be facilitated at no charge as part of Technical Assistance from the PHIG grant
 - Built relationships with San Diego County Health & Human Services and Dallas County H&HS to share best practices around driving QI post-COVID and best practices around accreditation
 - These two agencies are similar in size and population to SNHD and have a lot to offer
- CDC Budget Approvals
 - SNHD received updated Notice of Award for Budget Period 2 for A2 (Foundational Capabilities) funding
 - Informed projects leads of the award and status of signatures approving the funds internal to the organization
- Public Health Accreditation Board (PHAB) Reaccreditation
 - On target for final submission of materials in March of 2027
 - Annual Report 2024
 - Will submit a narrative on Innovation per PHAB standards. The Public Health Vending Machines project was chosen. It illustrates the ability of the Health District to widen the scope of services without new resources. It also shows the impact of pivoting from harm prevention with these vending machines to harm reduction
 - Attended two more meetings with the state and local workgroup for PHAB Domain 7 Access to Care standard
 - PHAB requires a community assessment beyond the CHA exploring access to primary and behavioral care
 - Initial research review is complete
 - Survey is under review for providers and other collaborators to review the secondary research analysis
- Central Safety Committee
 - Moving from mandated bi-monthly meetings to monthly until further notice
 - Solving Issues and relevant discussion from members and staff is exceeding meeting time limits
 - Subject to reversion to bi-monthly when meeting content fits a reasonable timeframe

Appendix A – Office of Communications

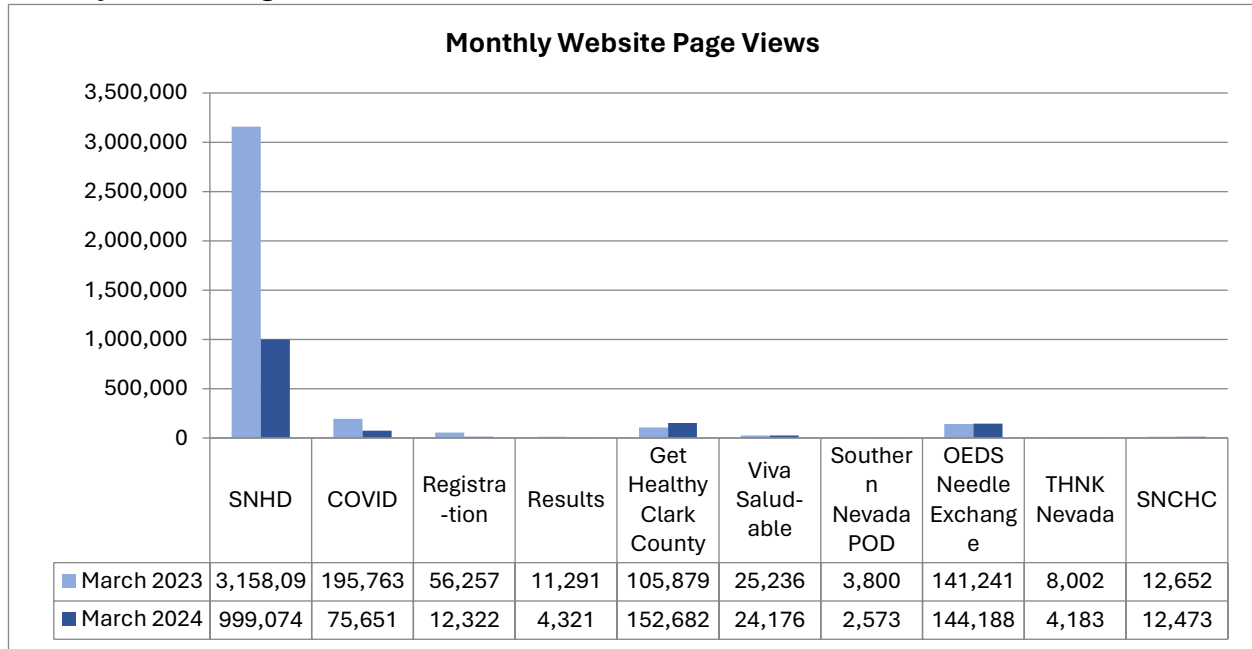
Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles
Media - Broadcast stories
Collateral - Advertising/Marketing Products
Community Outreach - Total Volunteers¹
Community Outreach - Volunteer Hours

	Mar 2023	Mar 2024		YTD FY23	YTD FY24	
Media – Digital/Print Articles	28	27	↓	637	319	↓
Media - Broadcast stories	89	73	↓	1359	953	↓
Collateral - Advertising/Marketing Products	137	26	↓	509	192	↓
Community Outreach - Total Volunteers ¹	8	8	↑			
Community Outreach - Volunteer Hours	516	576	↑	4,348	5,486	↑

¹Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



Social Media Services		Mar 2023	Mar 2024		YTD FY23	YTD FY24
Facebook SNHD	Likes/Followers	13,245	13,383	↑	N/A	N/A
Facebook GHCC	Likes/Followers	6,112	6,141	↑	N/A	N/A
Facebook SHC	Likes/Followers	1,637	1,648	↑	N/A	N/A
Facebook THNK/UseCondomSense	Likes/Followers	5,422	5,338	↓	N/A	N/A
Facebook SNHD THNK Project	Likes/Followers	45	45	=	N/A	N/A
Facebook Food Safety	Likes/Followers	134	163	↑	N/A	N/A
*Instagram GetHealthyCC	Followers	4,130	4,470	↑	N/A	N/A
Instagram SNHD	Followers	524	530	↑	N/A	N/A
Instagram Food Safety	Followers	0	170	↑	N/A	N/A
**X (Twitter) EZ2Stop	Followers	434	430	↓	N/A	N/A
**X (Twitter) SNHDflu	Followers	1,875	1,840	↓	N/A	N/A
**X (Twitter) Food Safety	Followers	99	99	=	N/A	N/A
**X (Twitter) SNHDinfo	Followers	10,507	10,342	↓	N/A	N/A
** X (Twitter) TuSNHD	Followers	342	342	=	N/A	N/A

Social Media Services		Mar 2023	Mar 2024		YTD FY23	YTD FY24
** X (Twitter) THINK/ Use Condom Sense	Followers	703	689	↓	N/A	N/A
** X (Twitter) SoNVTraumaSyst	Followers	130	127	↓	N/A	N/A
***Threads	Followers	0	707	↑	N/A	N/A
YouTube SNHD	Views	187,117	217,107	↑	972,073	1,829,095
YouTube THINK / UseCondomSense	Views	310	515	↑	2,750	3,110
<p>Note: Facebook, Instagram and X (Twitter) numbers are not cumulative. *Due to a recent change to X (Twitter), GetHealthyCC deleted their account in June 2023. An Instagram account for the program is now available. **Currently, analytics for all SNHD accounts on X (Twitter) are unavailable, and the reported data may not be current. ***Meta (Facebook) has created a platform Threads to compete with X (Twitter) on July 5, 2023. SNHD has joined this platform and will start tracking our follower count.</p>						

Appendix B – Finance – Payroll Earnings Summary – February 17, 2024 to March 1, 2024

PAYROLL EARNINGS SUMMARY
February 17, 2024 to March 1, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 302,193.87	\$ 1,510,078.59	\$ 5,631,695.66	\$ 8,657,996.00	65%	
ENVIRONMENTAL HEALTH	\$ 623,511.22	\$ 3,010,609.26	\$ 10,641,176.66	\$ 15,850,582.00	67%	
COMMUNITY HEALTH	\$ 349,176.12	\$ 1,812,489.66	\$ 6,553,364.85	\$ 9,914,422.00	66%	
DISEASE SURVEILLANCE & CONTROL	\$ 397,391.88	\$ 2,037,825.25	\$ 7,216,422.02	\$ 12,244,275.00	59%	
FQHC	\$ 336,954.54	\$ 1,606,772.54	\$ 5,543,228.83	\$ 9,488,158.00	58%	
ADMINISTRATION W/O ICS-COVID	\$ 472,194.58	\$ 2,319,131.52	\$ 9,366,594.61	\$ 12,236,771.00	77%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,481,422.21	\$ 12,296,906.82	\$ 44,952,482.63	\$ 68,392,204.00	66%	69%
FTE	807					
Regular Pay	\$ 1,944,827.25	\$ 9,470,777.30	\$ 35,431,603.99			
Training	\$ 3,152.22	\$ 18,133.80	\$ 155,196.58			
Final Payouts	\$ 65,328.53	\$ 187,223.48	\$ 469,046.32			
OT Pay	\$ 12,152.16	\$ 93,446.01	\$ 394,896.04			
Leave Pay	\$ 413,445.66	\$ 2,347,251.59	\$ 6,621,318.15			
Other Earnings	\$ 42,516.39	\$ 180,074.64	\$ 1,880,421.55			
TOTAL	\$ 2,481,422.21	\$ 12,296,906.82	\$ 44,952,482.63			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
February 17, 2024 to March 1, 2024

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>
DEW, DARNITA		6.00	180.74			
INES, HEINRICH		3.50	103.04			
MASTERS, CHRISTOPHER		19.25	579.88			
URENA, MAITE		9.50	286.17			
ARRIAGA, JOCELYN		4.00	148.03			
GALAVIZ, MONICA		6.00	380.13			
KEEGAN, DAHLIA J		8.00	382.71			
MALDONADO, JULIE		2.00	105.91			
MURPHY, MELISSA		1.25	43.96			
TAITANO, KYOMI		8.50	306.95			
UBANDO, MARJORIE K		10.25	489.95			
Total Administration		78.25	3017.47		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>
ABRUZZO, LEE ANNE		8.00	261.00	PRICE, KERI A	12.75	417.26
EMRY, YVONNE		8.00	311.70	RAMAN, DEVIN C	0.75	35.08
RAMIREZ-COFER, ANDREA		8.00	240.99	BARRY, NANCY	0.38	12.27
Total Community Health Services		24.00	813.69		13.88	464.61

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>
HERNANDEZ, EDITH		0.25	8.16	DOMINGUEZ, LILIANA	0.38	10.25
PEREZ, ADILENE		0.25	8.16			
Total FQHC-Community Health Clinic		0.50	16.32		0.38	10.25

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>
ARQUETTE, JOCELYN M		0.50	33.33			
HAMILTON, ISABEL		0.25	13.58			
SPRANCE GROGAN, CAROLYN S		0.25	13.58			
BINGHAM, JULIE	IMMEQ_22	5.75	364.29			
COSTANZO, CATHERINE	IMMEQ_22	5.00	293.43			
LUONG, STEPHEN	IMMEQ_22	2.00	126.71			
MACIEL PEREZ, MARISOL	IMMEQ_22	0.50	23.90			
SPARLIN, AUTUM	IMMEQ_22	2.50	166.65			
WALKER, AMBER	IMMCD_22	0.50	18.06			
ENZENAUER, LIZETTE		11.00	582.50			
Total Primary & Preventative Care		28.25	1636.03		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BUCHER, BRADON		7.00	326.43	CAVIN, ERIN M	3.75	158.39
CUMMINS, VERONICA J		1.00	51.64	CRAIG, JILL	6.00	172.89
DASPIIT, THERESA J		2.25	142.55	DIAZ-ONTIVEROS, LUZ	2.63	81.61
HALL, ALYSSA		0.50	21.05	ERICKSON, SARAH	2.25	61.51
JONES, MALLORY		2.00	93.27	GALVEZ, ALEXUS	2.63	79.51
KAPLAN, KRISTOPHER		0.50	26.48	HALL, ALYSSA	0.75	21.05
LETT, KENDRA A		2.00	117.37	JONES, MALLORY	4.88	151.56
PARANGAN, CHRISTOPHER D		2.00	105.91	ORTIZ RIVERA, VANESSA	0.75	30.11
PIAR, DIANE M		6.75	406.46			
RAKITA, DANIEL		4.25	188.27			
SABOUR, ISABELLA		27.00	1,136.70			
SHEFFER, THANH V		27.00	1,625.85			
SRIPRAMONG, JACQUELINE		2.00	86.44			
WILLS, JERRY A		6.00	294.53			
DECICCO, NATALYA		1.25	51.26			
HERNANDEZ, STEPHANIE		1.50	79.43			
NAVARRETE, GEORGE		2.50	175.40			
VINH, JONATHAN		1.00	41.01			
SHARIF, RABEA		10.50	616.20			
WOODS, HEATHER A		2.25	125.36			
FRANCHINO, DOMINICK		7.00	466.62			
HALL, LATONIA V		1.25	75.27			
MCGAHEN, RYAN		7.00	390.00			
MARTENS II, GARY G		0.50	25.15			
Total Environmental Health		125.00	6668.65		23.63	756.62

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Total Disease Surveillance & Control		0.00	0.00		0.00	0.00

Combined Total		256.00	12152.16		37.88	1231.49
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Appendix C – Finance – Payroll Earnings Summary – March 2, 2024 to March 15, 2024

PAYROLL EARNINGS SUMMARY
March 2, 2024 to March 15, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 304,722.04	\$ 1,814,800.63	\$ 5,936,417.70	\$ 8,657,996.00	69%	
ENVIRONMENTAL HEALTH	\$ 587,536.33	\$ 3,598,145.59	\$ 11,228,712.99	\$ 15,850,582.00	71%	
COMMUNITY HEALTH	\$ 347,704.00	\$ 2,160,193.66	\$ 6,901,068.85	\$ 9,914,422.00	70%	
DISEASE SURVEILLANCE & CONTROL	\$ 381,788.13	\$ 2,434,885.29	\$ 7,613,482.06	\$ 12,244,275.00	62%	
FQHC	\$ 313,415.62	\$ 1,920,188.16	\$ 5,856,644.45	\$ 9,488,158.00	62%	
ADMINISTRATION W/O ICS-COVID	\$ 472,645.14	\$ 2,791,776.66	\$ 9,839,239.75	\$ 12,236,771.00	80%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,407,811.26	\$ 14,719,989.99	\$ 47,375,565.80	\$ 68,392,204.00	69%	73%
FTE	813					
Regular Pay	\$ 2,087,002.44	\$ 11,561,439.85	\$ 37,522,266.54			
Training	\$ 2,925.70	\$ 21,059.50	\$ 158,122.28			
Final Payouts	\$ -	\$ 198,753.42	\$ 480,576.26			
OT Pay	\$ 9,245.11	\$ 102,691.12	\$ 404,141.15			
Leave Pay	\$ 275,712.08	\$ 2,623,045.53	\$ 6,897,112.09			
Other Earnings	\$ 32,925.93	\$ 213,000.57	\$ 1,913,347.48			
TOTAL	\$ 2,407,811.26	\$ 14,719,989.99	\$ 47,375,565.80			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
March 2, 2024 to March 15, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
INES, HEINRICH		9.75	287.05			
THEDE, STACY		4.50	139.31			
ARRIAGA, JOCELYN		12.50	462.58			
GALAVIZ, MONICA		6.75	427.65			
GONZALES, FABIANA	PH1FN_23	1.00	36.11			
KEEGAN, DAHLIA J		5.00	245.45			
MALDONADO, JULIE		4.75	251.54			
MURPHY, MELISSA		3.50	123.10			
Total Administration		47.75	1972.79		0.00	0.00
COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				RAMAN, DEVIN C	0.38	17.54
Total Community Health Services		0.00	0.00		0.38	17.54

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>
PEREZ, JOSE A		0.25	9.51	QUIROZ, PATRICIA	0.75	19.01
Total FQHC-Community Health Clinic		0.25	9.51		0.75	19.01

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>
ARQUETTE, JOCELYN M		0.50	33.33	SPRANCE GROGAN, CAROLYN S	0.38	13.58
AUCALLA, GENNESIS		3.00	97.88			
CHONGTAI, LORIZA R		6.00	443.26			
GOMEZ, KAREN		3.00	97.88			
HAMILTON, ISABEL		0.50	27.15			
AGBAYANI, ANGELINE	IMMEQ_22	7.00	421.52			
BINGHAM, JULIE	IMMEQ_22	6.25	395.97			
HENRIQUEZ, SERGIO	IMMEQ_22	13.00	412.89			
LUONG, STEPHEN	IMMEQ_22	8.00	506.84			
MACIEL PEREZ, MARISOL	IMMEQ_22	5.75	274.85			
NAGAI, SAGE	IMMEQ_22	5.50	348.45			
POLINTAN, MICHAEL S	IMMEQ_22	13.00	575.88			
WONG, MICHELLE	IMMEQ_22	0.25	15.05			
ZAVALA, ISAAC	IMMEQ_22	5.50	322.77			
ENZENAUER, LIZETTE		1.00	52.95			
Total Primary & Preventative Care		78.25	4026.67		0.38	13.58

