



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 23, 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 Nemeec, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Mayor Pro Tempore, City of North Las Vegas (*via WebEx*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*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 (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
- ABSENT:** Nancy Brune – Council Member, City of Las Vegas
Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Wayne Carlson, Georgi Collins, Jessika Dragna, Jennifer Green, Maya Holmes, Carmen Jones, Deborah Kuhls, Chase Marable, Bradley Mayer, Vincent Queano, Zachary Rees, Lisa Rogge, Stacie Sasso, Mahogany Turfley, Christian Young
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Adriana Alvarez, Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Amanda Brown, Andria Cordovez Mulet, Shea Crippen, Gerard Custodio, Aaron DelCotto, Liliana Dominguez, Jason Frame, Jacques Graham, Heather Hanoff, Amineh Harvey, John Hammond, Carmen Hua, Dan Isler, Danielle Jamerson, Horng-Yuan Kan, Heidi Laird, Josie Llorico, Sandy Luckett, Anilkumar Mangla, Cassandra Major, Blanca Martinez, Aminta Martinez-Hermosilla, Alicia Mitchell, Kimberly Monahan, Semilla Neal, Todd Nicolson, Verallynn Orewyler, Joi Oliveros, Kyle Parkson, Luann Province, Yin Jie Qin, Abegail Reyes, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Rabea Sharif, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Candice Stirling, Ronique Tatum-Penegar, Will Thompson, Renee Trujillo, Jorge Viote, 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. RECOGNITIONS

1. Southern Nevada Health District – May Employees of the Month

- Abegail Reyes, Nicol McNee, and Keri Price

The Chair recognized this month's Employees of the Month. Each month the Health District, and the Board of Health, recognize those employees that go above and beyond for the Health District and our community and that best represent our C.A.R.E.S. Values. On behalf of the Health District and the Board of Health, the Chair congratulated these exceptional employees.

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 MAY 23, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Nemeč, and carried unanimously to approve the May 23, 2024 Amended Agenda, as presented.

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: April 25, 2024 *(for possible action)*

2. PETITION #30-24: Approval of an Interlocal Contract between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada RTC) to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award #NU58DP007746). The CDC refers to this grant

award as **Racial and Ethnic Approaches to Community Health (REACH)**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

3. **PETITION #33-24: Approval of an Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the State Unintentional Drug Overdose Reporting System (SUDORS)**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **PETITION #34-24: Approval of an Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of violent death data for entry into the National Violent Death Reporting System (NVDRS)**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
5. **PETITION #35-24: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death/sudden death in the young data for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
6. **PETITION #37-24: Approval of New Insurance Policies for Southern Nevada Health District's Commercial Property, Automobile, General Liability, and Professional Liability coverages for policy period 07/01/2024-07/01/2025**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
7. **PETITION #38-24: Approval of the new Workers' Compensation Insurance Policy Agreement between the Southern Nevada Health District and Risk Administration Services (RAS) for policy period 07/01/2024-07/01/2025**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Knudsen, seconded by Member Hardy, and carried unanimously to approve the May 23, 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.

VIII. REPORT / DISCUSSION / ACTION

There were no items heard.

- 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 advised that she was organizing a joint meeting of the Health District and the Clark County Commission on the trauma system and the catchment areas.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to his written report, Dr. Leguen advised that the CDC Director, Dr. Mandy Cohen, would be in Las Vegas on June 11, 2024, with scheduled visits to the Health District, Trac-B (Impact Exchange), and UNLV.

Further, Dr. Leguen advised that the Health District, in collaboration with Clark County, rolled out the Beat the Heat campaign, with resources on the Health District website which includes a link to the CDC website on the expected risk of heat during the summer. The Chair indicated that the Fire Chief wanted to remind the community that children and pets should not be left in cars, even with air conditioning. Individuals are encouraged to call 911 should they see children or pets left in a car. Dr. Leguen further raised a concern of the unhoused population in the community and advised of cooling stations offered by Clark County and local jurisdictions. Dr. Leguen indicated that the Health District would try to keep information on the cooling stations on its website.

- Aquatic Health Program -Our Role in Protecting Public Health

Alicia Mitchell, Environmental Health Supervisor, and Candice Stirling, Environmental Health Supervisor, presented on the Aquatic Health Program.

Further to an inquiry from the Chair on the testing requirements, Ms. Stirling advised that the main focus of the 2017 update to the federal law of the testing requirements related to the pipe size and the flow rate, which required new drain covers. (The federal law referenced is the Virginia Graeme Baker Pool and Spa Safety Act of 2008, also referred to as “VGB Act”). Ms. Stirling further advised that people were not aware of the 2017 update, causing people to look for old drain covers. A newer concern had been created which had people leaving drain covers beyond their lifespan, which is normally 5-7 years, causing them to get brittle and more likely to break.

Further to an inquiry from Member Hardy, Ms. Stirling confirmed that the drain cover attachment was identical from the old to the new drain covers.

Member Black joined the meeting at 9:27 a.m.

Ms. Stirling further confirmed that there was no grace period to repair a broken drain cover, as manufacturers do not ensure the integrity of the drain cover if it was chipped or cracked, and any degree of damage was grounds for closing the pool, as an imminent health hazard, until the drain cover was replaced. Ms. Stirling indicated that the Health District inspectors work

with facilities to ensure that they were aware of the drain cover that they had and try to determine the certification year. Health District inspectors encourage communication with pool professionals before they install a new cover to ensure that it was the proper drain cover and not something that would not be approved.

Member Knudsen inquired as to the education and information to the pool industry. Ms. Stirling advised that Aquatic Health program holds two industry meetings annually, in addition to two industry meetings held by Aquatic Plan Review. Additionally, information may be obtained from the Health District website.

Further to an inquiry from Member Nemece regarding the waiver process, Ms. Stirling advised that it was determined that facilities were not maintaining compliance with the conditions outlined in the waivers.

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.

XIII. CLOSED SESSION

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 9:43 a.m.

The Chair closed the Closed Session at 10:18 a.m.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:21 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 23, 2024 – 9:00 A.M.

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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=ma73e0f3d20da8b604eb6a8625f4da19e>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2551 273 9458](https://snhd.webex.com/snhd/j.php?MTID=ma73e0f3d20da8b604eb6a8625f4da19e)

For other governmental agencies using video conferencing capability, the Video Address is:
25512739458@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. Southern Nevada Health District – May Employees of the Month

- Abegail Reyes, Nicol McNee, and Keri Price

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- **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 2551 273 9458. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

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- DHO Comments
- Aquatic Health Program -Our Role in Protecting Public Health
- Trauma System of Southern Nevada

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XIII. CLOSED SESSION

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

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

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 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 (*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 Gucco, 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.

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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.

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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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 23, 2024

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

PETITION #30-24

That the Southern Nevada District Board of Health approve an Interlocal Contract between the Southern Nevada Health District (SNHD) and the Regional Transportation Commission of Southern Nevada (RTC) to provide services to support the Southern Nevada Health District Community Partnership to Promote Health Equity, Year 1 grant awarded to the SNHD by the Centers for Disease Control and Prevention (CDC) (Award # NU58DP007746). The CDC refers to this grant award as Racial and Ethnic Approaches to Community Health (REACH).

PETITIONERS:

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

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

Maria Azzarelli, EMHA, CHES, Manager of Chronic Disease Prevention & Health Promotion; *ma*

Nicole Bungum, MS, Supervisor of Chronic Disease Prevention & Health Promotion *NMB*

DISCUSSION:

In an effort to increase access to healthy foods, the RTC will conduct a transportation assessment of existing and future Double Up Food Buck (DUFb) nutrition incentive program sites. The assessment will identify barriers to walking, biking, and public transit access and include a plan/action steps to increase access to healthier foods at DUFb implementation sites.

FUNDING:

The Year 1 REACH grant project funding allocated to the RTC totals \$40,000. The associated scope of work will be completed between June 2024 and September 2025.



**INTERLOCAL AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
C2400109**

This Interlocal Agreement (“Agreement”) is made and entered into between the Southern Nevada Health District (“Health District”) and Regional Transportation Commission of Southern Nevada (“RTC”) (individually “Party” collectively “Parties”).

RECITALS

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

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

WHEREAS, RTC is the designated Metropolitan Planning Organization for Southern Nevada and collaborates with government agencies and partners to improve active and multimodal transportation access to healthy foods in underserved communities;

WHEREAS, Health District desires to obtain professional services in support of a federal grant received from the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number NU58DP007746, CFDA Number 93.304, Program entitled Racial and Ethnic Approaches to Community Health, December 15, 2023, and as amended on February 16, 2024, with a total amount awarded to Health District of \$539,256 (the “Grant”); and

WHEREAS, as part of the CDC’s Racial and Ethnic Approaches to Community Health (“REACH”) project, Health District will develop partnerships with community stakeholders to reduce racial and ethnic health disparities through culturally tailored interventions to address preventable risk behavior including tobacco use, poor nutrition and physical inactivity.

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 (“Effective Date”) through September 29, 2025, unless sooner terminated by either Party as set forth in this Agreement.
 - 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either

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

- 1.03 Upon termination, RTC will be entitled to payment for services provided prior to date of termination and for which RTC 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. RTC shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. RTC will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$40,000. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$40,000; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. RTC will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between RTC and Health District. Nothing in this Agreement or the relationship between Health District and RTC shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of RTC at any time during the term of the Agreement. RTC will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify RTC 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. RTC 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 RTC in writing.
- 6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by

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

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

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

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

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

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

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

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

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

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

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

Regional Transportation
Commission of Southern Nevada
600 S. Grand Central Parkway
Las Vegas, NV 89106

- 9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiable information will be shared with RTC by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.
- 10) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or non-material 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.
- 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 ability to seek reasonable attorneys' fees and costs.
- 12) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.
- 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. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.
 - 13.03 STATUS OF PARTIES; INDEPENDENT CONTRACTOR. RTC will provide Services in accordance with this Agreement as an independent contractor to Health District. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent or employer and employee, between RTC and Health District. Nothing in this Agreement or the relationship between Health District, RTC, or RTC's staff shall create a co-employment or joint employer relationship.
 - 13.04 USE OF NAME AND LOGO. RTC may not use Health District's name, mark, logo, design or other Health District symbol for any purpose without Health District's prior written consent. RTC 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, RTC's right to use Health District's name and/or logo.

- 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). If RTC status changes at any time pursuant to this Subsection 13.04, RTC agrees to immediately notify Health District in writing, and Health District may terminate this Agreement for cause as described in the above Section 1.
- 13.06 COMPLIANCE WITH LEGAL OBLIGATIONS. RTC 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 75.
- 13.07 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.
- 13.08 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.
- 13.09 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.
- 13.10 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. RTC may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as RTC sees fit, so long as the performance of such services does not interfere with RTC's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 13.11 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 13.12 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.

- 13.13 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 13.14 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 13.15 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.
- 13.16 CODE OF CONDUCT. By executing the Agreement, RTC 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

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

Date

APPROVED AS TO FORM:

**This document is approved as to form.
Signatures to be affixed after approval by**

By: **Southern Nevada District Board of Health**
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

**REGIONAL TRANSPORTATION COMMISSION
OF SOUTHERN NEVADA**

By: _____
M.J. Maynard
Chief Executive Officer
Regional Transportation Commission of Southern Nevada
Contractor UEI: HXHVZSWLRBJ5

Date

APPROVED AS TO FORM:

By: _____
RTC Legal Counsel

**ATTACHMENT A
SCOPE OF WORK**

- A. Participating in the following activities from the Effective Date through September 29, 2025 (“Period of Performance”), RTC will:
 - A.1 Complete the Transportation Module in the Active Communities Tool to support development of a Community Design Active People Healthy Nation Plan
 - A.2 Identify a sub-contractor/consultant to conduct a transportation assessment of existing and potential Double Up Food Bucks (“DUFB”) program implementation sites.
 - A.3 Perform a transportation assessment to identify barriers to walking, biking, and public transit access to DUFB implementation sites.
 - (a) Using transportation assessment findings, identify opportunities to increase transportation access to DUFB implementation sites.
 - A.4 Utilize engagement strategies to ensure feedback from public transit users, priority population members and individuals who utilize the DUFB program.
 - A.5 Work with a sub-contractor/consultant to develop a plan/action steps to increase access to DUFB .implementation sites.
 - A.6 Prepare and submit programmatic reports using Health District-provided templates as requested by Health District.
 - A.7 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B
PAYMENT**

- A. Payments to RTC for Services actually performed from the Effective Date through September 29, 2025 are not-to-exceed \$40,000. Allowable Agreement-related budget expenses eligible for reimbursement during this Budget Period include the following categories:
 - A.1 Personnel
 - A.2 Sub-contractor/consultant
 - A.3 Mileage and staff travel to be billed and reimbursed in accordance with then-current GSA standards
 - A.4 Community member engagement support
 - A.5 Supplies
 - A.6 Communications expenses
 - A.7 Occupancy expenses
 - A.8 Meeting expenses
 - A.9 Indirect costs
 - A.10 Other direct costs and other materials if pre-approved in writing by Health District Project Manager.
- B. RTC agrees that any Agreement-related expenses incurred by RTC after September 29, 2025 are not be eligible for reimbursement by Health District.
- C. RTC may not bill more often than monthly for work actually completed during the term of the Agreement.
- D. RTC will submit invoices to AP@snhd.org, and will reference agreement number C2400109 on each invoice submitted. RTC is responsible for ensuring Health District timely receives invoices.
 - D.1 Payments shall be based on approved RTC invoices timely submitted in accordance with this Agreement. No payments will be made in excess of the Total Not-to-Exceed Amount of this Agreement.
 - (a) Each invoice will itemize specific costs incurred for each allowable Expense item as agreed upon by the Parties as identified in the Agreement.
 - (b) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required and shall be maintained by RTC in accordance with cost principles applicable to this Agreement.
 - (c) All RTC invoices shall be signed by the RTC's official representative and shall include a statement certifying that the invoice is a true and accurate billing.
 - (d) All Invoices are subject to approval by Health District project and fiscal staff.

- (e) RTC must submit its final Request for Reimbursement billing to Health District no later than October 15, 2025.
- (f) RTC is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, Health District may terminate this Agreement for cause as described in Section 1. of the Agreement, and may withhold payment to RTC, and/or require that RTC return some or all payments made with Grant funds to Health District.
- (g) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable Expenses costs.

D.2 Health District will not be liable for interest charges on late payments.

D.3 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

A. As a subrecipient of Grant funds, RTC agrees to ensure its compliance as is applicable with the following Grant specific requirements:

A.1 Grant funds will not be used to supplant existing financial support for RTC programs.

A.2 Consistent with 45 CFR 75.113, subrecipients must disclose, in a timely manner in writing to Health District, the CDC, and the HHS Office of the Inspector General, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations. Disclosures must be sent in writing to Health District, the CDC, and to HHS OIG at the following addresses:

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

AND

CDC, Office of Grants Services
Joëlle Cadet, Grants Management Specialist
Chenega Enterprise Systems and Solutions (CHESS)
Office of Grant Services (OGS) Branch 5
Centers for Disease control and Prevention (CDC)
Email: grx2@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
FAX: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Subrecipients must include this mandatory disclosure requirement in all subawards and contracts made under this Grant.

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

B. In addition to federal laws, regulations and policies, RTC agrees to ensure its compliance as

applicable with the CDC's General Terms and Conditions for Non-Research awards located at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, and the CDC hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP-23-00014, located at <https://www.grants.gov/search-results-detail/342940>, as may be amended, both of which are hereby made a part of this Non-research award subrecipient agreement.

- B.1 Effective April 4, 2022, potential Grant subrecipients must have a Unique Entity Identifier ("UEI") prior to receiving a Grant subaward. The EUI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and/or Grants.gov.

Additional information is available at:

<https://www.gsa.gov/about-us/organization/federal-acquisition-service/technology-transformation-services/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update>, <https://sam.gov/content/home>; and <https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-within-grants-gov/>.

- (a) SAM.gov is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a subrecipient. RTC must register with SAM, and be assigned a UEI number. All information relevant to the UEI number must be current at all times until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- B.2 RTC must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement (*see* below Section F of this Attachment C), as appropriate. Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.
- (a) The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>
- B.3 Notice of Funding Opportunity Restrictions and Limitations.
- Subrecipients may not use funds for research
 - Subrecipients may not use funds for clinical care
 - Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services
 - Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in RTC's budget as approved by Health District and the CDC
 - Reimbursement of pre-award costs generally is not allowed

- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract subrecipient, or agent acting for subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC subrecipients.
- C. COVID-19 WORKPLACE SAFETY: GUIDANCE FOR FEDERAL CONTRACTORS AND SUBCONTRACTORS. RTC certifies it will comply as is applicable with COVID-19 vaccination requirements pursuant to Executive Order 14042 and the Safer Federal Workforce Task Force’s COVID-19 Workplace “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors” (collectively, the “Mandate”). Additionally, should RTC use Grant funds to compensate its subcontractor(s) for services provided, in whole or in part, RTC will ensure subcontractor Mandate compliance as appropriate; including but not limited to the inclusion of language similar to this Section D in any Grant funded subcontract for services. RTC acknowledges its obligation to flow this requirement down to its subcontractors providing Grant funded services, and will inform such subcontractors of their obligation to do the same.

Executive Order 14042 can be viewed online at:

[https://www.saferfederalworkforce.gov/downloads/Guidance%20for%20Federal%20Contractors Safer%20Federal%20Workforce%20Task%20Force 20211110.pdf](https://www.saferfederalworkforce.gov/downloads/Guidance%20for%20Federal%20Contractors%20Safer%20Federal%20Workforce%20Task%20Force%2020211110.pdf)

Safer Federal Workforce Task Force’s document, “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors” can be viewed online at:

[https://www.saferfederalworkforce.gov/downloads/Guidance%20for%20Federal%20Contractors Safer%20Federal%20Workforce%20Task%20Force 20211110.pdf](https://www.saferfederalworkforce.gov/downloads/Guidance%20for%20Federal%20Contractors Safer%20Federal%20Workforce%20Task%20Force%2020211110.pdf)

- D. 45 CFR § 75.326 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 § 75.331 and ensure that every purchase order or other contract includes any clauses required by § 75.335. All other non-federal entities, including subrecipients of a state, must follow the procurement standards in §§ 75.327 through 75.335.
- E. COMPLIANCE WITH PROCUREMENT STANDARDS. RTC agrees to follow and comply with CFR § 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- F. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District,

and/or RTC, all contracts made by RTC under the Grant must contain provisions covering the following in accordance with Appendix II to CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. RTC agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:

- F.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.
- F.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.
- F.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.”
- F.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.

- F.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.
- F.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.
- F.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).
- F.8 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 RTC’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.

F.9 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.

F.10 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.

G. RTC 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](https://www.congress.gov/bill/117th-congress/house-bill/3684/text). Public Law 117-58 may be reviewed online at <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>.

H. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. RTC 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 RTC 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.

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

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

I. HHS SPECIFIC REQUIREMENTS. RTC agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 45 CFR Part 75. RTC further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at:

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

I.1 ACTIVITIES ABROAD. RTC must ensure that project activities carried on outside the

United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

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

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

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

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

- I.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity. Any questions concerning the applicability of these provisions to an HHS grant should be directed to the GMO.
- I.8 PUBLIC HEALTH SECURITY AND BIOTERRORISM PREPAREDNESS AND RESPONSE ACT. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, 42 U.S.C. 201 Note, is designed to provide protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the U.S. homeland, or other criminal acts (see 42 U.S.C. 262a). The act was implemented, in part, through regulations published by CDC at 42 CFR part 73, Select Agents and Toxins. Copies of these regulations are available from the Import Permit Program and the Select Agent Program, respectively, CDC, 1600 Clifton Road, MS E-79, Atlanta, GA 30333; telephone: 404-498-2255. These regulations also are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>.

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

- I.9 REHABILITATION ACT OF 1973. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under

any program or activity receiving federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.

- I.10 RESOURCE CONSERVATION AND RECOVERY ACT. Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).
- I.11 RESTRICTION ON FUNDING ABORTIONS. HHS funds may not be spent for an abortion.
- I.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- I.13 UNIFORM RELOCATION ACT AND REAL PROPERTY ACQUISITION POLICIES ACT. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (the Uniform Relocation Act), 42 U.S.C. 4601 et seq., applies to all programs or projects undertaken by Federal agencies or with federal financial assistance that cause the displacement of any person.

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

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

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

MAY 23, 2024



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 30, 2024

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

PETITION #33-24

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

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer
Cassius Lockett, PhD, District Deputy Health Officer-Operations *CL*
Anilkumar Mangla, PhD, MPH, FRIPH, Director of Disease Surveillance & Control *AM*
Lei Zhang, MS, Public Health Informatics Manager *LZ*

DISCUSSION:

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

FUNDING:

This agreement will provide funding to the CCOCME for their collaboration in the NVDRS project. This is pass through funding from the state supported by federal grant dollars, CDC NVDRS Federal Grant #NU17CE010224.



**AMENDMENT A01 TO
INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2400084**

THIS AMENDMENT A01 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services (“Agreement”), Effective Date September 1, 2023, by and between the Southern Nevada Health District (“Health District”) and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner (“CCOCME”) (individually “Party” collectively “Parties”).

WHEREAS, the Parties mutually desire to add funds to the Agreement.

NOW THEREFORE, pursuant to Subsection 1.05 of the Agreement, the Parties mutually agree to amend the Agreement as follows:

- 1) The fifth paragraph on the first page of the Agreement is hereby deleted in its entirety and replaced with the following:

WHEREAS, Health District is the sub-recipient of federal funds passed through by the State of Nevada Department of Health and Human Services through its Bureau of Behavioral Health Wellness and Prevention, Federal Award Identification Number (“FAIN”) NU17CE010224, CFDA Number 93.136, program entitled CDC Overdose Data to Action, funded by the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Notice of Subaward agency reference number SG 26449, sub-awarded October 2, 2023, and as amended on April 4, 2024, with a total amount sub-awarded to Health District of \$254,254 (the “Grant”); and

- 2) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:
 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-A01: PAYMENT

ATTACHMENT C-A01: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

- 3) Subsection 3.01 is increased by \$4,521, from \$77,856 to \$82,377. Subsection 3.01 is hereby

deleted in its entirety and replaced with the following:

- 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B-A01: Payment. The total not-to-exceed amount of this Agreement is \$82,377. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$82,377; this accounts for 100% of the total funding of this Agreement.
- 4) Attachment B, Payment, is hereby deleted in its entirety and replaced by Attachment B-A01, which is attached hereto and is expressly incorporated by reference herein.
- 5) Attachment C, Additional Grant Information and Requirements, is hereby deleted in its entirety and replaced with Attachment C-A01, which is attached hereto and is expressly incorporated by reference herein.

This Amendment A01 is effective as of the date of the last signature affixed hereto.

Except as expressly provided in this Amendment A01, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A01 to Agreement C2400084.

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

APPROVED AS TO FORM:

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

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

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

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date: _____

APPROVED AS TO FORM:

STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

**ATTACHMENT B-A01
PAYMENT**

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of \$82,377 from September 1, 2023 through August 31, 2024.

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

Category: Personnel	Budgeted Amount
Salary	\$7,001
Fringe Benefits	\$256
Category: Personnel, Subtotal of Budgeted Amount:	\$7,257
Category: Operating	
250 Postmortem Expanded Blood tests X \$198/each	\$49,500
27 Postmortem Basic Urine tests X \$100.00/each	\$2,700
63 Postmortem Expanded Tissue tests X \$328/each	\$20,664
47 Electrolytes and Glucose Panel (Vitreous, Fluid) tests X \$48/each	\$2,256
Category: Operating, Subtotal of Budgeted Amount:	\$75,120
Total Not-to-Exceed Amount:	<u>\$82,377</u>

A.2 CCOCME must receive documented approval from Health District prior to redirecting any portion of the Estimated Budget, Approved Total Available for Reimbursement 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.3 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.4 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

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

- (b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.
 - (d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.
- A.5 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:
- (a) CCOCME's RFR for period September 1, 2023 through June 30, 2024 must be submitted in its entirety to Health District no later than July 10, 2024. CCOCME's failure to timely submit this RFR on or before July 10, 2024 with the inclusion of all expenses incurred before June 30, 2024 may result in non-reimbursement for unincurred expenses.
 - (b) CCOCME's "Final" RFR for period July 1, 2024 through August 31, 2024 must be submitted to Health District no later than September 15, 2024.
- A.6 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.
- A.7 Health District shall not be liable for interest charges on late payments.
- A.8 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C-A01
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

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

A. GRANT-SPECIFIC REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- B.15 U.S.A. PATRIOT ACT. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see “Public Health Security and Bioterrorism Preparedness and Response Act” in this subsection).
- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.
- D. 45 CFR § 75.326 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 § 75.331 and ensure that every purchase order or other contract includes any clauses required by § 75.335. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 75.327 through 75.335.
- E. COMPLIANCE WITH PROCUREMENT STANDARDS. Contractor agrees to follow and comply with 45 CFR §§ 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- F. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or Contractor, all contracts made by Contractor under the Grant must contain provisions covering the following in accordance with Appendix II to 45 CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
- F.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.
- F.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.
- F.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.”

