



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

September 26, 2024 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

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*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*via Teams*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Frank Nemeec – At-Large Member, Physician (*via Teams*)
Brian Knudsen – Mayor Pro Tem, 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, Vince Anghel, Don Barnak, Christopher Boyd, Lauren Canaff,
(In Audience) Courtney Cannon, Georgi Collins, Cara Evangelista, Tomas Hammond, Maya
Holmes, Nadine Kienhoefer, Brian Labus, Stacie Sasso
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tanya Baldwin, Tawana
Bellamy, Haley Blake, Amanda Brown, Daniel Burns, Nikki Burns-Savage,
Victoria Burris, Yvette Butac, Nancy Cadena, Delaney Chastain, Michelle
Clarke, Andria Cordovez Mulet, Shea Crippen, Cherie Custodio, Gerard
Custodio, Natalya DeCicco, Lauren DiPrete, Tara Edwards, Lisa Falkner,
Renee Fejeran, Brian Felgar, Kaylina Fleuridas, Jason Frame, Kimberly Franich,
Nicholas Gabler, Joe Ginty, Mayra Gonzalez, Jacques Graham, Alyssa Hall,
Jeremy Harper, Maria Harris, Richard Hazeltine, Dan Isler, Jessica Johnson,
Mallory Jones, Horng-Yuan Kan, Theresa Ladd, Josie Llorico, Cassius Lockett,
Lakesia Lowery, Sandy Lockett, Anilkumar Mangla, Blana Martinez, Kimberly
Monahan, JaQuanna Moore, Linda Nguyen, Todd Nicolson, Verallynn
Orewyler, Kyle Parkson, Yin Jie Qin, Vivek Raman, Larry Rogers, Alexis Romero,
Jazzmin Rubledo, Luscinda Santiago, Aivelhyn Santos, Chris Saxton, Dave
Sheehan, Karla Shoup, Jennifer, Sizemore, Betty Souza-Lui, Will Thompson,
Tamera Travis, Lizbeth Vasquez, Jorge Viote, Donnie Whitaker, Willandra
Whiting-Green, Rebecca Wright, Edward Wynder, Lourdes Yapjoco, Joseph
Yumul

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:06 a.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed quorum. Ms. Bellamy 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. Veralynn Orewyler

- Recognition from the Centers for Disease Control and Prevention (CDC) for the Health District's Contracts Program

The Chair recognized Veralynn Orewyler, the Health District's Contract Administrator. In a recent SNHD site visit at the Centers for Disease Control and Prevention, two different CDC programs grant managers noted that other agencies receiving funding from the CDC experience challenges with contract development and execution; an experience that SNHD does not share due to its robust Contracts program. Ms. Orewyler has been building the Contracts program under the broad oversight of General Counsel since 2018 to provide timely contract production through close collaboration with internal clients while ensuring compliance with state and federal laws, regulations, executive orders, and grant-specific requirements. On behalf of the Board of Health, the Chair congratulated Ms. Orewyler on this recognition.

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

- Lisa Falkner and Joseph Yumul

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 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 SEPTEMBER 26, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the September 26, 2024 Agenda, as presented.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** August 22, 2024 *(for possible action)*
2. **PETITION #03-25: Approval of a Lease Agreement between the Southern Nevada Health District and the City of Mesquite for office space located at Jimmie Hughes Campus, 150 North Yuca Street, Mesquite, NV;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #04-25: Approval of an Equipment Sale Agreement with Abbott Core Diagnostics for the purchase of a Chemistry Analyzer for the Clinical Laboratory at the Southern Nevada Public Health Laboratory;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #05-25: Approval of an Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #06-25: Approval of a Contract for Professional Managed Detection and Response (MDR) Services between Dyntek Services, Inc. dba Arctiq and the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #07-25: Approval of a Construction Change Order Request between the Southern Nevada Health District and KOR Building Group, LLC to build a Behavioral Health Clinic at 280 S. Decatur Blvd.;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Nielson, seconded by Member Seebock, and carried unanimously to approve the September 26, 2024 Consent Agenda, as presented.

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

There were no items heard.

VIII. REPORT / DISCUSSION / ACTION

1. Discussion and Approval of the Activation of the District Health Officer (DHO)

Succession & Planning Committee; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel, advised that as Dr. Leguen announced his retirement for February 2025, the DHO Succession & Planning Committee would need to be activated. Ms. Anderson-Fintak advised of the current members of the DHO Succession & Planning Committee and indicated that now would be the time to add any additional members. Ms. Anderson-Fintak advised that due to scheduling challenges, the DHO Succession & Planning Committee meeting is scheduled after the Board of Health meeting.

The Chair advised that due to timing and with the Board of Health normally not meeting in December, time was of the essence and agreed that the best option was to have the DHO Succession & Planning Committee meeting after this Board of Health meeting. The Chair called for any members that wished to be added to the DHO Succession & Planning Committee.

Member Bond requested to be added to the DHO Succession & Planning Committee meeting.

Further to an inquiry from Member Nielson, Ms. Anderson-Fintak clarified that all members of the Board of Health were welcome to attend the DHO Succession & Planning Committee, however only the members of that committee would be counted for quorum and voting rights.

A motion was made by Chair Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve Bobbette Bond to join the District Health Officer (DHO) Succession & Planning Committee.

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

There were no items raised.

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

- DHO Comments

In addition to his written report, Dr. Leguen reminded the community of the serious health risks associated with consuming raw milk, due to an increased availability of raw milk products in the community.

- Community Status Assessment Update

Tamera Travis, Epidemiologist, provided an updated on the Community Status Assessment.

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. Public Health & 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.

Mallory Jones, a Field Inspector in the Food Operations department, commented on a current issue with field staff. Ms. Jones advised that on September 6th, under the pretense to save on mileage, a directive came from leadership saying that all field staff were to start and end their days in the office starting September 30th. Ms. Jones wished to comment on the effects of the directive on Environment Health, essentially Food Operations, staff. Ms. Jones advised that most field staff worked a hybrid or remote schedule for the 2-3 hours of daily office time. Ms. Jones wanted to ensure that the Board remained informed of operations. Ms. Jones advised that the directive would severely impact productivity as, by reporting to the office at the start and end of the day, there would be less time for staff to complete inspections due to the increase in travel times and decrease in field time. There would be less availability to schedule certain tasks as re-inspections, red tag removals or permitting inspections. Ms. Jones indicated that a decrease in the amount of field time would also mean that staff would not be able to conduct additional inspections at facilities as well as an increase in trips and time with major facilities putting an excessive strain on the industry. Ms. Jones stated that many inspectors would not be able to complete their inspections before the end of the calendar year, potentially putting the health and well-being of the public at risk. Ms. Jones further stated that there would be increased car emissions and general environmental impact with increased time on the road. Ms. Jones indicated that the directive put a strain on the health and well-being of the inspectors, as the world had changed since the COVID-19 pandemic and a hybrid or remote work was a standard for many. Ms. Jones stated that without remote work, many inspectors had considered finding other employment. Ms. Jones stated that the inspectors were nearly fully staffed and losing team members would put additional strain and higher expectations on the current staff. An overworked and tired inspector was not an effective health inspector. Ms. Jones indicated that many staff have stressed about how they would find and make adjustments to accommodate the needs of their modified family dynamics since remote work started. Ms. Jones indicated that she had lost sleep and countless hours of time discussing and digesting this directive. Ms. Jones stated that this directive had come under the guise of saving money, however no one could produce data that a return to office or a starting and ending in the office would reduce mileage. Mileage and costs associated would increase as inspectors currently only received paid for one direction, from the office to or from the field. Ms. Jones indicated that many inspectors requested inspections that were close to their homes and this directive would increase travel times and distances. Additionally, if staff quit, the cost of replacing seasoned staff with new hires was almost never cost efficient in any field. Ms. Jones advised that late yesterday a statement was released by leadership that this directive would be placed on hold for 60 days as leadership attempted to create solutions, procedures and hopefully a compromise with staff. Ms. Jones asked the Board to take the information into consideration and would intervene if necessary or even possible. Ms.

Jones concluded that she shared the same views as many of her colleagues and thanked the Board for their time and consideration.

The Chair advised that she was aware of the notification that was sent out yesterday. The Chair further advised that both she and Dr. Lockett have spoken with the union representatives and that all parties were trying to do what was in the best interest of everyone.

Lauren Canaff, an aspiring doctor, stated that before starting medical school, she began clinical work as a medical and research assistant at a local gastroenterology practice with Dr. Nemec. Ms. Canaff advised that over a short period of time, their practice noted three different incidents of inadvertent ingestion of beer line cleaner at local taverns leading to serious and permanent injuries to the oral cavity, tongue and esophagus. Some injuries included long-term scarring of the esophageal mucosa, and prolonged dysgeusia, a condition that makes the injured party feel like foods taste metallic, sweet, sour or bitter. Ms. Canaff advised that ingestion also resulted in tissue necrosis, a process caused by saponification of fats and proteins disrupting the cellular membranes and emulsifying tissue. Ms. Canaff indicated that exposed patients faced a 1,000-fold increase of risk of developing esophageal carcinoma that would require year endoscopic monitoring. Ms. Canaff advised that the issue was not unique to Nevada as similar incidents had occurred in La Vista, Nebraska, Mishawaka, Indiana, Alamo, Texas and a fatality in Winston-Salem, North Carolina. Ms. Canaff stated that it was obviously a significant safety concern in our community and it was probably underreported. The approach to this problem needed an update. Ms. Canaff advised that while the FDA's Model Food Code did categorize the beer line cleaner as poisonous or toxic material, they did not have a clear protocol on clearing the beer line cleaner after clearing. A standard protocol in the industry was not consistently applied, as some bartenders determined that the line was clear once they "see bubbles come out," which was clearly a subjective assessment that could easily lead to the compromise of public safety. Ms. Canaff further outlined a case in the U.K. wherein an individual had to have a total esophagectomy and colonic interposition after he drank just a small amount of beer line cleaner that was served to him in Leeds by mistake. Ms. Canaff outlined the regulations in the U.K. that require pubs clear any toxic agents from the line before the tap was available to service for patrons, which included taverns being closed to the public while their lines are cleaned, a blue dye was added to the line cleaner to avoid confusing beer line cleaner with beer and the pH of the affluent was measured before opening the tavern to the general public. Given the 24-hour nature of Las Vegas, closing the bars during the cleaning process was not practical. Ms. Canaff presented three low-cost, easily implemented measures to be updated within the FDA guidelines to prevent caustic ingestion; (i) the blue dye used in the U.K., Protinate, could be added to the line giving it easy recognizable color; (ii) beer line cleaner was clear and odorless so adding a color to this liquid would prove helpful just like Mercaptan was added to natural gas to warn of a gas leak; and (iii) test pH strips could also be used at the end of the cleaning cycle and testing the affluent. If the pH was anywhere around 4 or 4.5 then the line has been flushed and it was safe to use. If the pH is lower than 4 then the line should continue to be flushed. The tap could also be locked or covered with a universally known symbol warning staff that the line is unsafe to use. Ms. Canaff thanked Dr. Fermin Leguen, Dr. Cassius Lockett, Christine Sylvis, Larry Rogers, and the entire Environmental Health team for moving so quickly to help arrive at a solution to this problem.

The Chair requested that Member Nemec include Member Nielson in any discussion as he is the At-Large Gaming Representative on the Board of Health.

Cara Evangelista was previously a health inspector at the Health District and currently represented a number of permit holders in the community. She wished to speak on the issue of

Environmental Health staff starting and ending in the office. Ms. Evangelista noted that many of her clients were on the strip or had off-hours, so they scheduled those inspections at the end of the day. Ms. Evangelista stated that some inspectors contacted her to warn her that there may be issues making appointments at the end of the day. Ms. Evangelista stated that her organization was not in the support of this directive. Ms. Evangelista stated that since the inspectors have worked from home, her organization has found more freedom to make appointments and made it easier to speak with the inspectors on the phone with less distraction. Ms. Evangelista advised that her organization had not found any issue with the inspectors having a home office, in fact the inspectors were more accessible. Ms. Evangelista concluded that, especially regarding the night and off-hour restaurants, this directive created limitations if the inspectors were always having to be in the office at a certain time.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 9:36 a.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

September 26, 2024 – 9:00 A.M.

Meeting will be conducted In-person and via Microsoft Teams

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

Red Rock Trail Conference Room

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/29fcc430-c888-4161-8f17-20aa1b47129c@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 338 646 913#

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

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- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.

- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 338 646 913#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **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.

V. ADOPTION OF THE SEPTEMBER 26, 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.

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- DHO Comments
- Community Status Assessment Update

XI. INFORMATIONAL ITEMS

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XIII. ADJOURNMENT

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

August 22, 2024 – 9:00 a.m.

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

Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
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Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Frank Nemeec – At-Large Member, Physician (*in-person*)
Brian Knudsen – Mayor Pro Tem, City of Las Vegas (*in-person*)
Jim Seebock – Council Member, City of Henderson (*in-person*)
- ABSENT:** Pattie Gallo – Mayor Pro Tem, City of Mesquite
Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Georgi Collins, Kiran Gill, Olivia GrafMank, Maya Holmes, Deborah Kuhls, Brian Labus, Bradley Mayer, Maria McKinney, Francesca Petrucci, Shana Tello, Nicholas Voell-White
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Elizabeth Adelman, Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, William Bendik, Haley Blake, Lori Bryan, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Nancy Cadena, Andria Cordovez Mulet, Shea Crippen, Susan Crutchfield, Rebecca Cruz-Nañez, Cherie Custodio, Gerard Custodio, Christian DeHaan, Aaron DelCotto, Lauren DiPrete, Rebecca Drew, Rayleen Earney, Regena Ellis, Kaylina Fleuridas, Jason Frame, Kimberly Franich, Jacques Graham, Sarah Hall, Maria Harris, Raychel Holbert, Carmen Hua, Victoria Hughes, Dan Isler, Danielle Jamerson, Jessica Johnson, Tiana Jones, Horng-Yuan Kan, Matthew Kappel, Theresa Ladd, Dann Limuel Lat, Cassius Lockett, Jocelyn Lopez, Anilkumar Mangla, Marisol Maciel, Chris Elaine Mariano, Elisea Melendez, Samantha Morales, Christian Murua, Semilla Neal, Todd Nicolson, Brian Northam, Verallynn Orewyler, Kyle Parkson, Luann Province, Katarina Pulver, Cheryl Radeloff, Devin Raman, Vivek Raman, D’Mari Reed, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer, Sizemore, Randy Smith, Autum Sparlin, Rosanne Sugay, Erik Sumera, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Rebecca Topol, Danielle Torres, Shylo Urzi, Lizbeth Vasquez, Jorge Viote, Edward Wynder, Merylyn Yegon, Tearra Yuen, Ying Zhang

I. CALL TO ORDER and ROLL CALL

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

Ms. Cordovez Mulet administered the Oath of Office to Chair Kirkpatrick, Vice-Chair Nielson and Secretary Brune.

IV. RECOGNITIONS

1. “Immunization Neighborhood” Immunization Champion (National Adult and Influenza Immunization Summit)

- COVID-19 Immunization Staff

The Chair recognized the COVID-19 Immunization Staff for being a National Winner of the “Immunization Neighborhood” Champion at the National Adult and Influenza Immunization Summit. This award recognized the Health District’s efforts in administering the COVID-19 vaccine throughout Clark County to increase access, including the underground tunnels and encampments. On behalf of the Board of Health, the Chair congratulated staff on this recognition.

2. Successful Delivery of Back-to-School Services

- SNHD Immunization Staff

The Chair recognized the Back-to-School vaccination efforts that ran from July 29th to August 15th. The Health District was able to successfully serve our community to ensure that children were ready for the new school year. The Health District’s Immunization staff could not have done this alone – the IZ Clinic and Project, COVID-19 Outreach, Facilities, Communications, IT, MRC, volunteers and many others all helped make this effort a success. On behalf of the Board of Health, the Chair congratulated the entire team on their efforts.

3. Southern Nevada Substance Misuse Overdose Prevention Summit

- Jeffrey Alvarez, Lori Bryan, Belen Campos-Garcia, Rebecca Cruz-Nañez, Brandon Delise, Raychel Holbert, Carmen Hua, Victoria Hughes, Jessica Johnson, Samantha Morales, Marco Mendez, Katarina Pulver, Cheryl Radeloff, Rosanne Sugay

The Southern Nevada Substance Misuse and Overdose Prevention Summit was held on August 1, 2024. The theme of this event was “The Beat of the Community: Exploring the Changing Substance Use Movement”. Over 200 participants, representing numerous agencies attended from across Nevada. Several agencies were a part of the funding and planning of this event including: LVMPD’s LIMA team, Nevada Attorney General’s Office,

There is No Hero in Heroin, The Center, PACT Coalition, Behavioral Health Group, Nevada HIDTA, UNLV School of Public Health, Nevada Institute for Children’s Research and Policy, Trac-B Exchange, and SNHD. On behalf of the Board of Health, the Chair recognized staff who were integral in the planning and execution of this very successful event.

4. Southern Nevada Health District – August Employees of the Month

- Mallory Jones and Prut Udomwattawee

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 Board of Health, the Chair congratulated these exceptional employees.

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

VI. ADOPTION OF THE AUGUST 22, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the August 22, 2024 Agenda, as presented.

- VII. 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: July 25, 2024 *(for possible action)*

A motion was made by Member Black, seconded by Member Nielson, and carried unanimously to approve the August 22, 2024 Consent Agenda, as presented.

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

1. Variance Request to install an Incinerator Septic System (ECOJOHN®) in lieu of a Traditional Septic System, and to install the system on an undersized lot located at 2130

Via Vita St., Mt. Charleston, NV 89124; direct staff accordingly or take other action as deemed necessary. *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request to install an Incinerator Septic System (ECOJOHN®) in lieu of a Traditional Septic System, and to install the system on an undersized lot located at 2130 Via Vita St., Mt. Charleston, NV 89124. Mr. Isler advised that the staff recommended denial of Variance Issue #1 – Incinerator System. Should the Board of Health, deny Variance Issue #2, staff recommended approval of Variance Issue #2 – Minimum Lot Size, under the condition that a conventional ISDS with a soil absorption system is installed; providing that all trees located within ten feet from the absorption system are removed; and conditions 1, 2, and 3 outlined in the memorandum. Nicholas Voell-White, the representative for the petitioners, and Maria McKinney, the petitioner, were in attendance.

The Chair opened for Public Comment.

Mr. Voell-White advised that soil testing at the property resulted in mostly rocky and difficult to get the right absorption, as the property had a slope. Mr. Voell-White advised that the property was small, and trees would have to be removed, which the petitioner did not want to remove.

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

Member Hardy inquired as to whether odors were an issue with the incinerator and whether the soil on the property was unique rocky soil. Mr. Voell-White advised that there were no issues with odor and that the soil was generally the same as other properties in the area.

Further to an inquiry from Member Hardy, Mr. Isler clarified that the previous application for a variance request from the petitioners was not denied. Mr. Isler stated that that staff requested the soil information on the percolation tests that were not provided and the petitioners elected to submit an application for the incinerator system.

The Chair advised of a new type of septic system that was brought to Moapa Valley was not successful and inquired whether the state had to approve the incinerator system. Mr. Voell-White advised that the incinerator system was approved in other states.

Ms. McKinney advised that they found a representative for the incinerator system that had been approved in Arizona and Utah. Ms. McKinney advised that there was one well for the neighborhood and they would obtain electricity from solar, propane and generators.

Member Black inquired whether the incinerator system was in operation in southern Nevada and whether it would have to be approved by the state. Member Black stated that it appeared that a traditional septic system could be installed with challenges. Mr. Burns advised that the incinerator system was not in operation in Southern Nevada and did not require state approval. Mr. Burns advised that he understood that the purpose of the incinerator system was to maintain the trees on the property. Ms. McKinney advised that she did not want to remove the trees as they were what drew her to the property.

The Chair advised that she was uncomfortable with the new technology; however, was willing to hold the variance request a month to allow for research from other states.

Further to an inquiry from Member Brune on the number of trees that would need to be removed, Ms. McKinney provided the Board with a diagram of the property. Mr. Voell-White advised that approximately 5-10 trees would have to be removed and would not be able to be replanted as the property was small.

Member Hardy indicated that he would be interested to visit to property to see the trees that would have to be removed and that postponing a decision on the variance request was reasonable.

Member Knudsen stated that there had been a number of variance requests regarding septic systems during his time on the Board. Member Knudsen advised that his position would remain consistent to follow staff recommendations.

Member Seebock stated that trees on the property would have to be removed prior to construction of the house. Member Seebock stated that proceeding with a new technology opened potential challenges in the future and he would be in favor of a traditional septic system. Member Seebock indicated proceeding with the incinerator option created a regulatory precedent with many unknowns.

Ms. Anderson-Fintak advised the Board of the option to request staff to perform additional research in other jurisdictions to be presented at the next meeting.

After discussion, the following motion was made:

A motion was made by Member Seebock, seconded by Member Bond, and carried unanimously to deny the Variance Issue #1 related to the Incinerator System, and approve the Variance Issue #2 related to the Minimum Lot Size, located at 2130 Via Vita St., Mt. Charleston, NV 89124 under the condition that a conventional ISDS with a soil absorption system is installed; providing that all trees located within ten feet from the absorption system are removed; and the following conditions:

- 1. Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 2. Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
- 3. Permitting of the ISDS must be completed within one year of the date of approval of the variance. If the permit has not been approved within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioners or their successor(s) in interest.*

IX. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Board of Health Committees and Committee Membership for FY2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Board of Health was provided with a summary of the Committee Participation Interest Forms received.

A motion was made by Chair Kirkpatrick, seconded by Member Hardy, and carried unanimously to approve the composition of the SNHD Board of Health Committees as follows:

<u>At-Large Member Selection Committee (Term 2024-2026)</u>	<u>DHO Annual Review Committee</u>	<u>DHO Succession & Planning Committee</u>	<u>Finance Committee</u>	<u>Nomination of Officers Committee</u>
Scott Black Pattie Gallo Joseph Hardy Marilyn Kirkpatrick Frank Nemece	Scott Black Nancy Brune Joseph Hardy Marilyn Kirkpatrick Jim Seebock	Scott Black Nancy Brune Pattie Gallo Marilyn Kirkpatrick Frank Nemece	Scott Black Bobbette Bond Nancy Brune Marilyn Kirkpatrick Scott Nielson Jim Seebock	Scott Black Bobbette Bond Nancy Brune Marilyn Kirkpatrick Frank Nemece

- X. 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 of the joint meeting with the Health District and Board of County Commissioners on September 5, 2024 to discuss trauma systems, catchment areas and emergency departments.

The Chair advised that she had been contacted regarding mpox in the community and requested an update. Dr. Leguen advised that there were currently no new or acute issues with mpox in the community. Dr. Leguen reminded that there was a vaccine for mpox that had been offered to the community, with added efforts to provide the vaccine, and other medical assistance, to individuals with mpox or at risk of exposure to mpox. Dr. Leguen advised that he would request that the surveillance team provide a more detailed report, along with updated information on the Health District’s website.

Member Black expressed his thanks to Health District staff for attending the Back-to-School event hosted by him and Chair Kirkpatrick.

The Chair advised of the signing celebration event with the union representatives for the Collaborative Bargaining Agreements.

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

- DHO Comments

Dr. Leguen provided his written report.

- Legionella Update

Devin Raman, Senior Disease Investigation and Intervention Specialist, commenced the presentation from the Disease Surveillance and Control perspective.

Following an inquiry from the Chair, Ms. Raman advised provider awareness was the main focus for testing and noted that Legionnaires' Disease was under tested, and under reported.

*Member Nemec left the meeting at 10:22 a.m.
Member Nemec returned to the meeting at 10:25 p.m.*

Member Nielson inquired regarding the requirements for public notification of a Legionella cluster investigation. Ms. Rama advised that public notification was part of the public health investigation and if there was a case of Legionella at a resort facility, there would be a media release and guest notification. Ms. Raman advised that the Health District works with the resort facilities throughout the investigation process.

William Bendik, Laboratory Manager, presented from the Southern Nevada Public Health Laboratory perspective.

Mr. Bendik advised that samples for Legionella were from both resorts and residences.

Robert Cole, Senior Environmental Health Specialist, presented from the Environmental Health perspective.

Further to an inquiry as to whether a patient could be linked to a specific location for contracting Legionnaires' Disease, Mr. Cole advised that DNA analysis from a water sample could be matched to a swab sample from a patient's lungs.

Member Black inquired as to the requirements for facilities to have a Water Management Plan. Mr. Cole advised that only medical facilities were required to have a Water Management Plan, however many major resort properties had a Water Management Plan voluntarily.

*Member Hardy left the meeting at 10:46 a.m.
Member Hardy returned to the meeting at 10:50 a.m.*

- Mosquito Control / West Nile Virus / St. Louis Encephalitis Update

Vivek Raman, Environmental Health Supervisor, commenced the presentation from the Environmental Health perspective.

Mr. Bendik presented from the Southern Nevada Public Health Laboratory perspective.

Matthew Kappel, Senior Epidemiologist, presented from the Disease Surveillance and Control perspective.

Member Knudsen left the meeting at 11:01 a.m.

Member Knudsen returned to the meeting at 11:04 a.m.

Member Seebock left the meeting at 11:04 a.m.

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

Member Seebock returned to the meeting at 11:06 a.m.

Mr. Raman concluded with the long-term next steps.

Further to an inquiry from the Chair regarding best practices for a framework for a mosquito abatement district, Dr. Leguen advised that staff was in the process of researching mosquito abatement districts to prepare a proposal for the Board of Health, including costs.

Mr. Raman advised that, historically, Southern Nevada is the most active for West Nile Virus. Mr. Rama further advised that Washoe County and Douglas County have mosquito abatement districts and the establishment of a mosquito abatement district was not unprecedented for Nevada.

Dr. Leguen reiterated the Chair's earlier comments regarding the signing celebration event with the union representatives later in the day. Dr. Leguen expressed his pride in the negotiations team on the collaboration with the union to reach a positive outcome.

XII. 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

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

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

XIV. ADJOURNMENT

The Chair adjourned the meeting at 11:16 a.m.

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



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 26, 2024

RE: *Lease Agreement between the Southern Nevada Health District and City of Mesquite.*

PETITION #03-25

That the Southern Nevada District Board of Health *approves the Lease Agreement with City of Mesquite.*

PETITIONERS:

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

Kim Saner, Deputy District Health Officer- Administration *KS*

Sean Beckham, Chief Facilities Officer *SB*

DISCUSSION:

The Southern Nevada Health District proposes to lease 2,344 square feet at the Jimmie Hughes Campus, 150 North Yuca Street. Mesquite NV suites 3-5. Lease term will be 2 years at \$1521.72 per month

FUNDING:

\$1521.72 per month. The lease will be paid through general fund.

FACILITY USE AGREEMENT

THIS AGREEMENT is made and entered into by and between the **City of Mesquite**, a municipal corporation of the State of Nevada (“City”), and **Southern Nevada Health District**, (“User”) (collectively referred to as the “Parties”). This Agreement is legally effective when signed and dated by the Parties below.

Witnesseth:

WHEREAS, City is the owner of the land, buildings and improvements of the Jimmie Hughes Campus (“Facility”), located at 150 North Yucca Street, Mesquite, Nevada, 89027; and

WHEREAS, Nevada Revised Statutes (“NRS”) Chapter 277.045(1) provides that two or more political subdivisions of this State may enter into a cooperative agreement for the performance of any governmental function and such agreement may include the furnishing of facilities; and

WHEREAS, NRS Chapter 277.045(2)(b) requires the governing body of each participating political subdivision to maintain written documentation of the terms of the agreement for at least three (3) years after the date on which the agreement was entered into; and

WHEREAS, the User desires to utilize a portion of the Premises specifically illustrated in Exhibit “A” hereto, pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, the Parties mutually agree as follows:

- 1. Grant of Use.** The City hereby grants the revocable right of use, subject to the conditions hereinafter set forth, certain portions of the Facility as is more particularly described in the body of the contract and Exhibits A and B, attached hereto and made a part hereof. The subject property shall be used for the sole purpose of: office space, trainings and immunizations space.

This Agreement includes the right of reasonable ingress and egress to and from the used areas. Payment of a Common Area Maintenance Fee in accordance with the provisions of this agreement shall further entitle User to utilize those common facilities at the Facility that are used jointly with other persons and groups.

The User acknowledges that its use of the specified portion of the Facility is temporary and the City may require User to relocate its use to another portion of the Facility or another location during the term of this Agreement, at the City’s discretion. Absent emergency or unavoidable circumstances, City will provide User a written “notice to relocate” at least thirty (30) days prior to the date of the required relocation.

The City will collaborate with User to permit the following activities during the term of this Agreement:

- United States Postal Services and courier deliveries to User at a to-be-determined location within the Facility.
- User ability to secure the Premises under lock and key.
- Placement of User signage both inside and outside of the Facility for the purpose of facilitating the public’s ability to locate the Premises.

- 2. Improvements.** User shall be responsible for any and all desired improvements upon and around the used property beyond those currently existing to accommodate the uses contemplated herein including but not limited to earthwork, buildings, paving, and utilities. No person shall paint, construct, remodel, erect, add to, or rehabilitate any portion of the Facility or improvement on the general property of the Facility, except with the express written permission of the City Manager and after obtaining all required permits. Any and all such improvements shall be at the sole expense of User and shall be performed only by a licensed contractor.

User agrees to restore the premises to its pre-use condition and/or to remove any equipment or personal property owned by the User from the premises at the expiration or other termination of this Agreement at the request of the City. Any request by the City that the premises be restored or that equipment or property be removed from the premises will be made before the expiration of the Agreement or at the time that notice of termination is provided to the User. Such restoration and removal shall be completed within fifteen (15) days after any such expiration or termination. Any equipment or personal property remaining on the premises which is not removed by that time shall become property of the City and City shall have the right to dispose of the same or retain it at no cost to City. No further notice to User is required before the exercise by City of its rights hereunder. User shall not remove any building or other structure or improvement that has been affixed to the property and all such structures or improvements constructed or installed by the User at the Facility during the term of this Agreement shall be deemed and shall become the property of the City upon termination of this Agreement. The City reserves the right to require the used premises to be restored to its pre-use condition and to effect the restoration at the expense of the User if not accomplished in the above noted 15 day period.

3. **Term & Termination.** This Agreement shall be for a term of twenty-four (24) months commencing on **July 1, 2024 and ending June 30, 2026.** The term of this Agreement may continue for an additional term or terms only upon the mutual, written consent of both Parties.

Use of the premises by the User for purposes other than those specified in this Agreement shall be grounds for immediate termination of this Agreement if not corrected within five (5) days upon written notice of the first instance of such inappropriate use during the term of this Agreement. In the event that a second written notice of inappropriate use is issued during the term of the Agreement, the User will have three (3) days to correct such inappropriate use or said use will cause grounds for immediate termination of this Agreement. City, at its sole discretion, may immediately terminate the Agreement upon notice to User of a third instance of inappropriate use during the term of the Agreement.

Notwithstanding the foregoing, either party may terminate this Agreement without cause upon thirty (30) days prior written notice to the other party hereto. Termination of this Agreement by any party does not affect or diminish authority exercised prior to the effective date of such termination. In the event that the Agreement is terminated, the City shall provide User with a final invoice for the amount due up to the effective date of termination.

4. **User's Budgetary Limits and Fiscal Fund Out.**

- a) User, as local governmental entity, is subject to the requirements of NRS 244.230 and NRS 354.626, which require User to budget annually for its expenses and which prohibit District from obligating itself to expend money or incur liability in excess of the amounts appropriated for a particular function or purpose. User's financial obligations under this Agreement are subject to those statutory requirements, and subparagraphs 4.b and 4.c below, hereinafter referred to as the "Fund Out Clause."
- b) Notwithstanding the monetary obligations of this Agreement, the total amount of User's payment obligations hereunder for any fiscal year shall not exceed the amounts that User has appropriated for rent, maintenance of space and related liabilities for property located at Suite # 3, Suite # 4, and Suite #5 at the Jimmie Hughes Campus, 150 North Yucca Street, Mesquite, Nevada. User reasonably believes that sufficient funds can be obtained for this Agreement from the budget for the fiscal years covered by the term of this Agreement, and User staff shall take appropriate actions to obtain funding for each fiscal year to satisfy financial obligations under this Agreement.
- c) Notwithstanding the monetary obligations of this Agreement, this Agreement shall terminate and User liability and payment obligations thereunder shall be extinguished at the end of the fiscal year (June 30) in which User's governing body fails to appropriate monies for the ensuing year for the payment

of all amounts which will then become due.

5. **Notices.** All notices and subsequent correspondence to do with this agreement shall be mailed to the following:

CITY: **City of Mesquite Department of Athletics & Leisure Services**
100 West Old Mill Road
Mesquite, Nevada, 89027
Attention: **Nicholas Montoya**, Director Nmontoya@mesquitenv.gov

USER: **Southern Nevada Health District**
280 S. Decatur Blvd
Las Vegas, NV 89107
Attn: **Contract Administrator, Legal Dept.** Contracts@snhd.org

Such notices shall be deemed delivered following the mailing of such notices in the U.S. Mail. Adequate notice shall be deemed given at the addresses set forth herein unless written notice is given by either party giving formal notice to the other Party of a change of address.

6. **Monthly Use Payments.** User agrees to pay the City the total monthly use amount set forth in Exhibit “A” each month during the term of this Agreement.

Monthly use payments are due on the 1st of each month and shall be remitted to:

City of Mesquite Department of Athletics & Leisure Services
100 West Old Mill Road
Mesquite, NV 89027
ATTN: **Vickie Anderson**, Administrative Assistant (702) 346-8732 Ext: 4007
vanderson@mesquitenv.gov

User agrees to use its best efforts during this and any successive term of this Agreement to seek funding for reimbursement for these expenses, and User acknowledges that the use payment is likely to increase in successive terms.

7. **Care and Maintenance.** User shall be responsible for any and all damages caused by the User or any and all damages caused because of the activities of the User on the premises which are not caused by the City or its elected officials, officers, agents or employees. The User also agrees that the City may inspect the premises used by the User at the Facility at any time with or without advance notice.
8. **Defaults.** User shall be in default of this Agreement if User fails to fulfill any use obligation or term by which User is bound. Subject to any governing provision of law to the contrary, if User fails to cure any financial obligation with 5 days of due date (or any other obligation within the prescribed time) after written notice of such default is provided by City to User, City may take possession of the Premises without further notice (to the extent permitted by law), and without prejudicing City’s rights to damages. In the alternative, City may elect to allow User to cure any default and the cost of such action shall be added to User’s financial obligations under this Agreement. User shall pay all costs, damages, and expenses (including reasonable attorney fees and expenses) suffered by City by reason of User’s defaults. The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.
9. **Abandonment.** Upon the occurrence of an apparent abandonment of the space allocated to the User pursuant to this Agreement, the City may consider such abandonment to be a breach of this Agreement and provide the

User notice in writing of termination as a result of such abandonment, and a failure to remedy the apparent abandonment within a fifteen (15) day period after mailing of such notice to the address for the User herein or different address if properly changed by the User as provided herein, shall cause this Agreement to become void and possession and property rights to revert to the City as in the case of a default. Any personal property or equipment remaining upon the premises more than fifteen (15) days after termination hereunder shall become the property of City, and City shall have the right to dispose of the same or retain them at no cost to itself. No notice shall be required in connection with City's right to clean up or take over vacated premises in order to grant use of the space to another group, other than the notice hereinabove provided.

10. Obligations of the User. Obligations to be assumed by the User shall include the following:

- a. To maintain the property and supervise its activities thereon in such a manner as to keep it in a safe and attractive condition. The premises shall not be used for the storage of inoperable or unsightly materials or equipment or non-User related uses.
- b. To conform to all current and future rules and regulations applicable to User by reason of the master plan, rules and regulations, policies, standards, and ordinances with respect to the Facility, together with all other laws of the City or any other governmental body that have application to any of the activities covered under this Agreement, including safety, health and sanitary codes. The User agrees that failure to comply with such provisions is a material breach which may terminate this Agreement at the option of the City.
- c. To be solely responsible for any damages or losses that may occur to the used property, unless caused by the willful, intentional or negligent act of the City, its agents or employees. The User is aware of and accepts the used property in its present condition.
- d. To the extent permitted by law, the User agrees to indemnify fully, defend, save and hold harmless the City, its elected officials, officers, agents and employees from and against all losses, damages, claims, liabilities, and causes of action of every kind, character and nature as well as costs and fees, including reasonable attorney's fees connected therewith, and expenses of the investigation thereof, arising from the User's use of the Facility, including damages to the property or injuries to third persons or their property caused either wholly or partially by the negligence intentional acts or omissions of User, its agents or employees. In the event of concurrent negligence of the parties, each party shall be responsible for payment of any claim or judgment in proportion to the percentage fault attributed by the party, subject to any limits set forth in law, including those set forth in NRS Chapter 41.
- e. To maintain the used premises in such condition of repair, cleanliness, and general maintenance as shall be acceptable to the City.
- f. To not assign, rent or sublease any part of the premises. It is understood that any termination of the User's direct operation of activities upon the premises will cause Section 9 hereof to apply.

- g. To at all times during the term of this Agreement comply with all applicable federal, state and local laws and to not permit the used premises or any portion thereof to be used or operated unlawfully.
- h. The premises shall not be used for overnight habitation.
- i. Vehicular access to the premises and parking is limited to the improved surfaces (asphalt and/or concrete) at the Facility.
- j. To in no manner encumber the premises nor permit, through its actions, any liens to be filed against the premises, and to indemnify the City against loss or expense it may incur as the result of any such lien or encumbrance.
- k. To in no manner allow its operations to conflict with the proper use of the Facility by any other user of the Facility, or the operations and needs of the City.
- l. To procure and maintain liability insurance with commercial insurers admitted to write in the State of Nevada in an amount no less than \$1,000,000 for all potential liability related to this Agreement, including, but not limited to the activities of the organization, employees, members, participants, and/or spectators while operating at the Facility, and to name the City as an additional insured on such policy. User shall maintain the policy in full force and effect during the life of the Agreement. User shall obtain agreement of User's insurer(s) to notify the City that a policy is due to expire at least ten (10) days prior to such expiration. User agrees to provide City with a current certificate of insurance prior to the contract effective date. At City's request, User also agrees to provide City with a copy of the insurance policy, including any endorsements.
- m. To post events open to the public to the City's website calendar.

11. Reservations to the City. The City reserves the following rights and privileges, among others:

- a. The rights to develop, further improve, maintain, and repair the Facility as it sees fit. The City reserves the right to direct and control the above activities.
- b. The right of the City Manager or a designated representative to enter onto any portion of the Facility, including those areas utilized by the User, at reasonable times and for reasonable purposes with or without prior notice to User.
- c. The sole right of the City, in lieu of termination of the User's use of the Facility, to relocate the User to another location at the Facility at any time during the existence of this Agreement. In such case, the expenses of such relocation will be the responsibility of the User.
- d. The right to require User to abide by all instructions of the City with respect to User's compliance with existing and future local, state, or federal requirements.

12. Damage to Premises. It is agreed that in the event the use by User or its agents of these premises and the property used hereunder results in any damage to any portion of the Facility, the User shall be strictly responsible for all said damages and shall either arrange for repair thereof, to a condition equivalent to that

existing prior to the damage, or shall pay a fee equal to the cost of repair to the City. The City shall not be required to prove any negligence on the part of User to exercise its rights under this Agreement.