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>
CHOI, JESSICA Y		2.75	134.99	CHARFAUROS, ADAIR	3.00	86.44
CUMMINS, VERONICA J		5.50	284.00	ERICKSON, SARAH	1.50	41.01
MARTUCCI, GRACIELA I		0.25	15.84	GALVEZ, ALEXUS	10.13	306.69
MICHEL, GUILLERMO		3.75	174.87	GONZALEZ, KIMBERLY	0.75	21.05
PARANGAN, CHRISTOPHER D		2.50	132.39	JONES, MALLORY	18.38	571.26
PIAR, DIANE M		8.25	496.79	RICH, VICTORIA	4.13	153.21
RAKITA, DANIEL		4.50	199.34	SANTIAGO, ANTHONY T	4.50	185.11
RICH, VICTORIA		6.50	362.14	SRIPRAMONG, JACQUELINE	3.75	108.06
SABOUR, ISABELLA		6.50	273.65	WADE, CYNTHIA	2.63	75.64
SHEFFER, THANH V		6.50	391.41	GOODSELL, MICHELLE	0.75	31.68
TAYLOR JR, GEORGE E		2.50	158.39			
VALADEZ, ALEXIS		1.25	58.29			
DECICCO, NATALYA		1.00	41.01			
NAVARRETE, GEORGE		1.75	122.78			
NORTHAM, KORIE		1.00	70.16			
VINH, JONATHAN		1.00	41.01			
DUNNE, REBECCA		1.00	42.10			
LUTHER, JENNIFER		2.00	86.44			
Total Environmental Health		58.50	3085.60		49.50	1580.14

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>
O'CONNOR, KELLI J	HIVPRV23	2.50	150.54			
Total Disease Surveillance & Control		2.50	150.54		0.00	0.00
Combined Total		187.25	9245.11		51.00	1630.27



Memorandum

Date: April 25, 2024

To: Southern Nevada District Board of Health

From: **Maria Azzarelli**, *Acting Director of Community Health* *MA*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – March 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP staff organized Heart Month activities in February. Nearly 500 people were reached through various activities and screenings including a 'Go Red for Women' screening event at the Beautiful Studio, participation in three (3) community blood pressure (BP) screenings, participating as a guest on the Healthier Tomorrow radio program, advertisements on women's health for the Delta Sigma Theta Sorority's annual Founder Day program, and ongoing BP screenings, education, and referrals at all BSHOP/BeSHOP locations.

CDPP staff completed three (3) community Diabetes Self-Management Education & Support (DSMES) classes in February, including classes in Spanish and English, in person and online. Twenty-three people participated in the classes and 74% of participants completed the class. In addition, CDPP provided training for the SNHD Clinical Services RD to complete the DSMES curriculum training. They will be integrating DSMES curriculum into their 1:1 clinical interaction with clients who have diabetes.

Our CDPP staff hosted an in-person meeting of the Partners for a Healthy Nevada coalition in February. Forty-one people attended the meeting in person with another five (5) participating online. Presentations included information about the RTC's Areas of Persistent Poverty grant and UNLV's EARN-FS grant.

As part of the REACH grant, RTC met with the After Market, a CDPP partner and implementation site for the Double Up Food Bucks (DUFb) program to assess transportation-related barriers and

opportunities to increase access to the After Market and DUFB program. The following ideas were discussed: adding EV charging stations, a shuttle service connecting the After Market to surrounding neighborhoods, addition of trees and shade structures along streets and sidewalks leading to the After Market, and improved bus stops with better lighting, seating, and shade. RTC is currently pulling data to understand how customers are currently accessing the After Market (walking, biking, transit, etc.). Findings will be included in the landscape assessment required by the REACH grant. Additional assessment work will begin in the fall.

The CDPP CHWs participated in two (2) health fairs at: (1) The James Down Towers Senior Apartments and (2) the Heritage Senior Center in February. The CHWs provided diabetes class flyers and signed up interested people in our DSMES classes. Approximately 200 people participated in the health fairs.

B. Tobacco Control Program (TCP)

TCP staff have worked to advance tobacco free campus policy discussions with College Southern Nevada and Nevada State University. Meetings with faculty, student government, and campus organizations have occurred.

Our TCP staff distributed culturally competent educational materials aimed at increasing awareness, preventing the initiation of tobacco use, and promoting the Because We Matter brand and Nevada Quitline cessation services to attendees at Spring Preserve's Black History Month Festival, Rainbow Dreams Educational Foundation's Black History Month awards gala (A Night In Harlem), TLMBC's Go Red For Women event, and the collaborative community Black History event, Shades of The Black Experience.

As part of smoke-free multi-unit housing efforts, staff attended a Market Trends event hosted by the Nevada State Apartment Association. The event brings together multi-unit housing industry leaders including managers and owners through a one-day conference that seeks to empower, connect, and educate attendees on topics related to multi-unit housing. Strategic distribution of smoke-free housing resources included the direct placement of tailored resource packages on individual seats at the event site. Staff also tabled at the event to provide additional information and to connect with managers and owners to promote the smoke-free policy during breaks. The event had over 350 attendees and over 22 property management companies were represented.

The tobacco-free multi-unit housing webpage located on the Get Healthy Clark County site is currently being redesigned to include more user-friendly features. The new features will allow users to search properties based on location with a map view. It will also include filters and highlight properties that have a comprehensive smoke-free policy. The online housing directory totals 62,012 smoke-free units. Staff continues to work on obtaining updated information on properties to keep data on current master list up to date.

In February, 20 businesses in Clark County implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance with policy recommendations as well as signage upon request.

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

A. 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.

B. OEMSTS – March 2023 / 2024 Data

EMS Statistics	March 2023	March 2024	
Total certificates issued	921	724	↓
New licenses issued	57	102	↑
Renewal licenses issued (recert only)	855	616	↓
Driver Only	33	41	↑
Active Certifications: EMT	853	877	↑
Active Certifications: Advanced EMT	1640	1831	↑
Active Certifications: Paramedic	1916	2016	↑
Active Certifications: RN	70	70	=

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Continuance of drafting the Shelter Support Annex and Administrative Preparedness Annex.
2. Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans. Met with Human Resources to discuss staffing and activation triggers for preparedness annex.
3. Planner updates to Threat Response Guides for Anthrax, Plague, and Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF). The VHF TRG was sent to subject matter experts within the District for review.
4. Assistance provided to revisions of COVID-19 AAR.
5. Planners continue to update Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP).

6. Senior Planner and Planner I continue to transition closed POD program management to Planner I. Coordinating the setup of the Closed POD Working Group with the LVCVA and Boyd Gaming as Co-Chairs.
7. Eighteen SNHD employees were fit tested for personal protective equipment.
8. OPHP staff are participating in the various working groups to develop the state DPBH Strategic Plan.
9. Senior Planner conducted the Jurisdictional Risk Assessment for southern Nevada.
10. Planner I participated in EOP review for Faith Lutheran Jr./Sr. High School.
11. Planner I participated in State of Nevada Department of Education EOP Working Group.
12. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
13. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan.

B. Training, Exercises and Public Health Workforce Development:

1. OPHP Staff attended the National Association of County and City Health Officials (NACCHO) Preparedness Summit March 25th – 28th. The OPHP Supervisor presented with the Clark County Emergency Manager on collaborative planning for events.
2. Continued work with Clark County and a software developer on an Impacted Persons Database.
3. Extending work on reviewing and revising plans, threat response guides, and planning for exercises coming up in the next few months.
4. Participation in work groups to develop the State Department of Public and Behavioral Health, Public Health Preparedness 5-year Strategic Plan.
5. Trainers continue to develop Position Specific Task Books and related training curricula. Operations Section Chief Position Specific Training completed on March 27th for 17 SNHD staff. Invites sent for Logistics Section Chief Training on April 25th.
6. A New Hire Orientation for Emergency Preparedness and Security was provided on March 20th, for 17 SNHD new employees.
7. Trainers continue to coordinate registration of ICS 300 course at Decatur campus April 16th – 18th for recent SNHD staff identified on the Emergency Personnel List. The course is listed on the state training website.
8. Three (3) SNHD employees participated in CPR Training
9. Planning efforts are being coordinated for the upcoming recovery workshop.
10. Trainers provided ICS 300 training to community partners at the City of North Las Vegas Fire Administration Office on March 5th - 7th.
11. Planner I participated in FEMA Exercise Evaluation and Improvement Planning training.
12. Senior Planner and Planner I coordinated with Environmental Health, SNPHL, and EPA on exercise development for the EPA Water Laboratory Alliance Advanced Practice full scale exercise.

13. COOP tool training has been provided by Planners to Managers, Supervisors, and those delegated to update each Division, Department and Program at the SNHD.
14. Planner I attended integration of Access and Functional Needs (AFN) in Emergency Management training held by State of Nevada AFN Coordinator.
15. Planner I continued to coordinate Point of Dispensing (POD) setup/takedown drill with CCSD.
16. Planner I continued to plan for May 9th SNHD COOP tabletop exercise.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. SNHPC meeting was held on March 7th. The next meeting is scheduled for May 2nd.
2. The Pediatric Surge Annex was approved at the March 7th SNHPC meeting.
3. SNHPC Clinical Advisor and OPHP Planner conducted a Pediatric Surge tabletop with pediatric hospitals on March 14th.
4. SNHPC Clinical Advisor and OPHP Planner continued planning for April 18th Pediatric Surge tabletop and medical response surge exercise for all hospitals.
5. Trainer confirmed First Receiver Decontamination training with Mtn View Tenaya Hospital on June 26th and UMC Hospitals on August 14th.
6. Trainer continues to promote and manage upcoming TEEX Pediatric Disaster Response & Emergency Preparedness course May 7th - 8th, 2024.
7. Trainer coordinating return of the following courses to Las Vegas; TEEX Medical Preparedness & Response to Bombing Incidents, TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel.

D. Fusion Center Public Health Analyst:

1. Currently recruiting for a new Public Health Analyst.

E. Grants and Administration:

1. OPHP is awaiting carryover subawards for PHEP and CRI grants and an amendment to the current CRI budget.
2. New Senior Administrative Assistant started March 18th.
3. OPHP is recruiting a Public Health Fusion Center Analyst.
4. OPHP received the Notice of Funding Opportunity and Scope of Work templates for the PHEP and CRI grants for budget period 1 of the new cooperative agreement which begins on July 1st.

F. Medical Reserve Corps (MRC) of Southern Nevada:

1. MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers.

2. MRC Coordinator attended monthly NACCHO MRC Workgroup meeting and SNHPC meetings and the quarterly SERV-NV Partners meeting. Attended the national MRC Virtual Townhall.
3. Two MRC Volunteers provided blood pressure screening at the Las Vegas Convention Center job for March 8th.

MRC Volunteer Hours FY2024 Q3

(Economic impact rates updated August 2023):

Activity	January	February	March
Preparedness Exercise	27	0	0
Community Event/BP	0	0	13
SNHD Clinic	4.5	0	0
Total Hours	27	0	13
Economic impact	\$858.60	0	\$578.63

IV. VITAL RECORDS

- A. March 2024 is currently showing a 19% decrease in birth certificate sales in comparison to March 2023. Death certificate sales currently showing a 6% decrease in comparison to March 2023. SNHD received revenues of \$35,139 for birth registrations, \$23,998 for death registrations; and an additional \$8,339 in miscellaneous fees.

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

Vital Statistics Services	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Births Registered	1,832	1,901	↑	17,386	18,147	↑
Deaths Registered	1,979	1,730	↓	16,089	15,778	↓
Fetal Deaths Registered	17	20	↑	148	156	↑

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

Vital Statistics Services	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Birth Certificates Sold (walk-in)	8	42	↑	326	502	↑
Birth Certificates Mail	177	117	↓	1,091	1,145	↑
Birth Certificates Online Orders	4,595	3,711	↓	33,737	31,838	↓
Birth Certificates Billed	139	95	↓	1,023	998	↓
Birth Certificates Number of Total Sales	4,919	3,965	↑	36,177	34,483	↓
Death Certificates Sold (walk-in)	23	33	↑	149	315	↑

Death Certificates Mail	226	122	↓	1,473	1,331	↓
Death Certificates Online Orders	8,695	8,189	↓	73,902	68,506	↓
Death Certificates Billed	49	29	↓	313	322	↑
Death Certificates Number of Total Sales	8,993	8,373	↓	75,837	70,474	↓

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

Vital Statistics Sales by Source	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Birth Certificates Sold Valley View (walk-in)	.2%	1.1%	↑	.9%	1.5%	↑
Birth Certificates Mail	3.6%	3%	↓	3%	3.3%	↑
Birth Certificates Online Orders	93.4%	93.6%	↑	93.3%	92.3%	↓
Birth Certificates Billed	2.8%	2.4%	↓	2.8%	2.9%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.4%	↑	.2%	.4%	↑
Death Certificates Mail	2.5%	1.5%	↓	1.9%	1.9%	
Death Certificates Online Orders	96.7%	97.8%	↑	97.4%	97.2%	↓
Death Certificates Billed	.5%	.3%	↓	.4%	.5%	↑

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

Revenue	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Birth Certificates (\$25)	\$122,975	\$99,125	↓	\$904,425	\$862,075	↓
Death Certificates (\$25)	\$224,825	\$209,325	↓	\$1,895,925	\$1,761,850	↓
Births Registrations (\$13)	\$45,435	\$35,139	↓	\$337,181	\$298,090	↓
Deaths Registrations (\$13)	\$24,817	\$23,998	↓	\$210,483	\$203,268	↓
Convenience Fee (\$2)	\$9,648	\$7,822	↓	\$72,434	\$65,348	↓
Miscellaneous Admin	\$869	\$517	↓	\$5,914	\$5,900	↓
Total Vital Records Revenue	\$428,569	\$375,926	↑	\$3,426,362	\$3,196,531	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only. Passport photos remain suspended.

Applications	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Passport Applications	998	722	↓	6,916	5,830	↓
Revenue	Mar 2023	Mar 2024		FY 22-23 (Mar)	FY 23-24 (Mar)	
Passport Execution/Acceptance fee (\$35)	\$34,930	\$25,270	↓	\$242,060	\$204,050	↓

V. 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 prevention and control among populations that are at higher risk and underserved.
 - 1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
- C. The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.

VI. 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	47	60
NAAT NG/CT	1168	1185
Syphilis	868	889
RPR/RPR Titers	161/71	154/77
Hepatitis Total	956	1054
HIV/differentiated	595/19	632/20
HIV RNA	76	91

Neisseria species	Gonorrhoeae Culture	48	85	47										180
	Gram Stain/WBC	0	0	0										5
	Neisseria ID	0	0	0										0
	Haemophilus ID	7	0	2										2
Unknown ID	Bacterial ID	0	0	0										0
	WGS (PulseNet)	27	24	16										67
Salmonella	Salmonella Screen	14	10	12										36
	Salmonella Serotype	13	10	12										35
Shigella	Shigella Screen	10	10	4										24
	Shigella Serotype	7	10	2										19
STEC	STEC Screen	10	2	2										14
	STEC Serotype	1	1	1										3
Unknown	Stool Culture	5	6	2										13
Vibrio	Vibrio ID	0	0	1										1
	Vibrio Screen	0	0	1										1
Yersinia	Yersinia Culture/ID	1	2	1										3

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was one (1) case for GI outbreak investigation in March.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In March, SNPHL performed 30 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.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1									

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 16 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in March 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 118 bacterial organisms have been identified in March.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of March 2024, SNPHL has sequenced 30 SARS-CoV-2-positive RNA extracts.

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.

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	29	6	13									

10. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team. In March, we tested a total of zero mosquito pool samples. There was no positive WNV mosquito pool samples identified in March. Environmental Health released the test result to the public after we informed the test result to them.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in March, a total of 47 clinical isolates, Neisseria gonorrhoeae ten (10) isolates and Neisseria meningitidis seven (7) 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 COVD 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 COVD Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.

