APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
NOVEMBER 21, 2024

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
October 24, 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 *(in-person)* Scott Black – Mayor Pro Tem, City of North Las Vegas *(via Teams)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(via Teams)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(in-person)* Joseph Hardy – Mayor, City of Boulder City *(in-person)* Frank Nemec – At-Large Member, Physician *(in-person)* Jim Seebock – Council Member, City of Henderson *(in-person)* Tick Segerblom – Commissioner, Clark County *(via Teams)*
ABSENT:	Brian Knudsen – Mayor Pro Tem, City of Las Vegas
ALSO PRESENT: (In Audience)	Vince Anghel, Christopher Boyd, Cara Evangelista, Tomas Hammond, Maya Holmes, Nadine Kienhoefer, Deborah Kuhls, Bradley Mayer, Jamie Ross, Stacie Sasso, Mason VanHouweling
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
EXECUTIVE SECRETARY:	Fermin Leguen, MD, MPH, District Health Officer
STAFF:	Elizabeth Adelman, Malcolm Ahlo, Fernanda Alonzo, Adriana Alvarez, Rashida Alvarez, Emily Anelli, Larry Armstrong, Tonia Atencio, Maria Azzarelli, Alexis Barajas, Tawana Bellamy, Haley Blake, Jenn Bowers, Cory Burgess, Glenn Burgess, Daniel Burns, Nikki Burns-Savage, Victoria Burris, Nancy Cadena, Magali Cano, Janet Castro, Andy Chaney, Nicole Charlton, Melissa Constantin, Andria Cordovez Mulet, Shea Crippen, Rebecca Cruz-Nanez, Gerard Custodio, Liliana Davalos, Amanda DiGoregorio, Rayleen Earney, Tabby Eddleman, John Ermi, Lisa Falkner, Brian Felgar, Tiffany Flournoy, Jason Frame, Kimberly Franich, Tina Gilliam, Cheri Gould, Jacques Graham, Zac Griggs, Danielle Haldeman, John Hammond, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Victoria Hughes, Henry Ines, Dan Isler, Danielle Jamerson, Dustin Johnson, Jessica Johnson, Tabitha Johnson, Sabine Kamm, Heidi Laird, Dann Limuel Lat, Josie Llorico, Cassius Lockett, Sandy Luckett, Marisol Maciel, Anilkumar Mangla, Jonas Maratita, Blana Martinez, Eric McIntyre, Jacquelin Merino, Alicia Mitchell, Kimberly Monahan, Samantha Morales, Christy Munaretto, Christian Murua, Semilla Neal, Todd Nicolson, Brian Northam, Kelli O'Connor, Lorraine Oliver, Veralynn Orewyler, Kyle Parkson, Adriana Perez, Desiree Petersen, Luann Province, Zuwen Qiu-Shultz, Thomas Riley, Leticia Rivera, Larry Rogers,

Alexis Romero, Kim Saner, Chris Saxton, Felicia Sgovio, Jennifer, Sizemore, Randy Smith, Marnita Smith-Dent, Betty Souza-Lui, Bruno Stephani, Ronique Tatum-Penegar, Pamela Thomas, Will Thompson, William Thompson, Greg Tordjman, Danielle Torres, Tamera Travis, Renee Trujillo, Shylo Urzi, Jorge Viote, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Susan Zannis

I. CALL TO ORDER and ROLL CALL

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

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Danielle Jamerson, Kimberly Franich, and Dr. Cassius Lockett

- Co-authored "*Equitable COVID-19 Testing Access for Underserved Communities: The Success of Vending Machines*" in the publication "*American Journal of Public Health*"

The Chair recognized Danielle Jamerson, Kimberly Franich and Dr. Cassius Lockett for co-authoring the article "*Equitable COVID-19 Testing Access for Underserved Communities: The Success of Vending Machines*" in the "*American Journal of Public Health*". This study examined the pivotal role of COVID-19 testing in underserved rural communities and how the Health District successfully implemented a vending program to offer free COVID-19 antigen test kits. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated Ms. Jamerson, Ms. Franich and Dr. Lockett on this recognition.

2. Disease Surveillance Program Team

- CDC National Disease Intervention Specialists (DIS) Recognition Day (October 4, 2024)

The Chair recognized the Disease Surveillance Program Team. On October 4th, the CDC commemorated the 13th annual National Disease Intervention Specialists Recognition Day. The commitment that DIS have to public health, community education, and disease prevention plays a crucial role in safeguarding our community. As many at the Health District, DIS were instrumental in managing the COVID-19 pandemic and supporting public health initiatives aimed at protecting communities. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated staff on this recognition.

3. Southern Nevada Community Health Center

- 2024 HRSA Community Health Quality Recognition (CHQR) Badges – (i) Access Enhancer, (ii) Health Disparities Reducer, and (iii) Advancing Health Information Technology for Quality

The Chair recognized the Southern Nevada Community Health Center, our Federally Qualified Health Center (FQHC), for being awarded three Community Health Quality Recognition

Badges by HRSA - (1) Access Enhancer, (2) Health Disparities Reducer, and (3) Advancing Health Information Technology for Quality. These badges recognize awardees that have made notable achievements in the areas of access, quality, health equity, health information technology, and social risk factors screening using Uniform Data System data from the most recent reporting period. Many thanks to the staff of the health center for your steadfast commitment to providing quality primary health care services to our community. On behalf of the Southern Nevada Health District and Board of Health, the Chair congratulated staff on these well-deserved awards.

4. **Southern Nevada Health District – September Employees of the Month**
   - Zac Griggs and Henry Ines

   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.

5. **Southern Nevada Health District – Manager/Supervisor of the Quarter**
   - Susan Zannis

   The Chair recognized the Manager/Supervisor of the Quarter. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated this exceptional employee.

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.

Jamie Ross, the CEO of the PACT Coalition, a non-profit focusing on substance use prevention in Clark County. Ms. Ross spoke on Dr. Lockett's leadership since the PACT Coalition had partnered with the Health District. Ms. Ross stated that Dr. Lockett sees the value of community more than most public health professionals. Ms. Ross has worked with many and Dr. Lockett is incredible. Ms. Ross stated that Dr. Lockett was aware that working together was better and supported the community. Ms. Ross stated that Dr. Lockett was willing to lead the public health charge but did not believe that only the public health agency could do the work. Dr. Lockett supports communities to do the work that they do best. Ms. Ross loved seeing the growth of the Health District with community collaboration under Dr. Lockett's leadership and hoped that he can bring the culture that he has brought so far to other parts of the Health District.

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

V. ADOPTION OF THE OCTOBER 24, 2024 MEETING AGENDA *(for possible action)*

Item VI.3 was removed from the Consent Agenda and will be put forward at a later date.

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously to approve the October 24, 2024 Agenda, as amended.

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

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** September 5, 2024 and September 26, 2024 *(for possible action)*

2. **PETITION #08-25: Approve and authorize the Chair to sign the Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court adopting an amended Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2025. (Also sitting as the Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners, and Moapa Valley Fire Protection District Board of Fire Commissioners**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

~~3. **PETITION #09-25: Approval of the Interlocal Agreement between the Southern Nevada Health District and Clark County for the purchase of Birth and Death Certificates**; direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

4. **PETITION #10-25: Approval of the First Amendment to Interlocal Agreement between Clark County, Nevada and the Southern Nevada Health District for the Public Health Laboratory Expansion**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Gallo, seconded by Member Seebock, and carried unanimously to approve the October 24, 2024 Consent Agenda, as amended.

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

1. **Variance Request for an Application to Construct a Septic System located at APN 177-18-801-019 that would allow installation of a septic system on an undersized lot**; direct staff accordingly or take other action as deemed necessary. *(for possible action)*

   Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an application to construct a septic system on an undersized lot served by a private domestic well, located at Assessor's Parcel Number (APN) 177-18-801-019. Mr. Isler advised that the existing septic system was installed, following Board of Health approval, in 1991 and has never been used. Mr. Isler stated that the current owner purchased the property in 2003 and now wanted to build a single-family residence but the location of the existing septic conflicted with the planned residence and he wanted to replace it with a new one. Mr. Isler confirmed that circumstances had not changed since 1991. Mr. Isler further confirmed that the well did not show signs of contamination and the new septic system would be further away from the well than the current septic system. Mr. Isler advised that the property was outside the 400-foot connection distance. Mr. Isler advised that staff recommended approval of the variance request with conditions.

   The Chair opened for Public Comment. Seeing no one, the Chair closed the Public Comment.

   After discussion, the following motion was made:

   A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the Variance Request for an Application to Construct a Septic System located at Assessor's Parcel Number (APN) 177-18-801-019 that would allow installation of a septic system on an undersized lot with the following conditions:

   1. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected by any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
   2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.*
   3. *Petitioner must abandon or remove the existing ISDS in accordance with the most current SNHD Regulations governing individual sewage disposal systems before commencing construction of the new ISDS.*
   4. *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.*

VIII. REPORT / DISCUSSION / ACTION

1. **Approval of the 2025 Board of Health Meeting Schedule**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   The Board was advised that the proposed 2025 meeting schedule followed the timeline approved by the Board in previous years.

   A motion was made by Member Hardy, seconded by Member Gallo, and carried unanimously to approve the 2025 Board of Health Meeting Schedule, as presented.

2. **Receive, Discuss and Approve Recommendations from the District Health Officer Succession & Planning Committee meeting on September 26, 2024**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Heather Anderson-Fintak, General Counsel, provided a summary of the District Health Officer Succession & Planning Committee meeting on September 26, 2024.

   A motion was made by Chair Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the recommendations from the District Health Officer Succession & Planning Committee to (i) adopt Dr. Leguen's succession plan, (ii) select from one of the three deputy-level positions following a presentation from each of the interested deputy-level positions, and (iii) appoint the District Health Officer at the Southern Nevada District Board of Health meeting on October 24, 2024.

3. **Discussion regarding the District Health Officer Succession Planning Process, Presentation from Potential Internal Candidate, and Approval of the District Health Officer Appointment, and/or Next Steps**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dr. Cassius Lockett, Deputy District Health Officer-Operations, presented his vision for the Health District.

   Following Dr. Lockett's presentation, the Chair opened for comments and questions from the Board members.

   Member Bond requested additional information about the Nurse with a Backpack program. Dr. Lockett advised that it was a street and field medicine program that he oversaw for 5 years. Dr. Lockett advised that a nurse would visit the tunnels and engage with homeless clients to provide them with support. In his experience, Dr. Lockett stated the program was very successful.

   Member Black acknowledged Dr. Leguen for taking charge of the Health District through the pandemic, wherein the Health District thrived, at the same time creating a solid succession plan. Member Black noted that Dr. Lockett was evidence that the succession plan worked. Member Black advised that he was recently at the first Manager's Conference held by the Health District and inquired from the group on what the Board could do to help. Member

Black advised that the group encouraged continued strong leadership at the Health District. Member Black thanked Dr. Lockett for his presentation and appreciated what he brought to continue to move the Health District further to better serve the community.

Member Brune appreciated the emphasis from Dr. Lockett on data science and research, which could position the Health District for additional federal grants. Member Brune was interested in the Nurse with a Backpack program and wanted to speak further with Dr. Lockett about that initiative.

Member Hardy inquired how Dr. Lockett, as Doctor of Philosophy (PhD), would foresee interfacing with a medical officer. Further, Member Hardy noted the need for education required for care providers and what the Health District could do through residency programs. Member Hardy noted that the Las Vegas Global Economic Alliance (LVGEA) recently decided that their area of focus was a commitment to health, raising health care standards and availability. Member Hardy inquired how the Health District could implement those areas of focus and be part of the solution. Dr. Lockett stated that he would be interested in learning more about LVGEA from Member Hardy. With respect to the medical officer, Dr. Lockett advised that there was a legal requirement for a Chief Medical Officer. Dr. Leguen advised that the Health District will be recruiting for a Chief Medical Officer, as it was a critical position for the Health District. Dr. Leguen further advised that a Medical Director had been hired for the Community Health Center that would also act as a consultant/advisor to the District Health Officer in the absence of the Chief Medical Officer. Further, Dr. Leguen advised that the Medical Epidemiologist would also provide support in medical-related decisions during the recruitment of the Chief Medical Officer.

Member Gallo inquired how the rural areas could become involved in the Nurse with a Backpack program, and on Dr. Lockett's plans to help with retention at the Health District. Dr. Lockett advised that the Nurse with a Backpack program would also include rural area, consisting of a small of team of 5-6 members, and would be happy to discuss further. With respect to retention, Dr. Lockett stated that, with a reduction in state funding, the Health District could successfully position itself budgetarily to avoid a budget deficit which would allow retention of most staff. However, Dr. Lockett stated that the growth of the Health District would have to be done smartly and depended on future grants that would expire in the next few years. Dr. Lockett added that the Health District needed to be conservative with current resources.

Member Seebock acknowledged Dr. Lockett's willingness to step up and lead the Health District. Member Seebock suggested that the Health District look for ways to partner with Nevada State University in Henderson. Dr. Lockett advised that he would explore any possibility of a partnership. Member Seebock further inquired whether Dr. Lockett could envision any obstacles and how the Board could support moving forward. Dr. Lockett advised that obstacles were always a possibility and that he would work with the Board to work collaboratively to remove any obstacles.

Member Nemec acknowledged that since Dr. Lockett's return to the Health District there has been a tremendous evolution in disease surveillance, including sophisticated PCR analysis on wastewater that provides information about emerging viruses. Member Nemec appreciated Dr. Lockett's work in bringing science to the Health District in a meaningful and constructive way and looked forward to Dr. Lockett's leadership.

Member Nielson thanked Dr. Lockett for his presentation and believe that continuing to build on the initiatives that Dr. Leguen has brought and enhanced at the Health District was positive. Member Nielson acknowledge the focus on the staff and their continued training and personal growth. Member Nielson noted the importance of the relationship that has developed between staff and leadership. Member Nielson noted the recent announcement of a new children's hospital and inquired how the Health District would work with them to improve health care in the community. Dr. Lockett stated that he would be interested in exploring ideas with the Board.

The Chair acknowledged Dr. Leguen as putting the Health District "on the map". The Chair further acknowledged the amazing job done by Dr. Leguen in building and fostering relationships and increasing staff. The Chair noted that the Health District is now a public health agency that is recognized nationwide and wanted to ensure that continued. The Chair noted that access was a priority and anticipated to be able to reach someone after hours. The Chair further noted the need to ensure that the relationships and partnerships that have developed remain, with a continued look for new relationships, which would keep the Health District at the forefront. The Chair inquired as to Dr. Lockett's thoughts on retaining staff. Dr. Lockett stated his focus on partners, including staff, was the need to treat others with dignity and respect, which would reduce conflict and increase partnerships. Dr. Lockett further added that it would increase trust with staff, which would result in less turnover. The Chair further added that she was on the recruitment panel for the State Public Health Director and noted the importance of putting information in layperson's terms to ensure that the clients understood.

Member Segerblom asked Dr. Lockett on his personal goals and how long he intended to stay at the Health District. Dr. Lockett advised that he was committed to staying at the Health District and did not have any plans to go anywhere else.

Following the questions and comments from the Board members, the Chair requested that Ms. Anderson-Fintak outline the next steps in the process. Ms. Anderson-Fintak advised that if Dr. Lockett was the candidate that the Board would like to make as the next District Health Officer, then they could vote on that today, with instructions regarding the employment contract to be brough back at the November Board meeting. The Chair thanked Members Brune and Bond for suggesting a presentation from the candidates, which brough value to the Board's decision.

Member Nielson advised that based on the information and presentation provided, he would support appointing Dr. Lockett as the District Health Officer and instructing Ms. Anderson-Fintak to prepare an employment agreement for discussion at the next Board meeting.

After discussion, the following motion was made:

A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to appoint Dr. Cassius Lockett as the District Health Officer at the Southern Nevada Health District, and instruct General Counsel to prepare a draft employment contract for discussion at the November 21, 2024 Southern Nevada District Board of Health meeting.

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

Member Hardy suggested a legislative report before the upcoming legislative session. The Chair requested that the Legislative Working Group be reinstituted and requested any members to advise Ms. Cordovez Mulet that they would like to be included in the Working Group.

Member Black advised that he recently attended the Health District's first Manager's Conference, wherein he asked what the Board could do to help. Mr. Black advised that the managers noted that the Board could advocate more fiscal resources for the Health District to help do their job, and that the Board could be more collaborative with each of their jurisdictions to take Health District messages and initiatives into their communities.

The Chair requested a presentation on the senior services provided by the Health District at the January Board meeting.

The Chair advised that she was part of the recruitment team for the State Public Health Director.

The Chair advised that she was on the Patient Protection Commission, that had a focus on the medical workforce. The Chair offered the Health District's assistance with clinical positions. The Chair recently worked with high school students who indicated that they did not know where to start to look for careers in the medical field. The Chair indicated that she was working with the Area Health Education Center (AHEC), mainly in northern and rural Nevada, that had a manual for careers in the medical field. The Chair requested 10 copies of the manual for the Health District.

The Chair inquired whether the Health District was awarded opioid grant funding from the state. Jessica Johnson, Health Education Supervisor, advised that the Health District applied but was not selected for the Fund for Resilient Nevada grant. The Chair thanked Ms. Johnson for her participation in Clark County's opioid committee and indicated the committee's report will be issued at the end of the year. The Chair suggested that the Board receive presentation on the committee's efforts after the release of the report.

Member Seebock advised that he recently held a Seniors' Resource Fair wherein Health District staff attended to provide resources and immunization. Member Seebock advised that the event was well received in the community.

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

- DHO Comments

  In addition to his written report, Dr. Leguen advised that the Health District launched a new Substance Use Dashboard that provides data on the effects of substance use in the community. Further, the dashboard contains a map, using zip codes, that shows the affected areas in Clark County. Dr. Leguen further advised that the Health District has launched a new test strip mail program, The Strip Club, that offers free fentanyl and xylazine test strips that are mailed to individuals, following the submittal of a request through the Health District's website. These are part of the Harm Reduction initiative which is a priority at the Health

District in the fight against the opioid epidemic affecting, not only our community, by the entire country.

Dr. Leguen advised that the Health District was offering COVID-19 and flu vaccinations to the community at various locations and through outreach programs.

Dr. Leguen thanked the Board for considering the succession plan, that he was happy with the outcome and he wished the best to Dr. Lockett.

Member Gallo indicated that she heard the COVID-19 and flu vaccine were combined and inquired whether individuals were able to select only one of the vaccines. Dr. Leguen confirm that the Health District did not impose any specific vaccination on individuals and that the individuals decided on which vaccination they wished to receive. The Chair suggested that information on the COVID-19 and flu vaccinations be made available at the Mesquite location.

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.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:17 a.m.

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

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
October 24, 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/cd30ba9f-6cd1-4188-b4ab-21772493df6e@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 538 702 548#

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. **Danielle Jamerson, Kimberly Franich, and Dr. Cassius Lockett**
   - Co-authored "*Equitable COVID-19 Testing Access for Underserved Communities: The Success of Vending Machines*" in the publication "*American Journal of Public Health*"

2. **Disease Surveillance Program Team**
   - CDC National Disease Intervention Specialists (DIS) Recognition Day (October 4, 2024)

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   - 2024 HRSA Community Health Quality Recognition (CHQR) Badges – (i) Access Enhancer, (ii) Health Disparities Reducer, and (iii) Advancing Health Information Technology for Quality

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   - Zac Griggs and Henry Ines

5. **Southern Nevada Health District – Manager/Supervisor of the Quarter**
   - Susan Zannis

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 and spell your name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By 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 538 702 548#. 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 OCTOBER 24, 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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VIII. REPORT / DISCUSSION / ACTION

1. **Approval of the 2025 Board of Health Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive, Discuss and Approve Recommendations from the District Health Officer Succession & Planning Committee meeting on September 26, 2024**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Discussion regarding the District Health Officer Succession Planning Process, Presentation from Potential Internal Candidate, and Approval of the District Health Officer Appointment, and/or Next Steps**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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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. **See above for instructions for submitting public comment.**

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.

togetherforbetter

Board of County Commissioners

Clark County, Nevada

Tick Segerblom, Chair
William McCurdy II, Vice Chair
Jim Gibson,
Justin Jones,
Marilyn K. Kirkpatrick,
Ross Miller,
Michael Naft

Southern Nevada Health District Board of Health

Marilyn K. Kirkpatrick, Chair – Clark County Commissioner
Scott Nielson, Vice Chair – At Large Member, Gaming
Nancy Brune, Secretary – City of Las Vegas Councilwoman
Scott Black, City of North Las Vegas Mayor Pro Tempore
Bobbette Bond, At Large Member – Business/Industry
Pattie Gallo, City of Mesquite Councilwoman
Joe Hardy, City of Boulder City Mayor
Brian Knudsen, City of Las Vegas Mayor Pro Tempore
Frank Nemec, M.D., At Large Member – Physician
Jim Seebock, City of Henderson Councilman
Tick Segerblom, Clark County Commissioner

The Board of County Commissioners of Clark County, Nevada met in a joint special session with the Southern Nevada Health District Board of Health, in full conformity with law and bylaws of said Boards, at the regular place of meeting in Clark County, Nevada, on Thursday, September 5, 2024:

CLARK COUNTY GOVERNMENT CENTER
COMMISSION CHAMBERS
500 S GRAND CENTRAL PKWY
LAS VEGAS, NEVADA 89106

This document is an uncertified copy of the approved meeting minutes prepared by the Clark County Clerk, Lynn Marie Goya, for the above referenced meeting.

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CALL TO ORDER

The meeting was called to order at 10:01 a.m. by Chair Kirkpatrick with the following members present:

Commissioners Present:	Board of Health Members Present:	Absent:
Tick Segerblom, Chair	Marilyn K. Kirkpatrick, Chair	None
William McCurdy II, Vice Chair *	Scott Nielson, Vice Chair	
Jim Gibson	Nancy Brune *	
Justin Jones	Scott Black	
Marilyn K. Kirkpatrick	Bobbette Bond	
Ross Miller *	Pattie Gallo *	
Michael Naft	Joe Hardy	
	Brian Knudsen	
	Frank Nemec, M.D.	
	Jim Seebock	
	Tick Segerblom	

* Participated via telephone

Also Present:
Kevin Schiller, County Manager
Fermin Leguen, MD, MPH, District Health Officer/Executive Secretary of the Board of Health
Lisa Logsdon, Deputy District Attorney
Heather Anderson-Fintak, General Counsel for the Southern Nevada Health District
Jewel Gooden, Deputy Clerk
Susan Wohlbrandt, Deputy Clerk
Andria Cordovez Mulet, Executive Assistant

SEC. 1. PUBLIC FORUM

MARILYN K. KIRKPATRICK
Good morning. We're going to go ahead and get started. I think there's a couple members that will come. So, we're going to go ahead and get started on the joint meeting of the Clark County Board of Commissioners and the Southern Nevada Health District at 10:00 a.m. This is an informational workshop, so I want to say why we're doing this before we go to the public comment. So, Mr. Schiller, as long as you're good with that? Heather's accustomed to me just doing whatever. I've been working on this for a very long time, because I think that-

AUTOMATED VOICE
Recording in progress.

MARILYN K. KIRKPATRICK
... thank you. Because I think that it's important that we educate the community on everything that is going on with our system, because we have a lot to be proud of. Our system works very well. That was showcased, unfortunately, during 1 October. But we have a unique and a very good system. And the Health District is a big partner of the County Commission, as well as the hospital network. But things are changing, so we wanted to make sure that people have an idea of what to expect, what their rights are. One of the things that people don't realize is if they're not in a trauma situation, they can ask to go to a

specific hospital. That is well within their rights. So, we just want to give an overall view, and that's stuff that we can share with our constituents. So, with that, Mr. Schiller?

TICK SEGERBLOM
If I can just make a comment since this is a joint meeting? Thank you. On behalf of the County Commission, we're happy to be here too, and to learn what Marilyn has in store.

KEVIN SCHILLER
Good morning. I think the first thing we'll do is just do a roll call, so we know who's on the phone, and then we'll move into the first section set aside for public comment.

JEWEL GOODEN
Good morning. We'll begin with the Board of County Commissioners. Chair Segerblom?

TICK SEGERBLOM
Here.

JEWEL GOODEN
Vice Chair McCurdy?

WILLIAM MCCURDY II
Present.

JEWEL GOODEN
Commissioner Gibson?

JIM GIBSON
Here.

JEWEL GOODEN
Commissioner Jones?

JUSTIN JONES
Here.

JEWEL GOODEN
Commissioner Kirkpatrick?

MARILYN K. KIRKPATRICK
Here.

JEWEL GOODEN
Commissioner Miller?

ROSS MILLER
Here.

JEWEL GOODEN
Commissioner Naft?

MICHAEL NAFT
Good morning.

JEWEL GOODEN
For the Southern Nevada Health District Board of Health. Chair Kirkpatrick?

MARILYN K. KIRKPATRICK
Here.

JEWEL GOODEN
Vice Chair Nielson?

SCOTT NIELSON
Here.

JEWEL GOODEN
Nancy Brune?

NANCY BRUNE
Present.

JEWEL GOODEN
Scott Black?

SCOTT BLACK
Here.

JEWEL GOODEN
Bobbette Bond?

BOBBETTE BOND
Here.

JEWEL GOODEN
Pattie Gallo?

PATTIE GALLO
Here. Good morning.

JEWEL GOODEN
Joe Hardy?

JOE HARDY
Here.

JEWEL GOODEN
Brian Knudsen?

BRIAN KNUDSEN
Here.

JEWEL GOODEN
Frank Nemec?

FRANK NEMEC
Present.

JEWEL GOODEN
Jim Seebock?

JIM SEEBOCK
Here.

JEWEL GOODEN
Commissioner Segerblom?

TICK SEGERBLOM
Here.

1. Public Comment

KEVIN SCHILLER
We can now move to the first section set aside for public comment.

MARILYN K. KIRKPATRICK
Okay. And I want to thank all the members. Because it was hard to get everybody together, but it sounds like we have 100% participation, so I appreciate that. The first item on the agenda is public comment. If anybody wants to come up and give any public comment on any of the items that are posted, please feel free to come forward.

CONNOR CAIN
Good morning.

MARILYN K. KIRKPATRICK
You don't have to lean down. You can stand up.

CONNOR CAIN
Stand up? Okay. Good morning. I apologize for being a little bit informal. I want to say, Chair Kirkpatrick, but also Chair Segerblom, it's my first time being at one of these joint meetings and appreciate everyone making time for this today. Obviously, we have a number of really, really important topics. Connor Cain, on behalf of Sunrise Hospital and Sunrise Children's Hospital. And just wanted to say that we appreciate the opportunity to be part of these discussions. As I think many of you know, UMC (University Medical Center) is one of our community's safety net hospital and does tremendous work in our community. Sunrise Hospital and Sunrise Children's Hospital is also one of our community's safety net hospitals and does tremendous work in our community. And as we move forward in addressing the healthcare needs that we have, we would greatly appreciate participating in these conversations. Again, because they are so important. And want to want to thank you all again for being here and making time for this. Thank you, Chair. Thank you, Chairs.

MARILYN K. KIRKPATRICK
Thank you. Next speaker.

STACIE SASSO
Good morning. My name is Stacie Sasso. I'm the executive director for the Health Services Coalition. The coalition represents 25 union and employer sponsored self-funded health plans in southern Nevada, with over 280,000 lives collectively. Our groups include municipalities like Clark County and City of Henderson, police and fire, hospitality workers, including Culinary and MGM, as well as building trade groups like Teamsters and Cement Masons. The coalition and its members have engaged in the regulation and oversight of the Southern Nevada Trauma System for more than 20 years, because an effective trauma system is so vital to our community and injured patients. We want to thank you for holding this joint meeting to ensure our system remains stable and effective, as well as to discuss the growing number of freestanding emergency departments.

The American College of Surgeons Committee on Trauma has underscored that trauma system growth should be based on need identified through data-driven methods, not the market considerations of healthcare and hospital systems. Both our state and local Health District Trauma System Regulations indicate expansion should be based on determination of need or unmet need and will not negatively impact existing trauma centers. We appreciate that you, like us, have noticed the abundance of freestanding emergency departments. We're concerned about their rapid growth in the community, often not far from existing hospitals and in higher income areas. Since 2016, hospitals have opened 12 freestanding emergency departments and six micro or limited hospitals, and there are applications or land holdings for at least five more.

These facilities cause patient confusion. Patients believe they're accessing urgent care when they walk into freestanding emergency room buildings because they look like an urgent care. They're then billed hospital ER (emergency room) rates. On the other hand, if a patient is experiencing a true emergency, they may end up needing to be transferred to a hospital-based ER by ambulance, delaying care and taking patients far from their home. These transports also add to the cost of care. We're also concerned hospitals are focusing on expanding these much higher cost facilities, rather than much more needed urgent and primary care centers. Additionally, there have been changes to EMS (emergency medical service) protocols made by Southern Nevada Health District committees that have had a significant impact on patients and healthcare delivery, such as the freestanding emergency room transport protocols, trauma transport protocols, changes to EMS catchment areas.

Several years ago, the Health District changed the EMS protocols to permit transports to the micro hospitals and freestanding emergency rooms. This has significantly reshaped healthcare delivery in the valley and impacted patients. We urge greater review and analysis of these changes to understand the impact of patient care and the appropriateness, including reporting of these transports, similar to what the Health District does for the trauma system, so we can understand EMS transports, transfers, discharges, admissions, and other information. We urge you to ensure that any growth in trauma centers and off-campus emergency departments is based on what the community needs and does not continue to drive up patient cost with unneeded and much more expensive care. Thank you.

MARILYN K. KIRKPATRICK
Thank you. You timed it just right. You had 10 seconds left. Next speaker, please.

MAYA HOLMES
Good morning, Commissioners and Board of Health members. My name is Maya Holmes, and I'm the health policy director for the Culinary Health Fund. And I've been a payer representative on the Regional

Trauma Advisory Board since 2019. The fund is also a member of the Health Services Coalition, and we share the goals and priorities that Stacie just outlined. Our priority is truly to ensure that the addition of new trauma centers or designation changes for existing trauma centers are based on demonstrated need, solid data and analysis, and consistent with national guidelines and best practices. This will ensure that we do not undermine existing trauma centers and ensure appropriate levels of care are available where and when they are needed. In other communities. We have seen non-data-driven, non-needs-based proliferation of trauma centers that have had negative impacts on the centers themselves.

And we saw that in the mid-2000s in Florida. Research was coming out of there. And we're also seeing that with Phoenix. We're seeing research coming out indicating that the lack of a needs-based system, what the results can be. At our last RTAB (Regional Trauma Advisory Board) meeting in July, the RTAB members reviewed an application from the Sunrise Hospital to change its designation from a Level II to a Level I trauma center. Per the Trauma System Regulations of the Health District, RTAB is required to make a recommendation to the Southern Nevada Health District Board of Health regarding the trauma center applications, and the Board of Health is to approve a trauma center application based on a demonstration of need. And that applies both to new centers and changes in trauma designations. The RTAB, I believe it was a 13 to 3 vote, recommended a denial of the Sunrise application, because neither the impact report nor the annual trauma system report demonstrated a need to expand the trauma system.

The impact report and the annual trauma system report show that our trauma system is performing well overall, and there were no gaps in the system impacting care or a failure to accommodate patient need. Median transport times were excellent. Trauma transports for step one, two, and three patients for the whole system and at Sunrise were down in 2023 from peaks in previous years. They were up for step fours at Sunrise. But these are patients that do not need a Level I or a Level II trauma center.

Additionally, overall historical population growth was 3.81% over the six-year period studied in the report. But it varied throughout the valley. However, population growth does not automatically mean there is a growth in trauma patients. Also, historical growth in the trauma system has been accommodated by our trauma centers, and there is no indication that they do not have the capacity to accommodate future growth. So, thank you.

MARILYN K. KIRKPATRICK
Thank you. Anyone else wishing to speak during public comment? Seeing none, we'll go ahead and close the public comment. Mr. Schiller?

SEC. 2. AGENDA

2. Approval of Agenda (For possible action)

KEVIN SCHILLER
We can now go to your agenda section. Item 2 is approval of the agenda.

ACTION: IT WAS MOVED BY COMMISSIONER SEGERBLOM, SECONDED BY COMMISSIONER NAFT, AND CARRIED BY UNANIMOUS VOTE OF THE MEMBERS PRESENT THAT THE SUBJECT AGENDA BE APPROVED.

Attachment(s) submitted and filed with the County Clerk's Office

MOTION

MARILYN K. KIRKPATRICK
I entertain a motion and a second.

TICK SEGERBLOM
Motion to approve.

MARILYN K. KIRKPATRICK
I have a motion by Commissioner Segerblom. A second by Commissioner Naft. Any discussion? Seeing none, all those in favor, please say, "Aye."

COMMISSIONERS
Aye.

VOTE

VOTING AYE: Tick Segerblom, William McCurdy II, Jim Gibson, Justin Jones, Marilyn K. Kirkpatrick, Ross Miller, Michael Naft, Scott Nielson, Nancy Brune, Scott Black, Bobbette Bond, Pattie Gallo, Joe Hardy, Brian Knudsen, Frank Nemec, Jim Seebock

VOTING NAY: None
ABSENT: None
ABSTAIN: None

MARILYN K. KIRKPATRICK
Opposed? And that motion carries.

SEC. 3. BUSINESS ITEMS

3. Receive a presentation on catchment areas in Clark County. (For discussion only)

ACTION: RECEIVED.

Attachment(s) submitted and filed with the County Clerk's Office

KEVIN SCHILLER
Item 3 is to receive a presentation on catchment areas in Clark County.

MARILYN K. KIRKPATRICK
Start with the easy stuff.

STACY JOHNSON
Good morning.

MARILYN K. KIRKPATRICK
Good morning.

STACY JOHNSON
Hi. Thank you for having me. I'm Stacy... Oh, is it working? Got to get closer. I'm Stacy-

MARILYN K. KIRKPATRICK
You can also use the handheld one if you walk and talk like I do.

STACY JOHNSON
I'm not going to walk and talk.

MARILYN K. KIRKPATRICK
Okay.

STACY JOHNSON
I'm the regional trauma coordinator at the Southern Nevada Health District. So, thank you for having me here today to talk to you about our trauma catchment in our community. Is the presentation up? There it is. So, before we dive in, I just want to do a quick review of the trauma hospitals that are already verified and designated within our community. Our current hospitals are UMC, Sunrise, St. Rose Siena, and most recently Michael O'Callaghan Military Medical Center.

So, at the Office of EMS and Trauma, one of our primary goals is to ensure that injured community members are transported to the right hospital with the appropriate resources in the optimal timeframe. We achieve this through the use of geographical catchment areas for our trauma patients. Our Southern Nevada Trauma System has been utilizing catchment areas since 2004. This is when we expanded the trauma system into having more than one trauma center. These areas help guide EMS in transporting traumatically injured patients based on their injury and where their injury occurred, ensuring that they get to the most appropriate facility in the quickest amount of time.

Our initial catchment areas, again established in 2004, those remained unchanged until 2022, when Michael O'Callaghan entered the system as a Level III trauma center. At that time, the catchment was designated to them with the understanding or looking at some data and hoping to give them about 30 patients a month. So that entered. And then in about February of 2024, they were really much lower than that 30. And in order to keep a trauma center open and sustained, they needed some more volume. So, they collaboratively worked with UMC. They worked out an agreement, where UMC was going to give them some additional areas of their catchment. That was brought to our office, and the Southern Nevada Health District reviewed the data, reviewed the proposal, and then later approved that expansion and catchment.

So, going along with catchment, how does it work? Well, these patients, you may have heard of the Trauma Field Triage Criteria before broken down into steps 1, 2, 3, and 4. That most recently changed. Now, it's a red and yellow criteria. So red is basically one and two, yellows is the old three and four. So, the way we determine that is the American College of Surgeons are now in charge of updating Trauma Field Triage Criteria. They most recently made an update in 2021, and we updated ours for our 2024 protocol. So, the red and yellow is kind of new to our system. But again, the red is the old one and two, and the yellow is the old three and four.

So, as you can see on the slide, red patients are the more sick. The more highly injured. They need to go to a closest Level I or Level II trauma center. Some examples of a red criteria patient would be penetrating injuries to the head, neck, torso, upper extremities or proximal extremities, their skull, their spinal cord, their chest, or suspected pelvic fracture. Our red criteria patients, they still have a serious injury and should be transported to a trauma center, but they don't require the upper level. They can go to any level

of trauma center. So, examples of that would be a high-speed automobile crash, auto versus pedestrian, a bicycle crash, things like that.

So, here's a picture of our current catchment map. I'll walk you through that. The baby blue area, that's Michael O'Callaghan's catchment area. So, any yellow criteria patient would go to that center. If it were a red criteria patient, those patients would go to UMC. Moving down is the yellow. All the patients that get injured in that area go to Sunrise, regardless of step, because Sunrise takes all levels of injury.
Moving down, Siena. Siena gets that. If they're a yellow criteria, they get that green and that blue area. The red criteria would go to, that light green area goes to Sunrise and that blue area would go to UMC. And then the remainder of that map, all of the pink is UMC's catchment area for all levels of trauma patients.

So, how do we keep an eye on this? Every month, each trauma center sends all of their patients that come into them by ambulance, they send a spreadsheet of that to our office. We dig through it and get it ready for presentation to RTAB. Every quarter, it's presented to the RTAB. It's reviewed there quarterly, and they review it and make sure it's all looking okay. That is the end of my presentation. I'm happy to take any questions that you may have.

MARILYN K. KIRKPATRICK
Does anybody have any questions? I'm going to start at the far end. Anybody on this end have any questions? Ms. Bond?

BOBBETTE BOND
Thank you. Bobbette Bond for the record if I need that. Is there a process where you have a public step in the designation of catchment area changes? Is there any public review of that?

STACY JOHNSON
That's outlined in our Trauma Regulations 200.000. And that states that catchment is determined by the Southern Nevada Health District.

BOBBETTE BOND
So, no?

STACY JOHNSON
Currently, no.

BOBBETTE BOND
Thank you.

MARILYN K. KIRKPATRICK
Anyone else have any questions on this side? So, can I just ask a couple of questions then on the catchment? So where does the MAC come in, the Medical Advisory Committee? So, they never look at the catchments, or is it just the RTAB and the Health District?

STACY JOHNSON
Current regulations do not say that RTAB or MAB or any board reviews it. It's just determined at the level of the Southern Nevada Health District.

MARILYN K. KIRKPATRICK
And what is that criteria?

STACY JOHNSON
There is no outlined criteria in the regulation.

MARILYN K. KIRKPATRICK
Okay. But RTAB sees the numbers and sees what type of trauma? So, if we wanted, from the Health District, if I wanted to see what that looks like, you already have something that shows me what kind of patients that we're moving?

STACY JOHNSON
Correct. It's presented every quarter at RTAB. And then it's also all in the annual trauma report that's posted online.

MARILYN K. KIRKPATRICK
Okay. No one else has any questions?

JIM SEEBOCK
Just one more follow-up. Is there a numeric threshold to determine those hospitals for those areas?

STACY JOHNSON
In terms of catchment?

JIM SEEBOCK
Mm-hmm.

STACY JOHNSON
No.

JIM SEEBOCK
Okay, thanks.

MARILYN K. KIRKPATRICK
Dr. Nemec, and then Commissioner Gibson.

DR. FRANK NEMEC
[inaudible]

STACY JOHNSON
They originally developed that in 2004, which was way before my time. So, I'm not sure what the justification was of how they did that. I can't speak to that. I can just say that it hasn't been changed until we got a new trauma center in 2022. And that was based on trying to get them the amount of volume that they would need to sustain a Level III Trauma Center.

MARILYN K. KIRKPATRICK
Commissioner Gibson?

JIM GIBSON
You indicated to us that, and I think the page indicated, that Sunrise and UMC meet all criteria, so anything that happens there. Is there anything that really distinguishes then between a I and a II?

STACY JOHNSON
There are when it comes to accepting the TFTC (Trauma Field Triage Criteria) patients. The red or the yellow, no, it does not. There are –

JIM GIBSON
Say that again, the what?

MARILYN K. KIRKPATRICK
We can't use acronyms. Because maybe the Health District folks might know this –

STACY JOHNSON
- I'm so sorry.

MARILYN K. KIRKPATRICK
- but for everybody else, we got to be mindful.

STACY JOHNSON
Sorry, I apologize. So, when accepting the patients from an ambulance, as far as injuries, there's no differentiation. There are a few differences between a Level I and a Level II. Mainly that when it comes to the level of care, a Level I is required to have a couple additional specialty physicians more immediately available. But when it comes to taking patients from the scene, there's no difference.

JIM GIBSON
Okay. Thank you.

MARILYN K. KIRKPATRICK
Anybody else have any questions? So, I have one. I try to watch the RTAB meetings and the MAC meetings. And at one point there was a request to change the encatchment areas. But based on what you said, we haven't done that, with the exception of O'Callaghan, in the last 10 years?

STACY JOHNSON
That's correct.

MARILYN K. KIRKPATRICK
And so, nobody does have the ability to put that on their agenda? I just know that encatchment areas are super important in the grand scheme of how we get people to the right place. So, no one else besides the Health District can change those, besides your department?

STACY JOHNSON
It could absolutely be discussed at any level, as far as RTAB. But per the current regulation, that is where it lies, is at Southern Nevada Health District.

MARILYN K. KIRKPATRICK
Okay, All right. No other questions?

JOE HARDY
Over here.

MARILYN K. KIRKPATRICK
Oh, Dr. Hardy.

JOE HARDY
Thank you

MARILYN K. KIRKPATRICK
Mayor Hardy.

JOE HARDY
So, if there is a trauma center that does all red and all yellow, what's the differentiation between all red and all yellow and everything?

STACY JOHNSON
So, for instance, Michael O'Callaghan is a Level III, so they take all yellow patients. So, if there were a red injured patient within that catchment, they go to UMC.

JOE HARDY
So, what I'm saying is if a hospital, let's say Siena for instance, it takes all yellow and all red, what's the difference between the Level I and the Level II?

STACY JOHNSON
So, Level I and Level II can take red and yellow. And Level III hospitals, which are Siena and Michael O'Callaghan, can only take yellow injured patients. Is that answering your question?

JOE HARDY
So, what's the differentiation between Level I and Level II if Level II can take all red and all yellow?

DR. FRANK NEMEC
That was my question.

STACY JOHNSON
So, without getting too far into the weeds-

DR. FERMIN LEGUEN
I can answer that question if you wish.

JOE HARDY
So, I'm restating it in doctorese.

MARILYN K. KIRKPATRICK
I think Dr. Leguen's going to answer it. But I also think that when Dr. Files does his presentation, he might get more into the weeds.

DR. FERMIN LEGUEN
The difference between Level I and Level II is more about the academic capabilities of the center. So, Level I is a trauma center that has a highly specialized medical residency programs related to trauma. In terms of service to the patient, the general population, there is not a difference between Level I and Level II, except for some various specific patients. Which is a very limited number of patients that some of the specialists here could describe better than me. But in terms of service to the population, there is really no difference between Level I and Level II, except for those very specific cases that I mentioned. It is more about the academic capability of the center.

JOE HARDY
So, for instance... If I may?

MARILYN K. KIRKPATRICK
Mm-hmm.

JOE HARDY
So, for instance, if a Level II that accepted all red and all yellow wanted to become a Level I, they would have to jump through a hoop of getting certain specific specialties that would be on site and available? Or how does that work?

DR. FERMIN LEGUEN
Well, for a Level II to actually jump into a Level I, they would have to actually upgrade their academic capabilities to that level. That's a requirement. It is not a requirement about services, it's a requirement about academic capabilities.

MARILYN K. KIRKPATRICK
It's about having that teaching school. But I think, Dr. Files, when he goes through the history of it, he'll be able to give a better rundown. But encatchment areas do matter when it comes to the trauma, which is why we wanted to have this discussion. But I think maybe we might invite you back at the end if we have some more questions. Did you want to ask anything else, Doctor?

JOE HARDY
Yeah.

MARILYN K. KIRKPATRICK
Okay, go ahead.

JOE HARDY
So, for instance, I've been interested in medical education for some time.

MARILYN K. KIRKPATRICK
Shocking. I would have never thought that.

JOE HARDY
And so, pretend that a Level II wanted to become a Level I, then they would have to have a commitment of education, teaching, et cetera, which is what we would want in our milieu of everybody. We need everybody, we need all sorts of education. So, if we said, "All you have to do is become a educational institution with the following residencies, et cetera," would that be something that we can outline that they could do, and therefore we would get more?

DR. FERMIN LEGUEN
Again, this is Dr. Leguen. Moving from Level II to Level I, the requirement is to actually match the academic requirement from the trauma center designation authorities. So yes, it is about being able to deliver those academic services.

JOE HARDY
So, there is a path?

MARILYN K. KIRKPATRICK
So, there is a path. And I think that Dr. Files, when he gives this presentation, will go through that, because it is... But it's a regional conversation. So, you have to make sure, as to her point, that everybody can survive with whatever trauma level that they are. Because in some cases, I use Florida, they had 11 trauma centers and nobody was surviving. And you just had a bunch of closed up hospitals. But I think Dr. Files can probably circle it back.

JOE HARDY
Thank you, Madam Chair.