- F.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.
- F.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.
- F.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.

- F.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).
- F.8 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 Contractor’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.
- F.9 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.
- F.10 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.

- G. Contractor 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>.
- H. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. Contractor 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 Contractor 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.

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

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 30, 2024

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

PETITION #34-24

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

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, District Deputy Health Officer-Operations *CL*
Anilkumar Mangla, PhD, MPH, FRIPH., Director of Disease Surveillance & Control *AM*
Lei Zhang, MS, Public Health Informatics Manager *LZ*

DISCUSSION:

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

FUNDING:

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



**AMENDMENT A01 TO
INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2400082**

THIS AMENDMENT A01 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services (“Agreement”), Effective Date September 1, 2023, by and between the Southern Nevada Health District (“Health District”) and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner (“CCOCME”) (individually “Party” collectively “Parties”).

WHEREAS, the Parties mutually desire to add funds to the Agreement.

NOW THEREFORE, pursuant to Subsection 1.05 of the Agreement, the Parties mutually agree to amend the Agreement as follows:

- 1) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:
 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-A01: PAYMENT
ATTACHMENT C-A01: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 2) Subsection 3.01 is increased by \$5,976, from \$45,539 to \$51,515. Subsection 3.01 is hereby deleted in its entirety and replaced with the following:
 - 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B-A01: Payment. The total not-to-exceed amount of this Agreement is \$51,515. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$51,515; this accounts for 100% of the total funding of this Agreement.
- 3) Attachment B, Payment, is hereby deleted in its entirety and replaced by Attachment B-A01, which is attached hereto and is expressly incorporated by reference herein.

- 4) Attachment C, Additional Grant Information and Requirements, is hereby deleted in its entirety and replaced with Attachment C-A01, which is attached hereto and is expressly incorporated by reference herein.

This Amendment A01 is effective as of the date of the last signature affixed hereto.

Except as expressly provided in this Amendment A01, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A01 to Agreement C2400082.

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

APPROVED AS TO FORM:

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

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

COUNTY OF CLARK, NEVADA

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

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date: _____

APPROVED AS TO FORM:

STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

**ATTACHMENT B-A01
PAYMENT**

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of \$51,515 from September 1, 2023 through August 31, 2024.

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

Category: Personnel	Budgeted Amount
Salary	\$6,958
Fringe Benefits	\$255
Category: Personnel, Subtotal of Budgeted Amount:	\$7,213
Category: Operating	
167 Postmortem Expanded Blood tests X \$198/each	\$33,066
41 Postmortem Basic Urine tests X \$100.00/each	\$4,100
20 Postmortem Expanded Tissue tests X \$328/each	\$6,560
12 Electrolytes and Glucose Panel (Vitreous, Fluid) tests X \$48/each	\$576
Category: Operating, Subtotal of Budgeted Amount:	\$44,302
Total Not-to-Exceed Amount:	<u>\$51,515</u>

A.2 CCOCME must receive documented approval from Health District prior to redirecting any portion of the Estimated Budget, Approved Total Available for Reimbursement 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.3 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.4 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

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

- (b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.
 - (d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.
- A.5 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:
- (a) CCOCME's RFR for period September 1, 2023 through June 30, 2024 must be submitted in its entirety to Health District no later than July 10, 2024. CCOCME's failure to timely submit this RFR on or before July 10, 2024 with the inclusion of all expenses incurred before June 30, 2024 may result in non-reimbursement for unincurred expenses.
 - (b) CCOCME's "Final" RFR for period July 1, 2024 through August 31, 2024 must be submitted to Health District no later than September 15, 2024.
- A.6 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.
- A.7 Health District shall not be liable for interest charges on late payments.
- A.8 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C-A01
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

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

A. GRANT-SPECIFIC REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- B.15 U.S.A. PATRIOT ACT. The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) amends 18 U.S.C. 175–175c. Among other things, it prescribes criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent (see “Public Health Security and Bioterrorism Preparedness and Response Act” in this subsection).
- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.
- D. 45 CFR § 75.326 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 § 75.331 and ensure that every purchase order or other contract includes any clauses required by § 75.335. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 75.327 through 75.335.
- E. COMPLIANCE WITH PROCUREMENT STANDARDS. Contractor agrees to follow and comply with 45 CFR §§ 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- F. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or Contractor, all contracts made by Contractor under the Grant must contain provisions covering the following in accordance with Appendix II to 45 CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
- F.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.
- F.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.
- F.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.”

- F.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.
- F.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.
- F.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.

- F.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).
- F.8 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 Contractor’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.
- F.9 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.
- F.10 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.

- G. Contractor 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>.
- H. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. Contractor 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 Contractor 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.

- H.1 *See* Public Law 115—232, section 889 for additional information.
- H.2 *See* also 2 CFR §§200.216 and 200.471, as may be amended from time to time.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 30, 2024

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

PETITION #35-24

That the Southern Nevada District Board of Health *approve the Interlocal Agreement between the Southern Nevada Health District (SNHD) and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death/sudden death in the young data for entry into the National Fatality Review Case Reporting System (NFR-CRS).*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, District Deputy Health Officer-Operations *CL*
Anilkumar Mangla, PhD, MPH, FRIPH, Director of Disease Surveillance & Control *AM*
Lei Zhang, MS, Public Health Informatics Manager *LZ*

DISCUSSION:

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

FUNDING:

This agreement will provide funding to the CCOCME for their collaboration in the SUID/SDY project. This is pass through funding from SNHD supported by federal grant dollars, CDC SUID/SDY Federal Grant #NU58DP007684-01-00.



**INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2400119**

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

RECITALS

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

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

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

WHEREAS, Health District is the sub-recipient of federal funds awarded by the Centers for Disease Control and Prevention (“CDC”), which is an operating division of the U.S. Department of Health and Human Services (“HHS”), Federal Award Identification Number (“FAIN”) NU58DP007684, CFDA Number 93.946, program entitled Nevada SUID/SDY Case Registry and Prevention Project (“Project”), awarded on September 7, 2023 and as amended on December 6, 2023, with a total amount awarded to Health District of \$248,924.00 (the “Grant”); and

WHEREAS, Health District desires to collaborate with CCOCME to support Health District’s Project deliverables to assist in the registry and prevention of Sudden Unexpected Infant Death (“SUID(s)”) and Sudden Death in the Young (“SDY(s)”) in Nevada (“Services”), and CCOCME is willing to participate as a subrecipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective September 30, 2023 through September 29, 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 this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.
 - 1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
 - 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK
 - ATTACHMENT B: PAYMENT
 - ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) COMPENSATION.
- 3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is \$53,367. This project is supported by the federal Grant described on the first page of this Agreement in the amount of \$53,367; this accounts for 100% of the total funding of this Agreement.
- 4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.
- 5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance.

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

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

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

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

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

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

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

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

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

7.06 Audit documentation and audit reports must be retained by the CCOCME's auditor

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

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

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

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

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

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

- 11) GENERAL PROVISIONS.

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

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

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

11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their

knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

- 11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200 and 45 CFR Part 75.
- 11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification

that may exist in law or equity.

- 11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 11.15 CODE OF CONDUCT. By executing the Agreement, the CCOCME 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>
- 11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

APPROVED AS TO FORM:

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

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

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

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date: _____

APPROVED AS TO FORM:

STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

**ATTACHMENT A
SCOPE OF WORK**

A. CCOCME will participate in the following activities from September 30, 2023 through September 29, 2024 (“Period of Performance”):

A.1 **Goal 1:** Abstraction of SUID & SDY Deaths as Prescribed by the CDC:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Ensure all deaths for decedents under 19 years in age continue to be referred to respective Child Death Review Teams	Send notification of all deaths to the University of Nevada, Las Vegas, Nevada Institute for Child Research and Policy (“NICRP”) Provide Death Certificate & Investigative Summary to NICRP	Within one month of case completion	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports
2. Obtain contact information from the families of decedents	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Within 30 days of death	Copy of consent forms
3. Send specimens for genetic testing	Ensure timely collection and submission for genetic testing. CCOCME will maintain its current protocol for specimen collection. Biospecimens are collected by pathologists.	Within 30 days of consent	Proof of shipment
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend the monthly Child Death Review Attend monthly/quarterly Advanced Death Review Compile reports on data extraction barriers and provide to Health District’s SUID/SDY program coordinator to assist in resolution.	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

	<p>Work with Health District on possible fellowships for pathologists at the CCOCME Office</p> <p>Assist with recruitment of specialists for the Advanced Review Team when possible.</p>		
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A.2 Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

“This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services (“Department”) and the Southern Nevada Health District through Grant Number 1 NU58DP007684-01-00 funded by the Center for Disease Control and Prevention (“CDC”). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC.”

A.3 Prepare and submit programmatic reports as requested by Health District.

A.4 Work with Health District staff to ensure proper close out of Period of Performance.

**ATTACHMENT B
PAYMENT**

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of \$53,367 from September 30, 2023 through September 29, 2024.

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

Category: Personnel	Budgeted Amount
Salary (Component A)	\$41,840
Fringe Benefits (Component A)	\$1,527
Salary (Component B)	\$6,000
Fringe Benefits (Component B)	\$219
Category: Personnel, Subtotal of Budgeted Amount:	\$49,586
Category: Operating	
Freezer packs for mailing (Component B)	\$600
Insulated mailing supplies for biosamples (Component B)	\$1,500
FedEx expense for mailing samples (Component B)	\$1,681
Category: Operating, Subtotal of Budgeted Amount:	\$3781
Total Not-to-Exceed Amount:	<u>\$53,367</u>

A.2 CCOCME must receive documented approval from Health District prior to redirecting any portion of the Estimated Budget, Approved Total Available for Reimbursement 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.

(b) Separate Requests for Reimbursements

A.3 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.4 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly

reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

- (b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
- (c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.
- (d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.5 CCOCME must submit separate Requests for Reimbursement ("RFR(s)") for reimbursement of Component A funds and for Component B funds as shown in the above Table A.1. CCOCME will ensure RFRs submitted encompass reimbursement for Services actually performed.

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

- RFRs for period September 30, 2023 through August 29, 2024 must be submitted in their entirety to Health District no later than October 9, 2024. CCOCME's failure to timely submit these RFRs on or before September 9, 2024 with the inclusion of all expenses incurred before September 9, 2024 may result in non-reimbursement for unincurred expenses.
- CCOCME's "Final" RFRs for period August 30, 2024 through September 29, 2024 must be submitted to Health District no later than October 9, 2024.

A.6 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.7 Health District shall not be liable for interest charges on late payments.

A.8 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

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

A. GRANT-SPECIFIC REQUIREMENTS

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

Southern Nevada Health District
Legal Department, Attention: Compliance Officer
280 S. Decatur Blvd.
Las Vegas, NV 89107
Email: ComplianceSpecialist@snhd.org

AND

CDC, Office of Grants Services
Robyn Bryant, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5 Chronic Diseases and Injury Prevention
Email: ppa4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
FAX: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Subrecipients must include this mandatory disclosure requirement in all subawards and contracts made under this Grant.

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

A.3 RESTRICTIONS AND LIMITATIONS ON USE OF GRANT FUNDS

- (a) Grant funds may not be used for research
- (b) Grant funds may not be used for clinical care except as allowed by law
- (c) Grant funds may be used only for reasonable Project purposes as agreed upon between the Parties
- (d) Generally, Grant funds may not be used to purchase furniture or equipment
- (e) Reimbursement of costs occurring before or after the Term of the Agreement is not allowed
- (f) Other than for normal and recognized executive-legislative relationships, Grant funds may not be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
 - By signing this Agreement, CCOCME acknowledges that the instrument of the CDC's award to Health District is a cooperative agreement program, for which subrecipients, including CCOCME, must perform a substantial role in carrying out Project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

A.4 The CDC's Notice of Funding Opportunity CDC-RFA-DP-23-0006 ("NOFO") is hereby expressly incorporated by reference into the Agreement. The NOFO can be viewed at <https://www.grants.gov/search-results-detail/346267>.

B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. CCOCME agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, as may be supplemented by federal Acts of Congress or Executive Orders from time to time, and is available online at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Applicable terms and conditions may include, but not be limited to, the following:

B.1 ACTIVITIES ABROAD. CCOCME must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

B.2 AGE DISCRIMINATION. The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR

part 91.

- B.3 CIVIL RIGHTS ACT OF 1964. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 80.
- B.4 CONTROLLED SUBSTANCES. CCOCME is prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the subrecipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
- If controlled substances are proposed to be administered as part of a research protocol or if research is to be conducted on the drugs themselves, applicants/recipients must ensure that the DEA requirements, including registration, inspection, and certification, as applicable, are met. Regional DEA offices can supply forms and information concerning the type of registration required for a particular substance for research use. The main registration office in Washington, DC, may be reached at 800-882-9539. Information also is available from the National Institute on Drug Abuse at 301-443-6300.
- B.5 EDUCATION AMENDMENTS OF 1972. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686, provides that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. The HHS implementing regulations are codified at 45 CFR part 86.
- B.6 LIMITED ENGLISH PROFICIENCY. Recipients of Federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. To clarify existing legal requirements, HHS published "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons." This guidance, which is available at <http://www.hhs.gov/ocr/lep/reviselep.html>, provides a description of the factors that recipients should consider in determining and fulfilling their responsibilities to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964.
- B.7 PRO-CHILDREN ACT. The Pro-Children Act of 1994, 20 U.S.C. 7183, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of

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

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

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

- B.9 REHABILITATION ACT OF 1973.** Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, provides that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. These requirements pertain to the provision of benefits or services as well as to employment. The HHS implementing regulations are codified at 45 CFR parts 84 and 85.
- B.10 RESOURCE CONSERVATION AND RECOVERY ACT.** Under RCRA (42 U.S.C. 6901 et seq.), any State agency or agency of a political subdivision of a State using appropriated Federal funds must comply with 42 U.S.C. 6962. This includes State and local institutions of higher education or hospitals that receive direct HHS awards. Section 6962 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA (40 CFR parts 247–254).

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

- B.12 RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES/NEEDLE EXCHANGE,** as amended by the Consolidated Appropriations Act of 2016. Funds appropriated for

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

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

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

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

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

- C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.
- D. 45 CFR § 75.326 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 § 75.331 and ensure that every purchase order or other contract includes any clauses required by § 75.335. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 75.327 through 75.335.
- E. COMPLIANCE WITH PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 45 CFR § 75.327 General Procurement Standards through 75.335 Contract Provisions as applicable.
- F. CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or CCOCME, all contracts made by CCOCME under the Grant must contain provisions covering the following in accordance with Appendix II to 45 CFR Part 75, Contract Provisions for Non-Federal, Entity Contracts Under Federal Awards. CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:
- F.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.
- F.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.
- F.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."
- F.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.

- F.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.
- F.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.
- F.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).

F.8 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), “Debarment and Suspension.” The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

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

F.9 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.

F.10 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.

G. CCOCME 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>.

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

(1) Procure or obtain;

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

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

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

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

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

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

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

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: May 23, 2024

RE: *Approval of New Insurance Policies for Southern Nevada Health District's Commercial Property, Automobile, General Liability, and Professional Liability coverages for policy period 07/01/2024-07/01/2025*

PETITION #37-24

That the Southern Nevada District Board of Health *approves the new insurance policies for Southern Nevada Health District for Commercial Property (CHUBB), Automobile (CHUBB) and General Liability & Professional Liability (Vantage) coverages.*

PETITIONERS:

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

DISCUSSION:

In July 2016, the Health District joined Pool/PACT (Nevada Public Agency Insurance Pool) to cover both its insurance needs, as well as workers compensation. However, the cost of annual premiums has continued to increase due to other agencies in the pool, as well as the Health District's growing payroll, all while the Health District continued to maintain low claims. In order to review costs associated with coverage, the Health District engaged a new insurance broker and took our insurance needs out to the marketplace. Ten insurance applications were completed by staff for all insurance coverage.

On or about March 1, 2024, the Health District gave Pool/PACT proper notice, in accordance with its bylaws, that the Health District intended to leave the Pool and the PACT at the end of the plan year, June 30, 2024. However, Pool/PACT allows for rejoining prior to the expiration of the plan year. Thus, Pool/PACT submitted proposals to the Health District for continued coverage in fiscal year 2025.

In review the proposals from insurance companies, the Health District will save \$144,547 utilizing several different insurance policies in order to replace Pool's coverage. Therefore, the Health District has opted to utilize the following companies to replace Pool: CHUBB and Vantage Risk Specialty Insurance.



FUNDING:

General Funds.

CHUBB

Coverage:	Commercial Property	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 \$3,000,000
Deductibles:	Each Professional Incident: Professional Aggregate:	\$25,00 N/A
Annual Cost:	\$172,500 (including fees)	\$172,500

CHUBB

Coverage:	Automobile	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 N/A
Deductibles:	Each Professional Incident: Professional Aggregate:	\$3,000 N/A
Annual Cost:	\$160,847 (including fees)	\$153,907

Amwins Brokage on behalf of Vantage Risk Specialty Insurance

Coverage:	General & Professional Liability	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 \$3,000,000
Deductibles:	Each Professional Incident: Professional Aggregate:	\$25,000 N/A
Annual Cost:	\$78,406.06 (including fees)	\$75,000

PREMIUM SUMMARY

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
Commercial Property Federal Insurance Company Policy No.: TBD	\$172,500	15%	Direct Bill / Annual
Property	\$172,500		
Machinery Breakdown	Included in Property		
Taxes and Surcharges	\$0	0%	Prepaid
<hr/>			
TOTAL ACCOUNT PREMIUM	\$172,500		
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Please note the underwriting company in which this quote is being offered. All insurers of the Chubb Group of Insurance Companies share the same financial ratings.

The portion attributable to Taxes, Surcharges and Other Charges is an estimate. The Insured is responsible for the total amount, if bound, shown on the premium bill and/or premium summary, regardless of the amount shown above.

Terrorism

Portion of premium attributable for Terrorism - Included in above premium

Property Est. \$9,777

*Ensuing Fire \$0

Machinery Breakdown Included in Property

**If you elect not to purchase coverage for terrorism and your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above for Ensuing Fire is the amount attributable to the insurance provided pursuant to that statutory standard fire policy. This coverage cannot be rejected.*

Should the insured not elect coverage for acts of Terrorism in any of the underlying insurance, and elects the option above which includes coverage for acts of terrorism in this quotation, we reserve the right to withdraw our offer for coverage to which this quotation pertains.

“**Terrorism**” refers to terrorism losses covered by the Terrorism Risk Insurance Act of the United States of America (15 USC 6701 note). Please refer to the Important Notice to Policyholders which outlines both the Federal Government’s and the Insurance Company’s obligation of payment under the Terrorism Risk Insurance Act.

CUSTOMARQ COMMERCIAL COVERAGE

Policy Number: TBD
 Company: Federal Insurance Company
 Effective Date: July 1, 2024 to July 1, 2025

PREMISES SCHEDULE	
1.	280 S DECATUR BLVD, LAS VEGAS, NV 89107
2.	700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106
3.	2953 WESTWOOD DR, LAS VEGAS, NV 89109
4.	2830 FREMONT ST, LAS VEGAS, NV 89104
5.	2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128
6.	150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027
7.	3020 N WALNUT RD, LAS VEGAS, NV 89115

PROPERTY INSURANCE

Deductible: \$25,000

Extended Period: Unlimited

The information shown above applies to:

- all premises coverages;
- all additional coverages; and
- debris removal coverage,

and all premises, unless corresponding specific information is shown as applicable to a specific premises or coverage.

PREMISES COVERAGES - BLANKET LIMITS		LIMITS OF INSURANCE
Blanket Number and Coverages		
1.	Building	\$40,183,444
2.	Personal Property EDP Property on Premises	\$33,293,600

PREMISES COVERAGES: <i>If "Blanket" or "Loss Limit" is shown under Limits Of Insurance as applicable to a Premises, please refer to the "Premises Coverages – Blanket Limits" section or the "Loss Limits Of Insurance" section above to determine the Limits Of Insurance applicable to such Premises. "Blanket" limits are numbered for ease of reference. If a specific limit is shown under Limits Of Insurance for a Premises Coverage, that Limit applies to such coverage, even if a "Blanket" limit applies to other Premises Coverage at such premises.</i>		LIMITS OF INSURANCE
Premises # 1 Bldg # 1: 280 S DECATUR BLVD, LAS VEGAS, NV 89107		
Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000		Blanket 1
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000		Blanket 2
EDP Property on Premises		Blanket 2

Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	
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Premises # 1 Bldg # 2: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
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Premises # 1 Bldg # 3: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
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Premises # 1 Bldg # 4: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Premises # 1 Bldg # 5: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Premises # 2: 700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5%	Blanket 2
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Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 3: 2953 WESTWOOD DR, LAS VEGAS, NV 89109	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 4: 2830 FREMONT ST, LAS VEGAS, NV 89104	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 5: 2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 6: 150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 7: 3020 N WALNUT RD, LAS VEGAS, NV 89115	
Personal Property Automatic Increase in Limits 5% Inundation, Back-Up and Mudflow Peril Deductible \$25,000 Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2

PREMISES COVERAGES	LIMITS OF INSURANCE
Machinery Breakdown	INCLUDED

ADDITIONAL COVERAGES – SPECIFIC LIMITS	LIMITS OF INSURANCE
Mobile Equipment Deductible \$10,000	\$56,504
Ocean Cargo Goods In Transit	\$50,000

EARTHQUAKE	LIMITS OF INSURANCE
Policy Annual Aggregate Limit	\$5,000,000
<i>Earthquake</i>	
Premises 1, 2, 3, 4, 5, 6, 7	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Property Damage Per Premises/Per Occurrence Percentage Deductible	2%
Property Damage Minimum Dollar Deductible	\$50,000

FLOOD	LIMITS OF INSURANCE
Policy Annual Aggregate Limit	\$5,000,000
<i>Flood</i> <i>(Inundation, Back-Up and Mud Flow Included)</i>	
Premises 1, 2, 3, 4, 5, 6	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Per Occurrence Dollar Deductible	\$50,000

OTHER PERIL MODIFICATIONS – SUBSIDIARY LIMITS	LIMITS OF INSURANCE
<i>Inundation, Back-up, Mudflow</i>	
Premises/Building 7/1	\$25,000

POLICY FORMS		
80-02-1303	03-19	ADD'L PERIL-EQ LIMIT/DED OR WAITING PERIOD
80-02-1323	03-19	SUBSIDIARY LIMITS OF INSURANCE
80-02-1428	03-19	ADD'L PERIL-FLOOD LIMIT/DED OR WP PER OCC
80-02-0005	01-18	PROPERTY DECLARATIONS
80-02-0045	03-20	MALICIOUS PROGRAMMING EXCLUSION ADDED
80-02-0177	02-22	FUNGUS CLEAN UP OR REMOVAL PREM COV AMENDED
80-02-0210	01-15	PROPERTY SUPPLEMENTARY DECLARATIONS
80-02-0459	11-23	MALICIOUS PROGRAMMING AND SYSTEM - DEF AMEND
80-02-1000	03-19	BUILDING AND PERSONAL PROPERTY
80-02-1018	03-19	EXTRA EXPENSE
80-02-1047	07-03	MOBILE EQUIPMENT
80-02-1097	03-19	PROPERTY/BI CONDITIONS & DEFINITIONS
80-02-1357	03-19	WATER DEDUCTIBLE OR WAITING PERIOD
80-02-1658	01-15	CAP ON CERT. TERRORISM LOSSES (ALL PREMISES)
80-02-2208	07-20	VIRUS, BACTERIA OR MICROORGANISM EXCL ADDED
80-02-5188	06-05	VACANCY CONDITION ADDED
80-02-5407	03-19	OCEAN CARGO COVERAGE ADDED
80-02-5698	09-22	ERRORS IN SYSTEMS PROGRAMMING EXCL AMENDED
80-02-5702	10-22	AUTO INCREASE IN LIMITS PROVISION AMENDED
99-10-0996	04-18	IMPORTANT NOTICE-NY LOC INSPECTIONS

CUSTOMARQ PROPERTY HIGHLIGHTS

The precise coverage afforded is subject to the terms and conditions of the policies issued. The following features are subject to change based upon underwriting and may or may not be available or apply to your policy.