5. Provided onsite training for COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. March 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the CAP MVP, CAP Infectious Disease, Resp, Biofire Respiratory Virus panel, CAP SARS-CoV-2, CAP MEGN proficiency test in March 2024.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. The validation for both instruments is being performed right now. The clinical chemistry instrument is under review in the Contract Office now.
4. The validation report of warrior panel has been completed in the Emergency Response laboratory.
5. According to the WGS and genomic data analysis, the Omicron variant JN.1., lineages are domain lineages, 80% respectively, in March, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. Identified zero Monkeypox positive test result in March 2024. The Whole Genome sequencing of March Monkeypox Positive samples has been completed. The clade for this case is IIb and the lineage is B.1.20 for three (3) sequencing data analyses.
7. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtypes of influenza and the percentage of ratio between three (3) subtypes are 53%, 21%, and 26%, respectively.
8. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping in order to rule out avian influenza.
9. SNPHL has validated the RSV subtyping method using PCR method and will share the data of environmental surveillance with CDC.
10. The document of the Shell and Core Basis of Design has been signed by Chief of Facilities Officer and Laboratory Director. The total number of SF for the new lab will be 12,600sf.

F. COMMUNITY HEALTH – SNP HL – Calendar Year Data

March SNP HL Services	2023	2024	
Clinical Testing Services ¹	5,308	4,497	↓
Epidemiology Services ²	2,554	944	↓
State Branch Public Health Laboratory Services ³	4,602	48	↓
All-Hazards Preparedness Services ⁴	7	8	↑
Environmental Health Services ⁵	0	13	↑

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

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

³ Includes COVID PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: April 16, 2024

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC *RS*
 Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Community Health Center FQHC Operations Officer Report – March 2024

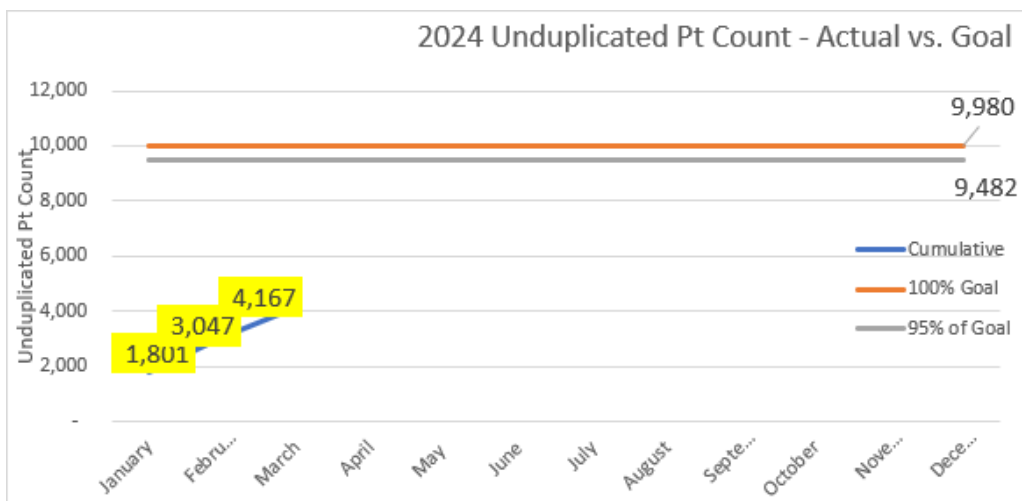
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient’s ability to pay.

March Highlights

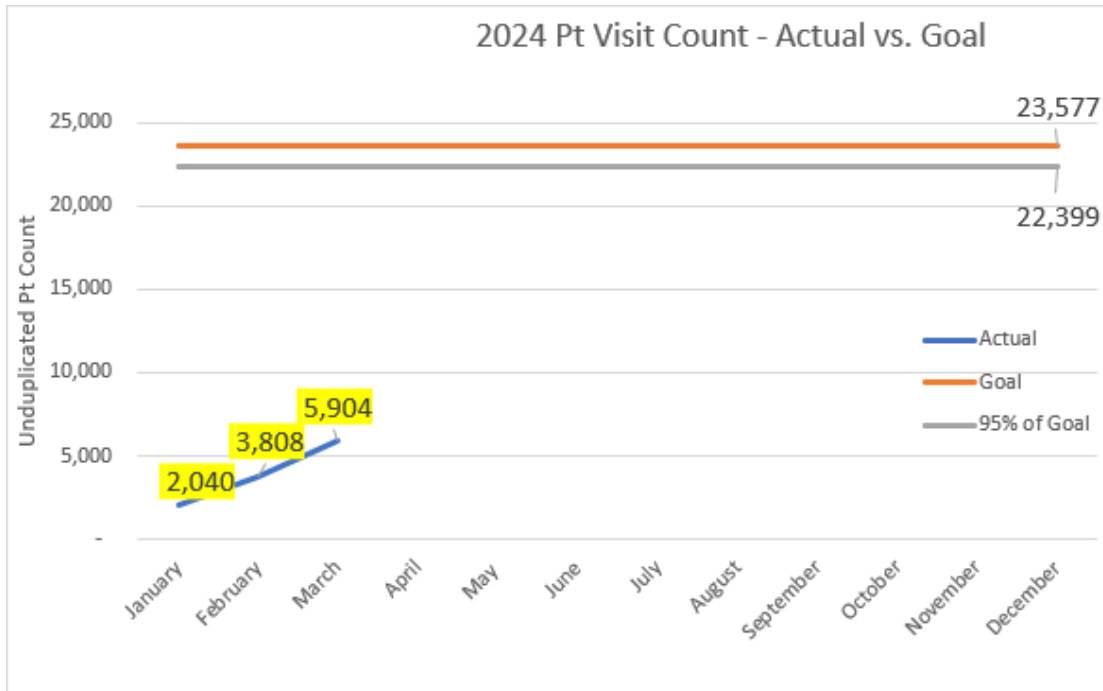
Administrative

- Medical Director vacancy recruitment active
- HRSA SAC-AA grant application submitted
 - Approximately \$1.8 million annual grant
- HRSA CY23 UDS Report finalized
- Employee Engagement Survey (OVS) conducted
 - Participation rate – 73%
- Strategic Plan – Financial Sustainability focus area enhanced
- Partial grant funding received for Ryan White and Family Planning grants

Access – Unduplicated Patients Served



Access – Visit Count



Provider Visits by Program and Site – March 2024

Facility	Program	MAR '24	MAR '23	MAR YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
Decatur	Behavioral Health	125	125	0%	1,153	1,153	0%
Decatur	Ryan White	237	210	11%	1,986	1,565	21%
Decatur	Family Health	483	192	60%	3,651	1,883	48%
Fremont	Family Health	273	185	32%	1,702	1,169	31%
Total	Family Health	756	377	50%	5,353	3,052	43%
Decatur	Family Planning	148	242	-64%	1,280	2,132	-67%
Fremont	Family Planning	97	166	-71%	697	954	-37%
Total	Family Planning	245	408	-67%	1,977	3,086	-56%
ASEC	Sexual Health	96	105	-9%	1,095	929	15%
DEC & FRE	Sexual Health	579	591	-2%	5,187	5,232	-1%
Total	Sexual Health	675	696	-3%	6,282	6,161	2%
Grand Total		2,038	1,816	11%	16,751	15,017	10%

Pharmacy Services

	Mar-23	Mar-24		FY23	FY24		% Change YTD
Client Encounters (Pharmacy)	1,243	1,230	↓	10,437	12,062	↑	15.6%
Prescriptions Filled	1,744	1,946	↑	14,023	17,159	↑	22.4%
Client Clinic Encounters (Pharmacist)	36	39	↑	424	281	↓	-33.7%
Financial Assistance Provided	17	20	↑	78	155	↑	98.7%
Insurance Assistance Provided	-	6	↑	17	52	↑	205.9%

- A. Dispensed 1,946 prescriptions for 1,230 clients.
- B. Pharmacist completed 39 client clinic encounters.
- C. Assisted 20 clients to obtain medication financial assistance.
- D. Assisted six (6) clients with insurance approvals.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 70 referrals between March 1st and March 31st. There were four (4) pediatric clients referred to the Medical Case Management program in March and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 859 total service encounters in the month of March provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 365 unduplicated clients served under these programs in March.
- C. The Ryan White ambulatory clinic had a total of 424 visits in the month of March: 38 initial provider visits, 175 established provider visits including 14 tele-visits (established clients). There were 17 Nurse visits and 194 Lab visits. There were 30 Ryan White clients seen under Behavioral Health by LCSWs and LMFTs and the Psychiatric APRN during the month of March. There were 20 Ryan White clients seen by the Registered Dietitian for Medical Nutrition services.
- 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 12 patients enrolled and seen under the Rapid stART program in March.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,789 unique services to 1,072 unduplicated patients for the month of March. There were 149 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently 127 patients receiving injectable treatment for HIV prevention (PrEP).

- B. The FQHC-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 FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the 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 supervisor attended the “Reflect, Celebrate and Engage | Ending the HIV Epidemic (EHE) Community Planning Forum,” an event which brought Clark County service providers together to collaborate and reflect on past achievements, celebrate our progress and engage in shaping future endeavors to end the HIV epidemic in Clark County. The Nevada EHE team will use the information and ideas gathered to develop the 2025-2030 EHE Workplan.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. One Community Health Nurse (CHN) nurse completed orientation in FQHC-SHC. One Patient Services Representative (PSR) began orientation in SHC, and an offer was accepted to fill a vacant Medical Assistant (MA) position.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of March 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	10
Referrals for Chronic Hep B	1
Referrals for STD	10
Pediatric Refugee Exams	12
Clients encounter by program (adults)	75
Refugee Health screening for March 2024	75
Total for FY23-24	518

Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers (EW) submitted a total of 36 applications for the month.

Applications	Status
41	Approved
11	Denied
9	Pending

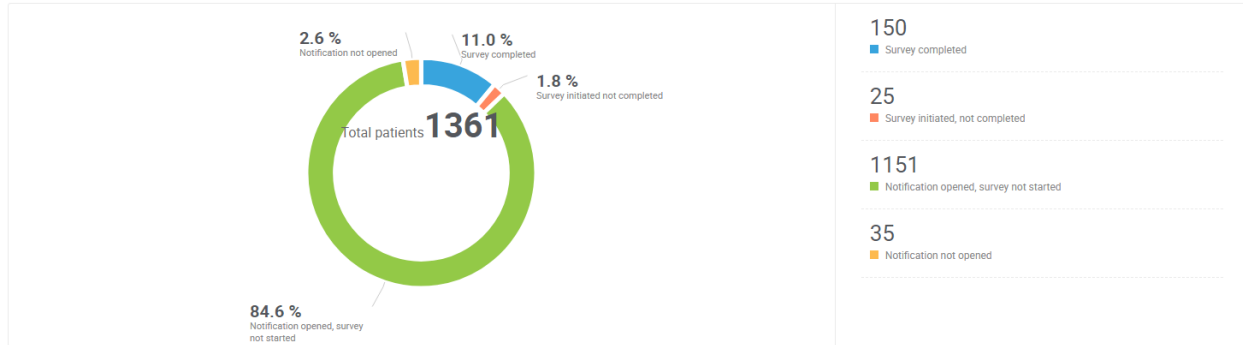
Training for Community Health Workers (CHWs) to support Eligibility work has begun.

Patient Satisfaction: See attached survey results.

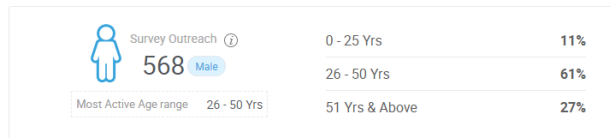
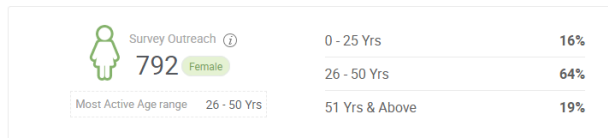
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey March 2024

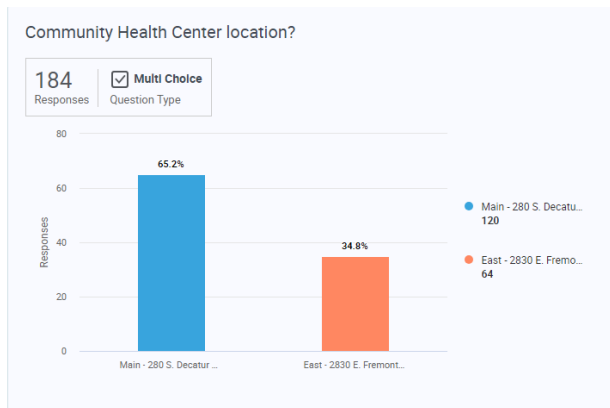
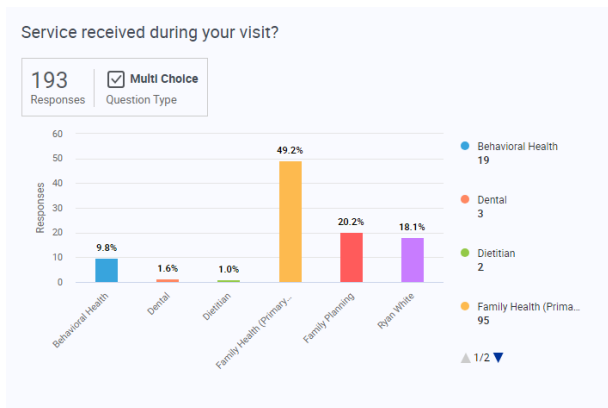
Overview



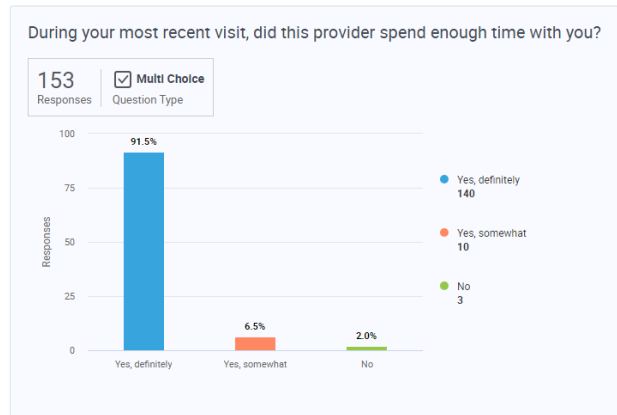
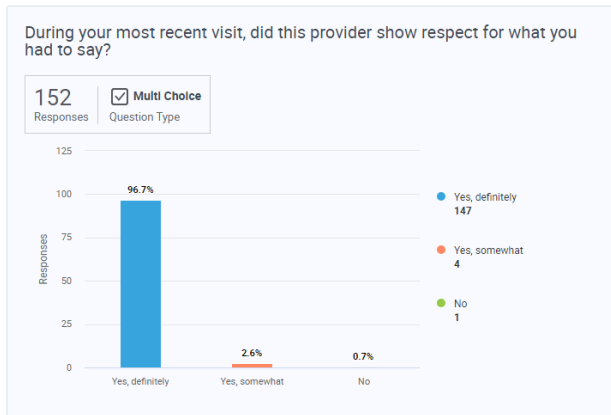
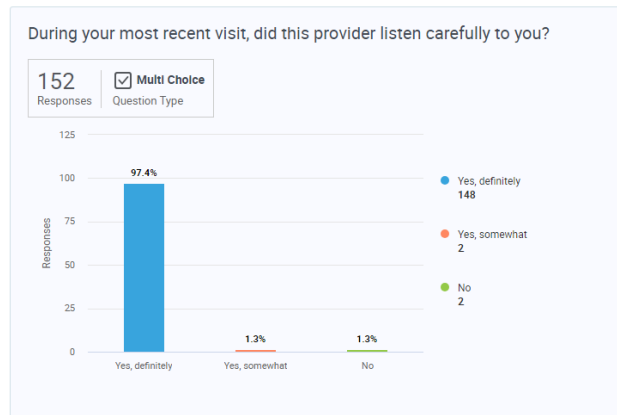
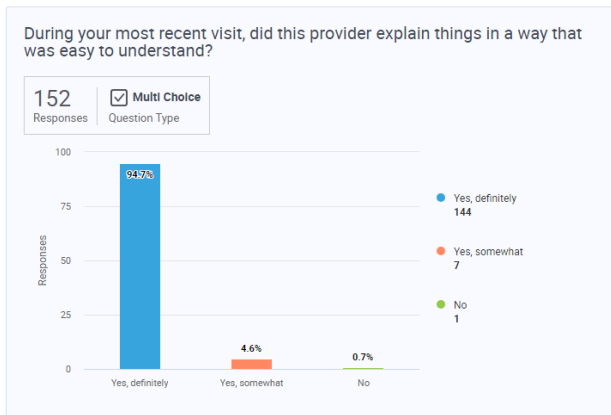
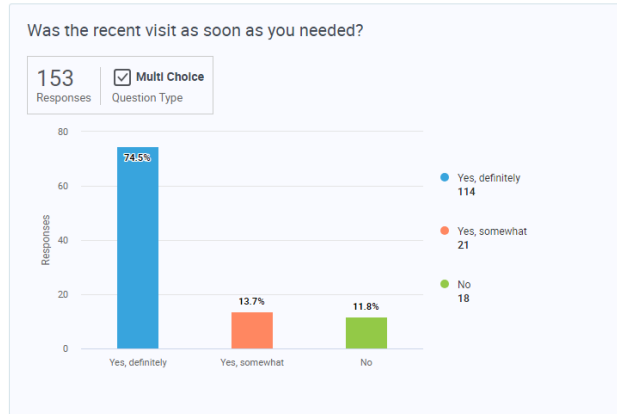
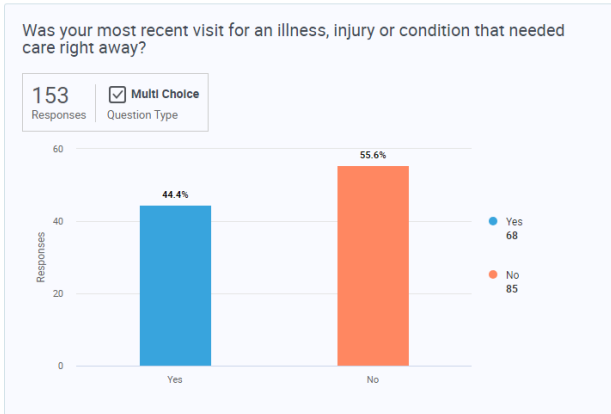
Gender



Service and Location



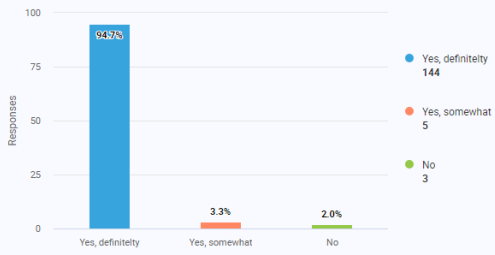
Provider, Staff and Facility



Thinking about your most recent visit, were the staff as helpful as you thought they should be?