JIM GIBSON
Can I just ask one other question?

MARILYN K. KIRKPATRICK
Yes, Commissioner Gibson.

JIM GIBSON
I have a catchment area question. So, when a patient is picked up by an ambulance, is there a center, is there somebody somewhere that is making a determination as to the level of care that this patient is going to require? Or is that just something that the EMTs are trained in, and they make that determination while they're on the road or as they pick the patient up?

STACY JOHNSON
Yes, it is part of their protocols that they follow. And if that patient meets very specific criteria based on their assessment on the scene, they decide that they meet which criteria and where they need to go based on the catchment.

JIM GIBSON
And then, is there a way that that is reported, so that somebody takes a look at it and says, "These guys are doing it right, maybe these guys aren't?" Is there an assessment or a way that we evaluate what the performance of those companies is, in terms of making those determinations?

STACY JOHNSON
I can't speak to each individual in a facility's internal process. But each hospital, each trauma center, every month sends those patients, a list of those patients that come to them, to our office. And then we go through each one of those individually.

JIM GIBSON
So, we do take a look at those decisions that are made on the run?

STACY JOHNSON
We do.

MARILYN K. KIRKPATRICK
Any other questions? I just have one final question. So, you referred more than once to the regulations. So, are those regulations determined by the State Board of Health or are they determined on the local level? And what is the process to change those regulations? Are those in the NACs (National Advisory Council) And you can get me the answer later if you don't have it.

STACY JOHNSON
I will say they were updated in 2022, but I wasn't here for the entire process of that. So, I don't want to speak out of place and say the process of it, because I have not been involved in that. But I believe it's at the local level.

MARILYN K. KIRKPATRICK
Okay. Commissioner Naft?

MICHAEL NAFT
Thank you, Chairwoman. When you are doing, I guess, these audits, has there been massive number of inappropriate transports, or significant or noteworthy? Can you walk us through that on average? I know I'm speaking to a long period of time.

STACY JOHNSON
So, we compile that data, and then we present it to the RTAB and the TMAC. And they have not noted anything out of the ordinary.

MICHAEL NAFT
That would be the only body –

STACY JOHNSON
No trends that they're concerned about.

MICHAEL NAFT
... that'd be the only body that would, right?

STACY JOHNSON
Yes.

MICHAEL NAFT
Okay, thank you.

FRANK NEMEC
Okay. Thank you.

MARILYN K. KIRKPATRICK
Any other comments or questions? All right. Thank you very much.

STACY JOHNSON
Thank you.

MARILYN K. KIRKPATRICK
And if you could just get me the regulation process, just kind lay it out for me, that'd be great.

STACY JOHNSON
Sure.

4. Receive a presentation on off-campus emergency departments. (For discussion only)

ACTION: RECEIVED.

Attachment(s) submitted and filed with the County Clerk's Office

KEVIN SCHILLER
Item 4 is to receive a presentation on off-campus emergency departments.
MARILYN K. KIRKPATRICK
Okay. Who's giving this one? Good morning.

PAUL SCHUBERT
Good morning.

MARILYN K. KIRKPATRICK
Thank you for coming again.

PAUL SCHUBERT
Thank you for asking. So good morning, Commissioners, Board Members. I'm Paul Schubert with the Bureau of Healthcare Quality and Compliance in the Division of Public and Behavioral Health, and I was asked to revisit this presentation that was given a couple of months ago to the Southern Nevada Health District.

So, let me just get started here. A little bit about the Division of Public and Behavioral Health. Of course, we have a mission and a vision, and our purpose is to make everyone's life healthier, happier, longer, and safer, of course. So this is our objectives or my objectives today: to discuss statutory authority of off-campus emergency departments, provide an overview of the regulations for off-campus emergency departments, explain the difference between an urgent care, quick care clinic, an independent center for emergency medical care, and off-campus emergency departments, and then provide an overview of the licensing process for off-campus emergency departments, and finally, provide information regarding the total number of off-campus EDs (emergency departments) and our pending applications. And for many of you, you've seen this presentation, but there has been a correction and certainly some updates.

So, I'll start with the statutory definition of an off-campus location, and that means a facility with operations that are owned or controlled by a hospital or which is affiliated with a hospital, that is located more than 250 yards from the main campus of the hospital, that provides services which are organizationally and functionally integrated with the hospital, and that is an outpatient facility providing ambulatory surgery, an urgent care, or emergency room services. And of course, I did this one a little bit in reverse. There's also a requirement for the National Provider Identifier (NPI) to be unique for each off-campus location.

MARILYN K. KIRKPATRICK
Can I ask a question? What does that mean? In layman's terms.

PAUL SCHUBERT
The National Provider Identifier being unique?

MARILYN K. KIRKPATRICK
Uh huh.

PAUL SCHUBERT
Hospitals have an identifier that is nationally recognized for that particular facility and that they bill under. And for any off-campus location, they need to obtain a separate identifier so that the billing is separate, and usually is provider-based for that hospital.

MARILYN K. KIRKPATRICK
Okay.

PAUL SCHUBERT
Okay. Hospital outpatient services. These are the regulations. In part, they indicate that services must be in accordance with national standards, integrated with the inpatient services, sufficient personnel available to provide those services, equipment and supplies necessary to meet the anticipated needs, and finally, they must have laboratory radiological pharmaceutical services available in the outpatient unit. And that's an administrative code.

And this is a busy slide, but if you'll bear with me, I'll kind of read through it because it does differentiate some of the facilities and their unique circumstances. So urgent or quick care clinics are not regulated as healthcare facilities by our agency. That's the same for physician offices. HCQC (Healthcare Quality and Compliance) does not have licensure authority in these clinics. The local municipality is responsible for business licensing and the medical professionals are regulated by their licensing boards. These facilities may set their own hours of operation, and while these entities may be associated with hospitals, they're not subject to EMTALA (Emergency Medical Treatment and Labor Act) rules because they're not considered part of the hospital's emergency services and are not regulated, again, by our agency.

Then independent centers for emergency medical care are specifically defined in the statutes as a facility structurally separate and distinct from a hospital which provides limited services for the treatment of a medical emergency. And then the regulations restrict licensure of facilities located to more than 30 minutes by ground transportation from a facility which is licensed to provide higher level of emergency medical care. Currently, there's only one licensed independent center for emergency medical care in Nevada. It's up in Minden. These facilities also may set their own hours of operation. Independent centers are also not subject to EMTALA rules because they are distinct facilities licensed separately from the hospital and ICs (Independent Centers) are state licensed only. There are no federal certification standards for these facilities.

So, this kind of just tells you a little bit about what goes on with all of these different choices. There are several different types of facilities that can confuse the healthcare consumer, as you can see. Some are regulated as healthcare facilities, others are not. Some must comply with EMTALA requirements for emergency medical care, others do not. Some are 24/7 operations, others are not. Some have federal certification standards as well as licensure standards, and others only licensure standards. These differences may appear subtle, but the billing and insurance acceptance, and moreover, consequences of arriving at a facility that cannot provide necessary services can be devastating, and one of your public comments illustrated the issues of the consequences of actually arriving at the wrong facility.

Okay. I'll talk just a little bit about the licensure process for off-campus emergency departments. The hospital must submit an application for an endorsement to add an off-campus ED and fulfill documentary requirements. Along with the endorsement application, the hospital must submit construction plans, and once the application is complete and all the construction is complete, HCQC will conduct an on-site inspection to determine compliance. When it is determined that the off-campus ED is in substantial compliance with regulatory requirements, the location will be added as an endorsement for the hospital license. So, all of those off-campus locations are actually on the on-campus hospital license. They don't

get a license themselves. And then off-campus EDs must meet the 2022 (FGI) Federal Guidelines Institute Guidelines for Design and Construction of Outpatient Facilities, Section 2.8, which is specific requirements for Freestanding Emergency Care Facilities.

And then this is just a list of the currently licensed off-campus emergency departments. There are 15 total currently licensed. And as you can see, Northern Nevada Sierra has one, Southern Hills has three, so on and so forth. And finally, these are our pending applications for off-campus EDs. There's currently four of those. And this is where the correction to the slide is. We had Renown Medical Center as requesting a off-campus ED. They have not and have no desire to, but you can see that Summerlin Hospital has an application, Northern Nevada has another application, Southern Hills has another application, and Sunrise has an application.

And so that concludes my presentation of the slides. We were asked during the Southern Nevada Health District meeting to generate some geo-mapping of the locations and we're working on that. That's sort of the easy ask. Then we had a more difficult ask, which was to generate public information and find a way to express the types of things one should go to the different facility levels for and that explains the cost consequences of the different levels, and that, we're working with our public information office to try and generate some educational information that would hopefully accomplish all of those things, pursuant to your questions.

MARILYN K. KIRKPATRICK
Okay, does anybody - Dr. Nemec, and then Ms. Bond, and then Dr. Hardy?

DR. FRANK NEMEC
My question has to do with the unique NPI for the freestanding ER. Presumably, that could create a situation where the freestanding ER would be out of network when the mother hospital would be in network. And are there any safeguards for patients to understand that, if they go to a freestanding ER with that hospital's name on it, they may be out of network when ordinarily they would be in network?

PAUL SCHUBERT
Thank you for the question. I am not aware of any safeguards that are in place. It's certainly something that we could attempt to address as we're looking at providing some education to the public about the different facility types and the consequences, again, the financial consequences of arriving at a particular facility.

BOBBETTE BOND
Thank you. I have two questions. One, what would prevent a process to license these facilities separately then the hospital itself? What would be involved in that

PAUL SCHUBERT
Licensing the –

BOBBETTE BOND
To develop.

PAUL SCHUBERT
-Remote EDs as a hospital itself?

BOBBETTE BOND
Yeah, removing them from the acute care hospital definition, and having a separate licensing scheme for them.

PAUL SCHUBERT
Understood. We would necessarily need a statutory change that would define the remote emergency departments as a specific facility type that we could license separately so that we could actually view them as an independent facility rather than as a part of the on-campus hospital.

BOBBETTE BOND
Okay. And secondly, are there, at any level of the government that you're aware of, any restrictions on how many of these can be built, or where they can be placed, or how far apart they need to be from each other at all?

PAUL SCHUBERT
I am not familiar with any restrictions that may come from either local ordinances that could be generated or even a state rule or law that could be put in place. But currently I'm not familiar with any that restrict them.

BOBBETTE BOND
Thanks.

MARILYN K. KIRKPATRICK
Dr. Hardy.

JOE HARDY
Thank you. So, the state, do they not have a responsibility to license the lab that the pseudo doctor's office, urgent care, the pharmacy, outpatient, dispensing, the X-rays, the mammograms... Do they not have an interest in that and do that?

PAUL SCHUBERT
If I may? Yes, we do actually separately license the laboratory that is at the remote ED as we would separately license laboratories even within a hospital, depending on where they're located, because some hospitals have multiple. So yes, we do do that. And I believe the Board of Pharmacy gets involved with the issuance of their permit for pharmaceutical services at the remote ED as well.

JOE HARDY
So does the state, then, not have their hand already in the process of "licensing", in some way that would be easier to, if you wanted to do a statute change, would be involved with that?

PAUL SCHUBERT
Absolutely. I mean, we're extensively involved in the licensure process, whether it's to put the endorsement on the current hospital license or, as you've indicated, with regards to the laboratory and pharmaceutical services. So yes, we would be able to at least comment on legislation that would make that change.

JOE HARDY
All right, thank you. Thank you, Madam Chair.

MARILYN K. KIRKPATRICK
Councilman Black.

SCOTT BLACK
Thank you. I have two questions on the slide that indicated the requirements to establish an off-campus emergency department. Two of them said, "Offer surgical procedures." So, I was curious what type of surgical procedures is a facility like that prepared to perform? And my second question is, under "personnel supplies necessary to perform services," are there compliance measures in place to assure that those service levels and/or supplies are present to provide the services at those facilities?

PAUL SCHUBERT
Yes. If I may answer the second question first?

SCOTT BLACK
Sure.

PAUL SCHUBERT
As was indicated by Dr. Hardy, we are looking at the availability of the services and requirements for providing laboratory, pharmaceutical, other services in that remote location. So yes, we do look at that, and we look at whether or not the credentialing of the personnel that are working in that remote location are appropriate for providing the services that they plan to provide. Your first question with regards to... I'm sorry.

SCOTT BLACK
Types of surgeries.

MARILYN K. KIRKPATRICK
What kind of surgeries?

SCOTT BLACK
Procedures.

PAUL SCHUBERT
Okay. Yes. And actually, that's a description or it's a statutory definition of off-campus facilities. So, there may be some that provide surgery, others that do not. In particular to the emergency department, it may have surgical ability or it may not. So, it's really based on what services that particular facility desires to provide, not necessarily based on a requirement that you must provide surgical services or other types of services. It's emergency services, but those are different than, obviously, surgical.

MARILYN K. KIRKPATRICK
You have a question? Commissioner Segerblom.

TICK SEGERBLOM
Thank you. So, if someone goes to one of these freestanding emergency rooms and that's related to a hospital, if they need further care, can that emergency room refer to one of their hospitals, or they have to refer it within the catchment basin?

PAUL SCHUBERT
Oh, that's a question that I'm not sure that I could answer, but maybe the person who presented on catchment could. Just very basically I would say that if the facility, the off-campus ED, doesn't have the

capacity or ability to provide the appropriate services, then that person does get transferred. And it could be within the hospital system to a hospital within the system, or it could be to another hospital that can appropriately provide those services. But I think it more depends on the needs of that patient. So, if they're a trauma patient and the emergency, the off-campus ED is not able to provide trauma, then I think it would go back to catchment.

TICK SEGERBLOM
Maybe we could follow up on that because I could see one hospital setting up emergency rooms all around the County and then having all those people referred to them even though they're outside the catchment basin.

PAUL SCHUBERT
Understood.

MARILYN K. KIRKPATRICK
So, I have about 10 questions, so let me just tell you the whole thing. One, as I said at the Health District, I did a little bit of research on the standalone EDs around the country. And Texas, that is basically their model. They don't have a lot of hospitals. But, most importantly, constituents are paying triple to go to that standalone ED as opposed to, maybe, an urgent care or, quite frankly, the actual ER hospital. So, I did mention it to Mr. Kipper, who's the insurance commissioner, to ensure that - we have to have a balance, because at the end of the day, what stops someone from only building standalone EDs as they've done in Texas. And then we say that they have to have these things, but I, for one, know a person that went to a standalone ED and they had to take their X-rays to somewhere else to be read because somebody was not on staff.

So, my first question is who stays on top of that? So, I'm going to give you three questions at a time. So, then my second question is I have to be mindful of the rural communities as a whole because their hospitals are barely hanging on and I don't remember you telling me if there's a geographical part where someone has to be. So, do we limit it to a certain area? Could a Southern Nevada hospital go and build something in Lincoln County and compete with their actual hospital? And then who tells the ambulance drivers what the standalone EDs offer? So those are my first three. I did a lot of research on this since our last meeting.

PAUL SCHUBERT
So, the first one was whether or not, or who –

MARILYN K. KIRKPATRICK
Who's managing the insurance? Because someone's got to pay for that when we're paying triple at a standalone ED.

PAUL SCHUBERT
And, obviously, we don't regulate the insurance, but –

MARILYN K. KIRKPATRICK
But are you looking at it? Are you noticing that through claims?

PAUL SCHUBERT
I hate to say it's not in our lane, but it...

MARILYN K. KIRKPATRICK
That's okay.

PAUL SCHUBERT
It's not part of our regulatory oversight of facilities so it would not be something on our radar.

MARILYN K. KIRKPATRICK
Maybe it should be. Okay. Second question.

PAUL SCHUBERT
And the second question was... Help me out.

MARILYN K. KIRKPATRICK
What happens if someone is not at these facilities that they're supposed to be providing the service?

PAUL SCHUBERT
Ah, okay. And in that case, we would be involved. It would be a complaint to our agency and we would investigate to determine, again, whether or not the proper personnel or the proper services, whatever they need to be, were available for the licensure that's in place. So, if we determine that, yes, you needed to provide radiological services and you didn't have somebody to do that, then it would be a citation for that facility.

MARILYN K. KIRKPATRICK
So then is there any geographical area? So, could a Southern Nevada hospital open one of these in another county?

PAUL SCHUBERT
There's not with regards to licensure. However, again going back to the NPI issue, for a hospital to bill provider-based services under CMS (Centers for Medicare and Medicaid Services), under federal regulations, those provider-based services have to be within 30 miles of the on-campus hospital.

MARILYN K. KIRKPATRICK
So, I actually looked, and I was trying to update our zoning code to put in - because I'm nervous about who are we taking? I get everybody wants to drop people and go to the closest service, but what I hear more often than not is they're not really getting a service and then they got to go somewhere else anyways. And so, who's training those folks? How does that work? I mean, how does the ambulance folks know that you can go to this? I feel like it's nowhere in our network. And as I said when we started, we have a phenomenal network. We know how all of it works. We have a divert system, we have all those things.

But now you have these standalone EDs with, in my opinion, very little regulation, right? Outside of the licensure component. I'd hate for an incident to happen, and then we drop people off at all of these standalone EDs, but now we're going push them to the hospitals who are already inundated in that case. And so how does all that work? I tried to put in zoning, it falls under the same category as hospitals. I don't really call it a hospital, so –

PAUL SCHUBERT
Well, but I think, if I'm not wrong, what you're asking about is who's training those ambulance personnel so that they will know which facility is appropriate for that patient? And of course, in terms of trauma, I'm

sure there's training that occurs with regards to which catchment area are you in and what facilities would you take them to.

With regards to non-trauma patients that require care and transport, I don't know what training is available, whether the ambulance services themselves are providing that. I know Clark County licenses their ambulance services separately from other portions of the state, where actually the division licenses those ambulances, but I think it's Clark County that we're looking at. So perhaps somebody from the ambulance services could provide that response? I do not have it.

MARILYN K. KIRKPATRICK
Okay. But there's no one else in the state. This is a relatively new thing in our community, right? I feel like we started with the leads, then we meet them, get in line, and lo and behold, guess what? Everybody else popped up. So, I just worry about getting people to the right place and not just - I don't want to say the word dumping, but just dropping them at the closest. It may not be the best.

And honestly, I can't even tell you what any of them have. I feel like there needs to be a notification on the door that you walk in, "We have no beds." Or "We can only perform labs or radio." I just feel like there needs to be a notification as you walk up to the door. In Washoe, they do do that. They have some type of notice, but I've not seen one here.

Okay. Anyone else have any questions? Commissioner Jones.

JUSTIN JONES
Can I, and maybe this isn't much of a question, but I guess I'm still struggling a little bit with this discussion on Freestanding Emergency Departments. And I totally agree that there needs to be more education, but to present a contrary view, that if, for example, my wife chops the top of her finger off, I might be more interested in going to the freestanding ED that's three minutes from my house as opposed to sitting in UMC or Sunrise's ER for two to three hours competing with those Level I trauma patients. And so, there is a reason why these freestanding EDs exist and it's because they're serving some sort of need within the community that isn't being served by others. So, I guess, back to your slide about educating the public, what are you doing now and what more needs to be done?

PAUL SCHUBERT
Well, I think we're just in the rudimentary stages of generating some education, but I think that, within that education, we need to address all of these things. And it's difficult to do that in, if you will, a one-page process where you're just, "Here, look at this. This'll tell you what to do." Even signage sometimes isn't necessarily delivering the message about where a person should go. So, I think, as we develop that education, we need to find a way. And certainly, there are several mechanisms to provide it to the public, so we'll need to do our due process in getting it out to everyone.

But I think the important thing is that we find a way to address the different concerns such as, is this a minor injury that can be taken care of in this type of facility, or is it a more major injury? And how do you define that for everybody across the board? If you ask three different people, "Well, what do you think of a finger being cut off? How bad is that?" You're probably going to get three different answers about where that person should go or how they should get it taken care of. So, I don't know that that answers your question, but I think what we need to do is be diligent in providing some education that will help people understand.

JUSTIN JONES
Can you also just go back to the distinction between a freestanding ER versus a mini hospital? Because I have those both down the street from my house.

PAUL SCHUBERT
Okay. Yeah. And in the freestanding ED, there are no beds. In a - I think what you're referring to is sort of a micro-hospital, which is 10 beds or fewer. In a micro-hospital, there are beds and the full range of services for a hospital. So, the difference is one is for –

JUSTIN JONES
But what does full mean? That's my point.

PAUL SCHUBERT
I'm sorry?

JUSTIN JONES
What does full services mean? Saint Rose?

PAUL SCHUBERT
It means that they can actually admit inpatients and provide continuing care to those patients versus, in the remote ED, it's an outpatient clinic. And EDs in general, even on the campus, are outpatient. A person comes in, they receive care and services, and they're discharged. Or a person comes in, they receive care and services, and they require inpatient care, and so they're admitted to the hospital. So, in the remote ED, it's just an extension of that outpatient service, whereas if somebody actually did need to be admitted to the hospital, they would either have to be transferred or go to an on-campus ED.

JUSTIN JONES
And then, my last question is in terms of, we're talking about regulations of these freestanding EDs. What I saw from your slides is that urgent cares, quick cares, et cetera, are not regulated by you at all.

PAUL SCHUBERT
Correct. Correct.

MARILYN K. KIRKPATRICK
Okay. Councilman Seebock, and then Ms. Bond.

JIM SEEBOCK
In a previous meeting at the Health District, it was discussed about that same material.

MARILYN K. KIRKPATRICK
You need your microphone.

JIM SEEBOCK
Sorry.

MARILYN K. KIRKPATRICK
You want to be on the record.

JIM SEEBOCK
In the previous meeting at the health district, there was a discussion similar to today as far as, "Hey, you're getting with your PIO (Public Information Officer)," or to push out language in regards to billing the difference between a stand-alone and a quick care. And even now, you're talking about describing that difference of services. So, what is a timeline for that to be accomplished?

PAUL SCHUBERT
Well, without sounding bureaucratic, I would say that we want to do it as soon as we can. Unfortunately, it's going to take some time to develop that messaging. We would want to put it out as quickly as possible, and maybe we need to do it in segments, or in parts wherein we discuss the different types of facilities initially, and then we discuss the different levels of care, and then we discuss the different payment issues and sources. I can't give you a "It's going to happen tomorrow, it's going to happen a month from now," but we want to do it as soon as possible.

MARILYN K. KIRKPATRICK
Okay. Ms. Bond. And then, if anyone else doesn't have questions, I know that Commissioner Gibson has a hard stop. I want to get to kind of the trauma stuff.

BOBBETTE BOND
Thank you. Just to follow up on Commissioner Jones's comment about the cut finger, I think it's a good example of why it would be nice to have some segmentation of the licensing. If somebody goes into the freestanding ER down the street, they very well could think it's a quick care because it looks like a quick care. It does not look like a hospital. It's a one-story, two-story building. It's never going to look like a hospital to people no matter how many signs you put up.

But the cut that didn't sit in the ER for three hours is still charged and paid for the same way as the freestanding ER, even though if that cut was serious, the patient's going to be transported to a hospital. But it'll be, in our experience, a hospital that is also owned by that freestanding ER, which could be kind of supporting Commissioner Jones' statement that it's down the street. The hospital could be miles away from where the freestanding ER was, and the miles away from where that patient lives. It's not that they go to the closest hospital and keep in the neighborhood, in our experience.

MARILYN K. KIRKPATRICK
Okay. With that, thank you very much for coming. And if we have any further calls, I think you have your contact information in there. We appreciate that.

PAUL SCHUBERT
Thank you.

MARILYN K. KIRKPATRICK
Okay.

5. Receive a presentation regarding the history, optimal configuration and operation of the Southern Nevada Trauma System; and receive an overview of the process for trauma center provisional authorization. (For discussion only)

ACTION: RECEIVED.

Attachment(s) submitted and filed with the County Clerk's Office

KEVIN SCHILLER
Okay. Item 5 is to receive a presentation regarding the history optimal configuration operation of the Southern Nevada Trauma System and receive an overview of the process for trauma center provisional authorization.

MARILYN K. KIRKPATRICK
Good morning, Dr. Files.

DR. JOHN FILES
Good morning.

MARILYN K. KIRKPATRICK
And the reason I invited you, because you were the brainchild behind this in our community years and years - well, not too many years ago, I don't want to age us, but I thought that you could do the best job to kind of explain where we're at.

DR. JOHN FILES
Well, thank you. For the record, my name is John Files, I'm a retired surgeon, residing in Las Vegas for almost three decades. I was present for much of what has happened here over the last three decades, and will try to summate that, and I'm happy to get deep in the weeds with you.

To begin, I have nothing to disclose, and all the information presented today comes from identifiable public sources. If there is opinion, I will note it. I was asked to do a number of things. The hardest thing was to make a 20- or 30-minute presentation that summarizes three to four hours of material. So let me begin.

First, I'm going to define what trauma is. It's more than a cut finger. I'm not going to compare it to heart disease, cancer, and COVID as a burden of illness that all communities must deal with. I'll give you an overview of trauma care both in the United States state and Nevada and in Southern Nevada in a historical perspective. I'm going to discuss the Southern Nevada Trauma System in general terms, things that amplify concepts you've already heard, and I'll present them at a conceptual and decision-making level and less at a regulatory level. I was asked to define what the differences between the trauma centers I, II, and III, how people move from one to the other. What's the role of emergency departments? And talk about how trauma systems get good outcomes. Is it the product of more centers or is it the product of better care? I also will describe the optimal configuration operation of the Southern Nevada Trauma System, which is a very complex task. I'll just do my best with that, the purpose of the catchment areas and talk about the spectrum –

AUTOMATED VOICE
Recording stopped.

MARILYN K. KIRKPATRICK
We need to restart that recording.

DR. JOHN FILES
Shall we continue?

MARILYN K. KIRKPATRICK
Yep.

DR. JOHN FILES
And I'll talk about the spectrum of what a trauma system is called upon to do, and that would include everything from injury recognition, prompt access through 911, emergency medical services, definitive care at acute care facilities, rehabilitation, return to home, family, and work. All of this under the guise of the lead governmental agency that has the ultimate authority to make decisions, and it has widespread social and financial impacts in terms of costs, not only monetary costs, but human costs.

Let's begin with the definition of trauma. Sudden forceful injury to living tissue that is caused by extrinsic agents and overwhelms the person's ability to respond to it. These injuries can be intentional or unintentional. Self-harm, assault, homicide, and suicide are examples of intentional injuries. Car crashes, industrials, gunshots, stab wounds. I should say car crashes and industrials and pedestrian injuries are usually considered unintentional. These acts can injure people one at a time or they can injure many people at a time, as occurred on 1 October. These agents are mechanical or thermal in nature. Mechanical agents such as automobiles, bullets, knives, construction equipment, and so forth. Thermal would be explosive, caustics, and other sorts of things that produce burns. And finally, trauma causes intense physical and psychological stress reactions that usually overwhelm the patient and render them unable to give self-care.

This comes from the CDC (Centers for Disease Control and Prevention) from their Web-based Injury Statistics Query Reporting System. It's a very busy slide. I am going to focus on the top five rows. This is the State of Nevada for the most recent year of reporting, and it looks at all causes of death. If you look across the top, you see the age categories in black, and if you look down the extreme right column, you see the totals for all ages. In blue are unintentional injuries, in green are suicides, and in salmon, is homicide. We consider the sum of those three to be the burden of trauma medical care.

When you look at this, it's stunning that from age 1 to 44, trauma's the leading cause of death among Americans and Nevadans. It's stunning to know that more years of lost life and more years of productive life are attributed to trauma than the combination of heart disease and cancer. Because as you can see, heart disease and cancer occurs, and affects people in the later years of their life. When you slide over to the extreme right-hand column, you'll see that unintentional injury is number four. But when you add suicide and homicide to it, it moves up to number three, right behind cancer and heart disease. That's the burden of illness that injury produces in the state of Nevada.

So how are we doing? Well, this is actually good news. We're often hearing that Nevada's 48th out of 50 in one thing or another. In terms of preventable injury-related deaths, Nevada's number 17 in the United States. So, what we're doing is working.

Let's move to section two, the history of the trauma center in the United States. This simple white paper published in 1966 by the National Academy of Sciences is called Accidental Death and Disability: The Neglected Disease of Our Modern Society. In the early 60s, it became apparent that there was a rapid spike in fatal and in disabling injuries caused by motor vehicles and in the workplace. And this was a call to action. If you had to put a date on a calendar, this is actually the starting point of modern trauma care in our country. It caused our federal government to appropriate funding through the Department of Transportation to create EMS systems throughout the United States, which then in turn, specialized treatment hospitals for trauma and other sorts of things. They haven't been silent on this issue because the issue didn't resolve itself in the 60s. Here in 1985, 1999, and 2007, three more very important reports by the Institute of Medicine cataloging what we had accomplished but what more we had to do.
Most recently, this has been published in 2016. This is the proposal for a National Trauma Care System, integrating military and civilian trauma system to achieve zero preventable deaths after injury. This is an

outgrowth not only of the civilian but of the military experience from Afghanistan and advances in technology and medicine that took place in the 2000s. This is really the benchmark that we should aspire to.

Let's just walk through the history, kind of in a chronologic way. So, in the 60s, and some of this is a verbal history that's passed on me by Dr. John Batdorf, who really is truly the original surgeon who started trauma care in Nevada. The rise in injuries and motor vehicle crashes was alarming. This is before Ralph Nader, this is before seatbelts, this is before OSHA (Occupational Safety and Health Administration), this is before any of that, and emergency medical systems had to be developed. Nevada was a rural and a frontier state. And literally, the surgeons and physicians in our state would drive around every small town and teach the emergency medical technician course and encourage them to buy an ambulance and start a service. And that's how EMS got started in Nevada.

In the 70s, Vietnam, it emphasized that rapid stabilization and transport saves lives. That was the most important thing that we learned, and that early on-scene interventions made the big difference. And so, by the 70s, the American College of Surgeons got heavily involved, and started to implement things like the Advanced Trauma Life Support course, which followed with the Pre-Hospital Trauma Life Support course. EMS began to expand. Emergency rooms around the country and busy urban centers started to organize themselves into trauma units, so that those trauma patients didn't interfere with the flow of emergency department patients, much as OB (Obstetrics) had done a few years earlier.
And most of the trauma in Las Vegas that time was just preferentially taken to Southern Nevada Memorial, which went on to become UMC. That's what was going on back in the 70s. In the 80s, the American College of Surgeons, now with a lead from the federal government, became a body of content experts who generated standards and guidelines for the promotion of injury care. And in doing so, they started a verification program for trauma centers. And part of the bedrock of that movement was that they are not a designating organization, but they are a professional organization who only sets standards and gives opinion. They will help you, but you have to build what you want. They do not have the authority to designate anything.

So, this is in red because this is the single most important date in our state. This is 1988, NRS 450B is enabling legislation for trauma system care in our state. And this has been revised numerous times, and I've had the opportunity to work with it. But it's very, very clear that the Department of Health and Human Services has the final authority on what happens in terms of planning, designating, and legislating. And regulating trauma care.

Now, UMC in 1988 was designated as a Level II trauma center. And shortly after that, the explosive population growth in our valley during the seventies and the eighties caused some strategic thinking, that if UMC was going to be receiving trauma patients in increasingly larger numbers, that they would have to go out and build a suitable trauma facility, which is what they did. They actually copied Maryland Emergency Services in Baltimore. I visited that center, and it's like walking into the building at UMC. It's almost identical. So, they came back here, and they built it, and then they needed somebody to run it, so I was hired in 1995 to come out here and start work. I was at Cook County Hospital at the time.

Later on, we became involved in other things like the National Trauma Data Bank, a steppingstone to the quality assurance projects that reduced the variability that all of you've been asking about. How many out of area transfers are there? How many patients live and die? How many patients get to the operating room within one hour? All of these things are under a very tight quality improvement rubric.

Then in 2003, it was time for us to grow. Sunrise and St. Rose joined the trauma system, and we began to see changes at the local level. Board of Health created the Clark County Trauma System, which grew into

the Southern Nevada Trauma System, the Regional Trauma Advisory Board, and we had to begin work on Trauma Field Triage Criteria to help EMS identify patients in need of trauma care, and destinations for delivery to centers for the care of trauma patients. And we had to go on further to write regulations. But first shift of authority to Clark County from the state came about when NAC 450B.237 was passed. So, with that, there was more authority to create regulation, more authority to create structure and function. And all of that occurred at the local level.

The Southern Nevada Health District expanded, the Office of EMS and Trauma Systems was created, and properly staffed and resourced so that we could do this work now. It was kind of a home rule situation. The original NAC language was that something like, "Counties with populations greater than 1 million should take care of their own trauma." And it was a way of them allowing Clark County to take care of their own trauma.

So, for the next few years, the three trauma centers diligently worked with the lead agencies, worked with the Southern Nevada Health District, worked with professional organizations inside and outside the state to put together a model trauma system, to monitor its function, and to be sure that we deliver to the people of this valley and this state, something to be proud of. And I will tell you that as I traveled in those days, I would go to the CDC in Atlanta, I would go to Washington DC to give testimony in Congress, I'd go to Chicago to the College of Surgeons, I'd go to Los Angeles. I would go to different places, and people would go, "Where are you from?" I'd say, "Well, I'm from Las Vegas." They go, "Oh, that's a trauma town." Las Vegas became known in the medical culture largely for trauma.

Other events you've heard of today. The Trauma Field Triage Criteria had a step four, added to the transport requirements for EMS, and that created a stark increase in the number of patients delivered to trauma centers, a question many of you had, and I'd be happy to delve into that in the Q&A section. And then in 2019, ABA 317 shifted responsibilities back to the state. And so that's where they reside now. However, city, county, state are agencies working in concert with one another as well as Board of Health and Southern Nevada Health District. All are agents of the same designation process.

In 2020, COVID shifted resources in a way that we'd never seen before, and little was done for a while until 2021. The Michael O'Callaghan Medical Hospital was approved to be a Level III trauma center. And over the last two years, there have been more conversations, which I must admit are confusing at time, but are reminiscent of old conversations. And I'll go on to give you some conceptual framework that we all can use to discuss ways to solve new issues.

All right, section three, the Southern Nevada Trauma System. In the lower right-hand corner, you see a challenge coin. Those of you with military experiences will know that these are given as an honor. I received mine in Landstuhl, Germany when I served in 2009 as a invited consultant to the US military in Germany and Afghanistan. My role was in trauma education, trauma care provision, and trauma systems planning for the military. It tells us that the Joint Theater Trauma system, which is composed of Army, Navy, and Air Force, has one motto, and that motto is get the right patient to the right place for the right care in the right time. That's all you need to know. We can stop there. That's all you need to know. When you're navigating a complicated discussion about trauma care, this is your compass when you're lost in the woods. This will take you to the correct answer.

Oh. Excuse me. So, with this comes the definition of a trauma center, which is an organized system of care, for a defined geographical area that gives a full spectrum of care to injured patients from the time of injury through rehabilitation. That's been the overarching definition from the beginning. When it works perfectly, it's like the gears in a watch. It's perfect. The full spectrum of care, though, requires everything. From legislation of safety; public education; injury control methods; outreach to EMS services through

911 and dispatch; system triage in the field to local hospitals, EDs, and trauma centers; and definitive care for all types and all specialties; followed by rehab, so patients can return to home and family and work and become productive again. These tend to occur in their early life, and these people need to return to productive life. System integration with the lead agency is a key feature, and the lead agency has the authority to make the unpopular decisions and the popular decisions that guide the growth, development, and strategic direction of the trauma system.

So how does a trauma system save life? I get asked this question all the time. It's a long answer. It does it by a lot of things. You can do it by harm reduction legislation. You can do it through safety legislation, things like seatbelts, airbags, motorcycle helmets. You can do it through injury prevention, back to school. You drink, you drive, you lose. Drunken driving. You can do it through flash flood programmings and public - all these things. If the patient doesn't get injured, they don't need to be treated. We're the only specialty that I know of that's trying to put ourselves out of business.

Rapid access through EMS is not just 911, but now it's advanced technologies. It's cell phone technology with GPS locations, it's Starlink, it's all sorts of things. There's a lot going on in that area. So rapid identification, rapid transport are key to the reason why trauma systems save lives. Integration of care, integrated at the scene with rapid transport to appropriate medical facilities. I'm asked this all the time. I have a hospital down the street, it's five minutes away, and a trauma center that's 15 minutes away. Why won't I go to my local hospital? Well, it's better to go to a trauma center if it takes 15 minutes, where they're waiting at the door to transfuse blood, and they have an open OR, then it is to go five minutes to a local hospital. That'll take 30 minutes to give you those things. And that's the bottom line.

The sophisticated critical care that's been developed throughout the hospital system in our community and the early entry into rehabilitation has achieved statistical significance in that of patients who arrive alive at any one of the trauma systems, the likelihood that they will go home is over 90%. And you can't say that about heart disease and cancer.

Participation of all providers in systematic quality improvement reduces variation and is a backbone of what the Southern Nevada Health District does through the Regional Trauma Advisory Board and the Trauma Medical Audit Committee. They monitor dozens of key indicators to make sure that this care is delivered as designed, and they collaborate with the lead agencies and partners. That's what we're doing today. That's why we're here. So, it's the quality of the trauma system, not just the number of trauma centers, it's the quality of the trauma system that improves the outcomes and saves lives.

Excuse me. All right, get ready, this is Trauma Field Triage Criteria. All of you had questions. All right. I'm going to take you to the World Health Organization. They have fashioned this for global health, and this is called the Injury Pyramid. At the bottom, there are a lot of patients. At the top, there are a smaller number of patients. Injuries can be mild, moderate, severe, or fatal. And we know that. Most fatal injuries actually occur without medical intervention. Most fatal injuries are at the scene, either in a home or at the roadside. The majority of fatal injuries do not ever receive care. And the only thing you can do to reduce that is injury prevention, injury control, police enforcement, safety regulations. Of those who are alive at the scene and transported, they do very, very well. They need to go to specialized facilities because minutes matter because life is dwindling.

Now those would be the patients in red, and the majority of them are Coroner's cases. And the Coroner is part of the process of the trauma system. in black are injuries resulting in hospitalization. These patients have complex life-threatening injuries that need to be taken to trauma centers where there's resources, expertise, capacity to treat these patients without disruption to the rest of the flow of the hospital. And then, less serious injuries can be treated and discharged from emergency departments, quick cares,

clinics, doctors' offices. And there's a whole host of these that are injuries that never come to medical attention because your next-door neighbor knocks on your door and asks if you have band-aids, or, "What should I do? Put ice and take aspirin, right?" So many injuries are actually minor injuries that are actually dealt with home remedy and self-care.

So, this is the injury pyramid. Let's see what you can do to translate this into a modern trauma system. Oh boy, that slide's tough. So here, the CDC, last time in 2011, convened an international group of people who did a needs-based and evidence-based assessment, and created the guidelines for field triage of injured patients.

I will just summarize it as the following.

- Step one are patients who have physiologic derangements, like loss of consciousness, low blood pressure, rapid heart rate, they're not breathing. Those patients are really an extremis, and they need to be moved on fast. That's step one.
- Step two are patients who have obvious anatomical injuries such as missing limbs, fractured pelvis, gunshot wound to the chest. Those patients need to be moved on right away. That's why Level I and Level II patients need to go the highest level of care right away.
- Level III are patients who have experienced a significant mechanism of injury consistent with significant injury.

All right, let me walk that back. They don't have any physiologic markers. They don't have low blood pressure, they don't have changes in heart rate, they don't have changes in breathing. They're fully awake and alert, stable vital signs. They don't have exterior evidence of dramatic and traumatic injury, but they've been exposed to an injury mechanism that's dangerous. So, they're fully awake, alert, and stable, and they can be transferred to trauma centers. But the level of acuity is less. This is going to translate into that red and yellow slide that you saw a few minutes ago. The third step is the mechanism of injury.

- And the fourth step are special situations, whether it's advanced age or children or pregnant women or burns or other sorts of things.

So, you can see the next one with the green heading on them, the next two pages are what we came up with in Clark County. So, we went from what was very simple from the World Health Organization to what was very complicated, but it worked. And now, re-reviewed by the American College of Surgeons and an expert panel of people that looked at all the evidence, they've come up with the red criteria and the yellow criteria, which this newer concept's being blended into the Trauma Field Triage Criteria. There's no need for the paramedic to call this in. This is really a paramedic discretion decision. At the scene, they identify these things, and when they do, they know where they need to go because they know where the pickup point is. So, all of this is pre-programmed in their training.

All right, I'll answer more questions about Trauma Field Triage Criteria in the Q&A. Next thing I was asked to address is the levels one, two, and three, and what do they mean? This has been cut and pasted from the American College of Surgeons document on trauma centers. It's also in the Southern Nevada Trauma System's Annual Report 2023, which many of you I believe have, and it's on page seven. So, what it says is, "The Level I trauma center must be capable of providing, one, system leadership comprehensive trauma care, that's comprehensive clinical, and has a central role in other activities with resources and personnel." I'll enumerate them on the next slide. "Level II trauma centers expected to provide initial definitive trauma care for a wide range of injuries and severe injuries." To Dr. Hardy's question earlier, the clinical capabilities of a Level I and Level II are nearly identical. They resemble each other, but the leadership education research roles of a Level I are different. And that's why you can take the step one,

step two red patients to Level I and Level II centers. If you look at the United States, there are a lot of fine hospitals who service communities in need who do a wonderful job at trauma, but they don't educate residents, they don't do research. They're just interested in the clinical aspects of trauma care, and they do it very well.

Level III trauma centers can provide definitive care to patients with mild to moderate injuries. That's the step three, step four yellow, allowing patients to be cared for closer to home, which is an attribute that people like. These centers have a process in place to promptly move these patients up to a higher level of care if they discover that they have or need more care.

Level I and II trauma centers, as I said, have nearly equivalent clinical capabilities. There are some differences. However. Level I trauma centers are required, like this is cut and pasted from the Optimal Care of Injured Patients resource document. They have to meet an annual volume requirement. It is very important that you don't have a system with too many trauma centers where each doesn't see enough patients to be any good at what they do. Nobody wants to go for open heart surgery at the hospital that does one a month. You want to go where they do three a day.

We meet that. And the Regional Trauma Advisory Board has been very careful to protect the volume criteria for the three centers. You can't build a world-class trauma system by dismantling the well-functioning and loyal trauma centers in your system to make room for new trauma centers. That doesn't make sense. You add them because there's need. They have to maintain an expanded surgical specialty coverage. I know there was some questions about, well, what are those? And those are centered around things like craniofacial reconstruction and complex soft tissue injury reconstruction including replantation of digits and extremities. Those are the two most specific examples.

MARILYN K. KIRKPATRICK
So, in layman's term, what does that mean? You're going to give plastic surgery and something else, reconstructive?

DR. JOHN FILES
That would mean if your face was not just injured but destroyed.

MARILYN K. KIRKPATRICK
Okay.

DR. JOHN FILES
That would mean that at work your arm was severed and had to be reattached. They also, Level I trauma centers have to generate meaningful research and demonstrate scholarly activity and dissemination at national, international meetings and publications and journals. This is costly and time-consuming. They have to meet additional requirements for disaster management in the region which they serve. So those are cut and paste. Level II trauma centers may take on any of these additional requirements, but they are not required to do so. They are required though to provide equivalent clinical care.

To summarize our Trauma Field Triage Criteria and how it applies in the Nevada Trauma System. Level I trauma centers take all steps one, two, three, and four. Level II trauma centers take all steps one, two, three and four. Level III trauma centers take steps three and four and emergency departments take none of them. So, what do emergency departments do? I want to thank the American Trauma Society for creating this depiction, which shows the difference between trauma centers and trauma systems and emergency departments. They play a vital role. Remember that injury pyramid down the bottom is wide. There's a lot of patients down there and a lot of patients need a few stitches. A lot of patients have a

broken bone that needs a splint. These sorts of things are appropriately dealt in emergency departments. And if it were not for the maintenance of expertise in injury care, the valley-wide response to the 1 October shootings would not have gone as well as it did because the emergency departments filled that vital role.

Again, what's the optimal configuration of the Nevada Trauma System? This is my final section before Q&A. I would say look to the joint theater trauma system motto. It's the compass for you to navigate the difficult discussions we're having. Look at the American College of Surgeons Trauma Systems Program. They provide consultation. We've actually had those consultations and continue to build our system based on their recommendations. These will inform and advise, but here it is. We must build it. We have to make the final decisions. And when I say we, us, it's the community directed by the lead agency.

The designation of trauma centers is the responsibility of governmental agency and trauma center designation should be guided by a regional plan, which we have. It needs to serve the population rather than needs of individual healthcare organizations, which I believe it does. Trauma system needs to be assessed using measures of trauma system access and quality of care, population mortality data, trauma system efficiencies. And in 2016; when the trauma system advisory group was convened, we used extremely sophisticated, statistical and geo-mapping technologies to identify the flow of what patients came from, where did they go, how long did it take, and we were able to identify strengths and weaknesses. So, the technology exists and the expertise exists.