13. **Miscellaneous.** Should either party default on any of the terms of this Agreement, the party in default agrees to pay the reasonable attorney's fees of the other party in enforcing the same, whether by legal process or otherwise.
14. **Statement of Eligibility.** Each party acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
15. **Severability.** If any term of this Agreement is declared invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.
16. **Waiver.** Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
17. **Mutually Drafted.** The Parties stipulate and agree that all parties have jointly participated in the negotiation and drafting of this Agreement upon advice of their own independent counsel or that they have had the opportunity to do so and this Agreement shall be construed fairly and equally as to all parties as if drafted jointly by them. The Parties hereby irrevocably waive the benefit of any rule of contract construction which disfavors the drafter of any Agreement.
18. **Third Parties.** It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof a third party beneficiary status hereunder, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries, property damage, or contract damages, pursuant to the terms or provisions of this Agreement.
19. **Changes.** The parties agree that no change or modification to this Agreement, or any attachments hereto, shall have any force or effect unless the change is reduced to writing, dated, and made part of this Agreement. The execution of the change shall be authorized and signed in the same manner as this Agreement.
20. **Controlling Law.** This Agreement is executed and intended to be performed in the State of Nevada and the laws of Nevada shall govern its interpretation and effect. The parties consent to the exclusive jurisdiction of the Eighth Judicial District Court, State of Nevada, for enforcement of this Agreement.
21. **Duplicate Copies.** This Agreement has been prepared with duplicate originals so that each party may have an original.
22. **Execution.** This Agreement, including the exhibits made part hereof, constitutes the entire Agreement between the Parties and supersedes and controls over all prior written or oral understandings.

[SIGNATURE PAGE TO FOLLOW]



23. IN WITNESS WHEREOF, the Parties affixed their signatures and the date of the same below.

CITY:

USER:

CITY OF MESQUITE

SOUTHERN NEVADA HEALTH DISTRICT

By: _____

By: _____

**Allan S. Litman, Mayor
City of Mesquite**

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

Date: _____

Date: _____

ATTEST:

By: _____

**Julie Goodsell
City Clerk
City of Mesquite**

APPROVED AS TO FORM

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

By: _____

By: _____

**Michael R. Branum
City Attorney
City of Mesquite**

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

Description of Rates/Fees

Each Facility Use Agreement that is entered into by the City of Mesquite and a not-for-profit governmental entity for the use of a portion of the JHC shall set forth the fees encompassed in the monthly use rates. Rates set forth in the agreements shall be approved by the City of Mesquite City Council and are established to appropriately recover some of the capital improvements, operation costs, and maintenance costs of the JHC facility. Unless otherwise directed by the City Council, monthly use rates shall include:

- **Base Rate**

This monthly use fee shall be calculated by multiplying the base use rate by the square footage of the used space.

- **Utility Fee**

This monthly use fee shall be calculated to result in the reimbursement to the City of the utilities paid by the City for the JHC facility during the previous 12-month period and projected over the next two years. Utility fees for the historic gymnasium and portions of the JHC will be handled separately and directed to the respective groups utilizing those facilities. The utility fees for the portion of the JHC will be calculated on a square footage basis for groups at that location.

- **Capital Investment Fee**

This fee aids in the reimbursement of costs for capital projects at the JHC over a set period of years. Capital investment fees shall be calculated on a monthly basis based on the square footage used. These fees shall be applicable to non-profit groups benefitting from the projects.

- **Common Area Maintenance Fee**

This fee is intended to cover janitorial and maintenance costs for common areas used by non-profit groups at the portions of the JHC facility. This fee shall be applicable to all users of the JHC facility with the exception of groups who are authorized to use space solely for the purpose of storage or groups that have obtained approval from the City to provide their own janitorial services. This fee shall be a flat rate fee.

Certain improvements and maintenance conducted by Users at the Campus may qualify for a credit toward the use rate. Any users seeking this credit must submit their request in writing to the City Manager's Office **PRIOR** to installing the improvements or conducting the maintenance for which they desire to receive credit. A credit will not be given if City resources were used to pay for the improvements and/or maintenance and the value of any credit shall not extend beyond the term of this Agreement.

Amendments and Modifications

The City reserves the right to amend and modify this policy from time to time, as it deems appropriate.

EXHIBIT “A”

Monthly Use Payment

User: Southern Nevada Health District

Location: Suite # 3, Suite # 4, and Suite #5 at the Jimmie Hughes Campus (JHC), 150 North Yucca Street, Mesquite, Nevada

Amount of Space to be Used: 2,344 square feet

Required Monthly Use Payment:

Base Rate	\$0.15 per sq ft	
Utilities	\$0.29 per sq ft	
Capital Investment	\$0.15 per sq ft	
Sub-total of Square Footage Fees	\$0.6344 x 2,344 sq ft	\$1,476.72 per month
Common Area Maintenance Fee	\$45.00 per month	\$1,521.72
Total Monthly Use Amount (\$1,521.72/per)		\$1,521.72
Annual Lease Amount: July 1, 2024 – June 30, 2025	\$1,521.72 X 12	\$18,260.64
Annual Lease Amount: July 1, 2025 – June 30, 2026	\$1,521.72 X 12	\$18,260.64

<u>YEAR</u>	<u>MONTHLY RATE</u>	<u>\$ PER SQ FT</u>
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2021 – 24 \$365.00 per month \$0.44 per sq ft (JHC 832 SQ FT + cam Fee \$35.00) = \$400

2024 – 26 \$1,521.72 per month \$0.63 per sq ft (JHC 2,344 SQ FT + CAM Fee \$45.00) = \$1,521.72

NORTH WILLOW STREET

City of Mesquite Facility Maintenance Building & Yard

Facility Maintenance Office	VVAA # 31 # 30 1,800 SQFT
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A, B, C, D & E are the restrooms

Parking Lot

Parking Lot

Suite # 6 sports Storage	Rec	Suite #7 682 sqft	Suite #8 WW 792 sqft	Mechanical Room	Janitors Closet
Suite # 5 SNHD 1512 sqft	6764 sqft			A	AA Room # 35c 1,100 sqft
Suite # 4 SNHD 394 sqft	Suite # 2 GYM Gymnastics & Dance			B	Suite # 1 3,225 sqft
Suite # 3 438 sqft SNHD				C	# 35b 1,248sqft
	Parking Lot				35a 180 sqft

VVAA # 26 924 sqft	WHCC # 23 924 sqft
Fitness #25 891 sqft	# 22 924 sqft
Suite # 9 VVAA 970 sqft	VVTG # 21 970 sqft

UNR # 20 760 sqft

Pre - School Play Ground

Showgirls # 19 900 sqft

Sunshine Pre-School # 14 1370 sqft

WHCC # 18 900 sqft

Sunshine Pre-School # 13 890 sqft

Pre-School # 17 600 sqft

Sunshine Pre-School # 12 970 sqft

16 270sqft

A **B** **C**

Sunshine Pre-School # 11 970 sqft

GMAF # 15 Greenroom

Storage

D **E**

C

S

N

CAMPUS
13,000 sqft

CSN Admin Campus Office

Cancer Society # 36 500 sqft	Suite # 10 # 37 1,830 sqft
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THEATRE # 38
4,155 SQFT



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 26, 2024

RE: *Approval for purchase of a Chemistry Analyzer for the Clinical Laboratory at Southern Nevada Public Health Laboratory*

PETITION #04-25

That the Southern Nevada District Board of Health *approve the Equipment Sale Agreement for the purchase of an Alinity c Analyzer Chemistry instrument from Abbott Core Diagnostics.*

PETITIONERS:

F Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Dr. Cassius Lockett, Deputy District Health Officer - Operations
HY Horng-Yuan Kan, PhD, HCLD (ABB), *Laboratory Director*
William Bendik, MPH, MLS (ASCP), Laboratory Manager

DISCUSSION:

Southern Nevada Public Health Laboratory (SNPHL) is expanding core lab testing services to include Clinical Chemistry Laboratory tests utilized by Southern Nevada Health District (SNHD) clinics who serve at-need communities in Clark County.

FUNDING:

The funding for the purchase of \$170,250.00 is made available through the Southern Nevada Health District Clinical Laboratory General Funds.

VIZIENT MASTER AGREEMENT – SIGNATURE PAGE

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

Customer Name	Southern Nevada Health District
Address	280 S. Decatur Blvd.
City, State, ZIP	Las Vegas, NV, 89107
National Account Affiliation	Vizient
Equipment and Service Address	Southern Nevada Public Health Laboratory 700 S. Martin L. King Blvd. Las Vegas, NV 89106
Commitment Tier Level	Tier 1
Customer Point of Contact	Nicholas (Nick) Gabler
Customer Contact for Noticing	Contract Administrator, Legal Dept. Southern Nevada Health District 280 S. Decatur Blvd. Las Vegas, NV 89107
Effective Date	As of the date of the last signature below
Initial Contract Term	(5) years from the Integration Completion Date
Sales Rep, Territory	Don Barnak

Customer identified above (“Customer” or “Member”) and Abbott Laboratories Inc. (“Abbott” or “Supplier”) enter into this Member Agreement including this Signature Page, the Terms and Conditions, and the Exhibits, all as identified below, and as may be mutually amended in writing from time to time by Customer and Abbott (collectively, the “Agreement”), and, by signing below through their duly authorized representatives, Abbott and Customer agree to be legally bound by the Agreement as of the Effective Date (set forth above).

This Agreement is subject to the Capital Equipment Supplier Agreement dated January 1, 2023 as between Vizient Supply, LLC (“Vizient”) and Supplier (the “Vizient Agreement”). Notwithstanding anything to the contrary in this Agreement, or in any order acknowledgement, instrument, correspondence or other terms or conditions provided, presented or submitted, from time to time, by Supplier, or its representatives to, or executed by, Member (any of the foregoing, “Supplier’s Other Terms”), Supplier hereby expressly agrees and acknowledges that none of the obligations and liabilities of Supplier contained in the Vizient Agreement shall be reduced, eliminated, superseded or otherwise affected by any of the terms, conditions, limitations, disclaimers, restrictions or other provisions set forth in this Agreement or in any of Supplier’s Other Terms. Furthermore, Supplier represents and warrants that the pricing terms contained in this Agreement, if viewed together with non-pricing terms, on a total contract basis, shall not be worse than those pricing and non-pricing terms set forth in the Vizient Agreement.

AGREEMENT (included in Agreement if checked)

TERMS AND CONDITIONS

- General Terms and Conditions

EXHIBIT(S)

- GPO Primary Group Designation Form
- Service Exhibit
- Integration Services Exhibit
- Automation Installation and Integration Exhibit
- Instrument Manager Consulting Services Exhibit
- Instrument Manager Maintenance and Support Exhibit
- Price Exhibit(s)
 - Equipment
 - Equipment Service
 - Supplies
 - Automation
 - Instrument Manager
 - Informatics Consulting Services
- Membership Exhibit
- Disclosure Exhibit

THE PARTIES HAVE AGREED TO AND ACCEPTED THIS AGREEMENT:

CUSTOMER:

ABBOTT LABORATORIES INC.:

Signature by:

Signature:

Printed Name: Fermin Leguen, MD, MPH

Printed Name:

Title: District Health Officer

Title:

Date:

Date:

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

1. **EFFECTIVE DATE AND CONTRACT TERM.** After this Agreement is signed by Customer and Abbott, it shall become effective as of the date noted as the effective date on the Signature Page or the date appearing with Abbott or Customer signature, whichever is later ("Effective Date"). Unless terminated earlier as provided for in this Agreement, the Agreement shall continue in effect for the period of time designated on the Signature Page as the "Initial Contract Term." The Initial Contract Term shall begin at the "Integration Completion Date", defined as the time in which Abbott has completed the installation and integration of all Equipment (as defined below in Section 2) at Customer's site(s). Equipment Service Coverage (as set forth in Section 22) associated with the new Equipment purchased by Customer during the term of the contract and associated invoicing will begin post "Equipment Installation Date", defined as the date on which Abbott's field service representative(s) have determined that a specific piece of equipment is operational (capable of producing a clinical test result). This Agreement (excluding Equipment Service Coverage as stated in Section 22) unless otherwise specifically stated herein may be renewed for consecutive one-year extension periods (each an "Extension Period") in writing by the Parties to be memorialized in an Amendment of this Agreement executed by both Parties. The Initial Contract Term and any one-year Extension Period, shall be defined as the "Contract Term."
2. **EQUIPMENT.**
 - 2.1. **GENERAL.** Equipment subject to this Agreement, which may include laboratory analyzers and automation, is itemized on the attached Price Exhibit(s) with a designation of ownership. Equipment owned by Abbott (or a third-party equipment financing company designated by Abbott) and rented to Customer is defined as "Abbott Equipment." Equipment subject to a Service Package pursuant to Section 22 and which is either: (a) purchased by Customer pursuant to this Agreement or (b) being purchased by Customer simultaneously with the execution of this Agreement is defined as "Customer Equipment." Abbott Equipment and Customer Equipment shall collectively be referred to as "Equipment." Within thirty (30) days of Equipment delivery, Customer shall inspect Equipment and shall notify Abbott in writing of any visible damage or deficiencies. Failure to notify Abbott of such damage or deficiencies within such thirty (30) day period shall be deemed as Customer's acceptance of Equipment in undamaged condition.
 - 2.2. **INSTALLATION AND ACCEPTANCE.** Unless otherwise agreed in writing between Abbott and Customer, Customer shall strive to complete acceptance testing within a period of sixty (60) days, but notwithstanding the foregoing, Customer shall have a period of ninety (90) days from date Customer and Abbott agree that pre-integration installation of Equipment purchased or leased from Abbott is complete to conduct acceptance testing of such Equipment. Acceptance testing may include, but is not limited to, safety testing, calibration, performance testing, documentation inspection and testing for adherence to the Equipment's specifications. A validation package, signed off by Customer, demonstrating instrument performance specified in Abbott's published documentation and equivalency to Customer's predicate method will be provided to Customer prior to final acceptance. Notwithstanding the foregoing, as a condition of acceptance of the Equipment, the Equipment must have achieved uptime of at least ninety-eight percent (98%) over the thirty (30) day period immediately preceding acceptance, with uptime calculated in accordance with Section 22 below. If the Equipment fails the acceptance testing, Customer may, at its discretion, return the Equipment (together with any Supplies and/or Services related to the Equipment) to Abbott for a complete refund/exchange. The Warranty Period (defined below in Section 22.4) for the Customer Equipment will begin ninety (90) days from the Equipment Installation Date (defined in Section 1) or upon signature of the validation package by the Customer, whichever is later. Abbott will bear all costs associated with the removal of packaging, crating and other material associated with the installation of the Equipment. Abbott will remove any retired Abbott-owned equipment at a cost mutually agreed upon with Customer, including any expenses associated with the proper disposal of hazardous or other waste.
 - 2.3. **MANUALS.** Abbott will provide to Customer one (1) complete and unabridged set of operator service manuals for each model of Equipment purchased or leased. Such operator manuals will be in electronic form and will include principles of operation, preventative maintenance procedures and schedules, replacements parts list, performance characteristics and specifications, operating instructions, service and maintenance procedures, troubleshooting and diagnostics. All updates to such manuals will be provided to Customer on a schedule agreed upon between Customer and Abbott.
 - 2.4. **TRAINING.** Unless otherwise set forth in this Agreement, Customer must complete all Equipment operator training offered ("Training Slot") within twenty-four (24) months from the Effective Date of this Agreement. Failure to use the Training Slot(s) will result in forfeiture of the Training Slot(s).
3. **PRODUCTS.** Abbott is the manufacturer and/or supplier (as appropriate) of the equipment (including replacement parts) and other capital products (collectively, "Equipment"), and/or parts, supplies and other non-capital products (i.e., reagents, consumables, disposables) (collectively, "Supplies"), and/or the provider of services ("Services") (collectively, the "Products") all as listed on the attached Price Exhibit(s). Abbott shall make available to Customer the Products listed on the attached Price Exhibit(s) at the initial prices indicated. Any additions, deletions, or changes to the Products available or volume commitments requested by Customer and approved by Abbott shall be memorialized in an amendment to this Agreement executed by both parties.
4. **PURCHASE COMMITMENT.** Commencing on the Integration Completion Date, and on a monthly basis thereafter, (a) Customer shall purchase the Supplies indicated on the Price Exhibit(s) at the prices and volumes indicated ("Customer Product Commitment"); (b) if Customer is renting Abbott Equipment, Customer also agrees to pay the rental fee set forth in the Price Exhibit(s) ("Customer Equipment Rental Commitment"), which shall either (i) be incorporated into the Supplies' prices or (ii) be listed as a separate Customer Equipment Rental Commitment on the Price Exhibit(s); and Customer shall also pay the Equipment service fee set forth on the Price Exhibit(s) ("Customer Equipment Service Commitment"). The Customer Product Commitment, Customer Equipment Rental Commitment and Customer Equipment Service Commitment shall be referred to collectively as the "Purchase Commitment."
 - 4.1. **FOR SIX CONSECUTIVE MONTHS.** If Customer fails to purchase sufficient Supplies (in the aggregate, in dollars spent) to meet the Customer Product Commitment for any six (6) consecutive months, Abbott may unilaterally upon written notice, either (a) decrease any volume price discount for Supplies based on the difference in quantity of Customer's actual Supplies purchased versus the Customer Product Commitment; (b) charge Customer an amount equal to the shortfall between actual quantity of Supplies purchased by Customer and the Customer Product Commitment; (c) terminate this Agreement; or (d) consider and implement other alternative measures to remedy the Customer Product Commitment shortfall. Unless otherwise set forth in this Agreement, Abbott shall evaluate Customer's purchases with respect to Purchase Commitments on an ongoing basis.
5. **PRICE ADJUSTMENTS / MODIFICATIONS.** On an annual basis, Abbott may increase Product prices by an amount that shall not exceed the lesser of (i) five percent (5.0%) or (ii) the then-current National Consumer Price Index – Medical ("CPI-M"). Such price increases shall be effective thirty (30) days after notice to Customer by Abbott.

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

6. PRODUCT SUPPLY.

- 6.1. DELIVERY AND INVOICING: EQUIPMENT (i.e., capital Products).** On and after the Effective Date, Abbott agrees to promptly deliver Equipment ordered directly by Customer to Customer, FOB Origin, freight prepaid and fifty percent (50%) of such freight cost added to the invoice as a separate line item and shall direct its invoices to Customer. Abbott shall bear the cost of insuring the Equipment to the destination and shall be obligated to file the insurance claim(s) should there be any loss in transit. If Equipment is lost in transit, Customer's payment obligations to Abbott shall commence thirty (30) days after the Equipment is received in usable condition by Customer. Within seven (7) calendar days after receipt of a purchase or lease order from Customer, Abbott will provide estimated lead time from the date of such purchase or lease order until delivery of the Equipment at Customer's location. Unless otherwise agreed by Abbott and Customer, if Abbott's estimated lead time is greater than thirty (30) days, Customer may cancel the order without penalty. Upon the mutual agreement of Customer and Abbott, the actual delivery lead times may be increased based on Customer's needs.
- 6.2. DELIVERY AND INVOICING: SUPPLIES (e.g., consumables, disposables, reagents).** On and after the Effective Date, Abbott agrees to promptly deliver Supplies ordered directly by Customer to Customer, FOB Origin, freight prepaid and added to the invoice as a separate line item and shall direct its invoices to Customer. Abbott shall bear the cost of insuring the Supplies to the destination and shall be obligated to file the insurance claim(s) should there be any loss in transit. If Supplies are lost in transit, Customer's payment obligations to Abbott shall commence thirty (30) days after the Supplies are received in usable condition by Customer. Abbott will provide Customer shipping included in the purchase price of Supplies on every individual order with a gross value greater than Five-Thousand Dollars (\$5,000) (the "Shipping Program"). Shipping Program eligibility is based on Customer's single order gross value. The Shipping Program applies to Supplies shipments only and covers costs associated with standard shipping. Customer shall be responsible for any costs associated with expedited or priority shipping. For purchases outside of the Shipping Program guidelines, standard freight charges will be pre-paid by Abbott and add to Customer's invoice as a separate line item.
- 6.3. PRODUCT FILL RATES; CONFIRMATION AND DELIVERY TIMES.** Abbott agrees to provide Product fill rates to Customer of at least ninety seven percent (97%), each calculated as line items filled complete divided by line items ordered, first truck, in no event later than ten (10) days from the date of order, with the exceptions of Equipment orders and standing orders. Equipment orders and standing orders shall be delivered on the date agreed to between Abbott and Customer, subject to Section 6.1 above. Abbott's breach of this Section 6.3 shall constitute a Material Breach of this Agreement. Notwithstanding the foregoing, fill rate requirements will be waived for a period of six (6) months from the date of FDA approval for new Products.
- 6.4. FAILURE TO SUPPLY.** In the event of Abbott's failure to perform its supply obligations in accordance with this Section 6:
- 6.4.1. Customer may purchase products equivalent to the Supplies from other sources and Abbott will be liable to Customer for all reasonable direct costs incurred by Customer in excess of the prices listed in the Price Exhibit(s) associated with purchasing an alternative product or utilizing third-party testing for the first sixty (60) days of the failure to supply, including additional costs related to sample transportation or product integration as described in Abbott's Loyalty Program; and
- 6.4.2. Any Customer purchases from an alternative source will not affect Customer's pricing (e.g., purchases from an alternative source will be considered contracted sales for purposes of calculating Customer's compliance) for the duration of the failure to supply, plus sixty (60) days.
- 6.5. PRODUCT CONDITION.** Unless otherwise stated in a Price Exhibit or quotation or unless agreed upon by Customer in connection with Products it may order, all Products will be new.

7. PRODUCT / ORDER ISSUES.

- 7.1. CUSTOMER SERVICE HOTLINE.** Customer shall direct all questions; issues regarding problems with any Product's performance, order, shipment or delivery to Abbott Customer Service at 1-877-422-2688. Abbott shall evaluate each situation as presented.
- 7.2. RETURN / RECALL OF PRODUCTS.** Customer, in addition to and not in limitation of any other rights and remedies, shall have the right to return Products to Abbott, in accordance with Abbott's return goods policy. In the case of a recall, notwithstanding anything in Abbott's return goods policy to the contrary, (i) Abbott will not charge restocking fees, or return shipping costs, and (ii) any limitation on liability contained in Abbott's return goods policy is null and void.
- 8. PAYMENT TERMS.** Payment terms are Net thirty (30) days. Unless Customer is fully exempt from all taxes, Customer is required to pay all federal, state and local taxes that may be imposed on the use, possession, ownership, rental or lease of Equipment. Abbott shall add any such applicable taxes to the invoice. Customer shall reimburse Abbott for any such taxes paid by Abbott. If Customer is tax-exempt, Customer must provide Abbott with a copy of its tax-exempt certification.
- 9. DISCOUNT DISCLOSURE.** Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to Customer constitute a discount under applicable law (42 U.S.C. § 1320a-7b(b)(3)(A)). Abbott will provide detail pertaining to such discounts and the allocation of total net purchase dollars for Abbott Equipment, Service, Supplies and miscellaneous purchases, as applicable. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to Customer for the items to which the discount applies, and, if so, Customer shall fully and accurately report such discounts. Further, Customer shall retain invoices and other price documentation and make them available to Federal or State officials upon request.
- 10. USE OF PRODUCT.** Customer shall not: (a) resell or distribute any Products purchased under this Agreement to any third party; (b) use Products past their expiration date; or (c) use any Products in any manner inconsistent with its intended use. If Customer fails to comply with this restriction, Abbott may terminate this Agreement pursuant to Section 11.2.
- 11. TERMINATION.**
- 11.1. FOR UNCURED MATERIAL BREACH.** Either party may terminate this Agreement in the event of a Material Breach (as defined below) by the other party that, if possible, to cure, remains uncured sixty (60) days after written notice specifying the breach is given by the non-breaching party to the breaching party. A "Material Breach" is defined as: (a) the failure of a party to fully comply with and perform any and all terms and conditions of this Agreement; (b) the making of assignment for the benefit of creditors by a party; (c) the institution of bankruptcy, reorganization, liquidation or receivership proceedings by or against a party; or (d) insolvency of a party.
- 11.2. FOR UNAUTHORIZED USE OF PRODUCT.** Notwithstanding anything to the contrary of this Agreement, if Customer breaches Section 10 of this Agreement, Abbott may terminate this Agreement immediately upon written notice to Customer.

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

- 11.3. FOR CONVENIENCE.** Customer may terminate this Agreement at any time upon ninety (90) days' written notice to Abbott. If Customer terminates this Agreement pursuant to this subsection prior to the expiration of the Contract Term, Customer shall be required to pay Abbott a reimbursement fee equal to the remaining Customer Product Commitment. The parties agree that the fee represents reasonable compensation to Abbott for its losses and expenses resulting from Customer's early termination of this Agreement, and not a penalty.
- 11.4. FUNDING.** This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, Customer's state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
- 12. FORCE MAJEURE.** Except as expressly stated in this Agreement, neither party shall be liable for any failure to perform hereunder (other than the payment of money) due to labor strikes, lockouts, war, terrorist acts, epidemics, fires, floods, natural disasters, water damage, riots, government acts or orders, interruption of transportation, inability to obtain materials upon reasonable prices or terms, or any other causes beyond its control.
- 13. NOTICES.** Notices regarding this Agreement shall be given by First-Class Mail, postage prepaid, by Certified Mail, return receipt requested, by reputable overnight carrier, or via e-mail at the appropriate address listed on the Signature Page of this Agreement.
- 14. UNAVAILABLE PRODUCTS.** Abbott reserves the right to discontinue and delete Products from this Agreement for bona-fide business reasons with ninety (90) days' prior written notice to Customer. Products that are temporarily or permanently withdrawn from the market, discontinued or otherwise not available in the quantities ordered shall be considered "Unavailable Products." Abbott reserves the right to discontinue any manufacturing, distributing, marketing or selling any Product or allocate supply of a Product in the event of shortage, and none of these actions will constitute a breach by Abbott under this Agreement. If reasonably acceptable substitute Abbott products are available, Unavailable Products will be replaced with such mutually acceptable Abbott products. If the net price for the replacement products is higher than the price of the Unavailable Products (exclusive of any included rental or service fee) then Customer and Abbott shall mutually agree on reasonable prices for the replacement products. If an Unavailable Product is allocated due to a shortage or is temporarily unavailable and a replacement is not available from Abbott or is deemed unacceptable by Customer, Customer may purchase such replacement product from an alternate source.
- 15. SUPPLIES AND EQUIPMENT WARRANTY.** Abbott warrants and represents that Supplies and/or Equipment delivered to carrier for shipment to Customer, or delivered directly to Customer, will at the time of such delivery: (a) conform to published specifications set forth in the applicable Abbott package insert(s) for such Supplies; (b) not be adulterated or misbranded within the meaning of the U.S. Food, Drug, and Cosmetic Act; (c) be of good quality and free from defects in materials and workmanship; and (d) are, if required, approved and/or cleared for marketing, and will not be distributed, sold, leased or priced by Abbott in violation of any federal, state or local law. After delivery, Supplies and/or Equipment are warranted as described in the applicable package insert or operator manual. Except as to warranty specifically set forth in this Section 15, the only other warranties made by Abbott with respect to Supplies and/or Equipment are those specifically and expressly stated as warranties in the Supplies' package insert specifications and the Equipment's operations manuals and those contained in any Service Package purchased by Customer. EXCEPT FOR THE SUPPLIER'S WARRANTIES PURSUANT TO THE VIZIENT AGREEMENT, ABBOTT MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, WARRANTIES AS TO MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER MATTER. No warranty provided by Abbott will apply to any Supplies and/or item of Equipment if: (a) such Supplies or Equipment has been misused, altered, damaged or used other than in accordance with the applicable package insert and/or operations manual for such Supplies and/or Equipment (including the substitution of any reagent not authorized by Abbott) so as to affect its stability or reliability; (b) the serial or lot number of any Supplies and/or item of Equipment has been altered, defaced, or removed; or (c) if any servicing was performed or repair was attempted by personnel not authorized by Abbott to perform such servicing or repair. Without limiting any Service Package purchased by Customer, if any Supplies or Equipment does not comply with the warranty set forth in this paragraph, Abbott shall, upon mutual agreement with Customer, repair or replace the applicable Supplies or item of Equipment at no additional expense to Customer. Abbott shall bear all costs of returning and replaced such Supplies, as well as risk of loss or damage to such Supplies from and after the time they leave the physical possession of Customer. Customer may elect to purchase additional services at prices set forth in the Vizient pricing schedule. The warranties contained in this paragraph shall survive any inspection, delivery, acceptance or payment by Customer. This paragraph and the obligations contained herein shall survive the expiration or earlier termination of this Agreement. The remedies set forth in this paragraph are the sole remedies that Customer may have against Abbott.
- 16. DISCLAIMER.** Customer assumes all risk for the suitability of the test results obtained by using any item of Equipment and/or Product(s) hereunder and the consequences which flow therefrom when any such item of Equipment and/or Product(s) is used other than in accordance with the applicable Abbott package insert or operations manual for such item of Equipment or Product(s) so as to affect its stability or reliability, and is used either: (a) alone; or (b) in combination with other articles, substances or reagents (or any combination thereof) not provided or recommended by Abbott for use with such item of Equipment or Product(s). EXCEPT AS EXPRESSLY STATED HEREIN AND IN THE VIZIENT AGREEMENT, IN NO EVENT SHALL EITHER ABBOTT OR, CUSTOMER BE LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL OR SPECIAL DAMAGES OR LOSSES OF ANY NATURE WHATSOEVER (INCLUDING WITHOUT LIMITATION, LOST REVENUE, LOST PROFITS, OR LOST BUSINESS) ARISING OUT OF THIS AGREEMENT OR THE USE OF EQUIPMENT OR PRODUCTS OR ABBOTT'S FAILURE TO SUPPLY EQUIPMENT OR PRODUCTS HEREUNDER.
- 17. ASSIGNMENT.** Customer may not assign or transfer this Agreement and/or any Abbott Equipment without Abbott's prior written consent.
- 18. GOVERNING LAW.** This Agreement shall be governed by and construed in accordance with the laws of the state of Nevada, excluding choice of law provisions.
- 19. ABBOTT EQUIPMENT.**
- 19.1. PLACEMENT OF ABBOTT EQUIPMENT.** Customer shall use the Abbott Equipment only at the address specified in this Agreement as the "Shipping Address," and shall not remove, transfer, or alter the Abbott Equipment including removal of labels, symbols and serial numbers without Abbott's prior written consent.
- 19.2. CERTIFICATION.** If a Customer Equipment Rental Commitment and/or Customer Equipment Service Commitment are added to and incorporated into the Supplies' prices, Customer acknowledges by signing and accepting this Agreement, that prior to the execution of this Agreement, Abbott offered to sell Supplies, Service Packages and/or sell or rent applicable equipment to Customer separately, and that Customer has declined all such offers, and accepted instead the terms of this Agreement as written.
- 19.3. TITLE TO THE ABBOTT EQUIPMENT.**

19.3.1. Abbott is the owner of, and retains title to the Abbott Equipment, and at its discretion, Abbott has the right to replace/exchange the Abbott Equipment, except to the extent of equipment purchases made pursuant to Section 19.3.4

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

below or under any other equipment purchase conditions of this Agreement. This Section 19 shall terminate automatically with respect to any such Abbott Equipment if and when Customer purchases such Abbott Equipment.

19.3.2. Customer shall not permit or suffer any attachment, encumbrance, lien, or security interest to be filed against the Abbott Equipment. Customer shall promptly notify Abbott if any of the foregoing is filed or claimed, and shall indemnify Abbott for any loss or damage, including reasonable attorneys' fees, resulting from any of the foregoing.

19.3.3. Customer authorizes Abbott to file UCC financing statement(s) describing any Abbott Equipment provided to Customer under this Agreement, including any replacements, substitutions, and/or amendment(s) of or to such financing statement(s) that Abbott reasonably deems necessary to its interest in the Abbott Equipment.

19.3.4. Customer may request to purchase the Abbott Equipment from Abbott at any time during the Contract Term, and Abbott shall establish terms and conditions of such sale at the time of Customer's request. If Customer purchases Abbott Equipment, this Agreement will terminate solely as to such purchased Abbott Equipment.

19.4. RISK OF LOSS TO ABBOTT EQUIPMENT. Upon Customer taking delivery of the Abbott Equipment, Customer shall be responsible to Abbott for all loss or damage, including loss or damage relating to force majeure events, but excluding loss or damage caused by defective Abbott Equipment or parts, defective Products or improper repair or service performed by an Abbott authorized service provider ("Excluded Losses"). Customer shall maintain insurance in an amount sufficient to cover the Abbott Equipment and shall provide evidence of such coverage upon Abbott's request. In the case of loss or damage occurring for reasons other than Excluded Losses, all costs associated with restoring the Abbott Equipment to pre-existing operational status shall be charged to Customer at Abbott's then-current time and materials rates. If Abbott determines that the damaged Abbott Equipment cannot be repaired economically, Customer shall promptly pay Abbott the then-current catalog trade price for such Abbott Equipment less depreciation based on a ten (10) year straight-line basis (pro-rated monthly) and Abbott shall provide Customer with replacement Abbott Equipment, which at Abbott's discretion shall be new or refurbished. Loss or damage to Abbott Equipment shall have no force or effect upon Customer's Purchase Commitment.

20. EQUIPMENT RETURN. Upon termination or expiration of this Agreement for any reason, except for Customer taking title to Abbott Equipment, Customer shall: (a) carefully pack and return the Abbott Equipment to Abbott, freight and insurance prepaid, in good condition and in working order, ordinary wear and tear excepted; or (b) permit Abbott or its agent to enter Customer's facility and remove the Abbott Equipment at Customer's expense. Abbott shall provide Customer with relevant instructions including the destination and address for the return.

21. UPGRADES AND SOFTWARE.

21.1. UPGRADES GENERALLY. Upon mutually agreeable terms and conditions, Abbott Equipment may be upgraded to the latest technology. Customer will be given all upgrades to acquired software, including any software components of Equipment, from the date of issuance of the purchase or lease order through the expiration of the Warranty Period, including penalty extensions, and thereafter during the term of any service agreement, at no additional charge to Customer. Arrangements will be made to install all software upgrades within one (1) month or as mutually agreed between Abbott and Customer.

21.2. CUSTOMIZATION SOFTWARE. Pricing relating to the customization of software and additional charges that the Customer will incur for annual maintenance, training, documentation, backup, etc. is attached in the Price Exhibit.

21.3. OPERATIONAL SOFTWARE. Abbott shall include the form of software licensure agreements available to the Customers as part of any quote requested by a Customer. Abbott will license all software necessary to operate the Equipment, unless otherwise provided in any Exhibit hereto, to the Customer upon acceptance of the Equipment pursuant to Section 2.2. above. Abbott will provide to the Customer all new operational software that provides no additional functionality, at no additional charge. Abbott will install new software within one (1) month of release of software or as mutually agreed between Abbott and Customer.

21.4. DIAGNOSTIC SOFTWARE. Abbott will provide all software necessary to troubleshoot and maintain the Equipment to the Customer at no additional charge. For purposes of clarification, unless otherwise stated in Abbott's description or specifications of Equipment, operational and diagnostic software required for operation, maintenance and troubleshooting of Equipment is included and integrated with the Equipment. Training for the use of diagnostic software will be included in the operator training. Abbott's telephone support will also include assistance in diagnostic software operation. Diagnostic software upgrades will be offered by Abbott at no additional charge to the Customer for the life of the Equipment. Abbott will provide software updates to the Customer within one (1) month of release of software or as mutually agreed between Abbott and Customer.

21.5. DATA CONVERSION/INTERFACES. Abbott shall make interface specifications available upon request of Customer.

22. EQUIPMENT SERVICE COVERAGE. The attached Service Exhibit provides a description of Abbott's generally available Service Packages, some of which may not be available in Customer's geographical location. The attached Price Exhibit(s) sets forth the Service Package, if any, that Customer purchased under this Agreement for Equipment. Customer may cancel any Service Package related to Customer-owned Equipment, without cause or penalty, upon thirty (30) days' prior written notice to Abbott. In the event of such cancellation, Abbott will reimburse Customer for a pro rata portion of any payments made pursuant to such service agreement, provided that Abbott will separate costs for preventive maintenance and repair for the purpose of allocating expenses. Abbott will be required to leave the Equipment in certifiable condition as determined by Customer. Abbott may cancel service agreement upon sixty (60) days' prior written notice to Customer. If Customer cancels the service agreement, Abbott will use commercially reasonable efforts to deliver on-site service within three (3) business days of Customer's service request on a time and material basis. Cancellation of the service agreement will not affect Abbott's quality of support nor result in other penalties if Customer elects to use Abbott for time and materials repairs, perform the work in-house or obtain service from others. For purposes of clarification, service agreements are not mandatory for Customers purchasing hereunder.

22.1. ABBOTT RESPONSIBILITY. An Abbott service representative will be available as described in the Service Exhibit to respond to Customer's questions, make on-site calls and provide specifically scheduled maintenance. Unless otherwise set forth elsewhere in this Agreement or Exhibits, Abbott's routine services (including replacement parts) are included in Customer's total Service Package price. Other services (or services and parts provided outside of the Service Package) may be subject to an additional charge.

22.2. CUSTOMER RESPONSIBILITY.

22.2.1. Under this Agreement, Customer remains responsible for properly operating, maintaining and protecting all Equipment as more fully set forth in the operations manual. The reliability and accuracy of the Equipment can be affected by a variety of factors and it is important that Customer carefully read, understand and follow the instructions contained in the operations manual, reagent package insert and/or any other information provided by Abbott. Failure to operate, maintain and/or protect

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

the Equipment may result in damage and adversely affect its reliability and accuracy. Equipment damage and repair arising out of Customer's negligence or misconduct in failing to properly follow instructions and warnings contained in the operations manual, package inserts, Customer communications, etc. is Customer's responsibility and may result in the voiding of any existing warranties and, in Abbott's discretion, early termination of this Agreement.

22.2.2. Unless otherwise set forth in this Agreement, the following items required to repair or maintain Equipment are not covered under this Agreement, and Customer shall be responsible for their purchase and proper use: (a) Abbott products, including tests, as well as other consumables (such as printer paper, batteries, photometric lamps, probes, cuvettes, or any item identified in the operations manual as consumable supplies); (b) disposables; and (c) components and accessories (including any item identified as part of an accessory kit or Customer maintenance kit, but not including the preventative maintenance kit). Site visits made by an Abbott Service Representative at Customer's request, which are outside the scope of the Agreement, are not part of Customer's Equipment Service Coverage and will be furnished subject to an additional charge at Abbott's then-current time and materials rates.

22.3. EQUIPMENT RELOCATION. Customer shall provide Abbott with prior written notice at least ten (10) days in advance of moving and relocating the Equipment from its installed site; Abbott may provide field service support for de-installation and re-installation of Equipment related to relocation and may charge a fee for such services on a time and materials basis according to Abbott's then-current rates. Improper moving may damage the integrity of the Equipment and, as such, any such damage arising from unilateral relocation of Equipment by Customer may, in Abbott's discretion, terminate any existing warranties and Service Coverage on this Agreement except for any outstanding obligations due and owing.

22.4. NEW CUSTOMER EQUIPMENT WARRANTY. The new Customer Equipment warranty will cover defects in workmanship and materials during normal use by the original purchaser and will last for a period of twelve (12) months, beginning at the time frame set forth in Section 2b ("Warranty Period"). The Customer Equipment warranty does not cover defect or malfunctions, which 1) are not reported to Abbott during the Warranty Period and within one week of occurrence; 2) result from chemical decomposition or corrosion; 3) are caused primarily by failure to comply with any requirement or instruction contained in the applicable Abbott operations manual; and/or 4) result from maintenance, repair or modification performed without Abbott's authorization.

22.5. EQUIPMENT SERVICE WARRANTY. Abbott warrants and represents that service furnished under this Agreement will be performed in a professional and workmanlike manner consistent with industry standards. As Customer's sole and exclusive remedy, Abbott will, at no cost to Customer, re-perform any such services not in conformance with the foregoing warranty that are brought to Abbott's attention within thirty (30) days after the services are provided.

