



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 27, 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 (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Nancy Brune – Council Member, City of Las Vegas (*via WebEx*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
Tick Segerblom – Commissioner, Clark County (*in-person*)
- ABSENT:** N/A
- ALSO PRESENT:** Linda Anderson, Jen Bertolani, Michelle Brzycki, George Buzzas, Antony
(In Audience) Chen, Georgi Collins, Harold Collins, Trey Delap, Kyle Devine, Sean Dort,
Calai Elumalai, Allison Genco, Kiran Gill, Aaron Gutierrez, Maya Holmes,
Deborah Kuhls, Jimmy Lau, Jennifer Lopez, Bradley Mayer, Teddy Parker, Lisa
Rogge, Stacie Sasso, Paul Shubert, Todd Sklamberg, Debbie Springer,
Shauna Tello, Mahogany Turfley, Susan VanBeuge
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Elizabeth Adelman, Talibah Abdul-Wahid, Malcolm Ahlo, Chelle Alfaro,
Adriana Alvarez, Rashida Alvarez, Kristen Anderson, Renita Anderson, Emily
Anelli, Anna Angeles, Lisa Archie, Larry Armstrong, Jonna Arqueros,
Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Mark Bergtholdt, Haley
Blake, Murphy Boudreaux, Amanda Brown, Cory Burgess, Daniel Burns,
Nikki Burns-Savage, Victoria Burris, Donna Buss, Erika Bustinza, Joe
Cabanban, Belen Campos-Garcia, Andy Chaney, Nicole Charlton, Jonathan
Contreras, Mary Cooper, Andria Cordovez Mulet, Rebecca Cruz-Nañez,
Corey Cunnington, Cherie Custodio, Gerard Custodio, Brendan Dalton,
Liliana Davalos, Banessa Diaz Villa, Chris DeLisle, Aaron DelCotto, Edna
DelRosario, Lily Dominguez, Rayleen Earney, Regena Ellis, Brian Felgar, Ina
Fincher, Kaylina Fleuridas, Adelina Folkes, Jason Frame, Kimberley Franich,
Monica Galaviz, Cheri Gould, Jacques Graham, Heather Hanoff, Jeremy
Harper, Maria Harris, Sheila Harris, Amineh Harvey, John Hammond,
Richard Hazeltine, Dan Isler, Lorretta Jennings, Jessica Johnson, Horng-

Yuan Kan, Mikki Knowles, Greg Lang, Cassius Lockett, Erick Lopez, Jennifer Loysaga, Randolph Lockett, Sandy Lockett, Hetal Luhar, Anilkumar Mangla, Cassondra Major, Blanca Martinez, Roni Mauro, Kimberly Monahan, Gabriela Montaldo, Stephanie Montgomery, Samantha Morales, Christian Murua, Todd Nicolson, Brian Northam, Lorraine Oliver, Verallynn Orewyler, Taimi Ortega, Kyle Parkson, Neleida Pelaez, Tasheka Powell, Luann Province, Yin Jie Qin, Zuwen Qiu-Shultz, Patricia Quiroz, Cheryl Radeloff, Larry Rogers, Alexis Romero, Lester Rossi-Boudreaux-Thibodeaux, Arc Rufo, Kim Saner, Myra Santillan, Aivelhyn Santos, Chris Saxton, Kris Schamaun, Rabea Sharif, Dave Sheehan, Karla Shoup, Rosanna Silva-Minnich, Marnita Smith-Dent, Bruno Stephani, Amy Stines, Shaqweta Summerville, Ronique Tatum-Penegar, Will Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Justin Tully, Shylo Urzi, Lizbeth Vasquez, Yolanda Villalobos, Jorge Viote, DJ Whitaker Jules Wilson, Lourdes Yapjoco, Merylyn Yegon, Adrienne Young, Christian Young

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. 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. Dr. Erick Lopez, Lei Zhang, Rebecca Topol, Greg Lang, and Dr. Cassius Lockett

- Poster Award in Health Equity and Tribal Epidemiology at the 2024 Council of State and Territorial Epidemiologists (CSTE) Annual Conference for co-authoring “*Advancing Health Equity through Health Information Exchange: Augmenting Socio-Demographic Surveillance Data Completeness*”

The Chair recognized Dr. Lopez, Mr. Zhang, Ms. Topol, Mr. Lang and Dr. Lockett for receiving an award in Health Equity and Tribal Epidemiology at the CSTE Annual Conference for co-authoring a poster on “*Advancing Health Equity through Health Information Exchange: Augmenting Socio-Demographic Surveillance Data Completeness*”. Posters were chosen by a review committee based on scientific content, public health impact and whether it exemplifies the effective and innovative application of epidemiologic methods in an investigation or study. On behalf of the Health District and the Board, the Chair congratulated the employees for their accomplishment.

2. Southern Nevada Health District – June Employees of the Month

- Brian Felgar and Lester Rossi Boudreaux-Thibodeaux

The Chair recognized the Employees of the Month. Each month the Health District, and the Board of Health, recognized those employees that went above and beyond for the Health

District and our community and that best represented the Health District's C.A.R.E.S. Values. On behalf of the Health District and the Board, 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.

Jules Wilson has been a Lab Assistant for the Health District at the Southern Nevada Public Health Laboratory for the past two years; however, had worked in hospitals for 19 years. Mr. Wilson stated that he knew when healthcare employees were valued and not valued. Mr. Wilson was speaking on behalf of Health District employees, who were on the front lines during the pandemic, putting themselves and their families at risk. Mr. Wilson stated that management did not care, nor appreciated, the employees. Mr. Wilson advised management that, if they cared, they would help the employees' families to keep up with the cost of living and fix the staffing situation that has left many overworked and underpaid. Mr. Wilson stated that the management's offer (related to the Collective Bargaining Agreements) was not good enough and did not go far enough to fix the challenges faced by employees.

Regina Ellis, a Community Health Nurse at the Health District, spoke on the resolution regarding the budget and the need to prioritize the resources for the workforce. Ms. Ellis stated that the Health District employees were on the front lines of any public health crisis, such as the pandemic, which put their families at risk for the community. Ms. Ellis stated that management said that they were grateful and called healthcare workers heroes. The union was hopeful at the start of the negotiations that a real solution to staffing shortages would be addressed; however, not enough had been done to invest in public health workers and the negotiations remained at a standstill. Ms. Ellis urged the Board to use the funding that would be discussed during the meeting to resolve the issues she raised. Ms. Ellis stated that the cost of living had skyrocketed, housing had increased, along with food, gas, diapers, and formula, but the employees' wages had not caught up. Ms. Ellis recalled that the state provided flexible funding to invest in public health and in the workforce; not investing in the workforce would create a public health crisis and meant that the workforce would not be prepared when the next pandemic struck. Ms. Ellis requested the Board's leadership to help the public health workforce in the community.

Arc Rufo, a Disaster Recovery Specialist at the Health District, spoke on behalf of the individuals that supported health care providers behind the scenes to protect the community. Mr. Rufo advised that as he worked in the Information Technology (IT) Department, they were also dealing with the same issues as his coworkers, of being short-staffed, overworked and that management's refused to hire needed positions. Mr. Rufo outlined that the Health District did not have a dedicated cybersecurity position, and recently had to deal with an issue of the website being hacked, wherein payment information was placed on a fake website that appeared to look like the Health District's website. Once the issue was identified, the IT team was able to work throughout the weekend to fix the issue, but Mr. Rufo stated that the issue could have been avoided with the proper staff. Mr. Rufo stated that IT staff were asked to work more without overtime when their salaries already weren't competitive. Mr. Rufo advised that the systems engineers and technicians were dramatically underpaid, not by a few percentage points, but significantly under market value. Mr. Rufo stated that inflation had been as high as 8-10% and

that management's offer (related to the Collective Bargaining Agreements) did not bring staff to market value and did not address staffing issues. Mr. Rufo stated that things had to change or experienced workers would not stay and if those experienced workers did not stay, then public health in the community would suffer. Mr. Rufo concluded that that they would make their voices heard and continue to fight.

Lorraine Oliver, a retired Community Health Nurse, stated that she was voted onto the bargaining team for the Health District employees due to her years of service and was then removed from the bargaining team. Ms. Oliver stated that she considered SEIU and the Health District as her family. Ms. Oliver further stated that approximately three weeks ago, she received an email from the nursing management at the Health District requesting that she return to the Health District. Ms. Oliver advised that Human Resources (HR) decided that they wanted to use individuals that were not trained and pay more. Ms. Oliver stated that she participated in many bargaining teams at the Health District and that everyone on the management bargaining team was new, except for one member. Ms. Oliver stated that one of the items for bargaining that had not been resolved was that management would not consider seniority of an individual when promoting or hiring individuals. Ms. Oliver stated that at the beginning of negotiations, staff were asked to give up their right to speak to the Board. Ms. Oliver further raised concerns regarding the NEOGOV system, which was used by many public entities for timekeeping, etc. Ms. Oliver advised that every bargaining team member was not paid adequately through that system, and it took more than a week to fix it. Further, there were still issues related to correct time balances. Ms. Oliver stated that management needed to show that they care about their employees.

Harold Collins, representing himself, was a resident of Southern Nevada and did not have any financial interest in aquatic facilities. Mr. Collins referenced the June 27, 2024, District Health Officer Report on the topic of the revocation of lifeguard waivers. Mr. Collins stated that private athletic clubs and aquatic facilities played an important part in the health of the community and were a great benefit for senior citizens. Mr. Collins noted an article in the Las Vegas Review Journal on May 21, 2024, on the enforcement of lifeguard requirements putting access to health benefits at risk. Mr. Collins stated that he did not see a risk assessment study performed by the Health District to support the elevation of risk of exercising in a four-and-a-half-foot pool for exercise and other activities. Mr. Collins stated that there was a risk with almost everything, including lifting weights, hiking, even crossing the street, but the Health District did not impose requirements for spotters at every weight workout station or someone to accompany every hiker on the trail. Mr. Collins encouraged the Health District to conduct a scientific fact-based risk assessment study of the risk and benefit from aquatic facilities, exercise facilities, and not rely on anecdotal incidences.

Stacie Sasso, the Executive Director for the Health Services Coalition (Coalition), spoke regarding trauma systems. Ms. Sasso advised that the Coalition, and its' members, had been involved in the regulation and oversight of the Southern Nevada Trauma System for more than 20 years, as an effective trauma system was vital to the community. Ms. Sasso expressed her thanks to the Health District for the work done to ensure that the trauma system remained stable and effective. Ms. Sasso stated that they supported smart growth that was consistent with national guidelines, was based on comprehensive data and proactive assessments of community needs to safeguard the ability to get the right patient to the right care at the right time. Unneeded proliferation of trauma centers would oversaturate the system, dilute the quality of care, strain resources and undermine the stability of existing trauma centers. Ms. Sasso proceeded to advise that both the state and local health district trauma system regulations indicate trauma system expansion should be based on a determination of need or unmet need, and that any expansion would not

negatively impact the existing trauma centers. Ms. Sasso recalled that in 2016, the Board directed the Regional Trauma Advisory Board (RTAB) to conduct a comprehensive needs assessment before bringing forward applications for trauma centers. A subcommittee of RTAB did a lot of work over several years to develop objective criteria to assess trauma system needs, and much of that work resulted in data that was available in the Southern Nevada Trauma System Report. Ms. Sasso looked forward to RTAB reviewing the data in depth, and any additional data it required to fulfill its advisory role and make a recommendation on system needs to the Board. Ms. Sasso addressed the high-level presentation on trauma systems on this meeting agenda. Ms. Sasso looked forward to having detailed data-driven presentations and discussions on the trauma system, especially if the Board were asked to consider making changes to the existing trauma system. Ms. Sasso noted the growth of free-standing emergency departments and raised concern about the rapid growth in the community, often not far from existing hospitals and often in higher income areas. Ms. Sasso stated that, in 2016, hospitals opened 11 free-standing emergency departments and 6 micro or limited hospitals, and there were at least 5 applications pending. Ms. Sasso stated that patients attempted to access urgent care at a free-standing emergency department because the building looked like an urgent care facility. The patient was then billed at the hospital rates. On the other hand, if patients experienced a true emergency, they would need to be transferred to a hospital, which would delay care and take patients far away from their homes. Ms. Sasso recalled that several years ago, the Health District changed EMS protocols to permit EMS transports to micro-hospitals and free-standing emergency departments, which significantly reshaped healthcare delivery in the community and impacted patients. Ms. Sasso urged reporting of those transports to understand EMS transports, transfers, discharges, admissions, and other information at these new facilities and the micro hospitals. Further, Ms. Sasso advised that free-standing emergency departments' transfer transport protocols, trauma transport protocols, and changes to EMS catchment areas should be brought before the Board for review and approval.

Maya Holmes, the Health Policy Director for the Culinary Health Fund and a representative on the RTAB, echoed the goals and concerns stated by Ms. Sasso. Ms. Holmes wished to comment on issues in the trauma system presentation that she hoped would be clarified and presented to RTAB. Ms. Holmes raised that the presentation showed an annual growth in trauma patients of 10% from 2019 to 2023, mainly among step four patients who do not have trauma level injuries but have certain risk factors. Ms. Holmes stated that there has been a growth in step four patients since the EMS protocol changed in 2018, which mandated transfer of all step fours to a trauma center. Ms. Holmes indicated that the protocol was not consistent with national guidelines, and they support its reversal. Ms. Holmes stated that the transport times in the presentation were skewed as they were not broken down by step level. Ms. Holmes noted that excellent transport times over the last five years. Ms. Holmes also noted that the presentation references population growth but does not specify the location of growth and noted that population growth did not automatically correlate with trauma growth. Further, Ms. Holmes noted that the presentation compared the Health District's trauma system to other trauma systems, and noted that it was not an equal comparison, as comparisons should consider capacity, geography, physician workforce availability, and the planning behind each trauma system. Ms. Holmes concluded that she looked forward to having robust and comprehensive data to determine any need for trauma system change or growth, along with RTAB reviewing the 2023 Clark County Trauma System Report.

Dr. Deborah Kuhls, Chief of Trauma at UMC, commented on trauma systems. Dr. Kuhls outlined her knowledge of shock trauma, which was one of the first systems of trauma centers and continued to be a model of care. Dr. Kuhls advised that trauma systems required detailed analysis, including geospatial modeling, to ensure that southern Nevada residents had access to

a trauma center. Dr. Kuhls looked forward to working with the RTAB to better examine the information that would be presented to the Board.

Aaron Gutierrez submitted a written public comment and addressed the Board regarding the revocation of lifeguard waivers. Mr. Gutierrez requested that the Board reinstate the lifeguard waivers until the Board could study the impacts of the revocation. Mr. Gutierrez stated that the CDC required lifeguards for pools that were deeper than 5 feet or 5 meters. Mr. Gutierrez further commented that most swimming incidents do not happen at commercial gym pools. Mr. Gutierrez stated that individuals signed waivers and attended gyms at their own risk. Mr. Gutierrez raised that pools were overcrowded with people standing in the pool when he tried to swim laps. Mr. Gutierrez stated that he felt that he did not need a lifeguard babysitting him in three and a half feet of water. He advised that his gym followed the rules, and that the Las Vegas Athletic Club (LVAC) should be punished for not following the rules. Mr. Gutierrez felt that the lack of lifeguards would be more of a liability issue for a gym's liability insurance as opposed to a health department issue. Mr. Gutierrez requested that the Board reconsider the revocation of lifeguard waivers.

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

V. ADOPTION OF THE JUNE 27, 2024 MEETING AGENDA *(for possible action)*

Item VI.2 was removed from the Consent Agenda.

A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to approve the June 27, 2024 Amended Agenda, as amended.

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: May 23, 2024 *(for possible action)*

~~**2. PETITION #40-24: Approval of a contract for Data Security Posture Management Software as a Service (SaaS) between Escape Velocity Holdings Inc. dba Trace3 LLC and the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

Item VI.2 (Petition #40-24) was removed from the Consent Agenda and may be brought back at a later date.

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the June 27, 2024 Consent Agenda, as amended.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to

another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

There were no items heard.

VIII. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Approve Recommendations from the June 6, 2024 At-Large Member Selection Committee Meeting; direct staff accordingly or take other action as deemed necessary *(for possible action)*

a. Southern Nevada District Board of Health

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Dr. Frank Nemec as the physician representative on the Board. After further discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Hardy, and carried unanimously to accept the recommendation from the At-Large Member Selection Committee and approve Dr. Frank Nemec as the Physician representative to the Southern Nevada District Board of Health for a two-year term beginning on July 1, 2024.

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Richard Eide as the regulated business/industry representative on the Board. After further discussion, the following motion was made:

Member Brune left the meeting at 9:49 a.m.

A motion was made by Chair Kirkpatrick, seconded by Member Knudsen, and carried unanimously to approve Bobbette Bond as the Regulated Business/Industry representative to the Southern Nevada District Board of Health for a two-year term beginning on July 1, 2024.

Member Brune returned to the meeting at 9:51 a.m.

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Scott Nielson as the gaming representative (as recommended by the Nevada Resort Association) on the Board of Health. After further discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Knudsen, and carried unanimously to accept the recommendation from the At-Large Member Selection Committee and approve Scott Nielson as the Gaming representative to the Southern Nevada District Board of Health for a two-year term beginning on July 1, 2024.

b. Southern Nevada District Board of Health Public Health Advisory Board

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Dr. Kenneth Osgood as the physician representative on the Public Health Advisory Board. After further discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Hardy, and carried unanimously to accept the recommendations from the At-Large Member Selection Committee and approve Dr. Kenneth Osgood as the Physician representative to the Southern Nevada District Board of Health Public Health Advisory Board for a two-year term beginning on July 1, 2024.

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Dr. Susan VanBeuge as the nurse representative on the Public Health Advisory Board. After further discussion, the following motion was made:

A motion was made by Chair Kirkpatrick, seconded by Member Hardy, and carried unanimously to accept the recommendations from the At-Large Member Selection Committee and approve Dr. Susan VanBeuge as the Registered Nurse representative to the Southern Nevada District Board of Health Public Health Advisory Board for a two-year term beginning on July 1, 2024.

Chair Black provided a summary from the At-Large Selection Committee meeting on June 6, 2024 with the recommendation of Dr. Brian Labus as the environmental health representative on the Public Health Advisory Board. Dr. Antony Chen, who was an applicant for the environmental health representative on the Public Health Advisory Board, was in attendance, virtually, and addressed the Board in support of his application. After further discussion, the following motion was made:

A motion was made by Member Hardy, seconded by Chair Kirkpatrick, and carried unanimously to accept the recommendations from the At-Large Member Selection Committee and approve Dr. Brian Labus as the Environmental Health representative to the Southern Nevada District Board of Health Public Health Advisory Board for a two-year term beginning on July 1, 2024.

2. Receive, Discuss, and Approve Clark County's Fiscal Year 2025 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620; direct staff accordingly or take other action as deemed necessary (for possible action)

Donnie (DJ) Whitaker, Chief Financial Officer, advised that Clark County increased the property tax revenue allocated to the Health District, which revised the Fiscal Year 2025 Budget that was previously approved by the Board. Ms. Whitaker advised that Clark County requested that the revision be presented to the Board for approval.

Further to an inquiry from Member Segerblom, Ms. Whitaker confirmed that the property tax revenue allocation increased by \$1,056,272.

A motion was made by Member Knudsen, seconded by Member Black, and carried unanimously to accept the recommendations from the Finance Committee and approve the

Clark County's Fiscal Year 2025 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620, as presented.

3. PETITION #39-24 – Approval of Augmentation to the Southern Nevada Health District FY2024 Budget; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the resolutions regarding the budget augmentation, as follows:

- **Resolution #04-24**
 - General Fund: Increase the appropriation of the General Fund by \$894,900, from \$93,837,590 to \$94,732,490
- **Resolution #05-24**
 - Grant Fund, Special Revenue: Decrease the Grant Fund (Special Revenue) by \$23,298,806, from \$96,721,598 to \$73,422,792

*Member Brune left the meeting at 10:06 a.m. and did not return.
Member Knudsen left the meeting at 10:17 a.m. and did not return.*

A motion was made by Chair Kirkpatrick, seconded by Member Black, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #39-24 related to the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #04-24) and (ii) Grant Fund (Special Revenue) (Resolution #05-24) Budget for the Fiscal Year Ending June 30, 2024, as presented, to meet the mandatory financial requirements of NRS 354.598005.

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)**

Chair Kirkpatrick advised that, after consultation with Member Nielson, who served as the Chair of the Finance Committee, the Finance Committee meetings would move from quarterly to bi-annually (twice a year).

Chair Kirkpatrick encouraged the Board members to educate their communities on heat related issues and vector control.

Member Hardy left the meeting at 10:24 a.m.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

On behalf of Dr. Leguen, Dr. Cassius Lockett, Deputy District Health Officer-Operations, advised that the CDC Director, Dr. Mandy Cohen, was in Las Vegas earlier in the month and

visited the Trac-B Impact Exchange, the Health District's Decatur location and UNLV School of Public Health. There were discussions on substance use, wastewater surveillance and family planning.

Dr. Lockett advised that the Vector Surveillance Team was busy trapping mosquitos. Dr. Lockett advised that, as of June 21st, there had been 230 West Nile Virus positive mosquito pools, across 30 zip codes. Dr. Lockett further advised that in addition to West Nile Virus, there was also detection of St. Louis encephalitis.

Member Hardy returned to the meeting at 10:26 a.m.

Member Bond left the meeting at 10:27 a.m.

The Chair inquired whether the Office of Communications could do educational videos for children and seniors related to mosquito bites using Tik Tok. Dr. Lockett advised that he would raise it with Jennifer Sizemore, the Chief Communications Officer.

Member Bond returned to the meeting at 10:29 a.m.

Further to an inquiry from Member Segerblom regarding the creation of a mosquito abatement district, the Chair confirmed that legislators continued to discuss this topic, however, any creation of a mosquito abatement district would have to include funding.

- Educational Presentation on Free-Standing Emergency Departments

Paul Shubert, Chief of the Bureau of Health Care Quality and Compliance, and Kyle Devine, Deputy Administrator of the Regulatory and Planning Branch, from the Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH), provided an educational presentation on Free-Standing Emergency Departments.

The Chair advised that a joint meeting with Clark County and the Health District to discuss free-standing emergency departments would be scheduled.

Member Black left the meeting at 10:38 a.m.

Further to an inquiry from the Chair regarding the complaint process for free-standing emergency departments, Mr. Shubert advised that complaints should be filed with the Bureau of Health Care Quality and Compliance. Mr. Shubert advised that free-standing emergency department services must be integrated with the parent hospital services.

Further to an inquiry from Member Nemeck on the credentialing process for providers, Mr. Shubert advised that that vetting of staff and requirements for qualification standards were the same as at the parent hospital. The credentialing process would be completed by the governing body for the parent hospital.

Member Black returned to the meeting at 10:42 a.m.

Further to an inquiry from Member Bond, Mr. Devine confirmed that integrated referenced in the presentation meant that the free-standing emergency department would be the same as any other hospital department in a hospital system, which would have to meet all the same standards as an out-patient service.

Further to an inquiry from the Chair on the agency that regulates urgent care facilities, Mr. Shubert advised that urgent care facilities would be the same as a physician's office, as in the personnel would be regulated by their professional licensure board.

Member Nemec left the meeting at 10:55 a.m.

Member Nemec returned to the meeting at 10:57 a.m.

Member Segerblom left the meeting at 11:00 a.m. and did not return.

The Chair requested a one-page fact sheet of information on the services provided by urgent cares, free-standing emergency departments, hospitals, and micro hospitals, that Board members could circulate to educate the community on the services provided.

Mr. Devine advised that the free-standing emergency department had to provide the exact same services as an emergency department in a parent hospital. Mr. Devine clarified that the difference would be when someone needed to be admitted; in a hospital, the individual would be transported to another floor, however, in a free-standing emergency department, the individual would need to be transported by motorize transportation. Mr. Devine further advised that if an individual went to a free-standing emergency department and that facility could not provide the same services as the parent hospital, then a complaint would need to be submitted to the Bureau of Health Care Quality and Compliance to be investigated.

- Trauma System of Southern Nevada

Dr. Christian Young, Board-certified emergency physician at UMC and Medical Director for SNHD's Office of Emergency Medical Services & Trauma System (OEMSTS), and John Hammond, Manager of the Office of EMSTS, provided an overview of trauma systems in Southern Nevada.

Further to an inquiry from the Chair regarding where transfer agreements were filed, Dr. Young advised that transfer agreements were submitted with an application for a trauma center. Mr. Hammond advised that transfer agreements were between facilities, not with the jurisdictions.

Further to an inquiry from Member Bond on the number of ambulances in the community, Dr. Young advised that the information is closely tracked by various agencies, including first response, municipal and private transport.

Member Hardy left the meeting at 11:26 a.m.

Member Nemec left the meeting at 11:27 a.m. and did not return.

Mr. Hammond advised that his office had the data related to ambulances, including the number of ambulances permitted, non-transport ambulances, the level of care provided and the owners. Mr. Hammond confirmed that he will provide that information to the Board.

Member Hardy returned to the meeting at 11:30 a.m.

Member Bond requested information on the shortages of specialists in the community.

Member Bond requested that the information in the presentation be compared to the 2022 Clark County Trauma System Report to ensure that the information is accurate related to the Trauma Field Triage Criteria steps.

Member Black left the meeting at 11:52 a.m. and did not return.

The Chair confirmed that staff would provide the Board with the information related to the ambulances.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as at March 31, 2024
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. 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.

Dr. Deborah Kuhls raised a comment from an earlier presentation regarding different trauma systems. Dr. Kuhls indicated that there was published data on different trauma systems, both the level of trauma centers, the number, the proliferation, and its impact upon the health outcomes of citizens. Dr. Kuhls urged the Board to look at other data sources related to trauma systems.

Harold Collins spoke regarding the lifeguard pool waivers. Mr. Collins indicated that he signed a risk waiver when he became a member of the LVAC. Mr. Collins indicated that for retired people on a fixed income, aquatic facilities were an economical option to exercise and socialize with others. Mr. Collins stated that the thin profit margin of athletic clubs was at risk if they were forced to have pool side lifeguards on staff. Mr. Collins further stated that many people had to exercise when they had an opportunity and closing aquatic facilities would have a negative impact on the health and well-being of the community. Mr. Collins requested that the Board allow for the extension of the pool side lifeguard variance so residents could continue having the health benefits of aquatic facilities throughout the community.

John Perazzo submitted a written public comment that was read into the record regarding the revocation of lifeguard waivers for LVAC pools.

Seeing no one further, 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 12:02 p.m.

The Chair closed the Closed Session at 12:39 p.m.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 12:40 p.m.

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

From: [Aaron Gutierrez](#)
To: [SNHD Public Comments](#)
Subject: Pool Code Changes
Date: Thursday, June 27, 2024 9:11:39 AM

Aaron Gutierrez
Zip 89123

I don't know which agenda item this belongs to.

This is in response to the June 13 live guard waiver revocations. First of all, thank you for all you have done keeping us safe, especially during COVID. The policies were made with common sense and expertise.

However, I feel this decision was a bit of an overreach. While I feel public health and safety is important, This decision has many adverse effects. Firstly, your decision seems to lean on CDC Model Pool Code rules. If our rules mirrored those, we would not require lifeguards and gym pools with shallow water. See rules 1 and 5 below in the CDC code.

I don't know the situation at LVAC but I feel that EOS was following the rules with the remote monitoring. Please consider allowing EOS a waiver. Feel free to hammer LVAC for not following the rules.

CDC Rules:

- 1) For new construction occurring from the date of acceptance of this CODE, any AQUATIC VENUE **deeper than 5 feet (1.5 m) at any point;**
- 2) Any AQUATIC VENUE that allows for unsupervised children under the age of 14 years;
- 3) Any AQUATIC VENUE while it is being used for the recreation of youth groups, including but not limited to childcare usage or school groups;
- 4) Any AQUATIC VENUE while it is being used for group training must have dedicated lifeguards on DECK for class surveillance, sufficient to meet the requirements of MAHC [6.3.3.1](#), including but not limited to competitive swimming and/or sports, lifeguard training, exercise programs, and swimming lessons;
- 5) Any AQUATIC VENUE with a configuration in which any point on the AQUATIC VENUE surface exceeds 30 feet (9.1 m) from the nearest DECK;**
- 6) Any AQUATIC VENUE with an induced current or wave action including but not limited to WAVE POOLS and LAZY RIVERS;
- 7) Waterslide landing pools;
- 8) Any AQUATIC VENUE in which BATHERS enter the water from any height above the DECK including but not limited to diving boards, DROP SLIDES, starting platforms, and/or climbing walls. This includes POOL SLIDES that discharge into water depths deeper than 5 feet (1.5 m); and

9) Any AQUATIC FACILITY that sells or serves alcohol within the AQUATIC VENUE ENCLOSURE, during the periods when alcohol is sold or served.

SNHD Rules:

(A) A LIFEGUARD shall be required for any of the following conditions:

- (1) Any POOL that allows unsupervised children under the age of 14 years;
 - (2) Any POOL while it is being used for the recreation of youth groups, including but not limited to, childcare usage or school groups;
 - (3) Any AQUATIC VENUE while it is being used for group training including but not limited to competitive swimming and/or sports, LIFEGUARD training, exercise programs, and swimming lessons;
 - (4) Any AQUATIC VENUE with a surface area of at least 2000 square feet, (a) AQUATIC VENUES jointly owned by all residents in a development or a homeowners association do not require a LIFEGUARD(S), but must have a written procedure for supervision of BATHERS APPROVED by the HEALTH AUTHORITY prior to being issued a PERMIT to operate, (b) A LIFEGUARD must be provided if the number of PATRONS exceeds 80 percent of the THEORETICAL PEAK OCCUPANCY;
 - (5) Any AQUATIC VENUE ENCLOSURE with a cumulative unsupervised POOL surface area of 4000 square feet or more;
 - (6) Any AQUATIC VENUE with an induced current or wave action including but not limited to WAVE POOLS and LAZY RIVERS;
 - (7) WATERSLIDE LANDING POOLS;
 - (8) Any AQUATIC VENUE in which BATHERS enter the water from any height above the DECK including but not limited to diving boards, DROP SLIDES, starting platforms, and/or climbing walls;
 - (9) Any POOL that charges an admission fee including a fee charged for the use of poolside amenities includes the use of the POOL;**
- or
- (10) Any POOL not associated with multiple living or lodging units.



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 27, 2024 – 9:00 A.M.

Meeting will be conducted In-person and via Webex

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Conference Room

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=me853d27181c88fe64134290834402348>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2557 441 9952](https://snhd.webex.com/snhd/j.php?MTID=me853d27181c88fe64134290834402348)

For other governmental agencies using video conferencing capability, the Video Address is:
25574419952@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. Dr. Erick Lopez, Lei Zhang, Rebecca Topol, Greg Lang, and Dr. Cassius Lockett

- Poster Award in Health Equity and Tribal Epidemiology at the 2024 Council of State and Territorial Epidemiologists Annual Conference for co-authoring “*Advancing Health Equity through Health Information Exchange: Augmenting Socio-Demographic Surveillance Data Completeness*”

2. Southern Nevada Health District – June Employees of the Month

- Brian Felgar, Lester Rossi Boudreaux-Thibodeaux

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

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2557 441 9952. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

V. ADOPTION OF THE JUNE 27, 2024 AGENDA *(for possible action)*

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

1. APPROVE MINUTES/BOARD OF HEALTH MEETING: May 23, 2024 *(for possible action)*

2. PETITION #40-24: Approval of a contract for Data Security Posture Management Software as a Service (SaaS) between Escape Velocity Holdings Inc. dba Trace3 LLC and the Southern Nevada Health District; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

VIII. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Approve Recommendations from the June 6, 2024 At-Large Member Selection Committee Meeting; direct staff accordingly or take other action as deemed necessary *(for possible action)*

a. Southern Nevada District Board of Health

- Representative who is a physician licensed to practice medicine in this State;
- Representative of a non-gaming business or from an industry is that is subject to regulation by the Health District;
- Representative from the association of gaming establishments

b. Southern Nevada District Board of Health Public Health Advisory Board

- Representative who is a physician licensed to practice medicine in this State;
- Representative who is a nurse licensed to practice medicine in this State;

- Representative with a background or expertise in environmental health or environmental health services

2. Receive, Discuss, and Approve Clark County’s Fiscal Year 2025 Budget Pages for SNHD’s Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620; direct staff accordingly or take other action as deemed necessary (*for possible action*)

3. PETITION #39-24 – Approval of Augmentation to the Southern Nevada Health District FY2024 Budget; direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

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

- DHO Comments
- Educational Presentation on Free-Standing Emergency Departments
- Trauma System of Southern Nevada

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as at March 31, 2024
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Primary & Preventive Care Division Monthly Activity Report

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

XIII. CLOSED SESSION

Go into closed session, pursuant to NRS 288.220 for the purpose of conferring with Health District management 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

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 Nemec, 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



At-Large Member Selection Committee Recommendations

Board of Health – 2024 At-Large Member Recommendations

Physician				
First Name	Last Name	Residential Address	Employer	Occupation
Frank	Nemec	Las Vegas, NV	Self	Physician

Non-Gaming Business or Business/Industry subject to Regulation by the Health District				
First Name	Last Name	Residential Address	Employer	Occupation
Richard	Eide	Logandale, NV	Self	Professional Food Services

Gaming Establishment - Appointed by the Nevada Resort Association				
First Name	Last Name	Residential Address	Employer	Occupation
Scott	Nielson	Las Vegas, NV	Self	Gaming Consultant

Public Health Advisory Board – 2024 At-Large Member Recommendations

Physician				
First Name	Last Name	Residential Address	Employer	Occupation
Kenneth	Osgood	Las Vegas, NV	Medical Scientific Resources of Nevada	Physician

Nurse				
First Name	Last Name	Residential Address	Employer	Occupation
Susan	VanBeuge	Las Vegas, NV	UNLV	Professor in Residence

Environmental Health or Environmental Health Services				
First Name	Last Name	Residential Address	Employer	Occupation
Brian	Labus	Las Vegas, NV	UNLV	Assistant Professor, Epidemiology & Biostatistics



together**for**better

memorandum

To: D.J. Whitaker, Southern Nevada Health District
From: Jennifer Green, Director of Budget and Financial Planning
Subject: Fiscal Year 2025 Budget Pages
Date: May 16, 2024

To assure that the budget information forwarded to the Budget Office is accurately presented in the Final Budget document, the **Health District's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for fund 7620** are attached for your review and approval.

If you agree with the information presented on the attached, please sign and date below and return a pdf of this signed memo and the attached budget page to me by **Noon, Monday, May 20, 2024**.

If you do not agree with the information presented on the attached, please mark your changes on the attached pages and PDF the information to me. The changes will be made to the schedules and resent back to you for final review.

Note, there is a property tax revision that is different from the Final Budget currently approved by the governing board that will be presented to the Board of Health at a future meeting.

Kim Saner

Signature

5/20/2024

Date

Kim K Saner Deputy District Health Officer- Admin

Print Name and Title

<u>REVENUES</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Licenses & Permits				
Business Licenses & Permits				
Business Licenses	23,557,537	26,873,579	27,802,255	27,802,255
Intergovernmental Revenues				
State Shared Revenues				
Other	31,630,078	34,088,562	37,658,060	37,651,176
Charges for Services				
Health				
Other	28,940,004	38,517,726	39,943,686	39,943,686
Miscellaneous				
Interest Earnings	554,290	732,938	669,772	669,772
Other	4,411,099	1,325,316	1,889,388	1,889,388
Subtotal	4,965,389	2,058,254	2,559,160	2,559,160
Subtotal Revenues	89,093,008	101,538,121	107,963,161	107,956,277
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
Leases Issued	564,309			
Subscriptions	641,291			
BEGINNING FUND BALANCE	36,886,107	47,091,967	45,827,732	45,827,732
Prior Period Adjustments				
Residual Equity Transfers				
TOTAL BEGINNING FUND BALANCE	36,886,107	47,091,967	45,827,732	45,827,732
TOTAL AVAILABLE RESOURCES	127,184,715	148,630,088	153,790,893	153,784,009

Clark County
(Local Government)

SCHEDULE B

Fund 7050
Southern Nevada Health District

<u>EXPENDITURES</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Health				
Health District				
Salaries & Wages	37,411,264	40,515,704	45,815,313	46,412,030
Employee Benefits	15,214,363	21,356,250	22,012,578	22,521,269
Services & Supplies	10,317,763	31,245,198	31,311,576	32,163,852
Capital Outlay	1,676,006	720,438		688,800
Principal	746,242			
Interest	281,659		6,126,385	
Subtotal Expenditures	65,647,297	93,837,590	105,265,852	101,785,951
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Reserves				3,000,000
Operating Transfers Out (Schedule T)				
To Fund 7060 (SNHD Capital Improvement)		2,000,000	1,000,000	2,000,000
To Fund 7090 (SNHD Grant)	14,445,451	6,964,766	5,360,407	5,530,735
Subtotal	14,445,451	8,964,766	6,360,407	10,530,735
ENDING FUND BALANCE	47,091,967	45,827,732	42,164,634	41,467,323
TOTAL FUND COMMITMENTS AND FUND BALANCE	127,184,715	148,630,088	153,790,893	153,784,009

Clark County
(Local Government)

SCHEDULE B

Fund 7050
Southern Nevada Health District

REVENUES	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Miscellaneous				
Interest Earnings	38,446	40,000	70,000	70,000
Subtotal Revenues	38,446	40,000	70,000	70,000
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
From Fund 7050 (Southern Nevada Health District)		2,000,000	1,000,000	2,000,000
BEGINNING FUND BALANCE	1,874,552	1,405,045	1,460,445	1,460,445
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	1,874,552	1,405,045	1,460,445	1,460,445
TOTAL AVAILABLE RESOURCES	1,912,998	3,445,045	2,530,445	3,530,445
EXPENDITURES				
Health				
Health District				
Capital Outlay	507,953	1,984,600	1,800,575	1,800,575
Subtotal Expenditures	507,953	1,984,600	1,800,575	1,800,575
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	1,405,045	1,460,445	729,870	1,729,870
TOTAL FUND COMMITMENTS AND FUND BALANCE	1,912,998	3,445,045	2,530,445	3,530,445

Clark County
(Local Government)

SCHEDULE B

Fund 7060
Southern Nevada Health District Capital Improvement

REVENUES	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Miscellaneous				
Interest Earnings	16,024	20,000	30,000	30,000
Subtotal Revenues	16,024	20,000	30,000	30,000
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
BEGINNING FUND BALANCE	3,008,500	3,024,524	3,044,524	3,044,524
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	3,008,500	3,024,524	3,044,524	3,044,524
TOTAL AVAILABLE RESOURCES	3,024,524	3,044,524	3,074,524	3,074,524
EXPENDITURES				
Health				
Health District				
Subtotal Expenditures	0	0	0	0
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	3,024,524	3,044,524	3,074,524	3,074,524
TOTAL FUND COMMITMENTS AND FUND BALANCE	3,024,524	3,044,524	3,074,524	3,074,524

Clark County
(Local Government)

SCHEDULE B

Fund 7070
Southern Nevada Health District Bond Reserve

REVENUES	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Intergovernmental Revenues				
Federal Grants				
Department of Agriculture	90,133	77,020		
Department of Health & Human Services	64,575,755	80,516,874	48,189,355	49,262,176
Department of Homeland Security	111,952	157,264	138,361	138,361
Department of Justice	25,340	306,539	448,479	448,479
Environmental Protection Agency	362,500	379,350	365,559	365,559
State Grants				
Department of Health & Human Services	152,647	189,880	7,723,479	6,245,338
Other Grants				
Clark County	3,617,253	4,240,019	4,616,746	4,421,746
City of Las Vegas	853,121	1,000,000	800,000	800,000
Other	2,465,425	2,889,886	2,468,706	2,468,706
Subtotal Revenues	72,254,126	89,756,832	64,750,685	64,150,365
OTHER FINANCING SOURCES (specify)				
Operating Transfers In (Schedule T)				
From Fund 7050 (Southern Nevada Health District)	14,445,451	6,964,766	5,360,407	5,530,735
BEGINNING FUND BALANCE	57,622	105,306	105,306	105,306
Prior Period Adjustments				
Residual Equity Transfer				
TOTAL BEGINNING FUND BALANCE	57,622	105,306	105,306	105,306
TOTAL AVAILABLE RESOURCES	86,757,199	96,826,904	70,216,398	69,786,406
EXPENDITURES				
Health				
Health District				
Salaries & Wages	22,869,797	23,805,265	20,624,041	20,427,843
Employee Benefits	9,316,464	11,342,187	9,707,191	9,615,389
Services & Supplies	52,383,623	53,861,403	8,180,685	28,758,460
Capital Outlay	1,965,720	7,712,743	31,599,175	10,879,408
Principal	106,352			
Interest	9,937			
Subtotal Expenditures	86,651,893	96,721,598	70,111,092	69,681,100
OTHER USES				
Contingency (not to exceed 3% of Total Expenditures)				
Operating Transfers Out (Schedule T)				
ENDING FUND BALANCE	105,306	105,306	105,306	105,306
TOTAL FUND COMMITMENTS AND FUND BALANCE	86,757,199	96,826,904	70,216,398	69,786,406

Clark County
(Local Government)

SCHEDULE B

Fund 7090
Southern Nevada Health District Grant

<u>PROPRIETARY FUND</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
Total Operating Revenue	0	0	0	0
OPERATING EXPENSE				
Health				
Services & Supplies	575	3,000	500	500
Depreciation/Amortization				
Total Operating Expense	575	3,000	500	500
Operating Income or (Loss)	(575)	(3,000)	(500)	(500)
NONOPERATING REVENUES				
Interest Earnings	1,003	5,000	1,500	1,500
Total Nonoperating Revenues	1,003	5,000	1,500	1,500
NONOPERATING EXPENSES				
Total Nonoperating Expenses	0	0	0	0
Net Income (Loss) before				
Operating Transfers	428	2,000	1,000	1,000
Operating Transfers (Schedule T)				
In				
Out				
Net Operating Transfers	0	0	0	0
NET INCOME (LOSS)	428	2,000	1,000	1,000

Clark County
(Local Government)

SCHEDULE F-1 REVENUES, EXPENSES AND NET INCOME

Fund 7620
Southern Nevada Health District - Proprietary Fund

<u>PROPRIETARY FUND</u>	(1)	(2)	(3) (4) BUDGET YEAR ENDING 06/30/2025	
	ACTUAL PRIOR YEAR ENDING 06/30/2023	ESTIMATED CURRENT YEAR ENDING 06/30/2024	TENTATIVE APPROVED	FINAL APPROVED
A. CASH FLOWS FROM OPERATING ACTIVITIES:				
Cash paid for services & supplies	(575)	(3,000)	(500)	(500)
a. Net cash provided by (or used for) operating activities	(575)	(3,000)	(500)	(500)
B. CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES:				
Transfers from other funds				
b. Net cash provided by (or used for) noncapital financing activities	0	0	0	0
C. CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:				
c. Net cash provided by (or used for) capital and related financing activities	0	0	0	0
D. CASH FLOWS FROM INVESTING ACTIVITIES:				
Interest earnings	1,003	5,000	1,500	1,500
d. Net cash provided by (or used in) investing activities	1,003	5,000	1,500	1,500
NET INCREASE (DECREASE) in cash and cash equivalents (a+b+c+d)	428	2,000	1,000	1,000
CASH AND CASH EQUIVALENTS AT JULY 1, 20xx	86,122	86,550	88,550	88,550
CASH AND CASH EQUIVALENTS AT JUNE 30, 20xx	86,550	88,550	89,550	89,550

Clark County
(Local Government)

SCHEDULE F-2 STATEMENT OF CASH FLOWS

Fund 7620
Southern Nevada Health District - Proprietary Fund



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: June 27, 2024

RE: Approval of the budget augmentation for Southern Nevada Health District for the fiscal year ending June 30, 2024.