Let me just show you what we are up against here. So, this is, I'll take you into space. This is from the Space Shuttle looking down on the Earth. And if you look at the confluence of Arizona, California and Nevada, you actually see a bright light there. I'm sure all of you can find home. And if you slide over, that's enlargement of that bright dot. And it points out that Southern Nevada has three separate and distinct areas for trauma management. It has a dense urban core, has a growing urban suburban neighborhood with defined boundaries. Once you're outside the boundaries of the city, you are in rural and frontier areas. And so, these require three different service models. The Southern Nevada Health District responded to that by creating this map. This map is a again a conceptual piece and what it has is the metro area where a corridor is formed with the Resort Corridor on Las Vegas Boulevard. There's the highway and then there's the railway that vector up and down in a north-south direction. There's a Level I and a Level II center on either sides of that. And that's the densest area and it has very appropriate coverage, very strategic coverage. Then in the south we have St. Rose, and then north, we have Mike O'Callaghan Federal Hospital.

The purpose of the catchment areas is to do a number of things. It's to be based upon optimal EMS access, trauma center capacity capability servicing a defined area. And so you'll go, "Well, why are these so angular?" Well, the reason is because we worked with UNLV Traffic Research Center and with EMS providers and actually created traffic flow models that used major thoroughfares highways and other sorts of dividing lines for the most efficient movement of patients throughout the valley. And that's why they ended up shaped the way they are shaped.

We also had geo-referenced maps to know where the patients were coming from, so we knew which areas had higher and lower demands. Each center requires the adequate volume to achieve optimum outcomes. Our system has done a very good job of looking after that. So, this is not all opinion, but some of this you may have heard before, and this is based upon current events and current thinking about trauma systems. Now the optimum configuration of a trauma system is complicated, it really should resemble the Olympic rings. Now they don't have to be circles, they can be angular, but you want this overlapping map where you don't have duplication, you don't want it to look like a stack of coins. You want this to be spread out. You want this to look like the Olympic rings. You want to make sure that

everybody is covered adequately, and you want to base this upon EMS pickup and drop-off time, transport time. You want to base it upon individual systems size, capacity, capability.

Some of our trauma centers like UMC are huge. They're an entire building and others are very modern, very well-constructed, but they have different operational characteristics. You have to match those operational characteristics of capacity, capability, to the size and volume of patients. It doesn't mean every circle is equal. We also need to protect the civilian-military partnership we have with the U.S. Air Force. They're very much a part of our community and very much in need of training and readiness. All of their medics from lab techs, X-ray, nursing, surgeons, critical care personnel need to be ready for battlefield deployment. And the only way they can get that is collaboration with our trauma system.

The lead agency should have direct and comprehensive needs assessments and strategic planning initiatives whenever changes are requested or whenever changes are anticipated. Much of the decision-making in my history here has been reactive based upon complicated requests as opposed to strategic. And so having a proactive strategic way of looking at data and planning ahead would be preferable than having complicated and sometimes emotional reactive decision-making.

These plans have far-reaching social and financial implications. The monetary costs, the human costs are enormous. When someone's care results in saving a life, but then living on with lifelong disability, that's a terrible burden. On the other hand, we don't want a trauma system that sends the wrong patient to the right place for the right care at the right time. An example would be if every patient who got into an ambulance with a headache went to a stroke center and got a CAT scan, you would exhaust the medical capability of the community and you'd put a burden on the payers. That's unnecessary. So, like Goldilocks said, too much, too little, just right. There is a band of just right mixed into all of this. Remember that it's the trauma system, not just the number of trauma centers that saves lives. More is not always better. Better is what's better.

In summary and conclusion, educational studies have shown that a year from now that none of you will remember any more than three things I said. I'm an emeritus professor and I've been in education for decades. So, I'm going to give you the three things I want you to remember. This is it. So, if you've been snoozing, this is the time to wake up. All right? And let's get this done. Southern Nevada Trauma System is mature and well-functioning. Future growth and development should be strategic and based on needs. Lead agency should direct comprehensive needs assessments and strategic planning initiatives when changes are requested, needed or anticipated. Finally, your compass for all of this is to get the right patient the right care in the right place at the right time. I'd like to thank you for inviting me.

MARILYN K. KIRKPATRICK
Thank you, Dr. Files, that was a lot. Does anybody have any questions? Commissioner Jones and then Mayor Hardy.

JUSTIN JONES
Thank you so much for your presentation. I think this was a lot, but very helpful. Sorry, Dr. John Files. Going to the Level I trauma center requirements where you said they need to meet an annual volume requirement and that's something that RTAB's definitely been involved in. Is there a specific national criteria of what volume is required?

DR. JOHN FILES
1,200 a year and I believe it's 200 with an ISS, Injury Severity Score of over 15. Most of our centers surpassed that, well surpassed that.

JUSTIN JONES
Okay. So UMC got its Level I trauma designation in 1999, 25 years ago. So, they met the criteria then?

DR. JOHN FILES
By a factor of three or four.

JUSTIN JONES
Okay.

DR. JOHN FILES
Remember UMC was designed and configured as a single center system, serving not only Southern Nevada but the three-state area.

JUSTIN JONES
Understood. So, I guess I'm trying to understand, at some point where do you get to, there's a need. You've emphasized the need. What time is the need for another Level I trauma center, which would - If you're saying that in 1999, they were three X of what the minimum volume was, we've doubled in population since then. So, I guess I'm confused.

DR. JOHN FILES
You've asked a question that requires opinion, so let me just note that. I believe that the trauma centers in our system are operating well above the minimum criteria. This is a good thing. If pushed too far, then they begin to become overcrowded, which we've seen in emergency department deliveries, where emergency departments were pushed to the brink. I do not recall this ever happening. In fact, and again, this is opinion, I believe that most of the trauma centers in our system probably have excess capacity that's unused. All of them have facility updates and new staff and are operating very robust programs. And so, when the needs assessment is done, one of the findings could be, well no, we don't need more centers. The centers we have are absolutely more than satisfactory. That could be one of the findings.

JUSTIN JONES
Okay. I guess my other question is, you emphasize that minute's matter, which I think obviously is part of this whole discussion. When I look at the map, I'm a westsider, that's my District and we don't have anything. So, is part of this review that's going to happen in terms of needs assessment, whether there's a need for Level III and Level II trauma centers on the westside of town?

DR. JOHN FILES
Yes. In fact, in 2016, that was a very important question that we considered and looked at all the transport data, looked at the level, whether it was Level I, Level II, III and IV. What we found is that Level I and two patients with lights and sirens had an average transport time of around 15 minutes. That has been not fairly, but very consistent over about a 10-year period. Those transport times have not increased, but some of the Level III and level IV patients were experiencing longer transports. Again, Level III and level four patients are fully awake and alert with stable vital signs with suspected injuries. So that important group, the step one, step two red patients, they are still arriving at trauma centers from both the Eastside, the Westside, and from the South within an average of 15 minutes or thereabouts. So that is one of the key indicators that would likely lead to the need for additional resources is if the population density and traffic dynamics continue to change.

JUSTIN JONES
Thank you.

MARILYN K. KIRKPATRICK
Dr. Hardy.

JOE HARDY
Thank you. So, this is a unique group for me. So, what's the lead agency that should direct comprehensive needs assessment strategic planning? Is it this group or is it the SNTS (Southern Nevada Trauma Systems)? From where we sit here, where do we go and who do we go with? And that's a question. I don't know if it's for you or the Chair.

MARILYN K. KIRKPATRICK
Well, I think that currently there's a process. For me, the reason that I wanted to do this is because the Valley is growing and there needed to be some education component. And the Health District currently with the RTAB board, that's where most of that discussion starts. And then the Board of Health makes a determination or not and then it goes to the state. So that's the current process.

I was there in 2016 when we talked about doing a regional study and kind of determining, because at that point we could see that there was growth happening. And to Commissioner Jones's point is population is only one driver of the three-legged stool that they look at. But I think the key is strategically, we've got to ensure that people are in the right place and we've grown east, west, north, and south and are we still meeting up. But that's really what the RTAB has been doing. I think that there was some legislation that kind of slowed things down and then I think everybody was regrouping and then we've seen these standalone EDs.

So today I think this Board between the two of us, one the Health District is a representation of regionally, Boulder City, Mesquite, Las Vegas, North Las Vegas, and the County, that for sure that they got it here. And then Clark County also is a partner with UMC. So, this is why I thought this level-headed group of people should come together to chart the future for a well-balanced health awareness. Is that not the answer you wanted? It was a long-winded answer. Everybody's on a lot of boards, but I think that these two boards together represent 2.4 million people in the best way.

DR. JOHN FILES
If I may Dr. Hardy, I would say that there already is a process in place. These sorts of needs assessments are performed on an annual basis and are published as annual reports of the trauma system. And then amplified reports can be called for by the Health District or at the request of City Council, County Commissioners, all of which feeds up to the state who would be the final decider.

MARILYN K. KIRKPATRICK
Anybody else have any questions? Ms. Bond.

BOBBETTE BOND
Mostly I just had to say it's really nice to see you, Dr. Files.

DR. JOHN FILES
Thank you. Nice to be seen.

BOBBETTE BOND
Appreciate everything you did to build this and talking about it today. Sorry, I've got my phone here. But I would like it if you could just highlight again the dangers of over-designation really quickly. I just would like to say for the record, trauma is regulated for a reason. There's a reason because over-designation risks damage. And so, I think that we should just make sure that people understand why new trauma

centers are based on need, not on a hospital wanting one. But I think the reason we're seeing so much activity is if a hospital wants one, they start the process. We can't do anything about preventing the hospital from starting the process, it's just that it has to go somewhere where there's some final clarity about what designations should really be about. So, my comment is that, but can you highlight over-designation risks?

DR. JOHN FILES
Again, the analogy I used is that if you needed open heart surgery, you'd go to the hospital that does three a day, not one a month. So, when you over-designate, you begin to have large numbers of centers seeing smaller numbers of patients. When you over-designate, each of those facilities needs to have a staff including things like general surgery, orthopedics, nursing, blood bank and so forth, all the way up and down the line while we're in the midst of a physician shortage. So, there's a supply chain problem with that as well, trying to get personnel in place. More is not better in every case. So, over-designation has, the first time I saw it happen was Illinois Department of Public Health opened up designation to all hospitals in Chicago. They went from three trauma centers that were taking care... Huge trauma centers, three big ones, Cook County being one of them. They went from three to 12 and within three years they were to nine and then a couple of years later to six and then back to three. We're also seeing that happening in Phoenix. That's been happening to some extent in San Diego. California was investigating whether the number of trauma centers per capita in San Diego is appropriate. The same thing in Florida.

To your point, there is no simple equation about one trauma center per 100,000 because not all trauma centers are the same size, same capability or same location. So, it's a more nuanced conversation. So, I'll just leave it at that. There's more that goes with that conversation. But I don't think the Southern Nevada Trauma System is overpopulated right now. I think it has three centers that have shown strong longitudinal commitment and excellent record of performance and are valued assets. And adding new assets to the system has to be done strategically to not damage the existing assets.

MARILYN K. KIRKPATRICK
Does anybody else have any questions? So, I have one, Dr. Files. So, I've at least learned that Level IIIs are sometimes probably overutilized when urgent care could probably handle the same thing, right? You don't always have to go to the ER and maybe can go somewhere different. But do you think that as we talk about a regional approach and what this looks like, do you think that the standalone EDs get in the way of any more Level IIIs? I mean, do you think that they're kind of cutting their nose to spite the face to you offering the same service? Because a Level III, sure, you could be admitted, but a standalone ED, we heard today that you could be transported to be admitted as well. I'm curious.

DR. JOHN FILES
Again, I'll venture an answer, but I'll just preface by saying I'm going to have to base it on opinion.

MARILYN K. KIRKPATRICK
Correct. No, no, no.

DR. JOHN FILES
I don't have the data for this. I would say that as that injury pyramid broadens at the bottom, you need assets that see low level injuries and you need assets that see mild to moderate level injuries. You need assets to see severe injuries. Getting the right patient in the right place, the right time for the right care is not as easy as it sounds. That's why it's the system that saves the lives because all of the pieces have to work together. And the research looking at the data and demonstrating the operational characteristics may lead to new regulation. I'll just leave it at that.

MARILYN K. KIRKPATRICK
No, I know what you said so I get it. Commissioner Segerblom and then Councilman Seebock.

TICK SEGERBLOM
I think you've said this, but just to verify, so there are cost efficiencies in the more patients that UMC would see that ultimately we're going to all pay for this. So, is it beneficial to have more at one location for cost purposes?

DR. JOHN FILES
Well, let me reframe that if I may. So, the business case for operating a trauma center is not unlike any other business. There's fixed and variable costs that have to be met and volume is at least one of the factors that helps the hospital break even or create some profit for future investment in development. And so, I will tell you that trauma is not like plastic surgery. It's not a big moneymaker and it's very expensive to provide. And so, the Southern Nevada Health District and the three collaborating trauma centers have been aware of this and try to ensure that there's adequate volume in all centers so that the mission can be accomplished, that the fixed and variable costs can be met and that patients can be treated with good quality outcomes.

MARILYN K. KIRKPATRICK
Okay. Anyone else have any questions? Well, I thank you very much for that very thorough explanation and kind of the history. It's probably important. I would bet two thirds of the people in this room weren't here in the beginning. So, I think it's helpful for everybody. So, I appreciate that.

DR. JOHN FILES
Thank you.

MARILYN K. KIRKPATRICK
Thank you. You can go back to retirement and have a great time with all that traveling you're doing.

DR. JOHN FILES
I'm leaving this afternoon.

MARILYN K. KIRKPATRICK
See? I knew it. The wheel's up. All right. Mr. Schiller.

6. Receive a presentation from the University Medical Center of Southern Nevada regarding the services provided to the Southern Nevada community. (For discussion only)

ACTION: RECEIVED.

Attachment(s) submitted and filed with the County Clerk's Office

KEVIN SCHILLER
Item 6 is to receive a presentation from the University Medical Center of Southern Nevada regarding services provided to the Southern Nevada community.

MARILYN K. KIRKPATRICK
Good morning, Mason. And the reason that I asked you to be on this agenda because you serve a unique purpose as the County hospital. It's a little bit different than the other hospitals. And you are the only trauma one at this time.

MASON VANHOUWELING
Well, good morning Commissioners and good morning, Health District Board Members. My name is Mason VanHouweling. I have the honor of being the chief executive officer of University Medical Center. I'm just going to take you through some of the capabilities of UMC, the largest public hospital in the state. We've been around for a long time, and we love our history here in UMC. We started out in 1931, right on Charleston. Was started with one doctor and one nurse taking care of the workers of the Boulder Dam at the time. For two years, they operated by themselves until they finally got some help. And kind of fast-forward to through the decades, Clark County Indigent Hospital, Clark County General Hospital, many still refer to us as Southern Nevada Memorial Hospital. And then in 1986, we changed our name to reflect our academic and teaching mission as UMC.

Again, fast-forward to today, we are the highest level of care in the state of Nevada. The Level I Trauma Center, Level II Pediatric Trauma Center, the only verified burn center in the state, the only transplant center where we do kidneys and pancreas. We're looking forward to doing liver transplants next year. Dr. Files mentioned cardiac thoracic surgery. We are the heart hospital of Nevada. We did about 600 heart cases last year. Nobody's doing that type of volume and preparedness.

I'm going to talk a little bit about our sacred military and civilian partnership. The only one of its kind in the United States. Again, I reference that we are the largest public hospital. We also are a very large teaching hospital and academic medical center. These are just some of the facts and volumes at UMC. I'll kind of go from left to right on the top. We see hundreds of thousands of patients, even though we have 26 acres, only a few miles away from here. And God forbid if anybody has to go to UMC, we're glad that resource is there. But most of our volume is seen outside the hospital. Again, couple hundred thousand just in our Quick Cares. We do close to a hundred thousand in primary care visits. We do 16,000 surgeries annually, lots of ER visits, and UMC has got three unique emergency departments on our campus. We have an adult emergency room, separate from the trauma center, which I'll explain. We also have a dedicated pediatric emergency department, so our pediatric patients aren't mixing in with adult patients. If you heard the volume numbers, we see 14,000 trauma patients annually, 22,000 kids in our ER, admit 23,000 patients. We've done 184 transplants in the last year. And all in, all employees, full-time, part-time, per diem, takes about 4,700 employees to run the UMC Enterprise.

I'm going to walk you through the levels of care at UMC. Again, we're very proud of our ambulatory division. I get the honor to go out and speak to a lot of groups and communities. And this is one thing that people talk to me about the most, our outpatient setting, whether it's a primary care or quick care. They were in our Quick Care at Sunset last night, had a great experience. But primary care is the doctors that you know and love. Your annual visits, your routine visits, medication management. And so, I'm going to show the map on all where of our locations are. But we are in the primary care business. Not too many hospitals are in that business. And again, trying to keep people out of hospitals. That's the goal.

Our online care, we are now ... And month over month, we continue to grow our online care visits. This really gave birth during the pandemic. We were not in the online care business, but we know we needed to quickly react. So again, I am seeing the volume shift to online care. In fact, I was just sitting in the audience. We've got two doctors with no waits ready to go right now, and often this is backed up by our ER physicians. So, it's a very high level of care. They can take care of a lot of things. All five-star reviews.

And again, we continue to promote this line of business that UMC – Again, reducing travel times, reducing times away from work, reducing cost as well.

Our UMC Quick Cares. This is kind of where we take care of those sudden aches, pains, bumps and bruises. We operate ours from eight to eight. Again, we've got a lot of good presence in the community trying to offer value to our patients and access.

So, here's kind of the map of Las Vegas. And as you can see, we've got 16 distinct locations. Some of those are co-located. We've got a primary care and a Quick Care in some of those locations. And we continue to look at the map and where we can grow where there's not access. Reference a particular road. We were out there first. Blue Diamond was one road. Now you go up along that street, there's a micro-hospital and three freestanding ERs. But we identified that long ago as an area of growth. We're looking at Inspirada, looking back at Laughlin. Other areas, Mesquite, other areas where we can provide access to our patients because patients do like choosing UMC.

A couple other things. We've got Orthopedic Spine Clinic, Aliante is new, Quick Care and primary care. As we saw that area grow, we've worked with each of you to be able to strategically grow that and with our County Managers here.

So, lots of talk about Quick Cares, Urgent Cares versus the ER. And as Chief Schubert put up his slide, we are not regulated by that group. And you heard the words EMTALA, but we have self-imposed EMTALA on our Quick Cares. We treat everyone that walks through our doors regardless of their ability to pay. Again, this has been a great asset for us, keeping patients out of the emergency department. You see the freestanding ER locations that are in the pipeline, and I'm sure there's more to come. We have just stuck with this model. People ask me, "Why aren't you putting those up?" We just feel like we have an obligation to reduce the cost of care, reduce the cost to patients, reduce the cost to employers, the payers. And this is a great alternative.

Our Quick Cares can take care of a lot of things. Everything from asthma, COPD, pneumonia, lacerations, abscess drainages, IV fluids, pediatric illnesses, flu, bronchitis, Covid, other traumas, sprains and fractures. We have x-ray technology in here. So again, we were sticking with this model and we're going to continue to grow this throughout the valley to provide access to our community.

A little bit about UMC and the unique relationship we have with the Lions Burn Center. Over 50 years, we've partnered with the Lions Burn Center here locally. Obviously, they often deal with glasses and other things for patients, but we've been nationally recognized, internationally recognized, and we're the only verified burn center. So, we've gone through rigorous surveys and accreditations to be able to be a verified burn center. So, very proud and lots of great technology therapies and treatments that are happening in the burn center at UMC. The Center for Transplantation, very proud of this. Last year we were recognized as the number one ranked transplant center in the nation. There's three categories, two that I think they're most important, time to transplant and survivability. And the third category in third place. But again, we're very focused on doing liver transplants, being able to keep those patients in the community next year.

Pediatric trauma. We do have a Children's Hospital of Nevada at UMC. The nice thing about our unit is it’s round-the-clock board certified pediatric critical care and emergency physicians. We do burns as well there. We've got a unique pediatric sedation unit that's well known in the community, be able to help some of our most vulnerable get through some of their procedures healthily.

Okay, military medicine. So, we again have a - right now, I probably have about 60 Air Force medics back at the hospital. You see me in a suit. But I did for 25 years wear a different uniform. Many of you don't know that. I was a Air Force medic, first in Afghanistan. Dr. Files mentioned that. I was a war planner. And so, I come from another perspective when we talk about trauma and how that all comes together. But again, this is a unique program that we have with the military. It is a marquee program that the United States Air Force. And even though we've got Nellis Air Force down the street - and that's mostly healthy, 18- to 24-year-olds. They're not seeing the things that they would see on the front lines in a combat situation. Penetrating trauma, burns, other things that Dr. Files referenced. So, that partnership is sacred. That doesn't happen, we cannot keep the Air Force ready. And every day I get to see them take care of our community. And again, I was there the night of October 1, and our Air Force medics saved a lot of lives that night.

Academic medicine. As you all know, we are partnered with UNLV as our exclusive partner. We're training medical students there at UMC. We've got 340 residents that pass through our doors in 20 different accredited programs. And again, UMC is committed, as you all know, to address some of the shortages that we have related to physicians.

Okay. So, this building is the UMC Trauma Center. This is a unique building. It's a freestanding trauma center, the only one of its kind. You've heard Baltimore. That's shock trauma. Everybody had heard that name. That's where this was modeled after. Again, very unique.

So, this building is not taking care of anything else except for trauma patients. Very proud of the survivability rate. We run about 97% chance of surviving, if you arrive to us alive and some of those patients had a 1% chance of surviving. We pull from that 10,000 square mile radius. In this building, we have 11 recess rooms, 14 ICUs. We can flex up to 18 if we need to. We have angiography, CT, we have a pre and post. We've got three operating rooms, anesthesia standing by.

And then on the top of the building, we're actually in the process of converting those floors into more medical care, particularly around rehab, to be able to help rehab some of our trauma patients. So again, you heard Dr. Files talk about capacity. We have capacity at UMC. And again, in this building too, we open up our Incident Command Center. So anytime there's January 1, New Year's Eve, July 4, F1, around the clock, that Incident Command Center is ready to go. And you talked about system leadership and infrastructure, UMC is that hospital for the community.

A little bit about the trauma center. Again, I think Dr. Hardy mentioned about education and is it additive? I think with our physician shortage and be able to create synergies, it dilutes education. Right now, at UMC, we've got things as plastics, ENT, ER residents, surgery fellows. We've got 20 orthopedic fellows. We've got a traumatologist at UMC, to be able to take care of these patients. So again, you'll see others that talk about community outreach. How do we reduce violence? How to reduce accidents, injury prevention? Talk about academics. But I believe they're touching the fringe of that and not to the commitment that UMC has been able to do.

I won't exhaust this map any longer because I think you've seen it multiple times and the explanation around it. But we've been through this conversation over the years. Some of it is repetitive, but as I look at the healthcare needs in Nevada, we struggle in many areas. But you saw today, and we've seen over the decades, this is not one of them. We got challenges in diabetes, cardiovascular care, pediatrics. I sat through a presentation yesterday where we're working together to address pediatrics, but the trauma system is working really well. And I have the trauma annual report here. And I'll save you the 60 pages of reading. But go to page 59. And I'm going to throw out an acronym, TMAC. Trauma, the Audit Committee,

they basically say the system is working well, there's no deficiencies. Back to the question of transport times.

The helicopter pad is right by my office at UMC. We get one helicopter a day roughly, because you could still get around to Las Vegas with lights and sirens flying to the right trauma center. And again, I think we've got bigger needs in the community than addressing the trauma system and perhaps diluting it. So, with that Mr. Chair, Madam Chair, I'd be glad to answer any questions.

MARILYN K. KIRKPATRICK
Does anybody have any questions? I think we're trauma-ed out today.

MASON VANHOUWELING
Yeah, yeah. I was trying to –

MARILYN K. KIRKPATRICK
Commissioner Jones, did you have something?

JUSTIN JONES
[inaudible]

MARILYN K. KIRKPATRICK
I thought Commissioner Naft pointed your way.

JUSTIN JONES
I'll just return back to Blue Diamond. I've spent many, many hours in the Blue Diamond Quick Care facility with family and friends. And I appreciate all you do. My primary care doctor is at UMC. There's a reason, though, why the freestanding ERs are popping up over there is because you don't provide 24-hour care, and I wish you did so that I didn't feel compelled to go to any of these facilities. And I don't want to drive 30 minutes to UMC to be in the ER for hours. That's just the reality that I and many, many, many people face. And so strong encouragement to consider the 24-hour operations because I think it would be tremendously beneficial to people that live across the valley.

MASON VANHOUWELING
And just a response, Commissioner. We are looking at that seriously. And part of our strategic plan, we've also trying to work with some of the payers too, because they've asked for that as well as an alternative to some of the free-standing ERs. And also, we've been working with UNLV to provide a pediatric urgent care dedicated for pediatrics. So that is in the horizon. So, we will work with each and every one of you to be able to provide that and putting in the right place. But that is something that we are looking at. We've extended our hours over the years to be able to accommodate more, but we're seeing that request as well.

MARILYN K. KIRKPATRICK
Mayor Hardy?

JOE HARDY
Thank you. I guess this is a wrench in the works. We've talked about trauma, but you open the door for pediatrics and etc., etc., etc., etc. So, is there a secret entity other than trauma that says something about the level of care for hearts and strokes? And is there not that that plays a role in this whole process as well that has to be taken into account, the 30 a day versus three a month kind of thing?

MASON VANHOUWELING
Sure, Mayor. And one of the things that each and every hospital in the community does a really good job is distinguishing their services, whether it is stroke or cardiology care, other things, oncology as well, through the community. So, there are those hospitals that are designated. Some are regulated as far as destination protocols, stroke in particular. You've got primary and comprehensive stroke centers. So that is a separate conversation away from trauma, but it falls in the same category of expanding services and making sure that we're delivering the highest care in Clark County. But there are those designations that come through the American College of Surgeons or the American Heart Association, American Stroke, those type of things. And many of the hospitals in our community have those designations. Hopefully that answers –

MARILYN K. KIRKPATRICK
Councilman Black?

SCOTT BLACK
I think we all are going to take away a pretty clear understanding of the differential between one and two. Level I and II service levels are the same. Capacities are relatively the same. There's a commitment to leadership in the academic side. Is there a plan to elevate the pediatric trauma Level II to a Level I by virtue of leadership and/or academic specifically geared towards pediatric trauma?

MASON VANHOUWELING
Right now, UMC is the pediatric trauma center, Level II Pediatric Trauma Center. So that Dr. Files mentioned and the RTAB and the TMAC look at those type of things as part of the subcommittees of the Health District Board. I know that they in their annual reports, but right now the system's working well and we're able to provide those services from a pediatric trauma center. There are other hospitals that give great care, have given great care for decades, around pediatrics. But when it comes to accidents, all those services are centralized at UMC to be able to take care of those, whether it is neurosurgery, orthopedics, ENT and other things.

MARILYN K. KIRKPATRICK
Anyone else? Commissioner Segerblom?

TICK SEGERBLOM
So, I'm not totally clear. Is there anyone or anyone specific injury that would go to UMC as opposed to Sunrise in the Sunrise area?

MASON VANHOUWELING
So, Commissioner, again, I think one of the things - and again, I know Sunrise is here. We collaborate every single day. They give great care at Sunrise. Again, comes back to the catchment areas that have been determined that Dr. Files walked us through. The difference is that leadership, the research, the community outreach. Are we reducing violence, injury prevention? And I think those things are working well today in the community.

Again, Sunrise gives great care. We collaborate every single day. We're working together. And I think through the last RTAB that I watched, and somebody that's in this room, and I'm going to quote him said it right. This unfortunately has become a competition versus collaboration in some points. And I'm hoping you all are seeing that. But again, we have to collaborate together and be able to work together. As the city grows. We need to do that in a prudent and strategic way. Dr. Files has always said, "While more sounds better in anything." Not when it comes to trauma. We want to be able to make sure that we are

giving the right care at the right time and saving lives. And we've got a great survivability rate at Sienna, Sunrise and UMC and Michael O'Callaghan.

MARILYN K. KIRKPATRICK
Okay. And no other questions? Thank you, Mason, for that.

MASON VANHOUWELING
Thank you.

MARILYN K. KIRKPATRICK
All right. It's lunchtime.

PUBLIC COMMENTS

KEVIN SCHILLER
So that concludes your agenda. Just second section set aside for public comment.

MARILYN K. KIRKPATRICK
Okay. This is the second time set aside for public comment. I do have a couple cards that people that would like to speak on anything that we discussed today or anything that revolves around the topics we discussed. Come on, Todd.

TODD SKLAMBERG
Thank you, Madam Chair. My name is Todd Sklamberg. I have the privilege of being CEO at Sunrise Hospital and Medical Center. And thank you Commissioners and Board Members for two minutes and 55 seconds to share a couple of comments.

First, Sunrise Hospital's been in our community for 65 years and we are very pleased along with UMC to be one of the two safety net hospitals here in southern Nevada. We take that role very responsibly. Over the last 20 years, as you heard Dr. Files share, we had a very active trauma program. In addition to trauma, we care for over 190,000 patients in our emergency room, 45,000 admissions and have over 4,000 employees.

We'd like to share in the next two minutes just a little bit about that trauma because we heard a lot here today. First, want to break trauma into two pieces. Okay. The role of the American College of Surgeons, who is the verifying body. And then we can talk about catchment area.

Sunrise Hospitals you heard, has been a Level II center. We see 3,500 patients every year in our Level II center. What we're proposing today is not to add another trauma center, not to dilute any volume, but to move from a Level II center to a Level I center.

What have we done over the last 20 years? You've heard today a lot about research and about education. Sunrise Hospital over the last five years has invested in graduate medical education, residents. We've added 86 residents that are now part of the trauma program. We've published papers in nationally recognized journals, which has allowed the American College of Surgeons on July 9th to come to Sunrise Hospital and provide the preliminary verification of a Level I trauma center, saying that we have met all of the criteria.

You heard earlier that the yellow and the red today go to Sunrise, regardless of Level I or Level II. What we're proposing here is no change in the catchment area, no change. The Southern Nevada Health

District put together an independent report that showed the volume impact of Sunrise going to Level I would be zero. Zero.

So, appreciate Dr. Files and his decades of development of a robust trauma system here and agree with what he shared. Okay, more is not better. We're not asking for more. We're just looking for the verification and validation of what we've invested in our community over the last 20 years and more so the last five years, by adding residents, building our academic profile within Southern Nevada. I know I'm at the three-minute mark and (inaudible).

MARILYN K. KIRKPATRICK
And we can't even respond to you so there you have it. Okay. thank you. Anyone else wishing to speak on public comment?

DEBORAH KUHLS
Good afternoon. It's actually turned from morning to afternoon. I'm Deborah Kuhls. I'm the current chief of Trauma at University Medical Center. I want to just impart a couple of things. I moved to Nevada from Baltimore where I did my fellowship. I did it at the University of Maryland Shock Trauma and it was a transformative experience for me. So, I was looking for a trauma center like UMC when I moved here. And I've stayed here for a little over 24 years. It is unique as described by both Dr. Files and Mason.

I want to bring your attention again to a statement from the American College of Surgeons. I brought a copy of it for you if you'd like it. It's called Trauma Center Designation Based Upon System Need and the Economic Drivers Impacting Trauma Centers. This statement was revised recently in 2021 to indicate that a change in the level of existing trauma centers, as well as a change in the number of trauma centers, should be based upon need and need alone.

And I think that is something for all of you to really keep in mind. This is an organization that I think is very thoughtful and has guided trauma system development throughout the country and beyond. The comments made about training in conjunction with the School of Medicine at UNLV are really significant. We have a total of 341 residents and fellows in multiple disciplines that all see our trauma patients, 42 of which are active-duty military. They, along with all of the other military personnel that have been mentioned earlier. They also not only are getting ready in case they're needed for combat, but they're providing services to our community.

We were recently inspected or visited, I should say, by the American College of Surgeons in Joint Trauma System. And they were very complimentary of not only the readiness but the contribution to our community. So, I appreciate the opportunity to give public comment, and I trust that this group and other groups will make the right decision for our community. Thank you.

MARILYN K. KIRKPATRICK
Thank you. Anyone else wishing to speak during public comment? Seeing none. I'm going to go ahead and close the public comment. And does that conclude our meeting? Okay. And I want to say thank you to everybody that came. Those are on the phone and it's a lot, but if you have questions, happy to connect you with folks that can directly answer them. So, thanks for participating.

TICK SEGERBLOM
Before we close, I just want to make a comment about Dr. Leguen. Dr. Leguen has announced he's retiring at the end of the year, so I'm not sure. Those of us on the Health Board, we'll see you again, but those of us that are just on the County Commission may not see you again. So just want to thank you so

much. You've served admirably through Covid, which no one has ever seen before. So just on behalf of the County Commission, we want to thank you so much.

DR. FERMIN LEGUEN
Thank you, Commissioner. My pleasure. Thank you.

MARILYN K. KIRKPATRICK
All right.

END PUBLIC COMMENTS

There being no further business to come before the Board at this time, at the hour of 12:12 p.m., Chair Tick Segerblom and Chair Marilyn K. Kirkpatrick adjourned the meeting.

PLEASE NOTE: THE COUNTY CLERK KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF THE COUNTY COMMISSION, THE CCWRD BOARD OF TRUSTEES, THE UMC HOSPITAL BOARD OF TRUSTEES, THE CLARK COUNTY LIQUOR AND GAMING LICENSING BOARD, AND THE CLARK COUNTY REDEVELOPMENT AGENCY. TO OBTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD/TRUSTEES, REQUESTS SHOULD BE SUBMITTED TO THE COUNTY CLERK.

TO REFERENCE AGENDA ITEM ATTACHMENTS ONLINE: REFER TO THE MEETING LINK BELOW, SELECT THE ITEM (FILE # COLUMN), AND CLICK THE LINK FOR THE DESIRED ATTACHMENT.

ONLINE MEETING LINK

APPROVED: /s/ Tick Segerblom
TICK SEGERBLOM, CHAIR
CLARK COUNTY BOARD OF COMMISSIONERS

ATTEST: /s/ Lynn Marie Goya
LYNN MARIE GOYA, CLARK COUNTY CLERK

APPROVED: [ELECTROICALLY SIGNED]
MARILYN K. KIRKPATRICK, CHAIR
SOUTHERN NEVADA HEALTH DISTRICT BOARD OF HEALTH

ATTEST: [ELECTROICALLY SIGNED]
FERMIN LEGUEN, MD, MPH
DISTRICT HEALTH OFFICER/EXECUTIVE SECRETARY

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 Nemec – 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: (In Audience)	Linda Anderson, Vince Anghel, Don Barnak, Christopher Boyd, Lauren Canaff, 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, Lakeesia Lowery, Sandy Luckett, Anilkumar Mangla, Blana Martinez, Kimberly Monahan, JaQuanna Moore, Linda Nguyen, Todd Nicolson, Veralynn 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:

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 may 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

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 24, 2024

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE: October 24, 2024**

RE: *Approve the amendment to the Self-Funded Group Medical and Dental Benefits Exclusive Provider Organization (EPO) Plan among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court adopting an amended Self-Funded Group Medical and Dental Benefits EPO Plan, effective January 1, 2024. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners. (For possible action)*

PETITION # 08-25

That the Southern Nevada District Board of Health *Approve and authorize Chair to sign Amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District and Eighth Judicial District Court adopting an amended Self-Funded Group Medical and Dental Benefits EPO Plan, effective January 1, 2025. (Also sitting as Clark County Water Reclamation District Board of Trustees, University Medical Center of Southern Nevada Board of Hospital Trustees, Mount Charleston Fire Protection District Board of Fire Commissioners and Moapa Valley Fire Protection District Board of Fire Commissioners. (For possible action)*

PETITIONERS:

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

DISCUSSION:

BACKGROUND:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. The last premium increase of 5% for actives and early retirees for both the PPO and EPO plans was approved September 19, 2023, for plan year 2024. Another premium increase of 5% is being proposed for the PPO and EPO plans for plan year 2025. This increase will impact actives and early retirees, with no proposed increase for Medicare retirees.

FUNDING:

Self-Funded Group Insurance

ATTACHMENTS:

- Clark County Amendment to Interlocal Document

CLARK COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM

Petitioner: Les Lee Shell, Deputy County Manager
Jessica L. Colvin, Chief Financial Officer

Recommendation:

Approve and authorize the Chair to sign an amendment to the Interlocal Agreement among Clark County, Clark County Water Reclamation District, University Medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, Henderson District Public Libraries, Mount Charleston Fire Protection District, Las Vegas Metropolitan Police Department, Moapa Valley Fire Protection District, and Eighth Judicial District Court establishing the rates for the Self-Funded Group Medical and Dental Benefits Plans, effective January 1, 2025. (Also sitting as the Clark County Water Reclamation District Board of Trustees, the University Medical Center of Southern Nevada Board of Hospital Trustees, the Mount Charleston Fire Protection District Board of Fire Commissioners, and the Moapa Valley Fire Protection District Board of Fire Commissioners) (For possible action)

FISCAL IMPACT:

Fund #:	6520	Fund Name:	Self-Funded Group Insurance
Fund Center:	1020520000	Funded PGM/Grant:	N/A
Amount:	No Fiscal Impact		
Description:	Amendment to Interlocal Agreement		
Additional Comments:	N/A		

BACKGROUND:

Clark County established a self-funded group medical and dental benefits program in 1984 to provide group medical and dental benefits to the employees of Clark County and affiliated entities. The program consists of a preferred provider organization (PPO) plan and an exclusive provider organization (EPO) plan. The last premium increase of 5% for actives and early retirees for both the PPO and EPO plans was approved September 19, 2023, for plan year 2024. Another premium increase of 5% is being proposed for the PPO and EPO plans for plan year 2025. This increase will impact actives and early retirees, with no proposed increase for Medicare retirees.

ACTION: APPROVED

Cleared for Agenda

09/17/2024

File ID#

24-1191

AMENDMENT TO INTERLOCAL AGREEMENT

WHEREAS, CLARK COUNTY, NEVADA; CLARK COUNTY WATER RECLAMATION DISTRICT; UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA; THE LAS VEGAS CONVENTION AND VISITORS AUTHORITY; THE LAS VEGAS VALLEY WATER DISTRICT; CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT; THE REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA; THE SOUTHERN NEVADA HEALTH DISTRICT; THE HENDERSON DISTRICT PUBLIC LIBRARIES; THE MOUNT CHARLESTON FIRE PROTECTION DISTRICT; THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT; THE MOAPA VALLEY FIRE PROTECTION DISTRICT; AND THE EIGHTH JUDICIAL DISTRICT COURT have jointly established a health, accident and life benefit program for their officers, employees, retirees and their dependents pursuant to an Interlocal Agreement, as amended, hereinafter referred to as the Agreement, and

WHEREAS, pursuant to the Agreement, the parties hereto subsequently adopted a self-funded group medical and dental preferred provider organization (PPO) plan and a self-funded group medical and dental exclusive provider organization (EPO) plan, hereinafter referred to as the Benefit Plans; and

WHEREAS, the rising cost of health care requires that, from time to time, the premiums paid by the parties be increased to maintain the Benefit Plans.

NOW, THEREFORE, it is agreed between the parties that the terms and conditions of the Agreement be amended to read as follows:

1. Each public agency will adopt and abide by specified Benefit Plan documents, which establish the terms and conditions of a self-funded medical and dental benefit program for enrolled employees, retirees and eligible dependents.
2. Clark County shall establish an internal service fund for the deposit of contributions and the payment of expenses for the operation of the benefit program.
3. On or before the 1st day of each month, beginning November 1, 1984, each public entity, which is a party to the Agreement, shall pay to Clark County its proportionate share of the monthly charges necessary to operate the Benefit Plans. In addition, each public entity shall budget, each year beginning July 1, 2001, an extra month (13th month) employer share in order to provide funds when, and if, the Executive Board determines, by majority vote of the members present, to remit additional funds, by the end of the fiscal year, in order to pay for unanticipated expenditures. The share of each public entity shall be calculated based on the number of employees, retirees and

dependents participating in the Benefit Plans. Effective January 1, 2014, the above referenced 13th month employer share premium payment will be replaced with a billing to each public entity for its portion of the underfunded retiree loss incurred the previous full calendar year. Each public entity's portion of the underfunded retiree loss will be based on each agency's proportionate share of the retirees enrolled in the Benefit Plans. The rates for the Benefit Plans shall be as set forth in the rate schedule attached hereto as Exhibit "A" and incorporated herein by this reference. The rates for continuation of coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, hereinafter referred to as "COBRA" P.L. 99-272, Title X, 10003, 100 Stat. 82, 232-237, shall be set forth in the rate schedule attached hereto as Exhibit "B" and incorporated herein by this reference.

4. A public agency, requesting participation in the Benefit Plans, shall pay an actuarially determined amount to fund their share of the Benefit Plans reserves and assets. The funding amount shall be paid on behalf of each participant who initially enrolls in the Benefit Plans.
5. The internal service fund, together with all interest or other accumulations, shall be used for the payment of expenses and charges necessary to provide the health, accident and life benefit program.
6. Clark County shall establish an Executive Board not to exceed seven members, which shall consist of representatives of management appointed from the governmental agencies participating in this agreement. The Executive Board shall meet periodically to review the financial performance of the program, evaluate and recommend contractors to the Board of County Commissioners, and negotiate plan changes with the Service Employees International Union subject to the approval of the governing bodies.
7. Clark County shall establish a seven-member committee, which shall consist of representatives from both labor and management appointed from the governmental agencies participating in the self-funded group medical and dental PPO plan. Effective January 1, 1991, the committee membership shall be increased to nine members. Effective December 1, 1994, the committee membership shall be increased to ten members through the addition of a labor representative. The committee shall meet periodically to resolve disputes and appeals from the claims administrator. Any disputes and appeals related to the self-funded group medical and dental EPO plan will be resolved by the claims administrator and shall not be discussed by the committee.
8. Each public agency may withdraw from this Agreement and participation in the benefit program by giving notice thereof sixty days prior to the anniversary date of the benefit program. Upon the public agency's withdrawal from the Benefit Plans the public agency may be eligible for a distribution of reserves and/or net assets to the extent that:

    A. All claims and expenses attributable to the public agency have been paid;

B. As required by NRS 354.6215, and as a result of the public agency's withdrawal from the Benefit Plans, the Board of County Commissioners has determined that an amount of the reserve or balance is no longer required, either in whole or in part; and

C. The amount of such excess reserve or balance is a result of contributions or premiums paid directly attributable to the public agency.

9. The effective date of the Las Vegas Valley Water District's participation in this Agreement shall be January 1, 1991.

10. The Regional Transportation Commission of Southern Nevada and the Clark County Regional Flood Control District, effective January 1, 2002, shall be recognized as separate participating members in this Agreement.

11. The effective date of the Southern Nevada Health District's participation in this Agreement shall be August 1, 2009.

12. The effective date of the Mount Charleston Fire Protection District's participation in this Agreement shall be May 19, 2015.

13. The effective date of the Las Vegas Metropolitan Police Department's participation in this Agreement shall be January 1, 2016. Participation is limited to the employer's appointed staff and dependents, and effective July 1, 2019, Deputy Sheriffs, and effective January 1, 2024, Police Protective Association Civilian Employees.

14. The effective date of the Moapa Valley Fire Protection District's participation in this Agreement shall be July 27, 2020. Participation is limited to Management Plan employees and their covered dependents.

15. The effective date of the Eighth Judicial District Court's participation in this Agreement shall be July 1, 2022.

16. Effective January 1, 2014, any participating public agency's contemplated change in the employer/employee premium contribution calculation is subject to prior approval by the Plan Administrator, and may not be made absent Plan Administrator approval.

17. Nothing in this Agreement shall be construed as limiting the ability of any party hereto to decline to participate in any individual health, life or accident program jointly adopted by the parties pursuant to this Agreement, nor does it preclude any party hereto from providing its employees with a health, life or accident program not jointly adopted under this Agreement. Any party choosing not to participate in such jointly adopted program shall notify, in writing, the Chief Financial Officer, or designee, not later than sixty days prior to the initial effective date of that program or, if already in place, sixty days prior to the anniversary date of that program.

18. This Interlocal Agreement embodies all of the agreements of the parties hereto with respect to any matter covered or mentioned in this Interlocal Agreement. No prior agreements or understandings pertaining to such matters, whether written or oral, shall be effective for any purpose after the effective date of this Agreement. No provision of this

Interlocal Agreement shall be modified or added to except by an agreement in writing signed by the parties hereto.

For the purpose of interpretation, this Interlocal Agreement has been prepared by all the parties hereto.

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intend to be legally bound thereby.