22.6. REPLACEMENT PARTS. Replacement parts supplied by Abbott at any time, whether during or after the Warranty Period or the term of any service agreement, will be newly manufactured or rebuilt parts or assemblies. Customer may retain parts removed from Customer Equipment and all parts that are not eligible for or are not returned by Customer for Abbott credit will remain the property of Customer. In all cases where Abbott is permitted to charge Customer for parts, Abbott will replace and charge only for parts necessary to bring the Covered Equipment to operating condition. Abbott will warrant replacement parts and labor associated with such replacement parts for ninety (90) days, or the period of time set forth in Abbott's standard warranty, whichever is longer.

23. UPTIME GUARANTEE. During the Warranty Period, and the term of any service agreement, Abbott guarantees that the ARCHITECT or Alinity Equipment will be operational (capable of producing clinical test results) and will maintain a level of uptime equal to or better than 98% for the covered business hours according to the service agreement, excluding planned maintenance (i.e., preventative maintenance or system upgrades). Equipment is considered to be "up" when it can generate reportable results or function in the way for which it is intended and is based on the annualized covered hours in the applicable Equipment service agreement with Abbott. The measure divides the amount of unplanned downtime by the total covered time available to derive a percent (%) uptime. Equipment is considered to be "down" when it can no longer generate reportable results or function in the way for which it is intended. "Downtime" for each piece of Equipment covered by this Agreement means the period of time during Equipment's normally scheduled hours of operation that any of Customer's authorized users determine in good faith that the Equipment is not performing due to any malfunction of the Equipment during the Warranty Period, and the term of any service agreement. Downtime shall begin at the time Customer calls Abbott's technical hotline and Abbott dispatches a field repair person and will end with the Abbott's service report entry indicating that the issue is closed and both Customer and Abbott in good faith mutually agree in writing that the malfunction has been corrected and that the Equipment is up.

If at any time the Equipment becomes inoperable or down, Abbott will provide service as described in the applicable warranty ("Warranty") or service agreement. In addition, if the Equipment is down for greater than twenty-four (24) continuous hours, Abbott will be liable to Customer for all reasonable direct costs incurred by Customer in excess of the Product prices associated with purchasing an alternative product or utilizing third-party testing, including additional costs related to sample transportation or product integration to obtain reportable results as described in Abbott's Loyalty Program. If Abbott fails to satisfy the uptime guarantee stated above for the Equipment in a given calendar year, Abbott shall extend Customer's Equipment Warranty Period or extend Customer's Service agreement term at no additional charge by one (1) additional week for each one percent (1%) below the uptime guarantee, not to exceed more than four (4) additional weeks. Abbott must verify the failure to meet the uptime guarantee after being notified of such failure by Customer. If such Warranty or service agreement extension period exceeds four (4), weeks, and Customer has made best efforts to comply with Abbott's reasonable recommendations to resolve downtime issues, Customer may request full replacement of Equipment or to return the affected Equipment for full refund/credit.

24. CUSTOMER SERVICES. Abbott will cause Abbott's sales representatives and agents to use commercially reasonable efforts to comply with Customer's policies relating to access to facilities and personnel (to the extent such policies are communicated in writing to Abbott, which may include clear and conspicuous posting of such policies in Customer's facilities) and, if applicable, service calls by service representatives, to satisfy the needs of Customer. Abbott will promptly respond to Customer's written requests for verification of purchase and/or rental history as related to this Agreement.

25. ACCEPTANCE. Orders or requests received for Products are subject to acceptance by Abbott's corporate office at Abbott Park, Illinois. All terms and conditions contained in any form issued by Customer shall be null and void and entirely superseded by the terms and conditions of this Agreement, unless specifically accepted in writing by Abbott.

26. ABBOTTLINK. Should Customer use AbbottLink in conjunction with Abbott systems, Customer understands that AbbottLink is intended to transmit connected systems operational data, which may be used by Abbott and third parties providing services and products to Customer for troubleshooting, complaint investigation, performance monitoring, improvement, research, development, inventory management, usage analytics, billing and other related purposes. In addition, AbbottLink may be used to send system updates, to provide remote service and to facilitate Abbott's delivery of third-party services and products to Customer. The terms and conditions for Customer's use of such third-party services and products are to be provided to Customer separately by the applicable third parties. The use of AbbottLink does not in

VIZIENT MEMBER AGREEMENT – GENERAL TERMS AND CONDITIONS

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

any way change the responsibilities of either Abbott or Customer, including, but not limited to, Customer's reporting and maintenance responsibilities. The data transmitted to Abbott by AbbottLink will not contain any protected health information or other confidential information related to physicians and/or patients.

27. **EMBEDDED SOFTWARE.** Abbott grants to Customer a non-exclusive, non-transferable, paid-up, royalty-free, worldwide license to software embedded in the Equipment ("Embedded Software") on the condition that (1) Customer has paid off the purchase price of the Customer Equipment or otherwise pays for its use of the Abbott Equipment according to all provisions of this Agreement; (2) Customer uses the Embedded Software only as a run-time component; (3) Customer will not change, alter or modify the Embedded Software, create derivative works, translations, reverse assemble, reverse compiling, disassemble, or in any way reverse engineering the Embedded Software; and (4) Customer will not (A) sublicense, rent, distribute, lease or otherwise transfer or assign any portion of the Embedded Software to any party or (B) use the Embedded Software for any purpose other than its intended use as provided in this Agreement.
28. **CONFIDENTIALITY.** The Parties acknowledge that Customer is a governmental entity subject to the provisions of the Nevada Public Records Act pursuant to Nevada Revised Statutes Chapter 239. As such, information or documents, including this Agreement and any other documents generated incidental thereto may be opened for public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests. Abbott acknowledges that Customer must gain approval from its governing body, the Southern Nevada District Board of Health, prior to executing this Agreement, which requires public posting of this Agreement, including pricing, in accordance with Nevada Open Meeting Law. This Section 28 shall survive for a period of ten (10) years from the date of expiration or termination of this Agreement. Nothing in this Agreement will operate to prohibit Member from disclosing any information to Vizient.
29. **STATEMENT OF ELIGIBILITY.** The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a). If Abbott's status changes at any time pursuant to this Section 29. Abbott agrees to immediately notify Customer in writing, and Customer may terminate this Agreement immediately for cause, thereby eliminating the 60 day waiting period as described in the above Subsection 11.1.
30. **CODE OF CONDUCT.** By executing the Agreement, Abbott acknowledges it has read and agrees to comply as applicable with Customer's Code of Conduct, which is available online at:

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

31. **DOCUMENT MODIFICATIONS.** Any modification to this Agreement made by Customer including, but not limited to, handwritten changes whether on this document or a Price Exhibit, an Addendum or an Amendment, shall constitute a counteroffer by Customer to Abbott. Abbott reserves the right to accept, reject or make a counteroffer with alternative language. Abbott shall use commercially reasonable efforts to reach an agreement with Customer on any reasonable modifications requested in its counteroffer.
32. **COUNTERPARTS.** This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of which together shall constitute one and the same agreement. Each party acknowledges that an original signature or a legible copy thereof transmitted electronically in a portable document format (PDF) shall constitute an original signature for purposes of this Agreement.
33. **ENTIRE AGREEMENT.** This Agreement, all its Exhibit(s), and Amendments and all other items specifically incorporated herein by reference and the Vizient Agreement, represent the entire understanding between Customer and Abbott with respect to the subject matter contained within the Agreement and supersedes all prior agreements concerning the same.

GPO PRIMARY GROUP DESIGNATION FORM

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

Customer Name	Southern Nevada Health District
Address	280 S. Decatur Blvd.
City, State, ZIP	Las Vegas, NV, 89107
Customer Programmatic Point of Contact	Nicholas (Nick) Gabler

Are you a member of a Group Purchasing Organization (GPO): YES No (*must check one*)

If "Yes" please identify which GPO(s) you are a member of (*you may select more than one*):

Vizient Premier Health Trust

Other (*please identify*):

Please identify which GPO you will be designating as your primary GPO, as it relates to the Products being purchased per this Agreement (*only select one*):

Vizient Premier Health Trust

Other (*please identify*):

The undersigned, duly authorized representative of the above named Customer hereby acknowledges and agrees on behalf of itself and all of its present and future affiliates ("Affiliates"), including without limitation the owned, leased and/or controlled facilities designated on the Membership Exhibit, that such Customer and its Affiliates hereby elect to make all their purchases of Products under this Agreement, pursuant to the purchasing agreements entered into by Abbott and the designated primary GPO identified above. Customer confirms, and hereby understands that Abbott shall only submit GPO administration fees to the primary GPO identified above for the Product purchases under this Agreement. Customer confirms, and hereby acknowledges, that Customer has elected on behalf of itself and its Affiliates not to purchase the Products under this Agreement from any other GPO not identified as primary above and this declaration shall supersede any letter of participation, letter of commitment or other membership designation previously entered into or agreed to by Customer with respect to Customer's, or any of its Affiliates', purchases from Abbott for the Products purchased under this Agreement. Once this form has been signed by Customer, any changes in primary GPO designation of Customer (and its Affiliates) shall require the submission of a new form by Customer.

VIZIENT MEMBER AGREEMENT – SERVICE EXHIBIT

ABBOTT LABORATORIES INC., D-943, CP1-4, 100 ABBOTT PARK ROAD, ABBOTT PARK, ILLINOIS 60064-6095

The table below describes Abbott’s available Service Packages for immunoassay and clinical chemistry Equipment. Refer to the Price Exhibit for identification of Customer’s selected Service Package(s) for Equipment. Unless otherwise stated, the components of the Service Package described below are provided during the hours identified in the table as the covered service hours for Customer’s selected Service Coverage (“On-Site Coverage Hours”).

SERVICE PACKAGE DESCRIPTIONS	ALWAYS ON Second Day	ALWAYS ON Next Day	ALWAYS ON Same Day
TELEPHONE SUPPORT			
LIVE TECHNICAL TELEPHONE SUPPORT: 24-hour, 7-days/ week @ 1-800-323-9100.	Included	Included	Included
SMARTPATH: Intelligent telephone system recognizes, and routes Customer based on service number entered.	Included	Included	Included
FASTPATH: Priority telephone call routing is based on service entitlement response highest to lowest.	Included	Included	Included
FIELD SUPPORT			
ON-SITE SERVICE: Field service representative dispatched to Customer location to perform on-site service. Coverage includes field service representative’s labor and travel during regular business hours.	Included	Included	Included
SECOND DAY RESPONSE: On-site service will be scheduled to arrive two (2) covered service days from request.	Included	Included	Included
NEXT DAY RESPONSE: Next covered business day on-site response on requests made within the On-Site Coverage Hours of the previous day. Excludes manufacturer recommended maintenance, predictive alerts, and Customer responsibilities as defined in the Agreement.		Included	Included
SAME DAY RESPONSE: Same day on-site response on requests made three (3) hours before the end of a day covered by On-Site Coverage Hours. For service requests received with less than three (3) hours remaining in a day covered by On-Site Coverage Hours, on-site service response is scheduled for the first covered day following the receipt of such request. Excludes manufacturer recommended maintenance, predictive alerts, and Customer responsibilities as defined in the Agreement.			Included
BUSINESS HOURS COVERAGE: Monday – Friday, 8:30 AM – 5:00 PM, excluding holidays ² .	Included	Included	Included
EXTENDED WEEKDAY COVERAGE: Monday – Friday, 8:30 AM – 11:00 PM, excluding holidays ² . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call.		Available Option	Available Option
EXTENDED WEEKEND COVERAGE: Saturday & Sunday, 8:30 AM – 5:00 PM, excluding holidays ² . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call.		Available Option	Available Option
FULL-EXTENDED COVERAGE: Monday – Friday, 8:30 AM – 11:00 PM, Saturday & Sunday, 8:30 AM – 5:00 PM, excluding holidays ² . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call		Available Option	Available Option
TOTAL 24 X 7 COVERAGE: 24-hour, 7 days/week, including holidays ² . (Not available in all geographical areas.)			Available Option ¹
UPTIME GUARANTEE: Abbott guarantees ARCHITECT and Alinity Equipment will be operational (meaning able to produce accurate outputs of On-Site Coverage Hours, excluding Preventative Maintenance time) per applicable percentage in a year.	98% ¹	99% ¹	99% ¹
MAINTENANCE AND REPAIR			
REPLACEMENT PARTS: Parts used to complete instrument repairs in accordance with manufacturer recommendations supplied at no additional charge, excluding consumables and accessories.	Included	Included	Included
MANUFACTURER RECOMMENDED MAINTENANCE: Abbott recommended maintenance procedures that optimize Equipment performance & reliability. Performed, during Regular Business Hours, excluding holidays ³ . Additional maintenance procedures available for purchase.	Included	Included	Included
MANUFACTURER RECOMMENDED OPERATIONAL AND SAFETY IMPROVEMENTS: Required instrument software and/or Equipment upgrades, excluding integration of new assays, application of non-approved reagents, or assay file optimization.	Included	Included	Included
LABORATORY SERVICES			
REMOTE DIAGNOSTIC CONNECTIVITY (AbbottLink): Event driven remote diagnostics to optimize system performance. (Only available on supported Equipment – Installation of AbbottLink required.)	Included	Included	Included
PREDICTIVE ALERTS: Proprietary notifications sent to Resourceful Professionals and/or Customers that predict services enhance Equipment operational efficiency. AbbottLink connectivity required.	Included	Included	Included
PROACTIVE REAL-TIME MONITORING: Equipment monitoring for analyzer errors that could result in loss of productivity and instrument failure. AbbottLink connectivity required.	Included	Included	Included
INSTANT VIRTUAL PRESENCE: Abbott remote support (with Customer permission) to remotely “see” and interact with instrument via screen share, enabling rapid diagnosis and resolution of problems. AbbottLink connectivity required.	Included	Included	Included
eUPDATES: Downloadable updates for instrument and assay content via “Abbott Mail” icon on the ARCHITECT or Alinity instrument’s screen. AbbottLink connectivity required.	Included	Included	Included
BUSINESS REVIEWS: Operational and Executive Business Reviews to review operational, financial and loyalty metrics as agreed upon between Abbott and Customer.	Annually	Bi-annually	Quarterly
MY LAB PORTAL: Portal access to manage Equipment utilization and performance.	Included	Included	Included
RESOURCE PROFESSIONAL: Abbott provides a team of service professionals to consult and support on general service and business needs, as well as providing certified technical service. Resourceful Professionals use Active Sense Technologies to access daily key performance indicators allowing for maximum uptime operations.	Included ¹	Included ¹	Included ¹

¹Availability based on geographical service area. Availability of on-site services is subject to safety conditions in the vicinity of Member’s site. Supplier has the right to temporarily suspend on-site services to the extent that Supplier reasonably determines that any natural disaster, accident, the neighborhood crime incidents, riots, violence during protests or events of similar nature (collectively “Dangerous Conditions”) make the transportation routes to Member’s site unreasonably dangerous to Supplier’s service personnel. Supplier shall immediately resume on-site services once the relevant Dangerous Condition ceases to exist.

²Holidays referenced herein means Abbott company holidays.



Southern Nevada Public Health Laboratory Price Exhibit

1/25/2024

Customer	Southern Nevada Public Health Laboratory
Billing Address	280 S. Decatur Blvd, Las Vegas, NV 89107, United States
Equipment Shipping and Service Address:	Southern Nevada Public Health Laboratory 700 S. Martin L. King Blvd. Las Vegas, NV 89107
National Account Affiliation	US-Vizient-Effective 1-1-2023
Sales Representative	Don Barnak
Initial Contract Term	5 years

Equipment

Description	List Number	Site	Qty	Acquisition Type	Purchase Amt. (Extended)	Periodic Fee (Extended)	Ownership
Alinity c Analyzer	03R67-01	Southern Nevada Public Health Laboratory	1	Purchase	\$150,000		Customer
Alinity c Analyzer Shipping	Ship-01	Southern Nevada Public Health Laboratory	1	Purchase	\$1,250		N/A
Total					\$151,250		

Allowances provided by Abbott

Associated Instrument	Site	Qty	Allowance per Instrument	Up to Amount (Extended)
Alinity c Analyzer	Southern Nevada Public Health Laboratory	1	LIS Allowance: 7500 Water Allowance: 10000	\$17,500
Total				\$17,500

Ancillary Items

Description	List Number	Site	Qty	Acquisition Type	Purchase Amt. (Extended)	Periodic Fee (Extended)	Ownership
Alinity c Additional Training	01DP4-44	Southern Nevada Public Health Laboratory	1	Purchase	\$0		Customer
Total							

Always On In-lab Services

Description	List Number	Site	Qty	Acquisition Type	Service Years	Periodic Fee (Extended)	Annual Fee (Extended)
Alinity c Always On Same Day	01DP4-02	Southern Nevada Public Health Laboratory	1	Monthly Purchase	5	\$1,583	\$19,000
Total							\$19,000

Customer Product Commitment

Description	List Number	Annual Test Volume	Price per Test	Annual Commitment
Alinity c Albumin (BCP) Reagent	08P03	1,000	\$0.100	\$100
Alinity c Alkaline Phosphatase Reagent	08P20	300	\$0.100	\$30
Alinity c ALT, Activated (Alanine Aminotransferase) Reagent	08P18	300	\$0.230	\$69
Alinity c Amylase Reagent	07P58	300	\$0.750	\$225
Alinity c AST, Activated (Aspartate Aminotransferase) Reagent	08P23	300	\$0.230	\$69
Alinity c Calcium Reagent	07P57	4,000	\$0.100	\$400
Alinity c Carbon Dioxide (CO2) Reagent	07P72	4,000	\$0.080	\$320
Alinity c Cholesterol Reagent	07P76	1,500	\$0.100	\$150
Alinity c CK (Creatine Kinase) Reagent	08P42	4,000	\$0.100	\$400
Alinity c CRP (Vario) Reagent	07P56	300	\$2.030	\$609
Alinity c Direct LDL Reagent	07P71	1,500	\$2.490	\$3,735
Alinity c Electrolytes Reagent	09D28	4,200	\$0.140	\$588
Alinity c Glucose Reagent	07P55	4,000	\$0.080	\$320
Alinity c HDL (Ultra) Reagent	07P75	1,500	\$0.750	\$1,125
Alinity c Hemoglobin A1c (Monitoring & Diagnostics) Reagent	08P43	3,000	\$2.490	\$7,470
Alinity c Iron Reagent	08P39	300	\$0.100	\$30
Alinity c Lipase NG Open Channel Reagent	04Y85	300	\$0.750	\$225
Alinity c Magnesium Reagent	08P19	300	\$0.100	\$30
Alinity c Phosphorus Reagent	04U03	300	\$0.100	\$30
Alinity c Total Protein Reagent	04T81	1,000	\$0.100	\$100

Alinity c Transferrin Reagent	08P38	300	\$1.560	\$468
Alinity c Triglycerides Reagent	07P77	1,500	\$0.100	\$150

Alinity c Urea Nitrogen Reagent	08P16	4,000	\$0.080	\$320
Alinity c Uric Acid Reagent	04U09	100	\$0.100	\$10
Total		38,300		\$16,973

Consumable Utilization Estimate*

Description	List Number	Acquisition Type	Estimated Annual Qty	Price per Unit	Annual Estimate
Alinity c Carbon Dioxide Calibrator Kit	08P72-01	Purchase	2	\$222.38	\$445
Alinity c CRP Vario Cardiac High Sensitivity Calibrator Kit (US)	07P56-05	Purchase	2	\$333.56	\$667
Alinity c CRP Vario High Sensitivity Calibrator Kit (US)	07P56-04	Purchase	2	\$333.56	\$667
Alinity c CRP Vario Wide Range Calibrator Kit (US)	07P56-03	Purchase	2	\$257.22	\$514
Alinity c Hemoglobin A1c Calibrator Kit	08P43-01	Purchase	2	\$270.12	\$540
Alinity c ICT Serum Calibrator Kit	08P69-01	Purchase	2	\$263.83	\$528
Alinity c ICT Urine Calibrator Kit	08P70-01	Purchase	2	\$263.83	\$528
Alinity c Iron Calibrator	04U75-01	Purchase	2	\$251.26	\$503
Alinity c Lipase NG Open Channel Calibrator Kit	04Y85-01	Purchase	2	\$263.83	\$528
Alinity c Lipid Multiconstituent Calibrator Kit	09P14-03	Purchase	2	\$223.30	\$447
Alinity c Multiconstituent Calibrator Kit	08P60-01	Purchase	2	\$194.74	\$389
Alinity c Specific Proteins Multiconstituent Calibrator	08P62-01	Purchase	1	\$202.55	\$203
Alinity c Acid Probe Wash	01R60-70	Purchase	4	\$145.20	\$581
Alinity c Acid Wash Solution	08P77-40	Purchase	6	\$108.54	\$651
Alinity c Alkaline Wash Solution	08P78-40	Purchase	6	\$108.54	\$651
Alinity c Customer Maintenance Kit	04S46-02	Purchase	1	\$3,851.76	\$3,852
Alinity c Customer Maintenance Kit	04S46-01	Purchase	1	\$2,399.00	\$2,399
Alinity C Cuvette Dry Tip	04S52-01	Purchase	1	\$293.29	\$293
Alinity C Cuvette Segment	04S47-01	Purchase	1	\$1,983.68	\$1,984
Alinity C Cuvette Segment Alignment Tool	04S70-02	Purchase	1	\$2,016.91	\$2,017
Alinity c Detergent A	08P96-70	Purchase	9	\$186.43	\$1,678
Alinity c Detergent B	08P97-81	Purchase	6	\$372.08	\$2,232
Alinity c Detergent B	08P97-80	Purchase	6	\$267.00	\$1,602
Alinity c ICT Reference Solution	08P76-40	Purchase	3	\$103.51	\$311
Alinity c ICT Sample Diluent	07P53-20	Purchase	1	\$592.62	\$593
Alinity c Maintenance Solutions (US)	08P98-71	Purchase	4	\$213.57	\$854
Alinity C Reagent Probe	04S49-01	Purchase	4	\$1,025.79	\$4,103
Alinity C Reagent Probe Screw	04S54-01	Purchase	1	\$349.63	\$350
Alinity C Reagent Probe Tubing	04S50-01	Purchase	3	\$210.94	\$633
ALINITY C Rgt Cartridge Black	04S17-50	Purchase	1	\$182.17	\$182
ALINITY C Rgt Cartridge Clear	04S17-40	Purchase	1	\$240.02	\$240
Alinity C Sample Probe	04S51-01	Purchase	1	\$1,219.39	\$1,219
Alinity C Sample Probe Screw	04S53-01	Purchase	1	\$210.94	\$211
Alinity ci Sample Cups	01R38-01	Purchase	1	\$123.52	\$124
Alinity c Hemoglobin A1c Control Kit	08P43-10	Purchase	5	\$210.15	\$1,051
Alinity c Multichem P	08P90-10	Purchase	3	\$621.88	\$1,866
Alinity c Multichem S Plus (Assayed) Lv 1	08P88-10	Purchase	3	\$255.67	\$767
Alinity c Multichem S Plus (Assayed) Lv 2	08P88-11	Purchase	3	\$255.67	\$767
Alinity c Multichem S Plus (Assayed) Lv 3	08P88-12	Purchase	3	\$255.67	\$767

*Annual volumes and costs are estimates and do not represent a commitment by either party. Items in this section are shown for convenience only and are not part of the reagent contract. If not specifically otherwise stated, products are priced at the current contracted GPO or list price, as applicable, and pricing is subject to change.

Total **\$37,935**



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: September 26, 2024

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

PETITION # 05-25

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

PETITIONERS:

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

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

Anil Mangla, MS, PhD, MPH, FRIPH, Director of Disease Surveillance and Control *AM*

Victoria Burris, MPH, Communicable Disease Manager *VB*

DISCUSSION:

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

FUNDING:

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



**AMENDMENT A01 TO
INTERLOCAL AGREEMENT FOR PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
C2400113**

THIS AMENDMENT A01 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services (“Agreement”), Effective Date May 14, 2024, by and between the Southern Nevada Health District (“Health District”) and Las Vegas Metropolitan Police Department (“LVMPD”) (individually “Party” and collectively “Parties”).

WHEREAS, the Parties mutually desire to extend the term of the Agreement.

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

- 1) The first paragraph of Section 1, Term, Termination, and Amendment, is hereby amended to extend the end date of the Agreement through September 30, 2025.
- 2) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:
 2. INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A-A01: SCOPE OF WORK
ATTACHMENT B-A01: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS
- 3) Section 3, Compensation, is hereby deleted in its entirety and replaced with the following:
 3. COMPENSATION. LVMPD shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A01. LVMPD will be reimbursed for expenses incurred as provided in Attachment B-A01: Payment. The total not-to-exceed amount of this Agreement is \$43,979, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.
- 4) Attachment A, Scope of Work, is hereby deleted in its entirety and replaced with Attachment A-A01, which is attached hereto and expressly incorporated by reference herein.

5) Attachment B, Payment, is hereby deleted in its entirety and replaced with Attachment B-A01, which is attached hereto and expressly incorporated by reference herein.

This Amendment A01 is effective as of October 1, 2024.

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

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A01 to Agreement C2400113.

SOUTHERN NEVADA HEALTH DISTRICT

**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT**

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

By: _____
Kevin McMahill
Sheriff
LVMPD UEI: DCJLHJL4WQ94

Date: _____

Date: _____

APPROVED AS TO FORM:

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

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

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

**ATTACHMENT A-A01
Scope of Work**

A. Description of Services, Scope of Work and Deliverables, Performance Period January 29, 2024 through September 30, 2025.

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

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

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

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

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

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

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

**ATTACHMENT B-A01
PAYMENT**

- A. Payments to LVMPD during Budget Period January 29, 2024 through September 30, 2025 are not-to-exceed **\$43,979**. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period January 29, 2024 through September 30, 2025						
<u>CATEGORY: PERSONNEL</u>		Total Estimated Amount Budgeted:				\$18,060
<u>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</u>						
<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Overtime - PO II (Training) (Year 1 to 3)	\$10,912.00	0.00 0%	100.0 00%	12	100.00%	\$10,912
Overtime - PO Sgt (Training) (Year 1 to 3)	\$5,356.00	0.00 0%	100.0 00%	12	100.00%	\$5,356
Overtime - PO Lt (Training) (Year 1 to 3)	\$1,792.00	0.00 0%	100.0 00%	12	100.00%	\$1,792
<u>Justification:</u>						
<p>Personnel</p> <p>LVMPD requests \$18,060 to pay for overtime costs. The funds will cover an approximate 12-month period. During non-work hours, LVMPD’s Community Engagement/HOT Program (“CEP”) Behavioral Health Unit officers will proactively complete 5-7 case file reviews per shift. Depending on the time it takes to complete the case reviews, officers may respond to the residence of 5-7 citizens who requiring interactive mental health and immediate diversion assistance during the same shift or during an ensuing work period. When a request is submitted for diversion, CEP will position officers to complete site visits in collaboration with clinicians from the Eighth Judicial District Court and Clark County Social Services at the citizen’s home, in/out-patient facility and occasionally the Clark County Detention Center. Officers will work roughly eight hours during an overtime shift.</p> <p>During non-work hours, LVMPD officers will train patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, house police officers and police supervisors, who attend patrol briefings prior to each shift, so one to two CEP officers will attend briefings and train groups of officers on the opioid trends and benefits of diverting drug offenders. Most of the training will be completed during regular work hours, but there will be times when lessons will need to be provided outside of work hours and grant funds will be used to pay for training provided in overtime.</p>						

- § PO II (Training)
 o \$10,912
- \$62- Average overtime rate
 - 176 - Average hours to be worked

- § PO Sgt (Training)
 o \$5,356
- \$103 - Average overtime rate
 - 52 - Average hours to be worked

- § PO Lt (Training)
 o \$1,792
- \$128 - Average overtime rate
 - 14 - Average hours to be worked

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

<u>Out-of-State Travel</u>		\$18,737
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<u>CIT International Conference (Detroit, MI)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,120	1		3	\$3,360	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$64	1	4.5	3	\$864	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$133	1	4	3	\$1,596	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	

Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$6,312
<u>RX and Illicit Drug Summit (Atlanta, GA)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,000	1		3	\$3,000	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$74	1	4.5	3	\$999	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$163	1	4	3	\$1,956	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$6,447
<u>RISE (Houston, TX)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$1,030	1		3	\$3,090	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	

Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$69	1	4.5	3	\$932	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$122	1	4	3	\$1,464	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	2	3	\$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$16	1	4	3	\$192	
						\$5,978

Justification:

LVMPD requests \$18,737 in travel reimbursements to send three (3) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.

<u>CATEGORY: TRAINING</u>	Total Estimated Amount Budgeted:					\$7,182
<u>CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)</u>			\$1,275.00			
<u>CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)</u>			\$1,125.00			
<u>CIT Annual Membership</u>			\$72.00			
<u>RX and Illicit Drug Summit Conference Registration (Atlanta, GA)</u>			\$2,025.00			
<u>RISE Conference Registration (Houston, TX)</u>			\$2,685.00			

1. LVMPD will send three (3) CEP team members to attend the CIT International Conference in Detroit, Michigan, which provides the substance necessary to encourage community and local solutions to assist those with addictions and mental health issues

2. LVMPD will send three (3) CEP team members to the RX and Illicit Drug Summit conference, held in Atlanta, Georgia, which will provide current and relevant training to the Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends regarding the treatments working for those with addictions.	
3. LVMPD will send three (3) CEP team members to the RISE conference, held in Houston, Texas, which will provide current and relevant training to LVMPD’s Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends surrounding those with substance and mental health illnesses.	
TOTAL DIRECT CHARGES	
\$43,979	
<u>CATEGORY: INDIRECT CHARGES</u>	Indirect Methodology: 0% indirect is charged
\$0	
Budget Period January 29, 2024 through September 30, 2025, Total Not-to-Exceed Amount:	
\$43,979	

- A.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.
 - (a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.
- A.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period January 29, 2024 through September 30, 2025 as shown above.
- A.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement, and will reference this Agreement number C2400113.
 - (a) LVMPD will bill Health District for reimbursement of services actually provided in a timely manner. Additionally, LVMPD will submit its final Request for Reimbursement to Health District for Budget Period January 31, 2024 through September 30, 2025 no later than October 20, 2025.
 - (b) Backup documentation including but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested

by Health District is required, and shall be maintained by the LVMPD in accordance with cost principles applicable to this Agreement.

- (c) LVMPD invoices shall be signed by the LVMPD's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - (d) Invoices are subject to approval by Health District project and fiscal staff.
 - (e) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.
 - (f) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.
- A.4 Health District will not be liable for interest charges on late payments.
- A.5 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 26, 2024

RE: *Approval of contract for Professional Managed Detection and Response (MDR) Services between Dyntek Services, Inc. dba Arctiq and the Southern Nevada Health District.*

PETITION #06-25

That the Southern Nevada District Board of Health *approve the contract between the Southern Nevada Health District and Dyntek Services, Inc. dba Arctiq.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Kim Saner, Deputy District Health Officer – Administration *KS*
Jason Frame, Chief Information Officer *JF*

DISCUSSION:

This is a new three-year contract for managed detection and response cybersecurity services and will be replacing another provider's services. We are changing providers for increased services with the benefit of a cost savings from the previous solution.

FUNDING:

Total three-year cost for this MDR solution is \$329,250.00, which will be billed according to the billing schedule below. These services through June 30, 2025 have been budgeted in the FY25 Information Technology budget with the remaining expenses to be expensed in the next three fiscal year IT budgets.

Billing Schedule:

- Upon contract execution = \$109,750
- Aug 26, 2025 = \$109,750
- Aug 26, 2026 = \$109,750



**PROFESSIONAL MANAGED EXTENDED DETECTION
AND RESPONSE SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
DYNTEK SERVICES, INC.
DOING BUSINESS AS ARCTIQ
C2500025**

This Professional Managed Extended Detection and Response Services Agreement (“Agreement”) is by and between the Southern Nevada Health District (“Health District”) and DynTek Services, Inc. doing business as Arctiq (“Contractor”) (individually “Party” and collectively “Parties”).

RECITALS

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

WHEREAS, Contractor is a provider of managed cybersecurity oversight, intelligence, and analytics, with multiple facilities in North America, including one located in Las Vegas, Nevada;

WHEREAS, pursuant to Contractor’s proposal to Health District updated on August 6, 2024, Contractor represented its willingness to provide cybersecurity incident monitoring and investigation services (“Services”); that it possesses the professional and technical expertise, the personnel necessary to perform the Services, and its personnel have sufficient expertise, knowledge, skill, and experience to provide such Services.

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

- 1) **TERM, TERMINATION AND AMENDMENT.** This Agreement shall be effective from September 1, 2024 through August 31, 2027, unless sooner terminated by either Party as set forth in this Agreement. This agreement may be extended upon mutual written agreement of both Parties.
 - 1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01. Health District acknowledges that termination for convenience will not include the Google SecOps portion of the Services to be provided as more fully described in Attachment B, Payment.
 - 1.03 This Agreement is subject to the availability of funding and shall be terminated immediately if for any reason State and/or Federal funding ability, or private grant

funding ability budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

1.04 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice but has not been paid.

1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

2) **INCORPORATED DOCUMENTS.** The services to be performed and the consideration therefore shall be specifically described in the attachments to this Agreement, which are incorporated into and are specifically a part of this Agreement, as follows:

ATTACHMENT A: STATEMENT OF WORK

ATTACHMENT B: PAYMENT

ATTACHMENT C: BUSINESS ASSOCIATE AGREEMENT

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

3.01 Contractor has, or will recruit and retain, such employees as it may need to perform the Services required by this Agreement. Contractor shall perform the Services in compliance with all applicable federal, state and local laws, statutes, regulations, and industry standards. Contractor shall be responsible for the professional quality, technical accuracy, completeness, and coordination of all reports furnished under this Agreement.

3.02 Contractor shall appoint a Manager, upon written acceptance by Health District, who will manage the performance of Services hereunder. All Services specified by this Agreement be performed by the Manager, or by Contractor's employees under the personal supervision of the Manager. Should the Manager, or any employee of Contractor be unable to complete his or her responsibility for any reason, Contractor must obtain written approval by Health District prior to replacing him or her with another equally qualified person. If Contractor fails to make a required replacement within 30 days, Health District may terminate this Agreement for default.

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

4) **COMPENSATION.** Contractor will be reimbursed for expenses incurred as provided in Attachment B, Payment. The total not-to-exceed amount for the term of this Agreement is \$329,250.

5) **STATUS OF PARTIES; INDEPENDENT CONTRACTOR.**

5.01 The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to the performance of Services pursuant to this Agreement. In the performance of such Services, Contractor and any person employed or contracted with Contractor shall at all times act as and be an independent contractor,

and not an employee or agent of Health District. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

- 5.02 Contractor has and shall retain the right to exercise full control over the employment, direction, compensation, and discharge of all persons employed by Contractor in the performance of the Services hereunder. Contractor shall be solely responsible for all matters relating to the payment of its employees, including compliance with social security, withholding and all other wages, salaries, benefits, taxes, demands, and regulations of any nature whatsoever.
- 6) SUBCONTRACTING. Except as expressly stated herein, Contractor shall not subcontract any portion of the Services required by this Agreement without the prior written approval of Health District. Subcontracts, if any, shall contain a provision making them subject to all provisions in this Agreement.
- 7) KEY PERSONNEL. The Health District's IT Manager is designated as the Health District's liaison and manager of this Agreement and is the single point-of-contact for resolution of Agreement related issues.
- 8) BOOKS AND RECORDS.
- 8.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.
- 8.02 Health District shall, at all reasonable times, have access to Contractor's records, calculations, presentations and reports for inspection and reproduction.
- 9) CONFIDENTIALITY. To comply with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, to protect the security, confidentiality, and integrity of protected health information, the Parties will execute a Business Associate Agreement, attached hereto as Attachment C and incorporated by reference herein.
- 10) BREACH; REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the ability to seek reasonable attorneys' fees and costs.
- 11) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either Party shall not operate as a

waiver by such Party of any of its rights or remedies as to any other breach.

- 12) NON-EXCLUSIVITY. This Agreement is non-exclusive, and both Parties remain free to enter into similar agreements with third parties. During the term of this Agreement, Contractor may perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and do not, in the opinion of Health District, create a conflict of interest.
- 13) LIMITED LIABILITY. Health District will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 14) FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, act of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event, the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.
- 15) INDEMNIFICATION. The Health District cannot and by this Agreement does not agree to indemnify, hold harmless, exonerate or assume the defense of Contractor or any other person or entity whatsoever for any purpose whatsoever. Contractor shall defend, indemnify and hold harmless the Health District, its board members, officers, agents, and employees from any and all claims, demands, suits, actions or proceedings of any kind or nature whatsoever, including workers' compensation claims, in any way resulting or arising from this Agreement; provided, however, that Contractor need not indemnify or save harmless the Health District, its board members, officers, agents and employees from damages resulting from the sole negligence of the Health District's board members, officers, agents and employees.
- 16) COMPLIANCE WITH LAWS. Contractor shall keep itself informed of and in compliance with all federal, state and local laws, ordinances, regulations, and orders that may affect in any manner the provision and performance of the Services or those engaged to perform Services under this Agreement.
- 17) INSURANCE. Contractor at its sole cost and expense agrees to obtain and maintain in full force and effect during the term of this Agreement, insurance in commercially reasonable amounts calculated to protect itself and the Health District from any and all claims of any kind or nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed or facilitated by this Agreement, whether these activities are performed by Contractor or anyone directly or indirectly engaged or employed by Contractor.
- 18) MUTUAL COOPERATION. The Parties agree to cooperate fully in furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

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

- 19) **NON-DISCRIMINATION.** As Equal Opportunity Employers, the Parties each have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 19.01 Contractor acknowledges that the Health District has an obligation to ensure that public funds are not used to subsidize private discrimination. Contractor recognizes that if it or its subcontractors are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or gender expression, age, disability, national origin, or any other protected status, the Health District may declare Contractor in breach hereof, terminate the Agreement, and designate Contractor as non-responsible.
- 20) **STATEMENT OF ELIGIBILITY.** Contractor acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither Contractor nor any of its employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a). If Contractor status changes at any time pursuant to this Section 22, Contractor agrees to immediately notify Health District in writing, and Health District may terminate this Agreement for cause as described in the above Section 1.
- 21) **SEVERABILITY.** If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
- 22) **ASSIGNMENT.** Neither Party shall assign, transfer or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.
- 23) **PUBLIC RECORDS.** Pursuant to NRS Chapter 239, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by Health District to public inspection and copying. Health District will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
- 24) **PROPER AUTHORITY.** The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.
- 25) **ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreement between the Parties regarding the subject matter hereof.
- 26) **TIME.** Contractor agrees that time is of the essence in this Agreement.
- 27) **GOVERNING LAW.** This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, notwithstanding conflict of laws principles, with Clark County, Nevada as the exclusive venue of any action or

proceeding related to or arising out of this Agreement.

28) THIRD PARTY BENEFICIARIES. This Agreement and attachments hereto, are not intended to confer any rights to any person or entity not a Party hereto.

29) CODE OF CONDUCT. By executing the Agreement, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District's Code of Conduct, which is available online at:

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

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

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

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

DynTek Services, Inc. dba Arctiq
5241 California Ave, Ste 150
Irvine, CA 92617
contracts@arctiq.com

32) COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

DYNTEK SERVICES, INC.
DOING BUSINESS AS ARCTIQ

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

By: _____
Kevin O’Hare
Chief Financial Officer

Date: _____

Date: _____

APPROVED AS TO FORM:

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

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

ATTACHMENT A
Statement of Work

All capitalized terms used but not defined herein shall have the meanings ascribed to them in this Agreement.