VALUATION

Replacement Cost
Cost of Replacement at any Location
Brands & Labels
Construction Fees
Customs Duties
Extended Warranties
Ordinance or Law
Selling Price on Finished Stock and Sold Personal Property
Replacement Cost on Personal Property of Others, Business Personal Property You Lease and Personal Property of Employees
Replacement Cost on Research and Development Property if repaired, replaced or reproduced
Valuation on Tenants' I & B when not replaced – ACV
24 Months to Decide to Repair or Replace

\$ 250,000 BLANKET LIMIT OF INSURANCE

The automatic blanket limit applies to:

Accounts Receivable
Electronic Data Processing Property
Fine Arts
Leasehold Interest - Bonus Payment, Prepaid Rent, Sublease Profit, Tenants' Lease Interest
Leasehold Interest - Undamaged Tenant's Improvements & Betterments
Non-Owned Detached Trailers
Outdoor Trees, Shrubs, Plants or Lawns
Pair and Set
Personal Property of Employees
Public Safety Service Charges
Research and Development Property
Valuable Papers

The Blanket Limit of Insurance applies over all of the coverages shown above and may be apportioned at the time of loss. This Blanket Limit of Insurance applies separately at each covered premises shown in the Declarations and is subject to the Property Deductible specified in the Declarations.

Separate specific Limits of Insurance may be purchased for any of these coverages. If purchased, the blanket limit of insurance will apply in addition to the specific limit.

ADDITIONAL PROPERTY COVERAGES

The following Additional Coverages apply separately at each of your premises. In this proposal, any additional limits for these coverages that you have purchased are indicated at the described premises to which the increased limits apply. A policy level deductible applies to each of the Additional Coverages, unless otherwise indicated below or at the described premises

Any other location for:

Accounts Receivable	\$ 50,000
Building Components	\$ 50,000
EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000
R&D Property	\$ 50,000
Valuable Papers	\$ 50,000

Debris Removal

25% of direct damage loss, plus:

Premises Shown in the Declarations	\$ 100,000
Any Other Location	\$ 25,000
In Transit	\$ 25,000

Deferred Payments \$ 25,000

Exhibition, Fair or Trade Show:

EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000

Extra Expense \$ 100,000

Fungus Clean-Up
or Removal \$ 25,000

Installation:

Any Job Site	\$ 25,000
In Transit	\$ 25,000

In Transit for:

Accounts Receivable	\$ 25,000
Building Components	\$ 25,000
EDP Property	\$ 50,000
Fine Arts	\$ 25,000
Personal Property	\$ 25,000
Valuable Papers	\$ 25,000

Loss of Master Key \$ 15,000

Loss Prevention Expenses \$ 15,000

Mobile Communication
Property \$ 15,000
Minimum Deductible \$3,500

Money & Securities:

On Premises	\$ 15,000
Off Premises	\$ 15,000

Pollutant Cleanup or
Removal \$ 25,000

Processing Water \$ 10,000

Preparation of Loss Fees \$ 10,000

Newly Acquired Premises Or Newly Acquired Or Constructed Property for 180 days

Building	\$2,500,000
Personal Property	\$1,000,000
Personal Property at Existing Premises	\$ 100,000
EDP Equipment	\$1,000,000
Electronic Data	\$ 50,000
Communication Property	\$ 50,000
Fine Arts	\$ 25,000

AUTOMOBILE INSURANCE

Policy Number: TBD
 Company: FEDERAL INSURANCE COMPANY
 Effective Date: July 1, 2024 to July 1, 2025

<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
\$153,907.00	12.5%	Agent Billing/Prepaid
Taxes and Surcharges		
\$0.00	0%	Prepaid

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Symbol</u>
Liability	\$1,000,000	1
Auto Medical Payments	\$10,000	7
Uninsured/Underinsured Motorist Coverage	\$100,000	10
Physical Damage Coverage		
Comprehensive Deductible	\$3,000	7,8
Collision Deductible	\$3,000	7,8
Hired Car Physical Damage Coverage		8
Comprehensive Deductible	\$1,000	
Collision Deductible	\$1,000	
Physical Damage Limit	Actual Cash Value, or Cost of Repair, whichever is less, minus deductible for each covered auto, but no deductible applies to loss caused by fire or lightning	

Rating is based on the following:

IF ANY Annual Cost of Hire - Excess
 Annual Cost of Hire - Primary

of Employees: 1,174

The following amendments will be attached to your Business Auto Policy:

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS		
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-020153I	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0282	02-04	COMPLIANCE W/APPLIC TRADE SANCTION LAWS
1622514	09-16	SIGNATURE PAGE - FEDERAL INSURANCE CO.
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 10	09-07	NEVADA CHGS-CONCEALMENT, MISREP OR FRAUD
IL 02 51	09-07	NEVADA CHANGES-CANC & NONRENL
16020214-1	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-2	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-3	10-13	SCHEDULE OF COVERED AUTOS YOU OWN
16020214-4	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-5	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-6	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-7	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-8	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-10-0196	01-01	REDUCING AUTO LOSSES
16-10-0254	02-04	ADVISORY NOTICE TO POLICYHOLDERS - OFAC
99-10-0872	06-07	IMPORTANT NOTICE
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
CA 01 36	10-13	NEVADA CHANGES
CA 21 27	10-13	NEVADA UNINSURED MOTORISTS COVERAGE
CA 23 85	10-13	EXCL OF TERRORISM INVOLVING NUC/BIO/CHEM
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 54.	10-13	COVERED AUTO DESIGNATION SYMBOL
IL U 020	07-18	NV UM COV & MED PAY COV SEL/REJ

Coverage for terrorism involving nuclear, biological or chemical terrorism will be excluded.

Changes to the vehicle schedule which we receive subsequent to this quote may affect Experience Rating calculations and, therefore, the premium shown on the Premium Summary page above.



Amwins Insurance Brokerage, LLC
6363 S Fiddlers Green Circle
Suite 600
Greenwood Village, CO 80111
amwins.com

April 9, 2024

Chase Marable
Connell Insurance
909 E. Republic Rd
Suite C200
Springfield, MO 65807

RE: Southern Nevada Health District

GENERAL LIABILITY – INCLUDING PROFESSIONAL (ALLIED & MISC HEALTHCARE) QUOTATION

Dear Chase:

Please find the attached quotation for Southern Nevada Health District. Here is a summary of the terms and conditions:

INSURED: Southern Nevada Health District
MAILING ADDRESS: 280 S. Decatur Blvd
Las Vegas, NV 89107
CARRIER: Vantage Risk Specialty Insurance Company (Non-Admitted)
PROPOSED POLICY PERIOD: From 7/1/2024 to 7/1/2025
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$75,000.00
	TRIA	\$213.00
	Fees	\$250.00
	Surplus Lines Taxes and Fees	\$2,943.06
	Total	\$78,406.06

The calculation of S/L Taxes and Fees is based upon the inclusion of TRIA premium. If TRIA is rejected, the amount of S/L Taxes and Fees will be reduced accordingly.

TRIA FORMS: Signed acceptance/rejection required at binding.
MINIMUM EARNED PREMIUM: 35%
COMMISSION: 10.000% of premium excluding fees and taxes

- SUBJECTIVITIES:**
- 1) SL Broker Letter (Amwins will satisfy)
 - 2) Name and email address of the person we should send deductible invoices to in the event of a claim
 - 3) Signed Application
 - 4) Copy of Deeming Letter
 - 5) NV SL State Packet- Attached

SURPLUS LINES TAX SUMMARY

HOME STATE: Nevada

FEES:

Fee	Taxable	Amount
Policy Fee	Yes	\$250.00
Total Fees		\$250.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Nevada	Surplus Lines Tax	\$75,213.00	\$250.00	\$75,463.00	3.500%	\$2,641.21
	Stamping Fee	\$75,213.00	\$250.00	\$75,463.00	0.400%	\$301.85
Total Surplus Lines Taxes and Fees						\$2,943.06

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Caileb Newby

Vice President

T 303.865.6965 | caileb.newby@amwins.com

Amwins Insurance Brokerage, LLC

In California: Amwins Brokerage Insurance Services | License 0F19710

6363 S Fiddlers Green Circle | Suite 600 | Greenwood Village, CO 80111 | amwins.com

SURPLUS LINES DISCLOSURE

Nevada

This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act.



Vantage Risk Specialty Insurance Company

123 N. Wacker Dr., Suite 1300
Chicago, IL 60606
Toll Free: 833-552-1772

QUOTE

Date: 04/09/2024 Producer: Amwins Brokerage Of The Midwest, LLC
Quote #: Q03HC0000140500 Producer Contact: Caileb Newby

Dear Caileb:

We are pleased to offer the following Quotation on the captioned account:

Named Insured and Address: Southern Nevada Health District
280 S Decatur Blvd
Las Vegas, NV 89107-2936
Insurer: Vantage Risk Specialty Insurance Company
Proposed Policy Period: 07/01/2024 TO 07/01/2025
Both dates at 12:01 a.m. local time at the address of the Insured stated above.

LIMITS OF LIABILITY AND PREMIUM

Table with 2 columns: Limit Type and Amount. Includes rows for Per Claim Limit (\$1,000,000), Aggregate Limit (\$3,000,000), Per Claim Deductible (\$25,000), Aggregate Deductible (\$0), Retroactive Date (08/01/2015), Defense Expenses (Defense Outside the Limits), and Deductible applies to (Loss and Expense).

Table with 2 columns: Limit Type and Amount. Includes rows for Per Claim Limit (\$1,000,000), Aggregate Limit (\$1,000,000), Per Claim Deductible (\$25,000), Aggregate Deductible (\$0), and Retroactive Date (08/01/2015). Includes a note: 'The above limits are shared with Professional Liability Limits.'

Table with 2 columns: Limit Type and Amount. Includes rows for Each Occurrence Limit (\$1,000,000), Personal and Advertising Injury Limit (\$1,000,000), Damage to Premises Rented to you Limit (\$100,000), Medical Payments (\$5,000), General Aggregate Limit (\$3,000,000), and Products-Completed Operations Aggregate Limit (\$3,000,000).

HEALTHCARE GENERAL LIABILITY	
Bodily Injury & Property Damage Deductible	\$25,000
Personal and Advertising Injury Deductible	\$25,000
Aggregate Deductible	\$0
Defense Expenses	Defense Outside the Limits
Deductible applies to	Loss and Expense

Total Premium Excluding Optional Coverages	\$75,000
Optional TRIA Coverage Premium	\$213
Total Premium including TRIA Coverage	\$75,213
<i>Premium does not include applicable Taxes, surcharges & fees, which are broker's responsibility.</i>	
Minimum Premium Earned at Inception: 35%	

TERMS AND CONDITIONS

- If this policy provides coverage to more than one Insured, but with different retroactive dates, they will be named with their applicable retroactive date on the Named Insured and Retroactive Date Endorsement.
- Cyber related claims are excluded.

THIS QUOTATION IS SUBJECT TO RECEIPT AND UNDERWRITING APPROVAL OF THE FOLLOWING

- This quote is subject to receipt of signed and dated NOTICE OF TERRORISM INSURANCE COVERAGE (PN 00001 0122), prior to binding.
- Receipt of signed and dated Surplus Lines Broker Letter (Letter 001 0722), prior to binding.
- Name and email address of the person we should send deductible invoices to in the event of a claim.
- Signed Application
- Copy of Deeming Letter

THE FOLLOWING WILL BE ATTACHED TO THE POLICY

HC DS 001 1222	DECLARATIONS // HEALTHCARE - COMMON
PL DS 001 1222	DECLARATIONS // HEALTHCARE PROFESSIONAL LIABILITY COVERAGE
GL DS 001 1222	DECLARATIONS // HEALTHCARE GENERAL LIABILITY COVERAGE
IL 00012 0122	SIGNATURE PAGE
IL 00002 0122	SCHEDULE // FORMS AND ENDORSEMENTS
HC 00001 1122	COMMON POLICY CONDITIONS
PL 00001 1122	COVERAGE PART // HEALTHCARE PROFESSIONAL LIABILITY (CLAIMS MADE)
GL 00001 1122	COVERAGE PART // HEALTHCARE GENERAL LIABILITY (OCCURRENCE)
IL 00015 0122	ENDORSEMENT // TRADE OR ECONOMIC SANCTIONS
IL 00017 0224	ENDORSEMENT // SERVICE OF SUIT
HC 10017 1122	ENDORSEMENT // EXCLUSION - CORRECTIONAL MEDICINE
HC 10022 0123	ENDORSEMENT // EXCLUSION – SEX TRAFFICKING
HC 10029 0423	ENDORSEMENT // EXCLUSION– BIOMETRIC INFORMATION PRIVACY CLAIM
PL 10002 1122	ENDORSEMENT // ABUSE OR MOLESTATION SUB-LIMIT
PL 10007 0323	ENDORSEMENT // EXCLUSION - OPIOIDS - WITH INDIVIDUAL PLAINTIFF CARVEBACK
PL 10012 1122	ENDORSEMENT // EXCLUSION - ABSOLUTE COMMUNICABLE DISEASE

PL 10014 1122	ENDORSEMENT // WHO IS AN INSURED CHANGE – EMPLOYED PHYSICIANS
PL 10030 0123	ENDORSEMENT // EXCLUSION – FEDERAL TORT CLAIMS ACT
GL 10009 1122	ENDORSEMENT // WHO IS AN INSURED CHANGE - EMPLOYED PHYSICIANS
IL 00022 0122	ENDORSEMENT // CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM, If TRIA accepted

IMPORTANT NOTICES

Please review this quote as it may differ from your requested coverage specifications. This quote is valid until the inception date of the policy period or 30 days after the date of this quote listed on page 1, whichever is sooner.

This Quotation is provided on the basis that all information given to Insurer by or on behalf of the Insured in its underwriting submission and/or in its responses to the underwriter's requests for information is reliable, truthful, and complete to the best of the Insured's information and knowledge. The Insurer relies on the "duty of disclosure" as it exists under applicable law and rejects any attempt to negate that duty wholly or partially.

The Insured, by accepting this Quotation, waives the effect of any purported disclaimers of the Insured's duty to disclose to underwriters all material facts to the best of its knowledge that may be contained in such submission or in its responses to questions or requests for information, or in emails, cdroms, or internet websites or any other sources used in providing or transmitting underwriting information. The terms and conditions of this offer of coverage may be amended or withdrawn should there be discovery of a material change to the submitted information.

Please feel free to contact me if you have any questions regarding this quotation. We appreciate the opportunity to quote this account.








TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 23, 2024

RE: *Approval of the new Workers' Compensation Insurance Policy Agreement between the Southern Nevada Health District and Risk Administration Services (RAS) for policy period 07/01/2024-07/01/25*

PETITION #38-24

That the Southern Nevada District Board of Health *approve the new workers' compensation insurance policy Agreement between the Southern Nevada Health District and Risk Administration Services (RAS).*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer 
Kim Saner, Deputy District Health Officer - Administration 
Renee Trujillo, Chief Human Resources Officer 

DISCUSSION:

In July 2016, the Health District joined Pool/PACT (Nevada Public Agency Insurance Pool) to cover both its insurance needs, as well as workers compensation. However, the cost of annual premiums has continued to increase due to other agencies in the pool, as well as the Health District's growing payroll, all while the Health District continued to maintain low claims. In order to review costs associated with coverage, the Health District engaged a new insurance broker and took our insurance needs out to the marketplace. Ten insurance applications were completed by staff for all insurance coverage.

On or about March 1, 2024, the Health District gave Pool/PACT proper notice, in accordance with its bylaws, that the Health District intended to leave the Pool and the PACT at the end of the plan year, June 30, 2024. However, Pool/PACT allows for rejoining prior to the expiration of the plan year. Thus, Pool/PACT submitted proposals to the Health District for continued coverage in fiscal year 2025.

In review the proposals from insurance companies, the Health District will save \$246,986 utilizing a new insurance company to replace Pool's coverage. Therefore, the Health District has opted to utilize Risk Administration Services (RAS) to replace Pool's coverage for our workers' compensation insurance.



FUNDING:

Coverage:	Workers' Compensation	
Limits:	Each Bodily Injury By Accident: Each Bodily Injury By Disease: Each Bodily Injury By Disease:	\$1,000,000 Each Accident \$1,000,000 Policy Limit \$1,000,000 Each Employee
Annual Cost:	\$172,500 (including fees)	\$268,146

Confirmation of Coverage

Workers' Compensation and Employers Liability

Southern Nevada Health District



Consent to Rate pending.

Effective: 7/1/2024 to 7/1/2025

Version Date: 4/17/2024

Policy Number(s): 74231

Prepared By: RAS

Alliance With: Higginbotham

Underwriting Company: Dakota Truck Underwriters



RISK ADMINISTRATION SERVICES, INC.

Southern Nevada Health District
COMMISSION

This proposal includes commission where the exposure basis for premium is projected payroll.
Below is a summary by option quoted

Option	Percent of Premium	Policy Premium	Estimated Commission
G. Cost	8.00%	268,146	21,452

Risk Administration Services (RAS) isn't responsible for disclosing insurance commissions paid to insurance producers to its policyholders. By placing coverage with RAS it's agreed that RAS will be held harmless from any claim or suit brought by a R policyholder alleging improper disclosure of producer compensation.

Southern Nevada Health District
FINANCIAL SUMMARY

		Bound
Program	G. Cost	
Deductible/Loss Limit/Retention	-	
Loss Control Hours	-	
Payroll		
Aggregate	-	
Fixed Cost Rate excl Terror		
Total Fixed Cost Premium	261,524	
Terror & DTEC	6,402	
Fixed Cost incl Terror	267,926	
Expense Constant	220	
Total Premium and Fees	268,146	
Non-premium State Assessments	-	
Total Cost of Program	268,146	
Experience Mod	0.61	
Cost of Risk		
	Bound	-
	G. Cost	
Deductible	-	
Projected Losses within Deductible	-	
Cost of program (large deductible)	268,146	
Claim admin estimate (LCF)	-	
Cost of Risk	268,146	
SSA Projected Distribution		
Net Cost of Risk	268,146	

Southern Nevada Health District
COVERAGE AND ENDORSEMENT SUMMARY

Employers Liability

Bodily Injury By Accident:	\$1,000,000	Each Accident
Bodily Injury By Disease:	\$1,000,000	Policy Limit
Bodily Injury By Disease:	\$1,000,000	Each Employee

Endorsements

Policy documents to follow.

Southern Nevada Health District
TERRORISM AND STATE ASSESSMENTS

Terrorism/DTEC State Summary

State	Terrorism Rate	DTEC Rate	Terrorism Premium	DTEC Premium
NV	1%	1%	\$ 3,201	\$ 3,201

Non-Premium State Assessment/Surcharges (Option 1)

State Assessment(s)

No state assessments apply at this time

Assessments will apply to all options. Assessments shown on this page apply to Option 1 and may vary by deductible level. All premium and non-premium state assessments are estimates and are subject to final audit.

Southern Nevada Health District
SUBSCRIBER SAVINGS ACCOUNT (SSA)

Savings Allocation Estimate

Deductible	\$ -
Annual premium	\$ 268,146
SSA contribution	\$ -
Potential loss ratio	15%

Year	Premium	Projected Investment Income Allocation	Projected Profit Allocation	Projected Total Allocation	Projected Cash Distribution	SSA Balance	Profit Allocation % of Premium	Total Allocation Return to Premium	Investment Income Allocation % of SSA Bal.	Net Premium After Distribution	Distribution to Premium
2024	268,146	-	10,472	10,472	-	10,472	3.9%	3.9%	0.0%	268,146	0%
2025	267,413	279	31,425	31,704	-	42,176	11.8%	11.9%	0.7%	267,413	0%
2026	268,146	1,346	51,940	53,286	-	95,462	19.4%	19.9%	1.4%	268,146	0%
2027	268,146	3,048	72,006	75,054	-	170,516	26.9%	28.0%	1.8%	268,146	0%
2028	268,881	6,347	91,773	98,120	(39,248)	229,388	34.1%	36.5%	2.8%	229,633	-15%
2029	267,413	8,539	90,822	99,361	(39,744)	289,005	34.0%	37.2%	3.0%	227,669	-15%
2030	268,146	12,290	90,101	102,391	(40,956)	350,440	33.6%	38.2%	3.5%	227,190	-15%
2031	268,146	14,902	89,410	104,312	(41,725)	413,027	33.3%	38.9%	3.6%	226,421	-16%
2032	268,881	17,564	88,875	106,439	(42,576)	476,890	33.1%	39.6%	3.7%	226,305	-16%
2033	267,413	20,280	88,193	108,473	(65,084)	520,279	33.0%	40.6%	3.9%	202,329	-24%
Total	2,680,731	84,595	705,017	789,612	(269,333)	520,279	26.3%	29.5%	NA	2,411,398	-10%

Please note, this is a projection based on assumptions (for discussion only).

What the Subscriber Savings Account (SSA) is and how it works for you.

Partnership is important to RAS and we mean business. The SSA is a profit-sharing program where we invest in and reward long-term profitable partners.

Policyholders with coverage placed in our Dakota Truck Underwriters (DTU) company are automatically placed into the program and become a Subscriber. Your SSA is held in your name and immediately starts working to generate allocations and distributions.

Allocations are made to the top 25% of profitable active Subscribers. These allocations help to grow your SSA Balance which in turn helps to increase your Distribution potential.

Distributions are based on tenure, profitability and your SSA Balance relative to your average annual premium. Once you're vested (five-year vesting period) you can start to see real return in the form of a distribution (cash back).



DATE: May 23, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Extreme Heat

On May 16, the Southern Nevada Health District, Clark County and community partners launched a heat safety awareness initiative to provide resources, information and data to the public. Every year people die or are hospitalized because of heat-related illnesses. Hot weather can affect anyone, but people who are older, pregnant, or have chronic health conditions are more at risk. Knowing the signs and how to prepare for higher temperatures can help prevent heat-related illnesses and deaths this season.

The Centers for Disease Control and Prevention (CDC) also recently launched a new Heat and Health initiative with the Atmospheric Administration's (NOAA) National Weather Service (NWS) to protect the public from heat exposure. The new initiative has three resources: a HeatRisk Forecast Tool; HeatRisk Dashboard; and CDC's new clinical guidance. The three resources combined are meant to work together so people can take proactive steps to protect themselves, stay cool and hydrated, and know the symptoms of heat-related illnesses.

Go to <https://ephracking.cdc.gov/Applications/HeatRisk/> and enter your ZIP code to CDC HealthRisk information for the week.

The updated Health District website was launched on May 16, and is available at www.SNHD.info/BeattheHeatSNV.

Measles

The Health District reported a confirmed case of measles in a visitor to Clark County in April. The person traveled from out of state and visited multiple locations in Las Vegas and Henderson. The Health District issued a public notification because measles is highly contagious. The measles virus can live for up to two hours in the air after a person who is infected leaves the area.

To date, no locally transmitted cases of measles have been reported in Clark County. However, reports of measles continue nationally and internationally, the Health District is advising people to review their immunization status with their health care providers. The MMR vaccine is highly effective in preventing illness. Additional Health District recommendations for health care providers are available at www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/.

Soda Free Summer Challenge

The Health District's Office of Chronic Disease Prevention and Health Promotion is holding its annual Soda Free Summer Challenge from Friday, May 3, through Saturday, Aug. 31. The campaign urges everyone to choose healthier beverages in favor of soda and other sugary drinks.

More information about how to participate in the Soda Free Summer Challenge is available at www.GetHealthyClarkCounty.org or www.VivaSaludable.org. Information about local, upcoming events associated with this campaign, can be found at the Get Healthy Clark County Community Calendar or Calendario de la comunidad.

Most Americans are consuming too many added sugars in their diet. Sugar-sweetened beverages including sodas, energy drinks, and fruit drinks are a main source of added sugars. A regular, 12-ounce can of soda can contain a full 10 teaspoons of sugar. Because of the added sugar, soft drinks and other sugar-sweetened beverages can contribute to health issues including obesity, type 2 diabetes, heart disease and tooth decay.

Sugary drinks include sodas, sports drinks and fruit drinks, as well as tea and coffee sweetened with added sugar. Nationally, 63% of youth and 49% of adults reported having sugary drinks once daily or more. On average, children consume more than 30 gallons of sugary drinks per year, enough to fill an entire bathtub. The average American consumes approximately 17 teaspoons of added sugar each day. Adolescents (12-19 years old) are the highest consumers of sugar-sweetened beverages. In Clark County, 11.4% of adolescents drank one can, bottle or glass of soda at least once per day during 2019. That rate increased to 13.3% in 2021. However, the 2021 rate was down significantly from the 23.3% recorded in 2007.

According to the American Heart Association, men should consume no more than 9 teaspoons of added sugar per day. For women, the recommended daily maximum is 6 teaspoons. Adults and children are encouraged to limit sugary drinks and opt for healthier alternatives including water, unsweetened tea and plain milk. Consumers are advised to read nutrition labels to determine how much added sugar is included in their drinks. For information about how to identify added sugars, visit the sugary beverages web page on the Get Healthy or the Viva Saludable Spanish language website.