DATE: _____

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:
BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
BRIAN GULLBRANTS, Vice Chair

ATTEST:

BY: _____
JOHN ENTSMINGER

ATTEST:

BY: _____
DEANNA HUGHES

ATTEST:

BY: _____
ANA DIAZ

COUNTY OF CLARK

BY: _____ Tick Segerblom (Sep 23, 2024 13:53 PDT)
TICK SEGERBLOM, Chair
Board of County Commissioners

CLARK COUNTY WATER RECLAMATION DISTRICT

BY: _____ Tick Segerblom (Sep 23, 2024 13:53 PDT)
TICK SEGERBLOM, Chair
Board of Trustees

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BY: _____
WILLIAM MCCURDY II, Chair
Board of Trustees

LAS VEGAS CONVENTION AND VISITORS AUTHORITY

BY: _____
JAMES B. GIBSON, Chair
Board of Directors

LAS VEGAS VALLEY WATER DISTRICT

BY: _____
MARILYN KIRKPATRICK, President
Board of Directors

CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT

BY: _____
JUSTIN JONES, Chair
Board of Directors

REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA

BY: _____
JUSTIN JONES, Chair
Board of Commissioners

ATTEST:

BY: _____
FERMIN LEGUEN, M.D.
District Health Officer or Designee

ATTEST:

BY: _____
TRUDY CASEY

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
TANAKA WILSON

ATTEST:

BY: _____
LYNN MARIE GOYA, County Clerk

ATTEST:

BY: _____
STAFF ATTORNEY

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

BY: _____
LISA LOGSDON
County Counsel

SOUTHERN NEVADA HEALTH DISTRICT

BY: _____
MARILYN KIRKPATRICK, Chair
Board of Health

HENDERSON DISTRICT PUBLIC LIBRARIES

BY: _____
ANGELA BROMMEL, Chair
Board of Trustees

MOUNT CHARLESTON FIRE PROTECTION DISTRICT

BY: _____
ROSS MILLER, Chair
Board of Fire Commissioners

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

BY: _____
SHERIFF KEVIN MCMAHILL

MOAPA VALLEY FIRE PROTECTION DISTRICT

BY: _____
MARILYN KIRKPATRICK, Chair
Board of Fire Commissioners

EIGHTH JUDICIAL DISTRICT COURT

BY: _____
STEVEN GRIERSON
Court Executive Officer

RATES EFFECTIVE 01/01/25

CLARK COUNTY, NEVADA
AND AFFILIATES
RATES EXHIBIT A

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

ACTIVE EMPLOYEE RATES & EMPLOYEES WHO RETIRED BEFORE 12/31/02

Employee	$593.87
Spouse	$517.42
Children	$493.29
Spouse/Children	$958.89
Retiree Medicare	$361.98
Spouse Medicare	$454.29

RETIREE RATES FOR EMPLOYEES WHO RETIRED 01/01/03 & AFTER

	0-5 Years of Service	6-9 Years of Service	10 or More Years of Service
Retiree	$712.64	$653.27	$593.87
Spouse	$620.90	$569.15	$517.42
Children	$592.88	$542.64	$493.29
Spouse/Children	$1,150.66	$1,054.80	$958.89
Retiree Medicare	$434.36	$398.17	$361.98
Spouse Medicare	$545.15	$499.73	$454.29

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

RATES FOR RETIREES WITH PART B MEDICARE ONLY

	0-5 Years of Service	6-9 Years of Service	10 or More Years of Service
Member Only	$591.22	$537.37	$483.51
Member & Spouse both Medicare Part B	$1,099.24	$998.47	$897.66
Member & Spouse one Medicare Part B	$1,212.12	$1,106.52	$1,000.93
Member & Child	$1,184.10	$1,080.01	$976.80
Member & Family both Medicare Part B	$1,579.76	$1,438.95	$1,298.10
Member & Family one Medicare Part B	$1,741.88	$1,592.17	$1,442.40

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.
Effective January 1, 2008, premiums will be rounded down by one half of one cent for employees that are working less than 40 hours per week and are responsible for a prorate share of their health benefit cost.

EXCLUSIVE PROVIDER ORGANIZATION MEDICAL/DENTAL/VISION

ACTIVE EMPLOYEE RATES & RETIREE RATES

Employee	$686.88
Spouse	$599.09
Children	$570.85
Spouse/Children	$1,122.56
Retiree Medicare	$623.02
Spouse Medicare	$543.39
Surviving Spouse Medicare	$623.02

RATES EFFECTIVE 01/01/25

CLARK COUNTY, NEVADA
AND AFFILIATES
MONTHLY COBRA RATES FOR CONTINUATION COVERAGE
UNDER THE SELF-FUNDED GROUP MEDICAL AND DENTAL BENEFITS PLANS
EXHIBIT B

PREFERRED PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES

	RATES
Member Only	$609.93
Member & Spouse	$1,140.15
Member & Child	$1,115.69
Member & Family	$1,594.29

EXCLUSIVE PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES

	RATES
Member Only	$700.62
Member & Spouse	$1,311.69
Member & Child	$1,282.88
Member & Family	$1,845.63

The above rates for continuation of coverage represent 102 percent of the applicable premium for similarly situated beneficiaries of the Plans with respect to whom a qualifying event has not occurred pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), P.L. 99-272, Title X, Section 10003, 100 Stat. 82, 232-237. Clark County Risk Management will collect the entire continuation of coverage rate from the individual who has requested continued coverage.

BCC 9/17/2024 #34 Approved item for signature

Final Audit Report 2024-09-24

Created:	2024-09-18 (Pacific Daylight Time)
By:	Ricky McColl (FYM@ClarkCountyNV.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAArK_KIDAslE3vU8off4jzbfBzbOGnDvYu

"BCC 9/17/2024 #34 Approved item for signature" History

Document created by Ricky McColl (FYM@ClarkCountyNV.gov)
2024-09-18 - 9:39:59 AM PDT- IP address: 198.200.132.41

Document emailed to tsegerblom@clarkcountynv.gov for signature
2024-09-18 - 1:54:15 PM PDT

Email viewed by tsegerblom@clarkcountynv.gov
2024-09-23 - 1:52:45 PM PDT- IP address: 198.200.132.41

Agreement viewed by tsegerblom@clarkcountynv.gov
2024-09-23 - 1:52:46 PM PDT- IP address: 198.200.132.41

Signer tsegerblom@clarkcountynv.gov entered name at signing as Tick Segerblom
2024-09-23 - 1:53:06 PM PDT- IP address: 198.200.132.41

Document e-signed by Tick Segerblom (tsegerblom@clarkcountynv.gov)
Signature Date: 2024-09-23 - 1:53:08 PM PDT - Time Source: server- IP address: 198.200.132.41

Document emailed to Lynn Goya (Lynn.Goya@ClarkCountyNV.gov) for signature
2024-09-23 - 1:53:10 PM PDT

Agreement viewed by Lynn Goya (Lynn.Goya@ClarkCountyNV.gov)
2024-09-24 - 8:58:01 AM PDT- IP address: 198.200.132.69

Document e-signed by Lynn Goya (Lynn.Goya@ClarkCountyNV.gov)
Signature Date: 2024-09-24 - 8:58:13 AM PDT - Time Source: server- IP address: 198.200.132.69

Agreement completed.
2024-09-24 - 8:58:13 AM PDT

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 24, 2024

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **October 24, 2024**

RE: *Approval of the first amendment to the Interlocal Agreement between Clark County Nevada and the Southern Nevada Health District for the Public Health Laboratory Expansion*

PETITION #10-25

That the Southern Nevada District Board of Health *approve the attached First Amendment to the Clark County Recovery Grant Interlocal Agreement between Clark County and the Southern Nevada Health District for the Southern Nevada Health District Public Health Laboratory expansion.*

PETITIONERS:

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

DISCUSSION:

This is an amendment to the Interlocal Agreement which provides funding via the Clark County Recovery Grant in the amount of $4,050,000.00 for the Southern Nevada Heath District Public Health Laboratory. The grant aids in the construction of a new public health laboratory facility near (and to eventually connect with) its existing building. The amendment is to replace any reference to December 31, 2024, in the Agreement and any Exhibits with December 31, 2026, for the expenditure of the Funds for the Program.

FUNDING:

The funding of $4,050,000.00 is available per the interlocal agreement currently expiring on December 31, 2024.

FIRST AMENDMENT TO CLARK COUNTY RECOVERY GRANT INTERLOCAL AGREEMENT

THIS AMENDMENT ("Amendment") is made and entered into by and between CLARK COUNTY, NEVADA, ("Clark County") and the SOUTHERN NEVADA HEALTH DISTRICT ("Subrecipient"), collectively referred to as the Parties ("Parties").

WHEREAS, the Parties entered into an Interlocal Agreement regarding the expansion of the Southern Nevada Public Health Laboratory ("Program").

WHEREAS, the Parties wish to extend the time to complete the Program.

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein and, in the Agreement, the parties agree as follows:

1. To replace any reference to December 31, 2024 in the Agreement and any Exhibits with December 31, 2026, for the expenditure of the Funds for the Program.

IN WITNESS WHEREOF, the parties intend this Amendment to be effective on the date last written below.

CLARK COUNTY

By: _____
Tick Segerblom, Chair
Clark County Commission

Date: _____

APPROVED AS TO FORM:

By: _____
Lisa Logsdon, County Counsel

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

APPROVED AS TO FORM:

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

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

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 24, 2024

Memorandum

Date: October 24, 2024

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

From: **Daniel Isler, PE, REHS,** *Environmental Health Engineer/Supervisor* DI
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* DB
Chris Saxton, MPH-EH, REHS, *Environmental Health Director*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations*
Fermin Leguen, M.D., MPH, *District Health Officer* FL

Subject: Variance Request for an Application to Construct a Septic System located at APN 177-18-801-019 that would allow installation of a septic system on an undersized lot.

I. BACKGROUND:

Ronald Salchenberg, Owner ("Petitioner"), is requesting a variance to permit and install an individual sewage disposal system (ISDS) on an undersized lot served by a private domestic well, located at Assessor's Parcel Number (APN) 177-18-801-019 ("Subject Property").

Petitioner requests a variance from Section 11.20.1 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations"), which requires a minimum lot size of 1.0 acres for the installation of an ISDS on a lot "where the water supply is from a well serving only that property." The Subject Property has an area of approximately 0.63 acres.

Petitioners state the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation:

   "I bought the property back in Dec 2003 it had a septic system on the property. It was never used its a vacant lot. Relocating the system should not affect anybody or any businesses in the area."

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

   "I've included a quote from a underground utility contractor. The quote was for 299,000.00 to bring sewer line to the property. I am close to retirement. There is no way I can afford the sewer line. When I bought the property it was ready to build on."

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

   "I will submit plans showing the leach field in the front yard away from any wells or swimming pools way over 100 feet."

The Subject Property is depicted in Attachment C as the highlighted property on the Assessor's Parcel Map. Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the fourth owner of the property and obtained the Subject Property in December 2003. An analysis of the surrounding area shows that there are 104 private and quasi-municipal wells and 219 permitted septic systems within a square mile of the Subject Property.

A previous owner of the Subject Property applied for a variance concerning the same regulation, and the variance was approved by the Board of Health on July 25, 1991 (See Attachment E). The ISDS was installed but has not been used because the property was never developed. Petitioner plans to construct a single-family residence on the property but would like to relocate the ISDS.

II. RECOMMENDATION:

The Subject Property has an area of approximately 0.63 acres, which is smaller than the minimum lot size of 1.0 acres required by the SNHD ISDS Regulations. The Board of Health has already approved a variance from this regulation for the Subject Property, and variances for lot size are routinely approved by the Board of Health.

Staff is of the opinion that granting the variance would not endanger public health or safety. Although the Subject Property is in an area with a relatively high density of septic systems, the existing domestic well does not exhibit signs of bacterial or nitrate contamination (See Attachment G). The proposed ISDS will be more than 220 feet from the existing domestic well (See Attachment D). The nearest connection point to Clark County Water Reclamation District (CCWRD) sewer is about 500 feet from the property, which is outside the required connection distance of 400 feet (See Attachment H).

Staff recommends APPROVAL of the variance as requested by the Petitioner. If the Board of

Health approves the variance, staff recommends approval with the following conditions outlined in Section III.

III. 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 to 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. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.

3. Petitioner must abandon or remove the existing ISDS in accordance with the most current SNHD Regulations governing individual sewage disposal systems before commencing construction of the new ISDS.

4. 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 Petitioner or their successor(s) in interest.

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Assessor's Parcel Map
D. Proposed ISDS Plan
E. Variance Order – July 25, 1991
F. Well Driller's Report (Well Log #97702)
G. Well Water Quality Report
H. Sewer Availability Map
I. Sewer Connection Quote
J. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)

Southern Nevada Health District

3960

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTBLISHMENT INFORMATION

Name of Facility/Establishment: _____
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: _____
Address of Operator/Agent: _____
Contact Information of Operator/Agent:
Office Phone: _____ Cell Phone: _____
Fax Number: _____ Email Address: _____
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION VVT LAND HOLDINGS LLC
Name of Property Owner: C/O Ronald Salchenberger
Address of Property Owner: 1123 Pawnee LN Henderson
Contact Information of Property Owner:
Office Phone: _____ Cell Phone: 702-860-2295
Fax Number: _____ Email Address: ronsolam@gmail.com

PROPERTY INFORMATION
Property Address: _____
Assessor's Parcel Number (APN): 177-18-801-019
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Valley View & Torino. 1/2 mile South 1 mile west of Silverton Casino. Or 1 mile South of Mc Donalds on Valley View and Blue Diamond RD.

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)
Section SHD 11.20.1 Requiring a minimum of one Acre (43,560 Square Feet) for the instalation of an individual Sewage disposal system where the water supply is from a well serving only that Property.

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:
Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. **Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:**
I bought the property back in ~~2004~~ DEC 2003 it had a Septic System on the property. It was never used. its a Vacant Lot. Relocating the System should not affect anybody or any buisinesses in the erea.

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. **Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would incurred by compliance):**
Ive included a Quote from a underground utility Contractor. The Quote was for 299,000.00 TO bring Sewer line to the property. I am close to retirement There is no way I can afford the sewer line. When I bought the property it was ready to build on.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. **Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:**
I will Submit Plans Showing the leach field in the Front yard away from any wells or Swimming Pools Way over 100 feet

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
   (a) There are circumstances or conditions which:
      (1) Are unique to the applicant;
      (2) Do not generally affect other persons subject to the regulation;
      (3) Make compliance with the regulation unduly burdensome; and
      (4) Cause a hardship to and abridge a substantial property right of the applicant; and
   (b) Granting the variance:
      (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
      (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240** as shown at the top of this page. ***ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.*** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____
(Print Name of REHS)
Completed by: _____ Date: _____
(Print Name of REHS if not by supervisor)
Received by: _____ Date: _____
(Owner/Operator/Agent)
Reviewed by: _____ Date: _____
(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner

V V T LAND HOLDINGS, LLC
% Ronald Salchenberger
1123 Pawnee Lane, Henderson Nevada 89015
rons01am@gmail.com 702-860-2295

9/30/2024

Director of the Environmental Health Division (EHD)

Dear Sir/Madam,

I hereby make an application and petition for a variance from Section 11.20.1 of the Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management (SNHD ISDS Regulations) which requires a minimum of 1.0 acre lot size for the installation of an ISDS on a lot served by an individual well. The lot for the Subject Property has an area of approximately .63 acres.

The lot is Assessors Parcel # 177-18-801-019. The location is near Valley View and W. Torino, approximately 1 mile west of Silverton Casino & 1 mile south of the McDonalds on Valley View road and Blue Diamond road.

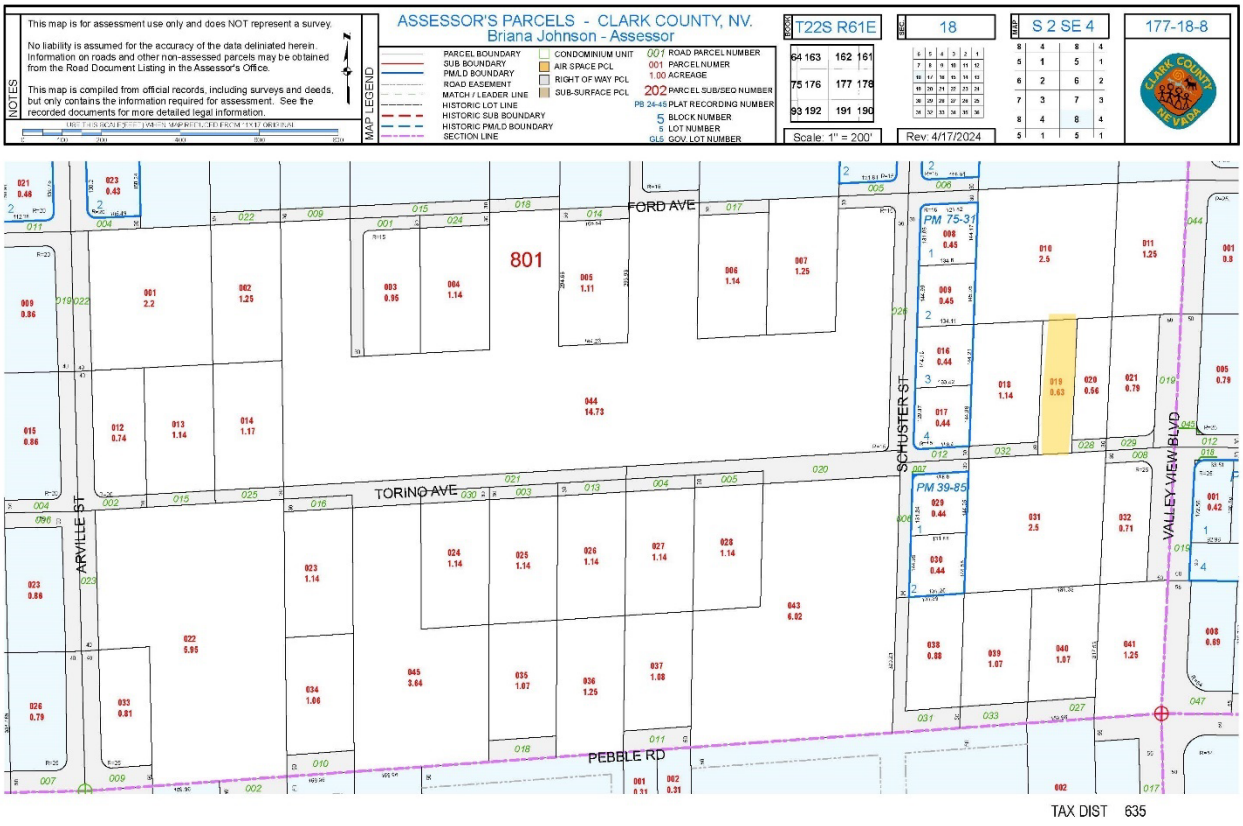
I bought the property in Dec of 2003. It had an approved septic system on the property that was never used as it is a vacant lot. Relocating the system would not adversely affect any nearby resident or business in the area.

Included is a quote from an underground utility contractor for $299,000 to bring county sewer line to the property. I am nearing retirement and am unable to afford this cost. This is my intended retirement property. I am ready to build my future residence on this property. I will submit plans showing the leach field in the front of the property away from any wells or swimming pools on neighboring properties.

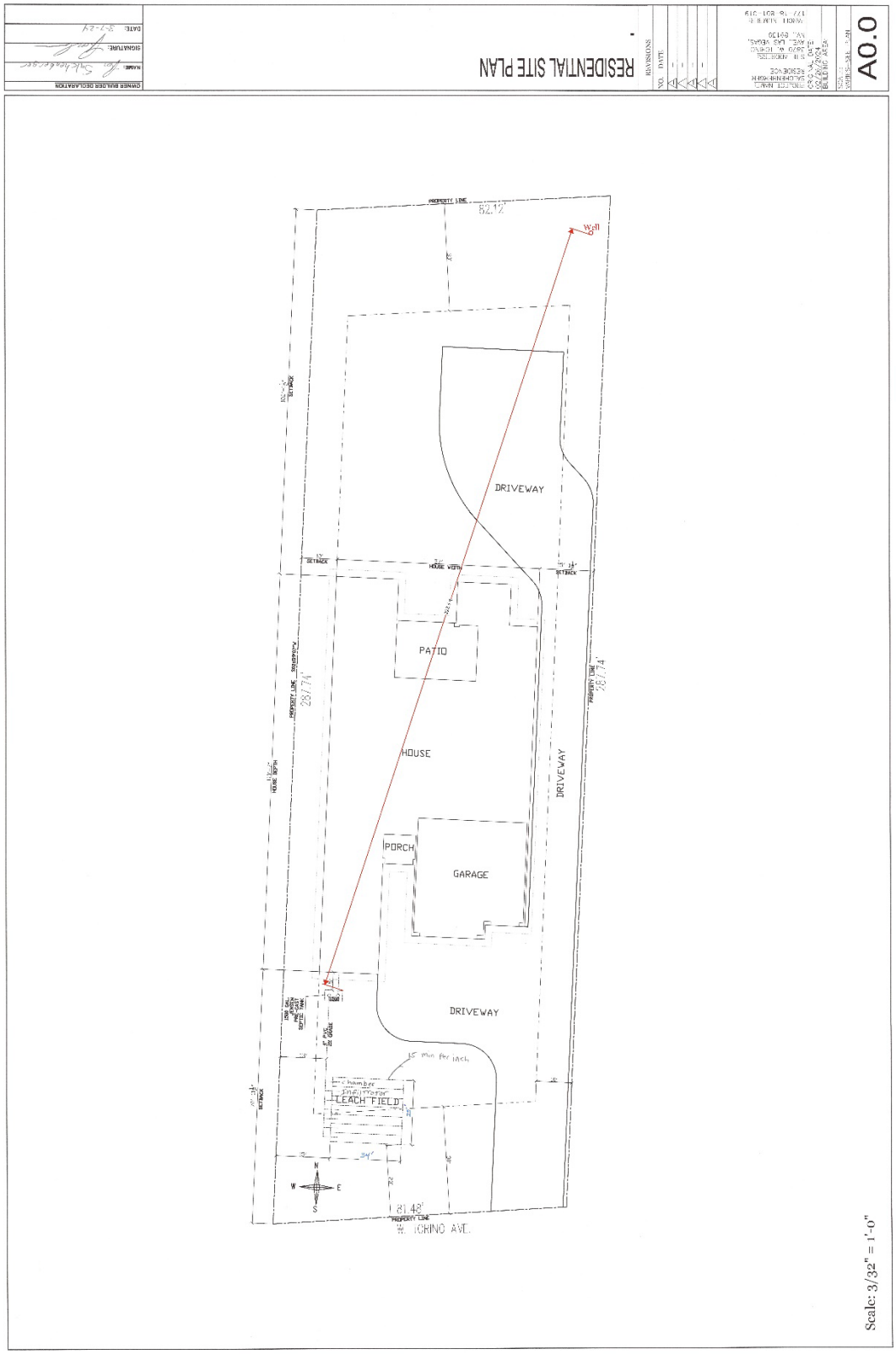
Thank you for your consideration,

Ronald Salchenberger

Attachment C: Assessor's Parcel Map



Attachment D: Proposed ISDS Plan



Attachment E: Variance Order – July 25, 1991 (Page 1 of 3)

9108300108 8

(2)

BEFORE THE DISTRICT BOARD OF HEALTH
CLARK COUNTY, NEVADA

In the Matter of the Application for Variance)
)
Submitted by GAIL CARAWAY on behalf of)
JOHN A. NYSTROM to install an Individual) VARIANCE
Sewage Disposal System.) ORDER
)

The above-entitled matter came on for a duly noticed public hearing on July 25, 1991, Gail Caraway appearing. The Applicant seeks a variance from Section X.10(b) to install an Individual Sewage Disposal System ("ISDS") on an undersized lot. The property is located approximately 250 feet west of Valley View Boulevard on the north side of Torino Avenue, Las Vegas, Clark County, Nevada, legally described as S 1/2, SE 1/4, Section 18, T22S, R61E.

The closest public water supply is located on Industrial Road approximately 2,200 feet east of the property, and the closest public sewer line is located at the Blue Diamond Cut Off in excess of one mile.

The Board having considered the relative interests of first, the public; second, other owners of property likely to be affected; and third, the Applicant, in that order. The Board further finding that the variance would not endanger or tend to endanger human health or safety; that compliance with the regulation from which the variance is sought would produce serious hardship without equal or greater benefits to the public; and that the Applicant shall comply with all other provisions of applicable law and

Attachment E: Variance Order – July 25, 1991 (Page 2 of 3)

9108300108 8

regulations in the installation and the maintenance of the ISDS, and good cause appearing therefore, upon motion duly made, seconded and carried,

IT IS ORDERED that the variance be and the same is hereby granted, subject, however, to the following conditions:

1. Construction of the ISDS must be commenced within one (1) year of the date hereof. If the construction has not been commenced within that period of time, this variance shall expire and be of no further force and effect, unless application is made for an extension of time prior to the expiration date by the Applicant or the Applicant's successor(s) in interest.

2. The Applicant and his 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 to any community sewage system constructed in the

. . . . .

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Attachment E: Variance Order – July 25, 1991 (Page 3 of 3)

9108300 1088

future at Applicant's property line when the owners are notified and legally required to do so.

DATED this 25th day of July, 1991.

SHERRY COLQUITT, Chairman
CLARK COUNTY DISTRICT BOARD OF HEALTH

Prepared and Submitted by:

R. IAN ROSS
Attorney for the Clark County Health District

RETURN TO:
CLARK COUNTY HEALTH DISTRICT
P. O. BOX 4426
LAS VEGAS, NEVADA 89127

CLARK COUNTY, NEVADA
JOAN L. SWIFT, RECORDER
RECORDED AT REQUEST OF:
CC/HEALTH DISTRICT
08-30-91 13:49 RCL 2
OFFICIAL RECORDS
BOOK: 910830 INST: 01088
FEE: .00 RPTT: .00

Attachment F: Well Driller's Report (Well Log #97702)

WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 97702
Permit No.
Basin 212

NOTICE OF INTENT NO. 28256

1. OWNER Ron Salchenberger
MAILING ADDRESS 6635 Boulder Hy # 198 LV 89122
ADDRESS AT WELL LOCATION

2. LOCATION SE ¼ SE ¼ Sec. 18 T. 22 N R. 61 E Clark County
PERMIT NO. Issued by Water Resources 177-18-801-019 Parcel No. N/A Subdivision Name

3. WORK PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☐ Other

4. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☒ Rotary ☐ RVC
☒ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil (Fill)		0	1	1
Hard Caliche		1	6	5
Red Sandy Clay W/ Gravel		6	42	32
Gray & Brown Clay W/ Small Gravel		42	180	138
Boulders & Clay		180	224	44
Red Clay & Gravel		224	263	38
Gray Clay & Brown W/ Gravel		263	298	35
Red Clay &		298	320	22
Gravel Waterbearing		320	400	80

DCNR/DWR
RECEIVED
OCT 14 2005
LAS VEGAS OFFICE

Date started 10-3, 2005
Date completed 10-12, 2005

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled 400' Feet Depth Cased 400' Feet

HOLE DIAMETER (BIT SIZE)

	From	To
14 Inches	0 Feet	5 Feet
10 Inches	5 Feet	400 Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 PVC	Factory Well Pipe		6	400

Perforations:
Type perforation Factory
Size perforation
From 300 feet to 400 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 55
Placement Method: ☐ Pumped ☒ Poured
Seal Type: ☐ Neat Cement ☒ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From feet to feet

9. WATER LEVEL
Static water level 226' feet below land surface
Artesian flow G.P.M. P.S.I.
Water temperature Cold °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name TDC Water Well Drilling Contractor
Address 9160 Industrial Rd. Contractor
Las Vegas NV 89109
Nevada contractor's license number issued by the State Contractor's Board 54948
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1737-T1
Signed By driller performing actual drilling on site or contractor
Date 10/13/05

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627

Attachment G: Well Water Quality Report

EFFEX
ANALYTICAL SERVICES
5965 HARRISON DR., STE #8
LAS VEGAS, NV 89120
(702) 367-1187 FAX 367-3031

LABORATORY REPORT

Client: Ron Salchenberger

Sample No. 2450182
Date: 07/15/24
BSDW/SDWA Compliance ☐
CWA/NDEP/SNHD/Other Compliance ☑
Not for Compliance ☐

Attention: Ron Salchenberger
Project Name-Location Parcel#177-18-801-19
Sampled By: Ron Salchenbrger
Date: 07/11/24
Relinquished By Ron Salchenbrger
Date: 07/11/24
Authorized By: Ron Salchenbrger
NV EPA Cert NV00018

ANALYTICAL RESULTS

Lab I.D.	Parameter	Method	Source/Client ID	Sampled(Hrs.)	Date Analyzed	Result	State Limit
.01	Total Coliform/E. Coli, P/A	IDEXX Colilert	Well	1500	07/12/24	Absent/Absent	Absent
.02	Nitrate as N, mg/L	SM 4500-NO3- E.	Well	1500	07/13/24	<2.5	10.0

NEVADA CERTIFIED • EFFEX • NOT VALID WITHOUT STAMP

This report is not valid without seal

Approved By

Reviewed By:

Page 1 of 1

Xavier Suarez// Laboratory Director

Attachment H: Sewer Availability Map

Attachment I: Sewer Connection Quote (Page 1 of 3)

Page 1 of 3

Bid Date: 9/05/2024
Time: 3:00PM

Proposal for:
Ron Salchenberger Residence
from
R. P. WEDDELL & SONS CO.
4880 EAST CAREY AVENUE, LAS VEGAS, NV 89115
(702) 248-4829 Fax: (702) 438-2489
License: 51930/33589 Type: NEVADA C2/A GENERAL/UNLIMITED

R.P. WEDDELL & SONS CO.
GENERAL ENGINEERING CONTRACTOR

Project No. B24-RON

Item	Description	Quantity	Unit	Unit Price	Total Price	
MOB	**MOBILIZATION**					
√ 01	EQUIPMENT MOBILIZATION	1.00	LS	18,900.0000	18,900.00	√
				Total:	18,900.00	
SS1	**SEWER ITEMS**					
02	72" INTERCEPT SSMH W/36 R&C @ 23' AVG DEPTH	1.00	EA	34,075.0000	34,075.00	
03	72" CORROSION PROTECTION 23' DEPTH	1.00	EA	27,980.0000	27,980.00	
04	48" SSMH W/36R&C @ 18' AVG DEPTH	1.00	EA	14,900.0000	14,900.00	
05	8" SDR-35 SEWER MAIN 18' AVG	245.00	LF	115.0000	28,175.00	
06	8" CAP AND KICKER	1.00	EA	750.0000	750.00	
07	8" X 4" SDR SEWER LATERALS (20' BOC) 12' AVG DEPTH	1.00	EA	3,500.0000	3,500.00	
08	GPS SEWER LATERALS	1.00	EA	125.0000	125.00	
09	CAMERA SEWER MAIN & LATERALS	245.00	LF	5.0000	1,225.00	
10	HARD DIG SEWER	1.00	LS	22,990.0000	22,990.00	
11	TRENCH SAFETY	1.00	LS	10,100.0000	10,100.00	
				Total:	143,820.00	
RW	**ROADWORK**					
12	DRAW & SUBMIT TRAFFIC CONTROL PLAN	1.00	EA	2,500.0000	2,500.00	
13	TRAFFIC CONTROL ON VALLEY VIEW	15.00	DAY	1,100.0000	16,500.00	
14	DAILY UNIT RATE FOR 2-FLAGGERS ON VALLEY VIEW	15.00	DAY	950.0000	14,250.00	
15	TRAFFIC CONTROL ON TORINO	20.00	DAY	1,100.0000	22,000.00	
16	DAILY UNIT RATE FOR 2-FLAGGERS ON TORINO	20.00	DAY	950.0000	19,000.00	
17	*SAW CUT 3" ASPHALT*	*500.00*	*LF*	*4.5000*	*2,250.00*	
18	*REMOVE AND DISPOSE TRENCH LINE ASPHALT*	*1,000.00*	*SQFT*	*5.2500*	*5,250.00*	

√ = Locked Bid-Item
! = Zero Total Price

Attachment Enclosed

Estimator: BRAD WALLACE

Attachment I: Sewer Connection Quote (Page 2 of 3)

Page 2 of 3

Bid Date: 9/05/2024
Time: 3:00PM

Proposal for:
Ron Salchenberger Residence
from
R. P. WEDDELL & SONS CO.
4880 EAST CAREY AVENUE, LAS VEGAS, NV 89115
(702) 248-4829 Fax: (702) 438-2489
License: 51930/33589 Type: NEVADA C2/A GENERAL/UNLIMITED

R.P. WEDDELL & SONS CO. GENERAL ENGINEERING CONTRACTOR

Project No. B24-RON

Item	Description	Quantity	Unit	Unit Price	Total Price
19	BACKFILL TOP 2' OF TRENCH IN ASPHALT PER CCAUSD 503.1	1,000.00	SQFT	11.0000	11,000.00
20	TEMP PATCH ASPHALT	1,000.00	SQFT	10.0000	10,000.00
21	MILLED TRENCH PLATES	1.00	LS	33,600.0000	33,600.00
				Total:	136,350.00

Total For MOBILIZATION	18,900.00
Total For SEWER ITEMS	143,820.00
Total For ROADWORK	136,350.00
Total:	**299,070.00**

√ = Locked Bid-Item
! = Zero Total Price

Attachment Enclosed

Estimator: BRAD WALLACE

SharpeSoft Generated by a SharpeSoft Product

Attachment I: Sewer Connection Quote (Page 3 of 3)

R. P. WEDDELL & SONS CO.

Job Conditions - Attachment 'A'

Ron Salchenberger Residence

BUDGET

BUDGET FOR VALLEY VIEW AND TORINO BASED ON SEWER INQUIRY EXHIBIT FROM CCWRD ON 6/13/2024 TO INSTALL SEWER MAIN AND LATERAL TO PARCEL APN 177-18-801-019

ALL SEWER MAIN AND LATERALS BID AS SDR-35 PVC
MANHOLES BID AS A 72" INTERCEPT WITH LINING AND 48" SSMH BOTH WITH 36" RING AND COVER
SEWER DEPTH BUDGETED AS 18' AVERAGE DEPTH, ACTUAL DEPTH TO BE PROVIDED ON APPROVED PLANS
SEWER LATERALS BID 5' BACK OF ROW
HARD ROCK IS INCLUDED FOR ALL SCOPES BUT MAY NEED TO BE ADJUSTED ONCE SOILS REPORT IS AVAILABLE FOR SITE
TRAFFIC CONTROL IS A BUDGET AND WILL BE ADJUSTED
TRENCH PLATES ON VALLEY VIEW, AND TORINO BID AS BEING MILLED WHEN IN ASPHALT

Standard Exclusions **UNLESS** otherwise itemized within this proposal are: night work, overtime work, hard rock trenching and/or blasting for NVE Offsite, import of utility backfill above pipezone, traffic control exceeding budget, the supply or placement of track out rock, SWWP set up or permits, street sweeping or cleaning, survey, permits or fees of any kind, soil testing costs, inspection fees, water meter fees or water usage costs, permanent signage or striping, traffic loop or traffic signal repairs. Adjustments, repair, or rerouting of existing utilities. More than one mobilization of equipment, and crew.

Standard Proposal Conditions are: Work will not commence until plans are approved and permits are obtained by the owner. Subgrade to be made by others. Any work required due to owner's changes will not be performed until an approved change order is issued. One mobilization is included with this proposal, any remobilizing due to delays will be charged at $150 per hour for lowbed time plus $50.00 per hour for a pilot car if needed. Traffic control pricing is for the setup and rental of the devices only, any fees charged by the governing entity will be charged at the dollar value plus 10%.

Payment Terms: Our terms of payment are net 30 days. A service charge will be issued against any invoices past thirty days. The rate charged on past due accounts is .336% per week, 1.5% per month and 18% per annum or to the maximum allowable by law. When a utility facility has been tested to be operational 100% payment will be due regardless of developers final bond release.

This job information sheet and all of its contents shall become an exhibit as part of the contract and will supercede any documents within the contract should R.P.Weddell & Sons Co. become the successful bidder.

Steve Weddell
R.P. Weddell & Sons Co.
4945 East Carey Avenue
Las Vegas, NV 89115
NV Lic#A-33589 & C2-51930
Both Unlimited Bid Amounts

Estimator: BRAD WALLACE
For Job: Ron Salchenberger Residence

Attachment J: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, October 24, 2024 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Ronald Salchenberger ("Petitioner"), to permit and install a new individual sewage disposal system on the property located at Accessor's Parcel Number (APN) 177-18-801-019.

The variance request is made to allow the Petitioner to permit the installation of a conventional septic system not in accordance with the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*. The variance will allow the Petitioner to install a septic system on an undersized lot.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by October 23, 2024 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

\- S -
Chris Saxton, MPH-EH, REHS
Environmental Health Director

October 8, 2024
Date

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 24, 2024

APPROVED 2025 SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING SCHEDULE

All Board of Health meetings are proposed to occur on the fourth Thursday of each month at 9:00 a.m., with the following exceptions:

→ November – Third Thursday in November (November 20, 2025), at 11:00 a.m., in order to not coincide with the Thanksgiving holiday; and
→ December – No meeting unless required.

DATE	TIME
January 23, 2025	9:00 a.m.
February 27, 2025	9:00 a.m.
March 27, 2025	9:00 a.m.
April 24, 2025	9:00 a.m.
May 22, 2025	9:00 a.m.
June 26, 2025	9:00 a.m.
July 24, 2025	9:00 a.m.
August 28, 2025	9:00 a.m.
September 25, 2025	9:00 a.m.
October 23, 2025	9:00 a.m.
November 20, 2025	11:00 a.m.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Lockett, Cassius

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Contributing Faculty

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	END DATE MM/YYYY	FIELD OF STUDY
University of California, Davis, California	BS	06/1994	Dietetics
University of California, Davis, California	MS	06/1996	Nutritional Science
University of California, Davis, California	PHD	06/1999	Nutrition Science and Epidemiology
Oregon Health Sciences University, Portland, Oregon	OTH	06/2013	Degreed Certificate in Biomedical Informatics
Centers for Disease Control & Prevention, Atlanta, GA	Other training	06/2001	Epidemic Intelligence Service Officer

A. Personal Statement

Dr. Cassius Lockett is the Deputy District Health Officer of Operations with the Southern Nevada Health District (SNHD). From May of 2021 to November 2023, he was the Director of Disease Surveillance & Control with SNHD. Prior to serving in this role he served as the Public Health Director for San Mateo County since February of 2016. Before that, he served as the Director of Community Health with the Southern Nevada Health District. From 1999 to 2001 Dr. Lockett was an epidemic intelligence officer (EIS) for the Centers for Disease Control and Prevention working for the Michigan Department of Community Health. For nearly a decade Dr. Lockett taught Epidemiology, Health Informatics, Public Health Informatics, Infectious Disease Epidemiology and Community Health at Walden University. Dr. Lockett received his undergraduate and graduate school training in nutritional epidemiology and dietetics at the University of California, Davis.

1. Vo V, Harrington A, Chang CL, Baker H, Moshi MA, Ghani N, Itorralba JY, Tillett RL, Dahlmann E, Basazinew N, Gu R, Familara TD, Boss S, Vanderford F, Ghani M, Tang AJ, Matthews A, Papp K, Khan E, Koutras C, Kan HY, Lockett C, Gerrity D, Oh EC. Identification and genome sequencing of an influenza H3N2 variant in wastewater from elementary schools during a surge of influenza A cases in Las Vegas, Nevada. Sci Total Environ. 2023 May 10;872:162058. PubMed Central PMCID: PMC9909754.
2. Vo V, Harrington A, Afzal S, Papp K, Chang CL, Baker H, Aguilar P, Buttery E, Picker MA, Lockett C, Gerrity D, Kan HY, Oh EC. Identification of a rare SARS-CoV-2 XL hybrid variant in wastewater and the subsequent discovery of two infected individuals in Nevada. Sci Total Environ. 2023 Feb 1;858(Pt 3):160024. PubMed Central PMCID: PMC9640213.
3. Harrington A, Vo V, Papp K, Tillett RL, Chang CL, Baker H, Shen S, Amei A, Lockett C, Gerrity D, Oh EC. Urban monitoring of antimicrobial resistance during a COVID-19 surge through wastewater surveillance. Sci Total Environ. 2022 Dec 20;853:158577. PubMed Central PMCID: PMC9450474.
4. Ruff J, Zhang Y, Kappel M, Rathi S, Watkins K, Zhang L, Lockett C. Rapid Increase in Suspected SARS-CoV-2 Reinfections, Clark County, Nevada, USA, December 2021. Emerg Infect Dis. 2022 Oct;28(10):1977-1981. PubMed Central PMCID: PMC9514365.

B. Positions, Scientific Appointments and Honors

Positions and Scientific Appointments

2006 - 2015 Contributing Faculty, Walden University, Minneapolis, MN

Honors

2009 - 2010 Extraordinary Faculty Award, Walden University

C. Contribution to Science

1. a. Penney JA, Zhang Y, Bragg T, Bryant R, Lockett C. Notes from the Field: Pediatric Intracranial Infections - Clark County, Nevada, January-December 2022. MMWR Morb Mortal Wkly Rep. 2023 Jun 2;72(22):606-607. PubMed Central PMCID: PMC10243483.
   b. Lasry A, Kidder D, Hast M, Poovey J, Sunshine G, Winglee K, Zviedrite N, Ahmed F, Ethier KA. Timing of Community Mitigation and Changes in Reported COVID-19 and Community Mobility - Four U.S. Metropolitan Areas, February 26-April 1, 2020. MMWR Morb Mortal Wkly Rep. 2020 Apr 17;69(15):451-457. PubMed Central PMCID: PMC7755061.
   c. Grivetti LE, Corlett JL, Gordon BM, Lockett CT. Food in American History, Part 6—Beef (Part 1): Reconstruction and Growth Into the 20th Century (1865–1910). Nutr Today. 2004 Jan;39(1):18-25. PubMed PMID: 15076706.
   d. Grivetti LE, Corlett JL, Lockett CT. Food in American History Part 5: Pork: A Nation Divided: The American Civil War Era (1861-1865). Nutr Today. 2002 May-Jun;37(3):110-117. PubMed PMID: 12131786.

CURRICULUM VITAE

NAME: Cassius Lockett, PhD, MS

OFFICE LOCATION: 280 S. Decatur Blvd.
P.O. Box 3902
Work: 702-759-1691
Fax: 702-759-1422
Work e-mail: lockett@snhd.org

EDUCATION:

PhD, University of California, Davis, 1999, Nutrition Science
Area of Concentration: **Epidemiology**

MS, University of California, Davis, 1996, Nutritional Science

BS, University of California, Davis, 1994, Dietetics

Degreed Certificate, Oregon Health Sciences University, School of Medicine 2013, Clinical Informatics

CERTIFICATIONS:

- **Epidemic Intelligence Service Officer Certificate**,(Centers for Disease Control and Prevention, Epidemiology Program Office, Atlanta, GA), 2001.

- **Certificate in Biomedical Informatics** with specialization in *Public Health Informatics*, American Medical Informatics Association 10x10 Certificate (Department of Medical Informatics and Clinical Epidemiology, Oregon Health Sciences University, School of Medicine), 2008.

PROFESSIONAL EXPERIENCE:

Deputy District Health Officer-Operations
Southern Nevada Health District
Division of Disease Surveillance & Control
2023-Current

Director of Disease Surveillance & Control
Senior Deputy, Big Cities Health Coalition
Southern Nevada Health District
Division of Disease Surveillance & Control
2021-2023

Director of Public Health Policy & Planning
Health System
San Mateo County
San Mateo
2016-2021

Director of Community Health
Southern Nevada Health District
Community Health Division
Las Vegas, NV
2014-2016

Deputy Director/Epidemiology Program Manager
County of Sacramento
Department of Health and Human Services
Division of Public Health
Epidemiology Services
Sacramento, California
2001-2014

Research Scientist
California Department of Public Health
Children's Medical Service
Sacramento, California
2001

Scientist
United States Public Health Service
Centers for Disease Control and Prevention
Epidemiology Program Office, Atlanta, Georgia
Lansing, Michigan
1999-2001

Clinical Diet Technician
Woodland Memorial Hospital
Woodland, California
1994-1995

TEACHING EXPERIENCE:

Contributing Faculty
Walden University
School of Public Health
School of Health Sciences
2006-2015

Part-time Faculty
University of Maiduguri, Nigeria, West Africa
School of Medicine
1997-1998

Instructor
Sacramento State University
Family and Consumer Sciences
1996-1997

SUMMARY OF PROFESSIONAL EXPERIENCE:

Deputy District Health Officer-Operations, Southern Nevada Health District (11/2023-Current)

As a key executive within the Health District, I provide leadership, strategic direction, and oversight to multiple divisions, including Public Health & Preventive Care, Environmental Health, Disease Surveillance & Control, and Community Health, ensuring their alignment with public health objectives. My role involves managing critical programs within these divisions while overseeing policy implementation and regulatory compliance. I collaborate with internal teams and external stakeholders to ensure effective service delivery and program performance. This position supervises division directors and offers guidance on operational improvements, community engagement, and advancing the Health District's mission and goals.

Essential Responsibilities across all divisions:

- Direct and manage programs in Primary Care, Environmental Health, Community Health, and Disease Control.
- Serve as Acting District Health Officer in the DHO’s absence.
- Develop and implement policies ensuring compliance with regulations.
- Guide and supervise division directors, program managers, and department heads.
- Lead strategic planning initiatives, ensuring alignment across all divisions with the Health District’s goals.
- Collaborate with division heads to ensure efficient resource allocation and service delivery.
- Evaluate operational performance and implement improvements across divisions to enhance outcomes.
- Ensure compliance with public health standards, fostering collaboration between divisions for integrated service delivery.