152
Responses

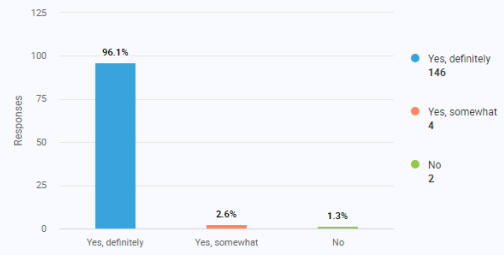
Multi Choice
Question Type



Thinking about your most recent visit, did the staff treat you with courtesy and respect?

152
Responses

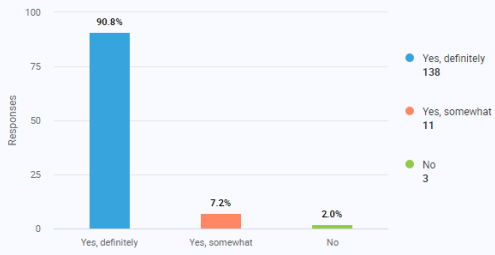
Multi Choice
Question Type



Thinking about your recent visit, was it easy to schedule an appointment?

152
Responses

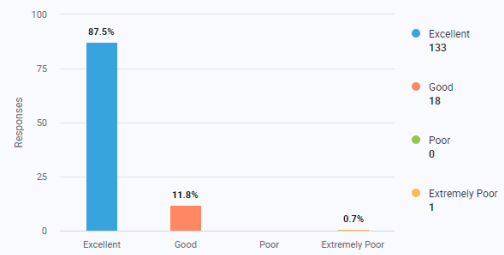
Multi Choice
Question Type



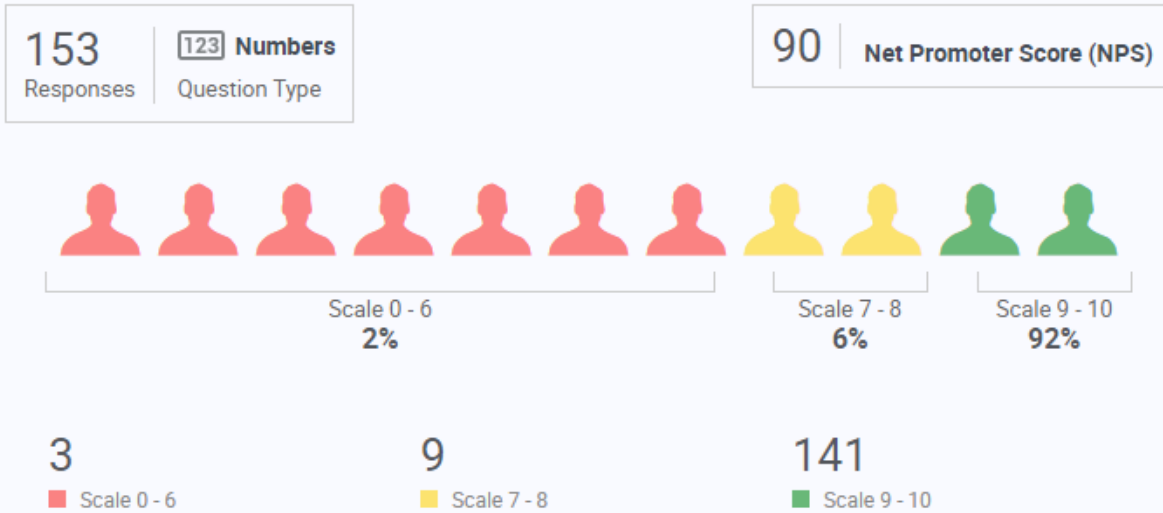
Thinking about the facility, how was the overall cleanliness and appearance?

152
Responses

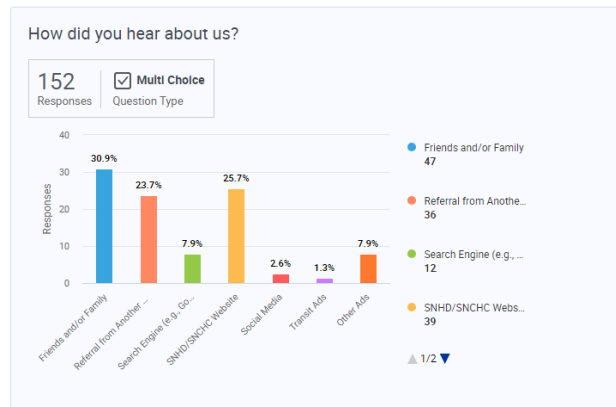
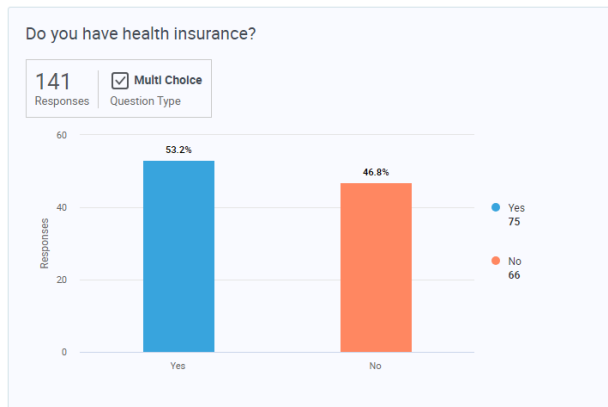
Multi Choice
Question Type



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?



General Information



Survey Comments

Separate attachment



Memorandum

Date: April 25, 2024

To: Southern Nevada District Board of Health

From: Victoria Burris, MPH, Acting Director of Disease Surveillance & Control *VB*
 Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
 Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – March 2024

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.

	March 2023	March 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1197	1128	↓	3223	3206	↓
Gonorrhea	483	476	↓	1436	1458	↑
Primary Syphilis	19	5	↓	61	38	↓
Secondary Syphilis	28	8	↓	88	47	↓
Early Non-Primary, Non-Secondary ¹	50	32	↓	158	125	↓
Syphilis Unknown Duration or Late ²	127	61	↓	344	292	↓
Congenital Syphilis (presumptive)	3	0	↓	22	5	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	2	3	↑	7	12	↑
Syphilis Pregnant Cases	8	8	→	30	26	↓
Perinatally Exposed to HIV	0	1	↑	0	7	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	0	2	↑	12	14	↑
Hepatitis B, acute	1	2	↑	3	7	↑
Influenza	12	79	↑	92	496	↑

	March 2023	March 2024		YTD 23	YTD 24	
Pertussis	0	1	↑	6	22	↑
RSV	44	204	↑	583	1803	↑
Enteric Illness						
Campylobacteriosis	18	13	↓	46	41	↓
Cryptosporidiosis	0	1	↑	2	8	↑
Giardiasis	6	2	↓	18	10	↓
Rotavirus	3	17	↑	8	29	↑
Salmonellosis	15	6	↓	42	24	↓
Shiga toxin-producing Escherichia coli (STEC)	1	5	↑	8	17	↑
Shigellosis	8	4	↓	16	32	↑
Yersiniosis	1	2	↑	2	8	↑
Other						
Candida auris	40	239	↑	145	435	↑
Coccidioidomycosis	28	15	↓	77	48	↓
Carbapenem-resistant Enterobacteriales (CRE)	18	45	↑	33	128	↑
Hepatitis C, acute	0	1	↑	1	1	→
Invasive Pneumococcal Disease	30	33	↑	84	95	↑
Lead Poisoning	20	9	↓	45	33	↓
Legionellosis	4	0	↓	9	2	↓
Meningitis, aseptic	1	2	↑	3	5	↑
Meningitis, Bacterial Other	1	0	↓	1	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	3	→	10	12	↑
New Active TB Cases Counted (<15 yo)	0	2	↑	0	2	↑
New Active TB Cases Counted (>= 15 yo)	5	7	↑	14	18	↑

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	11	0	30	0
Gonorrhea	10	0	15	0
Syphilis	20	6	209	0
HIV/AIDS (New to Care/Returning to Care)	31	4	69	0
Tuberculosis	272	0	14	0
TOTAL	344	10	337	0

¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters

Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

3. ACDC COVID-19 CT Staffing and Activities
 - a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 14
 1. Lead CTs – 3
 2. Contact Tracers; investigators and outreach – 11
 - b. Testing
 - i. The College of Southern Nevada (CSN) testing sites were closed on March 21, 2024.
 - 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. **Monkeypox:** As of March 31, 2024, Clark County had 311 cases of monkeypox.
 - b. **Influenza:** SNHD started the influenza surveillance for the 2023-2024 season on October 7, 2023. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity remains elevated but decreasing. Statewide, the outpatient respiratory illness activity in Nevada has been minimal. Locally, as of 3/30/2024, for the 2023 - 2024 influenza season, 1299 influenza-associated hospitalizations, and 81 deaths associated with influenza, including one influenza-associated pediatric death were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/18/2024.
 - c. **Shigella Sonnei Cluster:** ACDC and OIE staff are conducting an ongoing investigation into a local cluster of Shigella Sonnei. Approximately 13 persons have this serotype with closely matching whole genome sequencing, which is a significant portion of the Shigella cases reported to SNHD this year. DIIS have reached out to administer hypothesis generating questionnaires to the affected parties in an attempt to better identify the common source of illness. This investigation is ongoing.
 - d. DIIS followed up on a potential outbreak situation at an elementary school. The school reported an uptick in callouts and nurse visits from students located in a special needs classroom, and provided a list of 27 students, 2 of

whom were sent home sick, and 19 of which didn't attend. DIIS reached out to affected families; several of the families who were contacted stated that their child was either asymptomatic or did not attend school in general based off the list. The cases that were contacted and were symptomatic primarily had symptoms of vomiting and diarrhea which were short lived; generally, 3-4 hours. School staff were contacted and did not have evidence of ongoing breakout among the other classrooms. Additionally, food eaten by the special needs class is the same as consumed by the general student population. It was determined that this is likely an in-class spread, due to several students being in diapers and sharing the same resources. The investigation is closed.

- e. A cluster of 14 gastrointestinal illnesses have been reported at a local childcare facility, affecting both children and staff. Symptoms include diarrhea, nausea, vomiting, fever, and abdominal pain, with most cases occurring in individuals between 15 months and 5 years of age. Illnesses generally resolved within 24 to 72 hrs. One specimen has been collected, with results showing positive for Norovirus G2. Environmental health has also assessed the situation. The investigation has been completed.
- f. **Large Scale TB Contact Investigation:** ODS received reports of two active TB cases in November and December 2023 that involved exposures within the Clark County School District. ODS coordinated with the school district to conduct onsite testing at the schools impacted, that began January 3rd and 4th, and January 30th through February 2nd. These efforts resulted in over 700 contacts being tested during these events. ODS has concluded these investigations. Additionally, in March 2024, two different exposures were identified in two more schools. Investigations and testing is ongoing for these two schools.

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. SNHD is also distributing naloxone through the CDC's Overdose Data to Action (OD2A) funding. 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 March:

Naloxone Distribution	Agency	# Trained	# of Naloxone doses distributed
3/5/2024	TAG Recovery	2	
3/6/2024	SNHD Pharmacy		96
3/5/2024	Outreach	40	80
3/5/2024	CCDC	45	90
3/6/2024	Sco-ville	5	2
3/7/2024	Boys and Girls Club	100	
3/7/2024	Florence McClure Women's Correctional Center Nevada Department of Corrections	19	
3/13/2024	Nevada Department of Emergency Services	3	
3/14/2024	No One Left Behind	1	
3/14/2024	SNHD L2A		54
3/14/2024	Cupcake Girls		400
3/19/2024	DEA	1	
3/19/2024	NAMI	3	
3/19/2024	PACT Coalition	3	
3/20/2024	NDOC - Nursing Team	15	
3/21/2024	Gio's World		80
3/21/2024	Henderson Police Dept		-153
3/21/2024	NV Dept of Emergency Management		8
3/21/2024	SNHD - L2A		106
3/21/2024	SNHD CLINICAL STAFF	13	
3/21/2024	Outreach	30	60
Total		280	823

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of March:

03/06/2024 SNHD Pharmacy (300 Strips)
03/12/2024 Roseman University (200 Strips)
03/13/2024 City of Henderson (1000 Strips)
03/13/2024 Foundation for Recovery (1200 Strips)
03/13/2024 SNHD Office of Disease Surveillance (200 Strips)
03/13/2024 SNHD Office of Disease Surveillance (300 Strips)
03/14/2024 The Cupcake Girls (300 Strips)
03/20/2024 SNHD Office of Disease Surveillance (300 Strips)
03/24/2024 Angel Helping Hands (300 Strips)
03/27/2024 Trac-B/Impact Exchange (300 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

- b. ODS has teamed with community partners to participate at outreach events. ODS was proud to be in attendance for the Black Family Wellness Expo hosted by Silver State Equality on March 16th. This event was held at the Martin Luther King Senior Center in North Las Vegas. Staff offered rapid HIV and HCV testing as well as syphilis testing to attendees. Our continued collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.
- c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training:
<https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

B. High Impact HIV/STD/Hepatitis Screening Sites

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	March-23	March-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1190	468	↓	2933	2541	↓
Clinic Screening (SHC/FPC/TB)	331	343	↑	1242	1032	↓
Outreach Screening (Jails, SAPTA)	370	231	↓	571	733	↑
Collect2 Protect	19	4	↓	55	22	↓
TOTAL	1910	1046	↓	4801	4328	↓
Outreach/Targeted Testing POSITIVE	11	0	↓	24	7	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	3	1	↓	2	7	↑
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	2	0	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	15	1	↓	28	14	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 03/01/2024: Represented SNHD on Big Cities Health Coalition Substance Use Working Groups; 25 people in attendance; 1 SNHD ODS Staff attendee.
- 03/04/2024: Facilitated Community Xylazine Test Strip Training; 2 people in attendance; 1 SNHD ODS Staff attendee.
- 03/04/2024: Facilitated Community Xylazine Test Strip Training; 4 people in attendance; 1 SNHD ODS Staff attendee.
- 03/06/2024: Facilitated Community Xylazine Test Strip Training; 6 people in attendance; 1 SNHD ODS Staff attendee.
- 03/06/2024: "Harm Reduction for First Responders" attended by ODS Health Educator Staff; 35 people in attendance; 1 SNHD ODS Staff attendee.
- 03/07/2024: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 15 people in attendance; 2 SNHD ODS staff attendees.
- 03/07/2024: Co-Facilitated the Crisis Call Training with the Office of Suicide Prevention; 13 people in attendance; 5 SNHD ODS staff attendees.
- 03/07/2024: Presented joint effort "Perinatal HIV Education, Congenital Syphilis, Perinatal Hep B" at Summerlin Hospital facilitated by the Southern Nevada Health District; 50 people in attendance; 2 SNHD ODS Staff attendees.
- 03/11/2024: Facilitated Harm Reduction in Action Training for Roseman University; 50 people in attendance; 1 SNHD ODS staff attendee.