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 April 20, 2024, there have been 1,346 influenza-associated hospitalizations and 82 deaths, including one pediatric death, reported. Forty-eight percent of the influenza-associated hospitalizations were in persons 65 years of age and older as well as 79% of deaths. The percentage of emergency department visits and urgent care clinic visits for influenza-like illness (ILI) increased from 3.3% in week 15 to 3.4% in week 16. Influenza A has been the dominant type circulating. Of the patients reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 2.3% were due to respiratory illness that included ILI. This percentage was below 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 04/28:

Monthly:

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

Professional Development/Conferences:

- Attended the "ART of HIV and STI Prevention: Update from the 2024 Conference on Retroviruses and Opportunistic Infections (CROI)" webinar facilitated by the International Antiviral Society (IAS-USA)
- Attended the "CDC HPAI A (H5N1) All-STLT Check-in Partner Call"
- Attended the "Writing for Scientific Publication Part 1" webinar
- Attended the "Strategies for Providing Culturally Responsive Care – Immigration" webinar

Week ending 04/21:

Monthly:

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

Quarterly:

- Participated in the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) meeting

Professional Development/Conferences:

- Attended the "Supporting Decision Makers Using Opioid Settlement Funds: A Snapshot of Spending and Opportunities" webinar facilitated by the Big Cities Health Coalition (BCHC)
- Attended the "Managed Care Roundtable" facilitated by the Nevada Primary Care Association (NVPCA)

Week ending 04/14:

Monthly:

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

Quarterly:

- Attended the Southern Nevada Health District Public Health Advisory Board meeting

Professional Development/Conferences:

- Attended the "Methamphetamine and Implications for HIV" webinar facilitated by The Pacific AIDS Education and Training Center-Nevada
- Attended the "2nd Annual Black Maternal Health Outcomes Matter - Keeping Hope Alive! Summit" facilitated by the Department of Health and Human Services

Ad-hoc Meetings:

- Attended a meeting with Commissioner Kirkpatrick and Vinson Guthreau regarding Opioid Prevention Projects

- Attended a meeting with Administrator Cody Phinney regarding the EMS COMPAQ Project

Week ending 04/07:

Monthly:

- Participated in the Electronic Health Information Advisory Group meeting

Bi-monthly (every two months):

- Participated in the Medical Advisory Board (MAB) meeting
- Participated in the Public Health Commission Meeting with the Nevada State Medical Association

Annually:

- Attended various SNHD Activities related to Public Health Week

Media/Interviews/Panelist/Presenter/Events:

- Presented at the SNHD State of Public Health and Legislative Advocacy Day

Ad-hoc Meetings:

- Attended a meeting with Bradley Mayer
- Attended a meeting in preparation for the Joint Interim Standing Committee on Health and Human Services
- Attended the Nevada Association of Local Health Officers (NALHO) meeting



**SNHD's
Aquatic Health Program**

**Our Role in Protecting
Public Health**

Agenda

- Introduction
- The purpose of regulations
- Why comply with regulations
- Proactive vs reactive
- Lifeguarding and how it's important
- Drain covers - Federal changes that affect us all
- High Risk Venues

Purpose of Aquatic Health Regulations

Authority granted pursuant to Nevada Revised Statutes Chapter 439 and Chapter 444

- **To protect and promote public health and safety**
- **To assure a clean, healthful, and safe environment for all bathers using these pools**
- **To attain uniform, minimum standards for the operation and maintenance of any public swimming pools, spas, natural bathing places, and other public aquatic venues and facilities in Clark County, Nevada**



*Why comply with
the regulations?*

SNHD's Aquatic Facility Regulations are based on the principle of **reasonable risk reduction**, and are intended to reduce the risks of:

- Outbreaks of waterborne illnesses
 - Drowning
- Injuries from pool chemicals and other causes
- Swimming-related emergency department visits

Just because it hasn't happened yet, doesn't mean it won't

- **Having few outbreaks, drownings, or injuries does not mean prevention of recreational water-associated illness and injury is optimal.**
- **As is the case with many public health prevention efforts, the value is often more easily understood after a tragedy occurs.**

• <https://www.cdc.gov/mahc/faqs.html>



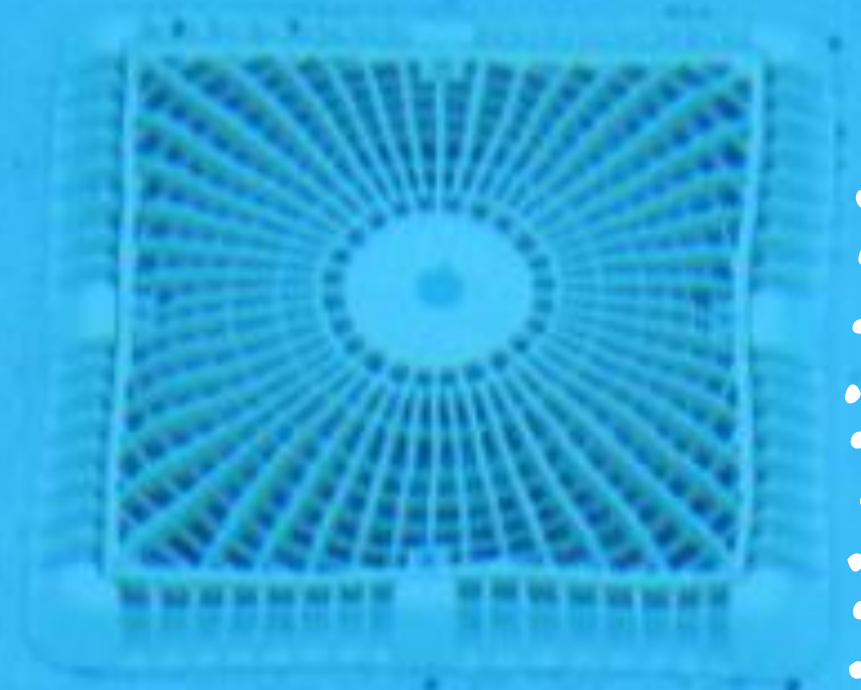
Lifeguarding

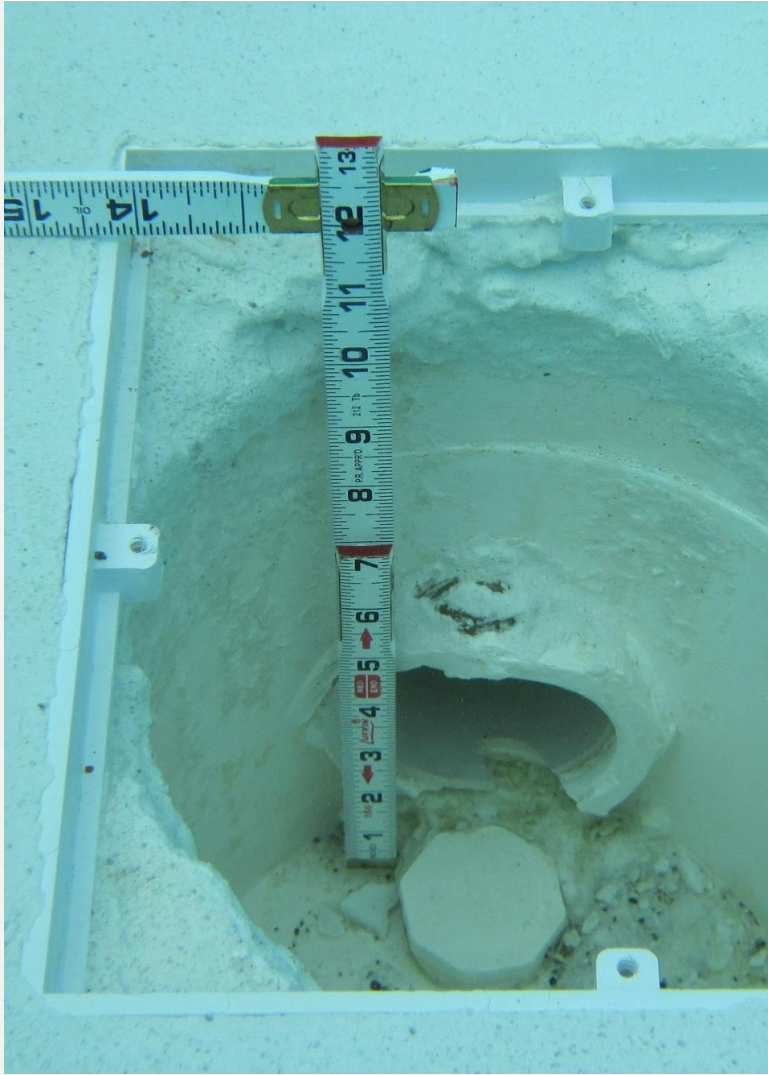


- Trained and certified to recognize and respond
- Ensure a safe environment for swimmers
- Advanced swimmers
- Enforce the pool's rules or general water safety
- Educating others on the importance of staying safe

Drain Covers - Federal Standards 2008

- ❖ Virginia Graeme Baker Pool & Spa Safety Act was signed into federal law.
- ❖ All pools/spas had to comply by December 19.
- ❖ Evaluation of acceptability generally looked at the certified flow rate and sump requirements.





Federal Standards 2017

- ❖ New testing methods took effect for units manufactured after May 24, 2021.
 - Use of older models is still allowed.
- ❖ Pipe size is now also a factor which determines the flow rate of the **S**uction **O**utlet **F**itting **A**ssembly (SOFA).
- ❖ Covers with the same model but a different certification year are NOT interchangeable.



Venues that have additional risk factors may have additional surveys

- ❖ Factors could include things like lifeguards, slides, catering to kids

Surveys are intended to

- ❖ Monitor risk factors
- ❖ Provide additional training/information to facilities

The power of communication



Questions?

Thank you

Alicia Mitchell

702-759-0646

mitchella@snhd.org

Candice Stirling

702-759-0658

stirling@snhd.org



aquatic@snhd.org

www.snhd.info



MEMORANDUM



Date: May 23, 2024
To: Southern Nevada District Board of Health
From: Kim Saner, SPHR, *Deputy District Health Officer-Administration* 
Fermin Leguen, MD, MPH, *District Health Officer* 
Subject: **Administration Division Monthly Report – April 2024**

Executive Summary	1
Office of Communications	2
Contracts Administration	3
Facilities.....	3
Finance.....	4
Health Cards.....	7
Human Resources (HR)	8
Information Technology (IT).....	9
Workforce Team – Public Health Infrastructure Grant (PHIG)	9
Appendix A – Office of Communications	12
Appendix B – Finance – Payroll Earnings Summary – March 16, 2024 to March 29, 2024	14
Appendix C – Finance – Payroll Earnings Summary – March 30, 2024 to April 12, 2024	17

Executive Summary

National Public Health Week is celebrated the first full week of April each year. As in previous years, the Health District was able to recognize the staff with breakfast and/or lunch provided at each location. Further, there were daily employee appreciation prizes handed out to winning employees. These are all successful and positive events. April also saw the end of the 2024 Walk Around Nevada Employee Challenge. Health District employees were able to establish large teams (6-10 members), small teams (2-5 members), or enter individually. Health District employees who participated in the Challenge tallied just under 20,000 miles total. The Office of Communications issued six News Release and facilitated the Health District’s State of Public Health and Legislative Advocacy event. Staff worked on support materials for National Infant Immunization Week, including event collateral, signage, advertising, and promotional materials to enhance event visibility and attendee engagement. Staff replied to 140 public information email inquiries and completed 96 internal project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services. Facilities staff continued to work on various buildouts at the Decatur Location. At the Fremont Location, Facilities staff

updated the batteries, terminals, and cables for the back-up generator. Health Cards served a total of 12,218 clients, which included 1,808 clients renewing online. This was the highest number of online renewals within the last year, likely due to the earliest post-COVID clients being eligible for renewal. As of May 2, 2024, the Health District had 815 active employees. Human Resources arranged 80 interviews, extended 18 job offers (two offers declined) and onboarded 12 staff. There were eight terminations, three retirements, five promotions, four flex-reclasses, five transfers and two demotions. There were 12 employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Pop-Up Produce Stands return to Las Vegas for 2024
- April is National Minority Health Month
- Sexually Transmitted Infection Awareness Week observed April 14-20
- Measles case reported in Clark County visitor
- National Infant Immunization Week is April 22-26
- Health District honors Public Health Heroes

Press:

- TB investigation at Las Vegas school
- Sidewalk food vendor regulations
- Mosquito outlook
- Measles investigation
- National Infant Immunization Week
- Pop-Up Produce Stands

Eight hundred and four news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in April. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available <https://media.southernnevadahealthdistrict.org/cloud/programs/ooc/reports/202404-pi-report.pdf>

Advertisements, Projects Completed and Social Media Summary:

In April, staff worked on support materials for National Infant Immunization Week, including event collateral, signage, advertising, and promotional materials to enhance event visibility and attendee engagement. Staff continue to develop and produce creative advertising concepts for a Congenital Syphilis awareness campaign with team members from 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. Staff performed ongoing updates and support for all departments on the Health District websites including SNHD.info, COVID.SNHD.info and GetHealthyClarkCounty.org. The Office of Communications received and replied to one hundred forty public information email inquiries, and completed ninety-six internal project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services.

On social media, staff focused on promoting the pop-up produce stands, HPV vaccine survey, Move to the Beat, Max Your Vax, Public Health Heroes, National Infant Immunization Week,

Southern Nevada Community Health Centers, vaccine hesitancy survey, Earth Day, STI Awareness Week, a Mercury Collection event, National Youth HIV/AIDS Awareness Day, National Public Health Week, Walking Day and the State of the Public Health event.

Meetings and Events of Note:

- April 02: State of Public Health and Legislative Advocacy Day
- April 08: Legislative Interim Health Committee Meeting
- April 16: County Health Rankings & Roadmaps: Exploring Strategies to Strengthen Civic Participation for Communities' Health
- April 17: National Public Health Information Coalition/CDC Monthly Communication call
- April 24: CredibleMind Planning meeting
- April 25: Board of Health meeting/Public Health Heroes awards
- April 30: Media training

Other:

Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 240

Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families Program: 28

Please see Appendix A for the following:

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

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
April 1-30, 2024	23	18	78%	25

Facilities

Monthly Work Orders	Apr 2023	Apr 2024		YTD FY23	YTD FY24	
Maintenance Responses	244	196	↓	1785	1915	↑
Electrical Work Orders	6	8	↑	72	91	↑
HVAC Work Orders	22	10	↓	82	195	↑
Plumbing Work Orders	8	6	↓	61	80	↑
Preventive Maintenance	22	28	↑	195	275	↑
Security Responses	2775	2207	↓	22185	25214	↑

Current Projects

Decatur Location

- Build out new office area in Community Health Nurse area to house six employees.
- Updated key(s) sign-out system to track all keys by employee, employee supervisor, and department.

Fremont Location

- Completed installation of warehouse automatic roll-up door.
- Changed out back-up generator batteries with new batteries, terminals, and cables.

Finance

Total Monthly Work Orders by Department	Apr 2023	Apr 2024		YTD FY23	YTD FY24	
Purchase Orders Issued	578	651	↑	4872	5020	↑
Grants Pending – Pre-Award	7	5	↓	40	43	↑
Grants in Progress – Post-Award	6	16	↑	106	118	↑

* 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 – April 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
University of Washington, Collection Equity Funding Application (aannlm23)	P-NIH	4/30/2024	\$1,500	End of project period	0.00	End of project and not expected to renew
State of Nevada, Hepatitis Prevention and Control (aduhep23)	P-CDC	4/30/2024	\$28,041	End of project period	0.15	The renewal for FY2024 is in progress.
State of Nevada, Tobacco Control Program, Year 4 of 5 (tob_23)	P-CDC	4/28/2024	\$552,666	End of project period	1.10	The renewal for FY2024 is in progress, will be Year 5 of 5.

Grants Awarded – April 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Board of Regents, NSHW obo University of Nevada, Reno (unrn_x_24)	P-SAMHSA	3/25/2024	9/30/2023	9/29/2024	\$500,000	FY2024 renewal award	0.00

Grants Awarded – April 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Board of Regents, NSHE, obo University of Nevada, Las Vegas, NVCLPP Building Local Capacity ARPA funds, Amendment #1 (anclp_23)	O-UNLV	3/27/2024	4/11/2023	12/31/2024	\$10,404	Addition of funds	0.00
State of Nevada, Office of State Epidemiology, COVID-19 Enhanced Detection (elcd2_24)	P-CDC	4/1/2024	1/1/2024	7/31/2026	\$5,663,652	Additional award	19.90
State of Nevada, Bureau of Behavioral Health Wellness and Prevention, Fatal Drug Overdoses Report Project, Year 1 of 1, Amendment #1 (sudors24)	P-CDC	4/4/2024	9/1/2023	8/31/2024	\$3,200	Addition of funds	0.00
State of Nevada, Epidemiology and Lab Data Modernization (elcdmi24)	P-CDC	4/11/2024	8/1/2023	7/31/2027	\$209,358	New effort	0.05
State of Nevada, Office of State Epidemiology, STD Surveillance Program Supplemental Continuation (stdsp_24)	P-CDC	4/11/2024	2/1/2024	1/31/2025	\$270,792	FY2024 renewal award	2.66
State of Nevada, Immunization Office of Child, Family and Community Wellness, Bridge funding (bridge24)	P-CDC	4/11/2024	4/11/2024	12/31/2025	\$1,004,275	Supplemental award	2.30

Grants Awarded – April 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, STD Prevention & Control Program, Year 6 of 6 (std_24)	P-CDC	4/12/2024	2/1/2024	1/31/2025	\$454,512	FY2024 renewal award	3.25
State of Nevada, Public Health Preparedness Program - Carryover (phpc0_24)	P-CDC	4/15/2024	7/1/2023	6/30/2024	\$348,064	FY2023 Carryover in FY2024 approval	0.00
Public Health Preparedness Program - Cities Readiness Initiative - Carryover (crico_24)	P-CDC	4/15/2024	7/1/2023	6/30/2024	\$78,209	FY2023 Carryover in FY2024 approval	0.00
P06HA45161-01-02 Ryan White Title III HIV Capacity Development and Planning Grants, Amendment #2 (rwcap_22)	F-HRSA	4/16/2024	9/1/2021	8/31/2022	\$(23,938)	De-obligation of funds and closeout	0.00
NEHA-FDA Retail Flexible Funding Model Grant Program - Conformance with Retail Program Standards (rfbase24)	P-FDA	4/25/2024	1/1/2024	12/31/2024	\$50,627	FY2024 renewal award	0.16
NE11OE000081-02-02 Strengthening the Public Health Workforce, Year 2 of 5, Amendment #2 (phia2_24)	F-CDC	4/30/2024	12/1/2022	11/30/2024	\$2,342,496	Approval of Carryover and budget redirect	7.15

Contracts Awarded – February 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
National Association of County and City Health Officials, Wastewater Surveillance Mentorship Program (wwsm_24)	CONTRACT	4/5/2024	3/1/2024	8/31/2024	\$9,999	New effort	0.00
Clark County, HIV Status Neutral Rapid Prevent Program (ppcsna24)	CONTRACT	4/8/2024	4/2/2024	8/31/2024	\$275,000	New effort	3.10

Health Cards

1. We have continued to conduct Food Handler Safety Training Card testing at the Decatur, Fremont and Henderson offices changed as follows:
 - a. Advance appointments open each weekday morning at 6 a.m. for that day in the following week.
 - b. Walk-in clients are accepted throughout the day as capacity allows. As we are approaching summer, a pre-registration system is under development to speed the check-in process and reduce waits.
2. For the month of April, we averaged 60 “passing and paying” online renewal clients per day, with a total of 1,808 clients renewing online. This was the highest number of online renewals within the last year, likely due to our earliest post-COVID clients being eligible for renewal.

CLIENTS SERVED	Apr 2024	Mar 2024	Feb 2024	Jan 2024	Dec 2023	Nov 2023
FH Cards – New	7,088	6,428	6,181	6,932	4,946	5,314
FH Cards – Renewals	758	551	458	485	356	479
FH Cards – Online Renewals	1,808	1,071	638	712	459	668
Duplicates	532	469	537	521	324	420
CFSM (Manager) Cards	286	195	241	290	160	228
Re-Tests	1,633	1,369	1,333	1,443	1,109	1,039
Body Art Cards	113	125	112	128	77	106
TOTALS	12,218	10,208	9,500	10,511	7,431	8,254

Human Resources (HR)

Employment/Recruitment:

- 4 New job titles for April
- 815 active employees as of May 2, 2024
- 12 New Hires, including 0 rehires and 0 reinstatements
- 8 Terminations, including 3 retirements
- 5 Promotions, 4 Flex-reclasses
- 5 Transfers, including 1 Lateral Transfer
- 2 Demotions
- 37 Annual Increases
- 52 Evaluations received and recorded in Financial Enterprise
- 80 Interviews
- 18 Offers extended (2 offers declined)
- 12 Recruitments posted
- Turn Over Rates
 - Administration: 0.01%
 - Community Health: 0.03%
 - Disease Surveillance & Control: 0.007%
 - Environmental Health: 0.005%
 - Primary & Preventive Care: 0.00%
 - FQHC: 0.00%

Temporary Employees

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

Employee/Labor Relations

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

Academic Affairs Program

There was a total of 15 interns and 418 applied public health practice hours in April 2024.

Interns and Clinical Rotations	Apr 2024	YTD
Total Number of Interns ¹	15	76
Internship Hours ²	418	4,062

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	Apr 2023	Apr 2024		YTD FY23	YTD FY24	
Service Requests Completed	1,155	1,080	↓	11,014	10,603	↓
Service Requests Opened	1,293	1,208	↓	11,327	11,861	↑
Information Services System Availability 24/7						
Total System	98.73	97.61	↓	99.07	97.40	↓
*Total Monthly Work Orders by Department						
Administration	385	347	↓	3,368	2,894	↓
Community Health	135	118	↓	2,225	1,146	↓
Environmental Health	167	171	↑	1,548	1,854	↑
**Primary & Preventive Care	264	183	↓	730	2,204	↑
**Disease Surveillance & Control	147	213	↑	480	1,591	↑
**FQHC	146	131	↓	144	1,620	↑
Other	10	9	↓	35	135	↑
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,293	1,208	↓	11,327	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.
 - Provide Tik Tok message with the Congenital Syphilis Nurse Case Manager getting the message out on the impact of PHIG in the community.
 - CDC requested to work with SNHD, the Office of Communications, and the Congenital Syphilis Nurse Case Manager to develop an additional short video: PPC concurs with request.
 - Human Resources
 - Weekly meetings to discuss PHIG Projects led by HR; shifting to as needed status.
 - Worked with HR to finalize monthly Personnel Hiring Report for submission to CDC based on PHIG funding.
 - PHIG Project Leads in Southern Nevada Health District
 - Provided three meeting opportunities to provide an overview of PHIG and answer questions on the program.
 - Progress reports for the semi-annual report due in May 2024.

- Education and Training for PHIG
 - Continue to participate in PHIG Director meetings with National Network.
- PHIG Meetings
 - Met with members of SNHD working project under PHIG to discuss the program, expectations, and answer questions from the group.
- Performance Management
 - Dashboard for Strategic Plan goal tracking: Team member built 3 custom eLearning modules to enable leaders to access and utilize the reporting system efficiently.
 - Team member delivered 7 hours of coaching in developing and entering strategic goals across divisions.
 - Team member earned certificate in negotiations from PoolPact.
- Quality Improvement (QI)
 - Continued work with ASTHO re: building a QI culture at SNHD for high performance and exceeding PHAB Reaccreditation standards.
 - Scheduled Boundary Spanning Leadership workshop for 50+ participants.
 - 8 hours of contact time with follow up activities from ASTHO are planned.
 - This activity is funded as Technical Assistance under the PHIG Grant.
 - Built a project repository to hold all quality improvement projects.
 - Available to all staff to offer simplified record keeping enabling agency-wide reporting and support from the Performance Management and Quality Team to ensure high-quality project management to use time and resources wisely while improving operations and impact on patients, partners, and other stakeholders.
 - Refined forms for QI project facilitation and management (Charter, Just Did It forms, AIM statement worksheets, and Storyboard templates).
 - Provided 9 contact hours of training for QI 101 piloting the new training materials enabling the growth of a QI mindset at SNHD.
- CDC Budget Approvals
 - Received notification of budget revisions for A1 (Workforce) and A2 (Foundational Capabilities) was approved – Awaiting Notice of Award.
- Public Health Accreditation Board (PHAB) Reaccreditation
 - On target for final submission of materials in March of 2027.
 - Spent 31 person-hours in project work including development of the Workforce Development Plan and the planning of two health equity assessments to be conducted in the next 12 months.
 - Annual Report 2024
 - Feedback on the submission regarding Innovation was received defining gaps that will be addressed before final submission.
 - Formal methods of innovation are in the planning stages based on the recent successful submission in this area by a peer agency (State of Idaho). Their narrative and training program around brainstorming and affinity diagramming will be part of our curricula for innovation benefiting our PHAB submission and generating innovative solutions and improvements in SNHD.
 - Attended monthly meetings with the state and local workgroup for PHAB Domain 7 Access to Care standard.
 - Northern Nevada Public Health (NNPH) department report is nearing completion.
 - The PHIG funded vendor will then focus on tailoring the data and analysis to SNHD.