I oversee the supervision of more than 550 full-time employees (FTEs) and manage a budget exceeding $110 million. My leadership ensures that all assigned divisions maintain efficient service delivery while aligning with the Health District's strategic goals. Through continuous assessment and innovative problem-solving, I foster a collaborative environment to advance the District's public health mission.

Director of Disease Surveillance & Control, Southern Nevada Health District (05/2021 to 11/2023):

As the Director of Disease Surveillance & Control, I held a vital leadership position within the Southern Nevada Health District (SNHD), reporting directly to the District Health Officer. In this role, I was responsible for strategic planning, management, and oversight of the Disease Surveillance and Control Division. Additionally, I served as the Senior Deputy for the Big City Health Coalition (BCHC), representing SNHD and advocating for its interests in all relevant matters. This included effectively communicating SNHD's business on behalf of the Health Officer and Division Directors, as well as collaborating with other BCHC Senior Deputies to develop leadership skills, exchange ideas, share strategies, and discuss emerging trends related to infrastructure, infectious diseases, non-infectious diseases, and data modernization.

My essential responsibilities encompassed a wide range of areas, including:

- Developing and implementing public health policies aligned with SNHD's mission and goals, overseeing the Office of Acute Communicable Disease Control, Office of Disease Surveillance, Office of Informatics and Epidemiology and COVID Community Response.
- Managing Division goals, policies, and priorities, optimizing resource allocation for effective service delivery.
- Establishing partnerships and collaborations to enhance disease prevention and control measures.
- Representing the Division to District divisions, elected officials, and external agencies, addressing sensitive issues through negotiation and resolution.
- Selecting, training, and evaluating Division personnel, promoting interdisciplinary collaboration.
- Managing the Division budget, forecasting funding requirements and approving expenditures.
- Coordinating Division activities with other divisions, medical societies, and external agencies.
- Providing staff assistance to the District Health Officer and Board of Health, preparing reports and correspondence.
- Staying informed about current trends in the field, addressing citizen inquiries and complaints promptly.

In addition to my leadership responsibilities, I oversaw a budget of over $36 million and provided direct and indirect supervision to a diverse team of 160 managerial, clinical, professional, technical, and clerical staff members. Working collaboratively with the SNHD executive team, I contributed to the planning of overall departmental policies and engage in staff engagement and improvement efforts.

Director of Public Health Policy & Planning, San Mateo County, California (2/2016 to 4/2021):

During my tenure as the Director of Public Health, Policy, and Planning, I played a vital role in promoting the health and well-being of San Mateo County residents and animals. With a strong commitment to public health, my primary objective was to ensure that every individual in the county had the opportunity to lead longer and healthier lives.

Leading the San Mateo County Health Systems, I spearheaded various initiatives to safeguard public health, with a particular focus on the following key areas:

- Protecting the community from communicable diseases, including leading the COVID-19 response: I implemented comprehensive measures, collaborated with local health agencies, and promoted vaccinations to effectively respond to outbreaks and establish community testing locations.
- Delivering clinical services to vulnerable residents: Prioritizing equitable access to healthcare, I partnered with organizations and implemented programs such as the Edison Clinic and Mobile Primary Care Services to bridge gaps in healthcare delivery and serve underserved communities.
- Advancing policy solutions: I drove evidence-based policies to address chronic diseases, substance abuse, homelessness, and health inequities, collaborating with stakeholders to promote prevention and equitable access to healthcare.
- Implemented the Whole Person Care waiver: Through comprehensive care and addressing co-occurring disorders (substance use/behavioral health), we successfully supported over 90 formerly unhoused clients, facilitating stability and improved health outcomes.
- Partnering with Peninsula Humane Society (PHS): Collaborated with PHS, to build a $30 million Animal Shelter, increased rabies vaccinations, and enforced laws to reduce dog bites in the community.

I provided oversight for a budget of over $38 million and managed a diverse team of 200 professionals, including managers, clinicians, technical experts, and support staff. Furthermore, I allocated funds, amounting to over $33 million, to various divisions within the Health System. This included directing resources towards essential services such as Correctional Health Services, Health Information Technology, Behavioral Health Services, Health Plan of San Mateo, the Human Services Agency, and the San Mateo Medical Center.

Director of Community Health, Southern Nevada Health District (4/2014 to 2/2016):

As the Director of Community Health for SNHD, my role encompassed the development and implementation of public health policies aligned with the mission and overarching goals of SNHD. I led and directed efforts to protect, promote, and enhance the health of all residents, which included monitoring the health status of over 2.1 million residents and 40 million visitors annually.

One of my key responsibilities was overseeing the Office of Vital Statistics, which involved coordinating with Clark County Coroner Services on matters related to the registration of Coroner cases, legal statutes, registration technology, and the establishment of policies and procedures. Additionally, I assumed responsibility for various offices, including the Office of Epidemiology, the Office of Chronic Disease Prevention & Health Promotion, Informatics, Office of Public Health Preparedness, Office of Emergency Medical Services and Trauma System, Office of Disease Surveillance, and the Southern Nevada Public Health Laboratory.

Collaboration with community partners, both public and private, was an essential aspect of my role, as was representing SNHD in engagements with boards, commissions, elected officials, and external agencies. Enforcing laws, providing strategic leadership, developing policies, and conducting health assessments through data and surveillance were among my core responsibilities. I also focused on improving the direct delivery of public health services, effecting changes in the built environment through policy, systems, and environmental change, creating public health accreditation products, overseeing quality improvement initiatives, and supervising a highly competent management team.

I oversaw a budget of over 18 million annually comprised of over 120 full-time equivalents. I coordinated with the Finance Department to distribute funds for salaries, fringe benefits, overhead costs, indirect costs, depreciation, and general funds. Monthly meetings were held with managers and the administrative analyst to monitor grant encumbrances and expenditures, while bi-weekly meetings were conducted to track carryover funds and review redirect requests. Lastly, collaborative efforts were undertaken to develop operational strategic plans that included short-term, intermediate, and long-term goals and objectives, which were updated and evaluated annually.

Chief Epidemiologist, Sacramento County, CA (11/2001 to 3/2014):

As the Chief Epidemiologist for the Sacramento County Health and Human Services agency, I held a pivotal role within the Division of Public Health. My responsibilities included planning, coordinating, and managing epidemiology and disease surveillance

activities. This encompassed areas such as HIV/AIDS, communicable disease control, vital records, and more.

During my tenure, I collaborated with over 20 programs within the Department of Health and Human Services, overseeing multiple programs within the Division of Public Health. Additionally, I served as the Chief Deputy Registrar of Vital Records, contributing to the coordination of Meaningful Use Health Information IT.

I conducted in-depth analysis to identify disease patterns and health conditions in the community, actively participated in epidemiological studies, and presented findings to various commissions and policy groups, including the Board of Supervisors.

With a budget of approximately $4.86 million for epidemiology services and overall budget oversight for the Division of Public Health's $25 million budget, I ensured effective resource allocation and utilization for disease surveillance, outbreak response, and public health initiatives.

Throughout my tenure, I fostered collaboration among stakeholders, including program managers, staff members, and community organizations, such as the March of Dimes and Child Death Review Team. I also carried out management, supervisory, and administrative duties, monitoring contracts, writing grants, and representing the Division of Public Health in engagement with interdisciplinary groups, public health advisory boards, health officer meetings and local agencies.

Overall, as the Chief Epidemiologist, I played a critical role in safeguarding the health of Sacramento County residents through effective disease surveillance and outbreak response, while enhancing collaboration and data-driven decision-making to strengthen public health outcomes.

Contributing Faculty, Walden University, Minneapolis, MN (12/2006 to 8/2015):

As a contributing faculty member at Walden University, I had the privilege of teaching a diverse range of courses in the School of Public Health. These courses included, but were not limited to, principles of epidemiology, health informatics, public health informatics, infectious disease, and community health.

In addition to my teaching responsibilities, I played an instrumental role in mentoring over 30 students who were pursuing master's and doctoral degrees in public health and epidemiology. Through regular guidance and support, I assisted these students in their academic and professional development.

Furthermore, I actively participated in thesis and doctoral committees, offering my expertise and insights to contribute to the successful completion of numerous research

projects. I took pride in witnessing the growth and accomplishments of my students, as evidenced by the seven doctoral students I mentored who obtained their degrees in Public Health and/or Epidemiology.

During my tenure at Walden University, I consistently demonstrated my commitment to excellence in education and the advancement of knowledge in the field of public health.

Research Scientist, California Department of Health Care Services, Sacramento, CA (6/2001 to 11/2001):

Supervised and led the Data and Research Evaluation Unit (DARE UNIT) within the Program Support Section for the California Children Medical Services program. Developed and directed research methods and survey techniques to assess attitudinal and motivational factors in the children with special health care needs (CSHCN) population. Analyzed surveillance data, prepared state reports, and provided research consultation to county health departments. Assisted counties in enhancing child health capacity and evaluating programs like California Children's Services, Medical Therapy Units, Child Health and Disability Prevention program, Health Passport, and the Genetic Disease program. Performed administrative and supervisory tasks related to program evaluation, including contract monitoring, budget management, and grant writing. Conducted challenging epidemiological studies and contributed to advancing knowledge in environmental epidemiology and child health.

Overall, my role involved leading research, supervisory responsibilities, and program evaluation to improve child health outcomes in California.

Epidemic Intelligence Service (EIS) Officer, Centers for Disease Control, Michigan Department of Community Health-Lansing, Michigan (06/1999 to 6/2001):

Led and supervised field investigations, ensuring effective public health response to critical situations. Designed, conducted, and interpreted epidemiological analyses using both new and existing databases. Developed, analyzed, and implemented public health surveillance systems to monitor disease trends and identify potential outbreaks. Authored scientific manuscripts and delivered written and verbal reports to the bureau of epidemiology and the national scientific community. Provided timely and accurate responses to written and oral inquiries related to public health issues. Supervised and mentored student interns, graduate students, preventative medicine fellows, and epidemiologists during the EIS program. Served as a consultant for communicable disease outbreaks in Michigan counties.

Collaborated with multidisciplinary groups and various organizations, including the Michigan Public Health Institute, March of Dimes, American College of Obstetricians

and Gynecologists, City of Detroit Health Department, University of Michigan, and Michigan State University.

In this role, I played a vital role in leading field investigations, conducting epidemiological analyses, and implementing surveillance systems to protect public health. I effectively communicated findings to both internal and external stakeholders and collaborated with diverse organizations to address public health challenges in Michigan.

Clinical Diet Technician, Woodland Memorial Hospital, Woodland, CA (1/1996 to 2/1997):

As a Clinical Diet Technician at Woodland Memorial Hospital, I was responsible for planning nutritious menus and clinical diets for patients throughout the day. I conducted consultations at the bedside, assessed the nutritional needs of newly admitted patients, and collaborated closely with physicians and mid-level providers to recommend appropriate diets. Additionally, I meticulously documented patient information, including SOAP notes, and ensured the accuracy and currency of their medical charts.

DISSERTATION AND THESIS SERVICE

Doctoral Dissertations (Chair)

- **Cruz-Espaillat, Grisseel, PhD.** A Cross-Sectional Study: Dietary Micronutrient Levels in Allied Health and Nursing Students. *Dissertation Published March 2015.*
- **Williams, Thalia, PhD.** A Longitudinal Study of the Predictors of Sexually Transmitted Infections among African American Adolescents. *Dissertation Published May 2014.*
- **Andrew Kucharski, Ph.D.** Relationship between Vitamin D Status and Income: Results of the 2005-2006 NHANES. *Dissertation Published May 2014*.
- **Arlene London, Ph.D.** Relationship between Depression and Ethnicity status in Diabetes Management among Ethnic Minority Women. *Dissertation Published September 2013.*
- **Fatsani, Dogani, Ph.D.** Making Effective Use of Employee Vaccination Data to Improve Health Care Workers Seasonal Influenza Vaccination Rates in a Large Healthcare System in San Diego. *Dissertation Published May 2013.*
- **Johnson, Anika, Ph.D.** Determinants of High Pre-pregnancy BMI of Puerto Rican WIC Participants in the United States. Walden University. *Dissertation Published February 2013*.
- **Peoples, Marie Ina, Ph.D.** Infant Mortality Disparities in Missouri: A Community Health Center perspective. *Dissertation Published October 2011*.

Doctoral Dissertations (Committee Member)

- **Waters, Elisa, Ph.D.** HIV/AIDS and Bodish Migrants of Nepal: A

Phenomenological Study, 2009. *Dissertation Published January 2013*.

Master's Thesis (Committee Member)

- **Watson, Victoria, MPH.** Assessing Pregnant Women's Knowledge and Attitude of Obesity Risk Related to Maternal and Fetal Outcomes. 2008
- **Oliver, Melissa, MPH.** The impact of inadequate housing on the learning and development of low-income and minority children and a critical analysis of the assessment tools available to professionals and lay professionals in the home (home visitors, family liaisons, visiting nurses, home health aides) to identify housing concerns. 2009

TRAINING AND PRACTICUMS

Centers for Disease Control and Prevention, Epidemic Intelligence Service Officer

- Geoff Melly, PhD (July 2024-Current). Primary Supervisor, SNHD.
- Jessica Penney, MD (July 2022-June 2024). Primary Supervisor, SNHD.
- Jeanne Ruff, RN, MPH (July 2020-2022). Secondary Supervisor, SNHD
- Kaci Hickox, RN (July 2012-2014)). Secondary Supervisor, SNHD.
- Monica Adams, PhD, MPH (July 2014-2016). SNHD.

California Epidemiologic Investigation Service Program

- Mina, Mohammadi (November 2010). Primary Supervisor.

Master's Practicum (MPH Preceptor)

- Pan, Jimmy (June 2008). Post-Partum Depression in the County of Sacramento. A Gap Analysis and Policy Scan and Need to Educate Providers. University of California, Davis.
- Shunmuga, Priya, M.D. (June 2006). Prevalence and Risk Factors for Overweight Children in Sacramento County. University of California, Davis.

SERVICE:

University and Applied Public Health Practice

- Advisory Board Member, University of California, Davis, Health Informatics Advisory Board, 1333 Research Park Drive, Davis, CA
- Committee Member, Center for Health and Nutrition Research, University of California, Davis, CA
- Preceptor, University of California, School of Public Health, Davis, CA
- Advisory Board Member, California Epidemic Investigation Service, California Department of Public Health, Sacramento, CA

Community

- March of Dimes, California Chapter, Prevention Services Committee Member, San Francisco, CA
- March of Dimes, Greater Sacramento Chapter, Prevention Services Committee Member, Sacramento, CA
- Child Death Review Team, Committee Member, Sacramento, CA

Professional

- Peer Reviewer (Council of State and Territorial Epidemiologist)
- Peer Reviewer (Maternal and Child Health Journal)
- Peer Reviewer (American Journal of Public Health)
- Peer Reviewer (Journal of the American Medical Informatics Association)

POLICY & COMMUNITY GROUPS:

- **Nevada Public Health Foundation**, *Board Member*
- Big City Health Coalition
- Health Executive Council-San Mateo Health System
- HIT Governance Board-San Mateo Health System
- Joint Initiatives Coordination Workshop (San Mateo Medical Center)
- Healthy Community Collaborative-San Mateo County
- County Health Executives Associate of California (CHEAC)
- BARHII Bay Area Regional Health Inequities Initiative
- LEAP Steering Committee-San Mateo Health System
- SNHD Public Health Accreditation Team, 2014
- SNHD Community Transformation Grant Leadership Team, 2014
- Sacramento Board of Supervisors, Blue Ribbon Commission Member 2012-2013
- Fetal Infant Mortality Review Team 2003-2009
- Childhood Obesity Coalition, 2003-2007
- Alcohol and Drugs, Changing the Landscape Committee, 2003-2005
- Perinatal Child Health Advisory Committee 2004-2009
- Sacramento County Children's Coalition 2003-2007
- Perinatal Periods of Risk Approach Leadership Committee 2006-2009
- Michigan Maternal Mortality Review Team 2001

RESEARCH / GRANTS:

Public Health Infrastructure Grant (PI: Cassius Lockett). The objective of this five-year grant is to strengthen the U.S. Public Health Infrastructure, Workforce, and Data Systems.

COVID-19 Disparities Grant (PI: Cassius Lockett): The objective of this 2-year grant is to advance health equity among high-risk and underserved populations and people living in rural areas.

Overdose Data to Action CDC Cooperative Agreement (PI: Cassius Lockett): The objective of this grant is to address the opioid crisis based on five key strategies: 1) surveillance and research 2) building local capacity 3) supporting providers, health systems and payers 4) partnerships with public safety and 5) empowering consumers to make safe choices.

Ending the HIV Epidemic CDC Cooperative Agreement (PI: Cassius Lockett): The objective of this cooperative agreement is part of an initiative to end the HIV epidemic in America in ten years. The grant allows for flexibility to customize implementation strategies.

COVID-19 CDC Epidemiology Laboratory Capacity (ELC) Enhancing and Detection, COVID-19ELC41 (Project Lead: Cassius Lockett): Part of the Paycheck Protection Program and Healthcare enhancement Act response for cross-cutting emerging issues in support of COVID-19 testing and epidemiological surveillance activities.

COVID-19 CDC Epidemiology and Laboratory Capacity (ELC), Coronavirus Aid, Relief and Economic Security Act (CARES) 2020 emerging issues project funding to adjust community mitigation in response to COVID-19 (Project Lead: Cassius Lockett): Objective is to enhance ability to aggressively identify cases, conduct contact tracing and follow-up, implement containment measures, improve surveillance, enhance laboratory testing and protect the vulnerable.

Partnerships to Improve Community Health Funding Opportunity Number CDC-RFA-DP14-1417 (PI: Cassius Lockett): The objective of this cooperative agreement with the Centers for Disease Control and Prevention (CDC) was to support partnerships to address tobacco use and exposure, poor nutrition, physical inactivity and lack of access to chronic disease prevention, risk reduction and management opportunities in Clark County, Nevada.

Council of State and Territorial Epidemiologist Reportable Condition Knowledge Management System Partnership funding to support electronic case reporting. (PI: Cassius Lockett): Objective is to support development of electronic case reporting criteria in rules that can be consumed by an open source CDS and used to determine if an electronic laboratory report or initial case report should be sent from a provider to public health.

BioSense 2.0 Funding Opportunity Number CDC-RFA-OE12-1202 (PI: Cassius Lockett): Objective of this CDC grant was to support building State, Local, Tribal, and Territorial Surveillance Capacity to Enhance Regional and National All Hazards Public Health Situational Awareness by facilitating early detection and response to novel infectious disease conditions and emerging diseases.

ACCOMPLISHMENTS:

- Southern Nevada Health District (2021-Current)
  - Collaborated with UNLV on developing wastewater surveillance website: Wastewater Surveillance - Nevada EMPOWER (rbk6.github.io)
  - Assisted with setting up over 20 COVID-19 Community testing sites including but not limited to two federal ICATT sites (Texas Station/Fiesta Henderson) that could test up to 2,000 residents/day.
  - Deployed COVID-19 antigen test kit vending machines in six urban and rural locations in Clark County.
  - Developed Whole Genome Sequence testing prioritization protocol.
  - Updated disease surveillance system from TriSano to EpiTrax.
- San Mateo County Health (2016-2021)
  - Constructed new $30 million dollar 30,000 sf San Mateo County Animal Shelter facility
  - Winner of Silicon Valley Bicycle Award safe routes to school equity analysis -https://bikesiliconvalley.org/2018/08/2018-bike-summit-award-project-of-the-year-get-healthy-smc.
  - Bridges to wellness Team. Housed over 80 formerly homeless residents with co-occurring substance use and mental health illness.
  - Started Transgender Clinic.
- Southern Nevada Health District (2014-2016)
  - Created healthy Southern Nevada data dashboard.
  - Principal Investigator for a $9.0 million dollar Centers for Disease Control (CDC) grant to address tobacco use and exposure, poor nutrition, physical inactivity and lack of access to chronic disease prevention, risk reduction and management opportunities in Clark County, Nevada.
- Sacramento County (2001-2014)
  - Created local web-based disease surveillance system, adopted by the State of California.
  - Co-authored $9 million-dollar home visitation grant.
  - Implemented the perinatal periods of risk approach used to reduce infant mortality and child deaths.
- Walden University (2009-2018)
  - Extraordinary Faculty Award
  - Best doctoral dissertation award using the Perinatal Periods of Risk approach.
- Centers for Disease Control and Prevention (1999-2001)
  - In 1999, evaluated and redesigned the Michigan Maternal Mortality Surveillance System to reduce the largest maternal mortality racial disparity in the United States.
  - Department of Health and Human Services, Secretary's Award for Distinguished Service (Donna E. Shalala). Member, Rotavirus/Intussusception Team, 2000.
- University of New Mexico, School of Medicine, 1997.

- Minority International Research Training Award Recipient (Fogarty Grant)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

- Member, American College of Epidemiology
- Member, American Medical Informatics Association
- Member, American Public Health Association
- Member, Council of State and Territorial Epidemiologists

SAMPLE PEER REVIEWED PUBLICATIONS & MMWR:

Penney JA, Zhang Y, Bragg T, Bryant R, **Lockett C**. Notes from the Field: Pediatric Intracranial Infections - Clark County, Nevada. 2022. MMWR Morb Mortal Wkly Rep. 2023 Jun 2;72(22):606-607. doi: 10.15585/mmwr.mm7222a4. PMID: 37262006; PMCID: PMC10243483.

Van V, A Harrington, C Chang, H Baker, M. Moshi, N Ghani, J Itorralba, R Tillett, E Dahlmann, N Basazinew, R Gu, T Familara, S Boss, F Vanderford, M Ghani, A Tang, A Matthews, K Papp, E Khan, C Koutras, H Kan, **C Lockett**, D Gerrity, Edwin C. Oh, Identification and genome sequencing of an influenza H3N2 variant in wastewater from elementary schools during a surge of influenza A cases in Las Vegas, Nevada, Science of The Total Environment,Volume 872,2023,162058,ISSN 0048 9697,https://doi.org/10.1016/j.scitotenv.2023.162058.

V Vo, A Harrington, S Afzal, K Papp, C Chang, H Baker, P Aguilar, E Buttery, M Picker, **C Lockett**, D Gerrity, H Kan, Edwin C. Oh. Identification of a rare SARS-CoV-2 XL hybrid variant in wastewater and the subsequent discovery of two infected individuals in Nevada. Science of The Total Environment,Volume 858, Part 3,2023,160024,ISSN 0048-9697.

A Harrington, V Vo, K Papp, R Tillett, C Chang, H Baker, S Shen, A Amei, **C Lockett**, D Gerrity, Edwin C. Oh. Urban monitoring of antimicrobial resistance during a COVID-19 surge through wastewater surveillance. Science of The Total Environment, Volume 853, 2022,158577, ISSN 0048-9697.

ST. Allen, A O'Rourke, J Johnson, C Cheatom, Y Zhang, B Delise, K Watkins, K Reich, R Reich & **C Lockett** (2022). Evaluating the impact of naloxone dispensation at public health vending machines in Clark County, Nevada. Annals of Medicine, 54:1, 2680-2688, DOI: 10.1080/07853890.2022.2121418

J Ruff, Y Zhang, M Kappel, S Rathi, K Watkins, L Zhang, **C Lockett.** Rapid Increase in Suspected SARS-CoV-2 Reinfections, Clark County, Nevada. December 2021. Emerg

Infect Dis. 2022; 28(10):1977-1981 URL: https://stacks.cdc.gov/view/cdc/122133

Lasry A, Kidder D, Hast M, Poovey J, Sunshine G, Winglee K, Zviedrite N, Ahmed F, Ethier KA; CDC Public Health Law Program; New York City Department of Health and Mental Hygiene; Louisiana Department of Health; Public Health – Seattle & King County; San Francisco COVID-19 Response Team; Alameda County Public Health Department; **San Mateo County Health Department**; Marin County Division of Public Health. Timing of Community Mitigation and Changes in Reported COVID-19 and Community Mobility - Four U.S. Metropolitan Areas, February 26-April 1, 2020. MMWR Morb Mortal Wkly Rep. 2020 Apr 17;69(15):451-457. doi: 10.15585/mmwr.mm6915e2. PMID: 32298245; PMCID: PMC7755061.

Lockett C. Centers for Disease Control and Prevention (CDC). Knowledge and use of folic acid among women of reproductive age--Michigan, 1998. MMWR Morb Mortal Wkly Rep. 2001 Mar 16;50(10):185-9. PMID: 11280455.

Lockett C, C Calvert and LE Grivetti. Energy and micronutrient composition of dietary and medicinal wild plants consumed during drought. Study of rural Fulani, Northeastern Nigeria. International Journal of Food Sciences and Nutrition, V51, Issue 3. 2000.

A Thrower, D. Hadi, **C. Lockett**. Determinants of High Pre-pregnancy BMI of U.S. Puerto Rican WIC Participants. International Journal of Childbirth Education; Minneapolis. V. 28, Issue.4 (2013): 55-61.

Lockett C, and LE Grivetti. Food-related behaviors during drought: A study of rural Fulani, northeastern Nigeria. International Journal of Food Sciences and Nutrition. 51:2, 91-107, DOI: 10.1080/096374800100796. 2009.

RH Glew, DJ VanderJagt, **C Lockett**, LE Grivetti, GC Smith, A Pastuszyn and M Millson. Amino acid, fatty acid, and mineral composition of 24 indigenous plants of Burkina Faso. Journal of Food Composition and Analysis, 1997

SAMPLE GOVERNMENT PUBLICATIONS

Bryant R., B. Delise, Y. Zhang, N. Beckford and C. Lockett. Assessment of risk factors for Neonatal Abstinence Syndrome (NAS) using a Standardized Case Definition in Clark County, NV. CSTE 2023.

M. Kappel, L DiPrete, H. Blake and C. Lockett. Acute THC Intoxication Associated with Consuming Food from a local restaurant in Clark County. CSTE 2023.

Feng, J., C. Lockett. Feto-infant mortality in Southern Nevada: A Perinatal Periods of Risk (PPOR) assessment. Southern Nevada Health District, Division of Community Health, Data Brief, 2015.

Feng, J., N. Williams, C. Lockett. Preterm birth and low birth weight in Southern Nevada, 2010-2013. Southern Nevada Health District, Division of Community Health, Data Brief, 2014.

Feng, J., N. Williams, C. Lockett, J. Iser. Drug Poisonings in Southern Nevada, 2001-2012. Southern Nevada Health District, Division of Community Health, Data Brief, 2014.

Zheng, H., J. Pry, H. Chung, C. Lockett, O. Kasirye. Community Health Status Report 2014 Sacramento County Department of Health and Human Services, Epidemiology Services, 2014.

Lockett, C.T., H. Zheng. Black Infant Health, Fetal Infant Mortality Review Team Report 2005-2007. Sacramento County Department of Health and Human Services, Epidemiology Services, 2008.

Lockett, C.T., H. Zheng. AIDS Surveillance Report. Sacramento County Department of Health and Human Services, Division of Public Health, Epidemiology Services, 2008.

Gillam, A., C.T. Lockett. Tuberculosis Trends in Sacramento County. Sacramento County Department of Health and Human Services, Division of Public Health, Epidemiology Services, 2008.

Lockett, C.T., H. Zheng. Prevalence of Asthma Among Children. Results from the 2001 California Health Interview Survey. Sacramento County Department of Health and Human Services, Disease Control and Epidemiology, 2004.

Reeves, M.J., H. McGee, and C.T. Lockett "Challenge of a Lifetime" A description of the Mortality experience of African American males 1990-1998. Michigan Department of Community Health Report, 1999.

SAMPLE PROFESSIONAL PRESENTATIONS:

Congresswoman Jackie Speier and Cassius Lockett COVID-19 Town hall meeting. March 4, 2020, 6:15 pm. https://vekeo.com/event/repspeier-51140/

San Mateo County, Community Health Needs Assessment, Silicon Valley Central Chamber of Commerce. Belmont, CA, May 12, 2017.

Overview of Communicable Disease Control and Zika, San Mateo County. San Mateo Medical Center, Hospital Board, San Mateo, CA June 2, 2016.

Lockett, C.T. (2016). Overview of Communicable Disease Control and Zika, San Mateo County. San Mateo Medical Center, Hospital Board, Sacramento, CA June 2, 2016.

Lockett, C.T. (2015). Antibiogram and Antibiotic Stewardship. Southern Nevada Health

District. Facility Advisory Board. December 22, 2015.

Lockett, C.T. (2013). Norovirus Outbreaks, Sacramento County. Environmental Management Department, Food Industry, Sacramento, CA October 15, 2013.

Lockett, C.T. (2012). Analyis of Sexually Transmitted Diseases in newborns, Sacramento County. First Five Commission, Sacramento, CA February 6, 2012.

Lockett, C.T. (2008). Killing Me Softly, Vitamin Use in Chronic Disease Prevention. 1st Annual Healthy Men's Aging Summit, Sacramento, CA June 14, 2008.

Lockett, C.T., Shunmuga, P (2007). Risk Factors for Childhood Obesity in the County of Sacramento. First Five Commission, Children's Nutrition Summit, Sacramento, CA, March 15, 2007.

Lockett, C.T. (2005). Perinatal Periods of Risk Approach. Examining the Black White Gap in Infant Mortality in the County of Sacramento. First Five Commission, May 2005.

Lockett, C.T., Zhu B. (2000). Pregnancy-associated Mortality Due to Motor vehicle Crashes and Homicide in Michigan. 6th Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA, December 12, 2000.

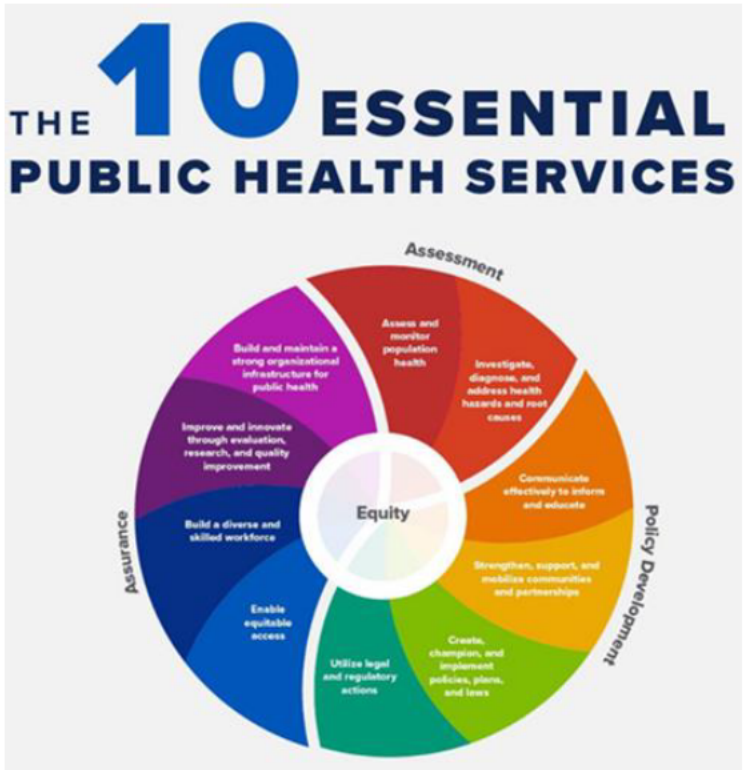
Lockett, C. T., Zhu B., Reeves M.J., Rafferty A (2000). Knowledge and Use of Folic Acid Among Women of Reproductive Age, Michigan, 1998. Prevention 2000 Conference, Atlanta, GA, March 25-26, 2000.

Lockett, C.T., Zhu B. (1999). An evaluation of the Michigan Maternal Mortality Surveillance Study. Center for Disease Control and Prevention, Grand Rounds, Atlanta, GA, October 26, 1999

VISION FOR THE SOUTHERN NEVADA HEALTH DISTRICT

CASSIUS LOCKETT, PHD, MS
DEPUTY DISTRICT HEALTH OFFICER-OPERATIONS

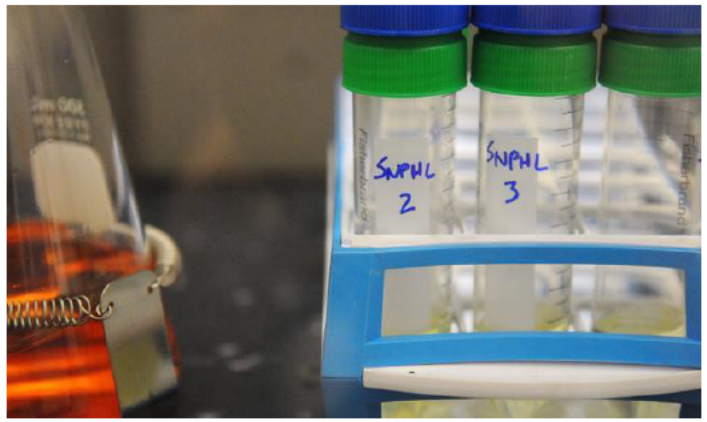
SNHD MISSION AND VISION



- **Mission:** *To assess, protect, and promote the health, **environment**, and well-being of Southern Nevada communities and visitors.*
- **Vision**:
  - **Based on the 10 essential public health services**, ensure that SNHD continues as a **high-performing** public health organization.
    - Client Centered, data-driven
    - Lead with dignity, respect
    - Psychological safety

SNHD Southern Nevada Health District

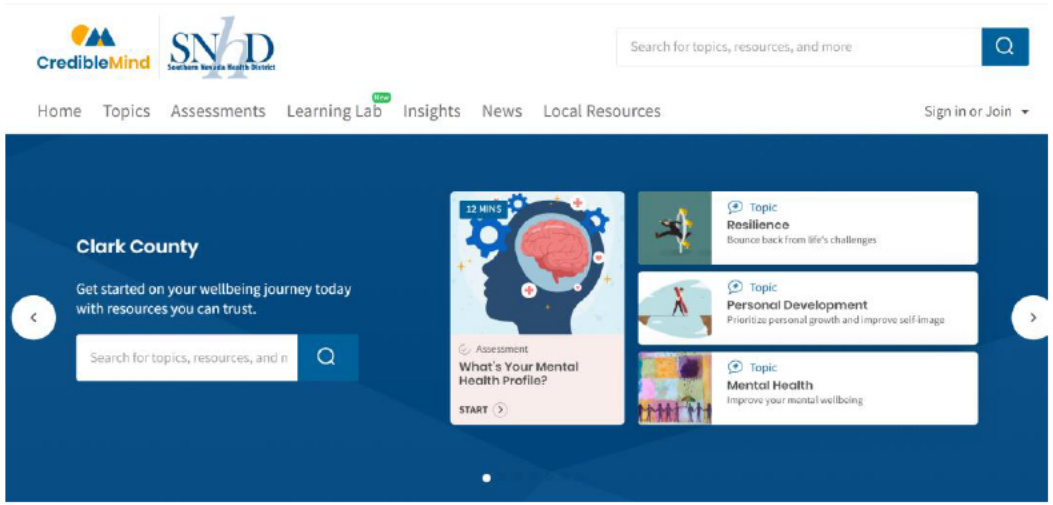
PUBLIC HEALTH ESSENTIAL SERVICES: #1 & #2



- **Monitor Health Status & Diagnose and Investigate Health Problems**
  - Community Health Needs Assessment (Opioid epidemic, Communicable & Chronic Diseases, Injuries, Health Disparities)
  - Community Health Improvement Plan (Public Health Funding, Access to Care, Chronic Disease)
  - Expand Southern Nevada Public Health Laboratory
  - Climate Change
    - Support Integrated Mosquito Management District

SNHD
Southern Nevada Health District

PUBLIC HEALTH ESSENTIAL SERVICES: #3 & #4



- **Inform, Educate, and Empower People & Mobilize Partnerships**
  - Strengthen Relationships with Community Partners
    - Traditional: Clark County, CCSD, Cities, Universities, Medical District, Federal agencies, State, CBO's, Others)
    - Non-traditional: Resorts, businesses, others
  - CredibleMind
    - Empower community to assess mental health
    - Offers best practice interventions (stress, anxiety, etc.)

SNHD Southern Nevada Health District

PUBLIC HEALTH ESSENTIAL SERVICES: #5 & #6

- **Develop Policies & Enforce Laws to Protect Health**
  - PHAB **Re-Accreditation Efforts**
    - **SNHD meeting national standards to deliver services**
  - **Enforce Laws**
    - Communicable Disease
    - Food Safety Standards

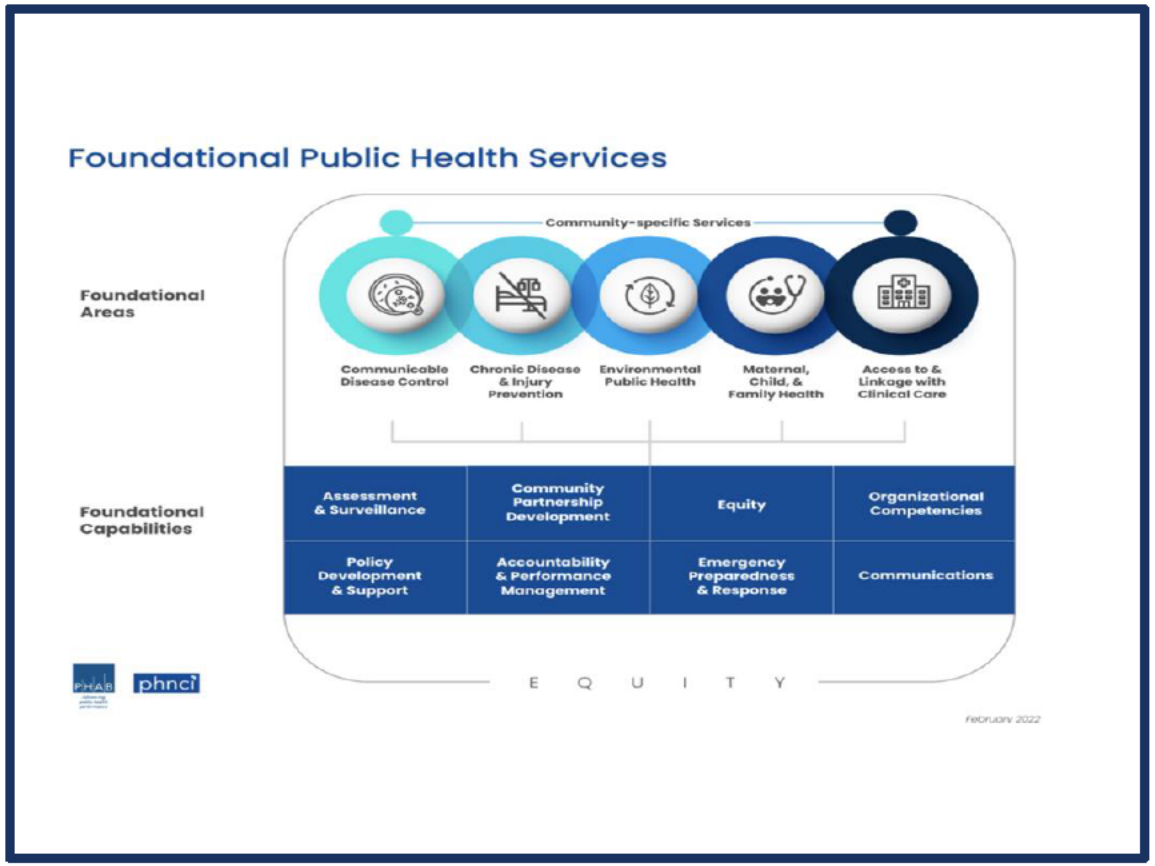
SNHD Southern Nevada Health District

PUBLIC HEALTH ESSENTIAL SERVICES: #7

- **Link People to Needed Health Services**
  - Integrated Behavioral Health/Primary Care Services
  - Dental Clinic
  - Expand site and field services
    - Express care testing
    - **Street & Field Medicine**
      - **Nurse with a back-pack**

SNHD
Southern Nevada Health District

PUBLIC HEALTH ESSENTIAL SERVICE: #8 AND #9



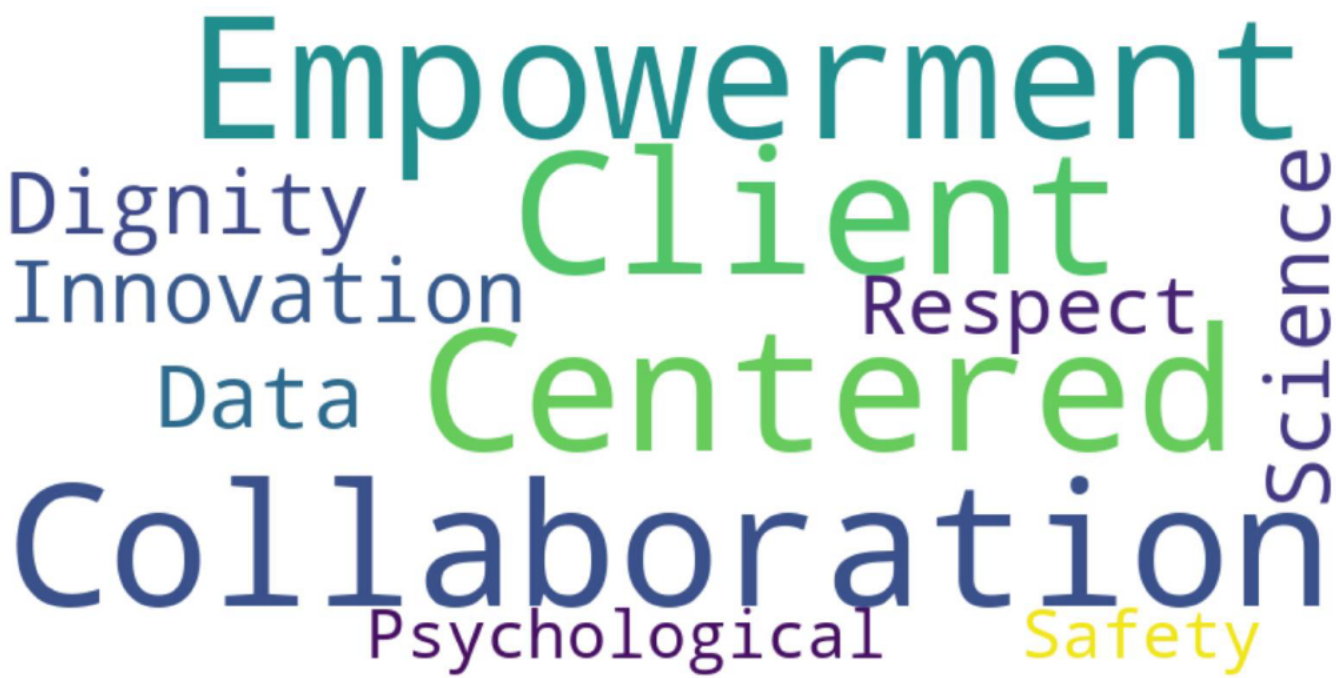
- **Assure Competent Workforce & Evaluate Health Services**
  - Workforce Development (PHIG Grant,)
    - **Retain employees**
    - **Grow workforce** aligned with Foundational Public Health Services (**FPHS**)
    - **Evaluate** Community **Interventions** with Partners

SNHD
Southern Nevada Health District

PUBLIC HEALTH ESSENTIAL SERVICE #10

- **Research for New Insights and Innovative Solutions**
  - **Academic Local Health Department related Research**
    - UNLV students
    - Nevada EIS program (new)
  - Data Modernization
    - **Align with CDC Data Modernization efforts** (e.g. eCR)
    - Collaborate with Nevada HIE to promote local Interoperability with EHRs

SNHD
Southern Nevada Health District



THANK YOU

Southern Nevada Health District

DATE: October 24, 2024

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Substance Use Dashboard

The Southern Nevada Health District has launched a new data dashboard and a test strip mail order program as part of its ongoing efforts to reduce overdoses. These programs provide harm reduction resources and education to Clark County residents.

The Substance Use Dashboard — available at www.southernnevadahealthdistrict.org/programs/substance-use-and-overdose-prevention/data/ — offers information on fatal and nonfatal overdoses in Clark County. It includes overdose rates and maps that show areas with the highest incidence of overdose. The dashboard also displays findings from the Health District's drug checking program, where clients can submit used paraphernalia or drug refuse for analysis to find out what substances may have been cut into the drug they used. Additionally, the dashboard provides a list and map of harm reduction resources throughout Clark County.

The Health District also announced a new mail order program, known as "The Strip Club," which offers free fentanyl and xylazine test strips that are mailed to valid Clark County addresses. The test strips, which include easy-to-follow instructions, can detect fentanyl and xylazine in a substance. Fentanyl is a synthetic opioid that is 80 to 100 times stronger than morphine. Xylazine, also called "tranq" or "tranq dope," is a non-opioid animal sedative or tranquilizer that is not approved for use in people. People interested in requesting test strips can contact the Health District for information and training at www.southernnevadahealthdistrict.org/programs/join-the-strip-club/.

In 2023, there were 692 drug overdose deaths reported among Clark County residents, with opioids (both prescription and illicit) accounting for 68.1% of these deaths. From 2020 to 2023, drug overdose deaths in the county increased 23.6%, and opioid-related deaths rose by 23.9% during the same period. The highest opioid death rate in the county was in the 89101 ZIP code, with 69.91 deaths per 100,000 residents.