PETITION #39-24

That the Southern Nevada District Board of Health approve the budget augmentation for the fiscal year ending June 30, 2024 to meet the financial requirements of NRS 354.598005.

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Kim K. Saner, Deputy District Health Officer – Administration *KS*
Donnie Whitaker, CPA, Chief Financial Officer *DW*

DISCUSSION:

The augmentation procedure as prescribed by NRS 354.598005 defines when to perform an augmentation for a fund.

The increase in total revenue sources (FY2024) in the General Fund budget of \$4,758,596 will provide additional resources to the FY2023-2024 SNHD General Fund Budget. FY2023-2024 appropriations increased by \$894,900 from \$93,837,590 to \$94,732,490.

The projected FY2024 total Grant Fund budget revenue was \$89,756,832 and has been decreased to \$68,444,426, a decrease of \$21,312,406 to align with year-to-date actual amounts. FY2023-2024 appropriations decreased by \$23,298,806 from \$96,721,598 to \$73,422,792 to align with year-to-date actual amounts.

To complete the augmentation process, the attached Resolutions to Augment #04-24 for Southern Nevada Health District General Fund Budget and #05-24 for Southern Nevada Health District Grant (Special Revenue). Fund Budget for Fiscal Year Ending June 30, 2024 must be adopted. The Resolutions will be forwarded to the Nevada Department of Taxation after the adoption of the Resolutions to Augment is completed.



FUNDING:

Please see attached Resolutions #04-24 for Southern Nevada Health District General Fund Budget and #05-24 for Southern Nevada Health District Grant (Special Revenue) for Fiscal Year Ending June 30, 2024.



RESOLUTION #04-24

RESOLUTION TO AUGMENT THE 2023-2024 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Southern Nevada Health District (General) Fund, Southern Nevada Health District** were budgeted to be **\$148,630,088** on July 1, 2023; and

WHERE AS, the total available resources are now determined to be **\$153,388,684**.

WHEREAS, said additional unanticipated resources are as follows:

Southern Nevada Health District (General) Fund

Ending Fund as of 6/30/2023	\$0
Total Revenues Sources (Increased)	\$4,758,596
Total	<u>\$4,758,596</u>

WHEREAS, there is a need to apply these excess proceeds in the **Southern Nevada Health District (General) Fund**.

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its 2023-2024 budget by appropriating **\$894,900** for use in the **Southern Nevada Health District (General) Fund**, thereby increasing its appropriations from **\$93,837,590** to **\$94,732,490**. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the **Southern Nevada Health District** shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 27th of June 2024.

AYES:

NAYS:

Absent:

By: _____

ATTEST: _____



RESOLUTION #05-24

RESOLUTION TO AUGMENT THE 2023-2024 BUDGET OF Southern Nevada Health District

WHEREAS, total resources of the **Southern Nevada Health District Grant (Special Revenue) Fund, Southern Nevada Health District** were budgeted to be **\$96,826,904** on July 1, 2023; and

WHERE AS, the total available resources are now determined to be **\$73,528,098**.

WHEREAS, said net of unanticipated resources are as follows:
Southern Nevada Health District Grant (Special Revenue) Fund

Total Revenues Sources (decrease) (\$23,298,806)

Total **(\$23,298,806)**

WHEREAS, there is a need to apply these decrease in proceeds in the **Southern Nevada Health District Grant (Special Revenue) Fund**.

Now, therefore, it is hereby RESOLVED, that **Southern Nevada Health District** shall augment its 2023-2024 budget by appropriating **(\$23,298,806)** for use in the **Southern Nevada Health District Grant (Special Revenue) Fund**, thereby decreasing its appropriations from **\$96,721,598** to **\$73,422,792**. A detailed schedule is attached to this Resolution and by reference is made a part thereof.

IT IS FURTHER RESOLVED that the **Southern Nevada Health District** shall forward the necessary documents to the Department of Taxation, State of Nevada.

PASSED, ADOPTED, AND APPROVED the 27th of June 2024.

AYES:

NAYS:

Absent:

By: _____

ATTEST: _____

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Licenses & Permits			
Business Licenses & Permits			
Business Licenses	26,873,579	(200,523)	26,673,056
Intergovernmental Revenues			
State Shared Revenues			
Other	34,088,562	-	34,088,562
Charges for Services			
Health			
Other	38,517,726	3,858,439	42,376,165
Miscellaneous			
Interest Earnings	732,938	518,476	1,251,414
Other	1,325,316	582,204	1,907,520
SUBTOTAL REVENUE ALL SOURCES	101,538,121	4,758,596	106,296,717
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
SUBTOTAL OTHER FINANCING SOURCES			
BEGINNING FUND BALANCE	47,091,967	-	47,091,967
TOTAL BEGINNING FUND BALANCE	47,091,967	-	47,091,967
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	148,630,088	4,758,596	153,388,684
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	40,515,704	(151,960)	40,363,744
Employee Benefits	21,356,250	(282,171)	21,074,079
Services & Supplies	31,245,198	1,475,720	32,720,918
Capital Outlay	720,438	(146,688)	573,750
SUBTOTAL EXPENDITURES	93,837,590	894,900	94,732,490
OTHER USES			
Contingency (not to exceed 3% of total expenditures)	-		2,841,975
Operating Transfers			
To Fund 7060	2,000,000	-	2,000,000
To Fund 7090	6,964,766	(1,986,400)	4,978,366
SUBTOTAL OTHER USES	8,964,766	(1,986,400)	9,820,341
ENDING FUND BALANCE			
TOTAL ENDING FUND BALANCE	45,827,732	5,850,096	48,835,853
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	148,630,088	4,758,596	153,388,684

(Local Government)
Schedule B - 7050 Fund

REVENUES	FINAL BUDGET	REVISIONS	REVISED REVENUE RESOURCES
Intergovernmental Revenues			
Federal Grants			
Department of Agriculture	77,020	(49,719)	27,301
Department of Health & Human Services	80,516,874	(17,515,349)	63,001,524
Department of Homeland Security	157,264	(40,507)	116,757
Department of Justice	306,539	29,866	336,404
Environmental Protection Agency	379,350	(75,371)	303,979
State Grants			
Departement of Health & Human Services	189,880	646,620	836,500
Other Grants			
Clark County	4,240,019	(4,014,340)	225,679
City of Las Vegas	1,000,000	100,000	1,100,000
Other	2,889,886	(393,605)	2,496,281
SUBTOTAL REVENUE ALL SOURCES	89,756,832	(21,312,406)	68,444,426
OTHER FINANCING SOURCES			
Operating Transfers in (Sch T)			
From Fund 7050	6,964,766	(1,986,400)	4,978,366
SUBTOTAL OTHER FINANCING SOURCES	6,964,766	(1,986,400)	4,978,366
BEGINNING FUND BALANCE	105,306	-	105,306
TOTAL BEGINNING FUND BALANCE	105,306	-	105,306
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	96,826,904	(23,298,806)	73,528,098
EXPENDITURE BY FUNCTION AND ACTIVITY	FINAL BUDGET	REVISIONS	REVISED EXPENDITURES
Health			
Health District			
Salaries & Wages	23,805,265	(2,048,689)	21,756,576
Employee Benefits	11,342,187	(866,454)	10,475,733
Services & Supplies	53,861,403	(15,792,706)	38,068,697
Capital Outlay	7,712,743	(4,590,957)	3,121,786
SUBTOTAL EXPENDITURES	96,721,598	(23,298,806)	73,422,792
OTHER USES			
Contingency (not to exceed 3% of total expenditures)			
Operating Transfers			
SUBTOTAL OTHER USES			
ENDING FUND BALANCE	105,306	-	105,306
TOTAL ENDING FUND BALANCE	105,306	-	105,306
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL FUND COMMITMENTS AND FUND BALANCE	96,826,904	(23,298,806)	73,528,098

(Local Government)
Schedule B - 7090 Fund



FY 2023-2024 Budget Augmentation
(July 1, 2023 to June 30, 2024)

Southern Nevada District Board of Health Meeting
June 27, 2024



BUDGET AUGMENTATION

Definition

- A “Budget augmentation” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

NRS 354.626

- “Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department, or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

OVERVIEW

Staffing:

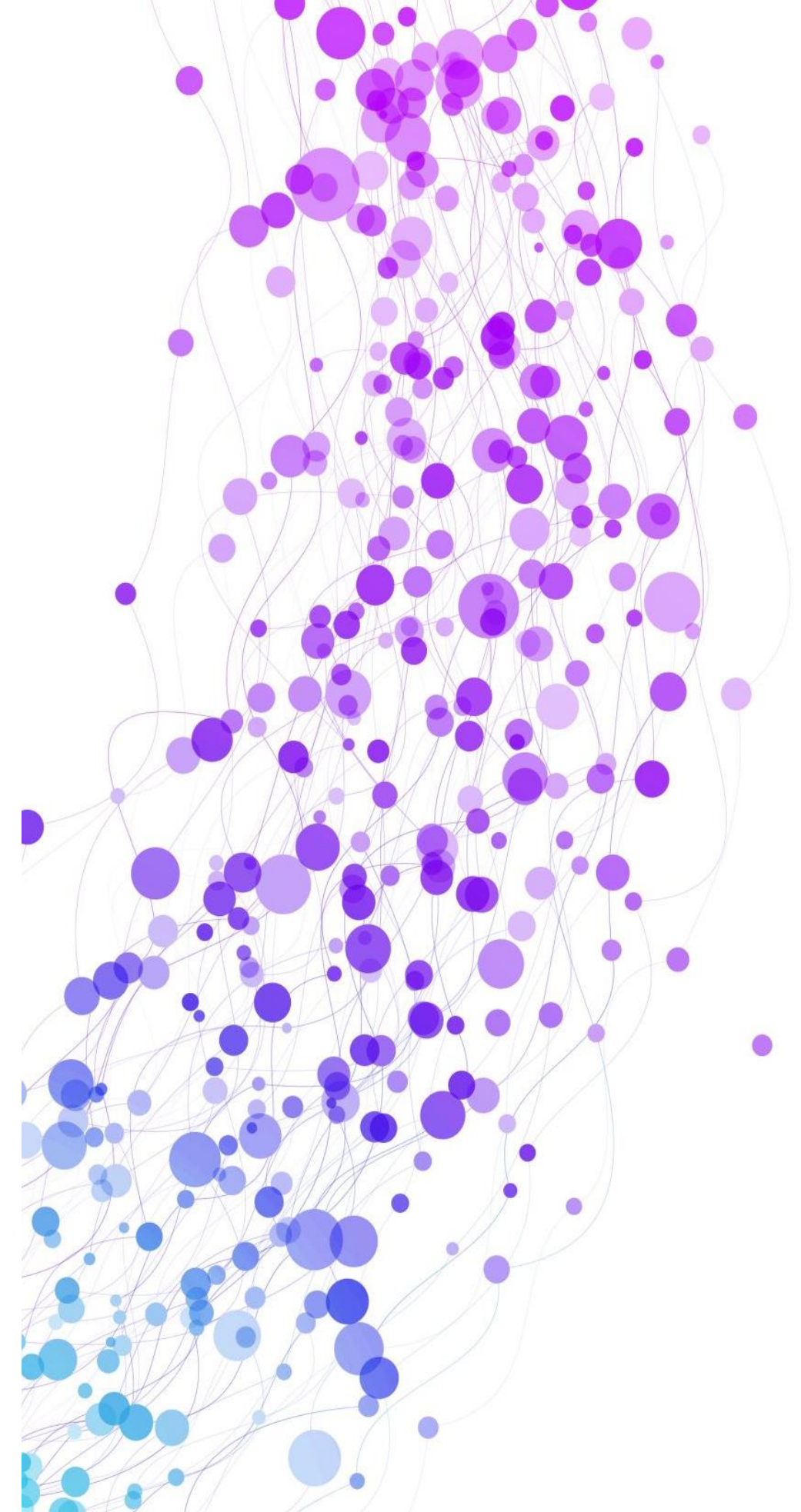
Staffing for FY24 is projected to remain the same as the January's augmentation at 865 FTE.

Funds:

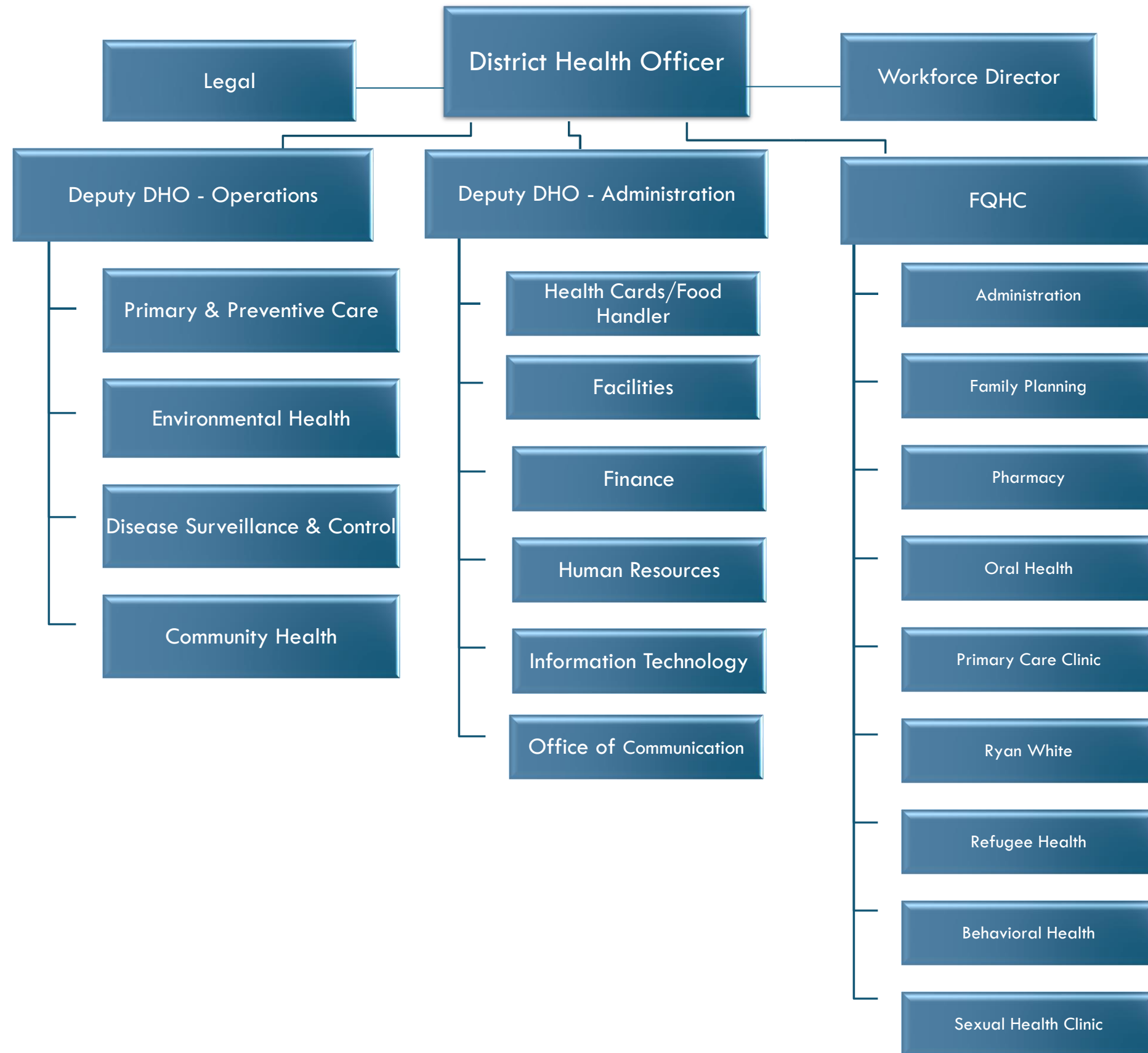
General Fund revenues is projected at **\$106.3 M** in **FY24 June augmented budget** an increase of **\$4.8 M** from **FY24 January augmented budget**.

- Increase in pharmacy and immunization activities

Special Revenue Fund (Grants) decreased to **\$68.4 M** in **FY24 June augmented budget** a decrease of **\$21.3 M** from **FY24 January augmented budget**.



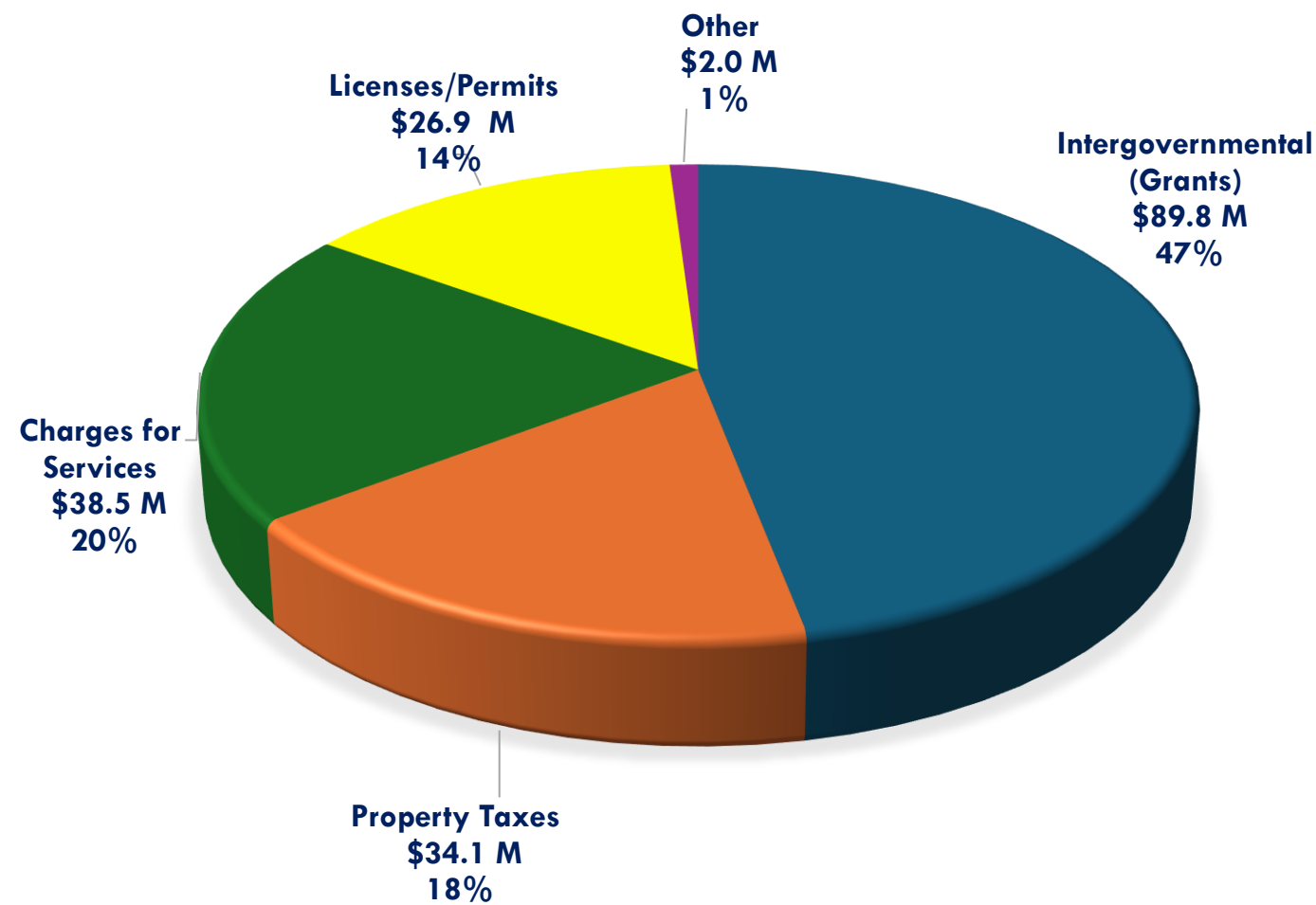
SNHD ORGANIZATION CHART



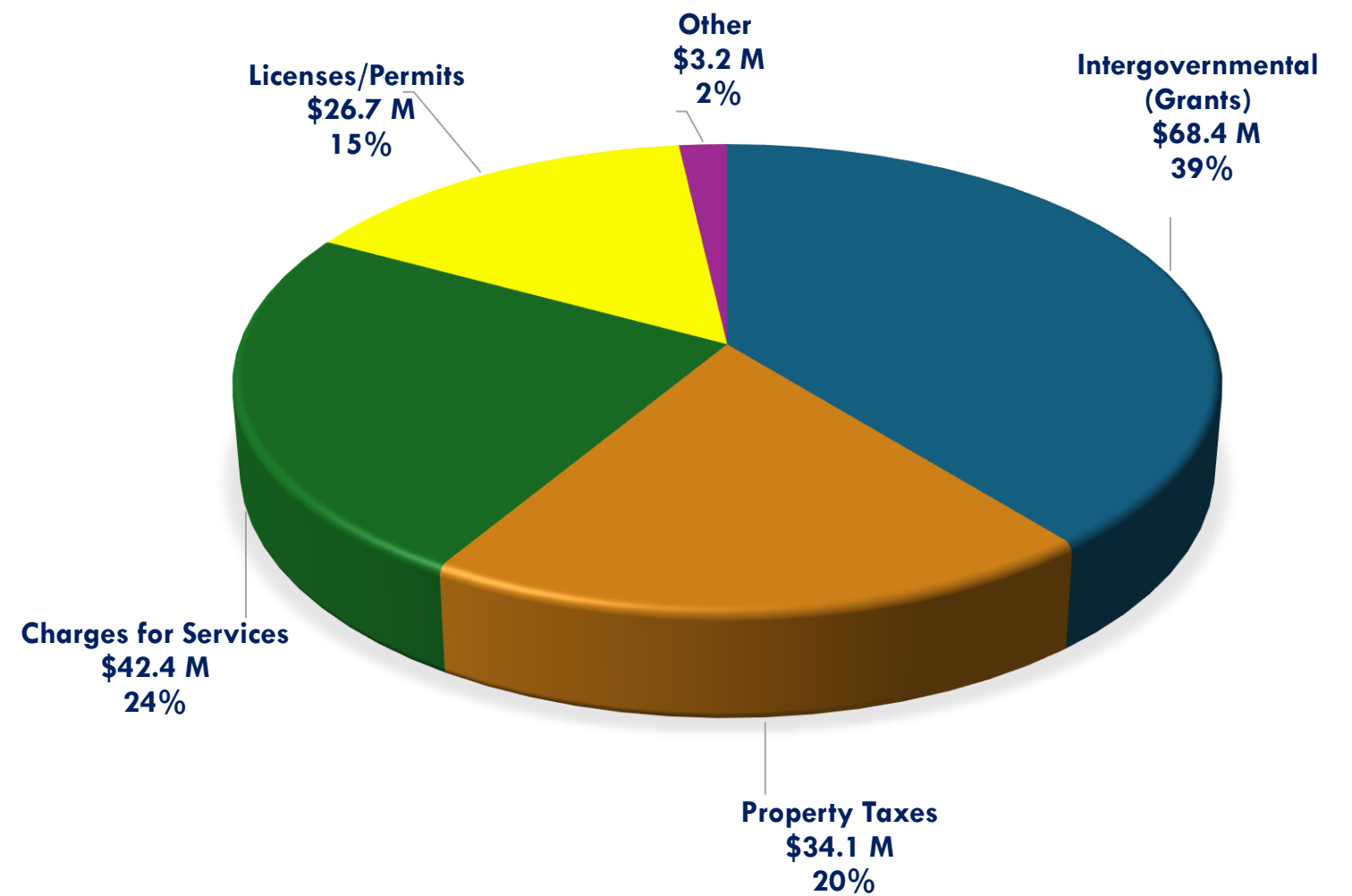
REVENUES

COMBINED GF & SRF REVENUES BY SOURCE – comparison

FY2024 Augmented Budget
Revenue (January)
\$191.3 M



FY2024 Augmented Budget
Revenue (June)
\$174.8 M



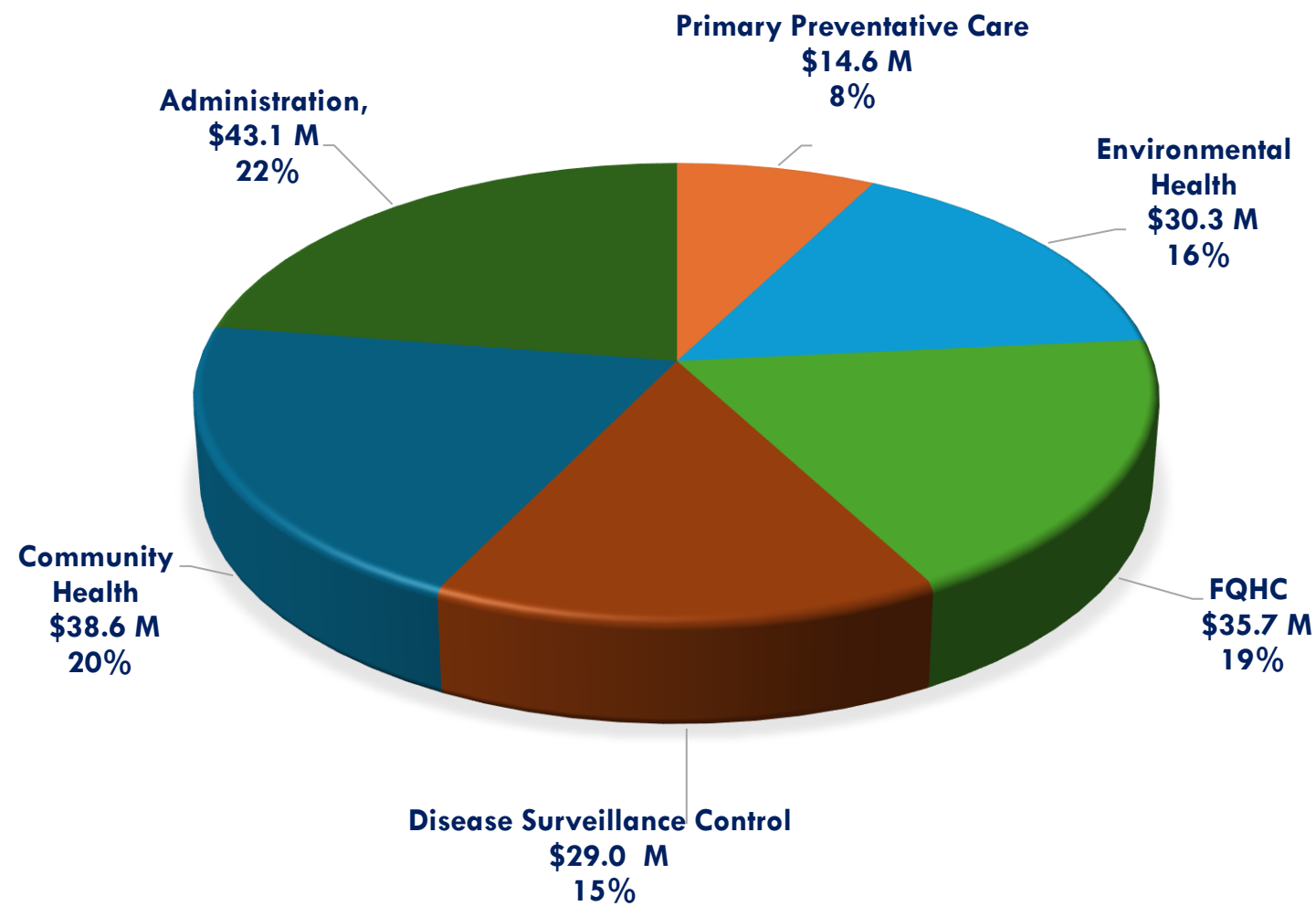
% Percentages are based on total revenue.

**Does not include Transfers In

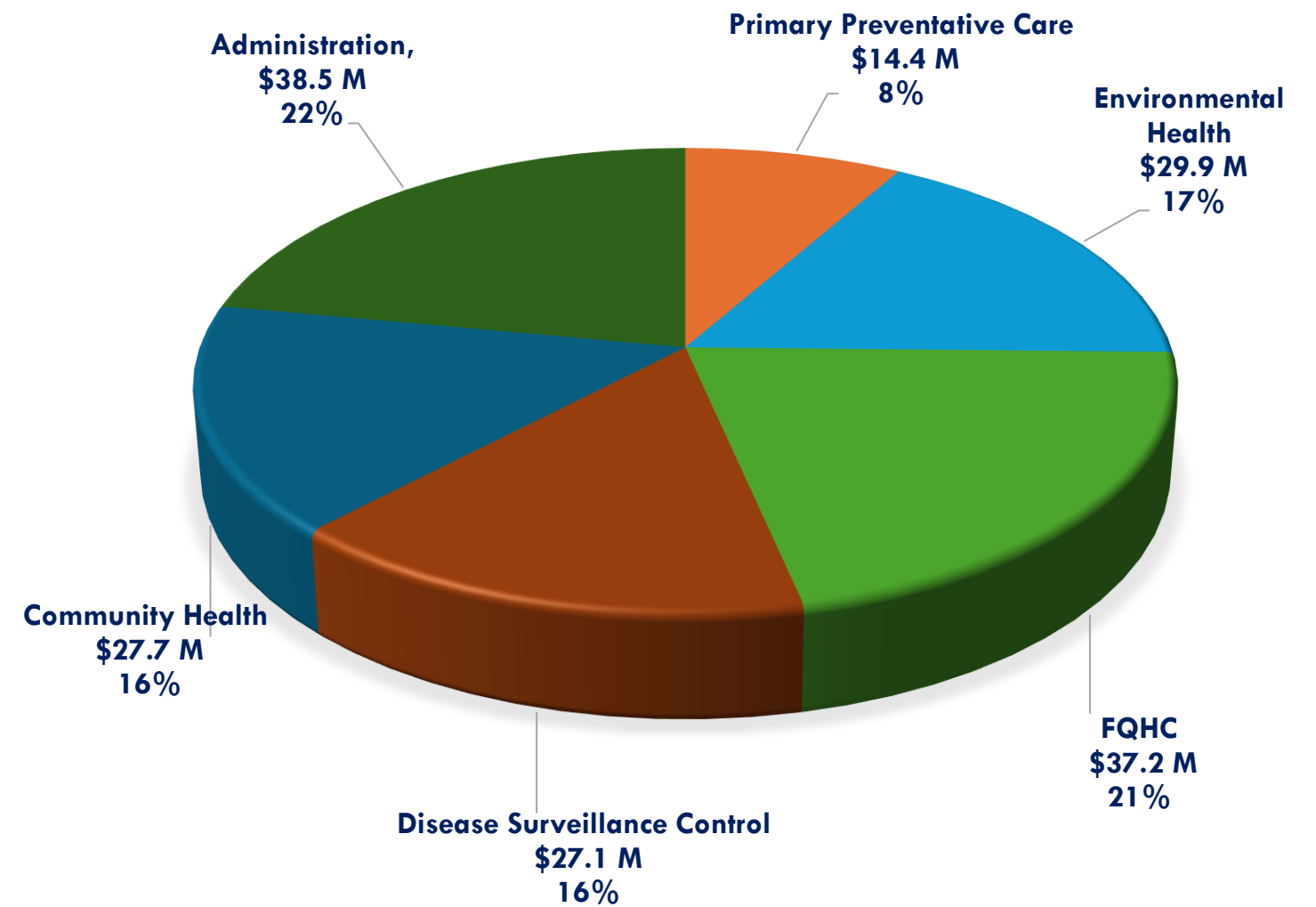
REVENUES

COMBINED REVENUES BY DIVISION – comparison

FY2024 Augmentation Budget
Revenues (January)
\$191.3 M



FY2024 Augmentation Budget
Revenues (June)
\$174.8 M



% Percentages are based on total revenue.

**Does not include Transfers In

REVENUES

GENERAL & GRANTS FUND



Special Revenue Funds for FY24 is projected at \$68.4 M, a \$21.3 M decrease from \$89.8 M, due to anticipated decline in grant spending in addition to budgeted carryover spending in FY25 . Examples: ELC COVID, COVID Health Disparities, Lab Expansion.



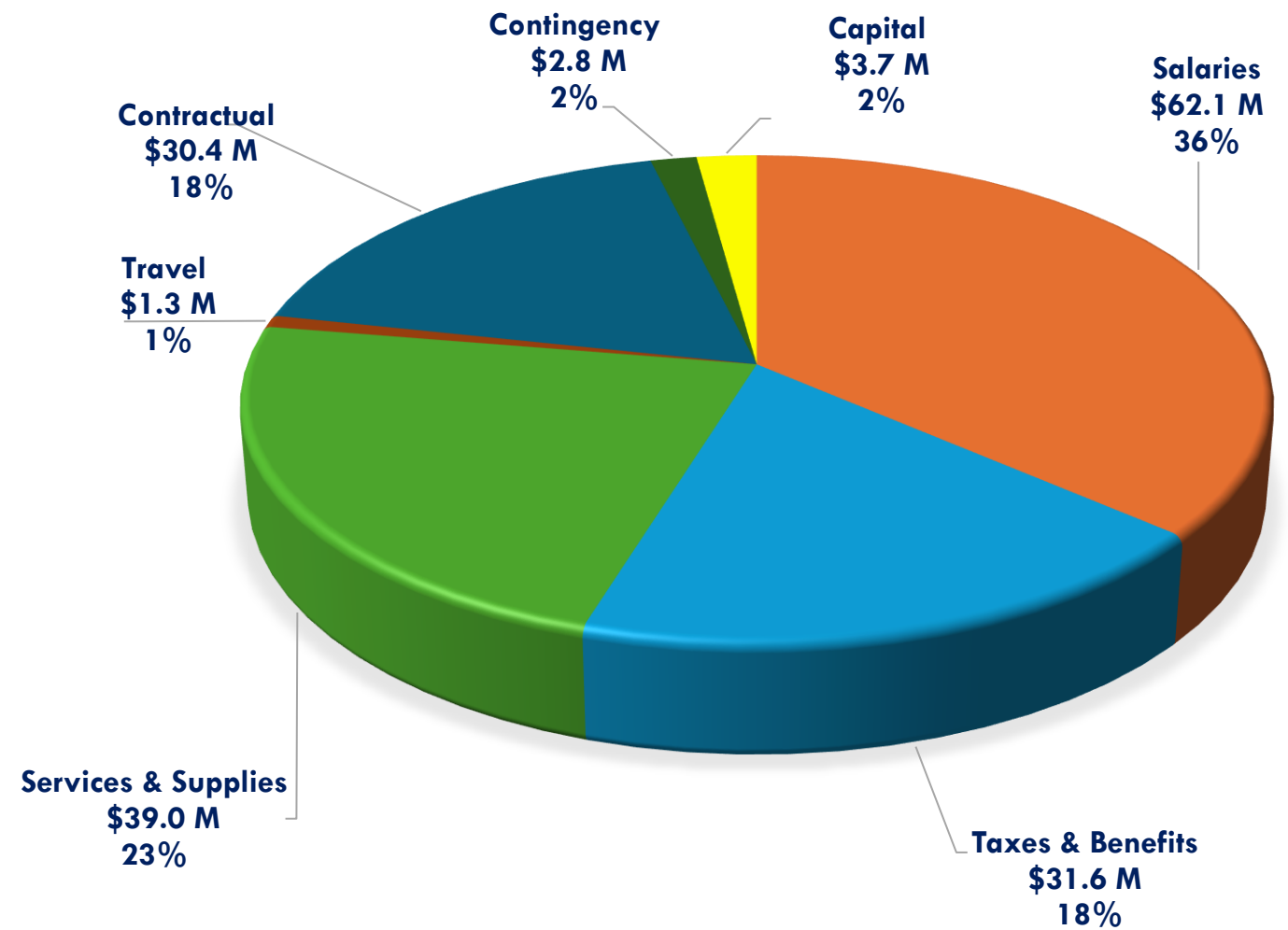
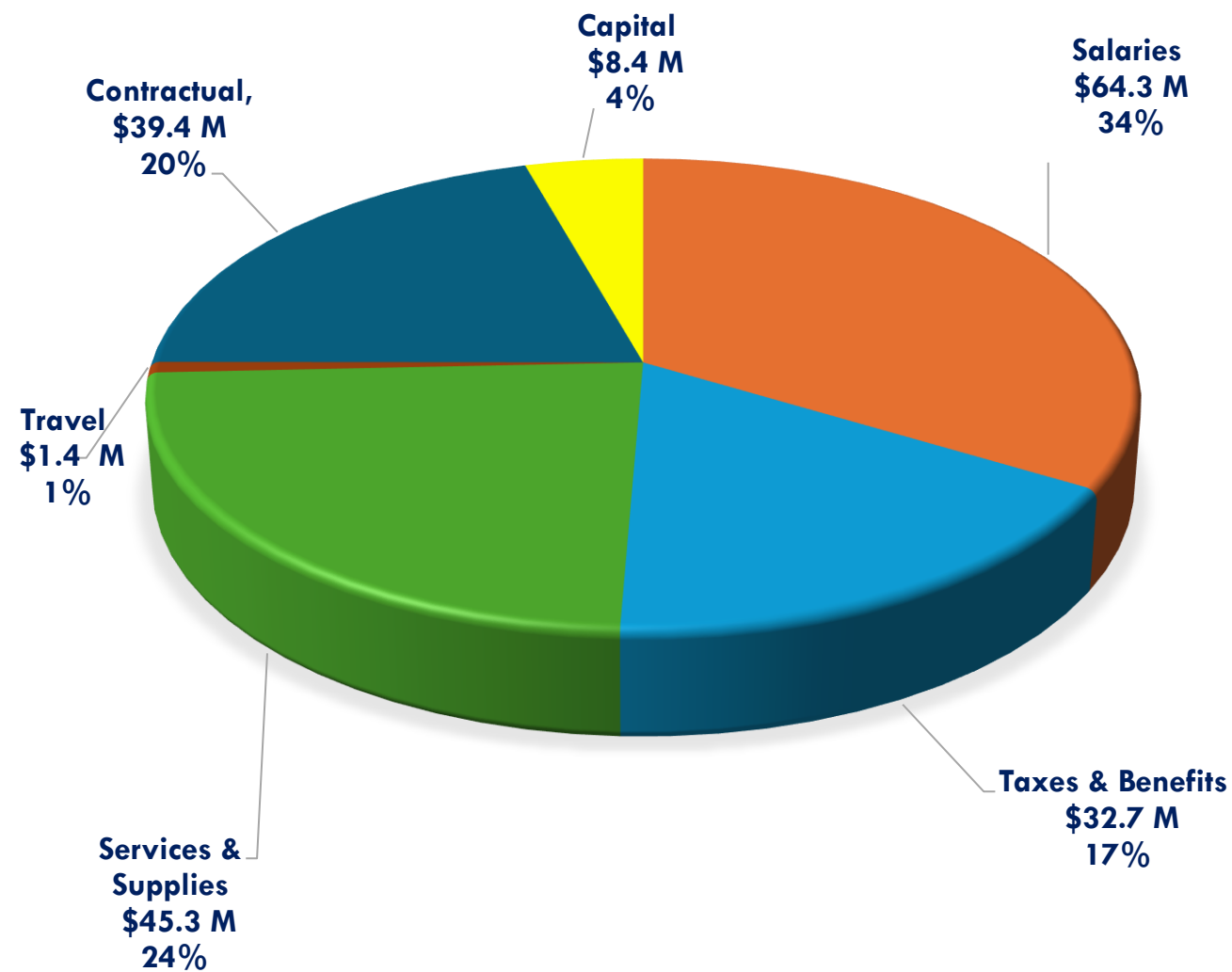
General Funds Revenue increased from \$101.5 M to \$106.3 M, a \$4.8 M increase, due to increase in pharmacy medication and immunization revenue.