A. Scope of Services, September 1, 2024 through August 31, 2027.

Contractor will provide Health District 24x7 Managed eXtended Detection and Response (“MDXR”) services. The engagement will consist of the following:

B. Description/Scope. Contractor will provide cybersecurity incident monitoring and investigation services to include monitoring of, but not be limited to, endpoint detection and response, network protection appliances, email protection systems, along with other security event monitoring from client provided security technologies. Contractor will implement its MXDR Platform for logging, monitoring, event correlation, alerting and incident management as per the licensing limitations in Section A.2. Services include:

B.1 **Arctiq 24x7x365 Security Operations Centre Services** including Tier 1 and Tier 2 incident response including:

- (a) Extensive lifecycle cybersecurity incident management, from incident identification and investigation, providing remediation recommendations to Health District and incident closure
- (b) Create regular and prompt ticketing, aligned with performance requirements, and escalate security incidents to Health District.
- (c) Continually strengthen existing process for security incident identification and management, reviewing new use cases with Health District Key Personnel
- (d) Threat hunting
- (e) Ongoing security policy tuning and recommendations to ensure effective security

B.2 **Contractor Managed eXtended Detection and Response (MXDR) Platform** powered by Google SecOps (formerly Google Chronicle), licensed up to 15TB per year, including:

- (a) 12 months of data retention (up to 15TB per year)
- (b) Google SecOps Risk Dashboard
- (c) Google Cloud Threat Intelligence and Mandiant Open-Source Intelligence
- (d) Google SOAR with up to 10,000 alerts per day
- (e) Unlimited SIEM and SOAR users

B.3 Meaningful security monthly reporting, which may include:

- (a) Security Incident Reports
- (b) Attacks Trend Analysis Reports
- (c) Security Incidents and Threats Trending Reports

- (d) SOC Dashboard
- (e) Service Delivery and Performance Trends
- (f) Areas for service improvement
- (g) Recommendations to further secure SNHD’s environment

B.4 Work Location. This engagement will be performed as remote work with 24x7x365 Security Operation Centre services delivered from our three Security Operations Centers located in (All data will be in Google in the USA):

- Albany, New York
- Regina, Saskatchewan
- Halifax, Nova Scotia

B.5 Service Level Objectives. Contractor will make itself available to Health District by phone should it require guidance or need clarification of alerts and reports. The following are the target Service Level Objectives (“SLO”) and reporting mechanism:

(a) Service level objectives by priority:

Managed Defense Security Event Severity Level	Target Time to Prioritize Alert (from time of ingestion)	Target Time to Publish an Investigation Report (from time of assigned Severity Level)	Target Time to Provide Completed Investigation Report to SNHD (from the time of Published Report)
Severity 1 – High	30 minutes	1 Hour	30 minutes
Severity 2 – Medium	30 minutes	4 Hours	1 hour
Severity 3 – Low	30 minutes	24 Hours	4 hours

(b) Communications by criticality:

Severity	Description	Notification	Delivery Mechanism
High	Activity that may pose a significant threat to Health District’s assets or information	Email/Phone	Investigation Report
Medium	Activity that does not require immediate attention or represent a significant threat to Health District’s assets or information	Email	Investigation Report
Low / Informational	Activity that does not appear to impact Health District’s assets or information	Email	Alert Comments

(c) Should Contractor notify Health District of a critical event by email and not get a response within 30 minutes, Contractor will escalate the notifications via phone until Health District is aware of the incident and participating in the response.

B.6 Responsibilities of the Parties:

(a) Health District will:

- Provide Contractor with necessary access to systems on request or access to an internal resource who can complete the internal work in cooperation with Contractor.
- Work with Contractor to bring closure to each alert.
- Procure all maintenance, support, and licensing agreements with third party vendors for all non-Contractor provided in-scope devices for the term of the Agreement, unless otherwise stated in this “Statement of Work”.
- Ensure that all systems are properly backed up prior to any Services being performed for that system.
- Ensure that the current support agreements are in place with the original hardware or software vendor for those products for which Contractor is providing the services described herein.
- Ensure that Health District personnel with functional and domain knowledge are available during the implementation phase to install agents, log forwarders or other configurations required to enable the service.
- Ensure any required third-party approvals are received that are required for the service to operate (e.g. third-party network management companies).

(b) Contractor will:

- **NOT** support altered, damaged, or modified software, or software that is not the most current supported version.
- Except for SOC monitoring and incident response, perform all work during Health District’s business hours, excluding holidays, except where otherwise specified and agreed upon by both parties.
- Provision the MXDR platform as per the licensing limit identified in Section C and deliver the platform as a service to Health District with software licenses and subscriptions owned by Contractor.

C. License Additions and License True-ups.

- C.1 Actual license utilization will be tracked and reported to SNHD monthly
- C.2 Arctiq may invoice Customer in arrears at the end of each month for any Units consumed in excess of the Units purchased in this Statement of Work, which will be charged at the monthly-prorated List Price less the applicable Discount, unless otherwise agreed by the parties in writing. Customer will pay such invoice by the Payment Due Date.
- C.3 Endpoints are defined as any systems that could have EDR software installed (e.g. workstations, Linux servers, Windows servers, virtual servers, etc.). Increasing endpoint counts beyond what is detailed in this SOW will require a signed change order for additional SOC monitoring fees.

D. Personnel.

- D.1 Contractor will not change key personnel identified in Section D.2 without the approval

of Health District except in the case of promotions, resignation, or leave of absence of the Contractor employee.

D.2 Contractor personnel (including Key Personnel) identified for this Statement of Work are as follows:

Role/Title	Name	Phone Number	Email Address
Director of Security and Network Operations	Jeff Livingstone	1 (306) 535-7299	Jeff.Livingstone@arctiq.com
VP of Security	Cliff Janzen	1 (306) 737-1926	Cliff.Janzen@arctiq.com
SOC Manager	Andrew Warham	1 (902) 499-9570	Andrew.Warham@arctiq.com
Senior Manager, Managed Services	Ian Jewsbury	1 (306) 533-4136	Ian.Jewsbury@arctiq.com
Security Operations Centre (Incident Reporting)	N/A	1 (855) 779-4400	rs_support@arctiq.com
Account Executive			

E. Health District agrees in good faith to work with Contractor to amend this Statement of Work accordingly in the event Health District's environment generates an inordinate number of Events processed by Contractor's MXDR platform.

**ATTACHMENT B
PAYMENT**

A. Payment to Contractor:

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

B. Budget.

Performance Period: September 1, 2024 through August 31, 2027

Total Not-To-Exceed Budget: \$329,250

Products & Services Included in Contractor's MXDR Services	
Arctiq 24x7x365 MXDR Services 3-year contract for 1,900 endpoints	
Threat hunting included	
Arctiq MXDR Platform powered by Google Security Operations Enterprise SIEM and SOAR - licensed at 15TB/year	
12 months of data retention	
Risk Dashboard and UEBA Detections	
Google Cloud Threat Intelligence and Mandiant Open-Source Intelligence	
SOAR functionality with up to 10,000 alerts per day	
Unlimited SIEM and SOAR users	
Arctiq MXDR Pricing 3-year Commitment	
Arctiq MXDR Operational 24x7x365 MXDR Service, 1900 endpoints	\$85,000
Google SecOps – SIEM/SOAR Platform licensed at 15TB/year (TPPS)	\$24,750
Yearly Sub-Total	\$109,750
Grand Total 3-Year (USD)	\$329,250

B.1 The amount of third-party products and services included in table above is \$74,250 (\$24,750 x 3 years for Google). Third-party products and services and Contractor's MXDR services are billed annually in advance.

(a) Billing Schedule:

- Upon execution of this Agreement (term September 1, 2024 to October 31, 2025) = \$109,750
- Aug 26, 2025 (term September 1, 2025 through October 31, 2026) = \$109,750
- Aug 26, 2026 (term September 1, 2026 through October 31, 2027) = \$109,750

B.2 No payments for this Performance Period shall be made in excess of the Not-to-Exceed

amount in this Section B.

- B.3 Contractor will bill Health District promptly for Services actually provided no more frequently than monthly. Invoices will detail work accomplished in accordance with Attachment A, Statement of Work.
- (a) Backup documentation (including, but not limited to invoices, original receipts, or any other documentation requested by Health District) is required and shall be maintained by Contractor in accordance with cost principles applicable to this Agreement.
 - (b) Health District reserves the right to require such additional documentation, including monthly activity reports, detailing Contractor's activities and Services rendered, as the Health District deems appropriate to support payment to Contractor.
 - (c) Payments will be made to Contractor within thirty (30) days, or within a mutually agreed upon period after Health District receives a complete invoice from Contractor.
 - (d) Contractor invoices shall be signed by the Contractor's official representative and shall include a statement certifying that the invoice is a true and accurate billing. Contract number C2500025 shall be referenced in each Contractor invoice.
- B.4 Health District shall not be liable for interest charges on late payments.
- B.5 Health District will not issue purchase order documents to Contractor for goods and/or services included within Attachment A, Statement of Work.
- B.6 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

**ATTACHMENT C
BUSINESS ASSOCIATE AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
DYNTEK SERVICES, INC.
DOING BUSINESS AS ARCTIQ**

This Business Associate Agreement (“Agreement”) is made and entered into this 1st day of September, 2024 between the Southern Nevada Health District (“Covered Entity”), and DynTek Services, Inc. doing business as Arctiq (“Business Associate”), (individually referred to as “Party” or collectively as “Parties”).

WITNESSETH:

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

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

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

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

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

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

(1) AGREEMENTS AFFECTED BY THIS BUSINESS ASSOCIATE AGREEMENT.

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

PROFESSIONAL MANAGED DETECTION AND RESPONSE SERVICES AGREEMENT BETWEEN SOUTHERN NEVADA HEALTH DISTRICT AND DYNTECH SERVICES, INC. DOING BUSINESS AS ARCTIQ C2500025

(2) DEFINITIONS.

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

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

(3) BUSINESS ASSOCIATE CONFIDENTIALITY REQUIREMENTS (Privacy Rule).

Business Associate acknowledges and agrees:

- i) To not use or disclose PHI other than as permitted or required by this Agreement, the Service Agreements, or as Required by Law.
- ii) To use appropriate safeguards to prevent the use or disclosure of the PHI other than as provided for by this Agreement.
- iii) In case of any conflict between this Agreement and the Service Agreements, this Agreement shall govern.
- iv) All PHI created, received, maintained, or transmitted by Covered Entity and disclosed or made available in any form or format by Covered Entity or its operating units to Business Associate or is created, received maintained or transmitted by Business Associate on Covered Entity's behalf shall be subject to this Agreement.
- v) To use or disclose any PHI solely for meeting its obligations as set forth in the Service Agreement(s) and as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity.

- vi) Ensure all such uses and disclosures of PHI are subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and minimum necessary requirements.
- vii) Ensure any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restriction and conditions that apply through this Agreement to Business Associate with respect to such information (45 CFR § 164.314).
- viii) To fully cooperate in good faith and to assist Covered Entity in complying with the requirements of the HIPAA Rules.
- ix) Subject to the exceptions contained in the HITECH Act, Business Associate will not directly or indirectly receive remuneration for the sale or exchange of any PHI without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed “marketing” under the HIPAA Rules.

(4) BUSINESS ASSOCIATE SECURITY REQUIREMENTS (Security Rule).

Business Associate acknowledges and agrees:

- i) To implement appropriate safeguards and internal controls to prevent the use or disclosure of PHI other than as permitted in this Agreement or by the HIPAA Rules.
- ii) To use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by the Service Agreement(s), this Agreement, or as Required by Law. This includes the implementation of administrative, physical, and technical safeguards to reasonably and appropriately protect and secure the Covered Entity’s ePHI against any reasonably anticipated threats or hazards, utilizing technology commercially available to the Business Associate. (45 CFR §§ 164.308, 164.310, 164.312). Business Associate shall maintain appropriate documentation of its compliance with the Privacy Rule, including, but not limited to, its policies, procedures, records of training, and sanctions of its workforce member. (45 CFR §164.316).
- iii) To notify Covered Entity immediately of any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- iv) In the case of an unsuccessful attempt to gain unauthorized access, Business Associate need only notify Covered Entity of an attempt that had a reasonable probability of success.
- v) To notify Covered Entity immediately upon discovery of a breach pursuant to the terms of 45 CFR § 164.410 and cooperate in Covered Entity’s breach analysis procedures, including risk assessment and final determination on whether to notify affected individuals, media, or HHS.
 - (a) a breach shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate.

- (b) Business Associate shall provide Covered Entity with all required content of notification pursuant to 45 CFR §164.410 and 45 CFR §164.404 within 15 business days of discovery of the Breach.
- vi) For breaches determined to have resulted from the Business Associate actions and/or its subcontractors, Business Associate will handle and pay all costs for any breach notifications and/or mitigation to affected individuals and notifications to HHS and the media, on behalf of the Covered Entity.
- vii) All notifications as permitted or required pursuant to this Agreement must be in writing, and shall be made by personal delivery, overnight delivery, or via U.S. certified mail, postage prepaid to Covered Entity at the address set forth below:
Kyle Parkson
Privacy Officer
280 S. Decatur Boulevard
Las Vegas, NV 89107

(5) BUSINESS ASSOCIATE PERMITTED USES AND DISCLOSURES.

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

- i) Subject to the limitations of this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- ii) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide Data Aggregation Services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(b).
- iii) Business Associate shall report to Covered Entity any use or disclosure of PHI which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident it becomes aware, including breaches of unsecured PHI.
- iv) Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

(6) SPECIFIC USE AND DISCLOSURES.

- i) HHS has the right to review, audit, or investigate Business Associate's records and practices related to the use and disclosure of PHI to ensure Covered Entity's compliance with the terms of the HIPAA Rules.
- ii) Upon request, provide Covered Entity with timely and appropriate access to records, electronic records, personnel, or facilities sufficient for Covered Entity to gain reasonable assurance that Business Associate is in compliance with the HIPAA Rules and the provisions of this Agreement.
- iii) At Covered Entity's Request, Business Associate agrees:
 - (a) to comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed and of which Business Associate has been notified.

- (b) within 15 days of a request by Covered Entity, account for disclosures of PHI and make an account of such disclosure available to Covered Entity as required by 45 CFR § 164.528.

(7) TERMINATION.

- i) Covered Entity shall have the right to terminate this Agreement and the Service Agreement(s) immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement.
- ii) If Covered Entity reasonably believes that Business Associate has violated a material term of this Agreement, where practicable, Covered Entity shall either:
 - (a) give written notice to Business Associate with an opportunity to reasonably and promptly cure or end the violation and terminate the Agreement if the Business Associates does not cure the breach or end the violation within the reasonable time specified; or
 - (b) terminate this Agreement and the Service Agreement(s) immediately.
- iii) This Agreement shall terminate in the event that the underlying relationship, functions, or services that gives rise to the necessity of this Agreement terminates for any reason. Upon such termination, the provisions of this Agreement which expressly or by their nature survive expiration or termination will remain in effect.
- iv) Upon termination of the Service Agreement(s), this Agreement, or at the request of Covered Entity, Business Associate will return or destroy all PHI received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information.
- v) if such return or destruction is not feasible, Business Associate shall provide written assurances as to the means of continued protection of the data and extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction unfeasible for so long as Business Associate maintains the same.
- vi) Business Associate shall consult with Covered Entity as necessary to ensure an appropriate means for the return and/or destruction of any PHI and notify the Covered Entity in writing when such destruction is complete.
- vii) If PHI is returned, the Parties shall document when the PHI has been received by the Covered Entity.

(8) MISCELLANEOUS.

- i) The Parties agree that the provisions of HIPAA and the HITECH Act that apply to Business Associate are incorporated by reference into this Agreement in their entirety.
- ii) Business Associate agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of 45 CFR § 164.526.
- iii) Except as expressly stated herein or the HIPAA Rules, the Parties to this

Agreement do not intend to create any rights in any third parties.

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

construction against any Party based on any presumption of that Party's involvement in the drafting thereof.

- xv) This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same instrument.

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

COVERED ENTITY
SOUTHERN NEVADA HEALTH DISTRICT

BUSINESS ASSOCIATE
DYNTEK SERVICES, INC.
DOING BUSINESS AS ARCTIQ

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

By: _____
Kevin O'Hare
Chief Financial Officer

Date: _____

Date: _____



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 26, 2024

RE: Construction Change Order Request between Southern Nevada Health District and KOR Building Group, LLC

PETITION #07-25

That the Southern Nevada District Board of Health *approve the construction change order request between the Southern Nevada Health District and KOR Building Group, LLC to build a Behavioral Health Clinic at 280 South Decatur Blvd.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *[Signature]* Cassius Lockett, PhD - DDHO on behalf of DHO
Kim Saner, Deputy District Health Officer- Administration *[Signature]* *authorized to sign on behalf of Kim Saner
Sean Beckham, Chief Facilities Officer *[Signature]*

DISCUSSION:

The Southern Nevada Health District proposes to build a separate entrance for the Behavioral health Clinic and remodel the front reception area of 280 S Decatur. Additionally, change orders for the relocation of a condensate line and floor leveling were identified as needs during construction.

FUNDING:

The total cost is \$157,495 from the general fund.

DRAFT

AIA® Document G701® - 2017

Change Order

PROJECT: <i>(Name and address)</i> Behavioral Health Clinic Remodel 280 S. Decatur Blvd. Las Vegas, Nevada 89107 P	CONTRACT INFORMATION: Contract For: Behavioral Health Clinic Remodel, Reference C2400095 Date: 7/1/2024	CHANGE ORDER INFORMATION: Change Order Request Numbers: 001, 002, 003 Dates: 7/18/2024, 8/26/2024, and 8/26/2024; respectively
OWNER: <i>(Name and address)</i> Southern Nevada Health District 280 S. Decatur Blvd. Las Vegas, Nevada 89107	ARCHITECT: <i>(Name and address)</i> Broyles International, LLC doing business as IZ Design Studio 7229 West Sahara Avenue Las Vegas, Nevada 89117	CONTRACTOR: <i>(Name and address)</i> KOR Building Group, LLC 2670 Chandler Avenue, Suite 10 Las Vegas, Nevada 89120

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Change Order Request #001 in the amount of \$7,518.00, attached hereto as Exhibit A and incorporated by reference herein
Change Order Request #002 in the amount of \$2,391.00, attached hereto as Exhibit B and incorporated by reference herein
Change Order Request #003 in the amount of \$147,587, attached hereto as Exhibit C and incorporated by reference herein

The original Contract Sum was	\$	<u>698,456.00</u>
The net change by previously authorized Change Orders	\$	<u>0.00</u>
The Contract Sum prior to this Change Order was	\$	<u>698,456.00</u>
The Contract Sum will be increased by this Change Order in the amount of	\$	<u>157,496.00</u>
The new Contract Sum including this Change Order will be	\$	<u>855,952.00</u>

The Contract Time will be increased by 183 days.
The new date of Substantial Completion will be 12/30/25

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE CONTRACTOR AND OWNER.

KOR Building Group, LLC
CONTRACTOR *(Firm name)*

Rebecca Fountain
SIGNATURE CEO/Owner
REBECCA FOUNTAIN
PRINTED NAME AND TITLE

DATE

Southern Nevada Health District
OWNER *(Firm name)*

By:
SIGNATURE Fermin Leguen, MD, MPH
 District Health Officer
FERMIN LEGUEN, MD, MPH
PRINTED NAME AND TITLE

DATE



CHANGE ORDER REQUEST

COR. No: 001
C.O. Date: 7/18/2024
Job No: 2412
Contact: Dave Brown, PM

To: Southern Nevada Health District
 280 S. Decatur Blvd
 Las Vegas, NV 89120
 Owner Representative: Sean Beckham

From: KOR Building Group
 2670 Chandler Ave #10
 Las Vegas, NV 89120

CC: Kaycie Kohashi, KOR

Project: Behavioral Health Clinic Remodel
Subject: COR #001 Relocation of the Condensate Lines

We respectfully request your review and approval of the following Change Request:

Description: Furnish all materials & equipment and perform all labor necessary to re-route an existing 1-1/4" condensate waste pipe to the nearest existing mop sink located in the janitors closet.

- | | |
|--|-------------|
| 1. Material and labor to relocate condensate pipe. | \$ 6,381.00 |
| 2. GL Insurance (2%) | \$ 128.00 |

Added Changes Total:	\$ 6,509.00
GC Overhead (10%):	\$ 651.00
GC Profit (5%)	\$ 358.00
Grand Total	\$ 7,518.00

General Contractor reserves the right to analyze schedule at a later date and / or in the event that a series of changes (fragments) add up to an overall critical path schedule impact.



EXHIBIT B CHANGE ORDER REQUEST

COR. No: 002
C.O. Date: 8/26/2024
Job No: 2412
Contact: Alan Biddle, CM

To: Southern Nevada Health District
280 S. Decatur Blvd
Las Vegas, NV 89120
Owner Representative: Sean Beckham

From: KOR Building Group
2670 Chandler Ave #10
Las Vegas, NV 89120

CC: Kaycie Kohashi, KOR

Project: Behavioral Health Clinic Remodel
Subject: COR #002 Floor Levelling

We respectfully request your review and approval of the following Change Request:

Description: Furnish all material and labor to level the existing flooring/concrete throughout the Behavioral Health Clinic.

- | | |
|--|-------------|
| 1. Material and labor to level flooring. | \$ 2,029.00 |
| 2. GL Insurance (2%) | \$ 41.00 |

Added Changes Total:	\$ 2,070.00
GC Overhead (10%):	\$ 207.00
GC Profit (5%):	\$ 114.00
Grand Total	\$ 2,391.00

General Contractor reserves the right to analyze schedule at a later date and / or in the event that a series of changes (fragments) add up to an overall critical path schedule impact.

COR. No: 003
C.O. Date: 8/26/2024
Job No: 2412
Contact: Alan Biddle, CM

To: Southern Nevada Health District
280 S. Decatur Blvd
Las Vegas, NV 89120
Owner Representative: Sean Beckham

From: KOR Building Group
2670 Chandler Ave #10
Las Vegas, NV 89120

CC: Kaycie Kohashi, KOR

Project: Behavioral Health Clinic Remodel
Subject: COR #003 BOH Entry & Casework

We respectfully request your review and approval of the following Change Request:

Scope of Work:

- Provide selective demolition. Remove entry casework, damaged curb, existing concrete corner, and VCT flooring at vestibule.
- Install concrete curb, handicap ramp, and ADA parking sign per plans.
- Frame new walls. Furnish and install drywall, tape, and texture to match.
- Repair ACT as needed.
- Furnish and install new doors, frames, and hardware per plan schedule.
- Relocate (3) electrical outlets, conduit, and boxes for (2) access card readers.
- Fabricate and install new casework in the reception area with countertops and acrylic panels.
- Paint walls, curbs, and striping per plans.
- Install new VCT tiles per plans.
- Project duration is estimated to be (4) weeks.
- Pay all permit/plan check fees and obtain permits for construction once approved.
- Clean up trash debris daily and remove from site for lawful disposal.
- Provide on-site supervision throughout the duration of construction.
- Provide final inspection reports and close-out documents to Owner.
- Day work. This is based upon the work being performed during normal day-time business hours, or as mutually agreed upon within an employee's normal 40-hour work week.
- Includes prevailing wage.

Exclusions:

- Temporary utilities or fees.
- Engineering/permittable drawings.
- Changes or additions to the scope of work per Owner's requests.
- Nightwork, overtime, holidays, and weekends.
- Concealed and unforeseen conditions.

Change Order Request:

1. Provide material and labor the tenant improvement to the BOH entry and modification of casework at the existing front entry. \$ 122,765.00

Added Changes Total:	\$ 122,765.00
GC Overhead (10%):	\$ 12,276.00
GC Profit (5%):	\$ 6,138.00
GL Insurance (2%):	\$ 2,455.00
Bonds (2.8%):	\$ 3,953.00
Grand Total	\$ 147,587.00

General Contractor reserves the right to analyze schedule at a later date and / or in the event that a series of changes (fragments) add up to an overall critical path schedule impact.



DATE: September 26, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Mpox Update

The Southern Nevada Health District continues to report sporadic cases of Mpox in Clark County residents. As of September 2, the Health District has reported seven probable and confirmed Mpox cases in Clark County since January 1, 2024.

There are two types of Mpox, clade I and clade II. Clade I can cause more severe illness and death and is endemic in the Democratic Republic of Congo. There has been transmission to neighboring countries resulting in the current outbreak. **No cases of clade I have been reported in the United States.**

The Health District is reminding the public that Mpox spreads through close or intimate contact, and the most effective way for those at risk to protect themselves is by receiving two doses of the Mpox vaccine if they are eligible. More information about vaccine availability and eligibility is available at www.snhd.info/Mpox. The two-dose vaccine series is safe and effective in lowering the risk of contracting Mpox and reducing the severity of symptoms if one does become infected. Additionally, the vaccine can help prevent Mpox if administered within 14 days after exposure. To date, more than 11,740 doses of the vaccine have been administered in Health District affiliated clinics in Clark County.

People can take additional steps to protect themselves:

- Avoid close contact with individuals exhibiting symptoms of Mpox, including those with rashes or lesions.
- Avoid touching objects, clothing, bedding or materials used by someone with Mpox.
- Watch for signs and symptoms for 21 days if exposed to Mpox and visit a health care provider.

More information about Mpox is available on the Centers for Disease Control and Prevention website at www.cdc.gov/poxvirus/mpox.

Raw Milk

The Health District is alerting people to the health risks associated with consuming raw milk, following an increase in the illegal sale of these products in Clark County. The sale of raw milk, and its products, is illegal in Clark County due to serious health concerns.

The Health District advises residents to only consume pasteurized milk, which is treated to eliminate germs that can cause severe illness. Raw milk can be contaminated with bacteria like *salmonella*, *E. coli*, *listeria*, *brucella* and *campylobacter*, all of which can lead to severe health complications or even death. Some groups are especially vulnerable to these illnesses, including children under 5, older adults over 65, pregnant people, and those with weakened immune systems.

When the Health District discovers raw milk being sold, the milk is confiscated and discarded. Repeated violations can result in enforcement actions, including the potential revocation of health permits. Anyone who observes raw milk being sold for human consumption in Clark County is encouraged to report it by calling the Nevada Department of Agriculture at (775) 353-3607. Anyone who becomes ill after consuming raw milk should call (702) 759-1300 or submit a report using the [Foodborne Illness Complaint Form](#). The Health District strongly advises the public not to consume raw milk from any animal.

For more information about raw milk and the health risks associated with it, visit the FDA's website: [Raw Milk Misconceptions and Danger of Raw Milk Consumption](#). For more information about dairy sales in Nevada, visit the Nevada Department of Agriculture website at [Dairy Distribution and Marketing \(nv.gov\)](#).

National Preparedness Month

September is National Preparedness Month, a time to spotlight the critical importance of being ready for unexpected disasters. Potential emergencies in Southern Nevada could include natural disasters such as earthquakes, floods, wildfires, extreme heat, and storms as well as intentional acts. The Health District encourages everyone to assess their personal and community readiness for emergencies that could strike at any time.

The Health District has a Disaster Supplies & Preparedness Calendar to help families develop their plans and gather supplies over the course of a year. Kits should be developed to meet the needs of individual families, especially if they include older adults, infants, people with special needs, and pets. To access the calendar, visit [Supply Calendar – Southern Nevada Health District](#). In collaboration with local municipalities, the Health District's Office of Public Health Preparedness (OPHP) works to ensure public health and safety during crises. The OPHP and the Centers for Disease Control and Prevention (CDC) suggest the following preparedness steps:

- **Create a disaster plan:** Develop a detailed plan for families that includes evacuation routes, emergency contacts and essential supplies.
- **Assemble a disaster kit:** Put together a kit with vital supplies like food, water, first aid items, a flashlight, a battery-powered radio and a change of clothes. The disaster kit should last for at least 72 hours, and it should be checked and updated twice a year; perhaps at the beginning and end of Daylight Savings Time.
- **Stay informed:** Keep up with local weather alerts, emergency notifications and community resources. Sign up for emergency alerts and follow official government channels for the most accurate information.

The CDC notes that individuals with disabilities or special needs may face extra challenges during emergencies. First responders might not be able to reach them promptly, and medical services could be stretched thin. It's important for disaster preparedness plans to cover aspects like

transportation, evacuation strategies, and other relevant concerns. For more details, visit [Emergency Preparedness for People with Disabilities](#).

Pet owners should make sure their pets are part of their emergency preparedness plans. Disaster kits should contain essential items for pets, such as food and water, a crate or carrier, a leash, medications, a copy of their veterinary records, and recent photos. Ensure pets wear a collar with ID and emergency contact information and consider having them microchipped as an extra precaution. Per a recent city ordinance, all dogs or cats over the age of four months residing in the city of Las Vegas must have a microchip.

Additionally, the Southern Nevada Community Preparedness App can help with preparing plans for a disaster. The app allows users to:

- Share their status with selected contacts with the push of a button.
- Receive critical emergency alerts via push notification.
- Locate Southern Nevada's emergency shelters.
- View up-to-date evacuation route maps.
- Get the latest news and weather for Southern Nevada.
- Create a personalized Emergency Preparedness Plan by answering five basic questions.

To download the app, visit [Office of Public Health Preparedness – Southern Nevada Health District](#). For more information on National Preparedness Month, visit [National Preparedness Month | Ready.gov](#).

Pop-up Produce Stands

As the fall season approaches, the Pop-Up Produce Stands return to Las Vegas on September 3, giving people increased access to affordable, locally grown, organic fresh fruits and vegetables. The pop-ups are scheduled for six dates in September, October and November at the Bonneville Transit Center (BTC) in Las Vegas. Customers can use their SNAP/EBT card, cash, debit or credit cards.

The pop-up stands are aimed at helping address the problem of food insecurity in Southern Nevada. Approximately 330,757 people in Clark County — 14.6% of the population — are food insecure, meaning they are unable to access or afford enough nutritious food for their overall health and well-being. According to the U.S. Department of Agriculture, 12.8% of U.S. households experienced food insecurity during 2022.

The produce stands program is a partnership among the Health District's Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada (RTC), Prevail Marketplace and Together We Can's Veggie Buck Truck. There were six pop-up stands at the BTC in April, May and June.

People can visit the Pop-Up Produce stands at the BTC, located at 101 E. Bonneville Ave., Las Vegas, NV 89101, from noon to 3 p.m., or while supplies last on upcoming dates:

- Tuesday, October 1
- Tuesday, October 8
- Tuesday, November 5
- Tuesday, November 12

Last spring's pop-up stands resulted in nearly 1,425 pounds of produce sold. About 20% of the spring 2024 market sales were SNAP/EBT transactions. Healthy recipe cards, nutrition education and other health resources will also be available at the pop-ups.

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

Mosquito Surveillance Update

As of September 9, Health District Environmental Health staff have set 2,568 traps throughout Clark County and submitted 2,785 sample pools, representing 43,126 mosquitoes, to the Southern Nevada Public Health Laboratory for analysis. Of the sample pools submitted, 387 tested positive for West Nile virus in 46 ZIP codes and 21 tested positive for St. Louis encephalitis in eight ZIP codes.

In Clark County, there have been 26 cases of West Nile virus reported in humans, 14 neuroinvasive cases — all requiring hospitalization — and 12 non-neuroinvasive cases. There have been no reported deaths this season. 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.

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). 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 Health District continues to urge people to Fight the Bite and reduce the risk of mosquito-borne illnesses by taking preventive measures:

- 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/.

Community Meetings

Week ending 09/01:Professional Development/Conferences:

- Attended the “Influenza A (H5N1) Response Call for Public Health and One Health Partners” call facilities by the Centers for Disease Control (CDC)

Ad-hoc Meetings:

- Meeting with Commissioner Kirkpatrick, Julia Peek and Vinson Guthreau

Week ending 08/25:Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Councilman Seebeck, Councilman Black, Bobbette Bond, and Mayor Hardy
- Participated in the Southern Nevada Community Health Center Finance and Audit Committee meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the Local Health Official Monthly Engagement meeting facilitated by National Association of County and City Health Officials (NACCHO)

Professional Development/Conferences:

- Attended the Southern Nevada Employer Health Summit on "Address Employers Challenges with High-Cost Claims & Chronic Disease" facilitated by Las Vegas HEALS
- Attended the HIV Research Round-Up: Results from the International AIDS Conference that Matter webinar

Ad-hoc Meetings:

- Participated in the Collective Bargaining Agreement Signing Party with members of the SNHD Leadership, Board of Health and SEIU 1107

Week ending 08/18:Bi-weekly:

- Attended the CDC Invitation: New Biweekly Influenza A (H5N1) Response Call for Public Health and One Health Partners

Monthly:

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

Professional Development/Conferences:

- Attended a “White House Briefing on the Inflation Reduction Act Negotiated Drug Prices Announcement” webinar

Ad-hoc Meetings:

- Attended the Joint Interim Standing Committee on Health and Human Services meeting
- Attended a meeting with Bradley Mayer to discuss legislative priorities
- Attended a meeting with state representatives to discuss ELC funding

Week ending 08/11:Monthly:

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

Quarterly:

- Participated in the Nevada State EMS Advisory Committee meeting

- Attended the Medical Advisory Board meeting

Media/Interviews/Panelist/Presenter/Events:

- Welcome message at the Health District After Dark “Health Equity in Sin City”

Professional Development/Conferences:

- Attended the “Exchange Session 2” webinar facilitated by the Providers Clinical Support System
– Medications for Opioid Use Disorder

Ad-hoc Meetings:

- 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



2025 Southern Nevada Community Status Assessment

Tamera Travis, MSc

Office of Informatics and Epidemiology
Division of Disease Surveillance and Control
September 26, 2024

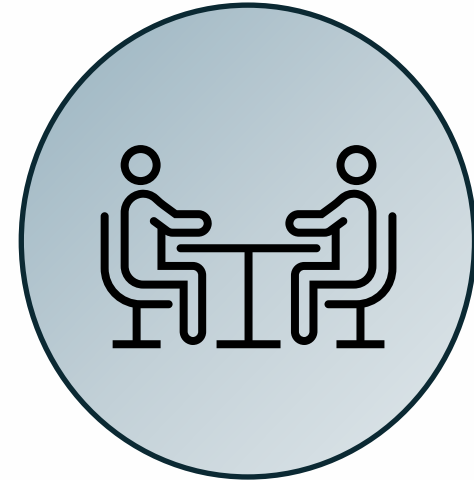
Community Health Assessment (CHA) Components



**Community Partner
Assessment**



**Community Status
Assessment**



**Community Context
Assessment**

Community Outreach

We attended over 100 outreach events across 25 zip codes in Clark County.

These include:

- Juneteenth
- World Refugee Day
- Pop up produce stands

We also spread the word about the CSA through 15 presentations!

- Puentes' Quarterly Equity Collaborative
- Public Health Advisory Board
- SNHD Federally Qualified Health Center





A HEALTHIER TOMORROW



Approach

Audra Peterson, Ph.D.
Sangeeta Morcar, MPH
Rosanna M. ...
Victoria ...

Conference with
SNHD - NV Health
Forum - Presenters

Methods

- Goal: 3,000 responses
 - Population overestimate from 2022 Clark County Census: 2,330,000
 - Margin of error: 3-4%
- Data sources: U.S. Census, Nevada Minority Health Report, and the U.S.D.A. Rural-Urban Commuting Area Codes, Point in Time Count to determine demographic percentages.
- We used the above demographic percentages determine our quotas for each group.
- Quota and Time-Location Sampling were used to gather responses.