Fentanyl remains a significant public health concern in Southern Nevada, driving the increase in opioid-related deaths. From 2020 to 2023, fentanyl-related deaths in Clark County increased 92.7%.

COVID-19 and Flu Vaccine Clinics

Updated 2024-2025 flu and COVID-19 vaccinations are now available at Southern Nevada Health District clinics. The Health District is reminding the public the vaccines can be administered at the same time and recommending everyone eligible get their updated vaccines to protect against more serious illness from COVID-19 and flu this upcoming respiratory season.

Flu Vaccine Recommendations

The flu vaccine is recommended for everyone 6 months of age and older. It is especially important for those at higher risk of developing serious complications from the flu. This includes people 65 years of age and older, as well as people with underlying medical conditions such as heart disease, diabetes, lung disease and compromised immune systems. It is also important to protect people more likely to be exposed to both flu and COVID-19, including health care workers and essential workers who interact frequently with the public. A complete list of people at higher risk is available on the CDC website at www.cdc.gov/flu/highrisk/index.htm.

There were 88 deaths, and 1,403 hospitalizations attributed to influenza in Clark County during the 2023-2024 season, far more than the 2022-2023 flu season, which recorded 48 deaths and 859 hospitalizations. During the 2023-2024 season, 47.8% of the flu hospitalizations and 79.5% of the deaths were persons 65 years of age or older. Flu surveillance in Clark County for the 2024-2025 influenza season begins September 29 and runs through May 17. The weekly Influenza Surveillance Snapshot and Influenza Report by Age Group will be available on SNHD's website beginning in October.

The Centers for Disease Control and Protection (CDC) recommends getting vaccinated before flu viruses begin spreading in the community, because it takes about two weeks after vaccination for the antibodies to develop and provide protection against the flu. However, people can be vaccinated anytime during flu season. People should follow the recommended schedule for all vaccines and refer to current guidelines from the CDC and the Advisory Committee on Immunization Practices.

COVID-19 Vaccine Recommendations

Everyone 6 months of age and older should get at least one dose of an updated COVID-19 vaccine. The two mRNA vaccines, Moderna and Pfizer-BioNTech, have been approved by the Food and Drug Administration. The updated vaccines are expected to work well against currently circulating variants of COVID-19.

The virus that causes COVID-19 is always changing, and protection from COVID-19 vaccines declines over time. Updated vaccines provide the best protection from the strains of the virus that are currently circulating. For information about staying on track with vaccines, visit Staying Up to Date with COVID-19 Vaccines | COVID-19 | CDC.

The COVID-19 and flu vaccines are covered by most health plans, including private insurance, Medicare plans and Medicaid plans. Uninsured children and uninsured adults also have access through the Vaccines for Children Program and State 317 Adult Vaccine Program, respectively. Flu and COVID-19 vaccines are available at Health District public health centers by appointment. To make an appointment go to www.snhd.info/immunizations or call (702) 759-0850. Clinic locations include:

- Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107
- East Las Vegas Public Health Center, 2950 E. Bonanza Rd., Las Vegas, NV 89107
- Fremont Public Health Center, 2830 E. Fremont St., Las Vegas, NV 89104
- Boulevard Mall (in El Mercado), 3528 S. Maryland Parkway, Las Vegas, NV 89169
- Henderson Public Health Center, 220. E. Horizon Dr., Suites, A & C, Henderson, NV 89015
- Mesquite Public Health Center/Jimmie Hughes Campus, 150 N. Yucca St., Suites, 3&4, Mesquite, NV 89027

For more information about Health District public health center hours, locations and available services, go to www.southernnevadahealthdistrict.org/about-us/maps/. COVID-19 and flu vaccines are also available at pharmacies and health care provider offices throughout Southern Nevada. To locate a COVID-19 vaccine clinic, visit COVID-19 Vaccine Distribution – Southern Nevada Health District | COVID-19.

The Health District also recommends preventive measures to help people mitigate the spread of flu, COVID and other respiratory viruses:

- Wash hands frequently with soap and running water. Use an alcohol-based hand sanitizer if soap and water are not available.
- Stay home when sick and limit contact with others.
- Avoid close contact with people who are sick.
- Cover coughs and sneezes with a tissue. Throw the tissue away after using it.
- Take a COVID-19 test if flu-like symptoms develop.
- Take antiviral drugs for flu if prescribed by a doctor.

For more information about respiratory illnesses, visit Respiratory Illnesses | CDC.

National Gay Men's HIV/AIDS Awareness Day

On September 27, National Gay Men's HIV/AIDS Awareness Day, the Southern Nevada Health District highlighted the ongoing and disproportionate impact of HIV on gay, bisexual, and other men who have sex with men. They emphasized efforts to end the HIV epidemic through expanded testing, prevention, treatment, and the reduction of stigma.

In 2021, an estimated 32,100 new HIV infections were reported in the United States. Clark County reported 488 new HIV diagnoses in 2022; of those, 243 were associated with male-to-male sexual contact. Approximately 1.2 million people in the U.S. have HIV, and about 13% of them are unaware of their status. From 2015 to 2019, the number of new HIV infections among gay and bisexual men in the U.S. decreased from an estimated 26,900 to 24,500. However, gay and bisexual men accounted for 67% of new HIV diagnoses in 2021.

Disparities persist among Black and African American and Hispanic or Latino gay and bisexual men, who receive more new HIV diagnoses than those of other racial and ethnic groups. Young men aged 13 – 24 with HIV are more likely to be unaware of their HIV status than men of different age groups.

HIV testing is readily available in Southern Nevada:

- The Health District offers express testing at no cost from 7:30 a.m. – 4 p.m., Monday through Thursday at its Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107.

- No-cost testing is available at the Fremont Public Health Center, 2830 E. Fremont St., Las Vegas, NV 89104, from 7:30 a.m. – 4 p.m. each Friday. No appointments are needed, but clients must be asymptomatic.
- HIV testing is available at no cost in the Arleen Cooper Community Health Center at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. Hours are 9 a.m. – 5:30 p.m. Monday – Thursday and 9 a.m. – 2 p.m. on Fridays and Saturdays. Appointments are preferred, but walk-ins are accepted.
- The Health District's Collect2Protect program offers free at-home HIV tests, giving people a convenient and private option for testing. The kits can be requested through the Collect2Protect page.

Same-day HIV testing and treatment services are also available in the Southern Nevada Community Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107. HIV services include testing, medical, behavioral health, nutrition, case management, pharmaceutical, and educational services, including PEP and PrEP navigation and treatment for those who test negative. Services are offered for insured and uninsured patients. Sliding fee scale discounts are available to all self-pay patients who qualify.

Community Meetings

Week ending 09/29:

Monthly:

- Participated in the Southern Nevada District Board of Health meeting
- Participated in the District Health Officer (DHO) Succession & Planning Committee meeting

Annually:

- Participated in the annual required meeting with representatives from Forvis Mazars, the Health District's auditors

Professional Development/Conferences:

- Attended the Big Cities Health Coalition (BCHC) Fall 2024 Meeting
- Attended the Nevada Primary Care Association (NVPCA) Annual Healthcare Conference
- Attended the "Misuse and Abuse of Controlled Substances; Prescribing of Opioids" webinar facilitated by the Clark County Medical Society

Week ending 09/22:

N/A

Week ending 09/15:

Monthly:

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

Media/Interviews/Panelist/Presenter/Events:

- Facilitated the New Board of Health Member Orientation for Dr. Brian Labus and Dr. Susan VanBeuge
- Attended the Hispanic Heritage Kickoff Celebration

Professional Development/Conferences:

- Attended the in-house Leadership and Development training facilitated by FutureSync

Ad-hoc Meetings:

- Participated in a meeting with Ryan Falk, medical student, regarding potential research in evaluating immunization programs
- Participated in the meeting with members of the Health District and Melissa Jones, Executive Director with Bay Area Regional Health Inequities Initiative (BARHII)

Week ending 09/08:

Quarterly:

- Attended the State Board of Health meeting

Media/Interviews/Panelist/Presenter/Events:

- Attended the Southern Nevada Health District Sexual Health Education & Testing Fair

Ad-hoc Meetings:

- Participated in the Joint Meeting of the Clark County Board of Commissioners and the Southern Nevada Health District

MEMORANDUM

Date: October 24, 2024

To: Southern Nevada District Board of Health

From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration*
Fermin Leguen, MD, MPH, *District Health Officer*

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

Executive Summary

The Office of Communications issued eight News Release. Communications staff developed creative advertising materials and media placements for the Bridge Vaccine Confidence campaign, updated the branding plan for reaccreditation, and completed the District Dish Newsletter. Staff received 10 health fair requests and organized Health District participation for several community events, including the Sexual Health Awareness and Testing event, and Hispanic Heritage Month at Discovery Children's Museum. Health Cards served 11,458 total clients, which included 2,671 clients renewing online. Construction was completed on the Behavioral Health Clinic at the Decatur Location. The Executive Leadership Team and Department Directors participated in a FutureSync Training and Development session. As of October 1, 2024, the Health District had 821 active employees. Human Resources arranged 22 interviews, extended 17 job offers (one offer declined) and onboarded 16 new staff. There were four terminations, no promotions, two flex-reclasses, three transfers and no demotions. There were five employment opportunities posted.

Office of Communications

News Releases Disseminated:

- Health District observes Childhood Obesity Awareness Month
- Health District warns against drinking raw milk
- District Health Officer announces pending retirement
- September is National Preparedness Month
- Reminder: Next Pop-Up Produce Stand set for October 1 in Las Vegas
- Updated flu and COVID-19 vaccines now available at Health District clinics
- Southern Nevada Health District observes National Gay Men's HIV/AIDS Awareness Day
- Southern Nevada Health District launches Substance Use Dashboard

Press:

- Flu and COVID-19 vaccinations
- Mpox
- Heat-related deaths
- Lifeguard rules for LVAC pools
- Health risks of drinking raw milk
- Pop-Up Produce Stands

Five hundred ninety news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in September. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at https://media.southernnevadahealthdistrict.org/download/oc/202409-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In September, staff developed creative advertising materials and media placements for the Bridge Vaccine Confidence campaign. They also provided product support to Health Equity and Human Resources. Additionally, team members updated the branding plan in anticipation of the upcoming PHAB accreditation and completed the layout and articles for the District Dish Newsletter. Throughout the month, the Office of Communications responded to 120 public information email inquiries and addressed 72 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, snchc.org and GetHealthyClarkCounty.org.

On social media, staff focused on promoting Beat the Heat, cooling stations, Board of Health recognitions, National Gay Men's HIV/AIDS Awareness Day, Save a Life Day, Max Your Vax (mpox), National Preparedness Month, free Naloxone, flu and COVID-19 vaccines, pop-up produce stands, the Southern Nevada Public Health Laboratory, Recovery Month, walk audits, HPV vaccine reminders, Hispanic Heritage Month at Discovery Children's Museum, Fight the Bite, Credible Mind, and the Sexual Health Education and Testing Health Fair.

Community Outreach and Other:
Staff received 10 health fair requests and organized Health District program participation for several community events, including the Sexual Health Awareness and Testing event, and Hispanic Heritage Month at Discovery Children's Museum.

- 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: 220

Meetings and Events of Note:

- September 03: Sexual Health Awareness & Testing event
- September 05: Accreditation meeting
- September 05: Las Vegas Discovery Museum meeting
- September 10: REACH Immunization grant meeting
- September 14: Las Vegas Discovery Museum/Hispanic Heritage event
- September 15: Las Vegas Discovery Museum/Hispanic Heritage event
- September 16: Back to School meeting
- September 18: Fiesta Las Vegas 98.1FM sponsorship/interview
- September 18: National Public Health Information Coalition (NPHIC)/CDC Monthly Communication call
- September 19: EXA 94.5 FM and La Mejor 93.5 sponsorship/interview
- September 20: UNLV Communication Studies Class Presentation
- September 25: Developing a Response Plan to Misinformation in Public Health webinar
- September 26: Accreditation meeting
- September 25: SNHD Las Vegas Grand Prix Formula 1 planning meeting
- September 30: Haunted Harvest orientation 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
September 1-30, 2024	48	43	90%	36

Facilities

Monthly Work Orders	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Maintenance Responses	192	384	↑	616	867	↑
Electrical Work Orders	17	37	↑	23	83	↑
HVAC Work Orders	21	41	↑	89	83	↓
Plumbing Work Orders	1	15	↑	15	51	↑
Preventive Maintenance	17	31	↑	58	103	↑
Security Responses	2,308	2,729	↑	7,715	7,991	↑

Current Projects

Decatur Location

- Removed wall in Clinical Administration area to combine staffing team area
- Created two provide offices for providers in the FQHC Clinic
- Installed hydration station near the Environmental Health area
- Installed four new cubicle offices in the Executive Suite

Finance

Total Monthly Work Orders by Department	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Purchase Orders Issued	471	579	↑	1,533	1,765	↑
Grants Pending – Pre-Award	4	3	↓	13	9	↓
Grants in Progress – Post-Award	15	17	↑	32	33	↑

* 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 – September 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
C8ECS44893-01-04 Health Center Infrastructure Support, amendment #4 (hccvd_22)	F-HRSA	9/14/2024	$600,474	End of program period	0.00	Project not expected to renew
Comagine Health, Integrated Maternal Health Services, Year 1 of 5 (comag_24)	O-Comagine Health	9/29/2024	$11,876	End of budget period	0.10	The renewal for FY2025 is in progress, will be Year 2 of 5
U01EH001369-04-00 CDC Food Illness, Safety Culture, Year 4 of 5(fdill_24)	F-CDC	9/29/2024	$192,586	End of budget period	1.17	FY2025 is currently underway
6H79TI084749-02M001 FR-CARA/Substance Abuse and Mental Health Services_Projects of Regional and National Significance, Year 2 of 5 (frcar_24)	F-SAMHSA	9/29/2024	$500,000	End of budget period	2.00	FY2025 is currently underway

Grants Expired – September 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
Board of Regents, NSHE, obo University of Nevada, Las Vegas, Nevada Childhood Lead Poisoning Prevention Program, Amendment #2 (nclpp_22)	P-CDC	9/29/2024	$150,000	End of budget period	0.28	An amendment is currently in the works to extend the end date to 9/29/25
State of Nevada, Nevada Home Visiting, Maternal, Infant and Early Childhood Home Visiting Grant Program, Year 2 of 2, Amendment #1 (nfp_24)	P-CDC	9/29/2024	$281,116	End of budget period	2.59	The renewal for FY2025 is in progress
6 H49MC52122-01-03, Healthy Start Initiative-Eliminating Racial/Ethnic Disparities, Year 1 of 5, Amendment #3 (pphs_24)	F-HRSA	9/29/2024	$1,100,000	End of budget period	8.40	FY2025 is currently underway
6 NU01DD000024-01-02 Pregnant People - Infant Linked Longitudinal Survey (Stillbirth), Year 1 of 4, Amendment #2 (ppls_24)	F-CDC	9/29/2024	$345,099	End of budget period	2.50	FY2025 is currently underway
6 NU58DP007746-01-03, Southern Nevada Health District Community Partnership to Promote Health Equity, Year 1 of 5 (reach_24)	F-CDC	9/29/2024	$539,256	End of budget period	0.83	FY2025 is currently underway
6 NU58DP00768401-01, Nevada SUID/SDY Case Registry and	F-CDC	9/29/2024	$248,924	End of budget period	1.38	FY2025 is currently underway

Grants Expired – September 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
Prevention Project, Year 1 of 5, Amendment #1 (suid_24)						
Board of Regents, NSHW obo University of Nevada, Reno, Amendment #1 (unrnx_24)	O-UNLV	9/29/2024	$1,800,000	End of project period	0.00	Project not expected to renew
15PBJA-23-GG-02351-COAP, Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, SPORTS:Southern Nevada Post-Overdose Response Team Support, Year 1 of 3(cossup24)	F-DOJ	9/30/2024	$535,191	End of budget period	3.20	FY2025 is currently underway
Clark County, Thrive by Zero to Three Prevention Services Program, Embracing Healthy Babies (ehbsa_24)	CONTRACT	9/30/2024	$150,000	End of program period	2.16	FY2025 is currently underway
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.4 C1900067, Sexual Health Outreach Prevention Program, A1 (gsshc_24)	CONTRACT	9/30/2024	$300,563	End of budget period	2.95	FY2025 is currently underway
Catholic Charities, Refugee Health Program (hcrhp_24)	CONTRACT	9/30/2024	$262,753	End of budget period	1.00	FY2025 is currently underway
State of Nevada, Substance Abuse M. tuberculosis Prevention Program, Year 2 of 2 (saptb_24)	State NV	9/30/2024	$40,440	End of project period	0.26	Project not expected to renew

Grants Expired – September 2024						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
State of Nevada, Tobacco Merchant Retail (tobrtl25)	P-SAMHSA	9/30/2024	$23,301	End of project period	0.00	Project not expected to renew

Grants Awarded – September 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, Directors Office, Fund for Healthy Nevada, Behavioral Health (hcincu25)	State NV	9/3/2024	7/1/2024	6/30/2025	$150,000	Continuation of funding, beginning of new project period	1.00
H80CS33641-05-05, Health Center Service Area, Amendment 5 (hcsac_24 A5)	F-HRSA	9/5/2024	2/1/2024	1/31/2025	$23,798	Releasing obligated funds	0.00
State of Nevada, Office of Child, Family and Community Wellness, Immunization Supplement (immslv25)	P-CDC	9/5/2024	7/1/2024	6/30/2025	$140,059	Supplemental Funding	1.40
State of Nevada, Fund for Healthy Nevada (vapfhn25)	State NV	9/9/2025	7/1/2024	6/30/2025	$333,333	Continuation of funding, beginning of new project period	0.30
NU58DP007746-02-00, Southern Nevada Health District Community Partnership to Promote Health Equity, Year 2 of 5 (reach_25)	F-CDC	9/10/2024	9/30/2024	9/29/2025	$680,038	Non-Compete Continuation	1.05
State of Nevada, Public Health Preparedness Program, Year 1 of 5 (phep_25)	P-CDC	9/13/2024	7/1/2024	6/30/2025	$1,782,379	Continuation of funding, beginning of new project period	9.10

Grants Awarded – September 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 Ryan White Part B - Medical Case Management, Amendment #1 (hcrwbm24)	State NV	9/17/2024	4/1/2024	3/31/2025	$257,287	Award releasing 75% of funds	0.00
State of Nevada Ryan White Part B - Non- Medical Case Management, Amendment #1 (hcrwbn24)	State NV	9/17/2024	4/1/2024	3/31/2025	$459,369	Award releasing 75% of funds	0.00
State of Nevada, Public Health Preparedness Program, Cities Readiness Initiative (cri_25)	P-CDC	9/17/2024	7/1/2024	6/30/2025	$751,181	Continuation of funding, beginning of new project period	4.15
State of Nevada, Preventative Health and Health Services, Amendment #1 (phhsbg24)	P-CDC	9/18/2024	10/1/2023	9/30/2024	$11,000	Addition of funds	0.00
State of Nevada, Nevada Home Visiting Program TANF, Year 1 of 2 (nfptf_25)	P-ACF	9/19/2024	7/1/2024	6/30/2025	$813,239	Continuation of funding, beginning of new project period	6.00
H80CS33641-05-06, Health Center Service Area, Amendment #6 (hcsac_24)	F-HRSA	9/19/2024	2/1/2024	1/31/2025	$37,000	Releasing obligated funds	0.00
3H79TI084748-03S1, R-CARA/Substance Abuse and Mental Health Services_Projects of Regional and National Significance, Supplemental award, Amendment #1	F-SAMHSA	9/23/2024	9/30/2024	9/29/2025	$58,190	Supplemental Funding	0.00

Contracts Awarded – September 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Clark County, Public Health Nurse Liaison Services for Child Protective Services, Year 3 of 6 (cps_24)	CONTRACT	8/13/2024	7/1/2024	6/30/2025	$81,078	FY2025 renewal	1.00
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.4 C1900067, Sexual Health Outreach Prevention Program, Amendment #1 (gsshc_24)	CONTRACT	9/3/2024	10/1/2022	9/30/2024	$4,500	Addition of funds	0.00
Clark County, HIV Status Neutral Rapid Prevent Program, Year 2 of 3 (ppcsna25)	CONTRACT	9/3/2024	9/1/2024	8/31/2025	$325,000	FY2025 renewal	2.55
Ryan White Part A Program Clinical Quality Management, Year 2 of 3 (rwacqm24)	CONTRACT	9/9/2024	3/1/2024	2/28/2025	$40,000	Continuation of funding	TBD
Senate Bill 118, State Appropriation to Local HealthDistricts (sb118_25)	ILA	9/9/2024	8/1/2024	6/30/2026	$10,950,000	New effort	30.87
Clark County, Ending HIV, Rapid Start, Award #3 (eherpd25)	CONTRACT	9/13/2024	3/1/2024	2/28/2025	$130,270	Continuation of funding, beginning of new project period	2.65

Contracts Awarded – September 2024							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.10 C1900067, Sexual Health Outreach Prevention Program, Amendment #1 (gsshc_25)	CONTRACT	9/24/2024	10/1/2024	9/30/2025	$279,567	FY2025 renewal	2.70

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 September, we averaged 89 "passing and paying" online renewal clients per day, with a total of 2,671 clients renewing online.

CLIENTS SERVED	Sept 2024	Aug 2024	July 2024	June 2024	May 2024	Apr 2024
FH Cards – New	5,933	6,340	6,740	6,836	7,409	7,088
FH Cards – Renewals	829	930	986	970	1,069	758
FH Cards – Online Renewals	2,671	2,826	2,507	2,312	2,371	1,808
Duplicates	487	583	538	503	612	532
CFSM (Manager) Cards	225	251	252	279	253	286
Re-Tests	1,271	1,450	1,649	1,568	1,685	1,633
Body Art Cards	42	115	127	97	107	113
TOTALS	**11,458**	**12,495**	**12,799**	**12,565**	**13,506**	**12,218**

Human Resources (HR)

Employment/Recruitment:

- 1 New job title for September
- 821 active employees as of October 1, 2024
- 16 New Hires, including 0 rehires and 0 reinstatements
- 4 Terminations, including 0 retirements
- 0 Promotions, 2 Flex-reclasses
- 3 Transfers, 0 Lateral Transfers
- 0 Demotions
- 27 Annual Increases
- 22 Interviews
- 17 Offers extended (1 offer declined)
- 5 Recruitments posted
- Turn Over Rates
  - Administration: 0.93%
  - Community Health: 0.00%
  - Disease Surveillance & Control: 0.00%
  - Environmental Health: 0.00%
  - Public Health & Preventive Care: 1.11%
  - FQHC: 1.11%

Temporary Employees

- 27 Temporary Staff
- 1 New Agency Temporary Staff Member (RPHontheGO)
- 0 Agency Temporary Staff Members assignment ended

Employee/Labor Relations

- 3 Coaching and Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 5 Grievances
- 2 Arbitrations
- 60 Hours of Labor Meetings (with Union)
- 80 hours investigatory meetings
- 5 Investigations
- 13 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 37 interns and 488 applied public health practice hours in September 2024.

Interns and Clinical Rotations	Sept 2024	YTD
Total Number of Interns [1]	37	56
Internship Hours [2]	488	1,674

[1] Total number of students, residents, and fellows

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

Safety

- Inquiries – 58
- Investigations – 1
- Safety Publications – 3
- Safety and Health Program Reviews – 2

Training (In-Person and Online)

- Leadership Development Program Cohort Meeting – 6 participants
- Interview Process Training Session 1 – 5 participants
- Interview Process Training Session 2 – 7 participants
- Interview Process Training On-Demond – 11 participants

New Hire Orientation

- September 3rd – 7 New Hires
- September 16th – 2 New Hires
- September 30th – 6 New Hires

Information Technology (IT)

Service Requests	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Service Requests Completed	1,065	846	↓	3,430	3,290	↓
Service Requests Opened	1,191	980	↓	3,830	3,735	↓

Information Services System Availability 24/7	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Total System	98.71	98.62	↓	98.38	96.29	↓

*Total Monthly Work Orders by Department	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Administration	300	198	↓	793	866	↑
Community Health	80	83	↑	359	343	↓
Environmental Health	181	170	↓	636	581	↓
**Primary & Preventive Care	218	178	↓	797	816	↑
**Disease Surveillance & Control	151	108	↓	375	389	↑
**FQHC	202	186	↓	565	603	↑
Other	15	16	↑	43	36	↓

First Call Resolution & Lock-Out Calls	Sept 2023	Sept 2024		YTD FY24	YTD FY25	
Total number of calls received	1,191	980	↓	3,830	3,735	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
  - Participated in the Operational Resilience Workgroup for the Strategic Planning session in October 2024.
  - Participated in the Access to Care Workgroup for the Strategic Planning session in October 2024.
  - Let the Workforce Development Workgroup for the Strategic Planning session in October 2024.
    - Provided meeting locations
    - Identified workgroup members
    - Developed DRAFT Workforce Development Definition for the workgroup as a starting point for the meeting
    - Provided Definition and Goals to Workgroup prior to the meeting as a level set for the group
- Met with Project Officer to discuss a shift in A2 (Foundational Capabilities) funding for the Office of Chronic Disease Prevention and Health Promotions (OCDPHP.
  - Provided updates to Manager OCDPHP
  - Provided update to Deputy District Health Officer-Operations on the shift in A2 funding to support OCDPHP mission
  - Provided update to PHIG A2 Accountant
- Participated with the SNHD – CDC-PHIA – ALN 93.967 – Risk Assessment Meetings with the financial auditors.

CDC Requirements

- Attended two CDC PHIG National Partner Events for the PHIG Team Members:
  - Regional Hub Meeting – September 4-5, 2024, in Long Beach, CA
    - Keynote Speaker: Dr. Judy Monroe, President and CEO, CDC Foundation on PHorecasting PHIG
    - Attended Succession Planning: Developing Tomorrow's Public Health Leaders
    - Attended Peer Learning Group: Retention
    - Attended Public Health Core Competency and Training Preferences – Assessment for Health Departments
    - Participated in Panel: Communicating Systems Change within your whole health department
    - Attended Transforming Local Public Health: Lessons in Equitable Workforce Development
    - Attended Closing Plenary – Grounding New Perspectives – Speaker: Mr. Michael Osur, Retired Assistant Director, Riverside County Public Health
  - Open Forum Meeting – September 17-20, 2024, in Chicago, IL
    - Keynote Speaker: Ms. Kelly Crawford, Associate Director, DC Department of Energy and Environment Air Quality Division
    - Welcome Address: Ms. Montrece Ransom, Director of the National Coordinating Center for Public Health Training, National Network of Public Health Institutes
      - Ms. Ransom's vision for the future is threefold – The Law, Health Equity, and Public Health Advocacy
    - Plenary session: Tetris Illinois: Connecting the Blocks of Public Health to Inspire the NxGen

- Quick Hit Session: Building Strong Foundations: Enhancing Leadership Capacities in Public Health
- Training Workshop: Leader Development is Workforce Development

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

- Awaiting Notice of Award for the NCC Application for year three (3) funding for A2 (Foundational Capabilities).

Performance Management

- Guided Strategic Plan Priorities through working groups and leaders.
  - Formed rollout plan for Executives to cascade to their teams to devise objectives and activities that support the priorities over the next 3-5 years.
- Participated and/or moderated in over 4 hours of working group meetings to define strategic priorities and overarching goals under each priority.
- Completed 12-hours of Strategic Planning / Performance Management training from Region 9 PHIG and ASTHO at no cost.

Quality Improvement

- Completed 3 hours of instruction and coaching in the HR Leadership Development program.
- Developed training for PPC and Just Did It forms for over 100 staff members. This is a key initiative to drive a stronger QI culture in our agency.
- Delivered training to over 100 persons in FQHC regarding use of the QI project storehouse. This tool allows transparency of projects from all over the District for recognition and inspiration for new projects.

PHAB Reaccreditation

- Connected NVDPBH with our Senior Epidemiologist Scientist for health building a narrative of cooperation between the state and SNHD on investigations.
- Continued collaboration with NVDPBH and consultants to produce an Access to Primary and Behavioral Health Care report.
  - Connected more than 15 SNHD staff to the consultants for interviews with the purpose of customizing the data in our report to our District-area.
- Continuing quarterly meetings with contributors.
- SNHD is 70% on track for Reaccreditation in March 2027. There is time to shore this up to 100%.
- Continued 20+ hours in planning and projects re: Performance Management and Quality Improvement as an individual contributor to multiple PHAB Domains.
- Attended 1.5 hours workshop on Transitional Resilience to be considered in Workforce Development Plan required for Reaccreditation.

PHIG

- Workforce Director discussed a PHIG Success Story during the PHIG Region 9 HUB highlighting the impact of the Double Up Food Bucks program supporting the Supplemental Nutrition Assistance Program (SNAP) in Southern Nevada.
- Spoke on video to be used by CDC and PHIG Hub Region 9, to drive funding and participation in this work.
- Participated in 8 hours of offsite learning at PHIG Region 9 Hub Convening:

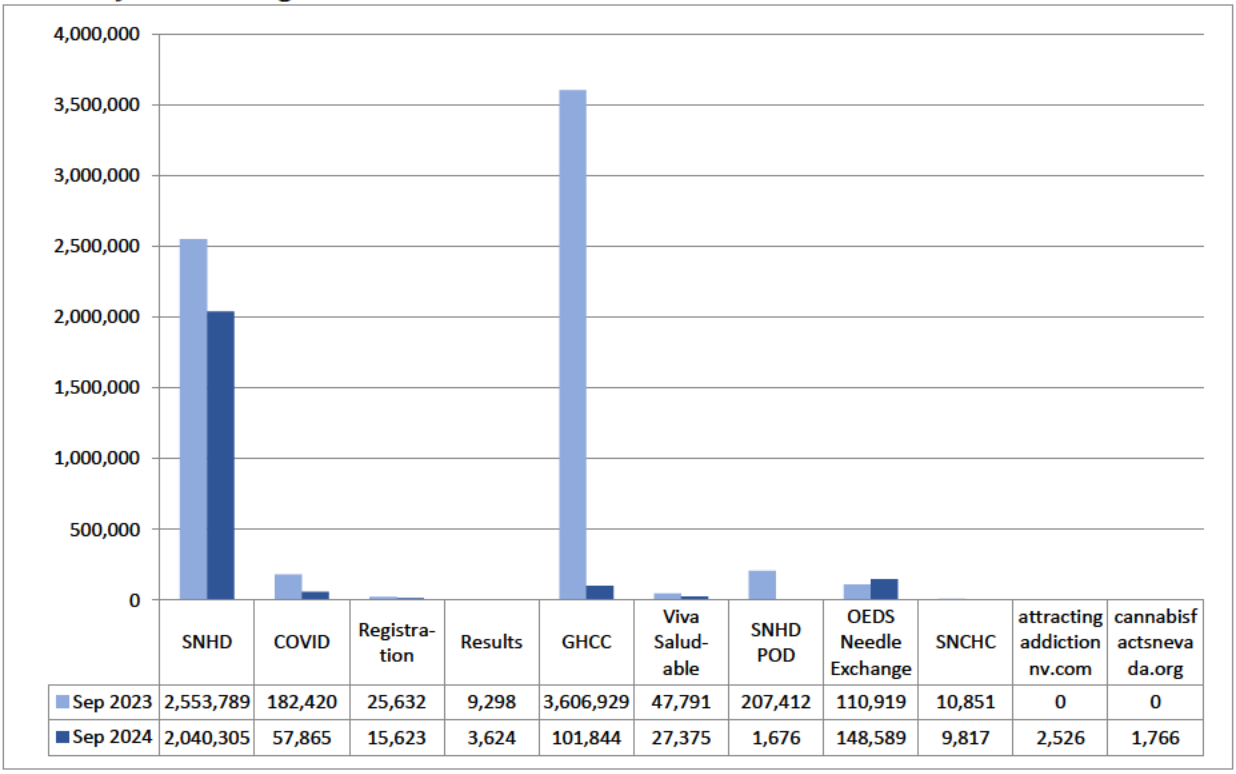
- Key learnings included Equitable Workforce Development, Communications plan to be compliance with PHAB Accreditation and the availability of PHIG-subsidized.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Sept 2023**	**Sept 2024**		**YTD FY24**	**YTD FY25**	
Media – Digital/Print Articles	52	34	↓	153	164	↑
Media - Broadcast stories	178	110	↓	394	475	↑
Collateral - Advertising/Marketing Products	16	61	↑	48	160	↑
Community Outreach - Total Volunteers[1]	10	10				
Community Outreach - Volunteer Hours	657	720	↑	2,034	1,902	↓

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

Monthly Website Page Views:



	SNHD	COVID	Registra-tion	Results	GHCC	Viva Salud-able	SNHD POD	OEDS Needle Exchange	SNCHC	attracting addiction nv.com	cannabisf actsneva da.org
Sep 2023	2,553,789	182,420	25,632	9,298	3,606,929	47,791	207,412	110,919	10,851	0	0
Sep 2024	2,040,305	57,865	15,623	3,624	101,844	27,375	1,676	148,589	9,817	2,526	1,766

Social Media Services		**Sept 2023**	**Sept 2024**		**YTD FY24**	**YTD FY25**
Facebook SNHD	Followers	13,326	13,494	↑	N/A	N/A
Facebook GHCC	Followers	6,146	6,114	↓	N/A	N/A
Facebook SHC	Followers	1,653	1,642	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,384	5,270	↓	N/A	N/A
Facebook Food Safety	Followers	144	171	↑	N/A	N/A
Instagram SNHD	Followers	4,316	4,797	↑	N/A	N/A
Instagram Food Safety	Followers	525	528	↑	N/A	N/A
Instagram GetHealthyCC	Followers	107	224	↑	N/A	N/A
**Instagram @Ez2stop	Followers	0	149	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	434	429	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,851	1,830	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	103	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,398	10,325	↓	N/A	N/A

Social Media Services		Sept 2023	Sept 2024		YTD FY24	YTD FY25
X (Twitter) TuSNHD	Followers	342	349	↑	N/A	N/A
X (Twitter) THNK/ UseCondomSense	Followers	689	689	=	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	128	125	↓	N/A	N/A
Threads SNHD	Followers	520	896	↑	N/A	N/A
*TikTok @Ez2stop	Views	0	25	↑	N/A	N/A
*TikTok SNHD	Views	0	17	↑	N/A	N/A
YouTube SNHD	Views	185,858	220,113	↑	584,197	628,214
YouTube THNK / UseCondomSense	Views	312	300	↓	734	711

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.
*Ez2stop syphilis campaign added to TikTok and Instagram.
**SNHD added to TikTok in September 2024

Appendix B – Finance – Payroll Earnings Summary – August 31, 2024 to September 13, 2024

PAYROLL EARNINGS SUMMARY
August 31, 2024 to September 13, 2024

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 322,629.15	$ 5,927,250.60	$ 1,978,797.91	$ 8,752,968.00	23%	
ENVIRONMENTAL HEALTH	$ 629,683.64	$ 11,663,645.27	$ 3,797,542.34	$ 16,165,526.00	23%	
COMMUNITY HEALTH	$ 300,418.99	$ 5,977,666.66	$ 1,798,792.87	$ 8,845,899.00	20%	
DISEASE SURVIELLANCE & CONTROL	$ 371,167.97	$ 7,291,740.10	$ 2,218,254.13	$ 9,652,903.00	23%	
FQHC	$ 341,421.95	$ 6,227,838.29	$ 2,030,100.83	$ 9,532,374.00	21%	
ADMINISTRATION W/O ICS-COVID	$ 587,125.17	$ 10,374,901.86	$ 3,557,241.22	$ 14,907,050.00	24%	
ICS-COVID General Fund		$ -	$ -		0%	
ICS-COVID Grant Fund	$ -	$ -	$ -			
TOTAL	**$ 2,552,446.87**	**$ 47,463,042.78**	**$ 15,380,729.30**	**$ 67,856,720.00**	23%	23%
FTE	816					
Regular Pay	$ 2,026,208.24	$ 38,683,238.72	$ 12,760,202.83			
Training	$ 474.46	$ 127,863.73	$ 41,506.55			
Final Payouts	$ -	$ 417,728.61	$ 66,979.10			
OT Pay	$ 17,694.11	$ 346,657.87	$ 135,976.53			
Leave Pay	$ 487,632.46	$ 6,846,453.04	$ 1,984,099.41			
Other Earnings	$ 20,437.60	$ 1,041,100.81	$ 391,964.88			
TOTAL	**$ 2,552,446.87**	**$ 47,463,042.78**	**$ 15,380,729.30**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 31, 2024 to September 13, 2024

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Munford, Elizabeth		0.75	38.66	Price, Keri	30.00	1030.87
Plair, Tonia		2.25	128.29	Cunnington-Morrison, Corey	15.00	489.65
Arriaga, Jocelyn		10.25	398.28			
Cortes-Serna, Fidel		10.00	420.08			
Tran, Amy		1.00	60.09			
Thede, Stacy		1.00	32.5			
Masters, Christopher		8.00	260.04			
Brown, Dominique		11.00	347.93			
Arzate, Mario		1.00	31.63			
Kuahiwinui-McGuire, Brandon		2.00	63.26			
Custodio, Gerard		10.00	333.49			
Murphy, Melissa		8.00	303.34			
Sanabria, Luis		5.00	150.19			
Total Administration		**70.25**	**2567.78**		**45.00**	**1520.52**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Archie, Lisa		8	319.39	Barry, Nancy	1.50	51.54
Montgomery, Stephanie	PH2HP_24	8	336.07			
Total Community Health Services		**16.00**	**655.46**		**1.50**	**51.54**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
				Diaz, Michelle	0.38	10.36
Total FQHC-Community Health Clinic		**0.00**	**0.00**		**0.38**	**10.36**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Maciel, Marisol	IMMEQ_22	4.00	200.76	Hodge, Victoria	15.00	515.44
Enzenauer, Lizette	IMMEQ_22	22.50	1251.09			
Robles, Cynthia		22.00	1077.23			
Robles, Cynthia	IMMEQ_22	12.50	612.06			
Arquette, Jocelyn		13.00	957.71			
Wong, Michelle	IMMEQ_22	0.75	47.42			
Young, Maita	IMMVFC25	0.25	17.06			
Sparlin, Autum	IMMEQ_22	17.50	1250.5			
Zavala, Isaac	IMMEQ_22	2.00	123.24			
Fisher-Armstrong, Gimmeko		6.00	252.06			
Landini, Karleena		1.00	74.14			
Total Primary & Preventative Care		**101.50**	**5863.27**		**15.00**	**515.44**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Navarrete, George (Larry)		2.00	147.34	Cavin, Erin	4.50	199.57
Navarrete, George (Larry)	RFBASE24	3.00	221.01	Wills, Jerry	7.50	264.09
Taylor, George		1.75	116.41	Blackard, Brittanie	3.00	105.63
Diaz, Nathan		15.13	1006.48	Sanders, Jennifer	6.75	231.95
Sheffer, Thanh		12.50	809.85	Diaz-Ontiveros, Luz	22.13	740.31
Piar, Diane		1.25	80.98	Jones, Mallory	9.75	318.27
Lett, Kendra		9.75	616.47	Craig, Jill	1.50	48.96
Pontius, Kevin		3.00	189.68	Galvez, Alexus	11.25	357.80
Cummins, Veronica		15.75	875.74	Gonzalez, Kimberly	1.50	44.21
Darang, Chase		2.50	125.48	Vinh, Jonathan	2.63	77.36
Valadez, Alexis		11.63	583.72	Erickson, Sarah	3.00	88.41
Rakita, Daniel		10.75	526.37	Herrera, Carlos	0.75	21.53
Michel, Guillermo		1.00	48.96	Jones, Jalen	1.50	43.06
Wells, Jordan		11.50	563.09	Roberts, Jamie	2.25	64.59
Brown, Tevin		2.50	122.41	Wright, Mercer	3.00	86.12
Najera, Luisa		6.25	306.03	Hernandez, Abel	3.00	86.12
Craig, Jill		1.00	48.96			
Bieser, Nickolas		1.50	66.31			
Gonzalez, Kimberly		4.50	198.92			
Vinh, Jonathan		5.00	221.03			
Jones, Jalen		1.00	43.06			
Hernandez, Abel		3.00	129.18			
Thompson, Deshawn		13.75	607.82			
Total Environmental Health		**140.01**	**7655.30**		**84.00**	**2777.97**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Johnson, Monique		1.50	90.14			
King, Micah		2.00	136.52			
Herrera, Reyna		3.00	175.50			
Valencia, Marissa	COSSUP24	0.25	13.20			
Alvarez, Jeffrey	NVEHE_25	6.00	227.50			
Bryan, Lori	COSSUP24	7.00	309.44			
Total Disease Surveillance & Control		**19.75**	**952.30**		**0.00**	**0.00**
Combined Total		**347.51**	**17694.11**		**145.88**	**4875.83**

Memorandum

Date: October 24, 2024

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – September 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP worked with the Southern Nevada Breastfeeding Coalition (SNBFC) to promote World Breastfeeding Month in August. Activities corresponded with weekly themes and included an in-person and virtual Latch On, a documentary screening, a breastfeeding celebration, a human milk donor drive, and a weekly support group. Over 150 people participated in activities throughout the month. In addition, a member of the SNFBC was a guest on the August Healthier Tomorrow radio program sponsored by CDPP to talk about breast/chest feeding resources. CDPP shared a breast/chest feeding communication toolkit with partners and shared weekly posts on our social media channels throughout the month.

CDPP staff facilitated the Partners for a Healthy Nevada (PHN) coalition meeting in August. Forty-nine people attended the meeting that included educational presentations, networking, and advocacy updates. The PHN position paper on obesity was updated with 2023 BRFSS and YRBSS data and shared with coalition members. The updated position paper is also on the PHN webpage.

Our CDPP hosted a 'Lunch and Learn' event during CHW Appreciation Week in August to share CDPP resources and programs with CHWs working at SNHD. A total of 24 CHWs attended the event and nearly 100 resources were provided to CHWs.

The annual Barber/Beauty Shop Health Outreach Project (BSHOP/BeSHOP) training and appreciation lunch was hosted by CDPP. Over 22 barbers, stylists, and owners representing ten of fifteen BSHOP/BeSHOPS attended. This annual meeting serves as a refresher training as well

as partner appreciation event. Former County Commissioner Lawrence Weekly, and Deputy District Health Officer for Operations, Dr. Cassius Lockett provided remarks during the event.

B. Tobacco Control Program (TCP) Update

The TCP collaborates with Carson City Health and Human Services and, and Northern Nevada Public Health to maintain the statewide tobacco flavoring initiative website, Attracting Addiction NV. The collaborative group develops, distributes, and updates educational material and web and social media assets that use Nevada-specific data to provide information on flavored tobacco products, mentholated products, e-cigarettes, and cessation and prevention resources to raise awareness, prevent youth initiation, promote cessation, and reduce sales of tobacco-related products. Several updates were made to the website this month.

Partnered with Fiesta Radio 98.1 FM to promote cessation resources and tobacco-free lifestyles messages among the Hispanic and Latino community. The collaboration includes various elements such as radio segments, outreach event participation, social media promotions and dedicated topic email blast to radio listeners. The collaboration is running from August to September 2024 and various elements will coincide with Hispanic Heritage month.

Staff presented on tobacco-related topics impacting the African American community at the Nevada Minority Health and Equity Coalition Virtual Health Fair. Culturally competent educational materials aimed at raising awareness, preventing tobacco use initiation, and promoting the Because We Matter brand and Nevada Tobacco Quitline cessation services were provided to attendees.

A new media campaign was created to help promote the adoption of minimum distance policies (limit smoking near entrances and exits to buildings). As part of this new campaign, a direct mail piece to encourage business owners and managers to develop minimum distance policies was developed. The mailer provides education on the benefits of tobacco-free policies. The mailer was sent out to strategically selected businesses in under-resourced communities.

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

A. OEMSTS – September 2023 / 2024 Data

EMS Statistics	Sep 2023	Sep 2024	
Total certificates issued:	705	1781	↑
New licenses issued:	77	128	↑
Renewal licenses issued (recert only):	617	1701	↑
Driver Only:	31	48	↑
Active Certifications: EMT:	905	807	↓
Active Certifications: Advanced EMT:	1834	1879	↑
Active Certifications: Paramedic:	1955	2052	↑
Active Certifications: RN:	60	66	↑

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 completed 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 Legal to discuss the legal aspects of the preparedness annex.
6. Assistance was provided to the revisions of the COVD 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. Sixty-five 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 coordinated automation of emergency notification system updates with IT and Human Resources.
11. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
12. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
13. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan. Planner I began complete rewrite of Emergency Operations Basic Plan.
14. Planners and Senior Administrative Assistant met to discuss methods for updating several upcoming MOUs that will expire within the next year.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. Invitations were sent to SNHD ICS Emergency Personnel for ICS training on October 15th at SNHD's Decatur location.
2. New Hire Orientation for Emergency Preparedness and Security was provided on September 18th for ten (10) SNHD staff members.