EXPENDITURES

COMBINED EXPENSES BY SOURCE – comparison

**FY2024 Augmented Budget
Expense (January)
\$191.5 M**

**FY2024 Augmented Budget
Expense (June)
\$170.9 M**



\$ Amounts are based on total expense.

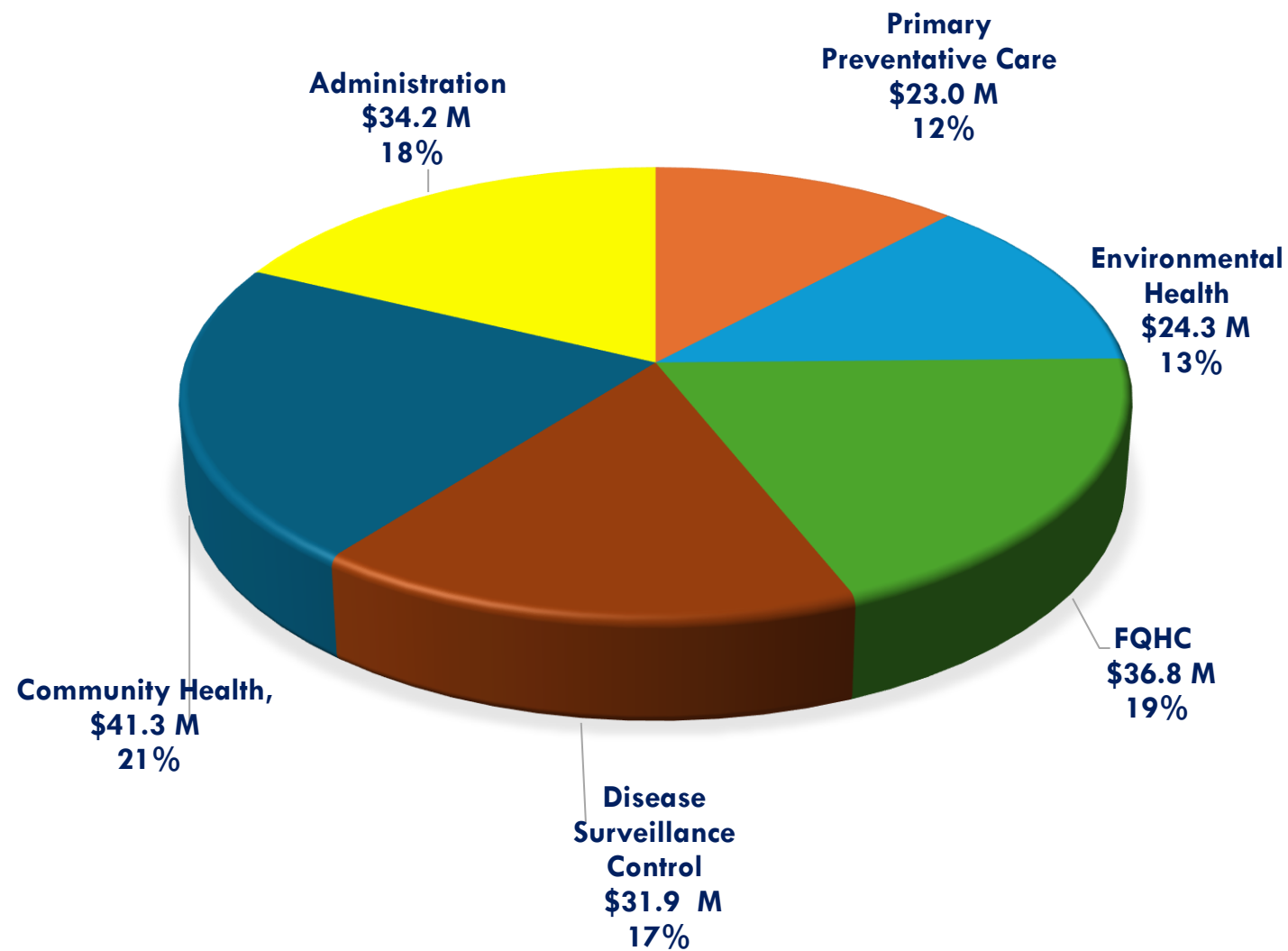
**Does not include Transfers between GF and SRF .

**Does not include Transfers Out to Capital of \$2M.

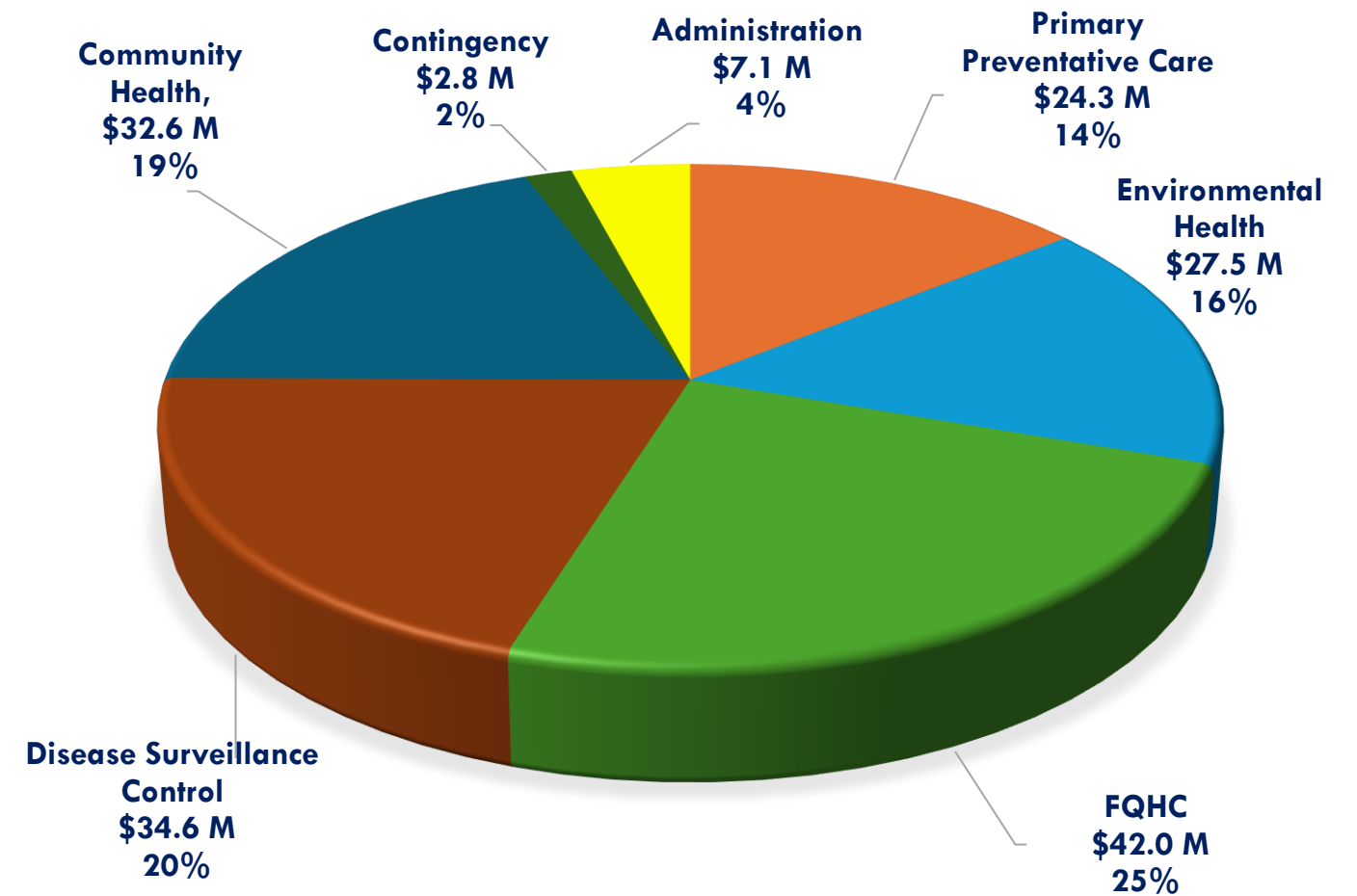
EXPENDITURES

COMBINED EXPENSES BY DIVISION – comparison

FY2024 Augmented Budget
Expense (January)
\$191.5 M



FY2024 Augmented Budget
Expense (June)
\$170.9 M



\$ Amounts are based on total expense.

**Does not include Transfers between GF and SRF.

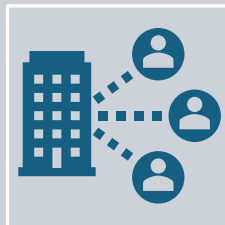
**Does not include Transfers Out to Capital of \$2M.

EXPENDITURES

GENERAL FUND HIGHLIGHTS



General Fund employee salaries and benefits decreased from \$61.8 M to \$61.4 M, a reduction of \$400k, attributed to savings from vacant positions throughout the fiscal year.



Contractual services are expected to decrease from \$9.8 M to \$ \$9.4 M, a \$400k decrease, driven by cost savings and expense reductions.



Pharmacy medication supply increased from \$17.6 M to \$21.8 M, a \$4.2 M increase, in response to heightened customer and patient demand.

EXPENDITURES

GRANTS FUND HIGHLIGHTS



Special Revenue Fund expenses decreased from \$96.7 M to \$73.4 M, reflecting a \$23.3 M decrease, primarily due to anticipated reduction in grant spending and projects rolling over to FY25 . Examples include ELC Enhancing Detection, COVID Health Disparities, Lab Expansion.



ELC Enhancing Detection reagent and laboratory supplies decreased from \$11.8 M to \$1.4 M, a \$10.4 M reduction, attributed to decline in Covid testing as the pandemic subsided.



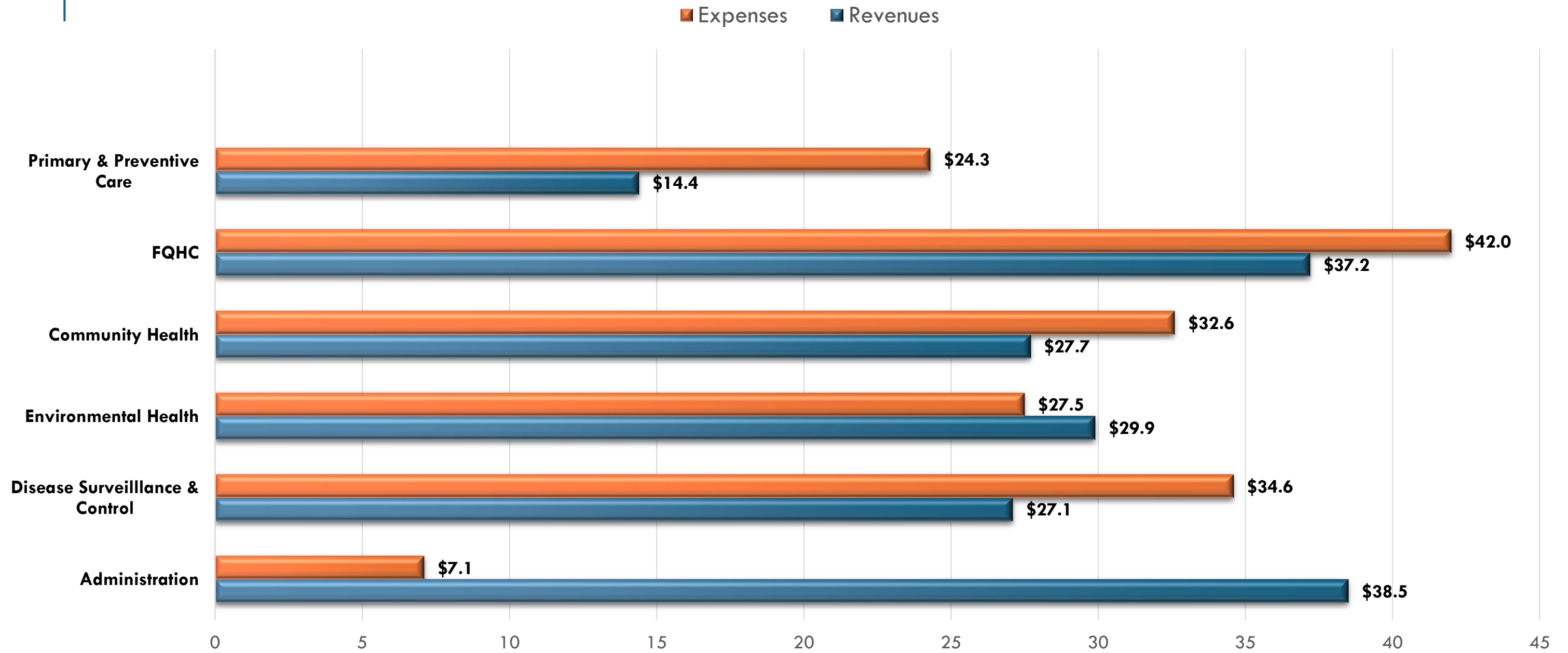
Covid Health Disparities Informatics and Office of Communications expenses decreased from \$5.4 M to \$1.6 M, a \$3.8 M due to reduced contractual services.



Lab Expansion decreased from \$6.5 M to \$1.1 M, a \$5.4 M decrease due to project activities rolling into FY25.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DIVISION



PERSONNEL

Southern Nevada Health District FY24 FTE Count

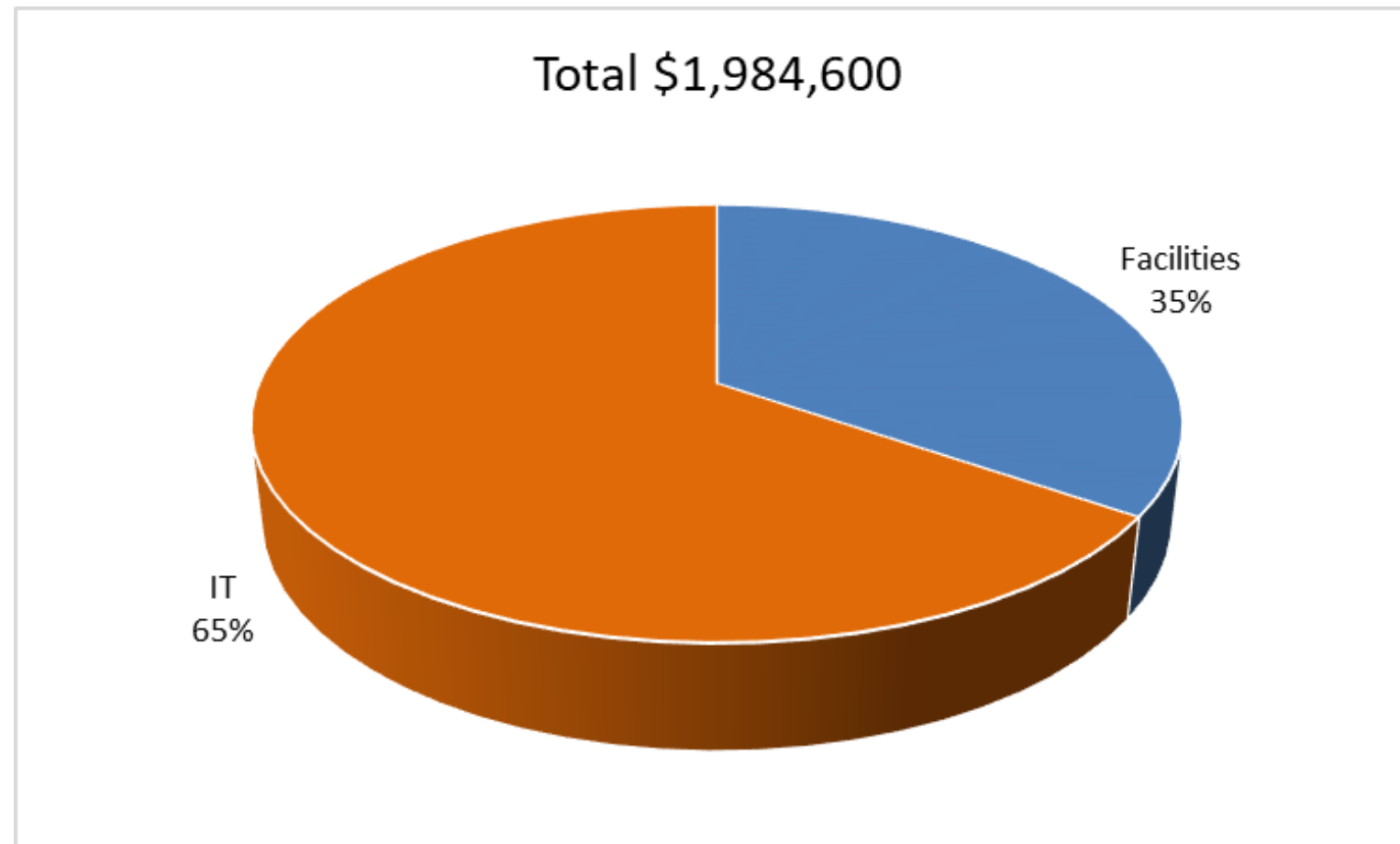
Division	2022/2023 ACTUAL	2023/2024 ADOPTED	2023/2024 AMENDED (JAN)	2023/2024 AMENDED (JUN)	FTE Change FY24 JAN v FY24 JUN
Primary & Preventive Care ⁽¹⁾	138.15	110.00	125.00	126.00	1.00
Environmental Health	189.75	194.00	196.00	196.00	0.00
FQHC ⁽¹⁾	86.90	123.30	118.00	120.00	2.00
Disease Surveillance & Control ⁽²⁾	170.65	155.25	135.00	132.00	-3.00
Community Health	108.70	126.00	126.00	126.00	0.00
Administration	158.85	164.50	165.00	165.00	0.00
Total:	853.00	873.05	865.00	865.00	0.00

(1) Grant extensions allowed for the addition of FTE.

(2) Due to the conclusion of grant in FY25, vacant positions will not be filled.

CAPITAL FUND

FY 2024 Capital Projects



Facilities

Improvements	686,600.00
Total:	<u>686,600.00</u>

IT

Computer Hardware	255,000.00
Equipment	<u>1,043,000.00</u>
Total:	<u>1,298,000.00</u>

GENERAL FUND

Two Fiscal Year Activity

General Fund	FY23 Actual	FY24 Amended (JAN)	FY24 Amended (JUN)
Beginning Fund Balance	36,886,107	47,091,967	47,091,967
Revenues	90,298,608	101,538,121	106,296,717
Expenditures	(65,647,297)	(93,837,586)	(94,732,490)
Revenue Less Expenditures	24,651,311	7,700,535	11,564,227
Contingency for Assigned Fund Balance	-	-	(2,841,975)
Transfers Out	(14,445,451)	(8,964,766)	(6,978,366)
Change in Fund Balance	10,205,860	(1,264,231)	1,743,886
Ending Fund Balance	47,091,967	45,827,736	48,835,853

SPECIAL REVENUE FUND

Two Fiscal Year Activity

Special Revenue	FY23 Actual	FY24 Amended (JAN)	FY24 Amended (JUN)
Beginning Fund Balance	57,622	105,306	105,306
Revenues	86,699,577	96,721,598	73,422,792
Expenditures	86,651,893	96,721,598	73,422,792
Change in Fund Balance	47,684	-	-
Ending Fund Balance	105,306	105,306	105,306

BOND RESERVE FUND

Two Fiscal Year Activity

Bond Reserve Fund	FY23 Actual	FY24 Amended (JAN)	FY24 Amended (JUN)
Beginning Fund Balance	3,008,500	3,024,524	3,044,524
Revenues	16,024	20,000	20,000
Expenditures	-	-	-
Change in Fund Balance	16,024	20,000	20,000
Ending Fund Balance	3,024,524	3,044,524	3,044,524

INTERNAL SERVICE FUND

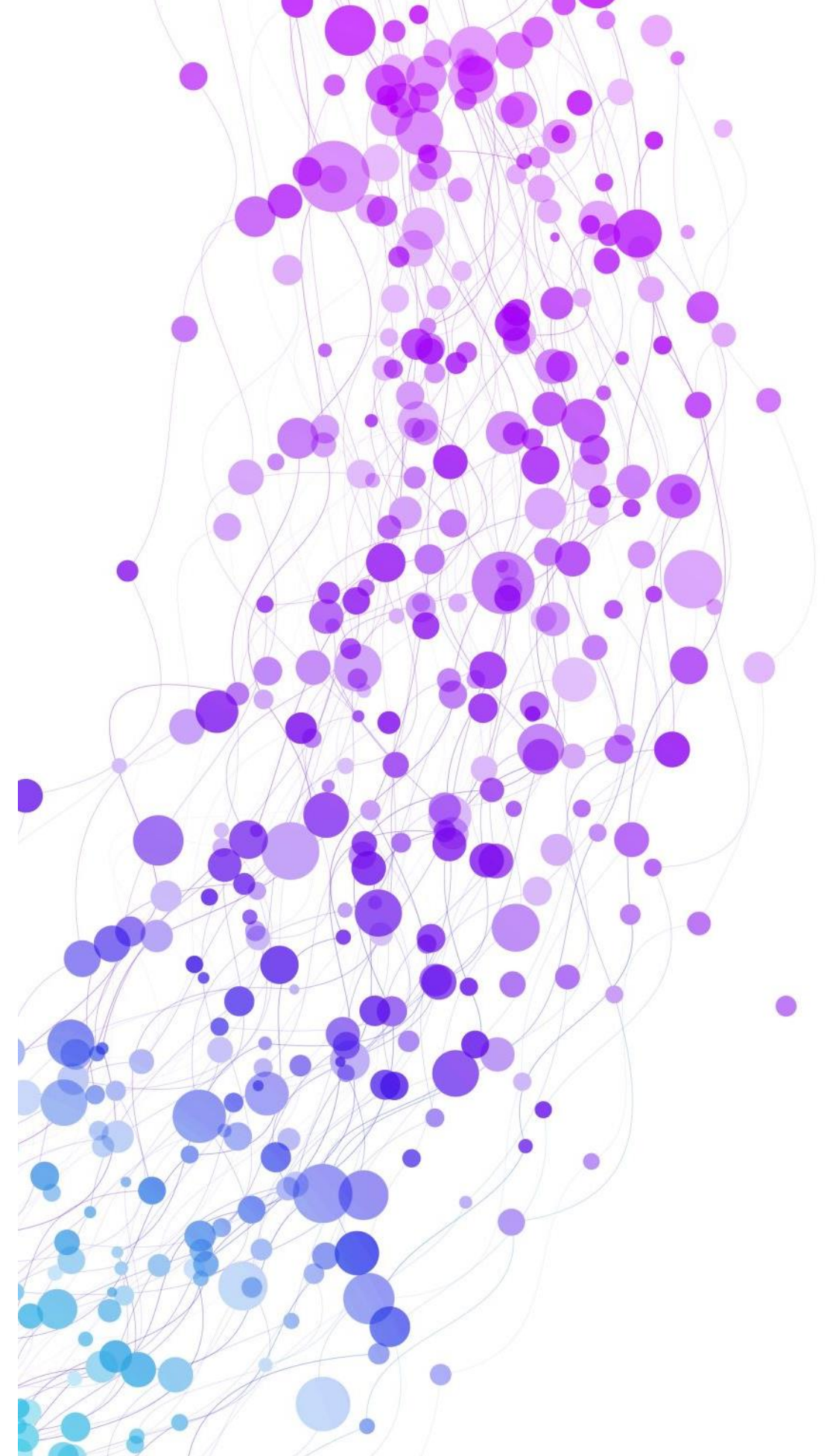
Two Fiscal Year Activity

Internal Service Fund	FY23 Actual	FY24 Amended (JAN)	FY24 Amended (JUN)
Beginning Fund Balance	86,122	86,550	88,550
Revenues	1,003	5,000	5,000
Expenditures	575	3,000	3,000
Change in Fund Balance	428	2,000	2,000
Ending Fund Balance	86,550	88,550	88,550

RECOMMENDATION

- Approval of the FY 2024 June budget augmentation as presented.
 - ❖ Petition #39-24
 1. Resolution #04-24 – General Fund
 2. Resolution #05-24 – Special Revenue Fund

- Copies to be submitted to Clark County and State of Nevada, pending further instructions.





QUESTION AND ANSWER



DATE: June 27, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

CDC Director's Visit

Dr. Mandy Cohen, Director of the Centers for Disease Control and Prevention, was in Las Vegas on Tuesday, June 11, visiting Trac-B Exchange, a federally funded harm reduction center, the Southern Nevada Health District's main facility, and UNLV. At Trac-B, Dr. Cohen met with health officials from the Health District and Trac-B staff to discuss overdose prevention and their work to improve the quality of life of those affected by substance use disorders. After the Trac-B tour, Dr. Cohen met with additional Health District staff and finished her visit at UNLV.

Revocation of Lifeguard Waivers

After hearing an appeal by Las Vegas Athletic Clubs (LVAC), the Southern Nevada Health District issued an order on June 13, 2024, upholding its decision to revoke a variance that allowed LVAC to monitor pool users via video camera in lieu of an in-person lifeguard. An important factor in the Health District's decision was video showing an incident in February 2024 in which an LVAC customer died in one of its indoor pool facilities. The Health District order provides a timeline for the incident showing a person in distress for approximately twenty minutes, without a response from LVAC.

LVAC received a variance in 2020, and several other gyms subsequently applied for and received similar waivers that allowed pool user monitoring through a video feed instead of a pool-side lifeguard. In subsequent inspections over the next four years, the Health District determined these waivers were not adequate to ensure the facilities were protecting the public after two serious incidents occurred, including the death, and repeated failures by facilities to meet the requirements of the variance. Since the lifeguard exemption for gyms was granted in 2020, there have been 29 pool closures at 21 locations due to failures to comply with requirements. Specific safety plan requirements that were not met included failing to provide active remote monitoring of the pool area and documented walk-throughs of the pool area by facility staff.

The Health District's Aquatic Facility Regulations were enacted by the Southern Nevada District Board of Health in 2018 after four years of extensive public workshops to solicit input from stakeholders and the public. Following approval of the regulations, Health District staff provided training during a one-year implementation period at industry outreach meetings and made the training available online.

The regulations are based on the Centers for Disease Control and Prevention's Model Pool Code and Nevada Administrative Code. The Health District's regulations are posted on its website at

www.southernnevadahealthdistrict.org/permits-and-regulations/aquatic-health-program/regulations/, and the CDC Model Aquatic Health Code is available at www.cdc.gov/model-aquatic-health-code/php/about/index.html.

Mosquito Surveillance Update

The Health District is reminding people to protect themselves from mosquitoes as it reports the highest level of activity in the program's history this early in a season. As of June 6, 2024, 91 mosquito pools, comprising 3,081 mosquitoes from 16 ZIP codes, have tested positive for West Nile virus. Two mosquito pools, comprising 46 mosquitoes from two ZIP codes, have tested positive for the virus that causes St. Louis encephalitis.

The Health District's Mosquito Surveillance Program has also received an increased number of complaints from the public about mosquito activity. Increased awareness and reporting of mosquito activity are attributed to the expansion of *Aedes aegypti* mosquitoes throughout the region. *Aedes aegypti* mosquitoes are known to be aggressive daytime biters that prefer feeding on people instead of birds and are not typical vectors for West Nile virus. A single *Aedes aegypti* tested positive in 2017, and a submission pool of 22 mosquitoes tested positive in 2023.

Mosquitoes testing positive for St. Louis encephalitis virus were last reported in Clark County in 2019 and the last reported cases in humans in 2016. St. Louis encephalitis virus is spread to people by the bite of an infected mosquito. Most people infected with the virus will not develop symptoms. People who become ill may develop fever, headache, nausea, vomiting and fatigue. Some people may develop a neuroinvasive form of the disease that causes encephalitis (inflammation of the brain) or meningitis (inflammation of the membranes surrounding the brain and spinal cord).

There was minimal West Nile virus activity reported in 2020, 2021, and 2023. In 2019, 43 confirmed human cases were reported. Two human cases of West Nile Virus were reported in 2023. West Nile virus is spread to people through the bite of an infected mosquito. About one in five people infected with West Nile virus will develop symptoms that can include fever, headache, body aches, vomiting, diarrhea or rash. About one in 150 will develop more serious, sometimes fatal, illness. People who think they might have West Nile should talk with their health care provider.

The risk of mosquito-borne illnesses can be reduced through preventive measures. The Health District's Fite the Bite campaign calls on people to:

- Eliminate standing water and other breeding sources around their homes. *Aedes aegypti* breed in small containers that collect rain or irrigation water, such as children's toys, wheelbarrows and plant saucers, and even bottle caps.
- Prevent mosquito bites by using an Environmental Protection Agency (EPA)-registered insect repellent. Wear loose-fitting, long-sleeved shirts and pants.
- Report mosquito activity to the Health District's surveillance program at (702) 759-1633. To report a green pool, people should [contact](#) their local code enforcement agency.

More Fight the Bite tips and resources are available at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/mosquito-bite-prevention/ and on the Centers for Disease Control and Prevention website at www.cdc.gov/mosquitoes/prevention/index.html.

The Health District's seasonal mosquito surveillance reports are available at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/arbovirus-update/.

Move Your Way Summer Challenge

The Health District's Office of Chronic Disease Prevention and Health Promotion invites community members to participate in the 2024 Move Your Way® campaign this summer, with a series of activities scheduled throughout the Valley. The activities at public swimming pools are aimed at encouraging area residents to be more physically active.

According to the Centers for Disease Control and Prevention (CDC), a majority of adolescents and adults in Nevada do not meet physical activity guidelines, which contributes to physical activity related health disparities in the community. A CDC survey showed that 26% of the state's population reported participating in physical activities. The Office of Chronic Disease Prevention & Health Promotion is working with partners to ensure that everyone in our community has access to opportunities to be physically active.

During the campaign, which started in May, the Health District and its partners are offering free events to encourage people to "move their way" and enjoy healthy, physical activities:

Saturday, July 6, noon – 3 p.m.

Parks and Rec Month Celebration pool party
Silver Mesa Recreation Pool, 4025 Allen Lane, North Las Vegas, NV 89032

Saturday, August 10, noon – 3 p.m.

Back to school pool party presented by North Las Vegas Councilman Scott Black and Clark County Commissioner Marilyn Kirkpatrick
Silver Mesa Recreation Pool, 4025 Allen Lane, North Las Vegas, NV 89032

Saturday, September 2, 11 a.m. – 6 p.m.

Block party featuring Rad Tad
Whitney Ranch Activity Pool, 1575 W. Galleria Dr., Henderson, NV 89014

[Move Your Way](#)® is a physical activity campaign from the U.S. Department of Health and Human Services to promote the recommendations from the [Physical Activity Guidelines for Americans](#) and encourage people to incorporate them into everyday life. The campaign provides resources to help people stay on track in improving their fitness.

More information about the Move Your Way® Summer Challenge is available at [Move Your Way Southern Nevada - Get Healthy Clark County](#) and the Spanish-language [Muévete a Tu Manera - Viva Saludable](#) websites. Visit the Get Healthy Clark County [calendar](#) or Viva Saludable [calendar](#) for additional details.

The [Get Healthy Clark County](#) and [Viva Saludable](#) websites also offer free, online programs that can help increase physical activity. Online programs include Walk Around Nevada and Neon to Nature. Additional programs include tools and resources about healthy eating, nutritional information tips, smoking cessation, and resources to help maintain a healthier lifestyle.

Men's Health Month

Observed each year during June, Men's Health Month spotlights health and wellness issues faced by all men. Throughout the month, the Health District reminds men to take charge of their overall health by implementing health-centered decisions.

Men's health issues will be front and center at an annual Shop Talk event, "Shop Talk: Cut to the Chase" on Thursday, June 27, from 6 – 8 p.m. at the Masterpiece Barber School, 3510 E. Bonanza, Las Vegas, NV 89110. Presented by the Barbershop Health Outreach Project in collaboration with the Men's Room, the free event – for men only – features health care experts leading discussions on general men's health, cardiovascular health, erectile dysfunction and prostate cancer.

An estimated 13.8% of men in the United States are in fair or poor health, and women outlive men by nearly six years. Diseases such as heart disease, cancer and diabetes affect men to a greater extent than women. While these conditions can, in many cases, be prevented through regular check-ups and healthy choices, men are much less likely than women to see a doctor or report symptoms to a health care provider.

Early detection through cancer and other health screenings are essential for improving survival rates and maintaining good health. With services including annual physicals, chronic disease care, and sick visits for minor illnesses, the Health District operates the [Southern Nevada Community Health Center](#) at the following locations:

- **280 S. Decatur Blvd., Las Vegas, NV 89107, open** Monday – Thursday 7:30 a.m. – 6 p.m.
- **2830 E. Fremont St., Las Vegas, NV 89104, open** Tuesday – Friday 7:30 a.m. – 6 p.m.

The Health District also urges men to check out the myriad prevention and self-management resources on the [Get Healthy Clark County website](#). The site addresses many important health issues affecting men, including heart disease, cancer, diabetes, obesity, smoking cessation and nutrition.

Tobacco use is just one health indicator where men fare worse than women. In Nevada and nationwide, more men than women smoke cigarettes and/or use electronic vapor products. Nationally, 13.1% of men currently smoke cigarettes and more than 250,000 men die every year from smoking. In Clark County, 15% of men smoked cigarettes in 2022. Smoking remains the leading cause of preventable disease, disability, and death in the United States. Get Healthy Clark County offers significant free [resources](#) on quitting the habit, including the [Nevada Tobacco Quitline](#).

The [CDC's cheat sheet](#) on men's health cancer screenings is a valuable resource that offers crucial information regarding the optimal timing for colon and lung cancer testing. Additionally, it advises talking with a primary care physician about screening options for prostate and skin cancer. To manage risk factors for heart disease, such as high blood pressure, visit the [Manage Your Risk](#) section of the Get Healthy website. Visit the [Community Calendar](#) for a schedule of free blood pressure checks at participating barbershops. For people with diabetes or prediabetes, the Health District offers free diabetes classes virtually or in-person. Visit [GetHealthyClarkCounty.org](#) for classes in English and [VivaSaludable.org](#) for classes in Spanish. Those who register will be added to a waiting list and will be invited to the next class when scheduled. A downloadable resource of [low-cost clinics](#) is also available on the Get Health Clark County website.

Community Meetings

Week ending 06/02:

Ad-hoc Meetings:

- Participated a meeting with representatives from the Center for Disease Control (CDC) regarding the CDC Director, Dr. Mandy Cohen, visit to Las Vegas
- Participated in a meeting with representatives from the National Association of Counties (NACo) and the Nevada local health authorities regarding the Public Health Improvement Fund

Week ending 05/26:

Monthly:

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

Media/Interviews/Panelist/Presenter/Events:

- Interview (in Spanish) with Adriana Arevalo (Voice of America) on the Beat the Heat initiative

Professional Development/Conferences:

- Attended the "CDC HPAI A (H5N1) Response Update Partner Call"

Ad-hoc Meetings:

- Attended a meeting with representatives from the Center for Disease Control (CDC) regarding the CDC Director, Dr. Mandy Cohen, visit to Las Vegas
- Attended the Listening Session around NACCHO engagement and communication

Week ending 05/19:

Monthly:

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

Media/Interviews/Panelist/Presenter/Events:

- Participated in the Heat Event

Professional Development/Conferences:

- Attended the CDC New Health Official Orientation

Ad-hoc Meetings:

- Attended a meeting with representatives from the Center for Disease Control (CDC) regarding the CDC Director, Dr. Mandy Cohen, visit to Las Vegas
- Attended the Guided Tour of the Big Cities Health Inventory with the Big Cities Health Coalition (BCHC)

Week ending 05/12:

Monthly:

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

Professional Development/Conferences:

- Attended the "7th Annual Southern Nevada Summit on Children's Mental Health" Conference facilitated by the Clark County Children's Mental Health Consortium
- Attended the "Just Play it Cool" Community Health Center Resources to Address Heat and Climate Change" webinar facilitated by the National Association of Community Health Centers (NACHC)
- Attended the "Writing for Scientific Publication: Part 2" webinar facilitated by the University of Nevada, Las Vegas (UNLV)

Ad-hoc Meetings:

- Attended a meeting with Commissioner Marilyn Kirkpatrick regarding the Southern Nevada Public Health Laboratory (SNPHL)
- Attended a meeting with representatives from the Center for Disease Control (CDC) regarding Dr. Cohn's visit to Las Vegas

Week ending 05/05:

Monthly:

- Participated in the Electronic Health Information Advisory Group meeting

Professional Development/Conferences:

- Attended the "Nevada Medicaid Managed Care Statewide Expansion and Procurement Public Workshop" webinar facilitated by Nevada Medicaid
- Attended the "Local Action, Life-Saving Impact: Utilizing Opioid Settlement Funds for Overdose Prevention Public Health Campaigns and Promotions" webinar facilitated by National Association of County and City Health Officials (NACCHO)

Ad-hoc Meetings:

- Attended a meeting with the state and local health authorities regarding Public Health Funding

Off-Campus Emergency Departments

Paul Shubert, Chief
Bureau of Health Care Quality and Compliance

June 27, 2024



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Discuss statutory authority for off-campus EDs
2. Provide overview of regulations for off-campus EDs
3. Explain the difference between an urgent/quick care clinic, an independent center for emergency medical care (ICE) and an off-campus ED
4. Provide overview of the licensing process for off-campus EDs
5. Provide information regarding the total number of off-campus EDs and pending applications



'Off-campus location'

Each off-campus location of a hospital must obtain a unique National Provider Identifier (NPI) distinct from the NPI used by the main campus. A definition is also provided in this section as follows:

“Off-campus location” means a facility:

- With operations that are directly or indirectly owned or controlled by, in whole or in part, a hospital or which is affiliated with a hospital, regardless of whether it is operated by the same governing body as the hospital;
- That is located more than 250 yards from the main campus of the hospital;
- That provides services which are organizationally and functionally integrated with the hospital; and
- That is an outpatient facility providing ambulatory surgery, urgent care or emergency room services.

(Nevada Revised Statutes Ch. 449.1818, added to NRS in 2019)

Hospital Outpatient Services



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Regulations (in part) indicate the following standards for outpatient services:

- Services in accordance with national standards.
- Integrated with inpatient services.
- Sufficient personnel available to provide services.
- Equipment and supplies necessary to meet anticipated needs.
- Laboratory, radiology and pharmaceutical services must be readily available to the outpatient unit.