Quotas

Boulder City

Target: 19

Henderson

Target: 433

Las Vegas

Target: 849

Mesquite

Target: 30

North Las Vegas

Target: 366

Unincorporated Clark County

Target: 1,304

LGBT

Target: 165

No permanent housing

Target: 8

Disabled

Target: 258

Non-US born

Target: 654

Resident of rural area

Target: 39

Older adults (60+)

Target: 624

Asian

Target: 336

Black/ African American

Target: 414

Hispanic/ Latino

Target: 978

Multiracial

Target: 165

Native American/ Alaska Native

Target: 39

Native Hawaiian/ Pacific Islander

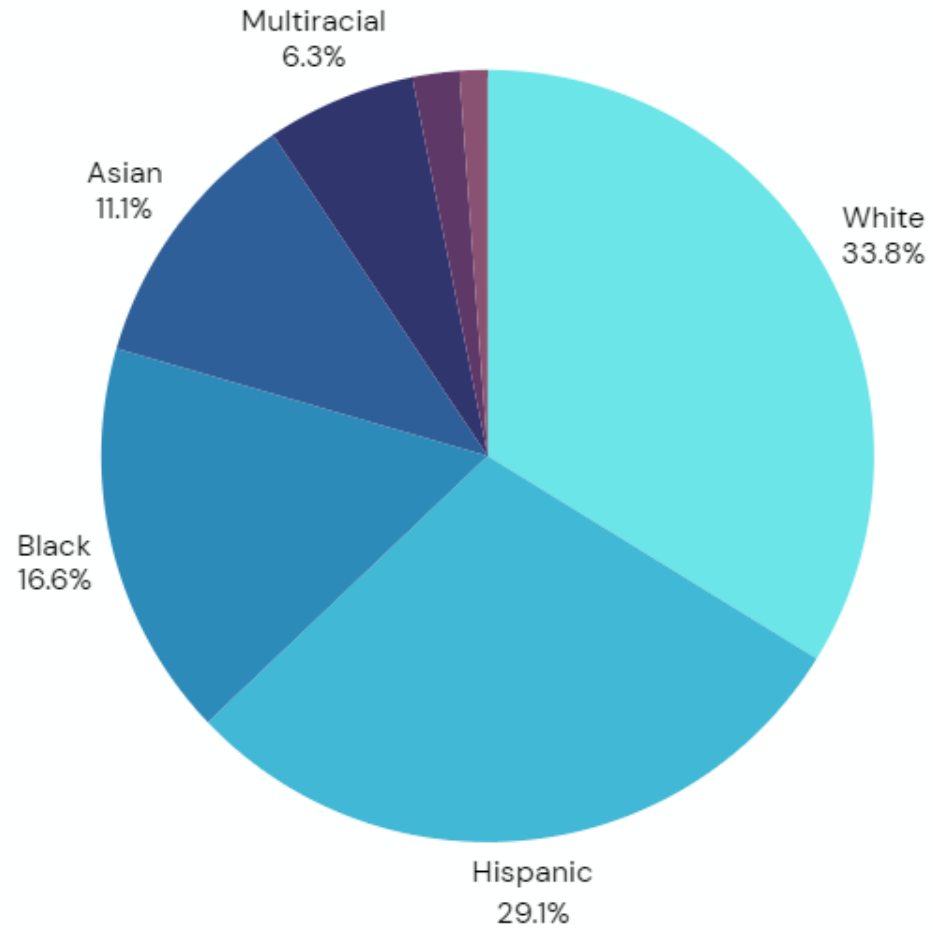
Target: 30

White, non-Hispanic

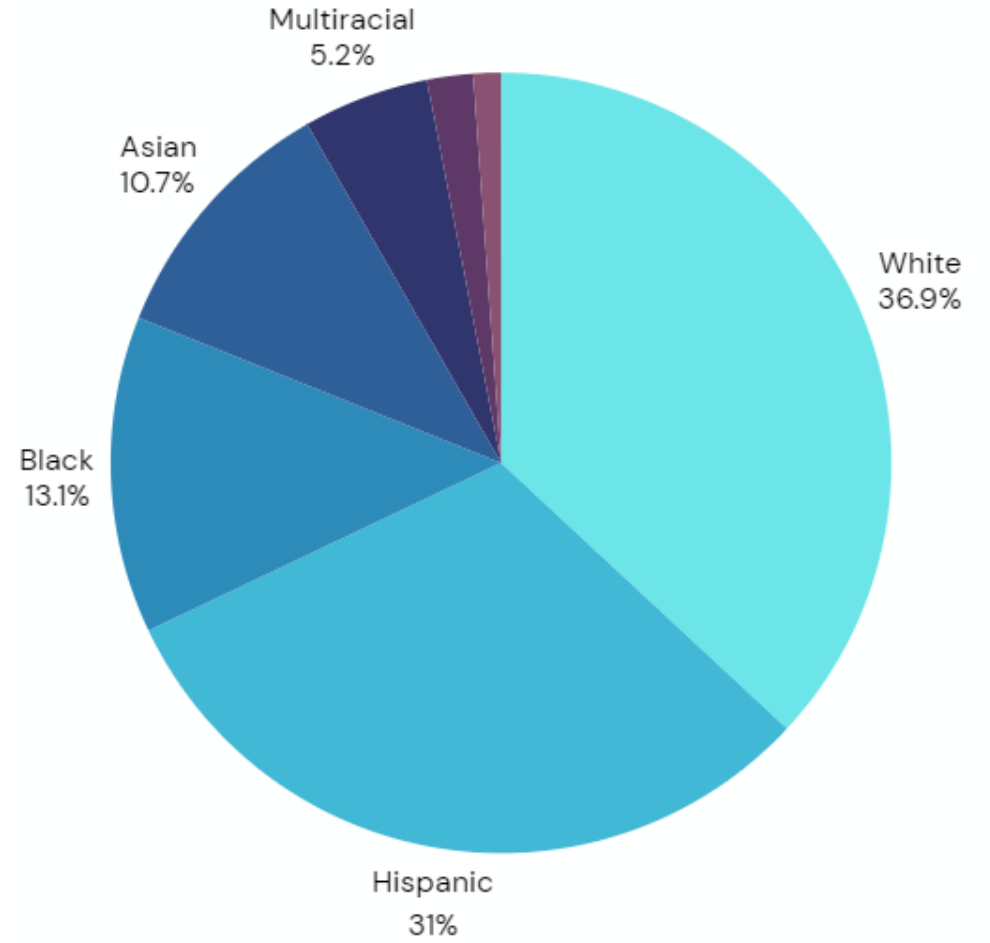
Target: 1,164

Race/ Ethnicity

2025 CHA

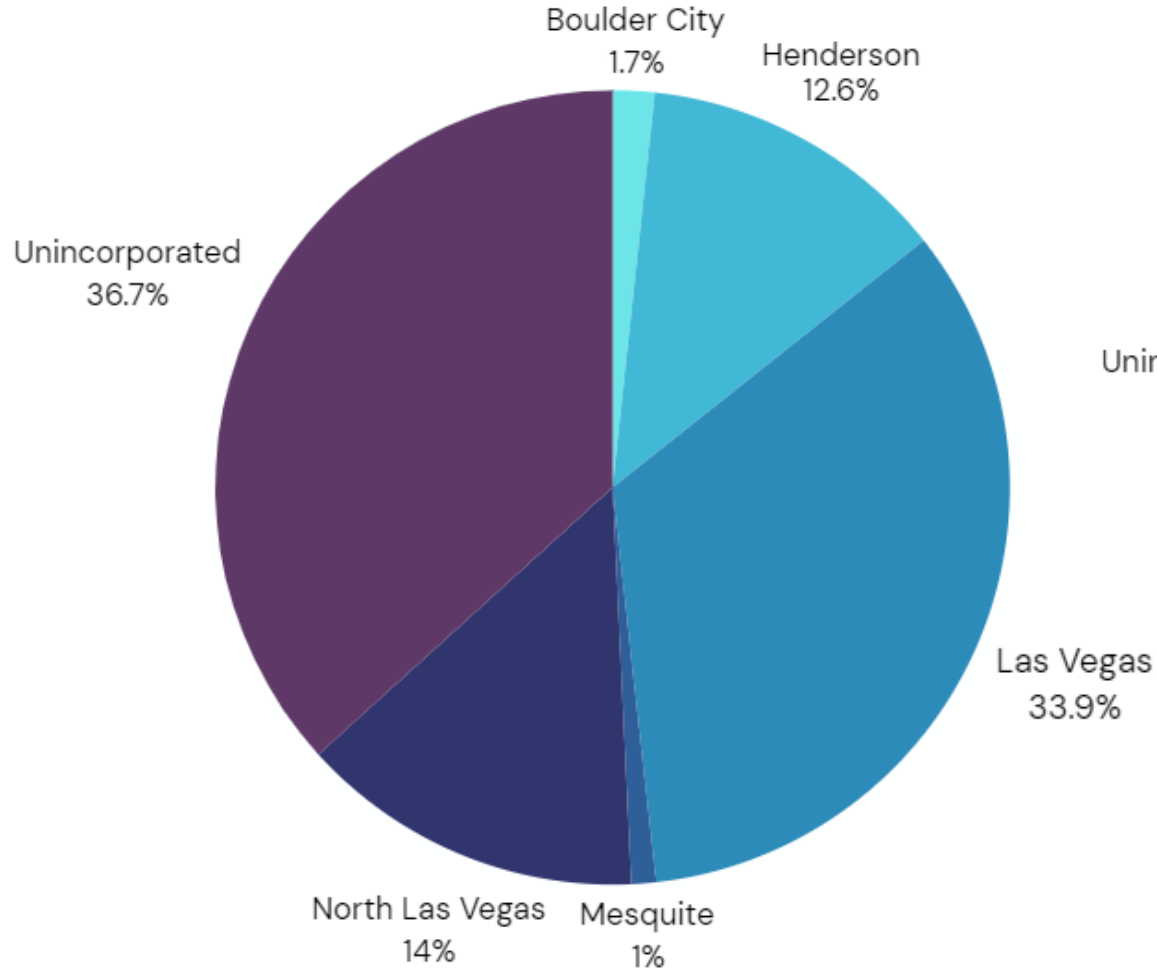


2022 CENSUS

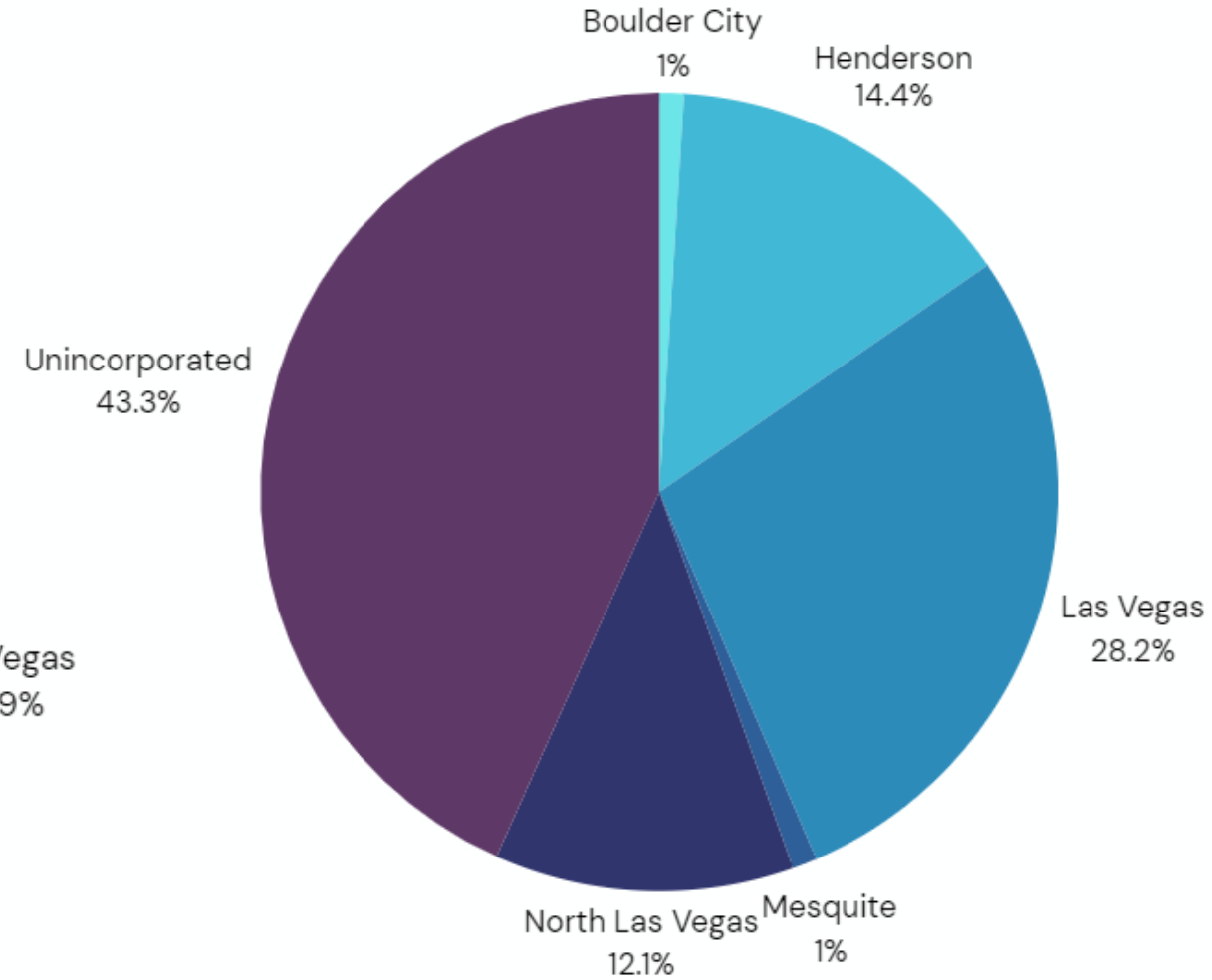


City/ Jurisdiction

2025 CHA



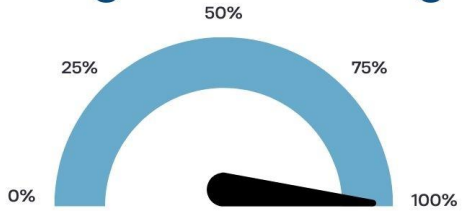
2022 CENSUS



*Percentages listed represent our progress towards meeting population quotas

2025 COMMUNITY STATUS ASSESSMENT

Progress Tracking

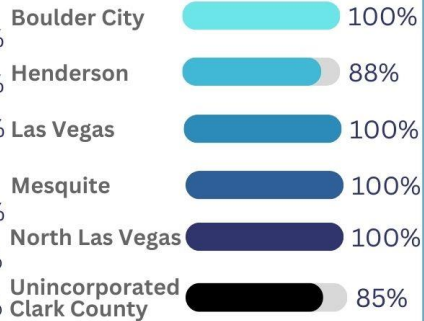


3,303
Total Surveys

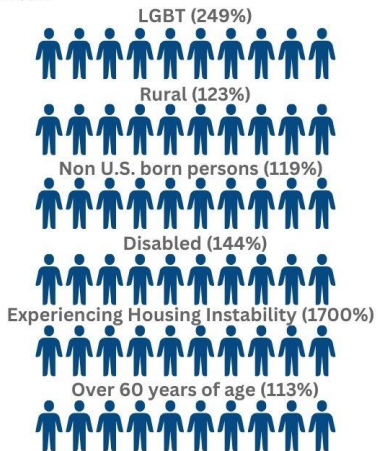
Race/ Ethnicity



City/ Jurisdiction



Middle Eastern/ Northern African*



*No target listed due to data unavailability

When will you hear more?

- **CSA Report: December 2024**
- **Community Context Assessment (CCA)
Report: January 2025**
- **Final Community Health Assessment
Report: March 2025**



A HEALTHIER TOMORROW

Thank you!



Approach
Andrea Peterson, Ph.D.
Sangeeta Muralidhar, MPH
Rosanna M. ...
Victoria Wright

Conference With
SNHD - NV Health
Forum - Presenters

Southern Nevada Health District

280 S Decatur Blvd, Las Vegas, NV 89107



Tamera Travis
travis@snhd.org
702-729-1257



[Facebook.com/SouthernNevadaHealthDistrict](https://www.facebook.com/SouthernNevadaHealthDistrict)



[@SNHDInfo](https://twitter.com/SNHDInfo)



[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)



[YouTube.com/SNHealthDistrict](https://www.youtube.com/SNHealthDistrict)

MEMORANDUM



Date: September 26, 2024
To: Southern Nevada District Board of Health
From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administrator*  for KS
Fermin Leguen, MD, MPH, *District Health Officer*  of Cassius Lockett, PhD - DDHO on behalf of DHO
Subject: **Administration Division Monthly Report – August 2024**

Executive Summary	1
Office of Communications	2
Contracts Administration	3
Facilities.....	3
Finance.....	4
Health Cards.....	6
Human Resources (HR)	7
Information Technology (IT).....	8
Workforce Team – Public Health Infrastructure Grant (PHIG)	9
Appendix A – Office of Communications	11
Appendix B – Finance – Payroll Earnings Summary – July 6, 2024 to July 19, 2024	13
Appendix C – Finance – Payroll Earnings Summary – July 20, 2024 to August 2, 2024.....	15
Appendix D – Finance – Payroll Earnings Summary – August 3, 2024 to August 16, 2024	18
Appendix E – Finance – Payroll Earnings Summary – August 17, 2024 to August 30, 2024	21
Appendix F – Risk Management Annual Report – Fiscal Year Ending June 30, 2024	23

Executive Summary

The Office of Communications issued four News Release. The Office of Communications staff launched creative advertising materials for the Bridge Vaccine Confidence campaign and finalized materials for the Sexual Health Education and Testing Fair. Staff received 22 health fair requests and organized Health District program participation for several community events, including the Sexual Health Education and Testing Health Fair, and La Oportunidad Expo. Health Cards served 12,495 total clients, which included 2,826 clients renewing online. Construction continued on the Behavioral Health Clinic at the Decatur Location. Facilities staff replaced 14 ACUs and installed filtered bottle filling stations at the Decatur Location. As of September 3, 2024, the Health District had 808 active employees. Human Resources arranged 77 interviews, extended 17 job offers (five offers declined) and onboarded nine new staff. There were seven terminations, five promotions,

two flex-reclasses, two transfers and no demotions. There were 5 employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Southern Nevada Health District Update on Lifeguard Requirements
- August 31 is International Overdose Awareness Day
- Mpox update
- Pop-Up Produce Stands return for fall season

Press:

- West Nile virus surge
- Overdose crisis
- Back-to-school vaccinations
- Mpox
- LVAC pool closures

Five hundred sixty-eight news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in August. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202408-PI-Report.pdf \(southernnevadahealthdistrict.org\)](#)

Advertisements, Projects Completed and Social Media Summary:

In August, the Office of Communication successfully developed and launched creative advertising materials for the Bridge Vaccine Confidence campaign. Staff also finalized communication materials for the Division of Public Health and Preventive Care's Sexual Health Education and Testing Fair. The team continued to support the Office of Chronic Disease Prevention and Health Promotion with initiatives focused on smoking cessation and nutrition. Throughout the month, the Office of Communications handled one hundred fifty-eight public information email inquiries and addressed seventy-one internal project requests. These requests include graphic design, website content, advertising and marketing, outreach materials, and translation services. Staff updated Health District websites including SNHD.info, snhc.org and GetHealthyClarkCounty.org.

On social media, staff focused on promoting the Sexual Health Education and Testing Health Fair, pop-up produce stands, Max Your Vax (mpox), Overdose Awareness Day, Soda free summer challenge, Board of Health recognitions, Demure trend, Fight the Bite, World Mosquito Day, Your Shot, Immunization Awareness Month, HPV vaccine reminder, Community Health Assessment, Health District After Dark, Diabetes class, National Health Center Week, and the Southern Nevada Substance Misuse and Overdose Prevention Summit.

Community Outreach and Other:

Staff received 22 health fair requests and organized Health District program participation for several community events, including the Sexual Health Education and Testing Health Fair, and La Oportunidad Expo.

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program: 5
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 20

Meetings and Events of Note:

- August 01: Meeting with Medicaid representative
- August 01: Sexual Health Education and Testing Fair planning meeting w/Gilead
- August 08: Incident Command PIO/Liaison/Safety Training
- August 08: Volunteer orientation meeting
- August 12: Employee Performance Evaluation Training
- August 12: Interim Health Committee Meeting
- August 21: National Public Health Information Coalition/CDC Monthly Communication call
- August 22: Meeting with LV Discovery Museum
- August 28: Accreditation update meeting
- August 28: Las Vegas Grand Prix 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
August 1-31, 2024	27	20	74%	31

Facilities

Monthly Work Orders	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Maintenance Responses	223	265	↑	424	483	↑
Electrical Work Orders	4	27	↑	6	46	↑
HVAC Work Orders	37	25	↓	54	42	↓
Plumbing Work Orders	8	19	↑	14	36	↑
Preventive Maintenance	20	47	↑	41	72	↑
Security Responses	2,374	2,406	↑	5,407	5,262	↓

Current Projects

Decatur Location

- Build out and reconfigured EMS break room into training area
- Replaced 14 ACUs

- Built new office space in Human Resources
- Remodeled/Reconfigured back desk area in Environmental Health from four open desk plans to six semi-private spaces
- Installed filtered bottle filling station by Employee Entrance
- Remodeled Safety Officer space for Respirator Fit Test

Mesquite Location

- Installed filtered water system
- Installed new door panic hardware

SNPHL Location

- Started Verkada access control upgrade

Finance

Total Monthly Work Orders by Department	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Purchase Orders Issued	533	580	↑	1,062	1,186	↑
Grants Pending – Pre-Award	4	5	↑	9	6	↓
Grants in Progress – Post-Award	8	5	↓	17	16	↓

* Grant applications and NCCs 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 – August 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Office of Analytics National Violent Death Reporting System (nvdrs_24)	P-CDC	8/31/2024	\$147,315	End of budget period	0.90	FY2025 renewal in progress
NH28CE0003534-01-01 Overdose to Action Project, Year 1 of 5 (odta_24)	F-CDC	8/31/2024	\$2,550,000	End of budget period	9.40	FY2025 funding is currently underway
Clark County, HIV Status Neutral Rapid Prevent Program (ppcsna24)	CONTRACT	8/31/2024	\$263,227.81	End of budget period	3.10	FY2025 renewal in progress
State of Nevada Department of Energy Management, Homeland Security Grant	P-DHS	8/31/2024	\$118,980	End of budget period	1.00	FY2024 is currently underway and FY2025 funding has been requested

Grants Expired – August 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Program, SNHD Fusion Center Analyst (snctc_23)						
State of Nevada, Bureau of Behavioral Health Wellness and Prevention, Fatal Drug Overdoses Report Project, Year 1 of 1 (sudors24)	P-CDC	8/31/2024	\$254,254	End of budget period	1.40	FY2025 renewal in progress
NUE1EH001395-04-01 CDC Strengthening Environmental Health Capacity, Clark County Water Quality Project, Year 4 of 5 (wqdata24)	F-CDC	8/31/2024	\$147,000	End of budget period	0.47	FY2025 is currently underway
National Association of County and City Health Officials, Wastewater Surveillance Mentorship Program (wwsm_24)	CONTRACT	8/31/2024	\$9,999	End of project period	0.00	End of project and not expected to renew

Grants Awarded – August 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, Tobacco Merchant Retail (tbrtl25)	P-SAMHSA	8/1/2024	8/1/2024	9/30/2024	\$23,301	New project	0.00
NU58DP007684-02-00 , Nevada SUID/SDY Case Registry and Prevention Project, Year 2 of 5 (suid_25)	F-CDC	8/5/2024	9/30/2024	9/29/2025	\$264,963	FY2025 renewal (non-compete continuation)	1.37

Grants Awarded – August 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
NU01DD000024-02-00 Pregnant People - Infant Linked Longitudinal Survey (Stillbirth), Year 2 of 4 (ppls_25)	F-CDC	8/14/2024	9/30/2024	9/29/2025	\$345,099	FY2025 renewal (non-compete continuation)	2.35
Board of Regents, NSHW obo University of Nevada, Reno, Amendment #1 (unrn_x_24)	O-UNLV	8/23/2024	9/30/2023	9/29/2024	\$1,300,000	Addition of funds	0.00

Contracts Awarded – August 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
DEP 24-001, Nevada Division of Environmental Protection, Safe Drinking Water Act, Year 2 of 2 (sdw_25)	CONTRACT	7/1/2023	7/1/2024	6/30/2025	\$150,000	Continued effort	0.97

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
 - a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
 - b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
 - c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of August, we averaged 91 “passing and paying” online renewal clients per day, with a total of 2,826 clients renewing online.
3. A card number lookup system was added to our website, allowing food handler and body art clients to look up their own card number and check the status of their card. It also allows employers to verify an employee’s card status.
 - a. For food handler cards: www.snhd.info/foodhandlerlookup
 - b. For body art cards: www.snhd.info/bodyartlookup

CLIENTS SERVED	Aug 2024	July 2024	June 2024	May 2024	Apr 2024	Mar 2024
FH Cards – New	6,340	6,740	6,836	7,409	7,088	6,428
FH Cards – Renewals	930	986	970	1,069	758	551
FH Cards – Online Renewals	2,826	2,507	2,312	2,371	1,808	1,071
Duplicates	583	538	503	612	532	469
CFSM (Manager) Cards	251	252	279	253	286	195
Re-Tests	1,450	1,649	1,568	1,685	1,633	1,369
Body Art Cards	115	127	97	107	113	125
TOTALS	12,495	12,799	12,565	13,506	12,218	10,208

Human Resources (HR)

Employment/Recruitment:

- 0 New job titles for August
- 808 active employees as of September 3, 2024
- 9 New Hires, including 0 rehires and 0 reinstatements
- 7 Terminations, including 0 retirements
- 5 Promotion, 2 Flex-reclasses
- 2 Transfers, 2 Lateral Transfer
- 0 Demotions
- 32 Annual Increases
- 51 Evaluations received and recorded in Financial Enterprise
- 77 Interviews
- 17 Offers extended (5 offer declined)
- 5 Recruitments posted
- Turn Over Rates
 - Administration: 0.53%
 - Community Health: 1.02%
 - Disease Surveillance & Control: 0.86%
 - Environmental Health: 0.50%
 - Public Health & Preventive Care: 0.00%
 - FQHC: 0.94%

Temporary Employees

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

Employee/Labor Relations

- 0 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 1 Probationary Release
- 5 Grievances
- 2 Arbitrations
- 60 Hours of Labor Meetings (with Union)

- 80 hours investigatory meetings
- 3 Investigations
- 18 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 13 interns and 516 applied public health practice hours in August 2024.

Interns and Clinical Rotations	Aug 2024	YTD
Total Number of Interns ¹	13	32
Internship Hours ²	516	1,186

¹Total number of students, residents, and fellows

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

Safety

- 44 Inquiries
- 3 Complaints
- 6 Safety Publications
- 2 Emergency Evaluation Drills

Training (In-Person and Online)

- ABC's of Career Development: Application Materials – 11 participants
- ABC's of Career Development: Boosting your Professional Skills – 11 participants
- ABC's of Career Development: Crafting your Personal Brand – 11 participants
- ABC's of Career Development: Successful Interviewing – 12 participants
- Leadership Development Program Cohort Meeting – 6 participants
- Blitz Annual Performance Training Session 1 – 7 participants
- Blitz Annual Performance Training Session 2 – 5 participants
- Blitz Annual Performance Training Session 3 – 16 participants
- Blitz Annual Performance Training Session 4 – 9 participants

New Hire Orientation

- August 5th – 7 New Hires
- August 19th – 2 New Hires

Information Technology (IT)

Service Requests	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Service Requests Completed	1248	1089	↓	2365	2444	↑
Service Requests Opened	1370	1212	↓	2639	2755	↑
Information Services System Availability 24/7	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Total System	98.61	93.62	↓	98.11	93.96	↓

*Total Monthly Work Orders by Department	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Administration	195	294	↑	493	668	↑
Community Health	198	118	↓	279	260	↓
Environmental Health	211	173	↓	455	411	↓
**Primary & Preventive Care	321	313	↓	579	638	↑
**Disease Surveillance & Control	188	151	↓	224	281	↑
**FQHC	224	185	↓	363	417	↑
Other	15	8	↓	28	20	↓

First Call Resolution & Lock-Out Calls	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Total number of calls received	1370	1212	↓	2639	2755	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Worked with finance to understand the impact of the loss of the PHIG accountant – will continue to monitor with Chief Financial Officer.
 - Worked with CDC Project Officer to support the Human Resources training event in October so food/drink may be provided during the workshop.
- Discussed CredibleMind funding with Director, Disease Surveillance and Control – will meet again the second week of August 2024.
- Worked with SNHD Finance, PHIG Accountant to work and submit the PHIG A2 (Foundational Capabilities) carryover budget to the CDC.
- Transitioned to new Accountants supporting the PHIG’s A1 and A2 strategies.
- Supported Leadership through thoughtful input, engagement, and discussion on Operational Resilience Strategic Priorities in the Directors Meeting on August 27, 2024.

CDC Requirements

- Met with the team to plan for two upcoming CDC PHIG National Partner Events for the PHIG Team Members (3):
 - Regional Hub Meeting – September 4-5, 2024, in Long Beach, CA
 - Open Forum Meeting – September 17-20, 2024, in Chicago, IL

Non-Competing Continuations Application Process – A2 (Foundational Capabilities) Budget Period (BP) 3

- Submitted the NCC Application on August 1, 2024 with assistance of SNHD Finance and grants team.
- Met required timeline to submit PHIG NCC Carryover Budget for A2 (Foundational Capabilities) funding.
- Met required timeline to submit PHIG NCC Carryover Budget for A2 (Foundational Capabilities) funding has been approved.

Performance Management

- Met with Leadership to revise Strategic Plan Priorities.
 - Working groups assigned to define the develop the 4 priorities.
 - All departments will devise their activities and timelines to forward the priorities over the next 3 years; due 10/7/2024.
- Completed 12-hours of Strategic Planning / Performance Management training from Region 9 PHIG and ASTHO at no cost.

Quality Improvement

- Attended follow up group coaching for participants of Boundary Spanning Leadership workshop that took place in June. Facilitated by Dr. Alice Schnell from ASTHO.
 - Addressed gaps from 4 participants.
 - Agreed to follow up including re-inviting the pool of 30 participants for additional facilitated coaching.
- Increased participation in a large QI project facilitated by the Health Equity team around Behavioral Health scheduling processes.
 - Recorded an impact update of PHIG funding for QI (among many other projects in the PHIG grant) on video to be shared through CDC and to inspire other agencies and impact future funding.
- Completed 7 hours of instruction and coaching in the HR Leadership Development program.

PHAB Reaccreditation

- Continuing quarterly meetings with contributors.
- SNHD is 80% on track for Reaccreditation in March 2027. There is time to shore this up to 100%.
- Attended 90 minutes of training from PHAB on Foundational Public Health Services and how it is incorporated into Reaccreditation requirements.
- Reviewed BARHII survey questions as integral part of Domain 8 to include Equity in the Workforce Development plan while driving awareness of the Health Equity practice at SNHD.

PHIG

- Prepared update for video recording to be used by CDC and PHIG to drive funding and participation in this work.

Appendix A – Office of Communications

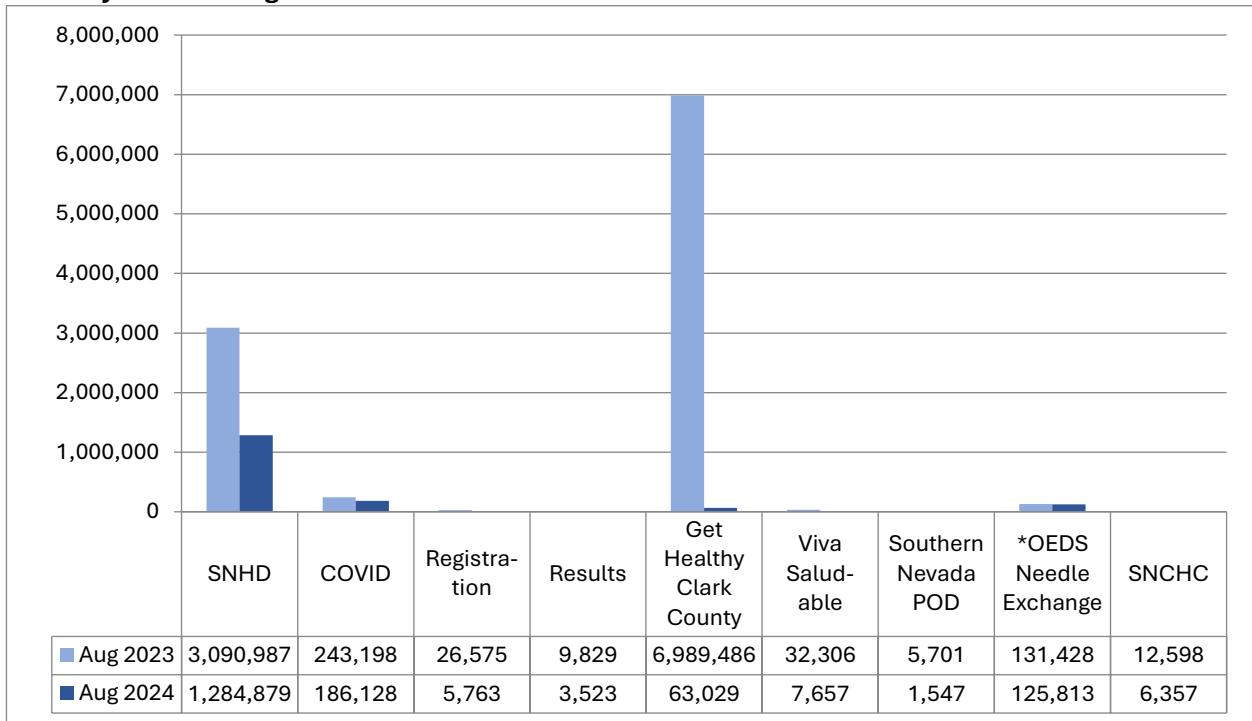
Media, Collateral and Community Outreach Services:

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

	Aug 2023	Aug 2024		YTD FY24	YTD FY25	
Media – Digital/Print Articles	71	28	↓	101	130	↑
Media - Broadcast stories	140	133	↓	216	365	↑
Collateral - Advertising/Marketing Products	16	71	↑	32	99	↑
Community Outreach - Total Volunteers ¹	10	9				
Community Outreach - Volunteer Hours	657	678	↑	1,377	1,182	↓

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

Monthly Website Page Views:



Social Media Services		Aug 2023	Aug 2024		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,312	13,467	↑	N/A	N/A
Facebook GHCC	Followers	6,138	6,123	↓	N/A	N/A
Facebook SHC	Followers	1,655	1,643	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,394	5,279	↓	N/A	N/A
Facebook Food Safety	Followers	143	170	↑	N/A	N/A
Instagram SNHD	Followers	4,289	4,715	↑	N/A	N/A
Instagram Food Safety	Followers	525	529	↑	N/A	N/A
Instagram GetHealthyCC	Followers	100	219	↑	N/A	N/A
**Instagram @Ez2stop	Followers	0	148	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	433	429	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,857	1,834	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	103	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,403	10,329	↓	N/A	N/A

Social Media Services		Aug 2023	Aug 2024		YTD FY24	YTD FY25
X (Twitter) TuSNHD	Followers	250	346	↑	N/A	N/A
X (Twitter) THINK/ UseCondomSense	Followers	692	695	↑	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	129	105	↓	N/A	N/A
*Threads SNHD	Followers	490	856	↑	N/A	N/A
**TikTok @Ez2stop	Views	0	37	↑	N/A	N/A
YouTube SNHD	Views	211,521	219,054	↑	398,339	408,101
YouTube THINK / UseCondomSense	Views	206	211	↓	422	411

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.
 *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 and Instagram.

Appendix B – Finance – Payroll Earnings Summary – July 6, 2024 to July 19, 2024

PAYROLL EARNINGS SUMMARY
July 6, 2024 to July 19, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 304,198.67	\$ 4,559,833.64	\$ 611,380.95	\$ 8,752,968.00	7%	
ENVIRONMENTAL HEALTH	\$ 600,259.07	\$ 9,073,631.11	\$ 1,207,528.18	\$ 16,165,526.00	7%	
COMMUNITY HEALTH	\$ 285,388.79	\$ 4,751,193.72	\$ 572,319.93	\$ 8,845,899.00	6%	
DISEASE SURVIELLANCE & CONTROL	\$ 342,234.22	\$ 5,786,619.47	\$ 713,133.50	\$ 9,652,903.00	7%	
FQHC	\$ 320,492.70	\$ 4,840,521.95	\$ 642,784.49	\$ 9,532,374.00	7%	
ADMINISTRATION W/O ICS-COVID	\$ 563,387.05	\$ 7,945,954.36	\$ 1,128,293.72	\$ 14,907,050.00	8%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,415,960.50	\$ 36,957,754.25	\$ 4,875,440.77	\$ 67,856,720.00	7%	8%

FTE	806					
Regular Pay	\$ 2,134,707.97	\$ 29,902,366.51	\$ 3,979,330.62			
Training	\$ 6,776.02	\$ 93,352.08	\$ 6,994.90			
Final Payouts	\$ 508.39	\$ 386,298.32	\$ 35,548.81			
OT Pay	\$ 12,201.19	\$ 238,264.48	\$ 27,583.14			
Leave Pay	\$ 244,751.16	\$ 5,634,250.51	\$ 771,896.88			
Other Earnings	\$ 17,015.77	\$ 703,222.35	\$ 54,086.42			
TOTAL	\$ 2,415,960.50	\$ 36,957,754.25	\$ 4,875,440.77			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
July 6, 2024 to July 19, 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>
Galaviz, Monica		34.5	2185.74			
Arriaga, Jocelyn		6	222.04			
Tran, Amy		21.25	1216.15			
Thede, Stacy		0.25	7.74			
Masters, Christopher		18.25	564.99			
Arzate, Mario		1	30.12			
Maldonado, Julie		8	423.64			
Veron, Michelle		28.5	1471.63			
Murphy, Melissa		4	144.44			
Munford, Elizabeth		0.5	24.54			
Ines, Heinrich		1.5	45.18			
Castillo, Danny		4	186.54			
Total Administration		127.75	6522.75		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>
Archie, Lisa	REACH_24	5	190.11	Nancy Barry	0.75	24.54
Montgomery, Stephanie	PH2HP_24	5	200.04			
Total Community Health Services		10.00	390.15		0.75	24.54

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.5	19.48			
Delarmente, Joannah	FP_24	0.25	16.25			
Morala, Dennis		1	63.35			
Garcia Jorge, Jose		0.5	31.68			
Total FQHC-Community Health Clinic		2.25	130.76		0.00	0.00

PUBLIC HEALTH & 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	12.5	597.5	Jocelyn Arquette	0.375	17.54
Enzenauer, Lizette		2	105.91	Alondra Contreras	1.5	70.16
Wong, Michelle	IMMEQ_22	1	60.21			
Mercado, Yarem		8	304.18			
Yuen, Tearra	IMMCD_22	2.5	95.06			
Zavala, Isaac	IMMEQ_22	6	352.11			
Total Primary & Preventative Care		32.00	1514.97		1.88	87.70

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		1.5	95.03	Maryam Ahmed	0.75	21.61
Billings, Jacob		6	410.06	Adair Charfauros	3.75	116.58
Sheffer, Thanh		7.5	451.63	Derrell Glen Concepcion	2	54.68
Ortiz-Rivera, Vanessa		2	120.43	Rebecca Dunne	2.625	73.68
Rich, Victoria		6.75	386.3	Sarah Erickson	1.5	42.10
Darang, Chase		5.5	262.9	Alexus Galvez	11.25	340.77
Wells, Jordan		6.75	314.77	Alyssa Hall	2.25	63.15
Whiting-Green, Willandra		3.75	220.07	Lilian Hernandez	2	54.68
Lucas, Brianna		1	57.23	Summer Holloway	3	114.46
Blackard, Brittanie		0.5	25.15	Mallory Jones	6.75	209.85
Rakita, Daniel		7.5	349.75	Luisa Najera	3.375	104.92
Calzado, Neil		9	419.7	Gary Robinson	3.375	142.55
Santos-Perez, Itchel		1	43.22			
Erickson, Sarah		1	42.1			
Thompson, Deshawn		3	123.03			
Total Environmental Health		62.75	3321.37		42.63	1339.03

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>
Ewing, Tabitha	COSSUP24	4	234.74	Michele Shingu	2.25	92.55
Brown, Chloe	HIVPRV23	1	41.01			
Burgess, Glenn		1	45.44			
Total Disease Surveillance & Control		6.00	321.19		2.25	92.55

Combined Total		240.75	12201.19		47.50	1543.82
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Appendix C – Finance – Payroll Earnings Summary – July 20, 2024 to August 2, 2024

PAYROLL EARNINGS SUMMARY July 20, 2024 to August 2, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 339,647.38	\$ 4,921,725.98	\$ 973,273.29	\$ 8,752,968.00	11%	
ENVIRONMENTAL HEALTH	\$ 660,280.12	\$ 9,778,543.80	\$ 1,912,440.87	\$ 16,165,526.00	12%	
COMMUNITY HEALTH	\$ 301,213.45	\$ 5,073,697.01	\$ 894,823.22	\$ 8,845,899.00	10%	
DISEASE SURVEILLANCE & CONTROL	\$ 377,443.94	\$ 6,188,557.10	\$ 1,115,071.13	\$ 9,652,903.00	12%	
FQHC	\$ 341,719.61	\$ 5,208,407.36	\$ 1,010,669.90	\$ 9,532,374.00	11%	
ADMINISTRATION W/O ICS-COVID	\$ 609,971.89	\$ 8,596,248.55	\$ 1,778,587.91	\$ 14,907,050.00	12%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,630,276.39	\$ 39,767,179.80	\$ 7,684,866.32	\$ 67,856,720.00	11%	12%
FTE	810					
Regular Pay	\$ 2,217,747.96	\$ 32,121,052.66	\$ 6,198,016.77			
Training	\$ 5,068.25	\$ 98,420.33	\$ 12,063.15			
Final Payouts	\$ 23,978.72	\$ 412,193.88	\$ 61,444.37			
OT Pay	\$ 27,984.60	\$ 266,249.08	\$ 55,567.74			
Leave Pay	\$ 279,095.05	\$ 5,913,471.98	\$ 1,051,118.35			
Other Earnings	\$ 76,401.81	\$ 955,791.87	\$ 306,655.94			
TOTAL	\$ 2,630,276.39	\$ 39,767,179.80	\$ 7,684,866.32			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT July 20, 2024 to August 2, 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>
Tran, Amy		8	480.73			
Thede, Stacy		3.5	113.77			
Masters, Christopher		10.75	349.43			
Maldonado, Julie		4	222.42			
Veron, Michelle		23	1247			
Wright, Michael		10	542.18			
Addison, Leonda		1	37.92			
Munford, Elizabeth		0.75	38.66			
Ines, Heinrich		31.75	1004.25			
Ruiz, George		9	378.08			
Brown, Dominique		10	316.3			
Urena, Maite		10.75	340.02			
Krueth, Maria		6.5	205.59			
Gonzales, Fabiana	PH1FN_23	6	227.51			
Thompson, Christopher		10.75	332.32			
Martinez, Blanca		9.5	388.65			
Jackson, Denise		6.5	195.25			
Total Administration		161.75	6420.08		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>
				Nancy Barry	0.75	25.77
Total Community Health Services		0.00	0.00		0.75	25.77

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>
Garcia Jorge, Jose		0.5	33.26			
Anderson, Renita		0.25	11.05			
Alfaro, Stacey		1.25	41.68			
Total FQHC-Community Health Clinic		2.00	85.99		0.00	0.00