3. CPR Training was not provided due to an insufficient number of students completing the online training.
4. Planners conducted the EPA Water Laboratory Alliance Advanced Practice full scale exercise in coordination with Environmental Health, SNPHL, and EPA.
5. The Senior Planner and Clinical Advisor attended the Whole Community Emergency Planning course.
6. Planners completed the COOP After Action Report and held After Action Report Meeting.
7. OPHP Planners attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
8. Planners continue planning efforts for the March 2025 Extreme Heat Seminar.
9. OPHP Planners attended Common Operating Picture Seminar/Tabletop hosted by City of Henderson Department of Emergency Management.

C. <u>Southern Nevada Healthcare Preparedness Coalition (SNHPC)</u>

1. Trainers and Clinical Advisor confirmed First Receiver Documentation Training on December 4, 2024 with Mountain View Tenaya Hospitals.
2. The trainer consistently promotes the 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.
3. Twenty Hospital Area Command bags for standalone emergency departments assembled. Training for standalone ED staff coordinated with the Fire Department.
4. Hospital Area Command full scale exercises/training conducted with two (2) Henderson area standalone Emergency Departments and Fire Department. Hospital Area Command Mass Casualty Incident Triage bags delivered to those stand-alone EDs.
5. Hospital Area Command full scale exercises/training scheduled for an additional fifteen (15) standalone EDs in early October.
6. Planners and Clinical Advisor, in coordination with Clark County Fire Department, conducted 2 Hospital Area Command drills at freestanding emergency departments (FSED). Will be conducting the rest of the FSEDs in October.
7. Planners and Clinical Advisor are in process of finalizing the Patient Movement and Resource Management Annexes.
8. Trainer, Clinical Advisor and Senior Planner continue to support NDMS/FCC TTX on October 8th and Full Scale Exercise on November 6th.
9. OPHP Manager and Trainer attended NNSS Partner Briefing/Tour at Nellis AFB, Remote Sensing Laboratory on October 18, 2024 to assist with potential radiation exercises and plan development coordination.
10. OPHP staff coordinating review and update of SNHPC Hazard Vulnerability Analysis (HVA), sub-committee meeting set for October 16, 2024 and SME's contacted for input.
11. The SNHPC Meeting was held on September 5, 2024.

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. Represented Las Vegas in weekly meeting with NFL Global Security Operations Center.
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. Produced a white paper on Mpox clade one (1) for fusion center distribution.
9. Assisted FBI in setting meetings related to on-line juvenile manipulation.
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 started on August 5th.
3. Manager and Supervisor continue to support special event planning in advance of Formula One Event in November.
4. Manager and City of Las Vegas Emergency Manager co-presented on responding to Southern Nevada and public health emergencies at West Career and Technical Academy's One Health Day, Saturday September 29, 2024.

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			25
SNHD Clinic	35.5	88.25	
Total Hours	**35.5**	**88.25**	
Economic impact	**$1,215.40**	**2,955.49**	**$958.47**

IV. VITAL RECORDS

A. September is currently showing a 9.5% increase in birth certificate sales in comparison to September 2023. Death certificate sales currently showing a 12.5% increase in comparison to September 2023. SNHD received revenues of $30,342 for birth registrations, $22,048 for death registrations; and an additional $7,497 in miscellaneous fees.

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

Vital Statistics Services	September 2023	September 2024		FY 23-24 (September)	FY 24-25 (September)	
Births Registered	1,425	2,102	↑	5,370	6,274	↑
Deaths Registered	1,560	1,678	↑	4,864	5,429	↑
Fetal Deaths Registered	13	18	↑	43	48	↑

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

Vital Statistics Services	Sept 2023	Sept 2024		FY 23-24 (Sept)	FY 24-25 (Sept)	
Birth Certificates Sold (walk-in)	43	9	↓	147	26	↓
Birth Certificates Mail	116	122	↑	431	401	↓
Birth Certificates Online Orders	3,061	3,349	↑	12,090	11,139	↓
Birth Certificates Billed	79	135	↑	306	375	↑
Birth Certificates Number of Total Sales	3,299	3,615	↑	12,974	11,941	↓
Death Certificates Sold (walk-in)	8	50	↑	57	79	↑
Death Certificates Mail	155	177	↑	519	567	↑
Death Certificates Online Orders	6,800	7,602	↑	21,115	23,202	↑
Death Certificates Billed	37	46	↑	112	135	↑
Death Certificates Number of Total Sales	7,000	7,875	↑	21,803	23,983	↑

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

Vital Statistics Sales by Source	Sept 2023	Sept 2024		FY 23-24 (Sept)	FY 24-25 (Sept)	
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	September 2023	September 2024		FY 23-24 (Sept)	FY 24-25 (Sept)	
Birth Certificates ($25)	$82,475	$90,375	↑	$324,350	$298,525	↓
Death Certificates ($25)	$175,000	$196,875	↑	$545,075	$599,575	↑
Births Registrations ($13)	$29,029	$30,342	↑	$111,436	$100,022	↓
Deaths Registrations ($13)	$19,721	$22,048	↑	$63,024	$70,005	↑
Convenience Fee ($2)	$6,358	$6,844	↑	$24,374	$22,958	↓
Miscellaneous Admin	$490	$653	↑	$1,695	$2,051	↑
Total Vital Records Revenue	$313,073	$347,137	↑	$1,069,954	$1,093,136	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	September 2023	September 2024		FY 23-24 (Sept)	FY 24-25 (Sept)	
Passport Applications	581	540	↓	2,061	1,785	↓

Revenue	September 2023	September 2024		FY 23-24 (Sept)	FY24-25 (Sept)	
Passport Execution/Acceptance fee ($35)	$20,335	$18,900	↓	$72,135	$62,475	↓

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	29	42
NAAT NG/CT	1369	1271
Syphilis	775	856
RPR/RPR Titers	136/58	152/68
Hepatitis Total	1597	1264
HIV/differentiated	702/16	655/19
HIV RNA	100	99

4. COVD 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 September, the average daily testing volume was 35 with an average turnaround time of 49 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.
- The 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 COVD PCR/NAAT testing:

Month	# PCR & NAAT/#POS	COVD	# PCR & NAAT/#POS
January	1,144/148	July	716/166
February	1,160/77	August	1560/202
March	680/42	September	731/107
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	3				30
	Campy Screen	11	17	3	15	5	3	4	1	3				62
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28	29				377
	Gram Stain/WBC	0	5	0	0	5	0	0	0	5				15
	Neisseria ID	0	0	0	0	1	1	1	0	0				3
	Haemophilus ID	7	0	2	1	0	0	0	0	0				10
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0	1				14
	WGS (PulseNet)	29	23	17	30	20	20	18	28	17				202
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14	11				121
	Salmonella Serotype	13	10	12	16	14	12	11	14	11				113
Shigella	Shigella Screen	10	10	4	10	6	3	3	5	4				55
	Shigella Serotype	7	10	2	3	5	3	2	4	1				37
STEC	STEC Screen	10	2	2	4	1	4	3	7	2				35
	STEC Serotype	1	1	1	0	1	2	1	5	1				13

Unknown	Stool Culture	5	6	2	0	6	0	0	5	5				29
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3	0				4
	Vibrio Screen	0	0	1	3	0	1	0	5	0				10
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0	1				5

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero (0) cases for GI outbreak investigation in September.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In September, SNPHL performed 20 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	1			

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

4. SNPHL performed 17 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in September 2024.

5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 127 bacterial organisms have been identified in September.

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 86 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of September 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	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 September, we tested a total of 385 mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in September. 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 September, a total of 15 clinical isolates, Neisseria gonorrhoeae nine (9) 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.

12. SNPHL performs C. auris PCR screening using Real-Time PCR platform. We performed a total of 606 samples in September.

D. All-Hazards Preparedness:

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

E. September 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD collection kits.
2. Passed the proficiency test with CAP GIP-B 2024 GI BioFire Molecular 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 a Clinical Chemistry instrument. The instrument will deliver to SNPHL on October 28, 2024.
5. According to the WGS and genomic data analysis, the Omicron variant KP.3.1.1 and KP.3.3 lineages are domain lineages in September, from the samples received in the laboratory. The new hybrid lineage XEC also detected in the late of August till present. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. New influenza surveillance season just started in September. According to the data of influenza surveillance in the past flu season, the A/H3 and A/H1, and B/Victoria are major subtypes of influenza and the percentage of the ratio between the three subtypes are 47%, 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 September.
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 in the Phase I project.
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**

September SNPHL Services	2023	2024	
Clinical Testing Services [1]	4,963	5,439	↑
Epidemiology Services [2]	664	337	↓
State Branch Public Health Laboratory Services[3]	0	0	↓
All-Hazards Preparedness Services [4]	8	6	↓
Environmental Health Services [5]	725	423	↓

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

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

[3] Includes COVD 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: **October 15, 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 – September 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.

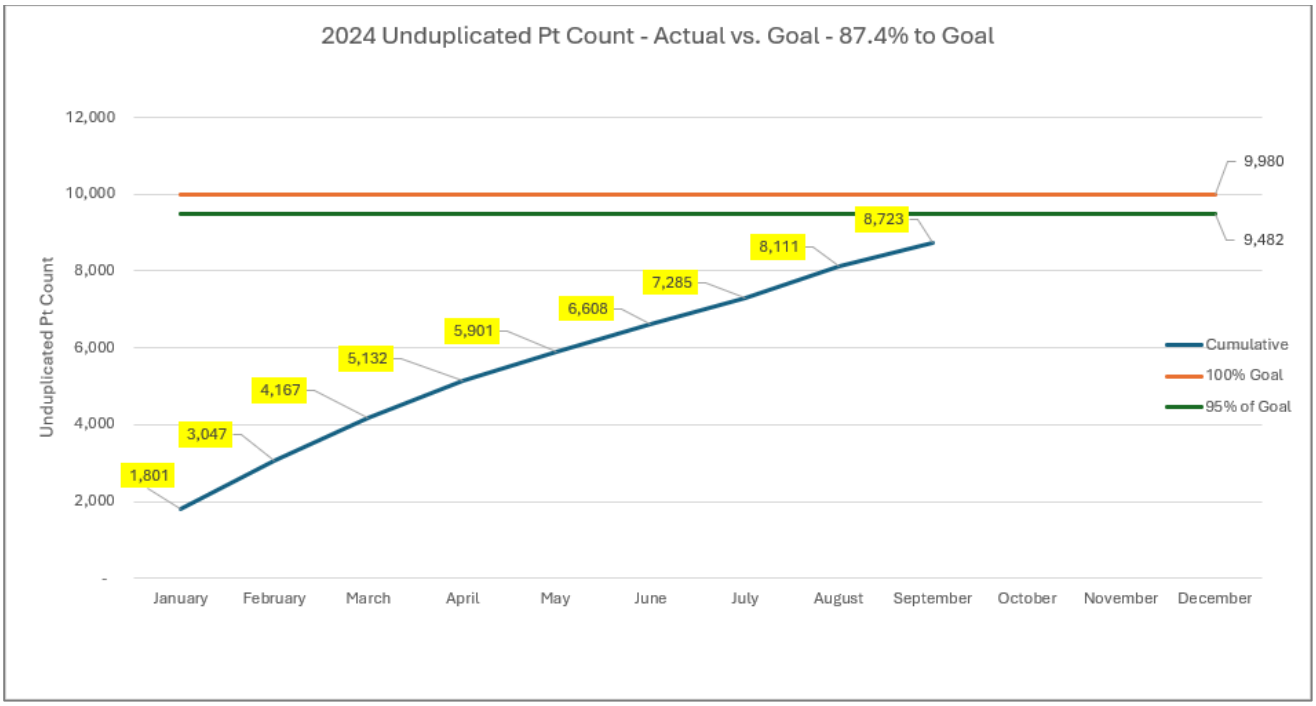
September Highlights

Administrative

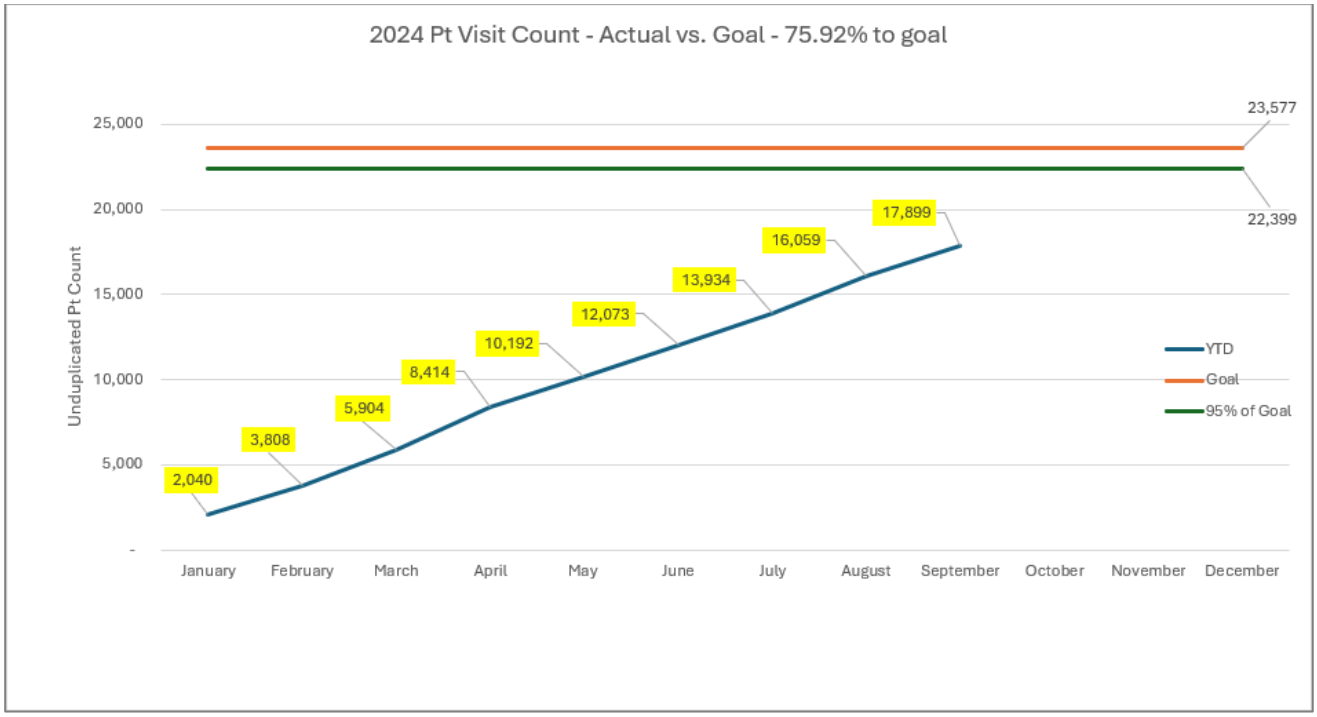
- New Access Point application submitted
- Ryan White Part A and EHE renewal grants due on 10/30/24
- Ryan White site visit: 11/6/24
- HRSA Operational Site Visit (OSV): 2/25/25 – 2/27
- HRSA Title X site visit: 9/2025
- Medical Director recruitment ongoing:
  - Two candidates scheduled for final interviews
- Employee Engagement Plan Update:
  - New onboarding process implemented
- Employee Annual Evaluations are being completed in October
- Behavioral Health Clinic at Decatur buildout complete. Furniture and IT installation to occur in October.
- Permits for the Oral Health Clinic at Fremont received. Development of the bid package for construction in process.

Access

Unduplicated Patients through September of 2024 = 87.4% to annual goal of 9,980 unduplicated patients:



Patient Visits through September of 2024 – 75.92% to goal of 23,577 patient visits:



SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Provider Visits by Program and Site – September 2024

Facility	Program	SEPT '25	SEPT '24	SEPT YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	524	368	30%	1,674	1,086	35%
Fremont	Family Health	349	189	46%	1,011	508	50%
Total	Family Health	873	557	36%	2,685	1,594	41%
Decatur	Family Planning	155	115	26%	446	410	8%
Fremont	Family Planning	118	47	60%	351	311	11%
Total	Family Planning	273	162	41%	797	721	10%
Decatur	Sexual Health	535	519	3%	1,614	1,650	-2%
Fremont	Sexual Health	126			357		
ASEC	Sexual Health		130		113	383	
Total	Sexual Health	661	649	2%	2,084	2,033	2%
Decatur	Behavioral Health	97	106	-9%	351	365	-4%
Fremont	Behavioral Health	92			354		
Total	Behavioral Health	189	106	44%	705	365	48%
Decatur	Ryan White	213	245	-15%	710	698	2%
Fremont	Ryan White	19			63		
Total	Ryan White	232	245	-6%	773	698	10%
FQHC Total		2,228	1,719	23%	7,044	5,411	23%

Pharmacy Services

	Sep-23	Sep-24		FY24	FY25		% Change YOY
Pharmacy Services	1,251	1,378	↑	3,922	4,184	↑	6.7%
Client Encounters (Pharmacy)	1,739	2,219	↑	5,441	6,789	↑	24.8%
Prescriptions Filled	29	49	↑	96	151	↑	57.3%
Client Clinic Encounters (Pharmacist)	17	41	↑	53	96	↑	81.1%
Financial Assistance Provided	7	9	↑	8	35	↑	337.5%

A. Dispensed 2,219 prescriptions for 1,378 clients.
B. The pharmacist completed 49 client clinic encounters.
C. Assisted 41 clients to obtain medication financial assistance.
D. Assisted 9 clients with insurance approvals.

Family Planning Services

A. The Family Planning program increased access to care by 41% in September 2024 compared to September 2023. Fiscal year to date, the program has provided 10% more patient encounters compared this time last year. The program continues to experience a high number of no-shows resulting in waste and limiting access to care. To overcome this, the team has commenced a process improvement project to address scheduling procedures and clinic workflows with a goal of increasing access to reproductive and sexual health services. The results of quality improvement initiative will be shared in January 2025.

HIV / Ryan White Care Program Services

A. The Ryan White program received 60 referrals between September 1st and September 30th. There were three (3) pediatric clients referred to the Medical Case Management program in September and the program received two (2) referrals for pregnant women living with HIV during this time.

B. There were 670 total service encounters in the month of September provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 338 unduplicated clients served under these programs in September.

C. The Ryan White ambulatory clinic had a total of 435 visits in the month of September: 18 initial provider visits, 191 established provider visits including 10 tele-visits (established clients). There were 29 nurse visits and 197 lab visits. There were 46 Ryan White services provided under Behavioral Health by the Licensed Clinical Social Worker and the Psychiatric APRN during the month of September and 41 unduplicated clients served. There were 14 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in September.

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 9 patients seen under the Rapid StART program in September.

FQHC-Sexual Health Clinic (SHC)

A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,378 unique services to 932 unduplicated patients for the month of September. There were 12 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. All-Saints Episcopal Church transition all services to SNHD FQHC-SHC. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.

C. The FQHC-SHC staff continues to see patients for Mpox evaluation and referral for vaccine.

D. The FQHC-SHC staff attended Overdose Response w/ Naloxone training.

Refugee Health Program (RHP)

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

Client required medical follow-up for Communicable Diseases	-
Referrals for TB issues	18
Referrals for Chronic Hep B	2
Referrals for STD	4
Pediatric Refugee Exams	25
Clients encounter by program (adults)	53
Refugee Health screening for August 2024	53
Total for FY24-25	182

Eligibility and Insurance Enrollment Assistance

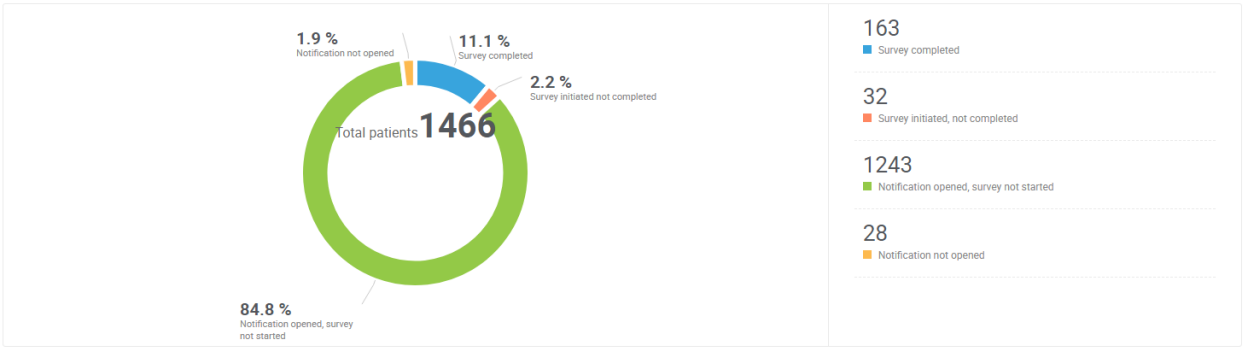
Except for the Ryan White program, eligibility assistance is now coordinated through our partnerships with the Social Services Department and Three Square. Both organizations are onsite at either the Decatur or Fremont health center and are available to provide patients with education, resources, and support accessing insurance options and publicly funded programs.

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.

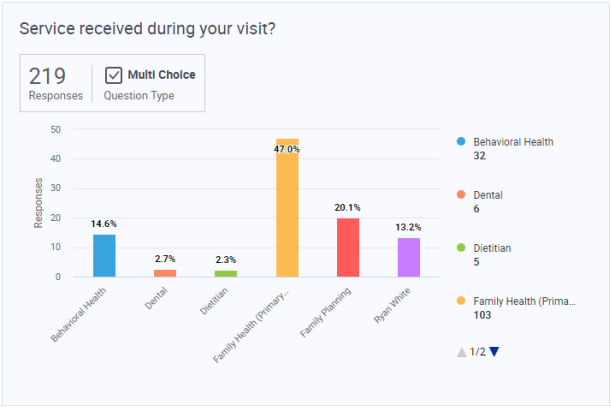
Southern Nevada Community Health Center
Patient Satisfaction Survey – September 2024

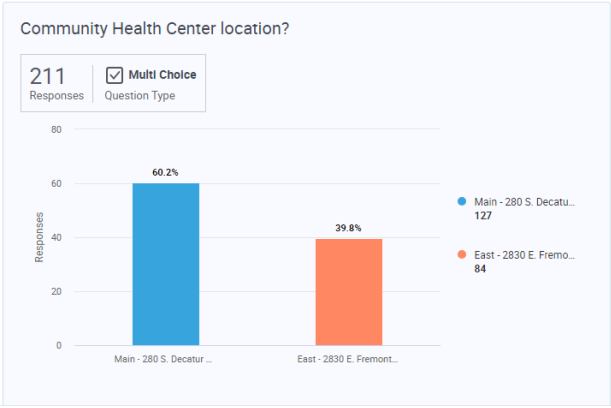
Overview



Gender

Service and Location

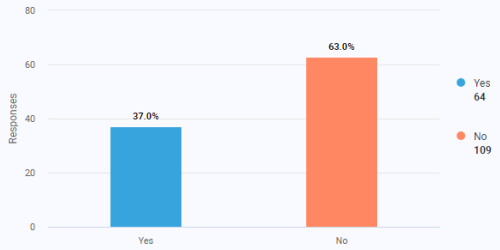




Provider, Staff, and Facility

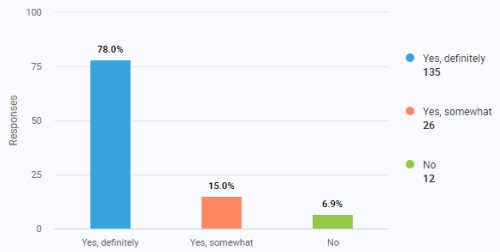
Was your most recent visit for an illness, injury or condition that needed care right away?

173 Responses | Multi Choice Question Type



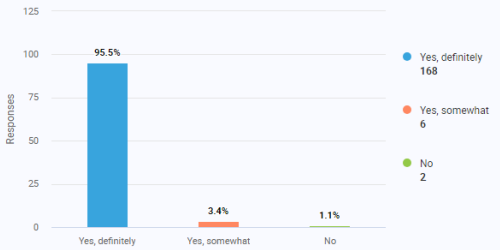
Was the recent visit as soon as you needed?

173 Responses | Multi Choice Question Type



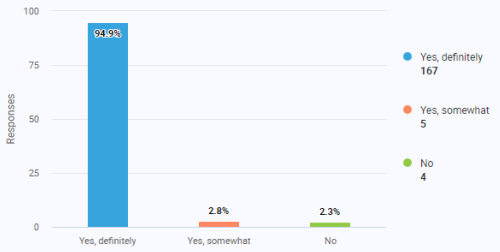
During your most recent visit, did this provider explain things in a way that was easy to understand?

176 Responses | Multi Choice Question Type



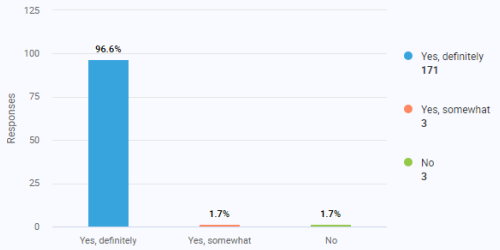
During your most recent visit, did this provider listen carefully to you?

176 Responses | Multi Choice Question Type



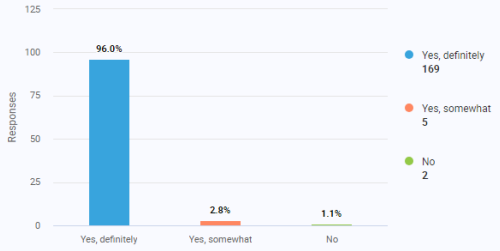
During your most recent visit, did this provider show respect for what you had to say?

177 Responses | Multi Choice Question Type



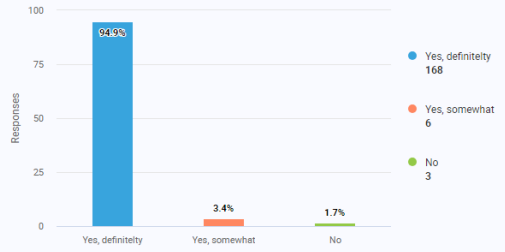
During your most recent visit, did this provider spend enough time with you?

176 Responses | Multi Choice Question Type



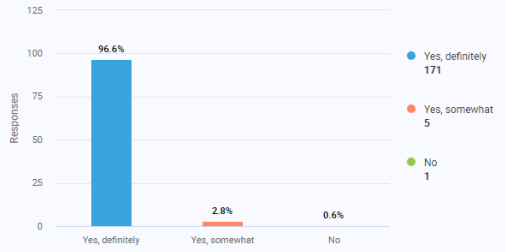
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

177 Responses | Multi Choice Question Type



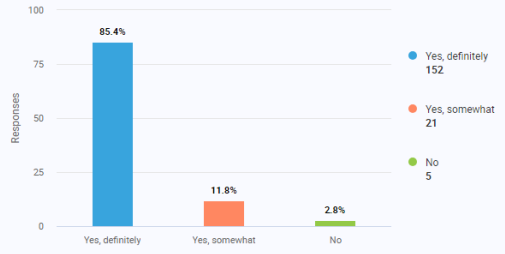
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

177 Responses | Multi Choice Question Type



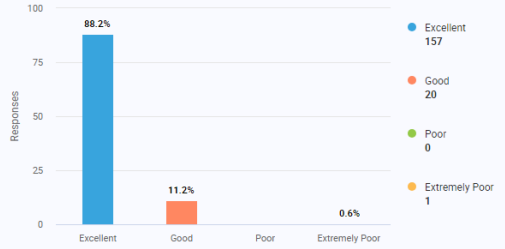
Thinking about your recent visit, was it easy to schedule an appointment?

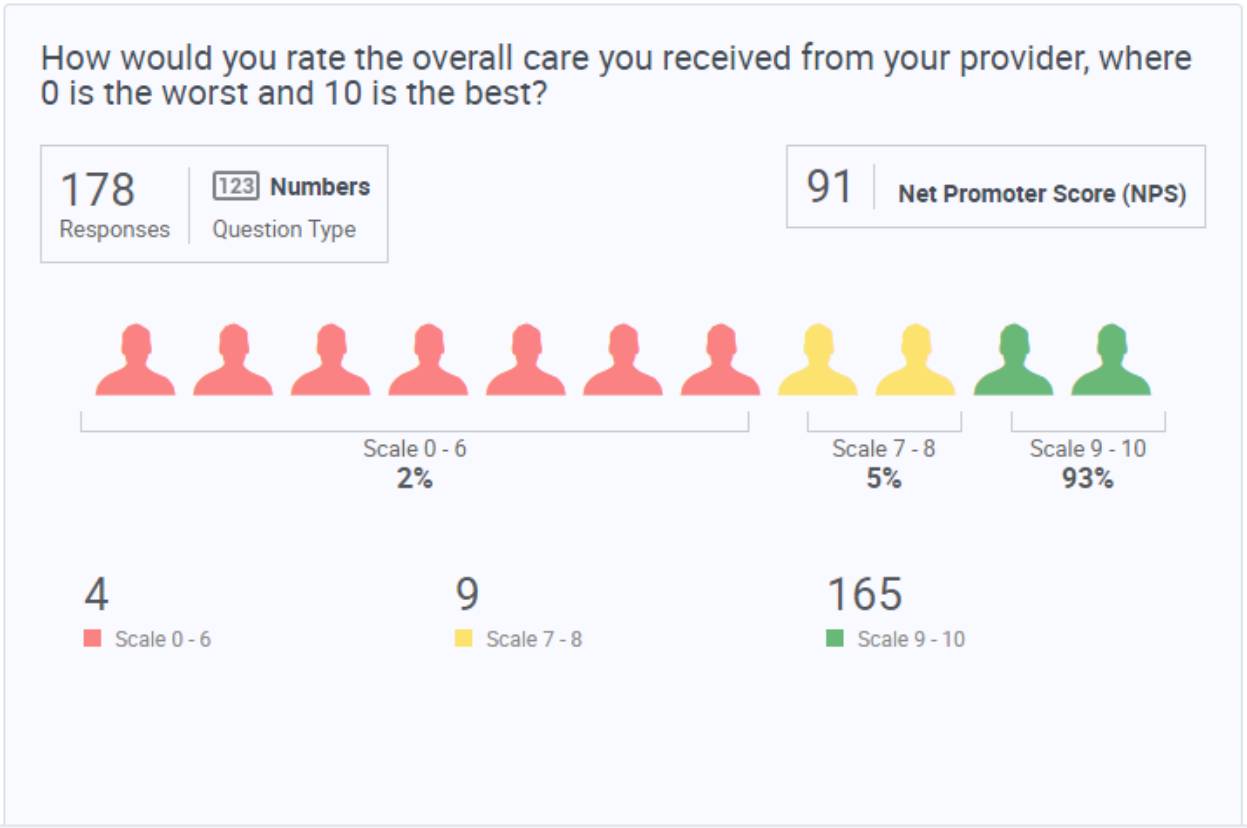
178 Responses | Multi Choice Question Type



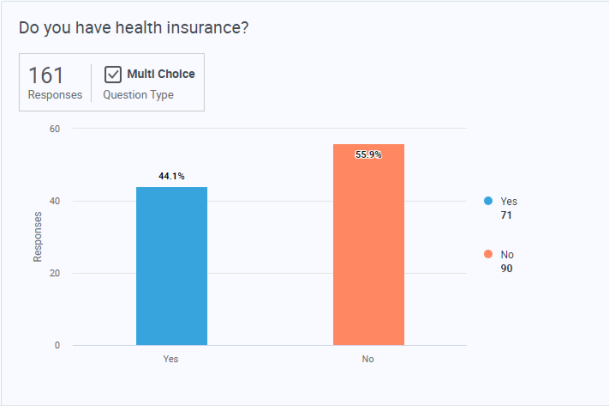
Thinking about the facility, how was the overall cleanliness and appearance?

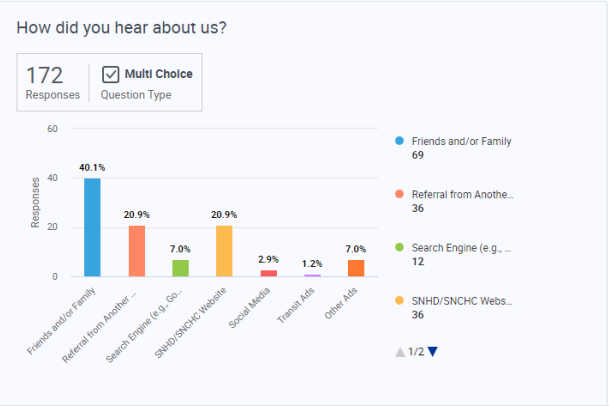
178 Responses | Multi Choice Question Type





General Information





Memorandum

Date: October 24, 2024

To: Southern Nevada District Board of Health

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

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

	September 2023	September 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1076	867	↓	9495	9017	↓
Gonorrhea	462	400	↓	4253	3898	↓
Primary Syphilis	22	4	↓	183	111	↓
Secondary Syphilis	24	11	↓	261	183	↓
Early Non-Primary, Non-Secondary[1]	42	23	↓	474	414	↓
Syphilis Unknown Duration or Late[2]	140	51	↓	1128	1049	↓
Congenital Syphilis (presumptive)	6	0	↓	42	24	↓
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	2	4	↑	25	36	↑
Pregnant Syphilis Cases	15	4	↓	143	91	↓
Perinatally Exposed to HIV	1	2	↑	17	19	↑

[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	**September 2023**	**September 2024**		**YTD 23**	**YTD 24**	

	September 2023	September 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	4	3	↓	25	36	↑
Hepatitis A	0	1	↑	6	8	↑
Hepatitis B, acute	2	3	↑	24	28	↑
Influenza	13	9	↓	217	718	↑
Pertussis	9	0	↓	27	40	↑
RSV	52	15	↓	762	1957	↑
Enteric Illness						
Amebiasis	2	0	↓	4	3	↓
Campylobacteriosis	16	13	↓	146	161	↑
Cryptosporidiosis	4	0	↓	10	21	↑
Giardiasis	7	2	↓	56	46	↓
Rotavirus	7	3	↓	101	116	↑
Salmonellosis	18	15	↓	158	124	↓
Shiga toxin-producing Escherichia coli (STEC)	4	3	↓	42	67	↑
Shigellosis	9	13	↑	61	113	↑
Yersiniosis	1	1	→	12	28	↑
Other						
Candida auris	76	124	↑	464	1351	↑
Carbapenem-resistant Enterobacterales (CRE)	33	46	↑	148	472	↑
Coccidioidomycosis	22	11	↓	202	176	↓
Hepatitis C, acute	0	1	↑	3	11	↑
Invasive Pneumococcal Disease	9	6	↓	150	169	↑
Lead Poisoning	8	6	↓	124	89	↓
Legionellosis	4	3	↓	28	24	↓
Meningitis, aseptic	5	2	↓	25	22	↓
Meningitis, Bacterial Other	3	0	↓	8	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	0	↓	26	28	↑
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	3	↓	54	47	↓

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	8	0	21	0
Gonorrhea	10	0	26	0
Syphilis	34	2	160	0
HIV/AIDS (New to Care/Returning to Care)	20	4	60	0
Tuberculosis	21	0	21	0
TOTAL	93	6	288	0

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

3. ACDC COVID-19 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 September 27, 2024, Clark County had 318 cases of mpox.

b. ***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 September, ACDC conducted 0 WNV investigations. It seems that the 2024 WNV season may be coming to an end, mosquito surveillance will continue through October.

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 and distributions have taken place in the month of September:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
9/3/2024	Clients/ Harm reduction	20	40
9/4/2024	L2A	55	110
9/5/2024	Community Counseling Center		216
9/5/2024	SNHD - Pharmacy	0	60
9/5/2024	SNHD - L2A	0	240
9/5/2024	Training of Trainers - Multiple agencies	19	0

9/9/2024	Clients/ Harm reduction	30	60
9/11/2024	Shine a Light	0	10992
9/11/2024	L2A	61	122
9/12/2024	HELP of Southern Nevada		120
9/12/2024	SNHD - Pharmacy Fremont		216
9/12/2024	Henderson Police Dept		-47
9/12/2024	SNHD - L2A	0	47
9/12/2024	Protective Force International	20	0
9/16/2024	The Center	0	240
Total		**205**	**12416**

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 September:

FTS Distribution		
09/11/2024	Shine a Light	(7000 Strips)
09/11/2024	Desert Winds Recovery/ First Dawn Recovery	(300 Strips)
09/11/2024	AIDS Healthcare Foundation	(300 Strips)
09/11/2024	City of Henderson	(500 Strips)
09/11/2024	SNHD Fremont Pharmacy	(300 Strips)
09/25/2024	SNHD Pharmacy	(300 Strips)
09/26/2024	Valley View Community Cares	(10 Strips)
Total FTS:		**8,710 Strips**

XTS Distribution		
09/11/2024	Shine a Light	(30000 Strips)
09/11/2024	Desert Winds Recovery/ First Dawn Recovery	(300 Strips)
09/11/2024	City of Henderson	(500 Strips)
09/11/2024	AIDS Healthcare Foundation	(300 Strips)
09/11/2024	SNHD Fremont Pharmacy	(300 Strips)
09/25/2024	SNHD Pharmacy	(300 Strips)
09/26/2024	Valley View Community Cares	(1000 Strips)
Total XTS:		**32,700 Strips**

6. Prevention - Community Outreach/Provider Outreach/Education

a. Ongoing promotion continues of the Collect2Protect (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home

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

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

b. ODS continues to collaborate with community partners to participate at various outreach events. This month we were proud to participate in the inaugural SNHD Sexual Health Education and Testing Fair held at SNHD-Main Campus on Sept 3rd. This event brought community partners together onsite to provide education, condoms, testing, and other services in one, easily accessible location. We were able to have the MTU onsite at main, so participants still had a sense of confidentiality with testing. Additionally, we had our first outreach with a new partner, Fantastic Indoor Swap Meet on Sept 28th. We are excited to have gained access to offer services at this location on the MTU. Over 4,000 people flow through Fantastic Indoor Swap Meet during operating hours. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services at this longstanding Clark County business site. 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. Special Targeted Outreaches:
    1. Our office received a call from HELP of Southern Nevada on September 9th for targeted testing services. They identified individuals whom they suspected to have Mpox that are residents in the wash tunnels on. We were able to redirect staff the same day to go out with their team to locate and to offer STD, HIV, and Mpox screening, testing and care services. We also were able to redirect L2A, our harm reduction team staff, to offer Fentanyl and Xylazine test strips as well as Naloxone to the residents we encountered that day as well.
    2. On September 28th we facilitated a second targeted testing event as part of an ongoing syndemic cluster that our team had identified via investigation efforts. Clients within the identified cluster suggested that staff present to a park located within the "cluster" neighborhood to offer testing for syphilis, HIV, and HCV. Distribution of harm reduction supplies were also needed as there is heavy substance use within the cluster. Upon arriving to Bob Price Park (5852 E. Lake Mead Blvd) the evening of September28th our team was met with a large turnout. We were able to screen 37 people for all three infections as well as distribute large quantities of much needed harm reduction supplies. Our team was able to pull this pop-up outreach together within 48hrs with the support of our senior leadership for funding, supplies, and testing strategies. Dr. Mangla,

Director of Disease Surveillance and Control, was onsite to observe and oversee this targeted community outreach effort.

d. 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	**Sept-23**	**Sept-24**		**YTD 23**	**YTD 24**	
Outreach/Targeted Testing	1012	523	↓	9310	9654	↑
Clinic Screening (SHC/FPC/TB)	581	392	↓	6142	6786	↑
Outreach Screening (Jails)	274	202	↓	2548	2158	↓
Collect2 Protect	4	2	↓	130	80	↓
TOTAL	1871	1119	↓	18130	18678	↑
Outreach/Targeted Testing POSITIVE	4	0	↓	57	33	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	11	9	↓
Outreach Screening (Jails, SAPTA) POSITIVE	4	1	↓	13	5	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	1	↓	81	47	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 09/03/2024: Facilitated Public Health Vending Machine (PHVM) technical assistance session with Oklahoma; 2 attendees; 1 SNHD staff attendee.
2. 09/03/2024: Tabled at Sexual Health Education and Testing Health Fair; 60 people in attendance; 4 ODS Health Educator in attendance.
3. 09/05/2024: Attended NV Strategic Highway Safety Plan Vulnerable Road Users Task Force Meeting as SNHD representative; 50 people in attendance; 1 ODS health educator attendee.
4. 09/05/2024: Facilitated Overdose Response with Naloxone Training of Trainers - Multiple Agencies; 20 people in attendance.
5. 09/05/2024: Provided interview on Mpox in Spanish to NV Independent; 2 people in attendance; 1 ODS health educator in attendance.
6. 09/06/2024: Presented to UNLV Honors Class on Syphilis Media Campaign; 15 people in attendance; 2 SNHD staff in attendance.
7. 09/06/2024: Facilitated Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as Chair; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.

8. 09/06/2024: Attended on Big Cities Health Coalition (BCHC) Substance Use and Violence Prevention Working Groups as SNHD representative; 25 people in attendance; 1 ODS staff member.
9. 09/10/2024: Organized and attended "Pregnancy and Apretude" presentation with Natalie Nix, research scientist at ViiV; 5 people in attendance; 2 ODS Health Educator attendees.
10. 09/10/2024: Co-Facilitated Harm Reduction 101 training; 11 people in attendance; 7 ODS staff in attendance.
11. 09/11/2024: Facilitated and Attended Southern Nevada HIV Prevention Planning Group Meeting; 15 people in attendance; 3 ODS staff in attendance.
12. 09/12/2024: Co-facilitated the SNOAC Executive Committee Meeting; 13 people in attendance; 3 ODS staff in attendance.
13. 09/12/2024: Presented on CredibleMind and Attended Latinx Steering Committee meeting as a representative; 16 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.
14. 09/12/24 - 09/15/24: Attended "USCHA" conference in New Orleans, Louisiana; ~3000 people in attendance; 7 SNHD staff in attendance.
15. 09/12/2024: Facilitated Overdose Response with Naloxone Training - Protective Force International; 21 people in attendance.
16. 09/17/2024: Presented as Subject Matter Expert on Nevada Opioid Center of Excellence Harm Reduction Panel; 112 people in attendance; 3 ODS health educators in attendance.
17. 09/17/2024: Facilitated training on Congenital Syphilis clinical education session at Mountain View Hospital; 41 people in attendance; 3 SNHD staff in attendance.
18. 09/17/2024: Facilitated Overdose Response with Naloxone - SNHD FQHC Staff; 23 people in attendance.
19. 09/18/2024: Facilitated PHVM follow up technical assistance session with Oklahoma; 2 attendees; 1 SNHD staff attendee.
20. 09/18/2024 – 09/19/2024: Co-Facilitated Empower Change Rapid HIV Testing and Counseling Training; 7 attendees; 4 ODS staff attendees.
21. 09/19/2024: Facilitated Overdose Response with Naloxone - City of North Las Vegas; 8 people in attendance.
22. 09/19/2024: Facilitated Naloxone Training for the Fifth Sun Project; 8 people in attendance; 1 SNHD ODS staff in attendance.
23. 09/20/2024: Facilitated PHVM technical assistance session with Hennepin Co, MN; 2 attendees; 1 SNHD staff in attendance.
24. 09/24/2024: Co-Facilitated Harm Reduction 201 Training; 10 people in attendance; 2 SNHD ODS staff in attendance.
25. 09/24/2024: Co-Facilitated, hosted, and coordinated Mental Health Mingle Event with 3 other team members; ~45 people in attendance; 7 SNHD ODS staff attendees.
26. 09/24/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.
27. 09/24/2024: Facilitated training on Congenital Syphilis clinical education session at UMC Hospital; 35 people in attendance; 3 SNHD staff in attendance.
28. 09/24/2024: Facilitated Overdose Response with Naloxone - SNHD FQHC Staff; 71 people in attendance.
29. 09/25/2024: Attended Bay Area Regional Health Inequities Initiative (BARHII) Transforming Community Coalitions Community of Practice Training; 25 people in attendance; 1 ODS health educator in attendance.
30. 09/25/2024: Facilitated Overdose Response with Naloxone - Community Training Team Volunteers; 5 people in attendance.
31. 09/25/2024: Attended DAAT Harm Reduction in Action Training; ~40 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.

32. 09/25/2024: Attended Ryan White Las Vegas TGA Part A Planning Council Strategic Planning and Assessment Committee Meeting; 35 people in attendance; 2 ODS staff in attendance
33. 09/25/2024: Facilitated Harm Reduction in Action Training for Roseman University; ~53 people in attendance; 3 ODS staff in attendance.
34. 09/26/2024: Presented as Subject Matter Expert on Nevada Opioid Center of Excellence Podcast; 3 people in attendance.
35. 09/26/2024: Facilitated Overdose Response with Naloxone - Olive Crest; 16 people in attendance.
36. 09/30/2024: Presented Harm Reduction in the Field Training; 11 people attended; 10 ODS staff in attendance.
37. 09/30/2024: Facilitated training on Congenital Syphilis clinical education session at Summerlin Hospital; 24 people in attendance; 3 SNHD staff in attendance.

D. Other

1. Communicable Disease Statistics: August and Quarter 2 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – September 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, updated respiratory vaccines and treatments for RSV, COVID, and Flu, added suicide screener fields, new data field for person alias.
b. Continue to update and enhance Data Warehouse
c. Pentaho report updates; updated STD/HIV, TB, DIIS no activities, 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. 433 tasks have been completed with 78 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 Mountainview eCR intake into EMSA in full production – ongoing exception mapping for incoming messages.
d. Onboarding other HCA facilities, currently Southern Hills eCR into EMSA, reviewing exceptions and data fields for data mapping completeness into Epitrax.