(Nevada Administrative Code Ch. 449.370)

Urgent/Quick Care and ICE



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- Urgent, or “quick care,” clinics are not regulated as health care facilities by HCQC. Much like physician clinics, HCQC doesn’t have licensure authority in these clinics. The local municipality is responsible for business licensing and the medical professionals are regulated by their licensing boards. While these entities may occasionally be associated with hospitals, they are not subject to EMTALA rules because they are not required to be integrated with hospital services and are not considered part of a hospital’s emergency services. These facilities may set their hours of operation.
- Independent centers for emergency medical care (ICE) are specifically defined in NRS Ch. 449 as; “a facility, structurally separate and distinct from a hospital, which provides limited services for the treatment of a medical emergency” and NAC 449.61302 restricts licensure to “facilities located more than 30 minutes by ground transportation from a facility which is licensed to provide a higher level of emergency medical care.” There is only one licensed ICE currently in Nevada. ICEs are also not subject to EMTALA rules because they are distinct facilities, licensed separately from the hospital. These facilities may set their hours of operation. These facilities are state licensed only, there are no federal certification standards.

Urgent Care, ICE, Off-Campus ED, --- Hospital-Based ED



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There are several different types of facilities that can confuse a health care consumer. Some are regulated as health care facilities and others are not. Some must comply with EMTALA requirements for emergency medical care, others do not. Some are 24/7 operations, others are not. Some have federal certification standards as well as licensure standards, others only have licensure standards. These differences may appear subtle, whereas the billing, insurance acceptance and moreover consequences of arriving at a facility that cannot provide necessary services can be devastating.

Licensure of Off-Campus EDs



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For our purposes today, the licensure process for off-campus EDs can be described as follows:

- The hospital must submit an application for an endorsement to add an off-campus ED and fulfill documentary requirements for proper licensure.
- Along with the endorsement application the hospital must submit construction plans for the off-campus ED.
- Once the application is complete and all construction is complete, HCQC will conduct an onsite inspection to determine compliance.
- When it is determined the off-campus ED is in substantial compliance with regulatory requirements, the location will be added as an endorsement to the hospital license

Off-campus EDs must meet the 2022 Federal Guidelines Institute (FGI), Guidelines for Design and Construction of Outpatient Facilities, Section 2.8, Specific Requirements for Freestanding Emergency Care Facilities.



Currently Licensed Off-Campus EDs

Currently 8 hospitals have off-campus ED endorsements on their license, some include multiple endorsements, for a total of 14 off-campus EDs, as follows:

- Northern Nevada Sierra Medical Center (1 remote ED)
- Southern Hills Hospital And Medical Center (2 remote EDs)
- Spring Valley Hospital Medical Center (1 remote ED)
- Centennial Hills Hospital Medical Center (2 remote EDs)
- Mountainview Hospital (2 remote EDs)
- Northern Nevada Medical Center (2 remote EDs)
- Valley Hospital Medical Center (3 remote EDs)
- Henderson Hospital (1 remote ED)



Pending Applications for Off-Campus EDs

Currently HCQC has 6 pending applications for off-campus ED endorsements, as follows:

- Summerlin Hospital Medical Center
- Henderson Hospital
- Northern Nevada Medical Center
- Renown Regional Medical Center
- Southern Hills Hospital and Medical Center
- Sunrise Hospital and Medical Center

QUESTIONS?



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CONTACT INFORMATION


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(702) 668-3270

ACRONYMS

- ED – Emergency Department
- HCQC – Bureau of Health Care Quality and Compliance
- CMS – Centers for Medicare and Medicaid Services



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A nighttime photograph of the New York-New York Hotel & Casino in Las Vegas. The image features replicas of the Statue of Liberty and the Chrysler Building, both illuminated with blue and white lights. In the foreground, there are palm trees and a walkway with a pink railing. A sign for 'CHOCO' is visible on the walkway. The background shows other city buildings and a dark sky.

Trauma System of Southern Nevada

TRAUMA – the forgotten pandemic

There are approximately **six million deaths** per year as a result of trauma, which is more than all the contagious diseases added together including HIV/AIDS, TB, malaria and COVID-19. There are some **40 million people permanently injured** per year, and up to **100 million temporarily injured**






WHAT IS TRAUMATIC INJURY?

Trauma refers to people who have sustained **severe** injuries, requiring **rapid** evaluation and transport to **specific** hospitals with trauma care capabilities, staffed and equipped to provide the comprehensive care needed.

Traumatic injuries are the result of a wide variety of blunt or penetrating mechanisms. They include motor vehicle collisions, gunshot and stab wounds, sports injuries, serious falls, natural disasters and a multitude of other physical injuries which can occur at home, on the street, or while at work and require immediate care.



EMERGENCY ROOMS ARE NOT TRAUMA CENTERS

Level III Trauma Centers must have the following that emergency rooms may not:

- 24-hour **immediate coverage** by emergency medicine physicians and 30-minute availability of general surgeons, orthopedic surgeons, and anesthesiologists
- 30-minute availability of an operating room and full OR team
- Availability of imaging services with radiologist access
 - Conventional radiology – 30 minutes
 - CT – 30 minutes
 - Point-of-care ultrasound – 15 minutes
- ICU provider coverage within 30 minutes
- Supply of blood products for rapid transfusion
- Rapid reversal protocol in place for patients on anticoagulants
- **Transfer agreements** for patients requiring more comprehensive care at a Level I or Level II Trauma Center
- Trauma specific **education** for nursing and allied health personnel
- **Prevention efforts** and must have an active outreach program for its referring communities
- Trauma registry is quality improvement metrics



LEVEL II TRAUMA CENTER

All components of a Level III in addition to:

- 24-hour in-house coverage by trauma surgeons
- Anesthesia services available within 15 minute of request, present within 30 minutes for operations
- ICU physician continuously available within 15 minutes and whose primary responsibility is the ICU
- The following specialty physicians continuously available: Neurotrauma, Orthopaedic trauma, cardiothoracic, vascular, hand, plastics, OBGYN, otolaryngology, ophthalmology, and urology
- Care protocols for the injured older adult
- Cardiopulmonary Bypass Equipment
- Interventional radiology procedure can begin within 60 minutes of request



THE
COMMITTEE
ON **TRAUMA**

LEVEL I TRAUMA CENTER



All components of a Level II in addition to:

- Must care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year
- Support a research program
- Have an orthopedic surgeon on the hospital's disaster committee
- Capability for comprehensive soft tissue coverage of wounds, including microvascular expertise for free flaps
- Capability to diagnose and manage acute facial fractures of the entire craniomaxillofacial skeleton
- A trauma surgeon on the disaster committee who has specific disaster management training
- Demonstrate commitment to postgraduate training with a defined trauma curriculum and trauma-specific objectives. There must be sufficient volume and breadth of cases to meet competency requirements
- Publish research and participate in scholarly activities

NAVITGATING THE TRAUMA SYSTEM – TRAUMA TRANSPORT DESTINATIONS

Southern Nevada follows the 2021 National Guidelines for the Field Triage of Injured Patients

If a patient meets any of the criteria, he/she is to be transported to a trauma center based on level of TFTC criteria and predetermined catchment areas

Southern Nevada has **4** hospitals designated as trauma centers:

UMC: Level I Adult/Level II Pediatrics

Sunrise: Level II Adult

Siena: Level III Adult

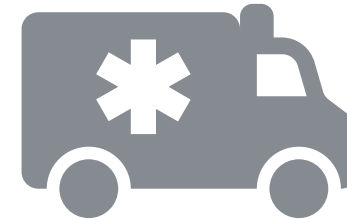
MOMMC: Level III Adult

WHY A TRAUMA SYSTEM ?

“Right patient to the right place at the right time”



The ultimate goal of this unified, integrated, strengthened trauma system is to achieve maximum survival and maximal return to normal function following injury.



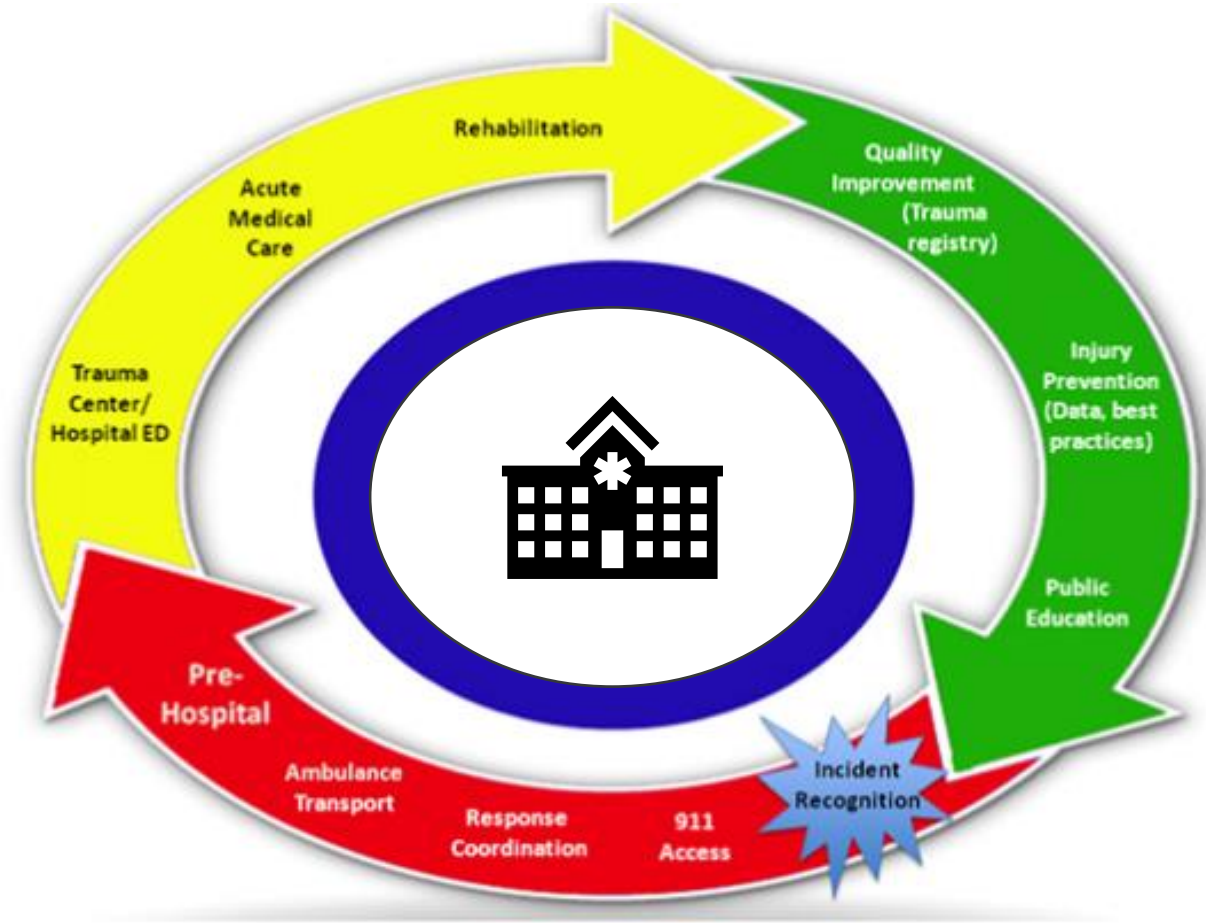
Studies have shown that regionalized trauma systems are associated with reductions in mortality.



WHAT MAKES A TRAUMA SYSTEM

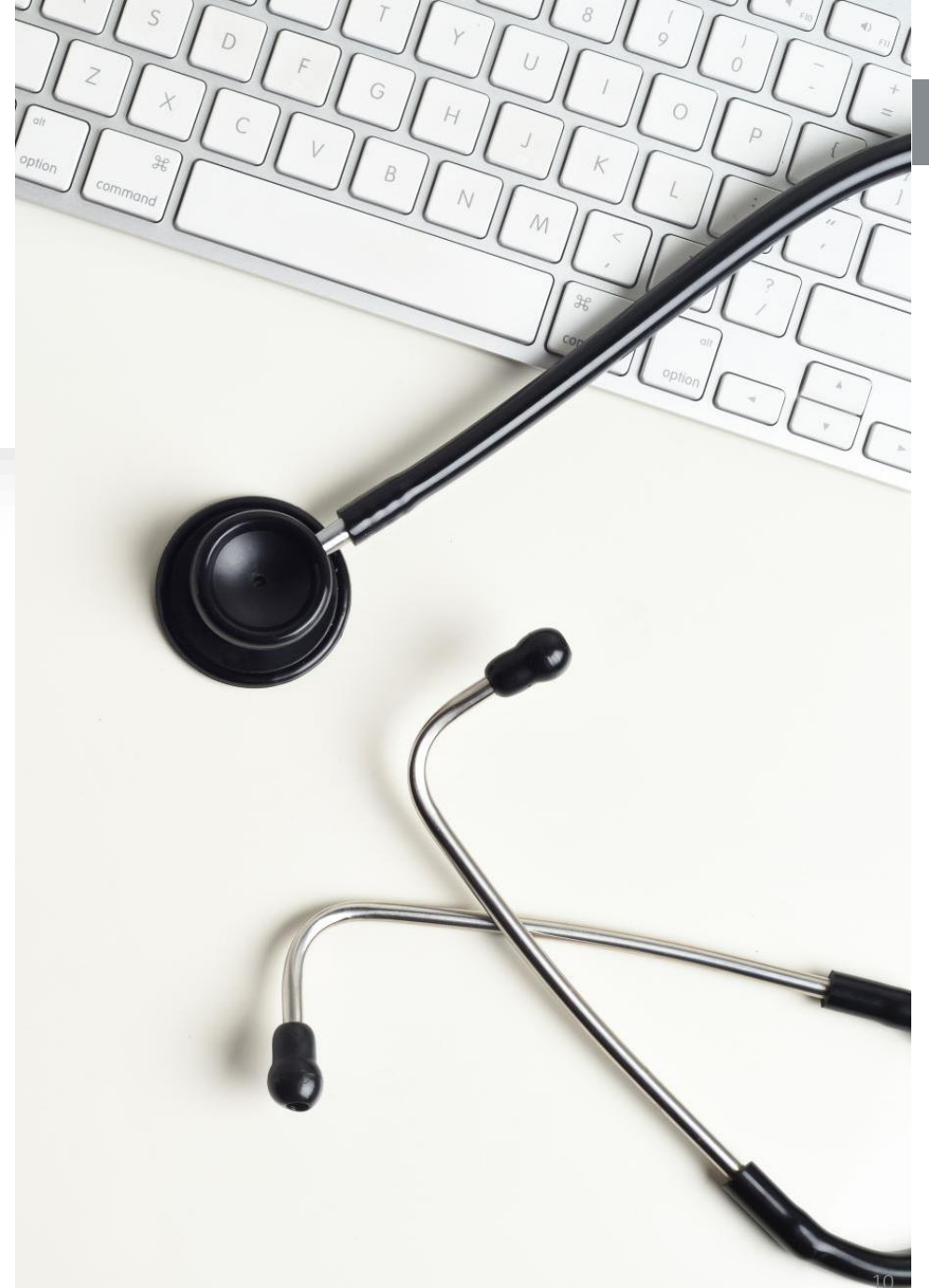
- Components: Education/Injury Prevention, Advocacy, Data collection, Research, Funding, Disaster Preparedness and Response

- Until 2004, Southern Nevada had no laws or regulations granting oversight authority for trauma care. Proper oversight is a necessary element of any trauma system.



COMMUNITY BENEFITS HIGH FUNCTIONING TRAUMA SYSTEM

- Improves Mortality
- Reduces Complications
- Comprehensive Healthcare Team:
Navigating Injury, Rehabilitation, and
Prevention
- Utilization of Reliable Data for Effective
Injury Prevention Strategies, Minimizing
Injury Rates
- Enhances Hospital Networking for Seamless
Patient Transfers
- Optimizes Patient Allocation
- Facilitates Advanced Training Opportunities
for Healthcare Providers and Nurses





Johns Hopkins Bloomberg School of Public Health's
Center for Injury Research and Policy

— TRAUMA CENTER CARE COST

- Although treatment at a trauma center is more expensive, the benefits of this approach in terms of lives saved and quality of life-years gained outweigh the costs
- Taking the less severely injured to a lower level of trauma care will yield lower overall costs and increased efficiency in the system

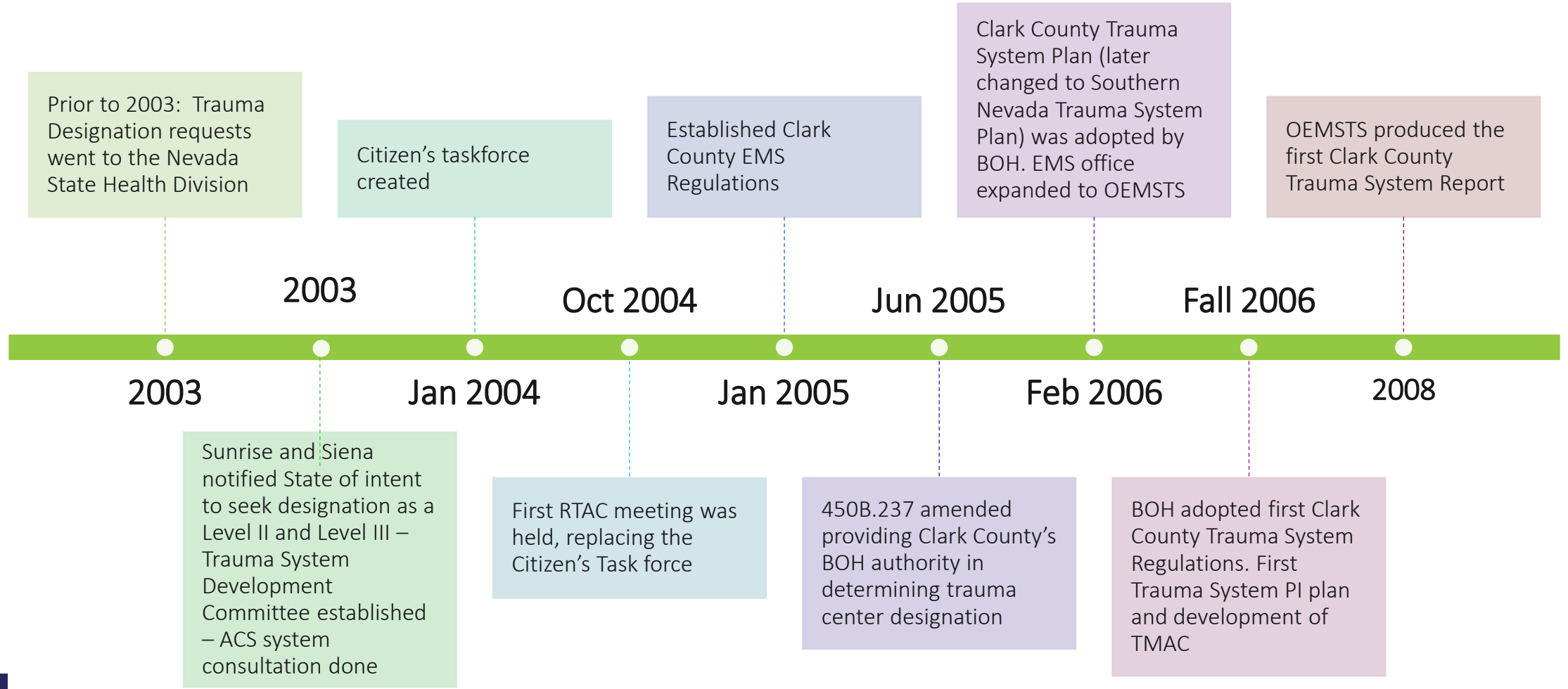
SOUTHERN NEVADA TRAUMA SYSTEM

GOALS:

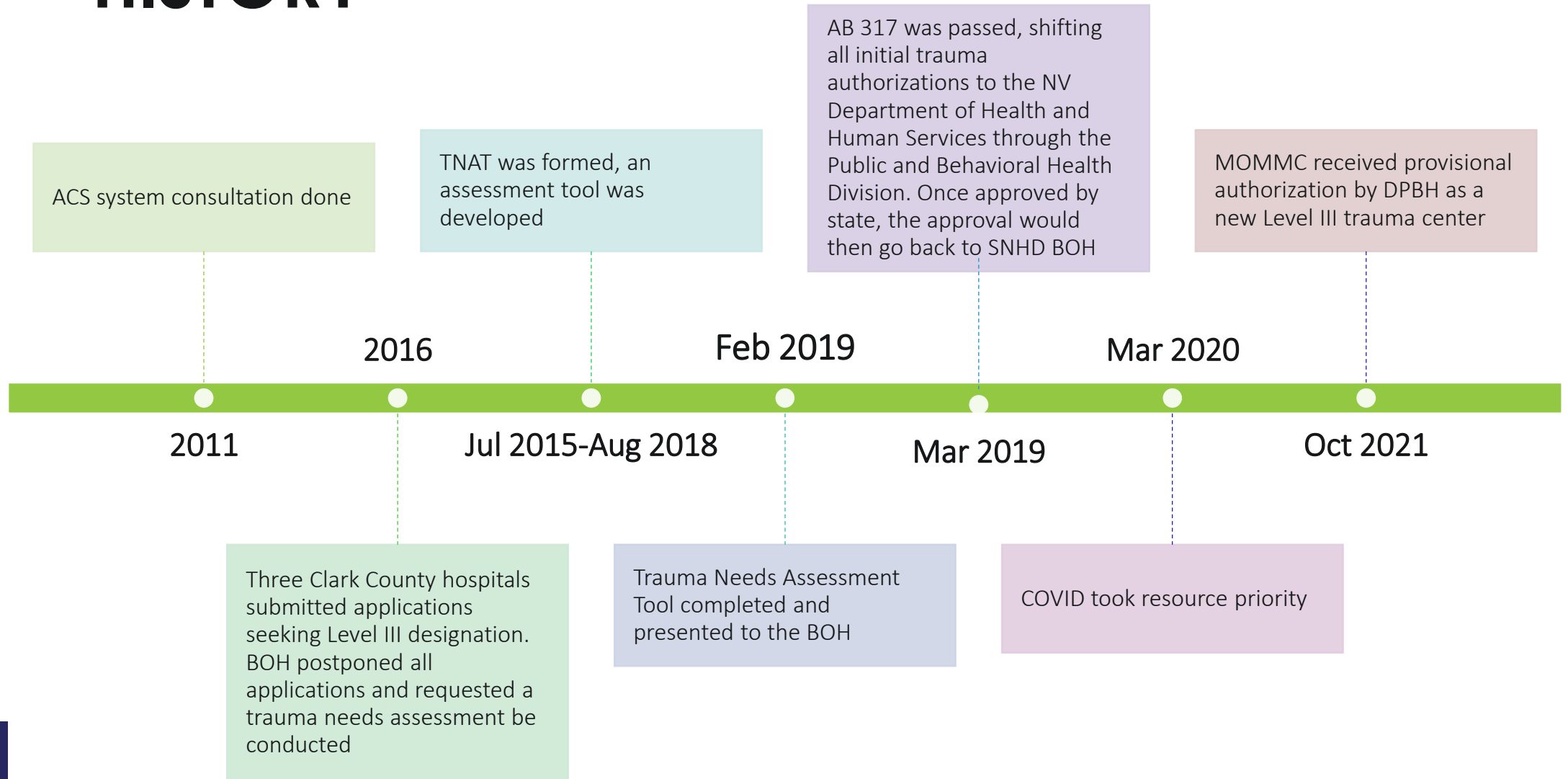
- Reduce the incidence and severity of injuries
- Improve the health outcome of those who are injured by ensuring prompt, equitable access to the most appropriate health care resources
- Implement performance improvement activities to ensure quality care throughout the system
- Advocate for sufficient resources to meet the needs of the injured in the community



SOUTHERN NEVADA TRAUMA SYSTEM HISTORY



SOUTHERN NEVADA TRAUMA SYSTEM HISTORY



TODAY:

SOUTHERN NEVADA'S DESIGNATED TRAUMA CENTERS



UMC

- 1988: Level II
- 1999: Level I
- 2007: Level II pediatric



Sunrise

- 1989: Level III
- 2005: Level II



St Rose Siena

- 2005: Level III



MOMMC

- 2021: Level III

SYSTEM STATUS UPDATE

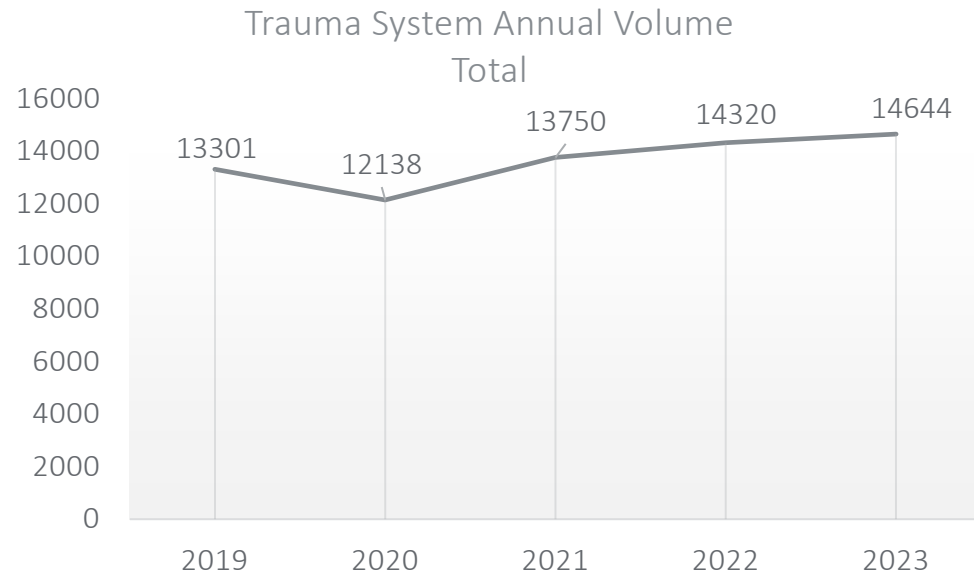


Southern Nevada
TRAUMA SYSTEM

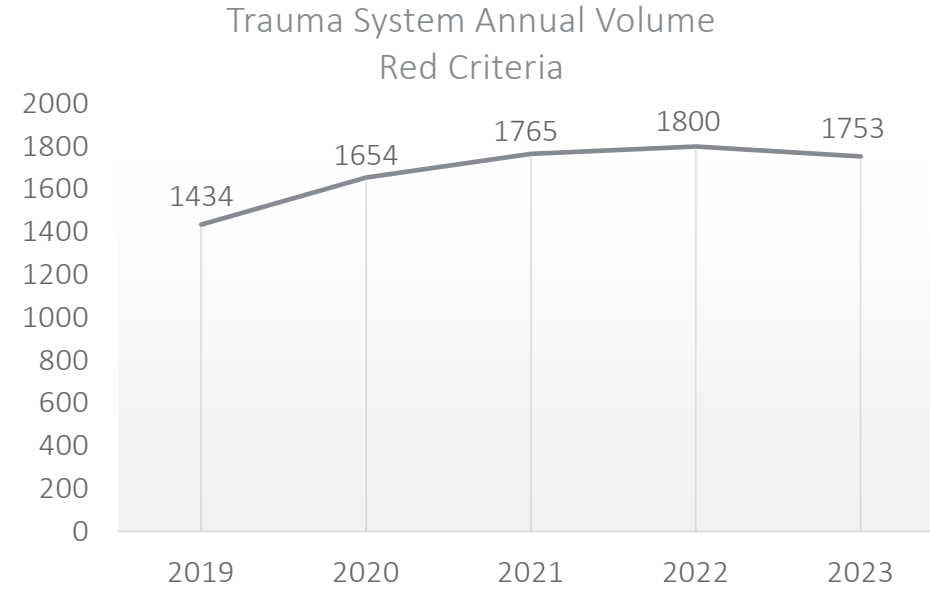
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

2023 TRAUMA SYSTEM REPORT

TRAUMA FIELD TRIAGE CRITERIA: VOLUME



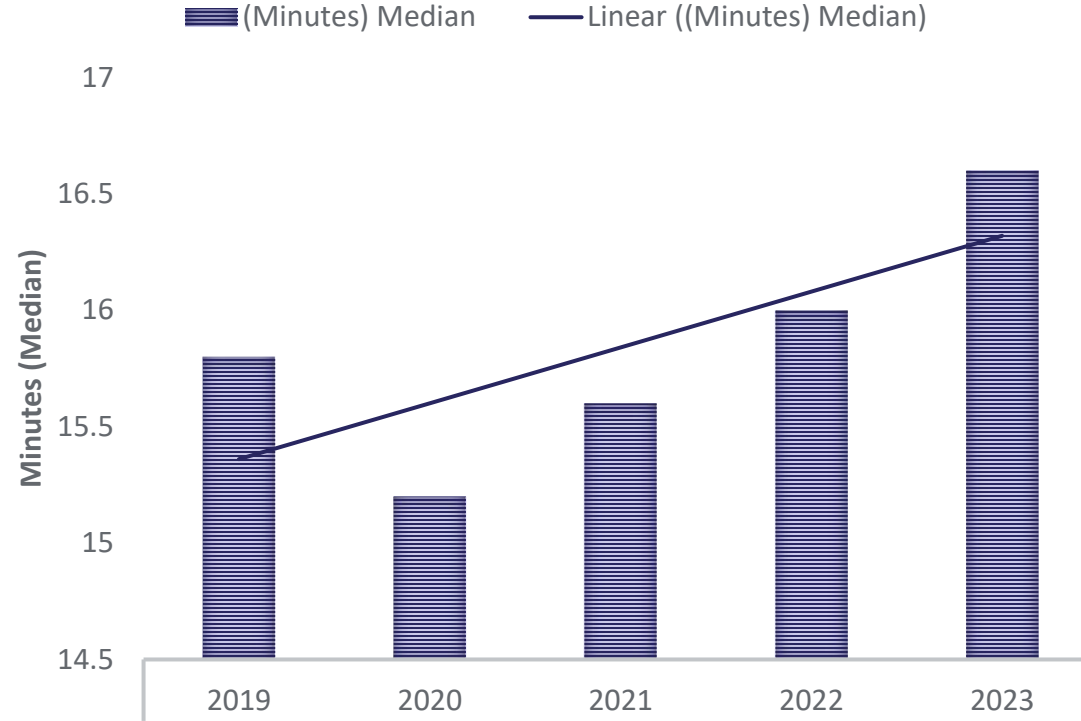
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22%

2023 TRAUMA SYSTEM REPORT

TRAUMA TRANSPORT TIMES

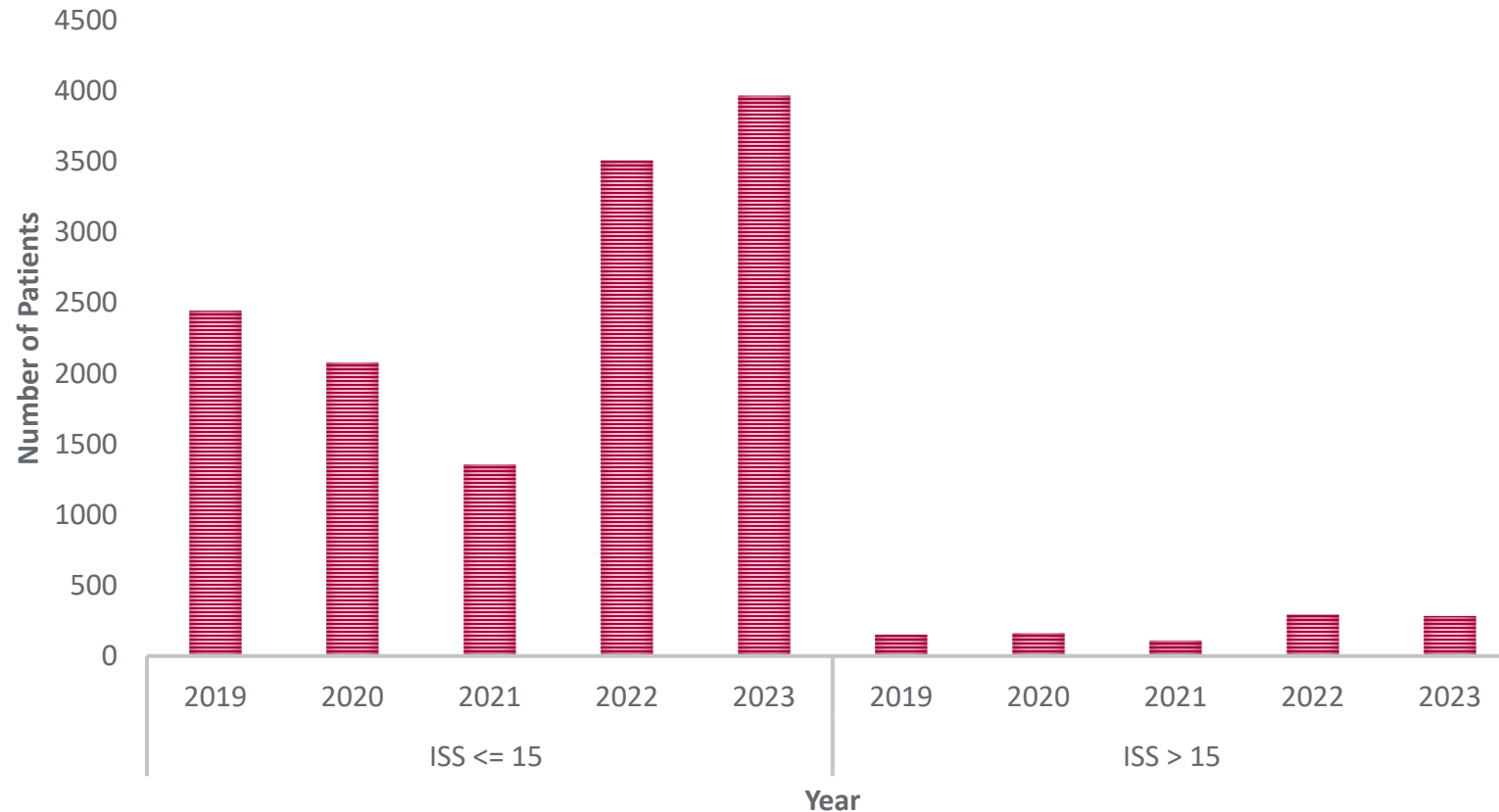


Southern Nevada Median Transport Time (Step 1-4), 2019-2023						
		Year				
		2019	2020	2021	2022	2023
Transport Time (Minutes)	N	10930	10255	11625	11827	11527
	Median	15m 48s	15m 12s	15m 36s	16m 0s	16m 36s

Source: SNHD TFTC Data

2023 TRAUMA SYSTEM REPORT

PATIENTS MEETING NTDB INJURY CRITERIA AT NON-TRAUMA HOSPITAL BY ISS SCORE



At least one diagnostic code for injury:

- ICD-10 code from the following ranges: S00-S99 (7th Character Modifier A, B, or C), T07, T14, T20-T28 (7th Character modifier A), T30-32, and T79.A1-T79.A9 (7th character modifier A) and the patient must have:

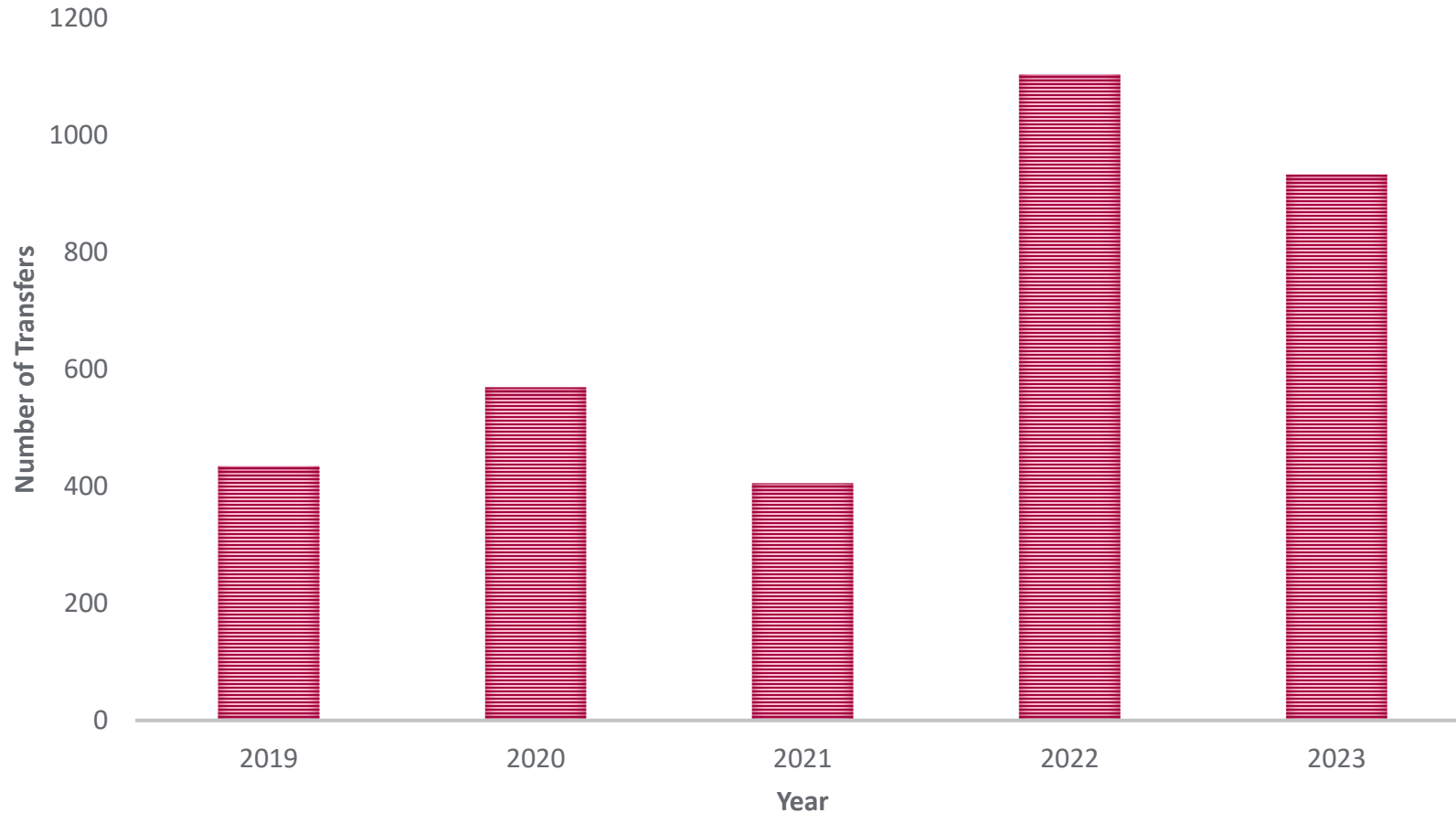
At least one of the following criteria:

- Patient was in the hospital for at least 24 hours due to injuries;
- Injury resulted in death; or
- Patient was transferred between hospitals using EMS or air ambulance.