- This standard for reaccreditation will be complete in calendar 2024 while meeting the recency of work standard of 5 years looking back from March 2027.
- Built the section in the VMSG Dashboard system to hold all projects, deadlines, and documentation for Reaccreditation. Will contain all relevant data for tracking by June 30.
- Central Safety Committee
 - Continuing monthly meetings until the quality of issues surfaced can be addressed in one sitting.
 - Meeting participation has improved by 30% year over year.

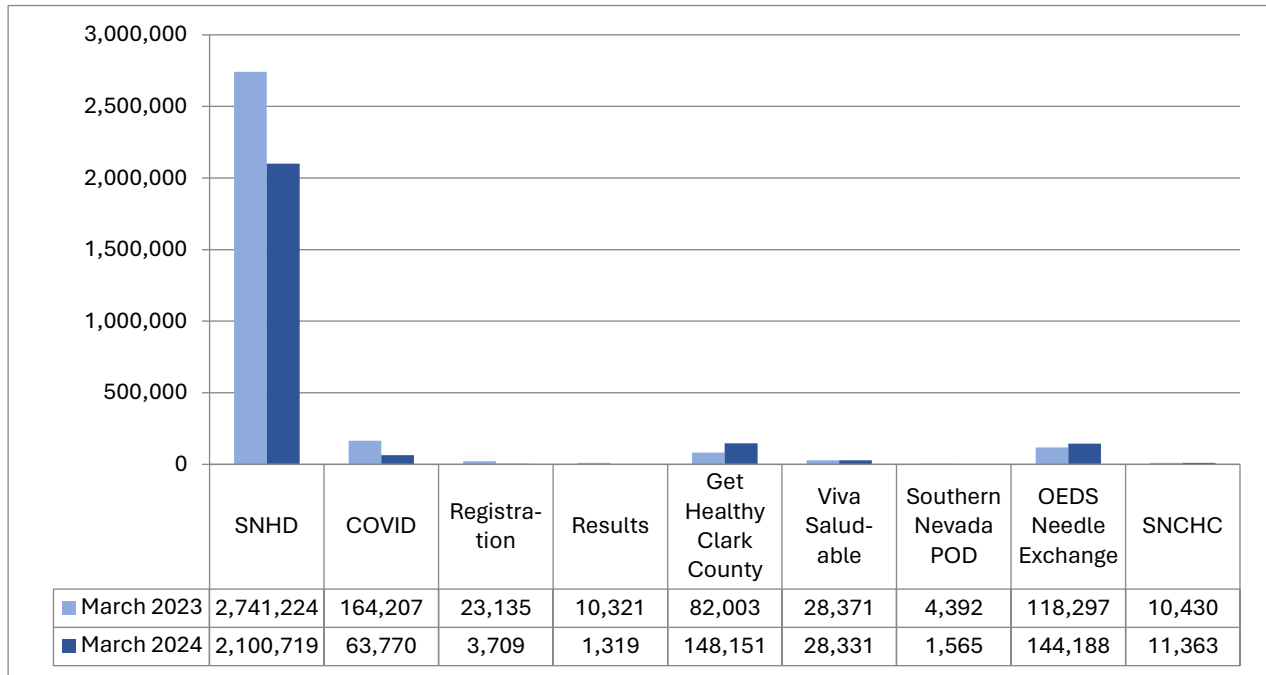
Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

	Apr 2023	Apr 2024		YTD FY23	YTD FY24	
Media – Digital/Print Articles	23	45	↑	660	364	↓
Media - Broadcast stories	49	132	↑	1,408	1,085	↓
Collateral - Advertising/Marketing Products	103	30	↓	612	222	↓
Community Outreach - Total Volunteers ¹	9	8	↓			
Community Outreach - Volunteer Hours	648	590	↓	4,996	6,076	↑

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

Monthly Website Page Views:



•THNK Nevada website page views no longer tracked, redirects to SNHD website.

Social Media Services		Apr 2023	Apr 2024		YTD FY23	YTD FY24
Facebook SNHD	Likes/Followers	13,248	13,408	↑	N/A	N/A
Facebook GHCC	Likes/Followers	6,109	6,134	↑	N/A	N/A
Facebook SHC	Likes/Followers	1,637	1,646	↑	N/A	N/A
Facebook THNK/UseCondomSense	Likes/Followers	5,418	5,332	↓	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 SNHD	Followers	4,151	4,491	↑	N/A	N/A
Instagram Food Safety	Followers	529	530	↑	N/A	N/A
Instagram GetHealthyCC	Followers	0	178	↑	N/A	N/A
**X (Twitter) EZ2Stop	Followers	434	427	↓	N/A	N/A
**X (Twitter) SNHDflu	Followers	1,871	1,841	↓	N/A	N/A
**X (Twitter) Food Safety	Followers	99	103	=	N/A	N/A
**X (Twitter) SNHDinfo	Followers	10,499	10,340	↓	N/A	N/A

Social Media Services		Apr 2023	Apr 2024		YTD FY23	YTD FY24
** X (Twitter) TuSNHD	Followers	341	341	=	N/A	N/A
** X (Twitter) THNK/ Use Condom Sense	Followers	697	686	↓	N/A	N/A
** X (Twitter) SoNVTraumaSyst	Followers	128	127	↓	N/A	N/A
***Threads	Followers	0	727	↑	N/A	N/A
YouTube SNHD	Views	176,865	233,108	↑	1,148,938	2,062,203
YouTube THINK / UseCondomSense	Views	340	592	↑	3090	3702

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.

Appendix B – Finance – Payroll Earnings Summary – March 16, 2024 to March 29, 2024

PAYROLL EARNINGS SUMMARY
March 16, 2024 to March 29, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 298,021.48	\$ 2,112,822.11	\$ 6,234,439.18	\$ 9,098,685.00	69%	
ENVIRONMENTAL HEALTH	\$ 608,407.08	\$ 4,206,552.67	\$ 11,837,120.07	\$ 15,107,069.00	78%	
COMMUNITY HEALTH	\$ 283,075.06	\$ 2,443,268.72	\$ 7,184,143.91	\$ 9,872,437.00	73%	
DISEASE SURVEILLANCE & CONTROL	\$ 361,035.02	\$ 2,795,920.31	\$ 7,974,517.08	\$ 10,823,866.00	74%	
FQHC	\$ 319,243.22	\$ 2,239,431.38	\$ 6,175,887.67	\$ 8,665,479.00	71%	
ADMINISTRATION W/O ICS-COVID	\$ 564,415.85	\$ 3,356,192.51	\$ 10,403,655.60	\$ 13,513,620.00	77%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,434,197.71	\$ 17,154,187.70	\$ 49,809,763.51	\$ 67,081,156.00	74%	77%

FTE 813

Regular Pay	\$ 2,164,646.15	\$ 13,726,086.00	\$ 39,686,912.69
Training	\$ 14,184.95	\$ 35,244.45	\$ 172,307.23
Final Payouts	\$ 11,383.62	\$ 210,137.04	\$ 491,959.88
OT Pay	\$ 17,947.92	\$ 120,639.04	\$ 422,089.07
Leave Pay	\$ 189,572.71	\$ 2,812,618.24	\$ 7,086,684.80
Other Earnings	\$ 36,462.36	\$ 249,462.93	\$ 1,949,809.84
TOTAL	\$ 2,434,197.71	\$ 17,154,187.70	\$ 49,809,763.51

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
March 16, 2024 to March 29, 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>
Keegan, Dahlia		20.00	981.78			
Ubando, Marjorie		16.75	806.13			
Arriaga, Jocelyn		8.00	296.05			
Taitano, Kyomi		7.50	270.84			
Tran, Amy		2.00	111.43			
Thede, Stacy		2.50	77.40			
Murphy, Melissa		11.25	395.67			
Stines, Amy		0.0033	0.13			
Total Administration		68.00	2939.43		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>
Imperial, Ian	CRI_24	6.00	265.79	Barry, Nancy	0.75	24.54
Imperial, Ian	HPP_24	6.00	265.79			
Total Community Health Services		12.00	531.58		0.75	24.54

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>
Avalos, Mayra	FP_23	4.75	278.76	Dominguez, Liliana	0.25	6.83
Delgado, Diana	FP_23	0.25	15.84			
Total FQHC-Community Health Clinic		5.00	294.60		0.25	6.83

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>
Hamilton, Isabel		0.25	13.58	Sprance-Grogan, Carolyn	0.75	27.15
Maciel-Perez, Marisol	IMMCD_22	2	95.6	Carcamo, Monica	11	300.73
Maciel-Perez, Marisol	IMMEQ_22	9	430.2			
Arquette, Jocelyn		0.25	16.66			
Polintan, Michael	IMMEQ_22	5.5	243.64			
Martinez, Azalia	IMMVFC24	9.5	334.13			
Luong, Stephen	IMMCD_22	2	126.71			
Luong, Stephen	IMMEQ_22	3.00	190.06			
Nagai, Sage	IMMEQ_22	6.75	427.65			
Wong, Michelle	IMMCD_22	2.00	120.43			
Wong, Michelle	IMMEQ_22	4.00	240.87			
Agbayani, Angeline	IMMCD_22	2.00	120.43			
Agbayani, Angeline	IMMEQ_22	3.00	180.65			
Henriquez, Sergio	IMMEQ_22	5.00	158.80			
Costanzo, Catherine	LTCST_22	6.50	381.46			
Zavala, Isaac	IMMCD_22	2.00	117.37			
Zavala, Isaac	IMMEQ_22	4	234.74			
Total Primary & Preventative Care		66.75	3432.98		11.75	327.88

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>
Navarrete, George (Larry)	RFBASE24	1.75	122.78	Brounstein, Jodi	1	42.24
Taylor, George		5.5	348.45	Clark, Deborah	0.25	10.56
Billings, Jacob		12.75	871.38	Sharif, Rabea	2.25	88.03
Sheffer, Thanh		25.75	1550.59	Ortiz-Rivera, Vanessa	4	160.58
Piar, Diane		2.75	165.6	Pontius, Kevin	4	156.49
Lett, Kendra		11	645.54	Blackard, Brittanie	4	130.90
Rich, Victoria		9	501.43	Choi, Jessica	1.25	40.91
Moreno, Kristina		1.25	67.88	Valadez, Alexis	1	31.87
Parangan, Christopher		10	529.55	McCann, Alexandra	4	124.36
Kaplan, Kristopher		5.5	291.25	Calzado, Neil	6	186.53
Cummins, Veronica		2.5	129.09	Sripamong, Jacqueline	7.25	208.91
Wills, Jerry		9.75	478.62	Charfauros, Adair	0.5	14.41
Choi, Jessica		0.5	24.54	Ahmed, Maryam	1	28.07
Bucher, Bradon		9.75	454.68	Gonzalez, Kimberly	1	28.07
Rakita, Daniel		19.5	909.35	Erickson, Sarah	1.5	41.00
Michel, Guillermo		8.00	373.06	Concepcion, Derrell Glen	1.5	41.01
Sabandith, Vetahya		2.00	93.27			
Wells, Jordan		9.50	443.01			
Brown, Tevin		4.00	186.53			
Najera, Luisa		6.25	270.14			
Craig, Jill		1.50	64.83			
Wade, Cynthia		2.00	86.44			
Riehle, Joshua		1.75	81.60			
Jufar, Lydia		1.50	64.83			
Ross, Alyssa		1.50	63.15			
Sabour, Isabella		13.75	578.88			
Ahmed, Maryam		5.50	231.56			
Bidinger, Joy		1.00	45.44			
Galvez, Alexis		9.75	443.00			
Vinh, Jonathan		1.00	41.00			
Decicco, Natalya		4.50	184.48			
Thompson, Deshawn		4.50	184.54			
Total Environmental Health		205.25	10526.49		40.50	1333.91

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>
Shingu, Michele	COSSUP24	3.00	185.11	Raman, Devin	0.75	35.08
Valencia, Marissa	HIVPRV23	0.75	37.73			
Total Disease Surveillance & Control		3.75	222.84		0.75	35.08
Combined Total		360.75	17947.92		54.00	1728.26

Appendix C – Finance – Payroll Earnings Summary – March 30, 2024 to April 12, 2024

PAYROLL EARNINGS SUMMARY
March 30, 2024 to April 12, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 296,281.49	\$ 2,409,103.60	\$ 6,530,720.67	\$ 9,098,685.00	72%	
ENVIRONMENTAL HEALTH	\$ 590,465.07	\$ 4,797,017.74	\$ 12,427,585.14	\$ 15,107,069.00	82%	
COMMUNITY HEALTH	\$ 276,378.85	\$ 2,751,713.16	\$ 7,492,588.35	\$ 9,872,437.00	76%	
DISEASE SURVIELLANCE & CONTROL	\$ 362,488.04	\$ 3,158,408.35	\$ 8,337,005.12	\$ 10,823,866.00	77%	
FQHC	\$ 322,703.39	\$ 2,562,134.77	\$ 6,498,591.06	\$ 8,665,479.00	75%	
ADMINISTRATION W/O ICS-COVID	\$ 615,207.61	\$ 3,976,265.78	\$ 11,023,728.87	\$ 13,513,620.00	82%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,463,524.45	\$ 19,654,643.40	\$ 52,310,219.21	\$ 67,081,156.00	78%	81%
FTE	809					
Regular Pay	\$ 2,163,617.81	\$ 15,895,819.75	\$ 41,856,646.44			
Training	\$ 369.46	\$ 35,613.91	\$ 172,676.69			
Final Payouts	\$ 62,395.43	\$ 300,949.41	\$ 582,772.25			
OT Pay	\$ 11,556.48	\$ 132,430.26	\$ 433,880.29			
Leave Pay	\$ 198,562.75	\$ 3,013,306.12	\$ 7,287,372.68			
Other Earnings	\$ 27,022.52	\$ 276,523.95	\$ 1,976,870.86			
TOTAL	\$ 2,463,524.45	\$ 19,654,643.40	\$ 52,310,219.21			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
March 30, 2024 to April 12, 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>
Mileo, John		0.75	30.01			
Keegan, Dahlia		8	392.71			
Galaviz, Monica		3.5	221.74			
Thede, Stacy		10	309.58			
Dew, Darnita		8	240.99			
Kuahiwinui-McGuire, Brandon		0.5	15.06			
Murphy, Melissa		5.25	184.65			
Total Administration		36.00	1394.74		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>
Pouncy-Beecher, Tamiko	ELLAB_24	2.75	96.72			
Wilson III, Jules		1.75	60.04			
Total Community Health Services		4.50	156.76		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.5	19.48			
Valdes-Ayala, Beatriz	FPCVD_22	7	266.15			
Delgado, Diana	FP_23	7.5	475.16			
Total FQHC-Community Health Clinic		15.00	760.79		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Maciel-Perez, Marisol	IMMEQ_22	10.5	501.9	Arquette, Jocelyn	0.25	11.69
McTier, Chika		12.5	833.25			
O'Toole, Denise	IMMSPF24	5.75	212.79			
Contreras, Alondra	IMMSPF24	7.25	495.48			
Wong, Michelle	IMMEQ_22	1.25	75.27			
Zarret, Mariam	TBMS24	1	63.35			
Henriquez, Sergio	IMMEQ_22	10.5	333.49			
Zavala, Isaac	IMMEQ_22	19.5	1144.37			
Carcamo, Monica	IMMSPF24	7.25	297.31			
Total Primary & Preventative Care		75.50	3957.21		0.25	11.69

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>
Taylor, George		5	316.77	Brounstein, Jodi	1.5	63.35
Sheffer, Thanh		18	1083.89	Northam, Korie	1.75	81.86
Piar, Diane		3.5	210.76	Muth, James	3	126.71
Lett, Kendra		2.25	132.04	Thompson, William B	10.125	376.07
Ortiz-Rivera, Vanessa		3.5	210.76	Blackard, Brittanie	6	196.36
Rich, Victoria		5.5	306.43	Sripamong, Jacqueline	1.75	50.43
Parangan, Christopher		1.25	66.19	Najera, Luisa	2.25	64.83
Smith, Jess		0.5	26.48	Bieser, Nickolas	2.25	63.15
Walton, Shaunte		0.5	25.15	Galvez, Alexis	3.75	113.59
Martens, Gary		0.75	37.73	Hall, Alyssa	0.75	21.05
Rakita, Daniel		9.75	454.68	Weber, Lauren	2.25	63.15
Jones, Mallory		1.75	81.61	Erickson, Sarah	0.5	14.03
Wells, Jordan		1	46.63	Hernandez, Lilian	0.25	6.83
Najera, Luisa		0.75	32.42			
Sabour, Isabella		10	421			
Galvez, Alexis		9.5	431.63			
Hall, Alyssa		4.25	178.93			
Vinh, Jonathan		2	84.2			
Decicco, Natalya		5.25	221.03			
Total Environmental Health		85.00	4368.33		36.13	1241.41

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	HIVPRV23	1	60.22			
Montgomery, Joshua		1	60.22			
Palmer, Treva		2	126.7			
McIntyre, Eric	TBSURV24	1.5	85.85			
Allan-Rivera, Brianna		0.5	22.72			
Rangel de Oliveira, Audrey		5.75	218.63			
Griffin, Roberto		1.75	70.02			
Cabinte, Serafino		1.75	70.02			
Burgess, Glenn		1	45.44			
Gordon, Sandra		1.75	70.02			
DiGoregorio, Amanda	NDOCCD22	1	47.8			
Baltazar, Josephine		1	41.01			
Total Disease Surveillance & Control		20.00	918.65		0.00	0.00

Combined Total		236.00	11556.48		36.38	1253.11
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Memorandum

Date: May 23, 2024

To: Southern Nevada District Board of Health

From: **Cassius Lockett, PhD**, Deputy District Health Officer-Operations *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Community Health Division Monthly Activity Report – April 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP staff partnered with 100 Black Men of Las Vegas to sponsor the March virtual kids cooking class. The March recipe featured a diabetes-friendly meal. Sixty families participated in the class. Ingredient bags with diabetes prevention and self-management educational materials were provided to all class participants.

Community Health Workers (CHWs) of CDPP participated in two (2) community outreach events in March - the Neighborhood Housing Services Women's Day event and the Black Family Expo. CHWs provided blood pressure screenings, education, and referral and recruited for Diabetes Self-Management Education & Support (DSMES) classes. In addition, CHWs distributed chronic disease prevention education and resources. The events reached a total of 125 people.

In partnership with the YMCA of Southern Nevada, CDPP started a free 16-week community Blood Pressure Self-Management Program at the Durango YMCA in March. Enrollment is ongoing until the class max enrollment of 25 people is met. In addition to coaching and education, class participants receive a free blood pressure monitor for home use and a 4-month membership to the Y to practice healthy habits.

Our CDPP staff led three (3) tours of a local grocery store in March. Tours were provided in Spanish at Marketon. Participants learned how to read a food label, received tips on how to eat healthy with chronic conditions, and how to shop healthy on a budget. Twelve people, including participants from one of our DSMES classes, participated in the tours.

The CDPP staff provided four (4), in-person DSMES classes (2 English/2 Spanish) in March. Classes were provided at SNHD and offsite at the James Downs Towers Senior Apartments. Thirty-seven people participated in the classes and 84% of participants completed the course.

B. Tobacco Control Program (TCP)

The SNHD TCP launched a newly named initiative titled, Play Hard Breathe Easy - Smoke-Free Parks. The project is designed to encourage the adoption of comprehensive tobacco and smoke-free parks policies. Staff will provide technical assistance regarding model policy practices throughout the nation.

Our TCP staff recently updated their English and Spanish-language online smoke-free housing directory to refine the search features. All of the properties (over 60,000) included in the directory have self-reported that they have apartment or condominium buildings where all units within are 100% smoke-free. Smoke-free policies can vary by property and may solely include tobacco products, electronic cigarettes, cannabis, or a combination of these. The TCP provides technical assistance to local communities to help them adopt new or expand their existing smoke-free policies. In March, a media campaign promoting the directory was launched and over 700 smoke-free units were added to the directory.

In March, eighteen local high school sports teams partnered with SNHD's vaping prevention teen initiative, BreakDown, which promotes vape-free lifestyles to student athletes. Additionally, information was shared through a social media campaign tailored for the Nevada Interscholastic Activities Association. Key youth identified in local high schools throughout Southern Nevada continued to share vaping prevention messaging on their social media accounts.

This month, 20 businesses in Clark County implemented and/or expanded their smoke and vape free policy. Locations include food establishments, medical, and shopping facilities. Staff provided technical assistance including model policy language, access to downloadable signage and cessation resources.

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

A. Education Committee

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

The Committee continued its discussion of the education outlines for the Hyperkalemia, Push Dose Pressors, Bradycardia and Adult/Pediatric Overdose protocols.

B. Drug/Device/Protocol Committee (DDP)

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

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

C. Medical Advisory Board (MAB)

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

MAB heard sub-committee reports from the Education and Drug/Device/Protocol committees.

D. Regional Trauma Advisory Board (RTAB)

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

RTAB reviewed the 4th Quarter 2023 trauma transport data, conducted the election of new Non-Standing Members, and discussed the application from Sunrise Hospital to upgrade from a Level II to a Level I Trauma Center.

E. Clark County Trauma Transport Data (01/01/2023 to 12/31/2023)

Total Transports	Step 1	Step 2	Step 3	Step 4	Discharged	Admitted	OR	ICU	Death	Transfer
14,674	6%	6%	32%	56%	56%	28%	4%	9%	1%	1%

Out of Area (OOA) Transports	
1,159	8%

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

Notes:

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

F. OEMSTS – April 2023 / 2024 Data

EMS Statistics	April 2023	April 2024	
Total certificates issued	88	79	↓
New licenses issued	36	52	↑
Renewal licenses issued (recent only)	0	0	=
Driver Only	32	36	↑
Active Certifications: EMT	859	876	↑
Active Certifications: Advanced EMT	1689	1836	↑
Active Certifications: Paramedic	1930	2034	↑
Active Certifications: RN	68	72	↑

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 (TRGs) for Anthrax, Plague, Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF). The VHF TRG was sent to subject matter experts within the District for review. All TRGs will have a Public Information and Warning component added to complete PHEP grant requirement.
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. Fourteen 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. Planner I coordinated automation of emergency notification system updates with IT and Human Resources.
13. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
14. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan.
15. Planner I reviewed updates to notification annex and began planning automated upload of employee data into call down system.
16. Planner I participated in Faith Lutheran Jr./Sr. High School plan review.
17. Planner I continuing to update MCM annex for first responders based on updated personnel counts from community partner agencies.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. April training for Logistics Section Chief was postponed until June.
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. A New Hire Orientation for Emergency Preparedness and Security is provided every other month and did not occur in April.
6. Trainers conducted the ICS 300 course at Decatur campus April 16th – 18th with thirteen students (including eleven SNHD staff) on the Emergency Personnel List and two community partners.
7. Six (6) SNHD employees participated in CPR Training
8. Planning efforts are being coordinated for the upcoming recovery workshop.
9. Trainers provided ICS 300 training to community partners at the Clark County MACC on April 2nd - 4th.
10. Senior Planner and Planner I continue to coordinate with Environmental Health, SNPHL, and EPA on exercise development for the EPA Water Laboratory Alliance Advanced Practice full scale exercise.
11. COOP tool training has been provided by Planners to Managers, Supervisors, and those delegated to update each Division, Department and Program at the SNHD.
12. Planner I continued to plan for May 9th SNHD COOP tabletop exercise.
13. Planner I applied for NACCHO MCM Working Group.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. SNHPC Clinical Advisor and OPHP Planner conducted the April 18th Pediatric Surge tabletop and medical response surge exercise for all hospitals.
2. Our PHP continues to coordinate management of upcoming First Receiver Decontamination training with Mtn View Tenaya Hospital on June 26th and UMC Hospitals on August 14th.
3. PHP Trainer continues to promote and manage upcoming TEEX Pediatric Disaster Response & Emergency Preparedness course May 7th - 8th, 2024.
4. 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 in September.
5. Senior PHP Planner, Clinical Advisor, Trainer, and Planner 1 conducted the Medical Response Surge Exercise on April 18th.
6. Our Senior Planner, Clinical Advisor, Trainer, and Planner I conducted the Redundant Communications Drill on April 18th.

D. Fusion Center Public Health Analyst:

1. Currently recruiting for a new Public Health Analyst.

E. Grants and Administration:

1. OPHP received carryover subawards for PHEP and CRI grants and an amendment to the current CRI budget.
2. OPHP submitted the Scopes of Work for budget period 1 for the new PHEP/CRI cooperative agreement which begins on July 1st.
3. Continuing recruitment a Public Health Fusion Center Analyst.
4. Yet recruiting for Senior Public Health Preparedness Planner.