PUBLIC HEALTH & 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	15.5	777.96	Jocelyn Arquette	5.25	257.85
Enzenauer, Lizette	IMMEQ_22	19.25	1070.35	Xandee Bernabe	16.5	769.92
Robles, Cynthia		16.25	795.67	Monica Carcamo	9.75	287.33
Polintan, Michael	IMMCD_22	2	93.03	Leslie Carpenter	4.5	199.57
Polintan, Michael	IMMEQ_22	8	372.1	Alondra Contreras	28.875	1418.15
Nagai, Sage	IMMEQ_22	10.5	698.49	Ann Marie Homer	14.25	541.68
Wong, Michelle	IMMEQ_22	13.5	853.56	Jessica L Johnson	14.25	664.93
Brantner, Lonita		11	511.65	Chika McTier	3	139.99
Castillo, Jocelyn		9.5	664.94	Grace Purugganan	12.75	580.19
Chongtai, Loriza		9.5	736.92			
Panaligan, Teodorita		9	629.94			
Aguilar, Becky		8	456.16			
Rossi Boudreaux-Thibodeaux, Lester		0.5	23.26			
Salomon, Vicki		9.5	441.88			
Arquette, Jocelyn		9.5	699.87			
McTier, Chika		15.75	1102.39			
O'Toole, Denise		15.75	628.79			
Hodge, Victoria		9.5	489.66			
Navarro, Maria		8	319.39			
Drew, Rebecca	IMMBR_24	1	38.86			
Martinez, Azalia		9.5	350.84			
Carpenter, Leslie		6.5	432.4			
Gomez, Karen		12	411.08			
Walker, Amber	IMMCD_22	6	233.14			
Young, Maita		9	614.32			
Sparlin, Autum	IMMEQ_22	7	489.95			
Jefferson, Markia	IMMBR_24	7	317.68			
Avila, Mary		3.5	113.77			
Costanzo, Catherine	IMMEQ_22	9	554.58			
Aucalla, Gennesis		12	411.08			
Coleman, Angela		10	309.13			
Miranda, Consuelo		4.5	135.17			
Fisher-Armstrong, Gimmeke		14	588.13			
Camacho, Eliana		0.25	10.76			
Garcia, Ruby		9.5	285.36			
Espenilla, Marko Ruyg		9	270.34			
Total Primary & Preventative Care		330.25	16932.60		109.13	4859.61

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>
Rich, Victoria		12.25	736.13	Maryam Ahmed	4.5	136.15
Choi, Jessica		1.75	90.2	Erin Cavin	2	88.7
Wells, Jordan		4.5	220.34	Derrell Glen Concepcion	0.25	7.18
Jufar, Lydia		1.5	68.07	Natalya Decicco	3	88.41
Gonzalez, Kimberly		2.75	121.57	Sarah Erickson	1.875	55.26
Whiting-Green, Willandra		5	308.1	Alexus Galvez	7.5	238.54
Rakita, Daniel		11	538.61	Alyssa Hall	4.5	132.62
Calzado, Neil		13.5	661.02	Lilian Hernandez	2	57.41
Erickson, Sarah		1.25	55.25	Korie Northam	2	98.23
Thompson, Deshawn		4	172.24	Jacqueline Sripramong	5.25	158.84
Brounstein, Jodi		1	66.52	William B Thompson	5.625	219.37
Lett, Kendra		0.25	15.81	Jonathan Vinh	4.875	143.67
Moreno, Kristina		3.5	204.75	Lauren Weber	4.125	121.56
Cummins, Veronica		9.25	514.33	Jerry Wills	4.5	158.45
Michel, Guillermo		8.25	403.96			
Total Environmental Health		79.75	4176.90		52.00	1704.39

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Shingu, Michele	COSSUP24	2	129.58	Tabitha Ewing	2.25	92.43
Burgess, Glenn	COSSUP24	2.5	119.27			
Johnson, Monique	COSSUP24	2	120.18			
Total Disease Surveillance & Control		6.50	369.03		2.25	92.43
Combined Total		580.25	27984.60		164.13	6682.20

Appendix D – Finance – Payroll Earnings Summary – August 3, 2024 to August 16, 2024

PAYROLL EARNINGS SUMMARY
August 3, 2024 to August 16, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 358,792.30	\$ 5,280,518.28	\$ 1,332,065.59	\$ 8,752,968.00	15%	
ENVIRONMENTAL HEALTH	\$ 626,017.76	\$ 10,404,561.56	\$ 2,538,458.63	\$ 16,165,526.00	16%	
COMMUNITY HEALTH	\$ 299,289.44	\$ 5,375,433.82	\$ 1,196,560.03	\$ 8,845,899.00	14%	
DISEASE SURVEILLANCE & CONTROL	\$ 361,916.61	\$ 6,550,473.71	\$ 1,476,987.74	\$ 9,652,903.00	15%	
FQHC	\$ 337,612.32	\$ 5,546,019.68	\$ 1,348,282.22	\$ 9,532,374.00	14%	
ADMINISTRATION W/O ICS-COVID	\$ 592,218.68	\$ 9,193,322.09	\$ 2,375,661.45	\$ 14,907,050.00	16%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,575,847.11	\$ 42,350,329.14	\$ 10,268,015.66	\$ 67,856,720.00	15%	15%

FTE	812					
Regular Pay	\$ 2,249,570.08	\$ 34,373,827.47	\$ 8,450,791.58			
Training	\$ 24,718.59	\$ 123,138.92	\$ 36,781.74			
Final Payouts	\$ 187.72	\$ 416,479.10	\$ 65,729.59			
OT Pay	\$ 50,402.69	\$ 316,651.77	\$ 105,970.43			
Leave Pay	\$ 230,133.48	\$ 6,143,605.46	\$ 1,281,251.83			
Other Earnings	\$ 20,834.55	\$ 976,626.42	\$ 327,490.49			
TOTAL	\$ 2,575,847.11	\$ 42,350,329.14	\$ 10,268,015.66			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 3, 2024 to August 16, 2024

Overtime Hours and Amounts

Comp Time Hours Earned and Value

Employee	Project/Grant Charged to	ADMINISTRATION		Employee	Hours	Value
		Hours	Amount			
Galaviz, Monica		5	332.61			
Arriaga, Jocelyn		4	155.43			
Thede, Stacy		2.25	73.15			
Masters, Christopher		19.25	625.72			
Arzate, Mario		1	31.63			
Ines, Heinrich		19.5	616.78			
Ruiz, George		18	756.16			
Brown, Dominique		23	727.49			
Urena, Maite		19.5	616.78			
Thompson, Christopher		19.5	602.81			
Martinez, Blanca		9.5	388.65			
Viote, Jorge		6	399.14			
Silva-Minnich, Rosanna		6	379.37			
Chamberlain, Robert (Bob)		7.5	315.06			
Hoskinson, Manuel		7	294.06			
Hidrosollo, Daryl	PH1IT_23	6	369.72			
Teach, Maria		20	738.62			
Chacon, Yury		5	154.57			
Noches, Kimberly	PH1IT_23	6.5	302.34			
Arroyo, Susana		7	210.27			
Total Administration		211.50	8090.36		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>
				Nancy Barry	0.375	12.89
Total Community Health Services		0.00	0.00		0.38	12.89

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>
Anderson, Renita		0.25	11.05			
Dominguez, Liliana		0.75	32.29			
Avalos, Mayra	FP_24	0.25	15.81			
Diaz, Michelle		0.25	10.23			
Del Rosario, Edna		0.25	11.93			
Romero, Esther		0.75	33.15			
Bingham, Julie	IMMEQ_22	13.5	921.48			
Henriquez, Sergio	IMMEQ_22	13.5	498.56			
Chiu, James		0.5	33.26			
Total FQHC-Community Health Clinic		30.00	1567.76		0.00	0.00

PUBLIC HEALTH & 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	19.25	966.18	Jocelyn Arquette	10.875	534.11
Enzenauer, Lizette	IMMEQ_22	54.25	3016.48	Xandee Bernabe	13.5	629.94
Robles, Cynthia		33.75	1652.55	Lonita Brantner	17.625	546.53
Polintan, Michael	IMMCD_22	9	418.63	Monica Carcamo	25.5	751.49
Polintan, Michael	IMMEQ_22	27	1255.88	Leslie Carpenter	25.125	1143.32
Nagai, Sage	IMMEQ_22	10.5	698.49	Alondra Contreras	13.5	663.03
Wong, Michelle	IMMEQ_22	32.5	2054.89	Ann Marie Homer	24.75	940.82
Yuen, Tearra	IMMCD_22	1	39.92	Jessica L Johnson	10.5	489.95
Zavala, Isaac	IMMEQ_22	19	1170.78	Chika McTier	36.75	1714.83
Castillo, Jocelyn		18	1259.88	Grace Purugganan	21.75	989.74
Chongtai, Loriza		25	1939.26	Lester Rossi Boudreaux-Thibodeaux	23.25	720.96
Panaligan, Teodorita		17	1189.88	Maita Young	9.75	443.68
Aguilar, Becky		16	912.32			
Salomon, Vicki		20.75	965.15			
Arquette, Jocelyn		21.5	1583.91			
McTier, Chika		1	69.99			
O'Toole, Denise		18	718.62			
Hodge, Victoria		16	824.69			
Navarro, Maria		10	399.23			
Drew, Rebecca	IMMBR_24	6	233.14			
Martinez, Azalia		15.5	587.72			
Gomez, Karen		34	1164.73			
Young, Maita	IMMVFC25	10.5	716.70			
Sparlin, Autum	IMMEQ_22	12.5	874.93			
Sparlin, Autum	PPCSNA24	5	349.95			
Sparlin, Autum		11.75	822.42			
Avila, Mary		6	195.03			
Costanzo, Catherine	IMMEQ_22	26.25	1617.52			
Aucalla, Gennesis		32	1096.21			
Miranda, Consuelo		20	600.76			
Fisher-Armstrong, Gimmeke		25	1050.22			
Garcia, Ruby		16.5	495.63			
Espenilla, Marko Ruy		16.5	495.63			
Hilario, Christian		8	372.11			
Panganiban, Sheila		10.75	752.42			
Johnson, Jessica L		1.75	122.49			
Contreras, Alondra		4.5	331.53			
Delgado, Diana		6.25	415.77			
Total Primary & Preventative Care		638.25	33431.62		232.88	9568.40

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Billings, Jacob		2	143.52	Maryam Ahmed	3	90.77
Sheffer, Thanh		7	442.59	Erin Cavin	0.75	33.26
Jones, Mallory		15.5	758.96	Adair Charfauros	5.625	183.62
Wells, Jordan		12	587.57	Derrell Glen Concepcion	1.125	32.29
Calzado, Neil		6	293.78	Kimberly Gonzalez	1.125	33.15
Thompson, Deshawn		7	309.44	Alyssa Hall	3	88.41
Lett, Kendra		9.5	600.66	Lilian Hernandez	5.625	161.47
Cummins, Veronica		13	722.85	Mallory Jones	8.625	281.55
Kaderlik, Patricia		1.75	116.41	Alexandra McCann	9.75	318.27
Navarrete, George (Larry)		3	221.02	Ryan McGahen	3	117
Cavin, Erin		1	66.52	Jerry Wills	9	316.9
Sharif, Rabea		0.5	30.81	Jamie Roberts	1.5	43.06
Kaplan, Kristopher		5.25	291.91			
Brown, Tevin		2.75	134.65			
Craig, Jill		6.75	330.5			
Ross, Alyssa		6.25	283.64			
Galvez, Alexis		2	95.42			
Wright, Mercer		1.5	64.59			
Total Environmental Health		102.75	5494.84		52.13	1699.75

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>
Burgess, Glenn	COSSUP24	2.25	107.35	Devin Raman	4.875	239.43
Johnson, Monique	HIVPRV25	4	240.37			
Montgomery, Joshua	COSSUP24	0.5	31.62			
Herrera, Reyna	HIVPRV25	8	456.16			
McIntyre, Eric		0.25	15.02			
Flournoy, Tiffany	HIVPRV25	5	300.46			
Valencia, Marissa	HIVPRV25	2	105.64			
Viotte, Angeles	HIVPRV25	6	252.05			
Baltazar, Josephine	HIVPRV25	7	309.44			
Total Disease Surveillance & Control		35.00	1818.11		4.88	239.43
Combined Total		1017.50	50402.69		290.25	11520.47

Appendix E – Finance – Payroll Earnings Summary – August 17, 2024 to August 30, 2024

PAYROLL EARNINGS SUMMARY August 17, 2024 to August 30, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 324,103.17	\$ 5,604,621.45	\$ 1,656,168.76	\$ 8,752,968.00	19%	
ENVIRONMENTAL HEALTH	\$ 629,400.07	\$ 11,033,961.63	\$ 3,167,858.70	\$ 16,165,526.00	20%	
COMMUNITY HEALTH	\$ 301,813.85	\$ 5,677,247.67	\$ 1,498,373.88	\$ 8,845,899.00	17%	
DISEASE SURVEILLANCE & CONTROL	\$ 370,098.42	\$ 6,920,572.13	\$ 1,847,086.16	\$ 9,652,903.00	19%	
FQHC	\$ 340,396.66	\$ 5,886,416.34	\$ 1,688,678.88	\$ 9,532,374.00	18%	
ADMINISTRATION W/O ICS-COVID	\$ 592,193.97	\$ 9,785,516.06	\$ 2,967,855.42	\$ 14,907,050.00	20%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,558,006.14	\$ 44,908,335.28	\$ 12,826,021.80	\$ 67,856,720.00	19%	19%
FTE	813					
Regular Pay	\$ 2,282,191.89	\$ 36,656,019.36	\$ 10,732,983.47			
Training	\$ 4,250.35	\$ 127,389.27	\$ 41,032.09			
Final Payouts	\$ -	\$ 416,479.10	\$ 65,729.59			
OT Pay	\$ 12,311.99	\$ 328,963.76	\$ 118,282.42			
Leave Pay	\$ 215,215.12	\$ 6,358,820.58	\$ 1,496,466.95			
Other Earnings	\$ 44,036.79	\$ 1,020,663.21	\$ 371,527.28			
TOTAL	\$ 2,558,006.14	\$ 44,908,335.28	\$ 12,826,021.80			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT August 17, 2024 to August 30, 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>
Galaviz, Monica		9.5	631.97			
Tran, Amy		0.5	30.05			
Masters, Christopher		6.75	219.41			
Arzate, Mario		0.3	9.49			
Kuahiwinui-McGuire, Brandon		10.75	340.02			
Murphy, Melissa		8	303.34			
Munford, Elizabeth		3.25	167.52			
Urena, Maite		10.5	332.11			
Nerveza, Avery John		0.25	7.51			
Total Administration		49.80	2041.42		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>
				Nancy Barry	0.375	12.89
Total Community Health Services		0.00	0.00		0.38	12.89

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.5	20.46	Michelle Diaz	1	27.27
Bingham, Julie	IMMEQ_22	7	477.80			
Henriquez, Sergio	IMMEQ_22	7	258.51			
Total FQHC-Community Health Clinic		14.50	756.77		1.00	27.27

PUBLIC HEALTH & 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	17.5	878.34	Monica Carcamo	5.25	154.72
Enzenauer, Lizette	IMMEQ_22	12.5	695.03	Alondra Contreras	7.125	349.93
Robles, Cynthia		16.25	795.69	Jessica L Johnson	3	139.99
Nagai, Sage	IMMEQ_22	7	465.66			
Wong, Michelle	IMMEQ_22	1.5	94.84			
Mercado, Yarem		9	359.31			
Arquette, Jocelyn		2.25	165.76			
Martinez, Azalia		3.25	123.23			
Sparlin, Autum	IMMEQ_22	5.5	384.96			
Costanzo, Catherine	IMMEQ_22	9.25	569.98			
Miranda, Consuelo		4	120.15			
Fisher-Armstrong, Gimmeke		14	588.14			
Contreras, Alondra		0.5	36.84			
Purugganan, Grace	IMPPHF25	1	68.26			
Landini, Karleena		4	296.55			
Total Primary & Preventative Care		107.50	5642.74		15.38	644.64

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>
McCann, Alexandra		0.25	12.24	Jodi Brounstein	3	133.05
Thein, Kelsey		3.25	159.14	Erin Cavin	1.5	66.52
Wells, Jordan		1.5	73.45	Derrell Glen Concepcion	3.375	96.88
Jufar, Lydia		3.25	147.49	Natalya Decicco	2.25	66.31
Hernandez, Lilian		1.5	64.59	Luz Diaz-Ontiveros	18	602.29
Rakita, Daniel		2.5	122.41	Alexus Galvez	1.5	47.71
Lett, Kendra		20	1264.54	Michelle Guzman	0.75	36.84
Moreno, Kristina		2.75	160.87	Alyssa Hall	0.375	11.05
Cummins, Veronica		1	55.60	Jalen Jones	1.875	53.82
Michel, Guillermo		6	293.79	Alexandra McCann	3	97.93
Kaderlik, Patricia		2	133.05	Luisa Najera	2.25	73.45
Navarrete, George (Larry)		1.5	110.51	Vetahya Sabandith	2.25	73.45
Hemberger, Adriana		3	143.12	Anthony Santiago	3	133.05
Najera, Luisa		9	440.68	Jacqueline Sripramong	1.5	45.38
Hall, Alyssa		0.25	11.05	Alexis Valadez	8.25	276.05
Concepcion, Derrell Glen		3	129.18	Lauren Weber	4.125	121.56
Jones, Jalen		1.25	53.82	Jerry Wills	3.75	132.04
				Mercer Wright	2.25	64.59
				Jamie Roberts	0.495	14.21
Total Environmental Health		62.00	3375.53		63.50	2146.18

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>
Montgomery, Joshua	HIVPRV25	2.75	173.88	Devin Raman	2.25	110.51
Herrera, Reyna		1.5	87.75			
O'Connor, Kelli	HIVPRV25	2.5	158.07			
McNee, Nicol	HIVPRV25	2	75.83			
Total Disease Surveillance & Control		8.75	495.53		2.25	110.51

Combined Total		242.55	12311.99		82.50	2941.49
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Risk Management Annual Report

Fiscal Year Ending June 30, 2024

Legal Department
August 2024



EXECUTIVE SUMMARY

This report provides a summary of the Southern Nevada Health District's Risk Management activities for Fiscal Year 2024. As part of Risk Management's strategy of developing a risk management culture, this report will be presented to the Health District's Leadership team.

Risk Management continues to analyze current insurance market trends. Risk Management, concerned about the trends with POOL/PACT cost for coverage, decided to engage the services of another insurance broker during this fiscal year and will realize cost savings in the next fiscal year in both insurance, as well as workers compensation.

RISK MANAGEMENT STRUCTURE AND GOALS

RISK MANAGEMENT

Risk Management is the process of identifying risks, assessing the likelihood and impact of their occurrence, and determining the most effective means of managing them or reducing them to an acceptable level. The aim is to reduce the frequency of risk events occurring and minimize the severity of their consequences if they do occur. The goal is to reach an optimal balance of risk, benefit, and cost while achieving business objectives. The Health District's Risk Management Program seeks to achieve this goal by being a resource to Health District programs and divisions in the areas of risk and claims management concepts, consulting, and education. Good risk management also ensures the Health District is in a stronger position to minimize financial losses, service disruption, bad publicity, threats to public health, and compensation claims.

Risk Management manages the Health District commercial liability programs. As program administrator, the Risk Manager manages demands and lawsuits of professional and general liability claims against the Health District and its employees. Although there is no direct financial implication, the mitigation of risk is a key element of good financial stewardship.

Risk Management purchases the Health District's Employment Practices insurance and gets involved in strategy and any settlement discussions in cooperation with the Human Resources department.

Primary Risk Management activities include:

- ✓ Investigation, management, and disposition of professional liability claims and lawsuits
- ✓ Investigation, management, and disposition of general liability claims and lawsuits
- ✓ Risk education
- ✓ Risk assessment and loss control
- ✓ Commercial insurance purchasing
- ✓ Risk monitoring and reporting

FISCAL YEAR 2024 RESULTS

INSURANCE POLICIES

The Health District maintains insurance coverage for exposure to a variety of potential claims. The primary coverages include:

- Professional Liability (Medical Malpractice)
- General Liability
- Employment Practices Liability (EPL) (includes Directors & Officers)
- Automobile
- Property
- Cyber Risk & Privacy
- Workers' Compensation
- Environmental Liability

For the General Liability coverage period (07/1/2023-07/01/2024) and the Professional Liability Coverage period (08/1/2023-08/1/2024), the Health District's insurance policies are as follows:

Coverage	Policy Period	Limits	Deductible
Professional Liability	08/01/2023 – 08/01/2024	\$1M/\$3M	\$50K
General Liability	07/01/2023 – 07/01/2024	\$10M	\$50K
Employment Practices	07/01/2023 – 07/01/2024	\$10,000	\$50K
Automobile	07/01/2023 – 07/01/2024	\$1M	\$50K
Property	07/01/2023 – 07/01/2024	\$300M	\$50K
Cyber Risk Privacy	07/01/2023 – 07/01/2024	\$3M	None
Workers' Compensation	07/01/2023 – 07/01/2024	Statutory/\$2M	None
Environmental Liability	07/01/2023 – 07/01/2024	\$2M	\$25K

On November 2, 2023, HRSA deemed the Southern Nevada Community Health Center (SNCHC, the FQHC division) as a federal contractor, which allows those who are healthcare providers working in the SNCHC to be covered by the Federal Government for the purposes of medical malpractice. This coverage started immediately and has been renewed through December 31, 2025. However, the Health District will realize this cost savings in FY25. The SNCHC's clinical risk management program is responsible for the ongoing success and compliance.

COST OF RISK

The Cost of Risk compares the Health District’s risk management program expenditures to the Health District’s fiscal year operating expenses. The Cost of Risk includes any paid claims (amounts paid in the fiscal year without regard to the year the claims arose), insurance premiums, and operational and administrative expenses. The Cost of Risk is outlined in the table below.

COST OF RISK DETAIL

	FY20	FY21	FY22	FY23	FY24
PREMIUMS & EXPENSES					
Professional Liability Insurance	\$75,735.00	\$96,000.00	\$81,021.22	\$75,847.00	\$84,207.83
General Liability Insurance	\$326,681.69	\$330,171.64	\$386,461.71	\$431,147.68	\$503,108.60
<i>Employment Practices</i>					
<i>Property Insurance</i>					
<i>Auto Insurance</i>					
<i>Cyber Risk/Privacy</i>					
Workers’ Compensation	\$279,895.00	\$816,812.00	\$410,863.00	\$493,366.00	\$485,653.00
Subtotal	\$682,311.69	\$1,242,983.64	\$878,345.93	\$1,000,360.68	\$1,079,072.43
CLAIMS ADMINISTRATION					
Expenses–Outside Counsel	\$56,073.00	\$252,828.73	\$120,870.58	\$20,007.86	\$111,377.00
Maintenance Deductible	\$76,068.37	\$22,665.50	\$36,870.20	\$56,472.37 ¹	\$87,530.45
Subtotal	\$132,141.37	\$275,494.23	\$157,740.78	\$76,480.23	\$198,907.45
Total	\$814,453.06	\$1,518,477.87	\$1,036,086.71	\$1,076,840.91	\$1,277,979.88
COST OF RISK					
Total Health District Operating Expenses	\$90,655,702	\$123,802,958	\$147,986,384	\$124,913,443	\$73,422,792
Cost of Risk (as % of Health District Operating Expenses)	.9%	1.2%	.7%	.8%	1.7%

Cost of risk remains low to the Health District. While we saw an increase to general liability coverage due to several factors, including additional property coverage and increase in staff on payroll, some of the factors were outside of our control, such as overall increase to the POOL members. Additional FTEs also account for the higher cost in Workers’ Compensation costs.

¹ The amount of \$56,472.37 represents fees for services rendered during FY23; however, POOL/PACT had failed to invoice the Health District in a timely fashion. It was not until September of 2023, pursuant to its own financial audit, did POOL/PACT realize this amount was due and owing. As FY23 had been closed for two months, the Health District was unable to adjust the books. Therefore, financially, these payments are listed in FY24, but it is more accurate for this report to show the charges for services list in FY23.

Additionally, due to grant funding decreasing, as well as the associated activities, we had the lowest operating expenditures since prior to the pandemic.

INCIDENT REPORTS

An important element of the Risk Management program is the identification, reporting, and analysis of incidents that occur on Health District property. A reportable incident includes any occurrence that is inconsistent with routine Health District operations. Reporting and reviewing these events is a critical part of quality assurance, quality improvement, and risk mitigation. Health District leadership encourages staff to report any incident or opportunity for improvement.

Clinical occurrences, including medical responses to “Dr. Bluebird,” are analyzed separately by Quality Management Committee/Medical Event Committee to identify the basic or causal factors underlying the incident and potential improvement in processes or systems to reduce the likelihood of future incidents.

FACILITY INCIDENT SUMMARY

In Fiscal Year 2024 (7/1/2023-6/30/2024), 111 incident reports were filed.

FY24 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
47	22	3	6	16	3	14

In Fiscal Year 2024 (7/1/2022-6/30/2023), 94 incident reports were filed.

FY23 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
39	15	3	11	17	4	5

In Fiscal Year 2022 (7/1/2021-6/30/2022), 54 incident reports were filed.

FY22 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
4	17	2	2	13	4	12	5

In Fiscal Year 2021 (7/1/2020-6/30/2021), 20 incident reports were filed. We attribute this low rate to the COVID-19 response and the limited services that were offered in our buildings.

FY21 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
1	7	0	0	8	3	1	0

In Fiscal Year 2020 (7/1/2019-6/30/2020), 50 incident reports were filed.

FY20 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
15	7	1	8	3	8	8	9

HIPAA RISK ASSESSMENT

A HIPAA Risk Assessment is a tool that is designed to help healthcare providers conduct security risk assessments as required by the HIPAA Security Rule. The assessment helps identify risks that could possibly lead to HIPAA violations and/or security breaches.

An annual risk assessment is for the entire organization, all SNHD programs complete the assessment regardless of if they are a part of the covered entity. The assessment looks at two common areas in which a covered entity could possibly violate a HIPAA Security Rule, including security breaches. The two common areas are 1.) Unauthorized access and 2.) disclosure of Protected Health Information (“PHI”) and Personal Identifiable Information (“PII”). Review of these areas allows each program to review their practices and procedures, if any inconsistencies are found, and enact corrective action.

While HIPAA risk assessments focus on maintaining confidentiality and privacy for our patients and clients, this annual opportunity can lead to discussions regarding employee safety, building safety, and related issues. These are referred to the appropriate staff to address.



Memorandum

Date: September 26, 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 – August 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP worked with Blood of the Lamb Community Ministries to implement the Supporting Wellness At Pantries (SWAP) program in their food pantry. The SWAP program helps pantries sort, rank, and display foods in a way that empowers pantry clients to select healthier options. CDPP staff conducted a training on the program for eleven (11) pantry staff and volunteers in July. Pantry supplies were purchased to help the pantry expand their ability to provide healthier food options. The pantry also adopted a nutrition standards policy. To date, CDPP has assisted eleven (11) faith-based food pantries to implement the SWAP program.

CDPP in partnership with CCSD Food Service developed a campaign to promote universal school meals and increase utilization. The campaign began airing in July and will run through August. This year, a promotional flyer was also developed to accompany the campaign and will be distributed at community events.

Our CDPP partnered with the SNHD Immunization Clinic and the Health Equity team to provide flyers promoting Universal School Meals, and the CCSD Wellness Policy. Fliers were distributed during Back-to-School Immunization activities in July at SNHD and various community locations.

Move your Way and Soda Free Summer events continued in July. CDPP staff and partners participated in four (4) events during July reaching over 2,900 people. Physical activity and healthy beverage information and resources were provided at each event.

B. Tobacco Control Program (TCP) Update

TCP Staff distributed tobacco cessation materials to healthcare providers that promote the delivery of evidence-based cessation treatment, including referrals to the state Quitline. Providers can order free materials online and orders are continuously processed and mailed out to local providers, including behavioral health and substance abuse treatment facilities.

Our TCP Staff worked with the contracted media firm and other community partners to develop several media campaigns on issues such as smoke-free policy expansion, cessation promotion, and flavoring restrictions.

Staff presented on the topic of e-cigarette use to youth participating at the Latino Youth Leadership Conference held at University of Nevada Las Vegas. After the presentation, participants engaged in a discussion related to the perceptions and youth shared their own experiences. All materials distributed were tailored and promoted the My Life My Quit youth tobacco cessation resource.

The TCP's Staff developed a youth vape prevention video, tailored for the Latinx youth population group. The video discussed the dangers of vaping and offered cessation resources. The video was shown to Latinx youth during the Latino Youth Leadership Conference on July 9th.

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

A. Education Committee

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

B. Drug/Device/Protocol (DDP) Committee

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

C. Medical Advisory Board (MAB)

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

D. OEMSTS – August 2023 / 2024 Data

EMS Statistics	Aug 2023	Aug 2024	
Total certificates issued:	98	54	↓
New licenses issued:	89	38	↓
Renewal licenses issued (recert only):	2	6	↑
Driver Only:	32	45	↑
Active Certifications: EMT:	914	935	↑
Active Certifications: Advanced EMT:	1850	1988	↑
Active Certifications: Paramedic:	1994	2135	↑
Active Certifications: RN:	63	67	↑

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. They are currently working through the legal implications of providing patient data to Resiliency Center for extension of services.
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. OPHP Supervisor presented on responder mental health concerns after a disaster/incident and the Impacted Persons Database at the National Homeland Security Conference in Miami Beach, FL.
4. Planner I continued to draft the Administrative Preparedness Annex.
5. Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans. They met with Human Resources to discuss procurement, payroll, contracts, and personnel needs for preparedness annex.

6. Assistance was provided to the revisions of the COVID AAR.
7. Planners continue to update the Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP). Planner has created a working group to complete the COOP process.
8. Forty-two SNHD employees were fit tested for personal protective equipment.
9. Planners are currently serving as reviewers for Project Public Health Ready 2024 review cycle.
10. Planners participated in State of Nevada Department of Education EOP Working Group.
11. Planners coordinated automation of emergency notification system updates with IT and Human Resources.
12. Planners began full revision of SNHD Basic EOP and Direction and Control Annexes.
13. Planners and PHP Manager attended Nevada Region 1 THIRA/IPPW held at Las Vegas Valley Water District.
14. Planners participated in review of Beacon Academy EOP and provided CredibleMind information as an additional resource for mental health.
15. Planners held an initial Planning Meeting for January 2025 Game.
16. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
17. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan. Planner I began complete rewrite of Emergency Operations Basic Plan.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. PST for Incident Commander, Safety Officer, PIO, and Liaison was provided on August 8th to five (5) SNHD Emergency Response Personnel.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in August, next scheduled offering is September 18th.
3. CPR Training was provided to four (4) SNHD staff in August.
4. Planners continue to coordinate with Environmental Health, SNPHL, and EPA on exercise development for the EPA Water Laboratory Alliance Advanced Practice full scale exercise to be conducted in August.
5. Planner I completed COOP After Action Report and held After Action Report Meeting.
6. Planner I attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
7. Planners continue planning efforts for the Extreme Heat Seminar planned for March 2025.
8. Planners attended Common Operating Picture Seminar/Tabletop hosted by City of Henderson Department of Emergency Management.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Trainer confirmed UMC Hospital for First Receiver Decontamination Training on August 14th for ten (10) UMC staff. Trainers confirmed the training date with Mountain View Tenaya Hospital for December 4th.
2. Our Trainer continues to support Hospital Radiation training offered at UMC Hospital on September 17th. Flyers were distributed to SNHPC hospital contacts.
3. The trainer coordinated TEEX Medical Preparedness & Response to Bombing Incidents at North Las Vegas OEM February 26th - 27th. TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel tentatively planned for September or October 2025, location TBD.
4. Twenty Hospital Area Command bags for standalone emergency departments assembled. Training for standalone ED staff coordinated with the Fire Department.
5. Planners and Clinical Advisor have begun drafting the Patient Movement and Resource Management Annexes.
6. Trainer, Clinical Advisor and Senior Planner attended Mid-Term Planning Meeting on August 21st and continue to support NDMS/FCC FSE in November.

D. Fusion Center Public Health Analyst:

1. Coordinated production and distribution of monthly joint fusion center public health bulletin that evaluates threats to public welfare in the Southwestern United States.
2. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
3. Provided public health input on threat assessment projects.
4. Worked with LVMPD Emergency Management to plan for NFL games, Black Hat and DefCon 2024 conferences.
5. Review of large venue, special events for public health concerns.
6. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
7. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
8. Assisted in drafting a white paper on Carfentanil in Clark County and worked with Clark County Fire Department to evaluate responder response and recovery if Carfentanil is involved.
9. Assisted on a white paper regarding school violence. Evaluated the impact of COVID on current school violence.
10. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP is awaiting Notice of Sub-Awards for FY 2025 and no cost extensions from FY 2024.
2. Hired a new Senior Administrative Assistant who will start on August 5th.
3. Manager and Supervisor continue to support special event planning in advance of Formula One Event in November.

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 NACCHO PPAG working group meeting.
3. MRC Volunteers served at SNHD Main and East clinics to help with back-to-school rush, printing vaccine records and offering general help.

MRC Volunteer Hours FY2025 Q1

(Economic impact rates updated April 2024):

Activity	July	August	September
Training			
Community Event			
SNHD Clinic	35.5	88.25	
Total Hours	35.5	88.25	
Economic impact	\$1,215.40	2,955.49	

IV. VITAL RECORDS

- A. August 2024 shows a 16% decrease in birth certificate sales compared to August 2023. Death certificate sales currently showing a 3% decrease in comparison to August 2023. SNHD received revenues of \$35,464 for birth registrations, \$47,905 for death registrations; and an additional \$8,808 in miscellaneous fees.

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

Vital Statistics Services	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Births Registered	2,133	2,313	↑	3,947	4,166	↑
Deaths Registered	1,727	1,855	↑	3,304	3,751	↑
Fetal Deaths Registered	14	13	↓	30	30	

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

Vital Statistics Services	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates Sold (walk-in)	62	4	↓	104	17	↓
Birth Certificates Mail	153	149	↓	315	279	↓
Birth Certificates Online Orders	4,767	3,997	↓	9,029	7,673	↓
Birth Certificates Billed	97	100	↑	227	240	↑
Birth Certificates Number of Total Sales	5,079	4,250	↓	9,675	8,209	↓
Death Certificates Sold (walk-in)	32	22	↓	49	29	↓
Death Certificates Mail	178	202	↑	364	390	↑
Death Certificates Online Orders	7,651	7,401	↓	14,315	15,585	↑
Death Certificates Billed	34	34		75	89	↑
Death Certificates Number of Total Sales	7,895	7,623	↓	14,803	16,093	↑

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

Vital Statistics Sales by Source	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates Sold Valley View (walk-in)	1.2%	.1%	↓	1.1%	.2%	↓
Birth Certificates Mail	3%	3.5%	↑	3.3%	3.4%	↑
Birth Certificates Online Orders	93.9%	94%	↑	93.3%	93.5%	↑
Birth Certificates Billed	1.9%	2.4%	↑	2.3%	2.9%	↑
Death Certificates Sold Valley View (walk-in)	.4%	.3%	↓	.3%	.2%	↓
Death Certificates Mail	2.3%	2.6%	↑	2.5%	2.4%	↓
Death Certificates Online Orders	96.9%	97.1%	↑	96.7%	96.8%	↑
Death Certificates Billed	.4%	.4%		.5%	.6%	↑

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

Revenue	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates (\$25)	\$126,975	\$106,250	↓	\$241,875	\$205,225	↓
Death Certificates (\$25)	\$197,375	\$191,475	↓	\$370,075	\$402,325	↑
Births Registrations (\$13)	\$43,771	\$35,464	↓	\$82,407	\$68,655	↓
Deaths Registrations (\$13)	\$23,205	\$23,205		\$43,303	\$47,905	↑
Convenience Fee (\$2)	\$9,562	\$8,158	↓	\$18,016	\$15,892	↓
Miscellaneous Admin	\$652	\$650	↓	\$1,205	\$1,398	↑
Total Vital Records Revenue	\$401,540	\$365,202	↓	\$756,881	\$740,400	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Passport Applications	730	551	↓	1,480	1,245	↓
Revenue	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Passport Execution/Acceptance fee (\$35)	\$25,550	\$19,285	↓	\$51,800	\$43,375	↓

V. HEALTH EQUITY

- A. The Health Equity program received a No Cost Extension from the CDC COVID-19 Disparities Grant. This extension aims to enhance infrastructure support for COVID-19 prevention and control among underserved populations at higher risk and undeserved.
 - 1. The program maintains collaborations with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
- B. The Health Equity Program works toward reducing health disparities through increasing organizational capacity and implementing community strategies.
- C. The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.
 - 1. The program continues to collaborate with Al Maun and Golden Rainbow to increase the capacity of the community to address health disparities through their diabetes prevention and Management program and a food distribution program to address food insecurities.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

- 1. 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	28	44
NAAT NG/CT	1309	1259
Syphilis	804	867
RPR/RPR Titers	155/70	154/69
Hepatitis Total	1323	1223
HIV/differentiated	682/23	649/20
HIV RNA	103	99

4. COVID testing:

- Performed SARS-CoV-2 PCR extraction on the KingFisher Flex platform exclusively.
- SNPHL maintains a capacity of 2000 tests/day with a turnaround-time of <48 hours (current TAT two-day currently at / near goal).
- For August, the average daily testing volume was 71 with an average turnaround time of 30 hours from collection date to release of the report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Molecular laboratory will add Tecan instrument after installing the updated script for the SARS-CoV-2 WGS procedure. The Tecan contract is subject to review by our contract office due to the unresolved problems.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	COVID	# PCR & NAAT/#POS
January	1,144/148	July	716/166
February	1,160/77	August	1560/202
March	680/42	September	

April	204/18	October	
May	115/17	November	
June	365/77	December	

5. Reportable disease reports:

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

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	5	5	2	6	4	2	2	1					27
	Campy Screen	11	17	3	15	5	3	4	1					59
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28					348
	Gram Stain/WBC	0	5	0	0	5	0	0	0					10
	Neisseria ID	0	0	0	0	1	1	1	0					3
	Haemophilus ID	7	0	2	1	0	0	0	0					10
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0					13
	WGS (PulseNet)	29	23	17	30	20	20	18	28					185
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14					110
	Salmonella Serotype	13	10	12	16	14	12	11	14					102
Shigella	Shigella Screen	10	10	4	10	6	3	3	5					51

	Shigella Serotype	7	10	2	3	5	3	2	4					36
STEC	STEC Screen	10	2	2	4	1	4	3	7					33
	STEC Serotype	1	1	1	0	1	2	1	5					12
Unknown	Stool Culture	5	6	2	0	6	0	0	5					24
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3					4
	Vibrio Screen	0	0	1	3	0	1	0	5					10
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0					4

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were three (3) cases for GI outbreak investigation in August.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In August, SNPHL performed 29 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	0	0	0				

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 28 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in August 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 199 bacterial organisms have been identified in August.
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 August 2024, SNPHL has sequenced 144 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	96	75	37				

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 August, we tested a total of 385 mosquito pool samples. There were two (2) positive WNV mosquito pool samples identified in August. 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 August, a total of 20 clinical isolates, Neisseria gonorrhoeae eight (8) isolates and Neisseria meningitidis one (1) isolate, were collected and will be sent to either the

regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or *N. gonorrhoeae* samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

D. All-Hazards Preparedness:

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

E. August 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the proficiency test with CAP HIV-NB 2024 Clinical Lab 100% graded. CAP IDR-B Infectious Disease, Respiratory BIOFIRE, Molecular Lab 100% graded; CAP UAA1-A Automated Urine Microscopy, Clinical Lab, 100% graded.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. The validation for both instruments is being performed right now. The contract for clinical chemistry instruments is under development in the Contract Office.
4. The Board of Health has approved the petition to purchase double-door autoclave and it will take six (6) months to deliver the double door autoclave to SNPHL.
5. According to the WGS and genomic data analysis, the Omicron variant KP.3.1.1 and KP.2.3 lineages are domain lineages in August, 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. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 and B/Victoria are major subtypes of influenza and the percentage of ratio between three (3) subtypes are 46%, 29%, and 24%, respectively.
7. 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 August.
8. The new design may focus on building BSL-3 and Micro lab in the 2nd floor and leave semi shell for the first floor.
9. No Dengue was detected from Mosquito pool samples since early July 2024.
10. Outreach, the new electronic ordering system, formally GOLIVE on Wednesday, May 8th. We follow our schedule to visit the hospitals and long-term care facility onsite to introduce our system and provide the technical support for our clients.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

August SNPHL Services	2023	2024	
Clinical Testing Services ¹	5,802	5,465	↓
Epidemiology Services ²	793	517	↓
State Branch Public Health Laboratory Services ³	373	0	↓
All-Hazards Preparedness Services ⁴	28	4	↓
Environmental Health Services ⁵	334	422	↑

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: September 17, 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 – August 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.