Source: State Trauma Registry data

2023 TRAUMA SYSTEM REPORT

TRANSFERS TO SOUTHERN NEVADA TRAUMA CENTERS FROM NON-TRAUMA CENTERS



	2019	2020	2021	2022	2023
All	434	569	405	1104	933

Source: State Trauma Registry data

POPULATION CLARK COUNTY

UNITED STATES CENSUS BUREAU

2020 Census: Nevada ranked #5 for growth rate with 15%

YEAR	POPULATION FORECAST	GROWTH IN POPULATION (%)
2015	2,147,641*	2.2%
2016	2,205,207*	2.7%
2017	2,248,390*	2.0%
2018	2,284,616*	1.6%
2019	2,325,798*	1.8%
2020	2,376,683*	2.2%
2021	2,333,092*	-1.8%
2022	2,331,934*	-0.05%
2023	2,374,000**	1.8%
2024	2,407,000**	1.4%

POPULATION:
10-Year Growth

12%

*SNRPC consensus population estimate

**CBER 2023 Economic Outlook forecast, April 2023

TRAUMA SYSTEMS WITH SIMILAR POPULATION

ADULT TRAUMA CENTERS

	# Level I	# Level II	# Level III	POPULATION
San Diego County	4	2	0	3.3 million
Chicago	5	0	0	2.67 million
San Bernadino County	2	1	0	2.2 million
Houston	3	1	4	1.08 million
Southern Nevada Currently	1	1	2	2.37 million

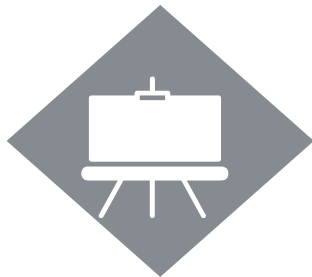
TRAUMA REPORTS

Updated/Released Annually



SNHD OEMSTS: Trauma System Report

<https://media.southernnevadahealthdistrict.org/download/ems/2023/southern-nevada-trauma-aystem-report.pdf>



NEVADA DPBH: Nevada Annual Trauma System Report

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/EBV/2022%20Nevada%20Trauma%20Registry%20Annual%20Report%207.2023.pdf>

THANK YOU



**Southern Nevada
TRAUMA SYSTEM**

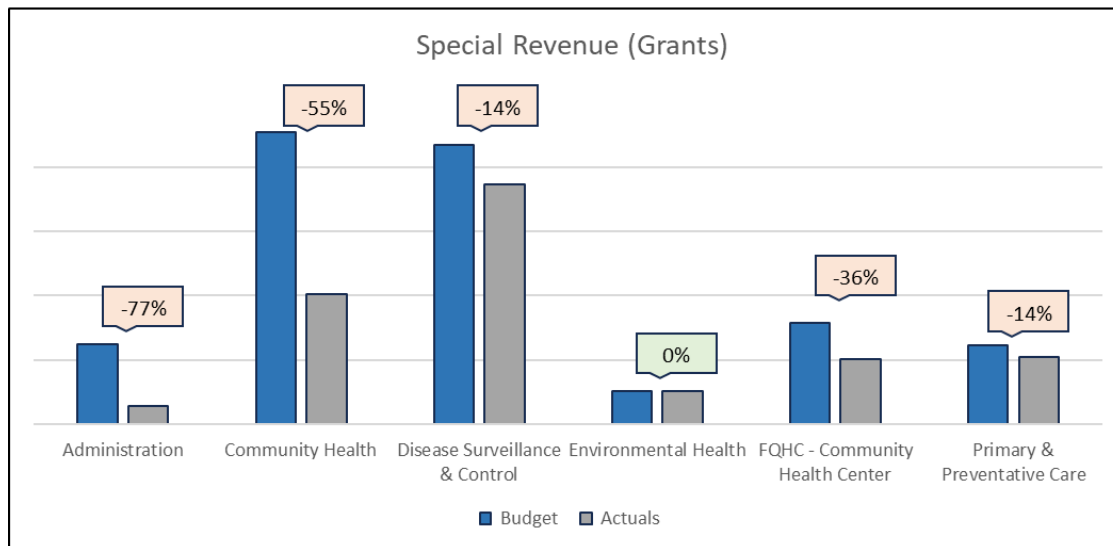
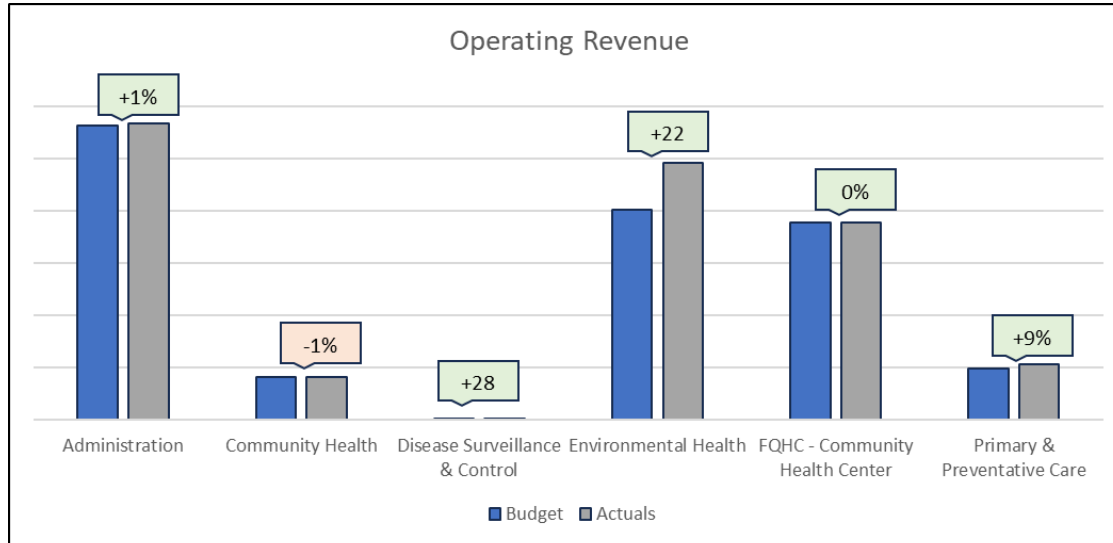
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

**SNHD
FINANCIAL
REPORT**

March 2024



REVENUES



Division	Budget as of March 2024	Actual as of March 2024	Difference	% +/-
Operating Revenue (Charges, Fees, Taxes, etc.)				
Administration	\$ 28,219,875	\$ 28,444,644	\$ 224,769	1%
Community Health	4,092,770	4,047,092	(45,677)	-1%
Disease Surveillance & Control	11,250	14,367	3,117	28%
Environmental Health	20,109,337	24,630,295	4,520,958	22%
FQHC - Community Health Center	18,872,740	18,850,496	(22,244)	0%
Primary & Preventative Care	4,847,620	5,299,646	452,027	9%
SUBTOTAL	\$ 76,153,591	\$ 81,286,541	\$ 5,132,950	7%
Special Revenue (Grants)				
Administration	\$ 6,232,767	\$ 1,411,315	\$ (4,821,452)	-77%
Community Health	22,780,385	10,154,974	(12,625,411)	-55%
Disease Surveillance & Control	21,749,394	18,648,418	(3,100,976)	-14%
Environmental Health	2,580,023	2,591,188	11,165	0%
FQHC - Community Health Center	7,885,660	5,021,247	(2,864,414)	-36%
Primary & Preventative Care	6,110,451	5,232,156	(878,296)	-14%
SUBTOTAL	\$ 67,338,681	\$ 43,059,296	\$ (24,279,385)	-36%
TOTAL REVENUE	\$ 143,492,272	\$ 124,345,837	\$(19,146,435)	-13%

NOTES:

- 1) ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1ST (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH). OTHER MAJOR REVENUE BILLING OCCURS IN JANUARY.
- 2) MAJOR GRANT SPENDING FOR LAB EXPANSION DELAYED UNTIL FY 2025.
- 3) DUE TO REDUCTION IN COVID-RELATED TESTING, DECREASED ACTIVITY IN RESTOCKING REAGENTS AND LAB SUPPLIES RESULTED IN THE DECREASE IN GRANT REVENUE AND EXPENSES.
- 4) APPROVED CONTRACTS STILL PENDING AS OF MARCH 2024.
- 5) GRANT REVENUE AND PERSONNEL EXPENSE ALLOCATION BUDGETS WILL BE UPDATED IN SECOND BUDGET AUGMENTATION.

Revenues by Category

REVENUE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Primary & Preventative Care	TOTALS BY CATEGORY
<i>Licenses & Permits</i>	\$ -	\$ 202,520	\$ -	\$ 24,392,983	\$ -	\$ -	\$ 24,595,503
<i>Property Taxes</i>	25,566,422	-	-	-	-	-	25,566,422
<i>Charges for Services</i>	1,789,655	3,843,905	10,000	-	18,391,720	4,895,752	28,931,032
<i>Intergovernmental</i>	1,411,315	10,154,974	18,648,418	2,591,188	5,021,247	5,232,156	43,059,296
<i>Investment Earnings</i>	1,066,394	-	-	-	-	-	1,066,394
<i>Other</i>	22,174	667	4,367	237,312	458,551	403,875	1,126,946
<i>Contributions</i>	-	-	-	-	225	20	245
TOTALS BY DEPT	\$ 29,855,959	\$ 14,202,066	\$ 18,662,785	\$ 27,221,483	\$ 23,871,743	\$ 10,531,802	\$124,345,837

Revenue Categorization

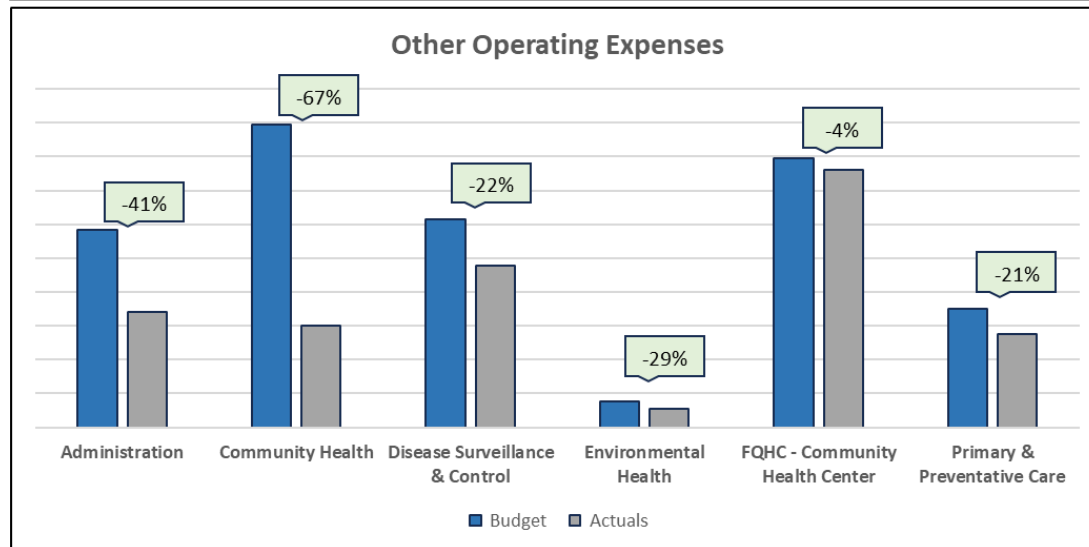
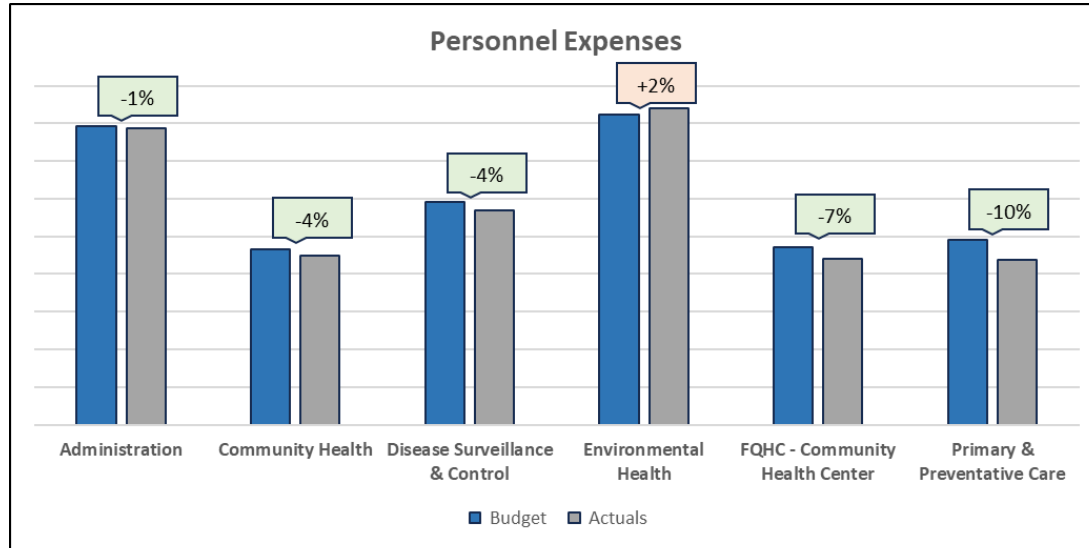
General Fund

- *Property tax* – includes revenue from Clark County property tax.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue* – includes revenues from Admin Fees, Investment Interest, Misc. Income, etc.

Special Revenue Fund

- *Federal Revenue* – includes federal grant revenue from U.S. Dept. of Health and Human Services, U.S. Dept. of Agriculture, and U.S. Dept. of Homeland Security
- *Pass-Thru Revenue* – includes revenue from NV Dept. of Health and Human Services, UNLV, and Clark County
- *State-Revenue* – includes state revenue for FQHC-related grants
- *Other Revenue* – includes revenue from Clark County grants

EXPENSES



Division	Budget as of March 2024	Actual as of March 2024	Difference	% +/-
Employment (Salaries, Taxes & Benefits)				
Administration	\$ 15,878,449	\$ 15,760,577	\$ (117,872)	-1%
Community Health	9,333,227	8,995,755	(337,472)	-4%
Disease Surveillance & Control	11,825,478	11,402,074	(423,404)	-4%
Environmental Health	16,465,923	16,785,155	319,231	2%
FQHC - Community Health Center	9,445,384	8,801,782	(643,602)	-7%
Primary & Preventative Care	9,789,685	8,765,209	(1,024,476)	-10%
SUBTOTAL	\$ 72,738,147	\$ 70,510,552	\$ (2,227,595)	-3%
Other (Supplies, Contractual, Capital)				
Administration	\$ 11,660,463	\$ 6,822,371	\$ (4,838,092)	-41%
Community Health	17,921,372	5,981,580	(11,939,792)	-67%
Disease Surveillance & Control	12,295,142	9,578,429	(2,716,713)	-22%
Environmental Health	1,525,619	1,080,646	(444,973)	-29%
FQHC - Community Health Center	15,875,019	15,219,208	(655,811)	-4%
Primary & Preventative Care	6,987,916	5,496,971	(1,490,945)	-21%
SUBTOTAL	\$ 66,265,533	\$ 44,179,206	\$ (22,086,327)	-33%
Total Operating Expenses	\$ 139,003,680	\$ 114,689,758	\$ (24,313,922)	-17%
Indirect Costs/Cost Allocations	\$ 3,936,769	\$ -	\$ 3,936,769	100%
Transfers IN	(5,223,574)	(5,204,687)	(18,887)	0%
Transfers OUT	5,223,575	5,204,687	18,887	0%
Total Transfers & Allocations	\$ 3,936,769	\$ -	\$ (3,936,769)	-100%
TOTAL EXPENSES	\$ 142,940,449	\$ 114,689,758	\$ (28,250,691)	-20%

NOTES:

- LABORATORY EXPANSION GRANT FUNDED PROJECT NOW ANTICIPATED TO OCCUR MOSTLY IN FY 2025.
- DUE TO REDUCTION IN COVID-RELATED TESTING, THE DEMAND FOR REAGENTS AND LAB SUPPLIES DECREASED THEREFORE REDUCING NEED FOR BUDGETED RESTOCKING THROUGH MARCH 2024.
- PENDING SUBSCRIPTION EXPENSES EXPECTED TO OCCUR IN FY 2025.

Expenses by Category

EXPENSE BY CATEGORY	Administration	Community Health	Disease Surveillance & Control	Environmental Health	FQHC	Primary & Preventative Care	TOTALS BY CATEGORY
<i>Salaries</i>	\$ 11,098,465	\$ 6,226,744	\$ 7,854,729	\$ 11,640,905	\$ 6,080,981	\$ 6,106,365	\$ 49,008,189
<i>Taxes & Benefits</i>	4,662,112	2,769,011	3,547,345	5,144,250	2,720,802	2,658,843	21,502,363
<i>Contractual</i>	5,409,556	3,431,335	6,558,315	446,149	867,044	1,288,199	18,000,597
<i>Indirect/Cost Allocation</i>	(13,227,975)	2,038,596	2,807,055	2,590,513	3,639,386	2,152,425	(0)
<i>Supplies</i>	697,738	2,201,428	2,138,467	83,239	14,250,138	4,103,618	23,474,627
<i>Property</i>	617,642	257,692	713,913	272,695	43,798	18,839	1,924,580
<i>Travel & Training</i>	97,435	91,125	167,735	278,564	58,228	86,315	779,401
TOTALS BY DEPT	\$ 9,354,973	\$ 17,015,931	\$ 23,787,559	\$ 20,456,314	\$ 27,660,376	\$ 16,414,605	\$114,689,758

Expense Categorization

Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software, maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 15.60%. Indirect costs associated with special revenue funds are claimed at a 10% de minimis rate. Cost Allocations make up the remaining 5.60%.
- *Transfers In* – funds transferred into special revenue fund from a program's general fund
- *Transfers Out* – funds transferred out of a program's general fund into special revenue fund

Balance Sheet – Assets and Liabilities

Southern Nevada Health District Governmental Funds - Balance Sheet 3/31/2024 (Unaudited)				
	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Assets				
Cash, cash equivalents, and investments	\$ 36,707,058	\$ 4,288,119	\$ 6,074,189	\$ 47,069,366
Grants receivable	-	16,224,003	-	16,224,003
Accounts receivable, net	5,272,377	-	-	5,272,377
Other receivables	28,915	-	-	28,915
Interest receivable	-	-	-	-
Due from other funds	17,039,673	-	366,580	17,406,253 *
Inventories	1,476,049	-	-	1,476,049
Prepaid items	1,409,173	2,028	-	1,411,201
Total assets	<u>\$ 61,933,245</u>	<u>\$ 20,514,150</u>	<u>\$ 6,440,770</u>	<u>\$ 88,888,165</u>
Liabilities				
Accounts payable	\$ 2,153,336	\$ 1,906,970	\$ 8,473	\$ 4,068,779
Accrued expenses	2,803,443	1,324,391	-	4,127,834
Unearned revenue	5,149	392,644	-	397,793
Due to other funds	-	17,351,747	-	17,351,747 *
Total liabilities	<u>\$ 4,961,928</u>	<u>\$ 20,975,752</u>	<u>\$ 8,473</u>	<u>\$ 25,946,153</u>
Fund Balances				
Total fund balances	<u>\$ 56,971,317</u>	<u>\$ (461,602)</u>	<u>\$ 6,432,297</u>	<u>\$ 62,942,012</u>
Total liabilities and fund balances	<u>\$ 61,933,245</u>	<u>\$ 20,514,150</u>	<u>\$ 6,440,770</u>	<u>\$ 88,888,165</u>

* Difference due to Workers' Compensation fund.

GENERAL NOTE: See reconciliation to net position of governmental activity including long-term liabilities and related transactions.

Balance Sheet - Fund Balance

Southern Nevada Health District Governmental Funds - Balance Sheet 3/31/2024 (Unaudited)				
	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Fund Balances				
Nonspendable				
Inventories	\$ 1,476,049	\$ -	\$ -	\$ 1,476,049
Prepaid items	1,409,173	2,028	-	1,411,201
Restricted for				
Grants	-	3,963,420	-	3,963,420
Assigned to				
Capital improvements	-	-	6,432,297	6,432,297
Administration	3,782,922	-	-	3,782,922
Unassigned	50,303,172	(4,427,049)	-	45,876,123
Total fund balances	<u>\$ 56,971,317</u>	<u>\$ (461,602)</u>	<u>\$ 6,432,297</u>	<u>\$ 62,942,012</u>
Total liabilities and fund balances	<u>\$ 61,933,245</u>	<u>\$ 20,514,150</u>	<u>\$ 6,440,770</u>	<u>\$ 88,888,165</u>

Reconciliation to Balance Sheet



Southern Nevada Health District Reconciliation of the Balance Sheet – Governmental Funds to the Statement of Net Position – Governmental Activities 3/31/2024 (Unaudited)	
Total fund balance – governmental funds	\$ 62,942,012
<p>* Amounts reported for governmental activities in the Statement of Net Position are different because:</p> <p>Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of \$505,113 of prepaid subscription assets already reported in the governmental funds.</p>	
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	36,693,837
<p>Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items are as follows:</p>	
Postemployment benefits other than pensions	(26,983,219)
Deferred outflows related to postemployment benefits other than pensions	14,316,409
Deferred inflows related to postemployment benefits other than pensions	(21,423,639)
Compensated absences	(9,988,145)
Lease liability	(7,256,653)
Subscription liability	(231,076)
Net pension liability	(125,727,302)
Deferred outflows related to pensions	58,441,221
Deferred inflows related to pensions	(189,400)
<p>Internal service funds are used by management to charge the costs of certain activities to individual funds:</p>	
Internal service fund assets and liabilities included in governmental activities in the statement of net position	86,550
Net position of governmental activities	<u>(19,319,405)</u>
<p>* Reconciling items reflect 06/30/23 balances as pensions, compensated absences, leases, subscriptions and post-employment benefits are only updated annually.</p>	



QUESTIONS?

MEMORANDUM



Date: June 27, 2024
To: Southern Nevada District Board of Health
From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration* 
Fermin Leguen, MD, MPH, *District Health Officer* 
Subject: **Administration Division Monthly Report – May 2024**

Executive Summary	1
Office of Communications	2
Contracts Administration	3
Facilities.....	3
Finance.....	4
Health Cards.....	7
Human Resources (HR)	7
Information Technology (IT).....	8
Workforce Team – Public Health Infrastructure Grant (PHIG)	9
Appendix A – Office of Communications	12
Appendix B – Finance – Payroll Earnings Summary – April 13, 2024 to April 26, 2024	14
Appendix C – Finance – Payroll Earnings Summary – April 27, 2024 to May 10, 2024.....	17
Appendix D – Finance – Payroll Earnings Summary – May 11, 2024 to May 24, 2024.....	20

Executive Summary

The Health District, in collaboration with Clark County, rolled out the Beat the Heat campaign to educate the community about the risks associated with extreme heat and to provide tips on how to stay safe. The Office of Communications issued eight News Release. Staff also produced creative assets for Back-to-school vaccination and Mosquito Awareness campaigns. Staff replied to 166 public information email inquiries and completed 116 internal project requests, including graphic design, website content, advertising/marketing, outreach materials and translation services. Facilities staff installed monitors at the Decatur, Bonanza and Buffalo locations to display valuable resources for staff. Conference rooms were completed at the Bonanza and Buffalo locations. Health Cards saw an increase in the total clients of 13,506, which included 2,371 clients renewing online. Online renewals continue to trend upward, likely due to the earliest post-COVID clients being eligible for renewal. As of June 5, 2024, the Health District had 814 active employees. Human Resources arranged 27 interviews, extended 23 job offers (four offers declined) and onboarded five

staff. There were five terminations, six promotions, five flex-reclasses, three transfers and no demotions. There were 12 employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Soda Free Summer Challenge kicks off May 3
- Reminder – Next Pop-Up Produce Stand set for May 7 in Las Vegas
- New report outlines public health goals for Clark County
- Slam Dunk Health Challenge promotes healthy lifestyles for students
- Survey takes the pulse of Clark County's Health Status
- May is Hepatitis Awareness Month
- West Nile virus mosquitoes detected
- Southern Nevada Health District detects xylazine in Clark County illicit drug supply

Press:

- Street food vendor permits
- Heat safety awareness
- Gym pool lifeguard requirements
- Xylazine in illicit drug supply
- West Nile Virus positive mosquitoes

Seven hundred thirty-six news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in May. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202405-pi-report.pdf \(southernnevadahealthdistrict.org\)](https://www.southernnevadahealthdistrict.org/202405-pi-report.pdf).

Advertisements, Projects Completed and Social Media Summary:

In May, the Beat the Heat campaign was launched to educate the community about the risks associated with extreme heat and to provide tips on how to stay safe. Staff developed event collateral, advertisements, and printed material for the campaign. Staff also produced creative assets for Back-to-school vaccination and Mosquito Awareness campaigns. Office of Communications staff continues to collaborate with team members from the Office of Disease Surveillance to produce advertising concepts for a Congenital Syphilis awareness campaign and provide ongoing support for the Office of Chronic Disease Prevention and Health Promotion initiatives, including smoking cessation and nutrition. Staff performed ongoing updates on the Health District websites including SNHD.info, COVID.SNHD.info and GetHealthyClarkCounty.org. The Office of Communications received and replied to one hundred sixty-six public information email inquiries, and completed one hundred sixteen 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, Mental Health Awareness Month, Memorial Day, Community Health Assessment Survey, Fight the Bite, Beat the Heat, National Women's Health Week, CAREER Talks, All Saints Sexual Health Clinic closure, and Nurses Week.

Community Outreach:

In May, staff coordinated outreach opportunities with event organizers for World Refugee Day, and La Oportunidad Expo.

Meetings and Events of Note:

- May 01: Comms Crash Course: Developing and Producing Videos to Expand Public Health Messaging webinar
- May 02: Accreditation meeting
- May 09: COOP Table Top exercise
- May 13: Community Outreach team meeting
- May 16: Summer Heat Campaign kick-off
- May 20: Walk Around Nevada Winners luncheon
- May 20: CHA outreach survey meeting
- May 20: Vaccine hesitancy outreach survey meeting
- May 21: Recovery Workshop
- May 21: Back to School meeting
- May 23: Bridge Launch – 317 Site Visit Guide/Training
- May 29: OPHP Training: Public Information Officer/Liaison Officer
- May 30: SNPHL Video Shoot Day
- May 30: All Saints Episcopal Church event planning meeting w/Gilead
- May 30: CDC Director’s Visit planning meeting

Please see Appendix A for the following:

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

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
May 1-31, 2024	23	19	83%	19

Facilities

Monthly Work Orders	May 2023	May 2024		YTD FY23	YTD FY24	
Maintenance Responses	259	212	↓	2,044	2,127	↑
Electrical Work Orders	17	20	↑	89	111	↑
HVAC Work Orders	31	28	↓	113	223	↑
Plumbing Work Orders	4	7	↑	65	87	↑
Preventive Maintenance	124	39	↓	223	314	↑
Security Responses	3,128	2,252	↓	25,313	27,466	↑

Current Projects

Decatur Location

- Installed monitors to display SNHD information

Westwood Warehouse

- Completed clean-up and consolidation

Bonanza Location

- Installed monitors to display SNHD information
- Completed installation of three conference rooms

Buffalo Location

- Installed monitors to display SNHD information
- Completed conference rooms

220 E Horizon

- Installed RO Water system

Finance

Total Monthly Work Orders by Department	May 2023	May 2024		YTD FY23	YTD FY24	
Purchase Orders Issued	545	317	↓	5417	5337	↓
Grants Pending – Pre-Award	5	7	↑	45	50	↑
Grants in Progress – Post-Award	18	14	↓	124	132	↑

* 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 – May 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
University of Nevada, Las Vegas, Las Vegas Environmental Sampling (envspl23)	P-DHHS	5/15/2024	\$18,000	End of project	0.89	End of project and not expected to renew
FPHPA006609-01-03, Title X, Southern Nevada Family Planning Telehealth Program (fpcvd_22)	F-OASH	5/31/2024	\$700,000	End of budget period	2.00	No-cost-extension. Not eligible for carryover therefore it will end

Grants Expired – May 2024						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
NU62PS924642-02-02 CDC Integrated HIV Programs, Year 2 of 4, (hivehe23)	F-CDC	5/31/2024	\$2,144,080	End of budget period	3.20	Supplemental application extended the end date to 7/31/2024
NU62PS924642-03-02 CDC Integrated HIV Programs, Year 3 of 4, (hivehe23)	F-CDC	5/31/2024	\$2,219,080	End of budget period	2.55	Supplemental application extended the end date to 7/31/2024
NU62PS924642-04 CDC Integrated HIV Programs, Year 4 of 4 (hivehe24)	F-CDC	5/31/2024	\$1,786,734	End of project	1.96	Supplemental application extended the end date to 7/31/2024
State of Nevada, Long Term Care Facility Strike Team (lctst_22)	P-CDC	5/10/2024	\$184,403	End of project	0.75	End of project and not expected to renew
State of Nevada, COVID-19 Health Disparities, (ndoccd22)	P-DHHS	5/31/2024	\$808,798	End of project	2.00	End of project and not expected to renew

Grants Awarded – May 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Ryan White Part B, Retention-In-Care, Year 2 of 5 (hcrwbr24)	P-HRSA	5/3/2024	4/1/2024	3/31/2025	\$87,639	FY2024 renewal award	1.10
State of Nevada, Epidemiology Laboratory Capacity - AMD Project (elc1am24)	P-CDC	5/7/2024	11/1/2023	7/31/2027	\$808,345	FY2024 renewal award	1.04
Board of Regents, NSHE, obo University of Nevada, Las Vegas, NVCLPP Building Local Capacity ARPA funds, Amendment #2 (anclp_23)	O-UNLV	5/9/2024	4/11/2023	12/31/2024	\$111,496	Additional funds for equipment	0.00

Grants Awarded – May 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
NEHA-FDA Retail Flexible Funding Model Grant Program - Mentorship Project, Amendment #1 (rfment24)	P-FDA	5/10/2024	1/1/2024	12/31/2024	\$26,694	Additional fund for travel	0.00
NU62PS924642-04-02 CDC Integrated HIV Programs, Year 4 of 4, Amendment #2 (hivehe24)	P-CDC	5/21/2024	8/1/2023	7/31/2024	\$79,468	Extension of end date	0.00
State of Nevada, Ryan White Part B, Eligibility, Year 2 of 5 (hcrwbe24)	P-HRSA	5/28/2024	4/1/2024	3/31/2025	\$101,638	FY2024 renewal award	1.15
State of Nevada, Ryan White Part B, Medical Case Management, Year 2 of 5 (hcrwbm24)	P-HRSA	5/28/2024	4/1/2024	3/31/2025	\$64,322	FY2024 renewal award	1.60
State of Nevada, Ryan White Part B, Non-Medical Case Management, Year 2 of 5 (hcrwbn24)	P-HRSA	5/28/2024	4/1/2024	3/31/2025	\$114,842	FY2024 renewal award	4.48

Contracts Awarded – May 2024							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Clark County, Ending the HIV Epidemic Ryan White Part A, Year 4 of 5 (eherpd25)	ILA	5/7/2024	3/1/2024	2/28/2025	\$45,000	Continuation of funding	2.56
Ryan White HIV/AIDS Part A Transitional Grant Area, Medical, Core and Support Services for HIV/AIDS Infected and Affected Clients, Year 3 of 3 (rwa_24)	ILA	5/13/2024	3/1/2024	2/28/2025	\$342,500	Continuation of funding	8.59

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. An online pre-registration system allows clients to submit their information in advance, which helps speed the check-in process upon arrival.
2. For the month of May, we averaged 76 “passing and paying” online renewal clients per day, with a total of 2,371 clients renewing online. Online renewals continue to trend upward, likely due to our earliest post-COVID clients being eligible for renewal.

CLIENTS SERVED	May 2024	Apr 2024	Mar 2024	Feb 2024	Jan 2024	Dec 2023
FH Cards – New	7,409	7,088	6,428	6,181	6,932	4,946
FH Cards – Renewals	1,069	758	551	458	485	356
FH Cards – Online Renewals	2,371	1,808	1,071	638	712	459
Duplicates	612	532	469	537	521	324
CFSM (Manager) Cards	253	286	195	241	290	160
Re-Tests	1,685	1,633	1,369	1,333	1,443	1,109
Body Art Cards	107	113	125	112	128	77
TOTALS	13,506	12,218	10,208	9,500	10,511	7,431

Human Resources (HR)

Employment/Recruitment:

- 4 New job titles for April
- 814 active employees as of June 5, 2024
- 5 New Hires, including 0 rehires and 0 reinstatements
- 5 Terminations, including 0 retirements
- 6 Promotions, 5 Flex-reclasses
- 3 Transfers, including 3 Lateral Transfers
- 0 Demotions
- 59 Annual Increases
- 44 Evaluations received and recorded in Financial Enterprise
- 27 Interviews
- 23 Offers extended (4 offers declined)
- 12 Recruitments posted

- Turn Over Rates
 - Administration: 1.07%
 - Community Health: 1.05%
 - Disease Surveillance & Control: 0.78%
 - Environmental Health: 0.00%
 - Primary & Preventive Care: 0.00%
 - FQHC: 0.92%

Temporary Employees

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

Employee/Labor Relations

- 2 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warning, 0 Terminations, 0 Probationary Releases
- 3 Grievances
- 2 Arbitrations
- 40 Hours of Labor Meetings (with Union)
- 40 hours investigatory meetings
- 1 Investigation
- 10 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

Interns

There were a total of 23 interns and 328 applied public health practice hours in May 2024.

Interns and Clinical Rotations	May 2024	YTD
Total Number of Interns ¹	23	96
Internship Hours ²	328	4,390

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	May 2023	May 2024		YTD FY23	YTD FY24	
Service Requests Completed	1,321	931	↓	12,335	11,534	↓
Service Requests Opened	1,461	1,050	↓	12,788	12,911	↑
Information Services System Availability						
24/7						
Total System	98.62	97.96	↓	98.62	97.79	↓

*Total Monthly Work Orders by Department	May 2023	May 2024		YTD FY23	YTD FY24	
Administration	368	245	↓	3,736	3,139	↓
Community Health	89	128	↑	2,314	1,274	↓
Environmental Health	233	121	↓	1,781	1,975	↑
**Primary & Preventive Care	325	180	↓	1,055	2,384	↑
**Disease Surveillance & Control	165	142	↓	645	1,733	↑
**FQHC	196	212	↑	340	1,832	↑
Other	9	12	↑	44	147	↑
First Call Resolution & Lock-Out Calls						
Total number of calls received	1,461	1,050	↓	12,788	12,911	↑

*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 Team

- Workforce engagements:
 - Coordinated, consolidated, prepared, and submitted the NACCHO Forces of Change Assessment for 2024 for the Southern Nevada Health District
 - Continue to work with PHIG project lead to support execution of the program within SNHD
- Worked with the Las Vegas Convention Center to receive a consideration for a concession memo that was approved to have the space rental at no charge for the 2025 All-Hands Retreat
- Provided the Disease Surveillance and Control team information from the Council of State and Territorial Epidemiologists (CSTE) on CSTE releasing an online comprehensive toolkit, course trainings and evaluation tools.

Reverse Site Visit

- Attended the Data Modernization Initiative (DMI Workshop)
- Attended the Reverse Site Visit; Participated in a discussion with the Director of the CDC: Dr. Mandy Cohen
- Dr. Mandy Cohen, Director of the CDC discussed several items to members of the PHIG RSV.
 - Here are the items or “We are focused on:”
 - We must be ready for ANYTHING – avian flu/heat
 - Mental Health is a priority
 - Supporting young families – pregnancy/diabetes
 - Operating as a TEAM – ONE CDC
 - Additional thoughts:
 - We must break down silos
 - Sing from the same sheet of music
 - Share the data
 - Build deeper Partnerships
 - Be Disease Agnostic
- Participated in multiple learning sessions, activities, and panels while also receiving programmatic updates in PHIG and Grants Management

- Participated in plenary session with the Grants Management Unit of CDC Led by Ms. Ann O'Connor – Acting Director
 - CDC is working to update internal grants processes, the notice of funding opportunities language, decreasing confusion in the process, and plans to announce to the field in the near future
 - CDC working with volunteers from the field better understand the process impacts

Notice of Award

- Received Notice of Award for A1 (Workforce) and A2 (Foundational Capabilities) budget revisions
- Submitted Notice of Award questions related to the budget and travel; Task completed May 3, 2024 to CDC

Performance Management

- Dashboard for Strategic Plan goal tracking is live and available for senior leaders and managers to present and track goals
 - Intended to drive improved strategic priorities and goals for the coming calendar year. New goals will be discussed in October of 2024 for supplementing published 2024-2027 goals
- Delivered 10 hours of support to 16 persons throughout the month to better utilize the tool

Quality Improvement

- Scheduled Boundary Spanning Leadership workshop for 40+ participants re. building a QI culture at SNHD for high performance and exceeding PHAB Reaccreditation standards.
 - 8 hours of contact time with follow-up activities from ASTHO are planned
 - This activity is funded as Technical Assistance under the PHI 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.
- Provided 1.5 contact hours of training for over 30 persons for QI 101 piloting the new training materials for the PPC division -enabling the growth of a QI mindset at SNHD
 - Using CQI practices and more involvement from Division leadership to drive buy-in and application of learning

PHAB Reaccreditation

- Attended PHIT (Public Health Improvement Training) and NNPHI (Nat'l Network of Public Health Institutes) annual conference. These two organizations are closely tied to organizations supporting the PHIG grant (ASTHO, CDC, PHAB). Representatives from each of these organizations were in attendance and presented on various topics related to the
 - Attended 17 sessions with materials from over 20 additional, concurrent sessions on the topics of improvement, workforce development, PHAB Accreditation, and quality improvement.
 - Value was also taken from breakout sessions on Social Determinants of Health (SDOH). When SNHD has received its first Reaccreditation (March 2027) we will be required to demonstrate improvements in Social Determinants and outcomes in our area over time.

- Virtually attended the PHIG Reverse Site Visit meeting in San Diego. Took advantage of 6 sessions around PHAB, Workforce Development and cross cutting technology like AI
- Attended the COOP Table-Top Exercise to support readiness in the PHP program. Learned from the experience and offered structural adult-learning practices to the facilitator to drive more impact from future sessions
- VMSG Dashboard system to hold all projects, deadlines, and documentation for Reaccreditation. Project activities charting completion by December 2026 is approx. 40% documented in the tool.
 - Will provide continuity and strong performance management structure to this cross-functional work based on the Ten Essential Public Health Services
- Continued collaboration with the State and NNPH (formerly Washoe Co. Health Dept.) to fulfil Measure 7.1 regarding a secondary research review and stakeholder survey of access to primary and behavioral health care. The data from the SNHD area compared to the state and other urban areas in the state should prove useful in conjunction with the work of developing the next CHA (Community Health Assessment).

Central Safety Committee

- Continuing monthly meetings until the quantity of issues surfaced can be addressed in one sitting.

Appendix A – Office of Communications

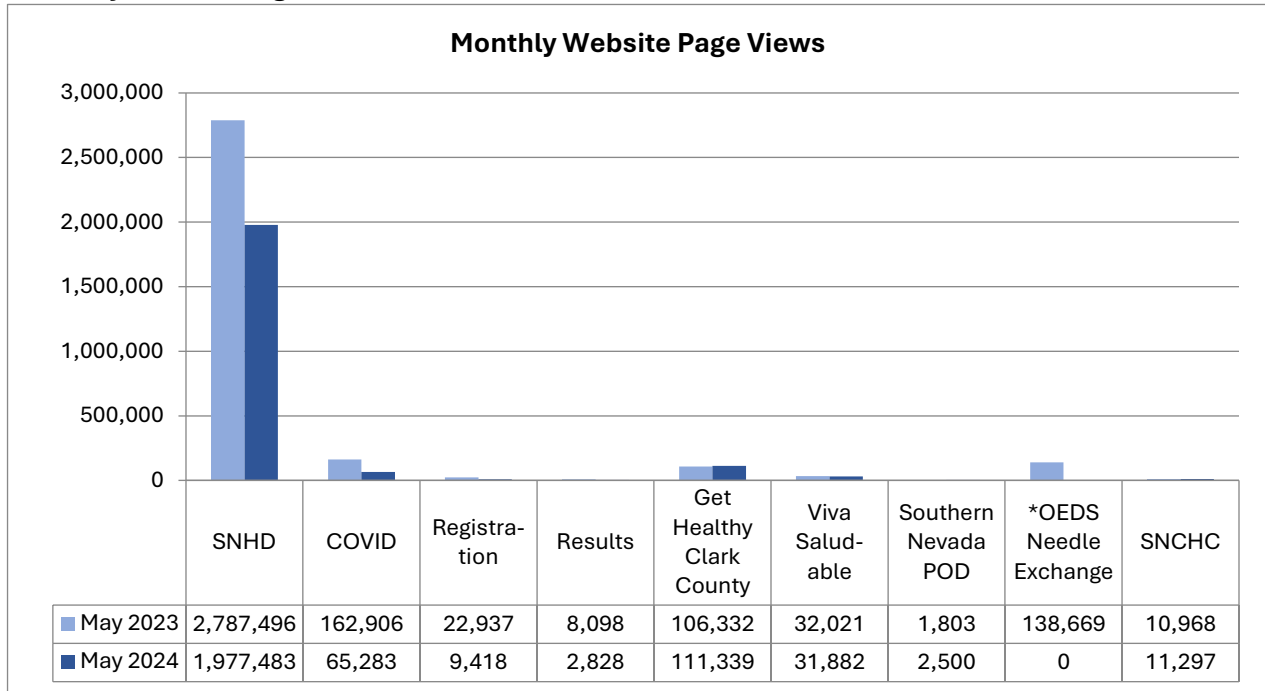
Media, Collateral and Community Outreach Services:

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

	May 2023	May 2024		YTD FY23	YTD FY24	
Media – Digital/Print Articles	36	40	↑	696	404	↓
Media - Broadcast stories	137	191	↑	1,545	1,276	↓
Collateral - Advertising/Marketing Products	21	27	↑	233	249	↑
Community Outreach - Total Volunteers ¹	9	9	=			
Community Outreach - Volunteer Hours	767	676	↓	5,763	6,752	↑

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

Monthly Website Page Views:



*OEDS Needle Exchange is updating how these will report. There is no report for the month of May.