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 & SNHPC meetings and participated in the Waterpark Frenzy exercise.
3. Two MRC Volunteers provided blood pressure screening at Power of the Word Ministry April 13th.
4. Two (2) MRC Volunteers provided a first aid station at the annual Walk MS event April 6th.
5. Three (3) MRC Volunteers provided first aid at the UNLV Native American Alumni's Powwow for the Planet on April 19th - 20th.

6. Three (3) MRC Volunteers assisted North Las Vegas police by role playing in their Tactical Emergency Casualty Care course on three dates.
7. MRC provided two (2) in-person training sessions: Psychological First Aid and Cultural Competence. These were offered to MRC Volunteers, some SNHD staff, and CERT Volunteers.

MRC Volunteer Hours FY2024 43

(Economic impact rates updated April 2024):

Activity	April	May	June
Training	104	0	0
Community Event	42	0	0
SNHD Clinic	0	0	0
Total Hours	146	0	
Economic impact	\$5,864.29	0	0

IV. VITAL RECORDS

- A. April 2024 is currently showing a 7% increase in birth certificate sales in comparison to April 2023. Death certificate sales currently showing an 15% decrease in comparison to April 2023. SNHD received revenues of \$ 33,631 for birth registrations, \$25,506 for death registrations; and an additional \$8,400 in miscellaneous fees.

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

Vital Statistics Services	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Births Registered	1,672	1,864	↑	20,120	20,012	↓
Deaths Registered	1,633	1,949	↑	17,733	17,727	↓
Fetal Deaths Registered	19	17	↓	166	173	↑

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

Vital Statistics Services	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Birth Certificates Sold (walk-in)	2	22	↑	328	524	↑
Birth Certificates Mail	140	121	↓	1,231	1,266	↑
Birth Certificates Online Orders	3,391	3,543	↑	37,128	35,381	↓
Birth Certificates Billed	47	147	↑	1,070	1,145	↑
Birth Certificates Number of Total Sales	3,580	3,833	↑	39,757	38,316	↓

Death Certificates Sold (walk-in)	22	31	↑	171	346	↑
Death Certificates Mail	188	185	↓	1,661	1,516	↓
Death Certificates Online Orders	7,271	8,409	↑	81,173	76,915	↓
Death Certificates Billed	39	48	↑	352	370	↑
Death Certificates Number of Total Sales	7,520	8,673	↑	83,357	79,147	↓

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

Vital Statistics Sales by Source	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Birth Certificates Sold Valley View (walk-in)	.1%	.6%	↑	.8%	1.4%	↑
Birth Certificates Mail	3.9%	3.2%	↓	3.1%	3.3%	↑
Birth Certificates Online Orders	94.7%	92.4%	↓	93.4%	92.3%	↓
Birth Certificates Billed	1.3%	3.8%	↑	2.7%	3%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.4%	↑	.2%	.4%	↑
Death Certificates Mail	2.5%	2.1%	↓	2%	1.9%	↓
Death Certificates Online Orders	96.7%	97%	↑	97.4%	97.2%	↓
Death Certificates Billed	.5%	.6%	↑	.4%	.5%	↑

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

Revenue	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Birth Certificates (\$25)	\$89,500	\$95,825	↑	\$993,925	\$957,900	↓
Death Certificates (\$25)	\$188,000	\$216,825	↑	\$2,083,925	\$1,978,675	↓
Births Registrations (\$13)	\$32,578	\$33,631	↑	\$369,759	\$331,721	↓
Deaths Registrations (\$13)	\$21,801	\$25,506	↑	\$232,284	\$228,774	↓
Convenience Fee (\$2)	\$7,264	\$7,822	↑	\$79,698	\$65,348	↓
Miscellaneous Admin	\$971	\$578	↓	\$6,885	\$6,458	↓
Total Vital Records Revenue	\$340,114	\$380,187	↑	\$3,766,476	\$3,568,876	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Passport Applications	827	759	↓	7,743	6,589	↓
Revenue	Apr 2023	Apr 2024		FY 22-23 (Apr)	FY 23-24 (Apr)	
Passport Execution/Acceptance fee (\$35)	\$28,945	\$26,565	↓	\$271,005	\$230,615	↓

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.
 - 1. During this reporting period, the Health Equity program conducted organizational and community trainings, covering Implicit Bias, Health Equity 101, Cultural Competence and Diabetes.
- C. The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.
 - 1. The program continues to collaborate: Al Maun and Golden Rainbow to increase the capacity of the community to address health disparities through their diabetes prevention and Management program and a food distribution program to address food insecurities.

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	41	55
NAAT NG/CT	1281	1208
Syphilis	1004	917
RPR/RPR Titers	175/71	159/76
Hepatitis Total	1333	1130
HIV/differentiated	719/22	653/20
HIV RNA	102	94

4. COVID testing:

- SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
- SNPHL is to maintain the capacity of 2000 tests/day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For April, the average daily testing was nine (9) and the average turnaround time was 39 hours for PCR testing from the collection date to the release of the test report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Molecular laboratory will add Tecan instrument after installing the updated script for the SARS-CoV-2 WGS procedure. The Tecan contract is subject to review by our contract office due to the unresolved problems.

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

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	1,144/148	July	
February	1,160/77	August	
March	680/42	September	
April	204/18	October	
May		November	
June		December	

	STEC Serotype	1	1	1	0									3
Unknown	Stool Culture	5	6	2	0									13
Vibrio	Vibrio ID	0	0	1	0									1
	Vibrio Screen	0	0	1	3									4
Yersinia	Yersinia Culture/ID	1	2	1	0									4

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 April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In April, SNPHL performed 34 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	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 30 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in April 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 165 bacterial organisms have been identified in April.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of April 2024, SNPHL has sequenced 12 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	11								

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 April, we tested a total of 398 mosquito pool samples. There was no positive WNV mosquito pool samples identified in April. 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 April, a total of 31 clinical isolates, Neisseria gonorrhoeae ten (10) isolates and Neisseria meningitidis one (1) isolate, were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

D. All-Hazards Preparedness:

1. SNPHL provides / assists testing for SNHD COVID Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetual Biosafety Training and guidance to SNPHL personnel.

E. April 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the proficiency test with CAP CM-A UA with Urine Sed Photos: Urinalysis, CAP AHIV 4/23/2024, and CAP GIP 4/25/2024 BioFire with 100% graded.
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 will be purchased using the FY25 GF budget.
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 are domain lineages in April, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. Identified zero Monkeypox positive test result in April 2024. The Whole Genome sequencing of April 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%, 20%, 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 – SNPHL – Calendar Year Data

April SNPHL Services	2023	2024	
Clinical Testing Services ¹	4,380	5,542	↑
Epidemiology Services ²	1,601	540	↓
State Branch Public Health Laboratory Services ³	4,310	0	↓
All-Hazards Preparedness Services ⁴	10	5	↓
Environmental Health Services ⁵	0	409	↑

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: May 21, 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 – April 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.

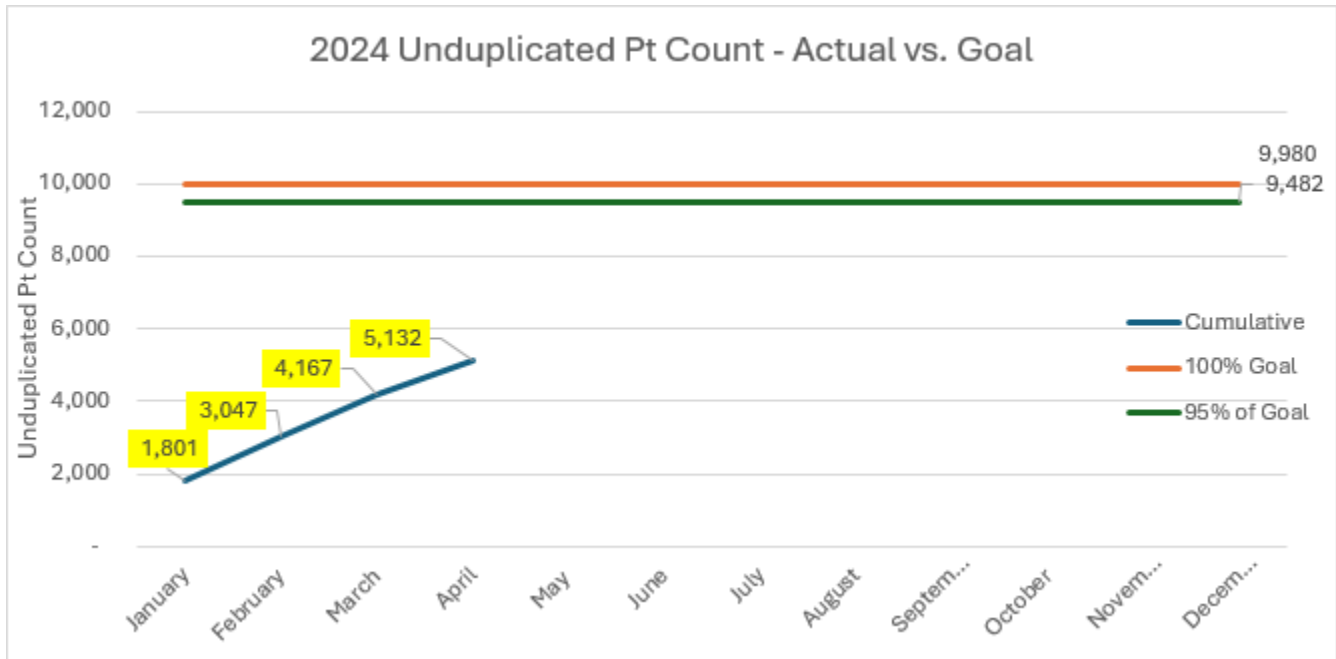
April Highlights

Administrative

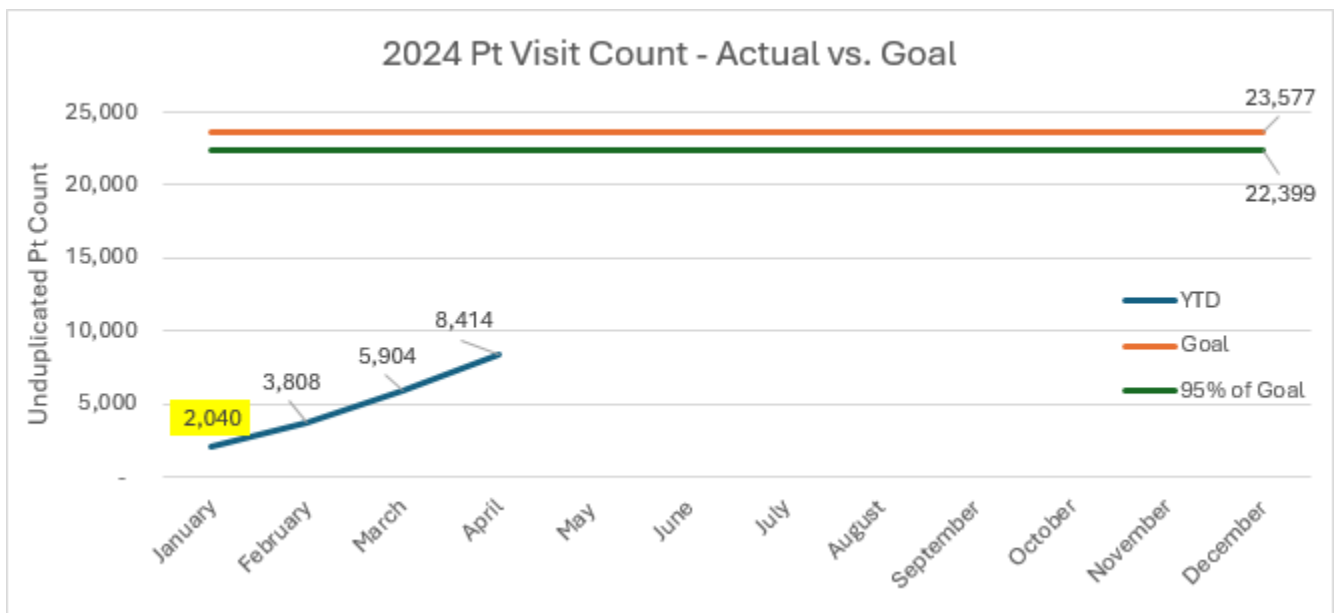
- Ryan White Part A program site visit completed, preliminary outcome: no findings.
- Federal Tort Claims Act (FTCA) redeeming application due June 24, 2024.
- HRSA Behavioral Health Expansion grant due June 26, 2024.
- Medical Director recruitment active. Two candidates completed 1st interviews.
- Additional access to Sexual Health and Behavioral Health services now available at the Fremont Public Health Center.
- SNCHC inaugural Employee Engagement Committee established in May 2024.
- Employee Recognitions:
 - Milestone Celebrations:
 - Eight employees celebrating 1 year.
 - Two employees celebrating 5 years.
 - On the Stop Awards
 - Four employees acknowledged.
 - Exemplary Service
 - Two employees acknowledged.
 - National Nursing Week celebrated at Decatur and Fremont the week of May 6th.

Access

Unduplicated Patients through April of 2024 - 51.42% to goal of 9980 unduplicated patients:



Patient Visits through April of 2024 – 35.69% to goal of 23,577 patient visits:



Provider Visits by Program and Site – April 2024

Visits: 2,524

Unduplicated Patients: 1,760

New Patients: 690

		Visits					
Facility	Program	APR '24	APR '23	APR YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
DEC & FRE	Behavioral Health	234	105	55%	1,387	1,258	9%
DEC & FRE	Ryan White	259	181	30%	2,245	1,746	22%
Decatur	Family Health	628	221	65%	4,279	2,104	51%
Fremont	Family Health	329	189	43%	2,031	1,358	33%
Total	Family Health	957	410	57%	6,310	3,462	45%
Decatur	Family Planning	201	116	42%	1,481	2,248	-52%
Fremont	Family Planning	143	166	-16%	840	1,120	-33%
Total	Family Planning	344	282	18%	2,321	3,368	-45%
ASEC	Sexual Health	115	118	-3%	1,210	1,047	13%
DEC & FRE	Sexual Health	615	512	17%	5,802	5,744	1%
Total	Sexual Health	730	630	14%	7,012	6,791	3%
Grand Total		2,524	1,608	36%	19,275	16,625	14%

Pharmacy Services

	Apr-24	Apr-23		FY24	FY23		% Change YTD
Client Encounters (Pharmacy)	1,388	1,059	↑	13,450	11,496	↑	17.0%
Prescriptions Filled	2,249	1,496	↑	19,408	15,519	↑	25.1%
Client Clinic Encounters (Pharmacist)	56	48	↑	337	472	↓	-28.6%
Financial Assistance Provided	25	19	↑	180	97	↑	85.6%
Insurance Assistance Provided	10	3	↑	62	20	↑	210.0%

- A. Dispensed 2,249 prescriptions for 1,388 clients.
- B. Pharmacist completed 56 client clinic encounters.
- C. Assisted 25 clients to obtain medication financial assistance.
- D. Assisted 10 clients with insurance approvals.

Title X-Family Planning

- A. Program utilization had its first year-over-year increase (April24 = 344 vs April23 = 282) after experiencing a yearlong decline in access to services resulting from the retirement and resignation of two full-time family planning providers in March and August of 2023 respectively. The program's provider team is now back at full strength with one of the new providers fully trained and the second activity completing theirs. The new providers are being cross trained in primary care and a portion of their patient panels will be comprised of patients receiving routine primary medical care. In the near term, the number of patients receiving services each month is projected to increase. In the long term, the program is forecasted to continue to grow and to become more fully integrated with other health center services at both the Decatur and Fremont locations.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 62 referrals between April 1st and April 30th. There were five (5) pediatric clients referred to the Medical Case Management program in April and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 830 total service encounters in the month of April provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers and Health Educator). There were 346 unduplicated clients served under these programs in April.
- C. The Ryan White ambulatory clinic had a total of 462 visits in the month of April: 27 initial provider visits, 186 established provider visits including 15 tele-visits (established clients). There were 16 nurse visits and 218 lab visits. There were 63 Ryan White services provided under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of April and 45 unduplicated clients served. There were 25 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in April.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were six (6) patients enrolled and seen under the Rapid stART program in April.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 780 unique services to 646 unduplicated patients for the month of April. There were 110 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 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 FQHC-SHC clinical team completed annual trainings, including trainings on human trafficking and safe injection practices.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. Three (3) CHN nurses and one Medical Assistant, and one (1) administrative assistant are continuing orientation in FQHC-SHC. FQHC-SHC began the process for filling one vacant CHN position.

Refugee Health Program (RHP)

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

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	11
Referrals for Chronic Hep B	3
Referrals for STD	5
Pediatric Refugee Exams	28
Clients encounter by program (adults)	65
Refugee Health screening for April 2024	65
Total for FY23-24	583

Eligibility and Insurance Enrollment Assistance

As a team, Eligibility Workers submitted a total of 45 applications for the month.

Applications	Status
36	Approved
19	Denied
13	Pending

Training for 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.



Memorandum

Date: May 23, 2024

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH**, *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations*
Fermin Leguen, MD, MPH, *District Health Officer*

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

	April 2023	April 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	935	952	↑	4150	4173	↑
Gonorrhea	439	359	↓	1872	1823	↓
Primary Syphilis	18	6	↓	79	50	↓
Secondary Syphilis	26	16	↓	114	78	↓
Early Non-Primary, Non-Secondary ¹	47	36	↓	205	190	↓
Syphilis Unknown Duration or Late ²	150	60	↓	494	422	↓
Congenital Syphilis (presumptive)	4	5	↑	26	12	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	1	4	↑	8	20	↑
Syphilis Pregnant Cases	15	8	↓	45	40	↓
Perinatally Exposed to HIV	4	6	↑	10	13	↑
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						
	Feb 2023	Feb 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	3	2	↓	15	17	↑
Hepatitis B, acute	3	1	↓	7	8	↑
Influenza	12	49	↑	104	551	↑

	April 2023	April 2024		YTD 23	YTD 24	
Pertussis	0	0	→	6	23	↑
RSV	39	62	↑	622	1870	↑
Enteric Illness						
Campylobacteriosis	17	19	↑	63	66	↑
Cryptosporidiosis	1	1	→	3	10	↑
Giardiasis	7	2	↓	25	14	↓
Rotavirus	10	26	↑	18	55	↑
Salmonellosis	17	3	↓	59	33	↓
Shiga toxin-producing Escherichia coli (STEC)	3	3	→	11	22	↑
Shigellosis	5	4	↓	21	41	↑
Yersiniosis	1	1	→	3	11	↑
Other						
Candida auris	53	182	↑	198	629	↑
Carbapenem-resistant Enterobacterales (CRE)	14	52	↑	47	185	↑
Coccidioidomycosis	26	8	↓	103	63	↓
Hepatitis C, acute	0	1	↑	1	2	↑
Invasive Pneumococcal Disease	24	22	↓	108	118	↑
Lead Poisoning	14	5	↓	59	46	↓
Legionellosis	5	0	↓	14	3	↓
Meningitis, aseptic	1	4	↑	4	11	↑
Meningitis, Bacterial Other	0	0	→	1	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	2	↑	11	14	↑
New Active TB Cases Counted (<15 yo)	2	0	↓	2	2	→
New Active TB Cases Counted (>= 15 yo)	11	2	↓	25	20	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	26	0	45	0
Gonorrhea	1	0	17	0
Syphilis	26	1	254	0
HIV/AIDS (New to Care/Returning to Care)	39	0	120	1
Tuberculosis	9	0	5	0
TOTAL	101	1	441	1

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: 11
 1. Lead CTs – 3
 2. Contact Tracers; investigators and outreach – 8
 - b. Testing
 - i. Strike teams can be for testing are deployed for outbreak and clusters identified as necessary
 - ii. Vending Machines - providing accessible antigen home kits to vulnerable populations.
 - iii. 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 April 30, 2024, Clark County had 312 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 continues to decline nationally and in most areas of the country. Statewide, the outpatient respiratory illness activity in Nevada has been minimal. Locally, as of 4/27/2024, for the 2023 - 2024 influenza season, 1361 influenza-associated hospitalizations, and 84 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. **GI Illness at a Daycare:** 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.

- e. **Measles Exposure:** SNHD received notification from CDC that a confirmed case of measles diagnosed in another state was in Las Vegas during their infectious period. Public notification was made on April 12, and individual notifications were made to businesses to identify employees who may have been inadvertently exposed. To date, no contacts have been identified with symptoms from this exposure.
- f. **Respiratory Illness at a School:** A cluster of 11 respiratory illnesses were reported by a local school affecting primarily students. Symptoms included fever, cough, funny nose, and headache. Two specimens were able to be collected and were positive for human metapneumovirus. This investigation has been completed.
- g. **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. One of these concluded in April. The second is undergoing 2nd round testing in May.

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 April:

Naloxone Distribution	Agency	# Trained	# of Naloxone doses distributed
4/1/2024	SNHD - PHARMACY		180
4/2/2024	LVMPD		-6
4/2/2024	SNHD - Primary and Preventative Care		-3

4/2/2024	SNHD L2A		9
4/3/2024	Outreach		106
4/9/2024	Outreach		120
4/10/2024	Legacy	8	
4/11/2024	El Cortez		40
4/11/2024	Henderson Angels		504
4/11/2024	Fifth Sun Project		216
4/11/2024	The Center		720
4/11/2024	Fremont St Experience	30	80
4/15/2024	The Smiths Center	6	
4/16/2024	Toni's House		600
4/16/2024	MGM Resorts		48
4/16/2024	Mirage/Hardrock		24
4/16/2024	Foundation for Recovery		600
4/16/2024	Valley View Community Cares		600
4/16/2024	City of Henderson Community Outreach		1056
4/16/2024	Bartender Supply		216
4/16/2024	SNHD - Primary and Preventative Care		96
4/18/2024	Crossroads		300
4/18/2024	PACT COALITION		50
4/18/2024	NDOC - Florence Mclure Women's Correctional Facility		54
4/18/2024	City of Las Vegas Department of Public Safety: Marshals		96
4/18/2024	Fusion Community Inc		384
4/18/2024	Catholic Charities		48
4/18/2024	Desert Hope Treatment Center		504
4/18/2024	The Smith Center		50
4/18/2024	Trac B		408
4/18/2024	TAG Recovery		50
Total		44	7150

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

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

- 04/03/2024 FTS – SNHD Office of Disease Surveillance (100 Strips)
- 04/03/2024 XTS – City of Henderson (300 Strips)
- 04/15/2024 FTS – SNHD Pharmacy (300 Strips)
- 04/16/2024 FTS – Bartender Supply (300 Strips)

04/16/2024 FTS – Foundation for Recovery (2400 Strips)
04/16/2024 FTS – SNHD Office of Disease Surveillance (100 Strips)
04/16/2024 FTS – Toni’s House (1500 Strips)
04/16/2024 XTS – Valley View Community Cares (1200 Strips)
04/16/2024 XTS – Toni’s House (600 Strips)
04/16/2024 XTS – Foundation for Recovery (1200 Strips)
04/17/2024 FTS - City of Henderson (1000 Strips)
04/17/2024 FTS - Valley View Community Cares (2400 Strips)
04/24/2024 FTS - Happy Camper Overdose Response (1000 Strips)
04/24/2024 XTS - Happy Camper Overdose Response (1000 Strips)
Total FTS: 8,200 Total XTS: 4,300

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. On April 6th, our team was present at the Amigos w/ The Community (I Love My City Event) block party hosted by the LVMPD community outreach team. This event was held near Cindysue Street, close to the old Texas Station location. Additionally, to mark National STI Awareness Week staff offered rapid HIV and HCV testing as well as syphilis testing onsite at the SNHD Fremont campus on Friday April 19th. This testing capped off a week of social media posting and coordinated onsite tabling at the main campus. 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	April-23	April-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1166	477	↓	4099	3564	↓
Clinic Screening (SHC/FPC/TB)	291	329	↑	1533	1369	↓
Outreach Screening (Jails, SAPTA)	275	228	↓	846	973	↑
Collect2 Protect	17	4	↓	72	37	↓
TOTAL	1749	1038	↓	6550	5943	↓
Outreach/Targeted Testing POSITIVE	14	1	↓	38	11	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	1	↑	5	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	2	0	↓	3	1	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	16	2	↓	46	14	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 04/01-04/2024: Attended Rx and Illicit Drug Summit 2024 held in Atlanta, GA; ~800 people in attendance from multiple states; 4 ODS SNHD attendees.
- 04/02/2024: Presented information on opioids and overdose prevention at the State of Public Health Event hosted by SNHD; ~40 people in attendance; ~ 8 ODS SNHD attendees.
- 04/02/2024: Presented to Fremont FQHC on Expedited Partner Therapy evaluation report; 20 people in attendance; 1 ODS SNHD attendee.
- 04/02/2024: Facilitated Motivational Interviewing Training; 18 people in attendance; 4 SNHD ODS staff attendees.
- 04/02/2024-04/03/2024: Attended the Rural Public Health Summit facilitated by Nevada Public Health Institute as SNHD Representative; 20 people in attendance; 2 ODS SNHD attendees.
- 04/05/2024: Attended the Clark County Children's Mental Health Consortium Monthly Meeting as the chair; 40 people in attendance; 1 ODS SNHD staff member in attendance
- 04/08/2024: Presented to the Public Health Advisory Board; ~60 people in attendance; 1 ODS SNHD attendee.
- 04/09/2024: Attended Southern Nevada Maternal Child Health Coalition; ~21 people in attendance; 1 ODS SNHD attendee.
- 04/09/2024: Attended the Child Mental Health Action Coalition Meeting; 35 people in attendance; 1 SNHD ODS staff attendee.
- 04/09/2024: Attended the Miracle Minds Therapy Student Mental Health Conference 2024; 300 people in attendance; 2 ODS SNHD attendees.
- 04/09/2024: Presented on Big Cities Health Coalition webinar: The Future of Health webinar on harm reduction vending machines; 200 people in attendance; 1 ODS SNHD attendee.