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, So. NV Veterans Home, Veterans Administration (VA), and Office of Disease Surveillance (ODS).
f. Outreach system live. It provides specimen ordering and result delivery from/to partners in a

more efficient and timelier manner. Planning for Valley Hospital, Office of Disease Surveillance (ODS), and Environmental Health LRN-B interface for CDC went live.
g. The electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results went live.

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. Configuration Modifications for the Healthy Start Program (Maternal Child Health).
e. Implemented Family Planning interface reconciliation process and FPAR report prompt/filter resolution.
f. Continue discussions for consolidation/streamlining of Sexual History Documentation.
g. Data extraction from eCW for iCircle risk factors.
h. Care Plan implementation.
i. No show prediction feature evaluation
j. SimonMed Imaging Orders/Results issue resolved
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.
h. Working with vendor to implement end user requests/enhancements

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. Extending data consumption from National Weather Service's API into our data warehouse.
b. Continue to review extraction of necessary data process from HIE API response 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 Southern Hills into EMSA.

d. MMG GENV2 Phase 2 completed, start YTD data submission from MMWR year 2024 week 1-38
e. Continue MMG TB/LTBI mapping variables, PHIN VADS in NMI for phase 1

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. ELC DMI grant September monthly progress reports were completed.
b. PHEP Q1 progress report was completed.

11. Reports

a. The following FQHC/Clinical reports were completed and submitted.
    - Update of Immunization Fremont Clinic Monthly Validation Report
    - Update of MPOX Immunization All Facility Report
    - Update of Patient age between 9-13 Vaccine Report
    - Medicaid report for FQHC & SHC providers at all FQHC locations
    - eCW No-Show eBO Reports for SHC
    - EBO sftp report title update
    - PCHP Report to HRSA
    - FY24 Provider Patient Encounter Report
    - eCW tb patients report update with “isolation”
    - RWA Quarterly Reports
    - Gratis and Self-pay Report
    - Report for Insti and Treponema
    - UDS Table 6b – Section B cross-check EBO and Azara
    - CAREWare eCW lab upload data clean discussion
    - FQHC Telephone Encounter 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
        - 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 EpiTrax User Weekly Collaboration and Learning Meeting Leadership Journey Training
   - HL7 FHIR Connectathon, Atlanta GA
   - UNLV Geospatial Analysis Workshop – Geocoding and Hotspot analysis
   - EpiTrax consortium meeting in Fort Worth, TX
   - Attending the ESRI ArcGIS dashboard collaboration weekly meeting

13. Contracts

a. BAA with Nevada State Public Health Laboratory fully executed Sep 12, 2024.
b. Interlocal agreement with Clark County Coroner's Office for SUIDS_25, SUIDB_25, and SUIDA_25 is pending for approval.

14. Other Projects

a. Continue working with CDC to implement TEFCA early demonstration project.
b. Continue to maintain and enhance iCircle web application. 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. September Child Death Review
k. Updated NETSS file for HIV and SOGI.
l. Open Enterprise Master Patient Index (EMPI) initial database and application setup is completed.
m. Completed communicable diseases data export to NV state
n. Completed data export to the NV state for Norovirus data request from 2010 to June 2024
o. Completed data export to the NV state for Meningococcal disease cases from 2023 – 2024

August 2024: Clark County Disease Statistics*

Data as of 09/25/2024

Disease	2022		2023		2024	
	August	YTD	August	YTD	August	YTD
VACCINE PREVENTABLE						
COVID-19	8778	236980	2680	21453	2550	13750
Haemophilus influenzae, invasive	4	13	1	21	2	33
Hepatitis A	2	6	2	6	1	7
Hepatitis B, acute	1	16	5	22	1	25
Influenza	3	473	16	204	6	709
Meningococcal disease (*N. meningitidis*)	0	0	0	0	0	2
Monkeypox	132	201	1	3	1	8
Mumps	0	1	0	0	0	3
Pertussis	4	50	3	18	1	40
RSV	56	995	31	710	9	1942
SEXUALLY TRANSMITTED						
Chlamydia	1177	8576	1211	8419	1075	8151
Gonorrhea	549	4278	508	3791	489	3496
HIV	55	309	42	326	12	300
Stage 3 HIV (AIDS)	21	116	12	103	2	49
Syphilis (Early non-primary, non-secondary)	72	435	65	432	40	390
Syphilis (Primary & Secondary)	68	491	58	398	35	278
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	1	35	5	36	2	24
ENTERICS						
Amebiasis	0	1	0	2	0	3
Campylobacteriosis	17	83	11	130	12	148
Cryptosporidiosis	3	12	1	6	1	21
Giardiasis	7	32	8	49	6	44
Rotavirus	0	125	8	94	8	113
Salmonellosis	13	106	24	140	15	109
Shiga toxin-producing *E. coli* (STEC)	1	51	5	38	11	64
Shigellosis	16	48	10	52	15	100
Vibriosis (Non-cholera *Vibrio* species infection)	3	5	1	3	1	9
Yersiniosis	1	7	2	11	2	27
OTHER						
Brucellosis	0	1	0	0	0	0
Candida auris	23	272	43	388	135	1226
Coccidioidomycosis	9	93	22	180	23	160
Dengue	3	7	1	1	4	6
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	2	2	3	1	10
Invasive Pneumococcal Disease	7	116	4	141	9	163
Lead Poisoning	11	90	10	116	4	83
Legionellosis	2	19	3	24	2	21
Listeriosis	0	3	0	0	0	4
Lyme Disease	1	5	3	6	1	7
Malaria	1	6	0	7	0	4
Meningitis, Aseptic	8	18	4	20	4	20
Meningitis, Bacterial Other	0	6	2	5	1	4
Meningitis, Fungal	3	3	0	0	0	3
Q fever, acute	0	0	0	1	0	0
Rabies, animal	2	3	1	6	3	5
Rabies, exposure to a rabies susceptible animal	31	231	32	241	54	239
Streptococcal Toxic Shock Syndrome (STSS)	1	5	5	25	3	28
Tuberculosis (Active)	7	39	3	48	4	46
West Nile virus non-neuroinvasive disease	0	0	0	0	0	12
West Nile virus neuroinvasive disease	0	0	0	0	1	14

*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.

~~Number of Hepatitis B, chronic and Hepatitis C, chronic, are not presented in this report due to the data quality, a surveillance decision made within the Office of Epidemiology & Disease Surveillance.

~~~The number of Covid_19 includes Novel Coronavirus and Novel Coronavirus MIS.

~~~~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.

Quarter 2, 2024: Clark County Disease Statistics*

Data as of 07/31/2024

Disease	2022		2023		2024		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 2	YTD	Qtr 2	YTD	Qtr 2	YTD	Qtr 2 (2019-2023 aggregated)	Qtr 2 (2024)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
COVID-19	58,873	207,337	5,428	17,291	3,171	8,191	448.20	43.04	↓X
Haemophilus influenzae, invasive	4	8	7	19	11	26	0.07	.	-
Hepatitis A	1	3	3	3	2	3	0.22	.	-
Hepatitis B, acute	4	14	10	14	11	18	0.13	.	-
Hepatitis B, chronic	182	394	395	618	274	607	4.28	3.72	↓
Influenza	310	454	74	166	184	686	2.26	2.50	↑
Influenza-associated pediatric mortality	0	0	0	0	1	2	.	.	-
Meningococcal disease (*N. meningitidis*)	0	0	0	0	1	2	.	.	-
Mumps	0	0	0	0	1	3	.	.	-
Pertussis	24	44	6	12	13	36	0.20	0.18	↓
RSV	270	878	82	665	118	1,926	2.49	1.60	↓X
SEXUALLY TRANSMITTED									
Chlamydia	3,248	6,309	2,981	6,196	2,921	6,143	67.54	39.65	↓X
Gonorrhea	1,603	3,202	1,369	2,802	1,140	2,605	30.69	15.47	↓X
HIV	95	204	121	248	97	239	2.17	1.32	↓X
Stage 3 HIV (AIDS)	40	77	34	73	17	44	0.85	0.23	↓X
Syphilis (Early non-primary, non-secondary)	147	301	149	307	158	315	2.78	2.14	↓X
Syphilis (Primary, Secondary)	189	350	142	291	95	204	3.50	1.29	↓X
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	0	0	1	1	1	2	.	.	-
Congenital Syphilis	12	29	8	30	9	16	40.89	.	-
ENTERICS									
Amebiasis	1	1	0	1	2	3	.	.	-
Campylobacteriosis	36	53	52	98	68	118	0.86	0.92	↑
Cryptosporidiosis	6	9	3	5	7	16	0.06	.	-
Giardiasis	7	20	15	33	16	30	0.22	0.22	↓
Rotavirus	76	121	60	68	70	99	0.76	0.95	↑
Salmonellosis	45	79	56	98	42	72	0.85	0.57	↓
Shiga toxin-producing *E. coli* (STEC)	18	44	16	24	20	40	0.30	0.27	↓
Shigellosis	21	27	22	38	34	72	0.45	0.46	↑
Vibriosis (Non-cholera *Vibrio* species infection)	1	1	1	2	4	6	.	.	-
Yersiniosis	1	3	6	8	10	22	0.06	.	-
OTHER									
Coccidioidomycosis	33	67	60	137	48	107	0.89	0.65	↓
Encephalitis	5	7	0	0	1	1	.	.	-
Exposure, Chemical or Biological	0	1	0	1	1	2	.	.	-
Hepatitis C, acute	0	2	0	1	7	8	.	.	-
Hepatitis C, chronic	789	1,563	954	1,572	423	819	21.23	5.74	↓X
Invasive Pneumococcal Disease	46	103	41	125	47	143	0.86	0.64	↓
Lead Poisoning	32	72	44	87	33	76	0.69	0.48	↓
Legionellosis	9	15	9	18	10	13	0.14	.	-
Listeriosis	2	3	0	0	2	3	.	.	-
Lyme Disease	3	3	0	0	2	4	0.051	.	-
Malaria	2	3	5	7	1	1	.	.	-
Meningitis, Aseptic	5	8	6	9	7	14	0.26	.	-
Meningitis, Bacterial Other	1	3	1	2	1	2	0.07	.	-
Meningitis, Fungal	0	0	0	0	1	3	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	1	3	7	17	10	22	0.14	.	-
Tuberculosis, Active	17	29	26	39	14	35	0.35	0.19	↓
West Nile Virus neuroinvasive disease	0	0	0	0	10	10	.	.	-

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

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

0~~Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas re0d text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'

Memorandum

Date: October 24, 2024

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations*
Fermin Leguen, MD, MPH, *District Health Officer*

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	1,867	1,976	↑	6,335	6,791	↑
Reinspections	153	146	↓	514	563	↑
Downgrades	137	140	↑	474	505	↑
Closures	11	8	↓	43	38	↓
Special Events	94	82	↓	185	198	↑
Temporary Food Establishments & Tasting Event Booths	622	673	↑	1,038	1,061	↑
TOTALS	**2,884**	**3,025**	↑	**8,589**	**9,156**	↑

1. **Enforcement Actions and Investigations:**
   - **A. Poke Poku, 9310 S. Eastern Ave.:** On September 4, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 17 demerits. The facility was deep cleaned, the operator made necessary structural repairs, and remediation was performed by a certified pest control operator. The facility was reinspected and reopened with zero demerits on September 11.
   - **B. Viva Zapata Grille, 3826 E. Craig Rd.:** On September 17, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 17 demerits. The facility was reinspected and reopened with zero demerits on September 18.
   - **C. Bellagio Mangia and Room Service Kitchen, 3600 S. Las Vegas Blvd.:** On September 19, the two adjacent permits were closed for an IHH, sewage overflowing

into active food preparation areas. The inspectors documented 10 demerits, five demerits on each permit. The permitted areas were reinspected and reopened with 8 and 3 demerits on September 20.

D. **Nuevo Vallarta #2 Mobile, 4181 Pioneer Ave.:** On September 26, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented 26 demerits. The unit remains closed at this time.

E. **Burgundy French Bakery, 9440 W. Sahara Ave.:** On September 30, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 10 demerits. The facility remains closed at this time.

F. Multi-agency responses for unpermitted food vendor complaints were conducted in conjunction with staff from Clark County Business Licensing and the Las Vegas Metropolitan Police Department.

G. Staff closed five unpermitted food vending complaint investigations.

2. **Onsite Intervention Training:**

A. Onsite Intervention Training was held with the following facilities: Lolo's Chicken and Waffles, 325 Hughes Center Dr.; Southern Express Soul Food, 2810 S. Maryland Pkwy.; and Vive Cancun, 3513 E. Charleston Blvd.

3. **Supervisory/Managerial Conferences:**

A. A conference was held with the following facility: Halloween Town, 510 S. Rampart Blvd.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	4	2	↓	7	7	→
Legionella Residential Investigations	1	4	↑	2	6	↑

4. **Outbreak Response:**

A. **Albertson's Deli, 1760 E. Charleston Blvd.:** On September 11, staff responded to a lab-confirmed case of foodborne illness. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in a B downgrade. A reinspection is still pending.

B. **Lazy Dog, 1725 Festival Plaza Dr.:** On September 13, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including inadequate cooking temperatures and cross-contamination from raw to ready-to-eat foods. The investigation resulted in an A grade.

C. **Red Robin, 7860 W. Tropical Pkwy.:** On September 16, staff responded to multiple reports 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. The facility was reinspected and passed with an A grade.

D. **Mariscos El Puerto, 1901 N. Decatur Blvd.:** On September 18, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing practices and improper cleaning and sanitizing of food contact surfaces. The investigation resulted in a B downgrade. A reinspection is still pending.

E. **Beauty and Essex, 3708 S. Las Vegas Blvd.:** On September 18, staff responded to multiple reports of foodborne illness. Staff observed risk factors that could lead to

illness including improper handwashing practices and barehand contact with foods. The investigation resulted in an A grade.

F. **Subway, 4375 N. Pecos Rd.:** On September 19, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing practices. The investigation resulted in an A grade.

G. **McDonald's, 3815 S. Maryland Pkwy.:** On September 20, staff responded to a lab-confirmed case of foodborne illness. Staff did not observe risk factors that could lead to foodborne illness. The investigation resulted in an A grade.

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)	0	0	→	14	12	↓
Adjudicated Hearing Cases	9	6	↓	17	9	↓
Total Cases Received	78	84	↑	237	239	↑
Total Cases Referred to Other Agencies	25	19	↓	68	67	↓
Hearing Penalties Assessed	$15,500	$7,000	↓	$21,750	$8,500	↓

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Inspections	233	232	↓	790	856	↑

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	28	35	↑	145	192	↑
Final Installation/Upgrade/Repair Inspections	2	4	↑	7	6	↓
Closure Inspections	0	2	↑	2	3	↑
Spill Report Investigations	2	3	↑	5	4	↓

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

Permitted Disposal Facilities	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Inspections	14	19	↑	41	62	↑
Reinspections	0	0	→	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	447	507	↑	1,370	1,517	↑
West Nile Virus Surveillance Mosquitoes Tested	950	376	↓	1,724	1,214	↓
West Nile Virus Surveillance Submission Pools Tested	27,181	4,433	↓	39,481	16,215	↓
West Nile Virus Surveillance Positive Mosquitoes	18	0	↓	21	42	↑
West Nile Virus Surveillance Positive Submission Pools	796	0	↓	927	1,237	↑
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	405	24	↓	471	105	↓
Public Accommodations Inspections	13	9	↓	53	21	↓
Public Accommodations Complaints	34	11	↓	83	59	↓
Mobile Home/Recreational Vehicle Park Inspections	4	0	↓	5	2	↓
Mobile Home/Recreational Vehicle Park Complaints	3	1	↓	5	5	→

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

A. Permits Issued – Pipe Maintenance (Waste Grease) and Vital Records (Recycling Center)

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 (3); Waste Grease (2); Waste Tire Management (1); Storage Bin (1); and Material Recovery (1)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in October: 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	97	58	↓	242	209	↓
Revised Asbestos Permits Issued	7	8	↑	22	22	→

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Tentative Maps-Received	16	5	↓	53	34	↓
Tentative Maps-Lot Count	310	245	↓	1,387	2,218	↑
Final Maps-Received	15	14	↓	72	46	↓
Final Maps-Lot Count	499	479	↓	2,969	1,640	↓
Final Maps-Signed	14	13	↓	61	40	↓
Final Maps (Signed)-Lot Count	823	561	↓	3,317	1,846	↓
Improvement Plans-Received	12	9	↓	57	42	↓
Improvement Plans-Lot Count	259	466	↑	2,321	1,778	↓
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	9	7	↓	23	17	↓
Commercial ISDS Permits	0	0	→	1	1	→
Commercial Holding Tank Permits	10	9	↓	13	13	→
Residential Tenant Improvements	20	20	→	74	54	↓
Residential Certifications	0	0	→	2	0	↓
Compliance Issues	6	9	↑	20	27	↑

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	8	5	↓	13	7	↓
Public Water System Violations Issued	15	0	↓	24	23	↓

2. **<u>Safe Drinking Water Activity:</u>**
   - **A.** Three *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative.
     - **Las Vegas Valley Water District:** One routine sample was *coliform* positive. The repeat samples were *coliform* negative.
     - **Shetland Water District:** 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; and SCPPA Apex Generating Station.

C. Staff continued to monitor the Tier 1 nitrate issue 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	98	92	↓	176	161	↓
School Facility Kitchen Complaints	0	0	→	1	3	↑
School Facility Inspections	123	99	↓	202	163	↓
School Facility Complaints	4	5	↑	8	11	↑
Summer Food Service Surveys	1	12	↑	2	25	↑
Child Care Facility Inspections	5	22	↑	40	115	↑
Child Care Facility Complaints	2	4	↑	8	9	↑
Body Art Facility Inspections	29	31	↑	170	161	↓
Body Art Facility Complaints	4	4	→	16	18	↑
Body Art Artist Special Event Inspections	11	4	↓	14	6	↓
Total Program Services Completed	277	273	↓	637	672	↑

1. Schools:

A. Rowe, Lewis E. Elementary School, 4338 S. Bruce St.: Staff investigated a complaint alleging that the air conditioning was not working and temperatures in the classrooms were above 85°F. School administration reported that the air conditioning system had been suffering recurring outages since the school year started. School staff check classroom temperatures each morning and monitor them throughout the day. When a classroom becomes too warm, the students and teachers are relocated to an area of the school that has adequate air conditioning. One campus building had been taken out of use prior to the start of the school year due to lack of air conditioning. Temperatures in school classrooms ranged between 72°F to 83°F. Staff discussed with the school administration plans to repair the air conditioning units and the need to take action to relocate the students and teachers if classroom temperatures exceed 85°F.

B. Mack, Jerome Middle School, 4250 Karen Ave.: During a routine inspection, staff found that the school was undergoing a modernization project where some restrooms were closed due to construction. Other restrooms not affected by the construction were locked and not available for use. The only open restrooms were in the school gym and one wing of the campus. Many of the classrooms were greater than the 250 feet from restrooms required by the Nevada Administrative Code (NAC). Staff also observed that the temperature in several areas of the school was between 60°F and 64°F. These temperatures are below the minimum required temperature of 65°F. Staff told school administration that the temperature in an area that is occupied by pupils or members of the staff must be maintained between 65°F and 85°F. SNHD staff also communicated with Clark County School District (CCSD) Risk

Management staff, who reported that they would address the restroom access and temperature issues. Later, CCSD Risk Management staff told SNHD staff that there was miscommunication between the construction staff and school administration. An additional set of restrooms was no longer under construction and was now available for use. CCSD Risk Management staff also reported that temperatures will continue to be monitored. Staff will conduct a survey of the campus in October to ensure that compliance has been met.

C. **Mack, Jerome Middle School Kitchen, 4250 Karen Ave.:** During a routine inspection, staff observed time/temperature control for safety (TCS) foods being held in the temperature danger zone. Food was double stacked in the refrigerator, food was not protected from contamination by consumers in the self-service line, and two handwashing sinks were out of order due to hot water issues. These violations resulted in a B downgrade. Staff spoke with the CCSD Food Service Supervisor regarding the violations and the reinspection process. A reinspection is still pending.

D. **White, Thurman Jr. High School, 1661 Galleria Dr.:** During a routine inspection, staff observed a rodent infestation as evidenced by rodent droppings in the art classroom cabinets and on shelving. The art teacher also reported seeing urine in the classroom. Others reported seeing rats outside the library and in the quad over the previous seven days. School administration reported that CCSD Pest Control was contacting CCSD Risk Management to develop a plan of action. Later, CCSD Risk Management staff reported that an assessment of the campus determined that the issue had grown beyond what school staff can manage. CCSD has contracted with an outside vendor who will begin trapping and assume responsibility for rodent control at the school. Staff will continue to monitor the situation.

E. **Craig, Lois Elementary School, 2637 E. Gowan Rd.:** During a routine inspection, staff observed repeat violations that included unsanitary restrooms, plumbing issues, and unsanitary playgrounds. A reinspection is still pending.

F. **Canyon Springs High School, 350 E. Alexander Rd.:** Staff investigated a complaint alleging that the school had no air conditioning. Staff found that classroom temperatures were adequate and did not exceed the maximum temperatures listed in the NAC. The complaint was unsubstantiated.

2. **Body Art:**

A. **Jungle Zone Body Piercing, 3655 S. Durango Dr.:** During a routine inspection, staff observed several hazards including failure to perform autoclave spore tests monthly, no class V indicator strips available, no ultrasonic cleaner onsite, and sterilization logs for 2024 not available for review. Additionally, SNHD found evidence that the artists were performing dermal and single-point piercings, which are prohibited by SNHD Regulations. The sterilizer was taken out-of-service, a Cease-and-Desist Order was issued for dermal and single point piercings, and the permit holder was required to schedule a reinspection following corrections. The reinspection is still pending

3. **Child Care:**

A. **Kindercare Learning Center, 3570 N. Buffalo Rd.:** A supervisory conference was conducted due to a history of numerous repeat violations that occurred during the past calendar year. At the conference, staff discussed the history of violations, emphasizing the repeat violations and the plan to operate in compliance with SNHD Child Care Regulations. Pending actions to be taken by the operator was also discussed, including correction of the violations noted and a list of courses all employees will be required to complete prior to the reinspection. The reinspection is still pending.

B. Source Academy, 10 N. 28th St.: Staff investigated a complaint alleging that children were not washing hands because of a clogged hand sink and that there was a shattered window in the toddler room. The toddler room hand sink was clogged, yet hands were being washed. Childcare providers instructed children to wash their hands in the adjacent classroom hand sink until proper drainage was restored. Wipes and hand sanitizers were used by childcare providers after performing diaper changes, and hands were being washed as required in the adjacent room. The shattered window was observed on the outer side of a double paned window; the damage was not accessible to children. The director will provide confirmation of both the hand sink and window repairs when completed. Staff will actively monitor the facility to ensure compliance.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Sept. 2023	Sept. 2024		FY 23-24	FY 24-25	
Food Safety Assessment Meetings	0	2	↑	1	2	↑
Total Pre-Permitting Services	1,336	1,051	↓	4,364	3,551	↓
New Project Submissions	376	236	↓	1,039	786	↓
Released Projects	306	187	↓	1,068	691	↓
Total Service Requests Currently in Pre-Permitting	1,685	1,441	↓			

1. **Enforcement Actions and Investigations:**
   - **A. Panda Express, 4985 E. Cleveland Ave.:** A final permitting inspection resulted in failure due to inadequate refrigeration and no hot water. Inadequate refrigeration and lack of hot water are IHHs. The person-in-charge (PIC) powered up the walk-in refrigerator and two refrigerated prep tables which dropped to required temperatures, but the water heaters could not be repaired before the inspection ended. A reinspection was conducted the next day, and the health permit was approved.
   - **B. Posh Tattoo – Body Piercing, 8930 S. Maryland Pkwy.:** A final permitting inspection resulted in failure because the sterilizer for body piercing tools and jewelry did not meet sanitation standards. A certified sterilizer is required for all jewelry and reusable implements. Staff discussed options to replace the sterilizer with an approved unit or utilize presterilized jewelry with disposable tools only. The owner decided to use disposable tools and presterilized jewelry until a certified sterilizer can be obtained. A follow-up inspection is still pending.
   - **C. Rebel #58 Market and Hatch Chicken Snack Bar, 3204 N. Tenaya Way:** The facility was closed by ownership to undergo a major remodel to add refrigerated cases and a beer cave for the market. The snack bar was also changing to a Hatch Chicken which required the addition of an exhaust hood, fryers, and a grease interceptor. Plans were reviewed and approved. A final permitting inspection was required prior to reopening to ensure all SNHD Regulations were met prior to operation; however, Food Operations staff found the facility operating without approval and closed it. After the final inspection was requested and expedited, the health permits were approved and the establishment resumed operations.

D. **El Mercado Latino,1819 E. Charleston Blvd.:** A refrigerated display case that was out of temperature was removed from service during a final permitting inspection. SNHD Regulations require cold holding equipment that is unable to maintain temperature to be removed from service until repaired and approved for use by SNHD. The health permit was approved, and the operator was directed to repair the refrigerated display case. A reinspection is still pending.

E. **Zucker Academy High School, 10050 Banburry Cross Dr.:** During a remodel inspection of the childcare center, staff inquired about a two-story building across the parking lot at a different address. The pre-school staff explained that it was the new Zucker High School which began operating this year. Pursuant to NAC 444, construction and operation of new schools cannot begin until plans are approved, and a final permitting inspection has been conducted. The requirements for plan review and permitting of new schools was discussed and the responsible parties were instructed to apply for a health permit. Incomplete plans and an application with the incorrect address were submitted to SNHD. A resubmission was required and has been received. The high school is continuing operation while permitting requirements are completed.

F. **Freddo Gelato, 7210 S. Durango Dr.:** The submitted plumbing plans indicated that all food equipment would be directly connected to the indoor grease interceptor. SNHD Regulations require that food equipment be indirectly plumbed to sewer to prevent contamination during backflow events. The general contractor repaired the plumbing lines and health permit approval is pending a final inspection.

G. **Cost Plus World Market, 535 N. Stephanie St.:** During a final permitting inspection for a retail market and sampling permit, the facility had no hot water in the restrooms or sampling kitchen. SNHD Regulations require hot water to be provided at all hand sinks in open food handling areas and restrooms used by food handlers. The regional manager arrived during the inspection and determined that the water heater was off. The water valve to the heater was adjusted, hot water was recovered, and the heath permit was approved with only minor corrections required.

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	682	606	↓	2,238	2,278	↑
Complaint Investigations	19	21	↑	147	133	↓
Inactive Body of Water Surveys	10	11	↑	32	25	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	3	4	↑	13	27	↑
Total Program Services Completed	714	642	↓	2,430	2,463	↑

1. Aquatic Health Operations

A. **Tuscany Suites, 255 E. Flamingo Rd.:** A routine inspection at the spa resulted in an IHH closure due to a broken drain cover. A damaged drain cover poses an entrapment hazard and increases the risk of drowning. The drain cover was replaced, and the pool was reinspected and approved to reopen the same day.

B. **Country Club Village Mobile Home Park, 400 Mona Ln.:** A routine inspection at the pool resulted in an IHH closure. An entrance gate was unable to self-latch. An improperly working gate can pose an increased drowning risk by allowing unattended children to enter the pool area. A reinspection is still pending.
C. **Sunset Palms Apartments, 900 Doolittle Ave.:** A routine inspection at the pool resulted in an IHH closure for multiple violations. A gate was not self-closing or self-latching and there was broken glass on the pool deck. Broken glass on the pool deck can result in lacerations to bathers walking barefoot. A reinspection is still pending.
D. **Pinehurst Apartments South Pool, 6650 W. Warm Springs Rd.:** A routine inspection resulted in an IHH closure for multiple violations. The pool had no detectable chlorine, and an entrance gate was unable to self-latch. Inadequate disinfection exposes bathers to pathogens that can make them sick. A reinspection is still pending.
E. **Evo Apartments, 8760 W. Patrick Ln.:** A routine inspection at the spa resulted in an IHH closure due to the water temperature being over 104°F. Water temperatures greater than 104°F can result in heat stress, dehydration, burns, and rashes. A reinspection was conducted, and the spa was approved to reopen.
F. **Lakeside Village Homeowners Association (HOA), 7900 W. Charleston Blvd.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. The chlorine was high, and chlorine tablets were found in the skimmer. High chlorine concentration can cause eye, skin, and lung irritation and unapproved methods of chemical application exposes bathers to unknown concentrations of chlorine. A reinspection was conducted the same day, and the spa was approved to reopen.
G. **Solera at Stallion Mountain, 3736 Budenny Dr.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. The spa had no detectable chlorine and damaged drain covers. Damaged drain covers pose an entrapment hazard and an increased risk of drowning. A reinspection was conducted, and the spa was approved to reopen.
H. **Lynnwood Place Apartments, 2606 Lynnwood St.:** A routine inspection at the pool resulted in an IHH closure due to a damaged underwater light. The light had exposed electrical wires which pose an electrocution risk to bathers. A reinspection is still pending.
I. **Duck Creek Village**, **5800 Medallion Dr.:** A routine inspection at the pool resulted in an IHH closure. An entrance gate was unable to close and self-latch. Following repairs, a reinspection was conducted, and the pool was approved to reopen.
J. **Chateaux Bordeux, 1616 N. Torrey Pines Dr.:** A complaint investigation alleging green water in the pool and spa was substantiated and resulted in closures. Green water obscures the bottom of an aquatic venue and can prevent seeing a bather needing rescue. A reinspection is still pending.
K. **The Hampton Apartments, 3070 S. Nellis Blvd.:** A survey at a drained pool, as part of a County Multi-Agency Response Team (CMART) action, resulted in a written compliance schedule. The plywood cover was damaged, allowing debris and stray cats to enter the drained pool. A 30-day compliance schedule was issued to remove the debris and repair the plywood cover to prevent pest harborage. Facility proof of compliance is still pending.
L. **Pacific Harbors Sunrise, 5150 E. Sahara Ave.:** A reinspection at the pool and spa, as part of a CMART action, resulted in administrative closure due to non-compliance with a written compliance schedule issued 30 days earlier. The pool and spa remain closed at this time.

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	468	369	↓	1,429	1,370	↓
New Project Submissions	105	91	↓	287	247	↓
Released Projects	85	47	↓	331	267	↓
Total Projects Currently in Plan Review	425	477	↑			

2. <u>Aquatic Health Plan Review</u>:
   - **A. Accent on Rainbow, 6666 W. Washington Ave.:** A remodel inspection for a skimmer replacement failed because gauge readings on the system did not provide a value needed to calculate flow on the published pump curve. When system flow is unknown, the system has the potential of exceeding the limits of the suction outlet fitting assembly (SOFA) or equipment, which poses an entrapment risk. Alternatively, not meeting the minimum flow requirements can lead to inadequate filtration or disinfection. The contractor is currently working on repairs and a reinspection is still pending.
   - **B. Homewood Suites by Hilton Hotel, 1590 E. Craig Rd.:** Lighting and pre-plaster inspections were conducted for the new construction of a pool and spa. The lighting survey was not approved as inadequate illumination was provided at the pool and spa deck area and inside the equipment room. The pre-plaster inspection had violations for the depth markings, hygiene facilities, filtration equipment, chemical feed equipment, and aquatic facility signage. The pre-plaster inspection was not approved but the reinspection has been scheduled.
   - **C. YMCA Centennial Hills, 6601 N. Buffalo Dr.:** During a review for interior finish remodels on multiple aquatic venues, the proposed SOFAs did not have an adequate flow rating for the maximum flow potential of the installed pumps. The contractor was instructed to revise the applications to include SOFAs that are acceptable for the systems. Resubmissions are still pending.
   - **D. Amigo Trails, 550 Dolce Vista Ave.:** At the final permitting inspection for the pool, skimmer equalizer lines were present and uncapped. Equalizers on skimmers are prohibited on new construction due to conflicts with local building codes. The contractor was given a 30-day compliance schedule to cap the skimmer equalizer lines.
   - **E. Dragon Ridge Country Club, 1400 Foothills Village Dr.:** A plumbing inspection was conducted on the spa for SOFA installation. The suction pipe opening was partially blocked with plaster, which did not provide the pipe diameter required for the listed SOFA configuration. Following repairs, a reinspection was conducted, and the SOFA was approved.
   - **F. Los Prados, 5150 Los Prados Cir.:** A final remodel inspection was conducted on the adult spa jet pump, heater, and filter replacements. System flow was within the acceptable range. The remodel was approved.
   - **G. 4200 Paradise Apartments, 4200 Paradise Rd.:** A plumbing inspection for a SOFA replacement was not approved because the plumbing configuration did not match the listed SOFA model. A reinspection is still pending.

VIII. <u>REGULATORY SUPPORT</u>

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 meetings; National Curriculum Standards Basic Core Competency Review; developed draft beer line cleaning safety documents; 2024 intervention strategy data collection; updated SNHD Standards on standardization procedures; and provided pre-standardization training.

2. Staff attended the Western Association of Food and Drug Officials (WAFDO) Food and Drug Administration (FDA) Retail Food Seminar in Sacramento, CA on September 24-27.
3. Staff coordinated Hazard and Critical Control Point (HACCP) Manager Training for 32 EH staff on September 24-27.
4. Staff welcomed three new Environmental Health Specialists (EHSs), Alexia Rivera Perez, Emalee Schuler, and Kristina Mihajlovski, to Food Operations training on September 30.
5. 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, seven 2-barrier plans, 20 other HACCP plans, four 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	20	13	↓	64	56	↓
Facility Label Review Releases	27	11	↓	72	70	↓
Number of Labels Approved	354	188	↓	958	745	↓

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	0	0	→	2	2	→
Cook Chill/Sous Vide Releases	3	0	↓	5	1	↓
2-Barrier ROP Submissions	0	1	↑	1	1	→
2-Barrier ROP Releases	1	0	↓	3	1	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	0	0	→	3	0	↓
Other Special Processes Releases	0	3	↑	0	4	↑

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	0	0	→	1	1	→
Waiver Review Releases	0	2	↑	3	3	→
Operational Plan Submissions	0	0	→	0	1	↑
Operational Plan Releases	0	0	→	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	15	14	↓	41	36	↓

CDS/hh

Memorandum

Date: October 24, 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
Fermin Leguen, MD, MPH, District Health Officer FZ

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – September 2024**

I. Immunization Program

A. Immunization Program Activities

1. The COVID-19 vaccination continues in all four Public Health Centers. A total of 123 COVID-19 vaccines were administered in the Immunization PHCs. COVID-19 vaccine resumed in September 2024 with the new COVID-19 2024-2025 formulation.
2. Flu vaccines began administered the new trivalent Flu 2024-2025 formulation. A total of 628 flu vaccines were administered between all four Immunization Public Health Centers.
3. For the month of September, there were 2,265 clients seen with 6,133 vaccines administered in all four Immunization PHCs.
4. There were 295 immunization records reviewed.
5. 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. The mid-year data presentation was postponed and will be presented to the ACS in October 2024.

B. Immunization Outreach Activities

1. There were 2 outreach clinics conducted at the CCSD Family Support Center. 591 vaccines were administered to 232 clients.
2. There were 62 immunization records transcribed in NV WebIZ, and missing immunizations were administered if needed. In addition, 23 clients were issued immunization records and were up to date with the vaccines.
3. A school-based outreach clinic was held at Sierra Vista HS. 46 vaccines were administered to 18 clients.
4. There were 2 outreach events held at the Mexican Consulate and in partnership with Help of Southern Nevada. 11 vaccines were administered to 9 clients.

II. COVID-19 Vaccine Campaign

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

1. There were 85 COVID-19, 115 Flu, 2 Hepatitis A, 5 Hepatitis B, 5 RSV and 81 Back-to-school vaccines administered through 36 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 Clark County Law Foundation, Nevada Office of Minority Health and Equity and The Center.
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, Nevada Homeless Alliance and HELP of Southern Nevada.

B. MPOX vaccinations

1. Mpox vaccine has been commercialized. The national stockpile released additional MPOX vaccines for those uninsured. We were able to secure 100 doses of the National stockpile.
2. A total of 53 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. During September focus was on the upcoming October PRIDE.

III. Community Health Nursing

A. Nursing Education

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

B. Maternal Child Health

There was one (1) new lead referral for the month of September. There were no new referrals from the Newborn Screening Program for the month of September.

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.

The teams continue to participate in community outreach, enroll new families, provide services, and give essential referrals to families. NFP builds and maintains partnerships with various community service providers and referral sources for both SNHD's home visiting programs, Nurse Family Partnership and Healthy Start.

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 38 active families served through September 2024.

Our seventh Community Health Worker I was onboarded, which filled the last available position completing the Healthy Start Team. In-person program outreach was conducted at a health fair at SNHD for Sexual Health, City of Las Vegas Mom's

Resource Fair, Sunrise WIC, Southwest Medical OB/GYN, and UMC Healthy Living Institute in the month of September.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing provided 222 screening encounters, including 6 Clients who were tested at Homeless Outreach events, 2 clients at Aid For Aides of Nevada, and 16 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 completed 3 Academic detailing opportunities at multiple units at Mountain View, UMC, and Summerlin Hospitals.

C. Members of SHOPP team provided education about our programs at a SNHD ACDC team meeting, the Health Equity Consortium, and at the Sexual Health and Testing Health Fair. Shannon Pickering attended the Academy of Forensic Nursing Conference. Express Testers in September assisted in the validation process of Chembio Rapid HIV/Syphilis Antibody screening test.

D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Two 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. An additional one client was assisted for Complex STI navigation to assist with penicillin desensitization. Two nurses from COVID Immunization Team have transitioned to SHOPP under the SB118 grant and will be part of team to navigate Complex STI services.

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 and provide linkage services.

V. Tuberculosis (TB) Clinic

A. TB clinic has eight (8) new adult TB active cases and zero (0) pediatric cases that were reported for the month of September 2024. Total of six (6) cases for the month of September.

VI. Employee Health Nursing

A. There were seven (7) SNHD employees who tested for COVID-19 in September 2024, zero (0) PCR tests conducted. Seven (7) tests from outside entities. Seven (7) employees tested positive for COVID in September 2024.

B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of September 2024. Annual catch-up TB testing is ongoing. Nineteen (19) Tuberculosis tests were completed in September.

C. Employee New Hire and Annual FIT Testing Medical Evaluations continued for the month of September. Sixteen (16) medical clearances were conducted.

D. There are no employee Blood Borne Pathogens exposure case for the month of September.

E. There are no new employee TB exposure cases for the month of September 2024.

F. Vaccine Clinics

- September 1 – September 30, 2024
  Employees Total: 5 employees
  - 0 COVID – 19 Updated boosters.
  - 0 Influenza Vaccines
  - 5 other vaccines

  Total vaccines given: 5

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

PUBLIC HEALTH AND PREVENTIVE CARE

MONTHLY REPORT

September 2024

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinc	TOTAL
Immunization	1,289	685	226	65	0	0	5	4	250	2,524
Immunization Records Issued	202	61	28	4						295
Newborn Metabolic Screening	0	0	0	0						0
SHOPP	239						12			251
TB Treatment & Control	1,432									1,432
SAPTA Services								23		23
TOTAL	3,162	746	254	69	0	0	17	27	250	4,525

Client Encounters by Program

Program	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Immunizations**	2,933	2,524	↓	13,483	11,574	↓
Immunizations Records Issued	152	295	↑	1,360	1,944	↑
COVID-19 Vaccine Given*	135	85	↓	635	403	↓
Newborn Met. Screening	1	0	↓	2	0	↓
SHOPP	166	251	↑	554	803	↑
TB Treatment & Control	1463	1,432	↓	4,885	4,216	↓
SAPTA Services	19	23	↑	85	60	↓
TOTAL	4,869	1,432	↓	21,004	19,000	↓

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 ***	3,561	1944	496	132	0	0	9	5	641	6,788

*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	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Total Immunizations Administered *	6,379	6,788	↑	27,817	23,537	↓

Immunization Program

Immunizations	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Flu Vaccine Given	629	628	↓	629	628	↓
Gratis	85	136	↑	547	440	↓
COVID Vaccine*	145	123	↓	796	408	↓

*Given by Immunization Clinics

Vaccines for Children (VFC)	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Number of VFC Compliance Visits	8	13	↑	12	15	↑
Number of IQIP Visits	0	0	→	3	0	↓
Number of Follow Up Contacts	30	30	→	60	72	↑
Number of Annual Provider Training	8	13	↑	13	15	↑
Number of State Requested Visits	68	13	↓	116	47	↓

Perinatal Hepatitis B	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
# of Expectant Women	18	13	↓	44	16	↓
# of Infants	74	62	↓	210	64	↓
Total # of Infants Delivered	1	8	↑	9	14	↑
New Cases	0	5	↑	5	11	↑
Closed Cases	0	15	↑	3	35	↑

Childcare Program	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Childcare Audits	4	3	↓	5	4	↓
Baseline Immunization Rate	68%	89%	↑	82%	86%	↑
# of Final Audits	4	3	↓	5	4	↓
Final Immunization Rate	91%	99%	↑	93%	91%	↓
# of Records Reviewed	421	181	↓	574	233	↓

Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
# of COVID-19 Vaccines administered	135	85	↓	635	403	↓
# of Monkeypox Vaccine administered	32	53	↑	77	96	↑
# of Influenza Vaccine administered	96	115	↑	96	115	↑
# of Healthcare Provider Compliance Visits	0	2	↑	3	7	↑
# of Newly Enrolled Healthcare Provider Education Sessions	4	8	↑	13	9	↓
# of Potential Healthcare Provider Recruitment Sessions	11	2	↓	22	2	↓
# of Healthcare Provider Contacts	240	70	↓	616	80	↓

Community Health Program

Nursing Field Services	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
MCH Team Home Visit Encounters	8	13	↑	24	43	↑

NFP (Team 1)	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Referrals	16	15	↓	58	43	↓
Enrolled	10	7	↓	22	21	↓
Active	104	122	↑			

NFP (Expansion Team)	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Referrals	0	3	↑	13	14	↑
Enrolled	4	1	↓	17	7	↓
Active	63	65	↑			

MCH	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
# of Referrals Received	5	2	↓	9	13	↑
# from CPS	5	1	↓	6	8	↑
# of Lead Referrals	0	1	↑	2	5	↑
# of Total Admissions	0	3	↑	2	14	↑

EHB *	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Referrals	2	0	↓	9	n/a	↑
Enrolled	4	0	↓	12	n/a	↑
Active	35	5	↓			

*Phasing to Healthy Start

Thrive by 0 - 3	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Referrals	65	45	↓	169	124	↓
One-Time Home Visits	10	2	↓	21	9	↓
Enrolled	2	6	↑	4	10	↑
Active	11	24	↑			

Healty Start**	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Referrals	N/A	10	^	N/A	42	^
Enrolled	N/A	7	^	N/A	24	^
Active	N/A	38	^			

**New program as of 01/01/2024

^No data available

Tuberculosis	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
Activities*	183	255	↑	710	737	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	30	30	→	71	81	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	20	66	↑	75	207	↑
Outreach Activities during the Month – Presentations, Physician Visits, Correctional Visits, etc.	6	5	↓	16	17	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,280	1,342	↑	4,460	3,644	↓

*New EMR system- Counting only successful activities

Substance Abuse Prevention & Treatment Agency (SAPTA) **	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
# of Site Visits	1	2	↑	5	5	→
# of Clients Screened	19	23	↑	85	60	↓
# of TB Tests	18	21	↑	72	49	↓
# of Assessments only	1	2	↑	13	11	↓

** Funding ends 09/30/2024

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP – Express Testing	Sept 2023	Sept 2024		FY 23-24	FY 24-25	
# of Screening encounters	166	222	↑	554	705	↑
# of Clients Screened	166	222	↑	550	703	↑
# of Clients with positive STI identified	11	21	↑	56	60	↑
SHOPP- Linkage	**Sept 2023**	**Sept 2024**		**FY 23-24**	**FY 24-25**	
# of clients referred to Linkage	9	13	↑	33	42	↑
# of clients linked to care	7	12	↑	24	38	↑
SHOPP- Congenital Syphilis Case Management Program (Nurse)	**Sept 2023**	**Sept 2024**		**FY 23-24**	**FY 24-25**	
# of Referrals (pregnant, post-partum, infants)	13	7	↓	45	27	↓
# of Clients enrolled in CM	10	5	↓	25	17	↓
clients	28	52	↑			
# of Infants being followed	13	19	↑			
# of Provider/ Community trainings	1	6	↑	2	11	↑
Patients with Resources and Engagement in core (SURE)	**Sept 2023**	**Sept 2024**		**FY 23-24**	**FY 24-25**	
# of Outreach events	n/a	6	^	n/a	15	^
SHOPP- Complex STI Navigation	**Sept 2023**	**Sept 2024**		**FY 23-24**	**FY 24-25**	
# of Clients referred	n/a	3	^^	n/a	17	^^
# of Clients navigated	n/a	3	^^	n/a	16	^^

*Outreach started 03/01/2024

^ No data available

^^ No data available – data collecting began 12/01/2023

Non- cumulative