10. 03/11/2024: Attended "It's Tea Time: Women and Girl's HIV/AIDS Awareness Day" facilitated by the Southern Nevada Health Consortium; 40 people in attendance; 2 SNHD ODS Staff attendees.
11. 03/12/2024: Facilitated Harm Reduction 201 training with SNHD Health Educators; 8 people in attendance; 5 SNHD ODS Staff attendees.
12. 03/13/2024: Facilitated Xylazine Test Strip training for UNLV Wellness Center; 20 people in attendance; 1 SNHD ODS Staff attendee.
13. 03/13/2024: Attended "Reflect, Celebrate, and Engage: Ending the HIV Epidemic Community Planning Forum" presentation facilitated by Clark County Social Services; 100 people in attendance; 3 Health Educator attendees.
14. 03/14/2024: Facilitated and led SNOAC executive committee meeting facilitated by PACT and SNHD attended by 3 ODS Health Educator Staff as representatives; ~20 people in attendance; 6 SNHD ODS staff attendees.
15. 03/14/2024: CDC EFC Nevada Strategic Planning Meeting attended by 2 ODS Health Educator Staff as representatives; ~20 people in attendance; 2 SNHD ODS staff attendees.
16. 03/14/2024: Co-facilitated Syphilis Q&A session with UNLV providers facilitated by ODS; 22 people in attendance, 2 SNHD ODS Staff attendees.
17. 03/19/2024: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
18. 03/19/2024: Facilitated Public Health Vending Machine (PHVM) Round Table; ~75 people in attendance, 1 SNHD ODS Staff attendee.
19. 03/20/2024: Hosted 2024 Southern Nevada County Health Rankings and presented "Southern Nevada Community Health Improvement Plan Updates", 114 people in attendance from multiple agencies; 10 SNHD ODS staff attendees.
20. 03/20/2024-03/21/2024: Facilitated "Empower Change Rapid HIV Testing and Counseling Training" facilitated by SNHD; 13 people in attendance; 2 ODS Health Educator attendees.
21. 03/20/2024: Facilitated 2025 Community Health Assessment Steering Committee meeting attended by ODS Health Educator Staff; 32 people in attendance from multiple agencies; 3 SNHD ODS staff attendees.
22. 03/20/2024: Attended the Children's Mental Health Action Coalition State Level Leadership Committee; 14 people in attendance; 1 SNHD ODS staff attendees.
23. 03/26/2024: "Mental Health First Aid for Adults" training facilitated by ODS Health Educator Staff; 32 people in attendance; 1 SNHD ODS staff attendees.
24. 03/27/2024: Attended the "Las Vegas Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council Meeting" facilitated by the Las Vegas RWHAP Planning Council; 25 people in attendance; 2 SNHD ODS attendees.
25. 03/27/2024: Attended Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) Office of HIV (OOH) Outreach Services; 20 people in attendance; 5 ODS Staff attendees.
26. 03/27/2024: Attended Community Partner Assessment (CPA) Partner Discussion at WestCare Foundation, facilitated by NICRP; 14 people in attendance; 2 SNHD ODS Health Educator attendees.
27. 03/27/2024: Attended Community Partner Assessment (CPA) Partner Discussion at United Way, facilitated by NICRP; 18 people in attendance; 3 SNHD ODS Staff attendees.

28. 03/28/2024: Presented joint effort "Perinatal HIV Education, Congenital Syphilis, Perinatal Hep B" at Centennial Hills Hospital L&D by the Southern Nevada Health District; 50 people in attendance; 2 SNDH ODS Staff attendees.
29. 03/28/2024: Led AG's SURG Prevention Subcommittee Meeting on behalf of Nevada's AG; 20 people in attendance; 1 SNHD ODS Staff attendee.

D. Other

1. Communicable Disease Statistics: February 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – March 2024

OFFICE OF INFORMATICS AND EPIDEMIOLOGY (OIE)

A. EpiTrax and Data Warehouse

- a. Work with Epi and Surveillance teams to monitor system and applications, and investigate, review, troubleshoot, and resolve issues. Ongoing user account support and form updates: Case Management
- b. Continue to update and enhance Data Warehouse - Influenza hospitalization count, automated deduplication, automated ETL check,
- c. Pentaho report updates: INS report, TB ARPE Active/Line List/Count date reports.
- d. Perform daily task/issue review with Informatics team and weekly review with Epi teams, Surveillance teams, and end users. Continuing management of Teams tasks to resolve issues. 351 tasks have been completed.
- e. EpiTrax NORS form implementation planning and implementation underway. 30% of PDF has been converted to EpiTrax custom forms.

B. Electronic Message Staging Area (EMSA)

- a. Continue to work on EMSA2: mapping new codes, incoming labs, data processing, and logic review for exceptions and errors.
- b. Message exception review sessions.
- c. EMSA2 condition logic updated: Syphilis, TB events logic
- d. UMC reporter exception mapping for ECR: ICD-10 code mapping, reporter XLST updates

C. Southern Nevada Public Health Laboratory (SNPHL)

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Interoperate with other internal and external systems. Ongoing interface upkeep with full data clean-up, security updates, and server maintenance. This has been set as a priority as requested by Harvest.
- c. Continue SNPHL data warehouse cleanup and maintenance.
- d. 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. A temporary result delivery system for providers was created based on NPI number and location. System is ready for implementation.
- e. Continue implementation of the Outreach Module for Orchard to make specimen ordering and result delivery from/to partners more efficient and timelier. Project go-live May 2024.
- f. Continue making modifications to the LRN-B interface for CDC requested changes.
- g. Discussions to implement an electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results.

D. Electronic Health Record (EHR) System

- i. Maintain the system for patient care and documentation. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
- ii. Continue data transfer to Wellpartner on prescription notification from eClinicalWorks (eCW).
- iii. Discussion on prioritizing projects and tickets with Strategic Account Manager.
- iv. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE on eCR and FHIR implementation.
- v. Completed UNLV COVID-19 Geospatial Disparity project.
- vi. Continue adoption of Azara, the data warehouse/analytics platform.
- vii. New configurations built for Primary and Preventive Sexual Health Outreach and Prevention Program (PPC-SHOPP), e.g., POC Tests, Resources, and Facilities.
- viii. Pharmacy/eCW interface issue resolution.
- ix. Configuration Modifications for the Healthy Start Program (Maternal Child Health)
- x. Lab/eCW Fremont test volume report.
- xi. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- xii. Results extraction from eCW backup database server for data warehouse ingestion.
- xiii. Preparing for version 12 upgrade

E. Clark County Coroner's Office (CCCO)

- a. Continue to provide support to CCCO on new CME implementation, testing, data requests, and reports. Providing post go-live support.
- b. Fulfill internal and external data requests using aggregated death data.
- c. Provide reports and media requests for various agencies.

F. COVID19 Support

- a. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
- b. Provide support by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- c. Completed redesign of COVID19 dashboard to match CDC's COVID dashboard layout and data metrics. Updated vaccination data up to December 2023.
- d. Maintain and enhance COVID19 lab results portal.
- e. Attend bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- f. Bi-weekly upload of State COVID vaccine files.
- g. Maintenance of data pipeline from Nevada Hospital Association for occupied beds.

G. API Server

- i. Continue enhancing API server to extend functionality for internal processes and 3rd party app.

H. Data Modernization Initiative (DMI)

- a. Continue to work with the State on DMI project.
- b. eCR project: UMC reporter onboarding in progress. Full implementation in production - completed in March 2024. Currently refining exception handling process.
- c. Evaluation of new OCR vendor underway. Two new vendor demos completed.
- d. State GENV2 Generic MMG excel document updates completed.
- e. Continue collaboration with the State on matching data formats for submission to CDC.
- f. Implementation of all CDC required data fields in Epitrax custom forms.
- g. CDC test cases 6 of 8 completed, undergoing required changes based on feedback.

- I. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
 - a. Continue to maintain and enhance syndromic system for new providers and future support.
- J. Grant Updates
 - a. Received NACCHO funding for Wastewater Epidemiology mentorship with the San Mateo County as the mentor for SNHD.
 - b. Received NACCHO funding for 10 staff to take the Certified in Infection Control Exam in 2024.
 - c. Received ELC Enhanced Detection (ED) grant extension for 01/01/2024 through 07/31/2026.
 - d. Received ELC base addition funding from 08/01/2023 to 07/31/2024.
- K. Reports
 - i. The following FQHC/Clinical reports were completed and submitted:
 - Reports for Chronic Disease Prevention & Health Promotion
 - PrEP Data and reporting in eCW for EHE.
 - Data reporting, STD Clinic EHE Learning Community Working Group
 - EPI data request RW
 - RSR Completeness Report
 - DRVS HIV Module + Ryan White Reporting
 - MPOX Immunization All Facility Report revision
 - PrEP reason report for Disease Surveillance
 - New FP Provider Report
 - FQHC Financial Reporting
 - RN visits reports
 - Weekly Patient Age Group Count report for Office of Preparedness
 - EpiTrax warehouse access
 - SBIRT report for ODTA grant
 - ii. Epidemiology Reports:
 - COVID-19 trend reports (public and internal versions)
 - Weekly COVID Variants Report updated to include variant data from wastewater surveillance.
 - Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
 - Monthly - Drug Overdose Report – Internal
 - Monthly - BOH report
 - Daily, biweekly, bimonthly, and monthly COVID reports.
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports.
 - Influenza report weekly.
 - Outreach site HIV testing stats-weekly
 - EPT report- weekly
 - iii. Other report updates:
 - Daily, weekly, and monthly SNPDL reports and upkeep.
 - State NETSS weekly/YTD report.
 - Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard.
 - CSTE/CDC Forecasting Workgroup calls
 - Continue DIIS performance report discussion with ODS.
 - SNHD Health Equity Report is completed pending final approval by Dr. Lockett and then Dr. Leguen

L. Training

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - Attending EPI OCR working meetings.
 - Attending weekly EMSA learning meetings with Utah.
 - Three informatics staff attended HIMSS 2024 in Orlando, Florida.
 - Several Epi and Informatics staff attended a Geospatial Analysis Training webinar provided by UNLV.

M. Contracts

- a. Signed Interlocal Agreement with Clark County office of coroner/medical for professional services to support Health District's Grant deliverables concerning the CDC's National Violent Death Reporting Systems ("NVDRS") activities.

N. Other Projects

- i. Continue to maintain and enhance iCircle web application for OEDS. User account support, site maintenance, data corrections and updates.
- ii. Continue to meet and work on UNLV Base model project.
- iii. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- iv. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation.
- v. Maintenance of the NHA Data Webservice Script.
- vi. OD2A phase 2, Component B. Dashboard layout planning is underway.
- vii. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- viii. NVCLPPP lead portal data review completed.
- ix. Continue working on Healthy Start Project.



February 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	February	YTD	February	YTD	February	YTD
VACCINE PREVENTABLE						
COVID-19	9,123	119,663	2,239	5,321	644	2,622
Haemophilus influenzae, invasive	0	2	6	12	4	12
Hepatitis A	0	1	0	0	0	0
Hepatitis B, acute	5	8	2	2	3	5
Hepatitis B, chronic	73	141	72	134	124	219
Influenza	24	40	25	80	101	417
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	1
Pertussis	6	11	2	6	7	21
RSV	127	511	132	539	480	1,599
SEXUALLY TRANSMITTED						
Chlamydia	NA	NA	NA	NA	NA	NA
Gonorrhea	NA	NA	NA	NA	NA	NA
HIV	30	68	27	67	20	56
Stage 3 HIV (AIDS)	13	22	10	30	4	16
Syphilis (Early non-primary, non-secondary)	NA	NA	NA	NA	NA	NA
Syphilis (Primary & Secondary)	NA	NA	NA	NA	NA	NA
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	0	1
Congenital Syphilis	5	10	8	19	4	6
ENTERICS						
Campylobacteriosis	5	11	11	28	9	28
Cryptosporidiosis	0	1	1	2	4	7
Giardiasis	4	11	8	12	5	8
Rotavirus	15	17	3	5	9	12
Salmonellosis	18	24	13	27	7	18
Shiga toxin-producing <i>E. coli</i> (STEC)	7	15	2	7	3	12
Shigellosis	1	5	3	8	9	28
Yersiniosis	1	1	1	1	4	6
OTHER						
Coccidioidomycosis	12	26	28	49	15	33
Exposure, Chemical or Biological	0	0	0	1	0	1
Hepatitis C, acute	1	2	1	1	0	0
Hepatitis C, chronic	259	480	203	400	140	266
Invasive Pneumococcal Disease	8	43	25	54	23	62
Lead Poisoning	7	22	13	25	8	24
Legionellosis	2	6	3	5	2	2
Listeriosis	0	1	0	0	0	0
Lyme Disease	0	0	0	0	1	2
Malaria	0	1	0	1	0	0
Meningitis, Aseptic	1	2	1	2	0	3
Meningitis, Bacterial Other	0	1	0	0	0	0
Meningitis, Fungal	0	0	0	0	0	1
Rabies, exposure to a rabies susceptible animal	23	56	29	58	19	60
Streptococcal Toxic Shock Syndrome (STSS)	1	2	3	7	6	9
Tuberculosis (Active)	5	9	6	9	4	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.