Social Media Services		May 2023	May 2024		YTD FY23	YTD FY24
Facebook SNHD	Likes/Followers	13,625	13,439	↓	N/A	N/A
Facebook GHCC	Likes/Followers	6,125	6,128	↑	N/A	N/A
Facebook SHC	Likes/Followers	1,659	1,646	↓	N/A	N/A
Facebook THNK/UseCondomSense	Likes/Followers	5,409	5,322	↓	N/A	N/A
Facebook SNHD THINK Project	Likes/Followers	45	45	=	N/A	N/A
Facebook Food Safety	Likes/Followers	137	137	=	N/A	N/A
Instagram SNHD	Followers	4,191	4,591	↑	N/A	N/A
Instagram Food Safety	Followers	531	529	↓	N/A	N/A
*Instagram GetHealthyCC	Followers	15	196	↑	N/A	N/A
Instagram @Ez2stop	Views	900	941	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	435	429	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,867	1,838	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	104	↑	N/A	N/A

Social Media Services		May 2023	May 2024		YTD FY23	YTD FY24
X (Twitter) SNHDinfo	Followers	10,476	10,331	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	340	343	↑	N/A	N/A
X (Twitter) THNK/ Use Condom Sense	Followers	698	684	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	128	127	↓	N/A	N/A
**Threads	Followers	0	749	↑	N/A	N/A
***TikTok @Ez2stop	Views	0	14	↑	N/A	N/A
YouTube SNHD	Views	186,160	229,944	↑	1,335,098	2,292,147
YouTube THNK / UseCondomSense	Views	344	711	↑	3,555	4,413

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.
 **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.
 ***Ez2stop syphilis campaign added to TikTok.

Appendix B – Finance – Payroll Earnings Summary – April 13, 2024 to April 26, 2024

PAYROLL EARNINGS SUMMARY
April 13, 2024 to April 26, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 296,258.80	\$ 2,705,362.40	\$ 6,826,979.47	\$ 9,098,685.00	75%	
ENVIRONMENTAL HEALTH	\$ 597,659.13	\$ 5,394,676.87	\$ 13,025,244.27	\$ 15,107,069.00	86%	
COMMUNITY HEALTH	\$ 278,438.46	\$ 3,030,151.62	\$ 7,771,026.81	\$ 9,872,437.00	79%	
DISEASE SURVIELLANCE & CONTROL	\$ 378,200.05	\$ 3,538,030.03	\$ 8,716,626.80	\$ 10,823,866.00	81%	
FQHC	\$ 323,695.88	\$ 2,885,830.65	\$ 6,822,286.94	\$ 8,665,479.00	79%	
ADMINISTRATION W/O ICS-COVID	\$ 560,045.67	\$ 4,536,311.45	\$ 11,583,774.54	\$ 13,513,620.00	86%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,434,297.99	\$ 22,090,363.02	\$ 54,745,938.83	\$ 67,081,156.00	82%	85%
FTE	812					
Regular Pay	\$ 2,162,632.41	\$ 18,058,998.94	\$ 44,019,825.63			
Training	\$ 7,074.79	\$ 42,688.70	\$ 179,751.48			
Final Payouts	\$ 837.23	\$ 302,305.26	\$ 584,128.10			
OT Pay	\$ 13,286.12	\$ 145,716.38	\$ 447,166.41			
Leave Pay	\$ 201,238.36	\$ 3,214,900.71	\$ 7,488,967.27			
Other Earnings	\$ 49,229.08	\$ 325,753.03	\$ 2,026,099.94			
TOTAL	\$ 2,434,297.99	\$ 22,090,363.02	\$ 54,745,938.83			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
April 13, 2024 to April 26, 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>
Thede, Stacy		5.5	170.26			
Kuahiwinui-McGuire, Brandon		3.75	112.96			
Murphy, Melissa		0.5	17.59			
Masters, Christopher		0.75	22.59			
Total Administration		10.50	323.40		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		1.75	61.55			
Wilson III, Jules		1.75	60.04			
Total Community Health Services		3.50	121.59		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>
Delgado, Diana		0.25	15.84			
Duarte, Jocelyne		0.15	4.89			
Garcia Jorge, Jose		0.5	29.34			
Total FQHC-Community Health Clinic		0.90	50.07		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>
McTier, Chika		0.75	49.99	Chastain, Delaney	1.125	47.52
Wong, Michelle	IMMCD_22	0.25	15.05			
Henriquez, Sergio	IMMEQ_22	8	254.08			
Henriquez, Sergio	IMMCD_22	4	127.04			
Carcamo, Monica		0.25	10.25			
Polintan, Michael	IMMEQ_22	2.5	110.75			
Polintan, Michael	IMMCD_22	2	88.6			
Drew, Rebecca	IMMOC_24	4	148.03			
Martinez, Azalia	IMMSPF24	0.75	26.38			
Martinez, Azalia		10	351.72			
Chastain, Delaney		0.75	47.52			
Luong, Stephen	IMMEQ_22	4.5	285.1			
Luong, Stephen	IMMCD_22	2	126.71			
Nagai, Sage	IMMEQ_22	7	443.48			
Yuen, Tearra	IMMEQ_22	0.5	18.5			
Walker, Amber	IMMCD_22	0.25	9.03			
Bingham, Julie	IMMEQ_22	8.5	552.56			
Bingham, Julie	IMMCD_22	2.5	162.52			
Landini, Karleena		1	70.61			
Total Primary & Preventative Care		59.50	2897.92		1.13	47.52

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>
Sheffer, Thanh		22	1324.77	Cavin, Erin	0.5	21.12
Piar, Diane		3.25	195.7	Sharif, Rabea	0.5	19.56
Lett, Kendra		21	1232.4	Nguyen, Linda	3.5	136.93
Rich, Victoria		5.75	329.07	Blackard, Brittanie	3	98.18
Parangan, Christopher	FDILL_24	2	105.91	Valadez, Alexis	11.625	370.45
Rakita, Daniel		5.5	256.48	Sripramong, Jacqueline	1	28.81
Jones, Mallory		0.5	23.32	Craig, Jill	0.5	14.41
Wells, Jordan		0.5	23.32	Charfauros, Adair	7.5	216.11
Sabour, Isabella		20	842	Wade, Cynthia	1.5	43.22
Galvez, Alexis		24	1090.44	Galvez, Alexis	2.25	68.15
Hall, Alyssa		0.5	21.05	Erickson, Sarah	0.5	14.03
Vinh, Jonathan		1.25	52.63			
Billings, Jacob		6.25	427.14			
Edwards, Tara		6.25	416.62			
Moreno, Kristina		2.5	135.76			
Cummins, Veronica		2.5	129.09			
Reyes, Abegail		3.75	184.08			
Choi, Jessica		3.25	159.54			
Bucher, Bradon		22	1025.94			
Valadez, Alexis		7.75	370.45			
McCann, Alexandra		4.5	209.85			
Michel, Guillermo		1.5	69.95			
Thein, Kelsey		4	186.53			
Brown, Tevin		2.75	128.24			
Ross, Alyssa		3.25	140.48			
Gonzalez, Kimberly		5.5	231.55			
Thompson, Deshawn		7	287.06			
Total Environmental Health		189.00	9599.37		32.38	1030.99

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		0.5	30.11	Raman, Devin	1.5	70.16
Palmer, Treva	STDSP_24	0.5	31.68			
Rangel de Oliveira, Audrey		3	105.52			
Griffin, Roberto		1	40.01			
Burgess, Glenn		1	45.44			
Ortega, Taimi		1	41.01			
Total Disease Surveillance & Control		7.00	293.77		1.50	70.16
Combined Total		270.40	13286.12		35.00	1148.66

Appendix C – Finance – Payroll Earnings Summary – April 27, 2024 to May 10, 2024

PAYROLL EARNINGS SUMMARY
April 27, 2024 to May 10, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 301,505.47	\$ 3,006,867.87	\$ 7,128,484.94	\$ 9,098,685.00	78%	
ENVIRONMENTAL HEALTH	\$ 591,908.54	\$ 5,986,585.41	\$ 13,617,152.81	\$ 15,107,069.00	90%	
COMMUNITY HEALTH	\$ 273,559.58	\$ 3,305,659.63	\$ 8,046,534.82	\$ 9,872,437.00	82%	
DISEASE SURVIELLANCE & CONTROL	\$ 372,090.76	\$ 3,914,141.96	\$ 9,092,738.73	\$ 10,823,866.00	84%	
FQHC	\$ 324,818.96	\$ 3,210,649.61	\$ 7,147,105.90	\$ 8,665,479.00	82%	
ADMINISTRATION W/O ICS-COVID	\$ 552,490.66	\$ 5,092,324.05	\$ 12,139,787.14	\$ 13,513,620.00	90%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,416,373.97	\$ 24,516,228.53	\$ 57,171,804.34	\$ 67,081,156.00	85%	88%
FTE	813					
Regular Pay	\$ 2,154,871.12	\$ 20,218,827.96	\$ 46,179,654.65			
Training	\$ 16,618.61	\$ 59,307.31	\$ 196,370.09			
Final Payouts	\$ 478.95	\$ 306,882.13	\$ 588,704.97			
OT Pay	\$ 16,486.90	\$ 162,203.28	\$ 463,653.31			
Leave Pay	\$ 210,973.55	\$ 3,426,059.98	\$ 7,700,126.54			
Other Earnings	\$ 16,944.84	\$ 342,947.87	\$ 2,043,294.78			
TOTAL	\$ 2,416,373.97	\$ 24,516,228.53	\$ 57,171,804.34			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
April 27, 2024 to May 10, 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>
Murphy, Melissa		1	35.17			
Masters, Christopher		15.5	479.43			
Arzate, Mario		1	30.12			
Thompson, Christopher		0.25	7.36			
Sanabria, Luis		0.25	7.15			
Total Administration		18.00	559.23		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		5.25	184.65			
Wilson III, Jules		5.25	180.12			
Young, Angela	ELLAB_24	2	147.75			
Young, Angela	PHEPLB24	2.5	184.69			
Young, Angela	ELCFLU24	2	147.75			
Total Community Health Services		17.00	844.96		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>
Perez, Jose		0.25	9.51			
Total FQHC-Community Health Clinic		0.25	9.51		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	IMMCD_22	13	457.21	Jocelyn, Arquette	0.375	17.54
Wong, Michelle	IMMCD_22	0.25	15.05	Leslie, Carpenter	0.375	15.84
Zarret, Mariam		1	63.35			
Henriquez, Sergio	IMMEQ_22	5	158.8			
Zavala, Isaac	IMMEQ_22	6	352.11			
Polintan, Michael	IMMCD_22	21.25	941.35			
Luong, Stephen	IMMEQ_22	0.25	15.84			
Nagai, Sage	IMMEQ_22	6.75	427.65			
Walker, Amber	IMMEQ_22	0.25	9.25			
Enzenauer, Lizette		18	953.19			
Robles, Cynthia		9.5	443.01			
Bernabe, Xandee		0.5	33.33			
Agbayani, Angeline	IMMEQ_22	4.5	270.98			
Costanzo, Catherine	IMMEQ_22	6	352.11			
Total Primary & Preventative Care		92.25	4493.23		0.75	33.38

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>
Piar, Diane		4.25	255.93	Patricia, Kaderlik	3.75	158.39
Lett, Kendra		13.25	778.36	Erin, Cavin	0.5	21.12
Ortiz-Rivera, Vanessa		4.5	270.98	Valerie, Cohen	7.5	333.30
Rich, Victoria		4	228.92	Tara, Edwards	1.5	66.66
Parangan, Christopher		3.75	203.64	Anthony, Santiago	8.25	348.45
Walton, Shaunte		1.5	75.45	Willandra, Whiting	3.75	146.71
Rakita, Daniel		11.75	547.94	Kevin, Pontius	4.5	180.65
Jones, Mallory		23	1072.56	Ryan, McGahen	2.25	83.57
Wells, Jordan		6	279.8	Linda, Nguyen	2	78.25
Najera, Luisa		1.75	75.64	Jerry, Wills	3.75	122.72
Sabour, Isabella		7	294.7	Alexis, Valadez	4.875	155.35
Galvez, Alexis		1	45.44	Luz, Diaz-Ontiveros	9.75	303.12
Vinh, Jonathan		5.5	231.55	Neil, Calzado	15	466.33
Decicco, Natalya		5.5	231.55	Jacqueline, Sripramong	16.5	475.44
Billings, Jacob		3.25	222.11	Jill, Craig	0.5	14.41
Moreno, Kristina		5.5	298.67	Adair, Charfauros	3.75	108.06
Cummins, Veronica		3	154.91	Maryam, Ahmed	5.625	157.88
Bucher, Bradon		3.5	163.22	Alyssa, Hall	3.25	91.22
McCann, Alexandra		0.5	23.32	Jonathan, Vinh	3.75	105.25
Michel, Guillermo		9.75	454.68	Sarah, Erickson	4	112.27
Gonzalez, Kimberly		1	42.1	Derrell Glen, Concepcion	1.5	41.01
Brounstein, Jodi		1	63.35	Erica, Ryan	2.25	61.51
Kaderlik, Patricia		2.5	158.39			
Navarrete, George (Larry)		1.25	87.7			
Pontius, Kevin		5.5	331.19			
Kaplan, Kristopher		5	264.77			
Wills, Jerry		10.25	503.16			
Blackard, Brittanie		7.5	368.17			
Darang, Chase	RFBASE24	6.5	310.7			
Calzado, Neil		10	466.34			
Wade, Cynthia		5.75	248.53			
Jufar, Lydia		6	259.33			
Bidinger, Joy		5.5	249.89			
Total Environmental Health		186.00	9262.99		108.50	3631.66

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>
Allan-Rivera, Brianna		1	45.44	Devin, Raman	0.75	35.08
Rangel de Oliveira, Audrey		9	342.19			
Griffin, Roberto		3	120.03			
Cabinte, Serafino		3	120.03			
DiGoregorio, Amanda		1	47.8			
Rossi Boudreaux-Thibodeaux, Dustin (Tux)		3	190.05			
Donnell, Jessica	TBSURV24	3	176.07			
Ewing, Tabitha		2	117.37			
Thomas, Taylor	ADUHEP23	0.75	34.97			
Dhillon, Karnjit		3	123.03			
Total Disease Surveillance & Control		28.75	1316.98		0.75	35.08
Combined Total		342.25	16486.90		110.00	3700.12

Appendix D – Finance – Payroll Earnings Summary – May 11, 2024 to May 24, 2024

PAYROLL EARNINGS SUMMARY
May 11, 2024 to May 24, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurring Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 305,229.33	\$ 3,313,418.59	\$ 7,435,035.66	\$ 9,098,685.00	82%	
ENVIRONMENTAL HEALTH	\$ 598,326.58	\$ 6,585,403.64	\$ 14,215,971.04	\$ 15,107,069.00	94%	
COMMUNITY HEALTH	\$ 274,661.94	\$ 3,581,849.41	\$ 8,322,724.60	\$ 9,872,437.00	84%	
DISEASE SURVEILLANCE & CONTROL	\$ 371,567.01	\$ 4,285,873.01	\$ 9,464,469.78	\$ 10,823,866.00	87%	
FQHC	\$ 322,978.08	\$ 3,534,968.37	\$ 7,471,424.66	\$ 8,665,479.00	86%	
ADMINISTRATION W/O ICS-COVID	\$ 556,643.53	\$ 5,649,702.47	\$ 12,697,165.56	\$ 13,513,620.00	94%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,429,406.47	\$ 26,951,215.49	\$ 59,606,791.30	\$ 67,081,156.00	89%	92%

FTE 813

Regular Pay	\$ 2,085,230.00	\$ 22,304,057.96	\$ 48,264,884.65
Training	\$ 10,336.13	\$ 69,643.44	\$ 206,706.22
Final Payouts	\$ -	\$ 306,882.13	\$ 588,704.97
OT Pay	\$ 19,131.22	\$ 181,334.50	\$ 482,784.53
Leave Pay	\$ 293,983.32	\$ 3,720,043.30	\$ 7,994,109.86
Other Earnings	\$ 20,725.80	\$ 369,254.16	\$ 2,069,601.07
TOTAL	\$ 2,429,406.47	\$ 26,951,215.49	\$ 59,606,791.30

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
May 11, 2024 to May 24, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thede, Stacy		0.5	15.48	Price Keri	15	\$ 490.89
Kuahiwinui-McGuire, Brandon		2	60.25			
Masters, Christopher		13.5	417.94			
Arzate, Mario		1	30.12			
Cortes-Serna, Fidel		3	116.89			
Tran, Amy		6.25	348.22			
Maldonado, Julie		1	52.95			
Total Administration		27.25	1041.85		15.00	490.89

COMMUNITY HEALTH SERVICES						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				Barry Nancy	0.25	\$ 8.18
Total Community Health Services		0.00	0.00		0.25	8.18

FQHC-COMMUNITY HEALTH CLINIC						
Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Orea-Valencia, Mirelly		1	38.96			
Total FQHC-Community Health Clinic		1.00	38.96		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	8	382.4	D'Costa Teresa	1.5	\$ 68.34
Maciel-Perez, Marisol	IMMCD_22	2	65.25			
Maciel-Perez, Marisol	IMMEQ_22	8	261			
Henriquez, Sergio	IMMEQ_22	4	130.5			
Polintan, Michael	IMMCD_22	1	44.3			
Polintan, Michael	IMMCD_22	2	88.6			
Polintan, Michael	IMMEQ_22	8	354.39			
Luong, Stephen	IMMEQ_22	7	443.48			
Luong, Stephen	IMMEQ_22	0.5	31.68			
Bingham, Julie	IMMEQ_22	3	195.02			
Bingham, Julie	IMMCD_22	2.5	162.52			
Costanzo, Catherine	IMMEQ_22	5	293.43			
Sprance-Grogan, Carolyn		2	108.61			
Total Primary & Preventative Care		53.00	2561.18		1.50	68.34

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		1.25	79.19	Charfauros Adair	3	\$ 86.44
Sheffer, Thanh		22.5	1354.87	Hall Alyssa	9.75	\$ 273.65
Piar, Diane		7.5	451.63	Choi Andrew	10.0005	\$ 273.40
Parangan, Christopher		2.75	149.34	Welch Brenda	3.375	\$ 157.86
Rakita, Daniel		11.25	524.62	DeHaan Christian	19.5	\$ 866.58
Jones, Mallory		8.75	408.04	Castillo Christopher Jay	10.13	\$ 284.32
Wells, Jordan		10	466.33	Wanene Edna	6.75	\$ 189.45
Najera, Luisa		4.5	194.5	Ryan Erica	4	\$ 109.36
Sabour, Isabella		19	799.9	Robinson Gary	4.5	\$ 190.06
Hall, Alyssa		9	378.9	Sripramong Jacqueline	4.75	\$ 136.87
Vinh, Jonathan		3.75	157.88	Franceschini Joseph	9.375	\$ 376.35
Decicco, Natalya		4.25	178.93	Pontius Kevin	4.5	\$ 180.65
Billings, Jacob		4.25	290.46	Weber Lauren	5.625	\$ 157.88
Edwards, Tara		3.5	233.31	Nguyen Linda	2	\$ 80.29
Moreno, Kristina		17	923.18	Erickson Sarah	1.125	\$ 31.58
Cummins, Veronica		3.75	193.63	Feng Yuzhen	4.75	\$ 176.43
Choi, Jessica		1	49.09			
Bucher, Bradon		7	326.43			
Michel, Guillermo		1.5	69.95			
Thein, Kelsey		3	139.9			
Brown, Tevin		13	606.23			
Ross, Alyssa		2.5	108.06			
Thompson, Deshawn		4	164.03			
Kaplan, Kristopher		17.5	926.71			
Wills, Jerry		3	147.26			
Wade, Cynthia		10	432.22			
Jufar, Lydia		2	86.44			
Bidinger, Joy		14	636.1			
Welch, Brenda		2.25	157.86			
Garcia, Jason		7	410.8			
Diaz, Nathan		5.5	348.46			
DeHaan, Christian		7.75	516.61			
Sharif, Rabea		2.25	132.04			
Sumera, Erik		6	343.38			
Holloway, Summer		4.5	250.71			
Goldstein, Daniel		20.75	967.64			
Charfauros, Adair		4.25	183.69			
Ahmed, Maryam		4.75	199.98			
Dunne, Rebecca		11.5	484.15			
Powell, Shanelle		3.5	147.35			
Erickson, Sarah		0.75	31.58			
Alvarez, Joseline		3.5	147.35			
Choi, Andrew		5.083	208.44			
Total Environmental Health		300.83	15007.17		103.13	3571.17

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>
McIntyre, Eric		0.75	42.93	Shingu Michele	5	\$ 205.67
Campos-Garcia, Belen	SUIDC_24	4	186.53			
Bryan, Lori	COSSUP24	6	252.6			
Total Disease Surveillance & Control		10.75	482.06		5.00	205.67
Combined Total		392.83	19131.22		124.88	4344.25



Memorandum

Date: June 27, 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 – May 2024

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

A. Chronic Disease Prevention Program (CDPP) Update

The 2024 Slam Dunk Health Program concluded in April 2024 with remarkable participation:

- 667 classes signed up
- 16,402 students signed up
- 101 elementary schools participated, each with at least one classroom

Winning classes from each grade were recognized in April. A Las Vegas Aces player is scheduled to visit the grand prize-winning classroom in May. Slam Dunk Health is a NACCHO-recognized Model Practice Program created by the Chronic Disease Prevention Program at SNHD.

The spring 2024 Pop-Up Stands kicked off in April. Two (2) pop-ups were held at the RTC's Bonneville Transit Center during April. April's pop-ups sold over 580 lbs. of produce with roughly 20% of all transactions being SNAP transactions. In addition, \$60 worth of Double Up Food Bucks coupons were issued. Spring pop-ups will run through June.

The CDPP worked with two (2) places of faith serving the Hispanic community in April to provide Faithful Families Classes in Spanish. ECHO Church (Iglesia ECHO) and Ven y Ve Church each hosted eight (8) Faithful Families classes during April. Faithful Families is an evidence-based curriculum that provides education on healthy nutrition and physical activity appropriate for faith-based settings. Classes were taught by CDPP staff and Las Vegas Promotors. Thirty-two people attended at least one (1) class.

Our CDPP staff in partnership with our Health Equity team taught three (3) Diabetes Self-Management & Education Classes in April. Two (2) classes were held offsite in community settings (YMCA and CenterWell) and one (1) class was held at SNHD. Two (2) classes were in

Spanish. All classes in April were in-person classes. In total 40 people attended at least one (1) class and 80% of all participants completed the course.

The CDPP provides support to the CCSD Safe Routes to School Program (SRTS) to expand SRTS participation and increase the number of schools participating in the Achievement Level Program (ALP). This school year, with our support, the number of CCSD schools eligible for ALP recognition increased by over 25% (28 to 38 schools) and the number of schools that were eligible for the highest level of ALP recognition (Platinum Level) increased to seven (7). Platinum Level Schools demonstrate meeting the six (6) E's of SRTS programming (education, encouragement, engagement, engineering, evaluation, and equity).

B. Tobacco Control Program (TCP) Update

In April, staff participated in 15 events at local high schools to promote vape-free lifestyles. A total of 107 youth-focused counter-marketing events have occurred in schools and the community during the project period. Staff also continued partnership with the Communities in Schools program to reach at-risk youth with vaping prevention education.

This month 994 electronic referrals from University Medical Center (UMC) and Southern Nevada Health District were made to the Nevada Tobacco Quitline. Tobacco using patients were electronically referred via the electronic health record system. UMC is the highest source of electronic referrals to the Quitline in the State of Nevada. Over 26,000 UMC patients have been electronically referred to the Quitline to date.

This month, staff distributed a media toolkit in preparation for the No Menthol May initiative to 13 faith-based partners. The toolkit includes one "coming soon" ad and video, four (4) educational social media ads, four (4) videos, and a posting schedule. The assets in the toolkit will educate the public and decision-makers about the issue of menthol and other flavoring in tobacco and vape products, particularly its impact on the African American community. Faith-based partners will begin posting this information in May.

As part of the smoke-free parks initiative titled Play Hard, Breathe Easy, staff participated in the Earth Day Family Celebration Resource Fair. Staff engaged attendees, garnered support for smoke-free parks in their areas and promoted the Nevada Tobacco Quitline.

Staff continued communication with the Nevada State University Policy and Sustainability members, professors, Nevada State Student Association, and the Office of Culture, Planning, and Policy to provide technical assistance on tobacco-free policy. The policy is expected to be adopted in December 2024. Staff also continued discussions with the College of Southern Nevada (CSN) Faculty Senate's Environmental Strategies committee and staff tabled at CSN's West Charleston campus to educate students, faculty, and staff about the benefits of a tobacco-free policy. Staff worked with our media firm to run a media campaign consisting of web banners and social ads (Facebook and Instagram) promoting the benefits of a tobacco-free campus.

This month staff worked with 15 businesses to develop a new or expand their tobacco-free policy. During this project period 205 businesses have expanded policy.

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

A. OEMSTS – May 2023 / 2024 Data

EMS Statistics	May 2023	May 2024	
Total certificates issued	74	75	↑
New licenses issued	62	63	↑
Renewal licenses issued (recert only)	2	0	↓
Driver Only	18	41	↑
Active Certifications: EMT	797	908	↑
Active Certifications: Advanced EMT	1625	1854	↑
Active Certifications: Paramedic	1818	2057	↑
Active Certifications: RN	58	70	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Staff continued collaborating with Clark County and a software developer on an Impacted Persons Database.
2. OPHP continued to review and revise plans, threat response guides, and prepare for upcoming exercises in the coming months.
3. Initiated the development of the Hospital Preparedness Program grant scope of work and budget to be submitted to the State Division of Public and Behavioral Health.
4. Drafting of the Administrative Preparedness Annex progressed.
5. 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.
6. Threat Response Guides (TRGs) for Anthrax, Plague, Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF) were updated. 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.
7. Assistance provided to revisions of COVID AAR.
8. Planners continue to update Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP).
9. Twenty-four SNHD employees were fit tested for personal protective equipment.
10. OPHP staff are participating in the various working groups to develop the state DPBH Strategic Plan.
11. Senior Planner conducted the Jurisdictional Risk Assessment for southern Nevada.

12. Planner I participated in EOP review for CCSD and CCSD-sponsored charter schools.
13. Planner I participated in State of Nevada Department of Education EOP Working Group.
14. Coordination by Planner I for automation of emergency notification system updates with IT and Human Resources.
15. Planner I met with State DEM AFN Coordinator, Governor's DD Council Rep, and Northern Nevada Centers for Independent Living to discuss preparedness activities and training for disabled persons throughout Nevada. Working on developing in person training and website.
16. Participation by Planner I in the Boyd Gaming Closed POD Exercise held at Aliante Casino on May 14, 2024.
17. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
18. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan.
19. Continuous updates to MCM annex for first responders based on updated personnel counts from community partner agencies by Planner I.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. PIO/Liaison Officer training was provided to six (6) emergency personnel staff on May 30, 2024. Next PST for Logistics Section Chief scheduled for June 27, 2024.
2. New Hire Orientation for Emergency Preparedness and Security was provided to 16 new SNHD employees on May 15, 2024.
3. Six (6) SNHD employees participated in CPR Training.
4. Trainers provided ICS 300 training to community partners at the Henderson Emergency Operations Center from May 21st to May 23rd.
5. 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.
6. COOP tool training has been provided by Planners to Managers, Supervisors, and those delegated to update each Division, Department and Program at the SNHD.
7. Planner I completed May 9th COOP Tabletop exercise, continuing work on After-Action Report.
8. Planner I attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
9. Planner I applied for NACCHO MCM Working Group.
10. OPHP Staff participated in SNHD Recovery Workshop hosted with IEM at Suncoast Hotel & Casino.
11. Sr. Planner participated in LAS Aircraft After-Hours Emergency Response tabletop exercise.
12. Sr Planner and Planner continue planning for EPA WLA AP Full Scale Exercise

13. Sr Planner and Trainer attended Pediatric Disaster Response and Emergency Preparedness/FP-MGT439-524 class.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. The trainer continues to coordinate management of upcoming First Receiver Decontamination training with Mountain View Tenaya Hospital on June 26th and UMC Hospitals on August 14th.
2. Supported TEEX Instructors at Pediatric Disaster Response & Emergency Preparedness course May 7th to May 8th, 2024, at Siena Hospital for 20 students including three (3) SNHD personnel.
3. PHP Trainer coordinating the return of the following courses to Las Vegas in 2025/2026; TEEX Medical Preparedness & Response to Bombing Incidents, TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel. Trainer also working with John Lund of TRG on the upcoming Radiological Training for Hospital Personnel on September 17, 2024, at UMC Hospital.
4. The SNHPC Meeting was held on May 2nd. Next meeting scheduled for June 27th.
5. SNHPC Preparedness and Response Plans are to be reviewed and voted on for approval at the June 27th meeting.
6. Twenty Hospital Area Command bags for stand-alone emergency departments assembled. Training for stand-alone ED staff coordinated with the Fire Department.
7. Senior Planner attended the Rural Preparedness Summit in Elko, NV.

D. Fusion Center Public Health Analyst:

1. The new Public Health Analyst is being onboarded beginning May 28th.

E. Grants and Administration:

1. OPHP received carryover subawards for the HPP grant.
2. OPHP submitted the Scopes of Work for budget period 1 for the new PHEP/CRI cooperative agreement which begins on July 1st.
3. Hired a Public Health Fusion Center Analyst who started May 27th.
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 the monthly SNHPC meetings.
3. MRC Coordinator traveled to the Medical Reserve Corps National Conference May 21st through 24th.

MRC Volunteer Hours FY2024 Q4

(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. May 2024 is currently showing a 9% decrease in birth certificate sales in comparison to May 2023. Death certificate sales during May of 2024 is showing a 5% decrease in comparison to May 2023. SNHD received revenues of \$28,574 for birth registrations, \$21,593 for death registrations and an additional \$7,278 in miscellaneous and convenience fees combined.

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

Vital Statistics Services	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Births Registered	1,858	1,691	↓	21,973	21,703	↓
Deaths Registered	1,888	1,794	↓	19,610	19,521	↓
Fetal Deaths Registered	15	11	↓	181	184	↑

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

Vital Statistics Services	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Birth Certificates Sold (walk-in)	11	16	↑	339	540	↑
Birth Certificates Mail	169	139	↓	1,400	1,405	↑
Birth Certificates Online Orders	4,043	3,130	↓	41,171	38,711	↓
Birth Certificates Billed	83	97	↑	1,153	1,242	↑
Birth Certificates Number of Total Sales	4,306	3,382	↓	44,063	41,898	↓
Death Certificates Sold (walk-in)	13	21	↑	184	367	↑
Death Certificates Mail	189	176	↓	1,850	1,692	↓
Death Certificates Online Orders	8,149	7,278	↓	89,322	84,216	↓
Death Certificates Billed	17	47	↑	369	417	↑
Death Certificates Number of Total Sales	8,316	7,522	↓	91,725	86,692	↓

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

Vital Statistics Sales by Source	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Birth Certificates Sold Valley View (walk-in)	.3%	.5%	↑	.8%	1.3%	↑
Birth Certificates Mail	3.9%	4.1%	↑	3.2%	3.4%	↑
Birth Certificates Online Orders	93.9%	92.5%	↓	93.4%	92.4%	↓
Birth Certificates Billed	1.9%	2.9%	↑	2.6%	3%	↑
Death Certificates Sold Valley View (walk-in)	.2%	.3%	↑	.2%	.4%	↑
Death Certificates Mail	2.3%	2.3%		2%	2%	
Death Certificates Online Orders	98%	96.8%	↓	97.4%	97.1%	↓
Death Certificates Billed	.2%	.6%	↑	.4%	.5%	↑

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

Revenue	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Birth Certificates (\$25)	\$107,650	\$84,550	↓	\$1,093,650	\$1,047,450	↓
Death Certificates (\$25)	\$209,200	\$188,050	↓	\$2,291,825	\$2,167,300	↓
Births Registrations (\$13)	\$38,948	\$28,574	↓	\$408,707	\$362,089	↓
Deaths Registrations (\$13)	\$22,984	\$21,593	↓	\$255,268	\$250,510	↓
Convenience Fee (\$2)	\$8,748	\$6,570	↓	\$88,446	\$79,932	↓
Miscellaneous Admin	\$560	\$708	↑	\$7,445	\$7,166	↓
Total Vital Records Revenue	\$388,090	\$330,045	↓	\$4,145,341	\$3,914,447	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Passport Applications	943	721	↓	8,686	7,310	↓

Revenue	May 2023	May 2024		FY 22-23 (May)	FY 23-24 (May)	
Passport Execution/Acceptance fee (\$35)	\$33,005	\$25,235	↓	\$304,010	\$255,850	↓

V. HEALTH EQUITY

A. The Health Equity program received a No Cost Extension from the Center for Disease Control COVID Disparities Grant. This extension aims to expand infrastructure support for COVID prevention and control among underserved populations at higher risk.

- 1. The program maintains collaborations with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
- B. The Health Equity Program is dedicated to reducing health disparities by strengthening organizational capacity and implementing effective community strategies.
- 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 with Al Maun and Golden Rainbow to increase community capacity to address health disparities through their diabetes prevention and Management program and a food distribution program to address food insecurity.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

- 1. SNHD Nursing Division:
 - a. Molecular and microbiology culture.
 - b. Sexually Transmitted Disease (STD) testing.
- 2. SNHD STD Department:
 - a. Participates in the CDC Gonococcal Isolate Surveillance Project (GISP) and the enhanced Gonococcal Isolate Surveillance Project (eGISP).
 - b. SNPHL performs NAAT and culture testing of N. gonorrhoeae isolates and submits them to a reference laboratory for the determination of antibiotic susceptibility patterns.
 - c. SNPHL has joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
- 3. The total monthly samples tested are listed in the table below:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	24	49
NAAT NG/CT	1334	1234
Syphilis	932	921
RPR/RPR Titers	166/71	161/75
Hepatitis Total	121	1148
HIV/differentiated	616/17	646/20
HIV RNA	108	96

Neisseria species	Gonorrhoeae Culture	48	85	47	41	24								245
	Gram Stain/WBC	0	0	0	0	5								10
	Neisseria ID	0	0	0	0	1								1
	Haemophilus ID	7	0	2	1	0								10
Unknown ID	Bacterial ID	0	0	0	0	0								0
	WGS (PulseNet)	27	24	16	30	24								121
Salmonella	Salmonella Screen	14	10	12	19	12								67
	Salmonella Serotype	13	10	12	16	14								65
Shigella	Shigella Screen	10	10	4	10	6								40
	Shigella Serotype	7	10	2	3	5								27
STEC	STEC Screen	10	2	2	4	1								19
	STEC Serotype	1	1	1	0	1								4
Unknown	Stool Culture	5	6	2	0	6								19
Vibrio	Vibrio ID	0	0	1	0	0								1
	Vibrio Screen	0	0	1	3	0								4
Yersinia	Yersinia Culture/ID	1	2	1	0	0								4

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in May.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In May, SNPHL performed 24 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	2							

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 24 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in May 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 136 bacterial organisms have been identified in May.
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 May 2024, SNPHL has sequenced 21 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	58							

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 May, we tested a total of 593 mosquito pool samples. There were 25 positive WNV mosquito pool samples identified in May. 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 May, a total of 14 clinical isolates, Neisseria gonorrhoeae five (5) isolates and Neisseria meningitidis three (3) 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 COVD Booster vaccination to laboratory staff.
8. Perpetual Biosafety Training and guidance to SNPHL personnel.

E. May 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD collection kits.
2. Passed the proficiency test with WSLH Bordetella (BioFire): Grade 100%; Passed the CDC challenge panel with 100%.
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. 1.1., lineages are domain lineages are domain lineages in May, 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 May 2024. The Whole Genome sequencing of May 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 50%, 24%, 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. There was no suspect avian flu sample received in the lab in May.
9. SNPHL has validated the RSV subtyping method using PCR method and will share the data of environmental surveillance with CDC.
10. The document of the Shell and Core Basis of Design has been signed by Chief of Facilities Officer and Laboratory Director. The total number of SF for the new lab will be 12,600sf.

F. COMMUNITY HEALTH – SNP HL – Calendar Year Data

May SNP HL Services	2023	2024	
Clinical Testing Services ¹	5,131	5,287	↑
Epidemiology Services ²	1,871	386	↓
State Branch Public Health Laboratory Services ³	2,704	0	↓
All-Hazards Preparedness Services ⁴	6	4	↓
Environmental Health Services ⁵	0	651	↑

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: June 18, 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 – May 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.

May Highlights

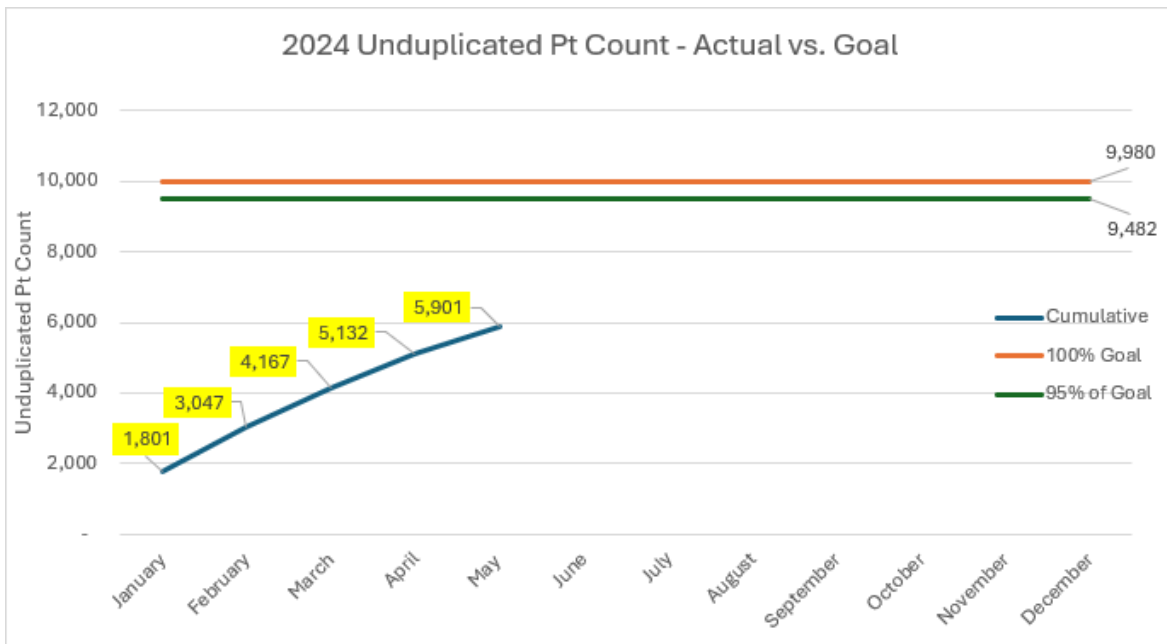
Administrative

- 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 first interviews.
- Reports due in June
 - COVID Survey
 - COVID H8L Grant – COIVD BRDG
 - RWA Quarterly
 - Refugee
 - Title X 2023 Narrative
- Renewals
 - FTCA Redeeming
 - FPNV
 - Incubator Grant
 - COVID Construction (BH Center)
 - FY END
- New Grant
 - BHSE
 - HCQIQA
- Contracts
 - Abbott
 - CNECT
 - Quest
- Employee Recognitions:
 - Milestone Celebrations:
 - Two employees celebrating one year.

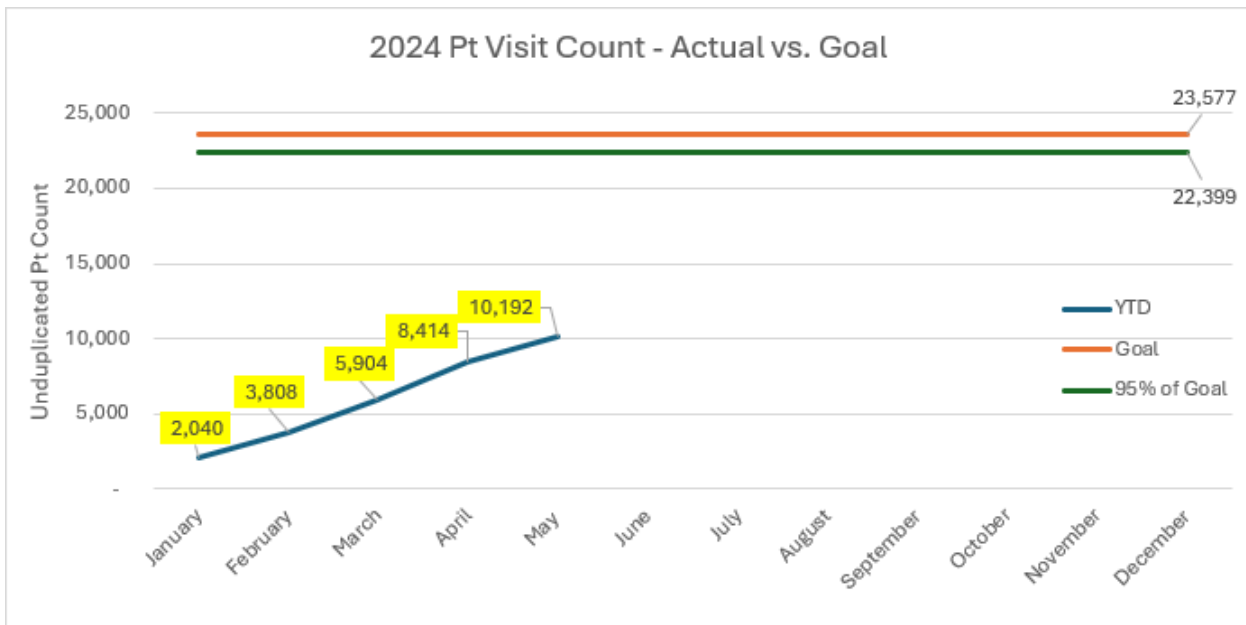
- On the Spot Awards
 - Six employees acknowledged.
- Exemplary Service
 - Two employees acknowledged.