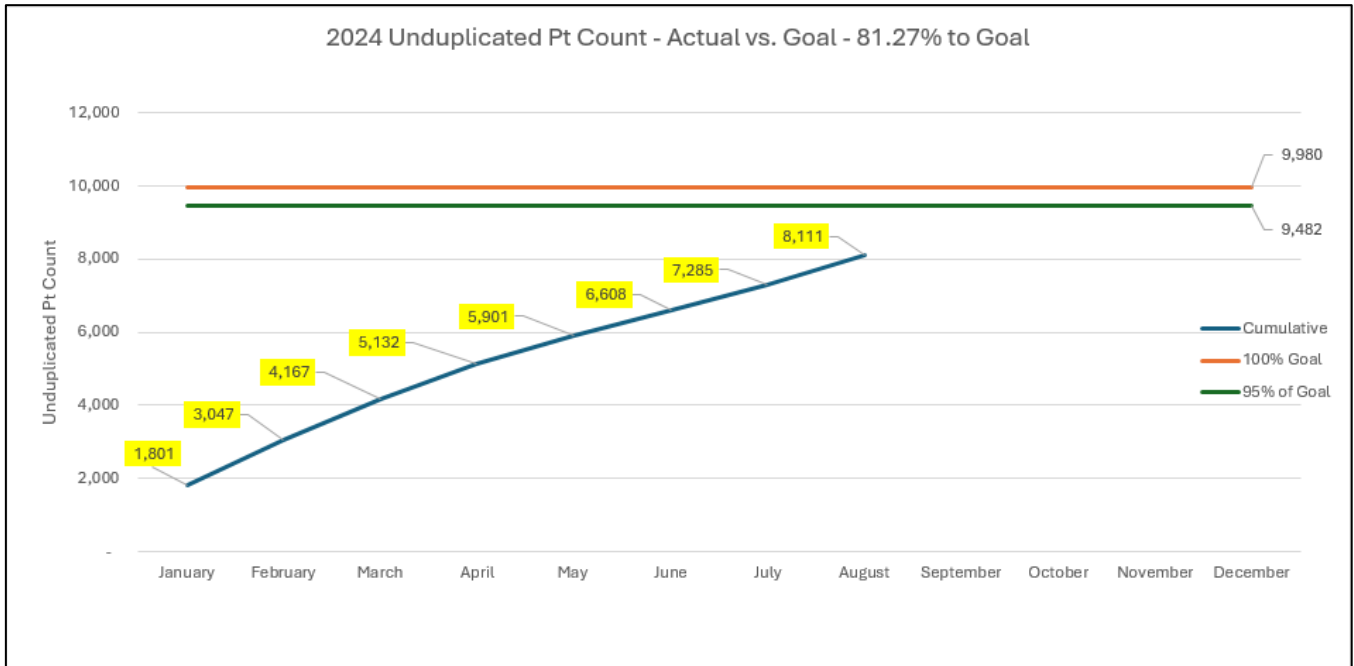
August Highlights

Administrative

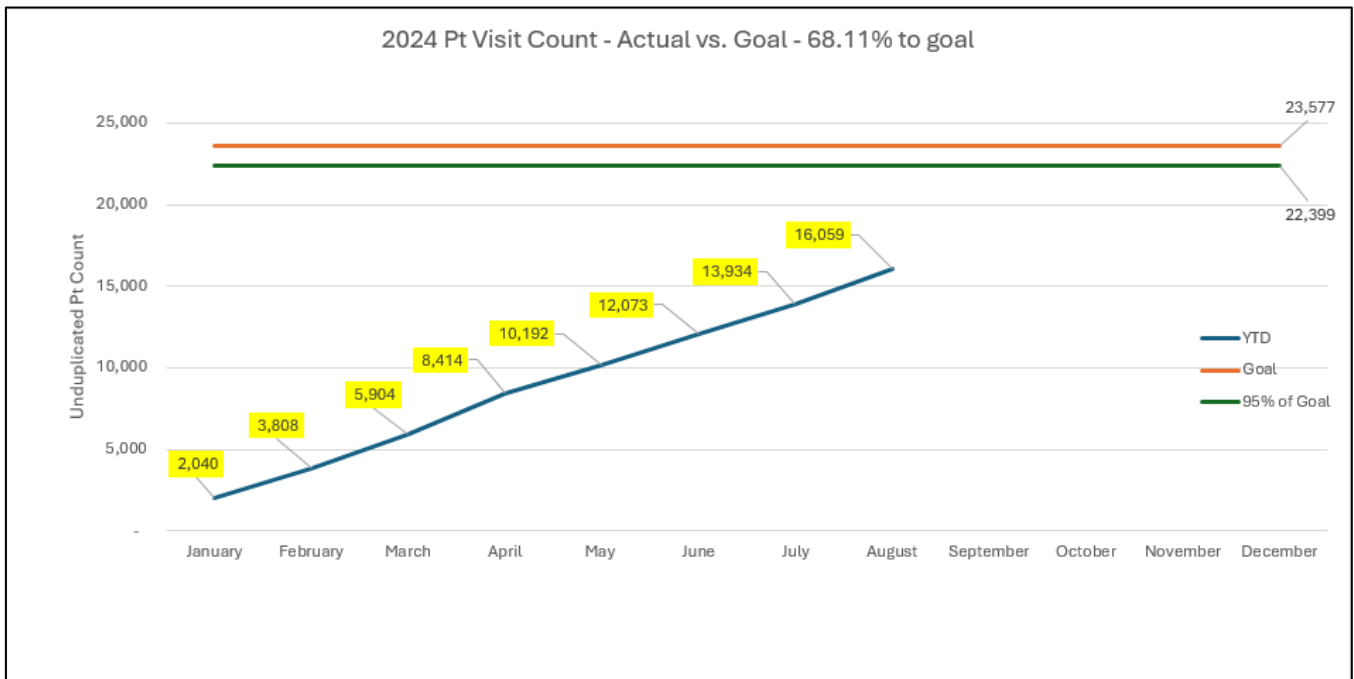
- Three HRSA Community Health Center Quality Recognition badges were awarded to the health center.
 - Access Enhancer
 - Health Disparities Reducer
 - Advancing HIT for Quality
- HRSA Operational Site Visit tentatively scheduled for Q1 of CY25.
- HRSA New Access Point application due on 9/30/24.
- Construction of the new Behavioral Health Clinic at Decatur is anticipated to be complete by 9/20/24.
- Architectural plans for the Dental Clinic at Fremont are in review.
- Medical Director recruitment ongoing.
- New Family Medicine Doctor begins 10/7/24.
- The annual employee evaluation process is underway.
- Employee Recognitions:
 - On the Spot Awards
 - 11 employees recognized.
 - Exemplary Service
 - One employee recognized.

Access

Unduplicated Patients through August of 2024 = 81.27% to annual goal of 9,980 unduplicated patients:



Patient Visits through August of 2024 – 68.11% to goal of 23,577 patient visits:



Provider Visits by Program and Site – August 2024

Facility	Program	AUG '24	AUG '23	AUG YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	537	461	14%	1,150	825	28%
Fremont	Family Health	396	191	52%	662	319	52%
Total	Family Health	933	652	30%	1,812	1144	37%
Decatur	Family Planning	165	155	6%	291	295	-1%
Fremont	Family Planning	121	144	-19%	233	264	-13%
Total	Family Planning	286	299	-5%	524	559	-7%
Decatur	Sexual Health	500	620	-24%	1,079	1,131	-5%
Fremont	Sexual Health	122			231		
ASEC	Sexual Health	45	142	-216%	113	253	-124%
Total	Sexual Health	667	762	-14%	1,423	1,384	3%
Decatur	Behavioral Health	130	155	-19%	254	259	-2%
Fremont	Behavioral Health	132			262		
Total	Behavioral Health	262	155	41%	516	259	50%
Decatur	Ryan White	212	230	-8%	497	453	9%
Fremont	Ryan White	28			44		
Total	Ryan White	240	230	4%	541	453	16%
FQHC Total		2,388	2,098	12%	4,816	3,799	21%

Pharmacy Services

	Aug-23	Aug-24		FY24	FY25		% Change YOY
Pharmacy Services	1,457	1,393	↓	2,671	2,806	↑	5.1%
Client Encounters (Pharmacy)	2,021	2,253	↑	3,702	4,570	↑	23.4%
Prescriptions Filled	31	59	↑	67	102	↑	52.2%
Client Clinic Encounters (Pharmacist)	21	25	↑	36	55	↑	52.8%
Financial Assistance Provided	1	12	↑	1	26	↑	2500.0%

- A. Dispensed 2,253 prescriptions for 1,393 clients.
- B. Pharmacist completed 59 client clinic encounters.
- C. Assisted 25 clients to obtain medication financial assistance.
- D. Assisted 12 clients with insurance approvals.

Family Planning Services

- A. The Family Planning program continues to ramp up access to services. Quality improvement initiatives focused on scheduling practices, operational throughput, and clinical documentation are ongoing. Additional focus on sexual health services has enabled the health center's family planning providers to increase access capacity to support the overflow of patients seeking same day services through the Sexual Health Clinic. The health center projects an increase in Family Planning service utilization throughout FY25.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 53 referrals between August 1st and August 31st. There was one (1) pediatric client referred to the Medical Case Management program in August and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 695 total service encounters in the month of August provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 445 unduplicated clients served under these programs in August.
- C. The Ryan White ambulatory clinic had a total of 439 visits in the month of August: 16 initial provider visits, 172 established provider visits including 27 tele-visits (established clients). There were 29 nurse visits and 222 lab visits. There were 72 Ryan White services provided under Behavioral Health by the licensed behavioral health providers and the Psychiatric APRN during the month of August and 47 unduplicated clients served. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in August.
- 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 seen under the Rapid StART program in August.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,202 unique services to 810 unduplicated patients for the month of August. There were 18 unduplicated patients seen at the All-Saints.
- B. Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. 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.

- D. The FQHC-SHC staff continues to be available to see patients for Mpox evaluation and referral for vaccine.
- E. One Medical Assistant is continuing orientation in FQHC-SHC.

Refugee Health Program (RHP)

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

Client required medical follow-up for Communicable Diseases	-
Referrals for TB issues	7
Referrals for Chronic Hep B	2
Referrals for STD	3
Pediatric Refugee Exams	20
Clients encounter by program (adults)	63
Refugee Health screening for August 2024	63
Total for FY24-25	129

Eligibility and Insurance Enrollment Assistance

The Eligibility Workers submitted a total of 21 applications for the month of August.

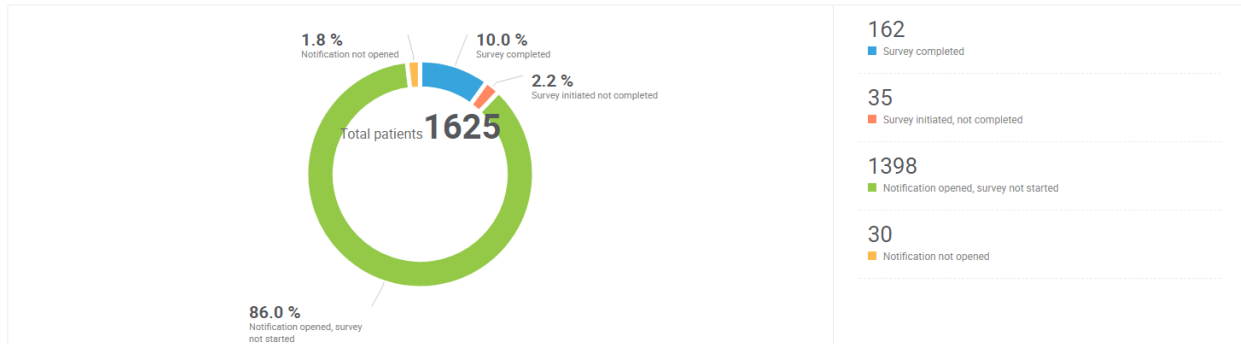
Applications	Status
16	Approved
2	Denied
3	Pending

Patient Satisfaction: See attached survey results.

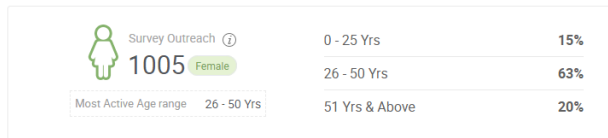
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center Patient Satisfaction Survey – August 2024

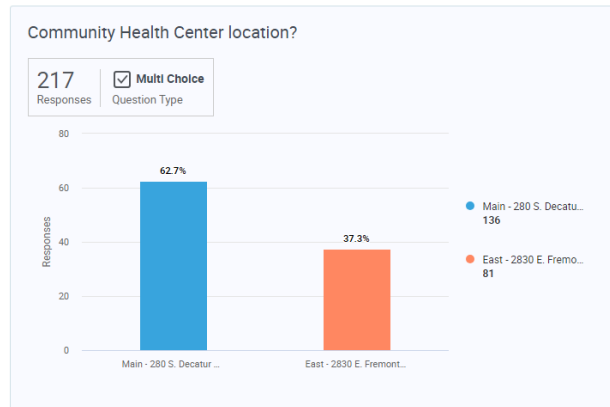
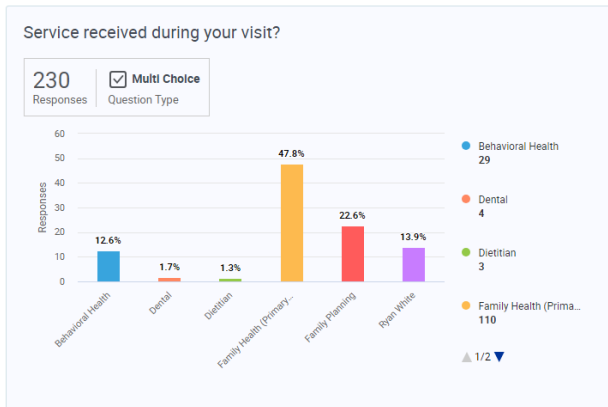
Overview



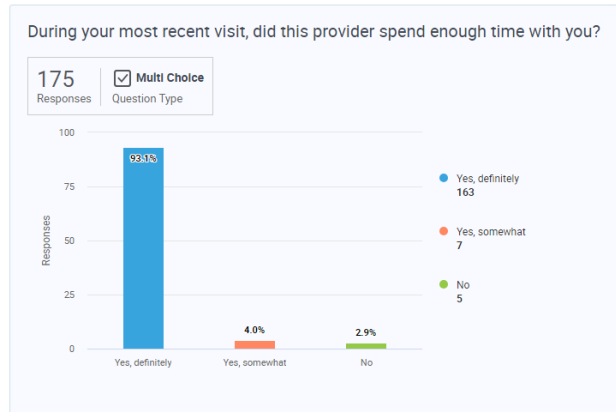
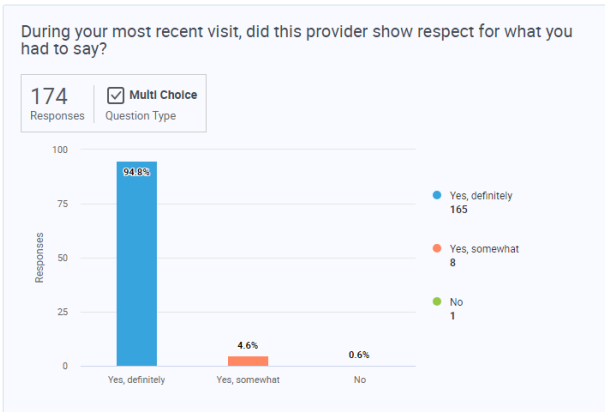
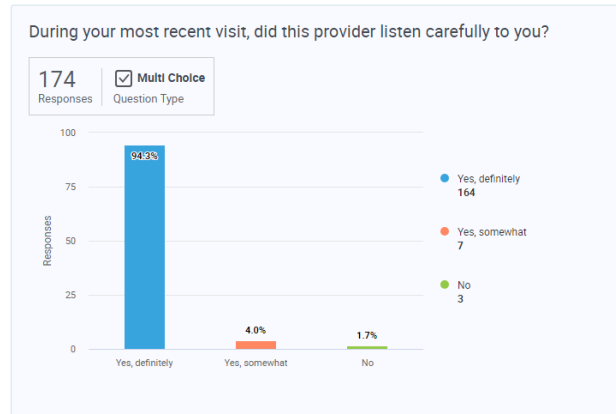
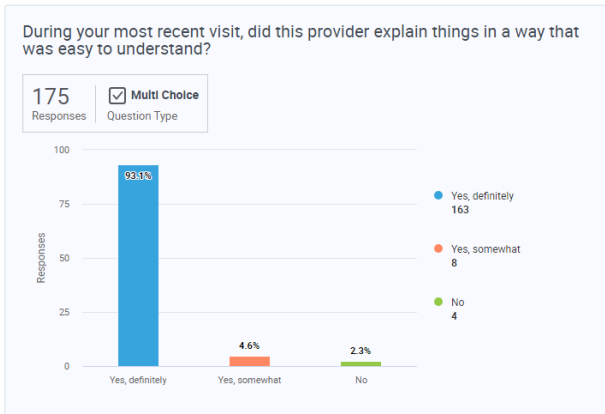
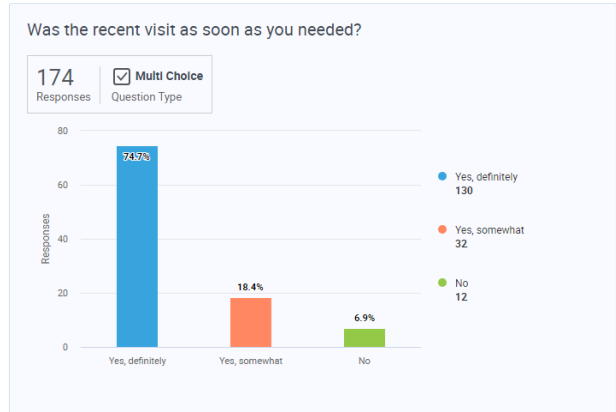
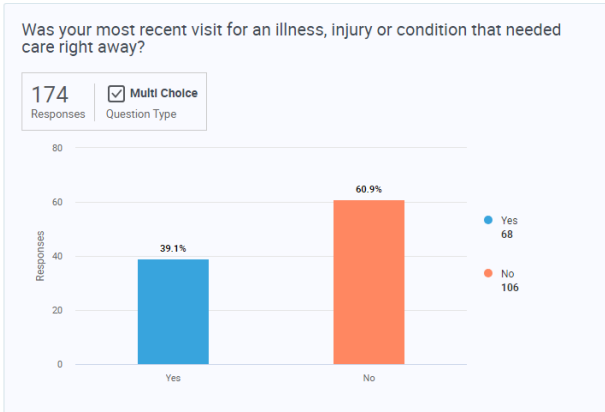
Gender



Service and Location

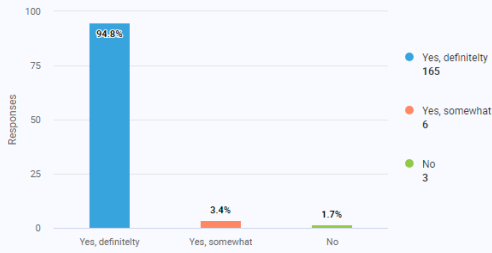


Provider, Staff, and Facility



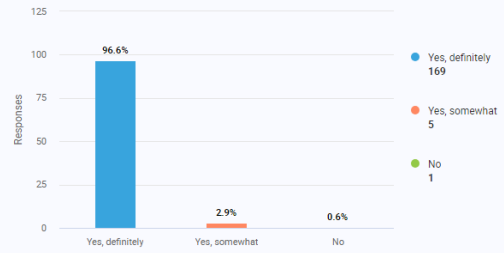
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

174 Responses Multi Choice Question Type



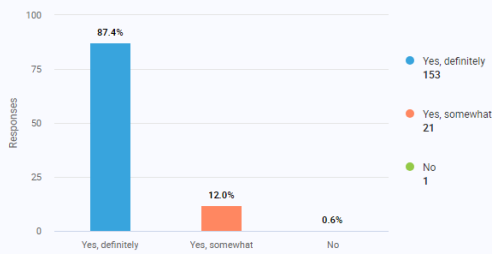
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

175 Responses Multi Choice Question Type



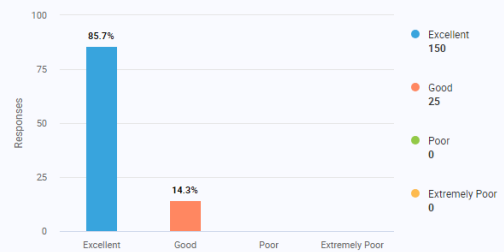
Thinking about your recent visit, was it easy to schedule an appointment?

175 Responses Multi Choice Question Type



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

175 Responses Multi Choice Question Type

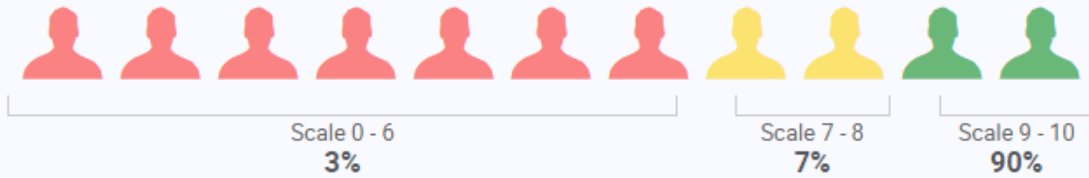


How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

174
Responses

123 Numbers
Question Type

87 | Net Promoter Score (NPS)



5
Scale 0 - 6

13
Scale 7 - 8

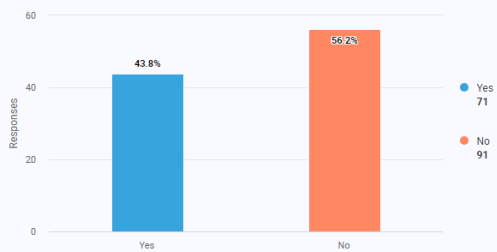
156
Scale 9 - 10

General Information

Do you have health insurance?

162
Responses

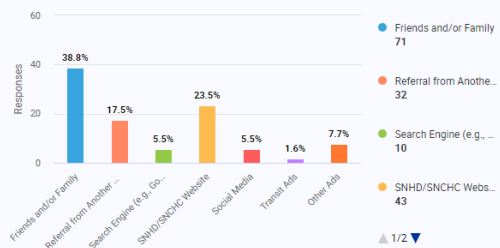
Multi Choice
Question Type



How did you hear about us?

183
Responses

Multi Choice
Question Type



Memorandum

Date: September 9, 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 *FL* *authorized to sign on behalf of Fermin Leguen, MD, MPH

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

	August 2023	August 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1211	997	↓	8418	8070	↓
Gonorrhea	508	471	↓	3791	3477	↑
Primary Syphilis	24	10	↓	161	104	↓
Secondary Syphilis	34	14	↓	237	161	↓
Early Non-Primary, Non-Secondary¹	65	28	↓	432	374	↓
Syphilis Unknown Duration or Late²	122	76	↓	987	940	↓
Congenital Syphilis (presumptive)	5	2	↓	36	24	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	6	1	↓	37	30	↓
Pregnant Syphilis Cases	20	6	↓	185	84	↓
Perinatally Exposed to HIV	0	1	↑	2	18	↑
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 ³ Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis. ⁴ The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	1	1	→	21	31	↑

	August 2023	August 2024		YTD 23	YTD 24	
Hepatitis A	2	1	↓	6	7	↑
Hepatitis B, acute	5	0	↓	22	24	↑
Influenza	16	5	↓	204	708	↑
Pertussis	3	1	↓	18	40	↑
RSV	31	8	↓	710	1941	↑
Enteric Illness						
Amebiasis	0	0	→	2	3	↑
Campylobacteriosis	11	7	↓	130	142	↑
Cryptosporidiosis	1	0	↓	6	19	↑
Giardiasis	8	3	↓	49	41	↓
Rotavirus	8	7	↓	94	112	↑
Salmonellosis	24	7	↓	140	100	↓
Shiga toxin-producing Escherichia coli (STEC)	5	6	↑	38	59	↑
Shigellosis	10	7	↓	52	91	↑
Yersiniosis	2	1	↓	11	26	↑
Other						
Candida auris	43	119	↑	388	1210	↑
Carbapenem-resistant Enterobacterales (CRE)	26	37	↑	115	406	↑
Coccidioidomycosis	22	14	↓	180	147	↓
Hepatitis C, acute	2	1	↓	3	10	↑
Invasive Pneumococcal Disease	4	7	↑	141	161	↑
Lead Poisoning	10	2	↓	116	79	↓
Legionellosis	3	0	↓	24	19	↓
Meningitis, aseptic	4	1	↓	20	17	↓
Meningitis, Bacterial Other	2	1	↓	5	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	5	3	↓	25	28	↑
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	3	4	↑	47	44	↓

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	17	0	43	0
Gonorrhea	8	1	21	0
Syphilis	23	1	186	1
HIV/AIDS (New to Care/Returning to Care)	34	2	79	0
Tuberculosis	13	0	5	1
TOTAL	95	4	334	2

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

3. ACDC COVID-19 Activities

ACDC is transitioning Covid public health response to align with state guidance and CDC recommendations. Universal case investigation has not been recommended by the CDC since 2022. Surveillance for Covid-19 will prioritize hospitalizations and deaths while maintaining ongoing laboratory surveillance and adjusting as needed per the NVDPBH requirements.

4. Disease and Outbreak Investigations

- a. **Mpox:** As of August 27, 2024, Clark County had 317 cases of mpox.
- b. **Shigella Sonnei Cluster:** ACDC and OIE staff are conducting an ongoing investigation into a local cluster of *Shigella sonnei*. Approximately 24 persons have this serotype with closely matching whole genome sequencing, which is a significant portion of the *Shigella* cases reported to SNHD this year. Hypothesis generating questionnaires were administered to the affected individuals, however a common source of illness was not identified. This investigation was closed.
- c. **Norovirus outbreak at a local Elementary School:** SNHD ACDC staff were notified on 8/16 of an emergent outbreak situation at a local K-8 school in the valley. The initial number of ill persons provided upon contact with the school was approximately 19 children, but the number grew substantially; as of 09/10/2024, 2 cases were confirmed by laboratory testing processed through SNPHL, and Norovirus was confirmed as the causal agent. Environmental Health responded to the school, and worked with the school administration to confirm an appropriate sanitation plan was in place. This investigation has been closed.
- d. **Legionellosis cluster:** On June 11, 2024, ACDC received a report from a local hospital reporting 3 cases of Legionellosis on the same day. A cluster investigation was initiated because all three cases resided within a small radius geographically. Three additional cases were identified in the same geographic area in the previous two months. ACDC, OIE and Environmental Health consulted with the CDC and environmental health set up a rigorous testing schedule based on the epidemiological findings of this investigation. SNHD partnered with the state to assess and evaluate two state licensed facilities during this investigation. This investigation has been closed.
- e. **Legionellosis Investigation associated with hotel and resort:** The Southern Nevada Health District investigated two travel-associated cases of Legionnaires' disease in guests who stayed at Caesars Palace Hotel and Casino. On two occasions during the last six months, individuals were diagnosed with Legionnaires' disease shortly after a stay at Caesars Palace Hotel and Casino. One individual stayed during December 2023; the other individual stayed during June 2024. Water sampling was conducted after learning of each case. Water

sampling after the first case was conducted and all samples tested negative for Legionella. Water sampling from the property’s Palace Tower was conducted this month after learning of the second case. Nineteen initial samples were taken at various points in the water system. One sample tested positive for Legionella; all other samples tested negative. The facility conducted remediation of the water system and subsequent testing has come back negative. The facility cooperated with the Health District’s investigation and steps to notify guests of the potential for exposure and ways to minimize risk are underway. This investigation is closed.

- f. **West Nile Virus Season:** WNV season began with an extremely high positivity rate in mosquitoes beginning in May 2024. The first human case was reported in June. In the month of August, ACDC conducted 5 WNV investigations with 3 of those being classified as cases.

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 August:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
8/5/2024	L2A Jail		110
8/6/2024	Feed My Sheep Outreach	9	
8/7/2024	LVMPD		264
8/7/2024	Founders Club		10
8/7/2024	Davis Funeral Home		16
8/7/2024	Shine a Light		1512
8/7/2024	UNICares Project		984
8/7/2024	Arizona Charlies Boulder		24
8/7/2024	Wells Cargo		120
8/7/2024	Sober Testing Services		120
8/7/2024	Sin City Sisters		312
8/8/2024	Fairchild Go Smoke Shop		120
8/8/2024	Henderson Angels		504
8/8/2024	SNHD Staff	18	

8/14/2024	Teamsters National Black Caucus	15	
8/14/2024	HELP USA	18	
8/15/2024	L2A Outreach		70
8/15/2024	Shine a Light		8016
8/15/2024	Venetian		-40
8/15/2024	SNHD - L2A		40
8/15/2024	The Embracing Project	25	
8/15/2024	ATF	16	48
8/19/2024	NDOC - Southern Desert	35	
8/22/2024	UMC		192
8/22/2024	Daddys Juiced		96
8/22/2024	Feed My Sheep Outreach		1008
8/22/2024	Save Our Sinners		528
Total		136	14,054

- 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 August:

FTS Distribution		
8/7/2024	Shine a Light	(4800 strips)
8/15/2024	SNHD Health Education Team	(2400 strips)
8/22/2024	Save Our Sinners	(900 strips)
Total FTS:		8,100
XTS Distribution		
8/7/2024	Shine a Light	(5200 strips)
8/15/2024	SNHD Health Education Team	(200 strips)
8/21/2024	SNHD DIIS	(300 strips)
8/22/2024	Save Our Sinners	(900 strips)
Total XTS:		6,600

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 continues to collaborate with community partners to participate at various outreach events. This month we were a part of the Latin Chamber of Commerce of Nevada’s *La Oportunidad Expo* held August 3rd at the Boulevard Mall. Additionally, we were in attendance to support the inaugural “Me, Myself, and I,” Black Women and HIV event hosted by Horizon Ridge Wellness Center. This event was held at the Pearson Community Center located at 1625 W. Carey Ave on August 15th. At both events, we offered onsite rapid HIV and HCV testing as well as syphilis testing, harm reduction supplies, and additional educational materials. Our continued collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.
- c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled “Is it TB?” The content includes messaging that encourages providers to “think TB” when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: <https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

B. High Impact HIV/STD/Hepatitis Screening Sites

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

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Aug-23	Aug-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1103	431	↓	7886	8275	↑
Clinic Screening (SHC/FPC/TB)	238	129	↓	2576	2716	↑
Outreach Screening (Jails)	369	233	↓	2274	1954	↓
Collect2 Protect	11	6	↓	126	74	↓
TOTAL	1721	799	↓	12862	13019	↑
Outreach/Targeted Testing POSITIVE	6	0	↓	53	29	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	1	→	8	6	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	1	→	9	4	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	2	↓	70	39	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 1. 08/01/2024: Led, Coordinated, Presented, and Attended at the Southern Nevada Substance Misuse and Overdose Prevention Summit; 201 people in attendance; 9 ODS Health Educator attendees.
- 2. 08/01/2024: Interviewed by Telemundo at Southern Nevada Substance Misuse and Overdose Prevention Summit; 1 person in attendance; 1 ODS staff attendee.

3. 08/02/2024: Represented SNHD on Big Cities Health Coalition Substance Use Working Groups; 10 people in attendance; 21 ODS health educator attendees.
4. 08/02/2024: Represented SNHD on Big Cities Health Coalition Injury Prevention Working Group; 10 people in attendance; 2 ODS health educator attendees.
5. 08/02/2024: Presented on CredibleMind at the Clark County Children's Mental Health Consortium Meeting; 45 people in attendance; 2 ODS staff attendees.
6. 08/02/2024: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Chair; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
7. 8/06/2024: Facilitated (with Academic Affairs) Health District after Dark: Health Equity in Sin City; 60+ people in attendance; 2 ODS staff attendees.
8. 08/07/2024: Attended and facilitated Joint Southern and Northern Nevada HIV Prevention Planning Group Meeting facilitated by Southern Nevada HIV Prevention Planning Group; 27 people in attendance; 4 ODS staff attendees.
9. 08/07/2024: Led AG's SURG Prevention Subcommittee Meeting on behalf of Nevada's AG; 30 people in attendance; 1 ODS staff attendee.
10. 08/08/2024: Facilitated PHVM Technical Assistance session with Silver Summit; 5 people in attendance; 1 ODS staff attendee.
11. 08/14/2024: Facilitated Harm Reduction in Action Training provided to Community Counseling Center; approx. 30 people in attendance; 1 ODS Health Educator attendees.
12. 08/14/2021: Attended Teamsters National Black Caucus Training Conference to discuss naloxone; 15 people in attendance; 1 ODS staff attendee.
13. 08/15/2024: Facilitated Me, Myself, and I: Women's Healthcare Roundtable; 50 people in attendance; 3 ODS staff attendees.
14. 08/20/2024: Facilitated Public Health Vending Machine (PHVM) Round Table; approx. 45 people in attendance; 1 ODS Staff attendee.
15. 08/20/2024: 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.
16. 08/20/2024: Presented on CredibleMind at the SNHD ODS Staff Meeting; ~50 people in attendance; ~50 ODS SNHD staff attendees.
17. 08/20/2024 – 8/22/2024: Attended Safe States Annual Conference; ~450 people in attendance; 1 ODS staff attendee.
18. 08/21/2024: Facilitated "SafeTALK Suicide Prevention" training; 20 people in attendance; 2 SNHD ODS staff attendees.
19. 08/22/2024: Facilitated Overdose Response with Naloxone Training – Substance; 31 people in attendance; 1 ODS staff attendee.
20. 08/23/2024: Presented at LIMA Community Resource Meeting to discuss Overdose Prevention Programs; 200 people in attendance; 2 ODS staff attendees.
21. 08/26/2024: Led AG's SURG Prevention Subcommittee Meeting on behalf of Nevada's AG; 30 people in attendance; 1 ODS staff attendee.
22. 08/27/2024: Attended Ryan White Part A Vegas Priority Setting and Resource Allocation Orientation Training as SNHD representative; 35 people in attendance; 2 ODS staff attendees.
23. 08/28/2024: Represented SNHD at LCME for Roseman College of Medicine; 10 people in attendance; 1 ODS staff attendee.
24. 08/31/2024: Provided outreach/education at International Overdose Awareness Day Event; ~150 people attended; 4 ODS staff attendees.

D. Other

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

MONTHLY REPORT – August 2024

OFFICE OF INFORMATICS AND EPIDEMIOLOGY (OIE)

1. 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, added new TB questions for MMG data export, review NORS form.
 - b. Continue to update and enhance Data Warehouse; updated ETL process to address issue with missing columns.
 - c. Pentaho report updates; updated STD/HIV and ODTA 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. 421 tasks have been completed with 74 tasks left.

2. 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. HCA Sunrise ECR intake into EMSA in full production – ongoing exception mapping for incoming messages.
 - d. Onboarding other HCA facilities, currently Mountainview eCR into EMSA, reviewing exceptions and data fields for data mapping completeness into EpiTrax.
 - e. Updated “Rabies, Animal”, “COVID”, and “RSV” ELR logic to follow our new investigation guideline.

3. 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. Clark County Coroner’s Office, Sunrise Hospital-Microbiology lab, and So. NV Veterans Home have gone live with the Outreach system, which provides specimen ordering and result delivery from/to partners in a more efficient and timelier manner. Planning for Veterans Administration (VA) and Office of Disease Surveillance (ODS).
 - f. Continue making modifications to the LRN-B interface for CDC requested changes.
 - g. Testing an electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results.

4. Electronic Health Record (EHR) System
 - a. Maintain the system for patient care and documentation. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
 - b. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE and eCW on eCR and FHIR implementation.
 - c. Continued adoption of Azara, the data warehouse/analytics platform.
 - d. Pharmacy/medication usage data/report.
 - e. Configuration Modifications for the Healthy Start Program (Maternal Child Health).

- f. Implemented Family Planning interface reconciliation process and FPAR report prompt/filter resolution.
 - g. Continue discussions for consolidation/streamlining of Sexual History Documentation.
 - h. Phase 1 completed for automation between eCW and iCircle.
 - i. Care Plan implementation.
 - j. No show prediction feature evaluation
 - k. Family Planning Reproductive History configuration modifications
 - l. Monthly reports
- 5. 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).
 - e. Participating in FHIR specification development with the Georgia Tech Research Institute (GTRI).
 - f. Outreach project implementation for orders/results to/from SNPHL.
 - g. De-commission old data feeds since Outreach system has been implemented and provides this data.
- 6. 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.
- 7. API Server**
- a. Preliminary Data Downloads from National Weather Service's API into our data warehouse.
 - b. Review HIE API and Vital Stats to identify the data needed for PILLARS project
- 8. Data Modernization Initiative (DMI)**
- a. Continue to work with the State on DMI project.
 - b. Continue to work with NC HIE on TEFCA and FHIR projects.
 - c. eCR project: Onboarding HCA Mountainview into EMSA.
 - d. continue implementing MMG GENV2 Phase 2
 - e. MMG TB/LTBI fields review and implement into EpiTrax
- 9. 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.

10. Grant Updates

- a. End of Year Report for PHEP BP5 report was completed.
- b. ELC grant Q3 progress reports were completed.
- c. COVID Health Disparity grant Q3 progress report was completed.
- d. FR-CARA Q3 progress report was completed.
- e. NVDRS Q4 report was completed.
- f. SUDORS Q4 report was completed.
- g. Completed the NACCHO Wastewater Surveillance Mentorship Final Report and short presentation
- h. Monthly report for DMI Supplemental grant.

11. Reports

- a. The following FQHC/Clinical reports were completed and submitted.
 - eCW No-Show eBO Reports
 - Patients Prescribed with Levemir Report
 - SHC report for PrEP Reason Visit
 - PrEP Rx male patient report for Ryan White
 - FQHC Medicaid Visits Report
 - HPV Vaccine & Opt-in Box Report
 - SHC FY 24 client report for clinic stats
 - WRAP Report Group NPI
 - Hep B Client Report for Ryan White
 - Positive Syphilis Report error
 - CQM Report
- b. Epidemiology Reports:
 - Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
 - Monthly - Drug Overdose Report – External
 - Monthly - BOH report
 - Monthly and quarterly disease statistics
 - Daily, biweekly, bimonthly, and monthly COVID-19 reports
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports
 - Outreach site HIV testing stats-weekly
 - EPT report- weekly
 - Weekly arbovirus update
 - Weekly Internal Heat Related Illness report
 - Monthly Heat Related Death and Illness report
- c. Other report updates:
 - Daily, weekly, and monthly SNPHL reports and upkeep.
 - State NETSS weekly/YTD report.
 - Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard.
 - CSTE/CDC Forecasting Workgroup calls
 - Continue DIIS performance report discussion with ODS.
 - SNHD Health Equity Report - working on updates for 2025SNHD 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. Epi staff have reviewed 3 manuscripts for possible publication from these analyses.

12. Training

- a. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - Attending EPI OCR working meetings
 - Attending EpiTrax User Weekly Collaboration and Learning Meeting Leadership Journey Training
 - CSTE DMI summit conference, Atlanta, GA
 - CDC-BCHC future of public health data summit conference, Dallas, TX
 - PHIG Reverse Site Visit, San Diego, CA
 - 2024 Wastewater Disease Surveillance Summit.

13. 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 complete.
- b. AMENDMENT A01 to the Interlocal Agreement between Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner C2400082 regarding NVDRS was fully executed in July.
- c. AMENDMENT A01 to the Interlocal Agreement between Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner C2400084 regarding SUDORS was fully executed in July.
- d. The Interlocal Agreement between Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner C2400119 regarding SUID/SDY was fully executed in July.
- e. Data Use agreement between Southern Nevada Health District and State of Nevada DHHS (2024010900001356) for Hospital Discharge data is signed.
- f. Professional Service contract between Southern Nevada Health District and ESRI for ArcGIS dashboard development is fully executed agreement.
- g. BAA with Nevada State Public Health Laboratory awaiting signatures.