12. 04/10/2024: Attended AG's Substance Use Working Group meeting as appointed representative from Clark County, NV; 60 people in attendance; 1 ODS SNHD attendee.
13. 04/16/2024: Facilitated Public Health Vending Machine Round Table; ~75 people in attendance; 1 ODS SNHD attendee.
14. 04/16/2024: Attended Clark County Child Death Review Team Meeting; ~16 people in attendance; 4 ODS SNHD attendees.
15. 04/17-19/2024: Presented at "Suicide Research Symposium"; ~500 people in attendance; 2 ODS SNHD attendees.
16. 04/23/2024: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; ~16 people in attendance from multiple agencies; 2 ODS SNHD attendees.
17. 04/24/2024: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Meeting; 27 people in attendance; 1 ODS SNHD attendee.
18. 04/25/2024: Facilitated and attended SNHD Community Partner Assessment (CPA) Meeting co-facilitated by Nevada Institute for Children's Research & Policy; 28 people in attendance; 2 ODS SNHD attendees.
19. 04/25/2024: Facilitated "Mental Health First Aid for Youth"; 17 people in attendance; 7 SNHD ODS staff attendees.
20. 04/30/2024: Facilitated "safeTALK Suicide Prevention" training; 11 people in attendance; 3 ODS SNHD attendees.

D. Other

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

MONTHLY REPORT – April 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.
- b. Continue to update and enhance Data Warehouse - Automated deduplication.
- c. Pentaho report updates: STD Morbidity report.
- 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. 362 tasks have been completed.
- e. EpiTrax NORS form implementation planning and implementation underway. 50% 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: Candida auris 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-19 interface between instruments, COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed. Implementing combined testing for SNPHL of COVID-19/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 extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE on eCR and FHIR implementation.
- iii. Completed UNLV COVID-19 Geospatial Disparity project.
- iv. Continued adoption of Azara, the data warehouse/analytics platform.
- v. New configurations built for Primary and Preventive Sexual Health Outreach and Prevention Program (PPC-SHOPP), e.g., POC Tests, Resources, and Facilities.
- vi. Pharmacy/eCW interface issue resolution.
- vii. Configuration Modifications for the Healthy Start Program (Maternal Child Health).
- viii. Lab/eCW Fremont test volume report.
- ix. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- x. Results extraction from eCW backup database server for data warehouse ingestion.
- xi. Post version 12 upgrade support

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.
- d. Exploring automation processes for data exchange with National Violent Death Registration System (NVDRS).

F. COVID-19 Support

- a. Maintain COVID-19 interface between instruments, COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed.
- b. Provide support by automating COVID-19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- c. Completed redesign of COVID-19 dashboard to match CDC's COVID-19 dashboard layout and data metrics. Updated vaccination data up to December 2023.
- d. Maintain and enhance COVID-19 lab results portal.
- e. Attend bi-weekly meetings with UNLV for COVID-19 race/ethnicity data geocoding and geospatial analysis.
- f. Bi-weekly upload of State COVID-19 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 completed and in production. Currently refining exception handling process.
- c. Evaluation of OCR vendor underway. State GENV2 Generic MMG excel document updates completed.
- d. Continue collaboration with the State on matching data formats for submission to CDC.
- e. Implementation of all CDC required data fields in EpiTrax custom forms.
- f. CDC test cases 6 of 8 completed and under review by CDC.

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

- i. PHEP grant BP5 Q3 progress report was completed.
- ii. ELC grant Q3 progress report was completed.

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
 - PHEP grant quarterly report
 - ELC grant quarterly report

ii. Epidemiology Reports:

- COVID-19 trend reports (public and internal versions)
- Weekly COVID-19 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
- Monthly and quarterly disease statistics
- Daily, biweekly, bimonthly, and monthly COVID-19 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 SNPHL 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 and approved by Dr. Leguen
- SNHD COVID-19 Health Disparity grant quarterly progress report
- Monthly and quarterly report from UNLV regarding COVID-19 Health Disparity Assessment and Healthcare Equity Modeling project.

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
 - Leadership Journey Training
 - CSTE DMI summit conference
 - CDC TECCA early Demonstration project engagement
 - UNLV COVID-19 Community Forum

M. Contracts

- a. AMENDMENT A02 to Professional Services Agreement between Southern Nevada Health District and Board of Regents Nevada System of Higher Education on Behalf of University of Nevada, Las Vegas School of Public Health C2300092 regarding "COVID-19 Health Disparity Assessment and Healthcare Equity Modeling" project is pending.
- b. UNLV geocoding service contract for COVID-19 Health Disparity grant was extended to 5/31/2025.
- c. UNLV hospitalization and mortality base model contract for COVID-19 Health Disparity grant was extended to 5/31/2025.

N. CDC Visit: The CDC visited SNHD on April 23rd and 24th. They met with Informatics, EPI, and disease surveillance teams to discuss and observe how reportable disease data is accessed, exchanged, and used.

O. Other Projects

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



Quarter 1, 2024: Clark County Disease Statistics*

Disease	2022		2023		2024		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison	
	Qtr 1	YTD	Qtr 1	YTD	Qtr 1	YTD	Qtr 1 (2019-2023 aggregated)	Qtr 1 (2024)	Change b/t current & past 5-year?	
VACCINE PREVENTABLE										
COVID-19	122,456	122,456	7,518	7,518	2,992	2,992	793.21	40.61	↓X	
Haemophilus influenzae, invasive	4	4	12	12	15	15	0.14	0.20	↑	
Hepatitis A	2	2	0	0	1	1	0.13	-	-	
Hepatitis B, acute	10	10	4	4	7	7	0.09	-	-	
Hepatitis B, chronic	212	212	222	222	334	334	3.98	4.53	↑	
Influenza	144	144	92	92	502	502	7.56	6.81	↓	
Influenza-associated pediatric mortality	0	0	0	0	1	1	-	-	-	
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	1	1	-	-	-	
Mumps	0	0	0	0	2	2	-	-	-	
Pertussis	20	20	6	6	23	23	0.21	0.31	↑	
RSV	608	608	583	583	1,808	1,808	19.82	24.54	↑X	
SEXUALLY TRANSMITTED										
Chlamydia	3,061	3,061	3,215	3,215	3,221	3,221	69.38	43.72	↓X	
Gonorrhea	1,599	1,599	1,433	1,433	1,464	1,464	31.23	19.87	↓X	
HIV	109	109	127	127	83	83	2.30	1.13	↓X	
Stage 3 HIV (AIDS)	37	37	39	39	19	19	0.75	0.26	↓X	
Syphilis (Early non-primary, non-secondary)	154	154	158	158	154	154	2.84	2.09	↓X	
Syphilis (Primary, Secondary)	161	161	149	149	106	106	3.43	1.44	↓X	
CONGENITAL CONDITIONS										
Hepatitis C, Perinatal Infection	0	0	0	0	1	1	-	-	-	
Congenital Syphilis	17	17	22	22	6	6	53.01	-	-	
ENTERICS										
Amebiasis	0	0	1	1	1	1	-	-	-	
Campylobacteriosis	17	17	46	46	47	47	0.60	0.64	↑	
Cryptosporidiosis	3	3	2	2	9	9	0.06	-	-	
Giardiasis	13	13	18	18	12	12	0.26	0.16	↓	
Rotavirus	45	45	8	8	29	29	0.31	0.39	↑	
Salmonellosis	34	34	42	42	30	30	0.70	0.41	↓	
Shiga toxin-producing <i>E. coli</i> (STEC)	26	26	8	8	19	19	0.23	0.26	↑	
Shigellosis	6	6	16	16	37	37	0.25	0.50	↑	
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	1	1	0	0	-	-	-	
Yersiniosis	2	2	2	2	10	10	-	-	-	
OTHER										
Coccidioidomycosis	34	34	77	77	55	55	0.88	0.75	↓	
Encephalitis	2	2	0	0	0	0	-	-	-	
Exposure, Chemical or Biological	1	1	1	1	1	1	-	-	-	
Hepatitis C, acute	2	2	1	1	1	1	-	-	-	
Hepatitis C, chronic	774	774	622	622	399	399	21.13	5.42	↓X	
Invasive Pneumococcal Disease	57	57	84	84	96	96	1.52	1.30	↓	
Lead Poisoning	40	40	45	45	41	41	0.81	0.56	↓	
Legionellosis	6	6	9	9	3	3	0.14	-	-	
Listeriosis	1	1	0	0	1	1	-	-	-	
Lyme Disease	0	0	0	0	2	2	-	-	-	
Malaria	1	1	2	2	0	0	-	-	-	
Meningitis, Aseptic	3	3	3	3	7	7	0.22	-	-	
Meningitis, Bacterial Other	2	2	1	1	0	0	0.08	-	-	
Meningitis, Fungal	0	0	0	0	2	2	-	-	-	
Streptococcal Toxic Shock Syndrome (STSS)	2	2	10	10	12	12	0.16	0.16	↑	
Tuberculosis, Active	12	12	14	14	21	21	0.25	0.29	↑	

*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '-' for rates corresponding to case counts < 12.

-Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

0--Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'



March 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
COVID-19	2,797	122,456	2,197	7,518	367	2,992
Haemophilus influenzae, invasive	2	4	0	12	2	15
Hepatitis A	1	2	0	0	1	1
Hepatitis B, acute	2	10	2	4	2	7
Hepatitis B, chronic	71	212	88	222	115	334
Influenza	104	144	12	92	85	502
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	1
Mumps	0	0	0	0	2	2
Pertussis	9	20	0	6	2	23
RSV	97	608	44	583	209	1,808
SEXUALLY TRANSMITTED						
Chlamydia	1,148	3,061	1,195	3,215	1,148	3,221
Gonorrhea	596	1,599	482	1,433	482	1,464
HIV	41	109	60	127	10	83
Stage 3 HIV (AIDS)	18	40	9	39	2	19
Syphilis (Early non-primary, non-secondary)	54	154	50	158	60	154
Syphilis (Primary & Secondary)	51	161	47	149	31	106
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	0	1
Congenital Syphilis	7	17	3	22	0	6
ENTERICS						
Amebiasis	0	0	1	1	1	1
Campylobacteriosis	6	17	18	46	18	47
Cryptosporidiosis	2	3	0	2	2	9
Giardiasis	2	13	6	18	4	12
Rotavirus	28	45	3	8	17	29
Salmonellosis	10	34	15	42	11	30
Shiga toxin-producing <i>E. coli</i> (STEC)	11	26	1	8	6	19
Shigellosis	1	6	8	16	9	37
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	1	1	0	0
Yersiniosis	1	2	1	2	3	10
OTHER						
Coccidioidomycosis	8	34	28	77	21	55
Encephalitis	2	2	0	0	0	0
Exposure, Chemical or Biological	1	1	0	1	0	1
Hepatitis C, acute	0	2	0	1	1	1
Hepatitis C, chronic	294	774	222	622	132	399
Invasive Pneumococcal Disease	14	57	30	84	34	96
Lead Poisoning	18	40	20	45	16	41
Legionellosis	0	6	4	9	0	3
Listeriosis	0	1	0	0	1	1
Lyme Disease	0	0	0	0	0	2
Malaria	0	1	1	2	0	0
Meningitis, Aseptic	1	3	1	3	4	7
Meningitis, Bacterial Other	1	2	1	1	0	0
Meningitis, Fungal	0	0	0	0	1	2
Rabies, exposure to a rabies susceptible animal	27	83	25	83	16	76
Streptococcal Toxic Shock Syndrome (STSS)	0	2	3	10	3	12
Tuberculosis (Active)	3	12	5	14	10	21

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

-Diseases not reported in the past two years or during the current reporting period are not included in this report.

--Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

---Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

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



Memorandum

Date: May 23, 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 J*
 Fermin Leguen, MD, MPH, *District Health Officer FL*

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	April 2023	April 2024		FY 22-23	FY 23-24	
Routine Inspections	2,211	2,640	↑	20,689	21,639	↑
Reinspections	169	175	↑	1,777	1,562	↓
Downgrades	190	192	↑	1,728	1,502	↓
Closures	12	11	↓	128	130	↑
Special Events	114	78	↓	897	726	↓
Temporary Food Establishments & Tasting Event Booths	889	748	↓	7,072	7,641	↑
TOTALS	3,585	3,844	↑	32,291	33,200	↑

1. Enforcement Actions and Investigations:

- A. **Domino’s Pizza #9038, 5831 E. Charleston Blvd.:** On April 1, the facility was closed for an Imminent Health Hazard (IHH), no hot water. The inspector documented 22 demerits. The facility was reinspected and reopened with zero demerits the next day.
- B. **Linq Hotel Rematch Bar, 3535 S. Las Vegas Blvd.:** On April 2, the operator was required to cease operations due to an IHH, no hot water. The inspector documented three demerits. The operator was able to restore the hot water during the inspection and resumed operations with an A grade.
- C. **Tacos y Tortas Juaritos, 439 Rock Quarry Way.:** On April 3, the unit was closed for an IHH, no hot water. Other violations included: time/temperature control for

safety (TCS) foods held in the temperature danger zone; lack of adequate fire suppression system; raw animal products stored above ready-to-eat foods; low sanitizer level; lack of adequate hand washing facilities in the employee restroom; and no mobile unit route sheet provided. The inspector documented 25 demerits. The operator was entered into the Administrative Process due to a history of noncompliance. The unit was reopened with zero demerits on April 9.

- D. Mariscos el Viejon, 2610 E. Lake Mead Blvd.:** On April 3, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. Wastewater was actively leaking onto the ground at the time of the inspection. Other violations included: expired/unapproved propane system; foods stored directly on the floor; foods not protected from chemical contamination; lack of adequate sanitizer; food contact surfaces excessively soiled; handwash sink inaccessible; foods improperly thawing; reuse of non-cleanable single use storage containers; and no employee health policy. The operator was entered into the Administrative Process due to a history of noncompliance. The unit was reopened with zero demerits on April 15.
- E. Port of Subs #15, 1730 E. Charleston Blvd.:** On April 5, the facility was closed for an IHH, no hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on April 8.
- F. Modern American Diner, 8175 Arville St.:** On April 16, the facility was closed when found operating without a valid health permit. The facility remains closed at this time.
- G. El Herradero Nightclub, 3402 E. Lake Mead Blvd.:** On April 17, the facility was closed for unpaid permit fees. The facility was reopened on April 18.
- H. Marie Callender's LVN Restaurant, 8175 W. Sahara Ave.:** On April 22, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 19 demerits. The operator was able to isolate the problem to one area and repaired the issue within 48 hours. The area was reinspected and reopened with three demerits on April 29.
- I. Westin LV Banquet Dishroom 2nd Floor, 160 E. Flamingo Rd.:** On April 24, the permitted area was closed for an IHH, pest infestation. The inspectors documented six demerits. The permitted area remains closed at this time.
- J. Circle K #3369 Snack Bar, 6490 Boulder Hwy.:** On April 25, the facility was closed for an IHH, pest infestation. The inspector documented 25 demerits; The facility remains closed at this time.
- K. Mimosas Gourmet, 3455 S. Durango Dr.:** On April 25, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 14 demerits. The facility was reinspected and reopened with six demerits on April 26.
- L. Joy Burgers, 8560 W. Desert Inn Rd.:** On April 29, the operator was required to cease operations due to an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 33 demerits. A plumber arrived and was able to repair the drain during the inspection. The facility was allowed to resume operations but remains on a C downgrade at this time.
- M. La Morenita LV, 439 Rock Quarry Way.:** On April 29, the unit was closed when found operating while under a Cease-and-Desist Order for an outstanding C downgrade fee. Upon delivery of the invoice on April 30, the owner refused to pay and was informed that their permit will be deleted.
- N. Pho Bistro, 4130 S. Sandhill Rd.:** On April 30, the facility was closed for a failed Unpermitted Change of Owner Identified inspection that exceeded the allowable demerits. The inspector documented 23 demerits. The facility remains closed at this time.

- O. **Subway #60135 Harmon, 3717 S. Las Vegas Blvd.:** On April 30, the facility was closed for an IHH, inadequate refrigeration. The inspector documented 25 demerits. The facility was reinspected and reopened with six demerits on May 1.
- P. Staff closed 36 unpermitted food vending complaint investigations.
- 2. **Foodborne Illness Investigations:**
 - A. **Las Pupusas #3, 945 W. Craig Rd.:** On April 12, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors for foodborne illness including improper cleaning and sanitizing, date labeling, and cooling. The investigation resulted in a B downgrade. A reinspection is still pending.
 - B. **Crossroads Kitchen, 3000 S. Las Vegas Blvd.:** On April 19, staff responded to multiple reports of foodborne illness. Staff observed risk factors for foodborne illness including food being left in the temperature danger zone. The investigation resulted in an A grade.
 - C. **SW Steakhouse, 3131 S. Las Vegas Blvd.:** On April 26, staff responded to multiple reports of foodborne illness associated with shellfish. Staff collected shellfish tag and source information and observed shellfish storage and preparation. No risk factors were observed, and the restaurant maintained their A grade.
- 3. **Onsite Intervention Training:**
 - A. Onsite Intervention Training was held with the following facilities: Tacos y Tortas Juaritos, 439 Rock Quarry Way; Mariscos El Viejon, 2610 E. Lake Mead Blvd.; Fogo de Chao, 360 E. Flamingo Rd.; Nalssso Korean BBQ, 6415 S. Fort Apache Rd.; and Pho Hong, 9210 S. Eastern Ave.
- 4. **Supervisory/Managerial Conferences:**
 - A. A conference was held with the following facility: Dim Sum Cafe, 3700 S. Hualapai Way.

II. **SOLID WASTE AND COMPLIANCE**

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

Illegal Dumping and Hearing Officer Process	April 2023	April 2024		FY 22-23	FY 23-24	
Notices of Violations (New & Remails)	3	0	↓	53	52	↓
Adjudicated Hearing Cases	5	9	↑	39	52	↑
Total Cases Received	68	72	↑	724	792	↑
Total Cases Referred to Other Agencies	25	27	↑	205	223	↑
Hearing Penalties Assessed	\$6,750	\$9,750	↑	\$69,000	\$113,000	↑

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	April 2023	April 2024		FY 22-23	FY 23-24	
Inspections	365	381	↑	2,696	2,771	↑

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

Underground Storage Tanks	April 2023	April 2024		FY 22-23	FY 23-24	
Compliance Inspections	89	77	↓	792	576	↓
Final Installation/Upgrade/Repair Inspections	3	1	↓	21	33	↑
Closure Inspections	1	0	↓	7	10	↑
Spill Report Investigations	2	3	↑	8	14	↑

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

Permitted Disposal Facilities	April 2023	April 2024		FY 22-23	FY 23-24	
Inspections	29	22	↓	212	196	↓
Reinspections	2	3	↑	25	20	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	April 2023	April 2024		FY 22-23	FY 23-24	
West Nile Virus Surveillance Traps Set	380	428	↑	2,101	2,163	↑
West Nile Virus Surveillance Mosquitoes Tested	399	2,695	↑	28,309	55,106	↑
West Nile Virus Surveillance Submission Pools Tested	82	391	↑	2,183	2,811	↑
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	0	1,145	↑
West Nile Virus Surveillance Positive Submission Pools	0	0	→	0	27	↑
Mosquito Activity Complaints	2	32	↑	75	728	↑
Elevated Blood Level Home Investigations	0	0	→	3	4	↑
Legionella Residential Investigations	1	2	↑	15	12	↓
Legionella Travel Associated Investigations	5	1	↓	25	18	↓
Public Accommodations Inspections	23	24	↑	365	440	↑
Public Accommodations Complaints	10	17	↑	108	251	↑
Mobile Home/Recreational Vehicle Park Inspections	8	6	↓	188	215	↑
Mobile Home/Recreational Vehicle Park Complaints	1	4	↑	14	20	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. Permits Issued** – Lunas Construction Clean Up (Waste Tire Management); and Lunas Construction Clean Up (Material Recovery)
- 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 (10); Waste Grease (1); Materials Recovery (1); Waste Tire Management (1); and Waste to Energy (1)
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in May:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	April 2023	April 2024		FY 22-23	FY 23-24	
Asbestos Permits Issued	88	73	↓	874	716	↓
Revised Asbestos Permits Issued	8	8	→	109	62	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	April 2023	April 2024		FY 22-23	FY 23-24	
Tentative Maps-Received	18	3	↓	157	102	↓
Tentative Maps-Lot Count	808	195	↓	10,024	4,415	↓
Final Maps-Received	23	9	↓	234	189	↓
Final Maps-Lot Count	1,319	190	↓	10,402	6,987	↓
Final Maps-Signed	22	18	↓	209	205	↓
Final Maps (Signed)-Lot Count	1,103	704	↓	10,099	9,037	↓
Improvement Plans-Received	18	8	↓	211	173	↓
Improvement Plans-Lot Count	801	290	↓	10,232	6,287	↓
Expedited Improvement Plans-Received	18	0	↓	139	99	↓
Expedited Improvement Plans-Lot Count	958	0	↓	9,225	4,220	↓

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

Individual Sewage Disposal Systems	April 2023	April 2024		FY 22-23	FY 23-24	
Residential ISDS Permits	7	3	↓	66	57	↓
Commercial ISDS Permits	0	2	↑	2	3	↑
Commercial Holding Tank Permits	0	0	→	27	24	↓
Residential Tenant Improvements	23	27	↑	259	219	↓
Residential Certifications	0	0	→	3	3	→
Compliance Issues	5	4	↓	93	75	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	April 2023	April 2024		FY 22-23	FY 23-24	
Public Water System Sanitary Surveys	0	1	↑	33	48	↑
Public Water System Violations Issued	89	5	↓	129	102	↓

2. Safe Drinking Water Activity:

- A. One *coliform*-present result (North Las Vegas Utilities) was reported from routine monitoring events. There were 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	April 2023	April 2024		FY 22-23	FY 23-24	
School Food Facility Inspections	105	85	↓	809	797	↓
School Food Facility Complaints	1	0	↓	6	7	↑
School Facility Inspections	129	93	↓	970	949	↓
School Facility Complaints	2	2	→	34	34	→
Summer Food Service Surveys	0	0	→	60	12	↓
Child Care Facility Inspections	17	17	→	227	251	↑
Child Care Facility Complaints	0	3	↑	19	26	↑
Body Art Facility Inspections	17	11	↓	282	428	↑
Body Art Facility Complaints	4	4	→	44	41	↓
Body Art Artist Special Event Inspections	16	0	↓	198	36	↓
Total Program Services Completed	290	215	↓	2,486	2,581	↑

1. Schools:

- A. **Legacy Traditional Schools Cadence Kitchen, 325 Inflection St.:** Staff conducted a routine inspection and observed a ware washing machine operating without sanitizer. The machine was taken out of service until repairs could be verified; facility staff were able to wash utensils using the three-compartment sink. Three days later, the ware washing machine was still not operating properly so it remained out of service. SNHD staff will return when facility representatives notify them that the machine has been repaired.
- B. **Clark County Detention Center, 330 S. Casino Center Blvd.:** Staff investigated a complaint that alleged food service staff in the Officers Dining Room were serving moldy bread and expired food. A full inspection of the kitchen was conducted, and there was no moldy bread or expired food. The kitchen inspection resulted in an A grade. The complaint was not substantiated.
- C. **Pinecrest Academy Inspirada 2840 Via Contessa:** During a routine inspection of a special event, staff observed a food vendor serving food without the required

temporary food permit. The food and employees were from a permitted food establishment. Several violations were observed including no overhead protection for the food; inadequate hot water; an improper hand wash station; and no available sanitizer during active food service. All the violations were corrected during the inspection and the vendor was allowed to continue operating. The vendor applied for an after-the-fact temporary permit the following week.