Access

Unduplicated Patients through May 2024 – 59.13% to goal of 9,980 unduplicated patients:



Patient Visits through May 2024 – 43.23% to goal of 23,577 patient visits:



Provider Visits by Program and Site – May 2024

Visits: 2,362

Unduplicated Patients: 1,876

New Patients: 617

Steady visits/workday compared to recent months. New eCW No-show feature officially deployed as of 6/1/24. Training was provided, which was well attended by about 60 FQHC staff.

Facility	Program	MAY '24	MAY '23	MAY YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
DEC & FRE	Behavioral Health	269	117	57%	1,656	1,375	17%
DEC & FRE	Ryan White	216	219	-1%	2,461	1,965	20%
Decatur	Family Health	553	231	58%	4,832	2,335	52%
Fremont	Family Health	374	181	52%	2,405	1,539	36%
Total	Family Health	927	412	56%	7,237	3,874	46%
Decatur	Family Planning	161	155	4%	1,642	2,403	-46%
Fremont	Family Planning	83	113	-36%	923	1,233	-34%
Total	Family Planning	244	268	-10%	2,565	3,636	-42%
ASEC	Sexual Health	139	146	-5%	1,349	1,193	12%
DEC & FRE	Sexual Health	567	518	9%	6,369	6,262	2%
Total	Sexual Health	706	664	6%	7,718	7,455	3%
Grand Total		2362	1680	29%	21637	18305	15%

Pharmacy Services

	May-23	May-24		FY23	FY24		% Change YOY
Client Encounters (Pharmacy)	1,204	1,303	↑	12,700	14,741	↑	16.1%
Prescriptions Filled	1,690	2,137	↑	17,209	21,524	↑	25.1%
Client Clinic Encounters (Pharmacist)	60	71	↑	532	408	↓	-23.3%
Financial Assistance Provided	17	19	↑	114	199	↑	74.6%
Insurance Assistance Provided	9	2	↓	29	64	↑	120.7%

- A. Dispensed 2,137 prescriptions for 1,303 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 19 clients to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

Family Planning Services

Family planning services continue to grow, with a modest 4% year over year increase in the number of visits provided at the Decatur location in May. The health center's newest family planning providers continue to build their scheduling capacity and growth in the department is projected to increase in the months ahead.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 61 referrals between May 1st and May 31st. There were five (5) pediatric clients referred to the Medical Case Management program in May and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 700 total service encounters in the month of May provided by the Ryan White program Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers and Health Educator. There were 328 unduplicated clients served under these programs in May.
- C. The Ryan White ambulatory clinic had a total of 391 visits in the month of May: 32 initial provider visits, 165 established provider visits including 10 tele-visits. There were 18 nurse visits and 175 lab visits. There were 75 Ryan White encounters provided under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of May and 60 unduplicated clients served. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition Services in May.
- 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 10 patients enrolled and seen under the Rapid stART program in May.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided services to 848 unduplicated patients for the month of May. There were 135 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 CHN nurses and one medical assistant, and one 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 May 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	11
Referrals for Chronic Hep B	2
Referrals for STD	6
Pediatric Refugee Exams	22
Clients encounter by program (adults)	57
Refugee Health screening for May 2024	57
Total for FY23-24	155

Eligibility and Insurance Enrollment Assistance

As a team, Eligibility Workers submitted a total of 53 applications for the month.

Applications	Status
40	Approved
7	Denied
12	Pending

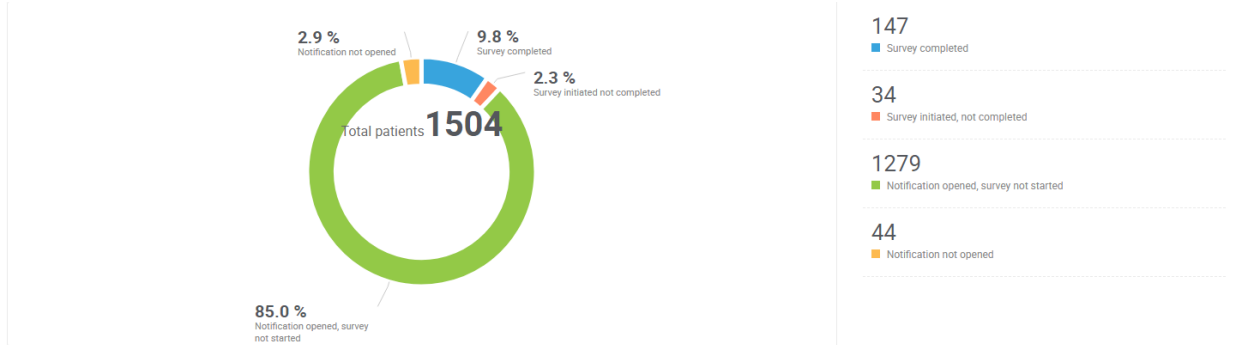
Training for CHWs to support Eligibility work has begun. A Community Health Worker at Fremont is close to being able to handle an eligibility referral from start to finish. The goal is to have them up to speed by the end of June, and then to process a minimum of one referral per week to keep their skills sharp.

Patient Satisfaction: See attached survey results.

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

Southern Nevada Community Health Center Patient Satisfaction Survey May 2024

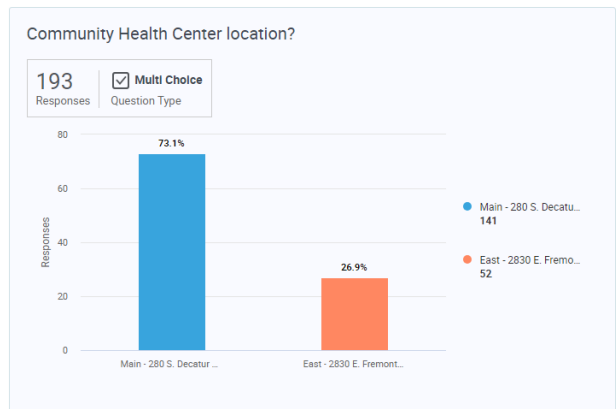
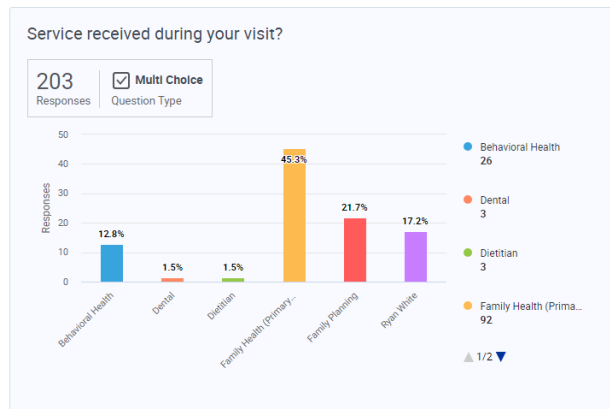
Overview



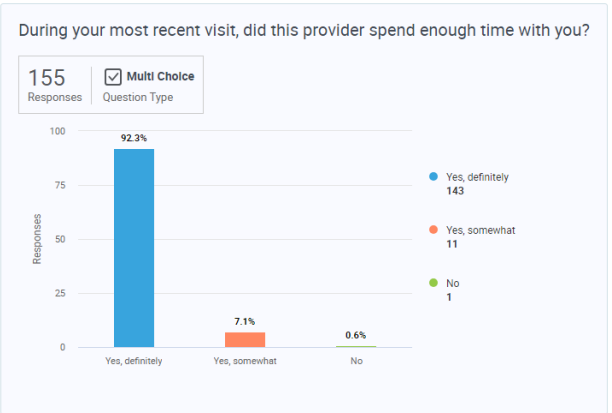
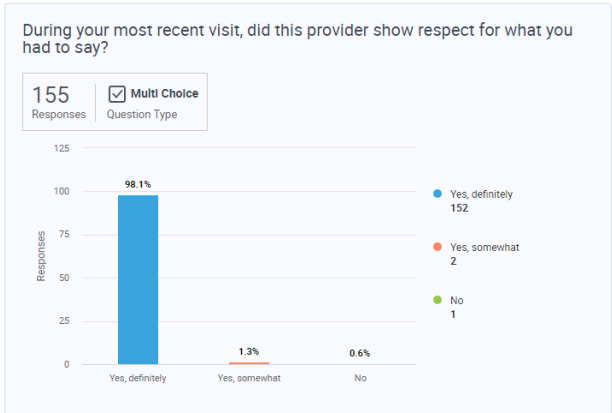
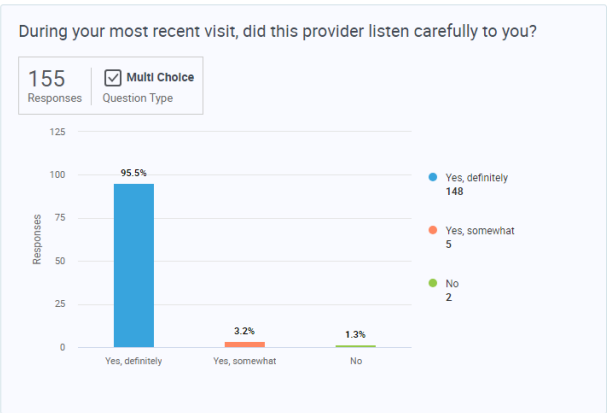
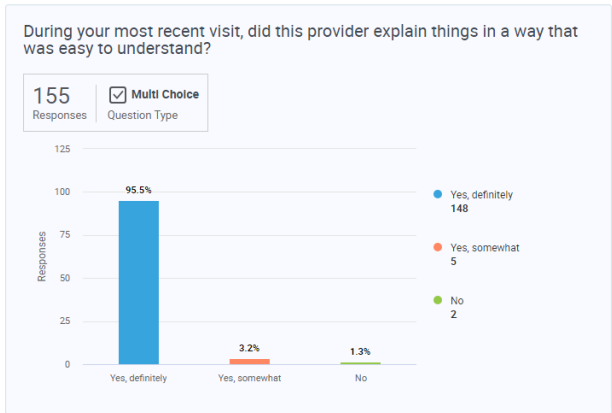
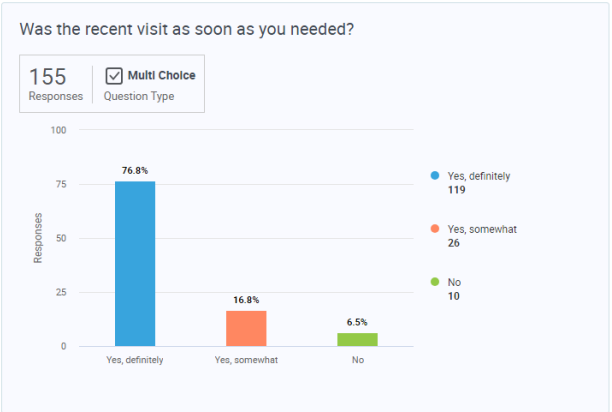
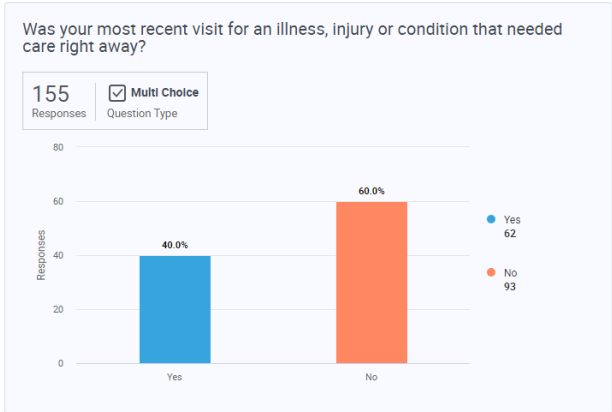
Gender



Service and Location

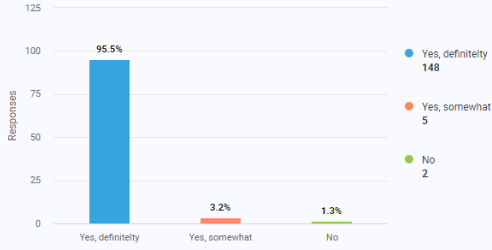


Provider, Staff and Facility



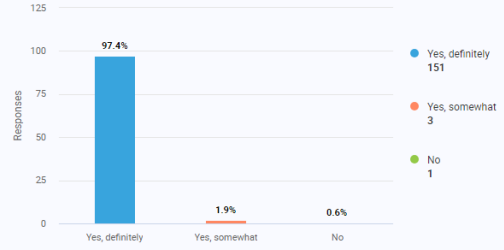
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

155 Responses Multi Choice Question Type



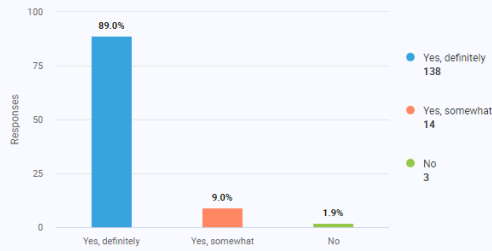
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

155 Responses Multi Choice Question Type



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

155 Responses Multi Choice Question Type



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

155 Responses Multi Choice Question Type



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

155

Responses

123

Numbers

Question Type

93

Net Promoter Score (NPS)



Scale 0 - 6
1%

Scale 7 - 8
5%

Scale 9 - 10
94%

2

Scale 0 - 6

8

Scale 7 - 8

145

Scale 9 - 10

General Information

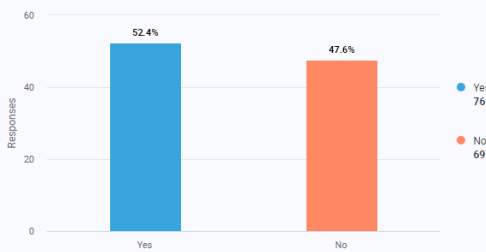
Do you have health insurance?

145

Responses

Multi Choice

Question Type



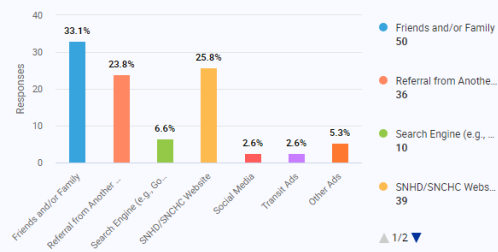
How did you hear about us?

151

Responses

Multi Choice

Question Type





Memorandum

Date: June 27, 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 – May 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.

	May 2023	May 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1038	935	↓	5186	5125	↓
Gonorrhea	460	356	↓	2332	2182	↓
Primary Syphilis	17	3	↓	96	58	↓
Secondary Syphilis	36	5	↓	150	94	↓
Early Non-Primary, Non-Secondary ¹	46	39	↓	251	251	→
Syphilis Unknown Duration or Late ²	145	71	↓	639	565	↓
Congenital Syphilis (presumptive)	4	0	↓	29	12	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	3	4	↑	11	24	↑
Syphilis Pregnant Cases	27	10	↓	72	56	↓
Perinatally Exposed to HIV	1	8	↑	11	22	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	3	5	↑	18	22	↑
Hepatitis A	2	0	↓	2	2	→
Hepatitis B, acute	4	2	↓	11	11	→

	May 2023	May 2024		YTD 23	YTD 24	
Influenza	28	49	↑	132	609	↑
Pertussis	6	2	↓	12	29	↑
RSV	25	33	↑	647	1903	↑
Enteric Illness						
Amebiasis	0	1	↑	1	2	↑
Campylobacteriosis	19	18	↓	82	92	↑
Cryptosporidiosis	1	2	↑	4	13	↑
Giardiasis	5	2	↓	30	20	↓
Rotavirus	26	24	↓	44	79	↑
Salmonellosis	14	8	↓	73	52	↓
Shiga toxin-producing Escherichia coli (STEC)	4	6	↑	15	32	↑
Shigellosis	11	11	→	32	58	↑
Yersiniosis	3	1	↓	6	13	↑
Other						
Candida auris	45	139	↑	243	784	↑
Carbapenem-resistant Enterobacterales (CRE)	9	44	↑	56	251	↑
Coccidioidomycosis	15	13	↓	118	86	↓
Hepatitis C, acute	0	1	↑	1	5	↑
Invasive Pneumococcal Disease	10	18	↑	118	137	↑
Lead Poisoning	20	12	↓	78	70	↓
Legionellosis	2	2	→	16	9	↓
Meningitis, aseptic	5	0	↓	9	11	↑
Meningitis, Bacterial Other	0	0	→	1	1	→
Streptococcal Toxic Shock Syndrome (STSS)	3	1	↓	14	16	↑
New Active TB Cases Counted (<15 yo)	0	0	→	2	2	→
New Active TB Cases Counted (>= 15 yo)	9	5	↓	34	24	↓

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	13	0	25	0
Gonorrhea	8	0	17	0
Syphilis	31	1	154	0
HIV/AIDS (New to Care/Returning to Care)	30	2	109	0
Tuberculosis	98	0	10	0
TOTAL	180	3	315	0

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

3. ACDC COVID-19 CT Staffing and Activities
 - a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 10
 1. Lead CTs – 2
 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. **Mpox:** As of May 28, 2024, Clark County had 313 cases of mpox.
 - 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 remained low. Statewide, the outpatient respiratory illness activity in Nevada had been minimal. Locally, as of 5/18/2024, for the 2023 - 2024 influenza season, 1390 influenza-associated hospitalizations, and 85 deaths associated with influenza, including one influenza-associated pediatric death were reported. Influenza A had been the dominant type circulating. The influenza surveillance for the 2023-2024 season ended on 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 Cluster at a Preschool:** On May 2, ACDC staff were notified that a preschool had an unknown virus going through the school. 6 staff were reported to have GI symptoms including nausea, vomiting, and diarrhea. An

investigation was initiated and determined that multiple kids were out ill with GI illness as well. School administrators decided to close the school down temporarily for cleaning and disinfection. During the investigation, a total of 11 ill cases were identified, with 1 testing positive for Norovirus. Environmental Health responded to ensure the school was given appropriate guidance for sanitization. This investigation has been completed.

- e. **GI Illness at an Elementary School:** On May 3, DSC received a call from a school regarding 8 students ill from 7 different classrooms. Several staff members were also reported as ill. ACDC initiated an outbreak investigation. Investigation. A causative agent was not identified for this event. This investigation has been closed.
- f. **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. This investigation has been closed with no contacts reported to become symptomatic and no cases found.
- g. **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.
- h. **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 was concluded 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
5/1/2024	Outreach	55	110
5/1/2024	Golden Nugget	20	
5/1/2024	ODTA Client engagement		1
5/2/2024	LVMPD		48
5/2/2024	LVMPD		-41
5/2/2024	L2A		41
5/2/2024	Moapa River Police Department		165
5/2/2024	WestCare		1008
5/2/2024	Coral Academy of Science Las Vegas Nellis AFB		6
5/2/2024	Wellpath		312
5/2/2024	F.A.I.T.H. Behavioral Services and Wellness Center		96
5/2/2024	High Risk Pregnancy Center		120
5/2/2024	Clark County Office of the Coroner/Medical Examiner		48
5/2/2024	Boulder City Municipal Court		120
5/2/2024	The AIDS Healthcare Foundation		168
5/2/2024	Clark County Department of Juvenile Justice Services		96
5/6/2024	ODTA Client engagement		2
5/8/2024	ODTA Client engagement		10
5/9/2024	Red Rock Search and Rescue		96
5/9/2024	Golden Nugget		72
5/9/2024	Las Vegas Comprehensive Treatment Center		72
5/9/2024	UNLV - Pharmacy		168
5/16/2024	Las Vegas Paiute Police Dept		120
5/16/2024	Lee Canyon Ski Resort		14
5/16/2024	Pearl Jam Concert (SNHD Tabling)	15	26
5/16/2024	AFAN	16	

5/18/2024	Pearl Jam Concert (SNHD Tabling)	90	166
5/22/2024	City of Las Vegas Dept of Public Safety: Marshals	12	
Total		208	3044

- 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 May:

05/01/2024	SNHD Office of Disease Surveillance	(300 Strips)
05/06/2024	Founders Club	(300 Strips)
05/08/2024	Comprehensive Treatment Center	(300 Strips)
05/15/2024	SNHD Office of Disease Surveillance	(100 Strips)
05/15/2024	Las Vegas Paiute Police Department	(300 Strips)
05/16/2024	SNHD Office of Disease Surveillance	(100 Strips)
Total FTS:		(1,400 Strips)

05/08/2024	Adelson Clinic	(300 Strips)
05/15/2024	Las Vegas Paiute Police Department	(300 Strips)
05/15/2024	SNHD Office of Disease Surveillance	(200 Strips)
05/23/2024	Shine a Light	(300 Strips)
05/28/2024	SNHD Office of Disease Surveillance	(100 Strips)
05/30/2024	Trac-B/Impact Exchange	(300 Strips)
Total XTS:		(1,500 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

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

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

- b. ODS has teamed with community partners to participate at outreach events. On May 11th, our office provided HIV, syphilis, HCV testing, STI education, and condom distribution at the NAACP Park Takeover. This took place at the

park on the west side of the Pearson Center at 1625 W. Carey Ave. 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://p.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	May-23	May-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1135	486	↓	5234	4620	↓
Clinic Screening (SHC/FPC/TB)	303	339	↑	1836	1782	↓
Outreach Screening (Jails, SAPTA)	426	147	↓	1272	1171	↓
Collect2 Protect	14	3	↓	86	49	↓
TOTAL	1878	975	↓	8428	7622	↓
Outreach/Targeted Testing POSITIVE	14	1	↓	38	11	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	2	↑	5	4	↓
Outreach Screening (Jails, SAPTA) POSITIVE	3	1	↓	6	3	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	17	4	↓	49	18	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 05/01/2024: Co-presented "Working With or Around the Law: Access to Sexual Health for Minors" at NACCHO 2024 Public Health Law Practitioners Conference; 40 people in attendance; 2 SNHD Staff attendees.
2. 05/01/2024: Attended monthly SUID & SDY meeting with CDC representative; 8 people in attendance; 5 ODS staff attendees.
3. 05/01-05/2024: 2024 National LatinX Conference on HIV/HCV/STD; 1 SNHD ODS attendee.
4. 05/02/2024: Attended Nevada SHSP Safer Roads Quarterly Meeting as SNHD Representative; 30 people in attendance; 1 ODS Health Educator attendee.
5. 05/03/2024: Attended Big City Health Coalition Violence Prevention Workgroup Meeting; 19 people in attendance; 1 ODS SNHD staff attendee.

6. 05/03/2024: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Chair; ~47 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
7. 05/05-08/2024: ODTA Grant Recipient Meeting in Atlanta, GA; 4 SNHD ODS attendees.
8. 05/06/2024 - 05/08/2024: CDC sponsored "ODTA 2.0 Kick Off Meeting" conference attended by ODS Health Educator; ~500 people in attendance; 4 SNHD ODS staff attendees.
9. 05/06/2024 – 05/09/2024: Attended American Hospital Association Accelerating Health Equity Conference in Kansas City Missouri, ~1,000 people in attendance; 4 SNHD DSC staff attendees.
10. 05/06/2024: Attended 7th Annual Southern Nevada Summit on Children's Mental Health; 50 people in attendance; 1 ODS staff attendees.
11. 05/06/2024: Attended the Ending the HIV Epidemic Workgroup Monthly Meeting as SNHD representatives; 40 people in attendance; 2 ODS Health Educator attendees.
12. 05/07/2024: Co-facilitated virtual iCircle training for Hope Christian Health Center; 5 people in attendance; 3 SNHD ODS Staff attendees.
13. 05/07/2024: Co-Facilitated Harm Reduction 101 Training; 7 people in attendance; 2 ODS Health Educator trainers.
14. 05/08/2024: Co-Facilitated Joint Southern and Northern Nevada HIV Prevention Planning Group Meeting facilitated by Southern Nevada HIV Prevention Planning Group; 50 people in attendance; 6 ODS staff attendees.
15. 05/09/2024: Presented at American Association of Suicidology 2024 Conference; ~600 people in attendance; 1 SNHD ODS staff attendee.
16. 05/09/2024: Facilitated SNOAC General Meeting with PACT Coalition; 57 people in attendance; 5 ODS Staff attendees.
17. 05/13/2024: Facilitated SNSMOPS Planning Committee Meeting; 8 people in attendance; 1 ODS Staff attendees.
18. 05/13/2024: Conducted Media Interview with Washington Post on overdose prevention; 2 people in attendance; 1 ODS Health Educator interviewed.
19. 05/14/2024: Attended Child Death Advanced Review meeting; 11 people in attendance; 5 ODS staff attendees.
20. 05/14/2024 – 05/16/2024: Attended CDC Foundation "Overdose Response Strategy Conference"; ~300 people in attendance; 2 SNHD ODS staff attendees.
21. 05/15/2024 – 05/16/2024: Facilitated "Empower Change Rapid HIV Testing and Counseling Training" facilitated by Southern Nevada Health District; 13 people in attendance; 5 SNHD ODS Staff attendees.
22. 05/15/2024: Facilitated Public Health Vending Machine (PHVM) Technical Assistance call with Louisiana; 6 people in attendance; 1 ODS Health Educator attendee.
23. 05/15/2024: Facilitated Community Committee – Community Health Assessment Update Meeting; 42 people in attendance; 2 ODS Health Educator attendees.
24. 05/16/2024: Presented at Facilities Advisory Board meeting on the Community Status Assessment Survey Launch; 15 people in attendance; 1 ODS Health Educator attendee.
25. 05/16/2024: Attended CDC EFC NV Strategic Planning Steering Committee as SNHD representative; 12 people in attendance; 1 ODS Health Educator attendee.
26. 05/16/2024: Facilitated Harm Reduction training for Help of Southern Nevada; 20 people in attendance; 1 ODS Health Educator attendee.
27. 05/17/2024: Conducted Media Interview with Fox 5 on overdose prevention at EDC; 2 people in attendance; 1 ODS Health Educator interviewed.
28. 05/18/2024: Naloxone Education and Distribution – Outreach Tabling at Pearl Jam Concert; 90 people in attendance; 1 ODS Health Educator attendee.
29. 05/21/2024: Facilitated PHVM Round Table; ~75 people in attendance, 1 ODS Staff attendee.

30. 05/21/2024: Facilitated "Harm Reduction 101"; 7 people in attendance; 5 SNHD ODS staff attendees.
31. 05/21/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting as a representative; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
32. 05/23/2024: Attended Canva Create Conference hosted by Canva in Los Angeles, CA; ~ 1000 people in attendance; 1 ODS staff attendee.
33. 05/28/2024: Co-Presented Perinatal HIV Public Health Detailing for Mountain View Post/Ante Partum, NICU, and Labor and Delivery with Raychel Holbert, Magali Canos, and Danielle Halderman; 39 people in attendance; 4 ODS Staff attendees.
34. 05/28-31/2024: Synchronicity 2024 Conference in Washington DC; attended by 1 SNHD ODS staff.
35. 5/29/2024: Presented Overdose Training and Response for Ryan White Coalition meeting; 20 people in attendance; 3 ODS staff attendees.
36. 05/29/2024: Attended Las Vegas Ryan White TGA Part A Planning Council Meeting; 30 people in attendance; 2 ODS staff attendees.
37. 05/31/2024 – 06/01/2024: Attended Washoe County Prevention Conference; ~300 people in attendance; 1 ODS Health Educator attendee.

D. Other

1. Communicable Disease Statistics: April 2024 and Quarter 1 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – May 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, ETL optimization, automated error-checking and validation.
- c. Pentaho report updates: Case Workload report, ODTA QA reports.
- d. Perform daily task/issue review with Informatics team and weekly review with Epi teams, Surveillance teams, and end users. Continuing management of Teams tasks to resolve issues. 392 tasks have been completed.
- e. EpiTrax NORS form planning and implementation is underway. 50% of PDF has been converted to EpiTrax custom forms. Template error with Outbreak forms corrected.

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: Brucellosis, Granuloma Inguinale.
- d. UMC ECR intake into EMSA in full production – ongoing exception mapping for incoming messages.

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. Orchard Outreach module went live on 5/6/24. It provides specimen ordering and result delivery from/to partners in a more efficient and timelier manner.
- 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. Implemented Family Planning interface reconciliation process.
- ix. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- x. Results extraction from eCW backup database server for data warehouse ingestion.
- xi. Exploring automation between eCW and iCircle.

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.
 - c. State GENV2 Generic MMG excel document updates completed.
 - d. Evaluation of OCR vendor continues. Final four vendors under review.
 - e. Continue collaboration with the State on matching data formats for submission to CDC.
 - f. Implementation of all CDC required data fields in EpiTrax custom forms.
 - g. CDC test cases 6 of 8 received and verified by CDC.
 - h. CDC test cases 7 and 8 submitted 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 reports were completed.
 - iii. COVID Health Disparity grant Q3 progress report was completed.
 - iv. Applied CDC Foundation Data Modernization Workforce Acceleration Initiative (WAI) grant.
- K. Reports
- i. The following FQHC/Clinical reports were completed and submitted.
 - Reports for Chronic Disease Prevention & Health Promotion.
 - PrEP Data and reporting in eCW for EHE.
 - Data reporting, STD Clinic EHE Learning Community Working Group.
 - EPI data request RW.
 - RSR Completeness Report
 - DRVS HIV Module + Ryan White Reporting
 - MPOX Immunization All Facility Report revision
 - PrEP reason report for Disease Surveillance
 - New FP Provider Report
 - FQHC Financial Reporting
 - RN visits reports
 - Weekly Patient Age Group Count report for Office of Preparedness
 - EpiTrax warehouse access
 - SBIRT report for ODTA grant
 - ii. Epidemiology Reports:
 - COVID-19 trend reports (public and internal versions)
 - Weekly COVID-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 Mpx case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports
 - Influenza report weekly
 - Outreach site HIV testing stats-weekly
 - EPT report- weekly
 - iii. Other report updates:

- Daily, weekly, and monthly SNPDL reports and upkeep.
- State NETSS weekly/YTD report.
- Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard.
- CSTE/CDC Forecasting Workgroup calls
- Continue DIIS performance report discussion with ODS.
- SNHD Health Equity Report is completed 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, Atlanta, GA
 - CDC-BCHC future of public health data summit conference, Dallas, TX
 - UNLV Community Forum 2024: COVID-19 Impact on Disparities
 - COOP Tabletop exercise and Recovery Workshop
 - Accelerating Health Equity Conference, Kansas City, MO
 - PHIG Reverse Site Visit, San Diego, CA
 - NVDRS Reverse Site Visit, Atlanta, GA
 - HIDTA Conference, Dallas, TX
 - Global Health Corps In person leadership meeting

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. 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. Initial dashboard layouts completed, undergoing QA and review.
- 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.
- xi. May Child Death Review and Advanced Child Death Reviews.



April 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	April	YTD	April	YTD	April	YTD
VACCINE PREVENTABLE						
COVID-19	5,132	127,584	1,629	9,147	267	3,264
Haemophilus influenzae, invasive	1	5	3	15	2	17
Hepatitis A	1	3	0	0	1	2
Hepatitis B, acute	1	11	3	7	1	8
Hepatitis B, chronic	62	274	128	351	94	428
Influenza	170	314	12	104	58	560
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	1
Mumps	0	0	0	0	1	3
Pertussis	10	30	0	6	3	26
RSV	102	710	39	622	62	1,870
SEXUALLY TRANSMITTED						
Chlamydia	1,092	4,153	935	4,150	968	4,190
Gonorrhea	583	2,182	439	1,872	361	1,826
HIV	32	141	42	169	19	143
Stage 3 HIV (AIDS)	17	57	10	49	5	31
Syphilis (Early non-primary, non-secondary)	45	199	47	205	58	213
Syphilis (Primary & Secondary)	54	215	44	193	36	143
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	1	2
Congenital Syphilis	3	20	3	25	5	12
ENTERICS						
Amebiasis	0	0	0	1	0	1
Campylobacteriosis	6	23	17	63	24	74
Cryptosporidiosis	2	5	1	3	1	10
Giardiasis	1	14	7	25	6	18
Rotavirus	37	82	10	18	26	55
Salmonellosis	18	52	17	59	14	44
Shiga toxin-producing <i>E. coli</i> (STEC)	8	34	3	11	7	26
Shigellosis	8	14	5	21	10	47
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	1	2	2
Yersiniosis	1	3	1	3	1	12
OTHER						
Coccidioidomycosis	8	42	26	103	15	70
Dengue	0	1	0	0	0	0
Encephalitis	0	2	0	0	0	0
Exposure, Chemical or Biological	0	1	0	1	0	1
Hepatitis C, acute	0	2	0	1	2	3
Hepatitis C, chronic	277	1,051	449	1,068	153	550
Invasive Pneumococcal Disease	16	73	24	108	23	119
Lead Poisoning	10	50	14	59	11	54
Legionellosis	1	7	5	14	4	7
Listeriosis	0	1	0	0	0	1
Lyme Disease	2	2	0	0	0	2
Malaria	1	2	0	2	0	0
Meningitis, Aseptic	2	5	1	4	4	11
Meningitis, Bacterial Other	0	2	0	1	0	0
Meningitis, Fungal	0	0	0	0	1	3
Rabies, exposure to a rabies susceptible animal	30	113	28	111	32	108
Streptococcal Toxic Shock Syndrome (STSS)	1	3	1	11	3	15
Tuberculosis (Active)	7	19	13	27	2	23

*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.




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.'



Memorandum

Date: June 27, 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 CL*
 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 | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|--|--------------|--------------|----------|---------------|---------------|----------|
| Routine Inspections | 2,200 | 2,178 | ↓ | 22,889 | 23,817 | ↑ |
| Reinspections | 170 | 202 | ↑ | 1,947 | 1,764 | ↓ |
| Downgrades | 170 | 149 | ↓ | 1,898 | 1,651 | ↓ |
| Closures | 13 | 19 | ↑ | 141 | 149 | ↑ |
| Special Events | 79 | 90 | ↑ | 976 | 816 | ↓ |
| Temporary Food Establishments & Tasting Event Booths | 994 | 1,186 | ↑ | 8,066 | 8,827 | ↑ |
| TOTALS | 3,626 | 3,824 | ↑ | 35,917 | 37,024 | ↑ |

1. Enforcement Actions and Investigations:

- A. **Slice Shared Commissary, 6235 S. Pecos Rd.:** On May 1, the facility was closed for an Imminent Health Hazard (IHH), no potable or hot water. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on May 2.
- B. **Sea Moss Life Annual Itinerant High-Risk (AIHR), 4255 Dean Martin Dr.:** On May 1, the facility was closed for an IHH, no potable water or hot water. The inspector documented 19 demerits. Other violations included: operating without a hand washing station when serving open food; selling foods from an unknown or unapproved supplier or source; absence of sanitizer solution in open food areas during active food preparation; and Person-in-Charge (PIC) unable to demonstrate

adequate knowledge of employee health policy, foodborne illness prevention, application of food safety principles, or the requirements of the regulations. The facility remains closed at this time.

- C. **Alex Food Catering, 4181 W. Pioneer Ave.:** On May 2, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented 25 demerits. Other violations included: food stored in an unapproved area; time/temperature control for safety (TCS) foods in the temperature danger zone; chemicals not labeled; soiled food contact surfaces; and operator unable to show that food handlers are knowledgeable about the employee health policy. The facility was reinspected and reopened with three demerits on May 24.
- D. **Ambrosia, 3200 S. Las Vegas Blvd.:** On May 7, the facility was closed for two IHHs, sewage or liquid waste not disposed of in an approved manner and lack of handwashing facilities. The inspector documented 31 demerits. The facility was reinspected and reopened with zero demerits on May 8.
- E. **Good Fella, 5035 S. Fort Apache Rd.:** On May 7, the facility was closed for an IHH, pest infestation. The inspector documented 26 demerits. The facility was reinspected and reopened with three demerits on May 10.
- F. **Jamaican Vybz Bar and Grill, 2625 E. Tropicana Ave.:** On May 9, the facility was closed for exceeding 40 demerits during a routine inspection. The inspector documented 60 demerits. The facility was reinspected and reopened with zero demerits on May 24.
- G. **Buffalo Wild Wings Grill #117, 7345 S. Durango Dr.:** On May 9, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. There was a sewage backup in the kitchen. The inspector documented 14 demerits. The facility was reinspected and reopened with nine demerits on May 9.
- H. **Smith's Grocery Store #331, 840 E. Lake Mead Pkwy.:** During a complaint investigation on May 14, the facility was closed for an IHH, pest infestation. The facility was deep cleaned and had a certified pest control operator service to remediate the pests. The facility was reinspected and reopened with zero demerits on May 15.
- I. **Vitos Tacos Mobile, 4181 Pioneer Ave.:** During a survey on May 14, the unit was closed due to issues of noncompliance and operator refusal of access to permitted operations and mobile unit. Multiple mobile vending units (Vitos Tacos) were parked, conducting food operations, and plugged into an unpermitted warehouse. The unit was reinspected and reopened on May 23.
- J. **Vitos Tacos Mobile #3, 4181 Pioneer Ave.:** On May 14, the unit was closed for an IHH, other condition or circumstance that may endanger public health. The inspector documented five demerits. Violations included: not reporting to commissary or servicing depot daily when in operation; and mobile vendor parking and utilizing services at an unpermitted warehouse. The unit was reinspected and reopened with zero demerits on May 15.
- K. **Little Caesar's Pizza, 7785 N. Durango Dr.:** On May 15, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented nine demerits. The facility was reinspected and reopened with zero demerits on May 16.
- L. **El Pollo Loco #6019, 2375 E. Sahara Ave.:** During a routine inspection and complaint investigation on May 20, the facility was closed for an IHH, pest infestation. The inspector documented nine demerits. The facility was reinspected and reopened with zero demerits on June 5.

- M. **Milky Way, 6105 S. Fort Apache Rd.:** On May 21, the facility was closed when found operating without a valid health permit. The facility had changed ownership. The inspector documented 41 demerits. The facility remains closed at this time.
 - N. **Southern Chicken and Biscuits at Boulevard Mall, 3480 S. Maryland Pkwy.:** On May 22, the facility was closed due to an outstanding invoice for a Change of Permit Holder (CPH) application. The facility remains closed at this time.
 - O. **Sushi Neko, 5115 Spring Mountain Rd.:** During a complaint investigation on May 23, the facility was closed for an IHH, pest infestation. The inspector documented 14 demerits. The permit holder was required to attend a supervisory conference on May 31 and the facility was closed at that time for structural repairs. The facility was reinspected and reopened with zero demerits on June 4.
 - P. **Thai Style Noodle House, 5135 S. Fort Apache Rd.:** On May 24, the facility was closed for an IHH, pest infestation. The inspector documented 33 demerits. The facility was reinspected and reopened with zero demerits on May 28.
 - Q. **Gordon Ramsay Steak, 3655 S. Las Vegas Blvd:** During a complaint investigation on May 25, the facility was closed for an IHH, no potable or hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on May 26.
 - R. **Carlito's Burritos, 4300 E. Sunset Rd.:** On May 30, the facility was closed for an IHH, pest infestation. The inspector documented 25 demerits. The facility remains closed at this time.
 - S. **Live Fire Q Bar, 4300 E. Sunset Rd.:** On May 30, the facility was closed for an IHH, pest infestation. The inspector documented 14 demerits. The facility remains closed at this time.
 - T. **Snack Daddy, 3663 S. Las Vegas Blvd.:** On May 30, the facility was closed when found operating without a valid health permit. The facility remains closed at this time.
 - U. Multi-agency responses for unpermitted food vendor complaints were conducted in conjunction with City of Las Vegas Business Licensing and the Las Vegas Metropolitan Police Department.
 - V. Staff closed 29 unpermitted food vending complaint investigations.
2. **Foodborne Illness Investigations:**
- A. **Benihana, 3200 S. Las Vegas Blvd.:** On May 3, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 - B. **Shake Shack, 3790 S. Las Vegas Blvd.:** On May 8, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 - C. **Roberto's Taco Shop, 840 S. Rancho Dr.:** On May 17, staff responded to a lab-confirmed case of foodborne illness. The investigation resulted in an A grade.
 - D. **Taco Bell, 2565 E. Tropicana Ave.:** On May 21, staff responded to a lab-confirmed case of foodborne illness. The investigation resulted in an A grade.
 - E. **Chipotle, 8620 W. Sunset Rd.:** On May 29, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 - F. **Bacchanal, 3750 S. Las Vegas Blvd.:** On May 29, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
 - G. **Cracker Barrel, 8350 Dean Martin Dr.:** On May 31, staff responded to multiple reports of foodborne illness. The investigation resulted in an A grade.
3. **Onsite Intervention Training:**
- A. Onsite Intervention Training was held with the following facilities: Alex Food Catering, 4181 W. Pioneer Ave.; and Jamaican Vybz Bar and Grill, 2625 E. Tropicana Ave.
4. **Supervisory/Managerial Conferences:**
- A. A conference was held with the following facility: Sushi Neko, 5115 Spring Mountain Rd.