14. Other Projects

- a. Work with CDC to implement TEFCA early demonstration project.
- b. Continue to maintain and enhance iCircle web application for OEDS. User account support, site maintenance, data corrections and updates.
- c. Continue to meet and work on UNLV Base model project.
- d. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- e. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation.
- f. Maintenance of the NHA Data Webservice Script.
- g. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- h. Continue working on Healthy Start Project.
- i. Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
- j. August Child Death Review
- k. Updated NETSS file for HIV and SOGI.
- l. Continue on 2021 antibiogram data for WHONET/BACLINK process before releasing this to the public site
- m. Open Enterprise Master Patient Index (EMPI) initial database and application setup is completed.
- n. Prepare communicable diseases data export to NV state



July 2024: Clark County Disease Statistics*

Data as of 08/29/2024

Disease	2022		2023		2024	
	July	YTD	July	YTD	July	YTD
VACCINE PREVENTABLE						
COVID-19	20,852	228,189	1,482	18,773	2,986	11,184
Haemophilus influenzae, invasive	1	9	1	20	4	30
Hepatitis A	1	4	1	4	1	5
Hepatitis B, acute	1	15	3	17	4	24
Hepatitis B, chronic	67	461	112	731	74	679
Influenza	16	470	22	188	16	703
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	2
Mumps	1	1	0	0	0	3
Pertussis	2	46	3	15	2	39
RSV	61	939	14	679	8	1,934
SEXUALLY TRANSMITTED						
Chlamydia	1,090	7,399	1,011	7,207	928	7,071
Gonorrhea	527	3,729	481	3,283	403	3,006
HIV	37	254	36	284	13	273
Stage 3 HIV (AIDS)	16	95	18	91	0	45
Syphilis (Early non-primary, non-secondary)	62	363	60	367	26	344
Syphilis (Primary & Secondary)	73	423	49	340	38	241
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	1	3
Congenital Syphilis	5	34	1	31	6	22
ENTERICS						
Amebiasis	0	1	1	2	0	3
Campylobacteriosis	13	66	21	119	17	135
Cryptosporidiosis	0	9	0	5	3	19
Giardiasis	5	25	8	41	6	37
Rotavirus	4	125	18	86	6	105
Salmonellosis	14	93	18	116	20	92
Shiga toxin-producing <i>E. coli</i> (STEC)	6	50	9	33	13	53
Shigellosis	5	32	4	42	9	84
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	1	2	0	2	1	7
Yersiniosis	3	6	1	9	3	25
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	18	84	21	158	20	133
Exposure, Chemical or Biological	8	9	0	1	2	4
Hepatitis C, acute	0	2	0	1	1	9
Hepatitis C, chronic	225	1,785	115	1,685	139	959
Invasive Pneumococcal Disease	6	109	12	137	11	154
Lead Poisoning	7	79	19	106	1	77
Legionellosis	2	17	3	21	6	19
Listeriosis	0	3	0	0	0	4
Lyme Disease	1	4	3	3	1	5
Malaria	2	5	0	7	3	4
Meningitis, Aseptic	2	10	7	16	2	16
Meningitis, Bacterial Other	3	6	1	3	0	3
Meningitis, Fungal	0	0	0	0	0	3
Q Fever, acute	0	0	1	1	0	0
Rabies, exposure to a rabies susceptible animal	25	200	30	208	30	185
Streptococcal Toxic Shock Syndrome (STSS)	1	4	3	20	3	25
Tuberculosis (Active)	3	32	6	45	8	42
West Nile virus neuroinvasive disease	0	0	0	0	2	13

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

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

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

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



Memorandum

Date: September 26, 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	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Routine Inspections	2,602	2,370	↓	4,468	4,815	↑
Reinspections	201	204	↑	361	417	↑
Downgrades	201	166	↓	337	365	↑
Closures	19	13	↓	32	30	↓
Special Events	45	72	↑	91	116	↑
Temporary Food Establishments & Tasting Event Booths	184	224	↑	416	388	↓
TOTALS	3,254	3,049	↓	5,705	6,131	↑

1. Enforcement Actions and Investigations:

- A. **Venetian/Palazzo Resort Service Bar #1, 3325 S. Las Vegas Blvd.:** On August 2, the facility was closed for two imminent health hazards (IHHs), no hot water and sewage disposed of in an unapproved manner. The inspector documented 32 demerits. The facility was reinspected and reopened with zero demerits on August 8.
- B. **LV Tacos Salseros, 439 Rock Quarry Way:** On August 5, the unit was closed for two IHHs, lack of adequate refrigeration and interruption of electrical service. The inspector documented 17 demerits. The unit was reinspected and reopened with zero demerits on August 8.

- C. El Pollo Loco #6054, 2505 E. Tropicana Ave.:** On August 6, the facility was closed for an IHH, pest infestation. The inspector documented 20 demerits. The facility was reinspected and reopened with zero demerits on August 9.
- D. The Chicken Shack – Restaurant, 4412 N. Rancho Dr.:** On August 12, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 30 demerits. The facility remains closed at this time.
- E. Speedee Mart #121 Deli and Market, 804 E. Flamingo Rd.:** On August 13, the facility was closed for an IHH, pest infestation. The inspector documented 18 demerits for the deli permit and 19 demerits for the market permit. The facility was reinspected and reopened with zero demerits on August 15.
- F. Hammon’s Honey Annual Itinerant Low Risk (AILR), 1370 W. Cheyenne Ave.:** On August 14, the facility was closed for an IHH, other condition or circumstance that may endanger public health. The operator was selling food from an unknown or unapproved supplier/source. There were two large chest coolers filled with pre-bottled raw animal milk (cow/goat) for sale: 20 half gallon bottles and 4-quart bottles. The milk products were not labeled properly and not dyed per Nevada Revised Statute (NRS) requirements. The inspector documented 14 demerits. The facility remains closed at this time.
- G. Cajun Mouth, 3441 W. Sahara Ave.:** On August 16, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 36 demerits. The facility was reinspected and reopened with three demerits on August 21.
- H. Tastebudz – Restaurant, 1917 N. Decatur Blvd.:** On August 22, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 29 demerits. The facility was reinspected and reopened with three demerits on August 26.
- I. Southern Express Soul Food, 2810 S. Maryland Pkwy.:** On August 27, the facility was closed for excessive demerits. The inspector documented 49 demerits. The facility was reinspected and reopened with zero demerits on August 29.
- J. Babystacks Cafe, 11770 W. Charleston Blvd.:** On August 28, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 22 demerits. The facility was reinspected and reopened with six demerits on August 29.
- K. Noypitz Bar and Grill, 1617 S. Decatur Blvd.:** On August 30, the facility was closed for exceeding the demerits allowed on a Change of Permit Holder (CPH) inspection and an unapproved remodel. The inspector documented 19 demerits. The operator is required to attend a food safety assessment meeting with SNHD, and must obtain approvals from City of Las Vegas Business License, Fire, and Building Departments. The facility remains closed at this time.
- L. Multi-agency responses for unpermitted food vendor complaints were conducted in conjunction with Clark County Business Licensing, City of Las Vegas Business Licensing, and the Las Vegas Metropolitan Police Department. Staff closed 19 unpermitted food vending complaint investigations.**

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	2	2	→	4	7	↑
Legionella Residential Investigations	2	4	↑	4	6	↑

2. Outbreak Response:

- A. Hammon’s Honey, 1370 W. Cheyenne Ave.:** On August 15, staff responded to a lab-confirmed case of salmonella after consuming raw milk from a farmer’s market. Raw milk cannot legally be sold in Clark County. The milk was confiscated and tested positive for salmonella. The vendor was closed, required to attend a supervisory conference, and has confirmed no future plans to sell raw milk.
- B. Mimi’s Café, 6760 N. Durango Dr.:** On August 23, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing and foods stored in the temperature danger zone. The investigation resulted in a B downgrade. A reinspection is still pending.
- C. Babystacks Café, 11770 W. Charleston Blvd.:** On August 27, staff responded to multiple reports of foodborne illness. The investigation resulted in closure due to an IHH, lack of adequate refrigeration. After the necessary repairs were made, the facility was reinspected and reopened with an A grade on August 29.
- D. Wing Stop, 641 Marks St.:** On August 28, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including foods not protected from contamination and improper cooling. The investigation resulted in a B downgrade. A reinspection is still pending.
- E. McDonald’s, 2513 E. Owens Ave.:** On August 29, staff responded to a lab-confirmed case of foodborne illness. The investigation resulted in an A grade.

3. Onsite Intervention Training:

- A.** Onsite Intervention Training was held with the following facilities: Romano’s Macaroni Grill, 2001 N. Rainbow Blvd.; Tacos Colima, 439 Rock Quarry Way; Restaurante mi Ranchito, 3001 W. Sahara Ave.; and Pho Thanh Huong Sandwich, 1131 E. Tropicana Ave.

4. Supervisory/Managerial Conferences:

- A.** Conferences were held with the following facilities: Don Tor Taco Mexican Grill #1, 4604 W. Sahara Ave.; Delhi Indian Cuisine, 4022 S. Maryland Pkwy.; and Viva Fresh Produce, 6295 S. Pearl St.

II. SOLID WASTE AND COMPLIANCE

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

Illegal Dumping and Hearing Officer Process	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	14	12	↓	14	12	↓
Adjudicated Hearing Cases	0	0	→	8	3	↓
Total Cases Received	89	88	↓	159	155	↓
Total Cases Referred to Other Agencies	26	19	↓	43	48	↑
Hearing Penalties Assessed	\$0	\$0	→	\$6,250	\$1,500	↓

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Inspections	305	296	↓	557	624	↑

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

Underground Storage Tanks	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Compliance Inspections	48	51	↑	117	157	↑
Final Installation/Upgrade/Repair Inspections	5	1	↓	5	2	↓
Closure Inspections	0	0	→	2	1	↓
Spill Report Investigations	2	0	↓	3	1	↓

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

Permitted Disposal Facilities	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Inspections	5	17	↑	27	43	↑
Reinspections	4	1	↓	5	2	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	489	518	↑	924	1,010	↑
West Nile Virus Surveillance Mosquitoes Tested	7,512	4,839	↓	12,618	11,782	↓
West Nile Virus Surveillance Submission Pools Tested	462	388	↓	924	838	↓
West Nile Virus Surveillance Positive Mosquitoes	50	34	↓	219	1,171	↑
West Nile Virus Surveillance Positive Submission Pools	1	2	↑	3	39	↑
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	32	30	↓	66	81	↑
Public Accommodations Inspections	24	6	↓	40	12	↓
Public Accommodations Complaints	29	20	↓	49	49	→
Mobile Home/Recreational Vehicle Park Inspections	1	2	↑	1	2	↑
Mobile Home/Recreational Vehicle Park Complaints	2	2	→	2	4	↑

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. Permits Issued** – Boulder Sand and Gravel – 5th Street (Recycling) and Las Vegas Polymer Center (Material Recovery)
- B. Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. Facility Applications Being Processed** – Recycling Centers (4); Waste Grease Facilities (3); Waste Tire Management (1); and Storage Bin (1)
- D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in September:** None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Asbestos Permits Issued	82	71	↓	145	151	↑
Revised Asbestos Permits Issued	8	3	↓	15	14	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Tentative Maps-Received	21	8	↓	37	29	↓
Tentative Maps-Lot Count	455	270	↓	1,077	1,847	↑
Final Maps-Received	33	18	↓	57	32	↓
Final Maps-Lot Count	1,499	740	↓	2,470	1,161	↓
Final Maps-Signed	23	11	↓	47	27	↓
Final Maps (Signed)-Lot Count	1,581	393	↓	2,494	1,285	↓
Improvement Plans-Received	26	17	↓	45	33	↓
Improvement Plans-Lot Count	1,351	722	↓	2,062	1,312	↓
Expedited Improvement Plans-Received	0	0	→	0	0	→
Expedited Improvement Plans-Lot Count	0	0	→	0	0	→

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

Individual Sewage Disposal Systems	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Residential ISDS Permits	10	6	↓	14	10	↓
Commercial ISDS Permits	1	1	→	1	1	→
Commercial Holding Tank Permits	3	4	↑	3	4	↑
Residential Tenant Improvements	33	17	↓	54	34	↓
Residential Certifications	1	0	↓	2	0	↓
Compliance Issues	5	7	↑	14	18	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	4	0	↓	5	2	↓
Public Water System Violations Issued	8	2	↓	9	15	↑

2. Safe Drinking Water Activity:

- A.** Ten *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative.
- **City of Henderson:** Three routine samples were *coliform* positive. The repeat samples were *coliform* negative.
 - **Blue Diamond Rainbow SW Plaza Water:** Two routine samples were *coliform* positive. The repeat samples were *coliform* negative.
 - **North Las Vegas Utilities:** Two routine samples were *coliform* positive. One repeat sample was also *coliform* positive.
 - **Park MGM:** One routine sample was *coliform* positive. The repeat samples were *coliform* negative.
 - **Rainbow Gardens Water Users:** One routine sample was *coliform* positive. The repeat samples were *coliform* negative.
 - **Rio Resort and Casino:** One routine sample was *coliform* positive. The repeat samples were *coliform* 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; Coyote Springs Golf Course; solar project adjoining Silverhawk Generating Station; and Southern California Public Power Authority (SCPPA) Apex Generating Station.
- C.** Staff continued to monitor the Tier 1 nitrate problem at the Blue Diamond and Rainbow NW Plaza public water system.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	97	72	↓	706	699	↓
School Facility Kitchen Complaints	0	3	↑	4	7	↑
School Facility Inspections	101	73	↓	683	684	↑
School Facility Complaints	0	3	↑	18	29	↑
Summer Food Service Surveys	2	0	↓	60	12	↓
Child Care Facility Inspections	49	44	↓	226	245	↑
Child Care Facility Complaints	2	6	↑	3	6	↑
Body Art Facility Inspections	13	12	↓	265	414	↑
Body Art Facility Complaints	3	6	↑	40	37	↓
Body Art Artist Special Event Inspections	2	1	↓	182	36	↓
Total Program Services Completed	269	220	↓	2,187	2,169	↓

1. **Schools:**

- A. Doral Academy Pebble, 6435 W. Pebble Rd.:** Staff responded to an outbreak initially reported by the school on August 16. The school nurse notified SNHD’s Office of Acute Communicable Disease Control that multiple children had been experiencing symptoms of gastrointestinal illness beginning on August 10. Illness and symptoms continued through the week, peaking on August 16. Staff reviewed the school’s vomit and diarrhea clean-up plan with the head custodian and confirmed that custodial staff were following proper procedures with the use of an Environmental Protection Agency (EPA) registered disinfectant rated for gastrointestinal pathogens including Norovirus. Staff will follow up as necessary.
- B. Kid City USA Las Vegas 2, 5120 S. Eastern Ave.:** Staff observed numerous violations including incorrect use of sanitizer and disinfectant, incorrect diapering procedures, hot water greater than 120°F, unlocked cabinets, uncovered electrical outlets, improper use of handwashing sinks, and food safety hazards. During the inspection, the responsible person began organizing training to address violations. A reinspection is still pending.
- C. Aspects Academy of Learning, 3925 N. Martin Luther King Blvd.:** Staff discovered the private school has been operating without a valid health permit since 2021. A compliance order was issued, and the school is now in compliance with a valid health permit.

VI. **PLAN REVIEW PROGRAM**

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Food Pre-Permitting Services						
Food Safety Assessment Meetings	0	0	→	1	0	↓
Total Pre-Permitting Services	1,592	1,265	↓	2,891	2,453	↓
New Project Submissions	342	302	↓	645	538	↓
Released Projects	287	244	↓	705	472	↓
Total Service Requests Currently in Pre-Permitting	1,653	1,412	↓			

1. **Enforcement Actions and Investigations:**

- A. Viva El Taco Express Mexican Food, 5841 E. Charleston Blvd.:** Staff found minor violations at a CPH inspection. Violations included: a household blender; missing splash guard on a handwashing sink; multiple penetrations in the kitchen walls; and damaged floor near the three-compartment sink. SNHD Regulations require food equipment to meet American National Standards Institute (ANSI) sanitation standards, floors and walls must be smooth and easily cleanable, and food must be protected from cross-contamination. The person-in-charge (PIC) was instructed to install a splash guard on both sides of the hand sink, seal wall penetrations, replace the broken floor tile, and remove the unapproved blender. The health permit was approved with stipulations.
- B. Island Sushi and Grill, 9400 S. Eastern Ave.:** Staff surveyed the facility to assess the deteriorating epoxy floor and determine options for repair. Since most of the

kitchen flooring was chipped and eroded, a compliance schedule was issued to allow the owner time to budget for and complete the repairs. The owner said that the floors had been resealed, but the finish did not last. The option to install tile was recommended as a more durable finish.

- C. Smokin' Sammich, 1740 E. Serene Ave.:** During the Plan Review meeting, staff determined that the operator is curing meats and rendering temperature control for safety (TCS) food non-TCS. Curing and prolonging the shelf life of a food is considered a special process that requires a Hazard and Critical Control Point (HACCP) plan. The owner was referred to the Special Processes team for HACCP review but did not want to wait until the plan was approved to begin operating. They decided to use traditional cooking methods that do not require special approval. The final permitting inspection was completed, and the permit was approved.
- D. ABC Stores #115, 3755 S. Las Vegas Blvd.:** Plans were submitted and approved for the first health permit within the Gindi Showcase 5 Mall. The shopping plaza known as Hawaiian Marketplace was demolished in 2023 to make way for the new 300,000 square foot retail space. The anticipated completion date is December 2024.
- E. Bring'em Young Academy, 3940 W. Ann Rd.:** Plans were not approved for an expansion of a childcare facility due to insufficient information regarding toilet and lavatory heights, age group separation, and the location of the diapering areas. The applicant also did not provide the number of plumbing fixtures or the square footage of the rooms to determine occupancy. A resubmittal is still pending. Also, the owner must discuss with SNHD staff how they will keep the children safe so they will not have to close during active construction.
- F. Caribbean Flavorzzz, 333 W. Saint Louis Ave.:** Plans were not approved due to inadequate refrigeration inside the kitchen suite. The menu consists of several TCS foods that require preparation and holding at 41°F or below prior to cooking. A resubmittal is still pending.
- G. U Sushi, 8445 W. Flamingo Rd.:** A CPH inspection failed due to several direct connections between food equipment and sewer lines. Additionally, the ice machines did not appear to meet ANSI sanitation standards. SNHD Regulations require food equipment to be indirectly plumbed to sewer to prevent contamination during backflow or overflow events. The owner has contracted with a licensed plumber for the repairs. A reinspection is still pending.
- H. Rivas Mexican, 5660 S. Hualapai Way:** Staff identified the need for Spanish interpretation during a call to discuss a CPH application. The first contact with a new owner is significant because their food safety knowledge is assessed, and they are expected to answer questions about their operation. An SNHD certified interpreter assisted during a follow-up phone call with the owner. When the final permitting inspection was scheduled, staff ensured that there was someone present to act as an interpreter. It is essential to provide interpretation for clients when discussing food safety concepts necessary for active managerial control. The permit was approved.

VII. AQUATIC HEALTH PROGRAM

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

Aquatic Health Operations	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Total Operation Inspections	869	635	↓	1,556	1,562	↑
Complaint Investigations	60	47	↓	128	104	↓
Inactive Body of Water Surveys	13	6	↓	22	13	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	3	8	↑	10	19	↑
Total Program Services Completed	945	696	↓	1,716	1,698	↓

1. Aquatic Health Operations

- A. Tesoro Ranch Apartments, 6655 Boulder Hwy.:** A routine inspection at the Secondary Spa resulted in closure due to multiple IHHs. The spa had broken glass within the enclosure and a high cyanuric acid level. High cyanuric acid levels inhibit the action of chlorine. Sharp glass can result in laceration for bathers. The spa remains closed at this time.
- B. EVO Apartments, 8760 W. Patrick Ln.:** A routine inspection at the spa resulted in closure for an IHH, low chlorine. Water that is not adequately disinfected can expose bathers to pathogens that can make them sick. The spa remains closed, and a reinspection has been scheduled.
- C. Cowabunga Canyon, 7055 S. Fort Apache Rd.:** Staff investigated a complaint alleging that a fecal incident in Buckaroo Bay was not properly remediated. The inspector was unable to verify that an incident occurred, and the aquatic venue was allowed to continue operations.
- D. Bonita Terrace, 2140 Paradise Rd.:** A routine inspection at the pool resulted in closure due to multiple IHHs. The pool had high chlorine and high cyanuric acid. High chlorine concentration can cause eye, skin, and lung irritation. The pool remains closed at this time.
- E. Vintage Desert Rose Apartments, 1701 N. Jones Blvd.:** A routine inspection at the pool resulted in closure due to multiple IHHs. One gate was not self-latching, and the pool had high cyanuric acid. An improperly working gate can allow unattended access to the pool enclosure and pose an increased drowning risk for children. The pool remains closed at this time.
- F. Evergreen Condos, 5261 Osman Ct.:** Staff verified a complaint that the pool water was green. The main drain was not visible. The complaint was substantiated, and the pool was closed. Following corrective actions, the pool was reinspected and approved to reopen.
- G. Flamingo Palms Villas, 4200 S. Valley View Blvd.:** A reinspection at the South Spa resulted in closure due to multiple IHHs. Broken glass was observed near the spa and the drain cover was broken. Broken drain covers pose entrapment and/or entanglement risks, which could result in drowning. The spa remains closed at this time.
- H. Casa De Alicia Apartments, 1307 Darlene Way:** A routine inspection at the pool resulted in closure for an IHH, high cyanuric acid. Following corrective actions, a reinspection was conducted, and the pool was approved to reopen.

- I. **Quarter North Apartments, 5500 Simmons St.:** A routine inspection at the pool resulted in closure for an IHH, gate not self-closing. Following corrective actions, a reinspection was conducted the same day, and the pool was approved to reopen.
- J. **Solana Apartments, 8960 W. Post Rd.:** A routine inspection at the spa resulted in closure due to multiple IHHs. One gate was not self-latching, and the spa had low chlorine. Following corrective actions, a reinspection was conducted the same day, and the spa was approved to reopen.
- K. **Tides on Tropicana, 4800 E. Tropicana Ave.:** A routine inspection at the pool resulted in an IHH closure due to low chlorine. Following corrective actions, a reinspection was conducted the same day, and the spa was approved to reopen.

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

Aquatic Health Plan Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Total Pre-Permitting Services	545	455	↓	982	1,001	↑
New Project Submissions	95	58	↓	153	168	↑
Released Projects	85	64	↓	285	106	↓
Total Projects Currently in Plan Review	485	400	↓			

2. Aquatic Health Plan Review:

- A. **Squire Village, 4905 Midnight Oil Dr.:** A final remodel inspection for a pump replacement was not approved. SNHD Regulations require the circulation system to be designed with enough filtration range between clean and dirty filter conditions in order to effectively filter the water under all operating conditions. The required range was not met, so the permit holder must submit an operational plan to ensure the minimum required flow is always achieved. The spa remains closed at this time.
- B. **Heritage Pointe Phase II, 532 College Dr.:** A final remodel inspection of the suction outlet fitting assembly (SOFA) was not approved because the filter pump exceeded the maximum flow rate for the installed SOFA. Excessive flow through the SOFA could lead to bather suction entrapment. The pool remained closed to bathers until equipment meeting the flow requirements was selected and installed. Then the remodel was approved, and the pool was opened to bathers.
- C. **Vintage at the Lakes, 8321 W. Sahara Ave.:** A plumbing inspection was conducted for the spa’s circulation and hydrotherapy jet SOFAs. The sump for both SOFAs had plaster remnants covering the suction outlet, and the hydrotherapy jet suction outlet pipe size was larger than the manufacturer approved configuration. Without an approved plumbing configuration for the SOFA and sump, the maximum allowed flow is unknown, posing an entrapment hazard. Following corrective actions, a reinspection was conducted, and the spa was approved to operate.
- D. **West Sahara Senior Apartments, 2550 W. Meyers Ct.:** Lighting and pre-plaster inspections were conducted for the new construction of a pool and spa. Adequate area lighting was provided within the aquatic facility enclosure, so the lighting survey was approved. The pre-plaster inspection was not approved due to several violations related to the aquatic facility enclosure, decking, aquatic venue stair handrails, underwater lighting, filtration equipment, and hygiene facilities. A reinspection is still pending.

- E. The Residences at Tropicana, 1639 E. Tropicana Ave.:** A plumbing inspection of the pool and spa was not approved because two inlets were located more than 15 feet apart. Failure to locate inlets within 15 feet of each other may lead to inadequate mixing of the pool water and distribution of disinfectant. A reinspection is still pending.

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 Retail Flexible Funding Model (RFFM) Mentorship Team meetings; National Environmental Health Association (NEHA) Food Safety Program committee meeting; Integrated Food Safety System, Regulatory Laboratory Training System Steering Committee meeting; 2024 Intervention Strategy data collection; meeting with GeenUP! Reusable Containers; Incident Command System (ICS) training; meeting with Nevada Cannabis Compliance Board regarding Diamond Shrooms recall; meeting with other Nevada Health Authorities regarding cottage food operation program policy changes; Hazwoper training; updated standardization procedures; and updated pre-standardization training.
2. Regulatory Support Office staff released Lilian Hernandez from the Food Inspection Training Program to the Special Foods Office on August 16.
3. Special Processes staff met with various operators in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and HACCP plans. There are currently eight cook chill/sous vide plans, six 2-barrier plans, 23 other HACCP plans, six waivers, five operational plans and one HACCP exemption in review.

IX. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Facility Label Review Submissions	19	25	↑	44	43	↓
Facility Label Review Releases	24	20	↓	45	60	↑
Number of Labels Approved	301	182	↓	604	557	↓

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Cook Chill/Sous Vide Submissions	2	2	→	2	2	→
Cook Chill/Sous Vide Releases	1	1	→	2	1	↓
2-Barrier ROP Submissions	1	0	↓	1	0	↓
2-Barrier ROP Releases	0	1	↑	2	1	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	3	0	↓	3	0	↓
Other Special Processes Releases	0	1	↑	0	1	↑

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

Waivers & Operational Plans Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Waiver Review Submissions	1	1	→	1	1	→
Waiver Review Releases	3	1	↓	3	1	↓
Operational Plan Submissions	0	1	↑	0	1	↑
Operational Plan Releases	2	1	↓	2	1	↓

ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

Cottage Food Operations Registrations	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Registrations Approved Without Voluntary Label Review	11	17	↑	26	22	↓

Memorandum



Date: September 26, 2024

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & 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 – August 2024

The division's name was updated to **Public Health** and Preventive Care to better reflect its core functions in public health services.

I. Immunization Program

A. Immunization Program Activities

1. The COVID-19 vaccination continues in all four Public Health Centers. A total of 63 COVID-19 vaccines were administered in the PHCs. COVID-19 vaccines were stopped, and the new 2024-2025 formulation will be coming out within the next month.
2. Flu vaccines will resume in late August or September for the upcoming Flu 2024-2025 season with the new formulation.
3. For the month of August, there were 5,348 clients seen with 13,892 vaccines administered in all four PHCs and with the Immunization Outreach Program efforts for Back to School (BTS).
4. There were 1,053 immunization records reviewed.
5. Back-to-School services continue for the 2024-2025 school year and working with community partners. The Immunization Outreach Program has assisted in increasing services for children 18 years and younger. The first day of school for Clark County School District is August 12, 2024.
6. The collaboration with the American Cancer Association and the HPV Learning Collaborative is continuing in Year 2. Year 2 preliminary data continues to be in process and Mid-Year data is getting reviewed in collaboration with epidemiology. An in-service has been provided to immunization staff discussing ways to increase HPV vaccination starting at the age of 9 years old.

B. Immunization Outreach Activities

1. There were 2 outreach clinics conducted at the CCSD Family Support Center. 761 vaccines were administered to 268 clients.
2. There were 113 immunization records transcribed in NV WebIZ, and missing immunizations were administered to clients if needed. In addition, there were 67 clients who were up to date with immunizations and a copy was provided to clients at the CCSD Family Support Center and back-to school clinics.
3. The additional Back-to-School (BTS) resource at Main location administered 2598 vaccines to 989 clients in August. From May- August 2024, 5,411 vaccines were administered to 2,088 students.
4. A back-to-school clinic was held at the Boulevard Mall in partnership with La Oportunidad on August 3, 2024. 129 vaccines were administered to 44 clients.

5. An outreach clinic in partnership with Help of Southern Nevada administered 7 vaccines to 5 clients.

II. COVID-19 Vaccine Campaign

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

1. There were 123 COVID-19 and 875 Back-to-school vaccines administered through 34 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, 0900-1700
3. Community partnerships and collaborations included Delta academy and La Oportunidad.
4. The In-Home Vaccine 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 Call Center at (702) 759-0850.
5. 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. Although we are continuing with these partnerships.

B. MPOX vaccinations

1. Mpox vaccine has been commercialized and is no longer available to order through the National Stockpile as of April 30, 2024.
2. A total of 35 vaccines were administered through static clinics and pop-up sites.
3. Mpox vaccination continues to be administered at 2 static sites:
 - El Mercado in the Boulevard Mall, Thurs- Sat, 1100-1700
 - SNHD Fremont Public Health Center, Tues-Fri, 0900-1700
5. Ongoing community partner calls are conducted regularly for updates and activity coordination.

III. Community Health Nursing

A. Nursing Education

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

B. Maternal Child Health

There were two new lead referrals for the month of August. There were no new referrals from the Newborn Screening Program for the month of August.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 187 active families. Forty-eight are participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-five are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health.

Both teams continue to provide outreach to the community, enroll participants, offer services, and distribute essential referrals to families while maintaining good

relationships and partnerships with various community service providers and referral sources for both SNHD's Nurse Family Partnership and Healthy Start Programs.

C. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resource and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There was a total of 33 active families served through August 2024.

Two community health workers and a senior administrative assistant were onboarded in August. In-person program outreach was conducted at Planned Parenthood, WC Health, Urban League WIC, Stupak Community Center for a back to school event, Silver Mesa Pool for a back to school event, SafeNest resource fair, Empowered OBGYN, Dignity Health Women's Care/ Outreach Center WIC, Paseo Verde Library, The Children's Cabinet, Cambridge Community Center Family2Family Connection, Flamingo Library, HELP of Southern Nevada, The Harbor, and Anthem Wellness Center for a baby shower event.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

- A. Express Testing provided 250 screening encounters, including 10 Clients who were tested at Homeless Outreach events, four clients at Aid For Aides of Nevada, and 18 at Fremont Friday clinics.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCM nurses, 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. The team met to review upcoming Academic detailing opportunities and are developing educational materials. Educational binder inserts are ready to be distributed to hospitals.
- C. Members of SHOPP team attended the Southern Nevada Substance Misuse and Overdose Prevention Summit, an outreach to SafeNest with our HR team, and Safe Sleep Training. Carissa Orozco, RN was a UNLV guest speaker for Community Health Nursing Students. SHOPP Express Testers completed training in conjunction with our ODS team for Chembio Rapid HIV/Syphilis Antibody screening test. Express Testers in September will assist in the validation process of Chembio.
- D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Eight 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.
- E. SHOPP manager and supervisor continue to develop and collaborate on subgrant: *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities*. This is an innovative initiative that reframes how traditional HIV services are delivered and aims to retain people in care, regardless of HIV status. People whose HIV test is non-reactive will enter care through a prevention pathway that meets individualized needs for services that are comprehensive, continuous, and

culturally responsive. Engaging people, particularly individuals considered high-risk, in HIV prevention will help to reduce the incidence rates of HIV. The three CHW's for this initiative continue their orientation.

V. Tuberculosis (TB) Clinic

- A. TB clinic has three (3) new adult TB active cases and zero (0) pediatric cases that were reported for the month of August 2024. There was a total of three (3) cases for the month of August 2024.

VI. Employee Health Nursing

- A. There were fourteen (14) SNHD employees who tested for COVID-19 in August 2024. Fourteen tests from outside entities. Fourteen (14) employees tested positive for COVID in August 2024.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of August 2024. Annual catch-up TB testing is ongoing. Twenty-six (26) Tuberculosis tests were completed in August 2024.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of August 2024. Forty-six (46) medical clearances were conducted.
- D. There are no employee Blood Borne Pathogens exposure case for the month of August 2024.
- E. There are no new employee TB exposure cases for the month of August 2024.

F. Vaccine Clinics

- August 1 – August 31, 2024

Employees Total: 1 employee

- 0 COVID – 19 Updated boosters.
 - 0 Influenza Vaccines
 - 1 other vaccines
- Total vaccines given: 1

- G. Policies and procedures continue to be reviewed and updated.

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

August 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	2,381	1214	338	122	0	0	5	0	1288	5,348
Immunization Records Issued	756	235	47	15						1,053
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	273						10			283
TB Treatment & Control	1,384									1,384
SAPTA Services								31		31
TOTAL	4,794	1,449	385	137	0	0	15	31	1,288	8,099

Client Encounters by Program

Program	August 2023	August 2024		FY 23-24	FY 24-25	
Immunizations**	5,661	5,348	↓	10,550	9,050	↓
Immunizations Records Issued	608	1,053	↑	1,208	1,649	↑
COVID-19 Vaccine Given*	238	123	↓	500	318	↓
Newborn Met. Screening	0	0	→	1	0	↓
SHOPP	188	283	↑	388	552	↑
TB Treatment & Control	1864	1,384	↓	3,422	2,784	↓
SAPTA Services	28	31	↑	66	37	↓
TOTAL	8,587	8,222	↓	16,135	14,390	↓

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	TOTAL
Total Immunizations Administered ***	6,431	3146	636	256	0	0	7	0	3416	13,892

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

**Includes BTS encounters by clinic, outreach, and COVID teams

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	August 2023	August 2024		FY 23-24	FY 24-25	
Total Immunizations Administered *	12,641	13,892	↑	21,438	23,146	↑

Immunization Program

Immunizations	August 2023	August 2024		FY 23-24	FY 24-25	
Flu Vaccine Given	0	0	→	0	0	→
Gratis	360	257	↓	462	304	↓
COVID Vaccine*	359	63	↓	651	285	↓

*Given by Immunization Clinics

Vaccines for Children (VFC)	August 2023	August 2024		FY 23-24	FY 24-25	
Number of VFC Compliance Visits	3	2	↓	4	2	↓
Number of IQIP Visits	2	0	↓	3	0	↓
Number of Follow Up Contacts	19	22	↑	30	42	↑
Number of Annual Provider Training	4	2	↓	5	2	↓
Number of State Requested Visits	21	16	↓	48	34	↓

Perinatal Hepatitis B	August 2023	August 2024		FY 23-24	FY 24-25	
# of Expectant Women	10	17	↑	*26	17	↓
# of Infants	72	65	↓	*136	66	↓
Total # of Infants Delivered	7	2	↓	8	6	↓
New Cases	0	6	↑	5	6	↑
Closed Cases	0	3	↑	3	20	↑

*Corrected data is 13

*Corrected data is 68

Childcare Program	August 2023	August 2024		FY 23-24	FY 24-25	
Childcare Audits	1	0	↓	1	1	→
Baseline Immunization Rate	95%	n/a	↑	48%	83%	↑
# of Final Audits	1	0	↓	1	0	↓
Final Immunization Rate	95%	n/a	↑	48%	83%	↑
# of Records Reviewed	153	0	↓	153	0	↓

Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	August 2023	August 2024		FY 23-24	FY 24-25	
# of COVID-19 Vaccines administered	238	123	↓	500	318	↓
# of Monkeypox Vaccine administered	21	35	↑	45	43	↓
# of Influenza Vaccine administered	0	0	→	0	0	→
# of Healthcare Provider Compliance Visits	3	5	↑	3	5	↑
# of Newly Enrolled Healthcare Provider Education Sessions	1	1	→	9	1	↓
# of Potential Healthcare Provider Recruitment Sessions	3	0	↓	11	0	↓
# of Healthcare Provider Contacts	87	10	↓	376	10	↓

Community Health Program						
Nursing Field Services	August 2023	August 2024		FY 23-24	FY 24-25	
MCH Team Home Visit Encounters	10	14	↑	16	30	↑
NFP (Team 1)	August 2023	August 2024		FY 23-24	FY 24-25	
Referrals	23	10	↓	42	28	↓
Enrolled	7	8	↑	12	14	↑
Active	100	122	↑			
NFP (Expansion Team)	August 2023	August 2024		FY 23-24	FY 24-25	
Referrals	3	5	↑	13	11	↓
Enrolled	5	4	↓	13	6	↓
Active	59	65	↑			
MCH	August 2023	August 2024		FY 23-24	FY 24-25	
# of Referrals Received	3	6	↑	4	11	↑
# from CPS	1	4	↑	1	7	↑
# of Lead Referrals	1	2	↑	2	4	↑
# of Total Admissions	1	6	↑	2	11	↑
EHB *	August 2023	August 2024		FY 23-24	FY 24-25	
Referrals	4	n/a	↑	7	n/a	↑
Enrolled	5	n/a	↑	8	n/a	↑
Active	42	6	↓			
*Phasing to Healthy Start						
Thrive by 0 - 3	August 2023	August 2024		FY 23-24	FY 24-25	
Referrals	48	35	↓	104	79	↓
One-Time Home Visits	8	2	↑	11	7	↓
Enrolled	1	2	↑	2	4	↑
Active	10	16	↑			
Healty Start**	August 2023	August 2024		FY 23-24	FY 24-25	
Referrals	N/A	15	^	N/A	32	^
Enrolled	N/A	8	^	N/A	17	^
Active	N/A	33	^			
**New program as of 01/01/2024						
^No data available						

Tuberculosis Program						
Tuberculosis	August 2023	August 2024		FY 23-24	FY 24-25	
Number of Case Management Activities*	284	254	↑	527	482	↓
Number of Monthly Pulmonary Specialist Clinic Clients Seen	15	25	↑	41	51	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	29	68	↑	50	141	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	7	↑	10	12	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,580	1,130	↓	3,180	2,302	↓
*New EMR system- Counting only successful activities						
Substance Abuse Prevention & Treatment Agency (SAPTA) **	August 2023	August 2024		FY 23-24	FY 24-25	
# of Site Visits	2	2	→	4	3	↓
# of Clients Screened	28	31	↑	66	37	↓
# of TB Tests	23	26	↑	54	28	↓
# of Assessments only	5	5	→	12	9	↓
** Funding ends 09/30/2024						
Sexual Health Outreach and Prevention Program (SHOPP)						
SHOPP - Express Testing	August 2023	August 2024		FY 23-24	FY 24-25	
# of Screening encounters	188	250	↑	388	483	↑
# of Clients Screened	187	248	↑	384	481	↑
# of Clients with positive STI identified	24	25	↑	45	39	↓
SHOPP- Linkage	August 2023	August 2024		FY 23-24	FY 24-25	
# of clients referred to Linkage	5	15	↑	24	29	↑
# of clients linked to care	4	14	↑	17	26	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	August 2023	August 2024		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	13	13	→	32	20	↓
# of Clients enrolled in CM	10	7	↓	15	12	↓
# of Active pregnant/ postpartum clients	27	52	↑			
# of Infants being followed	14	16	↑			
# of Provider/ Community trainings	1	1	→	1	5	↑
with Resources and Engagement in core (SURE)	August 2023	August 2024		FY 23-24	FY 24-25	
# of Outreach events	n/a	5	^	n/a	9	^
SHOPP- Complex STI Navigation	August 2023	August 2024		FY 23-24	FY 24-25	
# of Clients referred	n/a	8	^^	n/a	14	^^
# of Clients navigated	n/a	7	^^	n/a	13	^^
*Outreach started 03/01/2024						
^ No data available						
^^ No data available - data collecting began 12/01/2023						
Non- cumulative						