~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.

~~~~Please note that COVID-19 disease statistics include CONFIRMED cases only.



Memorandum

Date: April 25, 2024

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
 Cassius Lockett, PhD, *Deputy District Health Officer-Operations* CJ
 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 | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|--|--------------|--------------|----------|---------------|---------------|----------|
| Routine Inspections | 2,731 | 2,623 | ↓ | 18,478 | 18,999 | ↑ |
| Reinspections | 224 | 185 | ↓ | 1,608 | 1,387 | ↓ |
| Downgrades | 220 | 158 | ↓ | 1,538 | 1,310 | ↓ |
| Closures | 16 | 23 | ↑ | 116 | 119 | ↑ |
| Special Events | 88 | 84 | ↓ | 783 | 648 | ↓ |
| Temporary Food Establishments & Tasting Event Booths | 1,082 | 1,220 | ↑ | 6,183 | 6,893 | ↑ |
| TOTALS | 4,361 | 4,293 | ↓ | 28,706 | 29,356 | ↑ |

1. Enforcement Actions and Investigations:

- A. **Sweet Shell Enterprises, 104 W. Mayflower Ave.:** On March 4, the facility was closed for an Imminent Health Hazard (IHH), no hot water. Hot water throughout the facility at multiple hand sinks and 3-compartment sinks measured from 65-79°F. The inspector documented five demerits. The facility was reinspected and reopened with five demerits on March 6.
- B. **Bellagio Room Service Kitchen, 3600 S. Las Vegas Blvd.:** During a complaint investigation on March 5, the area was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. There was sewage leaking from the walls and flooding the permitted area. The inspector documented eight demerits. The permitted area was reinspected and reopened with zero demerits on March 6.

- C. Albertsons #4004, 4055 S. Durango Dr.:** During a complaint investigation on March 6, staff found the facility operating with an IHH, no hot water. A plumber was working on the issue and hot water was restored while the inspectors were onsite. Inspectors will return at a later date for an unannounced inspection to ensure definitive repairs in all permitted areas.
- D. Dairy Queen, 7300 N. Aliante Pkwy.:** On March 6, the facility was closed for an IHH, no hot water. The inspector documented 14 demerits. The facility was reinspected and reopened with three demerits on March 7.
- E. Birrieria Los Socios Portable Unit for the Service of Food (PUSF), 4380 S. Decatur Blvd.:** On March 6, the unit was closed for an IHH, other condition or circumstance that may endanger public health. The inspector documented 11 demerits. Violations included: operating at an unapproved location even though the situation was discussed at a previous inspection; sanitizer solution not available or not at recommended concentration; operator unable to show awareness of employee health policy; and food handler working with expired food handler card. Upon further discussion, staff determined that the unit had new ownership. The new owner is required to obtain a new permit prior to operating. The unit remains closed at this time.
- F. Seafood City Supermarket - Meat and Seafood, 7230 Arroyo Crossing Pkwy.:** On March 6, the area was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. There was sewage backing up in the preparation area and customer bathrooms. The area was approved to reopen on March 8.
- G. Jack Cebu Lechon, 4777 E. Charleston Blvd.:** During a C downgrade reinspection on March 7, the facility was closed and referred to SNHD's Food Operations Administrative Process. The inspector documented 23 demerits. There were multiple expired foods and repeat violations. An Intervention Training and reinspection occurred on March 21. The facility was reopened with nine demerits.
- H. Tierra Produce Henderson, 6295 S. Pearl St.:** On March 7, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 19 demerits. On March 21, the facility was found operating and was closed again. The inspector documented 30 demerits. The facility remains closed at this time.
- I. El Taquero Mucho, 2025 E. Sahara Ave.:** On March 8, the unit was closed for multiple IHHs, lack of adequate handwashing facilities and sewage or liquid waste not disposed of in an approved manner. The inspector documented 47 demerits. Violations included: operating on a dirt lot without access to a restroom; operating without an approved commissary or servicing area; selling homemade foods; multiple time/temperature control for safety (TCS) foods in the temperature danger zone; cooking when the hood is turned off or not operational; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; wood being used for food and non-food contact surfaces; no sanitizer solution; chemical used for an unapproved purpose; hand sink blocked; exterior doors not tightly fitted or left open allowing pest entry; probe stem thermometer not readily available; method used for cooling TCS foods did not facilitate rapid cooling; and the Person-in-Charge (PIC) could not demonstrate adequate knowledge of the employee health policy, foodborne illness prevention, application of food safety principles, or the requirements of the regulations. The permit holder permanently closed the unit on March 19.
- J. Hot Dog El Chino, 2505 Stewart Ave.:** On March 8, the unit was closed for an IHH, no hot water. The inspector documented 43 demerits. Violations included: operating without an approved commissary or servicing area; operating outside of approved

health permit (selling high-risk foods with equipment that does not support high-risk food operations); water pump not activated automatically when water is dispensed; selling foods from an unknown or unapproved source; TCS foods in the temperature danger zone; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; potential for food contamination (customers consuming food near food preparation/contact surfaces); no sanitizer solution; hand sink water temperature less than 100°F; and PIC did not demonstrate adequate knowledge of employee health policy, foodborne illness prevention, application of food safety principles, or the requirements of the regulations. The unit remains closed at this time.

- K. Taquizas La Bonita, 1935 Fremont St.:** On March 13, the unit was closed for an IHH, other condition or circumstance that may endanger public health. The unit was open to the public even though a reinspection had not been approved after a previous SNHD closure. The facility was reinspected and reopened with zero demerits on March 27.
- L. Tacos Tijuana, 3150 Paradise Rd.:** On March 14, the unit was closed for an IHH, no hot water. The inspector documented 19 demerits. Violations included: water pump not activated automatically when water is dispensed; water temperature at hand sink and 3-compartment sink measured 63°F; multiple TCS foods in the temperature danger zone; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; equipment (single door refrigerator) not approved by American National Standards Institute (ANSI) or equivalent certifying agency; and food handler working without a valid food handler card. The unit remains closed at this time.
- M. Hibachi Time, 1935 Fremont St.:** On March 14, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 19 demerits. Violations included: improper use of 4-hour time as a public health control; wastewater leaking onto the ground; no screw cap cover available; inadequate sanitizer concentration; items stored in the hand sink inhibiting handwashing; and operator unable to show awareness of employee health policy. The unit was reinspected and reopened with zero demerits on March 19.
- N. Metro Pizza, 1420 W. Horizon Ridge Pkwy.:** During a complaint investigation on March 15, the facility was closed for an IHH, no hot water. The facility was reinspected and reopened with three demerits on March 18.
- O. Tacos Tijuana Annual Itinerant, 2930 N. Las Vegas Blvd.:** On March 16, the unit was closed for an IHH, no hot water. The inspector documented five demerits. The facility remains closed at this time.
- P. McCarran iCandy, 5757 Wayne Newton Blvd.:** On March 21, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. Sewage was coming out of the floor sink. The inspector documented 13 demerits. The facility was reinspected and reopened with three demerits on March 23.
- Q. Thai St Food, 3137 Sammy Davis Jr Dr.:** On March 21, the facility was closed for an IHH, pest infestation. The inspectors documented 19 demerits. Other violations included foods held at improper temperatures, foods improperly cooled, and multiple food and non-food contact surfaces with heavy food debris and grease buildup. The facility was reinspected and reopened with three demerits on March 27.
- R. Basil N Lime Authentic Thai Cuisine, 3665 S. Fort Apache Rd.:** On March 22, the facility was closed for an IHH, pest infestation. The inspector documented 51 demerits. The facility was reinspected and reopened with zero demerits on March 27.

- S. **7-Eleven #23192, 5808 Boulder Hwy.:** On March 25, the facility was closed for an IHH, pest infestation. The inspector documented 19 demerits. The facility remains closed at this time.
 - T. **Rice Cake House, 900 E. Karen Ave.:** On March 26, the facility was closed for an IHH, pest infestation. The inspector documented 28 demerits. The facility was reinspected and reopened with zero demerits on March 28.
 - U. **Dutch Bros Coffee #309, 2245 N. Las Vegas Blvd.:** On March 27, the facility was closed for an IHH, pest infestation. The inspector documented 11 demerits. The facility was reinspected and reopened with zero demerits on March 29.
 - V. Multi-agency responses for unpermitted food vendor complaints were conducted throughout the month in conjunction with staff from City of Las Vegas Business Licensing, City of North Las Vegas Police Department, and Las Vegas Metropolitan Police Department. Staff closed 21 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
 - A. An FSAM was held with the following facility: Vegas Valli Taqueria, 2100 N. Boulder Hwy.
 3. **Foodborne Illness Investigations:**
 - A. **Tacos El Gordo, 2560 W. Sunset Rd.:** On March 6, staff responded to a lab-confirmed case of foodborne illness. The investigation resulted in an A grade.
 - B. **Galpao Gaucho, 3200 S. Las Vegas Blvd.:** On March 18, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 - C. **Buffet@Asia, 2380 S. Rainbow Blvd.:** On March 25, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 4. **Onsite Intervention Training:**
 - A. Onsite Intervention Training was held with the following facilities: Gourmet China, 7785 N. Durango Dr.; Pho Ga Bac Bac, 3775 Spring Mountain Rd.; Sweet Shell Enterprises, 104 W. Mayflower Ave.; Los Cucos Mexican Café, 7315 Arroyo Crossing Pkwy.; Maya Thai, 3310 S. Nellis Blvd.; Jack Cebu Lechon, 4777 E. Charleston Blvd.; and Taquizas La Bonita Mobile Vendor, 1935 Fremont St.

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 | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---|------------|------------|---|----------|-----------|---|
| Notices of Violations (New & Remails) | 11 | 6 | ↓ | 50 | 52 | ↑ |
| Adjudicated Hearing Cases | 5 | 0 | ↓ | 34 | 43 | ↑ |
| Total Cases Received | 77 | 78 | ↑ | 656 | 720 | ↑ |
| Total Cases Referred to Other Agencies | 22 | 21 | ↓ | 180 | 196 | ↑ |
| Hearing Penalties Assessed | \$4,750 | \$0 | ↓ | \$62,250 | \$103,250 | ↑ |

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

| Restricted Waste Management | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|-----------------------------|------------|------------|---|----------|----------|---|
| Inspections | 443 | 388 | ↓ | 2,331 | 2,390 | ↑ |

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

| Underground Storage Tanks | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---|------------|------------|---|----------|----------|---|
| Compliance Inspections | 96 | 82 | ↓ | 703 | 499 | ↓ |
| Final Installation/Upgrade/Repair Inspections | 2 | 6 | ↑ | 18 | 32 | ↑ |
| Closure Inspections | 0 | 2 | ↑ | 6 | 10 | ↑ |
| Spill Report Investigations | 1 | 0 | ↓ | 6 | 11 | ↑ |

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

| Permitted Disposal Facilities | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|-------------------------------|------------|------------|---|----------|----------|---|
| Inspections | 19 | 16 | ↓ | 183 | 174 | ↓ |
| Reinspections | 2 | 2 | → | 23 | 17 | ↓ |

III. VECTOR SURVEILLANCE

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

| Vector Surveillance and Other EH Services | March
2023 | March
2024 | | FY
22-23 | FY
23-24 | |
|--|---------------|---------------|---|-------------|-------------|---|
| West Nile Virus Surveillance Traps Set | 14 | 2 | ↓ | 1,721 | 1,735 | ↑ |
| West Nile Virus Surveillance Mosquitoes Tested | 15 | 0 | ↓ | 27,910 | 52,411 | ↑ |
| West Nile Virus Surveillance Submission Pools Tested | 4 | 0 | ↓ | 2,101 | 2,420 | ↑ |
| West Nile Virus Surveillance Positive Mosquitoes | 0 | 0 | → | 0 | 1,007 | ↑ |
| West Nile Virus Surveillance Positive Submission Pools | 0 | 0 | → | 0 | 27 | ↑ |
| Mosquito Activity Complaints | 0 | 1 | ↑ | 73 | 688 | ↑ |
| Elevated Blood Level Home Investigations | 1 | 0 | ↓ | 3 | 4 | ↑ |
| Legionella Residential Investigations | 2 | 2 | → | 14 | 10 | ↓ |
| Legionella Travel Associated Investigations | 4 | 1 | ↓ | 20 | 17 | ↓ |
| Public Accommodations Inspections | 43 | 69 | ↑ | 342 | 415 | ↑ |
| Public Accommodations Complaints | 10 | 24 | ↑ | 98 | 234 | ↑ |
| Mobile Home/Recreational Vehicle Park Inspections | 51 | 37 | ↓ | 180 | 209 | ↑ |
| Mobile Home/Recreational Vehicle Park Complaints | 1 | 1 | → | 13 | 16 | ↑ |

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – American Eagle Recycling; Clean Harbors Recycling; and Clean Harbors Waste Grease
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (7); Waste Grease (2); Materials Recovery (2); Waste Tire Management (2); and Waste to Energy (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in April:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

| Asbestos Permitting Services | March
2023 | March
2024 | | FY
22-23 | FY
23-24 | |
|---------------------------------|---------------|---------------|---|-------------|-------------|---|
| Asbestos Permits Issued | 67 | 75 | ↑ | 517 | 397 | ↓ |
| Revised Asbestos Permits Issued | 11 | 11 | → | 63 | 38 | ↓ |

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

| Subdivision Plan Review | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---------------------------------------|------------|------------|---|----------|----------|---|
| Tentative Maps-Received | 18 | 7 | ↓ | 139 | 99 | ↓ |
| Tentative Maps-Lot Count | 958 | 679 | ↓ | 9,225 | 4,220 | ↓ |
| Final Maps-Received | 38 | 13 | ↓ | 209 | 180 | ↓ |
| Final Maps-Lot Count | 1,384 | 705 | ↓ | 9,081 | 6,797 | ↓ |
| Final Maps-Signed | 22 | 17 | ↓ | 188 | 187 | ↓ |
| Final Maps (Signed)-Lot Count | 1,198 | 811 | ↓ | 9,887 | 8,333 | ↓ |
| Improvement Plans-Received | 22 | 14 | ↓ | 191 | 165 | ↓ |
| Improvement Plans-Lot Count | 1,126 | 709 | ↓ | 9,429 | 5,997 | ↓ |
| Expedited Improvement Plans-Received | 18 | 7 | ↓ | 139 | 99 | ↓ |
| Expedited Improvement Plans-Lot Count | 958 | 679 | ↓ | 9,225 | 4,220 | ↓ |

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

| Individual Sewage Disposal Systems | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|------------------------------------|------------|------------|---|----------|----------|---|
| Residential ISDS Permits | 9 | 2 | ↓ | 59 | 54 | ↓ |
| Commercial ISDS Permits | 0 | 0 | → | 2 | 1 | ↓ |
| Commercial Holding Tank Permits | 2 | 5 | ↑ | 27 | 24 | ↓ |
| Residential Tenant Improvements | 30 | 11 | ↓ | 236 | 192 | ↓ |
| Residential Certifications | 0 | 0 | → | 3 | 3 | → |
| Compliance Issues | 12 | 4 | ↓ | 88 | 71 | ↓ |

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

| Safe Drinking Water Program | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---------------------------------------|------------|------------|---|----------|----------|---|
| Public Water System Sanitary Surveys | 0 | 0 | → | 33 | 47 | ↑ |
| Public Water System Violations Issued | 10 | 9 | ↓ | 40 | 97 | ↑ |

2. Safe Drinking Water Activity:

- A. Five *coliform*-present results were reported from routine monitoring events: Harrah’s Las Vegas (no repeat positive results); Hillcrest Manor Water Users Association (no repeat positive results); Las Vegas Valley Water District (one repeat positive result); and Spring Mountains Visitor Gateway (no repeat positive results).
- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

| Special Programs | March
2023 | March
2024 | | FY
22-23 | FY
23-24 | |
|---|---------------|---------------|----------|--------------|--------------|----------|
| School Food Facility Inspections | 97 | 72 | ↓ | 706 | 699 | ↓ |
| School Food Facility Complaints | 0 | 3 | ↑ | 4 | 7 | ↑ |
| School Facility Inspections | 101 | 73 | ↓ | 683 | 684 | ↑ |
| School Facility Complaints | 0 | 3 | ↑ | 18 | 29 | ↑ |
| Summer Food Service Surveys | 2 | 0 | ↓ | 60 | 12 | ↓ |
| Child Care Facility Inspections | 49 | 44 | ↓ | 226 | 245 | ↑ |
| Child Care Facility Complaints | 2 | 6 | ↑ | 3 | 6 | ↑ |
| Body Art Facility Inspections | 13 | 12 | ↓ | 265 | 414 | ↑ |
| Body Art Facility Complaints | 3 | 6 | ↑ | 40 | 37 | ↓ |
| Body Art Artist Special Event Inspections | 2 | 1 | ↓ | 182 | 36 | ↓ |
| Total Program Services Completed | 269 | 220 | ↓ | 2,187 | 2,169 | ↓ |

1. Schools:

A. Zucker Jewish Academy, 10100 Banbury Cross Dr.: During a routine inspection, staff observed an unpermitted food establishment operating inside the school's permitted kitchen. The School Administration reported that people were leasing the space from the school for their personal business. Staff informed both parties that a separate permit is required for lessees of the permitted school kitchen. The operators of the unpermitted food establishment have started the health permit process. Staff will follow up at a later date to ensure that the school remains in compliance with the regulations.

2. Child Care:

A. Super Genius Kid Center, 5695 N. Rainbow Blvd.: Staff investigated a complaint alleging that the operator was serving food to children in an unsanitary manner. The facility does not have a permitted kitchen but is allowed to serve food to the children as limited by Nevada Revised Statute (NRS) 446. Employee food was comingled with food for the children and the kitchen had unsanitary food contact surfaces. Children's food was being stored and prepared in the teacher's lounge. Then, it was transported to the kitchen to be divided before serving it to the children. The complaint was valid, and facility staff were educated in safe food handling.

B. Imagination Station Early Learning Center and Kitchen, 2488 E. Russell Rd.: Staff responded to a complaint alleging "horrendous conditions" in the permitted kitchen (dirty floors, walls, and oven and no hot water). Some areas of the kitchen had dirty walls, and there was grease buildup on the oven door. The kitchen had adequate hot water, sanitizer, and appropriate test strips. Staff instructed the facility representatives to clean the walls and oven, but the other allegations were unsubstantiated. A concurrent inspection of the childcare facility found violations that required a follow-up inspection to ensure compliance. Violations included: inadequate sanitizer; inadequate cleaning and diapering procedures; inadequate handwashing practices; inadequate hot water; drinking water not adequately

provided; and hazards accessible to children. Staff will follow up to ensure that violations have been corrected.

- C. Springstone Childcare, 7373 Montessori St.:** Staff responded to a report of a gastrointestinal illness outbreak. At the time of the investigation, 13 individuals were out sick with symptoms of gastrointestinal illness. SNHD's Office of Disease Investigation staff conducted the disease investigation and EH staff met with the Facility Administrator to review proper cleaning and disinfecting of surfaces. Facility staff were trained in biohazard response and the proper use of the facility's sanitizers and disinfectants. All the products used for biohazard clean-up were Environmental Protection Agency (EPA) registered and found to be effective at removing Norovirus.
 - D. Stonebridge Learning Academy, 1951 S. Rainbow Blvd.:** Staff investigated a complaint alleging that there was a water leak in the wall behind a hand sink that had caused extensive water damage and possible mold. The room was not in use while repairs to the plumbing and wall were occurring. The affected room had been sealed off from the rest of the facility and the adjoining room was closed as a precaution as well. Staff will follow up when the repairs are completed. The complaint was valid, but facility administration was taking the necessary steps to correct the issue.
3. **Body Art:**
- A. Rock N Roll Tattoo, 6060 Boulder Hwy.:** Staff investigated a complaint alleging that the shop floors and counters were dirty, food was everywhere, rats were present, and people were smoking cannabis. The complainant also alleged that the facility covered a new tattoo with a paper towel and masking tape to prevent infection. During the investigation, staff did not observe unsanitary conditions and the PIC stated that anyone with food or drink needs to consume it outside of the procedure areas. Staff found no evidence of rats or smoking. The PIC stated that they use sterile gauze pads to cover tattoos as required by the regulations. The complaint was unsubstantiated.
 - B. Hypnotic Tattoo, 3603 N. Las Vegas Blvd.:** During a routine inspection, there was no hot water at the hand sinks. Facility staff determined that the water heater was in disrepair. The permit holder suspended all body art procedures until repairs could be completed. Staff returned the following day to confirm that hot water had been reestablished to the hand sinks.
 - C. 50 Twenty Tattoo, 4015 El Captain Way:** Staff investigated a complaint alleging that an unpermitted tattoo shop was operating and training apprentices. The facility had a valid business license but was operating without a health permit. The owner of the facility was given 48 hours to initiate the permitting process. The complaint was valid, and staff will follow up to ensure compliance.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

| Food Pre-Permitting Services | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---|------------|------------|---|----------|----------|---|
| Food Safety Assessment Meetings | 0 | 0 | → | 6 | 2 | ↓ |
| Total Pre-Permitting Services | 1,378 | 960 | ↓ | 11,345 | 12,098 | ↑ |
| New Project Submissions | 275 | 200 | ↓ | 2,475 | 2,447 | ↓ |
| Released Projects | 254 | 184 | ↓ | 2,300 | 2,886 | ↑ |
| Total Service Requests Currently in Pre-Permitting | 1,590 | 1,285 | ↓ | | | |

1. Enforcement Actions and Investigations:

- A. It's Boba Time, 7155 S. Rainbow Blvd.:** A final permitting inspection was conducted but not approved due to the facility changing the floor plan without providing revised plans. Other violations included: inadequate refrigeration; multiple pieces of missing equipment; and no PIC available to answer food safety questions. Inadequate refrigeration is an IHH, and the facility must be built as specified on the approved plans. SNHD Regulations require a PIC who has food safety knowledge to be present at all times. The revised plans were submitted, a second final permitting inspection was conducted, and the permit was approved.
- B. Peinto Thai Express, 6710 W. Cheyenne Ave.:** An application for a Change of Permit Holder (CPH) with a remodel was submitted. A soda machine and ice machine were added to the front service area, so the applicant was required to provide a hand sink in the area. SNHD Regulations require a handwashing sink to be conveniently located in open-food handling areas. Other violations included a rear door without an air curtain and exposed wood in the kitchen area. SNHD Regulations require exterior doors to be protected from the entry of flying insects and materials in the food handling areas to be durable, smooth, and easily cleanable. The permit was approved with stipulations.
- C. HT Group NV, 3325 W. Oquendo Rd.:** A final permitting inspection was conducted, and staff found two large walk-in coolers that were not functional. Since the facility is a warehouse for dry and refrigerated foods, the operator proposed to stock and sell packaged dry foods and agreed to keep the walk-in coolers empty until approved. The walk-in coolers are being repaired and the applicant will schedule a follow-up inspection prior to use.
- D. Grand Fonda Baja, 750 S. Boulder Hwy.:** A final permitting inspection was conducted but not approved due to multiple refrigeration units not operating properly and the menu being too extensive for the amount of refrigeration space available. The facility does not have a walk-in refrigerator and relies on smaller refrigeration units to maintain cold food. The applicant is required to reduce their menu and limit the amount of cooling due to space limitations. The refrigeration units are in the process of being repaired and the applicant will schedule a second final permitting inspection at a later date.
- E. Island Style Restaurant, 3909 W. Sahara Ave.:** A CPH inspection resulted in closure due to excessive demerits. The inspector documented 30 demerits. Violations included: improper hand washing; hand sinks not properly stocked; food unwholesome; improper food temperatures during storage; food contact surfaces not

properly sanitized; improper labeling; foods not protected from contamination; and several structural deficiencies with ineffective pest control measures. SNHD Regulations require no greater than 15 demerits for a CPH inspection and active managerial control to minimize the risk of foodborne illness. Staff provided guidance to correct violations along with handouts and materials for reference. Once repairs were made and all violations were corrected, a reinspection was conducted, and the permit was approved.

- F. Albertsons #460, 11720 W. Charleston Blvd.:** During an unannounced inspection, Food Operations staff found that changes to refrigeration equipment and plumbing had been made without a remodel permit. The applicant was referred to Plan Review, an application for a remodel was submitted, and plans were reviewed and approved. A remodel inspection will be scheduled after the Building Department approves the plumbing changes.
- G. 4D Commissary #3, 4255 Dean Martin Dr.:** During final permitting inspections for lessees using the commissary, staff noticed violations attributed to the commissary permit holder. Violations included: wastewater backing up from a floor drain; broken floor tiles with standing water near the 3-compartment sink; and no backflow prevention at the mop sink. Wastewater that is not disposed of in an approved manner is an IHH which can lead to closure unless it can be contained. Staff contacted the commissary permit holder to notify them of the situation. A closure would have affected all the businesses who depend on the commissary, so they were allowed to operate under a temporary contingency plan. The issues were corrected within a week without interruption of service.
- H. Maverik #674, 1970 Losee Rd.:** A final permitting inspection was conducted, and staff found several wet zones with exposed wood and wet line penetrations throughout the facility. SNHD Regulations require water impervious materials to be used in wet zones. To correct the issue, the contractor provided a detailed plan to include non-absorbent sleeves to protect the wet-line penetrations of the cabinets and countertops. The permits were approved with stipulations.
- I. Original Harold's Chicken, 23 N. Nellis Blvd.:** During a final permitting inspection, staff observed a small, unsealed section of the floor-wall junction in the kitchen and all of the filters were missing from the ventilation hood. SNHD Regulations require that floor-wall junctions be sealed to prevent pests and moisture intrusion into the wall and ventilation hood systems must be installed and maintained in compliance with sanitation standards. The PIC was instructed to seal the floor-wall junction and install the hood filters. The permit was approved with stipulations.

VII. AQUATIC HEALTH PROGRAM

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

| Aquatic Health Operations | March
2023 | March
2024 | | FY
22-23 | FY
23-24 | |
|---|---------------|---------------|---|-------------|-------------|---|
| Total Operation Inspections | 606 | 677 | ↑ | 5,055 | 6,535 | ↑ |
| Complaint Investigations | 15 | 14 | ↓ | 181 | 216 | ↑ |
| Inactive Body of Water Surveys | 11 | 8 | ↓ | 73 | 66 | ↓ |
| Drowning/Near Drowning/Accident Investigations at Permitted Facilities | 0 | 3 | ↑ | 26 | 18 | ↓ |
| Total Program Services Completed | 632 | 702 | ↑ | 5,335 | 6,835 | ↑ |

1. Aquatic Health Operations

- A. Avanti Apartments, 10697 W. Centennial Pkwy.:** A reinspection at the pool resulted in closure due to a broken drain cover. A damaged drain cover poses an entrapment hazard and increases the risk of drowning. A reinspection is still pending.
- B. Alton Southern Highlands, 3030 Robert Trent Jones Ln.:** A routine inspection at the spa resulted in an IHH closure for no detectable chlorine. Inadequate disinfection can expose bathers to pathogens that can make them sick. The spa was reinspected the same day and approved to reopen.
- C. Cielo Abierto Apartments, 1290 W. Horizon Ridge Pkwy.:** A routine inspection at the spa resulted in an IHH closure for high chlorine. High chlorine concentration can cause eye, skin, and lung irritation. The spa was reinspected the same day and approved to reopen.
- D. Parq at Camino Apartments, 4555 N. Camino Al Norte:** A routine inspection at the pool and spa resulted in an IHH closure for a gate that did not self-close or self-latch. An improperly working gate increases the risk of children drowning. The pool and spa were reinspected the same day and approved to reopen.
- E. Luxor Hotel and Casino, 3900 S. Las Vegas Blvd.:** A routine inspection at the women’s spa resulted in an IHH closure for multiple violations. The pH and chlorine were high. High pH reduces the effectiveness of chlorine. The spa was reinspected the same day and approved to reopen.
- F. Oquendo Seniors, 8680 W. Oquendo Rd.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. The spa did not have any detectable chlorine, the pH and water temperature were high, and the main drain cover was broken. High water temperature can lead to heat stress, dehydration, burns, and rashes. A reinspection was conducted, and the spa was approved to reopen.
- G. The Ogden, 150 N. Las Vegas Blvd.:** A routine inspection at the spa resulted in a closure for multiple IHHs. The entrance gate was not properly self-latching, and the chlorine was high. The spa was reinspected the same day and approved to reopen.
- H. Sonoma Pointe Apartments, 4250 S. Jones Blvd.:** A routine inspection at the pool resulted in an IHH closure for a gap greater than seven inches in the enclosure. Large gaps in the enclosure can increase the risk of children drowning. The inspector temporarily repaired the gap and the permit holder was given 30 days to permanently repair the enclosure. A reinspection is still pending.
- I. Polo Towers, 3745 S. Las Vegas Blvd.:** A routine inspection at the pool resulted in an IHH closure for the entry gate being propped open and left unattended.

Additionally, the gate was not properly self-latching. The pool was reinspected the same day and approved to reopen.

- J. Pacific Islands Green Valley, 2151 N. Green Valley Pkwy.:** A routine inspection at Spa #2 resulted in an IHH closure for multiple violations. The entrance gate did not self-latch. The spa had a broken suction outlet cover, low chlorine, and the water temperature was high. A reinspection is still pending.

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

| Aquatic Health Plan Review | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|--|------------|------------|---|----------|----------|---|
| Total Pre-Permitting Services | 539 | 544 | ↑ | 4,110 | 4,287 | ↑ |
| New Project Submissions | 118 | 110 | ↓ | 701 | 685 | ↓ |
| Released Projects | 52 | 85 | ↑ | 628 | 707 | ↑ |
| Total Projects Currently in Plan Review | 551 | 488 | ↓ | | | |

2. Aquatic Health Plan Review:

- A. Silverton Hotel and Casino, 3333 Blue Diamond Rd.:** A pre-plaster inspection was conducted at the pool and spa. Area lighting was not present at the time of the inspection. The pre-plaster inspections were approved with area lighting to be checked at the final permitting inspection which is still pending.
- B. Deer Springs Apartments Building 2, 8850 Echelon Point Dr.:** A plumbing/excavation inspection of the pool revealed that multiple return pipes were located at depths that were too shallow. Failure to maintain return inlets at the proper depth may result in inadequate mixing of water, which can impact water chemistry and filtration. The issue was corrected.
- C. Rio Hotel and Casino, 3700 W. Flamingo Rd.:** A final remodel inspection for deck refinishing resulted in the closure of the Nautilus Pool. The deck is required to slope away from aquatic venues to prevent contaminated water on the deck from reentering the aquatic venue. In addition, multiple depth markers were not accurate to within three inches of the actual water depth as required by SNHD Regulations. At the reinspection, the deck slope appropriately drained water away from the aquatic venue and the depth markers had been corrected to reflect the actual water depth. The remodel was approved.

VIII. REGULATORY SUPPORT

1. Regulatory Support Office (RSO) staff participated in or performed the following activities and participated in the following external meetings: Council for Food Protection (CFP) leadership meetings; 2024 Mentorship Full Team meetings; National Environmental Health Association (NEHA) Food Safety Program Committee meeting; Healthy People 2030 Norovirus Advisory Group meeting; grant project-conversion of trainings to a digital format; creating Accela inspection report comments; 2024 intervention strategy planning; and creating and implementing new hire weekly digital reports.
2. The following Environmental Health Specialists (EHSs) started with the food program on March 4: Adriana Hemberger, Erica Ryan, Derrell Concepcion, and Lilian Hernandez.
3. The following EHSs were released from the food training program: Sarah Erickson, Lauren Weber, Natalya Decicco, and Jonathan Vinh.
4. The RSO Supervisor presented information regarding cottage food operations in

Southern Nevada at the Urban Agricultural Conference held at the Aliante Casino on March 7.

5. RSO staff provided pre-standardization training for seven staff on March 18.
6. The RSO Supervisor attended the CFP Spring Executive Board meeting in Denver, Colorado, on March 26 and 27.
7. RSO staff provided basic food safety training to approximately 27 staff at Los Cucos (7315 Arroyo Crossing Pkwy.) on March 29.
8. 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 seven cook chill/sous vide plans, seven 2-barrier plans, 17 other HACCP plans, three waivers, and one operational plan under review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