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 | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---|----------|----------|---|----------|-----------|---|
| Notices of Violations (New & Remails) | 0 | 6 | ↑ | 53 | 58 | ↑ |
| Adjudicated Hearing Cases | 5 | 4 | ↓ | 44 | 56 | ↑ |
| Total Cases Received | 81 | 78 | ↓ | 805 | 870 | ↑ |
| Total Cases Referred to Other Agencies | 30 | 31 | ↑ | 235 | 254 | ↑ |
| Hearing Penalties Assessed | \$13,000 | \$4,000 | ↓ | \$82,000 | \$117,000 | ↑ |

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

| Restricted Waste Management | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|-----------------------------|----------|----------|---|----------|----------|---|
| Inspections | 390 | 384 | ↓ | 3,086 | 3,155 | ↑ |

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

| Underground Storage Tanks | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---|----------|----------|---|----------|----------|---|
| Compliance Inspections | 85 | 83 | ↓ | 877 | 659 | ↓ |
| Final Installation/Upgrade/Repair Inspections | 0 | 3 | ↑ | 21 | 36 | ↑ |
| Closure Inspections | 1 | 1 | → | 8 | 11 | ↑ |
| Spill Report Investigations | 0 | 0 | → | 8 | 14 | ↑ |

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

| Permitted Disposal Facilities | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|-------------------------------|----------|----------|---|----------|----------|---|
| Inspections | 23 | 37 | ↑ | 235 | 233 | ↓ |
| Reinspections | 1 | 1 | → | 26 | 21 | ↓ |

III. VECTOR SURVEILLANCE

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

| Vector Surveillance and Other EH Services | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|--|----------|----------|---|----------|----------|---|
| West Nile Virus Surveillance Traps Set | 533 | 490 | ↓ | 2,634 | 2,715 | ↑ |
| West Nile Virus Surveillance Mosquitoes Tested | 3,057 | 11,251 | ↑ | 31,129 | 67,420 | ↑ |
| West Nile Virus Surveillance Submission Pools Tested | 270 | 635 | ↑ | 2,174 | 3,541 | ↑ |
| West Nile Virus Surveillance Positive Mosquitoes | 0 | 892 | ↑ | 0 | 1,899 | ↑ |
| West Nile Virus Surveillance Positive Submission Pools | 0 | 25 | ↑ | 0 | 49 | ↑ |
| Mosquito Activity Complaints | 15 | 136 | ↑ | 90 | 864 | ↑ |
| Elevated Blood Level Home Investigations | 0 | 2 | ↑ | 3 | 6 | ↑ |
| Legionella Residential Investigations | 2 | 2 | → | 17 | 14 | ↓ |
| Legionella Travel Associated Investigations | 4 | 5 | ↑ | 29 | 23 | ↓ |
| Public Accommodations Inspections | 14 | 20 | ↑ | 379 | 464 | ↑ |
| Public Accommodations Complaints | 22 | 18 | ↓ | 130 | 271 | ↑ |
| Mobile Home/Recreational Vehicle Park Inspections | 3 | 2 | ↓ | 191 | 217 | ↑ |
| Mobile Home/Recreational Vehicle Park Complaints | 1 | 2 | ↑ | 15 | 22 | ↑ |

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Paramount Fibers LLC (Recycling Center); Lighthouse Recycling (Recycling Center); SA Recycling - Vegas Valley (Recycling Center); SA Recycling - Losee Road (Recycling Center); and Edgewood (Waste to Energy)
- 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 (6); Waste Grease (1); Materials Recovery (1); and Waste Tire Management (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in June:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

| Asbestos Permitting Services | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---------------------------------|----------|----------|---|----------|----------|---|
| Asbestos Permits Issued | 85 | 94 | ↑ | 959 | 810 | ↓ |
| Revised Asbestos Permits Issued | 13 | 18 | ↑ | 122 | 80 | ↓ |

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

| Subdivision Plan Review | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---------------------------------------|----------|----------|---|----------|----------|---|
| Tentative Maps-Received | 14 | 5 | ↓ | 165 | 107 | ↓ |
| Tentative Maps-Lot Count | 517 | 465 | ↓ | 10,311 | 4,880 | ↓ |
| Final Maps-Received | 18 | 24 | ↑ | 245 | 213 | ↓ |
| Final Maps-Lot Count | 925 | 1,430 | ↑ | 10,942 | 8,417 | ↓ |
| Final Maps-Signed | 21 | 26 | ↑ | 230 | 231 | ↑ |
| Final Maps (Signed)-Lot Count | 1,144 | 695 | ↓ | 11,243 | 9,732 | ↓ |
| Improvement Plans-Received | 15 | 27 | ↑ | 225 | 200 | ↓ |
| Improvement Plans-Lot Count | 908 | 1,428 | ↑ | 11,067 | 7,715 | ↓ |
| Expedited Improvement Plans-Received | 0 | 0 | → | 4 | 0 | ↓ |
| Expedited Improvement Plans-Lot Count | 0 | 0 | → | 19 | 0 | ↓ |

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

| Individual Sewage Disposal Systems | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|------------------------------------|----------|----------|---|----------|----------|---|
| Residential ISDS Permits | 9 | 6 | ↓ | 75 | 63 | ↓ |
| Commercial ISDS Permits | 0 | 0 | → | 2 | 3 | ↑ |
| Commercial Holding Tank Permits | 4 | 9 | ↑ | 31 | 33 | ↑ |
| Residential Tenant Improvements | 29 | 24 | ↓ | 288 | 243 | ↓ |
| Residential Certifications | 0 | 0 | → | 3 | 3 | → |
| Compliance Issues | 7 | 4 | ↓ | 100 | 79 | ↓ |

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

| Safe Drinking Water Program | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---------------------------------------|----------|----------|---|----------|----------|---|
| Public Water System Sanitary Surveys | 1 | 0 | ↓ | 34 | 48 | ↑ |
| Public Water System Violations Issued | 0 | 37 | ↑ | 117 | 141 | ↑ |

2. Safe Drinking Water Activity:

- A. One *coliform*-positive result (Desert Sunrise Water Users Assoc.) was reported from routine monitoring events; well sample was *E. coli* negative.
- 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 | May
2023 | May
2024 | | FY
22-23 | FY
23-24 | |
|---|-------------|-------------|----------|--------------|--------------|----------|
| School Food Facility Inspections | 57 | 61 | ↑ | 866 | 882 | ↑ |
| School Food Facility Complaints | 0 | 4 | ↑ | 6 | 11 | ↑ |
| School Facility Inspections | 52 | 60 | ↑ | 1,022 | 1,035 | ↑ |
| School Facility Complaints | 0 | 0 | → | 34 | 34 | → |
| Summer Food Service Surveys | 30 | 12 | ↓ | 90 | 24 | ↓ |
| Child Care Facility Inspections | 43 | 27 | ↓ | 270 | 288 | ↑ |
| Child Care Facility Complaints | 3 | 2 | ↓ | 22 | 28 | ↑ |
| Body Art Facility Inspections | 32 | 33 | ↑ | 314 | 462 | ↑ |
| Body Art Facility Complaints | 10 | 6 | ↓ | 54 | 50 | ↓ |
| Body Art Artist Special Event Inspections | 7 | 1 | ↓ | 205 | 45 | ↓ |
| Total Program Services Completed | 234 | 206 | ↓ | 2,883 | 2,859 | ↓ |

1. Schools:

A. Harmon Elementary School Kitchen, 5351 Hillsboro Ln.: Staff investigated a complaint alleging that the food was making children sick. School administrative staff reported no complaints of students becoming ill. The food was being held at and reheated to safe temperatures. All food was labeled with expiration dates. Sanitizer was being utilized and at proper strength. The surfaces of the food preparation area appeared to be clean. Kitchen staff were adequately wearing gloves and washing their hands as required. The complaint was not substantiated.

2. Child Care:

A. The Shannon Academy, 8500 Highland Ave.: During a routine inspection, staff documented a climbable play structure in the backyard that had artificial turf installed underneath it. SNHD Regulations require protective surfacing, such as wood chips, sand, pea gravel, or resilient matting of a depth specified by the equipment manufacturer. Staff discussed the issue with the permit holder and reviewed the need for appropriate fall surfacing under play structures taller than 20 inches to prevent life changing or life ending injuries. The equipment is out of service until SNHD receives adequate documentation that the surfacing was installed to the manufacturer's specifications. Staff will follow up as necessary.

B. Learning Space Academy 2253 E. Desert Inn Rd: Staff investigated a complaint alleging that the air conditioning unit was not working in rooms occupied by children, there was a pest infestation, and no shade structure was present in the outdoor play area. The temperature in the toddler room exceeded the maximum allowed temperature of 82°F. Children in the affected room were relocated to rooms with cooler temperatures. Staff did not observe any evidence of pest harborage and the outdoor shade consisted of a shaded patio that provided at least the minimum amount of shade required by the regulations. Staff returned the next day and verified that the air conditioning in the toddler rooms was adequate. The complaint was substantiated.

3. **Body Art:**

A. Painless Wayne’s Tattoo, 3310 S. Nellis Blvd.: Staff investigated a complaint alleging that employees were not washing their hands, employees were reusing soiled gloves, and cleaning and disinfection were not occurring. A clean supply of gloves was available at the facility, and staff did not observe any reusing of dirty gloves. An artist who finished a tattoo session was observed washing their hands followed by cleaning and disinfecting the surfaces at their station. The complaint was not substantiated.

B. Rising from the Ashes Tattoo Studio, 1550 E. Tropicana Ave.: Staff investigated two complaints alleging that infections occurred after tattoo procedures. The complaints also stated that the shop was dirty, artists were not washing their hands, old ink was being used, and surfaces were not being properly cleaned. The PIC reported that all employees wash their hands prior to starting a tattoo. Staff verified that all hand washing sinks were accessible and adequately stocked. The facility was in a clean condition with disinfectant readily available. Equipment was properly stored in a clean and sanitary manner. Sterilized equipment had adequate expiration dates. During the investigation, an artist entered the facility and adequately washed their hands before commencing any work. One workstation did have expired ink bottles so one complaint was substantiated.

C. Body Art Industry Meeting: Staff conducted a hybrid Body Art Industry meeting. Staff from the Special Programs office met with 102 individuals from various Clark County Body Art facilities, 25 were in-person and 77 were virtual. Issues discussed included improvements to the processing of health cards for mentors, body artists, and microbladers; updates on violations staff are observing during their routine inspections; and a discussion on how the regulations could be improved.

VI. **PLAN REVIEW PROGRAM**

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|---|----------|----------|---|----------|----------|---|
| Food Pre-Permitting Services | | | | | | |
| Food Safety Assessment Meetings | 0 | 0 | → | 6 | 3 | ↓ |
| Total Pre-Permitting Services | 1,299 | 996 | ↓ | 13,800 | 14,611 | ↑ |
| New Project Submissions | 275 | 209 | ↓ | 2,759 | 2,738 | ↓ |
| Released Projects | 291 | 203 | ↓ | 2,855 | 3,371 | ↑ |
| Total Service Requests Currently in Pre-Permitting | 1,591 | 1,292 | ↓ | | | |

1. **Enforcement Actions and Investigations:**

A. Ruan Thai, 3355 E. Tropicana Ave.: Staff found multiple violations at a CPH inspection. A wok was directly plumbed to sewer; the interior of a reach-in freezer was in severe disrepair; there were unsealed seams and wall penetrations; there was insufficient lighting under the ventilation hood; and the exterior doors were not weather tight. SNHD Regulations require food equipment to be indirectly plumbed to sewer, finishes must be smooth and easily cleanable, lighting in food preparation areas must be 50 foot-candles or greater, and exterior openings must be weather

tight. The permit was approved with a stipulation to correct the deficiencies within 10 days.

- B. Carmelita's Mar Y Tierra, 2021 E. Charleston Blvd.:** A CPH inspection resulted in failure due to an IHH, sewage or liquid waste not disposed of in an approved manner. Multiple floor sinks had sewage backups in the ware washing area. SNHD Regulations require sewage to be conveyed to the point of disposal through an approved sewage system, and food facilities cannot operate with a sewage backup. The operator contacted a plumber to clean out the floor sinks that were obstructed by excessive grease and other debris. The permit was not approved, and a reinspection is still pending.
- C. Pro Foods, 724 S. Boulder Hwy.:** A meeting was conducted with the operator to discuss permitting requirements for wholesaling meat. The operator is in the process of registering with the United States Department of Agriculture (USDA) and wanted to ensure compliance with SNHD. State law requires SNHD to inspect each food establishment located within our state, even if they are registered with a federal entity such as the USDA. An application for a food processing permit is still pending submission.
- D. Horseshoe Las Vegas, 3645 S. Las Vegas Blvd.:** Plans were submitted for twelve seasonal permits for the 2024 World Series of Poker (WSOP) event. SNHD Regulations place restrictions on the size of seasonal permits, limiting them to 200 square feet. Some of the permitted areas will occupy 400 square feet so they will either have to be reduced in size or the areas will need additional permits. The applicant discussed the situation with their management and decided to apply for seven additional permits. All 19 permits were approved with no major violations.
- E. Koolsville Tattoos, 2548 W. Desert Inn Rd.:** A final permitting inspection was conducted for a new tattoo and body piercing establishment inside the Planet13 dispensary. The owner chose to use all disposable tattoo and piercing supplies, eliminating the requirement for a sterilizer and equipment cleaning room. SNHD Regulations require body art establishments to have an equipment cleaning room with a sterilizer if they reuse tattoo or piercing equipment. The permit was approved.
- F. Dirt Dog, 8390 S. Rainbow Blvd.:** Staff conducted a remodel inspection for the addition of a new jockey box bartender station, dump sink, and glasswasher. The remodel was not approved because the glasswasher had no detectable sanitizer. Other violations included: unsealed seams; missing test strips; and a missing scupper drain above the jockey box. SNHD Regulations require equipment to operate as designed, wares to be sanitized, and sanitizer to be tested to ensure proper concentration. The violations were corrected, and a second remodel inspection resulted in approval.
- G. Three Sisters Kimchi, 6370 W. Flamingo Rd.:** Food Operations staff discovered a market operating without a health permit. The business was closed and directed to submit a permit application to Plan Review. SNHD Regulations require food establishments to obtain a health permit prior to operating or opening it to the public. The permit application was submitted, and a final inspection was approved.
- H. Spurs Snack Shack, 1650 E. Quartz Ave.:** A remodel inspection was conducted for the replacement of a permanently plumbed food trailer. The owner was not aware that when they replaced the food trailer, they were required to obtain a remodel permit, so they were already using the new trailer. Once aware, they applied for a permit and a final inspection was approved.
- I. Jersey Mike's Subs, 9560 W. Skye Canyon Dr.:** A final permitting inspection resulted in failure due to inadequate hot water. The contractors had turned off the power to start the installation of an air curtain at the back door. When the power was

restored, the tankless water heater needed to be reset and they were unable to get it to work. Other violations included a non-operational walk-in cooler and unsealed penetrations in the walls and ceiling. SNHD Regulations require adequate refrigeration and hot water for handwashing and ware washing. The violations were corrected at the reinspection, and the permit was approved.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

| Aquatic Health Operations | May
2023 | May
2024 | | FY
22-23 | FY
23-24 | |
|---|-------------|-------------|---|-------------|-------------|---|
| Total Operation Inspections | 691 | 767 | ↑ | 6,331 | 8,549 | ↑ |
| Complaint Investigations | 29 | 23 | ↓ | 225 | 266 | ↑ |
| Inactive Body of Water Surveys | 8 | 8 | → | 92 | 90 | ↓ |
| Drowning/Near Drowning/Accident Investigations at Permitted Facilities | 1 | 0 | ↓ | 27 | 19 | ↓ |
| Total Program Services Completed | 729 | 798 | ↑ | 6,675 | 8,924 | ↑ |

1. Aquatic Health Operations

- A. Sahara Hotel, 2535 S. Las Vegas Blvd.:** A lifeguard survey resulted in an IHH closure and a mandatory supervisory conference. Lifeguards were not attentive and did not follow the facility's approved lifeguard plan. Inadequate lifeguard surveillance presents an increased drowning risk to bathers. A supervisory conference was held the following day, and the pool was approved to reopen after a reinspection was conducted.
- B. Kingsway Apartments, 2710 Merritt Ave.:** A routine inspection at the pool resulted in an IHH closure due to a gate that did not self-close or self-latch. An improperly working gate poses an increased drowning risk by allowing unattended children to enter the pool area. The pool was reinspected the same day and approved to reopen.
- C. Alexis Park Hotel, 375 E. Harmon Ave.:** A routine inspection conducted at the pool resulted in an IHH closure due to multiple violations. The pH was too high; the entry gate was propped open, left unattended, and was not properly self-latching; lifeguard surveillance was insufficient; and unauthorized access was possible when the pool was closed. High pH reduces the effectiveness of the disinfectant. A reinspection is still pending.
- D. Arioso Apartments, 9270 Quarterhorse Ln.:** A routine inspection at the pool resulted in an IHH closure due to no detectable chlorine. Inadequate disinfection exposes bathers to pathogens that can make them sick. The pool was reinspected the same day and approved to reopen.
- E. Ariva Apartments, 11055 S. Las Vegas Blvd.:** A routine inspection at the pool resulted in an IHH closure due to high chlorine. High chlorine concentration can cause eye, skin, and lung irritation. The pool was reinspected and approved to reopen.
- F. Talavera Apartments, 2251 S. Fort Apache Rd.:** A routine inspection conducted at the pool and spa resulted in IHH closures due to multiple violations. The underwater lights did not have a functional ground fault circuit interrupter (GFCI) resulting in an

electrocution risk to bathers and the entrance gate did not self-close or self-latch. The pool and spa were reinspected the same day and approved to reopen.

- G. Lake Mead Inn, 110 Ville Dr.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa’s filter was disconnected, and chlorine levels were high. A disconnected filter cannot filter the water, increasing bather exposure to pathogens and resulting in cloudy water. A reinspection is still pending.
- H. The Preserve Apartments, 2655 E. Deer Springs Way.:** A routine inspection at the pool resulted in an IHH closure due to entrance gates that did not self-close and self-latch. The pool was reinspected the same day and approved to reopen.
- I. Liberty at Mayfield, 7216 Wild Carrot Ave.:** A routine inspection at the pool resulted in an IHH closure due to an entrance gate that did not self-close. The pool was reinspected the same day and approved to reopen.
- J. Solaire Apartments, 1500 Karen Ave.:** A routine inspection of the seasonally closed pool resulted in a written compliance schedule before reopening. The entrance gate was not self-latching. The pool remains closed pending verification of the gate being repaired.
- K. The Ogden, 150 N. Las Vegas Blvd.:** A routine inspection at the spa resulted in closure due to multiple IHHs. The entrance gate was not properly self-latching, and the chlorine was high. The spa was reinspected the same day and approved to reopen.
- L. Rosewood Park Apartments, 3225 S. Pecos Rd.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The entrance gate was not self-latching, and the chlorine was high. The spa was reinspected the same day and approved to reopen.

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

| Aquatic Health Plan Review | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|--|----------|----------|---|----------|----------|---|
| Total Pre-Permitting Services | 507 | 749 | ↑ | 5,166 | 5,647 | ↑ |
| New Project Submissions | 114 | 102 | ↓ | 904 | 1,073 | ↑ |
| Released Projects | 102 | 140 | ↑ | 826 | 1,017 | ↑ |
| Total Projects Currently in Plan Review | 516 | 509 | ↓ | | | |

2. Aquatic Health Plan Review:

- A. North Park Living, 4100 Scott Robinson Blvd.:** A pre-plaster inspection found emergency egress doors exiting from the clubhouse into the pool enclosure. This conflicted with the approved egress plan approved by staff. Emergency egress doors leading directly into an aquatic venue enclosure conflict with local building codes, as egress doors cannot be locked. SNHD Regulations require that pool enclosure gates and doors must be capable of being locked from the exterior to prevent unauthorized access when the aquatic venues are not in operation. Correction of the emergency egress path to match approved egress plans is still in progress.
- B. Canyon Gate Country Club, 2001 Canyon Gate Dr.:** A final remodel inspection of the equipment room found that one of the disinfectant feeders had been removed

which could lead to insufficient disinfectant levels in the pool. Once the disinfectant feeder was reinstalled, the pool was approved to open.

- C. Glenoak Square Condos, 1751 E. Reno Ave.:** A final remodel inspection for a skimmer replacement resulted in failure. No flow was observed through the skimmer, and the circulation pump stopped functioning during the inspection. Failure of the circulation system is a hazard as disinfection and filtration of the pool cannot occur when the water is not flowing through the system. A revised Plan Review application has been submitted to replace the pumps and the review is still pending.
- D. Collage Apartments, 6100 Carmen Blvd.:** A non-substantial alteration application was reviewed for the replacement of the suction outlet fitting assembly (SOFA). The spa circulation pump was much higher than the maximum allowable flow rating for the SOFA, which could create a suction entrapment hazard and result in severe injury or death. Additionally, the SOFA configuration in the spa did not correspond with an approved configuration from the manufacturer. The application was not approved and revised plans are still pending.
- E. Aqua-Tots Swim School, 617 Mall Ring Cir.:** Lighting and pre-plaster reinspections were conducted for the new indoor pool. Adequate illumination and lighting were provided; however, several outstanding violations from the previous failed inspection were observed including noncompliant doors; unapproved disinfection and pH control systems; and incomplete construction in the equipment room. Approval to move forward with construction was granted with a list of violations to be corrected prior to the final permitting inspection. The final inspection has been scheduled for the first week in June.
- F. Holiday Inn, 5760 Polaris Ave.:** A final remodel inspection for installation of an automated chemical feed system was conducted. The chlorine and acid chemical injection points were incorrectly installed. The injection points must be sufficiently separated to reduce the likelihood of mixing chemicals in the piping when flow is interrupted which can result in the release of toxic gas when flow resumes. The placement of the injection points was corrected while the inspector was onsite, and the remodel was 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; NEHA Mentorship meeting site visit with Pennsylvania Department of Agriculture; Healthy People 2030 Norovirus Advisory Group meeting; Webinar-“Live from Food Safety Summit-Food Safety Culture: the Journey Continues”; 2024 Nevada Environmental Health Association (NVEHA)/Nevada Food Safety Task Force (NFSTF) Annual Educational Conference; drafting of Accela inspection report comments; updating standardization procedures; and creating and implementing new hire digital weekly reports.
2. Adriana Hemberger was released from the food training program on May 17.
3. Staff attended the 2024 Virtual Self-Assessment and Verification Audit Workshop April 30 through May 3.
4. Staff planned and provided a Special Processes course on May 15 and 16.
5. Regulatory Support Office staff Tara Edwards, Senior Environmental Health Specialist (Sr. EHS) and Nancy Hall, Sr. EHS, organized and provided technical assistance during the NVEHA/NFSTF Joint Annual Educational Conference on May 28 and 29. Christine Sylvis, Environmental Health Supervisor, presented, “The Conference for Food Protection. Who? What? How?” and Erica Ryan, EHS, presented “Technology Changes

- in Public and Environmental Health.”
6. Staff held a Special Processes Non-Compliance Conference with Barry’s Downtown Prime, 8 E. Fremont St., on May 24.
 7. 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 | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|-----------------------------------|----------|----------|---|----------|----------|---|
| Facility Label Review Submissions | 28 | 21 | ↓ | 255 | 200 | ↓ |
| Facility Label Review Releases | 34 | 23 | ↓ | 256 | 180 | ↓ |
| Number of Labels Approved | 1,043 | 403 | ↓ | 3,999 | 2,464 | ↓ |

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

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

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

| Waivers & Operational Plans Review | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|------------------------------------|----------|----------|---|----------|----------|---|
| Waiver Review Submissions | 0 | 0 | → | 10 | 8 | ↓ |
| Waiver Review Releases | 2 | 0 | ↓ | 10 | 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 | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|--|-----------------|-----------------|---|-----------------|-----------------|---|
| Registrations Approved Without Voluntary Label Review | 0 | 17 | ↑ | 0 | 165 | ↑ |

CDS/hh

Memorandum



Date: June 27, 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 – May 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 460 Flu vaccines were administered in the four Public Health Centers. A total of 316 COVID-19 vaccines were administered in the four Public Health Centers.
2. For the month of May, there were 2,338 clients seen with 5,805 vaccines administered at the immunization clinic at Decatur, East Las Vegas, Henderson, and Mesquite locations.
3. There were 325 immunization records reviewed with copies provided for clients who came to the immunization clinic and did not need any vaccinations.
4. Back-to-School Planning continues 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. The clinic is working in collaboration with the SNHD Outreach Clinic to increase services at the Decatur Public Health Center.
5. 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 7 outreach clinics were conducted in partnership with local organizations. The outreach clinics were held at CCSD Family Support Center, REACH, Harm Reduction, Help of Southern Nevada, and Boulder City Library. A total of 201 clients received 491 vaccines.
2. Of the 201 clients, 43 immunization records were transcribed in WebIZ and clients needed vaccines. An additional 14 immunization records were transcribed in WebIZ, and clients did not need vaccines.
3. In preparation for Back-to-School, the Outreach team have added clinics in the Main location for 19 years old and under who need school immunizations. The schedule started May 30, 2024, through August 15, 2024.

II. COVID-19 Vaccine Campaign

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

1. There were 307 COVID-19, 131 flu, and 1 RSV doses vaccines administered through 73 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, Homeless Alliance, The Center, Puentes, CCSD Family Support Center, REACH, For Our Future Nevada, CCDC Care, Sun City Summerlin Senior Center, Asian Community Development Council.
4. Through the In-Home Vaccine program there were 6 COVID vaccines and 1 RSV vaccine administered to this high-risk population group. 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. The Long-Term Care Facility grant ended on May 10, 2024.
6. Vaccine outreach for people experiencing homeless living in encampments, tunnels and shelters 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. Mpx vaccine has been commercialized and is no longer available to order through the National Stockpile as of April 30, 2024.
2. A total of 13 vaccines were administered through 3 static and pop-up sites.
3. Mpx 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 once a month administering and educating 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 regularly for updates and activity coordination.

C. Additional projects

1. A survey to address local vaccine hesitancy and interventions was launched through health equity areas with low vaccination rates and in healthcare provider offices.

III. Community Health Nursing

A. Nursing Education

There were no Nursing CEU's offered for the month of May 2024.

B. Maternal Child Health

There were no new lead referrals for elevated blood lead level for the month of May 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 191 active families. Fifty-three (53) are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-five (65) 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 to reach and enroll eligible pregnant mothers. Improved community partner engagements result in more referrals and new enrollments.

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 was a total of nineteen (19) families served in May 2024.

The program currently consists of 4 community health workers, including a community health worker II/ consortium coordinator. In-person program outreach was conducted at a community baby shower hosted by Medicaid – Anthem Blue Cross Blue Shield. Healthy Start also had a kick-off consortium meeting which involved community partners learning about the program and completing an activity to address social determinants of health within the community.

IV. Sexual Health Outreach and Prevention Program

- A. Express Testing provided screening encounters to 190 clients.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. Although the Bicillin LA shortage continues nationally, the supply has increased at SNHD, and pregnant women no longer need to be referred to outside clinics.
- C. The CSCM nurse, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. Academic detailing occurred with UMC.
- D. Members of SHOPP team attended Spring STI Update.
- E. SHOPP Team attended 4 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. Three (3) 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 seven (7) new adult TB active cases that were reported in the month of

May 2024. There were zero (0) pediatric active TB cases reported for a total of seven (7) cases for the month of May 2024.

VI. Employee Health Nursing

- A. There were three (3) SNHD employees who tested for COVID-19 in May 2024, zero (0) PCR tests conducted at CSN Charleston/North Las Vegas locations. Three (3) tests from outside entities. Three (3) employees tested positive for COVID in May 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of May 2024. Annual catch-up TB testing is ongoing. Forty-seven (47) Tuberculosis tests were completed in May 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of April 2024. Twelve (12) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure cases for the month of May 2024.
- E. There are no new employee TB exposure cases for the month of May 2024.
- F. Vaccine Clinics
 - May 1 – May 31, 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

May 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 | 1,122 | 725 | 236 | 61 | 0 | 0 | 15 | 10 | 169 | 2,338 |
| Immunization Records Issued | 229 | 75 | 19 | 2 | | | | | | 325 |
| Newborn Metabolic Screening | 1 | 0 | 0 | 0 | | | | | | 1 |
| SHOPP | 214 | | | | | | 5 | | | 219 |
| TB Treatment & Control | 1,299 | | | | | | | | | 1,299 |
| SAPTA Services | | | | | | | | 23 | | 23 |
| TOTAL | 2,865 | 800 | 255 | 63 | 0 | 0 | 20 | 33 | 169 | 4,205 |

Client Encounters by Program

| Program | May
2023 | May
2024 | | FY 22-23 | FY 23-24 | |
|-----------------------------|--------------|--------------|----------|--------------|---------------|----------|
| Immunizations** | 2,580 | 2,338 | ↓ | 36,814 | 32,891 | ↓ |
| Immunization Records Issued | 289 | 325 | ↑ | 5,098 | 3,240 | ↓ |
| COVID-19 Vaccine Given* | 359 | 307 | ↓ | 10,542 | 5,029 | ↓ |
| Newborn Met. Screening | 0 | 1 | ↑ | 1 | 1 | → |
| SHOPP*** | n/a | 219 | ^ | n/a | 12,936 | ↓ |
| TB Treatment & Control | 1,514 | 1,299 | ↓ | 13,428 | 15,766 | ↑ |
| SAPTA Services | 29 | 23 | ↓ | 461 | 281 | ↓ |
| TOTAL | 4,771 | 4,512 | ↓ | 66344 | 70,144 | ↑ |

*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

^No data available

Immunization Program

| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|----------------------|----------|----------|---|----------|----------|---|
| Immunizations | | | | | | |
| Flu Vaccine Given | 668 | 460 | ↓ | 8,882 | 6,923 | ↓ |
| Gratis | 53 | 42 | ↓ | 2,104 | 1,388 | ↓ |
| COVID Vaccine* | 352 | 316 | ↓ | 2,698 | 4,076 | ↑ |

*Given by Immunization Clinics

| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|-------------------------------------|----------|----------|---|----------|----------|---|
| Vaccines for Children (VFC)* | | | | | | |
| Number of VFC Compliance Visits | 1 | 17 | ↑ | 46 | 81 | ↑ |
| Number of IQIP Visits* | 4 | 16 | ↑ | 85 | 74 | ↓ |
| Number of Follow Up Contacts | 22 | 80 | ↑ | 283 | 451 | ↑ |
| Number of Annual Provider Training | 35 | 56 | ↑ | 89 | 123 | ↑ |
| Number of State Requested Visits | 102 | 41 | ↓ | 988 | 398 | ↓ |

| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|------------------------------|----------|----------|---|----------|----------|---|
| Perinatal Hepatitis B | | | | | | |
| # of Expectant Women | 16 | 29 | ↑ | 19 | 19 | → |
| # of Infants | 68 | 73 | ↑ | 79 | 70 | ↓ |
| Total # of Infants Delivered | 4 | 5 | ↑ | 41 | 30 | ↓ |
| New Cases | 2 | 8 | ↑ | 52 | 55 | ↑ |
| Closed Cases | 3 | 5 | ↑ | 62 | 42 | ↓ |

| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
|----------------------------|----------|----------|---|----------|----------|---|
| Childcare Program | | | | | | |
| Childcare Audits | 6 | 8 | ↑ | 62 | 98 | ↑ |
| Baseline Immunization Rate | 82% | 66% | ↓ | 73% | 77% | ↑ |
| # of Final Audits | 6 | 8 | ↑ | 62 | 98 | ↑ |
| Final Immunization Rate | 91% | 95% | ↑ | 93% | 95% | ↑ |
| # of Records Reviewed | 545 | 1054 | ↑ | 4304 | 9088 | ↑ |

Covid-19 Vaccine Campaign

| | May 2023 | May 2024 | | FY 22-23* | FY 23-24 | |
|--|----------|----------|---|-----------|----------|---|
| COVID-19 Vaccine Campaign | | | | | | |
| # of COVID-19 Vaccines administered | 359 | 307 | ↓ | 10,542 | 5,029 | ↓ |
| # of Monkeypox Vaccine administered* | 18 | 13 | ↓ | 565 | 353 | ↓ |
| # of Influenza Vaccine administered** | 102 | 131 | ↑ | 1375 | 3089 | ↑ |
| # of Healthcare Provider Compliance Visits | 0 | 0 | → | 30 | 4 | ↓ |
| # of Newly Enrolled Healthcare Provider Education Sessions | 3 | 0 | ↓ | 56 | 16 | ↓ |
| # of Potential Healthcare Provider Recruitment Sessions | 3 | 0 | ↓ | 42 | 48 | ↑ |
| # of Healthcare Provider Contacts | 307 | 61 | ↓ | 952 | 910 | ↓ |

* Vaccine administration started October 2022

| Community Health Program | | | | | | |
|--------------------------------|----------|----------|---|----------|----------|---|
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| Nursing Field Services | | | | | | |
| MCH Team Home Visit Encounters | 14 | 9 | ↓ | 94 | 117 | ↑ |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| NFP (Team 1) | | | | | | |
| Referrals | 7 | 16 | ↑ | 92 | 156 | ↑ |
| Enrolled | 1 | 12 | ↑ | 60 | 89 | ↑ |
| Active | 113 | 121 | ↑ | | | |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| NFP (Expansion Team) | | | | | | |
| Referrals | 7 | 10 | ↑ | 94 | 72 | ↓ |
| Enrolled | 7 | 6 | ↓ | 56 | 46 | ↓ |
| Active | 57 | 65 | ↑ | | | |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| MCH | | | | | | |
| # of Referrals Received** | 3 | 1 | ↓ | 38 | 38 | → |
| # from CPS* | 3 | 1 | ↓ | 27 | 27 | → |
| # of Lead Referrals | 0 | 0 | → | 3 | 8 | ↑ |
| # of Total Admissions | 3 | 2 | ↓ | 24 | 21 | ↓ |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| EHB | | | | | | |
| Referrals | 3 | N/A | ^ | 69 | 15 | ↓ |
| Enrolled | 1 | N/A | ^ | 49 | 16 | ↓ |
| Active | 52 | 13 | ↓ | | | |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| Thrive by 0 - 3 | | | | | | |
| Referrals | 58 | 43 | ↓ | 666 | 597 | ↓ |
| One-Time Home Visits | 5 | 4 | ↓ | 38 | 89 | ↑ |
| Enrolled | 0 | 3 | ↑ | 25 | 27 | ↑ |
| Active | 12 | 12 | → | | | |
| | | | | | | |
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| Healthy Start** | | | | | | |
| Referrals | N/A | 8 | ^ | N/A | 35 | ^ |
| Enrolled | N/A | 7 | ^ | N/A | 19 | ^ |
| Active | N/A | 18 | ^ | | | |
| **New program as of 01/01/2024 | | | | | | |
| ^ No data available | | | | | | |

| Tuberculosis Program | | | | | | |
|---|----------|----------|---|-----------|----------|---|
| | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| Tuberculosis | | | | | | |
| Number of Case Management Activities* | 279 | 224 | ↑ | 2,466 | 2,337 | ↓ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen | 41 | 29 | ↓ | 371 | 359 | ↓ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B) | 23 | 51 | ↑ | 158 | 413 | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 4 | 6 | ↑ | 57 | 213 | ↑ |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters | 1,235 | 1,199 | ↓ | 10,754 | 13,735 | ↑ |
| *New EMR system- Counting only successful activities | | | | | | |
| | | | | | | |
| Substance Abuse Prevention & Treatment Agency (SAPTA) | May 2023 | May 2024 | | FY 22-23 | FY 23-24 | |
| # of Site Visits | 1 | 2 | ↑ | 34 | 17 | ↓ |
| # of Clients Screened | 29 | 23 | ↓ | 461 | 281 | ↓ |
| # of TB Tests | 25 | 21 | ↓ | 396 | 249 | ↓ |
| # of Assessments only | 4 | 2 | ↓ | 65 | 32 | ↓ |
| | | | | | | |
| 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 | 190 | ^ | N/A | 1,923 | ^ |
| # of clients screened | N/A | 190 | ^ | N/A | 1,914 | ^ |
| # of clients with positive STI identified | N/A | 15 | ^ | N/A | 168 | ^ |
| | | | | | | |
| Sexual Health Outreach and Prevention Program (SHOPP)- Linkage ** | 2023 | 2024 | | FY 22-23 | FY 23-24 | |
| # of clients referred to Linkage | N/A | 24 | ^ | N/A | 173 | ^ |
| # of clients linked to care | N/A | 23 | ^ | N/A | 141 | ^ |
| | | | | | | |
| Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP ** | 2023 | 2024 | | FY 22-23* | FY 23-24 | |
| # of referrals (pregnant, post-partum,infants) | N/A | 6 | ^ | N/A | 127 | ^ |
| # of clients enrolled in CM | N/A | 5 | ^ | N/A | 89 | ^ |
| # of active pregnant clients | N/A | 37 | ^ | N/A | | |
| # of infants being followed | N/A | 23 | ^ | N/A | | |
| # of provider/community trainings | N/A | 1 | ^ | N/A | 13 | ^ |
| **New program/ department as of 7/1/2023 | | | | | | |
| ^ No data available | | | | | | |
| Non-cumulative | | | | | | |

Letter to Southern Nevada Health District Board of Health

Re: Revocation of Lifeguard Waivers for Las Vegas Athletic Club Pools

Dear Members of the Board of Health,

I am writing to express my concern regarding the recent revocation of lifeguard waivers for Las Vegas Athletic Club (LVAC) pools. I understand the importance of safety regulations and the need to ensure the well-being of pool users. However, I believe the decision to revoke the waivers may have unintended consequences for LVAC and its members, particularly senior citizens who rely on the pool for exercise and socialization.

The Rapid Liquid Cardio class at LVAC is a vital resource for me and many other senior citizens in the community. It provides a low-impact exercise option that helps us maintain our health and well-being. I am disappointed that LVAC may not prioritize its pool activities and availability due to the revocation of the waivers.

While I support the need for safety measures, I believe there may be ways for LVAC to comply with safety standards while still maintaining a viable business plan. I would like to suggest exploring alternative solutions that could address the safety concerns without jeopardizing the pool's accessibility for senior members like myself.

One example of a successful implementation of customer satisfaction comes from the Ojai Valley Athletic Club of the California Athletic Clubs, where a member stated, "My family and I love going to the club. Everything is pretty much perfect."¹ I believe LVAC can learn from such examples and develop a system that ensures safety and cleanliness around the pool without overburdening its staff.

I urge the Board of Health to reconsider its decision and work with LVAC to find a solution that prioritizes both safety and the needs of the community. I am confident that a collaborative approach can lead to a positive outcome for everyone involved.

Thank you for your time and consideration.

Sincerely,

John A Perazzo
ZIP Code 89107

Agenda Item XII (Second Public Comment). Please read this letter and mention the following backup materials, but do not read them.

 Tell me about the culture of public health in gen...

¹ <https://www.caclubs.com/> 6/26/2024 "What members are saying" section on home page

☰ Tell me about the culture of athletic clubs on th...

☰ What are Similarities Between Public Health and Athletic Clubs? 6/26/2024; SNHD, LVAC

☰ Dear Las Vegas Athletic Club Management, 6/26/2024