2. Body Art:

A. Familia Tattoo, 3421 E. Tropicana Ave.: Staff investigated a complaint alleging that artists were consuming alcohol and cannabis in the facility. Staff spoke with the owner who reported that smoking and consumption of alcohol is not allowed inside of the facility. Staff did not observe any smoking paraphernalia or alcohol at the time of the investigation. The complaint was not substantiated.

B. Illuminati Tattoo, 3247 Sammy Davis Jr. Dr.: Staff investigated a complaint alleging that an artist was inebriated and not practicing good hygiene when applying tattoos. The facility representative stated that the artist in question had an expired health card and was no longer employed by them. Consent forms lacked the required information and were not being maintained as required by SNHD Regulations. A concurrent inspection of the facility found that there were no current spore tests for the autoclave and that the packages processed by the autoclave were not adequately marked with the processing date. A follow-up inspection one week later found that the autoclave had a current spore test, and packages were adequately marked. The content of the consent forms was corrected and is now in compliance with SNHD Regulations. Staff will follow up to ensure that all artists in the facility have the required health cards and patron consent forms are being completely filled out and adequately maintained.

C. Diversity Piercing, 4401 N. Rancho Dr.: During a routine inspection, the Person-in-Charge (PIC) was unable to provide spore test records for the previous year as required by SNHD Regulations. This was a repeat violation from the previous inspection. The operator was given until the end of the day to send the records to SNHD. On the following day, SNHD staff returned to the facility and the PIC was still not unable to obtain testing records, so the facility was closed. A reinspection is still pending.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	April 2023	April 2024		FY 22-23	FY 23-24	
Food Safety Assessment Meetings	0	0	→	6	3	↓
Total Pre-Permitting Services	1,198	1,080	↓	12,543	13,428	↑
New Project Submissions	273	197	↓	2,748	2,688	↓
Released Projects	250	193	↓	2,565	3,134	↑
Total Service Requests Currently in Pre-Permitting	1,604	1,281	↓			

1. **Enforcement Actions and Investigations:**

- A. Broadacres Open Air Marketplace, 2930 N. Las Vegas Blvd.:** Staff joined City of North Las Vegas Building and Pretreatment inspectors at a progress check related to a remodel in the food vendor areas. Broadacres ownership is working to provide permanently plumbed municipal water to each vendor in the food area. This project includes the addition of five grease interceptors. The project will eliminate the vendors' need to transport heavy tanks of water to and from fill and waste discharge areas. Staff noted multiple drains without an air gap. SNHD Regulations require an air gap on all drain lines from food service sinks. The final inspection is still pending.
- B. It's Lit BBQ Late Night, 4325 W. Craig Rd.:** During a final permitting inspection, staff observed a large outdoor smoker behind the restaurant which had not been indicated on the approved plans. SNHD Regulations require an additional barbeque permit to cook outside of the permitted kitchen. The barbeque permit is still pending.
- C. Hangar 502, 502 Nevada Way:** A final permitting inspection resulted in failure due to incomplete equipment installation and no approvals from the Building Department. All construction and equipment installation must be complete, and all building and fire prevention approvals must be obtained prior to the SNHD final permitting inspection. The permits were approved once construction and installation were completed.
- D. El Goodie Stop, 6120 W. Tropicana Ave.:** During a final permitting inspection, staff found the facility stocked and operating. An unapproved three-compartment sink with a single drainboard had been installed. SNHD Regulations require a valid health permit to stock food and operate a facility and two integral drainboards on three-compartment sinks. The permit was not approved, and the owner was directed to remove all food from the facility. A reinspection was approved once the deficiencies were corrected.
- E. Ranch Mediterranean Market, 2235 S. Rainbow Blvd.:** During a final permitting inspection of the bakery, a specialty oven that was not sanitation certified was taken out of service. SNHD Regulations require food equipment to meet the standards for sanitation set by the American National Standards Institute (ANSI). The oven was subsequently evaluated by an ANSI-accredited agency and the evaluation report is under review by SNHD for potential approval. The health permit for the market was approved for the repackaging of spices and dry goods only.
- F. Spicy Zest, 7320 S. Rainbow Blvd.:** A final permitting inspection resulted in failure due to the ventilation hood system not being functional. SNHD Regulations require ventilation systems to be sufficient to prevent grease or condensation from collecting on walls and ceilings. The ventilation hood was repaired, and a reinspection resulted in health permit approval.
- G. Universal Horror Unleashed, 3051 S. Rancho Dr.:** Plans were reviewed for construction of a 110,000 square-foot facility including four bars, catering facilities, a main kitchen, and a quick service food stand. The plans did not include the required ware washing equipment in the service bar area and could not be approved. Plan approval is pending submission of revised plans.
- H. Coyote's Café and Cantina, 4350 E. Sunset Rd.:** During a change of permit holder (CPH) inspection, staff observed damaged and missing floor tiles, a large hole in the wall, and soiled hood filters over the cook line. SNHD Regulations require floor and wall finishes to be smooth and easily cleanable, and floor-wall junctions must be sealed. Ventilation hood systems and hood filters must be clean to prevent accumulated debris and oil from dripping onto food. The PIC was instructed to clean and make repairs. The health permits were approved with stipulations, and staff will follow up during a future routine inspection.

- I. **Palazzo Mott 32, 3325 S. Las Vegas Blvd.:** During final remodel inspections of the dim sum and barbeque permits, staff observed grease dripping on the side of the ventilation hood and a refrigerator was operating at 59°F. Grease dripping from a hood can contaminate foods below and be a fire risk. SNHD Regulations require that refrigerated foods be held at 41°F or less to prevent bacterial growth that can cause foodborne illnesses. The potentially hazardous foods in the refrigerator were voluntarily discarded, and the refrigerator was serviced by onsite technicians. The remodel was approved with stipulations. Staff will follow up on the hood condition during the next routine inspection.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	April 2023	April 2024		FY 22-23	FY 23-24	
Total Operation Inspections	585	968	↑	5,640	7,663	↑
Complaint Investigations	16	25	↑	197	243	↑
Inactive Body of Water Surveys	11	12	↑	84	79	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	0	→	26	18	↓
Total Program Services Completed	612	1,005	↑	5,947	8,003	↑

1. Aquatic Health Operations

- A. **Las Vegas Airport Travelodge, 5075 Koval Ln.:** A routine inspection conducted at the pool resulted in closure due to multiple IHHs, gate not self-latching and broken drain cover. An improperly working gate can allow unauthorized access to the enclosure and pose an increased drowning risk for children. Broken drain covers pose entrapment and/or entanglement risks, which could result in drowning. The pool remains closed at this time.
- B. **Hilton Garden Inn LV South Strip, 7830 S. Las Vegas Blvd.:** A routine inspection conducted at the spa resulted in closure due to multiple IHHs, high chlorine and a water temperature of 104.7°F. High chlorine concentration can cause eye, skin, and lung irritation. Water temperatures greater than 104°F can result in heat stress, dehydration, burns, and rashes. A reinspection was conducted the same day, and the spa was approved to reopen.
- C. **Sunset Winds Apartments, 551 Elger Way:** A routine inspection conducted at the NW Spa resulted in closure due to multiple IHHs, no detectable chlorine and high pH. Inadequate chlorine levels can allow the spread of diseases to bathers. High pH reduces the effectiveness of the disinfectant. A reinspection was conducted the same day, and the spa was approved to reopen.
- D. **Paris Hotel, 3655 S. Las Vegas Blvd.:** A routine inspection conducted at the pool resulted in closure due to multiple IHHs, insufficient lifeguard coverage and high chlorine and pH. Not having sufficient lifeguard coverage can result in bather drownings going unnoticed. A reinspection was conducted the same day, and the pool was approved to reopen.
- E. **South Blvd Apartments, 10200 Giles St.:** A routine inspection conducted at the pool resulted in closure due to multiple IHHs, gate not self-closing and high cyanuric

acid level. High cyanuric acid levels inhibit the action of chlorine. A reinspection is still pending.

- F. Parkway Villas, 1125 Century Garden Dr.:** A complaint investigation alleging that the pool water was green resulted in closure. The pool water was green, and the main drain was not visible. Inability to see the bottom of the pool can obscure drowning victims and other hazardous conditions. A reinspection is still pending.
- G. Millennium East, 3580 E. Alexander Rd.:** A routine inspection conducted at the pool resulted in closure for an IHH, no detectable chlorine. The pool was reinspected the same day and approved to reopen.
- H. Monaco Park Apartments, 8350 W. Desert Inn Rd.:** A routine inspection conducted at the pool resulted in closure due to multiple IHHs, no detectable chlorine and high pH. A reinspection was conducted the same day, and the pool was approved to reopen.
- I. Treasure Island, 3300 S. Las Vegas Blvd.:** A routine inspection conducted at the spa resulted in closure for an IHH, broken drain cover. A reinspection was conducted the same day, and the spa was approved to reopen.
- J. The Wyatt Apartments, 7017 S. Buffalo Dr.:** A routine inspection conducted at the North Pool resulted in closure for an IHH, gate not properly self-latching. The pool has been reinspected and approved to reopen.
- K. Soho Lofts, 900 S. Las Vegas Blvd.:** A routine inspection conducted at the spa resulted in closure for an IHH, broken drain covers. A reinspection was conducted the same day, and the spa was approved to reopen.

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

Aquatic Health Plan Review	April 2023	April 2024		FY 22-23	FY 23-24	
Total Pre-Permitting Services	591	620	↑	4,701	4,919	↑
New Project Submissions	91	151	↑	848	1,018	↑
Released Projects	103	98	↓	771	905	↑
Total Projects Currently in Plan Review	518	593	↑			

2. Aquatic Health Plan Review:

- A. Crescent Ridge Apartments, 375 Conestoga Way:** A final remodel inspection was conducted on the pool for installation of a water feature pump. The calculated flow at the pump exceeded the maximum certified flow rate of the installed suction outlet fitting assembly (SOFA). This could lead to a suction entrapment hazard. The operator is going to replace the SOFA with one sized correctly for the pump. The aquatic venue will remain closed until verification of the correction is received by SNHD.
- B. Aqua-Tots Swim School, 617 Mall Ring Cir.:** Lighting and pre-plaster inspections did not pass for the new construction of an indoor pool. The lighting inspection did not meet the minimum required illumination for an indoor aquatic facility. The pre-plaster inspection resulted in multiple violations including doors that did not self-close/latch, incorrect door hardware heights, ultraviolet (UV) disinfection system not sanitation certified, and no drain for the rinse showers. A reinspection is still pending.
- C. The Met Apartments, 2701 N. Rainbow Blvd.:** A final remodel inspection resulted in failure due to the unapproved installation of a filtration pump which lacked the

required suction release function. This could lead to bather entrapment on the SOFA. Once the approved filtration pump was installed, the pool was approved to open.

- D. The Highline, 9235 W. Russell Rd.:** Pre-plaster inspections of the pool and spa resulted in compliance issues including insufficient enclosure height, enclosure gates not installed, enclosure door not self-closing/self-latching, and hand/foot holds present. Failure to maintain a compliant enclosure may result in unauthorized access and an increased risk of drowning for children. A reinspection is still pending.
- E. Glenoak Square Condos, 1751 E. Reno Ave.:** During a final inspection for a skimmer remodel, staff observed a small piece missing from the SOFA. This is an indication that the structural integrity of the drain cover is questionable and therefore considered an IHH. The skimmer remodel was approved but the pool will remain closed until the SOFA is replaced. The homeowner's association has approved a bid to replace the cover with a new one.
- F. Silverton Hotel and Casino, 3333 Blue Diamond Rd.:** During a final permitting inspection, sections of noncompliant area lighting were found, as well as inoperable interlocks on the disinfection systems. Interlocks prevent pool chemicals from mixing and creating hazardous gases. Both issues were corrected during the inspection and the permits were approved.

VIII. REGULATORY SUPPORT

1. 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; Nevada Department of Agriculture/State Veterinarian meeting; Standard 1 verification audit meeting with Northern Nevada Public Health; Food and Drug Administration (FDA) Integrated Food Safety System (IFSS) Regulatory and Laboratory Training System (RLTS) 5-Year Strategic Plan meeting; created Accela inspection report comments; 2024 intervention strategy planning; updated standardization procedures, and created and implemented new hire digital weekly reports.
2. Staff presented at and attended the 2024 Retail Program Standards Symposium (virtually) on April 16-18.
3. Staff attended the 2024 Virtual Self-Assessment and Verification Audit Workshop from April 30 to May 3.
4. Staff provided onsite consumer food safety training to residents of Living Grace Homes Women's Shelter, 149 N. Gibson Rd., on April 4.
5. Special Processes staff facilitated the quarterly Food Safety Partnership meeting on April 2.
6. Special Processes staff met with various operators in a virtual setting, via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently seven cook chill/sous vide plans, seven 2-barrier plans, 18 other HACCP plans, four waivers, and one operational plan in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	April 2023	April 2024		FY 22-23	FY 23-24	
Facility Label Review Submissions	13	23	↑	227	179	↓
Facility Label Review Releases	23	34	↑	222	157	↓
Number of Labels Approved	372	300	↓	2,956	2,061	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	April 2023	April 2024		FY 22-23	FY 23-24	
Cook Chill/Sous Vide Submissions	0	0	→	3	3	→
Cook Chill/Sous Vide Releases	0	0	→	6	4	↓
2-Barrier ROP Submissions	0	0	→	5	2	↓
2-Barrier ROP Releases	0	0	→	10	1	↓
Other HACCP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	0	1	↑	4	7	↑
Other Special Processes Releases	0	0	→	3	16	↑

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

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

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	April 2023	April 2024		FY 22-23	FY 23-24	
Registrations Approved Without Voluntary Label Review	0	16	↑	0	148	↑

Memorandum



Date: May 23, 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 – April 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 536 Flu vaccines were administered in the four Public Health Centers. A total of 308 COVID-19 vaccines were administered in the four Public Health Centers.
2. For the month of April, there were 2,448 clients seen with 6556 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. National Infant Immunizations Week has been celebrated. The finalization of the client count is in process as a voucher system was implemented for clients who were not able to be seen by Outreach Clinics at the Boulevard Mall.
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. A total of 327 clients received 840 vaccines.
2. Of the 327 clients, 101 immunization records were transcribed in Webiz and clients needed vaccines. An additional 9 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 297 COVID-19, 128 flu, and 10 RSV doses vaccines administered through 74 static and pop-up 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, Clark County School District, Clark County Law Foundation, Nevada Homeless Alliance, Lake Tonopah Senior Apartments, Las Vegas Metropolitan Department, Power of the Word Ministry, Puentes, REACH, SNHD Sexual Health Clinic, Somerset Commons Senior Apartments, The Center, Touro and YMCA.
4. There were 16 COVID vaccines provided through the In-Home COVID-19 Vaccination Program. The program expanded to include RSV and 10 doses were administered. 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 300 postcards sent to long term residential care homes to educate on the importance of COVID-19 vaccinations for residents and staff. The postcards contain a link and QR code to coordinate an on-site vaccine clinic. Vaccine education and support for long-term cares skilled nursing facilities continues to be provided when requested.
6. Vaccine outreach for people experiencing homeless living in encampments and tunnels continues once a month 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. Mpox vaccine has been commercialized and is no longer available to order through the National Stockpile as of April 30, 2024.
2. A total of 15 vaccines were administered through 5 static and pop-up sites.
3. 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 is currently being implemented through health equity areas with low vaccination rates and in healthcare provider offices.

III. Community Health Nursing

A. Nursing Education

There were 10 Nursing CEU's offered for the month of April 2024.

B. Maternal Child Health

There were two new lead referrals for elevated blood lead level for the month of April 2024. There were no new referrals 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 185 active families. Forty-eight (48) are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-nine (69) 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 build stronger relationships and partnerships with various community service providers. Community partnerships refer to the program and also offer essential services beneficial to the families enrolled.

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 twelve (12) families currently enrolled in the program.

The program has established a community health worker II who will be the consortium coordinator, and two more community health workers have been onboarded. Program outreach involved in-person presentations to community partners at the Southern Nevada Health District and Living Grace Homes. Virtual presentations were completed with an Anthem Blue Cross Blue Shield Medicaid case manager, during the Southern Nevada Breastfeeding Coalition meeting, and SNHD Nurse Family Partnership coalition meeting. A radio interview was also conducted with the Healthier Tomorrow Radio program.

IV. Sexual Health Outreach and Prevention Program

- A. Express Testing provided screening encounters to 179 clients. Team participated in STI Awareness Week, offering increased access to STI screenings.
- 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 to outside clinics.
- C. The CSCM nurse, in coordination with perinatal Hep B and HIV programs, met to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources.
- D. First of two CHW's working with Nevada Homeless Alliance sub grant continued working between SNHD and Nevada Homeless Alliance. Interviews continue for recruitment of second CHW.
- E. SHOPP Team attended 8 POP Up Homeless events, as well as providing Express Testing every Friday at Fremont site.
- F. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected with neurosyphilis. Four referrals were received in the program and the CSCM nurse, in coordination with the

Sexual Health Clinic and the University Medical Center's Wellness Center staff navigated the patients to UMC ER for the appropriate medical evaluation, diagnostic tests, and treatment.

V. Tuberculosis (TB) Clinic

- A. TB clinic has five (5) new adult TB active cases that were reported in the month of April 2024. There were zero (0) pediatric active TB cases reported for a total of five (5) cases for the month of April 2024.

VI. Employee Health Nursing

- A. There was one (1) SNHD employee who tested for COVID-19 in April 2024, zero (0) PCR tests conducted at CSN Charleston/North Las Vegas locations. One (1) test from outside entities. One (1) employee tested positive for COVID in April 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of April 2024. Annual catch-up TB testing is ongoing. Thirty-one (31) Tuberculosis tests were completed in April 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of April 2024. Two (2) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure cases for the month of April 2024.
- E. There are no new employee TB exposure cases for the month of April 2024.
- F. Vaccine Clinics
 - April 1 – April 30, 2024
Employees Total: 0 employees
 - 0 COVID – 19 Updated boosters.
 - 0 Influenza Vaccines
 - 0 Monkeypox Vaccines
 - 0 other vaccinesTotal vaccines given: 0
- G. Policies and procedures continue to be reviewed and updated.

PRIMARY AND PREVENTIVE CARE

MONTHLY REPORT

April 2024

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	**Other BTS Clinic	TOTAL
Immunization	1,190	676	218	37	0	0	10	14	303	2,448
Immunization Records Issued	193	63	15	1						272
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	205						12			217
TB Treatment & Control	1,575									1,575
SAPTA Services										25
TOTAL	3,163	739	233	38	0	0	22	14	303	4,537

Client Encounters by Program

Program	April 2023	April 2024		FY 22-23	FY 23-24	
Immunizations**	1,958	1,832	↓	34,234	30,553	↓
Immunization Records Issued	261	272	↑	4,809	272	↓
COVID-19 Vaccine Given*	508	297	↓	10,183	4,722	↓
Newborn Met. Screening	0	0	→	1	0	↓
SHOPP***	N/A	217	↓	N/A	1,985	↓
TB Treatment & Control	1,266	1,575	↑	11,914		↓
SAPTA Services	24		↓	432		↓
TOTAL	4017	4,193	↑	61573	37532	↓

*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						
	April 2023	April 2024		FY 22-23	FY 23-24	
Immunizations						
Flu Vaccine Given	543	536	↓	8,214	6,463	↓
Gratis	57	82	↑	2,051	1,346	↓
COVID Vaccine*	289	308	↑	2,346	3,758	↑
*Given by Immunization Clinics						
Vaccines for Children (VFC)*	April 2023	April 2024		FY 22-23	FY 23-24	
Number of VFC Compliance Visits	2	11	↑	45	64	↑
Number of IQIP Visits*	15	24	↑	81	58	↓
Number of Follow Up Contacts	31	100	↑	261	371	↑
Number of Annual Provider Training	14	20	↑	54	67	↑
Number of State Requested Visits	59	32	↓	886	357	↓
Perinatal Hepatitis B	April 2023	April 2024		FY 22-23	FY 23-24	
# of Expectant Women	19	32	↑	19	18	↓
# of Infants	69	73	↑	80	70	↓
Total # of Infants Delivered	2	1	↓	37	25	↓
New Cases	6	6	→	50	47	↓
Closed Cases	25	4	↓	59	37	↓
Childcare Program	2023	2024		FY 22-23	FY 23-24	
Childcare Audits	2	3	↑	56	90	↑
Baseline Immunization Rate	82%	76%	↓	72%	78%	↑
# of Final Audits	2	3	↑	56	90	↑
Final Immunization Rate	90%	93%	↑	93%	95%	↑
# of Records Reviewed	106	226	↑	3759	8034	↑
Covid-19 Vaccine Campaign						
COVID-19 Vaccine Campaign	2023	2024		FY 22-23*	FY 23-24	
# of COVID-19 Vaccines administered	508	297	↓	10,193	4,722	↓
# of Monkeypox Vaccine administered*	10	15	↑	547	340	↓
# of Influenza Vaccine administered**	113	128	↑	1273	2958	↑
# of Healthcare Provider Compliance Visits	1	0	↓	30	4	↓
# of Newly Enrolled Healthcare Provider Education Sessions	0	0	→	53	16	↓
# of Potential Healthcare Provider Recruitment Sessions	0	0	→	39	48	↑
# of Healthcare Provider Contacts	110		↓	645	849	↑
*Vaccine administration started October 2022						

Community Health Program						
	April 2023	April 2024		FY 22-23	FY 23-24	
Nursing Field Services						
MCH Team Home Visit Encounters	11	16	↑	80	108	↑
	April 2023	April 2024		FY 22-23	FY 23-24	
NFP (Team 1)						
Referrals	4	17	↑	85	140	↑
Enrolled	5	6	↑	59	77	↑
Active	119	116	↓			
	April 2023	April 2024		FY 22-23	FY 23-24	
NFP (Expansion Team)						
Referrals	6	12	↑	87	62	↓
Enrolled	3	7	↑	49	40	↓
Active	50	69	↑			
	April 2023	April 2024		FY 22-23	FY 23-24	
MCH						
# of Referrals Received**	1	6	↑	35	37	↑
# from CPS*	1	4	↑	24	26	↑
# of Lead Referrals	0	2	↑	3	8	↑
# of Total Admissions	0	3	↑	21	19	↓
	April 2023	April 2024		FY 22-23	FY 23-24	
EHB						
Referrals	6	N/A	↑	66	15	↓
Enrolled	4	N/A	↑	48	16	↓
Active	56	16	↓			
	April 2023	April 2024		FY 22-23	FY 23-24	
Thrive by 0 - 3						
Referrals	29	46	↑	608	554	↓
One-Time Home Visits	4	6	↑	33	85	↑
Enrolled	3	6	↑	25	24	↓
Active	17	13	↓			
	2023	2024		FY 22-23	FY 23-24	
Healthy Start**						
Referrals	N/A	12	↓	N/A	27	↓
Enrolled	N/A	10	↓	N/A	12	↓
Active	N/A	12	↓			
**New program as of 01/01/2024						

Tuberculosis Program						
Tuberculosis	April 2023	April 2024		FY 22-23	FY 23-24	
Number of Case Management Activities*	199	220	↑	2,187	2,113	↓
Number of Monthly Pulmonary Specialist Clinic Clients Seen	20	37	↑	330	284	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	27	49	↑	135	362	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	6	↑	53	207	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,266	1,355	↑	9,519	12,536	↑
*New EMR system- Counting only successful activities						
Substance Abuse Prevention & Treatment Agency (SAPTA)	April 2023	April 2024		FY 22-23	FY 23-24	
# of Site Visits	1	2	↑	33	15	↓
# of Clients Screened	24	25	↑	432	258	↓
# of TB Tests	21	24	↑	371	228	↓
# of Assessments only	3	1	↓	61	30	↓
Sexual Health Outreach and Prevention Program						
Sexual Health Outreach and Prevention Program (SHOPP) - Express Testing**	2023	2024		FY 22-23	FY 23-24	
# of screening encounters	N/A	179	↓	N/A	1,733	↓
# of clients screened	N/A	178	↓	N/A	1,724	↓
# of clients with positive STI identified	N/A	10	↓	N/A	153	↓
Sexual Health Outreach and Prevention Program (SHOPP)- Linkage **	2023	2024		FY 22-23	FY 23-24	
# of clients referred to Linkage	N/A	26	↓	N/A	149	↓
# of clients linked to care	N/A	25	↓	N/A	118	↓
Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP **	2023	2024		FY 22-23*	FY 23-24	
# of referrals (pregnant, post-partum, infants)	N/A	15	↓	N/A	121	↓
# of clients enrolled in CM	N/A	12	↓	N/A	84	↓
# of active pregnant clients	N/A	32	↓	N/A		
# of infants being followed	N/A	22	↓	N/A		
# of provider/community trainings	N/A	2	↓	N/A	12	↓
**New program/ department as of 7/1/2023						
Non-cumulative						