| Label Review | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|-----------------------------------|------------|------------|---|----------|----------|---|
| Facility Label Review Submissions | 42 | 7 | ↓ | 214 | 156 | ↓ |
| Facility Label Review Releases | 30 | 4 | ↓ | 199 | 123 | ↓ |
| Number of Labels Approved | 302 | 9 | ↓ | 2,584 | 1,761 | ↓ |

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

| Special Processes Review | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---|------------|------------|---|----------|----------|---|
| Cook Chill/Sous Vide Submissions | 0 | 1 | ↑ | 3 | 3 | → |
| Cook Chill/Sous Vide Releases | 2 | 0 | ↓ | 6 | 4 | ↓ |
| 2-Barrier ROP Submissions | 0 | 0 | → | 5 | 2 | ↓ |
| 2-Barrier ROP Releases | 1 | 0 | ↓ | 10 | 1 | ↓ |
| Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.) | 0 | 0 | → | 4 | 6 | ↑ |
| Other Special Processes Releases | 1 | 1 | → | 3 | 16 | ↑ |

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

| Waivers & Operational Plans Review | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|---|-------------------|-------------------|---|-----------------|-----------------|---|
| Waiver Review Submissions | 2 | 1 | ↓ | 10 | 7 | ↓ |
| Waiver Review Releases | 1 | 0 | ↓ | 8 | 15 | ↑ |
| Operational Plan Submissions | 1 | 0 | ↓ | 2 | 3 | ↑ |
| Operational Plan Releases | 0 | 0 | → | 4 | 4 | → |

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

| Cottage Food Operations Registrations | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
|--|-------------------|-------------------|---|-----------------|-----------------|---|
| Registrations Approved Without Voluntary Label Review | 0 | 19 | ↑ | 0 | 132 | ↑ |

CDS/hh

Memorandum



Date: April 25, 2024

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Primary & Preventive Care *LY*
Cassius Lockett, PhD, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – March 2024

I. Immunization Program

A. Immunization Program Activities

1. The 2023-2024 Flu and COVID-19 Vaccine continues in all four Public Health Centers. A total of 602 Flu vaccines were administered in the four Public Health Centers. A total of 296 COVID-19 vaccines were administered in the four Public Health Centers.
2. For the month of March, there were 2,278 clients seen with 6454 vaccines administered at the immunization clinic at Decatur, East Las Vegas, Henderson, and Mesquite locations.
3. There were 256 immunization records reviewed with copies provided for clients who came to the immunization clinic and did not need any vaccinations.
4. Preparation for National Infant Immunization Week is in process which is scheduled for 04/22/2024 to 04/26/2024 in collaboration with Immunize Nevada and the Office of Communications.
5. Back-to-School Planning is in process for the 2024-2025 school year and working with community partners to decrease long lines in June, July and August. The first day of school for Clark County School District is August 12, 2024.
6. The collaboration with the American Cancer Association and the HPV Learning Collaborative is continuing in Year 2. Year 2 preliminary data has been provided to the American Cancer Society.

B. Immunization Outreach Activities

1. A total of 8 outreach clinics were conducted in partnership with local organizations. The outreach clinics were held at CCSD Family Support Center, REACH, Harm Reduction, and Help of Southern Nevada, and Boulder City Library. A total of 258 clients received 762 vaccines.
2. Of the 258 clients, 81 immunization records were transcribed in Webiz and clients needed vaccines. An additional 19 immunization records were transcribed in WebIZ and clients did not need vaccines.

II. COVID-19 Vaccine Campaign

A. Community COVID-19 Vaccine Static Clinics and Pop-Up Sites

1. There were 365 COVID-19 and 252 flu vaccines administered through 81 pop-up, community partners, and static sites. These activities include clinics focused on the following population groups: seniors, high-risk population groups, historically underserved communities, adolescents, and people experiencing homelessness.

2. The COVID-19 Vaccination program continues to operate the following static vaccine sites:
 - El Mercado in the Boulevard Mall, Thur-Sat, 1100-1700
 - Fremont Public Health Clinic, Tues-Fri, 0800-1700
 - SNHD Main Express at Decatur, Mon-Thurs, 0800-1700
3. Community partnerships and collaborations included Help of Southern Nevada, Catholic Charities, Clark County School District, Clark County Las Foundation, Nevada Homeless Alliance, Martin Luther King Senior Center, Puentes, REACH, SNHD Sexual Health Clinic, Hands for Hope, The Center, and Asian Community Development Council.
4. There were 17 COVID and 7 flu vaccines provided through the In-Home COVID-19 Vaccination Program. This program continues to be offered to people who need medical equipment to leave home, have an increased health risk if they leave their home, have cognitive special needs, or are bedridden. Appointments can be made through the COVID-19 Call Center at (702) 759-1910.
5. There were two long-term residential care homes visited and provided on-site vaccinations. In addition, 300 long-term care residential care homes were contacted to provide vaccine education and support. Vaccine education and support for long-term cares skilled nursing facilities continues to be provided when requested.
6. Vaccine outreach for people experiencing homeless has been re-initiated to target people living in encampments and tunnels in collaboration with SNHD Office of Disease and Surveillance, SNHD's Sexual Health Outreach Prevention Program, and HELP of Southern Nevada.

B. MPOX vaccinations

1. A total of 26 vaccines were administered through 5 static and pop-up sites.
2. Mpox vaccination continues to be administered at 4 static sites:
 - El Mercado in the Boulevard Mall, Thurs- Sat, 1100-1700
 - SNHD Fremont Public Health Center, Tues-Fri, 0800-1700
 - SNHD Sexual Health Clinic, Monday-Thurs, 0900-1500
 - SNHD Main Express, Mon-Thurs, 0800-1700
3. A community partnership with The Center continues to be conducted to administer and educate about protection against mpox through vaccination.
4. A collaboration with SNHD Sexual Health continues to provide a community health nurse for in-room education and mpox vaccine administration for eligible clients.
5. Ongoing community partner calls are conducted monthly for updates and activity coordination.

C. Additional projects

1. A survey to address local vaccine hesitancy and interventions was implemented and data is being collected in targeted zip codes with low vaccination rates.

III. Community Health Nursing

A. Maternal Child Health

There were no new referrals for elevated blood lead level for the month of March 2024. There was one new referral from the Newborn Screening Program that required follow up by the Community Health Nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) has 180 active families. Forty-nine (49) are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-six (66) are participating through the Temporary Assistance for Needy Families (TANF) funding. Grants from the Nevada Division of Public and Behavioral Health make these programs possible. The teams continue to partner and collaborate with various community service providers like Women, Infant, and Children (WIC), pregnancy testing agency, Division of Welfare and Supportive Services (DWSS), and Medicaid HMO for program referrals and to obtain essential information regarding community services i.e. Medical, mental health, nutrition, education, and employment resources.

C. Healthy Start Initiative

The Southern Nevada Health Districts Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There are two (2) families currently enrolled in the program.

Community Health Worker interviews took place at the end of the month. Program outreach was completed at a Women's Health Day event at the Neighborhood Housing Services of Southern Nevada.

IV. Sexual Health Outreach and Prevention Program

- A. Express Testing provided screening encounters to 185 clients.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. Although the Bicillin LA shortage continues nationally, the supply has increased at SNHD, and pregnant women no longer need to be referred outside to outside clinics. Five clients were referred to CSCM for Neurosyphilis navigation services. CSCM nurse in coordination with perinatal Hep B and HIV had first targeted education with new education initiative, to birthing hospital.
- C. First of two CHW's working with Nevada Homeless Alliance sub grant continued orientation working directly with Nevada Homeless Alliance this month. Interviews completed for recruitment of second CHW.
- D. SHOPP Team attended 4 POP Up Homeless events, as well as providing Express Testing every Tuesday at Fremont site.

V. Tuberculosis (TB) Clinic

- A. Three (3) new adult TB active cases were reported by the TB Clinic in the month of March 2024. There were two (2) pediatric active TB cases reported for a total of five (5) cases for the month of March 2024.

VI. Employee Health Nursing

- A. There were two (2) SNHD employees who tested for COVID-19 in March 2024, zero (0) PCR tests conducted at CSN Charleston/North Las Vegas locations. Two (2) tests from outside entities. Two (2) employees tested positive for COVID in March 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of March 2024. Annual catch-up TB testing is ongoing. Forty-three (43) Tuberculosis tests were completed in March 2024.

- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of March 2024 Five (5) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure cases for the month of March 2024.
- E. There are no new employee TB exposure cases for the month of March 2024.
- F. Vaccine Clinics
 - March 1 – March 31, 2024
Employees Total: 1 employee
 - 0 COVID – 19 Updated boosters.
 - 0 Influenza Vaccines
 - 0 Monkeypox Vaccines
 - 2 other vaccines
 - Total vaccines given: 2
- G. Policies and procedures continue to be reviewed and updated.

| PRIMARY AND PREVENTIVE CARE | | | | | | | | | | | |
|---|----------------|---------------|-------------|-----------------|--------------------|------------------|----------------------|-------------------------|-----------------------|--------------|--|
| MONTHLY REPORT | | | | | | | | | | | |
| March 2024 | | | | | | | | | | | |
| Client Encounters by Locations | | | | | | | | | | | |
| Location | DECATUR
PHC | ELV
PHC | Hend
PHC | Mesquite
PHC | Laughlin
Clinic | Mobile
Clinic | Homeless
Outreach | Targeted
Populations | **Other
BTS Clinic | TOTAL | |
| Immunization | 1,115 | 660 | 206 | 39 | 0 | 0 | 14 | 5 | 239 | 2,278 | |
| Immunization Records Issued | 198 | 45 | 10 | 3 | | | | | | 256 | |
| Newborn Metabolic Screening | 0 | 0 | 0 | 0 | | | | | | 0 | |
| SHOPP | 217 | | | | | | 15 | | | 232 | |
| TB Treatment & Control | 1,634 | | | | | | | | | 1,634 | |
| SAPTA Services | 34 | | | | | | | | | 34 | |
| TOTAL | 3,198 | 705 | 216 | 42 | 0 | 0 | 29 | 5 | 239 | 4,434 | |
| Client Encounters by Program | | | | | | | | | | | |
| Program | March
2023 | March
2024 | | FY 22-23 | FY 23-24 | | | | | | |
| Immunizations** | 2,768 | 2,278 | ↓ | 31,119 | 28,721 | ↓ | | | | | |
| Immunization Records Issued | 532 | 256 | ↓ | 2,834 | 2,643 | ↓ | | | | | |
| COVID-19 Vaccine Given* | 634 | 365 | ↓ | 9,685 | 4,425 | ↓ | | | | | |
| Newborn Met. Screening | 1 | 0 | ↓ | 1 | 0 | ↓ | | | | | |
| SHOPP*** | N/A | 232 | ↓ | N/A | 1,768 | ↓ | | | | | |
| TB Treatment & Control | 1,043 | 1,634 | ↑ | 10,647 | 12,892 | ↑ | | | | | |
| SAPTA Services | 33 | 34 | ↑ | 408 | 233 | ↓ | | | | | |
| TOTAL | 5011 | 4,799 | ↓ | 54694 | 50682 | ↓ | | | | | |
| *Funded by COVID Grant Funds-Data Collection started January 2022 | | | | | | | | | | | |
| **Includes BTS encounters by clinic, outreach, and COVID teams | | | | | | | | | | | |
| ***New program/department as of 07/01/2023 | | | | | | | | | | | |

| Immunization Program | | | | | | |
|--|------------|------------|---|----------|----------|---|
| | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
| Immunizations | | | | | | |
| Flu Vaccine Given | 708 | 602 | ↓ | 7,671 | 5,927 | ↓ |
| Gratis | 81 | 95 | ↑ | 1,994 | 1,264 | ↓ |
| COVID Vaccine* | 328 | 296 | ↓ | 2,057 | 3,450 | ↑ |
| *Given by Immunization Clinics | | | | | | |
| | | | | | | |
| Vaccines for Children (VFC)* | | | | | | |
| Number of VFC Compliance Visits | 1 | 8 | ↑ | 43 | 53 | ↑ |
| Number of IQIP Visits* | 6 | 11 | ↑ | 66 | 34 | ↓ |
| Number of Follow Up Contacts | 1 | 27 | ↑ | 230 | 271 | ↑ |
| Number of Annual Provider Training | 1 | 8 | ↑ | 40 | 47 | ↑ |
| Number of State Requested Visits | 130 | 27 | ↓ | 827 | 325 | ↓ |
| | | | | | | |
| Perinatal Hepatitis B | | | | | | |
| # of Expectant Women | 18 | 24 | ↑ | 19 | 17 | ↓ |
| # of Infants | 91 | 68 | ↓ | 82 | 70 | ↓ |
| Total # of Infants Delivered | 9 | 1 | ↓ | 35 | 24 | ↓ |
| New Cases | 9 | 7 | ↓ | 44 | 41 | ↓ |
| Closed Cases | 6 | 2 | ↓ | 34 | 33 | ↓ |
| | | | | | | |
| Childcare Program | | | | | | |
| Childcare Audits | 3 | 10 | ↑ | 54 | 87 | ↑ |
| Baseline Immunization Rate | 69% | 74% | ↑ | 71% | 78% | ↑ |
| # of Final Audits | 3 | 10 | ↑ | 54 | 87 | ↑ |
| Final Immunization Rate | 93% | 97% | ↑ | 93% | 95% | ↑ |
| # of Records Reviewed | 147 | 716 | ↑ | 3653 | 7808 | ↑ |
| | | | | | | |
| Covid-19 Vaccine Campaign | | | | | | |
| | | | | | | |
| COVID-19 Vaccine Campaign | | | | | | |
| # of COVID-19 Vaccines administered | 634 | 365 | ↓ | 9,685 | 4425 | ↓ |
| # of Monkeypox Vaccine administered* | 13 | 26 | ↑ | 537 | 325 | ↓ |
| # of Influenza Vaccine administered** | 183 | 252 | ↑ | 1160 | 2830 | ↑ |
| # of Healthcare Provider Compliance Visits | 6 | 0 | ↓ | 29 | 4 | ↓ |
| # of Newly Enrolled Healthcare Provider Education Sessions | 6 | 0 | ↓ | 53 | 16 | ↓ |
| # of Potential Healthcare Provider Recruitment Sessions | 6 | 0 | ↓ | 39 | 48 | ↑ |
| # of Healthcare Provider Contacts | 115 | 93 | ↓ | 535 | 849 | ↑ |
| * Vaccine administration started October 2022 | | | | | | |
| **Flu not in season as of 06/30/2023 | | | | | | |

| Community Health Program | | | | | | |
|--------------------------------|------------|------------|---|----------|----------|---|
| | March 2023 | March 2024 | | FY 22-23 | FY 23-24 | |
| Nursing Field Services | | | | | | |
| MCH Team Home Visit Encounters | 14 | 17 | ↑ | 69 | 92 | ↑ |
| NFP (Team 1) | | | | | | |
| Referrals | 9 | 11 | ↑ | 81 | 123 | ↑ |
| Enrolled | 7 | 10 | ↑ | 54 | 71 | ↑ |
| Active | 123 | 114 | ↓ | | | |
| NFP (Expansion Team) | | | | | | |
| Referrals | 6 | 10 | ↑ | 81 | 50 | ↓ |
| Enrolled | 3 | 3 | → | 46 | 33 | ↓ |
| Active | 47 | 66 | ↑ | | | |
| MCH | | | | | | |
| # of Referrals Received** | 3 | 4 | ↑ | 34 | 31 | ↓ |
| # from CPS* | 3 | 3 | → | 23 | 22 | ↓ |
| # of Lead Referrals | 0 | 0 | → | 3 | 6 | ↑ |
| # of Total Admissions | 4 | 4 | → | 21 | 16 | ↓ |
| EHB | | | | | | |
| Referrals | 5 | N/A | ↑ | 60 | 15 | ↓ |
| Enrolled | 3 | N/A | ↑ | 44 | 16 | ↓ |
| Active | 57 | 19 | ↓ | | | |
| Thrive by 0 - 3 | | | | | | |
| Referrals | 57 | 67 | ↑ | 579 | 508 | ↓ |
| One-Time Home Visits | 2 | 7 | ↑ | 29 | 79 | ↑ |
| Enrolled | 1 | 3 | ↑ | 22 | 18 | ↓ |
| Active | 15 | 13 | ↓ | | | |
| Healthy Start** | | | | | | |
| Referrals | N/A | 6 | ↓ | N/A | 15 | ↓ |
| Enrolled | N/A | 1 | ↓ | N/A | 2 | ↓ |
| Active | N/A | 2 | ↓ | | | |
| **New program as of 01/01/2024 | | | | | | |

| Tuberculosis Program | | | | | | |
|---|----------|----------|---|-----------|----------|---|
| | Mar 2023 | Mar 2024 | | FY 22-23 | FY 23-24 | |
| Tuberculosis | | | | | | |
| Number of Case Management Activities* | 262 | 278 | ↑ | 1,988 | 1,893 | ↓ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen | 26 | 33 | ↑ | 303 | 247 | ↓ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B) | 28 | 34 | ↑ | 198 | 313 | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 4 | 6 | ↑ | 45 | 201 | ↑ |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters | 1,007 | 1,256 | ↑ | 8,253 | 11,181 | ↑ |
| *New EMR system- Counting only successful activities | | | | | | |
| | | | | | | |
| Substance Abuse Prevention & Treatment Agency (SAPTA) | Mar 2023 | Mar 2024 | | FY 22-23 | FY 23-24 | |
| # of Site Visits | 3 | 2 | ↓ | 32 | 13 | ↓ |
| # of Clients Screened | 33 | 34 | ↑ | 408 | 233 | ↓ |
| # of TB Tests | 29 | 33 | ↑ | 350 | 204 | ↓ |
| # of Assessments only | 4 | 1 | ↓ | 58 | 29 | ↓ |
| | | | | | | |
| Sexual Health Outreach and Prevention Program | | | | | | |
| | | | | | | |
| Sexual Health Outreach and Prevention Program (SHOPP) - Express Testing** | Mar 2023 | Mar 2024 | | FY 22-23 | FY 23-24 | |
| # of screening encounters | N/A | 185 | ↓ | N/A | 1,554 | ↓ |
| # of clients screened | N/A | 185 | ↓ | N/A | 1,546 | ↓ |
| # of clients with positive STI identified | N/A | 15 | ↓ | N/A | 143 | ↓ |
| | | | | | | |
| Sexual Health Outreach and Prevention Program (SHOPP)- Linkage ** | Mar 2023 | Mar 2024 | | FY 22-23 | FY 23-24 | |
| # of clients referred to Linkage | N/A | 19 | ↓ | N/A | 123 | ↓ |
| # of clients linked to care | N/A | 18 | ↓ | N/A | 93 | ↓ |
| | | | | | | |
| Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP ** | Mar 2023 | Mar 2024 | | FY 22-23* | FY 23-24 | |
| # of referrals (pregnant, post-partum, infants) | N/A | 8 | ↓ | N/A | 106 | ↓ |
| # of clients enrolled in CM | N/A | 6 | ↓ | N/A | 72 | ↓ |
| # of active pregnant clients | N/A | 44 | | | | |
| # of infants being followed | N/A | 21 | | | | |
| # of provider/community trainings | N/A | 4 | ↓ | N/A | 10 | ↓ |
| **New program/ department as of 7/1/2023 | | | | | | |
| | | | | | | |
| Non-cumulative | | | | | | |